



COMMITTED TO  
IMPROVING THE STATE  
OF THE WORLD

## Inter-Agency Leadership Committee Minutes

<b>Subject:</b> Inter-Agency Leadership Committee Meeting (#2)	
<b>Location:</b> College of Physicians and Surgeons, Accra	<b>Date:</b> June 13, 2008
	<b>Time:</b> 0900 - 1700
<b>Percent Attendance / Members:</b> 75%	
<b>Actual Start Time:</b> 1000	

### Meeting Objectives

No.	Item
1.	To follow up on action items from the April 9th meeting and discuss key next steps from the Human Resource for Health Conference
2.	To share information and gain input on the new MDG5 Taskforce
3.	To discuss and gain input on Donor Coordination: TOR Sector Group, SBS Agreement, MDDBS Matrix
4.	To review priority actions from the April 2008 Aide Memoire and discuss Agency Implementation
5.	To receive input into the 2009 Budget Priorities and Calendar and gain consensus on adoption
6.	To discuss key Inter-Agency issues pertaining to Emergency Services and collectively determine potential solutions

### Summary of Proceedings / Discussion

No.	Agenda Item
1.	<p><b>Introduction</b></p> <p><b>The Hon. Minister</b> reviewed the meeting objectives and raised the benefit of collaborating with leaders in other sectors. The Minister emphasized the need for the Agencies to find lasting solutions to the under listed problems which have bedevilled the health sector:</p> <ul style="list-style-type: none"> <li>• Road traffic accidents</li> <li>• Food borne diseases</li> <li>• Use of drugs / advertisement of alcoholic beverages on TV</li> <li>• Issue of sanitation and filth</li> <li>• Rise in promiscuity among youth</li> </ul> <p>The Hon Minister also raised the need to send out communiqués on the proceedings of the Inter-Agency Leadership committee meetings to relevant stakeholders. The Minister ended by asking Agencies to show the public that they are present for them and thanking all Agencies for attending the meeting.</p> <p><b>Dr. Addai</b> reviewed the Agenda and a motion was made to discuss HR and Emergency Services in the am program to accommodate member schedules.</p>
2.	<p><b>Follow Up on Previous Commitments</b></p> <p style="margin-left: 20px;"><b>a.</b> <u>Review of Action Items from April 9<sup>th</sup> Meeting</u></p>

Dr. Addai reviewed action items and there was general agreement to take up the priority issues as documented, except claims payment and monitoring which will be discussed at an “emergency” meeting called by the Minister and to take place June 18, 2008. The issue of some agencies not receiving monies from their claims was raised, leading to finance and supply issues. The Ministry of Finance will be requested to attend this meeting. The Hon Minister requested that all Heads catalogue their specific concerns before the meeting so that they can be responded to, including a roadmap.

For HR, it was noted that the “needs” of the regulatory bodies should be defined – not just numbers. Dr. Addai proposed that Director of HR work with the regulatory bodies in closing the gap on these issues.

***b. Human Resources for Health Conference: Next Steps***

Dr Appiah Denkyira presented the key issues, recommendations and next steps from the June 11-12<sup>th</sup> Human Resource For Health Development Roundtable, Conference focusing on the following key areas:

- Production
- Distribution
- Wage bill
- Productivity

The committee raised the following issues/recommendations:

Institutions

- There should be harmonization between the private and public curricula of training institutions, and discussions should be linked to teaching hospitals. Training institutions need to better collaborate together and with the teaching hospitals
- Advertisement and interviews by institutions should be strengthened to facilitate posting of positions for application with performance based contracts. It was motioned that the Posting Committee should be reconstituted.
- There should be a cap on the amount training facilities can charge
- There should be a shift of the current 60% of public institutions to 40% (increasing private to 60%) as an efficiency and cost savings measure

Traditional Medical Practitioners (TMPs)

- The issue of whether to employ the traditional medical practitioners (TMPs) into the public or private sector was raised
- TMPs are currently shunned and have thus become frightened of their rights. In other countries (e.g. china) there is a better blending of traditional/modern medicine. Some conditions are better treated by traditional methods
- TMPs should be teamed up with “qualified” doctors and absorbed by the private sector, and that their mode of operation should be streamlined by the Food and Drugs Board and the Centre for Scientific Research to procure drugs and ensure the relevant ones are in stores, and there is a better harmonization of “qualified” and traditional referral / treatment services
- A regulatory framework is needed for TMPs, including a system of qualification for employability by public/private sector (the council cannot register TMPs). The Minister has put forth a strategy but there needs to be clear next steps
- Currently TMPs are trained as “pharmacists” not “clinicians”. Extraction and formulation programmes should be organised for the TMPs to fit well into the system and also bridge the training gap.

On the issue of HR implementation time lines, it was proposed that a task team comprising of PPME and the Agencies should come together to categorise the problems / solutions

A 1-2 hour briefing session should be organised on TMPs in order to take decisions

**c. MDG5 Taskforce: Information and Inputs**

**Dr Addai** provided an update on the MDG5 Taskforce and requested committee members to attend the Task Force Consultative Meeting scheduled for the 8<sup>th</sup> and 9<sup>th</sup> July 2008, with the structure of the meeting will take the form of HR Forum with the objective of identifying delivery and financing best practices and taking up 3-4 practical solutions to address key issues.

The following comments were made by the committee:

- People from the Ambulance and Emergency Unit should be included in the Taskforce
- GHS will be asked to review the first draft of the MDG5 Status report

**d. Donor Coordination: TOR Sector Group, SBS Agreement, 2009 MDDBS Matrix**

**Janet Kwansah** updated the committee on donor coordination and architecture, and she asked for Agencies to delegate representatives at the monthly (1<sup>st</sup> of every month) partners meeting which is a vehicle for preparation of the partners' business meeting and Health Summits. The SBS was signed by the MOH and Donors and the MDDBS is an agreement on budget support with various indicators as targets or triggers.

The following issues were raised by the committee:

- Teaching hospitals no longer attend monthly meetings because their concerns are not recognized at these meetings
- Predictability and timeliness of disbursement is a barrier to achieving results and capturing targets. It was noted that disbursements have been better this year, but the problem is finance communication and process issues (e.g. collecting monies into a bank account, and the need for procurement, cash and performance plans to be justified by activity plans). The importance of removing these bottlenecks "in our own institutions" was noted.

**e. April 2008 Aide Memoire: Update**

**Janet Kwansah** updated the committee on the activity commitments from the 2008 Aide Memoire.

**3. Health Sector Priorities**

**a. 2009 Budget Priorities and Calendar: Input and Adoption**

**Mr Kafui Senaya** presented the budget priorities and he appealed to all Agencies to attend the impending budget committee meeting scheduled for 26th June, 2008.

The following points were made by the committee:

- The quantum of IGFs should be made known to all agencies – it is taking too long. People should visit the various agencies and monitor how IGF's are generated and used.
- The issue of not using IGF in paying workers should be removed, especially given the issues with health insurance processes. If the sector wants social capital / quality workers, this needs to be addressed in the wage bill
- The definition of "staff at post" is not clear as some staff are "at post" but not paid
- There needs to be a dialogue on civil servant exemptions
- Need to be explicit on application to auxiliary Agencies (i.e. CHAG excluded)
- The position on fellowships and outsourcing (e.g. food/cleaning services) is not known
- The usage of pre-paid metres in offices of the various agencies would be in operation next

year. Agencies are to submit plans as to which facilities to use prepaid metres

- Planned preventative maintenance should be part of the Agency budget
- There was debate on whether Food (SO1) should be taken up by the Ministry of Agriculture and / or the Ministry of Health as a “core business” item. The relevance of this objective to the F&D Board and ISC / advocacy was noted.
- SO2 (quality of care and referrals) needs to include emergency nursing and obstetric care
- The current budget does not account for cost savings / efficiencies
- The BMCs must plan for HR and they also need agreements with alternative providers
- The F&D raised issue with exemptions from Item 2 and Item 3
- Need to look at other sources of funding / partnerships

The Chief Director noted that there is a need to further examine the proposed reduction in GOG Item 2 and 3 allocations to the F&D Board.

It was motioned that the chief director will take up the Item 1 IGF issue with the MOFEP and their table 3A, 3B, 3C

*b. Emergency Services: Key Inter-Agency Issues and Decisions Needed*

**Dr Zakariah** provided background on the state of ambulance and emergency services, discussed key NAS activities and identified the following decisions needed:

- Capture NAS on the National Health Insurance Scheme
- Adequate Funding for NAS and Emergencies in General
- Facilitating the passage of the NAS Bill
- Establish a training school for NAS
- Position on refusal of Emergencies by Health Institutions
- Consider implementing programmes for teaching the fundamentals of first aid to large numbers of volunteers
- Training of health care providers at our emergency centres principles of emergency care

The Hon Minister emphasized the importance of breaking down these issues into segments to address step by step. He emphasized the need to train volunteers/public education in emergency response, the need for recipient hospitals to coordinate with ambulance services (e.g. decrease high risk transfers from Korle-Bu to KATH), and identify best training locations.

Emergency Services was noted to comprise a continuum from community to hospital to rehab care. It was suggested that there should be a better link between ambulance services and institutions/emergency departments to properly deal with emergency issues, and it was proposed that the organization structure be re-aligned so that all ambulances become part of the NAS as an entity of its own outside the institutions. The various ambulance services (St. John’s, Ghana Red Cross etc) should also be brought under this umbrella. It was proposed that a percentage of the vehicle insurance claim should be used for rehabilitation of victims. It was also proposed that funding be realigned so that ambulance is reimbursed visa the NHIA, so that patients do not directly pay for ambulance/emergency services.

The need to respect sirens was discussed, as was focusing public education on children, providing basic first aid, improving the distribution of publications and addressing the “no bed syndrome”, and providing education to health workers on how to receive emergency patients at hospitals safely, efficiently and effectively (this should be an advance diploma).

Dr Nsiah-Asare shared the recently completed emergency training program for EMTs and all health workers (including Post Basic B.Sc. in Emergency Nursing) with the committee, with an offer to extend training to other EMTs. (Currently most training in the country is provided by the fire service).

KATH's readiness to address emergency cases through their emergency centre as of next month was also shared, including ongoing problems of lack of training, inadequate volunteers, and no beds at transfer centres. The training of all G.P.R.T.U member unions for better handling of primary emergency cases is also to be pursued by KATH.

Prof Nartey noted that Korle-Bu recently decided that under no circumstances should patients be turned away, and has dedicated a team to look at transfer issues.

A small task team is to be formed comprising people from Hospitals, Ambulance Services and some Agencies to translate the issues described into an implementation strategy on how to find programmatic, capacity and finance solutions for emergency services in the country.

The minister of Health issued out a directive to be carried out by the Heads of Agencies to halt the "no beds" problem so that patients are not sent away.

5. **Way Forward**

**Dr Addai** reviewed key action items from the meeting.

**Shannon Roper** presented committee feedback from the April 9<sup>th</sup> meeting.

**Action items / Decisions**

**Updated Items**

No.	Item	Lead Responsible	Due Date	Status / Notes
1.	<b>Terms of Reference (TOR)</b>	PPME Secretariat	May 23	Closed / Final Version Adopted
2.	<b>Emergency Services: Discussion</b> Discussion of issues on emergency services including pre-hospital and hospital service and financing	Dr Zakariah	May 26	Closed / Discussed June 13
3.	<b>Hospital Referral System and continuum of care</b> Preparation of a Discussion Paper on Improving the existent referral system	Dr Ken Sagoe Dr Elias Sory Dr Nsiah Asare Dr Ben Annan	July 31	Open / Agenda Item for August 20 <sup>th</sup> Meeting
4.	<b>Human Resources: Regulatory Bodies Shortages and Training Issues</b> (including follow up from issues raised at Roundtable discussion)	Ms Darko Dr Atikupui Dr Appiah Denkyira (with all reg bodies to be involved)	July 31	Open / Agenda Item for August 20 <sup>th</sup>
5.	<b>Claims Payment and Monitoring</b> A concept note on issues arising from the implementation of the national health insurance law	Mr Ras Boateng	Deferred	Closed / Item to be taken up at Emergency NHIS Meeting June 18
6.	<b>HMIS Data Capture Issues</b> Discussion on transitional data capture issues	Mr Isaac Adams	July 31 or Oct 1st	Open / Agenda Item for August 20 <sup>th</sup> or Oct 15 <sup>th</sup> Meeting
7.	<b>Portfolio Management framework</b>	PPME Secretariat	August 20th	Open / Management



	Further consideration for adoption			Spotlight for August 20
8.	<b>Information Sharing</b> Improve by incorporating relevant updates into future committee agendas to enable decision making	PPME Secretariat	Ongoing	Closed / ongoing adopted process of Committee

**New Items**

No.	Item	Lead Responsible	Due Date	Status / Notes
9.	<b>HR For Health: Update</b> Update on timelines/progress from Roundtable action items	Dr Appiah Denkyira With input from Agencies	August 20	Open
10.	<b>HR For Health</b> Reconstitution of the Posting Committee	Dr Appiah Denkyira	By end July 2008	Open
11.	<b>Traditional Medicine Practitioners: Briefing Session</b> Hold 1-2 hour briefing session to discuss issues raised at June 13 <sup>th</sup> Meeting	Mr F.K. Hlortsi-Akakpo	By end July 2008	Open
12.	<b>National Health Insurance Authority</b> NHIA should present to the Agencies the state of NHIA	Mr Ras Boateng	TBD	Open
13.	<b>Agency Performance Review</b> Agencies to ensure they submit their half year performance activity matrix to PPME (template as per POW)	All Agencies	June 30	Open / Agenda item for August 20th
14.	<b>2009 Budget: IGF</b> Follow up with MOFEP re: IGF use for salaries / circumvent ceiling to bottom up	Chief Director	August 20	Open
15.	<b>Emergency Services: Minister Directive to halt "no beds"</b> Heads of Agencies to ensure that this directive filters down	All Agencies	Ongoing	Open
16.	<b>Emergency Services: Task Team</b> Establish Task Team to create implementation strategy to address issues of: a) programmatic b) capacity c) finance d) legislative	Dr Zakariah to Lead with membership from hospitals and other Agencies	By end of June 2008	Open

## Meeting Attendees

### PRESENT

#### COMMITTEE MEMBERS

- |                                |  |
|--------------------------------|--|
| 1. Hon Major Courage Quashigah | Minister of Health & Chairperson                           |
| 2. Lepowura M.N.D Jawula       | Chief Director, Ministry of Health                         |
| 3. Dr Elias Sory               | Director General, Ghana Health Service                     |
| 4. Dr George Amofah            | Deputy Director General, Ghana Health Service              |
| 5. Dr Anthony Nsiah-Asare      | Chief Executive, Komfo Anokye Teaching Hospital            |
| 6. Professor N. O. Nartey      | Korle- Bu Teaching Hospital                                |
| 7. Dr Ken Sagoe                | Chief Executive, Tamale Teaching Hospital                  |
| 8. Dr Philibert Kankye         | Executive Director, Christian Health Association of Ghana  |
| 9. Dr Eli Atikpui              | Registrar/Executive, Medical and Dental Council            |
| 10. Mr Joseph Nyoagbe          | Registrar/Executive, Pharmacy Council                      |
| 11. Mr Emmanuel Agyarko        | Registrar/Executive, Food and Drugs Board                  |
| 12. Mrs Veronica Darko         | Registrar/Executive, Nurses and Midwives Council           |
| 13. Mr F.K. Hlorts-Akakpo      | Registrar/Executive, Traditional Medicine Practice Council |
| 14. Dr Ahmed Zakariah          | Director, National Ambulance Service                       |
| 15. Dr Akwasi Osei             | Chief Psychiatrist, Ghana Health Service                   |

#### INVITED AND OTHER GUESTS

- |                        |                             |
|------------------------|-----------------------------|
| 16. Dr Appiah Denkyira | Ministry of Health (HRHD)   |
| 17. Eric Asante        | Ministry of Health (PRO)    |
| 18. Isaac Adams        | Ministry of Health (RSIMD)  |
| 19. James Antwi        | Ministry of Health (HRHD)   |
| 20. Kafui Ken Senaya   | Ministry of Health (Budget) |
| 21. Kofi Agyepong      | Ministry of Health (PRO)    |

#### PPME SECRETARIAT

- |                       |                                   |
|-----------------------|-----------------------------------|
| 22. Dr Edward Addai   | Director PPME, Ministry of Health |
| 23. Ms Janet Kwansah  | Head M&E, Ministry of Health      |
| 24. Mrs Gete Bjerring | PPME, Ministry of Health          |
| 25. Prah Charles      | PME, Ministry of Health           |
| 26. Samuel Anakwa     | PPME, Ministry of Health          |
| 27. Tenoo Julius      | PPME, Ministry of Health          |
| 28. Vincent Eduaful   | PPME, Ministry of Health          |

#### GLOBAL HEALTH INITIATIVE

- |                   |   |
|-------------------|---|
| 29. Shannon Roper | Global Health Initiative/World Economic Forum |
|-------------------|---|

#### ABSENT

- |                           |   |
|---------------------------|---|
| Hon Dr Mrs Gladys Ashitey | Deputy Minister   |
| Hon Abraham Dwuma Odoom   | Deputy Minister   |
| Mr Ras Boateng            | CEO, National Health Insurance Authority                |
| Dr Docia Saka             | Registrar, Private Hospitals & Maternity Homes Board    |
| Prof Laud Okine           | Director, Centre for Scientific Research Plant Medicine |



---

### Next Meeting

---

**Date:** Wednesday, August 20

**Time:** 0900 – 1700

**Location:** TBD

---

### Attachments

---

- ❖ Emergency Services / NAS
- ❖ Snapshot HR for Health Forum
- ❖ June 13th Meeting Presentation