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# IN THE FIRST SESSION OF THE FIFTH PARLIAMENT OF THE FOURTH REPUBLIC OF GHANA

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REPORT OF THE SELECT COMMITTEE ON HEALTH
ON THE 2010 BUDGET ESTIMATES OF THE
MINISTRY OF HEALTH



December, 2009

# REPORT OF THE COMMITTEE ON HEALTH ON THE 2010 ANNUAL BUDGET OF THE MINISTRY OF HEALTH

#### 1.0 INTRODUCTION

In accordance with Article 179 of the Constitution, the Honourable Minister of Finance and Economic Planning, Mr. Kwabena Duffuor presented the Budget Statement and Economic Policy of the Government of Ghana for the 2010 fiscal year to the House on Thursday 18<sup>th</sup> November, 2009.

Pursuant to Standing Orders 140(4) and 178 of the House, Madam Speaker referred the draft Annual Budget Estimates of the Ministry of Health to the Committee for consideration and report to the House.

## 2.0 <u>DELIBERATIONS</u>

The Committee held a series of meetings with the following to deliberate on the 2010 Draft Annual Estimates:

- Hon. Minister of Health, Dr. Benjamin Kumbour, the Acting Chief Director of the Sector Ministry, Dr. Sylvester Anemana as well as Chief Executives, Registrars and Directors of the following agencies and departments:
- a. Ministry of Health
- b. Ghana Health Service
- c. Christian Health Association of Ghana
- d. Korle- Bu Teaching Hospital
- e. Komfo Anokye Teaching Hospital
- f. Tamale Teaching Hospital
- g. Mental Health Service
- h. National Ambulance Service
- National Blood Transfusion Service
- j. National Health Insurance Scheme
- k. Medical and Dental Council
- Pharmacy Council
- m. Nurses and Midwives Council

- Traditional Medicine Practice Council
- o. Private Hospitals and Maternity Homes Board
- p. Food and Drugs Board
- q. Ghana College of Physicians and Surgeons
- r. Centre for Scientific Research into Plant Medicine

The Committee is grateful to them for providing information during deliberations on the estimates.

#### 3.0 REFERENCE DOCUMENTS

In considering the draft Annual Estimates for the Sector Ministry, the under listed documents were used as reference materials:

- 1. The 1992 Constitution of Ghana,
- 2. The Standing Orders of Parliament of Ghana
- 3. The 2009 Budget Statement and Economic Policy of the Government of Ghana.
- 4. The 2010 Budget Statement and Economic Policy of the Government of Ghana.
- 5. The 2009 Draft Annual Estimates of the Ministry of Health
- 6. The 2010 Draft Annual Estimates of the Ministry of Health
- 7. The 2010 Draft Work Plan of the Ministry of Health

#### 4.0 MISSION STATEMENT OF THE MINISTRY OF HEALTH

The Mission Statement of the Ministry of Health for the 2010 fiscal year 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.

#### 5.0 OBJECTIVES

The Ministry operates by the objectives cited below in pursuance of its Mission Statement and Policy within the Medium Term Expenditure Framework (MTEF):

1. Strengthen efficiency in health service delivery

- Ensure improved maternal and child health care
- 3. Ensure sustainable financing arrangements that protect the poor
- 4. Bridge equity gaps in access to health care and nutrition services
- 5. Improve health infrastructure
- Control the incidence of malaria
- Ensure the reduction of HIV/AIDS/STI/TB transmission, its proper management and promote healthy life style.
- 8. Improve mental health services delivery

# 6.0 REVIEW OF THE MINISTRY'S PERFORMANCE IN 2009

# 6.1 FUNDS ALLOCATED

The Ministry was allocated an amount of **Five Hundred and Forty Six Million, Seven Hundred and Twenty Thousand Three Hundred and Ten Cedis (GH¢546,720,310.00)** for its activities for the 2009 fiscal year. The breakdown is as follows:

	PERSONNEL EMOLUMENT (GH Ø)	ADMIN (GH¢)	SERVICE (GH¢)	INVESTMENT (GH ¢)	HIPC (GH¢)	TOTAL (GH¢)
GOG	320,000,000,00	5,024,021.00	12,261,312.00	7,113,105.00		344,398,438.00
IGF		17,715,508.00	74,950,607.00	15,645,914.00		108,312,029.00
DONOR				82,582,842.00		82,582,842.00
HIPC						11,427,000.00
TOTAL	320,000,000.00	22,739,529.00	87,211,919.00	105,341,861.00	11,427,000.00	546,720,310.00

# \*\*\* The table excludes votes for NHIF ( $GH \neq 375,209,162.00$ )

The amount provided was committed to the following activities:

Government's priorities in 2009 were on reducing maternal and neonatal deaths, enhancing health services for children, consolidating the gains made under the regenerative health and nutrition programme.

#### 6.2 Maternal and Child Health

In October 2009 first entry into medical assistants training in Kintampo was introduced and 100 students were enrolled. Two new midwifery schools were established in Tarkwa and Tamale to increase training of midwives.

#### 6.3 Malaria

The seven year national Strategic Plan for Malaria Control was completed and the revised Anti-Malaria Drug policy signed by Government. In addition, Artemether-Lumefantrine and Dihydroartemisinin-Piperaquine, additional Artemisinin-based Combination therapy (ACT) were officially recommended for malaria treatment. Six (6) districts in the Northern region were also covered with Indoor Residual Spraying (IRS).

#### 6.4 Other non-communicable Diseases

Government embarked on awareness creation on Asthma, Sickle cell and a sensitization training of NGO'S on non communicable diseases.

# 6.5 Community-Based Health Planning and Services (CHPS)

In order to reposition the CHPS strategy to provide services including maternal and child health services to the hard-to-reach areas, government conducted an in-depth review of the implementation of the CHPS program.

# 6.6 Quality and Coverage of Clinical Care

A study is underway to determine the level of performance of the procurement, supply and distribution systems in relation to policies, procedures statutory arrangement and the financial position of the supply system. The study is aimed at strengthening the financing and functioning of the procurement and supply system.

# 6.7 Emergency Preparedness and Response

A Ministerial Emergency Medical Services committee has been formed with all stakeholders responsible for emergency services as members.

# 6.8 Human Resource Development and Management

Government developed performance agreement proposals and has engaged a technical team to study the proposal and develop implementation strategies.

# 6.9 National Health Insurance Scheme

Actions implemented were: -

- In order to ensure a sustainable financing and improve the operational efficiency, a review of the NHI legislation was undertaken, with a view to repealing the current Act and replacing it with a more appropriate legislation. Stakeholder consultations were held on the draft findings:
- A separate legislative amendment has been proposed to cover the police and the armed forces, and to delink the registration of children from that of their parents; and
- An actuarial assessment has been updated and various scenarios are in the process of being submitted to Cabinet.

# 6.10 Harmonization of Health Legislation

Major strides were made with the health sector bills. Memorandum of Instructions has been submitted to the Attorney-General's Department for refinement.

# 6.11 Infrastructure Development for Effective Health Delivery

During the year under review, the following projects were undertaken:

- Construction of Winneba District Hospital;
- Construction of a 100-bed General Hospital with Malaria Research Centre at Teshie;
- Five Polyclinics/Health Centres at Kpandai, Tatale, Janga, Chereponi, and Karaga in Northern Region and Tarkwa District Hospital commenced;
- Begun phase 2 of the rehabilitation and upgrading of Bolgatanga Regional Hospital;
- Reactivation of some abandoned projects in Accra-Tema Metropolis including the Usher Polyclinic Theatre, Maternity Block at Achimota Hospital, upgrading of Maamobi, Kaneshie and Mamprobi Polyclinics; and the Maternity and Children's Block at Tema General Hospital;

- Feasibility studies for establishing maternity and children's hospital at Ridge Hospital was completed;
- Completion of 21 Health centres with funding from OPEC;
- Value For Money (VFM) negotiations and statutory approvals of contracts for new projects such as the major Refurbishment of the Tamale Teaching Hospital, expansion of Radiotherapy and Nuclear Medicine Centres at KBTH and KATH, construction of two (2) Regional Hospitals with staff housing at Wa and Kumasi were undertaken; and
- Other new projects which were subjected to VFM negotiations and for which contracts approved were the construction of six (6) District Hospitals with staff housing at Adenta/Madina, Twifo-Praso, Konongo-Odumasi, Wenchi, Tepa, and Salaga; and the construction of the Blood Transfusion Centres at the Teaching Hospitals.
- Improved capacity of internal audit staff in MDAs and MMDAs resulting in 169
   IAUs submitting Quarterly Internal Audit Reports. Internal auditors also benefitted from training in Procurement Audit and Asset Management;
- Setting-up and establishment of 287 functional Internal Audit Units in MDAs and MMDAs out of a target of 341;
- Establishment of an Inspectorate Section of Government's Internal Audit Agency to facilitate action on internal audit reports including, where appropriate, recommendations of prosecution and disciplinary action in respect of any breaches found after conducting an audit in MDAs and MMDAs; and
- Organisation of an Annual Internal Audit forum for 650 public service managers to deliberate on Performance Management and the role of Internal Auditing in the Public Sector.

#### 7.0 BUDGET PROJECTIONS FOR 2010

In promoting the government's objective for the Ministry of Health an amount of **Seven Hundred and Twenty Six Million Eight Hundred and Seventy One Thousand Four Hundred and Forty Two Ghana Cedis (GH¢726,871,442)** has been allocated for activities for 2010.

#### The breakdown is as follows:

	GOG	DONOR	IGF	HIPC	TOTAL	NHIF
P.E	377,600,000		15,547,850		393,147,850	
ADMIN	7,033,629	8,549,613	50,572,724		66,155,966	
SERVICE	7,356,788	67,505,366	85,963,203	4,000,000	164,825,357	
INVESTMENT	8,460,295	34,185,451	56,096,523	4,000,000	102,742,269	
TOTAL	400,450,712	110,240,430	208,180,300	8,000,000	726,871,442	480,900,000

# The amount provided would be committed to the following activities

#### 7.1 Malnutrition

As part of the efforts to achieve the health-related MDGs, nutrition will be a major focus of the sector. Essential nutrition actions will be implemented in all regions with emphasis on complementary and supplementary feeding of infants, children, pregnant women, nursing mothers and PLHIV technical support to the nutritional aspect of the School Feeding Programme.

#### 7.2 **Emergency Services**

Emergency health services will be strengthened by equipping and upgrading selected accident and emergency centres throughout the country. There will be pooling of ambulances from facilities to the National Ambulance Service (NAS). The focus will also be on developing capacities in the area of emergency care, especially through training of critical personnel at various levels and the provision of additional ambulance.

#### 7.3 Private Sector Collaboration

Government will continue to partner the private sector in the areas of developing collaborations for investments in the health industry, promoting welfare and supporting private health care delivery. Government will also collaborate with the local pharmaceutical industry to build capacity to international standards (WHO prequalification) and competitiveness.

#### 7.4 National Health Insurance Scheme

In order to ensure sustainable financing that will protect the poor, government will improve the operations of NHIS, particularly claims management, communications and coverage of the poor and linking LEAP with NHIS. Government will also conclude preparatory activities for the implementation of the one-time payment of premiums.

#### 7.5 **Primary Health Care Services**

As part of the strategies to enhance access to health care, Government will deepen the concept of Primary Health care by focusing more on the CHPS concept which is very close to the client, while at the same time strengthening the referral system. Government will work with the District Assemblies and other stakeholders to increase the number of functional CHPS zones and upgrade the skills of CHOs.

#### 7.6 **Integrated Planning at District Levels**

Government will place emphasis on strengthening the district health information system to be able to capture all health information. District planning will also be enhanced to improve coordination, transparency and efficiency.

#### 7.7 Health Laws and Regulations

Government will continue to review, help to promulgate and implement relevant laws and regulations such as the Mental Health Law, allied health law among others.

#### 7.8 Specialized Tertiary Services

Government will increase specialised Tertiary Services and efforts will continue to be made to establish specialised care and teaching facilities in the tertiary and regional hospitals as centres of excellence in order to provide quality specialised care and reduce expenditure on overseas treatment.

#### 7.9 Other Communicable Diseases

To strengthen the control of diseases in 2010, new malaria control measures will be introduced whilst HIV/AIDS prevention activities such as behavioural change communication strategies, knowledge of status campaign, and targeting at risk groups will be scaled up. Comprehensive care and support services towards achieving universal access will be scaled up. HIV sentinel survey will be undertaken and early infant diagnosis of HIV and capacity building will be emphasized.

Government also plans to introduce two new vaccines (Pneumonias I & Retrovirus) in 2011. However, preparatory activities for the introduction will commence in 2010 and will include

training, social mobilization, technical support, supervisory visits, monitoring and feedback to regions and districts.

#### 7.10 Non-communicable diseases

Prevention and control of non-communicable diseases such as hypertension, diabetes, sickle cell, cancers and mental disorders will be scaled up.

#### 7.11 Human Resource Development

Government will focus on addressing the challenges associated with the sector's wage bill and distribution of critical health staff. Training of middle level cadres such as mental health nurses and midwives will be scaled up and plans are on the way to upgrade post basic programmes such as public Health, Critical Care, Perioperative, Anesthesia and Ophthalmic Nursing to degree programmes.

#### 7.12 Traditional Medicine Practice

The official institutionalization of Traditional and Alternative complementary medicine services which began in 2009, would be expanded and strengthened to increase access to good practices in herbal and complementary medicine. Research will be carried on long-term safety and ethical manufacturing of the products into modern and convenient dosage forms under high quality control.

In addition to the above, Government will develop data-bases and scientific information on herbal medicines to healthcare professionals and other stakeholders in the industry to enhance the rational and safe use of approved herbal medicines.

# 7.13 Strengthening Health Infrastructure

As part of efforts to increase access to services, Government will continue with the extension, expansion, upgrading and equipping of polyclinics and health centres, district and regional hospitals and health training institutions. Other projects to be undertaken are: -

- Construction of offices and Laboratories for Food and Drugs Board;
- Completion of works on training institutions nationwide;
- Upgrading of 3 Health Centres to District Hospitals with funding from OPEC;
- Development of MIS and ICT infrastructure of NHIS;
- Completion of selected ongoing projects in health facilities, DHMT and RHMT;

- Construction and commissioning of 5 Polyclinics/Health centres in Northern Region at Karaga, Kpandai, Tatale, Janga and Chereponi and a 100-bed General Hospital with Malaria Research Centre at Teshie, Accra;
- Completion and commissioning of the Korle-Bu Teaching Hospital Medical Block, and the GHS Learning Centre at Pantang.
- Development, equipping and commissioning of some CHPS compounds in selected sub-districts;
- Planning activities including contractual issues, negotiations and statutory approvals for the commencement of major rehabilitation and upgrading of Tamale Teaching Hospital, construction of 3 Regional Hospitals at Wa, Bolga and Koforidua, District Hospitals and staff housing at Madina/Adenta and Weija in Accra, Manhyia in Kumasi, Tepa, Salaga, Wenchi, Konongo-Odumasi and Twifo-Praso;
- Preparatory activities for project commencement for the supply and installation
  of laundry and imaging equipment in selected health facilities, re-equipping of
  selected health facilities with various specialised medical equipment, expansion
  of Radiotherapy and Nuclear Medicine facilities at KATH and KBTH and the
  construction of the Blood Transfusion Centres at the Teaching Hospitals;
- Execution of the construction of Winneba District Hospital, Tarkwa District Hospital and the Maternity Block at Achimota Hospital, Mamobi, Kaneshie and Mamprobi Polyclinics, Maternity and the children's block at Tema General Hospital, and the phase 2 of the rehabilitation and upgrading of Bolgatanga Regional Hospital;
- Continuation of ongoing projects such as other health sector projects in the districts including staff accommodation, DHMT and RHMT, offices for the Nurses and Midwifes Council, KATH Maternity and Children's Block; Office complex for NAS and St. John's Ambulance, including the expansion of Nurses' Training Institutions nationwide;
- Preparatory works including feasibility studies, needs and site assessment, appraisals, value for money audits, tendering, negotiations, funds mobilization and required approvals for Specialized Urology Centre and Specialised Neurology Centre, both at Korle-Bu Teaching Hospital, Maternity and Children's Hospital at Ridge Hospital, Accra;
- Preparatory works will be done for the development of various Regional and District Hospitals, Health Centres, Centres of Excellence and Equipment installations, Medical Assistants' Training Schools in Volta, Western & Northern Regions, upgrading of Cape Coast Regional Hospital into a Teaching Hospital; and the new Midwifery Training Schools in Northern Region at Damango & Nalerigu.

#### 8.0 OBSERVATIONS AND RECOMMENDATIONS

#### Personnel Emoluments

It was observed that funding of Personnel Emoluments continues to be a challenge to the Ministry of Health since it forms about 95% of the total government of Ghana allocation of **GH¢400,450,712** to the sector leaving just about 5% constituting **GH¢7,302,862** for financing of items 2, 3, and 4 at the operational level. Internally Generated Fund contributions are therefore used to support operations annually.

It was also observed that the amount of **GH¢377,600,000** provided for Personnel Emoluments under GOG still falls short of the total wage bill of the Ministry by about **GH¢91,540,000**. The Committee recommended that the Ministry of Health should liaise with the Ministry of Finance and Economic Planning to correct this anomaly to ensure that all staff are paid within the year.

#### Abuja Declaration

The Abuja Declaration to which Ghana is a signatory enjoins government to commit 15% of its total budget to health. This has over the years not been complied with and although there have been aggregate increases in the budget of the Ministry of Health between 2004 and 2009, the Ministry's share of the total government budget has suffered a steady decline in real terms from 11.7% in 2005 to 8.2% in 2009. The Committee however noted with satisfaction an increase of the Ministry of Health's share of the national budget from 8.2% to 13.85%. The Committee urged government to commit more funds to the operations of the Ministry of Health in realization of its commitments to Abuja Declaration.

Below is a table indicating the percentage increase in the Ministry of Health's share of the countries budget from 2004 to 2009.

SIZE OF RESOURCE ENVELOPE OF MINSTRY OF HEALTH FROM 2004-2009 (GH¢000)

SOURCE	2004	2005	2006	2007	2008	2009
GOG	93,568.33	143,914.24	168,143.77	215,436.83	235,141.58	294,050.74
DONOR	55,191.74	56,326.75	42,203.86			
DONOR-EM			72,203.80	16,405.78	48,014.88	54,627.67
	40,152.11	91,865.83	31,247.23	51,349.47	81,369.60	15,882.59
NHIF	-	124,187.27	132,549.62	152,694.98	206,158.38	393,730.59
IGF	22,766.61	38,735.26	27,288.24	45,224.39	100,767.33	92,477.96
HIPC	11,186.60	-	17,513.79	8,246.29	5,678.94	9,756.50
TOTAL	222,865.40	455,029.36	418,946.50	489,357.74	677,130.72	860,526.05
TOTAL GOG BUDGET (TGB)	2,677,863.81	3,900,192.83	3,994,676.57	6,330,540.24	7,771,859.77	10,450,133.77
SHARE (all source)	8.3%	11.7%	10.5%	7.7%	0.70	
		-11,70	10.570	7.7%	8.7%	8.2%
Share (GOG/SBS/IGF/HIPC)	6.8%	6.1%	6.4%	4.5%	5.0%	4.3%

SOURCE: MINISTRY OF HEALTH

# Internally Generated Fund (IGF)

It was observed that the Internally Generated Fund of the Ministry of Health has increased substantially from GH¢108,312 in 2009 to GH¢259,633 in 2010. The increase was attributed to a low projection of inflows for 2009 fiscal year. The Committee therefore recommends the introduction of a better tracking system to capture IGF inflows effectively.

It was again realised that departments under the Ministry over spend their allocated IGF without prior approval from the Ministry of Finance and Economic Planning. The Committee strongly urged the Ministry of Finance and Economic Planning to monitor and ensure the departments and agencies under the Ministry of Health do not spend beyond the approved IGF.

# National Health Insurance Scheme

The Committee noted with concern the late release of funds to the National Health Insurance Scheme by the Ministry of Finance and Economic Planning. Out of the GH¢392.00 million to be

transferred to the scheme only GH¢ 201.50 has so far been released as per the budget read on Thursday 18<sup>th</sup> November, 2009. However, according to the NHIA only GH¢92.00million has so far been received. The discrepancy affected the transfer of funds to the mutual health insurance schemes as well as distressed departments and agencies under the Ministry of Health.

The Committee recommended that if possible a desk be created at the Ministry of Finance and Economic Planning to track transfers or releases to the NHIA. It was further recommended that the Ministry of Finance should release funds to the NHIA on time since the revenue is tied to the Value Added Tax under section 86 of the National Health Insurance Act 2003 (Act 650). In the opinion of the Committee if the recommendations are adhered to there would be early releases of funds to the mutual health schemes, hospitals and the scheme would be protected from collapse. The NHIA should also endeavour to strictly adhere to recommendations by the August House.

#### Investment Projects

The Committee noted with concern that although certain projects were targeted for completion last year, they are yet to be awarded for execution. They include the rehabilitation of the six district hospitals at Adenta/Madina, Twifo-Praso, Konongo-Odumasi, Wenchi, Tepa, and Salaga.

It was explained that the delay is as a result of gaps identified in the project documents presented to the Ministry of Finance and Economic Planning. The Ministry of Health promised to resubmit the documents for further review and approval within the year to ensure completion of the projects.

The Committee admonished the Ministry of Health to expedite action on the review of the contract documents and commence work on the proposed projects as early as possible.

# Community- Based Health Planning & Services Compounds (CHPS)

The Committee was again not satisfied with the amount of money allocated for the purchase of equipment for CHPS compounds. The Committee viewed the GH¢1,000,000 allocated as woefully inadequate. However it was explained that additional funds have been provided under the National Ambulance Service budget to support the CHPS Compounds.

The Committee was not satisfied with the explanation because the two projects are not related and asked that the National Ambulance Service programme should be decoupled from the development of the CHPS Compounds to ensure adequate development of the CHPS Compounds to the benefit of the rural poor.

#### Budget Support

Considering funds generated by some departments like the Food and Drugs Board and the Pharmacy Council the Committee was of the view that within three years they should be able to carry out their activities without GOG support. It was therefore recommended that the Ministry

should monitor the performance of these departments and within three years wean them off GOG budget support.

#### Food and Drugs Board

The Committee was gratified to know that all 50 cars owned by the Food and Drugs Board have been comprehensively insured. The committee commended them for their initiative and foresight and encouraged them to insure their offices and equipment as well if possible.

The Committee was however not happy with funds expended on electricity and rental charges. It therefore urged the Board to expedite work on its office complex in order to cut down on cost incurred on electricity and rental charges.

#### Korle-Bu Teaching Hospital

It was observed that the Korle-bu Teaching Hospital has too many specialists who have very little to do during the year because very few cases are referred to them. It was explained that Korle-bu Teaching Hospital would adopt hospitals in southern Ghana that are in need of specialists and engage some of them there. The Committee was satisfied with the proposal and hoped it would be implemented within the year. It was also recommended that Tamale and Komfo Anokye Teaching hospitals should also adopt hospitals in the northern sector.

The Committee further recommended a review of charges at the hospital to increase internally generated funds which would assist in the defraying of debt owed by the hospital.

#### Mental Hospital

It was observed that an amount of GH¢118,000 meant for construction of a mortuary building at the Accra Psychiatric Hospital was not utilized. The fence wall to the medical director's residence was also constructed but not paid for. Even though the Estates Management Unit of the Ghana Health Service has submitted the detailed design of the mortuary project for review, the contract for the construction of the mortuary is yet to be awarded. It is the view of the Committee that action on the award of contract should be expedited to ensure early completion of the project.

## Komfo Anokye Teaching Hospital

Renovation works on the maternity and childrens' block of the Komfo Anokye Teaching Hospital is still pending although it serves a large population in the Asante and adjoining regions. The Committee expressed worry at this development and urged that funds should be allocated in the ensuing year to complete the project in order to reduce congestion and the high maternal and infant mortality rate at the hospital.

# National Ambulance Service

It was acknowledged that the National Ambulance Service contributes immensely to the provision of Pre-hospital Care to the sick and wounded by conveying them to health facilities on time. It however has only twenty three ambulances operational through out the country. These ambulances are not enough to satisfy the needs of the public. Funds were not however released for the purchase of new ambulances as expected in 2009. It is the hope of the Committee that funds would be released within the year to augment the current fleet.

# Tamale Teaching Hospital

The Tamale Teaching Hospital has not seen any major renovation works since it was commissioned in 1974. It was therefore gratifying to note that a loan of Twenty Eight Million Euros (€28.00million) has been secured by government for major renovation works at the hospital. An amount of GH¢3.5 million has also been allocated as counterpart funding under the Ministry of Health's budget in support of the project by providing for doctors accommodation.

The Committee however observed with regret that allocated funds to the project have been captured under the Ghana Health Service and the Food and Drugs Board investment budget for 2010. The Committee was of the view that it would be difficult to access the funds under this arrangement. It therefore recommended that the funds should be lodged under the Office of the Minister for easy access. The law governing the hospital should also be reviewed within the shortest possible time to upgrade it to the status of a teaching hospital.

# Private Hospitals and Maternity Homes Board

The Committee realised that although the Private Hospitals and Maternity Homes Board has accommodation and transportation problems no provision has been made under investment to that effect. This in the opinion of the Committee would affect their operations within the year. The Ministry of Health was therefore requested to review the charges of the Board from  $GH\cupec$ 0.00 to  $GH\cupec$ 50.00 to enable them generate additional funds to support their activities. The law governing the Board should also be reviewed to give impetus to their operations.

### Pharmacy Council

The third Board of the Pharmacy Council ended its mandate in October 2007. There is therefore no supervising authority to see to the operations and major decisions of the council. The Committee recommended an early inauguration of the new council to make room for improved performance within the year.

# Programmes under the Ministry of Health

The Committee observed with concern that Ministry of Health could not account for major donor support programmes like the Malaria Control Programme, TB Control Programme and

National Aids Control programme although they fall under its purview. Funds have again been committed to these programmes in the 2010 budget. Considering the quantum of funds provided to these programmes, the Committee recommended that the Ministry of Health should take steps to monitor and account for these programmes.

#### 9.0 CONCLUSION

Health is not only a human rights issue but also a key driver of development and ultimately of wealth creation. It is therefore imperative that adequate resources are committed to the sector to ensure that lives are saved as expected. Funds committed to the activities of the Ministry are still not up to 15% of the national budget but the committee is appreciative of the quantum increase and therefore recommends that the House approves of the amount of **Seven Hundred and Twenty Six Million Eight Hundred and Seventy One Thousand Four Hundred and Forty Two Ghana Cedis (GH¢726,871,442)** for the activities of the Ministry of Health for the 2010 fiscal year.

HON. DR. ALHAJI MUSTAPHA AHMED (MAJ.) (RTD)

**CHAIRMAN** 

ANITA QUARTEY-PAPAFIO

**CLERK**