



MINISTRY OF HEALTH  
REPUBLIC OF GHANA

**COMMON MANAGEMENT ARRANGEMENTS  
FOR IMPLEMENTATION OF THE HEALTH  
SECTOR MEDIUM-TERM DEVELOPMENT  
PLAN (2022-2025)**

**OCTOBER 2023**

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## **Abbreviations and Acronyms**

BCA	Basic Cooperation Agreement
BMC	Budget Management Centre
CCM	Country Coordinating Mechanism of the Global Fund
CHAG	Christian Health Association of Ghana
CMA	Common Management Arrangement
CSOs	Civil Society Organisations
DPs	Development Partners
GAC	Ghana Aids Commission
GAQHI	Ghana Association of Quasi Health Institutions
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GHS	Ghana Health Service
GoG	Government of Ghana
HSMTDP	Health Sector Medium Term Development Plan
IALC	Inter-Agency Leadership Committee
ICCs	Inter-Agency Coordinating Committees
IGF	Internally Generated Funds
MDAs	Ministries, Departments and Agencies
MDBS	Multi-Donor Budget Support
M&E	Monitoring and Evaluation
MOFEP	Ministry of Finance and Economic Planning
MoH	Ministry of Health
NDPC	National Development Planning Commission
NGOs	Non-Governmental Organisations
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
PAF	Performance Assessment Framework
PFM	Public Financial Management
POW	Programme of Work
PPA	Public Procurement Authority
PPME	Policy Planning, Monitoring and Evaluation
SBS	Sector Budget Support

SWAp	Sector Wide Approach
SWG	Sector Working Group
TB	Tuberculosis
VFM	Value for Money

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We would like to thank the Technical Working Group, led by Dr. Eric Nsiah-Boateng for the development of this Common Management Arrangements (CMA).

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# **1.0 Introduction**

## **1.1 Background**

This Common Management Arrangements (2022-2025) set out arrangements for effective collaboration and coordination within the health sector. It describes interrelationships within the health sector. It is aimed at ensuring effective achievement of the Health Sector Medium Term Development Plan (HSMTDP 2022-2025). The CMA is guided by sector legislations, mandate, policies and procedures as well as key developments in the international and national aid architecture as reflected in the current National Medium Term Policy Framework, the revised National Health Policy (NHP, 2020), the Universal Health Coverage (UHC) Roadmap for Ghana (2020-2030), as well as other Global Policy environments.

Under the guidance of the National Development Planning Commission (NDPC), the Ministry of Health together with other MDAs developed a new HSMTDP for the period 2022-2025). The HSMTDP is aligned to the current National Medium-Term Development Policy Framework (2022-2025), which is developed with a view to improving the living standards of people in Ghana. While the HSMTDP 2022-2025 sets out the direction for the sector for the next four years in terms of policy and key implementation strategies, the CMA 2022-2025 focuses on the collaboration arrangements, which need to be in place in the sector for the policies outlined in the HSMTDP to be successfully implemented.

All stakeholders in the health sector will be expected to comply with arrangements set out in this CMA. On an annual basis, and in line with the principles of mutual accountability, sector partners and other stakeholders will undergo a peer review exercise to assess their level of compliance with the CMAs key principles.

## **1.2 Purpose**

The purpose of the Common Management Arrangement is to support implementation of the HSMTDP(2022-2025) by spelling out modalities for effective collaboration and coordination of all processes and activities within the health sector and describe interrelationships, roles and responsibilities within the health sector.

## **1.3 Objectives**

The broad objectives are as follows:

1. Provide a framework that facilitates coordination and dialogue in the health sector
2. Provide modalities for effective implementation of health sector programs
3. Integrate plans and resources of relevant stakeholders into health sector planning and management processes
4. Ensure that parties commit to an indicative resource framework in line with MOH guidelines
5. Clarify and improve reporting and communication within the health sector
6. Promote accountability through the participation of the private sector, civil society and other relevant stakeholders
7. Intensify collaboration between MOH and its stakeholders to use national systems

8. Promote use of common audit, accounting and reporting systems among stakeholders in the health sector

## **2.0 Coordination and Dialogue**

### **2.1 Context**

There are large number of institutions within the MoH which are tasked with providing services and governing the health sector. In various instances, there are duplications in their activities, which result in inefficiencies and difficulties in coordination and stewardship. This situation is further exacerbated by the multitude of development partners that are directly funding disease programs. The CMA maps out the various stakeholders within the health sector and provides the means for sector coordination.

### **2.2 Health Sector Partners**

As part of its mandate, the Ministry of Health works with identifiable stakeholders referred to as “Partners”. Partners not falling under partnerships under existing protocols, shall sign a Memorandum of Understanding with MOH. All signed cooperation agreements shall be lodged at the Chief Director’s Office for custody and easy retrieval.

The below-listed are the partner groups recognised under this CMA:

- Agencies of the Ministry of Health
- Development Partners - Bilateral and Multilateral
- Ministries, Departments and Agencies
- Parliament of Ghana
- The National Development Planning Commission
- Non-Government Providers – Private Sector and NGOs, including Traditional and Herbal Medicine Practitioners
- Commissions and Councils related to Health
- Corporate Organizations
- Civil Society Organizations
- Metropolitans, Municipals, and District Assemblies (MMDAs)
- Any other stakeholders as identified by the Ministry of Health

### **2.3 Health Sector Dialogue Structures**

The Ministry of Health provides overall leadership and direction to the health sector; coordinates implementation of the HSMTDP to ensure achievement of sector objectives; and facilitates engagement with health sector partners at all levels. The Ministry shall facilitate policy and technical dialogues with key health sector partners through the following structures:

1. The Inter-Agency Leadership Committee (IALC)

2. The Health Sector Working Group (HSWG) meetings
3. Inter-Agency Coordinating Committees/Standing Committees
  - a. *Supply Chain Oversight Committee*
  - b. *IME Steering Committee*
  - c. *Health Financing Working Group*
  - d. *Budget Committee*
  - e. *Private Sector Partnership Committee*
  - f. *Global Fund Country Coordinating Mechanism*
  - g. *Health Insurance Arbitration Committee*
  - h. *National Immunization Technical Advisory Group*
  - i. *Project Steering Committee*
  - j. *National Technical Coordinating Committee (NTCC)*
  - k. *National Quality Technical Committee*
4. Annual Health Summit
5. Annual Health Sector Policy Dialogue
6. Annual Quality Forum
7. MoH and Partners Forum
8. Decentralised Level Dialogue
9. Performance Reviews

### **2.3.1 The Inter-Agency Leadership Committee**

The Inter-Agency Leadership Committee (IALC) is an advisory body to the Minister for Health. The Committee fosters health sector unity through the sharing of strategic ideas and examining the results in order to influence policy and provide overall strategic direction in the health sector.

The Inter-Agency Leadership Committee shall convene at least quarterly. The meeting shall be preceded by an IALC Technical Committee meeting in which available governance, planning, performance assessments are reviewed for the attention of the IALC.

The membership of the Committee shall comprise:

- The Hon. Minister (convener) and Deputy Minister(s) for Health
- The Chief Director
- Heads of Agencies
- Director General, Ghana AIDS commission
- Director PPME (Secretary)

Agency Heads must attend all meetings. In an event the Head of Agency is unable to attend the meeting, the Minister should be informed in writing, and a deputy nominated to represent the agency. Other stakeholders (i.e. training and research institutions, development partners, civil society, the private sector, other Ministries, Agency board members, health sector specialists,

etc.) shall be invited as participants on an ad hoc basis to speak to particular agenda items. Additionally, any committee member may be supported by a technical expert.

The Minister for Health shall be the chairperson of each IALC meeting. The Chief Director shall convene the IALC meeting in the absence of the Hon, Minister and his Deputies. The Chief Director is responsible for oversight of the meetings' schedules and agenda. The Director PPME shall be the Secretary of the IALC and will be supported by the Monitoring and Evaluation Unit of the Ministry.

### **2.3.2 Health Sector Working Group Meetings**

The Health Sector Working Group (HSWG) provides the forum to achieve effective engagement with all key sector partners. The objectives of HSWG meeting are to:

- Conduct a coordinated, coherent and quality policy dialogue among key health sector partners
- Provide input to formulation of sector policies, strategies and programs and to ensure coherence with the national development plan
- Participate actively in decision-making on the policy direction and health strategies
- Monitor implementation of the sector programmes and commitments made by different stakeholders to the realization of the objectives of the health policy and strategic framework
- Improve the harmonization and alignment of DPs support towards Government Budget, priorities, systems and procedures
- Monitor and review resource allocation, utilisation, and integration of all resources into the overall sector financing plan
- Discuss and agree on the annual Programme of Work (budget projections, indicators and targets for the Performance Assessment Framework (PAF)).

The membership of the Health Sector Working Group shall comprise:

- Hon. Minister
- Hon. Deputy Minister(s)
- Chief Director
- Directors, MOH
- Heads of Agencies
- Partner representatives
- Civil Society Organisations
- Ghana Coalition of NGOs in Health
- International NGOs
- Private Sector

The HSWG meetings shall be convened by the Chief Director through the Secretariat (PPME Directorate) in consultation with the Development Partner Lead. HSWG meetings shall be held once every quarter at the Ministry of Health and chaired by the Hon. Minister for Health. In the 4<sup>th</sup> Quarter, the HSWG meetings shall be dedicated to planning and budgeting for the ensuing year, discussing and agreeing on the Annual Programme of Work (APoW), budget projections, indicators and targets for the Performance Assessment Framework (PAF). The Ministry of Health may convene ad-hoc HSWG meetings should the need arise.

### **2.3.3 Inter-Agency Coordinating Committees**

The Inter-Agency Coordinating Committees (ICCs) provide the platform for discussing technical issues on specific themes or diseases. The ICCs may be a standing or ad hoc committee. To ensure their effectiveness:

- The Ministry of Health will agree with stakeholders on which ICCs will be in operation at any point in time.
- The structure and modalities for meetings shall be specified by Terms of Reference developed by the appropriate agency or directorate.
- Outputs from ICC meetings shall feed into the HSWG meetings
  - a. *Supply Chain oversight committee*
  - b. *IME Steering Committee*
  - c. *Health Financing Working Group*
  - d. *Budget Committee*
  - e. *Private Sector Partnership Committee*
  - f. *Global Fund Country Coordinating Mechanism*
  - g. *Health Insurance Arbitration Committee*
  - h. *National Immunization Technical Advisory Group*
  - i. *Project Steering Committee*
  - j. *National Technical Coordinating Committee (NTCC)*
  - k. *National Quality Technical Committee*

### **2.3.4 Annual Health Summit**

The Ministry of Health of Ghana introduced Health Sector Reform in 1996 and one of the monitoring mechanisms introduced was the holding of Annual Health Summit. The Summit is an annual assembly of stakeholders to review performance of the sector. It is the zenith of a review process that starts from the smallest unit of administration through district, region to the national level. The summit is preceded by a national assessment of the sector (Holistic Assessment), which provides the basis for discussion at the summit. The summit will review reports on the sector's performance in areas such as Public Expenditure, Public Health Emergencies, Health Financing, Holistic Assessment of the sector, etc. It also discusses emerging and cross-cutting issues on health.

### **2.3.5 Annual Health Sector Policy Dialogue**

The Annual Health Sector Policy Dialogue was introduced in 2017 to create an enabling environment among agencies of the Ministry, partners, researchers, policymakers, practitioners to reflect on issues confronting health and how to come out with scientific solutions to address them. It is designed to be a high-level analytical hub for the Annual Health Summit, where key issues from the aide memoire are scientifically analyzed to support policy decisions. It is also a platform for discussing more urgent topics of national and regional interest, and identifying possible solutions for improving system strengthening. It is held annually after the Health Summit in the third quarter.

### **2.3.6 Annual Quality Forum**

The national quality forum is held annually to evaluate the National Healthcare Quality Strategy (NHQS) implementation and to award deserving agencies, health facilities and health workers. The forum was made known in the first NHQS (2017-2021), as one of the key activities for achieving the sixth strategic objective. This objective seeks to enhance transparency through the ranking of liked health facilities or agencies in a league table. Awards are then given to the best performing healthcare facility or agency during the annual quality conference that involves patients, communities and healthcare providers.

### **2.3.7 MoH and Partners Forum**

The MoH and Partners forum is an annual event for discussing funding issues and interventions being implemented by partners within the sector. It seeks to have interdisciplinary discussions to address inadequate funding to the sector; parallel or duplicated programmes; and inefficiencies in the use of resources particularly funding. It was first introduced and organized in 2023. A communique is issued at the end of the 2-day period and shared with the participating stakeholders for implementation. Monitoring of the activities is jointly done by the MoH and the Partners.

### **2.3.8 Decentralised Level Dialogue**

The Ministry of Health in conjunction with its Agencies will coordinate sector dialogue at the decentralized level until the District Assemblies assume responsibility for coordination and planning of district health services through their respective health directorates. The structures for engagement at the decentralized level will be strengthened and modalities will be put in place to ensure that outputs from the dialogue feed into the dialogue at the national level. In the short-term, District Health Directors will coordinate all the sector players and engagement at the district level and report to the District Assembly. Engagement at the decentralized level will include:

- Quarterly stakeholder meetings at the district level involving all contributors to district health services, together with representatives from the District Assembly.
- All service providers will provide quarterly information on agreed indicators and the district health management teams will coordinate and consolidate the information. Progress on performance will be discussed and reasons for non-performance analysed.

- All agencies shall hold annual district, regional and national fora for all managers of the different levels and commissioned health facilities to discuss strategic and operational issues.
- Regional Directors of Health Services shall convene bi-annual regional meetings with all health sector stakeholders, to strengthen regional collaboration.

### **2.3.9 Engagement with the Private Sector and Civil Society**

The Ministry of Health has a Private Health Sector Policy with broad objectives to establish a framework for partnership and collaboration between the private and public health sectors and to facilitate participation in health service provision. To achieve this there shall be a 19 member standing committee that will facilitate this engagement process. The Ministry of Health shall develop Terms of Reference (ToRs) for the group. The committee shall report regularly to the HSWG on its activities. Membership shall include representation from the Ministry of Health, private sector and civil society. Representatives from other Agencies may be invited on ad hoc basis to participate in meetings of the committee. Membership of the committee from the Ministry shall include senior technical staff from:

1. MoH: PPME, Technical Coordination, Infrastructure, and, Finance Directorates
2. Ghana Health Service
3. Teaching hospitals representative
4. Food and Drugs Authority
5. Health Facilities Regulatory Agency
6. National Health Insurance Authority
7. CHAG
8. GAQHI
9. Ministry of Finance
10. Coalition of NGOs In Health
11. National Vaccine Institute
12. Tradional Medicine Practice Council
13. Mortuaries and Funeral Facilities Agency (MoFFA)

The responsibilities of the committee include:

- Ensuring the involvement of the private sector and civil society in policy development, planning, implementation, reviews, monitoring and evaluation of health sector activities at all levels – national, regional, district and sub-district.
- Implement strategies for reaching out to private sector and civil society, to create awareness of the various dialogue platforms and to ensure their participation in relevant ones.
- Engage with corporate organizations to leverage on their Corporate Social Responsibility activities in the health sector.

- Develop proposals for policy guidelines regarding contractual arrangements between agencies and private organizations.

### **3.0 Planning and Budgeting**

The health sector program is based on the concept of a Sector Wide Approach (SWAp), with comprehensive planning, programming, budgeting and reporting for the sector encompassing all sources of funding (Government of Ghana, Internally Generated Funds, National Health Insurance Fund, Sector Budget Support and Earmarked/Programme Funds). The objectives for planning and budgeting include managing the rapidly changing funding environment in the sector.

#### **3.1 The Planning and Budgeting Process**

The Ministry of Health will ensure that the resource allocation principles and processes address the changing organisational framework. The key activities in the planning and budgeting process are as follows:

- The Health Sector Working Group, through the Budget Committees, will facilitate a sector dialogue regarding the budget formulation process based on the budget guidelines for the sector as issued by the Ministry of Finance.
- Agencies will prepare their respective annual work plans and budgets based on the guidelines and agreed priorities and ceilings.

#### **3.2 The Budget Committee**

The Ministry of Health's Budget Committee is made up of representatives from all the Agencies. The Budget Committee shall receive technical information arising from the deliberations of the Health Financing Working Group. The Committee shall meet quarterly and shall:

- review and formulate the strategic plans based on the policies of Government;
- review the revenue collection activities of the MoH;
- allocate resources based on the budget programmes and sub-programmes of the MoH;
- coordinate and consolidate the budget;
- monitor and evaluate budget performance; and
- present a quarterly report to the Chief Director.
- and any other functions that may be referred to the budget committee

The budget committee shall consist of the:

- Chief Director, who is the chairperson; and
- Heads of Budget Management Centres or Cost Centres.

The Director PPME shall serve as the Secretary to the Budget Committee.

### **3.3 Role of Partners in the Planning and Budgeting Process**

To enable harmonised planning, Partners will be required to indicate their programmes, financial support and commitment for the budget period as well as report on expenditures at periods to be determined by the Ministry of Health in consultation with the DP Lead. Funding modalities shall be in line with international and national aid effectiveness principles and commitments. Partners shall commit to increasing the use of country systems to deliver support.

## **4.0 Performance Monitoring**

To continue strengthening sector Monitoring and Evaluation (M&E), the sector partners shall support the implementation of the health sector M&E framework. To achieve this, a series of performance reviews will be carried out as follows:

### **4.1 Performance Management**

- A performance agreement shall be signed between the Minister for Health and all Agencies.
- The Ministry of Health shall manage and review all performance agreements
- The Ministry of Health shall put in place reward and sanction systems to ensure that agreements are executed efficiently.

### **4.2 Performance assessment of the sector**

#### **4.2.1 Data Management**

Procedures for data management are specified in the Health Sector Monitoring and Evaluation Framework.

#### **4.2.2 Monitoring**

To monitoring performance in the sector, all agencies should have approved Key Performance Indicators (KPIs) and agency-specific plans. Agencies should have M&E units that track KPIs and the extent to which plans are implemented and report to the Ministry. MoH shall be responsible for monitoring the implementation of the sector program using the guidelines outlined in the M&E Framework. Annually, there shall be two joint monitoring visits by stakeholders in the sector

### **4.3 Performance Reviews**

Ministry of Health and other sector partners shall conduct mid-year and end-of-year reviews to assess the performance of the sector against the objectives and targets of the PAF and the sector program of work. The sector review will be part of a wider process of annual assessment of progress in the health sector and will be preceded by Budget Management Centres (BMCs) performance reviews, district and regional performance hearings. All Agencies shall conduct performance reviews prior to the annual Inter-Agency/Partners reviews

- The MoH shall conduct an annual Holistic Assessment.

- The report of the Holistic Assessment will be presented and discussed at the Health Summit.
- Independent reviews of the sector shall be conducted at the end of each 4-yearly medium-term plan. Additional reviews can be held as and when necessary. The additional reviews shall be limited to thematic areas decided by the Ministry of Health in consultation with its stakeholders.

#### **4.4 Responsibilities for Monitoring and Evaluation**

All Partners are expected to align their procedures for performance monitoring with the procedures outlined in the M&E Framework. MoH and Partners will share reports on activities twice a year.

### **5.0 Financial Management**

The health sector is financed from multiple sources of revenue including, general government allocation, social health insurance, internally generated fund (IGF) through out-of-pocket, and donor support (bilateral and multilateral).

The Ministry of Health shall, as part of its financial obligations:

- prepare and share bi-annual and annual MoH Consolidated Financial Reports
- share annual audit reports

The sector partners shall agree:

- To strengthen internal collaboration with partners and MOF to ensure timely release of GOG funds
- To provide funding support for the completion and implementation of the Health Sector PFM Strengthening Plan.
- To improve the quality and completeness of the bi-annual Financial Statements, and to improve compliance with requirements for monthly financial reporting and feedback under the Financial Management Act
- To review the agreed rules and procedures for financial management from time to time to reflect changes in the external environment, with particular reference to new laws; new GOG policies on decentralization and other issues; new international agreements; changes in sector structures or systems; and emergence of new types of sector partners

#### **5.1 Sector Budget Support (SBS) Funds**

The Ministry of Health will maintain Sector Budget Support as the preferred modality for external support to the sector. The SBS Framework Memorandum for the next four years shall set out the key principles underlying the provision and utilisation of SBS. Under this CMA, participating sector partners shall adhere to signed SBS Framework Memorandum.

## **5.2 Earmarked Funds**

The sector partners state the following objectives for the disbursement and financial management of earmarked funds, both those channelled through MoH and its agencies, and those which are disbursed directly by the donor to pay for goods and services:

- MoH will bring on board all new partners, to increase harmonisation and alignment in accordance with the Accra Agenda for Action<sup>1</sup> and also to improve information on earmarked funding flows for better capture in sector plans, budgets and financial reports.
- All partners shall communicate budget commitments for each year in accordance with the Budget preparation cycle of GOG (usually by June of the preceding year) in agreed format.
- MoH in consultation with its Agencies, MoF and Partners, will develop a mutual accountability system for monitoring performance of both GoG institutions and earmarked funding partners.
- The following further guidelines are agreed upon, to facilitate the disbursement and financial management of earmarked funds:
  1. All expenditure on earmarked funds by partners shall be communicated to the Ministry of Health as per agreed format
  2. As far as practicable, MoH and its Agencies undertake actions to ensure that all earmarked funding transactions are captured, consolidated and reported in its Financial Statements
  3. NGO/CSOs shall share bi-annual financial reports according to agreed format.

## **5.3 Internally Generated Funds (IGF)**

1. The mobilisation and utilisation of IGF shall be guided by the MoH IGF guidelines. The guidelines shall be reviewed as and when appropriate in consultation with relevant stakeholders
2. Relevant activities under the PFM Strengthening plan shall be implemented to increase overall IGF mobilisation
3. Format, frequency and mechanisms for reporting, shall be clarified under the PFM strengthening plan
4. Improve the capture of IGF received from non-insured clients

## **5.4 National Health Insurance Fund (NHIF)**

The national health insurance fund has become a major source for financing health care in Ghana thus its success is of paramount interest to stakeholders in the health sector. To ensure efficiency and sustainability of the scheme, the MoH through the NHIA shall continue to provide updates on measures on the progress towards increasing the percentage of claims that are paid within 12 weeks. MoH, NHIA, GHS and other service providers will collaborate to

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harmonise the Standard Treatment Guidelines, Essential Medicines List and the Ghana Diagnosis Related Groupings (G-DRGs), to improve cost containment and to ensure that facilities are not unjustly refused reimbursement for services and drugs. MoH will ensure effective coordination of this process. The NHIA should ensure prompt release of MoH share (10%) of the NHIF to support the MoH activities.

## **6.0 Procurement and Logistics**

The objective of the CMA is to intensify collaboration between Partners and the MoH and its Agencies in order to ensure the use of national systems under the Public Procurement Act (Act 663) for procurement activities wherever possible.

The sector partners therefore agree that:

- As part of the annual budget preparation process, all funding signatories will provide details of their procurement plans by November 1st of each preceding year, to enable MoH to prepare a consolidated annual procurement plan, based on the agreed HSMTDP including inputs from agencies for approval by all stakeholders by an agreed timeline
- MoH and its Agencies will perform all procurement in accordance with national procurement rules, guidelines and procedures
- MoH and its agencies will collaborate with the Public Procurement Authority (PPA) in training different cadres of staff in the use of the PPA Manual, and in monitoring the implementation of the national procurement rules, guidelines and procedures
- Where capital investments are centrally procured, MoH shall in consultation with relevant agencies develop policies, options appraisal of capital programmes, resource mobilization, approval of the capital plans and procurement
- Procurement at the decentralized level will follow the provisions of Public Procurement Act (Act 663)
- Where a Partner's procurement protocols do not permit the use of Ghana's national systems, permission shall be sought from the PPA in accordance with the act.

## **7.0 Audit**

In line with the overall sector objective of improved transparency and accountability at all levels through the continued promotion of use of a common audit system for all sources of funds, it is agreed that:

- External audit will continue to be carried out annually under the overall direction and guidance of the Auditor General. The scope and coverage of the audit will be reviewed annually, in order to ensure that all sources of funds are covered
- Quality standards and sample sizes will be determined by the Auditor-General, and a formal audit opinion will be issued on the financial statements annually by the Auditor General

- Responses to audit recommendations shall be through the Audit Committees, and reported on at the HSWG Meetings
- No single Partner may undertake separate audit for purposes other than those necessary for clarification of direct fund use.
- The existing auditing system will continue to include the control on allocation, requisitioning, disbursement and reporting of funds channelled to MoH
- the internal audit Directorate shall continue to provide support for control and compliance to agreed procedures and processes to improve audit coverage and enhance value of information available for decision making.

## **Appendix**

### **A. List of MoH Agencies**

The Ministry of Health has 29 Agencies through which its vision and goal are realized. The Agencies perform service delivery, regulatory, financing, research and training functions and are responsible for implementing policies of the Ministry.

#### **Public Service Organization**

1. Ghana Health Service (GHS)
2. Korle-Bu Teaching Hospital (KBTH)
3. Komfo Anokye Teaching Hospital (KATH)
4. Tamale Teaching Hospital (TTH)
5. Cape Coast Teaching Hospital (CCTH)
6. Ho Teaching Hospital (HTH)
7. Sunyani Teaching Hospital (STH)
8. National Blood Service Ghana (NBSG)
9. National Ambulance Service (NAS)

#### **Public Boards and Councils**

10. Medical and Dental Council (MDC)
11. Nursing and Midwifery Council (NMC)
12. Pharmacy Council (PC)
13. Traditional Medicine Practice Council (TMPC)
14. Allied Health Professions Council (AHPC)
15. Food and Drugs Authority (FDA)
16. Health Facilities Regulatory Agency (HeFRA)
17. Mortuaries and Funeral Facilities Agency (MOFFA)
18. Ghana Psychology Council (GPC)
19. National Health Insurance Authority (NHIA)
20. Mental Health Authority (MHA)

## **Others**

21. Centre for Plant Medicine Research (CPMR)
22. Ghana College of Physicians and Surgeons
23. Ghana College of Pharmacists (GCPharm)
24. Ghana College of Nurses and Midwives (GCNM)
25. National Vaccines Institute (NVI)

## **Subverted Organizations**

26. Christian Health Association of Ghana (CHAG)
27. Ghana Association of Quasi Health Institutions (GAQHI)
28. Ahmadiyya Muslim Mission Ghana
29. St. John's Ambulance Brigade

## **B. List of Development Partners**

1. World Health Organization (WHO)
2. US Agency for International Development (USAID)
3. World Bank
4. United Nations Children's Fund (UNICEF)
5. United Nations Population Fund (UNFPA)
6. Joint United Nations Programme on HIV/AIDS (UNAIDS)
7. World Food Program (WFP)
8. United Nations Development Programme (UNDP)
9. Japan International Cooperation Agency (JICA)
10. Korea International Cooperation Agency (KOICA)
11. Korea Foundation for International Healthcare (KOFIH)
12. Foreign Commonwealth & Development Office (FCDO-UK)
13. Canadian High Commission
14. German Corporation for International Cooperation (GIZ)
15. GAVI, the Vaccine Alliance
16. Global Fund (GFTAM)
17. Global Financing Facility (GFF)
18. Israel Embassy
19. International NGOs
20. Embassy of France

## **C. List of Inter-Agency Coordinating Committees**

1. Supply Chain Oversight Committee
2. IME Steering Committee
3. Health Financing Working Group
4. Budget Committee
5. Private Sector Partnership Committee
6. Global Fund Country Coordinating Mechanism
7. Health Insurance Arbitration Committee
8. National Immunization Technical Advisory Group

9. Project Steering Committee
10. National Technical Coordinating Committee (NTCC)
11. National Quality Technical Committee