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

AIDE MEMOIRE

17 – 20 April, 2007

Joint Ministry of Health –Development Partners' Summit
Executive Hostel Conference Centre, GIMPA Accra,
17th - 20th April 2007
Aide Memoir

PREAMBLE

The 2007 Health Summit was held from the 17th to the 20th of April 2007 at the Ghana Institute of Management and Public Administration. The opening ceremony was chaired by Mrs. Mary Chinery-Hesse, Chief Advisor to his Excellency the President of the Republic of Ghana. She congratulated the Ministry of Health (MOH) and Development Partners (DPs) for coming together to review performance and to chart the way forward. She stressed the need for information sharing as critical to the partnership and the need for the health sector to maintain industrial harmony to enhance performance.

The DPs congratulated the MOH on the new vision with a choice for wider focus on disease prevention and health promotion rather than focusing on medical oriented care by qualified health personnel only. DPs reiterated the fact that good quality institutional care needs to be complemented by healthy lifestyles in many other areas such as environment, nutrition, reproductive health, water and sanitation among others. The year 2006 presented a picture of mixed performance. DPs, however, welcomed the real improvement in the field of nutrition and its potential to improve child survival. The challenge for maintaining the pro-poor focus of the National Health Insurance Scheme (NHIS) and the need to ensure that the shift from basket funding to budget support does not result in less total funding to the sector were raised as major concerns.

In his address, the Hon. Minister of Health reminded the meeting of the continuing burden of diseases dominated by preventable, easily treatable and persistent childhood communicable diseases. He also mentioned the increasing levels of non-communicable diseases mainly associated with lifestyle and poor eating habits of Ghanaians and called for support for the health sector's drive for life style changes and the adoption of healthier habits by individuals, families and communities. He requested DPs to reflect on their support and begin to make the Paris Declaration a reality in the health sector. He called on DPs to respond and not to prescribe, and commit to the long term health development.

The findings of the draft Independent Review of Programme of Work 2006 (POW 2006) were presented and discussed. The review has focussed on progress towards the health related MDGs. No additional in-depth reviews were undertaken. The financial section of the draft review report is based on preliminary data.

This aide memoir reflects the conclusions and consensus reached at the business meeting between the MOH and DPs and outlines key steps to be taken in the short to medium term to improve performance of the health sector. It also reflects the collective responsibility of government and Development Partners in the health sector for ensuring

the availability of agreed resources for implementation and for monitoring and evaluation of the programme of work.

HEALTHY LIFESTYLES AND ENVIRONMENT

The meeting agreed that the regenerative health programme as presented at the summit was a more comprehensive programme that goes beyond the control of non communicable diseases. It also noted the need for a more comprehensive social and behavioral change and requests the MOH to examine the capacity of the health promotion unit in the scheme of things.

The meeting discussed the role of other sectors, particularly the Ministry of Education, since behavioral changes best approached from the formative years. It was agreed that the role of the National Health Insurance Fund (NHIF) should be more defined since it is in the interest of the Fund to support health promotion. The MOH will explore the possibility of earmarking a percentage of the NHIF for health promotion, while paying attention to issues of sustainability of the NHIS. In addition the MOH is considering the creation of a special fund to deal with financing of unexpected epidemics, incidental payments for assistance, to cater for delayed disbursements of funds and even the possibility to use it for the construction of CHPS compounds.

SCALING UP OF SERVICES

The meeting recognized the urgent need to address the high maternal, infant and under-five mortality, and taking cognizance of the results of the bottleneck analysis in costing the 5-Year PPOW (MBB), as well as the need to scale up priority cost-effective interventions under the High Impact, Rapid Delivery (HIRD) strategy, made the following recommendations:

- Accelerate the planning and resource allocation process such that implementation of HIRD activities can be expanded to the remaining six regions of the country. Specifically plans will be available for all regions by September 2007 and scale up will depend on resource availability, while taking steps to build on the foundations laid in the four original regions
- Align the HIRD planning and budgeting process with district-level MTEF processes for 2008. Consequently district-level HIRD plans and budgets for 2008 will be developed in May/June 2007 in order to feed into district MTEF
- Initiate steps to improve upon the supervision, monitoring and evaluation components of the HIRD by using the established HIRD monitoring framework.
- Plan for an integrated "Maternal and Child Health Campaign" late in 2007, to provide ITNs to all pregnant women and infants (under one year, i.e. those infants born subsequent to the Nov/06 campaign); vitamin A supplements; de-worming; birth registration; (plus polio if necessary); consider linking to campaign to register all children in NHIS

- Invest in Basic and Emergency Obstetric Care in a systematic manner after a review of the costed 5-Year Strategic RCH Plan to ensure that it fits into the 5 Year POW
- Undertake a small area variation analysis of capacities and performance in all regions as a basis for improving targeting of services to the poor and most vulnerable.
- Develop a comprehensive IEC/BCC and social mobilization strategy to promote better utilization of health services.
- Integrate mental health care more fully into the general health care system, emphasizing community-based care.

HEALTH SYSTEMS CAPACITY DEVELOPMENT

Strengthening health systems is critical for increasing efficiency and effectiveness in the execution of health promotion activities, disease control programmes, curative and rehabilitative health programmes as well as in the governance of the health sector. This is especially so in an environment with resource constraints and a demand for more accountability and results with a focus on the MDG's.

The meeting agreed that the main areas where strengthening is important in the short to medium term are human resource management, the development of the health management information systems (HMIS), institutional care, infrastructure development, and district health systems. The following next steps were agreed on:

Human Resources for Health

- Complete the strategic plan for human resources for health (HRH) before the end of June 2007 to serve as input for the development of POW 2008.
- Monitor the impact of salary increases (including support staff) on retention, distribution, motivation and productivity in the health sector.
- Increase the number of facilities in which health staff are provided with practical training and monitor quality of graduates of expanded training programmes of staff
- Start the measurement of performance in human resource management using the proposed indicators in the annual review report (box 14, pp 58)

Health Management Information System

- Accelerate development of the comprehensive HMIS plan as part of the POW 2007-11 to rationalize health data collection.
- Use the of demographic surveillance sites to track key MDG indicators.

Health Infrastructure

Partners welcome progress made in formulating the capital investment plan (CIP) based on three scenarios: i) maintaining the current levels of services; ii) limiting expansion of

health infrastructure and services and; iii) fully expanding the health infrastructure and services. Partners agreed to support the Ministry of Health to complete the plan.

GOVERNANCE

The issues of governance centered on the clarification of the responsibilities between MOH and Ghana Health Services (GH) and to some extend also NHIS. These, the meeting was informed, were still being addressed by the government and it was expected that the issues will be addressed by the revision of the laws. Likewise the Act 525 and the law on decentralization still needs to be fully reconciled, although integrating health service delivery into the local government system is steadily progressing.

The meeting very much appreciated the increased focus of the MOH on performance management and called for the refining of the annual review process in the next Common Management Arrangement (CMA).

The mechanism for inter sectoral collaboration was highlighted with an agreement that it should be issues-based. It is expected that the NDPC will provide leadership through regular meetings on intersectoral issues. Similarly District Administrations are expected to provide leadership at the district level to promote intersectoral engagement. DPs working across other sectors should help to promote instersectoral dialogue within their agencies and programmes.

FINANCING THE HEALTH SECTOR

The presentations and rich discussions on the financing of the sector (POW 2006, MBB, NHA and NHIS, financing scenarios of the POW 2007-2011) demonstrated the increasingly complex financing architecture of the sector. In addition, the amount of non-earmarked donor funding available to the Ministry of Health has decreased as donors contributing to the health fund are either earmarking or moving their support to general budget support (GBS). This shift to GBS as well as introduction of NHIF has led to an increase in total GOG funding. Earmarked funding has become an increasing part of direct donor funding to the sector.

While GOG funding for the sector is increasing, most of the increases has gone to item 1 without a concurrent increase to items 2, 3 and 4. The 5YPOW III proposes strategies for addressing this issue by: i) holding the growth of salaries to inflation; ii) limiting growth in numbers of staff; and iii) improving efficiency and labour productivity.

Challenges in planning and budgeting as well as difficulty in accurately predicting the resource envelope distort the credibility of the budget. Lack of predictability of disbursements contributes to a lack of budget discipline and difficulties with accountability and continues to be a constraint to providing quality health care. Although predictability of disbursements by the MOFEP is improving, more needs to be

done by MOFEP, MoH and Development Partners to ensure timely release of funds. In addition, a large portion of earmarked funding for item 3 is not filling a financing gap. Development partners reaffirmed their commitment to the Paris declaration and to reduce the amount of earmarked funding and to using Government systems in as much as possible.

The lack of fiscal space for the sector was discussed. The MOH and Development Partners to advocate for government to allocate funds to the sector as agreed in the Abuja Target. However it was indicated that it is unlikely that Government allocations to the sector would be able to exceed 15% of the total budget. Additional resources, therefore, can only come from economic growth, taking out loans, and improving efficiency including by tackling resource wastage in the sector. The MOH projects that expenditures can reach an annual per capita of $28 per year as calculated under scenario one of the resource projections of the 5YPOW III.

The MOH informed the group that the Public Expenditure Tracking Survey (PETS) is being coordinated by the MOFEP and that data collection and analysis will be completed by the end 2007. PETS is a key priority for improving the effectiveness of public resources and achieving social outcomes. The PETS includes the tracking of expenditures under Item 3 on drugs. Financial flows through the NHIS are being considered for inclusion.

The 30 billions CEDIS debt owed to the Central Medical Stores is gradually reduced by direct transfers from the MOH. This will pay off the debts of health facilities with Regional Medical Stores and make purchases from RMS possible again.

NHIS and Pro-poor Issues

The Executive Secretary of the National Health Insurance Council presented the current situation in the NHIF as well as its plan for the future. The Executive Secretary indicated that increasing the percentage of those who are enrolled have ID cards is a priority. Cabinet is expected to approve the addition of free coverage for all 10 million children under 18, de-linking it from registration of their parents.

Concern remained about the financing of health care for the poor. The law is clear on what the NHIF should pay for, and for whom. Nonetheless, the Executive Secretary agreed that there is scope for improving the identification and registration of the poor.

Plans to increase efficiency, especially by improving claims management, increased DPs confidence about the long term sustainability of the NHIF. Some of the concerns are due to lack of information sharing on the financial status of the NHIS/NHIF. Development Partners requested an increase in the sharing of financial and other reports on the NHIS/NHIF. The Executive Director explained that, according to statutory obligation, the audited financial statement in December 2006 had been presented to Parliament and is public. The FY 2006 audit has begun and is expected to be completed by June 2007.

The long awaited strategic business plan for the NHIS will soon be presented to the Minister and his staff and will also be shared with Development Partners.

The meeting agreed on the following next steps:

- To deal with the increasing complexity of aid architecture, the MOH will set up a Health Financing Task Force that will review the current situation and prepare a health financing strategy by December 31, 2007.
- The MOH will organize a workshop on efficiency gains and to identify fiscal space for reallocation of resources
- Under leadership of the Chief Director MOH, a meeting will be organized and bilateral discussions held to increase the amount of earmarked funding filling a gap. This should increase the efficiency of resource allocation in the 2008 POW.
- MOH and Development Partners will collaborate to finance and pilot a programme for subsidizing registration of the poor who are not classified as indigents under the NHIS.

ANALYTICAL WORK

The meeting was informed about the planned Ghana Health and Poverty Country Status Report which is expected to be completed in July 2008, in consultation with Development Partners. In addition a study on socio economic status of people enrolled in the National Health Insurance Scheme will be commissioned before the end of the year. A meeting will be called to reprioritize other outstanding studies identified in previous aide memoirs.

COMPLETION OF DOCUMENTS

The current version of the 5-year POW 2007-2011 is nearly completed. However milestones and resource allocation targets have yet to be inserted, and some fine-tuning of the scenarios with inputs from the HRH strategic plan, the CIP and the strategic business plan of the NHIS is required. This is expected to be completed by the next business meeting scheduled for 2nd August 2007.

Development Partners agreed to submit, no later than May 2007, information on their future annual financial contributions for the POW 2008 and the Five Year Programme of Work (2007-2011).

Development of the CMA had been postponed until the POW 2007-2011 had been further developed. Now that this is almost ready, discussions on the development of the CMA will be re-started such that a draft would be ready for discussion at the next business meeting.

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