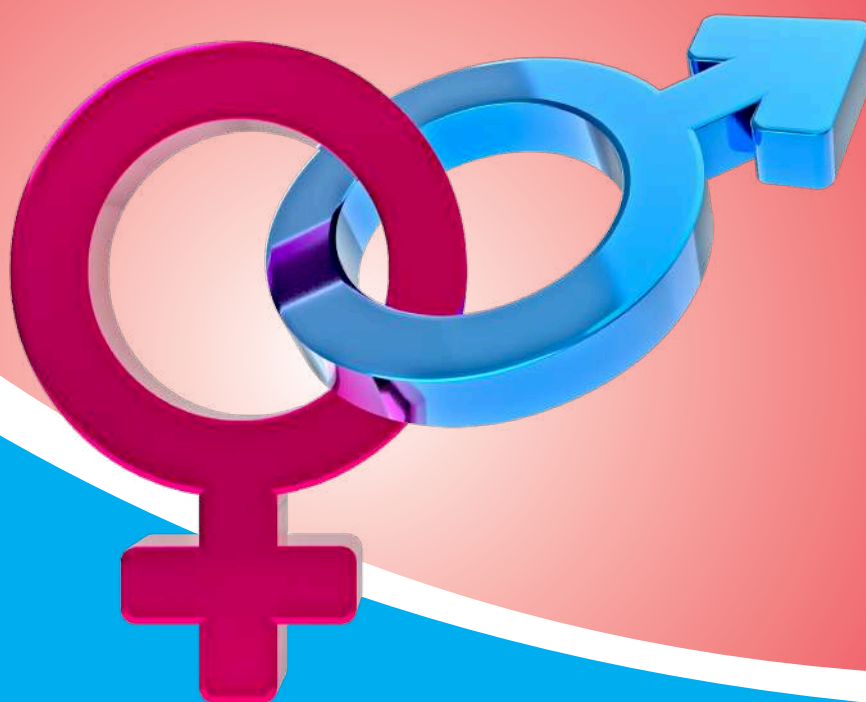




NATIONAL HEALTH SECTOR GENDER ACTION PLAN



MINISTRY OF HEALTH

DECEMBER 2024



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ACKNOWLEDGEMENTS



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Our appreciation goes to the Technical Working Group, and Agencies of the Ministry of Health, for providing technical expertise and support. Their contributions ensured that the policy measures were carefully aligned with actionable strategies. Finally, we commend Ms. Bernice Sam, the Consultant who led this effort with diligence and expertise. This collective effort demonstrates our shared commitment to advancing gender equity in Ghana's health sector and ensuring that no one is left behind in accessing quality healthcare.

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FOREWORD



FOREWORD

As Ghana continues to strive for a health system that is equitable, inclusive, and responsive to the needs of all its people, I am proud to present the National Health Sector Gender Policy Action Plan. This document reflects our unwavering commitment to addressing the persistent gender disparities in healthcare and ensuring that no one is left behind in accessing quality health services.

Gender equality in health is not just a moral imperative; it is essential for the achievement of our national development goals, including Universal Health Coverage and the Sustainable Development Goals (SDGs). This Action Plan is designed to operationalize the strategies outlined in the revised National Health Sector Gender Policy and to provide a clear roadmap for translating policy measures into tangible outcomes.

The Action Plan identifies four critical objectives: improving gender responsiveness within the health system, strengthening leadership and collaboration for gender mainstreaming, addressing socio-economic and cultural barriers to gender equality, and ensuring sustainable financing for these efforts. Each of these objectives is supported by actionable strategies, measurable indicators, and specific timelines to ensure accountability and progress.

What sets this plan apart is its integrative approach. It aligns gender mainstreaming with existing health policies and programmes, leveraging the strengths of health sector agencies, partners, and stakeholders. The plan emphasizes collaboration and collective action, recognizing that achieving gender equality requires the involvement of every segment of our society—government, private sector, civil society, and communities.

This Action Plan embodies a vision of a health system that is fair, inclusive, and equipped to meet the diverse needs of all individuals, regardless of gender. I urge all stakeholders to embrace this plan as a shared commitment to advancing gender equality in health. Together, we can build a healthier, more equitable Ghana.



HON. DR. BERNARD OKOE BOYE
MINISTER FOR HEALTH



LIST OF ABBREVIATIONS

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DHIMS	District Health Information Management System
GFF	Global Financing Facility
GoG	Government of Ghana
ICPD	International Conference on Population and Development
MDAs	Ministries, Departments, and Agencies
MoH	Ministry of Health
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
SDGs	Sustainable Development Goals
TWG	Technical Working Group
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
WHO	World Health Organization



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INTRODUCTION

In 2009, the Ministry of Health (MOH) launched the first National Health Sector Gender Policy (NHSGP), a landmark policy that aimed to tackle critical gender inequities in health. In an evaluation of the Policy over a decade later in 2023, the Ministry found that the NHSGP was relevant to the core mandate of health agencies, but there were gaps in its dissemination and implementation. To address these gaps, in 2024, the Ministry updated the NHSGP, outlining four key objectives:

1. To improve gender responsiveness of the health system for enhanced quality of care.
2. To strengthen leadership, coordination, and collaboration for gender mainstreaming in health.
3. To address socio-economic and cultural barriers that underlie gender inequalities in health.
4. To ensure sustainable financing for gender mainstreaming in health.

Further, to ensure that the revised NHSGP is well implemented, it is accompanied by this Action Plan, which outlines a roadmap of specific activities for achieving the above four objectives. Both the NHSGP and Action Plan are not “add ons” to the existing work of health agencies. Rather, they are to be integrated into existing workplans and budgets of MOH and health agencies. They are meant to inform and align with existing policies and programmes, ensuring that existing policies and programmes systematically address gender inequalities and meet the health needs of women and girls in particular, but also, men and boys.

The Action Plan fleshes out specific activities for each of the strategies defined under the four policy objectives, with corresponding indicators, targets, and the timeframes for achieving them by the responsible agencies specified in the Policy. As such, the Action Plan is intended to facilitate both action and accountability for achieving the NHSGP’s objectives. As the measures of success, the indicators and targets specified in the Action Plan are drawn from and map against the Monitoring and Evaluation Framework that accompanies the NHSGP.

The objectives and strategies for the policy cut across the mandates of multiple health agencies. This requires collaboration and interactive planning and execution in carrying out the activities for achieving progress and results. In laying out the specific activities for achieving each strategy under the four objectives, the Action Plan is aimed at facilitating shared planning, budgeting, collaboration, and reporting of results. It is also aimed at facilitating review and course correction by the leadership in the MOH and its agencies so that significant short-term progress can be assessed on most objectives within a 5-year time frame, and significant long-term progress can be assessed on all the policy objectives within a 10-year time frame.

This Action Plan should serve as the “go to” reference document for the MOH and its agencies in implementing the Policy. The following two figures lay out the structure of the Action Plan.

A set of activities is specified for each strategy within the four objectives of the Policy. For each activity, responsible health agencies are tasked with completing it and reporting on progress annually. The roles and responsibilities of the MoH and the health agencies vis-à-vis the activities they are responsible for are summarised in the Appendix.

Indicators track progress on activities and have specific targets to be achieved by the responsible agencies within given timeframes. Most simple activities have targets for achieving progress on the relevant indicators within a timeframe of 1 to 5 years, while more complex and ambitious activities have targets for achieving progress on the relevant indicators within a timeframe of 6 to 10 years.

Figure 2: Objectives, Strategies, and Activities Overview 2

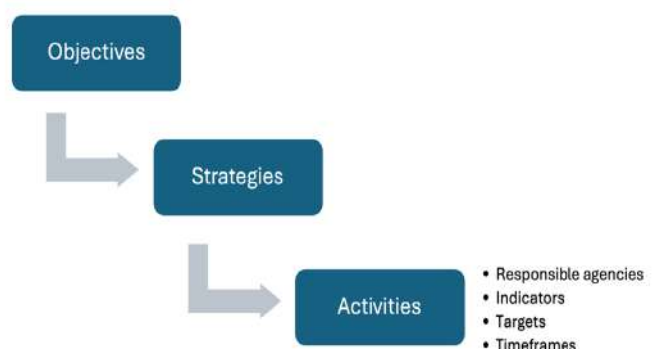


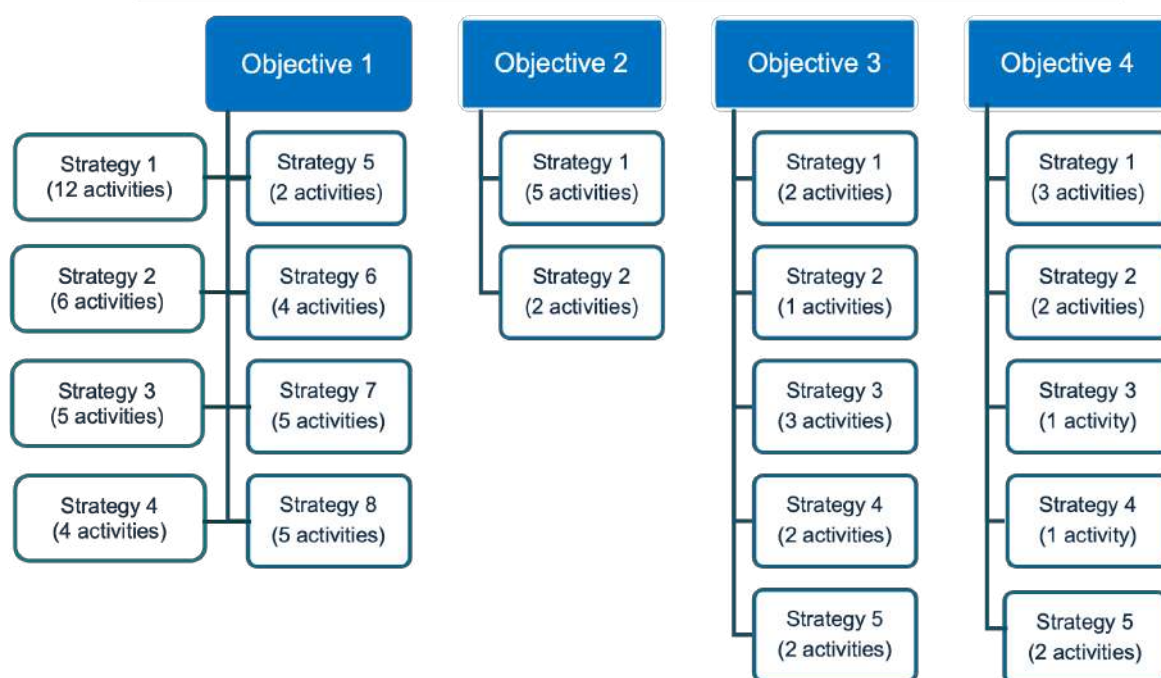
Figure 2: Objectives, Strategies, and Activities Overview 2

Figure 2 shows the number of strategies per objective and the number of activities per strategy. As objective 1 is about progress on gender-responsive service readiness and service delivery, covering all six building blocks of health systems (service delivery, health workforce, leadership and governance, medical products, health system financing, and health information systems), it has the largest number of strategies and activities. The other objectives have fewer strategies and activities which are no less important. In fact, these are often necessary for making progress on—or even initiating the activities in the strategies for objective 1, and many activities are synergistic with each other. Thus, while health agencies should focus on those activities that they are responsible for, it will be beneficial for them to understand and appreciate the full range of activities that are mapped against all four objectives of the NHSGP in this Action Plan.

Objective 1 - To Improve Gender Responsiveness of the Health System for Enhanced Quality of Care

Objective 1 includes eight strategies to improve gender-responsiveness across the six building blocks of the health system.

Health System Building Blocks	Strategies	
Service delivery	1	Improve service readiness and service delivery to be responsive to women's and girls' as well as men's and boys' needs, choices, and decision-making, keeping in mind the specific disadvantage women and girls face due to gender inequality.
	2	Provide timely and appropriate gender-responsive healthcare interventions across health programme areas.
Health workforce	3	Address gender disparities in the health workforce, paying special attention to the disadvantages and challenges faced by female health workers.
Leadership & governance	4	Strengthen the existing governance structure and supervision systems to prioritise gender-related health issues.
	5	Empower women to take up decision-making and leadership roles in the health sector.
Medical products	6	Develop a review system for medicine and supply procurement with women's and men's differential needs in mind.
Health system financing	7	Increase female and male NHIS enrollment and utilisation rates, and improve the benefits package to meet the health needs of women in particular, but also men.
Health information systems	8	Improve health sector data and information systems to more effectively generate and use gender-related data for informed decision-making.

Objective 1 - To Improve Gender Responsiveness of the Health System for Enhanced Quality of Care

Service Delivery

Strategy 1

Improve service readiness and service delivery to be responsive to women's and girls' as well as men's and boys' needs, choices, and decision-making, keeping in mind the specific disadvantage women & girls face due to gender inequality.

Activity Areas

1. Modify and adopt guidelines, protocols, tools to be more gender responsive, especially to the needs of women and girls, but also men and boys.
2. Make health facilities and infrastructure more women-friendly
3. Train providers to be more gender responsive in providing services that are support the needs, preferences and rights of women and girls in particular, but also for men and boys.
4. Prioritise gender responsive activities in government strategic reform efforts.

Strategy 1; Activity Area 1

Lead: MOH

Activity Area	Specific Activities	Indicators, Targets & Timeline
Modify and adopt guidelines, protocols, tools to be more gender responsive, especially to the needs of women and girls, but also men and boys.	<ol style="list-style-type: none"> 1. Identify guidelines, protocols, tools that should be modified to enable the delivery of gender-responsive services across the health sector for both implementing and non-implementing agencies. 2. Modify the identified guidelines, protocols, tools to make them more gender responsive especially to the needs of women's and girls', but also men's and boys'. 3. Disseminate the modified versions of the guidelines, protocols, tools to and within agencies and departments. 4. Heads of agencies and departments incorporate the modified guidelines, protocols, tools into their workflow and operations. 	<p>Baseline: TBD</p> <ol style="list-style-type: none"> 1. By 2026 - 50% of current guidelines, protocols & tools are successfully modified for gender responsiveness By 2027: 100% 2. By 2027 - 50% of modified versions are adopted system wide By 2028: 100%

Objective 1 - To Improve Gender Responsiveness of the Health System for Enhanced Quality of Care

Strategy 1; Activity Area 2

Lead: GHS; Co-Leads: Other service delivery agencies

Activity Area	Specific Activities	Indicators, Targets & Timeline
Make health facilities and infrastructure more women-friendly.	<ol style="list-style-type: none"> 1. Identify health facilities that lack women-friendly infrastructure and supplies in the following areas: clean functional female washrooms, labour room privacy, presence of female health provider, obstetric medicines fully stocked, two short-term and one long-term reversible family planning methods fully stocked. 2. With special attention to women's washrooms, upgrade washrooms and improve washroom cleanliness. 3. Install labour room curtains or dividers in facilities that lack labour room privacy. 4. Assign trained female providers to health facilities that lack trained female providers. 5. Improve supply chain delivery, management, and record keeping to ensure that no facility which provides obstetric deliveries has stockouts on essential obstetric medicines, and no facility that provides family planning has stock outs on at least one long-term reversible method and two short-term family planning methods. 	<p>Baseline: TBD</p> <p>By 2028 - 50% of health facilities have women-friendly infrastructure as measured by the 5 indicators below.</p> <p>By 2030: 75%</p> <ol style="list-style-type: none"> 1. Clean functional female washrooms 2. Labour room privacy 3. Presence of female provider 4. No stock out on obstetric medicines 5. No stock-out on at least two short-term and one long-term reversible family planning methods.

Objective 1 - To Improve Gender Responsiveness of the Health System for Enhanced Quality of Care

Strategy 1; Activity Area 3

Lead: GHS; Co-leads: Other service delivery agencies

Activity Area	Specific Activities	Indicators, Targets & Timeline
Train providers to be more gender responsive in providing services that support the needs, preferences and rights of women and girls in particular, but also men and boys.	<ol style="list-style-type: none"> 1. Train providers to provide respectful and friendly care to women and adolescent girls by adapting existing training materials to include maternal care, abortion care, family planning, confidentiality, etc. 2. Train providers to provide respectful and friendly care to men and adolescent boys on relevant male health issues, such as male sexual health and hypertension. 	<p>Baseline: TBD</p> <ol style="list-style-type: none"> 1. By 2028– 40% of providers trained on respectful and friendly care to women and adolescent girls. By 2030: 75% 2. By 2028 - 40% of providers with training on male sexual health and hypertension By 2030: 75%

Strategy 1; Activity Area 4

Lead: Health service delivery agencies; Co-leads: Other agencies

Activity Area	Specific Activities	Indicators, Targets & Timeline
Prioritise gender responsive activities in government strategic reform efforts.	<ol style="list-style-type: none"> 1. Prioritise gender responsiveness in government strategic service design and delivery reform efforts, such as within Networks of Practice, Safe Care Initiative, and/or other current and future high priority, well funded initiatives where the gender component activities get financial and human resources. 	<p>Baseline: TBD</p> <ol style="list-style-type: none"> 1. Annually, at least 1-2 high priority initiatives have gender responsive plans. 2. Annually: 10% or more of district level spending on gender related activities.

Objective 1 - To Improve Gender Responsiveness of the Health System for Enhanced Quality of Care

Service Delivery

Strategy 2

Provide timely and appropriate gender-responsive healthcare interventions across health programme areas.

Activity Areas

1. Reduce wait times for core services for women and girls, and men and boys
2. Provide targeted family planning services to adolescent girls
3. Expand cancer screening for women and men

Strategy 2; Activity Area 1

Lead: GHS; Co-leads: Health service agencies

Activity Area	Specific Activities	Indicators, Targets & Timeline
Reduce wait times for core services for women and girls, and men and boys	<ol style="list-style-type: none"> 1. Reduce average waiting time for women and adolescent girls to access family planning, obstetrics, and HIV and STI screening and treatment. 2. Reduce average waiting time for men and boys to access screening and treatment for HIV, STIs, tuberculosis, hypertension and diabetes. 	<p>Baseline: TBD</p> <ol style="list-style-type: none"> 1. By 2028 - 50% of facilities with reduced average waiting time to ≤30 minutes for core services for women and adolescent girls. By 2030: 75% of facilities 2. By 2028 - 50% of facilities with reduced average waiting time to ≤30 minutes for core services for men By 2030: 75% of facilities

Objective 1 - To Improve Gender Responsiveness of the Health System for Enhanced Quality of Care

Strategy 2; Activity Area 2

Lead: GHS; co-leads: Health service agencies

Activity Area	Specific Activities	Indicators, Targets & Timeline
Provide targeted family planning to adolescent girls.	1. Provide family planning methods and counselling to adolescent girls through trained facility and community health workers	Baseline: TBD 1. By 2028, increase of 15% from baseline of adolescent girls receiving family planning methods and counselling from trained facility and community health workers By 2030: increase of 30%

Strategy 2; Activity Area 3

Lead: GHS; co-leads: Health service agencies

Activity Area	Specific Activities	Indicators, Targets & Timeline
Expand cancer screening for women and men.	1. Increase the number of primary health facilities offering screening for breast cancer. 2. Increase the number of secondary and tertiary health facilities offering screening for cervical cancer. 3. Increase the number of secondary and tertiary health facilities offering screening for prostate cancer.	Baseline: 13% 1. By 2028: 30% of primary level health facilities provide breast cancer screening services. By 2030: 50% Baseline: 27% 2. By 2028: 35% of secondary and tertiary level health facilities provide cervical cancer screening services. By 2030: 40% Baseline: 20% 3. By 2028: 25% of secondary and tertiary level health facilities provide prostate cancer screening services. By 2030: 30%

Objective 1 - To Improve Gender Responsiveness of the Health System for Enhanced Quality of Care

Health Workforce

Strategy 3

Address gender disparities in the health workforce, paying special attention to the disadvantages and challenges faced by female health workers.

Activity Area

1. Increase and implement supportive systems and incentives to place and retain female health workers at all levels.

Strategy 3; Activity Area 1

Lead: GHS; co-lead: Health service agencies

Activity Area	Specific Activities	Indicators, Targets & Timeline
Increase and implement supportive systems and incentives to place and retain female health workers at all levels.	1. Provide educational opportunities for women health workers to upgrade their qualifications.	Baseline: TBD 1. By 2030: women comprise at least 50% of health workers who get education opportunities. 2. By 2030: women comprise at least 50% of health workers who get study leave to upgrade their education. 3. Annually - 7% of community health workers promoted to higher level jobs. 4. Annually - 10% increase in allowances for nurses posted to rural areas. 5. By 2026 - 25% of agencies have specific version of Civil Service Sexual Harassment Policy. By 2027: Implementation of policy begun By 2029: Evaluation of implementation By 2027: 50% of agencies have specific version of Civil Service Sexual Harassment Policy By 2028: Implementation of policy begun By 2030: Evaluation of implementation
	2. Provide women health workers study leave to upgrade their education.	
	3. Facilitate the promotions of community health workers to higher level jobs.	
	4. Increase the allowances for nurses who are posted to rural areas.	
	5. Disseminate and implement agency specific versions of the Civil Service Sexual Harassment Policy for all agencies.	

Objective 1 - To Improve Gender Responsiveness of the Health System for Enhanced Quality of Care

Leadership and Governance

Strategy 4

Strengthen the existing governance structure and supervision systems to prioritise gender-related health issues.

Activity Area

1. Health agencies to train managers and directors and follow through on prioritising and budgeting for gender equity-related action items in their workplans.

Strategy 4; Activity Area 1

Lead: Health agencies

Activity Area	Specific Activities	Indicators, Targets & Timeline
Health agencies to train managers and directors and follow through on prioritising and budgeting for gender equity-related action items in their workplans.	<ol style="list-style-type: none"> 1. Training seminar for managers and directors on the gender equity-related action items and gender-responsive performance management. 2. All health agencies identify, prioritize and budget for at least two gender equity-related action items in their annual work plan and management processes. 3. All health agencies report on action items at the end of the year. 4. PPMED to develop a reporting form for health agencies to report on their action items. 	<p>Baseline: TBD</p> <ol style="list-style-type: none"> 1. Annually - 50 managers & directors trained per year on gender equity-related action items and gender-responsive performance management 2. Annually - At least 2 gender equity related action items on improving gender equity in each agency's (a) work plan and (b) management processes are prioritised, budgeted for, and acted upon each year

Objective 1 - To Improve Gender Responsiveness of the Health System for Enhanced Quality of Care

Leadership and Governance

Strategy 5

Empower women to take up decision-making and leadership roles in the health sector.

Activity Area

1. Train middle-grade women staff on leadership skills and promote them into leadership positions

Strategy 5; Activity Area 1

Lead: MOH; Co-Leads: Health Agencies

Activity Area	Specific Activities	Indicators, Targets & Timeline
Train middle-grade women staff on leadership skills and promote them into leadership positions.	<ol style="list-style-type: none"> 1. Train middle-grade women staff (managers) on leadership skills, adapting existing training materials. 2. Promote middle grade women staff into leadership positions. 	<p>Baseline: TBD</p> <ol style="list-style-type: none"> 1. Annually - Middle-grade women staff (managers) comprise at least 60% of participants in leadership training programmes. 2. By 2026 - Women comprise at least 25% of leaders (managers, deputy directors, and directors) in the health sector. By 2030: 35% By 2035: 50%

Objective 1 - To Improve Gender Responsiveness of the Health System for Enhanced Quality of Care

Medical Products

Strategy 6

Develop a review system for medicine and supply procurement with women's and men's differential needs in mind.

Activity Area

1. Review medicine and supply procurement system with women's and men's differential needs in mind.

Strategy 6; Activity Area 1

Lead: MOH

Activity Area	Specific Activities	Indicators, Targets & Timeline
Review medicine and supply procurement system with women's and men's differential needs in mind.	<ol style="list-style-type: none"> 1. Classify medicines and medical supplies by female/male needs and assess frequency of stock outs. 2. Call an expert meeting to review the assessment and to propose a design for a review system on medicine and supply procurement that adequately addresses male/female differential needs. 3. Issue requests for proposals (RFP) and choose a vendor to develop and test the system. 4. Test, launch and use review system. 	<ol style="list-style-type: none"> 1. By 2025 - Assessment of medicines and supplies classified by male/female needs undertaken. 2. By 2026 - Expert meeting called to review assessment and propose a design for a review system on medicine and supply procurement that adequately addresses male/female differentials needs. 3. By 2027: RFP issued and vendor chosen to develop and test system. 4. By 2029 - Review system tested, launched and in place for at least 2 years

Objective 1 - To Improve Gender Responsiveness of the Health System for Enhanced Quality of Care

Health Financing

Strategy 7

Increase female and male NHIS enrollment and utilisation rates, and improve the benefits package to meet the health needs of women in particular, but also men.

Activity Areas

1. Commission a study on NHIS coverage and access to identify gender-related issues.
2. Revise NHIS benefits package, enrollment and utilisation processes to meet the needs of women and girls in particular, but also men and boys.

Strategy 7; Activity Area 1

Lead: MOH; co-lead: NHIA

Activity Area	Specific Activities	Indicators, Targets & Timeline
Commission a study on NHIS coverage and access to identify gender-related issues.	1. Commission a study on NHIS coverage and access to identify gender-related health utilisation, costs, and foregone care and assess the ideal female/male ratio for NHIS package, enrollment, and utilization. Disaggregate data by: disability, age, and location.	1. By 2026 : a study on NHIS coverage and access, identifying gender related health utilisation, costs and foregone care undertaken and assessing ideal female/male ratio for NHIS package, enrollment, and utilisation.
	2. Analyze the study results to see the gender disparities in quality and access and propose interventions to address these.	2. By 2027 : high-level stakeholder meeting to agree on solutions held.
	3. Hold a high-level stakeholder meeting to discuss and agree on the solutions to the disparities identified from the study.	3. By 2028 : Proposals and solutions implemented.
	4. NHIA implements the	

Objective 1 - To Improve Gender Responsiveness of the Health System for Enhanced Quality of Care

Strategy 7; Activity Area 2

Lead: MOH

Activity Area	Specific Activities	Indicators, Targets & Timeline
Revise NHIS benefits package, enrollment and utilisation processes to meet the needs of women, and girls in particular, but also men and boys.	1. Assess and revise the NHIS benefits package, enrollment and utilisation process so that they adequately meet the health needs of women and girls in particular, but also men and boys.	<p>1. By 2027: NHIS benefits package, enrollment and utilisation is assessed to see if they are adequately meeting the health needs of women and girls in particular, but also men and boys.</p> <p>2. By 2028: Gender responsive improved package rolled out as pilot in 5 districts By 2030: in 20 districts</p>

Objective 1 - To Improve Gender Responsiveness of the Health System for Enhanced Quality of Care

Health Information Systems

Strategy 8

Improve health sector data and information systems to more effectively generate and use gender-related data for informed decision-making.

Activity Areas

1. Track priority gender indicators through key health information systems
2. Train key staff on health sector gender data generation and use

Strategy 8; Activity Area 1

Lead: MOH

Activity Area	Specific Activities	Indicators, Targets & Timeline
Track priority gender indicators through key health information systems.	<ol style="list-style-type: none"> 1. Assess existing Health Management Information Systems to identify gaps in gender indicators. 2. Incorporate priority gender indicators, including information about how they will be collected and used, into the Ghana Health Information Systems Strategic Plan. 3. Specify core gender indicators and track relevant data through key health information systems. 	<ol style="list-style-type: none"> 1. By 2027: 30-40 core gender indicators tracked through the District Health Information Management System. 2. By 2027: Human Resource Information System, Logistics Management Information System, National Health Insurance Agency each collect 5-10 gender indicators. 3. By 2027: 5-10 gender indicators regularly included in data dashboards, quarterly policy reports or the six-month review of health sector progress by the Health Minister. 4. By 2027: 10-15 gender indicators included in data dashboards or progress reports for district level health performance review by District Health Officers.

Objective 1 - To Improve Gender Responsiveness of the Health System for Enhanced Quality of Care

Strategy 8; Activity Area 2

Lead: MOH

Activity Area	Specific Activities	Indicators, Targets & Timeline
Train key staff on health sector gender data generation and use.	<ol style="list-style-type: none"> 1. Train district health officers and statistics staff on health sector gender data and use. 2. Train Department heads within the MOH and other health agencies on health sector gender data and use. 	<ol style="list-style-type: none"> 1. Annually: 40-50 DHOs and statistics staff in districts trained on health sector gender data and use per year. 2. Annually: 40-50 Department heads within the MOH and other health agencies trained on gender data and use per year.

Objective 2 - Strengthen leadership, coordination, and collaboration for gender mainstreaming in health

Objective 2 has two strategies to strengthen leadership and collaboration for gender mainstreaming in health.

Strategies	
1	Establish collaborative, coordination, and accountability mechanisms within health sector agencies and departments to address gender-related issues in health
2	Establish coordination mechanisms with internal and external partners including key sectors, donors, the private sector, and civil society to address gender-related issues in health.

Objective 2 - Strengthen leadership, coordination, and collaboration for gender mainstreaming in health

Strategy 1

Establish collaborative, coordination, and accountability mechanisms within health sector agencies and departments to address gender-related issues in health.

Activity Areas

1. Appoint senior level technical gender lead to oversee action plan
2. Revise remit of gender desk officers for all agencies
3. Develop and present annual Action Plan progress report under the coordination of the senior gender lead
4. Identify synergistic implementation areas for gender integration into health sector policies

Strategy 1; Activity Area 1

Lead: MOH

Activity Area	Specific Activities	Indicators, Targets & Timeline
Appoint senior-level technical gender lead to oversee the Action Plan.	1. Appoint highly qualified senior level technical gender lead with authority to oversee/coordinate Action Plan implementation and accountability, with full backing of and reporting line to senior MOH leadership.	1. By 2025: Senior level technical gender lead appointed and supported with human and financial resources as well as backing by MOH leadership.

Strategy 1; Activity Area 2

Lead: MOH; co-lead: Health agencies

Activity Area	Specific Activities	Indicators, Targets & Timeline
Revise remit of gender desk officers for all agencies.	1. Revise the remit of gender desk officers for all agencies to include at least 25-50% gender related job responsibilities, with adequate technical and gender training to support this role, and strong contributory and accountability role in planning, implementation, and reporting efforts, backed by senior management.	1. By 2026 – 50% agencies have a gender desk officer with a revised remit, training, and reporting lines. By 2028: All agencies

Objective 2 - Strengthen leadership, coordination, and collaboration for gender mainstreaming in health

Strategy 1; Activity Area 3

Lead: Senior gender lead

Activity Area	Specific Activities	Indicators, Targets & Timeline
Develop and present annual Action Plan progress report under the coordination of the senior gender lead.	1. Develop and present an Action Plan progress report that is coordinated by the senior gender lead, supported by agency-specific gender desk officers, and reviewed at MOH's highest level coordination body.	1. Annually - Action plan progress report developed and presented at MOH's highest level coordination body

Strategy 1; Activity Area 4

Lead: MOH

Activity Area	Specific Activities	Indicators, Targets & Timeline
Identify synergistic implementation areas for gender integration into health sector policies.	1. Undertake a mapping of health sector policies to identify implementation areas for gender integration which align with Gender Action Plan activities. 2. Prioritise and integrate Gender Action Plan activities during review process of new or existing policies.	1. By 2025 – Mapping report produced with identified priority areas for gender integration in key health sector policy implementation and gaps. 2. By 2027 – Alignment between Gender Action Plan activities and at least 2 key mainstream health policy implementation efforts.

Objective 2 - Strengthen leadership, coordination, and collaboration for gender mainstreaming in health

Strategy 2

Establish coordination mechanisms with internal and external partners including key sectors, donors, the private sector, and civil society to address gender-related issues in health.

Activity Area

1. Identify and leverage existing and new coordination platforms for sectoral and cross-sectoral gender integration activities.

Strategy 2; Activity Area 1

Lead: MOH

Activity Area	Specific Activities	Indicators, Targets & Timeline
Identify and leverage existing and new coordination platforms for sectoral and cross-sectoral gender integration activities.	1. Identify and leverage key health sector platforms that can effectively coordinate gender integration across health sector activities.	1. Annually – At least 2 key health sector platform meetings where gender integration is on the agenda.
	2. In collaboration with MOGCSP, the Public Services Commission, and the Office of the Head of the Civil Service, convene other key ministries and stakeholders to prioritise the two most critical cross-sectoral actions for women’s and girls’ health.	2. Annually – MOH, MOGCSP, PSC, and OHCS led convening held to prioritise the two most critical cross-sectoral actions for women and girls’ health.

Objective 3 - Address socio-economic and cultural barriers that underlie gender inequalities in health

Objective 3 has five strategies to address socio-economic and cultural barriers that underlie gender inequalities in health.

Strategies	
1	Ensure deliberate consideration of socio-economic and cultural barriers underlying gender inequalities in the design and delivery of health services.
2	Develop health sector outreach and communications specifically tailored to reach women and girls, and men and boys, and to address gender-related biases.
3	Strengthen women's participation at the community level in the design and implementation of health programmes.
4	Ensure community participation towards the reduction of harmful socio-cultural practices that impact the health of women and girls.
5	Encourage women to participate in decision-making about their health at the household level.

Objective 3 - Address socio-economic and cultural barriers that underlie gender inequalities in health

Strategy 1

Ensure deliberate consideration of socio-economic and cultural barriers underlying gender inequalities in the design and delivery of health services.

Activity Area

1. Address socio-economic and cultural barriers to healthcare access

Strategy 1; Activity Area 1

Lead: MOH; Co-Leads: Health Agencies

Activity Area	Specific Activities	Indicators, Targets & Timeline
Address socio-economic and cultural barriers to healthcare access.	<ol style="list-style-type: none"> 1. Undertake a study consolidating existing data to highlight the 5 most critical socio-economic and cultural barriers that prevent women and girls from accessing healthcare – and the 5 most critical barriers for men and boys. 2. MOH to convene a meeting to prioritise an action plan for overcoming these barriers through improved service delivery and behaviour change communication (BCC) 	<ol style="list-style-type: none"> 1. By 2026 - Study on gender barriers completed. 2. By 2027 - MOH-led convening held and action plan developed for overcoming gender barriers through improved service delivery and behaviour change communication (BCC).

Objective 3 - Address socio-economic and cultural barriers that underlie gender inequalities in health

Strategy 2

Develop health sector outreach and communications specifically tailored to reach women and girls, and men and boys, and to address gender-related biases.

Activity Area

1. Launch gender responsive behaviour change communication campaigns

Strategy 2; Activity Area 1

Lead: MOH; Co-Leads: Health Agencies

Activity Area	Specific Activities	Indicators, Targets & Timeline
Launch gender responsive behavior change communication campaigns.	1. Launch gender responsive behaviour change communication campaigns separately targeting women, men, adolescent boys, and adolescent girls to promote healthy behaviours and uptake of health services	Annually: <ol style="list-style-type: none"> 1. 1 campaign for women 2. 1 campaign for men 3. 1 campaign for adolescent girls 4. 1 campaign for adolescent boys

Objective 3 - Address socio-economic and cultural barriers that underlie gender inequalities in health

Strategy 3

Strengthen women's participation at the community level in the design and implementation of health programmes.

Activity Area

1. Improve gender balance to 50% female and 50% male in community participation mechanisms

Strategy 3; Activity Area 1

Lead: GHS

Activity Area	Specific Activities	Indicators, Targets & Timeline
<p>Improve gender balance to 50% female and 50% male in community participation mechanisms.</p>	<ol style="list-style-type: none"> 1. Undertake a gender balance assessment (how close to a 50:50 M/F ratio they are) of community participation mechanisms (e.g. community scorecards, community health management committees (CHMC), community health action plan process) at the sub-district level. 2. Review and revise guidelines for community participation mechanisms (e.g. community scorecards, community health management committees (CHMC), community health action plan process) to ensure gender balance target of 50/50 of female and male is included. 3. Promote gender balance of 50/50 female and male within community participation mechanisms (e.g. community scorecards, community health management committees (CHMC), community health action plan process). 	<p>Baseline: TBD</p> <ol style="list-style-type: none"> 1. By 2025 – Gender balance assessment report of community participation mechanisms is completed. 2. By 2026 – All community participation mechanisms guidelines target a gender balance of 50/50 female and male. 3. By 2028 - women comprise at least 50% of participants of community participation mechanisms (e.g. community scorecards, community health management committees (CHMC), community health action plan process) in 50% of the sub-districts. By 2030 – 80% of sub-districts

Objective 3 - Address socio-economic and cultural barriers that underlie gender inequalities in health

Strategy 4

Ensure community participation towards the reduction of harmful socio-cultural practices that impact the health of women and girls.

Activity Area

1. Work with communities toward the elimination of harmful socio-cultural practices that negatively impact the health of women and girls

Strategy 4; Activity Area 1

Lead: MOH; Co-Leads: Health Agencies

Activity Area	Specific Activities	Indicators, Targets & Timeline
Work with communities toward the elimination of harmful socio-cultural practices that negatively impact the health of women and girls.	<ol style="list-style-type: none"> 1. Support and collaborate with community-based organisations on evidence-based strategies toward reducing and eliminating harmful socio-cultural practices that negatively impact the health of women and girls, such as female genital mutilation, early marriage, and gender-based violence. 2. Conduct case studies to evaluate programmes implemented by community-based organisations to address and eliminate harmful socio-cultural practices that impact the health of women and girls, such as female genital mutilation, early marriage, and gender-based violence. 	<ol style="list-style-type: none"> 1. Annually - 2 collaborations with or support efforts to community organisations. 2. Annually - 1 case study report evaluating programs to address and eliminate harmful socio-cultural practices that negatively impact the health of women and girls.

Objective 3 - Address socio-economic and cultural barriers that underlie gender inequalities in health

Strategy 5

Encourage women to participate in decision-making about their health at the household level.

Activity Area

1. Promote women's and girls' decision-making on reproductive and maternal care access and choice

Strategy 5; Activity Area 1

Lead: MOH; Co-Leads: Health Agencies

Activity Area	Specific Activities	Indicators, Targets & Timeline
Promote women and girls' decision-making on reproductive and maternal care access and choice.	<ol style="list-style-type: none"> 1. Support and collaborate with community-based organisations (CBO) on demand side interventions to increase women and adolescent girls' autonomy and decision-making on reproductive and maternal care access and choice. 2. Conduct case study to evaluate programmes implemented by community organisations to promote women and adolescent girls' autonomy and decision-making on reproductive and maternal care access and choice. 	<ol style="list-style-type: none"> 1. Annually - 2 CBO initiatives supported/ collaborated with to improve women's and adolescent girls' decision-making on reproductive and maternal care access and choice. 2. Annually - 1 case study report evaluating programmes to promote women and adolescent girls' autonomy and decision-making on reproductive and maternal care access and choice.

Objective 4 - Ensure sustainable health financing for gender mainstreaming

Objective 4 has five strategies to ensure sustainable health financing for gender mainstreaming.

Strategies	
1	Allocate, and spend some core level of MOH dedicated funds for high priority action items in the gender policy that cannot be readily integrated into existing budgets and work plans.
2	Undertake an agency and departmental financial review to assess which current activities can be effectively repurposed and strengthened concerning gender equality with existing resources.
3	Advocate for additional Government of Ghana funding for gender mainstreaming in health.
4	Engage development partners for start-up financing for targeted, high priority gender equality initiatives.
5	Assess budgeting for gender action activities against gender-responsive budgeting methodology to recommend improvements

Objective 4 - Ensure sustainable health financing for gender mainstreaming

Strategy 1

Allocate, and spend some core level of MOH dedicated funds for high priority action items in the gender policy that cannot be readily integrated into existing budgets and work plans

Activity Areas

1. Allocate and spend dedicated funds annually on high priority actions that are core investments for moving the gender policy forward and that cannot be readily integrated in existing activities and priorities

Strategy 1; Activity Area 1

Lead: MOH

Activity Area	Specific Activities	Indicators, Targets & Timeline
Allocate and spend dedicated funds on high priority actions that are core investments for moving the policy forward and that cannot be readily integrated in existing activities and priorities	<ol style="list-style-type: none"> 1. Undertake an assessment of priority activities from the Gender Action Plan annually that are least likely to be integrated into existing activities (including in the first year, appointing a senior level gender lead, communicating the policy and action plan, setting up the M&E system, training and coordination systems, other essential systems, etc.). 2. Define annual budget and spending plan for select high priority gender activities that require dedicated spending. 3. Annually undertake and track dedicated spending on priority gender activities, which should at 10%--in addition to spending on gender activities through integration into regular activities and budgets—which should be at 90%. 	<ol style="list-style-type: none"> 1. Annually: Assessment of priority activities in Gender Action Plan to identify which require dedicated funding because they are core investments that cannot be integrated into existing plans and activities. 2. Annually: Budget and spending plan for select high priority gender activities requiring dedicated spending. 3. Annually: Dedicated spending on core gender activities at 10%, and spending on gender activities through integration into regular activities and budgets at 90%.

Objective 4 - Ensure sustainable health financing for gender mainstreaming

Strategy 2

Undertake an agency and departmental financial review to assess which current activities can be effectively repurposed and strengthened to address gender inequality with existing resources.

Activity Area

1. Undertake a financial review to assess repurposing of current activities and funds to advance gender equality

Strategy 2; Activity Area 1

Lead: MOH

Activity Area	Specific Activities	Indicators, Targets & Timeline
Undertake a financial review to assess repurposing of current activities and funds to advance gender equality.	<ol style="list-style-type: none"> 1. MOH, in collaboration with 3-5 health agencies, commissions a pair of consultants (one with gender expertise, and another with financial expertise) to conduct a financial review to assess potential repurposing of funds to advance gender equality, with reports submitted to heads of agencies and the Minister of Health. 2. Health agencies repurpose the identified funds to advance gender equality efforts in line with priorities in the policy and action plan. 	<ol style="list-style-type: none"> 1. By 2026 - Financial review to repurpose existing activities and funds for gender equality priorities conducted within 3-5 health agencies/departments. 2. By 2027 – 3-5 agencies/departments repurpose existing activities and associated budgets to advance gender equality efforts in health.

Objective 4 - Ensure sustainable health financing for gender mainstreaming

Strategy 3

Advocate for additional Government of Ghana funding for gender mainstreaming in health.

Activity Area

- 1. Advocate for increased health sector budget for gender-mainstreaming activities

Strategy 3; Activity Area 1

Lead: MOH

Strategy 3; Activity Area 1

Lead: MOH

Activity Area	Specific Activities	Indicators, Targets & Timeline
Advocate for increased health sector budget for gender-mainstreaming activities.	1. Policy, Planning, Monitoring, and Evaluation Directorate (PPMED) and senior gender lead to meet with the Planning and Budgeting Team of the MoH and Ministry of Finance on the Action Plan, and advocate for increased budget for gender mainstreaming activities.	1. By 2028 - 5% of government budgetary allocation to MoH used for gender-mainstreaming activities By 2030 - 7%

Objective 4 - Ensure sustainable health financing for gender mainstreaming

Strategy 4

Engage development partners for start-up financing for targeted, high priority gender equality initiatives.

Activity Area

1. Strategically engage with development partners and the private sector to financially support initial costs for high priority gender equality initiatives

Strategy 4; Activity Area 1

Lead: MOH

Activity Area	Specific Activities	Indicators, Targets & Timeline
Strategically engage with development partners and private sector to support initial costs for high priority gender equality initiatives.	1. Engage and advocate with development partners and private sector to secure start-up financing for targeted high priority gender mainstreaming initiatives	<ol style="list-style-type: none"> 1. By 2026 - 1 multi-agency targeted initiative on gender equality has startup funding. 2. By 2028: 2 multi-agency targeted initiatives on gender equality have startup funding

Objective 4 - Ensure sustainable health financing for gender mainstreaming

Strategy 5

Assess budgeting for gender action activities against gender-responsive budgeting methodology to recommend improvements.

Activity Area

1. Undertake assessment of MOH and agency budgets against gender-responsive budgeting

Strategy 5; Activity Area 1

Lead: MOH

Activity Area	Specific Activities	Indicators, Targets & Timeline
Undertake assessment of MOH and agency budgets against gender-responsive budgeting.	<ol style="list-style-type: none"> 1. Commission a consultant to review experience of integrating gender into MOH and health agencies' budget against gender-responsive budgeting methodology and provide recommendations for improvement. 2. Hold a dissemination meeting/ consultation with key decision-makers and stakeholders to present recommendations. 	<ol style="list-style-type: none"> 1. By 2028 – Report on assessment of integrating gender into MOH and health agencies' budget against gender-responsive budgeting methodology completed. 2. By 2028 – Dissemination meeting/ consultation with key decision-makers and stakeholders held.

Roles and Responsibilities

Activity Area	Activity Description	Lead	Co-Lead
Objective 1 - To Improve gender responsiveness in the health system for enhanced quality of care.			
Strategy 1 - Improve service readiness and service delivery to be responsive to women's and girls' as well as men's and boys' needs, choices, and decision-making, keeping in mind the specific disadvantage women and girls face due to gender inequality.			
1	Modify and adopt guidelines, protocols, tools to be more gender responsive, especially to the needs of women and girls, but also men and boys.	MOH	
2	Make health facilities and infrastructure more women friendly.	MOH	Other service delivery agencies
3	Train providers to be more gender responsive in providing services that are support the needs, preferences and rights of women and girls in particular, but also for men and boys.	MOH	Other service delivery agencies
4	Prioritise gender responsive activities in government strategic reform efforts.	Health service delivery agencies	Other agencies
Strategy 2 - Provide timely and appropriate gender-responsive healthcare interventions across health programme areas.			
1	Reduce wait times for core services for women and girls, and men and boys	MOH	Health service agencies
2	Provide targeted family planning services to adolescent girls	MOH	Health service agencies
3	Expand cancer screening for women and men	MOH	Health service agencies
Strategy 3 - Address gender disparities in the health workforce, paying special attention to the disadvantages and challenges faced by female health workers.			
1	Increase and implement supportive systems and incentives to place and retain female health workers at all levels.	MOH	Health service agencies
Strategy 4 - Strengthen the existing governance structure and supervision systems to prioritise gender-related health issues.			
1	Health agencies to train managers and follow through on prioritising and budgeting for gender equity-related action items in their workplans.	Health agencies	

Strategy 5 - Empower women to take up decision-making and leadership roles in the health sector.			
1	Train middle-grade women staff on leadership skills and promote them into leadership positions	MOH	Health Agencies
Strategy 6 - Develop a review system for medicine and supply procurement with women's and men's differential needs in mind.			
1	Review medicine and supply procurement system with women's and men's differential needs in mind	MOH	
Strategy 7 - Increase female and male NHIS enrolment and utilisation rates, and improve the benefits package to meet the health needs of women in particular, but also men.			
1	A study on NHIS coverage and access to identify gender-related issues.	MOH	NHIA
2	Revise NHIS benefits package, enrollment and utilisation processes to meet the needs of women, and girls, but also men and boys.	MOH	NHIA
Strategy 8 - Improve health sector data and information systems to more effectively generate and use gender-related data for informed decision-making.			
1	Track priority gender indicators through key health information systems	MOH	
2	Train key staff on health sector gender data generation and use	MOH	
Objective 2 - Strengthen leadership and collaboration for gender mainstreaming in health			
Strategy 1 - Establish collaborative, coordination, and accountability mechanisms within the health sector to address gender issues			
1	Appoint senior-level technical gender lead to oversee the Action Plan.	MOH	
2	Revise remit of gender desk officers for all agencies	MOH	Health agencies
3	Develop and present annual Action Plan progress report under the coordination of the senior gender lead	Senior gender lead	
4	Identify synergistic implementation areas for gender integration into health sector policies	MOH	
Strategy 2 - Establish coordination mechanisms with internal and external partners to address gender issues.			
1	Identify and leverage existing and new coordination platforms for sectoral and cross-sectoral gender integration activities	MOH	
Objective 3 - Address socio-economic and cultural barriers that underlie gender inequalities in health			
Strategy 1 - Ensure deliberate consideration of socio-economic and cultural barriers underlying gender inequalities in the design and delivery of health services.			

1	Address socio-economic and cultural barriers to healthcare access	MOH	Health agencies
Strategy 2 - Develop health sector outreach and communications, specifically tailored to reach women and girls, and men and boys, and to address gender-related biases.			
1	Launch gender-responsive behaviour change communication campaigns	MOH	Health agencies
Strategy 3 - Strengthen women's participation at the community level in design and implementation of health programmes.			
1	Improve gender balance to 50% female and 50% male in community participation mechanisms	GHS	
Strategy 4 - Ensure community participation towards the reduction of harmful socio-cultural practices that impact the health of women and girls.			
1	Work with communities toward the elimination of harmful socio-cultural practices that negatively impact the health of women and girls	MOH	Health agencies
Strategy 5 - Encourage women to participate in health decision-making about their health at the household level.			
1	Promote women's and girls' decision making on reproductive and maternal care access and choice	MOH	Health agencies
Objective 4 - Ensure sustainable health financing for gender mainstreaming			
Strategy 1 - Allocate, and spend some core level of MOH dedicated funds for high priority action items in the gender policy that cannot be readily integrated into existing budgets and work plans.			
1	Allocate, and spend some core level of MOH dedicated funds for high priority action items in the gender policy that cannot be readily integrated into existing budgets and work plans	MOH	
Strategy 2 - Undertake an agency and departmental financial review to assess which current activities can be effectively repurposed and strengthened concerning gender equality with existing resources.			
1	Undertake a financial review to assess repurposing of current activities and funds to advance gender equality	MOH	
Strategy 3 - Advocate for additional Government of Ghana funding for gender mainstreaming in health.			
1	Advocate for increased health sector budget for gender-mainstreaming activities	MOH	
Strategy 4 - Engage development partners for start-up financing for gender mainstreaming targeted initiatives			

1	Strategically engage with development partners and the private sector to financially support initial costs for high priority gender equality initiatives	MOH	
Strategy 5 - Assess budgeting for gender action activities against gender-responsive budgeting methodology to recommend improvements.			
1	Undertake assessment of MOH and agency budgets against gender-responsive budgeting.	MOH	



MINISTRY OF HEALTH