

Implementing the macro-economics and health strategy: the Ghanaian experience



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Introduction

The government of Ghana recognizes health not only as an outcome but also as a critical input for economic growth and development. It also recognizes the need to increase investment in health, as health does not only produce wealth but engenders economic development and poverty reduction, especially for the poor. This perception is in line with the recommendations of the Commission on Macroeconomics and Health (CMH) report which was presented by Prof. Jeffrey D. Sachs to Dr Gro Harlem Brundtland, the then Director-General of the World Health Organization in December 2001.

Initial advocacy and build-up

To rally support for the implementation of the CMH recommendations, the WHO Representative in Ghana started advocacy with influential and eminent Ghanaians. He first briefed the Minister of Economic Planning and Regional Cooperation on the CMH recommendations and its implications for poverty reduction in the light of Ghana's Growth and Poverty Reduction Strategy Paper. A briefing was subsequently organized for the Chairman of the Council of State (an advisory body to the President and the Government), followed by a presentation to the members of the Council.

The Minister of Economic Planning and Regional Cooperation and the Chairman of the Council of State showed interest in the prospects of Ghana adopting and implementing the CMH recommendations, and subsequently became the driving force behind Ghana's Macroeconomics and Health Strategy.

Multisectoral CMHS

by Selassi Amah d'Almeida The Minister of Economic Planning and Regional Cooperation, in collaboration with the ministries of health, finance, local government and rural development and other key health-related agencies such as the Community Water and Sanitation Agency coordinated the multisectoral aspects of the strategy. The group subsequently produced a report, "Investing in Health and Macroeconomic Development in Ghana". The strategy was to harmonize selected national health-related priorities in the PRSP and the recommendations made by the CMH, while ensuring consistency with a sound macroeconomic policy framework.

Aims and objectives

The overall goals of the strategy are to:

- Disseminate and discuss widely in-country the findings and recommendations of the CMH report;
- Provide strategic options for scaling-up investments in sectors that influence the health status of Ghanaians in order to have the desired impact on poverty reduction and economic growth in the shortest possible time;
- Mobilize of political support and advocacy at the local and international levels to attract more resources to water, sanitation and health.

Structure

In line with WHO guidelines, two national committees (advisory and technical) were formed to pursue the

aims of the strategy. The two committees constitute the equivalent of the National Commission on Macroeconomics and Health for Ghana.

Advisory Committee

The Advisory Committee was to provide guidance for the formulation of the macroeconomics and health strategy and to advocate at the national and international levels. Members of the Committee include the ministers of health, economic planning and regional cooperation, finance; local government and rural development, and works and housing. The other members were the Majority Leader of the Parliament, Representatives of the Parliamentary Select Committee on Health, the Chairman of the Council of State, the Director-General of Ghana Health Service, the President of Ghana Insurers Association, the Vice-Chancellor of the University of Ghana, and the Country Representatives of WHO, UNDP, UNICEF, DFID and the World Bank. This committee held its first meeting on 31 July 2002.

Technical Committee

The Technical Committee was made up of representatives of the ministries, departments and agencies represented on the Advisory Committee, the Community Water and Sanitation Agency, the Ghana Water Company the Environmental Health unit of the Accra Metropolitan Authority and WHO.

This committee was charged with producing draft technical papers, with the main inputs being the PRSP, sectoral plans and programmes and the

recommendation of the CMH report. The Technical Committee was also to make recommendations for scaling up investment in health care, water and sanitation in order to achieve high coverage levels of targeted health interventions and per capita health expenditure recommended in the CMH Report. This committee was also to produce a document which would serve as an addendum to the PRSP as well as an advocacy tool and investment plan to attract more resources to health-related areas. The committee held its first meeting in July 2002, followed by weekly meetings until the end of October 2002 when the draft papers were ready.

Joint meetings

The technical and advisory committees held joint periodic meetings to discuss and resolve policy and technical issues arising out of the draft technical papers. They also discussed their work programmes, reviewed progress of work done and suggested the way forward regarding the realization of strategy objectives. The joint meetings were also to foster interaction and rapport-building between the two committees to ensure that the views and recommendations of the Advisory Committee were reflected in the technical papers.

Preparation of technical papers

The Technical Committee was tasked with generating evidence pertaining to health problems and their link to poverty in Ghana. In working closely with the Advisory Committee and in preparation for the launch of the workshop on the strategy, a technical group of experts was tasked to review the CMH report, prepare technical papers and adapt the CMH report recommendations to the Ghana context.

The papers were to focus on health care, water and sanitation; they were to provide strategic options for scaling up investments in order to achieve high coverage levels with regard to sanitation, preventive and curative health care, and the quality of potable water. The targeted health interventions and per capita health expenditures were expected to

be comparable to those recommended in the CMH report.

In conjunction with the Advisory Committee the Technical Committee provided evidence, outlined its findings and made provisional recommendations in technical papers. They suggested the following interventions:

- Establishment of health insurance using the district-wide mutual health organization approach;
- A pilot study of health insurance in the context of the Ghana poverty reduction strategy;
- Implementation of community-based health planning and services as the basis of a "Close to Client" (CTC) health system;
- Waste management: a non- medical strategy for health;
- Scaling up investments in community water and sanitation;
- Scaling up urban water investments;
- Mobilizing resources for scaling up health investments.

Official launching

The activities of the advisory and technical committees culminated in the official launch of the strategy on 19 November 2002 in Accra, with President John Agyekum Kufour delivering the keynote address. This event was accorded the highest political priority by government as the function was attended by, among others, ministers and other senior government officials, parliamentarians, members of the Council of State, traditional authorities, the civil society, researchers, academics, development partners, members of the diplomatic corps, officials from WHO, the West Africa Health Organisation, and representatives of Nigeria and the United States.

Technical workshop and working groups

A technical workshop attended by about 60 experts in finance, health care, water, sanitation, poverty reduction and related areas was held with the

main objectives of subjecting the draft technical papers to critical review, soliciting views and comments in order to improve the final output, and building consensus on the way forward for scaling up investments in health care, water and sanitation.

Four working groups were formed in health care provision, health care financing, water and sanitation, and resource mobilization. Their outputs were incorporated in a separate report.

Activities

A local expert synthesized the seven technical reports. The final report, identifies the gaps to be closed and has been developed into an advocacy tool, complete with an investment plan.

The government is expected to budget for those activities which have been captured in the Medium Term Expenditure Framework (MTEF). To ensure that the recommendations of the final report are implemented, the following have been planned for:

- Linking the strategy report to the budget through the MTEF process by ensuring that the recommendations are incorporated into the planning guidelines issued by ministries, departments, agencies and districts for the preparation of sectoral and district medium-term plans;
- Revision of the PRSP using the recommendations in Ghana's Macroeconomics and Health Strategy;
- A round table discussion for relevant ministries, their chief directors, and other members of the Advisory Committee to sustain political support and continued advocacy;
- Further consultations with stakeholders, including development partners and bilateral cooperation agencies, to build ownership and ensure consensus;
- Presentations on GMHS to regional ministers, district chief executives and other political heads;

- Follow-up visits to targeted districts to ensure that GMHS recommendations are incorporated in their medium-term plans;
- Sustaining the strategy and mainstreaming it into government interventions in health and health-related sectors;
- Development of monitoring and evaluation tools.

Support from development partners

Development partners and the diplomatic corps have been supportive of the GMHS. Their participation during the launch of the initiative was most encouraging. As members of the Advisory Committee, WHO, UNDP, UNICEF, DANIDA, DFID and the World Bank provided guidance during the prepara-

tion of the technical papers. UNICEF, DFID, WHO and the World Bank also served on the Technical Committee. Due to their involvement and experience in the health, water and sanitation sectors, their technical contributions to the strategy have been invaluable. DFID provided some financial assistance to support the process.

Challenges

Sustaining the interest of all stakeholders in the process at all times has been a daunting task. However, the keen interest by the national coordinating unit and other key people in the various ministries, departments and agencies made it possible for participation to be sustained.

Also, the ability to keep to the agreed timetable in producing the report is a challenge. This is due to the fact that the technical team members have their

full-time jobs and have to find time to support the work of the GMHS.

Data is very paramount in the development of any meaningful document. In this regard, lack of data in certain forms and the accuracy of data available were other challenges that confronted the process.

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