

**Joint Ministry of Health - Partners Business Meeting
La Palm Royal Beach Hotel Accra, 20th to 24th April 2009
Aide Memoir**

Change for Better Results: Review of 2008 Performance

PREAMBLE

The Annual Health Summit to assess the performance of the implementation of the 2008 Programme of Work was held from the 20th to 24th April, at the La Palm Royal Beach Hotel. The opening ceremony was chaired by Ms Akua Dansua, the Hon. Minister of Women and Children's Affairs. She expressed worry over the high levels of neonatal, infant and maternal mortality and attributed this to the difficulties in accessing health services particularly in the rural areas. She was however happy that some progress has been made and was hopeful that with the Ministry of Health becoming more and more gender sensitive much more could be achieved in the coming years.

The representative of Development Partners, Mr. Donald Teitelbaum, Ambassador of the United States of America to Ghana, acknowledged that there has been some change for better results and some progress have been made. He mentioned the increase in outpatient attendance and the 85% reduction in guinea worm cases as signs of progress and called for increased efforts to sustain such gains. He however raised concerns over the setback experienced in the country's effort to being certified a polio free country. He also highlighted some continuing challenges such as access to health services for the poor under the National Health Insurance Scheme, inequity in human resource distribution, commodity security, timeliness of disbursements to Budget and Management Centres and completeness of financial statements. He called for efforts to strengthen of the financial management systems in the sector.

On the 2009 Programme of Work, Development Partners welcomed the increased focus on primary health care, and urged all partners to think about ways of improving health within the limits of existing resources. They called for more active participation from other sectors to move the health agenda forward.

The Hon. Minister of Health noted that even though there are indications that some progress has been made, the sector was behind schedule to meet the MDGs. He was concerned about the existing health inequity and called on health workers to take a moral stance on the issue. He also asked for a multi-stakeholder approach towards the implementation of health initiatives so that the sector would make the quick jumps needed to meet the MDGs. He reiterated the need to work with leaders from business, academia, NGOs and the media to help meet sector objectives.

The Hon. Minister called on the sector to take bold initiatives to implement policies that will make deprived areas attractive to young and enterprising health workers and to take the necessary steps to move staff away from the already choked areas. He also called for a practical and cost effective way of spreading the available health worker population across the country to create some level of equity in the system.

This aide memoire is the result of discussions held at the business meeting on the 22nd of April 2009 and it reflects the commitments of the Ministry of Health and its health partners towards

improved performance of the health sector. It also reflects the collective responsibility of health partners for ensuring the availability of agreed resources for implementation and for monitoring and evaluation of the Programme of Work.

SECTOR PERFORMANCE

During the meeting, the outcome of the Holistic Assessment was discussed and a number of issues were raised. Overall performance in the sector has been good. Meeting participants congratulated the Ministry on the strong performance in certain areas and strongly applauded the 30% decline in under-five mortality as noted in the recently released DHS preliminary results. However, concerns about the poor performance of the sector in the northern regions were expressed as well as the need to prioritise more resources and support to the region. Issues were also raised about the multiplicity of protocols for non-communicable diseases and the need to harmonize them. Use of contraceptives has experienced a significant decline without a clear explanation. Various data sources have noted a wide range of values for immunization coverage, and increased rates of anaemia in children. The meeting therefore agreed on the need to take measures to ensure that these gains in child survival are consolidated and built upon and regional disparities are addressed.

Discussions were also held about the Holistic Assessment Tool and the need to strengthen the District Health Information Management System (DHIMS). However, it was agreed to continue to use the tool in its present form through the end of the current five year POW (2007 - 2011) with adjustments made as needed.

The meeting agreed on the following:

- The Information Monitoring and Evaluation Working Group was tasked to fine-tune the tool based on comments and issues raised and to report back at the August 2009 business meeting with an updated tool.

OTHER PERFORMANCE ISSUES

Emergency Services

Issues and concerns were raised around the fragmentation of ambulance services throughout the country. Weaknesses in the referral system were also noted as a contributor to maternal mortality and linked to the fragmentation in the ambulance services. It was also noted that there are a number of low cost, innovative emergency service interventions already taking place both in Ghana and other parts of Africa that can be adapted for countrywide use. These include public private partnerships and the use of mobile phones to facilitate prompt referral. Referral guidelines from CHPS zones through to tertiary levels are currently under development by the Inter-Agency Leadership Committee.

It was also noted that ambulance services are not covered under the NHIS. Discussions were held around the feasibility to include reimbursement for ambulance services.

The meeting agreed on the following next steps:

- MOH to follow up with International Finance Corporation (IFC) to expand the TOR for the private sector study to include exploring options for emergency transport services.
- MOH to develop a proposal for pooling all public sector facility based ambulances under the National Ambulance Services (NAS) and present at the August 2009 business meeting.
- MOH to review existing best practices of collaboration between Ghana Private Road Transport Union (GPRTU) and GHS and identify potential for national scale up.

Maternal and Child Health

It was noted that over the past years, maternal and child health (including neonatal health) has remained as a top priority in the health sector. As a result, significant recommendations have been made. However, actions to implement recommendations have been slow, particularly since the last Summit. A ministerial task force on MDG-5 has been established but they have not met on a regular basis nor does it seem to be active in overseeing the implementation of the recommendations. Additional concerns were raised about the slow progress on maternal mortality reduction as well as the socio-cultural barriers that continue to prevent women from delivering in health facilities.

Childhood malnutrition and anaemia continue to remain serious threats in Ghana. A more systematic approach needs to be explored to address these issues to help prevent significant health challenges later in life. Additionally, the need to include family planning as part of the overall maternal health benefit package under the NHIS was raised.

The meeting agreed on the following next steps:

- The Ministerial Task Force will meet within the next month to review the existing MCH recommendations and establish a prioritised schedule for implementation of steps to reduce maternal and neonatal mortality to be presented at the June Partners meeting.
- The Ministry of Health to revisit recommendations of the report on Cost Effectiveness of Including Family Planning in NHIS benefit package.
- MOH should prioritise interventions to address childhood malnutrition and anaemia in the 2010 POW and in ensuing years to build on progress in reducing child mortality.

Commodity Security

Overall, contraceptive and commodity security continue to be a major concern for the sector. Issues were raised over the need to ensure that the full commodity budget is available and utilised in a timely manner. It was further noted that, during the April 2008 Summit, it had been agreed that a study would be undertaken to further review bottlenecks and challenges in logistics and commodity security. To date, the TOR for the study has been circulated. However, the study has not yet taken place.

The meeting agreed on the following next steps:

- The agreed study from the April 2008 Aide Memoire should be implemented immediately and presented at the next summit.

REPOSITIONING OF CHPS

CHPS was re-affirmed as a critical strategy for community based service delivery. Current priorities for CHPS include repositioning it to increase and improve its role in maternal and child health service delivery with a focus on preventive care. While overall clear priorities have been identified in the 2009 POW, there are a number of challenges in orienting CHPS to meet these objectives. These include different interpretations of the CHPS concept, the role of the district assemblies and leadership at the district level, availability of equipment and supplies, and inadequate skills to meet the current demand. The Minister also assured the meeting that inter-ministerial meetings have begun to discuss stronger collaboration with other sectors on health related matters.

Concerns were raised that community involvement needs to be maintained as a key aspect of CHPS. It was also noted that there was a plethora of community volunteer approaches that should be considered in a CHPS strategy review.

The meeting agreed on the following next steps:

- MOH to convene stakeholders meeting by July 2009 to discuss the recommendations of the in-depth review on CHPS including reaching a policy decision on the roles of CHOs in deliveries.
- Based on the outcome of the above meeting a prioritized and costed implementation plan will be presented at the next business meeting.

HUMAN RESOURCE DEVELOPMENT

The partners congratulated the Minister for his pro-active stance in tackling the human resource issues which have been plaguing the sector for many years. The partners also reaffirmed their commitment to work hand in hand with the ministry on these challenges. The need for decentralisation payroll management for staff was raised. While Ghana Health Services felt that this is an option, even with centralised payment mechanisms there are still issues around staffing norms and regulations.

Discussions were held around non-financial incentive packages for staff (eg. speeding up promotion, further training etc) especially those working in deprived areas as well as funding implications for higher salary levels. Variations in staff promotion and implementation of staffing policies across geographical locations and agencies were also raised as a concern. Finally, concerns were voiced over funding gaps, splintered oversight responsibility and weak stewardship over pre-service education for health workers in Ghana that is leading to a misalignment between the country's human resources policy and the training of health workers.

The meeting agreed on the following next steps:

- MOH will form a group including MOH, MOFEP, MLGRD and other relevant institutions on decentralization and greater institutional autonomy over human resources management (including payroll) and to make recommendations on next steps to be presented at August 2009 business meeting.
- MOH to complete staffing norms to be presented at the August 2009 business meeting.
- MOH will pursue measures to improve allocation and presence of staff at assigned post with progress to be reviewed at the next health summit.

FINANCING AND FINANCIAL MANAGEMENT

Overall concerns were raised about PFM in the sector including delays in development of a plan of action to strengthen this area. Among the issues raised were delays in release of funds from MOFEP including SBS, as well as disbursements of funds at all levels. Concerns were also raised about predictability of donor funds and disbursement of earmarked funds as well as appropriate planning and monitoring of all funds.

The meeting agreed on the following next steps

- Completion of the PFM strengthening plan for endorsement at the June partners meeting.
- As part of the PFM plan, improve routine monitoring and reporting of disbursement of funds from each level of the system as a means to improve fund flow.
- MOH should take steps to harmonise budget and financial statements. Progress will be reported before the budget guidelines go out.
- GOG to ensure timely releases and disbursements of item 3 funds with special attention to the first quarter.
- All partners, as part of broader PFM strengthening, will communicate budget commitments for 2010 as per format to be agreed upon by end of May 2009.
- MOH will request a presentation by MOFEP on the key findings of the Public Expenditure Tracking Survey (PETS) by the July 2009 Partners' meeting.

NATIONAL HEALTH INSURANCE SCHEME

Partners congratulated NHIA for achieving a significant level of membership in a short period of time. However, a number of serious concerns were raised about the policy and administrative challenges faced by the rapidly expanding health insurance system, including maintaining the actuarial balance of revenue and expenditure flows in the face of change in

benefit entitlements, problems with the current decentralized governance at the level of the district mutual schemes, timely payment of providers and management of escalating incidents of fraud and abuse by providers gaming the payment system. Partners also highlighted issues regarding transparency, accountability, collaboration and cooperation. Additionally, the partners pointed out the perceived deficiencies in financial reporting discussed in the review report and the need for NHIA to be brought into the sector dialogue was agreed and endorsed by the Minister. Strong support was given for a more inclusive policy dialogue between the Ministry of Health, NHIA and health development partners regarding health insurance, and questions raised about how to ensure that all partners are engaged in these dialogues. Finally, the partners noted a general lack of information flow from the NHIA.

The meeting agreed on the following next steps:

- NHIA and MOH to organize a follow-up stakeholders meeting before August business meeting to review issues around NHIS, including future policy development, administrative challenges, and donor harmonisation.
- NHIA will review issues raised in the review report and present a written response on clarifications to be discussed at the June partners meeting.
- NHIA senior management will actively participate in health sector meetings and policy dialogue.

GENDER POLICY

The Partners congratulated the Ministry on the successful launch of the Gender Policy. Much of the discussion was around the move to implementing the policy and called for the Ministry to focus on the priorities defined in the 2009 POW as well as identifying activities to implement without significant financial implications.

The meeting agreed on the following next steps:

- Disseminate the gender policy and fully circulate to all agencies including the media.
- MOH to engage MOWAC ensuring synergies with other related gender programs and access resources allocated to the sector.
- MOH to incorporate gender policy provisions into the 2010 POW.
- MOH will pursue government policy on increasing the number of women in leadership positions.

PARTNERSHIP ARRANGEMENTS

Over the past year, it has been noted that the partnership between the MOH and DPs has shifted and evolved. Some concerns were raised over threat of slipping back on harmonization and alignment within the sector in the context of the Paris Declaration and the Accra Agenda for Action. The Ministry confirmed these observations in its response to the DP review citing

the increasing use of parallel systems to disburse aid, as well as poor coordination on analytical work and missions. The Partners agreed that these issues should be flagged for discussion during the health partners' regular monthly meetings. The issue of the IHP/HHA was highlighted among others as one option for Ghana. In addition the need to continue to work on greater participation of other partners including private sector, non-traditional partners and CSOs was acknowledged.

The meeting agreed on the following next steps:

- MOH response to the partners review will be circulated and discussed at a subsequent partners meeting.
- MOH will review IHP+ compact document and discuss Ghana's need for further harmonisation and alignment in the health sector at a subsequent partners meeting.

2010 BUDGET PRIORITIES

Suggestions were made concerning additional priorities to be included in the budget for 2010 such as strengthening of referral systems, scale up of CHPS, repositioning family planning. DPs were invited to make further suggestions. It was agreed that:

- MOH will organise a meeting with Partners to discuss budget priorities before guidelines are finalised.

THE REVIEW PROCESS

The Independent Review team made a number of recommendations on the future of the annual review process. It was agreed that:

- The Ministry of Health will present a proposal on this issue for further discussion at the August 2009 Business Meeting.

AIDE MEMOIR PROGRESS REPORT

An updated version of the Aide Memoir progress report was presented to partners. The meeting agreed that discussion should be deferred to the next Partners' Meeting.

- An updated version will be circulated prior to the June Partners' meeting.

SIGNATURES

Government of Ghana:

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Hon. Minister of Health

Ministry of Health

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Development Partners:

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