

**UN TO UN TRANSFER AGREEMENT**

**A. SUMMARY OF ACTIVITIES**

**Title:** Harnessing AI to Improve Health Outcomes in Ghana While Addressing Its Potential Risks Undermining Human Security.  
(Reference Number: UDP-AF-26-001 JSB Ghana)

**Start/End Dates:** Activities start date: 01 March 2026  
Activities end date: 28 February 2027

**Contribution Amount:** US\$ 641,979.77 (the “Contribution”)

**Contributing UN Entity:** United Nations Trust Fund for Human Security (UNTFHS)

**Recipient UN Entity:** United Nations Development Programme (UNDP)

**Purpose:** See the Executive Summary in the Annex: programme proposal

**Annexes:** A. Programme Proposal  
B. Detailed Budget Document  
C. Reporting and Payment Schedule  
D. Budget and Reporting

**Expected outcome:** See the Executive Summary in the Annex: programme proposal

The Recipient UN Entity will be fully responsible for administering the Contribution in accordance with its financial regulations, rules, policies and procedures, and administrative instructions, and carrying out the Activities efficiently and effectively.

**B. BUDGET**

The total budget for the Activities is 641,979.77 in USD, as more fully described below.

| Summary of activities                                      | Annual<br>(Years 1) | Total<br>(all years) |
|------------------------------------------------------------|---------------------|----------------------|
| Total programmable amount,<br>including direct costs       | US\$ 599,981.09     | US\$ 599,981.09      |
| Indirect support costs (7% of the<br>total programme cost) | US\$ 41,998.68      | US\$ 41,998.68       |
| Grand total                                                | US\$ 641,979.77     | US\$ 641,979.77      |

The Contributing UN Entity will not be responsible for any financial commitment or expenditure made by the Recipient UN Entity that exceeds the budget for the Activities. The Recipient UN Entity will promptly advise the Contributing UN Entity any time when the Recipient UN Entity is aware that the budget to carry out these Activities is insufficient to fully implement the Activities in the manner set out in the present Agreement, including its Annex(es). The Contributing UN Entity will have no obligation to provide the Recipient UN Entity with any funds or to make any reimbursement for expenses incurred in excess of the total budget as set forth herein.

#### **C. COSTS RECOVERY**

The Recipient UN Entity's support costs, determined in accordance with its cost recovery policy, will be paid from the Contribution, in accordance with the budget.

#### **D. REPORTING**

##### **Narrative reporting:**

The Recipient UN Entity will provide the Contributing UN Entity with a narrative report on the progress of the Activities on a regular basis, as set out below. Progress reports shall detail outputs, achievements, and constraints with regards to the utilization of this contribution.

- (a) Final consolidated narrative report, after the completion of all activities in the approved programmatic documents, to be provided, through the lead agency, no later than three (3) months after the end of the programme. The final consolidated narrative report will contain a summary of the results and achievements compared to the goals and objectives of the Programme as described in the UNTFHS Guidelines and per UNTFHS templates.

##### **Financial Reporting:**

The Recipient UN Entity will provide the Contributing UN Entity with the following financial reports, prepared in accordance with the Recipient UN Entity's financial regulations, rules, policies, procedures, and administrative instructions:

Please refer to "Annex C. Reporting and Payment Schedule" and "Annex D. Budget and Reporting".

#### **E. CONTRIBUTIONS**

The Contribution paid by the Contributing UN Entity shall match the Budget and will be paid in instalments according to the following schedule.

##### **Schedule of payment:**

| <b>Instalments</b> | <b>Amount (USD \$)</b> | <b>Deadlines</b>                                                        |
|--------------------|------------------------|-------------------------------------------------------------------------|
| 1st                | US\$ 641,979.77        | Within 15 days from signature of this Financial Agreement by both sides |
|                    | <b>US\$ 641,979.77</b> |                                                                         |

The Contributing UN Entity acknowledges that the Recipient UN Entity will not pre-finance the Activities. If the Contribution, or any part of it, is not received in a timely manner, the Activities may be reduced or suspended by the Recipient UN Entity with immediate effect.

The Contribution will be paid into the following account:

**Account Details:** Account number: 36349562  
SWIFT code: CITIUS33  
ABA (specific for US): 021000089  
Account Title: UNDP CONTRIBUTIONS ACCOUNT  
**Currency:** US Dollars  
**Bank Address:** Citibank N.A. 388 Greenwich St. New York, NY 10013

When making such transfers the Contributing UN Entity will notify the Recipient UN Entity, via an e-mail with remittance information to [prince.oppong@undp.org] of the following: (a) the amount transferred; (b) the value date of the transfer; (c) that the transfer is from the Contributing UN Entity pursuant to this Agreement.

**F. INTELLECTUAL PROPERTY RIGHTS**

The Contributing UN Entity will be granted by the Recipient UN Entity a perpetual, royalty-free, worldwide, non-exclusive and non-transferable license in the intellectual property that was developed by the Recipient UN Entity as a result of the Activities.

**G. CORRESPONDENCE**

All correspondence regarding the implementation of this Agreement will be addressed to:

*United Nations Development Programme:*

Niloy Banerjee (Mr.)  
Resident Representative  
Ghana Country Office  
United Nations Development Programme  
Physical address: House No. 27 Ring Road East, Near Fire Service Headquarters, Accra, Ghana  
Postal address: P.O. Box GP1423, Accra, Ghana  
Telephone: +233 302 215670  
Facsimile:  
Electronic mail: niloy.banerjee@undp.org

*United Nations Trust Fund for Human Security:*

Mehrnaz Mostafavi (Ms.)  
Chief, Human Security Unit  
United Nations Trust Fund for Human Security  
United Nations

**Address:** United Nations Secretariat  
DC2 Building, DC2-1370  
New York, NY 10017  
Tel: +1-917-367-2239

**H. AMENDMENTS**

The present Agreement, including its Annex(es), may be modified or amended only by written agreement between the two UN Entities.

**I. COMPLETION OF THE ACTIVITIES**

The Recipient UN Entity will notify the Contributing UN Entity when all Activities have been completed.

The Recipient UN Entity will continue to hold any part of the Contribution that is unutilized at completion of the Activities until all commitments and liabilities incurred in the carrying out of the Activities have been satisfied and all arrangements associated with the Activities have been brought to an orderly conclusion.

**J. TERMINATION OF THIS AGREEMENT**

This Agreement will expire upon satisfaction of all commitments and liabilities incurred in carrying out the Activities and the orderly conclusion of all arrangements associated with the Activities.

This Agreement may be terminated by either UN Entity at any time by written notice to the other. Termination will be effective thirty (30) days after receipt of the notice. In the event of termination under this paragraph, the UN Entities will cooperate to ensure completion of the Activities, satisfaction of all commitments and liabilities, and the orderly conclusion of all arrangements associated with the Activities.

**K. REFUNDS OF UNSPENT BALANCES**

Upon expiry or termination of this Agreement and following the submission of the final financial report, any unspent balance from the Contribution will be returned to the Contributing UN Entity, unless otherwise agreed in writing by the UN Entities.

**L. INTEREST**

Unless otherwise agreed by the UN Entities based on requirements of the Funding Source as applicable, any interest accrued on the Contribution shall be treated according to the Recipient UN Entity's policies and procedures.

**M. DATA PROTECTION**

The UN Entities will ensure an appropriate protection of personal data in accordance with their respective regulations, rules, policies, and procedures with due regard to the Personal Data Protection and Privacy Principles.<sup>3</sup> The UN Entities acknowledge and agree that "personal data" is defined as information relating to an identified or identifiable natural person (data subject) that is processed by, or on behalf of, the respective UN Entities concerned.

**N. SETTLEMENT OF DISPUTES**

The UN Entities will use their best efforts to promptly settle through direct negotiations any dispute, controversy or claim arising out of or in connection with this Agreement or any breach thereof. Any such dispute, controversy or claim which is not settled within sixty (60) days from the date either UN Entity has notified the other UN Entity of the nature of the dispute, controversy or claim and of the measures which should be taken to rectify it, will be resolved through consultation between the Executive Heads of each of the UN Entities.

**O. ENTRY INTO FORCE AND VALIDITY**

This Agreement will enter into force upon its signature by the authorized representatives of the UN Entities and remain in force until it expires or is terminated in accordance with Section J above.

**P. PRIVILEGES AND IMMUNITIES**

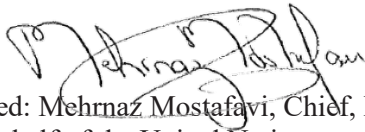
Nothing in or relating to this Agreement shall be deemed a waiver, express or implied, of any of

the privileges and immunities of the UN Entities.

IN WITNESS WHEREOF, the undersigned, being duly authorized thereto, have signed the present Agreement in duplicate.

DocuSigned by:  
  
098A64B74A0B42B...

Signed: Niloy Banerjee, Resident Representative, Ghana Country Office  
On behalf of the United Nations Development Programme (UNDP)



23-Feb-26

Signed: Mehrnaz Mostafavi, Chief, Human Security Unit (HSU)  
On behalf of the United Nations

## Full Programme Proposal Format

|                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date of submission</b>                                                                                                                                                                                                     | 23/01/2026                                                                                                                                                                                                                                                                       |
| <b>Benefiting country and location(s)</b>                                                                                                                                                                                     | Country: Ghana<br>Locations: National                                                                                                                                                                                                                                            |
| <b>Title of the programme</b>                                                                                                                                                                                                 | Harnessing AI to Improve Health Outcomes in Ghana While Addressing Its Potential Risks Undermining Human Security                                                                                                                                                                |
| <b>Duration of programme</b>                                                                                                                                                                                                  | March 2026 to February 2027 (12 months)                                                                                                                                                                                                                                          |
| <b>Lead UN organization</b>                                                                                                                                                                                                   | UNDP<br>Deputy Resident Representative, Ghana<br>Shaima Hussein <a href="mailto:shaima.hussein@undp.org">shaima.hussein@undp.org</a><br>Project Management Specialist,<br>Yoko Reikan <a href="mailto:yoko.reikan@undp.org">yoko.reikan@undp.org</a>                             |
| <b>Implementing UN organization(s)</b>                                                                                                                                                                                        | WHO<br>Representative, Ghana<br>Dr Fiona Braka <a href="mailto:brakaf@who.int">brakaf@who.int</a><br>Strategic Health Information Systems<br>Research Data Analytics and Knowledge<br>Generation, Dominic Kwabena Atweam<br><a href="mailto:datweam@who.int">datweam@who.int</a> |
| <b>Non-UN implementing partners</b>                                                                                                                                                                                           | Ministry of Health<br>Ghana Health Service<br>University of Ghana<br>Life is Tech!<br>SORA Technology                                                                                                                                                                            |
| <b>Resident Coordinator(s)</b><br><b>Resident Coordinator's Office (RCO)</b><br>(For submissions from regional entities, offices of SRSGs or other similar entities, submissions can be from the highest-ranking UN official) | RCO Ghana<br>Team Lead, Signe Jepsen <a href="mailto:jepsen@un.org">jepsen@un.org</a>                                                                                                                                                                                            |
| <b>Total programme budget including indirect support costs in US\$ (UNTFHS and other sources of funding)</b>                                                                                                                  | \$980,000                                                                                                                                                                                                                                                                        |
| <b>Amount requested from the UNTFHS in US\$ (no more than \$2million for operational programmes and no more than \$300,000 for outreach/advocacy programmes)</b>                                                              | \$980,000                                                                                                                                                                                                                                                                        |
| <b>Amount to be sourced from other donors in US\$ (please list each donor and the amount to be contributed)</b>                                                                                                               | \$0                                                                                                                                                                                                                                                                              |
| <b>Target SDG(s):</b>                                                                                                                                                                                                         | SDG 1: Indicator 1.5.1<br>SDG 2: Indicator 2.1.2<br>SDG 3: Indicator: 3.4.1, 3.3.3, 3.9.1<br>SDG 8: Indicator: 8.2.1<br>SDG 9: Indicator 9.c.1<br>SDG 10: Indicator 10.2.1<br>SDG 13: Indicator 13.1.1<br>SDG 15: 15.3.1<br>SDG 17: Indicator 17.17.1                            |

## 1. Executive summary

This joint UNDP–WHO programme will harness artificial intelligence (AI) to strengthen Ghana’s health outcomes while mitigating risks to human security. The programme’s overarching goal is to advance Ghana’s digital health transformation by harnessing AI to build stronger institutions, safeguard patient data, promote equity, and enhance resilience against climate-sensitive diseases.

Through the application of the human security approach, this programme ensures that digital health transformation remains people-centred by safeguarding individuals, especially vulnerable and marginalised populations, from risks such as data breaches and climate-related health threats, whilst empowering healthcare workers and communities with the knowledge, skills, and equitable access. Protection, empowerment, and equity will be sought to achieve across five outcomes: (1) institutional and human capacity for evidence-based AI governance; (2) robust data privacy and security for medical records and health data; (3) inclusive digital literacy and rights awareness for healthcare workers and vulnerable populations; (4) AI-enabled early warning systems for climate-sensitive diseases, integrated with DHIS2; and (5) strategic private-sector engagement for responsible, human-centred AI solutions, placing people’s safety, dignity, and empowerment at the core of digital innovation, ensuring that technological progress translates into inclusive and sustainable health outcomes.

The programme addresses interconnected challenges across health, environment, equity, and governance such as limited institutional capacity to govern AI responsibly, weak data privacy protections, gaps in digital literacy and rights awareness, rising health threats from climate-sensitive diseases, and insufficient private sector engagement in responsible innovation. Addressing these challenges are urgent, as rapid technological change and climate pressures demand immediate action to safeguard health systems and protect vulnerable populations.

Diverse set of partners have been engaged throughout its conceptualisation and design to ensure that interventions are nationally aligned, technically sound, and inclusive. Partners include the Ministry of Health and the Ghana Health Service, whose involvement is crucial in shaping the AI governance frameworks and ensuring that AI adoption in healthcare is evidence-based, ethically guided, and aligned with Ghana’s national priorities. A key technology partner is SORA Technology, a Japanese startup who leverages drone and AI solutions for global health, disaster prevention, and air mobility, who will support the design and piloting of AI-powered early warning systems for climate-sensitive diseases such as malaria, cholera, and meningitis. University of Ghana will also support the development of a scalable AI-driven framework that integrates air quality and climate data. Life is Tech, who is committed to build capacity of several segments of society from school children to employees to benefit from digital technologies, will provide expertise in raising digital rights awareness and developing digital literacy of health workforce as well as vulnerable population.

Direct beneficiaries include 15,000 healthcare workers - including 10,000 nurses and 5,000 allied health professionals - across 75 districts in 6 regions, alongside 5,000 community members and over 150 health information and management officers. Indirectly, more than 9 million Ghanaians, particularly in northern regions, will benefit from improved surveillance and response to climate-sensitive diseases. By the end of the programme period, Ghana will have established evidence-based governance frameworks, robust data privacy and security systems, inclusive digital literacy initiatives, AI-powered early warning systems for climate-sensitive diseases, and a strategic roadmap for private sector investment in Ghana’s digital health transformation. In doing so, through the embedded human security approach prioritising protection, empowerment, and equity, the programme will foster trust, accountability, innovation and ensure that Ghana’s digital health transformation is inclusive, climate-resilient, and sustainable.

The programme aligns national strategies and international guidance, including the UN General Assembly’s 2024 resolution on safe, secure and trustworthy AI, the WHO’s ethics guidance for AI in health, and UNDP’s Human Development Report 2025, highlighting stalled global progress and the need for inclusive digital transformation.

## 2. Joint Multidimensional Human Security Analysis

### 2.1. Overall context analysis

Ghana faces interconnected human security challenges across economic, food, health, environmental, personal, community and technological dimensions.

Despite its substantial development gains in reducing poverty and strengthening social services over two decades, progress toward the Sustainable Development Goals remains uneven amid recurring shocks, with its inequality-adjusted outcomes reflecting persistent disparities.<sup>1</sup> For instance, significant poverty reduction observed before the COVID-19 pandemic was reversed due to high inflation and economic stagnation, worsening youth unemployment, inequality, and rural livelihoods.

As highlighted in the 2023 UNDP Human Development Report, over 7.3 million Ghanaians (24.3%) were multidimensionally poor in 2021. In 2024, over 2 million people were food-insecure, primarily driven by climate-related production losses, rising food prices due to inflation, and communal conflict disrupting livelihoods and access. 28 percent of the population living in the Northern and Transition Zones bore 56 percent of the burden.<sup>2</sup> While its overall Human Development Index (HDI) of 0.628 in 2023 achieved a marginal rank-up to 143<sup>rd</sup> from 144th in 2022, Inequality-Adjusted HDI (IHDI) 2023 stands at 0.399, reflecting a 36.5 % loss due to inequality.<sup>3</sup>

The 2025 VNR report also highlights that multidimensional poverty in Ghana remains deeply entrenched, particularly in rural areas where rates reach 59 percent—double the levels seen in urban settings.<sup>4</sup> The burden is most severe in the Northern, Savannah, Northeast, and Upper East regions, with nine regions overall showing more than a quarter of their populations facing multiple deprivations. Poverty is strongly linked to deficits in health (48.3%), living conditions (32.7%), and education (19.0%), with households headed by agricultural workers disproportionately affected compared to those in service or industry sectors. Gender disparities are also evident, as male-headed households experience higher multidimensional deprivation (43.8%) than female-headed households (36.0%). These patterns underscore the urgent need for targeted strategies that address regional inequalities, sectoral vulnerabilities, and the structural drivers of deprivation.

The UNSDF further notes that Ghana's urban–rural disparities create significant geographic risks, with many communities facing reduced or no access to essential services such as quality education, healthcare, and financial opportunities.<sup>5</sup> These gaps contribute to higher mortality and morbidity rates, low educational attainment, and limited livelihoods, particularly in rural and underserved areas. Vulnerable groups—including children, adolescents, persons with disabilities, people living with HIV, older persons, smallholder farmers, migrants, informal workers, and women—are disproportionately affected.

On the health front, despite progress, Ghana still grapples with high maternal mortality (263 per 100,000 live births), widespread anaemia (affecting 49% of children), and a dual burden of diseases that continues to strain its health system. Communicable diseases such as malaria, cholera, tuberculosis, and diarrheal illnesses remain widespread, particularly in peri-urban slums and low-income rural communities. These conditions are closely linked to environmental and infrastructural challenges, including inadequate water and sanitation systems, overcrowded housing, and weak disease surveillance.<sup>6</sup> At the same time, non-communicable diseases (NCDs), including mental health disorders,

---

<sup>1</sup> Macro Poverty Outlook / April 2025 [mpo-sm25.pdf](#)

<https://www.wfp.org/countries/ghana#:~:text=Photo:%20WFP/Derrick%20Botchway,in%20northern%20regions%20of%20Ghana;>  
<https://hdr.undp.org/system/files/documents/global-report-document/hdr2025reporten.pdf>

<sup>2</sup> <https://www.wfp.org/countries/ghana#:~:text=Photo:%20WFP/Derrick%20Botchway,in%20northern%20regions%20of%20Ghana.>

<sup>3</sup> <https://hdr.undp.org/system/files/documents/global-report-document/hdr2025reporten.pdf>

<sup>4</sup> 2025 VNR Report – President's SDGs Advisory Unit Ghana

<sup>5</sup> UNSDF Ghana 2023 - 2025 (Signed)-compressed.pdf

<sup>6</sup> Ministry of Health, 2023

are rising sharply. Hypertension, diabetes, cardiovascular diseases, and cancers are becoming increasingly prevalent, driven by urbanisation, unhealthy diets, sedentary lifestyles, and population ageing. The impact of these conditions is compounded by limited diagnostic capacity at the primary care level, delayed presentation at tertiary facilities, and weak referral systems.<sup>7</sup> Climate-sensitive disease outbreaks (e.g., cholera, meningitis) also underscore the need for resilient surveillance and preparedness.

Access to equitable health services remains a persistent challenge with significant regional disparities in service availability and quality. Urbanisation adds another layer of complexity, with 58.62% of the population residing in urban areas. Health facilities in cities are frequently overwhelmed, while rural communities—particularly in the northern regions—remain underserved. Compounding this is the low NHIS enrolment in the poorest regions, undermining financial protection and access to care.

Although life expectancy has risen modestly from 63.7 years to 64.53 years in 2023, this progress remains fragile, undermined by persistent regional and socioeconomic disparities. A major concern is the geographic distribution of health workers. While 41.38% of the population lives in rural areas, only 38% of health workers serve these communities. In contrast, urban centres such as Accra and the Ashanti Region host 67% of the country's doctors and pharmacists, leaving many rural populations without access to skilled or specialised care.<sup>8</sup> Migration and attrition further exacerbate the strain on the health system. Alarming, 63% of health workers report plans to migrate, and 38% are already taking steps toward leaving. This trend threatens to deepen existing inequities and weaken the country's ability to respond to both communicable and non-communicable disease burdens.

Additionally, Ghana's environmental challenges continue to pose high economic and health costs.<sup>9</sup> Air pollution is the costliest, accounting for 4.2 per cent of GDP. Household air pollution from biomass fuels causes approximately 8,800 premature deaths annually, while ambient air pollution contributes to another 7,200 deaths. Water pollution accounts for an additional 3 percent of GDP losses, driven by inadequate water supply, poor sanitation, and industrial discharges, resulting in roughly 10,600 early deaths each year. Illegal mining has damaged over 4,700 hectares of forest reserves<sup>10</sup> and polluted around 60% of water bodies<sup>11</sup>, risking water scarcity. Contaminated sites from gold mining, unmanaged solid waste, and e-waste recycling add further strain, costing 1.2 percent of GDP and exposing communities to hazardous chemicals and heavy metals, including 1,200 deaths linked to lead exposure. Beyond these, agricultural land degradation, deforestation, and overfishing undermine resource productivity, threaten jobs and livelihoods, and erode vital ecosystem services.

To accelerate growth and development, improvement of the business environment and strengthening of public sector management, digital transformation and climate change adaptation are key.<sup>12</sup> Since around 2017, the Government of Ghana has taken initiatives for digital transformation. However, cyber threats and data breaches have exposed vulnerabilities in its digital ecosystems. Evidence points to high Distributed Denial of Service (DDoS) activity in 2024 targeting critical sectors. Health sector cybersecurity maturity was flagged as low compared to banking and telecom.<sup>13</sup> At the same time, digital exclusion persists - millions remain offline, particularly in northern regions and among women, risking inequitable access to digital health and further widening disparities in health outcomes and human development as a result.

## **2.2. Interconnected challenges to be addressed**

---

<sup>7</sup> Demographic and Health Survey, 2022 <https://dhsprogram.com/pubs/pdf/PR149/PR149.pdf>

<sup>8</sup> HMTDP, 2026-2029

<sup>9</sup> Ghana – Country Environmental Analysis (English). Washington, D.C.: World Bank Group. <http://documents.worldbank.org/curated/en/419871588578973802>

<sup>10</sup> [Ghana's wildcat gold mining booms, poisoning people and nature | Reuters](#)

<sup>11</sup> Policy Brief Key Findings Introduction. The State of Ghana's Environmental Media from 2016 to 2022: The Hurdles and the Impact of COVID-19

<sup>12</sup> Macro Poverty Outlook / April 2025 [mpo-sm25.pdf](#)

<sup>13</sup> <https://www.csa.gov.gh/ghana-s-health-sector-low-in-cybersecurity-maturity-csa-cautions.php>

Addressing these interlinked threats is essential for advancing human development and achieving the SDGs.

The programme seeks to address these interconnected challenges and identifies AI-driven digital health transformation, guided by a human security approach, as its central entry point. By strengthening institutions, safeguarding patient data, and deploying AI-powered early warning systems for climate-sensitive diseases, it directly addresses health inequities while generating positive spillovers across multiple dimensions of human security and the Sustainable Development Goals (SDGs). In terms of health security, AI-enabled surveillance will enhance early detection and response to both communicable and non-communicable diseases. This will reduce mortality, improve resilience, and strengthen Ghana's overall health system capacity.

The programme also contributes to economic security by reducing the disease burden and improving workforce health, thereby enhancing productivity and supporting livelihoods. Engagement with the private sector through multi-stakeholder forums will catalyse investment and innovation, creating new opportunities for inclusive economic growth. On food security, integrating AI with climate and environmental data will improve predictive risk assessment, enabling better management of climate shocks that drive hunger and malnutrition, strengthening resilience in vulnerable communities, particularly in northern regions.

For environmental security, AI-supported monitoring of air quality, water safety, and land use will enhance environmental governance, reducing pollution-related health costs, protecting ecosystems, and supporting sustainable resource management. The programme also advances community and personal security by promoting digital literacy and rights awareness. Empowering healthcare workers and vulnerable populations ensures equitable access to services, reduces exclusion, and builds trust in digital health systems. Strengthened governance frameworks for responsible AI adoption will foster accountability, ethical oversight, and public confidence, positioning Ghana as a leader in human-centred digital health innovation, translating technological progress into inclusive and sustainable development outcomes.

The proposed programme aligns strongly with the Sustainable Development Goals (SDGs) by addressing interconnected challenges across health, environment, equity, and governance. At its core, the initiative advances **SDG 3 (Good Health and Well-being)** by strengthening disease surveillance and enhancing resilience against both communicable and non-communicable diseases. Beyond health, the programme supports **SDG 1 (No Poverty)** and **SDG 8 (Decent Work and Economic Growth)** by reducing the disease burden that undermines productivity and livelihoods. Healthier populations are more economically active, while private sector engagement through multi-stakeholder forums catalyses investment, innovation, and job creation. This ties into **SDG 9 (Industry, Innovation, and Infrastructure)**, as the programme fosters responsible AI adoption and strengthens digital health infrastructure. Food security is another critical dimension, linking the programme to **SDG 2 (Zero Hunger)**. By integrating AI with climate and environmental data, the initiative enhances predictive risk assessment and supports better management of climate shocks that drive hunger and malnutrition. This complements **SDG 13 (Climate Action)**, as AI-powered early warning systems strengthen resilience against climate-sensitive diseases and environmental risks. Furthermore, Environmental sustainability is advanced through **SDG 15 (Life on Land)**, with AI-supported monitoring of air quality, water safety, and land use helping to reduce pollution, protect ecosystems, and promote sustainable resource management. At the same time, the programme addresses **SDG 10 (Reduced Inequalities)** by deliberately focusing on underserved rural and northern regions, ensuring that vulnerable populations gain equitable access to health services and opportunities. Finally, the programme strengthens governance and partnerships, contributing to **SDG 16 (Peace, Justice, and Strong Institutions)** and **SDG 17 (Partnerships for the Goals)**. By embedding ethical oversight and accountability into AI adoption, it builds trust in institutions, while collaboration across government, academia, civil society, and private sector actors fosters inclusive and sustainable innovation.

This approach advances a different way of ensuring that digital health transformation remains people-

centred by embedding protection, empowerment, and equity into every outcome—moving beyond fragmented or purely technical solutions to create sustainable, inclusive systems.

### **3. Rationale for funding and programme details**

#### **3.1. Workplan narrative**

##### **Objectives**

The programme's overarching goal is to advance Ghana's digital health transformation by harnessing artificial intelligence (AI) to build stronger institutions, safeguard patient data, promote equity, and enhance resilience against climate-sensitive diseases. Guided by a human security approach, it places people's safety, dignity, and empowerment at the core of digital innovation, ensuring that technological progress translates into inclusive and sustainable health outcomes. The programme prioritises data privacy and security, enhances digital literacy and rights awareness, and promotes equitable access to digital health services, including AI. Through strategic collaboration—particularly with Japanese stakeholders—the programme aims to contribute to the creation of an effective, equitable, secure, inclusive, and sustainable digital health ecosystem in Ghana. By the end of the programme period, Ghana will have established evidence-based governance frameworks, robust data privacy and security systems, inclusive digital literacy initiatives, AI-powered early warning systems for climate-sensitive diseases, and a strategic roadmap for private sector investment in Ghana's digital health transformation.

##### **Expected outcomes**

##### **Outcome 1: Enhanced Institutional and Human Resource Capacity to Generate and Use Evidence on AI for Policy, Planning, and Investment**

Interventions in this outcome will focus on building the foundational capacity of Ghana's health institutions and workforce to effectively adopt and govern digital health and AI technologies. Key interventions will include assessing the current digital health and AI landscape and strengthening the ability of key government agencies, such as the Ministry of Health and Ghana Health Service to generate and use data for decision-making and developing policies and regulatory frameworks for effective and responsible AI use. These interventions will ensure that digital transformation in health is evidence-based, ethically guided, and aligned with national priorities.

##### **Outcome 2: Strengthened Data Privacy and Security for Medical Records and Health Data**

This outcome aims to ensure that Ghana's digital health transformation is grounded in strong data governance, with a focus on data security, patient privacy, and trust. It seeks to identify and assess threats, vulnerabilities, and risks associated with the use of AI and digital health technologies in healthcare, including their likelihood and impact, and to propose mitigation strategies. Existing digital health strategies will be refined to integrate AI, addressing associated risks and initiating systems to document AI-related safety incidents. The intervention emphasises collaboration with stakeholders to implement robust privacy and security measures and supports the development of national medical records and health data policy to guide the collection, storage, ownership, and access of patient information, ensuring ethical and secure data use. Ultimately, the goal is to foster trust and enable sustainable, responsible use of digital health technologies, including AI.

##### **Outcome 3: Improved Literacy and Rights Awareness and Enhanced Equity in Digital Health**

This outcome seeks to ensure that all stakeholders, especially healthcare workers and vulnerable populations, are equipped with the knowledge and skills to engage meaningfully with digital health and AI technologies. The proposed activities include capacity building on digital literacy and rights awareness at all levels of the health system, with a focus on inclusivity and equity, collaborating with Life is Tech. The programme will also support the development of a competency-based AI curriculum

for health informatics and digital health professionals at both undergraduate and postgraduate levels. Additionally, AI-supported knowledge products will be created to map and address disparities in access to essential digital health services, helping to close equity gaps and promote fairer health outcomes across regions and populations.

#### **Outcome 4: Strengthened AI-based Early Warning Systems for Climate-Sensitive Diseases**

This outcome focuses on leveraging AI to enhance Ghana's capacity to anticipate and respond to climate-sensitive diseases such as meningitis, cholera and malaria, as highlighted in the health National Adaptation Plan and the harmonised climate change vulnerability and adaptation assessments. The programme, in partnership with SORA Technology, will design and pilot AI-supported early warning systems that integrate with the National Health Management Information System (HMIS) built on the DHIS2 platform to improve disease surveillance and timely response. It will also support the use of AI in monitoring environmental factors, such as air and water quality, in climate-vulnerable areas, enabling proactive public health interventions. This approach aims to reduce disease burden, improve preparedness, and build climate-resilient health systems. Furthermore, in collaboration with SORA Technology, selected districts with high endemicity for malaria and NTDs will be supported to implement drone-based malaria control.

#### **Outcome 5: Strengthened Engagement for Investment of Private Sector in Human-centred Development and Responsible Deployment of AI Solutions for Health in Ghana**

This outcome aims to foster purposeful collaboration with the private sector to drive responsible investment and innovation in AI-driven health solutions that are ethical, inclusive, and aligned with national health priorities. The programme will conduct research to map out and explore viable investment opportunities in Ghana's AI health ecosystem. A national multi-stakeholder forum will be convened bringing together government agencies, Japanese and Ghanaian private sector companies, academia, civil society, and other key actors to discuss and explore opportunities for partnership. This approach is designed to catalyse sustainable innovation, ensure accountability, and scale impactful digital health solutions across Ghana. A strategic roadmap on the opportunities for innovation and investment in responsible and human-centred deployment of AI in health will be developed to guide the private sector.

#### **Outcome 1: Enhanced Institutional and Human Resource Capacity to Generate and Use Evidence on Digital Health and AI For Policy, Planning, and Investment**

**Output 1: Institutional and human resource capacities strengthened to effectively generate, analyse, and apply evidence on digital health and artificial intelligence (AI) to inform policymaking, strategic planning, and investment decisions**

- **Activity 1.1:** Conduct digital readiness and AI landscape assessments for the health sector using UNDP's AI and digital Readiness Assessment Tool (AILA) and the WHO classification framework for digital health interventions (DHI) to strengthen policy planning and investments
- **Activity 1.2:** Revise the current Ghana Health Service Digital Health Strategy, embedding the human security approach, the role of AI and ML, and aligned to the WHO classification framework for digital health intervention
- **Activity 1.3:** Support the capacity building of key selected health professionals at national, selected regional, and district levels to effectively use health care analytics for forecasting disease trends, managing illnesses, and strengthening data-driven planning and response across the health sector
- **Activity 1.4:** Facilitate inclusive stakeholder consultations to finalise the Health Sector Medium-Term Development Plan, ensuring the integration of the human security approach across priorities, strategies, and implementation frameworks

#### **Indicators**

- **Indicator 1.1:** Policy makers and relevant stakeholders for health receive training on digital readiness and AI assessments for the health sector conducted <Measurement: Number of participants> (Baseline: 0, Target: 40)
- **Indicator 1.2:** Level of dissemination of the Ghana Health Service Digital Health Strategy <Measurement: Facilities received and acknowledged the document> (Baseline:0%, Target: 80%)
- **Indicator 1.3:** Health Information Managers and Monitoring and Evaluation Officers trained at the national and district levels, equipped with skills and knowledge on predictive analysis <Measurement: Capacity built> (Baseline: 0%, Target: 80%)

## **Outcome 2: Strengthened Data Privacy and Security for Medical Records and Health Data**

### **Output 2: Data privacy and security frameworks strengthened to ensure safe, ethical, and equitable use of digital health and AI technologies**

- **Activity 2.1:** Develop a national medical records and health data policy and guidelines to include data privacy and security provisions, including AI-associated risk within health facilities
- **Activity 2.2:** Institutionalise the routine documentation of all AI-associated risks and dangers encountered by health care professionals in their line of duty
- **Activity 2.3:** Conduct data security audit and assessments on risk management, contingency plans, logical access control and threat management on HMIS systems
- **Activity 2.4:** Produce knowledge products such as policy briefs, factsheets, videos, and webinars to improve usage and adherence to data security standards and privacy

#### **Indicators**

- **Indicator 2.1:** Regional and district health management teams have access to the revised national medical records and health data policy and guidelines <Measurement: Number> (Baseline: 0, Targets 16 regions and 261 districts)
- **Indicator 2.2:** Mechanism for the routine reporting of AI risks and danger in place and being used. <Measurement: Yes/No> (Baseline: No, Target: Yes)
- **Indicator 2.3:** Business Impact Analysis, System & Data Sensitivity Classification, HMIS Risk Assessment produced, and data security audit institutionalised <Measurement: Report completeness> (Baseline: 0, Target:85%)
- **Indicator 2.4:** Knowledge products developed and published by national and regional health teams <Measurement: Number> (Baseline:0, Target: 5)

## **Outcome 3: Improved Literacy and Rights Awareness and Enhanced Equity in Digital Health**

### **Output 3: Digital health literacy and awareness of rights improved with enhanced equity for the use of digital health technologies, particularly among underserved and marginalised populations**

- **Activity 3.1:** Conduct nationwide digital health literacy and AI capacity training for 15,000 health care workers on the existing GHS e-learning platform, mainstreaming a human security approach and in collaboration with Life is Tech!
- **Activity 3.2:** Convene nationwide community dialogues with traditional leaders, youth, and persons with disabilities to strengthen digital health literacy, rights and the ethical use of AI, mainstreaming a human security approach
- **Activity 3.3:** Incorporate an AI risk mitigation module as part of the digital health curriculum for adaptation for trainee students, such as Health Information Officers, Nutrition Officers, Disease Control Officers, Physicians, Medical Assistants, Public Health Officers, Health Promotion Officers at the College of Health Science in Kintampo

#### **Indicators**

- **Indicator 3.1:** Healthcare workers reached with digital health literacy and AI training <Measurement: Number> (Baseline: 0, Target 15,000)
- **Indicator 3.2:** Community members reached with digital health literacy, rights and ethical use of AI <Measurement: Number> (Baseline: 0, Target: 1,500)
- **Indicator 3.3:** Allied health training agency incorporated AI risk mitigation module as part of digital health curriculum <Measurement: Number> (Baseline: 0 Target: 200)

#### **Outcome 4: Strengthened AI-based Early Warning Systems for Climate-Sensitive Diseases**

##### **Output 4: AI-based early warning systems for climate-sensitive diseases strengthened to enable timely detection, response, and risk mitigation**

- **Activity 4.1:** Develop a scalable, AI-driven framework that integrates air quality and climate data to enhance environmental monitoring, predictive risk assessment, and community engagement in collaboration with the University of Ghana
- **Activity 4.2:** Enhance Ghana's DHIS2 platform to incorporate daily and monthly temperature, precipitation, and humidity data for all Ghana facilities, and import weather, climate and environmental data into DHIS2 data elements to facilitate analysis of climate-sensitive health outcomes
- **Activity 4.3:** Develop AI systems to strengthen early warning mechanisms for climate-sensitive diseases such as malaria, meningitis, cholera and assess water quality in partnership with SORA Technology

#### **Indicators**

- **Indicator 4.1:** Predictive framework for air quality and extreme weather events developed and rolled out for use by policymakers make informed, up-to-date decisions on climate and air pollution actions. <Measurement: Number of frameworks available> (Baseline: 0, Target: 1)
- **Indicator 4.2:** Selected regions and districts on the national HMIS platform report climate-sensitive disease disaggregated data for visualisation and analysis on the HMIS dashboards to support effective and timely analysis and decision making in response to climate-sensitive health risks <Measurement: Report completeness> (Baseline: 0%, Target: 85%)
- **Indicator 4.3:** An AI system for early warning to facilitate an enhanced surveillance system for air and water quality has been developed and deployed for use. <Measurement: Number of AI systems available> (Baseline: 0, Target: 1)

#### **Outcome 5: Strengthened Engagement for Private Sector Investment in Human-centred Development and Responsible Deployment of AI Solutions for Health in Ghana**

##### **Output 5: Private sector engagement strengthened to support human-centred development and the responsible design, deployment, and scaling of AI solutions for health in Ghana**

- **Activity 5.1:** Conduct research to map out and explore viable investment opportunities in Ghana's AI ecosystem, aligning with national health priorities
- **Activity 5.2:** Convene a national multi-stakeholder forum on AI for health, bringing together government agencies, Japanese and Ghanaian private sector companies, academia, civil society, and other relevant stakeholders to validate and discuss opportunities for collaboration and investment
- **Activity 5.3:** Develop a roadmap for private sector investment and engagement in AI-driven health solutions in Ghana that includes guidelines on ethical use of AI

#### **Indicators**

- **Indicator 5.1:** Research to map out investment opportunities is conducted <Measurement: Number

of research available> (Baseline: 0, Target: 1)

- **Indicator 5.2:** Partnership engagements held to advance private sector investment and engagement in AI-driven health solutions in Ghana <Measurement: Number> (Baseline: 0, Target: 1)
- **Indicator 5.3:** A roadmap for private sector investment and engagement on AI for health is available <Measurement: Number of roadmaps available> (Baseline: 0, Target: 1)

### 1.1. Programme rationale

Ghana aspires to establish itself as an AI Hub of Africa and is accelerating its efforts. The One Million Coders program, aimed at training one million Ghanaians with digital skills, launched by the President H.E. John Dramani Mahama in April 2025, is part of such an initiative.<sup>14</sup> Concurrently, the Ministry of Communications, Digital Technology and Innovation is finalising the National AI Strategy, aiming to roll it out by June 2025. At the stakeholder consultation forum, the Minister, while outlining the potential of AI to transform various sectors, including health, stressed the accompanying responsibilities concerning ethics, data privacy, governance and inclusion, affirming the government's determination to ensure that no one is left behind.<sup>15</sup> Indeed, the balance must be hit. As the country advances the digital drive, discussions on balancing the utility and the risks of AI in Ghana have been actively held by experts in recent years.<sup>16</sup> The urgent need for intervention and the unpredictability of Ghana's evolving digital and climate environment will be highlighted in the following subsections: **Urgency** and **Unpredictability** in detail.

#### **Urgency:**

AI is advancing rapidly, yet human development is stagnating. Decades of progress in Human Development have stalled since the COVID-19 pandemic, with no clear recovery in sight, as reflected in the 2025 UNDP Human Development Report.<sup>17</sup> Without urgent action to swiftly address the human security challenges associated with AI, such as the provision of proper standards, oversight, transparency, and risk management frameworks—particularly regarding bias, safety, and data privacy—AI can pose serious harm and further exacerbate already existing inequalities. For Ghana, this presents both a stark warning and an opportunity. The proposed programme will contribute to both aspects – harnessing AI technology for accelerating Ghana's development and potential leapfrog, while protecting the Ghanaian from possible adverse effects by aligning digital progress with the needs of all segments of the population. As Ghana is driving towards digital transformation at a higher speed, the need to invest in inclusive digital governance, protect equity and rights, and ensure the responsible use of AI is urgent. Acting now is essential to ensure AI becomes a catalyst for human development rather than a driver of deeper inequality. The urgent need is further articulated in the next section: **Unpredictability**.

#### **Unpredictability:**

The above mentioned draft National AI Strategy has identified a number of weaknesses of the country's AI Ecosystem such as: low awareness about opportunities and value of AI adoption; lack of coordination and collaboration among actors in the AI ecosystem, including AI projects in universities, companies, and across public sector institutions; low awareness, compliance and enforcement of data privacy and cybersecurity policies and governance; limited availability of funding, academia, and courses in AI; skills gaps and insufficient number of talent with data science and more advanced AI skills; lack of access to venture capital and traditional bank loans limit access to financing for AI start-ups; low accessibility and inclusion in AI adoption due to gaps in digital skills and literacy in SMEs and rural areas, risk of failures, errors and discrimination due to lower accuracy of AI models trained on foreign data not fit for local context, and underrepresentation in digital inclusion and AI development; and loss of data privacy, security and public trust due to misuse of data or limited guidance, legislation

---

<sup>14</sup> <https://moc.gov.gh/2025/05/02/president-mahama-launches-one-million-coders-program/>

<sup>15</sup> <https://moc.gov.gh/2025/05/02/embracing-the-future-ghana-launches-national-ai-strategy-to-drive-innovation-2/>

<sup>16</sup> See for example <https://www.cigionline.org/publications/ghanas-pathway-to-ai-governance-and-its-implications-for-africa/>

<sup>17</sup> <https://hdr.undp.org/content/human-development-report-2025>

and compliance for trustworthy AI adoption.

In particular, cyberattacks are increasingly exposing serious vulnerabilities in the country's digital environment. Ghana has emerged as the most targeted country in West Africa for cyberattacks. In the first half of 2024, Ghana recorded 4,753 Distributed Denial of Service (DDoS) attacks, which disrupt networks by overwhelming them with excessive traffic—threatening the availability of essential digital health services.<sup>18</sup> Ghana also experienced a staggering 997% spike in data breaches, reaching 1.2 million in Q1 2024 as compared to Q4 2023, ranking 9th in Africa for breach volume.<sup>19</sup> These breaches, likely involving sensitive health data, expose critical gaps in cybersecurity as the health sector rapidly digitises. A cybersecurity breach occurred in April 2025, affecting 5,700 mobile users of the largest telecommunication companies led to a national investigation in May 2025. Amid these, in May 2025, Africa's largest artificial intelligence-powered cybersecurity and digital forensics centre, which aims to combat growing threats across sectors, including health, through advanced forensic and threat detection tools, started its operation, serving as a major milestone in the continent's battle against sophisticated cyber threats.<sup>20</sup>

The economic loss due to cybersecurity cannot be overlooked. Globally, there was a surge in ransomware payments by an unprecedented 500% in 2023, with demands averaging over US\$1 million per attack.<sup>21</sup> Experts warn cybercrime is set to soar to \$9.22 trillion by the end of 2024, with projections reaching \$13.82 trillion by 2028.<sup>22</sup> According to the International Telecommunication Union (ITU), Africa loses over \$ 3.5 billion as a result of cyberattacks.<sup>23</sup> In Ghana, the Cybersecurity Authority reported GH¢49.5 million financial losses through cybercrime in the first half of 2023 alone.<sup>24</sup>

Among the industries where digitisation is expected to be advanced, health is the weakest. In October 2024, the Cyber Security Authority (CSA) revealed that the cybersecurity maturity level of the health sector is low compared to sectors such as banking and telecommunications. CSA found six critical-severity and medium-severity vulnerabilities in 15 entities within the health sector during a proactive vulnerability scan conducted by the CSA in the last 18 months.<sup>25</sup> Additionally, rising insider threats and cloned websites further compound the risks.<sup>26</sup>

On the other hand, Ghana's society and economy are accelerating the uptake of digital technologies swiftly. For instance, Ghana has made a notable leap in global rankings for social media use in work activities, climbing from 21st to 7th place as of January 2024. The new government's drive for digitalisation mentioned earlier is expected to further advance the use of digital technologies, including AI, further increasing cybersecurity risks.

Another area of great concern is that, despite the willingness and actual use of such digital technologies, the readiness among the public, even health professionals, is not up to the desired level, as highlighted in the Strategy, indicating careless attitudes. The general populace's awareness of cybersecurity threats is also alarmingly low, rendering both individuals and organisations susceptible to exploitation by cybercriminals.

Under such an environment with full or uncertain and unpredictability, as shown above, these vulnerabilities could undermine public trust, compromise patient safety, and exacerbate existing

---

<sup>18</sup> <https://www.graphic.com.gh/tech-news/ghana-most-targeted-by-ddos-cyber-attacks-in-west-africa.html>

<sup>19</sup> <https://cyber1defense.com/2025/03/12/ghanas-cybersecurity-landscape-looked-impressive-in-2024/#:~:text=Surge%20in%20Data%20Breaches&text=Ghana%20was%20ranked%20ninth%20among,the%20first%20quarter%20of%202024,&text=According%20to%20them%2C%20the%20country,total%20of%201.2%20million%20breaches>

<sup>20</sup> [https://thebftonline.com/2025/05/09/africas-largest-ai-driven-managed-security-centre-launched-in-accra/#google\\_vignette](https://thebftonline.com/2025/05/09/africas-largest-ai-driven-managed-security-centre-launched-in-accra/#google_vignette)

<sup>21</sup> <https://thebftonline.com/2024/07/24/hardening-your-defences-preparing-for-the-next-cyber-attack/#:~:text=Global%20Cybersecurity%20firm%20Sophos%20reports,need%20for%20robust%20cybersecurity%20measures>

<sup>22</sup> <https://www.statista.com/chart/28878/expected-cost-of-cybercrime-until-2027/>

<sup>23</sup> <https://surfsnark.com/research/data-breach-monitoring?country=gh>

<sup>24</sup> Ghana, the Cybersecurity Authority reported a GH¢49.5 million financial losses through cybercrime in the first half of 2023 alone

<sup>25</sup> <https://www.csa.gov.gh/ghana-s-health-sector-low-in-cybersecurity-maturity-csa-cautions.php>

<sup>26</sup> <https://www.avertium.com/resources/threat-reports/insider-threats-in-healthcare>

inequalities without urgent investment in robust cybersecurity infrastructure, governance frameworks, and ethical AI standards, particularly around bias, safety, and data privacy. Immediate action is required now to secure Ghana's digital health ecosystem and ensure a resilient, inclusive AI-driven future.

Climate change and other ecosystem disruptions are heightening the unpredictability and severity of infectious disease transmission. Low- and middle-income countries (LMICs) such as Ghana bear the greatest burden of these emerging unpredictable health emergencies. In 2024, Ghana had major disease outbreaks, including a major cholera surge, cerebrospinal meningitis (CSM) cases in the north,<sup>27</sup> and emerging monkeypox infections, highlighting the unpredictable and evolving nature of epidemics. Cholera alone has affected thousands across multiple regions, with over 6,000 suspected cases and nearly 50 deaths since late 2024.<sup>28</sup> Meanwhile, localised CSM outbreaks and the re-emergence of monkeypox add to the burden on health systems. Furthermore, in mid-2024, Ghana experienced a notable dengue fever outbreak<sup>29</sup> in the Eastern Region, marking a significant public health concern. These overlapping crises were unpredictable, threatened human security and underscore how quickly epidemics can emerge and spread, often triggered by seasonal changes and gaps in preparedness. They serve as a stark reminder of the need for sustained investment in surveillance, rapid response systems, and resilient public health infrastructure to manage unforeseen health threats. Leveraging AI for early warning systems for climate-sensitive infectious diseases offers a critical opportunity to better predict, monitor, and respond to these evolving, unpredictable health threats, helping to mitigate risks and strengthen preparedness.

### **Non-substitutability:**

To fully harness the opportunities and challenges associated with AI, the steadfast leadership and commitment of the Government of Japan remain indispensable. The Government of Japan's continued engagement is not only vital but irreplaceable in the global effort to combat the human security challenges of AI, as a global advocate on the responsible use of AI, whilst harnessing its potential to strengthen health systems through more secure and efficient health data utilisation and management as well as in pandemic preparedness. Moreover, strategic and sustained investments by the Japanese government are essential to drive innovation for the private sector of Japan and Ghana, leading to accelerated private sector investments in AI. Japan's unique and high-quality technologies and methodologies, like what SORA Technology and Life is Tech can offer, will hugely benefit developing countries like Ghana in solving complex social issues timely manner, under resource constraints. The proposed programme will also directly contribute to the health and safety of the Ghanaian population while providing opportunities for Japanese businesses to gain hands-on experience and further build their capacity in operating worldwide. The critical importance for Japan to invest in the responsible use of AI as well as in building equitable and resilient health systems that can achieve health for all, as the global leader on the responsible use of AI and the long-standing advocate for Universal Health Coverage, will be further elaborated in the following section: **Obligation**.

### **Obligation:**

The programme aligns with Japan's development assistance approach in supporting the digital transformation that aims to achieve a prosperous and inclusive society where the entire population can enjoy the benefits of digitalisation - safely, fairly, and sustainably.<sup>30</sup> The Government of Japan is a global leader on the responsible use of AI, and was one of the first countries to endorse the OECD AI Principles aimed at promoting inclusive growth, sustainable development, human-centred values, fairness, security, and safety. To further demonstrate this commitment to advance international AI governance, in 2023, Japan, as G7 President, launched the Hiroshima AI Process, which led to the development of the International Guiding Principles, Code of Conduct and further contributed to the protection of human rights and reducing specific risks related to generative AI. Japan is also a key member of the Global

<sup>27</sup> [CSM cases surge in Upper West; Cholera now in 5 regions](#)

<sup>28</sup> [GHS intensifies vaccination as cholera outbreak claims 40 lives - MyJoyOnline](#)

<sup>29</sup> [Dengue Fever outbreak: WHO supports Ghana with 4,000 Rapid Diagnosis Test kits](#)

<sup>30</sup> [\(ODA\) ODA 白書, 参考資料集, 年次報告 | 外務省](#)

Partnership on AI (GPAI), contributing to international cooperation on the responsible development and use of artificial intelligence. Japan's support for this programme will help fulfil its key international obligations on the responsible use of AI and further demonstrate its ongoing commitment.

From the perspective of health, Ghana is one of the six African countries with which Japan has signed the MOC for the AfHWIN in 2019. In 2024, the MOC was renewed with the additional focus areas of collaboration, at the request of the Ghanaian government, which include 'Supporting collaboration in health research and transfer of technology in the health area'.<sup>31</sup> The programme aims to leverage Japanese innovation, technologies, and expertise, catalysing public-private partnerships with sustainability and scalability.

The programme intends to generate actionable evidence to attract responsible AI investments, while promoting ethical, inclusive, and secure use of AI to reduce inequalities and strengthen health and climate resilience in Ghana. The knowledge and experience gained through the implementation of the programme will be beneficial for the Japanese government in encouraging Japanese private sector investment in AI and other digital technologies for Africa's health sector, without exposing businesses to the risks of conducting irresponsible business associated with AI and digital technologies, unknowingly.

The programme is innovative as it is the first-of-its-kind programme in Ghana to be implemented jointly by UNDP and WHO, placing a particular focus on risk mitigation of digital technologies, including AI, while making use of them to strengthen health systems and improve health outcomes. Although the UNDP and the WHO supported the digitalisation of health sector in Ghana respectively, this programme stands out with the strong emphasis placed on the human security approach, prioritising the safety and well-being of individuals and communities by addressing a wide range of threats to their survival, livelihood, and dignity - risk mitigation, reducing inequality and leaving no one behind, human centred and rights-based approach, disease prevention, protection of the vulnerable, and community - including the community of healthcare workers, private sector actors – empowerment. By jointly implementing by the UNDP, a leading development agency to eradicate poverty and reduce inequality with the human security approach at its core, and the WHO, a global leader dedicated to the well-being of all people, and giving everyone, everywhere an equal chance to live a healthy life, the programme will achieve more effective and efficient interventions bringing individual strengths and expertise. Additionally, collaborative engagement involving Japanese private sector partners in the research and the national stakeholder forum, in addition to the programme activity implementation, aiming to pave the pathway towards more active investment in Ghana's healthcare technology by the Japanese stakeholders, is new. It is innovative, yet much-needed interventions for Ghana and Japan, as stressed throughout this concept note.

The proposed intervention is closely aligned with Ghana's Health Sector Medium-Term Development Plan (2022–2025), especially Focus Area 2: Health and Health Services under Social Development and Focus Area 9: Information Communication Technology Development under Social Development, which emphasises the development of a cross-cutting digital strategy and the enhancement of digital competencies among healthcare staff.<sup>32</sup> By focusing on digital capacity building and the integration of innovative technologies such as AI, the intervention directly supports the sector's goal of improving health outcomes through smarter, more efficient service delivery. Moreover, the intervention complements Ghana's National AI Strategy, which seeks to harness the transformative power of AI across key sectors, including healthcare. It reinforces national efforts to address ethical, governance, and data privacy concerns while promoting inclusive digital growth. The initiative also synergises with the government's broader vision of positioning Ghana as the AI Hub of Africa, and the intention to 'expand digital infrastructure to foster innovation, improve public service delivery, enhance access to information and communication technologies, support the digital economy, and ensure inclusive and

---

<sup>31</sup> [https://www.kantei.go.jp/jp/singi/kenkouiryou/torikumi/pdf/20250311\\_kaisai\\_gaiyou.pdf](https://www.kantei.go.jp/jp/singi/kenkouiryou/torikumi/pdf/20250311_kaisai_gaiyou.pdf)

<sup>32</sup> [https://ndpc.gov.gh/media/MTNDPF\\_2022-2025\\_Dec-2021.pdf](https://ndpc.gov.gh/media/MTNDPF_2022-2025_Dec-2021.pdf)

equitable growth across all sectors to support the implementation',<sup>33</sup> particularly through the “One Million Coders” program launched by the President on April 16 2025. Additionally, the intervention aligns with the UN Sustainable Development Partnership (UNSDP) by contributing to digital transformation and strategic innovation acceleration, ensuring that Ghana’s development agenda remains inclusive, future-ready, and globally competitive.

It also strongly aligns with the UN General Assembly's adopted landmark resolution in March 2024, on the promotion of “safe, secure and trustworthy” artificial intelligence (AI) systems, backed by the Member States.<sup>34</sup> The General Assembly also recognises AI systems’ potential to accelerate and enable progress towards reaching the 17 Sustainable Development Goals. The proposals answer to the call by the UN Assembly on all Member States and stakeholders “to refrain from or cease the use of artificial intelligence systems that are impossible to operate in compliance with international human rights law or that pose undue risks to the enjoyment of human rights.” The Assembly urged all States, the private sector, civil society, research organisations and the media to develop and support regulatory and governance approaches and frameworks related to safe, secure, and trustworthy use of AI.

Furthermore, the WHO Ethics and Governance of Artificial Intelligence for Health advocates for a balanced approach to AI in healthcare, in which countries need to maximise the benefits of AI for improving healthcare delivery while addressing the risks associated with its use.<sup>35</sup> This includes ensuring data privacy, preventing biases, and aligning AI technologies with sustainability and public health goals. It emphasises the critical role of governments in regulating AI in healthcare. For example, governments are encouraged to establish regulatory frameworks to develop and enforce standards for the development and deployment of AI in healthcare. This includes ensuring AI systems are transparent, comply with ethical standards, and respect human rights. In addition, WHO recommends mandatory independent audits and impact assessments of AI systems, particularly those deployed on a large scale, focusing on data protection, human rights implications, and the impacts of AI on diverse populations. The proposed programme, under Output 2, will conduct a data security audit and assessment.

The proposed programme will complement the UNDP’s ongoing Japan-funded project “Project for Health, Nutrition, and Medical Services” which aims to improve health outcomes in Ghana using digital technologies, including AI, implemented in partnership with NEC, Sysmex, and The Ajinomoto Foundation based on the MOC for AfHWIN.<sup>36</sup>

### **The programme, as part of a broader human security initiative by the UN in Ghana**

The UNCT has consistently demonstrated its commitment to human security through key initiatives that advance the Sustainable Development Goals (SDGs), including the previous project that applied the Human Security Approach to strengthen local systems and address critical gaps in the environment, health, and education sectors.<sup>37</sup> Building on this foundation, the new programme is conceived as a seed-funding programme designed to lay the groundwork for a broader human security initiative. It will reinforce UN Country Team-level coherence and ensure that the programme contributes meaningfully to a larger and longer-term vision for sustainable livelihoods, resilience, and well-being.

Ghana’s health information systems remain underdeveloped, and digital transformation remains largely untapped in Ghana’s health sector. The slow adoption of telemedicine, AI-assisted diagnostics, and electronic medical records continues to limit operational efficiency and service quality. While some use of digital health innovations such as telemedicine is gaining visibility, interventions are limited in particular parts of the country and are yet to be recognised on a national scale.

---

<sup>33</sup> [John Mahama - Manifesto](#)

<sup>34</sup> <https://news.un.org/en/story/2024/03/1147831>

<sup>35</sup> <https://www.who.int/publications/i/item/9789240029200>

<sup>36</sup> [UNDP and Japan sign a new digital project to strengthen health systems in Ghana | United Nations Development Programme](#)

[ガーナ共和国に対する医療サービスアクセス改善のための無償資金協力に関する書簡の交換 | 外務省](#)

<sup>37</sup> <https://www.un.org/humansecurity/hsprogramme/fostering-reforestation-environmental-sustainability-and-tourism-accelerating-the-sdgs-in-the-okyeman-area/>

The 2025 February Joint external evaluation of the International Health Regulations (2005) core capacities of Ghana, conducted by WHO, emphasises the importance of strengthening early warning surveillance that can detect events of significance for public health and health security, with the recommendation of enhancing private sector involvement in surveillance and response activities.

To confirm the situation, in the nearly finalised Ghana's Health Sector Medium Term Development Plan (HSMTDP) (2026-2029), which has been developed through broad consultations with stakeholders, including government agencies, development partners, civil society, the private sector, local communities and global commitments such as the African Union's Agenda 2063, the Sustainable Development Goals (SDGs), and Ghana's Universal Health Coverage (UHC) roadmap, Health Ministry's focus includes **digital transformation**, **climate resilience**, and **human resource development** as catalysts for health sector transformation. The HSMTDP specifically sets a target of a significant increase in routine deployment of AI-enabled tools and telemedicine by 2029 through the scale-up of digital infrastructure, with a focus on facility-level implementation of interoperable systems and training of health workers in digital literacy, and the updated regulatory frameworks to support innovation and ensure ethical, patient-centred use of technology across the continuum of care. It also identifies the public-private partnerships (PPPs) as an opportunity for mobilising additional resources and technical expertise to support infrastructure development, service delivery, and innovation, alongside the influx of artificial intelligence and digital health innovations.

The HSMTDP, which reflects the government's priorities, is the reference point for the development partners in Ghana, including the UNCT. The proposed programme, which brings the piloting of AI-enabled early warning systems for climate-sensitive diseases such as malaria and cholera, while building institutional and individual capacity in governing, using, and benefitting from such technologies, directly supports Ghana's national priorities while aligning with the UNCT's longer-term vision for a comprehensive human security agenda. Although designed as a 12-month intervention, the proposed UNTFHS programme serves as a strategic entry point that lays the foundation for broader, sustained efforts to strengthen human security well beyond its initial duration.

#### **Other past and ongoing projects by UN, Government and other major stakeholders to which the proposed programme complements include:**

- **The eTransform Ghana project**, initiated by the Ghanaian government and supported by the World Bank <sup>38</sup>
- Development of **National Artificial Intelligence Strategy (2023–2033)** led by the Ministry of Communications and Digitalization <sup>39</sup>
- **Digital Ghana Agenda**<sup>40</sup> to advance digitalisation of public Services such as birth registration, health insurance, driver's licensing, and revenue collection (See Ghana.GOV<sup>41</sup> for example), implemented by Ghana's Vice President's Office and the Ministry of Communications and Digitalization
- **Deployment of electronic client base individual data capture for maternal and child health services, OPD services, NCD services, TB and HIV services**, supported by WHO, Global Fund, and USAID and implemented by GHS <sup>42</sup>
- **Community Health Information Systems linking households to care**, supported by UNICEF, WHO, and USAID, implemented by GHS <sup>43</sup>

<sup>38</sup>[The right mix of training, mentoring, and online technologies can provide inclusive access to digital technologies in Ghana](#)

<sup>39</sup><https://moc.gov.gh/2025/05/02/embracing-the-future-ghana-launches-national-ai-strategy-to-drive-innovation-2/>

<sup>40</sup> [Communications-Ministry-Makes-Strides-in-Ghana-Digital-Transformational-Agenda.pdf](#)

<sup>41</sup> [Ghana.GOV: The Ghana Government Official Web Portal | Ghana.GOV](#)

<sup>42</sup> [Ghana Use Case: Improving TB Care and Treatment Data Use at the Lower Level Through the Deployment of eTracker \(Tracker Capture\) to TB Targeted District Hospitals - Implementation - Implémentation / TB - DHIS2 Community ; Ghana e-health framework Joint ITU-WHO Workshop on Dominic K Atweam ; Changing How DHIS2 Tracker Is Used in Ghana Eases Workload - DHIS2 ; Home | HISP Ghana ; Ghana is rolling out E-Tracker to monitor and improve quality care – Nsiah-Asare | GhHeadlines Total News Total Information](#) More details available upon request.

<sup>43</sup> Details available upon request.

**Relevant national policies, strategies, and guiding documents include:**

- **Mid Term Review of Health Sector Medium Term Development Plan 2022- 2025** <sup>44</sup>
  - Supported by WHO, FCDO, USAID
  - Implemented by MOH and WHO
- **Ministry of Health Information Systems Strategy -2022- 2026** <sup>45</sup>
  - Supported by WHO and USIAD
  - Implemented by MOH
- **Ghana Health Service eHealth Strategy 2024-2027** <sup>46</sup>
  - Supported by WHO and CHISO
  - Implemented by GHS
- **Ghana Climate Change Vulnerability Assessment 2025** <sup>47</sup>
  - Supported by WHO
  - Implemented by MOH and GSS
- **Geographic accessibility to equitable, basic and essential health services in Ghana** <sup>48</sup>
  - Supported by WHO and FCDO
  - Implemented by MOH and GHS
- **Development of the New Health Sector Medium Term Development Plan 2026-2029** <sup>49</sup>
  - Supported by WHO
  - Implemented by MOH

**1.2. Beneficiaries**

Direct Beneficiaries:

15,000 health workers, 1,500 community members and 200 students will benefit from the programme.

167 key selected health professionals (male 70%, female 30% ) at national, regional, and district levels, including 30 National Health Information and IT Managers, 30 Monitoring and Evaluation Officers, 32 Regional IT and Health Information Managers, and 75 Health Managers will benefit from capacity building to use health care analytics for forecasting disease trends, managing illnesses, and strengthening data-driven planning and response across the health sector (Activity 1.3)

16 regional and 261 district health management teams will have access to the revised national medical records and health data policy and guidelines (Activity 2.1)

15,000 (male:6000, female:9000) public health care workforces (nurses and other allied health workers such as Health Information Officers, Disease Control Officers, and Public Health Officers) in 75 districts in 6 selected regions: Upper East and Northern, Ashanti, Ahafo, Central, and Eastern Regions who are required to use the National Health Management Information System will benefit from the digital health literacy and AI training (Activity 3.1).

1,500 community members will be reached with digital health literacy, rights and ethical use of AI (Activity 3.2).

200 students from the College of Health Science in Kintampo, Bono East will benefit from the AI risk mitigation incorporated module as part of the digital health curriculum (Activity 3.3)

---

<sup>44</sup> [https://www.moh.gov.gh/wp-content/uploads/2025/01/GHANA-HSMTDP-MTR-REPORT\\_FINAL\\_SIGNED.pdf](https://www.moh.gov.gh/wp-content/uploads/2025/01/GHANA-HSMTDP-MTR-REPORT_FINAL_SIGNED.pdf)

<sup>45</sup> [HISSP\\_2022-2025\\_FINALVERSION-1.pdf](https://www.moh.gov.gh/wp-content/uploads/2025/01/HISSP_2022-2025_FINALVERSION-1.pdf)

<sup>46</sup> <https://www.moh.gov.gh/wp-content/uploads/2016/02/Ghana-E-Health-120504121543.pdf>

<sup>47</sup> <https://www.afro.who.int/countries/ghana/news/ghana-advances-climate-change-and-health-vulnerability-assessment>

<sup>48</sup> Details available upon request.

<sup>49</sup> [https://ndpc.gov.gh/media/19\\_Feb\\_25\\_PG\\_web\\_version11.pdf](https://ndpc.gov.gh/media/19_Feb_25_PG_web_version11.pdf)

### Indirect Beneficiaries:

The development of the early warning system for climate-sensitive diseases will indirectly benefit over 9 million Ghanaians who visit health care facilities at least once a year, particularly those based in the north of the country, who utilise outpatient department services (OPD) every year for climate-sensitive diseases (Activity 4.3).

### **1.3. Implementing through the human security approach**

Operationalising the human security approach in both its design and implementation, the programme adopts a multisectoral model that brings together government institutions, academic partners, private sector innovators, and local communities. Together, these actors co-create solutions that are not only technically robust but also socially inclusive, ensuring that digital innovation strengthens institutions, protects vulnerable populations, and delivers equitable health outcomes. The Ministry of Health and the Ghana Health Service provide the policy leadership needed to establish evidence-based governance frameworks that ensure artificial intelligence (AI) adoption in health is ethically guided and aligned with national priorities. The University of Ghana contributes scientific expertise to develop scalable AI-driven frameworks that integrate air quality and climate data, while SORA Technology introduces cutting-edge tools such as drones and AI-powered platforms to pilot early warning systems for climate-sensitive diseases, including malaria, cholera, and meningitis.

Local communities and vulnerable groups are not passive beneficiaries but active participants in this ecosystem. Healthcare workers, community leaders, and marginalised populations provide critical insights into disease patterns and barriers to access. Their lived experiences shape the design of digital literacy initiatives, ensuring that training materials are accessible, relevant, and responsive to the needs of those most at risk. Vulnerable groups—such as women, children, and residents of climate-sensitive regions—are prioritised in awareness campaigns that strengthen rights protection and build resilience against health threats. By embedding their voices into programme design, the initiative ensures that AI-driven innovations do not exacerbate inequalities but instead promote equity and inclusion.

The programme further addresses the root causes and underlying drivers of Ghana's digital health challenges by moving beyond fragmented or purely technical solutions to tackle systemic vulnerabilities. Weak institutional capacity is strengthened through the establishment of evidence-based governance frameworks that guide the responsible adoption of AI in health. Gaps in data privacy and rights protection are addressed by building robust security systems and embedding digital rights awareness into literacy initiatives. Limited digital literacy among healthcare workers and communities is countered through inclusive training programmes that empower individuals to understand, use, and benefit from digital health tools. Rising health threats from climate-sensitive diseases are mitigated through AI-powered early warning systems that anticipate outbreaks and enable proactive responses, while insufficient private sector engagement is resolved by developing a strategic roadmap that incentivises responsible investment in digital health innovation. By embedding prevention into every outcome—whether through early warning systems, resilience training, or rights awareness—the programme ensures that risks are anticipated and reduced before they escalate, protecting vulnerable populations and strengthening long-term health security.

Strong linkages are established across levels of governance. At the local level, healthcare workers and communities are empowered with digital literacy and resilience training. At the municipal level, AI systems are integrated into district health management and service delivery. Nationally, the programme will support the revision of Ghana's digital health strategy and contribute to policy reforms on data privacy and security. Regionally, it strengthens cross-border collaboration on disease surveillance within West Africa. Globally, it contributes to international commitments such as the Sustainable Development Goals and climate resilience frameworks, ensuring that Ghana's progress informs and benefits from global learning.

The programme's delivery model is deliberately designed to be integrated, efficient, and effective, ensuring that every activity contributes to a coherent set of outcomes. Integration is achieved through a multisectoral mechanism that brings together government institutions, academic partners, private sector innovators, and community representatives. This structure prevents duplication, aligns interventions with national priorities, and ensures that governance, research, technology, and community engagement reinforce one another. Outputs such as governance frameworks, secure data systems, inclusive digital literacy programmes, and AI-powered surveillance tools are not pursued in isolation but as interconnected components of a holistic transformation.

#### 1.4. Action plan for mainstreaming human security

The programme would implement activities for the integration and mainstreaming of human security across the work of the UN and at the local, sub-national and national levels. The action plan below indicates key activities to support mainstreaming.

| Outcome                                                                                                                                              | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Timelines |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Enhanced Institutional and Human Resource Capacity to Generate and Use Evidence on Digital Health and AI For Policy, Planning, and Investment</b> | <p>Revise the current Ghana Health Service Digital Health Strategy, embedding the human security approach, the role of AI and ML, and aligned to the WHO classification framework for digital health intervention.</p> <p>In addition, during the project implementation period, the programme, as development partners, will facilitate inclusive consultations to ensure the integration of the human security approach across priorities, strategies, and implementation frameworks of the Health Sector Medium Term Development Plan and its M&amp;E framework.</p> | Q2 2026   |
| <b>Improved Literacy and Rights Awareness and Enhanced Equity in Digital Health</b>                                                                  | <p>Mainstream human security approach into the nationwide digital health literacy and AI capacity building to ensure that training safeguards dignity, promotes equity, and empowers healthcare workers and communities.</p> <p>Mainstream human security approach into the community dialogues with traditional leaders, youth, and persons with disabilities to safeguard rights and promote equity.</p>                                                                                                                                                              | Q2 2026   |

UNCT subscribes to the use of the human security approach as a guiding principle for programming,

ensuring that protection, empowerment, and equity are embedded across all sectors. Additionally, the UNCT is committed to integrating the human security approach into the implementation of the **UN Sustainable Development Cooperation Frameworks (UNSDCF)** and annual work plans. This will ensure continuity beyond the lifespan of the programme and alignment with Ghana's national development priorities.

#### **1.5. Best practices and lessons learned from the application of the human security approach.**

Throughout the implementation of the programme, deliberate efforts will be made to capture best practices and lessons learned on the value, opportunities, and challenges of applying the human security approach. By documenting how these structures function, the programme will generate insights that can inform future UN Country Team initiatives.

For example, the integration of AI governance with data privacy, climate resilience, and equity will highlight both the opportunities of cross-sector innovation and the complexities of aligning diverse priorities. These experiences will be captured through learning sessions with stakeholders that illustrate how protection, empowerment, and equity can be embedded in digital health transformation.

Additionally, a suite of knowledge products will be developed. These will include a compendium of best practices and policy briefs tailored for decision-makers. Multimedia outputs such as infographics, animations in local languages, impact stories and short documentaries/videos will be produced to make lessons accessible to wider audiences, including communities and frontline workers. Webinars and learning workshops will provide important platforms for sharing Ghana's experience, ensuring that insights gained contribute to global learning on the application of the human security approach. Moreover, lessons learned will be systematically integrated into joint workplans, steering committee deliberations, and programme coordination mechanisms to strengthen future implementation.

The programme has strong potential to initiate transformative outcomes by embedding the human security approach into Ghana's digital health transformation. By placing protection, empowerment, and equity at the centre of digital innovation, the initiative moves beyond fragmented technical solutions to create resilient systems that safeguard patient data, strengthen institutional governance, and enhance preparedness against climate-sensitive diseases. These outcomes are transformative because they not only improve immediate health service delivery but also build long-term trust in digital health systems, empower healthcare workers and communities with digital literacy, and foster inclusive participation in shaping the future of health innovation.

#### **1.6 Scale-up, replication and sustainability of the initiative and the application of human security**

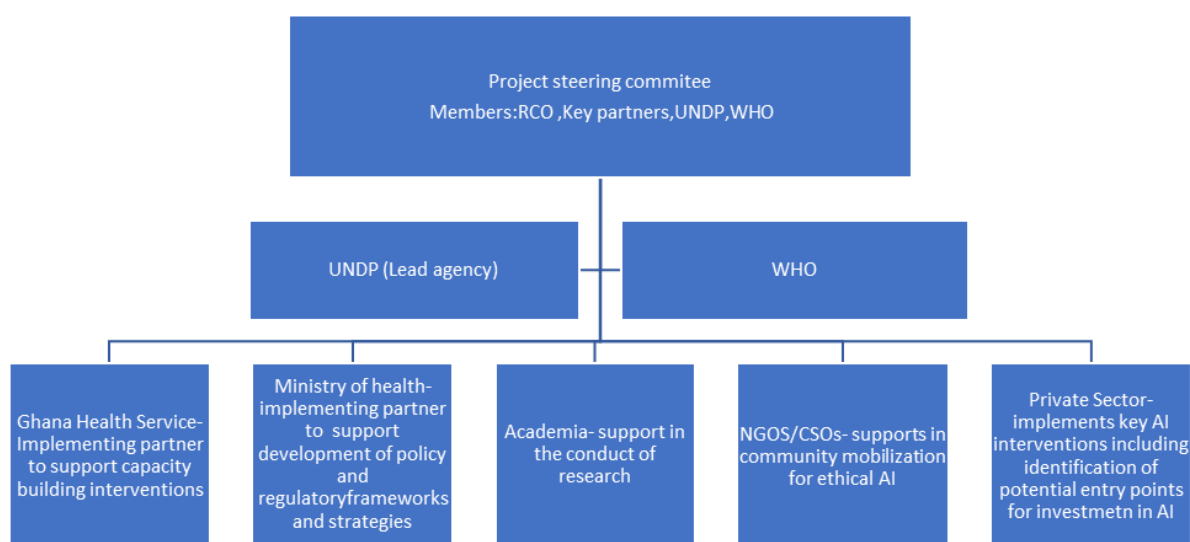
To ensure scale-up, replication, and sustainability, the programme will deliberately design interventions that can be expanded and adapted across regions and sectors. Nationwide training through the Ghana Health Service e-learning platform will create a scalable model for digital health literacy and AI capacity-building. AI-powered early warning systems piloted in selected districts will be designed for replication across all regions, with clear protocols for integration into national surveillance systems. Partnerships with the private sector and academia will be leveraged to sustain innovation and investment, while alignment with Ghana's national health strategies and the UN Sustainable Development Cooperation Framework will guarantee institutional ownership and long-term continuity.

The programme will also produce practical tools and guidelines based on the application of the human security approach. These include AI governance frameworks, data privacy protocols, digital literacy toolkits, and climate-health risk dashboards. To ensure adoption, these products will be co-developed with key stakeholders—such as the Ministry of Health, Ghana Health Service, civil society, and private sector partners—through participatory processes that build ownership and relevance. Within the UN system, lessons and tools will be disseminated through inter-agency coordination mechanisms, regional knowledge-sharing platforms, and global forums, ensuring that Ghana's experience informs broader

UN programming. Beyond the UN, policy briefs, workshops, and multimedia outputs will be used to engage government, communities, and private sector actors, reinforcing uptake and replication.

## 2. Management structure and partnership strategy

### 2.1. Management structure partnerships



**RCO:** The Resident Coordinator’s Office (RCO) holds the overall responsibility for programme coordination and serves as a liaison between the UN partners and the national government implementing partners

**UNDP (Lead agency):** UNDP, as the lead agency, coordinates the overall programme implementation in line with the human security approach. UNDP is responsible for establishing the appropriate governance structure as well as organising meetings and consultations with all programme partners, including the steering committee and technical working group meetings, to ensure integrated implementation of the programme.

**WHO:** WHO will play a critical role in supporting AI risk mitigation through various activities, including developing frameworks, mapping risks, and promoting international and national alignment and lead the AI related activities to support the Ministry of Health (MOH) and its allied agencies focusing on enhancing understanding and addressing the potential risks associated with AI in healthcare to ensure responsible and safe AI development and deployment. The MOH and Ghana Health Service ICT steering committees, and the recently inaugurated digital health, data and performance monitoring committee of the government’s free public health care will be engaged to guide the implementation of the proposed activities.

**Ghana Health Service (GHS):** Government agency responsible for the implementation of health services, will support the implementation of the digital health and AI capacity building interventions.

**Ministry of Health (MOH):** Government agency responsible for efficient policy formulation to guide the health sector, will support the development of policy and regulatory frameworks and strategies for AI and digital health, including the digital health strategy to be revised under the proposed programme.

**Academia:** Academia will support the conduct of research and implementation of AI interventions

**NGOs/CSOs:** NGOs and CSOs will support community mobilisation for the ethical use of AI

**Private Sector:** The private sector implements key AI interventions through the development and deployment of AI systems and the delivery of digital health and AI education, including the identification of potential entry points for investment in AI.

**Programme Steering Committee (PSC)**, comprised of heads/senior staff of the Human Security Unit of the UN Trust Fund for Human Security (HSU), the UNDP and the WHO, Government representatives, Private sector and Civil society partners, will provide strategic direction and oversight, and ensure replication and mainstreaming of the human security approach beyond the proposed programme. The steering committee would meet at least twice a year. Community representatives and civil society organisations will be integrated into the PSC to provide guidance and strengthen accountability in implementation. This multi-stakeholder approach ensures that Ghana's Digital Health Transformation Programme is not only inclusive and participatory but also sustainable, scalable, and firmly rooted in the principles of human security.

**Programme Working Group (PWG)**, comprised of staff from the UNDP and the WHO, will be established to provide integration and technical guidance. Its role is to ensure that implementation aligns with the Human Security framework and that activities are effectively integrated in response to the identified interconnected challenges.

## **2.2. Participation of beneficiaries and governments**

Beneficiaries—including healthcare workers, community members, and vulnerable populations—will play a central role in the design, implementation, and monitoring of the programme. They will act as direct implementers, ensuring ownership, empowerment, and meaningful participation. Community structures will be harnessed to monitor activities and uphold accountability for successful programme delivery.

Community representatives and civil society organisations will be integrated into the Steering Committee to provide guidance and strengthen accountability in implementation. This multi-stakeholder approach ensures that Ghana's Digital Health Transformation Programme is not only inclusive and participatory but also sustainable, scalable, and firmly rooted in the principles of human security.

## **2.3. Partnership with other organizations**

The programme seeks to proactively engage other organisations operating in the same context, such as international/national organisations, NGOs and bilateral donors, to avoid duplication and fragmentation and achieve synergies. Where appropriate and possible, it seeks partnership.

## **2.4. Due diligence on engaging with non-UN entities**

Due diligence will be carried out using the WHO capacity assessment framework, which provides a comprehensive review of the systems that underpin the governance of the private sector. This process will examine governance and organisational structures, the capacity and distribution of human resources, the strength and transparency of financial management and reporting, as well as the efficiency and integrity of procurement and supply chain processes. By applying this rigorous assessment, the programme will ensure that every dimension—from leadership and accountability to resource allocation and service delivery—is assessed, strengthening confidence in the use of the private sector as an implementing partner. The programme team will inform the HSU once the due diligence processes are completed before the engagement of external (non-UN) partners.

## **2.5. Programme development**

UNDP's mandate on artificial intelligence is firmly anchored in its Strategic Plan 2026–2029, which

identifies digital transformation and AI as one of three key accelerators for achieving systemic change across development priorities. Within this framework, UNDP is tasked with supporting countries to harness AI responsibly, ensuring that its deployment strengthens governance, accelerates progress toward the Sustainable Development Goals, and safeguards equity and inclusion. The Strategic Plan emphasises that AI is not simply a technological tool but a transformative enabler that can reshape health systems, climate resilience, and public service delivery when applied in ways that protect human rights and empower communities.

In Ghana, this mandate translates directly into the digital health transformation agenda. UNDP is uniquely positioned to lead because of its cross-cutting expertise in governance, institutional capacity-building, and human security. Its global experience in developing AI governance frameworks, promoting ethical standards, and supporting inclusive digital ecosystems ensures that Ghana's adoption of AI in health will be both responsible and sustainable. By embedding AI within the human security approach, UNDP can help safeguard patient data, empower healthcare workers through digital literacy, and ensure that vulnerable populations are not left behind in the digital transition. The selection of UNDP as the Lead Agency thus reflects its comparative advantage in coordinating multi-sectoral programmes and integrating diverse UN mandates.

The World Health Organization (WHO) is the United Nations' specialised agency responsible for global public health. Established in 1948, WHO leads international efforts to promote health, prevent disease, and support countries to build resilient health systems. Since 1958, when Ghana became a member state, WHO has maintained a strong relationship to improve the health and well-being of its population, providing technical leadership, policy guidance, and operational support to the Government of Ghana, especially the Ministry of Health (MoH) and the Ghana Health Service (GHS). Over the past 65 years, this partnership has contributed to significant achievements in disease control, maternal and child health, immunisation, health systems strengthening, outbreak response, and regulatory capacity building.

The fourth-generation Country Cooperation Strategies (CCS) defines WHO's strategic direction in Ghana for 2024–2028. It reflects major WHO reforms aimed at improving responsiveness, accountability, and country-focused support. The CCS aligns with Ghana's national health priorities, the WHO General Programmes of Work (GPW13 and GPW14), and the Sustainable Development Goals. The CCS also embraces the human security concept—protecting people from critical threats to their health and well-being. This is reflected in WHO's work on emergency preparedness, equity-focused service delivery, and multisectoral interventions addressing environmental and socio-economic risks. Data and information systems are central to the CCS. WHO supports Ghana to:

- Strengthen health information systems and digital health platforms
- Improve data quality, interoperability, and use at national and subnational levels
- Build capacities in monitoring, evaluation, and health intelligence
- Support evidence generation for policymaking, including burden-of-disease and service coverage analyses

These investments ensure that Ghana's health strategies are guided by real-time, reliable evidence, thereby increasing accountability and accelerating progress towards Universal Health Coverage.

### **3. Dissemination, public information, and communications of the initiative and human security approach**

From the outset, the programme commits to telling a compelling, people-centred story about how Ghana's digital health transformation—powered by artificial intelligence and strengthened by strong governance, ethics and equity—improves lives, protects communities, and enhances resilience. To achieve this, communication will not be a peripheral activity but an integral part of programme implementation, knowledge sharing, and stakeholder engagement.

At least once every quarter, the programme will share a diverse set of outreach materials that capture both progress and emerging results. These will include high-quality videos that illustrate transformation in real time, photographs that bring field stories to life, and human-interest narratives that highlight the experiences of health workers, community members, and vulnerable populations who engage with the programme. Press releases and infographics will complement these stories, ensuring that stakeholders at national, regional, and community levels receive timely, accessible information. Lessons learned briefs will document what is working, what challenges are emerging, and how the programme is adapting, ensuring transparency and continuous learning.

Digital platforms will serve as a critical channel for amplifying the programme's work. The team will consistently connect with HSU/UNTFHS social media accounts, tagging relevant handles and using #humansecurity and #UNTFHS across posts. This deliberate engagement will create visibility not only for activities within Ghana but also for the broader narrative of how human security can shape digital transformation globally. By interacting actively with HSU/UNTFHS content, the programme reinforces its place within an international community advancing people-centred development.

As part of its commitment to coordination and transparency, the programme will notify the Human Security Unit well in advance—preferably at least three months—of all major events. Whether launching a new digital literacy module, convening stakeholders for the dissemination of knowledge products, or organising a community dialogue, early communication ensures alignment, visibility, and the potential for global amplification. Pre-event, live, and post-event communication will be carefully planned to maximise reach and demonstrate the programme's momentum.

A crucial part of this communication ecosystem will be the development of policy briefs, which will translate complex technical work into concise and actionable guidance for decision-makers. These briefs will highlight emerging evidence, early results, and policy implications related to AI governance, data privacy, climate-health integration, digital literacy, and the application of the human security approach. Prepared in collaboration with the Ministry of Health, Ghana Health Service, UNDP, WHO, and the University of Ghana, each policy brief will serve as a tool for advocacy, alignment, and institutional strengthening. They will be used to guide stakeholder consultations, contribute to national strategy revisions, and inform public dialogues on responsible digital transformation. These briefs will also feature clear recommendations, case examples from the field, and analysis that shows how human security—protection, empowerment, and equity—can shape digital health policy and practice. By sharing these policy briefs with government entities, partners, and regional networks, the programme will help ensure that its lessons and innovations are embedded in long-term national planning.

## 4. Risk management and sustainability

### 4.1. Risk management

| <b>Description of risks and negative externalities</b>                     | <b>Impact</b> | <b>Probability</b> | <b>Proposed mitigation measures</b>                                      | <b>Responsible organization(s)</b>             |
|----------------------------------------------------------------------------|---------------|--------------------|--------------------------------------------------------------------------|------------------------------------------------|
| Fragmentation and misalignment in programme implementation across partners | High          | Low                | Regular PSC/TWG; integrated workplans; joint reviews                     | Participating UN organisations (PUNOs)         |
| Cyber incidents/data breaches                                              | High          | Medium             | Audits; CERT coordination; access controls; backups; staff cyber-hygiene | Participating UN organisations (PUNOs) MOH/GHS |
| Lack of commitment from communities and                                    | high          | low                | Utilise a participatory approach to engage                               | Participating UN organisations                 |

|                                                                                                                                                                      |        |      |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| traditional authorities                                                                                                                                              |        |      | community members to know their areas of interest and manage expectations. Engage traditional leaders fully to ensure commitment                                                                                                                                                                                                                                                                           | (PUNOs), MOH GHS                                |
| Low acceptance and adoption of AI tools by health workers, community members, and vulnerable groups due to limited understanding, mistrust, or fears around data use | high   | low  | Accessible communication materials (use of local languages and accessible formats such as audio, visual, and sign language interpretation) for community members and vulnerable groups. Identify and use local champions to foster trust and adoption.                                                                                                                                                     | Participating UN organisations (PUNOs), MOH GHS |
| Disruptions by disease outbreaks impacting timeliness of the programme activities implementation                                                                     | Medium | low  | 1)WHO will work with implementing partners to ensure staff will be supplied with adequate PPEs during any public engagement in case of disease outbreaks, with the WHO protocols followed to limit the exposure.<br>2)Timely implementation of the programme will also ensure, through regular review meetings, that a detailed programmatic and operational progress, challenges and risks are discussed. | Participating UN organisations (PUNOs), MOH GHS |
| Data loss and data disasters                                                                                                                                         | Medium | Low  | All data are automatically synchronised with the national data centre, which also has an off-site back-up to ensure data can be retrieved should there be any data loss or disaster. A full data disaster recovery plan has been developed.                                                                                                                                                                | Participating UN organisations (PUNOs), MOH GHS |
| Delays in programme implementation due to the competing priorities of the implementing partners                                                                      | Medium | High | 1) PUNOs will be in regular contact with the implementing partners and the donor to ensure mitigation of the risk, amicably identifying a remedial action should the risk materialise.<br>2) Timely implementation of the programme will also be ensured through regular review meetings, whereby a detailed programmatic and                                                                              | Participating UN organisations (PUNOs), MOH GHS |

|                                                                                                                                                                                                       |     |     |                                                                                                                                                                                                                                                               |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
|                                                                                                                                                                                                       |     |     | operational progress, challenges and risks are discussed.                                                                                                                                                                                                     |                                                 |
| PRESEAH (Prevention and Response to Sexual Exploitation, Abuse, and Harassment) Incidence, Fraud and diversion of funds to other interventions may derail the timely achievement of programme outputs | Low | Low | 1) Provide orientation to Implementing Partners on matters of safeguarding and PRSEAH before and during Programme implementation.<br>2) Continuous monitoring and periodic Spot checks/assurance activities on the financial matters of Implementing Partners | Participating UN organisations (PUNOs), MOH GHS |

## 5. Evaluation

Describe and budget the evaluation plan using the format below:

| Evaluation title                                                            | Type              | Time       | Budget in US\$ |
|-----------------------------------------------------------------------------|-------------------|------------|----------------|
| Midpoint evaluation (if needed, depending on length and scope of programme) | Internal/external |            | N.A.           |
| Assessment by the HSU*                                                      |                   | 10th month | 3,000          |
| Final evaluation                                                            | External          | 10th month | 20,000         |

\* Even if an internal/external midpoint evaluation is not needed, the HSU assessment mission should be included in the budget. This may be a midpoint or end of programme assessment by the HSU but will not replace an external final evaluation.

## 6. Budget

Blue and yellow cells are formulas and should not be altered. Fill ONLY the while cells.

Table 2: Budget Summary by reporting object class (per each Implementing Organization) funded by UNTFHS

| UNDP                                                       |                        |        |        |            |                       |
|------------------------------------------------------------|------------------------|--------|--------|------------|-----------------------|
| Object Class                                               | Approved Budget (US\$) |        |        |            |                       |
|                                                            | Year 1                 | Year 2 | Year 3 | Total      | % over Programme Cost |
| Staff and other personnel expenses                         | 92,000.00              |        |        | 92,000.00  | 15.33%                |
| Travel on official business                                | 43,125.00              | -      | -      | 43,125.00  | 7.19%                 |
| Contractual services                                       | 323,775.00             |        |        | 323,775.00 | 53.96%                |
| Operating expenses                                         | -                      |        |        | -          | 0.00%                 |
| Equipment, vehicles and furniture (including depreciation) | -                      |        |        | -          | 0.00%                 |
| Supplies, commodities and materials                        | -                      |        |        | -          | 0.00%                 |
| Transfers and grants to counterparts                       | 141,081.09             |        |        | 141,081.09 | 23.51%                |
| Sub-Total programme cost                                   | 599,981.09             | -      | -      | 599,981.09 | 100.00%               |
| Indirect support costs (7% of the total programme cost)    | 41,998.68              | -      | -      | 41,998.68  | 7.00%                 |
| Total programme budget                                     | 641,979.77             | -      | -      | 641,979.77 | 107.00%               |

| WHO                                                        |                        |        |        |            |                       |
|------------------------------------------------------------|------------------------|--------|--------|------------|-----------------------|
| Object Class                                               | Approved Budget (US\$) |        |        |            |                       |
|                                                            | Year 1                 | Year 2 | Year 3 | Total      | % over Programme Cost |
| Staff and other personnel expenses                         | 6,700.00               |        |        | 6,700.00   | 2.30%                 |
| Travel on official business                                | 112,728.00             |        |        | 112,728.00 | 38.75%                |
| Contractual services                                       | 171,500.00             |        |        | 171,500.00 | 58.95%                |
| Operating expenses                                         | -                      | -      | -      | -          | 0.00%                 |
| Equipment, vehicles and furniture (including depreciation) | -                      |        |        | -          | 0.00%                 |
| Supplies, commodities and materials                        | -                      |        |        | -          | 0.00%                 |
| Transfers and grants to counterparts                       | -                      |        |        | -          | 0.00%                 |
| Sub-Total programme cost                                   | 290,928.00             | -      | -      | 290,928.00 | 100.00%               |
| Indirect support costs (7% of the total programme cost)    | 20,364.96              | -      | -      | 20,364.96  | 7.00%                 |
| Total programme budget                                     | 311,292.96             | -      | -      | 311,292.96 | 107.00%               |

Table 2: Budget revision by reporting object class (for the whole programme funded by UNTFHS)

| Object Class                                               | Approved Budget (US\$) |        |        |            |                       |
|------------------------------------------------------------|------------------------|--------|--------|------------|-----------------------|
|                                                            | Year 1                 | Year 2 | Year 3 | Total      | % over Programme Cost |
| Staff and other personnel expenses                         | 98,700.00              | -      | -      | 98,700.00  | 11.08%                |
| Travel on official business                                | 155,853.00             | -      | -      | 155,853.00 | 17.49%                |
| Contractual services                                       | 495,275.00             | -      | -      | 495,275.00 | 55.59%                |
| Operating expenses                                         | -                      | -      | -      | -          | 0.00%                 |
| Equipment, vehicles and furniture (including depreciation) | -                      | -      | -      | -          | 0.00%                 |
| Supplies, commodities and materials                        | -                      | -      | -      | -          | 0.00%                 |
| Transfers and grants to counterparts                       | 141,081.09             | -      | -      | 141,081.09 | 15.84%                |
| Sub-Total programme cost                                   | 890,909.09             | -      | -      | 890,909.09 | 100.00%               |
| Indirect support costs (7% of the total programme cost)    | 62,363.64              | -      | -      | 62,363.64  | 7.00%                 |
| Total programme budget                                     | 953,272.73             | -      | -      | 953,272.73 | 107.00%               |
| Indirect support costs (3% of the total programme cost)    | 26,727.27              | -      | -      | 26,727.27  | 3.00%                 |
| Total Programme cost                                       | 980,000.00             |        |        | 980,000.00 | 110.00%               |

Table 3. Budget Summary by Organization

Table 3: Budget summary by implementing partner funded by UNTFHS

| Implementing Organization                                                             |                                 | Year 1     | Year 2 | Year 3 | TOTAL      |
|---------------------------------------------------------------------------------------|---------------------------------|------------|--------|--------|------------|
| Org A [UNDP]                                                                          | Programme Cost (A)              | 599,981.09 | -      | -      | 599,981.09 |
|                                                                                       | Indirect support costs (10% *A) | 41,998.68  | -      | -      | 41,998.68  |
| Org B [WHO]                                                                           | Programme Cost (B)              | 290,928.00 | -      | -      | 290,928.00 |
|                                                                                       | Indirect support costs (10% *B) | 20,364.96  | -      | -      | 20,364.96  |
| Org C                                                                                 | Programme Cost (C)              | -          | -      | -      | -          |
|                                                                                       | Indirect support costs (7% *C)  | -          | -      | -      | -          |
| Org D                                                                                 | Programme Cost (D)              | -          | -      | -      | -          |
|                                                                                       | Indirect support costs (7% *D)  | -          | -      | -      | -          |
| Org E                                                                                 | Programme Cost (E)              | -          | -      | -      | -          |
|                                                                                       | Indirect support costs (7% *E)  | -          | -      | -      | -          |
| Org F                                                                                 | Programme Cost (F)              | -          | -      | -      | -          |
|                                                                                       | Indirect support costs (7% *F)  | -          | -      | -      | -          |
| Total Programme Cost (A+B+C+D+E+F)                                                    |                                 | 890,909.09 | -      | -      | 890,909.09 |
| Estimated indirect support costs (10%*A)+(10% *B)+(10% *C)+(10% *D)+(10% *E)+(10% *F) |                                 | 62,363.64  | -      | -      | 62,363.64  |
| UNTFHS indirect support costs (3%)                                                    |                                 | 26,727.27  | -      | -      | 26,727.27  |
| Total estimated programme budget (programme cost + indirect support costs)            |                                 | 980,000.00 | -      | -      | 980,000.00 |

**Reporting Schedule: UNDP-AF-26-001 Ghana**

01 March 2026 to 28 February 2027

| Type of reports                                                                        | Covering period                                            | Deadlines           | Instalments schedule |
|----------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------|----------------------|
| Uncertified Cumulative Financial Statement for FY 2026(1)                              | 01 March 2026 to 31 October 2026                           | by 28 November 2026 |                      |
| Final Substantive and Certified Cumulative Financial Statements <sup>(4)(5 b, d)</sup> | Narrative and Financial: 01 March 2026 to 28 February 2027 | by 31 May 2027      |                      |

<sup>(1)</sup> For IPSAS purposes, to ensure timely recording of fiscal year expenses in our ERP system, we kindly ask that an interim financial statement (FS) from the start of the programme to 31 October of each year (end of 3rd quarter) be submitted by 28 November of the same year.

<sup>(2)</sup> With reference to the financial agreement, the cumulative financial statements from implementing partner (IP) should support the progress as reported in the consolidated annual substantive report. If there are any changes in the fund utilization due to a change in the implementation arrangement of the activities and/or due to budgeting/accounting related issues, this should be reported and explained in the annual progress report for the concerned reporting period. Should there be budget variances ≥ 20%, a re-programme/budget revision should be submitted with the progress report.

<sup>(3)</sup> For settlement of payables after Financial Agreement (FA) expiration (28 February 2027), the Cumulative Fin. Statement should indicate the total committed/obligated amounts required for any deferred payments. Increase of commitment/obligation amounts are not allowed after the expiration of this FA.

<sup>(4)</sup> In the final certified cumulative financial statement of the programme, all commitment balances should be either expensed and/or liquidated. The total expenses should be equal to or less than (≤) the sum of commitments/obligations and expenses as reported in the last annual progress report (note 3).

<sup>(5)</sup> **REMINDERS:**

**a) No-Cost Extension (NCE)** should be submitted to the HSU at least 3 months prior to the programme end date (=end date of financial agreement). Pls see the UNTFHS guidelines.

**b) For financial reconciliation purposes and for monitoring of funds utilization as per approved budget (by each reporting object class),** the UNTFHS will use the annual certified financial statements issued by each implementing partner's HQ. We strongly encourage the implementing partners to monitor and liaise with their respective HQ to ensure that the financial income and expenses (financial statements) reported by both the country office and HQ are aligned by object class category.

**c) For disbursement of remaining funds of the contribution agreement from UNTFHS,** the interim cumulative report issued by implementing partners' country offices in support of the annual consolidated progress report will be relevant although it won't be used for financial reconciliation (see b) above). Pls see Annex 4 "Disbursement of Funds" (page 33) of the UNTFHS guidelines and article 2 of the financial agreements signed with the UNTFHS stating that successive instalments will be issued/disbursed upon the contingent occurrence of 1) satisfactory approval of the annual consolidated progress reports and 2) associated certified cumulative financial report indicating "that 70% or more of the previous instalment(s) has been spent and/or committed".

**d) Equipment/Asset purchased by with UNTFHS funding source are property of the UNTFHS.** The past established practice of the UNTFHS is to ensure that any asset purchased with UNTFHS contribution is donated by the concerned implementing partner to national/local entities, NGO, civil society organizations. To do so, the implementing partners should create and maintain an inventory list with associated cost (including acquisition value, annual depreciation as per IPSAS) of the purchased assets to be shared with the HSU at the inception of the operations or as soon as the implementing partner incur the acquisition cost. The list should be updated and submitted to the HSU along with annual progress reports. At the end of the programme, the same inventory list should be included in the final report along with official exchange letters substantiating the donation/transfer of property to the beneficiary recipient of the assets. If the asset is fully depreciated and no transferred occurred, this should be stated in the final report of the concerned programme and supported by the above-mentioned inventory list and IPSAS compliant statements. The HSU will remain available to provide additional guidance upon request; otherwise, the HSU will assume that the above is clear.

# **“ANNEX D” TO THE “UN TO UN TRANSFER AGREEMENT” BETWEEN THE UNITED NATIONS SECRETARIAT AND THE UNITED NATIONS DEVELOPMENT PROGRAMME**

## **BUDGET**

- The budget must include indirect support costs of 7%.
- The financial reporting of all implementing organizations must be within the authorized approved budget lines (Table 1. Detailed Budget by Results and Table 2. Budget Summary by reporting object class per implementing organization). A variance equal or more than 20% from the approved budget requires HSU approval. Financial reallocations made without prior consultation with the HSU will not be accepted, and the funds may have to be reimbursed to the UNTFHS.
- A budget variance <20% from the approved programme budget does not require HSU approval but the lead agency/programme coordination staff is expected to promptly inform the HSU.

## **REPORTING**

### **Financial reporting**

Financial reports shall reflect the amount received in relation to expenditure from the contribution. In addition to the cumulative financial reports in support to the above-mentioned substantive progress reports, annual financial reports for IPSAS compliance, will be submitted by 28 November of the related year covering the period of 1 January to 31 October. On the end date of the programme, an interim uncertified (signed) cumulative financial report detailing the estimated remaining commitments/obligations, expenditures, and potential refund. Within three (3) months this agreement expires, a final cumulative financial report certified by the recipient agency's Chief of Accounts will be submitted.

The financial reports submitted by recipient agency will provide information according to the following categories:

- a. Amount received
- b. Staff and other personnel costs
- c. Travel
- d. Contractual services
- e. General Operating and Other Direct Costs
- f. Supplies, Commodities, Materials
- g. Equipment, Vehicles and Furniture
- h. Transfers and Grants Counterparts
- i. Sub-total
- j. Indirect Support Costs
- k. TOTAL EXPENDITURES

Please refer to page 28 of the UNTFHS Guidelines for description of the IPSAS object classes (Annex 3 – Reporting Requirements)