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Joint Ministry of Health-Health Partners

Summit, Accra

2nd – 4th December 2003

AIDE MEMOIRE

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Introduction

The Ministry of Health, its agencies and development partners held a summit at the Miklin Hotel, from 2 to 4 December 2003 to review and agree the Programme of Work and resource envelope for 2004. The summit provided an update on key policy issues and progress in the implementation of the Community Based Health Planning and Services (CHPS), the exemptions policy, national health insurance scheme, health services performance agreements, and intersectoral collaboration. In addition, the business meeting discussed the format for financial reporting and the financial and procurement audits.

The 2004 Programme of Work

The meeting welcomed the scope of work identified in the Programme of Work 2004, and agreed on its strategic orientation and focus. The meeting also welcomed the efforts of the Ministry of Health to provide detailed information on capital investment, human resource development and procurement. The following five priority areas identified in the Programme of Work were endorsed:

- Consolidation of institutional reforms by supporting the Ministry of Health, Ghana Health Services, Teaching Hospitals and Statutory Bodies to play their complementary roles required to deliver comprehensive health services
- Promotion of a pro-poor approach to health delivery and resource allocation Scaling up the implementation of priority health interventions
- Ensuring the implementation of the national health insurance scheme
- Implementation of innovative strategies for stemming the brain drain and re- distributing health staff to deprived areas.

The financial implications of some of these initiatives did not seem to have been adequately captured in the Programme of Work. Some issues arose with respect to linking activities with the resource envelope. In particular, allocations did not adequately reflect commitments to scale up priority health interventions such as malaria, TB and HIV/AIDS.

It was agreed to:

- Review the Programme of Work reflecting a balance between resource and needs based planning as well as prepare a budget matrix that shows central allocations to programmes
- Provide details on the cost of new initiatives
- Provide specific targets for the outputs in the Programme of Work
- Develop the next PoW and its priority areas on the basis of consultation and consensus amongst all partners before finalization

The MOH and partners have agreed to work jointly to address the weaknesses identified in Programme of Work in order to facilitate early disbursements this year. However, partners will proceed with the disbursement of first quarter funds in anticipation of the final document. The MoH and partners will meet to agree the specific issues to be addressed in the programme of work, with a revised document submitted by the end of February before the second quarter funds are released.

Service delivery

The summit noted that there were significant increases in coverage of some interventions whilst others have stagnated over the period. The meeting also noted the Ministry's concern regarding the high maternal mortality rates and the worrying evidence of a looming HIV/AIDS epidemic. If current trends in maternal mortality continue, it is unlikely that Ghana will achieve the MDG targets by 2015. Secondly, given that the implementation of the TB, malaria and HIV/AIDS programmes in the country are heavily dependant on the Global Fund, the recent rejection of Ghana's proposal could potentially undermine the intentions to scale up unless other sources of funds are mobilised to fill the gap or a resubmission is approved.

However, it was considered a positive effort on the part of MoH to prioritise and scale up the implementation of priority health programmes in 2004. The meeting noted that efficacious interventions for all the priority diseases are available and strategies for scaling up programme implementation have been developed as reflected in the sections in the aide memoire. The Community Based Health Planning & Services (CHPS), and the hospital strategy were also seen as fundamental systems for making services available and their implementation should be expedited. All partners agreed to work together to:

- Scale up and sufficiently finance the prevention and control of malaria, TB and HIV/AIDS and reduction of maternal mortality. This should be adequately reflected in the planning and budgeting framework.
- Amend the POW 2004 to clearly reflect how priority health outcomes would be financed.
- Reflect and respond to the priority accorded to the implementation of CHPS and the Hospital Strategy in the POW 2004

Financing the Sector

The preliminary resource envelope of US$223 million for the 2004 PoW that has been agreed with the Ministry of Finance and Economic Planning (MFEP) is higher than the projected resources for 2004 in the second 5-year PoW. This represents 12.9% of the government's total recurrent expenditure. Despite the significant increase in budget, the Ministry of Health predicts a budget shortfall of $70 million in 2004. How the gap is to be filled remains unclear. However the MOH is negotiating with the MFEP for additional funding and has already re-prioritised some of the additional expenditures. The meeting raised questions on how these priorities were reached and in particular the rational for reducing the allocation to HN / AIDS. The meeting further noted that resources to the sector could be increased from HIPC contributions, District Assembly common funds and the National Health Insurance scheme, which had not been reflected in the resource envelope.

An update on implementation on health insurance was provided. The main issues discussed were those related to financing the initiative and the fiscal sustainability of the program. The MOH estimates that it requires 440 billion cedis to implement the program, of which 32 billion would cover services for the poor and 211.4 billion would cover the anticipated increases in demand due to increase in insurance coverage. The MOH continues to seek financing from the MFEP.

The meeting endorsed the commitments of the MOH to the GPRS and its efforts to adopt a pro-poor formula for allocating resources to implement the health component. The exemption review further reinforced the need to better identify the poor and increase spending on exemptions to their benefit. An outstanding issue is how services for the poor will be financed in the transition to health insurance.

The meeting agreed that:

- MoH should provide clearer explanation for the resource gap, and the criteria used for re-prioritising the allocations
- In tandem, MoH and partners should identify avenues for mobilising additional resources to fund the resource gap over the period of the second programme of work The assumptions underlying the resource envelope of the five year programme of work would be re-visited and the envelope would be revised to reflect recent trends
- A meeting will be set up between MOH, agencies, MFEP and Development Partners, to discuss the budget and options for 2004
- Costing of the NHIS, including financial sustainability analysis and actuarial studies, will be undertaken
- The MoH and service provisions agencies should streamline procedures for exemptions as a priority and explore innovative approaches for identifying the poor.
- The current exemptions system should be improved to properly target the poor and indigents.

- The spending of exemptions for the poor should be shifted into the new insurance system as soon as practicable and that additional funding should be sought, perhaps from the PRSC.

Human Resource Development and Management

The persistent problems of human resource development, the shortage of staff, the mass migration of health workers and the inequitable distribution of existing staff were discussed. A variety of proposals emanating from the Human Resource Policy were also presented. This covered strategies for increasing production (including specialists), stemming the brain drain, retention and redistribution of staff. Strategies for increasing access to specialist care and decongestion of the teaching hospitals were discussed in the context of the establishment of the GCPS. The need for introducing a bonding system and options for funding training of health professionals was seen as an essential element for supporting the policy. In this regard, wide dissemination and consensus should be built on the recommendations of the human resource forum held in August 2003. The on going revision of the implementation of ADHA was duly recognized.

It was agreed that:

- A differential incentive system to attract health professionals to the most deprived areas should be implemented and systems put in place for continuous evaluation.
- Part I holders of the College of Physicians and Surgeons should be posted to institutions in the regions and districts to provide specialist care and supervised by the Teaching Hospitals.
- The training of Nurse Assistants (enrolled nurses) to augment the current shortage of
- professional nursing staff should be reintroduced
- Intake of candidates for Medical Assistants outside the existing pool of health professionals should form a greater proportion of students in training.
- A non-residential pre-service training system for Registered Nurses should be explored to increase the current intake
- In order to help shape staff distribution and retention, the introduction of paying students based on the SSNIT loan scheme and a second system of sponsoring students through the District Assemblies, should be explored
- Fiscal decentralization of Personal Emoluments should be noted with the Ministry of Finance to enable BMCs to plan and implement their human resource requirements more precisely within the context of human resource ceilings
- Community Health Nursing training is critical to meeting the targets for CHPS programme and hence extra budgetary allocations should be sought to rehabilitate or establish the schools in all regions.
- A follow-up meeting to the HR Forum will be held early in 2004

Capital Planning and Investment

The capital investment planning process is continually improving. The hospital strategy and the integrated capital investment model, which take into account HR and recurrent cost implications, were considered as positive efforts to increase the effectiveness of infrastructure development. It was noted that given the current creation of new district assemblies, the policy of "one district, one district hospital", is likely to present a major challenge to the sector as a whole. The implementation of the policy needs to be reviewed given the limited resources available to the sector and in the light of the current capital plan.

The meeting also identified the lack of adequate training facilities and inadequate accommodation for health staff as major contributors to the human resource depletion. It was agreed to give priority to rehabilitation of the Tamale Regional Hospital.

It was agreed that:

- The structure of the capital plan for 2004 should indicate the estimated total cost, the start and the finish date of each project
- The procurement and capital plans should reflect allocations to the headquarters, regions, districts and sub-districts.
- The construction of CHPS compounds in the 55 deprived districts - with emphasis on the 4 PRSP deprived regions - should be prioritized. This should be done in collaboration with local government.
- Additional sources for financing the construction of CHPS projects, e.g. district assemblies' common fund, should be explored.
- Within the programme framework of the Ghana College for Physicians and Surgeons, priority should be given to the construction of accommodation for trainees in health facilities accredited for training
- Consultations should be held among agencies (statutory bodies) and an options report provided on the feasibility of having a single facility to accommodate them all

Organization and Management

Planning and Performance Management

The initiative to introduce health service performance management contracts was widely accepted.

It was however agreed that:

- Sector plans and the sector-wide indicators and targets should be synchronized with national and international indicators and targets (with particular reference to MDGs and the GPRS)
- The performance contracting system should be implemented and linked to the annual strategic planning, monitoring and evaluation system
- National priorities and plans should be better reflected in BMC targets

Financial Management

The meeting reviewed the format for presenting the interim quarterly financial reports and agreed to use it as a basis for releasing funds. The meeting also welcomed the progress in improving financial management as reflected by the recent audit of 2002. There were however concerns about the negative impact of delay in disbursements to the districts particularly in the first half of the year. Control systems also need to be strengthened at the lower level and internal audit strengthened at all levels.

The meeting agreed that:

- MoH and Partners should work together to ensure timely disbursements of funds. To that end, Partners will front-load funds to the MoH in the first two quarters.
- MoH and Agencies should improve compliance to the ATF rules with appropriate sanctions introduced
- The implementation of the Budget and Public Expenditure Management System (BPEMS) should be hastened
- Stock valuation and fmancial reporting of the Central Medical Stores should be strengthened and included in MoH financial statements Internal audit systems should be strengthened

Procurement

It was recognized that over 70% of resources are spent on procurement. The meeting welcomed the progress in procurement as shown in the current audit. MoH plans to address the deficiencies identified in the 2002 procurement audit was welcomed.

It was agreed that:

- Stores management at all levels including the Central Medical Stores should be strengthened.
- Compliance to the existing procurement procedures should be improved in Agencies and BMCs through training

SIGNATURES

Government of Ghana:

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Partners contributing to the Health Account:

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