

# Decentralization of the Health Sector

Presentation at the Health Summit  
12<sup>th</sup> May, 2014

On behalf of the TWG

# OUTLINE OF PRESENTATION

- INTRODUCTION
- PERCEIVED ADVANTAGES OF DECENTRALIZATION
- WHAT WOULD CHANGE
- PROPOSED STRUCTURES FOR THE HEALTH SECTOR
- CHALLENGES
- ROAD MAP
- ACKNOWLEDGEMENT

# Introduction

## Government policy on decentralization

### ▶ Decentralization process - 1988

- devolution of governmental functions
  - executive, legislative, administrative, planning, service delivery, rating and budgeting authorities.
- Legislations
  - Local Government law of 1988, PNDCL 207
  - local government Act, 1993, Act462
  - Local government Service Act, 2003, Act 656

### ▶ Major review of decentralization -2009- 2010,

- Decentralization policy framework and action plan for its implementation

# Introduction

- To deepen decentralization in Ghana, the Government has made its intention known that Ministries of Health, Education and Agriculture should be fully decentralized.
- Although a semblance of decentralization exists in most Districts in Ghana, where the Health sector has been collaborating with the District Assemblies, these relationships need to be properly formalized.

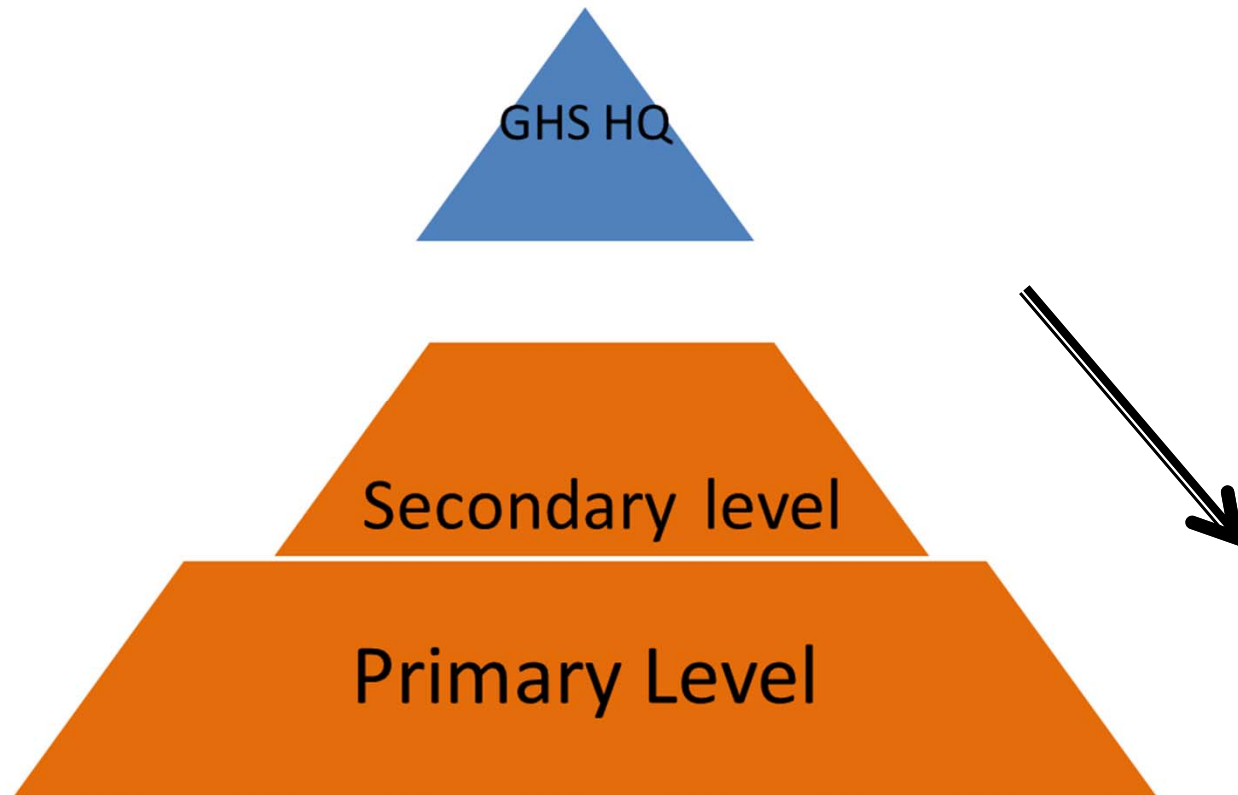
# Perceived Advantages

- Decentralization has the potential to:
  - Improve equity
  - Good governance
  - Efficiency
  - Access to service
  - Local participation

# What would change

- The working structure and relationships will change when fully implemented

# GHS After Decentralisation



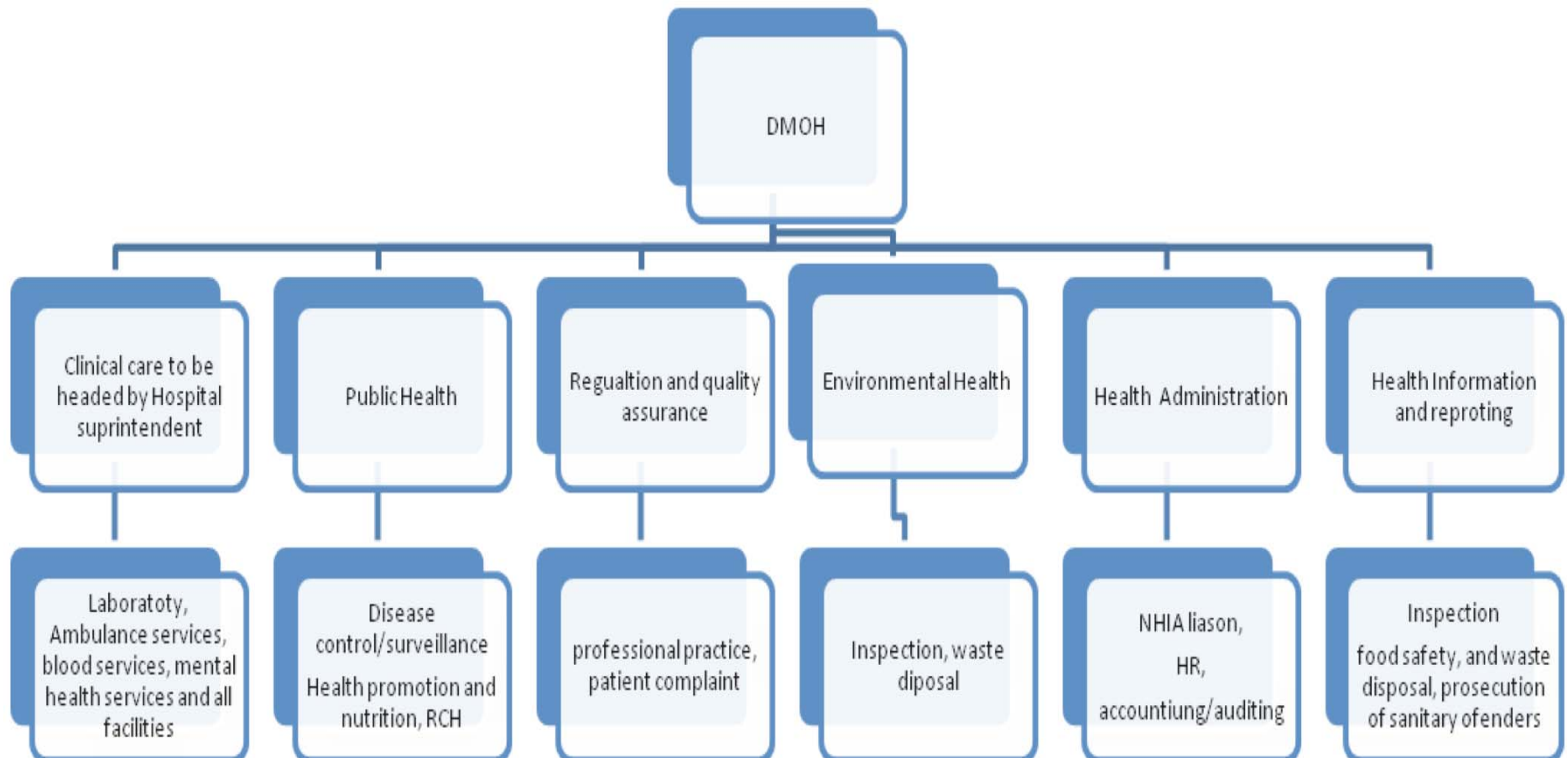
# What would change

- Allegiance and loyalty from the Center to the District with reporting and relations directed to the DDHS
- Composite budgeting started in 2012 would be fully implemented
- Promotion of staff would be done at the District level



# Proposed Structure

## District level Structure



# CHALLENGES

- MANAGING THE PROCESS AT THE MINISTRY/AGENCIES (WINNERS & LOSERS)
- WHAT HAPPENS TO OTHER AGENCIES: BLOOD SERVICE, AMBULANCE SERVICE, HEALTH REGULATIONS
- FULL FISCAL DECENTRALIZATION
- RELATIONSHIP
- FEAR OF THE UNKNOWN: CREATION OF A STRONG LGSC
- WHO WOULD BE THE HEAD OF MEDICAL CARE IN THE MMDAs (DMOH, DDHS). THIS CAN OPEN THE OLD WOUNDS AMONG THE VARIOUS PROFESSIONAL GROUPS AND MAY WEAKEN OUR COLLECTIVE STANCE
- FULL IMPLEMENTATION OF THE COMPOSITE BUDGET

# Road Map

Date	Activity	Remarks/Comments
June-July 2014	Consultation with stakeholders'	Stakeholders' meeting
August 2014	Steering committee meeting	Steering committee will review and approve recommendations
July 2014	Set up a committee to review and assess staffing situation	A staff norm will help rationalize staff distribution
September 2014	Set up committee to review relevant laws	Collaborate with IMCC and the AG's Dept. to review the laws
February 2015	Submit draft bill on Health Decentralization to Parliament	The working group will organize several stakeholder meetings

# Acknowledgement

- The TWG acknowledges the following:
  - Dr. Erasmus Agongo- D-PPME GHS
  - Dr. Gilbert Buckle- Executive Secretary CHAG
  - Dr. Kofi Sutherland-DMO, Agona Ahanta, WR
  - Dr. Moses Adibo- Senior Citizen
  - Prof David Ofori-Agyei- Rector, GCPS
  - Dr. Anthony Ofosu- PPME GHS
  - E. Owusu-Ansah-PPME MOH
  - Daniel Degbotse-PPME, MOH
  - Rahilu Haruna- PPME, MOH
  - Dr. Andreas Bjerung,-PPME, MOH
  - Inter Ministerial Coordinating Council (IMCC)
  - Dr. Callitus Mahama
  - Prof. Kwamina Ahwoi

# END OF PRESENTATION

- THANK YOU FOR YOUR ATTENTION