

**Joint Ministry of Health and Development Partners'  
Health Summit, Accra**

**AIDE MEMOIRE**

**17<sup>th</sup> - 21<sup>st</sup> November, 2008**

**Joint Ministry of Health - Partners Business Meeting  
Executive Hostel, GIMPA, Accra, 19<sup>th</sup> November 2008  
Aide Memoir**

**“Change for Better Results: Improving Maternal and Neo-natal Health”**

**PREAMBLE**

The second Health Summit for 2008 was held from the 17<sup>th</sup> to 21<sup>st</sup> November 2008, at the Ghana Institute of Management and Public Administration (GIMPA). The opening ceremony was chaired by Dr. Grace Bediako, the Government Statistician. She congratulated the Ministry of Health for the theme and indicated the need for the development and use of data on maternal and neo-natal health to support the change process.

The representative of health partners, Mr. Donald Teitelbaum, Ambassador of the United States of America to Ghana, congratulated the government on the introduction of the free maternal health services but warned that without the addition of a strong family planning component the sector will be missing an important tool in the effort to reduce maternal and neonatal deaths. He was however confident the summit will lay the foundation for accelerated improvement in maternal and child health.

In his keynote address the Hon. Minister of Health expressed his appreciation for the level of collaboration now existing between the Ministry of Health and Development Partners and stressed the need for continued dialogue in meeting the challenges of the sector. He reiterated that the theme for 2009 was derived from the need to ensure safe reproduction and minimize avoidable deaths during pregnancy and childbirth. Consequently the 2009 Programme of Work focuses attention on the need to address specific health system bottlenecks which have made the sector less efficient and effective.

He mentioned the following critical areas as key priorities for the 2009:

- Improvement in policy coordination and programme alignment
- Improvement in budget execution and reporting
- Streamlining information management and data collection systems
- Linking procurement plans and cycles to the budget
- Implementing specific changes in human resource management necessary for improved productivity in the health sector.

The Hon. Minister also used the opportunity to launch the National Health Policy to pave the way for the establishment of structures for its implementation.

The summit adopted a more participatory approach. Participants were encouraged through group work to discuss issues and provide a set of recommendations to enhance the 2009 Programme of work and foster progress towards the attainments of MDGs 4 and 5.

This Aide Memoir represents the discussions, conclusions and agreements arrived at during the Business Meeting between the Ministry of Health, Development Partners and stakeholders including CSOs, Private Sector and CHAG.

## **ADOPTION OF THE 2009 PROGRAMME OF WORK**

The Ministry of Health tabled the 2009 Programme of Work for adoption. Development Partners commended the Ministry on the timeliness and efficiency of the document. However, clarity on the capital investment budget needs to be made. It was agreed that although the general focus on Maternal and Neonatal health was highly relevant, the summit presented opportunities for further improvement. The Business Meeting agreed that the issues emanating from the discussions should be incorporated in the draft POW.

The Business Meeting was provided a summary of issues and recommendations from the first two days of the summit. It was agreed that the summary fairly represented the conclusions of the discussions and provided a good framework for upgrading the 2009 Programme of Work and tracking resolution of issues in the health sector. It was agreed that the recommendations emanating from the summit discussions are adequately reflected. It was also agreed that there should be a stronger focus in the POW on CHPS.

In the light of the large increase in curative service uptake as a result of the success of the NHIS, the concern to maintain an appropriate balance between preventive and curative services was raised.

Concern was also raised regarding the slow progress of including non-indigent poor population under NHIS indicated in the draft 2009 POW. The reduction of the budget line for this in POW 2009 was noted as problematic.

The meeting agreed on the following next steps:

- The MoH would work towards establishing a system that can show the proportion of funding going to preventive and curative services respectively. This activity will be reflected in the 2009 POW.
- The MoH will work together with the Department of Social Welfare (DSW) to identify the bottlenecks and assist DSW to address these, including allocating additional funding from MoH in the final 2009 POW budget, if needed.
- The Ministry of Health and its Agencies will work with Development Partners to review and analyse recommendations emanating from the summit and develop a matrix to guide the incorporation of accepted recommendations into programmes of the sector. The matrix will indicate the parties responsible for each action and provide timelines
- The Ministry of Health will complete the 2009 POW by engaging relevant stakeholders and responding to recommendations from all sources and present the revised 2009 POW including the complete monitoring table at next monthly partners' meeting in January 2009 for adoption.

## **2009 RESOURCE ENVELOPE**

Concerns were raised over the apparent gap in the resources available and the financial needs of the current health programme. It was also agreed that the sector will need to provide

adequate information on financial needs and forecasting to ensure sufficient financing of the health sector from the incoming government after the December 7 elections. The meeting also agreed that there should be more inter-sectoral collaboration to ensure that capital investment focuses on priorities and are well presented to potential donors.

The meeting agreed that the budget would be endorsed at the next monthly partners meeting subject to the following amendments and recommendations:

The meeting agreed on the following next steps:

- By the next monthly partners meeting, the Ministry of Health will update the budget for the 2009 POW:
  - To reflect new information from partners on available resources
  - To clarify allocation of the NHIF contribution to the MoH
- The Ministry of Health will prepare a position paper to lobby the incoming government for funds by end of January 2009.
- Conduct a financial analysis over the past 5-10 years to capture a number of issues such as budget shifts from basket to central funding.

## **MILLENNIUM DEVELOPMENT GOAL 5 (MDG5)**

The recommendations of the MDG5 consultative meeting indicate that family planning, availability of skilled attendants at birth and emergency obstetric care were critical components of the strategies aimed at reducing maternal mortality and improving maternal and child survival. The participants at the Business Meeting agreed that there was the need therefore to increase the numbers and skills of midwives and obstetricians at the district level and below. The role of CHPS was also highlighted and the need for reorienting the programme to focus more on maternal health. These recommendations will be captured in the revised 2009 POW.

The meeting agreed on the following next steps:

- Based on the strategies specified in the 2009 POW the task force on MDG 5 will present a timed and costed implementation framework linked to the POW at the next Business Meeting.

## **NATIONAL HEALTH INSURANCE**

### **Claims Management**

The issue of delays in the reimbursement of claims to service providers was raised. The NHIA indicated that there were structural challenges related to the multiple claims processing points and inadequate capacity of DMHIS. Presently, the NHIA stated that they have released funds to the DMHIS and therefore there is no problem with availability of funds for reimbursing claims.

To make claims management more efficient, the NHIA had proposed an amendment of the law to allow claims management to be centralised at the regional level. The authority is also investing in expanding Information and Communication Technology to support electronic claims processing.

The meeting noted that the proposed amendment to the law is awaiting parliamentary approval.

The meeting agreed on the following next steps:

- The Inter-Agency consultative mechanisms will prioritize bottlenecks and develop a strategic plan of action to address the issues which will be presented in the next Business Meeting.
- The revised 2009 POW will adequately reflect key priorities and activities of the NHIA.

### **Linkages with CHPS**

Some concerns were raised on the difficulty to reimburse CHPS compounds because the NHIA focused more on large facilities. However, NHIA clarified that this is not the case and that all facilities have access to NHIS. The meeting proposed to explore options for using part of the NHIS allocation to MOH for expanding access, i.e. scaling up CHPS.

The meeting agreed on the following next steps:

- Ministry of Health and GHS will clarify and disseminate procedures for claims management and reimbursement to CHPS facilities by end of 1<sup>st</sup> quarter 2009
- Pending the finalization of the allocation formula provided by NHIA, the Ministry of Health will explore possibilities for supporting scale up of CHPS from the NHIA allocation to the Ministry of Health

### **Financial Sustainability**

Concern was raised by the participants at the Business Meeting that there is insufficient information sharing concerning financial viability of the National Health Insurance Scheme. These raised additional questions about the viability of expanding the benefit package to coverage such services as family planning, ARVs and other preventive care services. NHIA was cautioned not to include new services prior to thorough actuarial analysis. The NHIA informed the meeting about ongoing internal actuarial studies, which are to be finalized by the end of 2008, and assured the meeting of solid financial stability of the scheme.

The meeting therefore agreed that:

- Updated actuarial model of the NHIS will be finalised and presented at the next summit.

### **ROLE OF CHPS IN IMPROVING MATERNAL AND CHILD HEALTH**

The meeting acknowledged the potential of CHPS to enhance attainment of MDG 5 and neonatal care. However, concern was raised on the present package of services and HR capacity at the CHPS level. The present CHPS package does not provide for delivery services and the need for revision of focus on maternal health, e.g. supervised deliveries and referral systems, was acknowledged. The implications for HR and infrastructural needs at the CHPS level, were

discussed. FP services are provided at CHPS facilities, but there was a concern that these services do not receive adequate attention. It was also stressed that regional health teams should support the district health administration to focus on strengthening district health systems in support of CHPS.

To address the above mentioned concerns, the following recommendation was made:

- Ministry of Health, in consultation with DPs, will develop a proposal and ToR for establishment of a working group to review the CHPS strategy to further enhance focus on MDG5 and Neonatal Health.
- The ToR and proposed membership will be circulated by January 2009.

## **COMMODITY SECURITY**

Commodity security was identified as a priority area to resolve in 2009. Challenges of insufficiency of funds and ineffective allocation of these funds as well as problems with the distribution chain were identified as issues that needed to be addressed. The meeting was informed about unresolved problems of indebtedness of Regional Medical Stores (RMS) and Districts to Central Medical Stores (CMS). Efforts to address commodity security have been under way during the past years, and the meeting participants encouraged that these efforts are intensified. The meeting also noted that there is the need for more flexibility and competition in drug supply.

The meeting agreed on the following next steps:

- Ministry of Health will call for a meeting of stakeholders on commodity security to identify the issues and the way forward. The meeting will take place in 1<sup>st</sup> quarter of 2009

## **GENDER POLICY**

The reviewed gender policy was presented at the Business Meeting. There was expressed concern that the policy has been on the drawing board for a long time, and it was suggested to launch the document at the next summit.

The meeting agreed on the following next steps:

- Ministry of Health will launch the gender policy at the next health summit
- Implementation of the domestic violence plan of action would be incorporated in the 2009 POW.

## **PRIVATE SECTOR INVOLVEMENT**

The participants acknowledged the significant involvement of the private sector in health care delivery and noted that the current theme of the 2009 POW provides yet another opportunity for improved collaboration. The provision of accommodation for health workers especially in deprived areas and the use of mobile telephones to improve emergency and referral services were specifically identified as areas of potential focus.

The meeting was also informed that the International Finance Corporation (IFC) of the World Bank is currently undertaking an assessment of private sector health providers' role in health

service provision. Recommendation from the study will help identify opportunities to increase involvement of the private sector in health delivery.

The meeting agreed on the following next steps:

- Before end of 1st quarter 2009, Ministry of Health will develop a position paper on options for private sector and corporate social responsibility programmes in health
- Before end of 2nd quarter 2009, the Ministry of Health will host a round table discussion with the CEOs of mobile phone and IT companies operating in Ghana
- In the first quarter the GHS would hold a meeting with key financial institutions on mortgage schemes for health workers.
- The IFC study will be presented by IFC at the next summit.

## **AUDIT**

The meeting agreed that the quality of audit for last year lacked analytical strength. In a briefing by the Director of Procurement, MoH, concern was raised that the process of identification might lead to the same firm being engaged. Based on the previous performance, there was hesitation to engage the same audit firm for the second time.

The meeting therefore agreed that:

- Before 15<sup>th</sup> December 2008, the MoH, together with the World Bank procurement officer, will review the procurement process for engaging an audit firm to ensure that the sub-optimal performance will not be repeated.
- Terms of Reference for the 2008 Audit and future audits would be shared with Development Partners.

## **MID TERM REVIEW OF THE 5 YPOW**

Technically, 2009 should be the time for a midterm review of the 5 year programme of work. However, due to the timing of the implementation of the 5 year programme of work, it was decided that a regular annual sector review of 2008 will be carried out. Further discussion on an expanded annual review or midterm review will take place during the 2009 planning summit.

Upcoming relevant studies and results in 2009 include the Demographic and Health Survey, the Maternal Mortality Survey as well as the Country Status Report (CSR). It was noted that the CSR will incorporate the 2008 DHS results and will be available by the end of 2009 to inform the preparation of the next 5 year POW.

## **2008 ANNUAL REVIEW**

The meeting did not discuss the 2008 annual review. However the Ministry of Health will initiate the process of organising the review. The importance of balancing the preventive and curative interventions in term of resource allocation was highlighted during the meeting, and it was proposed to consider its inclusion in the ToR of the 2008 annual sector review.

The meeting therefore agreed that:

- The MoH will organise an information, monitoring and evaluation ( IME) working group meeting to discuss the modalities for the 2008 annual review



**SIGNATURES**

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