

**Joint Ministry of Health - Partners Business Meeting
GIMPA, Accra, 26th to 30th April 2010**

Aide Memoire

From Strategy to Action: Review of Performance 2009

Preamble

The Annual Health Summit to assess the performance of the implementation of the 2009 Programme of Work was held from the 26th to 30th April, at the Ghana Institute of Management and Public Administration. The opening ceremony was chaired by Hon. Mrs. Betty Mould-Iddrisu, the Attorney General and Minister for Justice. She expressed satisfaction for the annual review processes and indicated the need for other MDAs to adopt the practice. She was also happy that the results of the review showed some progress in the implementation of government policies on health. She stressed the need to see health as a human rights issue and for that matter the wide disparity in services, especially between the northern sector of the country and the southern sector is unacceptable. She further indicated that the high maternal mortality rate is equally unacceptable and called on the health sector to work towards removing all possible bottlenecks to make services universally accessible.

The representative of health Development Partners (DP), H.E. Stig Barlyng acknowledged the significant progress made in the implementation of the 2009 Programme of Work but was concerned about the increasing fragmentation of services as observed by the independent review team. He called on the Ministry of Health to take a critical look at the phenomenon and pledged the support of Development Partners to ensure that the sector functions efficiently. He also called for more efficient use of resources, especially at the district level and re-iterated the need for the Ministry to secure ownership of the Sector Medium Term Strategic Plan.

The Hon. Minister of Health restated his concerns about the high maternal mortality and the need for improved quality of health care. He expressed the need to break through the social norms that have placed women at a disadvantage when it comes to accessing health services. He emphasised the need to step up the campaign against malaria in a holistic manner and to link it with the efforts to improve nutrition especially among children. He expressed serious concerns about the wastage in the system and made specific reference to the large number of uncompleted projects scattered around the country. He assured the meeting of his preparedness to confront the challenge and to inject discipline in the management of sector resources.

On the issue of health insurance, he assured the meeting that the one time premium payment proposal will be implemented within the stipulated time frame as defined by the road map. He however urged all to continue the debate in a more scientific manner to enable the sector to put in place a very effective and sustainable management system for the scheme.

This Aide Memoire represents the discussions, conclusions and agreements arrived at during the summit and the business meeting between the Ministry of Health, Development Partners and stakeholders.

Adoption of the 2009 Holistic Assessment and Independent Review Report

The meeting adopted the results of the Holistic Assessment and the Independent Review Report as a fair reflection of the performance of the sector for 2009 and congratulated the sector for the high performance observed. The National Health Insurance Authority however stated that there was very little contact with the authority during the review process and was therefore not happy about some of the conclusions arrived at in the report. The meeting accepted the sentiments of the authority but indicated that the process was time bound and therefore the views as expressed in the report represented what the team observed. It was agreed that the views expressed should be taken as a pointer for the NHIA to be more proactive in engaging the process in future.

The Review Process

The review report proposed that the sector takes another look at the review process. It was restated that several discussions had been held on the issue and the agreement between the Ministry of Health and Development Partners is that the process as it is should be maintained.

The meeting proposed to revisit the format of the regional reviews to make it more analytical to support the regional planning and monitoring processes. It also called for the expansion of the process to include other sectors and to increasingly engage all stakeholders so that the process adopts a more sector wide view of performance.

The following were agreed on:

- The annual review process, specifically the time frame and the independent nature, should be maintained and incorporated in the CMAIII
- The format for the regional and district performance reviews should be revised and used for the review of the 2010 POW and in subsequent years.
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MDBS PAF 2009

The draft report was presented to the meeting. The performance of the sector was accepted as satisfactory. It was stressed that the section on the challenges facing the sector should include issues on the financial sustainability of the NHIS and the access to care by the poor. The meeting urged all the agencies to provide the necessary information in time for the MOH to fulfill its obligations to report to the MOFEP. The meeting agreed to maintain the current four indicators and submit them to the MOFEP in order of priority. The sector was requested to submit realistic targets for the three year rolling PAF (2010-2012)

The following were agreed on:

- The MOH should put a team together to discuss and agree on targets and finalize the report for submission to MOFEP

Progress on Previous Aide Memoir

The status of implementation of the previous aide memoire recommendations was examined and there was a general satisfaction with the progress. The need for a presentation of the CIP pipeline projects at the next monthly meeting was stressed. The issue regarding access to ART was discussed and was noted that the MOH has requested GHS to furnish information on the implications of the removal of fees for providing ART and Family Planning services on which

basis a decision would be taken. It was agreed the proposed CHPS review meeting be organized with expanded participation to include the parliamentary select committee on health and MOFEP. The meeting further decided that the proposed recommendation on an evidence-based policy review on midwifery training be referred to the task team on maternal health. The following were agreed on:

- Constitute a team to review the current matrix to remove duplication and ensure continued relevance of the recommendations and present at the August Business meeting

Governance and Fragmentation Issues

The review report noted with some concern that the sector was increasingly becoming fragmented at all levels. The meeting observed the need for improved collaboration within and among the agencies and re-emphasized integrated planning and service delivery as first steps to respond to this challenge. The need for clear roles and responsibilities as well as leadership by the MOH was seen as critical to addressing the governance and fragmentation issue.

National Health Insurance Scheme

▪ NHIS Legislation

The meeting was briefed about progress in the legislative review exercise going on with respect to the National Health Insurance Act. Essentially, the review seeks specific provision for management of the National Health Insurance Fund and for broadening accountability within the scheme. The details include the expansion of the exempt categories to include all under-18s, pregnant women, persons suffering from some psychiatric conditions, and the disabled. Links are further established with Ministry of Employment and Social Welfare for the identification of the indigent. The review also seeks the transfer of regulation of the private insurance companies to the National Insurance Commission, and the consolidation of claims processing and financial management of the scheme in order to improve efficiency. The meeting was also informed that the legislative review seeks to expand the funding sources of the scheme and to decentralise some of the responsibilities especially in the area of public education and complaints resolution.

The draft has been reviewed by the Attorney-General's Office and is expected to be returned to MOH for submission to Cabinet. The final draft Bill should be ready by the end of May.

▪ Sustainability of the NHIS

Throughout the Summit, the issue was stressed of the precarious financial situation of the NHIS, even before the introduction of the one-time premium payment. A summary was given of cost containment measures being undertaken, and of the new sources of financing being proposed, including possible increase of the NHIL and a petroleum levy. These, however, require higher level approval.

▪ NHIA Collaboration and Cooperation

As an agency under the MOH, NHIA undertook to strengthen its collaboration with MOH and other sector agencies.

Health Legislation

An update on the review of the health bills was presented and concerns were raised on the pace at which the review was progressing. It was indicated that the drafts were in the A-G's Department presently and the MoH was awaiting their response. A request was made for drafts to be shared with stakeholders, to the extent possible.

The following steps were agreed on:

- The MoH should follow-up with the A-G's Department on all the draft health bills including the NHIS bill, with an update to be given at the August Business Meeting.
- The MoH should take steps to speed up the process and to prioritise the bills to determine those that are urgent and to draft the relevant memos first.

Road Map for Finalisation of SMTDP, JANS, CMAIII, CSR

An update was provided and a roadmap for the finalization of the SMTDP, JANS, CMA III and the CSR were outlined. The Partners assured the meeting of their commitment to assist the process of finalizing the SMTDP and promised technical assistance where needed. The meeting was informed that the CMA III was in progress and a draft would be shared soon. The meeting was briefed on the roadmap and progress of the various chapters.

The meeting agreed that:

- A revised roadmap for the completion of the SMTDP, including the JANS, will be circulated to all partners for comments by 1st week in May.
- A stakeholder meeting on the final draft SMTDP to be convened by the end of May 2010, with the final document to be ready by mid-June 2010
- A stakeholders meeting on CMA III will be organized in June 2010 and final draft to be ready for adoption at the business meeting in August.
- The first draft of the CSR will be ready in January 2011 and the final draft to be presented at the April 2011 health summit.

Commodity Security and Systems Review

The findings of the commodity security and supply systems review were presented. Some of the key issues highlighted include the adequate infrastructure at the national level, the low availability of medicine due to high indebtedness of facilities to the CMS. The meeting recognized the importance of commodity security and how it relates to the performance of the sector and felt strongly that guidance should be sought on the way forward.

The meeting agreed that:

- The steering committee to act upon the urgent areas of intervention, and to report back on progress during the November 2010 summit

- MOH to develop an updated policy framework and implementation strategy to improve procurement and distribution of essential drugs, building on findings of the commodity supply review.

PFM Implementation Plan

The meeting confirmed the findings of the Independent Review report, while noting that some progress had been made in this area. Partners reaffirmed their desire to see that PFM remains high on the sector agenda with regular updates.

The meeting agreed that:

- The PFM Working Group will review and re-prioritise the activities in the PFM strengthening plan, allocate the existing APOW budget for 2010, and present proposals for financial and technical support by DPs at the June MOH-Partners meeting

Service Delivery

The independent review report noted the increasing demand for services however the sector is constrained by inefficiencies and weaknesses. Access to essential services for the poor remains an issue that requires dedicated attention.

Maternal Health: Update on Activities for MDGs 4 and 5

The meeting was informed that scale-up activities under MDG 4 are working. The child health policy is also being implemented. The major concern is about MDG 5 where key interventions continue to face some challenges. It was stated that EmONC needs assessment has started in the Upper East region and a national roll out will be done by June. The assessment will help in identifying the gaps in equipment and skill mix.

Implementation of CHPS

Inadequate resources for the roll out of CHPS were identified as a major concern by the independent review. Bottleneck remains with the construction of the CHPS compound, which is not an end in itself. Additional inter-sectoral effort is required to scale up CHPS as a priority intervention. Regular national updates on the roll out of CHPS are required.

Quality of Care

Several discussions on the quality of services were held through out the different presentations during the summit. Some of the outstanding concerns had to do with the way patients are managed in health facilities for example having floor patients and inadequate supply of safe water. It was noted that staff attitudes and commitment played an important role in ensuring acceptable levels of care for clients. The meeting indicated that customer care should be placed high on the agenda and efforts made to train staff in client relations and leadership.

In the effort to improve the quality of care within the facilities the service providers will link up with NHIA to carry out joint clinical audits. Facilities are being encouraged to use the accreditation checklist as a self-assessment tool.

Private Sector Involvement in Service Delivery

The meeting reemphasized the key role of the private sector in health care delivery. The meeting noted with satisfaction the progress the sector has made in their organisation. There is need to strengthen the Private Sector desk to ensure effective coordination.

District Health Systems

The review noted that district health systems are increasingly fragmented by parallel funding and different programmes. It also noted that the building blocks of the DHS particularly the Human Resource, reporting systems and the involvement of the private sector remain weak.

The meeting recommended that to improve the functioning of the DHS there is the need for a more integrated and inclusive planning to be pursued. It was also agreed that strengthening of district planning and evaluation of priority programs (HIRD) through leadership and managerial training should continue.

To improve service delivery in the sector the following were agreed:

- Findings of the EmONC assessment to be factored into the 2011 APOW and budget
- MOH to convene stakeholder meeting on the scaling up of CHPS, to include MOFEP, MLGRD and the private sector, by the end of May 2010
- MOH to review and revise the private sector policy before November 2010 Summit
- Institutionalise the involvement of the private health sector in the sector dialogue, planning, M&E and programme implementation at all levels
- All Partners should implement the agreed activities on the PFM strengthening plan for the integration of district level plans.
- MOH to set up a working group to review the principles behind ring-fencing within the sector budget in order to explore options for increasing flexible funding at the operational level, to report at the August 2010 Business Meeting

Financing and Budget Execution

A brief update was given on funds received by MOH in the first quarter of 2010. It was noted that some progress had been made in the timeliness of release of the first tranche of SBS by MOFEP, though delays remain and hamper service delivery. NHIA reported that they had received 55% of expected 2009 funding, with implications for reimbursement of claims to providers. The meeting encourages MDDBS partners to engage MOFEP to speed up the processing and release of SBS funds to MOH, and MOH to support the NHIA in its negotiations with MOFEP for timely release of the NHIF.

The meeting agreed the following:

- A detailed update on first quarter 2010 budget execution will be given at the June MOH-partners meeting

Human Resource for Health

The independent review noted that the sector continues to lose skilled and experienced health workers through the high numbers of the ageing workforce that needs replacement. Other HR

issues identified include the disparities in health workforce distribution especially for doctors, the absence of a regulatory framework for regulation and accreditation of middle level health workers and the centralisation of key HRH management.

The meeting agreed that:

- The review of the existing HR strategy should be completed and disseminated by the end of the year. Steps should be taken to involve a wide range of stakeholders particularly the private sector and academia.
- Pilot interventions aimed at improving retention of health workers in deprived/hardship areas should be initiated based on available evidence and lessons learnt various local initiatives involving district assemblies. A plan for this should be developed and shared by August Business meeting.

Information and Communication Technology

The report of the independent team made several references to the need to improve investment in ICT. The meeting was also briefed on current ICT initiatives in the health sector. It was noted with concern that almost all of these initiatives did not adhere to basic standards of data confidentiality, safety and interoperability. This was attributed to the weak policy and legal environment for electronic health solutions. To respond to these challenges, the MoH has initiated steps towards the development of a comprehensive e-health strategy to guide future deployment of e-health solutions in the health sector. It was agreed that:

- The e-health strategy to be completed and shared by the end of June
- Ministry of Health and Agencies to increase funding for Health Information Management at all levels