

**Joint Ministry of Health - Development Partners
Summit**

Accra, 25th to 29th April 2005

AIDE MEMOIRE

**Joint Ministry of Health - Development Partners Summit
Accra, 25th to 29th April 2005**

Aide Memoire

INTRODUCTION

The Ministry of Health and its agencies, Ministry of Finance and Economic Planning, Ministry of Food And Agriculture, Christian Health Association of Ghana (CHAG), Development Partners, and other key stakeholders participated in a Summit at the Miklin Hotel, from 25th to 29th April 2005. This Summit was held to discuss the independent review report and agree on the way forward for 2005 and beyond. The Summit also discussed several issues including the deprived area incentive allowance, the review of Integrated Management of Childhood Illnesses (IMCI), the pharmaceutical pricing study and repositioning of family planning.

GENERAL CONCLUSION

The Summit endorses the Review Team's conclusion that even though overall trends health service and health status indicators in the last ten years have been generally positive, health indicators have stagnated in the past three years. While there is no simple or single explanation for the stagnating indicators, the ongoing reforms as well as the number of systems development programmes being implemented in the sector have a clear potential of improving performance. However, more needs to be done to: (i) refine the packaging and delivery of technical interventions, (ii) improve coordination of health sector institutions and programmes, (iii) performance manage agencies and institutions; (iv) deal with the work-force crisis, and (v) ensure sustainable and equitable financing of the health sector.

The Development Partners also observe that in the last ten years, Government of Ghana has engaged in many demanding reforms within the sector, including adoption of the sector-wide approach, implementing a decentralised Budget Management Centre (BMC) system, establishing Ghana Health Service and embarking on National Health Insurance. Development Partners also commend Government on the progress made in increasing financing to the sector since the start of the SWAp with the prospects of reaching the Abuja target of 15% this year. However, in order to reverse the current trends in health status indicators, the Summit adopted five inter-related and mutually reinforcing strategic priorities. These are:

- Making health central to the national growth and poverty reduction strategy
- Increasing overall funding to the health sector and ensuring harmonization of donor inflows.
- Improving resource allocation within the health sector
- Strengthening health service delivery
- Promoting intersectoral collaboration

The Ministry of Health will further analyse the five strategic interventions and express them more clearly in activities and outcomes in the next Five Year Programme of Work. The Summit also identified three broad areas requiring urgent action for scaling up priority interventions towards the achievement of the Millennium Development Goals. These are organisation and management, financing and human resources.

ORGANISATION AND MANAGEMENT

The health sector has become increasingly complex. The sector is pluralistic comprising public, private and NGO sectors. Many determinants of health are outside the traditional boundaries of the health sector. Global priorities influence and sometimes drive national priorities. More effective stewardship of the health sector has therefore become an imperative.

The public health sector has been pursuing institutional reforms aimed at improving the effectiveness and efficiency in the sector. The reforms include the establishment of the Ghana Health Service and Teaching Hospitals, the creation of Budget Management Centres and establishment of National Health Insurance. In spite of the good intentions of the reforms, overall coordination of the sector has become very challenging.

Development Partners commend the recent efforts by the Minister to improve coordination among agencies of the health sector and the plans to develop a new health policy to guide health sector development and improve collaboration with other sectors.

Intersectoral collaboration is known to be very important for improving health. It is also very complex and constrained by institutional barriers and interests. Development Partners acknowledge the good practices in intersectoral collaboration within the health sector in the promotion of iodated salts, eradication of guineaworm and addressing malnutrition under the Imagine Ghana Free of Malnutrition initiative. More needs to be done to improve collaboration between the District Assemblies and District Health Management Teams. Development Partners also commend the plans of the Ministry of Health to engage all sectors in the planning of health activities at the central level.

Performance management within the public sector stands out as an area requiring more work as pointed out by the review team. The Ministry of Health has developed a system for performance contracting and established a process for performance reviews including performance hearings. While performance ranking of regions has also been introduced into the review process, follow up action on performance is not consistently applied. Target setting is also fairly top down and in particular at district and sub-district level there are inadequate negotiations on what targets can be achieved with available resources. As a result, the lower levels do not always feel ownership of targets set at the central level. Strengthening the leadership role of managers at all levels in the health system is regarded as a key instrument to ensure improved performance of the health sector.

Development Partners commend Ministry of Health for beginning to develop a comprehensive information system that can be shared by all actors in the health sector. Development Partners reiterated their pledge to assist with its development.

The role of the private sector in health delivery is increasing and is likely to increase faster with the establishment of the National Health Insurance Scheme. The Ministry of Health's private health sector policy provides the framework for engaging the private sector and should be operationalized.

Conclusions

- Ministry of Health will develop a new health policy as part of the process of developing the next five-year programme of work. Other relevant sectors will be consulted and their concerns included in the new health policy.
- The Ministry of Health will continue its intersectoral collaboration at implementation level with focus on creating new relevant coordinating networks, e.g. dialogue with Ministry of Women & Children Affairs to establish an intersectoral body for coordinating Maternal and Child Health.
- The Ministry of Health will issue guidelines to District Health Management Teams (DHMT) on collaboration with district assemblies and other sectors at the district level. The guidelines may request DHMT to forward their plans through District Chief Executives and involve the District Assembly Social Services Committee and other sectors in the planning and implementation of district activities.
- The Ministry of Health and its agencies will establish systems for better negotiation of targets with all the levels taking into consideration the sector wide policies, priorities, targets and available resources, as part of a more decentralised planning and budgeting process, resulting in a better link between priorities, results and resources.
- Subdistricts should be more involved in the implementation of the sub-district budget. To that end, the Ministry of Health will make financial information increasing available to sub-district managers and explore options for further decentralising financial management to the subdistrict level.
- The existing system of ranking and benchmarking of regional performance should be strengthened and expanded to all BMCs. Follow up action on performance should be instituted.
- The Ministry of Health's private health sector policy should be operationalized.
- Implementation of the road map for the development of a comprehensive information system should be continued. Development Partners pledge to provide the required assistance.

FINANCING THE SECTOR

The financing environment is changing very fast. Examples of changes in financing include the introduction of national health insurance which will bring additional revenue to the sector but will also increase the demand for services and require additional resources to finance investments in more human resources and infrastructure

development. There are also additional financing requirements for addressing current human resource needs and replacement of equipment. Other sources of funds such as the Global Fund to fight AIDS, Malaria and Tuberculosis (Global Fund) and Global Alliance on Vaccines & Immunization (GAVI) have major implications for the way the sector is financed. On the one hand, the Global Fund provides additional funds for important national programmes. On the other hand, these sources of funds will not continue forever. In the long term, these initiatives will leave programmes that will have to be sustained from the Government budget. The changing financing environment needs to be analysed to guide the development of an investment plan and financing strategy under the next five-year Programme of Work.

Government continues to be committed to improving the health of the poor and bridging inequalities in health. One of the strategies for reducing inequalities is to increase resource allocation to deprived regions. This policy is contributing improvements in the coverage of health services in the deprived regions. However, concerns are emerging about the relatively poor performance of non-deprived regions in 2004 and the apparent worsening of the health in urban areas. This new body of evidence should be used to refine the criteria for allocating resources within the sector without undermining gains made in deprived regions. There are also opportunities for further improving the link between resources and priorities.

Exempting services for the poor will continue to be an important strategy while the National Health Insurance Scheme is being introduced. During the transitional phase, it will be important to sustain the exemptions and ensure that they are fully funded.

Development Partners continue to use different financing instruments such as pooled and earmarked funding to support implementation of the health sector Programme of Work. However the agreements under the Common Management Arrangements for the use of earmarked funds are not always adhered to. It was acknowledged that various Development Partners have institutional constraints. Nevertheless the Ministry of health and Development Partners commit to comply with the agreements in the Common Management Arrangements concerning the disbursement of earmarked funds, and ensure that earmarked funds are disbursed in line with the priorities of the sector. It was noted that further harmonization of donors in the health sector is likely to be improved as more donors commit to sector budget support. Development Partners will also consider retaining sector specialists as they move into budget support in order to maintain the quality of the policy dialogue in the health sector.

Conclusion

- The Ministry of Health will work with Development Partners to conduct an analysis of health financing environment, health expenditures and an investment plan. This analytical work will allow the Ministry of Health to project future financing scenarios and assess their sustainability. It will also provide guidance on how to prioritize expenditures.
- Financing of exemptions will continue until the National Health Insurance Scheme is able to cover the financing of health services of the poor. Exemptions should however

be implemented without creating disincentives for people to join the insurance schemes.

- The Ministry of Health will review the criteria for allocating resources after taking into account new evidence from the Ghana Demographic and Health Survey and other source as well as available information on performance.
- The accounting for the centrally procured items will be revised in order to show allocation to the districts and sub-districts.

HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

The provision of health services is constrained by inadequate numbers and inequitable distribution of human resources. The brain-drain of nurses and doctors out of the country continues to be a major threat to health services. The introduction of the National Health Insurance Scheme is likely to increase demand for services and workload of existing staff. Government recognises the urgency to address the human resource constraints.

At present the health sector is implementing several initiatives for increasing production of health workers, improving retention of staff and ensuring equitable distribution of human resources. For example, existing community health training institutions are being expanded and new ones are being constructed to increase production, the Additional Duty Hours Allowance system has been introduced to improve overall retention and the deprived area incentive allowance and other non financial incentives such as access to training, and early promotions, have been implemented to improve the distribution of health staff. The Ministry of Health is also developing a comprehensive monitoring and evaluation system for human resource strategies.

A number of opportunities nevertheless exist to refine and improve the above initiatives. First, inadequate emphasis has been placed on the training of middle level health personnel such as medical assistants and enrolled nurses. Secondly, the different human resource incentives packages have been implemented in a piecemeal manner rather than as a package. Thirdly, posting of staff is not structured and is not based on need. In addition the role of District Assemblies in recruiting and sponsoring students in training institutions has not been adequately explored.

Conclusions

- The Ministry of Health will scale up the training of middle level personnel in particular the training of Medical Assistants and enrolled nurses.
- Ministry of Health will revise the human resource strategy
- Ministry of Health will set up a committee to oversee postings and allocation of new graduates from the nursing and medical schools and postgraduate colleges.
- Ministry of Health will re-package the incentive package, test, evaluate, and scale up implementation using lessons from the piloted initiatives.

NEXT STEPS

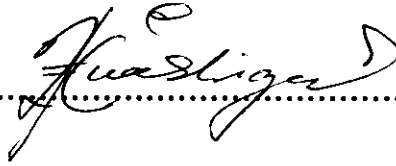
The Ministry of Health and Development Partners commit to implement the above conclusions and to continue to follow up the implementation of this and previous aide memoirs. In addition to the conclusions of this aide memoir, the following key issues were agreed:

- Discussions on the 2003 audit reports will be held at the next business meeting
- Plan for the preparation of the next Five Year Programme of Work will be discussed at next Business Meeting
- An in-depth review of the Capital Investment Plan will be commissioned within the year.
- An update of the status of implementation of this and previous aide memoirs will be discussed at the Business Meetings.

SIGNATURES

Government of Ghana:

Maj. Courage E. K Quashigah (Rtd)
Hon. Minister of Health
Ministry of Health
Accra



.....

Partners contributing to the Health Account:

H. E. Stefan Frowein
Head of Delegation
European Commission
Accra



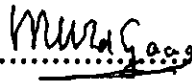
.....

H. E. Flemming Bjork Pedersen
Ambassador
Royal Danish Embassy
Accra



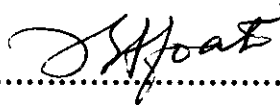
.....

Mr. G. W. Van der Gaag
Charge d' Affaires
Royal Netherlands Embassy
RNE/DFID
Accra



.....

Mr. Makane Kane
Country Representative
UNFPA
Accra



.....

Mr. Mats Karlsson
Country Director
World Bank
Accra



.....