

JOINT MEMORANDUM TO PARLIAMENT

BY

**KEN OFORI-ATTA
MINISTER FOR FINANCE,**

AND

**HON. ALHAJI MAHAMA ASEI SEINI, MP
DEPUTY MINISTER FOR HEALTH**

ON A

US\$150.0 MILLION IDA CREDIT

FOR THE

PRIMARY HEALTH CARE INVESTMENT PROGRAMME

4TH NOVEMBER, 2022

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ATTACHMENT:

Negotiated Draft Financing Agreement

EXECUTIVE SUMMARY

PARLIAMENT DECISION REQUESTED

Members of Parliament are respectfully requested to consider and approve a proposed **One Hundred and Fifty Million United States Dollars (US\$150.0 million)** credit from the International Development Association (IDA) of the World Bank Group (WBG). This financing is to support the implementation of the Primary Health Care Investment Project.

BACKGROUND INFORMATION

2. Ghana has achieved significant improvements in key health and nutrition outcomes in the last two decades. Under-five mortality decreased from 80 per 1,000 in 2008 to 56 in 2017-18, while the prevalence of stunting among under-five children declined from 28 percent in 2008 to 18 percent in 2017-18. The maternal mortality ratio declined from 470 per 100,000 births in 2005 to 310 in 2017. The total fertility rate declined from 4.4 in 2008 to a still-high level of 3.9 in 2017.¹

3. Despite this progress, challenges persist. Socio-economic inequalities in health and nutrition outcomes are a continuing challenge. For example, in 2017, households in the lowest socio-economic quintile experienced almost double the risk of under-five mortality (68 per 1,000) compared to households in the highest quintile (35 per 1,000).²

4. At the same time, Ghana faces a dual burden of disease. The incidence of non-communicable diseases (like hypertension, cardiovascular disease, diabetes and cancers) is growing, estimated to account for about half of all deaths.³

5. Amidst these challenges and aiming at improved health outcomes, Government in recent years is increasing primary health care service coverage, more especially serving the poor. These efforts are targeting further gains in the coverage, equity and quality of primary health care services to improve utilization of family planning services, address high fertility rate among adolescents and reduce the high risk of maternal and neonatal mortality.

6. Moreover, strengthening primary health care services will mitigate the impact of the COVID-19 pandemic as well as prepare for and respond to future public health emergencies. The COVID-19 pandemic has exposed the gaps in the national response to public health emergencies. As of July 15, 2022 a total of 167,215 cases has been diagnosed, with 1,456 deaths.

7. To ensure that our health systems continue to remain resilient Government in collaboration with the IDA have designed a programme to *further strengthen the country's Response to Public Health Emergencies and improve the quality, utilization and equity of Primary Health Care Services. The proposed US\$150.00 million credit from IDA has leveraged a grant financing of Thirty-One Million, United States Dollars (US\$31,000,000) from the Global Financing Facility (GFF) to support the implementation of the Primary Health Care Investment Programme (PHCIP).*

¹ 2008 Ghana Demographic and Health Survey; 2017 Ghana Maternal Health Survey; 2017-18 Ghana Multiple Indicator Cluster Survey.

² 2017 Ghana Maternal Health Survey.

³ Institute of Health Metrics and Evaluation. 2020.

JUSTIFICATION FOR GOVERNMENT ACTION

8. **Alignment with Government Policy:** The programme development objective is aligned to the objectives of the National Health Policy and the Health Sector Medium Term Development Plan for 2022-25 that will operationalize Ghana's Universal Health Coverage Roadmap. Ghana's Community-based Health Planning and Services (CHPS) strategy has increased service coverage, particularly for the poor. However, to achieve Universal Health Coverage by the year 2030, additional efforts are needed to improve utilization and quality of primary health care services.

9. **Alignment with Global Initiatives:** The Universal Health Coverage (UHC) roadmap and the National Action Plan for Healthy Security (NAPHS) resonates with various global initiatives such as the Sustainable Development Goal 3 (SDG 3), "Good Health and Well-being", principles of the African Union Agenda 2063, Astana Declaration on Primary Health Care (PHC) (2018), UHC 2030 Compact, and the UHC Political Declaration adopted at the UN High Level Meeting in September 2019. It will again offer opportunity for GoG to build on the global experience to create an effective primary health care networking model in Ghana.

10. **Mitigate Health Challenges:** Ultimately, the programme is designed to provide results in terms of utilization, quality, and equity, of services that will benefit from networking of primary health care services. Notably, investing in service delivery capacity and improving linkages between levels of care will contribute to:

- i. improvements in maternal and neonatal care;
- ii. expansion of family planning and adolescent health services; and
- iii. development of non-communicable disease services at the primary level.

11. All these will contribute to address major health challenges facing the country.

OPTIONS AND IMPACTS CONSIDERED

12. The following three (3) financing options were considered in formulating the programme:

- i. **Annual Budget Allocations:** This option entails relying on the national budgeting system for allocation. However, considering the uncertainties inherent in mobilizing revenue from an economy seeking to recover from the impact of the COVID-19 pandemic, coupled with the substantial fiscal investment required, implementing this critical intervention through this option is less favourable.
- ii. **Fund Re-allocation from Existing Programmes:** This option explores the possibility of mobilizing resources from preferably, under-performing and less critical existing projects. However, this option is largely constrained by (a) limited number of projects from which re-allocations can be done; (b) consequences of such a restructuring and re-allocation on targeted beneficiaries and wider national efforts at recovery and revitalization.
- iii. **Financing from IDA:** The prospects of implementing the project with new financing from IDA have been considered. It turned out that this option offered timely access to adequate funds which is critical to strengthen primary health care services to mitigate

the impact of the COVID-19 pandemic on the health sector as well as prepare for and respond to future public health emergencies. Admittedly, financing from IDA poses moderate risk to the country's the debt burden. Access to grants from the Global Financing Facility and possibly from other ancillary partners ensures that the funding source is adequately leveraged and has a positive impact on Government's debt sustainability.

13. **Recommended Option:** Financing the programme from *IDA* is the preferred option. The competitive terms such as low interest rates and long maturity period makes it more attractive. Indeed, the successful implementation of the interventions will strengthen the sector and service delivery capacities of primary health care institutions as well as broader health system components and financing modalities that will enhance productivity and drive socio-economic transformation.

INTER-MINISTRY CONSULTATIONS RECORD

14. Related stakeholders have been extensively consulted. Key Ministries, Departments and Agencies consulted include the Ministry of Finance, Ministry of Health, Office of the Attorney-General and Ministry of Justice, Ministry of Local Government and Decentralization, the Ghana Health Service, National Health Insurance Authority, Local Government Service, the Health Facilities Regulatory Agency (HeFRA), the National Ambulance Service, the Medical and Dental Council, Nurses and Midwifery Council, and Allied Health Professional Council.

15. The programme design, scope and implementation as well as monitoring and evaluation arrangements were among the key issues discussed and agreed upon during the consultations with stakeholders.

IMPLEMENTATION PLAN

16. The programme will be implemented through Government's regular oversight, planning, budgeting, and implementation systems. At the strategic level, the structures and processes established under the Common Management Arrangements at the Ministry of Health will be responsible for oversight and coordination of the programme, notably the Health Sector Working Group comprised of the Minister and Deputy Minister(s) for Health, the Chief Director, Directors at the Ministry of Health, Heads of Agencies (including the Ghana Health Service and the National Health Insurance Authority), and representatives of Development Partners.

17. The Secretariat of the Health Sector Working Group is the Policy, Planning, Monitoring and Evaluation Directorate of the Ministry of Health. Plans and budgets for implementation of the programme will be incorporated in the 2022-25 Health Sector Medium Term Development Plan and Medium-Term Expenditure Framework, as well as the Annual Programs of Work and annual national budget for the health sector, including the National Health Insurance Fund Allocation Formula.

18. The main financing instrument for the facility will be Programme for Results (PforR), which has unique features, including using a country's own institutions and processes, and linking disbursement of funds (Disbursement-Linked Indicators-DLIs) directly to the achievement of specific program results (Disbursement-Linked Results-DLR). However, the

Technical Assistance component of the programme will follow the World Bank's investment project financing (IPF).

19. The PforR will require creation of a Verification Oversight Committee. The Ministry of Health's regular inter-agency coordination structure will be responsible for regular monitoring of the DLIs and coordination on DLI reporting and verification. A Verification Oversight Committee will be established to ensure the independence of the verification function. It will be composed of notable individuals from academia and the non-governmental sector and will be responsible for reviewing verification reports prior to transmission to Government.

20. The programme is scheduled to end on June 30, 2026.

LEGISLATION/REGULATORY PLAN

21. The Programme does not envisage the enactment of new legislations or amendments to existing legislation. Project implementation will be guided by the provisions of the Public Financial Management Act, 2016 (Act 921); Public Health Act, 2012 (Act 851); Internal Audit Agency Act, 2003 (Act 658) and the Ghana Audit Service Act, 2000 (Act 584).

FINANCIAL IMPACT

22. The financing of US\$150.0 million will be provided as Credit on IDA blend terms as follows:

Repayment Period	25 years
Grace Period	5 years
Maximum Commitment Charge	0.5 - One-half of one percent (1/2 of 1%) per annum on the Unwithdrawn Financing Balance, <i>it is currently waived.</i>
Service Charge	1.31% - sum of three-fourths of one percent (3/4 of 1%) per annum plus the Basis Adjustment (+56bps) to the Service Charge on the Withdrawn Credit Balance.
Interest Charge	1.35% - sum of one and a quarter percent (1.25%) per annum plus the Basis Adjustment to the Interest Charge (+10bps) on the Withdrawn Credit Balance.

23. The financing has a grant element of 25.86% and covers the full cost of the proposed activities.

COMMUNICATION PLAN

24. To sustain public interest that drives the delivery of the programme, a comprehensive communication plan and strategy will be rolled out. The plan will address the targeted audience in a timely manner to avert potential pitfalls and ignite critical support. Critical communication channels such as electronic and print media, sensitization workshops, community durbars, and regular stakeholder meetings will be adopted to reach stakeholders and the general public.

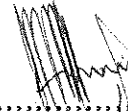
CONCLUSION

25. Considering the urgent need to address the challenges of the health sector, strengthening primary health care services to prepare for and respond to future public health emergencies has become a first-order priority. Members of Parliament are therefore, respectfully requested to consider and approve the proposed One Hundred and Fifty Million United States Dollars (US\$150.0 million) Credit from IDA.



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MINISTER FOR FINANCE

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HON. ALHAJI MAHAMA ASEI SEINI, MP
DEPUTY MINISTER FOR HEALTH

ANALYSIS DOCUMENT

CONTEXT

26. Ghana has achieved significant improvements in health and nutrition outcomes. For instance, under-five mortality decreased from 80 per 1,000 in 2008 to 56 in 2017-18, while the prevalence of stunting among under-five children declined from 28 percent in 2008 to 18 percent in 2017-18. The maternal mortality ratio declined from 470 per 100,000 births in 2005 to 310 in 2017. The total fertility rate declined from 4.4 in 2008 to a still-high level of 3.9 in 2017. These feats and indicators still drive the country's quest to further invest in the health sector for better outcomes.

27. Notwithstanding the progress made, the outbreak of the COVID-19 pandemic with its devastating effects has exposed major challenges within the health sector. Moreover, Ghana's transition into upper middle-income status has necessitated improvements in the sector to prepare for and respond to future public health emergencies. Socio-economic inequalities in health and nutrition outcomes are a continuing challenge. For example, in 2017, households in the lowest socio-economic quintile experienced almost double the risk of under-five mortality (68 per 1,000) compared to households in the highest quintile (35 per 1,000).

28. In addition, Ghana is faced with a dual burden of disease. The incidence of non-communicable diseases (like hypertension, cardiovascular disease, diabetes and cancers) is growing, estimated to account for about half of all deaths.

29. Government in recent years is aiming at improving health outcomes, increasing primary health care service coverage, more especially in serving the poor. Despite the efforts of Government, further gains are needed in the coverage, equity and quality of primary health care services that would provide quality family planning services, reduce maternal and neonatal mortality, amongst others.

RATIONALE FOR GHANA HEALTH CARE INVESTMENT PROGRAMME

30. The Ministry of Health has developed a Health Sector Medium Term Development Plan (HSMTDP) and Medium-Term Expenditure Framework (MTEF) for 2022-25 that encompass the health sector programs to respond to the government development framework, "An Agenda for Jobs: Creating Prosperity and Equal Opportunity for All". The vision of the HSMTDP, is to ensure that "All people in Ghana have timely access to high quality health services irrespective of ability to pay at the point of use," while its objective is, "Increased access to quality essential health care and population-based services for all by 2030." The plan reflects the Government's 2020 National Health Policy, which aims to improve health services and reduce financial barriers as well as address broader social and environmental determinants of health outcomes.⁴ The projected total budget for the Government's 2022-25 health sector program is US\$6.96 billion.

31. Coordination in the health sector is well-established, ensuring alignment of

⁴ Republic of Ghana. 2020. National Health Policy: Ensuring Healthy Lives for All. Revised Edition. Ministry of Health.

Development Partners and other stakeholders in support of the government's programme. The PHCIP has been developed to support domestic financing for the Health Sector for the realization of the vision of the HSMTDP.

32. The programme will support investments and financing modalities, strengthen the organization and service delivery capacities of primary health care services as well as broader health system components for better primary health care. *This will contribute to improved delivery of an essential package of services, and enhance the quality, utilization and equity of primary health care services as well as advance Ghana's objective of Universal Health Coverage.*

33. The Primary Health Care Investment Programme consists of three (3) parts with identified results areas.

Part 1 has three (3) Results Areas, as detailed below:

Results Area 1. Networks of Practice and Model Health Centres: This result area will support Government's "Network of Practice" strategy for strengthening the organization and capacities of primary health care services at the sub-district level. This will entail development of policy and guidelines and ensuring health care providers at the sub-districts levels are interconnected in the provision of services to the population using information and communications technology systems. It will also support in upgrading existing health centres in a phased manner, to "Model Health Centres," to coordinate, mentor and supervise through, providing technical and material support to the primary health services within the Networks.

Results Area 2. Primary Health Care Policy and Financing: This will improve Government's health care and financing strategies through: (i) the development of the relevant policy and guidelines for Primary Health Care; (ii) improving the financing modalities to contribute to Government's strategy for networking and improving Primary Health Care Services by conducting analysis on financing of Primary Health Care Services; and (iii) improving public financial management in the health sector and developing standards to improve health insurance claims management.

Results Area 3. Primary Health Care Service Improvements: This result area will support improvements in the quality, equity and utilization of Primary Health Care Services, with a focus on : (i) developing capacities to deliver quality basic emergency obstetric and neonatal care at the health centre level; (ii) improving referral and transport systems, (iii) increase timely access to comprehensive emergency obstetric and neonatal care services that are available at the District Hospital level; (iv) improving family planning and adolescent health; and (v) expanding Government's programme on non-communicable disease services.

Part 2: Technical Assistance Component: This forms part of the grant support and will complement the activities of the main credit financing for the attainment of the programme's results. This component will use investment project financing (IPF) instrument. It will provide technical assistance to three (3) implementing entities, namely; the Ministry of Health (MoH) the Ghana Health Service (GHS), and the National Health Insurance Authority (NHIA). The component will support in the technical design of selected systems and investments that support primary health care services, in the areas of management accounting, human resources management, and solar energy back-up for Health Centres and CHPS Compounds. It will also support data analysis and evaluation activities, including integration and analysis of District Health Information Management System 2 (DHIMS2), health insurance, and other databases, for Management decision making to improve primary health care services.

Part 3: Contingent Emergency Response Component - A Contingent Emergency Response Component (CERC) with zero allocation will be created and made implementation-ready to allow Government to respond quickly in case of an eligible emergency.

34. Ancillary Partners: The Government of Canada and GAVI, The Vaccine Alliance have proposed additional grant to support the implementation of the project through a Multi-Donor Trust Fund.

35. Table 1 below provides an overview of the Programme Expenditure Framework for the three implementing entities, for the four-year period, ending June 30, 2026. This indicates allocation of US\$39,300,000, US\$32,000,000 and US\$99,700,000 being made for MoH, NHIA and GHS respectively to be disbursed based on their cash plans approved through the National Budget. The investment project financing (IPF) component has also allocated US\$4m for MOH, US\$4m for GHS and US\$2m for NHIA.

**Table 1. Allocations to Programme Expenditure Framework (US\$ Million)
for IDA and GFF**

EXPENDITURE	Year 1	Year 2	Year 3	Year 4	Total
GRAND TOTAL (US\$)	45,025,000	46,825,000	45,825,000	43,325,000	181,000,000
02901-Ministry of Health	9,825,000	9,825,000	9,825,000	9,825,000	39,300,000
<i>Use of goods and services</i>	<i>9,825,000</i>	<i>9,825,000</i>	<i>9,825,000</i>	<i>9,825,000</i>	<i>39,300,000</i>
<i>Capex</i>	-	-	-	-	-
0290201 Ghana Health Services HQ	1,500,000	1,500,000	1,500,000	1,500,000	6,000,000
<i>Use of goods and services</i>	<i>1,500,000</i>	<i>1,500,000</i>	<i>1,500,000</i>	<i>1,500,000</i>	<i>6,000,000</i>
<i>Capex</i>	-	-	-	-	-
Regional Health Directorates	1,700,000	2,000,000	2,000,000	2,000,000	7,700,000
<i>Use of goods and services</i>	<i>1,200,000</i>	<i>1,200,000</i>	<i>1,200,000</i>	<i>1,200,000</i>	<i>4,800,000</i>
<i>Capex</i>	<i>500,000</i>	<i>800,000</i>	<i>800,000</i>	<i>800,000</i>	<i>2,900,000</i>
02908 - District Health Administrations	4,500,000	4,500,000	4,500,000	4,500,000	18,000,000
<i>Use of goods and services</i>	<i>3,000,000</i>	<i>3,000,000</i>	<i>3,000,000</i>	<i>3,000,000</i>	<i>12,000,000</i>
<i>Capex</i>	<i>1,500,000</i>	<i>1,500,000</i>	<i>1,500,000</i>	<i>1,500,000</i>	<i>6,000,000</i>
02912 - Sub Districts/02913-CHP	17,000,000	17,000,000	17,000,000	17,000,000	68,000,000
<i>Use of goods and services</i>	<i>9,000,000</i>	<i>9,000,000</i>	<i>9,000,000</i>	<i>9,000,000</i>	<i>36,000,000</i>
<i>Capex</i>	<i>8,000,000</i>	<i>8,000,000</i>	<i>8,000,000</i>	<i>8,000,000</i>	<i>32,000,000</i>
NHIS (G&S and Capex)	8,000,000	8,000,000	8,000,000	8,000,000	32,000,000
IPF/TA component	2,500,000	4,000,000	3,000,000	500,000	10,000,000

OPTIONS AND IMPACTS

ASSESSMENT OF OPTIONS

36. To achieve these expected outcomes, three (3) financing options were considered. These are detailed below:

- i. **Annual Budget Allocations (ABA):** This option entails relying on the national budgeting system for allocation. Implementing the project with budget allocations requires no debt service cost payments which will result in cost saving benefits. However, considering the uncertainties inherent in mobilizing revenue from an economy recovering from COVID-19 pandemic, coupled with the substantial fiscal investment required for the project, ABA will be challenging for a smooth implementation of the project. Additionally, due to the current economic challenges, MDAs are implementing a 30% expenditure cut as part of fiscal consolidation measures. Hence, with limited fiscal space in the budget, the option of the Annual Budget Allocation to support this programme would therefore be less favourable.
- ii. **Fund Re-allocation from Existing Programmes (FREP):** This option explores the possibility of mobilizing resources from preferably, under-performing and less critical existing projects. FREP presents the advantage of less time and efforts in securing additional funds as Government only needs to meet Steering Committees and funding agencies to negotiate and re-allocate funds. In addition, FREP offers efficiency in use of resources as resources of non-performing projects could be channelled to more compelling sectors of the economy. However, this option is largely constrained by (a) limited number of projects from which re-allocations can be done; (b) consequences of such a restructuring and re-allocation on targeted beneficiaries and wider national efforts at recovery and revitalization; (c) preferred areas of interest of the development partners of the sectors they intend to support.
- iii. **Financing from IDA:** Proponents of this project also considered the possibility of implementing the project with new financing from IDA. It turned out that this option offered timely access to adequate funds which is critical to strengthen primary health care services and prepare the country for and respond to future public health emergencies. Admittedly, this may pose some risk to the fiscal situation in terms of the debt burden. However, it could offer timely access to substantial concessional funds. This option also has the additional benefit of enabling Government to access grants from Global Financing Facility.

IMPACTS OF THE PROGRAMME

37. **Economic Impact:** The Primary Health Programme is expected to produce a range of economic benefits through its potential to improve health outcomes, health system efficiency and health equity. This can be demonstrated through the following:

- **Improved Health Outcomes:** The Primary Health Care Investment Programme will improve the population's health in terms of life expectancy, all-cause mortality, maternal, infant and neonatal mortality as well as mental health outcomes.
- **Health System Efficiency –** the programme can reduce total hospitalizations, avoidable admissions, and emergency admissions and hospitalizations.

- Provision of Health Equity – The intervention will improve equitable access to health care and equitable health outcomes.

38. **Environmental Impact:** The environmental risk rating for the Program is moderate. Potential environmental risks and impacts are likely to emanate from Results Area 1 which includes improvement in infrastructure such as water and sanitation facilities, rehabilitation of some health facilities, and supply and installation of medical equipment. Civil works may entail the use of construction materials, possibly from extraction sites that may have environmental, health and safety issues including possible spread of disease vectors in communities and risk of drowning from water-filled pits.

39. **Social Impact:** The social risk rating for the programme is assessed as moderate. Overall, the programme will have a number of potential social benefits, including improvement in coverage and quality of reproductive, maternal, neonatal, child and adolescent health and nutrition services, and potential increased population coverage of the National Health Insurance Scheme and its benefits package. It will enhance financial access to health care by poor and vulnerable populations by improving the supply and quality of primary health care services (which are disproportionately used by the poor) and increasing enrolment in the National Health Insurance Scheme.

40. The programme has the potential to support infrastructure and equipment investments, including climate-friendly electricity supply, rehabilitation of existing health facilities, and renovation or construction of gender-sensitive water and sanitation facilities for urban, peri-urban and rural health facilities. These are expected to be onsite activities in existing government health facilities, and no new land acquisition or restrictions on land use are envisaged under the programme.

41. **Financial Impact:** The US\$150.0 million financing will be provided as Credit on IDA blend terms as follows:

Repayment Period	25 years
Grace Period	5 years
Maximum Commitment Charge	0.5 - One-half of one percent (1/2 of 1%) per annum on the Unwithdrawn Financing Balance, <i>it is currently waived.</i>
Service Charge	1.31% - sum of three-fourths of one percent (3/4 of 1%) per annum plus the Basis Adjustment (+56bps) to the Service Charge on the Withdrawn Credit Balance.
Interest Charge	1.35% - sum of one and a quarter percent (1.25%) per annum plus the Basis Adjustment to the Interest Charge (+10bps) on the Withdrawn Credit Balance.

RECOMMENDED ACTION

42. As illustrated in the assessment of the options, the three alternatives considered for the project appeared competitive. However, based on timely access to funds, favourable financing terms, IDA funding was viewed as the most competitive and attractive.

EXPECTED OUTCOMES OF THE PROGRAMME

43. The proposed activities under the programme are expected to culminate in the following:

- i. **Improved Health Services:** The activities under Result Area 1 would: (i) Increase the number of Physician Assistants at post in Health Centres and Polyclinics that render primary health care services; (ii) increase the number of Health Centres that could make available selected Essential Medicines for at least six months of the year; and (iii) increase Model Health Centres functioning according to the standards for Model Health Centres.
- ii. **Improved financing for primary health care:** The programme is expected to increase the number of people who are active members of the National Health Insurance Scheme. It would also invest in improving the percentage of insurance claims for primary health care services paid by the NHIA within 90 days of receipt.
- iii. **Improved Utilization of Selected Primary Health Care Services:** The programme would increase: (i) the number of mother /newborns receiving care in facilities providing quality emergency obstetric and neonatal care services at Sub-District level; (ii) the number of new family planning acceptors utilizing services at the Sub-District level; (iii) the number of adolescents utilizing health services at the Sub-District and community levels; and (iv) the number of hypertensive patients diagnosed and managed at Health Centres.

IMPLEMENTATION PLAN

44. The programme will be implemented through Government's regular oversight, planning, budgeting, and implementation systems. At the strategic level, the structures and processes established under the Common Management Arrangements at the Ministry of Health will be responsible for oversight and coordination of the programme, notably the Health Sector Working Group comprised of the Minister and Deputy Minister(s) for Health, the Chief Director, Directors at the Ministry of Health, Heads of Agencies (including the Ghana Health Service and the National Health Insurance Authority), and representatives of Development Partners.

45. The Secretariat of the Health Sector Working Group is the Policy, Planning, Monitoring and Evaluation Directorate of the Ministry of Health. Plans and budgets for implementation of the programme will be incorporated in the 2022-25 Health Sector Medium Term Development Plan and Medium-Term Expenditure Framework, as well as the Annual Programs of Work and annual national budget for the health sector, including the National Health Insurance Fund Allocation Formula.

46. The main financing instrument for the facility will be programme for results (PforR), which has unique features, including using a country's own institutions and processes, and linking disbursement of funds (Disbursement-Linked Indicators-DLIs) directly to the achievement of specific program results (Disbursement-Linked Results-DLR). However, the Technical Assistance component of the programme will follow the World Bank's investment project financing (IPF).

47. The PforR will require creation of a Verification Oversight Committee. The Ministry of Health's regular inter-agency coordination structure will be responsible for regular monitoring of the DLIs and coordination on DLI reporting and verification. A Verification Oversight Committee will be established to ensure the independence of the verification function. It will be composed of respected persons from academia and the non-governmental sector and will notably be responsible for reviewing verification reports before they are transmitted to government.

48. The project is scheduled to end on *June 30, 2026*.

COMMUNICATION PLAN

49. An effective communication strategy is critical to the successful implementation of the project. Electronic and print media, sensitization workshops, community durbars, and regular stakeholder meetings will be adopted to reach stakeholders and the interested public.

MINISTRIES AFFECTED

50. Extensive consultations on the project development objective, scope, design and implementation arrangements have been held with the under-listed main Ministries, Departments and Agencies whose work are likely to be impacted by the programme:

- i. Ministry of Health;
- ii. Ministry of Finance;
- iii. Ministry of Local Government and Decentralization
- iv. Office of Attorney General and Ministry of Justice;
- v. Ghana Health Service;
- vi. Local Government Service;
- vii. National Health Insurance Authority;
- viii. Health Facilities Regulatory Agency;
- ix. National Ambulance Service;
- x. Medical and Dental Council;
- xi. Nurses and Midwifery Council
- xii. Allied Health Professional Council.

ORIGIN OF THE ISSUE

51. Primary health care (PHC) is an important tool in achieving universal health coverage (UHC). Government has developed the Health Sector Medium Term Development Plan (HSMTDP) and Medium-Term Expenditure Framework (MTEF) for 2022-25 that encompass its national program in the sector. The vision of the HSMTDP is, "All people in Ghana have timely access to high quality health services irrespective of ability to pay at the point of use," while its objective is, "Increased access to quality essential health care and population-based services for all by 2030."

52. With this development, government wishes to commit resources to strengthen the service delivery capacities of primary health care services that would seek to reduce pressure on higher level facilities and hence financial pressure on government. This programme in a broader sense would improve efficiency in health system components and financing modalities that will contribute to better primary health care, thus contributing to improved delivery of an essential package of services, and the quality, utilization and equity of primary health care services.

AUDIENCE

53. In communicating information about this project, the under-listed will be the target audience:

- i. The General Public;
- ii. Low Income Communities;
- iii. Municipal and District Assemblies;
- iv. Civil Society Organizations on Health Sector;
- v. Development Partners;
- vi. Key Ministries, Departments and Agencies;
- vii. Beneficiary Communities; and
- viii. Private Sector

COMMUNICATION GOALS AND OBJECTIVES

54. Communicating the project is aimed at igniting and sustaining public interest in the programme, especially strengthening:

- i. the capacities of the PHC services in saving lives;
- ii. protecting the poor and vulnerable from the financial burden of health care; and
- iii. policies, institutions and investments in developing health care financing, management and delivery systems to foster sustained improvements in the sector.

ANNOUNCEMENTS

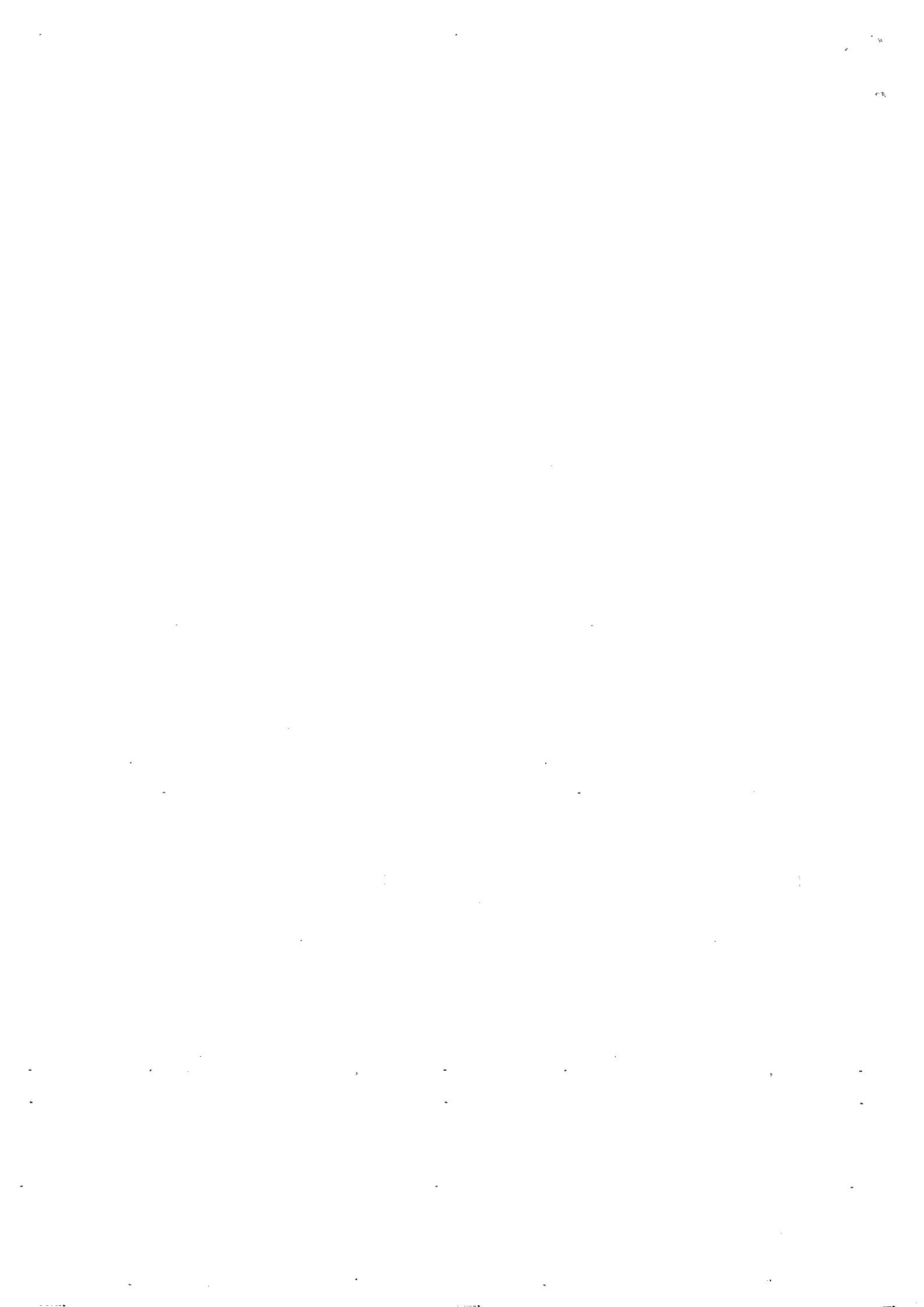
55. The project will be announced through the following channels: official websites of the implementing agencies, newspaper publications, workshops, community durbars, distribution of printed documents in relevant institutions, annual/mid-year project stakeholder meetings, and radio adverts. Each implementing Entity will be responsible for announcing their respective result areas.

56. In securing final approval for the programme, it is expected that Parliament will be informed and adequately engaged. The Finance and Health Committees of Parliament will be engaged and apprised on the interventions intended under the project. It is anticipated that, the Committee which comprise both government and opposition members of Parliament will be sufficient outlets for addressing any potential issues from the perspectives of political parties.

BUDGET

57. The communication cost of the project will be annually budgeted for and financed under funds allocated on the programme's expenditure framework of the implementing entities.

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31st October, 2022

PROPOSED USD150.0 MILLION IDA CREDIT FOR THE PRIMARY HEALTH CARE INVESTMENT PROGRAMME

Cabinet at its Thirty-ninth meeting held on Thursday, 27th October, 2022 considered a report of the Cabinet Committee on Economic Matters on the above-stated Memorandum submitted jointly by the Ministers for Finance and Health.

2. The Memorandum requested Cabinet to consider, approve and recommend to Parliament, a proposed One hundred and fifty million United States Dollars (USD150,000,000) credit from the International Development Association (IDA) of the World Bank Group for the Primary Health Care Investment Programme.

3. Cabinet approved the Memorandum for the consideration of Parliament.

4. I should be grateful if you could take requisite action on the decision by Cabinet.

MERCY DEBRAH-KARIKARI
SECRETARY TO THE CABINET

THE HON. MINISTER FOR FINANCE

THE HON. MINISTER FOR HEALTH

cc: Chief of Staff
Secretary to the President
Secretary to the Vice President

Chairperson, Cabinet Committee
on Economic Matters

Hon. Minister for Parliamentary
Affairs



