

Joint Ministry of Health - Partners Business Meeting
Advanced Information Technology Institute
(Kofi Annan Centre of Excellence), Accra, 23rd April 2008
Aide Memoir

PREAMBLE

The Health Summit, which reviewed the performance of the health sector for the year 2007, was held from the 21st to 23rd of April 2008, at the Advanced Information Technology Institute (Kofi Annan Centre of Excellence). The opening ceremony was chaired by Odeno Gyapong Ababio, the president of the National House of Chiefs and was attended by the Hon. Minister of Finance and Economic Planning, Hon. Kwadwo Baah Wiredu as guest of honour. In his statement, the chairman expressed his satisfaction of the recognition by the Ministry of Health, of the role of the chieftaincy institution in health. He regretted that over the years this role had been neglected however he was optimistic that the new health policy with its emphasis on lifestyle changes and environmental sanitation provides opportunities for chiefs and traditional leaders to play a critical role in health development. The Hon. Minister of Finance stressed the important role of the health sector in building the human capital for economic development and pledged the continuing support of the MOFEP to the to the health sector.

Development partners congratulated the Ministry of Health for the overall progress made during the year. They particularly noted that disease prevention and health promotion had taken stronger roots and health systems have been further strengthened. They however raised concerns about continuing challenges in the areas of reproductive health, equity in health indicators and health information systems and expressed the hope that the summit will offer opportunities for fruitful dialogue in finding solutions to these challenges.

The Hon. Minister of Health in his speech reiterated the need for intersectoral action towards meeting the challenges of the health sector and made specific mention of the low coverage of supervised deliveries and high institutional maternal mortality rate. In his view this was a national emergency and hence the need for a more focused action. He was also concerned about the increasing burden of non communicable diseases and the need to

prioritise actions under the regenerative health and nutrition programme to address the risk factors.

This aide memoir is a reflection of the discussions and agreements arrived at the business meeting of the Ministry of Health and its agencies, Development Partners and other agencies in the health sector. It outlines steps to be taken in the short to medium term to improve performance in the implementation of programmes in the health sector. It also reflects the collective responsibility of government and Development Partners in the health sector for ensuring the availability of agreed resources for implementation and for monitoring and evaluation of the programme of work.

Adoption of review report

The report of the review was presented and discussed at the technical session of the summit and was tabled for adoption at the business meeting. The meeting acknowledged the high quality of the report and appreciated the timely availability of reports on the MoH website. The meeting agreed to accept the report subject to updating of financial figures and the sector wide indicators for year 2007. The meeting recommended that:

- The final 2007 health sector review report will be circulated before next Partners meeting in June 2008.

Health lifestyles and environment

The meeting recognized the major achievements chalked by the health sector in the area of Regenerative Health and Nutrition and specifically several district training programmes undertaken as part of the efforts to mobilise change agents at the local level. Partners expressed their support for the effort towards combating the increasing burden of Non Communicable Diseases in the country and indicated the need for a stronger intersectoral collaboration in to achieve the set targets.

To consolidate the gains made, the Ministry of Health proposed a continued focus on RHNP during 2008. Partners agreed on the need to keep the highlight on the RHN but expressed concern that the messages on lifestyle changes were not diverse enough and there was the need to target these messages to different categories of people.

The meeting was informed that links between RHN and ill health have been addressed in the RHN strategic plan and what was needed was clear statistics to demonstrate the extent

of the problem and subsequently measure the effectiveness of the messages.

The following steps were agreed on:

- To reflect the continuous focus on RHN, the launch of the public information campaigns related to the prevention of non communicable diseases (i.e. milestone for year three as defined in the 5 Year Programme of Work) should be brought forward to year two.
- Finalise and circulate the RHN strategic plan by the next health summit

SERVICE DELIVERY

Revision of Priorities to focus on Reproductive Health

The Hon. Minister of Health declared the high maternal mortality in the country a national emergency and highlighted the need to accord higher priority to reproductive health services. The review report also confirmed that MDG5 will need special attention and identified the reduction of Maternal Mortality as a challenge to be addressed urgently. The meeting welcomed the decision to set up a task team to tackle the issues. The meeting also agreed to convene a consultative meeting to guide specific investments on MDG5 through the 2009 Programme of Work. To facilitate these activities it was proposed that priorities and milestones for 2008 and 2009 under strategic objective two will be swapped..

The following steps were agreed on:

- The Ministry of Health should prepare the terms of reference for a task team on MDG5 by the middle of May 2008
- A task team comprising representatives from the MoH, GHS, Academic Institutions, NHIA, CSOs and DPs should be established by the end of May 2008
- The Ministry of Health should organize a National Consultative Meeting on MDG5 by end of July 2008
- The Ministry of Health will prioritise achievements towards MDG5 in its 2009 plans and budget.
- Recommendations from the national Consultative Meeting should be circulated before the next health summit and should feed into the 2009 plans and budget.

Financing Family Planning Commodities

The MoH shared a draft projection of contraceptive requirements for 2008 to 2010 which indicated a substantial financing gap. The meeting was informed that at the current

financing levels the sector will be unable to meet contraceptive prevalence targets.

To meet these challenges the meeting proposed the following:

- As a short term solution for 2008, MoH should prepare a paper for MOFEP on the need to increase funding for FP during midyear budget review. DPs will explore opportunities for mobilizing additional funds in 2008.
- All DPs providing earmarked support for FP commodities should share their plans for future support and align them with the sector budget and the budgeting process. These plans should be available to inform the mid-year budget review as well as the task force on MDG5.
- A cost effectiveness analysis of financing FP under NHIS should be completed to inform the National Consultative Meeting in July 2008.

Integrated Maternal and Child Health Campaign 2008

The review expressed the hope that the Integrated Maternal and Child Health Campaign would be institutionalized as part of the HIRD strategy as a way of boosting Ghana's efforts to achieve MDGs 4 and 5. The ministry thus presented a proposal for 2008 indicating that this was part of the 2008 Programme of Work and has been extensively discussed with District Assemblies who have shown the goodwill. The Ministry proposed to start preparing for this campaign and requested Development Partners to help with the funding. The MoH has allocated GHC 5.3 million in the POW 2008. The expected cost of the MCH campaign is GHC 12 million, which leaves a gap of about 6.7 million. The meeting discussed the benefits of conducting a campaign as opposed to strengthening routine services through the HIRD. It was agreed that further information was needed to decide on the future use of MCH campaigns.

The meeting proposed that:

- The budget for the MCH campaign should be updated and discuss with partners.
- Analysis of MCH campaigns versus the routine delivery system will be prepared and disseminated to inform the planning process of POW 2009
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- A position paper on the impact and financial implications of subsidizing the enrolment of pregnant women onto the NHIS should be prepared by the MoH and discussed at the July meeting.

HEALTH SYSTEMS CAPACITY

Health Information Systems

The meeting agreed with the findings of the external review that the current parallel information systems compromise timeliness of data and the quality of data management negatively impacting on the possibilities to assess the sector's performance. The meeting agreed that addressing this problem should be accorded the highest priority.

The following steps were agreed:

- To merge the two systems into a single repository before the end of 2008.
- To improve the quality of the performance hearings, Regional Directors of Health Services should ensure that Regional performance reviews are based on final data.
- That the MoH should ensure that financial reports pertaining to the sector are available in accordance with the deadlines stipulated in the law.

Essential Drugs and Health Commodities Supplies System

The review report made reference to the fact that the logistics system was working well and there were no stock out situations at the facility level. However during the regional performance hearings there were indications of large purchases outside the medical store system. This was linked to the high indebtedness of facilities to the Regional and Central Medical Stores. Facilities therefore took advantage of credit offered by private sector suppliers to stock essential drugs for service delivery. It was noted that two years ago the situation was blamed on the slow reimbursements for exemptions. The ministry took steps to pay up outstanding debts owed to facilities.

It was also observed that some commodities obtained through direct procurement are warehoused and distributed through the CMS system without specific provisions for the cost of distribution leading to some challenges to the distribution system.

The following recommendations were made:

- A study on the extent and causes of the debt in the supply chain and remedial actions to be undertaken.
- Progress on actions should be part of the terms of reference for the 2008 sector review.

Human Resource for Health

In view of the observed downward trend in supervised deliveries, the importance of speeding up the training of midwives was highlighted and the need to increase the

enrolment of midwifery students for the direct midwifery course was discussed. Similarly the importance of midwifery skills for CHOs especially in disadvantaged areas was discussed. Along with the technical work that needs to be done to strengthen health information systems, attention is required for resolving the shortage of health information staff at the district level.

The meeting was informed of the impending round table conference on human resources for health. It was therefore agreed that the Ministry of Health will:

- Organise the planned roundtable conference on human resources for health in June 2008
- Include the discussion of above mentioned issues in the agenda of this meeting

Demographic and Health Survey

There is currently a financing gap, mainly to cover hiring of vehicles and payment of per diems. MACRO has prepared three options of increasing comprehensiveness and increasing cost. It was agreed that:

- Option C was chosen as the preferred option out of the three options proposed.
- UNFPA is prepared to contribute with USD 300,000 with the conditionality that option C, comprising a module on domestic violence, is chosen.
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- Danida has a budget line for research and short term TA, which by request from MoH and/or NHIA could be used for the DHS.
- MoH will assess the possibility of providing vehicles for the field work.
- MACRO to revise the proposed budget in view of the above mentioned commitments.
- USAID to share the DHS questionnaire before the end of April.

GOVERNANCE, PARTNERSHIP AND FINANCING

NHIA and LEAP

The issue of identifying the poor was raised during the meeting and reference was made to the President's call on de-linking children from their parents. Also mentioned was the possibilities to subsidise the enrolment onto the NHIS of pregnant women. Discussions were held on the road map for meeting these objectives. On the decoupling of children, the meeting was informed that a Legislative Instrument was being prepared to provide the legal backing for its implementation.

The meeting recommend that:

- MOH and NHIA to immediately engage the Department of Social Welfare on the possibility to provide subsidies to enrol the poor onto the NHIS using the LEAP mechanism. Funding for this is provided for in the budget of the 2008 APOW.
- To prepare a position paper on the impact and financial implications of aligning the NHIS definition of ‘indigent’ with the LEAP programme. The position paper should be prepared by the MOH and discussed at the next Health Summit.
- NHIA to present a road map, including milestones, for the process of delinking children from their parents at the June MOH/DP meeting.

Planning and budget cycle

The planning and budgeting calendar was presented to the meeting and partners were called upon to be part of the process. It was agreed that the Ministry of Health and partners should agree on the management of earmarked funds “on plan”, “on budget”, “on report” and “on account”.

- All DPs providing earmarked funding will provide information on their indicative commitments and planned level and composition of spending at the time of planning and budgeting.

Predictability of funds – disbursement schedule

The meeting concluded that the MoH and DPs will agree on a disbursement schedule by the end of January each year. However it was recognised that disbursement schedules alone are not enough to ensure predictability of fund flow. Other factors that influence predictability include timeliness of requests for funds and knowledge of conditions for disbursement. It was agreed that:

- The Ministry of Health should engage bilaterally with Development Partners to establish disbursement schedules and clarify conditions for disbursement.
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Holistic assessment

The Holistic Assessment Tool was test run during the external review. There was a general consensus on the usefulness of the tool and that it could be used as part of the independent review in future. However concerns were raised about the weighting of the individual indicators and the availability of data to enable effective assessment to be done.

Equally concerns were expressed about the use of the outcome of the holistic assessment as a trigger in the PAF of the MDBS.

Attention was drawn to the framework memorandum on SBS where reference is made to the outcome of the holistic assessment as determinant for future annual allocations.

The following steps were agreed on:

- The MoH will work with the HSAO on the sensitivity analysis of the tool by the end of May 2008.
- The World Bank will draft a paper for the consideration of the sector group that update the role of the MDBS in the new aid architecture. May 2008.
- Finalise the holistic assessment tool before the end of the current MDBS cycle.
- Decide on the trigger to be used in the 2008 PAF of the MDBS.

ToR for the health and HIV/AIDS sector group

Against the background of the discussions on the country COMPACT, it was suggested that the terms of reference for the sector group would serve the purpose of the COMPACT. It was also observed that the finalisation of the terms of reference has been delayed and there was the need to speed up its completion and adoption. Furthermore questions were raised about the need to annex to the terms of reference MoUs of different aide modalities. Different views existed about how partners should commit to the content of the ToR.

- By the 5th of May, 2008, The MoH, GAC and DPs sector lead should present a road map for finalization and adoption of the ToR
- The ToR should be presented and adopted at the June Partner's meeting.

Aide memoir matrix update

Since there was no time to discuss this, partners were requested to submit comments on this by electronic mail. Updated matrix will be discussed at next partners meeting.