

**Ministry of Health (MOH)  
Christian Health Association of Ghana (CHAG)**

**Memorandum of Understanding  
and  
Administrative Instructions**



**REPUBLIC OF GHANA**



**CHAG**

**July 2006.**

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## **SECTION 1 INTRODUCTION**

### **1.1 Preamble**

The purpose of this document is primarily to define the Operational and Administrative Arrangements for the implementation of the Memorandum of Understanding (MOU) signed between the Ministry Health (MOH) and the Christian Health Association of Ghana (CHAG) on 4<sup>th</sup> December 2003.

These instructions are guided by the spirit and intentions of the under-mentioned relations / guiding principles between the MOH and CHAG that culminated in the signing of the above-mentioned MOU between the two parties, It is also in line with the policy guidelines for the implementation of public-private partnerships in Ghana.

### **1.2 Background**

#### **1.2.1 Existing Relationship**

The MOH and CHAG have maintained operational relationships since the establishment of CHAG in 1967. In 1975 government commissioned a study into the role of the mission health facilities in Ghana, a study carried out by the Adibo committee. The the report, referred to as the Adibo report affirmed the important role the mission health institutions were playing and made recommendations that led to the inclusion of the salaries of Ghanaian staff working in mission hospitals to be paid for by government. The Adibo report also led to the beginning of strengthened relationships between the government and CHAG. The relationship is further evidenced in:

- CHAG managing government built hospitals referred to as Agency Hospitals in Nandom and Jirapa in the Upper West Region, Bawku in the Upper East region, West Gonja Hospital, Damongo in the Northern region, Wenchi in the Brong Ahafo Region and Adidome and Worawora in the Volta region)
- Government payment of salaries of CHAG health workers in established positions according to staffing norms.
- Secondment of professional staff
- Access to Central Medical Stores for the procurement of drugs and medical supplies at government rates
- Granting tax exemption for medical supplies and equipment.
- Allocation of part of the Health Fund to cover expenditure on service, administration and capital investment to CHAG health facilities
- The signing of performance agreements between some Regional and District Directors of Health Service of the Ghana Health Service (GHS) with CHAG health facilities in the spirit of ACT 525 (Ghana Health Service and Teaching Hospitals Act, 1996)

#### **1.2.2 Policy Focus/Thrust**

The government recognition of the role of the private sector in national development, the demonstrated commitment of CHAG to national health goals and outcomes, the evidence that government alone cannot meet the health needs of the people calls for closer collaboration between Government Agencies and all stakeholders in the private health sector. This collaboration recognises the pivotal role of the private health sector, which provides about 42 per cent of Ghana's health care services and has been growing rapidly in recent times, as the engine of growth in the country's socio-economic recovery programme.

Ghana, like most developing countries in recent times is embarking on Health Sector Reform Programme, which is intended, among others things, at addressing the poor state of health of the country especially at the rural and deprived communities where CHAG facilities are situated by choice, and experienced in serving such communities, in line with their Christian mission of service to the poor, marginalized and disadvantaged.

The immense role of the Private Health Sector in the country's quest to improve access to quality healthcare has been duly recognized and amply demonstrated in the Ministry of Health- Private Health Sector Policy 2003), which has a goal to promote a pluralistic health sector to ensure improved access and quality of care for all people living in Ghana. The policy broadly sets out to achieve the following objectives:

- Facilitate the participation of the private sector in health service provision
- Increase participation of private providers in health care delivery from 35% to 50% by 2010
- Establish a framework for partnership/collaboration between the private and public health sectors
- Facilitate the growth and development of the private sector in health

Specifically the policy commits to support in the following areas:

- Institutional capacity development of the private sector
- Human resource development
- Monitoring and technical support
- Data collection and management information systems
- Structured Private Health Sector growth and development for effective partnership with the public sector
- Regulation within the private health sector
- Intra mural Private Practice

The GHS has been established with the following objectives guiding its activities:

- To implement approved national policies for health delivery in the country
- To increase access to improved health services; and
- To manage prudently the resources available for the provision of health services

From an operational perspective CHAG's policy direction is to

- Improve the health status of people living in Ghana, especially the marginalized and the poorest of the poor, in fulfilment of Christ healing ministry.
- Strengthen the management of CHAG health facilities and programs, especially financial, human resource and organizational structures and systems, towards more effective and efficient service delivery.
- Improve the quality of services and financial access for users of primary health care and hospital services especially for the very poor and the deprived.
- Strengthen CHAG secretariat to perform its core functions (advocacy, networking and public relations, resource mobilization, support to member institutions, monitoring and evaluation) on behalf of member institutions.

The policy environment of all the key players is evidently supportive and complementary to the achievement of national health outcomes. There is mutual understanding that there is a need to have documentation of the existing relationship between the MOH and CHAG, which sets a formal framework and a reference for improved and strengthened partnership relations. Further more, the preparation of documentation, which guides the relationship, facilitates transparency and accountability of each partner to the other as well as to other stakeholders. The MOU serves as the first such documentation, which formally establishes the basis and broad areas of relationship. In addition to the MOU these administrative instructions further define the extent of relationship and commitment of each party to each other and in achieving the national health objectives.

### **1.3 Key Players**

#### **1.3.1 The Ministry of Health, (MOH)**

The Ministry of Health is the highest policy making body in the health sector and represents government. All stakeholders in the health sector are ultimately responsible to the Ministry of Health.

#### **1.3.2 Ghana Health Services, (GHS)**

The GHS, established by the Ghana Health Service and Teaching Hospitals Act 525, 1996, is responsible for the administration and management of state owned-hospitals and health stations, with the exception of teaching hospitals and those owned and managed by the security services. The GHS is mandated to contract out service provision to other recognised health care providers.

#### **1.3.3 The Christian Health Association of Ghana (CHAG)**

The Christian Health Association of Ghana (CHAG) acts on behalf of 16 Christian Churches' who are involved in the provision of health care to ensure proper collaboration and complementation of the government efforts at providing for the health needs of people living in Ghana.

## **SECTION 2 MEMORANDUM OF UNDERSTANDING**

### **MEMORANDUM OF UNDERSTANDING BETWEEN THE MINISTRY OF HEALTH AND THE CHRISTIAN HEALTH ASSOCIATION OF GHANA**

**NOVEMBER 2003**

#### **MEMORANDUM OF UNDERSTANDING**

THIS MEMORANDUM OF UNDERSTANDING is made.....4<sup>th</sup>...Day of ...Dec..2003  
BETWEEN:

THE MINISTRY OF HEALTH of P.O. Box M-44 ACCRA having its offices at the  
MINISTRIES, ACCRA, GHANA of the one part

AND THE CHRISTIAN HEALTH ASSOCIATION OF GHANA (CHAG) of P. O. Box  
7316, ACCRA -NORTH, having its registered offices at Labone in the GREATER ACCRA  
REGION of the Republic of Ghana of the other part.

#### **WHEREAS**

The Ministry of Health (MOH) is the sector responsible for health service delivery and  
regulation of the health sector as a whole,

And recognizing the role that Private Sector, including the Christian Health Association of  
Ghana plays in providing health services to people living in Ghana.

The MOH desires to enter into a Memorandum of Understanding with the CHAG.

#### **NOW THEREFORE**

In consideration of the mutual covenants and agreements herein contained, the parties do  
hereby agree as follows:

##### **1. RELATIONSHIP BETWEEN MINISTRY OF HEALTH (MOH) AND CHAG**

1.1 CHAG has always been a part of the Health Sector and maintains a good working  
arrangement with the MOH.

##### **1.2 RELATIONSHIP WITH GHANA HEALTH SERVICE (GHS) AND REGULATORY BODIES**

1.2.1 CHAG acknowledges the Ghana Health Service and Teaching Hospitals Act 1996,  
ACT 525.

1.2.2 CHAG has good working relationship particularly at the Regional and District  
levels in service delivery.

1.2.3 CHAG Member Institutions shall continue to abide by the rules, regulations and  
guidelines set out by the Regulatory Bodies.

## 2. **PURPOSE/OBJECTIVES**

- 2.1 To ensure accountability and transparency in the working relationship.
- 2.2 To define the lines of relationship and communication between the parties at all levels.
- 2.3 To provide a framework to formalize the working arrangement between the parties

## 3. **THE PRINCIPLES**

To ensure a common understanding and commitment to this Memorandum of Understanding the following principles shall be adhered to by the parties.

- 3.1 The Government of Ghana, through the Ministry of Health, is primarily responsible for the provision of health needs of people living in Ghana.
- 3.2 CHAG Member Institutions shall collaborate with Ministry of Health in the provision of health services
- 3.3 CHAG Member Institutions shall operate as a non-profit making organization.
- 3.4 CHAG Institutions, in line with their Christian teachings, shall target service provision to the poor and the marginalized in the society.
- 3.5 CHAG Institutions shall provide Curative, Preventive and Rehabilitative services to all without regard to sex, age, race and religious affiliations.
- 3.6 In the provision of these services, CHAG shall abide by all Ministry of Health's policies and standard guidelines.
- 3.7 CHAG shall maintain her Christian identity and the ethics of the individual Church groups.

## 4. **THE CHAG COVENANTS AS FOLLOWS:**

- 4.1 CHAG shall support Human Resource requirements of Ministry of Health institutions where the need arises.
- 4.2 CHAG agrees to use MOH staffing norms.
- 4.3 Human Resource principles and policies of MOH may apply to CHAG
- 4.4 CHAG shall submit Human Resource(s) needs to MOH for support
- 4.5 CHAG Institutions shall at all levels participate in policy development and implementation.
- 4.6 CHAG shall put in place an administrative structure that will ensure prudent utilization of Human and Financial resources made available to its institutions.

- 4.7 CHAG Institutions shall operate efficient Management and administrative structures which shall not compromise the main purpose and objectives of the MOH.

## 5. **FINANCE**

- 5.1 CHAG shall submit annual plans and budget to Ministry of Health for financial assistance in line with the Health Sector Programme of Work (POW).
- 5.2 CHAG shall be open to new and innovative approaches to Health care financing including Contracting and Health Insurance Schemes.
- 5.3 CHAG Institutions shall submit routinely and upon request Annual Audited Accounts to Ministry of Health and the Auditor General's Department.

## 6. **REPORTING**

- 6.1 CHAG Institutions shall submit on regular basis service data and financial returns and comply with mandatory reporting on communicable diseases and the selected non communicable diseases, and any other operational reports that the MOH designs for reporting by GHS.
- 6.2 CHAG institutions shall submit Annual Reports to the MOH.

## 7. **INFORMATION SHARING**

- 7.1 Policies, guidelines, standards and other relevant publications of CHAG Institutions shall be made available to the Ministry of Health and its Agencies.
- 7.2 CHAG shall at all times seek active participation of the Ministry of Health and its agencies at meetings, seminars, workshops and conferences.

## 8. **THE MINISTRY OF HEALTH COVENANTS AS FOLLOWS:**

- 8.1 MOH shall communicate with CHAG and its member institutions on relevant issues.
- 8.2 MOH shall, facilitate good working relationship among CHAG, Ministry of Health Agencies and other Private Health Care providers in the implementation of the National Policies.
- 8.3 MOH shall recognize and respect Institutional structures and systems of CHAG and its Member Institutions.

## 9. **HUMAN RESOURCE MANAGEMENT**

- 9.1 MOH shall provide support and access to Training Institutions and programmes both in Ghana and outside to CHAG Member Institutions in line with the MOH human resource policies.
- 9.2 MOH shall facilitate equitable distribution of health professionals among non-government providers including CHAG

10.1 The MOH shall supplement financial requirement of CHAG and its Member Institutions based on approved budgets.

10.2 MOH ensure equitable distribution of financial resources in the Health Sector

## **11. INFORMATION SHARING**

11.1 MOH shall recognizes and involve CHAG in development of National Health Policies and Programmes.

11.2 MOH shall make available to CHAG and its Member Institutions documents on all policies, guidelines, standards and other relevant publications.

11.3 MOH shall ensure the participation of CHAG members at meetings, seminars, workshops, and conferences.

## **12. IMPLEMENTATION AND MONITORING**

To foster a smooth implementation of this memorandum it is further agreed between the parties to set up a MOH/CHAG implementation committee to oversee the implementation of the activities under this Memorandum of Understanding.

## **13. REVIEW**

The MEMORANDUM shall be subject to periodic review. Each party shall serve notice for review, giving 3 months notice. Such notice shall indicate the intended terms to be reviewed with detailed notes.

## **14. CONFLICT RESOLUTION**

In case of any disputes, the parties shall endeavour to settle all differences out of court.

The existing Arbitration rules and systems shall be applicable for conflict settlement.

## **15. DURATION OF MEMORANDUM**

This Memorandum of Understand shall be in full force and effect from 4-12-2003. and shall continue to be in force for successive years unless terminated by either party giving Notice in writing at least three (3) months prior to the expiration of such yearly period.

**16. IN WITNESS THEREOF**

The parties have hereunto set their hands the day and year first above written.

SIGNED for and on behalf of  
CHAG by the BOARD CHAIRMAN Wendy Heavey .....

WITNESS:

1. [Signature] .....

2. [Signature] .....

SIGNED for and on behalf of  
MINISTRY OF HEALTH by the  
HON. MINISTER FOR HEALTH Kapungu .....

In the presence of:

WITNESS:

1. [Signature] .....

2. [Signature] .....

## **SECTION 3 ADMINISTRATIVE INSTRUCTIONS**

### **3.1 Guiding Principles and General Management Arrangements**

The relationship between MOH and CHAG shall be underpinned by the following principles and general management arrangements;

- 3.1.1 This document recognizes the need to improve collaboration between CHAG and the MOH with a view to attaining the collective tenets or principles enshrined in the MOU between CHAG and MOH.
- 3.1.2 CHAG shall recognize the MOH as the over all policy making body responsible for the supervision and monitoring of all health providers, both governmental and non-governmental, to ensure that government policies are implemented and objectives achieved.
- 3.1.3 MOH shall lead the development of national policies for the health sector to which, CHAG and all other Agencies and stakeholders shall subscribe to and derive direction from it.
- 3.1.4 MOH shall ensure formal and institutionalised representation of CHAG at all levels, enhanced integration of CHAG institutions in the health delivery system, and greater information sharing by all partners shall be aspired to.
- 3.1.5 CHAG shall recognize MOH and its agencies /statutory bodies and institutions as working towards a common goal, alongside other health providers in the country, towards improving the health status of all people living in Ghana
- 3.1.6 CHAG shall recognise the complementary role of other health service providers at any level.
- 3.1.7 To avoid duplication and promote efficiency and effectiveness in service delivery among GHS and CHAG institutions, MOH shall promote regular dialogue, joint planning in building of facilities and delivery of services as well as monitoring and evaluation of activities of all service providers.
- 3.1.8 In the context of the Act 525 of 1996,
  - 3.1.8.1 CHAG recognises the objects and functions of the GHS as stated in the said Act 525 section 3.
  - 3.1.8.2 CHAG institutions shall not be considered as included in the GHS as stated in the said Act 525 section 55.
  - 3.1.8.3 CHAG shall maintain their own internal management systems and operational policies but will ensure that the ultimate health policy objectives of the government of Ghana are achieved.

- 3.1.8.4 CHAG shall maintain the ownership of their training institutions and health facilities irrespective of government funding and support.
- 3.1.9 MOH shall involve CHAG in the development of national health policies and programmes.
- 3.1.10 MOH shall provide adequate human and material support, within its resource limitations, to CHAG institutions to enable them effectively complement government's efforts in providing quality healthcare throughout the country.
- 3.1.11 CHAG shall abide by MOH policies and standard guidelines; it shall also participate in the formulation and development of such policies and guidelines in so far as these do not affect the religious and moral positions of CHAG.
- 3.1.12 MOH shall orient its agencies on their mandates and responsibilities with respect to MOH /CHAG MOU and AI to ensure effective and efficient delivery of services and synergy.
- 3.1.13 CHAG institutions shall sign contract/performance agreement with the GHS at the District level with respect to service, administration and investment programmes.

## **3.2 Instructions**

The Administrative Instructions covers five main areas in line with the key provisions of the MOU between the MOH and CHAG as follows;

- 3.2.1 Human Resource Management,
- 3.2.2 Finance,
- 3.2.3 Health Insurance
- 3.2.4 Reporting Relations
- 3.2.5 Information Sharing

### **3.2.1 HUMAN RESOURCES DEVELOPMENT**

- 3.2.1.1 Ministry of Health shall play a central coordinating role in the distribution of human resources to its agencies including CHAG.
- 3.2.1.2 MOH and CHAG shall discuss and agree on quota for entry into their respective health training institutions. The quota shall reflect the following allocations
  - Ministry of Health Sponsored candidates
  - CHAG sponsored candidates
  - District Assembly sponsored candidates
- 3.2.1.3 Health professionals from training institutions shall be proportionately allocated to CHAG institutions through negotiation or based on needs.
- 3.2.1.4 MOH shall involve CHAG in human resource policy development and planning at all levels.
- 3.2.1.5 MOH shall periodically convene a meeting involving CHAG and other health service providers to discuss issues on personal emoluments, recruitment budget, access to healthcare and allocation of national health resources to agencies and enforce the outcome of such meetings.
- 3.2.1.6 Staff placement and deployment in CHAG institutions shall be in accordance with MOH guideline and norms, however differences in job descriptions and functions may, in some cases exist in CHAG institutions.
- 3.2.1.7 CHAG shall adhere to the professional qualification and accreditation of its health staff in line with the policies of regulatory bodies within the health sector.
- 3.2.1.8 CHAG and MOH shall negotiate and agree on an approved list of institutions that will be supported with government funds.
- 3.2.1.9 CHAG shall prepare and submit staff lists for approved institutions based on MOH staffing norms.
- 3.2.1.10 CHAG training institutions shall receive support from the MOH like all MOH training institutions.
- 3.2.1.11 CHAG training institutions shall sign performance agreements with the MOH.
- 3.2.1.12 MOH shall provide fellowship to CHAG in line with the approved Human Resource plans and budgets.

### **3.2.2 FINANCE**

- 3.2.2.1 MOH shall ensure equitable distribution of resources to CHAG in line with defined funding arrangements between the parties in reference to fund availability.
- 3.2.2.2 MOH shall extend financial package to CHAG to cover staff emoluments, service, administration, maintenance and investment expenses as may be agreed in 3.2.2.1 above.
- 3.2.2.3 MOH shall ensure that approved budgeted funds and allocated resources for CHAG shall be available to CHAG.
- 3.2.2.4 MOH shall inform CHAG officially about resources allocated to it annually and monitor the expenditure thereof
- 3.2.2.5 CHAG shall comply with the directives from MOH in the disbursement of approved budgets and resources.
- 3.2.2.6 CHAG budget for financial support from the government shall be prepared in line with approved national budget policies and guidelines.
- 3.2.2.7 MOH shall obtain inputs from CHAG in determining resource allocation criteria for the health sector.
- 3.2.2.8 MOH shall inform CHAG institutions of the budget allocation for staff at beginning of each financial year.
- 3.2.2.9 In so far as CHAG institutions receive funds and resources from the government CHAG shall allow itself to be audited by government appointment auditors.
- 3.2.2.10 CHAG institutions shall submit audited accounts to the MOH.
- 3.2.2.11 CHAG shall adhere to the provisions in the Public Procurement Act, Internal Audit Act and the Financial Administration Act and any other financial act or instrument that may be enacted by the Government.
- 3.2.2.12 CHAG secretariat shall be recognized and designated as a Budget Management Centre (BMC)
- 3.2.2.13 CHAG and MOH shall review the service charges and fees to reflect resources provided by government.
- 3.2.2.14 Internally generated funds in CHAG institutions shall be used and reported on in line with Accounting, Treasury and Financial (ATF) regulations.
- 3.2.2.15 Some CHAG institutions may not be funded by MOH.
- 3.2.2.16 CHAG shall initiate as well as participate in discussion and fora on new health financing mechanisms for discussion and follow up with the MOH.

3.2.2.17 MOH/CHAG shall jointly be responsible for the maintenance of structures and equipments

### **3.2.3 HEALTH INSURANCE**

3.2.3.1 CHAG, as a service provider shall avail itself to contract with District Health Insurance Schemes and other approved schemes in line with the National Health Insurance Act 650.

### **3.2.4 REPORTING RELATIONS**

3.2.4.1 CHAG institutions shall prepare and submit reports to the MOH and its agencies national, regional and district levels in line with agreed formats and timelines.

3.2.4.2 CHAG Secretariat shall submit its annual report to MOH and its agencies.

3.2.4.3 MOH shall ensure that all its composite reports on service providers and other stakeholders reflect the disaggregated data submitted by CHAG and other agencies.

3.2.4.4 MOH shall ensure that CHAG receives all relevant reports and documents it prepares that are intended for public reference and use

3.2.4.5 MOH and CHAG shall acknowledge receipt of all reports and documents submitted by the respective parties.

### **3.2.5 INFORMATION SHARING**

3.2.5.1 CHAG institutions at all levels shall invite MOH and other stakeholders to participate in relevant management meetings, seminars etc.

3.2.5.2 CHAG and MOH and its agencies, at all levels shall discuss and agree on fora to which participation by all parties is mandatory. ,

3.2.5.3 MOH and CHAG shall endeavour to invite each other to participate in relevant international and national assignments and fora.

### **3.2.6 MOH/ CHAG MOU Partnership Steering Committee (PSC)**

There shall be a Partnership Steering Committee (PSC), which shall have the following:

Functions and Responsibilities

- Oversee the implementation of the MOU in accordance with these administrative instructions
- Monitor progress of implementation of the MOU and AI
- Serve as first point of call for arbitration, if unable to resolve, and then activate arbitration process in line with existing arbitration Act 38, 1961.
- Facilitate the review of the MOU as and when required
- Present an annual progress report to the MOH and CHAG.
- Meet at least quarterly and when the need arises.
- Prepare an annual work plan and budget covering their activities, for funding by MOH.

Membership composition

- 3 representatives from the MOH
- 4 representatives from CHAG
- 1 representative from MOFEP
- The Chairperson for the PSC shall be a representative from the MOH
- The PSC shall co-opt additional at most 3 additional members to serve with them if necessary

Operational Modalities

- The PSC members shall themselves regulate their meetings
- The PSC shall have at least once every three months and more if necessary
- The PSC shall establish adhoc committees as and when necessary to carry out specific tasks and assignments on behalf of the PSC.

**3.2.7 DURATION, REVIEW AND CONFLICT RESOLUTION**

It is envisaged that MOH and CHAG shall adhere to the provisions outlined in this Administrative Instructions to facilitate the effective collaboration between both parties in health delivery in the country.

Matters relating to the duration, review and conflict resolution arising from the enforcement of this Administrative Instruments shall be in line with the provision thereof in the Memorandum of Understanding between the MOH and CHAG, which was effected in December 2003.

SIGNED for and on behalf of  
CHAG by the BOARD CHAIRMAN .....

WITNESS:           1. ....  
                          2. ....

SIGNED for and on behalf of  
MINISTRY OF HEALTH BY THE  
HON. MINISTER FOR HEALTH.....

In the presence of:

WITNESS:           1.....  
                          2.....

Signatories  
On behalf of CHAG  
Chairman of the board  
Ghana Catholic Bishops' Conference  
Christian Council of Ghana

On behalf of MOH  
Hon. Minister  
Chief Director  
Director PPME