

**IN THE FIRST SESSION OF THE SIXTH PARLIAMENT OF THE FOURTH REPUBLIC OF
GHANA**

**REPORT OF THE COMMITTEE ON HEALTH ON THE 2013 ANNUAL
BUDGET ESTIMATES OF THE MINISTRY OF HEALTH**

1. INTRODUCTION

In accordance with article 179 of the 1992 Constitution of Ghana, the Minister of Finance Mr. Seth Tekper, on 5th March, 2013 presented to the House, the Budget Statement and Economic Policy of the Government of Ghana for the 2013 financial year.

Pursuant to Standing Orders 140(4) and 159 of the House, Mr Speaker referred the Annual Estimates of the Ministry of Health for the year 2013 to the Committee on Health for consideration and report.

In considering the Annual Estimates, the Committee met with the Hon. Minister of Health, Hon. Hanny-Sherry Ayittey and the technical team from the Ministry and its agencies. The Committee reports as follows:

2. REFERENCE DOCUMENTS

The Committee in its deliberations referred to the following:-

1. The 1992 Constitution of the Republic of Ghana.
2. The Standing Orders of the House.
3. The 2013 Budget Statement and Economic Policy
4. 2013 Annual Estimates of the Ministry of Health

3. MISSION STATEMENT OF THE MINISTRY

The Mission Statement of the Ministry is to continue to improve the health status of all people living in Ghana through the development and promotion of proactive policies for good health and longevity as well as the provision of universal access to basic health services.

It would also be in line with the achievements of the Health related MDGs by 2015, concentrate on improving health outcomes by targeting resources towards the health of women and children, prevention and control of communicable and non-communicable diseases

3.1 OBJECTIVES

The Ministry operates by the five objectives cited below in pursuance of its mission statement and policy within the Medium Term Expenditure Framework (MTEF).

The health policy objectives for the medium term (2010 – 2013) are to:

1. Bridge equity gaps in access to health care and nutrition services and ensure sustainable financing arrangements that protect the poor
2. Improve governance and ensure efficiency and effectiveness in health service delivery
3. Improve access to quality maternal, neonatal, child and adolescent health services
4. Intensify prevention and control to communicable and non-communicable diseases and promote a healthy lifestyle
5. Strengthen institutional care, including mental health service delivery.

4. IMPLEMENTING AGENCIES

The main implementing agencies of the Ministry are:

1. Health Headquarters
2. Ghana Health Service
3. Mental Health Authority [Psychiatric Hospitals (Tertiary Health Services)]
 - Accra Psychiatric Hospital
 - Pantang Hospital
 - Ankaful Hospital
4. Christian Health Association of Ghana (CHAG)
5. Regulatory Authorities
 - Food and Drugs Board
 - Medical and Dental Council
 - Nurses and Midwives Council

- Pharmacy Council
- Traditional Medicine Practice Council
- Health Facilities Regulatory Agency (Private Hospitals and Maternity Homes Board)
- Allied Health Professions Council

6. Teaching Hospitals

- Korle Bu Teaching Hospital
- Komfo Anokye Teaching Hospital
- Tamale Teaching Hospital

7. Training Institutions

8. Subverted Organizations

- Center for Scientific Research into Plant Medicine
- National Ambulance Service
- World Health Organization
- West Africa Health Community
- Ghana Red Cross Society
- St. John Ambulance Brigade
- Ghana Institute of Clinical Genetics
- Ghana College of Physicians and Surgeons
- College of Pharmacy

5. PERFORMANCE FOR 2012

For the financial year 2012, the Ministry was allocated GH¢1,286.19 million. The budget was later revised to **GH¢ 3,339.65 million**. Budget outturn for the Ministry to undertake its program of activities amounted to **GH¢2,899.62**. The breakdown is as follows:

	2012 Appropriation	Revised Budget as at December 2012	Budget outturn	% of execution
GOG	443.44	1,764.90	1,658.33	94
IGF	468	1,200	1,056.06	88
SBS	98.1	98	88.91	91
PIP/SIP	51	51	1.84	3.6
NHIF(Direct funding)	109.61	109.61	11.74	10.7
Donor	116.04	116.04	82.74	71.3
	1,286.19	3,339.65	2,899.62	86.8

For 2012, the Ministry recorded the following performance under the five health objectives as follows

Performance under **Objective one** is as follows:-

Indicator	Target	Performance	Source
% children 0-6 months exclusive breastfed	70%	45.7%	MICS
Equity: Poverty (U5MR)	1:1.5	2.04	MICS
Equity: Geography - Services (supervised deliveries)	1:1.70	1.53	GHS
Equity: Geography - Resources (nurse: population)	1:1.95	1.75	MOH
Outpatients attendance per capita (OPD)	0.88	1.14	GHS /TH
Doctor: population ratio	1:9,700	1:10,452	MOH
Nurse: population ratio	1:900	1:1,251	MOH

Under **objective two**, which deals with strengthening governance and improve efficiency and effectiveness in the Health Sector, the follow performance was achieved.

Indicator	Target	Performance	Source
% total MTEF allocation on health	≥15.0%	27.5%	MOH
Per capita expenditure on health	30.0	129.4	MOH
Budget execution rate (Item 3 as proxy)	≥95.0%	86.8%	MOH
% of annual budget allocations disbursed to BMC by end of year	50.0%	-	MOH
% of population with valid NHIS membership card	70.3%	34%	MOH
Proportion of claims settled within 12 weeks	70.0%	-	MOH
% IGF from NHIS	75.0%	-	MOH

Objective three covers improving access to quality maternal, neonatal and adolescent health services. Performance under this objective is shown below

Indicator	Target	Performance	SOURCE
Maternal Mortality Ratio (MMR) per 100,000 live births	185	350	WHO
Total Fertility Rate	3.8	4.3	MICS
% of pregnant women attending at least 4 antenatal visits	80.1%	77.0%	GHS
Infant Mortality Rate (IMR) per 1,000 live births	<30	53	MICS
Under 5 Mortality Rate (U5MR) per 1,000 live births	<50	82	MICS
% deliveries attended by a trained health worker	60.0%	55.1%	GHS/TH
Under 5 prevalence of low weight for age	8.0%	13.0%	MICS

Under **objective four**, which covers prevention and control to communicable and non-communicable diseases and promote a healthy lifestyle, the following performance was recorded as follows

Indicator	Target	Performance	
HIV prevalence among pregnant women 15-24 years	<1.7%	-	GHS
% of U5s sleeping under ITN	70.0%	63%	MICS
% of children fully immunized by age one - Penta 3	90%	87.7%	GHS
HIV+ clients ARV treatment	80,014	73,339	NACP
Incidence of Guinea Worm	<50	0	GHS
Obesity in population (women aged 15-49 years)	-	-	-
TB treatment success rate	89.0%	86.2%	NTP

Under **objective five** that deals with Strengthen institutional care, including mental health service delivery the following performance was recorded

Indicator	Target	Performance	source
Equity index: Ratio of mental health nurses to patient population	-	.	-
Number of community psychiatric nurses trained and deployed	-	.	-
% tracer psychotropic drug availability in hospitals	-	75.0%	-
Institutional infant mortality rate	6.4	2.2	
Institutional under-five mortality rate	9.7	4.0	
Institutional MMR	211	155	

6.0 BUDGETARY ALLOCATIONS FOR 2013

A sum of **GH¢3,529, 444,056** has been allocated to the Ministry and its agencies for the implementation of its programmes and policies in the 2013 fiscal year.

The breakdown for this allocation is as follows:

	GOG	IGF	SIP	ABFA	NHIF	DONOR	TOTAL
COMP of EMP	469,340,001	71,660,708					541,000,709
GOODS/ SERVICES	9,648,426	1,675,132,421	46,840,000		917,858,409	38,892,583	2,688,371,839
ASSETS (CAPITAL)	29,991,500	84,609,676		29,900,001		155,570,334	300,071,511
TOTAL	508,979,927	1,831,402,805	46,840,000	29,900,001	917,858,409	194,462,917	3,529,444,059

B. DEPARTMENTAL ALLOCATIONS

The breakdown of the Estimates to the various departments under the Ministry is as follows:

	GOG	IGF	SIP	ABFA	NHIL	DONOR	TOTAL
Health Headquarters	49,600,122	9,202,440	26,340,000	19,270,635	917,858,409	192,634,821	1,214,906,427
Ghana Health Service	161,960,477	1,421,482,814	15,500,000	4,860,665	-	889,194	1,604,693,150
Psychiatric Hospitals (Tertiary Health Services)	11,193,957	738,532	5,000,000	-	-	286,348	17,218,837
Christian Health Association of Ghana (CHAG)	96,827,426	143,103,157	-	-	-	-	239,930,583
Regulatory Authorities	14,942,245	50,951,096	-	747,795	-	78,000	66,719,136
Teaching Hospitals	81,046,687	141,593,353	-	4,006,042	-	-	226,646,082
Training Institutions	88,224,137	55,665,669	-	1,014,864	-	-	144,904,670
Subverted Organizations	5,184,876	8,665,744	-	-	-	574,554	14,425,174
TOTAL	508,979,927	1,831,402,805	46,840,000	29,900,001	917,858,409	194,462,917	3,529,444,059

7.0 OUTLOOK OF THE MINISTRY FOR 2013

For the year 2013, the Ministry has set up the following indicators under the five priority areas

7.1 Objective 1

Under objective one, the

- Strengthen DHMTs and develop the District Health Department to operate in accordance with LI 1961
- Develop/implement National Health Financing Strategy
- Update 2010 NHA/institutionalize National Health Accounts
- Identify additional funding sources for the NHIF and other social support schemes
- Collaborate with MOESW in implementation of health related components of national social protection strategy
- Scaled up community based targeting in 30 LEAP districts
- Strengthen leadership capacity in health institutions for Human Resource in health production
- Establish new staffing norms based on workload and quota systems for equitable distribution of skill mix
- Develop a comprehensive Performance Management System to improve health worker productivity

7.2 Objective 2

Under objective two, which deals with strengthening governance and improve efficiency and effectiveness in the Health Sector, the Ministry intends to:

- i. Implement the performance contracts at all levels
- ii. Strengthen public financial management through improvement of planning and budgeting capacity at the district level
- iii. Develop Legislative Instruments for Acts passed in 2011 and establish relevant institutions and systems
 - (a) Mental Health Authority Act, Act 846
 - (b) Health Institutions and Facilities Act, Act 829
 - (c) Public Health Act
 - (d) Specialized Health Training and Plant Medicine Research Act, Act 833
 - (e) National Health Insurance Act
 - (f) Health Professions and Regulatory Act
- iv. Ensure passage of following outstanding Bills
 - (a) Traditional and Alternative Medicine Bill
 - (b) Health Coordinating Bill

- v. Establish Private Health Sector Development Fund
- vi. Establish M&E units in all agencies and build capacity of staff to improve reporting in the sector
- vii. Strengthen National Health Data Platform

7.3 Objective 3

Objective three covers improving access to quality maternal, neonatal and adolescent health services. Under this objective, , the Ministry intends to

- i. Implement the MAF Country Action Plan for improved maternal and newborn care
- ii. Support EPI services
- iii. Strengthen implementation of life saving skills at the district and sub district levels and build regional resource teams
- iv. Raise awareness on socio-cultural barriers to access to maternal and new born care
- v. Improve access to safe blood for expectant mothers and newborns
- vi. Increase number of midwives trained and expand training in midwifery to CHO
- vii. Promote local initiatives to further expand emergency transport for pregnant women, children and others
- viii. Continue with the dissemination of adolescent health policy to the lowest level and update the training manual for health workers.
- ix. Scale-up essential nutrition action for women and children
- x. Family planning services free and accessible to all

7.4 Objective 4

Under objective four, which covers prevention and control to communicable and non-communicable diseases and promote a healthy lifestyle, the Ministry plans to

- i. Advocate healthy lifestyle awareness through the promotion of traditional food technologies
- ii. Expand screening programs for hypertension, diabetes, sickle cell and selected cancers
- iii. Increase activities for the control and elimination of Neglected Tropical Diseases particularly, yaws, onchocerciasis, lymphatic filariasis and leprosy
- iv. Implement national strategic plans to reduce new HIV cases
- v. Elimination of mother to child transmission of HIV
- vi. Increase treatment, care and support for people living with HIV
- vii. Increase availability and use of condoms

- viii. Implement national strategic plan to increase TB case detection and cure rate
- ix. Implement national strategy for home management of malaria
- x. Epidemics and outbreaks

7.5 Objective 5

Under Objective five which covers strengthen institutional care, including mental health, the Ministry proposes to

- i. Disseminate and train health care providers on use of standard and protocols in respective institutions
- ii. Develop new successor Capital Investment Plan and a national Medical Equipment Replacement Plan
- iii. Strengthen the system capacity for emergency response
- iv. Train emergency medical teams for district, regional and tertiary hospitals
- v. Support private sector development of A&E services at all levels
- vi. Expand network of ambulance stations
- vii. Establish training centre for emergency care practitioners
- viii. Review and expand standards and guidelines for the supply and regulation of traditional medicine and drug products
- ix. Revamp the prosthetic and orthotic centre
- x. Train mental health staff on drug rehabilitation and establish two standalone drug treatment centres in the country to treat and rehabilitate patients with substance abuse addiction
- xi. Embark on national prevalence studies on mental disorders and substance abuse

8.0 OBSERVATIONS AND RECOMMENDATIONS

8.1 Internally Generated Fund (IGF)

The Committee observed that IGF allocated to the Ministry for the year amounted to GH¢1.83 billion. Concerns were raised as to whether this amount was not arrived at as a result of double counting.

The technical team from the Ministry of Finance explained to the Committee that the figure did not involve double counting. It was explained that during the consideration of the 2012 budget estimates, the Committee of the previous Parliament expressed concern about the declaration of IGF generated by the agencies and facilities under the Ministry of Health. The then Committee therefore tasked the Ministries of Finance and Health to strengthen and explore ways for the accounting of the IGFs under the Ministry of Health.

Following the advice, the two ministries held discussions to implement the recommendations of the Committee. The consensus reached led to an increase of the initially approved IGF figure of GH¢468 million to GH¢1.20 billion. The outturn for 2012 was GH¢1.056 billion. As a result of this performance and other factors, the Ministry of Finance, this year, arrived at the amount of GH¢1.83 billion as the projected figure for the Health Sector. The amount does not include the NHIL.

The technical team from the Ministry of Health informed the Committee that even though the projection poses a huge challenge, the Ministry would work towards achieving it.

8.2 Manpower needs of the Hospitals

The Committee observed that a part of the IGF was being used to pay wages and salaries.

The technical team from the Ministry explained that these allocations were used to pay wages of temporary staff engaged by the Hospitals.

The Minister for Health informed the Committee that she agreed with the suggestion that there was the need for the Ministry to conduct an enquiry into the staffing requirements of all the hospitals. She said this was the only way the Ministry could know what the staffing needs of the hospitals were for it to plan efficiently and effectively. This would also assist the Ministry to effectively distribute health personnel throughout the country and streamline the engagement of personnel at the hospitals. She assured the Committee that the Ministry would take the necessary steps to address this challenge.

8.3 Establishing CHPS zones

The Committee was informed that for 2013, the Ministry would establish 500 functional Community-Based Health Planning and Services (CHPS) zones.

The Minister informed the Committee that the Government had redefined the implementation of the CHPS programme from establishing CHPS compounds to rather establishing functioning CHPS zones. The CHPS compounds require the establishing physical structures whilst the functioning CHPS rather involve the expansion of the CHPS programme to identify zones without not necessarily having to put up physical structures. This is targeted at making the CHPS programme more effective and having a wider coverage.

Members however cautioned that for CHPS to function effectively they have to be well accommodated. The technical team assured the Committee that the CHPS would be properly equipped to function effectively and efficiently.

8.4 National Health Insurance Scheme (NHIS) ID Cards

The committee expressed concern about the long duration it took for the Scheme to issue scheme members with ID cards.

The technical team explained that the Scheme encountered some challenges with the ID cards management regime. They indicated that this year more reforms would be carried out. The current management regime would be phased out and replaced with an instant issuance of biometric ID cards.

8.5 Capitation

The Chief Executive Officer of the National Health Insurance Authority informed the Committee that the capitation program that was started in the Ashanti Region has been successful. As a result the Authority intends to roll out the program to the other nine regions soon. With this in view, the Authority rolled out a number of extensive stakeholder reviews with stakeholders as well as providers to get them informed of the planned nationwide roll-out.

8.6 Allocation to the Psychiatric Hospitals

Dr. Akwasi Akoto Osei informed the Committee that the current allocation for the sector is wholly inadequate. He said the hospitals continue to grapple with simple issues like providing three square meals a day to patients.

He said due to the deteriorating situations, the other two psychiatric hospitals have stopped admitting new patients. The Accra Psychiatric Hospital now screens new patients to ensure that the hospital is not congested. This means that patients who would have been otherwise admitted are turned away.

He said given the allocations for this year, the situation would not change. He therefore appealed to Government to immediately implement the Mental Health Act. The Act calls for the setting up of a Board and a Fund.

This would go a long way to address some of the challenges facing the hospitals.

8.7 Funding for Regulatory Agencies

The Committee observed that a total amount of GH¢ 66,719,136 representing 1.89% to the Regulatory Bodies. This amount is small to finance the role played by these agencies

The Committee holds the view that If the Regulatory Agencies are expected to function properly, there is the need for Government to adequately resource them.

8.8 Christian Hospitals Association of Ghana

The technical team from CHAG informed the Committee that the main challenge facing the Association is the delay in the release of funds due from the NHIF.

The team informed the Committee that CHAG has been allocated about 5% of the Sector budget but provides for 20% of the health outcome. The 5% is used for Compensation for Employees Therefore the Association relies on its own ability including services to provide for goods and services as well as assets.

The team indicated that due to the delays in reviewing the tariff structure, the Association currently loses 20% if the Fund is to pay upfront. The situation is worsened by delayed releases. They appealed to government to ensure that releases from the Fund are done timely.

Members of the Committee observed that in many of the rural districts, the Christian Hospitals are predominant and well established. They therefore expressed the opinion that Government could adopt these hospitals as 'de facto' district hospitals in these areas and resource them accordingly. This would help these hospitals to cover more of the rural population, thereby reduce the pressure on health facilities in the cities.

8.9 Maternal Mortality rate

During the consideration of the Estimates, It came to the fore that maternal mortality rate is on the high side. Even though the Ministry targeted a rate of 185 deaths per 100,000 births, the Ministry recorded 350 deaths per 100,000 births.

The Committee questioned the source of the data and opined that the Ministry was better placed to give accurate figures. Unfortunately, their source of data is from the World Health Organization (which has stated 350/ 100,000 births since 2008).

The Committee therefore suggested that maternal mortality should be made a national policy like the eradication of measles and guinea worm. The Committee suggested that the Ministry of Health should explore ways of addressing the situation and recommended that the Ministry should task the hospitals to look into the cause of the high rate and come up with measures to address it as a matter of urgency.

8.10 Implementation of Acts Passed By Parliament

The Committee noted that 2012, Parliament passed a number of Health Acts to improve health delivery in the country. Most of these Acts have not yet been implemented, notable among them being the Health Facilities Regulatory Act and Mental Health Act.


The Committee recommends to the Ministry of Health to take the necessary steps to implement the acts that were passed to ensure improvement in service delivery.

9.0 CONCLUSION

After critically considering the Annual Budget Estimates of the Ministry of Health, the Committee holds the view that the Health sector is still key in the transformation process and better Ghana Agenda of improving the lives of Ghanaians.

The Committee recommends to the House to adopt this report and approve the sum of **three billion, five hundred and twenty-nine million, four hundred and forty -four thousand and fifty-six Ghana Cedis (GH¢3,529,444,056)** for the activities of the Ministry of Health for the 2013 fiscal year.

Respectfully submitted.



HON. JOSEPH YIELEH CHIREH

CHAIRMAN



MR. ASANTE AMOAKO ATTA

CLERK TO THE COMMITTEE