

SPEECH DELIVERED BY HON. MINISTER FOR HEALTH ON THE OCCASSION OF THE
2023 HEALTH SUMMIT ON 5TH JUNE AT LABADI BEACH HOTEL, ACCRA

DR. CHAIRMAN, AND BOARD CHAIR FOR THE NATIONAL VACCINE INSTITUTE

YOUR EXCELLENCIES OF THE DIPLOMATIC CORPS

HON. COLLEAGUE MINISTERS

CHAIRMAN, PARLIAMENTARY SELECT COMMITTEE ON HEALTH AND
COLLEAGUES MPS PRESENT

CHIEF DIRECTOR OF MOH

OUR AGENCY HEADS PRESENT

HEALTH SECTOR LEAD AND ALL OUR DEVELOPMENT PARTNERS PRESENT

MOH DIRECTORS AND DIRECTORS OF ALL AGENCIES PRESENT

EXPERTS AND RESOURCE PERSONS PRESENT

DISTINGUISHED VIRTUAL PARTICIPANTS

FELLOW HEALTH WORKERS ACROSS THE COUNTRY

OUR MEDIA FRIENDS

LADIES AND GENTLEMEN,

Once again, we have gathered here to review our performance and redefine our health priorities for the next programme of work for the sector.

Let me add my voice to also welcome all our sponsors, partners, agencies and health workers across the country. Indeed, your individual and collective contributions have brought us thus far in fulfilling our mandate as a sector ministry.

Special thanks to the Hon. Minister for finance and the Parliamentary Select Committee on health for standing with us to secure the various loans approved by Parliament of Ghana for the sector. These funds will greatly help to address the myriad of challenges facing the health sector post the covid-19 pandemic.

Dr. Chair, in fact, the health sector needs more strategic funding to assure the quality of life of our citizens as well as ensure we have a better responsive and resilient health sector in the country.

The year 2022 has been very challenging due to our current economic crisis. Despite the economic challenges, the health sector remained relatively stable in terms of our interventions and corresponding outputs, outcomes and impacts.

The year saw a decline in the institutional maternal mortality ratio from 119.6 in 2021 to 102.6 in 2022. This is very commendable. However, Ashanti, Greater Accra and Eastern regions recorded high maternal mortality ratios though there was a decline in the case of Greater Accra region from 163.31 in 2021 to 155.5 in 2022. There is the urgent need to support these regions to address the possible contributory factors.

Institutional stillbirths, neonatal, infant and under-five mortalities have also reduced marginally in 2022. Family Planning acceptor rates also saw an increase from 33.8% in 2021 to 36.1% in 2022. Ahafo region recorded the highest Family Planning acceptor rates among the regions and so they need to be commended. All-cause mortality rates also declined from 21.73% to 19% in 2022. These modest achievements among other areas are quite commendable but we really need to do more to continue to justify for more funds.

Dr. Chairman, I wish to reiterate that the Government of Ghana is committed to achieving universal health coverage (UHC) and increasing access to essential health services by 2030 and beyond. We believe that this commitment can be achieved through strategic investments in Primary Health Care (PHC).

Ghana remains significantly below the Lower-Middle Income Countries (LMICs) average allocation of 2.3% of GDP when we draw an international comparison with other LMICs, based on observed data from the World Health Organisation's (WHO) Global Health Expenditure Database (GHED). However, the proportion of the overall budget contributed by the Government for the health sector has remained relatively stable since 2017, hovering between 59% and 62% - except in 2021, where it reached 64%.

Donor funding has however been less stable: it reached 17% of the total budget for the health sector in 2017 before falling to just 6% of the budget in 2020 after which it rebounded to 12% in 2022.

It is also important to highlight that the contribution from ABFA of the overall health budget has fallen from 1.2% in 2017 to just 0.3% in 2022 (UNICEF Health Budget Brief, 2022).

The theme for this years' health summit 'sustainable financing for Primary Healthcare towards the attainment of Universal Health Coverage: role of stakeholders' is aimed at drawing the attention of government and all Ghanaians about the need to increase investment in Primary Health Care (PHC).

Sustainable Primary health care (PHC) is a key component of all high-performing health systems, an essential foundation for universal health coverage (UHC), and a prerequisite for meeting the Sustainable Development Goals. It is a pathway to achieving good health at low cost by providing essential and cost-effective health interventions, including health promotion; maternal, newborn, and child health care; palliative care, immunization; and treatment for common illnesses across the life course.

As the global burden of non-communicable diseases increases, PHC is emerging as the locus of both prevention and the coordination of life-long management of chronic conditions. PHC also has an important role in providing essential public health functions, including responding to epidemic diseases such as the COVID-19 pandemic.

When successfully delivered, PHC serves as a key vehicle for fulfilling governmental and societal commitments. For example, primary health-care expansion improves equity when its services reach vulnerable segments of the population. Because primary health-care services are provided where people live and work, and because PHC focuses on population health, it can address many determinants of health that underpin various sources of vulnerability. PHC can protect households' financial well-being by fostering good health and reducing the risks of disease among breadwinners, caregivers, and other family members, and by averting the need for expensive secondary and tertiary health care.

Despite periodic attempts to refocus on PHC, vertical programmes, hospital-based and specialist-based care models have regularly been prioritised over PHC. Funding for PHC is generally insufficient; access to primary health-care services remains inequitable; services are of inadequate quality; and patients often have to make out-of-pocket payments to use them.

Health-care worker shortages persist, particularly in rural areas where the need is often greatest, and in many countries supplies of medicines, equipment, and other necessary commodities are grossly inadequate.

In our case for example, we have produced a great number of nurses and midwives, but it has become clear that we cannot absorb all of them, losing experience once to the developed countries, and at the same time we also experience unequal distribution of the health workforce.

This situation reinforces a cycle of neglect of PHC: when primary health-care services are unreliable, of poor quality, and not accountable to system users, it leads to poor uptake and low levels of trust in community-level health care. Users choose to bypass primary health-care services, which then receive even fewer resources.

Dr. Chair, ladies and gentlemen, to successfully provide PHC at community level, national and local health-care systems need to be reimagined and restructured, beginning with placing the needs and preferences of people (including the intended users and providers) at the centre of the system design. This is exactly what Ghana is doing with emphasis on close-to-client centred care through our CHPS flagship programme. We are further strengthening the PHC level with the new thinking 'Network of Practice' where health centres become the hub and other facilities below it as spokes.

Dr. Chair, sustainable health financing arrangements provide the fuel for health systems and a functional PHC programmes: they establish the amount of resourcing available and the way in which risks are shared among those who are ill and those who are well; the ways that funds flow through the system to frontline providers; and the payment systems that create incentives for providers. Together, these arrangements shape the equity, effectiveness, and efficiency of PHC.

In this regard, one of the key resource mobilization drive should be focusing more on domestic resources. This space has a lot of low hanging fruits we can tap to finance our PHC.

We need to strategically engage local business entities who have well-structured cooperate social responsibility schemes to support our health care system.

Similarly, we must strengthen our collaboration with other MMDAs under the Health-In-All policies principle to mobilize resources to address issues hindering the delivery of PHC in line with our National Health Policy.

As we discuss the sustainable health financing arrangements for PHC, it is important to address the following questions:

- how do we mobilise sufficient resources to support PHC objectives?
- how do we ensure that resources reach frontline providers in ways that align with PHC objectives? and
- how do we design financial incentives that encourage the delivery of, access to high-quality, equitable, integrated and efficient PHC ?, and
- how should PHC be centred on people, and focused on equity?.

Having said this, I am hopeful that, this summit will provide concrete policy options for a sustainable funding for PHC in the attainment of UHC for Ghana.

I wish us all fruitful deliberations and successful summit.

I thank you all for your attention.