

**Joint Ministry of Health and Development Partners'
Health Summit, Accra**

AIDE MEMOIRE

11 – 15 April 2011

Joint Ministry of Health - Partners Business Meeting GIMPA, Accra, 11th to 15th April 2011

Aide Memoire

Going Beyond Strategy to Action: Accelerating activities towards meeting the MDGs

PREAMBLE

The Annual Health Summit to assess the performance of the implementation of the 2010 Programme of Work was held from the 11th to 15th April 2011, at the Ghana Institute of Management and Public Administration. The opening ceremony was chaired by Prof. Kofi Nyidevu Awoonor, Chairman of the Council of State. He called on the health sector to continue to work towards increased involvement of the district assemblies in health care delivery. He also recognised the importance of human resources and advocated for continuing commitment towards the reversal of the 'brain drain'.

The representative of Health Development Partners (DPs), Dr. Daniel Kertesz, focused on three priority issues, namely MDGs 4 and 5, equity and health systems strengthening. The Guest Speaker, Dr. Moses Adibo, highlighted issues concerning health information, quality of pre-service training, and decentralisation in relation to the district health system.

The Minister of Health, Hon. Joseph Yiekeh Chireh (MP), reiterated the importance of reducing maternal deaths and called for a more rigorous audit of institutional maternal deaths. He expressed concerns about the cholera situation and environmental sanitation and proposed an inter-ministerial forum to address these and other broader determinants of health.

The Summit was informed of the progress made by the sector and the positive overall score of the holistic assessment as presented by the independent review team. Of particular note were the marked reduction in guinea worm cases, increased uptake of antiretroviral therapy, greater utilization of outpatient services and improved health worker to population ratios.

Progress notwithstanding, there was concern about continuing inequities in access to skilled birth attendance, and a decline in coverage and utilization of antenatal, immunization and family planning services.

This Aide Memoire is a summary of discussions, conclusions and agreements arrived at during the April 2011 summit and the business meeting between the Ministry of Health, Development Partners and other stakeholders.

EQUITY

The meeting discussed the presentation on equity which highlighted key areas where disparities persist between regions and wealth quintiles, particularly in relation to human resources and emergency obstetric and neonatal care (EmONC). In view of the objective of the Health Sector Medium Term Development Plan (HSMTDP) to bridge equity gaps, it was agreed that the following areas be addressed.

Maternal, neonatal and child health

The draft needs assessment report shows that substantial gaps persist in the capacity to provide both basic and comprehensive Emergency Obstetric and Neonatal Care (EmONC) around the country. Raw data from the assessment will be provided to the regions and districts to enable micro-level analysis and planning.

The following actions were agreed:

- A technical group is to be established by Ghana Health Services (GHS) to review draft findings and agree on the thematic issues and format of the final report, by end of May 2011
- Draft report of EmONC needs assessment to be ready and circulated to stakeholders by the end of July 2011
- Ministry of Health (MOH) to convene a meeting by end of August 2011 to agree on a roadmap for implementing recommendations of the EmONC needs assessment report.

Human resources

The holistic assessment showed that there has been limited improvement in the equitable distribution of critical health staff. The meeting recognised that the HSMTDP sets out a clear milestone for staffing norms and a redeployment plan to be completed in 2011. It was noted that best practices on incentives, retention and redeployment exist around the world. These should be collated and reviewed as inputs for proposing concrete actions for Ghana. The meeting also suggested that broader health systems funding proposals should include human resource priorities.

The following actions were agreed:

- MOH to complete revision of staffing norms, as agreed in the November 2010 Aide Memoir. These will be presented for discussion at the August 2011 Business Meeting.
- MOH to collate and analyse existing local and international documentary evidence of best practices on incentives, retention and redeployment. A report to be presented at the June 2011 Partners' meeting.

Community-based Health Planning and Services (CHPS)

CHPS is a sector policy. The equity study confirmed that CHPS is an appropriate strategy for improving access to basic health services. It was noted that there is need for Community Health Officers to be deployed within communities rather than health facilities. The inclusion

of the CHPS scale-up within the performance contract of GHS was welcomed. The meeting reaffirmed the importance of engaging other MDAs and MMDAs in support of CHPS.

The following action was agreed:

- GHS to provide a half year progress report on the scale up of functional CHPS zones at the August 2011 Business Meeting

COMMODITY SECURITY

The meeting welcomed the update on recommendations from the Commodity Security Study of January 2010. It was noted with concern that there had been limited progress on pricing, capacity building, governance and leadership, and monitoring and evaluation. It was agreed that there is need to improve the debt management of the Central Medical Stores and to proceed with its reorganisation. The issue of high prices was linked to inefficiencies of the procurement system and the market for pharmaceuticals and health commodities.

The summit recognised that Family Planning (FP) is a cost-effective intervention. The persistence of out of pocket payments for FP commodities together with stock-outs and parallel logistics management systems, gave rise to renewed debate on options for financing of family planning. It was discussed that inclusion of FP under the NHIS is one such option, given that some related services are already covered under it.

The following actions were agreed:

CMS and logistics systems

- MOH to provide evidence of increased CMS distribution capacity at the November 2011 Summit
- CMS to ensure harmonisation of distribution systems for programme and IGF-funded drugs and commodities. MOH to develop indicators for monitoring progress and report at the August meeting.
- MOH to agree indicators on drug balances and outstanding debts throughout the pharmaceutical supply chain and to report at the August 2011 Business Meeting

High drug prices

- MOH to develop National Pharmaceutical Pricing Framework (with reference to local industry, procurement laws, International Dispensary Association (IDA), Medicine Transparency Alliance (MeTA)), and report on update to the August 2011 Business Meeting.
- The inputs from the pricing framework should be used to revise the pharmaceutical pricing policy and the final strategy should be delivered at November 2011

Family planning

- Ghana Health service (GHS) and Development Partners (DPs) to provide MOH with evidence from earlier studies supporting the economic benefits derived from the inclusion of family planning commodities and services under the National Health Insurance Scheme by end April 2011. MOH to take a decision on how to proceed with this issue by August 2011 Business Meeting

PUBLIC FINANCIAL MANAGEMENT (PFM)

The Independent Review noted that some facilities appeared to be accumulating cash balances in their IGF drug accounts. The evidence was debated and further study is required. Concern was again raised about the delayed flows of GOG and Sector Budget Support (SBS) funding to and within the sector. The meeting agreed on the need to improve the transparency of budget allocation decisions.

Internally Generated Funds (IGF)

- PFM working group to be reactivated and to draft Terms of Reference (TOR) for a detailed study of issues related to IGF by end May 2011.
- MOH to report findings of the study at the August 2011 Business Meeting

Resource flow and delays

- DPs, Ministry of Finance and Economic Planning (MOFEP) and MOH to develop TOR for a study of bottlenecks in the timely flow of funds by middle of May 2011, and to report findings by September 2011

DATA MANAGEMENT

The difficulties in obtaining complete data on sector-wide performance were highlighted, not least the continued delay in providing a single repository under MOH for data collation from all agencies- both public and private.

The following actions were agreed:

- MOH to resolve the issue of the repository, including its location, by mid-May and to report at the June 2011 MOH-Partners meeting on when it might be functional
- MOH to meet with Ghana Statistical Service in order to ensure that the health module is updated for the forthcoming Ghana Living Standards Survey, and to report progress at the August 2011 Business Meeting

HIV/AIDS FUNDING GAP

The shortfall in funding for treatment for new clients for antiretroviral treatment and the Prevention of Mother to Child Transmission of HIV/AIDS, due to the unsuccessful Round 10 Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) proposal, was noted with

concern. It was agreed that a sustainable funding strategy is needed for the National Strategic Framework in its entirety.

The following action was agreed:

- MOH to call a meeting by mid-May 2011 with Ghana AIDS Commission and other stakeholders to develop a financial sustainability plan to resolve the current financing gap and map out Government and Partners` commitments over the next five years.

NUTRITION

The meeting noted the importance of nutrition in attaining MDGs 4 and 5. The role of CHPS in addressing nutritional issues was recognised.

The following action was agreed:

- MOH to create an inter-agency committee on nutrition and to finalise Nutrition Policy by end of September 2011

SIGNATURES

Government of Ghana:

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Minister of Health

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Development Partners:

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