Joint Ministry of Health-Health Partners 2002 Review Summit Meeting.
Accra 9th – 13th June 2003

AIDE MEMOIRE

Preamble

Background

The annual review summit of the health sector was held from the 9th to 13th June, 2003 between the Ministry of Health and its agencies, the non-government sector and Health Developmental Partners. This Aide Memoir summarises the main conclusions and recommendations from the Business meeting.

The meeting discussed issues arising out of the 2002 External Review Report, and reports on three in-depth reviews: (i) Aligning the Exemptions Policy and Practice with Poverty Reduction Goals; (ii) Proposed National Health Insurance Programme; and (iii) Public Private Partnerships in Health, as well as an up-date on the sector wide indicators (June 2003). The Meeting also heard presentations on follow up actions on the Roll Back Malaria Programme and SWAps, the review of the Ghana National Drugs Programme, a health commodity pricing study which was conducted during the year, and a proposal for a telemedicine initiative.

The opening session was chaired by the Hon. Senior Minister, Mr. J. H. Mensah who commended the ministry, agencies and partners for continuing steady improvements in the delivery of health care in the country. He called on all stakeholders to refocus on rural health services and endeavour to make it attractive for health workers. He also stressed the need for such a forum to provide guidance to government on the necessary steps to provide good health care to the people of Ghana and to offer inputs into key government policies on human resource management. He called on all participants to work towards a credible and sustainable health insurance programme. He raised concerns about staff attrition and suggested that the human resource strategy of the sector should consider geographic selection of trainees and ensure that they go back to their localities to provide service.

Health partners express satisfaction with the broadening scope of participation and coordination and reflected the need for the partnership to make use of opportunities presented by the accumulated experience over the years. The challenge that some partners may move from sector to general budgetary support over time, was also raised.

Implementation framework the meeting was informed that the draft Medium Term Health Strategy has been put on hold pending the issuance of guidelines on government's medium term development planning framework by the National Development Planning Commission. It is hoped that when this is done the MTHS will be reviewed and finalised.

Health Financing

Financing and releases for the programme of work

Concerns were raised on budget disbursement performance with respect to both Government and Development partners funds. In the year 2002, disbursements to the health sector in terms of the service component of the budget were significantly less than agreed, and coupled with delayed release of funds to the periphery, led to poor performance on service delivery[1]. The meeting was informed that the issues had to do in part with the Government financial management system, i.e. delayed computerisation of the BPEMS[2], as well as the need to satisfy agreed requirements for contributing to the health fund, as referred in cf the previous Aide Memoire..

The meeting was informed that the difficulties in meeting the agreed requirements were related to the cumbersome demands in preparing the expenditure returns with the current systems available, and the particular problems associated with financial reporting and planning experienced at the central level in 2002[3]. This was p shown in articularly the need to validate every account before the final reports are prepared. It was noted that the cash flow problems are well-known and it should therefore be possible to ensure that this is not repeated. The general agreement was that ways of improving reporting should be found to facilitate releases. In this regard, the meeting agreed that a quarterly interim report should be prepared on which decisions on releases will be based.

Action:

- The scope and content of an interim financial statement should be agreed on and adopted as the basis for decisions on fund releases. A streamlined financial report format will be devised and agreed by government and partners by end 2003

- The government should start the planning and budgeting process for 2004 early in order to assure the triggers[4] for release of donor pooled funding will be met before the start of 2004.

- The quarterly business meetings will be reorganised to, among other things, discuss implementation of the Common Management Arrangements and progress against the Aide Memoire. .

Health Insurance

The meeting was informed that the Health Insurance Bill is about to be submitted to parliament. The in depth review raised some serious concerns regarding the proposed design and recommended further review of the proposed system before implementation.

[1] Based on the first six months of 2002
[2] BPEMS: Budget and Public Expenditure Management System (of Ministry of Finance)
[3] Annual plans for procurement and capital investment were significantly delayed in 2002.
[4] Requirements were spelt out in the December 2002 Aide Memoire

Specific concerns were raised over the fate of existing community health insurance schemes. Partners had expressed similar concerns on the draft bill in a letter to the Minister of Health including a technical analysis on the health insurance scheme, and offered further technical assistance in this area. The Minister assured the meeting that there was room for further discussions and review and that the concerns will be given serious consideration in the final draft and the legislative instrument.

Action:

- The Ministry of Health to ensure that all stakeholders are engaged in further dialogue on the process.
- A meeting for all stakeholder should be held by the end of July to discuss the pending Health Insurance Bill. A further meeting should be held following legislation to elaborate the legislative instrument and implementation issues.

Exemptions

Improving the exemptions system is a priority in the GPRS. The GoG is committed to using exemptions to provide services for the poor and to increase funds for this purpose by at least 10% per year[5].

Substantial studies have been conducted on the subject of exemptions. The meeting agreed that the key issues involved are (i) the efficiency with which the policy is being implemented, in particular the process of reimbursement to service delivery points; (ii) the growing demand on the exemptions fund; and (iii) the need to ensure appropriate targeting to contain costs and cover the poor. The problem of the lack of involvement of the District Assemblies was also raised as a distinct concern.

The meeting agreed that the current provision for the scheme is unlikely to grow to the level where it will meet the demand for exemptions, and therefore there is a need to re-prioritise the exemptions, particularly to ensure that sufficient funds are available to exempt the poor before other categories can be considered. This calls for increase of funds available for exemptions, allocating the exemption funds to districts based on a poverty index and an improved system for identifying the poor. One proposal was to put aside 10% of the IGF for this purpose.

Regional directors expressed serious concerns about the volume of non-reimbursed arrears and the effect this is having on continuing provision of service for exempted patients. Many hospitals have ceased exemptions due to this problem. The lack of focus on the poor was also raised as an issue and the need for communities to be involved in the monitoring of the implementation of the scheme was proposed.

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[5] See Letter of Development Policy from Ministry of Finance and Economic Planning to the President of the World Bank. 29th May 2003

Most of the technical problems regarding implementation of the exemption policy are well documented and could immediately be addressed. The outlining of a road map or action plan already agreed during the last Summit should be carried out as a matter of urgency.

Action:

- A working group involving field staff and partners to be established to review studies and proposals already put forward and present a clear road map for implementation, costing of various alternatives and assessing impact on resource distribution. This should be presented for discussion at the next business meeting in September.

HIPC funds

There seemed to be limited information on access to the HIPC funds. Participants asked for clarification on the disbursement mechanisms, whether through the Ministry of Health or through the District Assemblies. The meeting was informed that a Cabinet Sub Committee was looking at its allocation. It was proposed that allocation for the health sector should cover, in addition to the CHPS programme and health insurance, staff accommodation in deprived areas, expansion and creation of Community Health Nurses Training Schools, and rehabilitation and upgrading of facilities in line with the model facilities initiative. The funding of exemptions particularly for the poor and reducing the impact of malnutrition should also be considered under the funds. It was also agreed that regions and districts will need to develop capacity to access the funds at the local level.

Action:

- The Ministry of Health will review the scope of application of the fund to cover other areas agreed on by the meeting including exemption funding and the initiative on reducing malnutrition. The MOH will take those proposals to the relevant authorities for approval.

Sector performance

Report on performance was subjected to critical analysis and the inconsistencies in reported performance levels were noted. Reported performance levels over 100% coverage were raised as a matter of concern and the need to seek clarification and adjustment as quickly as possible.

The need to involve the local government structures, the private sector and in particular, clients and consumers of health services in the performance review process at all levels was also discussed. This is to ensure accountability to the community in the use of health resources and the provision of health services. .

Priority public health activities (Maternal and Child Health, Tuberculosis, Malaria etc) need further emphasis and should be scaled up in order to achieve the Millennium Development Goals as mentioned in the GPRS.

It was also suggested that analysis of the total recurrent expenditure per capita by regions and districts should be included to be able to effectively track progress in bridging the inequality gap.

Action:

- Inter and intra agency performance based modalities of management, e.g. performance contracts and service level agreements, should be re-introduced and modalities for doing so should be developed, discussed and adopted by the next summit.

- Guidelines on reporting on the sectorwide indicators should be developed and staff responsible for reporting trained on the appropriate use to ensure that standardized reporting is achieved.

- A data adjustment meeting should be held by the end of August to review and adjust all reported performance levels based on the sector-wide indicators in 2002.

- Funding should be sought to conduct a coverage survey as soon as possible to provide reference for the reported performance levels.

- Performance hearings should be re-formatted to involve the DA and the private sector as well as ensure the consumer perspective better.

Service delivery

The meeting noted with concern the low utilisation of services as indicated by the apparent stagnation of most of the service indicators. However it was also observed that in some instances there was work overload due to staff shortages. Several reasons were given and these included the slow rate of implementation of the Community Based Health Planning and Services, private sector involvement and the pricing of commodities and services.

The partners welcomed government's assurance that the long standing difficulties in defining roles and responsibilities for MOH and GHS were coming to an end, as the prevailing situation had not been conducive to improving performance.

The Review Report highlights the need for a differentiated approach across districts, making analysis of the specified problems in each district the foundation for plans and solutions rather than rolling out centrally planned initiatives.

CHPS and demand creation and human resource implication

The implementation of the close to client policy through the Community Based Health Planning and Services is closely linked to the availability of Community Health Nurses. Within the Ghana Health Service the principle of a Community Health Nurses Training School in every region is being promoted and efforts are being made to use available resources at the regional level.

The meeting noted that there has been inadequate preparations for the development of the Community Health Nurses Training Schools in the regions. However the package of services has been defined. To ensure effective ownership, it was suggested that there be close collaboration with the local government system. Such collaboration should engender full community involvement in the programme and should cover the nomination, training and retention of Community Health Nurses for the programme.

Concerns on the level of resources, and logistics support for the programme was raised and the need for interagency action in the establishment of CHPS zones was proposed.

Action:

- Steps should be taken to integrate the CHPS programme with district plans and programmes. Such plans should include the required resources including human resource. The district plans should be endorsed by the District Chief Executive and forwarded to the Director General for ministerial action.

- The proper involvement of communities is an important pre-condition for the effectiveness of CHPS and should not be compromised when rolling out the programme. This may imply a slower pace than originally planned.

- A diagnosis, and where appropriate, rationalisation, of existing health system facilities, infrastructure and staffing should be made prior to the establishment of CHPS to ensure efficiency of resources.

- The MoH should establish dialogue with the Ministry of Local Government on the Community Based Health Planning and Services to solicit more active involvement of the District Assemblies.

- A strategic framework for the development of CHPS and Community Health Nurses Training Schools should be prepared by the next summit. This will include steps to rationalise the CHPS programme by targeting underserved areas.

Hospital Strategy

The meeting was concerned about the poorly defined roles of the hospitals and the poor referral systems. The Review Report highlights the inefficiencies and under utilization of

bed capacity in regional and district hospitals and the over stretched capacity at the Teaching Hospitals.

The need to rationalise the utilisation of health facilities was discussed and the lack of specialists at the regional level was raised as a constraint in enforcing the referral system.

Action:

- The completion and dissemination of the Hospital Strategy Document to be undertaken as a priority. This would include addressing rationalisation of the existing infrastructure by the next business meeting.

Steps should be taken to post specialists to the regional hospitals to provide required specialist services to support district hospitals.

Private sector involvement

The involvement of the private sector in service delivery is seen as a major strategy for increasing access, improving quality and reducing the patient load on the public health sector. The meeting was informed that the Private Health Sector Policy has been approved by Cabinet. This needs to be operationalised by developing a framework for contracting of services.

There was a general agreement on the need to establish a performance agreement system between the ministry and its agencies and the private sector.

Action:

- The Ministry of Health will define a contracting framework to enable performance contracts to be signed between service agencies and practitioners, including financial agreements.
- The pending MOU with CHAG will be finalised and signed before the next summit.

A strategic plan to operationalise the Private Health Sector Policy document will be developed and consensus built among stakeholders

The MOH and its agencies should create a forum to regularly engage the private sector at all levels within the framework of the existing institutional arrangement.

Health commodity and service pricing

A significant price differential was observed across regions and service delivery points in relation to the cost of health commodities, including drugs purchased from the Central Medical Store System. It is clear that although a policy for setting margins was established, this was not complied with. This was reported to be due in part to the effects

of the low level of reimbursements under the exemptions scheme and the existing weak monitoring and enforcement system.

It was also observed that the procurement system was not stringent enough and prices of drugs, cited at an international forum, to be significantly above international prices even when generic drugs were involved. It was thus suggested that the scope for post procurement tender negotiations should be explored.

Other measures to control prices of commodities and services were proposed. These included the need to monitor the mark-up system at every level, the need to improve financing and cash flow at service delivery points, and the provision of adequate information to consumers and the general public on service costs in health facilities.

Finally, the need to make the operations of CMS more efficient was again highlighted. The meeting reiterated the need for government to speed up the process of reorganising the Central Medical Stores.

Action:

- Steps to be taken to review the Pricing policy to cover health commodities and services.
- The recommended price system should be introduced and supported by a strong monitoring system.
- Steps should be taken to improve financing and cash flow at the service delivery points
- Information on service and drug charges should be made available to consumers as part of the quality assurance system.
- The ministry of health should step up advocacy on reduction of tariffs on health commodities.

Human resource development

Serious concerns were raised on the inability of the system to retain trained health staff.

The Review Report points to the scope of redistributing staff from facilities with low case load to facilities with higher load as part of the solution. It also highlights the scope for increasing the production of certain cadres that are less likely to leave the country, e.g. Medical Assistants. Participants also expressed the desire to progress towards full decentralisation of human resource management in order to make rational and efficient use of resources and facilitate redistribution.

The planned incentive package is yet to be fully developed, financed and implemented. The redistribution of staff to the poorer regions stipulated in the GPRS is also yet to take place. However, the funding for the incentive package is included as part of PRSC and is to be included in the 2004 budget.

A proposal on Tele-health was presented and discussed. However participants were of the opinion that although this initiative holds immense promise, care should be taken not to divert resources for service delivery in support of the programme.

It was agreed that the Ministry of Health would proceed with plans to hold a forum on Human Resources with support from the Rockefeller Foundation. Partners expressed strong support to this idea and a willingness to provide assistance if required. The objective of the forum would be to involve a broad group of stakeholders in discussions on the brain drain, the human resource strategy and other human resource issues to be implemented during POW II and beyond.

Action:

- The Ministry of Health to hold a forum on strategies for improving the human resource for health particularly in terms of retention, distribution and skills.
- The proposal to initiate a pilot project on Tele-health to be followed up as a strategy to train more health personnel through the distant learning approach.

Capital planning

Tamale Regional Hospital

Extensive discussions were held on the current state and status of the Tamale Regional Hospital. It was agreed that the hospital will be rehabilitated for service delivery and for teaching. There is the need also to refurbish the existing old structures of the Tamale West Hospital to allow for transfer of patients to give way for the rehabilitation of the regional hospital. Concern was raised over reports of plans to build a new Regional Hospital in Wa, despite the much higher priority of rehabilitating Tamale Hospital.

Action:

- The capital works on the Tamale Regional Hospital to be reprioritised and captured in the investment plan of the health sector. This would imply reprioritisation of other capital investments unless additional funds were forthcoming.
- An allocation of USD200,000 will be made from the health fund to cater for minor repairs this year.

Annual review

It was agreed that this years' review may have benefited from more consultations and earlier finalisation of key documents.

Action:

- Reports of future reviews should be made available on time to allow the MoH and Partners to review the reports and internalise the contents for more fruitful discussions at the summit.

The Chief Director should assign responsibilities for carrying forward the different action points in this Aide Memoir.

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