

Joint Ministry of Health-Partners Summit

Accra, Ghana

13th to 17th December 2004

AIDE MEMOIRE

**Joint Ministry of Health - Partners Summit
Accra, 14th and 17th December 2004.**

Aide Memoire

Introduction

The Ministry of Health and its agencies, Ministry of Finance and Economic Planning, Christian Health Association of Ghana (CHAG), Development Partners, and other key stakeholders participated in a summit at the Miklin Hotel, from 14th to 17th December 2004 to review and adopt the Programme of Work 2005, to identify areas that need strengthening and to agree on strategic issues that will create effective conditions for implementation. As part of this exercise, partners were given an update on specific policies and programmes. This aide memoire captures the key conclusions and commitments of the various players in relation to the Programme of Work.

The 2005 Programme of Work

The theme of the Programme of Work 2005 is: ***“Bridging the inequality gap: Addressing Emerging Challenges with Child Survival”***. The priorities of the Programme of Work are guided by six main strategic orientations:

- Mainstreaming the pro-poor agenda in the health sector.
- Full implementation of the National Health Insurance Scheme.
- Improving the quality of clinical services and scaling up key public health interventions that address the needs of children and women.
- Pursuing institutional re-organisation, regulation and inter-sector collaboration and action to address the broader determinants of health.
- Increasing and redistributing overall resources (human and financial) in the sector and ensuring pro-poor and equitable allocation.
- Enhancing monitoring and performance measurement and the use of information to improve productivity of the sector.

The summit endorsed the theme, the strategic orientations and the general focus of the Programme of Work 2005 and agreed that it addresses the current situation in the health sector. Participants welcomed suggestions that a stronger linkage be established between the priorities and budget without undermining the decentralised management arrangements.

Maternal and Child Health

The Programme of Work acknowledges that maternal and child mortality in the country remains very high. The summit reviewed the proposal for a maternal mortality survey and endorsed the principle although it was noted that the estimated cost of the survey could

probably be reduced. Preliminary analysis of the Ghana Demographic and Health Survey (GDHS) shows that neonatal mortality comprises over 50% of all infant deaths. Mortality in infants in urban areas worsened faster than in rural areas and differences in regional mortality rates continue to exist. Unless Child Survival interventions are scaled up the health sector is unlikely to achieve the Millennium Development Goals (MDGs). A recent evaluation of the Accelerated Child Survival and Development (ACSD) approach suggests that scaling up Antenatal Care Plus (ANC-plus), Integrated Management of Childhood Illnesses-plus (IMCI-plus) and Expanded Programme on Immunization plus (EPI-plus) as well as promoting use of Insecticide Treated Nets (ITNs), and mobilizing communities, is a good option. Coordinating with other sectors to address malnutrition is also a priority. The scaling up of these activities is done in the context of on-going delivery of services. It also entails procuring additional supplies such as ITNs and vaccines.

Although Community-based Health Planning and Services (CHPS) remains a key element of the governments pro-poor strategy, its current implementation is slow and unlikely to deliver adequately on priority health interventions. It's recognized that developing CHPS requires more than constructing community health compounds and equipment, but also includes producing Community Health Officers (CHOs), orienting district managers and mobilising communities; all of which take time.

Conclusions

- Further analysis of the GDHS, other data sources and sector policies is required to understand the reasons for high mortality in the peri-natal period, in the regions and in urban areas. The Ghana-Dutch collaboration for research provides funding opportunity for this work and will be explored.
- A team consisting of MoH, Ghana Statistical Service and partners will review the framework, methods and budget for the maternal mortality survey and funding will be mobilized from all available sources to implement this activity.
- Adequate funds should be allocated in the program of work to support scaling up of selected activities based on a further analysis of the ACSD experience, these could include ANC-plus, IMCI-plus and EPI-plus within the sector
- The CHPS programme will be rolled out as fast as possible while ensuring that it is done without depleting existing facilities of staff and with due emphasis on mobilising the communities. Implementing CHPS in more deprived areas remains the priority.

Scaling-up Public Health Services

The focus on communicable diseases, reproductive health, nutrition, and non-communicable diseases was well appreciated. The attention given to neglected diseases was highly endorsed. The historical focus and closer monitoring of HIV/AIDS, malaria, tuberculosis and guinea worm disease is still very pertinent and remains a priority of

government. The focus is to pursue improved coverage of priority interventions through the district health system.

The decision to put all communities that have ever reported guinea worm on surveillance for three consecutive years was accepted. Closer collaboration between the district health administrations and district assemblies will be required to eradicate guinea worm.

Conclusions

- Insecticide Treatment Nets (ITNs), Artemisinin Combination Therapy (ACT), and contraceptives will be adequately funded in the budget.
- Funding for Anti-Retrovirals (ARVs) remains a challenge. Any additional funds required beyond what the budget could accommodate will be clearly outlined for extra funds to be sought from Ministry of Finance and Partners.
- The capacity of the Health Education and Nutrition units will be strengthened.
- The Programme of Work will include actions to enhance active engagement with the Ghana AIDS Commission and Local Government on District Response Initiative (DRI) on HIV/AIDS in order to create the balance between the medical and more developmental approach required to ensure continuum of care.
- The key role of the MoH in terms of surveillance, treatment of Sexually Transmitted Infections (STI) and utilising its staff to further prevention, e.g. the use of condoms, was acknowledged, and will be stepped up.
- Guinea worm surveillance should be part of the Integrated Disease Surveillance and Response system to allow effective follow up action at the district, regional and national levels.
- To the extent possible and in situations where decisions have not already been taken, partners agreed to focus their finance for potable water in the twenty guinea worm endemic districts next year. The health sector will support this commitment by engaging with the endemic districts to identify and facilitate implementation.
- The Tuberculosis Programme will be reviewed.

Increasing and Redistributing Human Resources

It was noted that diverse policies and plans to enhance the production, retention and distribution of human resource are being implemented in the country. The Ghana College of Physicians and Surgeons (GCPS) has started with the admission of the first batch of 51 students. Although the GCPS is likely to reduce the brain drain from Ghana, it has the potential to distort the country's distribution of doctors in the short term. It is also recognised that the current staff levels will be inadequate to achieve the MDGs without the appropriate focus and increased investment in the production of middle level and less tradable health staff. The Ministry plans to undertake an assessment of the deprived area incentive package.

Conclusions

- The Ministry of Health should give priority to the production of enrolled nurses, community health nurses and midwives, as well as the training of medical assistants.
- The management of human resources will be strengthened to ensure that staff admitted to post-graduate programs, particular those from deprived districts, are replaced during their period in training. A committee will be established to oversee posting and allocation of new graduates from the medical schools and the postgraduate college.
- The Ghana College of Physicians and Surgeons will develop a comprehensive strategic plan that includes strengthening and accrediting regional and district health training sites.

Inter-sector Collaboration and Partnerships

Intersectoral collaboration for health was discussed with the general consensus that it is an important area to give priority. The health sector needs to play a more active role in engaging other sectors in planning, implementation and monitoring of activities of the sector. The Ministry has decided to appoint and resource a senior official to coordinate inter-sectoral collaboration activities. The summit discussed MDBS and SWAP and welcomed MOH efforts to towards harmonizing the two instruments.

Conclusions

- Ghana Health Service and Teaching Hospitals Act and the Local Government Service Act should be carefully studied to identify opportunities for collaboration. Further, decentralisation to the District level should take into account the crucial role of the regional level in the health sector.
- Regional Health Management Teams will use the annual reviews of the Regional Coordinating Councils to promote the health sector agenda.
- Existing issue based Inter-sector Collaboration Committees such as the Inter-Agency Coordinating Committees for EPI and Guinea Worm will be strengthened to take on additional responsibility for pursuing collaboration agenda for health.

Information and Monitoring

The Ministry is taking the right steps towards improving the information, monitoring and evaluation system but more needs to be done to strengthen the system and refine the indicators. Systems for monitoring and evaluating key policy reforms such as human resources and health insurance also need to be developed.

Conclusions

- Establish the architecture for the information system to guide the development of the information and monitoring systems of agencies.
- The health information management systems of the various agencies will be strengthened to collect, collate, analyse and use the information in a timely manner for decision making. The usefulness of the system for lower level managers and for establishing performance contracting and peer review mechanisms will be a guiding principle.
- Combining financing and Health Management Information System (HMIS) data will be an aim, allowing for better assessment of efficiency.

National Health Insurance

The implementation of the health insurance will continue to be a challenge in 2005. It is anticipated that in the short term, the coverage of the health insurance scheme may not be adequate to cover the poor. The legislative instrument provides for subsidized premium based on ability to pay and allows for the registration of indigents. The intent of the LI on indigents is accepted. Nevertheless, there were concerns that the criteria for identifying indigents are too restrictive. This could lead to the exclusion of certain categories of poor people from the National Health Insurance Programme. Concerns were also expressed on how the exemptions will evolve during the transitional period that the health insurance programme is being implemented.

Conclusions

- Guidelines for identifying the poor should be broadened beyond what is provided in legislative instrument to adequately cover poor persons requiring financial protection.
- The current exemptions system will be maintained and adequately funded until the insurance scheme attains adequate coverage to effectively take care of the poor and indigents. The disbursement of the exemption fund will be improved.
- The National Health Insurance budget will be included in the 2006 Programme of Work.

Finance and Budget

The summit noted with satisfaction the government's total commitment to fulfilling its obligation to the sector and the sizable increase in budget anticipated for 2005. It was noted that this is likely to place many expectations on the sector to increase its delivery of outputs. It was also noted that the Ministry of Finance and Economic Planning (MOFEP) has indicated that the Ministry of Health has no ceiling on the amount of donor funds it can receive. There were, however, concerns that the budget is not adequately linked to the priorities in the draft program of work. Further the needs-based planning and budgeting used this year could potentially undermine the gains so far made in resource

based planning and budgeting, in terms of global budgeting allowing managers to respond to specific local conditions, if it is not carefully implemented.

Partners noted that the allocation of non-salary recurrent to the District level was 45%, well above the target of 42%. However, analysis of the first six months of this year suggest that there may still be problems with timely disbursements to BMCs and partner releases of earmarked funds. Information on the proportion of MoH funding for recurrent cost out of total GoG was not yet available even though the Ministry indicated that the proportion of GOG recurrent allocated to MOH is more than 11%. Finally, it was noted that the current presentation of the budget in the POW does not reflect well the government's commitment to priority programs.

Conclusions

- The implementation of needs based budgeting system should be done cautiously. An incremental approach to budgeting for new needs rather than generic needs will be more appropriate.
- Partners will provide support to the Ministry to explore the possibility of channelling the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) through the Health Account.
- Increasingly, donors will channel earmarked funds through the aid pool account and ultimately into the health fund. The Ministry will ensure that the aid pool account is released in a timely manner.
- A task team will be constituted to develop an appropriate format for presenting the budget in the programme of work.
- Rather than requesting cost estimates for individual programmes, the planning guidelines will be attached to the Programme of Work to provide an explanation of how the sector is addressing key priorities.
- The MOH will share information about the new resource allocation formula.
- Ministry of Health will participate in the Public Expenditure Tracking Survey (PETS) coordinated by Ministry of Finance and Economic Planning (MOFEP).

Capital Investment Program

It was noted that the current capital investment plan (CIP) does not provide clear indication of the progress of various project and how they related to the five year capital plan. It was agreed that this was largely a formation and presentation problem that could easily be fixed.

Conclusions

- The Ministry will develop a revised format for the presentation of the capital investment plan in the Programme of Work. This format will provide an updated review of the implementation of the plan on an annual basis and plan and also indicate progress towards the five-year capital investment plan. The CIP will also

provide a breakdown of key investment categories (e.g. primary health facilities, CHPS compounds, staff accommodation and vehicles) in deprived and not-deprived areas.

- The 2005 capital investment plan will be revised and made available as soon as possible to enable the timely release of funds.

Summary Conclusion

The Summit was considered very successful. To ensure that the program of work is adequately implemented, donors pledged to honour their commitments in a timely manner and to channel funds increasingly through the Ministry. The Ministry of Health also commits to focus efforts on key priorities and as usual will develop a schedule for monitoring the implementation of the aide memoire. Partners will also be updated continuously on the progress in the implementation of recommendations in previous aide memoires. Partners commit to start releasing funds to the Health Account upon completion of the 2005 Programme of Work in line with the conclusion reached at this summit and on the assumption that Parliament approves the sector budget proposed in the Programme of Work.

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