

**IMPLEMENTATION OF
THE FIVE YEAR PROGRAMME OF WORK**

(HEALTH) RESEARCH AGENDA

DRAFT

(For discussions)

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INTRODUCTION

The role of research in shaping policy and improving implementation of health programmes have long been recognised by development practitioners. Many reviews have linked the lack of performance in the health sector of many countries to the adoption of inappropriate policies, often due to lack of information as a result of weak research systems. Several studies have also shown that policy models in which policy makers take the lead in defining research needs, research priorities and are involved in the research process either directly or through commissioning have a greater than average chance of successful implementation. This realization has led to a number of global initiatives aimed at strengthening national efforts to establish policy relevant agenda for research and to build capacity for identifying research needs and carrying out priority research.

During the last two decades, the health sector in Ghana has felt increasing need to improve the chances of realizing sectoral health policy objectives within short periods. This is partly due to deepening democracy which requires government to show results of their stewardship within a short period of four years and as a legacy of the health sector reform embarked on since 1997. As part of the arrangements to manage the implementation process of the sector programme of work, an elaborate system of reviews and programme evaluation has been followed all aimed at accessing more precisely the performance of the health sector during the life span of the programme of work. The competing demands for resources and the overall lower than expected growth in resources available to the health sector has also created the need for stricter setting of priorities and a continuous review of such priorities in the context of the Five Year Programme of Work. These demands have brought to the fore the need to generate very precise information to allow strategic adjustments to be made in the course of implementation of the programme of work.

The Five Year Programme of Work (2007 to 2011), in addition makes a specific demand on the health sector. The new National Health Policy, on which the programme is based, defines a new paradigm shift for the health sector. It places significant emphasis on the individual and community's response to the determinants of health and the need to harness the potential of the health industry in Ghana for an improved health status as part of the wealth creation agenda of government. There is thus a clear need for new information and a continuous search for new innovations to ensure that these policy objectives to be met.

This research agenda has been put together in response to the need for improved implementation of the Five-Year Programme of Work (2007-2011). It identifies broad areas where information will be required to help in the policy dialogue and to provide evidence for policy reviews. It is also to help in the implementation of key strategies by supporting the evidence based decision making arrangement for managing the programme of work.

The agenda is by no means exhaustive it therefore makes provision for systematic thematic reviews and fine tuning to ensure that new and pressing demands are taken on board.

The Health Research Environment in Ghana

Research activities in the health sector are well advanced in terms of skill availability and quality of output. Unlike most Ministries Departments and Agencies, the health sector has a number of active and well-organized research centres, and others that are affiliated to it, that are involved in extensive research activities ranging from demographic surveillance to research on specific topics related to the management of health programmes. Most of these research activities have external involvement in terms of funding and the ownership of the output. In recent years, attempts have been made to increase focus on the strategic objectives of the Five Year Programme of Work through the Ghana Dutch Collaboration for Health Research. Efforts are also being made under the programme to coordinate the activities of the research units in the Ghana Health Service.

There are five research centres in the health sector. These are the Health Research Unit in Accra, the Navrongo Health Research Centre, the Kintampo health Research Centre, the Dodowa Health Research Centre, the Nkwanta health Research Centre. With the exception of the Health Research Unit in Accra, all the other centres are focused on research activities at the district level. The Ministry of Health is currently not providing country-wide oversight and regulation of health research activities. Several reasons may account for this. Firstly health research in the health sector has developed mainly from individual efforts. Until very recently all the health research units have been self financing and based on projects individually sought and executed on terms of the funding or collaborative partner. Even with the current involvement of the Ghana Health service, most of the projects and funding are externally driven. Secondly even though the health research units have been in existence for some time now the Ministry of Health and other agencies including the Ghana Health Service have not systematically engaged these units to provide evidence for key decisions and policy reviews. Thus while vigorous research activities are undertaken these are not aligned to the health sector strategic plans and programmes.

One clear benefit the sector has gained from this arrangement is the exposure and international recognition accorded to the research units in the health sector. Each of the research units has robust mechanisms for ensuring high quality outputs. Each unit has its own institutional ethical review board which are based on sources such as the World Health Organization's Operational Guidelines for Ethics Committees that Review Biomedical Research, The Helsinki Declaration, the US Code of Federal Regulations among others. Each of the centres also has standard operating procedures that guide the boards and researchers on the requirements for ethical review.

There are other research institutions outside the Ministry of Health but which work closely with the health sector. These are the Nogouchi Memorial Institute for Medical Research, the Kumasi Centre for Collaborative Research in Tropical Medicine and the School of Public Health, University of Ghana. Between them there is a strong capacity for biomedical and health research work in the country. Although these are Ministry of Education facilities their research activities have a strong bearing on health care delivery. The Ministry of Health has therefore, over the years, developed strong ties with these research institutions. Within the Ghana Health Service the research centres have been placed under the Policy Planning Monitoring and Evaluation Division with the Health

Research Unit in Accra acting as the lead centre and beginning to coordinate their activities. To this end a national survey of the status of their internal quality control mechanisms have been conducted.

A quick review of the objectives of the health research centres indicate that all of them aim at carrying out priority research, building capacity to undertake research, explore alternatives to implementing interventions and establishing Demographic Surveillance Systems as part of the INDEPTH Network. Most of the work done by these centres have centered around the epidemiology and social, economic and cultural challenges in the management of malaria. Health financing and the implementation of community based health Insurance schemes have also featured in the work of the health research centres.

Districts that do not have health research centres also engage in research activities mainly focused on evaluating impact of interventions and updating routine information through surveys. Specific studies largely depend on individuals working within the district and are usually linked to postgraduate studies. Results of such studies are also usually not policy oriented and are not available to decision makers at policy level. Several district focused research work have however informed policy over time. The Community Based Health Research and Services studies by the Navrongo health research Unit and Studies on the implementation of the health insurance policy in the Dangbe West District are some examples of such research activities.

The institutional and geographical spread of health research facilities in Ghana provides the infrastructure for different types of research at district level, regional level and across regions in the country. There also exists a high calibre of research scientists at all the research centres with the requisite skill and recognition to undertake credible research activities in the country.

There is an increasing need to reorient the operations of the health research facilities towards the objective of increasing the amount of high quality, policy-relevant, health services research. Studies focusing on critical concerns facing the health sector in its quest to secure adequate, affordable, high quality health services for the people especially in rural communities will need to be further promoted and adequately supported. The use of research findings to educate a wide audience of national and local decision-makers and to bridge gaps between policy and program needs will also need to be promoted.

In the last three years, research in the health sector has started to receive significant attention. Within the Ghana Health Service, this started as a result of efforts to disseminate information on research activities and the subsequent realization of the need to streamline and establish a more sustainable funding mechanism. The Ghana Health Service in this direction set up a health research fund which was expected to be 5% of the agency's annual budget. Due to pressing financial needs in the sector, the fund has still not been set up. In June 2006, Ghana hosted a High Level Ministerial Meeting on Health Research which identified the need for developing countries to set aside 2% of their national health budget to fund research in the health sector. Although not up to the target of 2%, the 2007 budget made a provision of two hundred million cedis (¢200,000,000.00) as seed money for the research fund.

Research Underpinnings of the 5YPOW

The programme of work charts a new course in many respects. Although it can be argued that the emphasis on the prevention of illness is not new, programmed activities on regenerative health and nutrition is a clear departure from disease prevention activities undertaken in the past. Behavioural change and the capacity to make a choice for healthy living are fundamental to the realization of the goals in this respect. These are areas where innovations and new information can be very valuable and underscores the need for a continuous review of the issues in order to adopt the best approach under specific circumstances. Under this theme, non communicable diseases assume significant importance while longevity is seen as desirable and attainable. However these are areas where the health sector lacks information creating the need for systems to be primed up for the future. In more specific terms, the health sector in Ghana is in urgent need of epidemiological research and data collection on risk factors of the emerging diseases and injuries.

For the first time, National Health Insurance has a central role to play in changing not only the way health services are financed but will also induce changes in the access poor people have to healthcare, in provider incentives and in organizational arrangements in the sector. Issues of cost containment, service quality management and the overall effect in health development will need to be assessed from the early stages. In particular improvements in access to basic services by mothers, children, and the poor will need to be reviewed in the early stages to keep the policy on track. There is also the need to track the performance of the scheme under such parameters as sustainability, efficiency and effectiveness to ensure the general health of the scheme.

The programme recognizes the need for new approaches to tackle inequalities in access to good health, between rich and poor and between regions. The strategies proposed are innovative and they relate to adjustments in both the structure and the motivations of the health workforce. They are unlikely to produce instant results but need to be set in motion. Their effects are also not clearly known and so there will be the need for continuous assessments in the context of the overall objectives.

The Ministry of Health is charged with ensuring both allocative and distributive efficiency. This in addition to promoting an evidence based system for policy and planning requires information from diverse sources. A lot of the inherent weaknesses in the routine data gathering system are yet to be fully dealt with. Routine information in many areas thus gives only part of the picture. For instance the role of the private sector is still not fully accounted for in the routine information system. Surveys and other research approaches remain one of the reliable methods for filling such gaps.

In general the Programme of Work makes specific demands for measuring and demonstrating impact of policies and interventions to improve their implementation. Management of diseases of the poor and their access to health services are sited extensively. In a number of these areas the routine system for collecting information is yet to be tested and so the system will depend on non routine sources for information for strategic decision making.

Goals and objectives and principles

The broad aim of the research agenda is to help build an evidence based system that contributes to more effective service delivery and improved health and disability outcomes. Embedded in this broad aim is the need to promote health research as an information resource to support local planning and to expand the scope of health research and researchers in both government and non government agencies in the implementation of the Five Year Programme of Work (2007 – 2011).

Specifically the research agenda will:

- Guide investment, over the next five years, in high quality research and evaluation that contributes to the achievement of more effective service delivery and improved health and disability outcomes by identifying priorities for policy led research and providing direction for research planning and evaluation activities in the context of the Five Year Programme of Work.
- Build health research capacity that contributes to the achievement of medium term health policy objectives and more effective service delivery for and improved health and disability outcomes

In meeting the above objectives, the Ministry of Health will adopt an inter-agency approach to strengthening the existing research coordinating mechanisms in support of the research agenda. The ministry will also encourage and promote partnerships between the research institutions, researchers, districts and government agencies to enable the mutual transfer of skills and develop local capacity to undertake operational research.

The Ministry of Health will work with Health Research Units to increase the focus of health research activities on the policy and implementation issues around the Five Year Programme of Work. The ministry will also increase its involvement and support forums that promote policy oriented health research development and to promote research communication and dissemination.

THE HEALTH RESEARCH AGENDA

The research agenda outlines is focused on three main areas. Firstly it places emphasis on the need to improve knowledge and appreciate the dimension of key challenges confronting the health sector. A lot of efforts will therefore be made to direct research towards quantification and situation analysis. Efforts have also been made to identify metrics that can be tracked longitudinally to define, quantify and benchmark issues and determinants of successful health policy outcomes.

The second area of research attempts to look at the barriers and facilitators to the implementation of health interventions and programmes with the aim of improving chances meeting policy objectives and improving evidence based health care delivery. It also aims at supporting continuous improvements in quality of care and management processes in the health sector. The third area focuses on identifying and developing

products, tool kits and road maps for the implementation of long term strategies. Specifically this area looks at how current best practices can be developed into practical implementation guide for sector wide effects. The outline presented represents broad areas under each strategic objective.

Healthy Lifestyle and Healthy Environment

There is an extensive literature on how lifestyle and the environment contribute to the health status of individuals and communities. The Programme of work is thus concerned with addressing risk factors associated with ill health by placing strong emphasis on healthy lifestyles and the environment. The programme thus identifies the following as the basis for policy and planning:

- The bulk of the disease burden of the country is associated with neglect of basic environmental practices, poor dietary habits, physical inactivity and the adoption of life threatening behaviour such as cigarette smoking and the practice of unsafe sex.
- Increases in sedentary occupations associated with urban employment are leading to increased obesity and declining physical fitness.
- Increases in trauma associated with road traffic accidents.
- Increases in industrial accidents due to the lack of or enforcement of safety practices.

To meet these challenges the programme aims at reducing the risk factors related to health and vitality by promoting healthy individual lifestyles and behavioural models. It also aims at promoting environmental and occupational health and safety. The key strategy is to make information available to the public so that individuals can make the choice for better health through the promotion of better diet, more physical exercise, safer driving and safer work place practices. From a programme perspective the main domains for policy and planning are:

- Health Promotion and Regenerative health and nutrition
- Inter-sectoral advocacy and Action for environmental health and safety
- Ensuring food safety

It is expected that increasingly people will adopt healthier lifestyles, have more access to safe food, potable water and sanitation and there will be a reduction in road and work place accidents.

Achievements under this component of the programme of work will require extensive changes in behaviour of individuals. However, several reports have indicated that most important messages about prevention may not be getting through to the people who need it. This is highlighted by the high awareness about how to prevent HIV/AIDS and the low levels of condom use. It is also very clear that some activities in the area of commerce such as the rise in fast food joints, the promotion of alcoholic drinks and other alcohol based

concoctions presents significant challenges to the achievements of the stated objectives. Effective behaviour change interventions will therefore need additional support outside of traditional health systems.

The lack of enforcement of basic laws in the area of sanitation, road and work place safety indicates that not everything that might work will work. The weaknesses in the enforcement of laws are not clearly understood leading to the conclusion that services should be supported by good evidence before they are widely recommended. Since much of the expected achievements also depend on effective legal and enforcement mechanisms, a clear understanding of the issues for policy redress will be required.

In Ghana the health impact of increasing urbanization is becoming evident. The effect of this phenomenon on health risk factors needs to be understood from different perspectives and in particular how regulation can be used for effective disease prevention.

Key Areas for Research

The key areas for research in the medium term relates to a better understanding of the problems preventing or enhancing the individual choice for better health. Especially with non communicable diseases the priority will be to have a clearer picture of the extent and magnitude of the risk factors. For major health problems that are likely to affect the attainment of the millennium development goals research will focus on barriers and facilitators to available interventions for the purposes of reviewing existing policies. Specific research question will be developed around the following:

- Establishment of economic cost burden of diseases to enable the Ministry of Health to assess the economic benefits of the new emphasis on disease prevention.
- Assessment of the burden of ill-health and health care costs on households to establish impact of the NHIS
- Review adequacy or otherwise of public health laws and examining factors affecting enforcement.
- Description of the health impact/health risk of the current rural urban migration and establish the profile of the most vulnerable groups involved.
- Traditional beliefs and risk factors. An assessment of how beliefs reinforce unhealthy lifestyles.
- Assessment of the information needs, sources of information and how these affect health behaviour of the adolescent.
- Development/exploration of local products as food supplements and nutrition enhancers based on traditional foods and plants with emphasis on children.
- Health care and nutrition for the aged with the aim of developing a geriatric care policy.

- Regenerative health orientation of primary and secondary school curricula. Establishment of policy gaps for advocacy.
- Knowledge attitudes and practices regarding food and occupational safety.

Scale Up of Health, Reproductive and Nutrition Interventions

The programme aims at the development of a holistic, integrated and seamless health care service and the mainstreaming of traditional and alternate practice in Ghana. It also aims at targeting these services more towards the poor, disadvantaged and vulnerable groups. Expansion of services by scaling up critical curative interventions of proven value is envisaged. However the programme recognizes existing challenges posed by Malaria, acute respiratory infections, diarrhoea, malnutrition including anaemia, measles and neonatal causes, the persistence and resurgence of Guinea worm and emerging/re-emerging diseases such as HIV/AIDS, tuberculosis, buruli ulcer and filariasis and programmes have been drawn up to tackle them. The main strategy outlined is to scale up interventions, improve provider productivity, service quality and the more efficient use of resources

The challenge of Maternal Mortality and the relatively low coverage of maternal and neonatal interventions are highlighted and the programme pays specific attention to ensuring improvement in supervised deliveries in well equipped facilities.

Emerging threats of non-communicable diseases such as cardiovascular disorders, diabetes and cancers, trauma and other injuries and their economic impact on families and government is noted. The focus is on prevention, early detection and treatment and the need for skill and infrastructure development in this direction is outlined by the programme of work.

At the end of its implementation the Ministry of Health expects to improve coverage of high impact health interventions and overall improvements in the quality of health services would be achieved. It is also expected that emergency services would have been established while advances would have been made in mainstreaming traditional medicine by improving on quality and safety of the practice.

Achievements under this component of the programme of work require that the health sector takes definite and informed steps towards meeting some of the major and protracted challenges facing the health sector. It will also require that a number of interventions and strategies are reviewed with the aim of refocusing their implementation for better results. The potential of a number of interventions are already known and some are being scaled up. The need to guide the process and ensure that early results are what should be expected cannot be overemphasized. It is also essential to develop modules for scaling up in some areas to enable the economic costs to be properly analysed and planned for.

For some major challenges the scale of the problems are still not known. This is especially so with non communicable diseases. Prevalence studies will be needed to help in planning

some interventions. For others, such as guinea worm eradication a redesign of the strategies will be required taking into consideration more of the socio economic dimensions of the problem.

Key Areas for Research

Research will be required in three main areas. First is to establish the magnitude of specific health problems and practices particularly in the area of non communicable diseases. The second will be to investigate issues around implementation of specific interventions and to map out cost effective alternatives for better results. The third area will focus on product development to enhance safety of traditional medicines. Key research questions will be developed around the following:

- Measurement of prevalence of determinants and cases of selected non communicable diseases. Priority will be cardiovascular diseases and diabetes.
- Rural-urban migration and cardiovascular risk.
- Conduct a burden of disease study using existing data bases at national and district level.
- Studies to understand low uptake of specific services (such as supervised deliveries) and steps to improve them.
- Costs and impact of scaling-up high impact interventions
- Research on equitable health systems, including a randomised controlled trial of interventions to improve uptake of community-based health services.
- Study early effects of key policy interventions. Priority will be Mutual health Insurance Schemes and Community Based Health Planning and Services.
- Economic analysis and epidemiological modelling to inform disease control policies especially for malaria, HIV and STD policy.
- Assessment of institutional emergency preparedness (priority is to improve emergency services)
- Study on herbal preparations on which comprehensive assessments have been made and recommended for treatment of specific diseases (priority is to develop a herbal formulary based on indigenous plant products)
- Studies on the social determinants of mental disorders, the impact of community based management of psychiatric patients.
- Comprehensive review of the Guinea Worm Eradication Programme. In response to need for re-strategising and to redesign the programme.

- Study referral systems in the health sector (including the private sector) with the aim of streamlining and establishing seamless services.
- Establish maternal mortality ratio in Ghana
- Research on gender violence and health, including prevalence and risk factors for intimate partner violence.

General Health Systems Development

The demand for service expansion and the need to maintain high coverage of health interventions underscore the need for improvements in capacity. The programme of work therefore places emphasis on the creation, expansion and upgrading of health infrastructure, human resources and health logistics in order to improve clinical and organisational performance of the health sector.

Improvement in human resource availability for health service delivery focuses on the production and equitable distribution of middle level cadre health staff. Issues of retention and productivity are to be addressed through the implementation of rewards and sanctions systems and enhanced decentralised system of human resource management and administration.

Enhancements in health infrastructure with emphasis on deprived and peri-urban areas will be addressed through an infrastructure rationalisation programme. The programme will be informed by a service availability mapping and available financial and human resources. Scale up of the Community Based Health Planning and Services Programme will be a key strategy. Increasing involvement of the private sector especially in the establishment of facilities for alternative services will be supported under the programme.

Capacity development will also require extensive use of evidence for decision making, programme development, resource allocation and management. The Programme of Work therefore makes provision for investments in ICT through the implementation of the Health Sector ICT policy and strategy, strengthening and expanding Demographic Surveillance Sites and community based surveillance systems and scaling up of district wide systems for information management to ensure the availability and accurate and reliable routine service based data.

The programme of work proposes to exploit the potential of the health industry extensively as a basis for enhancing the capacity and sustainability of the health system and contribute to the national economy. Initial work will include an analysis of the industry in Ghana and a mapping out of its potential. Along with this will be steps that will upgrade and start to modernise health logistics and logistic management systems and to ensure quality and rational use.

Achievements under this component of the programme of work will be measured by increased access to health services by the poor and in deprived and peri-urban areas, increasing productivity, skills and equity in the distribution of health workforce and a

more rational approach to the development of the health infrastructure. A better understanding of the health industry and its contribution to health development and a sustained improvement in health logistics is also expected.

The human resource challenges in Ghana are well documented. What is not known is the effectiveness of the proposed in-country solutions. There is also significant experience with middle level cadres especially in deprived areas of the country. However the changing demands posed especially by non communicable diseases will require some expansion of the responsibilities of these cadres of staff and with its attendant changes in some policies such as the classification of medicines. The system wide effects will need to be examined.

The expected achievements will also depend on the extent to which the health system as a whole meets new demands posed by internal migration, the new emphasis on regenerative health and nutrition and new ICT driven demands in the area of health information.

Key areas for Research

Priority research will focus on examining the effectiveness of existing policies on the overall attainment of programme objectives. It will also involve the testing of new policies especially at the district level as the basis for major policy reviews while other accepted norms will need to be questioned. Under this component, operational research at the district level based on local initiatives and ideas will be supported to unearth innovations. Key research activities will be designed around the following:

- Studies to redefine more precise measures for indicators such as access to health services.
- Redefinition and redesign of package of service at each level
- Assessment of health service needs of peri-urban areas
- Productivity analysis of health workforce
- Establishing optimum staff mix for service package at different levels
- Pilot/trials of decentralised human resource management and administration at district level
- Description and assessment of the potential of the health industry in Ghana
- Assessment of early impact of the CHPS programme
- Assessment of early impact of NHIS
- Establish additional demographic surveillance systems
- Client assessment of performance of health services

Governance and Financing

Governance and sustainable financing of the programme of work focuses on efficiency and equity through further improvements in the organizational reforms and institutional arrangements for service delivery. It also looks at the whole area of policy development and management function as the basis for improving efficiency and equity in the sector. Financing mechanism, partnerships regulation and performance management and accountability in the implementation of the programmes outlined are also emphasised.

Specifically the programme of work seeks a unification of the organisational arrangements for health service delivery based on an agreed architecture of the health sector with defined roles and responsibilities and an appropriate regulatory framework. It is not anticipated that such reforms will take place overnight hence the programme focuses on outlining an agreed road map defining the direction of organisational change and the sequencing of its components

Policy development under this component aims at improving the performance of the sector using evidence-based policies and strengthened management functions. The focus will be on institutionalising the policy development processes with a strong research basis to provide evidence for policy and an expanded stakeholder participation to improve ownership.

Improvement and sustainability of funding for the sector is looked at under health sector Health Financing and National Health Insurance. The main principles remain putting in place systems to consolidate, improve and protect revenue generation by the application of information and communication technology and a systematic review of tariffs under the NHIS. Capacity to improve internally generated funds in the sector will also be examined and measures to improve efficiency in its use will also be introduced.

In the area of Partnerships, coordination and collaboration the aim is to promote greater harmonization and alignment of activities of partners and ensure that strategic objectives requiring government and private sector collaboration are achieved. There will be an increasing role of District Assemblies in the management of district level health facilities. This role is expected to cover performance management and accountability which will benefit from the strengthening of a review of the contract management system and internal audit enhancement.

Effective regulation will be required for the achievement of medium term objectives by ensuring the quality and safety of health services. The major activities will be to review and put in place standards and establish mechanisms for policing these standards including the introduction of sin taxes. Much of the provisions will be part of the new public health laws.

Activities under governance and financing are expected to translate into improved and efficient health service for which clients will be satisfied and which is as a result of improved resource mobilisation, equity in allocation and use and which can be demonstrated by overall improvements in health outcomes.

Achievements under the programme of work are based on the assumption that when resources improve and management structures are in place these will translate into improved health outcome. The major challenge here is predictability particularly as stakeholders expect that increased resources must translate into commensurate improvements in health outcomes. The link between resources and health outcome needs to be understood. The role of regulation in ensuring that the programme objectives are met also needs extensive examination especially in identifying the gaps in the regulatory framework supporting the programme of work. The inadequacy of decision support systems and tools also creates significant difficulties in the resource allocation processes leading to the use of insensitive measure to allocate resources thereby defeating the equity principles in the whole process.

Key areas for Research

The focus for research in this area will be to explore better ways of supporting the decision making process and to enforce standards and policies for better results. This will involve the development and testing of tools particularly for options appraisal, prioritisation and assessing of effectiveness of policy decisions on short term basis. Studies will also be required to document the relationship between policies and institutional practices and how they affect health outcome. Specific questions will be developed around the following:

- Develop/establish benchmarks for performance assessment(linking resources and performance)
- Assess impact of key health sector policies
- Examining financial sustainability of the NHIS
- Describe health sector financing performance retrospectively and establish links with sector performance and implementation of major policies
- Study into the organizational architecture of the health sector and performance (e.g. is the health sector as it is structured currently able to eradicate guinea worm?)
- Decentralization and sector performance (review of policies on decentralisation and feasibility in the context of key laws such as ATF Rules)
- Assessment of early impact of MDBS on service delivery
- Assessment of trade offs in the context of the NHIS as currently structured
- Describe inter and intra sectoral opportunities and processes for policy dialogue, coordination, planning and accountability
- Review current performance management system in the health sector (assess effectiveness with recommendations for improvement)

- Review of the partnership arrangements in the health sector
- Effective rewards and sanctions system to help improve performance of health management teams.
- Explore new scenarios for funding the health sector
- Develop options appraisal framework for prioritization in the health sector

FRAMEWORK FOR IMPLEMENTATION

The implementation of the health research agenda outlined is based on the principle that good health research is fundamental to improved health and delivery of health services. It also recognizes that a strong stable coordinating mechanism and multidisciplinary research alliances and complementary research programs are essential resource for effective health research and are critical to a successful sectoral research endeavour. The implementation strategy therefore takes into consideration the existing structures and systems for health research in the conduct of research based on the agenda.

It is expected that the approach adopted will help build and maintain a broad-based, responsive and proactive research capacity through networking and partnerships. It will also allow stakeholders to contribute to knowledge, policy and practice through programs and projects of health services research focused on the priorities of the health sector.

Coordinating Research Activities

The coordinating mechanisms set up under the Ghana-Dutch Collaboration for Health Research will be employed in the exercise of ethical oversight to ensure that research conform to high quality standards already set in the health sector. The Ministry of Health, being the ultimate consumer of the research results will approve of proposals for specific studies before they are sent for ethical clearance.

The relevance of the research work to the policy and planning process of the Ministry of Health is of prime importance to the research agenda and this will be kept in focus from the approval of the proposal to the dissemination of the results. Directorates under whose responsibility the subject matter falls will first review the proposal and make recommendations on the relevance of the results. A team made up of Directors of the Ministry of Health will review the proposal and recommend to the Chief Director for approval. Approval will be given under a specified category and will be forwarded to the ethical committee for clearance. Proposals for conducting research outlined in the agenda will be cleared by the ethics committee of the health Research Unit. The Ministry of Health will therefore seek representation on this committee. Excerptions will be given under circumstances where the proposal has already been cleared by a recognised and competent ethics committee.

Funding the Research Agenda

Several sources of funds will be engaged in the implementation of the agenda. The health research fund, which is a response to the call by African governments urging countries to put aside 2% of their health budget in support of research, will be a primary source for coordination and funding research based on the agenda. Regional and District Health Administrations and particularly the District Assemblies will be encouraged to show their commitments to operational research to solve local problems in their areas of jurisdiction. It is also expected that substantial support will be provided through donor earmarked funds. Assistance will also be sought directly from other multilateral and bilateral agencies in undertaking research activities which will be of interest and which will contribute to the pool of knowledge outside the health sector in Ghana.

Funding will be based on approved proposals which have gone through ethical screening. Proposals for funding will be classified under three categories. A “Category A” proposal will receive full financial support to allow the research to be conducted and results disseminated. Usually this will be the full budget presented in the proposal. A “Category B” proposal will receive funding to cover essential field work and data analysis. Such proposal will usually be from members of staff who will not be paid honoraria and other allowances except those that are essentially incurred during field work. A “Category C” proposal will receive minimal support which will represent a percentage of the budget but not enough to support the whole study. This category will usually be for students who have opted to undertake the research as part of their studies and have shown interest in areas defined by the agenda.

Influencing Policy (and Dissemination)

Based on the annual priorities a call for proposals will be put on the Ministry of Health website by the end of March and the screening and approval processes will be completed by the end of June. As much as possible and where feasible, research work will be completed over a six to nine month period (July to March). This will enable the results to be discussed and where appropriate incorporated in the next annual programme of work.

A series of meetings will be held in March each year to discuss research findings and how they can be incorporated into policy and the annual programme of work. These meetings will review each research work and the findings and agree on how the results will be utilized. A brief will then be prepared and circulated as information support for planning. The following represents key activities and the time frame.

| ACTIVITY | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Call for proposals | | | | | | | | | | | | |
| Review and approval | | | | | | | | | | | | |
| Ethical clearance | | | | | | | | | | | | |
| Field work | | | | | | | | | | | | |
| Report writing | | | | | | | | | | | | |
| Review meetings | | | | | | | | | | | | |
| Policy brief | | | | | | | | | | | | |