

**Joint Ministry of Health - Partners Health Summit
GIMPA, Accra, 12th to 16th May 2014**

Aide Memoire

PREAMBLE

This year's health summit was held at the executive conference room of the Ghana Institute of Management and Public Administration from the 12th to the 16th May, 2014. The theme for the summit was **“Working Together Towards Quality Health Care for All Ghanaians”** and was aimed at:

- Reviewing the performance of the health sector in the Implementation of the 2013 Annual Programme of Work.
- Providing opportunities for dialogue on the challenges
- Identifying causes of weaknesses and
- Building consensus on mitigating strategies

The opening ceremony was chaired by the Hon. Deputy Minister of Health, Dr. Alfred Sugri Tia with the Keynote Address by the Minister of Health, Hon. Sherry Ayittey. Prof. Kwamina Ahwoi, was the guest speaker. Ms. Sally Taylor, Department for International Development (DFID) also addressed the summit on behalf of the Development Partners. Also present were Hon. Yieleh Chireh Chairman of the Parliamentary Sub Committee on Health and former Minister of Health, and the Chief Director of the Ministry of Health Madam Salimata Abdul-Salam.

This aide memoire reflects the discussions and agreements arrived at the business meeting of the Ministry of Health and its agencies, Development Partners and other agencies in 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.

HOLISTIC ASSESSMENT

The performance of the sector in 2013 as documented by the Holistic Assessment showed a mixed picture. Improvements were observed in number of areas including, doctor and nurse population ratios, family planning, increasing active membership of NHIS especially for the poor and vulnerable, declining HIV prevalence rate and high Tuberculosis treatment success rate. However, a number of indicators performed lower than expected; key among them were, the Expanded Programme on Immunisation (EPI), Antenatal Care (ANC), Skilled Deliveries and Institutional Maternal Mortality.

Some of the reasons given were linked to weak institutional arrangement, management and leadership, and resources. The stagnating performance in EPI and the Reproductive Health services were also linked to challenges in service delivery such as outreaches and availability of funds. In general, the lower than expected performance of the sector can be partly explained by the low execution rate of goods and services. The Holistic Assessment report also showed large variations in performance across the regions, which needs to be further investigated. In addition, the issue of continuing incomplete data, (though this has improved over the years), was highlighted and attributed to the limited representation of the private sector and mental health in the dataset.

The meeting agreed that:

- The Holistic Assessment drafting team engages with relevant programme managers and other key sector partners to provide explanations for the observed performance reported within the Holistic Assessment. Findings and concrete recommendations from this exercise will be included in the final Holistic Assessment report by end of June 2014.

- Ghana Health Service Headquarters (GHS HQ) engages with regions, districts and relevant stakeholders to perform an in-depth investigation of causes of reported performances. The outcome of the investigation will be presented at the half-year performance review in August 2014.
- The key findings and recommendations from the Holistic Assessment of 2013 and the findings and recommendations from the in-depth investigation by the GHS will be reflected in the 2015 Programme of Work
- The MOH will ensure extensive dissemination of the Holistic Assessment report to all stakeholders including the private sector by end of June 2014.
- The Ministry of Health (MOH) will work with GHS and Mental Health Authority to include mental health data and reporting into the District Health Information Management System II (DHIMS II). This will be operational from October 2014.
- MOH will ensure that all Teaching Hospitals report to the DHIMS II. This will be operational from November 2014.
- MOH will develop a strategy to include quasi-governmental and private health delivery institution into the DHIMS II before December 2014.
- GHS will restructure the regional and district reviews to improve the level of critical analysis of data and improve data quality, e.g. holistic assessment of regions and districts. GHS will also ensure the use of data at the lower levels to improve service delivery. New guidelines will be applied to the annual review of 2014.

FINANCING AND BUDGETING

The MOH financial report for 2013 showed low budget implementation rate for goods and services while the budget execution rate for compensation was close to 300%. The reasons attributed to this included the increasing number of staff,

implementation of single spine salary, low budget ceilings for compensation of employees and the challenge in general of the central government to provide sufficient funding for the implementation of its programmes.

While, government funding of goods and services has been declining over the years, funding for curative services by National Health Insurance Scheme (NHIS) has been increasing. Moreover, a substantial proportion of the budget for goods and services is earmarked for specified programmes and activities. The meeting was concerned about the consequent limited scope to allocate funds to national priorities. The need for strategic use of the 10% NHIS allocation to MOH as well as Internally Generated Fund (IGF) was highlighted.

Issues were raised about the relatively low allocation to preventive care.

The meeting agreed that:

- MOH will develop health sector specific IGF guideline by end of August 2014 and issue an administrative directive for strict compliance by end of September 2014. This guideline will also be included in the revised Accounting Treasury and Financial Reporting (ATF) rules and regulations.
- MOH and heads of service delivery agencies will meet to prioritise the available resources for 2015 to address critical areas of challenging performance and increase priority of preventive care services. This will be presented to the sector working group meeting in September 2014
- MOH will review the budget allocation criteria to improve the alignment with sector priorities and make it more transparent. MOH will make the criteria available to the sector working group meeting in July 2014.
- MOH will reconstitute the budget committee, which will report to the sector working group (SWG) on quarterly basis, starting from September 2014 SWG meeting

QUALITY OF CARE

In 2013, the sector observed an increase in human resources but this did not result in the expected improvement in health indicator performance. The meeting was concerned about increasing inequitable distribution of staff. Action on distribution should be guided by the human resource strategy and the staffing norm.

More than five thousand new nurses came onto the government payroll in 2013. This high production of nurses called for a need to review strategies for production and effective deployment of health staff.

The meeting also expressed concern about substandard antibiotics and medicines in general in the country. Some of the contributing factors were noted as weak regulation, supply chain issues and lack of knowledge on the part of the general public.

There was extensive discussion about staff attitude and behaviour, and how this may affect quality of care.

The meeting agreed that:

- The MOH will finalise the staffing norm and develop an innovative staff deployment plan that focuses on improving inequity by the end of December, 2014.
- MOH to develop a strategic framework to manage and monitor antimicrobial resistance. The Framework will be ready by end of 2014.
- MOH will initiate the roll out of Supply Chain Master Plan by end of July 2014.
- The MOH will ensure the Public Service Commission performance management tool is used by the Ministry of Health and its agencies. Training

on the tool will be finalised by end of July and the tool will be rolled out by the end of 2014.

- Staff attitude and customer care will be included as strategic areas in the Health Sector Medium Term Development Plan II (HSMTDP II) 2014-2017 including supply-side and demand-side interventions.

DECENTRALISATION

The process for decentralisation of the health sector has begun. By February 2015, the final bill for decentralisation of the health sector must be submitted to parliament. A draft institutional framework has been submitted to the Inter-Ministerial Coordinating Committee (IMCC), however, the meeting highlighted the need for further stakeholder consultations before drafting the bill.

The meeting agreed that:

- MOH will finalise the institutional framework for decentralisation based on stakeholder consultations. The framework will be presented to key sector partners by November 2014.

SIGNATORIES

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Minister for Health

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Development Partners:

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