

**Joint Ministry of Health – Development Partners Health Summit
GIMPA Accra, 19th to 23rd November 2007
Aide Memoir**

PREAMBLE

The second Health Summit for 2007 was held from the 19th to 23rd November 2007, at the Ghana Institute of Management and Public Administration (GIMPA). The opening ceremony was chaired by Rev. Dr. Mensa Otabil, the General Overseer of the Central Gospel Church and Chancellor of the Central University College. He congratulated the Ministry of Health and Health partners for ensuring that the 2008 programme of work has significant focus on the poor, children and mothers. He stressed the need for intersectoral action for health particularly in the development of infrastructure for promoting the regenerative health concept.

Health Development Partners also congratulated the Ministry of Health on the timely completion of the 2008 Programme of Work and welcomed the new approach towards making it increasingly agency specific. Partners were pleased that the High Impact Rapid Delivery Strategy has now taken off and stressed the need for substantial investments in Primary Health Care infrastructure as part of the overall efforts at realizing the Millennium Development Goals 4 and 5. In this regard Partners were concerned about the relatively low level of investment in infrastructure, equipment and logistics necessary to strengthen primary health care and in particular District Health Care Systems.

The Hon. Minister of Women and Children's Affairs, Hajia Mahama, launched the Integrated Maternal and Child Health Care Campaign and congratulated the Ministry of Health for promoting intersectoral collaboration. She invited partners to join in the campaign. She also stressed the need for a more concerted and strategic approach to ensure a reduction in maternal mortality through reducing the delays that women face in accessing life saving services.

In his keynote address, the Hon. Minister of Health commended the emerging healthy, productive and more inclusive policy dialogue with Development Partners and expressed his gratitude for their technical and financial contribution to the development and implementation of the 5 Year Program of Work 2007-2011. He outlined the priorities for 2008 as follows:

- Scaling up the High Impact and Rapid Delivery Program for achieving Millennium Development Goals 4 and 5, including addressing bottlenecks to making motherhood safer.
- Addressing risk factors to ill health by scaling up the Regenerative Health and Nutrition Program in addition to expanding the value chain of health creation by introducing a structured program for health screening.

- Consolidating the gains under the National Health Insurance Scheme and refining mechanisms for identifying poor people who cannot afford the required premium and yet are not covered by the NHIS exemption package

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

2008 PROGRAMME OF WORK

The Ministry of Health tabled the 2008 Programme of Work for adoption. After discussions, Development Partners agreed on the overall policy thrust and the emphasis on agency performance. They also supported the planned accelerated implementation of selected interventions and the plans to improve productivity of human resources for health. A number of concerns were however raised and the following conclusions were arrived at as ways of improving the implementation of the 2008 Programme of Work:

Scaling Up of HIRD: Meeting MDGs 4 and 5

The programme of work defines strategies for scaling up the HIRD and this has been fully provided for under the 2008 budget. The health systems strengthening under the programme of work also supports the HIRD scale up. The focus will be on improving family planning, maternal health and provision of emergency obstetric and newborn care.

The meeting was informed that regional and district specific plans for scaling up the HIRD, which include the private sector, have been developed. A comprehensive mapping of essential equipment requirement has been undertaken and a proposal for procurement has been developed and submitted. Partners noted that substantial earmarked funding remains unallocated with possibilities to further contribute to the successful implementation of the scale up strategy.

It was agreed that the monitoring and evaluation component of the strategy needs to be strengthened and this may require technical assistance. The meeting was informed that the on-going maternal mortality survey and the planned DHS in 2008 will offer further opportunities to obtain more recent information on maternal, infant and child mortality. These surveys will provide more information, including baseline information on maternal mortality, to strengthen the Monitoring and Evaluation component of the HIRD scale up. The general human resource constraint in the health sector was also raised as a possible challenge to the successful scale up of the HIRD programme.

The following next steps were agreed on:

- UNICEF will provide technical assistance for the implementation of the Monitoring and Evaluation component of the scale up of the HIRD.
- Ministry of Health will work with earmarked donors to align earmarked funds within the budget to accelerate progress towards MDGs 4 and 5.

▪ **HIV/AIDS**

Partners expressed the wish for a stronger participation of the Ghana AIDS Commission in the health summit as this would have provided opportunity to strengthen the HIV/AIDS component of the 2008 POW. Partners noted that the 2008 target for HIV positive clients to be put on ARVs was ambitious and needed to be reviewed. The inability of HIV patients to pay the GH¢5.00 or GH¢30.00 monthly fee for ARVs from the public and private sectors respectively was raised. The meeting was informed that at their latest meeting the Global Fund Country Coordinating Mechanism (CCM) called for a review of these fees.

Partners expressed the need for a better reflection of the budgetary needs and available funding for HIV/AIDS in the 2008 budget. The following steps were agreed on:

- Budget for HIV/AIDS to be reviewed to reflect all sources of funding.
- Policy proposal on the free provision of ARVs to be developed by the Ministry of Health in consultation with the Global Fund CCM by the end of the second quarter of 2008.
- 2008 POW targets for HIV positive clients receiving ARVs to be reviewed.

▪ **Mental Health**

The meeting noted the challenges in implementing the Mental Health component of the programme of work. These include the high operational costs and the limited possibilities of generating funds internally. Budget for psychiatric drugs and the staffing situation of the psychiatric institutions were also noted as challenges. Concerns were raised about the funding of psychiatric services and the resultant debts owed to suppliers of these institutions.

The meeting was informed about the resolution of debts of the psychiatric hospitals and about the measures taken to resolve the staff shortages. These include increased intake of the Psychiatric Nurses Training Schools, modification of the curriculum of the Medical Assistants training programme and the training of Psychiatric Medical Assistants beginning in 2008. It also includes the recruitment of Clinical Psychologists and the reintroduction of the Community Psychiatric Training Programme.

▪ **Human Resource For Health**

The human resource challenges raised at the meeting included the continuing maldistribution of health staff. The meeting was informed that a committee on staff postings has been set up and this has led to some encouraging early results on staff placement in the health sector. The major problems however have been the lack of appropriate accommodation and the difficulty in the implementation of the Deprived Area Incentive Package. The meeting was also informed of the preliminary results of the health workers census.

The meeting agreed on the need for the Ministry of Health to:

- Disseminate existing forms of incentive to support the staff redistribution drive by the end of 2008. These include, for example, the fast track promotion and training.
- Step up collaboration with District Assemblies in the areas of sponsorship and development of staff housing.

▪ **Capital Investment Plan**

The Capital Investment Plan (CIP III) was presented at the summit. Currently the plan is at a technical level undergoing prioritization and will be submitted to the Minister of Health for approval by the end of the second quarter of 2008. The meeting was also informed that the Monitoring and evaluation component of the annual CIP will be put on the agenda of the Project Committee of the Ministry of Health that meets every three months.

The Capital Investment Development Model developed and piloted in the Volta Region and tested in six other regions was discussed. It is currently being extended to all other regions and eventually to the district level. Data from these sites are being collated into one document and will guide the development of the CIP of the next Five Year Programme of Work.

▪ **Community Based Health Planning and Services (CHPS)**

During the health summit the position of the Ministry of Health concerning the role of the District Assemblies in the implementation of the Community Based Health Planning and Services was clarified. While the Ministry of Health was to provide equipment and training of staff, the District Assemblies will bear the cost of construction of the compounds as much as possible. Partners agreed that this position should be clearly communicated and negotiated with the Ministry of Local Government and Rural Development and Environment. The Ministry of Health was therefore tasked to:

- Engage the MLGRDE and communicate this position to them by the end of the first quarter 2008.

▪ **Intersectoral Collaboration**

Although intersectoral collaboration exists around issues such as guinea worm eradication and National Immunization Days in the health sector, the need to strengthen it further was raised. It was also noted that Intersectoral Collaboration was not limited to MDAs and that Development Partners have a positive role to play in promoting collaboration. The MoH/GHS strategy for Adolescent Sexual reproductive Health (ASRH) could be an opportunity for further intersectoral collaboration. To take the concept forward, the meeting agreed that:

- Development partners will identify opportunities for promoting intersectoral collaboration among MDAs and make this information available to inform the next planning cycle.

▪ **Gender Mainstreaming**

Partners appreciated the efforts of the Ghana Health Service to operationalise the guidelines on gender and the appointment of two gender focal points in each region. It was however regretted that the draft gender policy of the Ministry of Health has not been finalized as was indicated in the POW 2006.

Partners were further encouraged by the appointment of the Director of Administration as the Gender Focal Point for the Ministry of Health and appreciated the plans to establish gender budgeting as mentioned in the 2007 budget statement.

The meeting called on the Ministry of Health to:

- Finalize and approve the Gender Policy by the end of the first quarter 2008 and use it to guide the implementation of the 2008 POW

▪ **Exemptions**

Exemptions in the health sector have been implemented since the introduction of user fees. This covered public health interventions including family planning and supervised deliveries, clinical care for the poor and aged and health care for children under five years. It was generally recognized that previous attempts to implement these policies have proven difficult and in recognition of this, government is exploring the possibility of extending the existing provisions under the NHIS law to include all children under 18 years, irrespective of the registration status of their parents. The current law provides only for children whose parents are registered and thus may exclude some children in real need whose parents cannot afford premiums and yet cannot be classified as indigents. There is the need to develop a mechanism for identifying these people and subsidizing their premium.

Given that the premium for children is provided for under the NHIF formula for disbursement, the only obstacle to getting children to benefit from the NHI is the registration of their parents. In view of this the meeting acknowledged the ongoing process of decoupling the registration of children from parents and emphasized the importance of this issue. Analysis to support decision on this is at an advanced stage but further advocacy and technical input to change the law are required.

The meeting also endorsed the proposal by the Ministry of Health to test new ways for identifying the poor under the National Health Insurance Scheme. The following next steps were agreed on:

- Ministry of Health will complete the analysis of the financial sustainability of the NHIS with support from ILO. Based on the evidence the ministry will submit an options paper to cabinet on decoupling of children under 18 years from parents registration by the end of the first quarter.
- The Ministry of Health will develop and disseminate a policy brief on exemptions by the end of the second quarter of 2008.
- The Ministry of Health will initiate steps to map out new ways of identifying the poor as indicated in the 2008 POW.
- Meanwhile steps to increase enrollment into the NHIS including publicizing benefits to children will be pursued by National Health Insurance Authority

▪ **Financial Management**

The importance of good public finance management for sector performance was recognized. The meeting was informed of the steps that will be initiated during the year to improve financial management. These include:

- Further decentralization of the inputting of the payroll
- Improved implementation of audit recommendations by setting up of audit implementation committees at the BMC level.
- Establishing budget committees
- Strengthening the internal audit system
- Improve timeliness of financial reporting

The review of the Accounting Treasury and Financial rules was also called for since Financial Administration Act, 2003 (Act 650) has made some provisions in the rules obsolete.

As part of the step to improve financial decentralization, the representative of the Ministry of Finance confirmed that the disbursement of Item 3 of the consolidated funds to the districts will be in the same form as in Item 2 starting in 2008.

It was agreed that some partners will provide technical and financial support to the Ministry of Health to:

- Conduct a needs assessment as the basis for PFM strengthening in the health sector by the end of the second quarter 2008.

▪ **The Results Matrix of the POW**

It was recognized that the monitoring framework of the POW 2007-2011 had been discussed in a number of meetings and was considered as finalized. However there was still the need to review the five year and annual targets and to develop the baseline for a few indicators. There was also the need to define the modalities for measuring them through the routine information system, the DHS 2008 and the MICS.

It was agreed that the Ministry of Health will continue the internal and external consultation to fine tune the targets for the five year period.

▪ **Finalizing the 2008 Budget**

The meeting agreed on the need to finalize the 2008 budget by 15th December 2007 without funding gaps for Items 2, 3 and 4. However for Item 1 a gap may remain for which a supplementary allocation may be requested from Government.

The ministry appealed for additional funding to help rebuild the health infrastructure in the three northern regions which were destroyed by the recent floods and for a mass vaccination campaign to avoid possible epidemic of CSM.

On earmarked funds it was agreed that there was the need to define a process for confirming the earmarked funds noting the differences in budget cycle of various partners. In this direction the Ministry of Health was requested to:

- Consult with development partners to confirm allocations for earmarked funding by 15th December 2007.

Adoption of the 2008 Programme of Work

Based on the above discussions and clarifications, Development Partners agreed in principle to adopt the 2008 programme of work with the incorporation of the issues raised above, including the finalization of the 2008 budget and the 2008 performance monitoring framework.

THE FIVE YEAR PROGRAMME OF WORK 2007 – 2011

The meeting was informed that the 5YPOW (2007-2011) has been completed and at the stage of final editing. Partners expressed the need to ensure that the five year targets are finalized before the document goes to the printers.

2007 ANNUAL REVIEW

The review of the POW 2007 is expected to take place during the first quarter of 2008. The 2006 review suggested new approaches and the meeting agreed that the first week in January should be used to discuss the proposal.

FOLLOW UP ON AIDE MEMOIR RECOMMENDATIONS

Update on previous aide memoir recommendations was shared with partners before the summit. Although some points were raised on the matrix, there was not enough time to discuss them in detail. It was proposed that this will be done during the next business meeting.

SIGNATURES

Government of Ghana:

Hon. Gladys Ashitey

Hon. Deputy Minister of Health
Ministry of Health, Ghana

Development Partners:

Dörthe Wacker

First Secretary
European Commission, Ghana

H. E. Flemming Bjørk Pedersen

Ambassador
Royal Danish Embassy, Ghana

Formatted: Swedish (Sweden)

H.E. Lidi Rimmelzwaal

Ambassador
Embassy of the Kingdom of the Netherlands
EKN/DFID, Ghana

Ian McFarlane

Deputy Representative
UNFPA, Ghana

Katherine A Bain

Ghana Country Programme Manager
The World Bank, Ghana

Robert Hellyer

Mission Director
USAID, Ghana

H.E. Masamichi Ishikawa

Ambassador

Embassy of Japan, Ghana

Yasmin Ali Haque

Representative

UNICEF, Ghana

Joaquim Saweka

Country Representative

WHO, Ghana

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