# IN THE THIRD SESSION OF THE SIXTH PARLIAMENT OF THE FOURTH REPUBLIC OF GHANA

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# REPORT OF THE COMMITTEE ON HEALTH

**ON THE** 

2016 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 Friday, 13<sup>th</sup> November, 2015 presented to the House, the Budget Statement and Economic Policy of the Government of Ghana for the 2016 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 2016 to the Committee on Health for consideration and report.

In considering the Annual Estimates, the Committee met with the Hon. Minister of Health, Hon. Alex Segbefia, Dr Afisa Zakaria, Acting Chief Director of the Ministry 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 2016 Budget Statement and Economic Policy,
- 4. The 2016 Annual Programme Estimates of the Ministry of Health.
- 5. The 2015 Budget Statement and Economic Policy; and
- 6. The 2015 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.

The Mission Statement is in line with the achievements of the Health related Sustainable Development Goals (SDGs) by 2016, with concentration on improving health outcomes targeting resources towards the health of women and children, prevention and control of communicable and non-communicable diseases

### 4.0 PERFORMANCE AND FINANCIAL OUTTURN FOR 2015

### 4.1 Performance For 2015

### Management and Administration

The Committee was informed that for the year 2015, the Ministry implemented a Leadership Development Programme in Volta and Northern regions and 54 Senior Managers were trained in Health Administration and Management.

The Committee also noted that the Ministry undertook a holistic assessment of its sector needs and presented the outcomes at this year's Health Summit which was organized in May 2015.

The year under review saw the Ministry reviewing the CHPS policy in preparation towards the scaling up of CHPS. The CHPS guidelines were also revised.

The Committee was further informed that an E-tracker system had been developed to track clients for service delivery as part of efforts to improve District Health Information Management Systems (DHIMS) II. The DHIMS II had been integrated with the Basic Laboratory Information System (BLIS). Host and Health Administration Management System integration projects are also ongoing.

The technical team also informed the Committee that four regions were at various stages of implementing capitation (Ashanti, Volta, Upper West and Upper East Regions) and planning for the scaling-up for the six remaining regions has started.

The NHIA has started implementing the use of biometric registration cards in all ten regions whilst the Minister of Health has commissioned a team to review the National Health Insurance Scheme.

### Maternal, Neonatal, Child Health and Nutrition Services

The Committee was informed that the Institutional Infant Mortality Rate currently is at 53/1000 live births compared to 41/1000 in 2014. Institutional neonatal mortality rate increased from 4.4/1,000 live births in 2014 to 5.3/1,000 live births in 2015. Still birth rate for the half year 2015 was 1.6% compared to 1.8% for the same period in 2014.

### Communicable and Non-Communicable Diseases

The technical team from the Ministry informed the Committee that as part of its programme of activities for 2015, the Cancer Strategic Plan was launched and the facility based cancer registry initiative had been established in Komfo Anokye Teaching Hospital (KATH). A multi sectorial Non Communicable Diseases Steering Committee was also launched.

## Health Sector Regulation

The Committee was informed that Issuances of licenses for pharmacy and chemical outlets have been decentralized to the regional level. The development of a code of practice for the Allied Health Professionals is ongoing and is expected to be completed by end of December 2015. One Thousand, One Hundred and seventy-eight (1,178) unwholesome food products were also safely disposed of.

### Clinical and Emergency Care Services

The technical team informed the Committee that 600-bed University of Ghana Teaching Hospital is at 65 percent completion. The civil works on 420-bed Ridge Hospital Expansion Project is at 60 percent completion.

Civil works on Second phase of the Tamale Teaching Hospital would commence by Dec 2015. Site preparation on the Ashanti Regional Hospital at Sewua-Kumasi is underway. The Upper West Regional Hospital is 67.56% complete in terms of

civil works and is scheduled to be completed by September 2016

Construction of seven (7) district hospitals at Dodowa (75%), Fomena (30%), Kumawu (10%), Abetifi (10%), Takoradi European (25%), Sewua-Kumasi (35%) and Bekwai (72%) is at various stages of completion.

Bolgatanga Regional Hospital Rehabilitation Project Phase 3 is 56% complete.

As part of the Ministry's efforts to provide resources for Critical Care, it has:

- established Satellite intensive care / High-Dependency units in teaching and regional Hospitals
- completely refurbished the Paediatric operating theatres at the Korle Bu Teaching Hospital (KBTH)
- provided Oxygen plants for main Surgical theatres, maternity
   and neonatal intensive care units, KBTH

The Ministry has decentralized the high-end medical imaging services to regional hospitals (Koforidua, Sunyani, Ridge, Effia-Nkwanta, Cape-Coast and introduced non-invasive treatment of Kidney stones (KBTH, Tamale Teaching Hospital, Ridge Hospital)

### 4.2 Financial Performance of the Ministry

For the financial year 2015, the Ministry was allocated GH¢3,068,240,000.00 (Three Billion, Sixty-Eight Million, Two Hundred and Forty Thousand Ghana Cedis). As at 31st October, 2015, the total sector expenditure and money drawn amounted to GH¢2,204,652,299.92. (Two Billion, Two Hundred and Four Million, Six Hundred and Fifty-Two Thousand, Two Hundred and Ninety-Nine Cedis and Ninety-Two Ghana pesewas) The breakdown is as follows:

TABLE 1: ECONOMIC CLASSIFICATIONS FOR 2015

	Approved Budget for 2015	Actual Releases	Variance
Compensation	1,532,860,000	1,493,959,325.00	38,900,675.00
Goods and Services	837,600,000	456,083,530.00	381,516,470.00
Capex (Assets)	697,780,000	254,609,444.92	443,170,555.08
Total	3,068,240,000	2,204,652,299.92	863,587,700.08

Source: Budget Estimates for 2015 and MoH presentation

### 5.0 BUDGETARY ALLOCATIONS FOR 2016

For the year, 2016, a sum of GH¢3,386,762,864 (Three Billion, Three Hundred and Eighty-Six Million, Seven Hundred and Sixty-Two Thousand, Eight Hundred and Sixty-Four Ghana Cedis) has been allocated to the Ministry and its agencies for the implementation of its programmes and policies (see table 2).

TABLE 2: ECONOMIC CLASSIFICATIONS FOR 2016

ltem	GOG	IGF	ABFA	Donor	Total	%
Compensation	1,609,719,924	124,670,154	-	-	1,734,390,078	51.21
Goods and Services	3,646,660	1,094,625,058	-	89,363,305	1,187,635,023	35.07
Capex (Assets)	-	74,284,543	33,000,000	357,453,220	464,737,763	13.27
Total	1,613,366,584	1,293,579,755	33,000,333	44,816,525	3,386,762,864	100

Source: Programme based Budget Estimate for MoH, 2016

### **B. DEPARTMENTAL ALLOCATIONS**

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

TABLE 3: BREAKDOWN OF ESTIMATES INTO VARIOUS SECTORS

	GOG	IGF	ABFA	DONOR	TOTAL
Management and Administration	235,290,499	-	30,588,853	446,555,325	712,434,677
Health Sector Delivery	1,132,220,274	718,185,020	2,411,147	261,200	1,853,077,641
Tertiary and Specialized Services	203,648,213	317,793,115	-	-	521,441,328
Human resource Development and Management	27,917,224	152,217,543	-	-	180,134,767
Health Sector Regulations	14,290,374	105,384,077	-	-	119,674,451
Total	1,613,366,584	1,293,579,755	33,000,000	446,816,525	3,386,762,864

Source: Programme based Budget Estimate for MoH, 2016

### C. Agencies under the Ministry

The Agencies under the Ministry to implement the program based budget for 2016 are as follows:-

- 1. Management and Administration
  - MoH Health Headquarters
  - Subvented Organizations
- 2. Health Service Delivery
  - Ghana Health Service
  - Christian Health Association of Ghana
- 3. Tertiary and Specialized Service
  - MoH Health Headquarters
  - Psychiatric Hospitals
  - Teaching Hospitals
  - Subvented Organization
- 4. Human Resource Development and Management
  - Training Institutions
  - Subvented Organization
- 5. Health Sector Regulation
  - Regulatory Agencies

### 7.0 OUTLOOK OF THE MINISTRY FOR 2016

For the year 2016 and in tandem with its budget allocation for Goods and Services, the Ministry has elected to continue with its vaccination programmes.

The Ministry intends to undertake other sponsored programmes with Donor support. They include:-

- Printing of Assorted Medical Forms
- Procurement of Antimalarial Medicines
- Procurement of Antiretroviral Medicines
- Procurement of Contraceptives
- Procurement of Essential Medicines
- Procurement of Non Drug Medical Consumables
- Printed Materials and Stationary, office supplies, accessories
- Expanded Programme on Immunization (EPI) Vaccines
- Printing of Communication and Training Materials (Maternal and Child Health Record Books, Health Promotion Materials and Community Based Growth Promotion Posters and Manuals)
- Procurement of 10 units of 4X4 Station Wagon and 25 units of 4X4
   Double Cabin Pick Up Vehicles and Accessories
- Procurement of 100x125,636 packs of Zinc Sulphate Tablet, 20mg and 2,053,702 Sachet of Oral Rehydration Salt, 12.3g (WHO Formula 2004)
- Procurement of 400 units of Motorcycles
- Procurement of 500,000 units of Maternal Delivery Kits
- Procurement of 500,000 units of Maternal Delivery Kits (Mackintosh, disinfectant, 2 yards of soft cotton cloth)
- Procurement of 6,732,091 treatment doses of Vitamin Capsules
- Procurement of 600,000units of Long lasting Insecticide Treated
   Nets
- Procurement of Anthropometric equipment (16,000 hanging scales, 8,000 baby electronic scales, 5,000 mother/child scales, (height measuring instrument and MUAC for children)

### 8.0 OBSERVATIONS

# 8.1 Goods and Services Allocation For 2016

The Committee observed that total GoG allocation for Goods and Services amounted to GH¢3.6 million.

The technical team informed the Committee that the amount was woefully inadequate for the effective running of the Ministry. The budget for Goods and Services is the main funding for undertaking the Ministry's operations.

The Chief Director intimated to the Committee that for the year 2015, an amount of GHC35.29 million was allocated to the Sector Ministry but less than 40% was received.

The technical team from the Ministry of Finance reposited that the Ministry of Finance, mindful of the big reduction in the budget of Goods and Services, intends to allocate an amount of GH¢92.8 million from the National Health Insurance Fund to support the Ministry in the areas of vaccines and other essentials.

# 8.2 Programmes to be undertaken by the Ministry For 2016

The Chief Director informed the Committee that in view of the insufficient allocation of GHC3.6 million in relation to Goods and Services, the Ministry would focus the resources on its vaccination programme.

Agencies with IGFs may be able to undertake their lined up programmes of activities. However, departments under the Ministry would have to innovate ways to fund their programmed activity.

### 8.3 Potential Cholera outbreak

The Committee expressed concern about the cholera outbreak that hit certain parts of the country this year as a result of poor sanitation and non-collection of refuse, among others.

The Committee was worried that the inadequate budget sum of GH¢3.6 million might not be sufficient to enable the Ministry contain another outbreak. Besides, the Ministry is allocating the budget to buy vaccines, therefore it was at a loss as to the readiness of the Ministry of Health to handle the Cholera outbreak, should it hit again.

### 8.4 Weaning-off of Institutions

The Chief Director of the Ministry acknowledged that as part of the programme of activities for 2015, the Ministry intended to wean off some agencies under it from government subvention. She said that the Ministry had begun consultations with these agencies and that a number of issues needed to be resolved and as such a road map was being developed to ensure a smooth take off of the policy.

### 8.5 Use of Internally Generated Funds

The Committee was of the view that some institutions do not wholly use their IGF for its core activities but rather apply a substantial part of their IGF for their non-core programmes. The Committee charged the Ministry to develop guidelines that would ensure that agencies use most of their IGF for their core functions.

The Chief Director however assured the Committee that guidelines do exist for the use of IGFs and that agencies are allowed to spend up to ten (10) percent of their IGF on non-core activities, similar to the provisions in the National Health Insurance law. However, she acknowledged that the challenge had been with monitoring. She assured the Committee that the Ministry would strengthen its monitoring mechanism to ensure compliance.

### 8.6 Data on Health Indicators

The Director-General of the Ghana Health Services told the Committee that the Service had initiated a programme to acquire data on health and disease trends in the country. The object is to analyze the data for planning, prevention and intervention method for development.

According to the Director-General, the results from the survey indicated that most of the information is not properly captured by the health workers. A major factor had been the lack of the state of the art equipment to assist the health providers to detect and capture these data. An example is a situation where the Service set out to capture at least 30% of all Tuberculosis patients in the country, unfortunately only 1.5% could be captured. It was observed that the failure was due to the equipment used in the diagnoses.

### 9.0 RECOMMENDATIONS

After careful consideration of the Annual programmed-based Budget Estimates, the Committee made the following recommendations:-

### Allocation from NHIF to support Budget

Members rejected the explanation offered by the Ministry of Finance on the grounds that the allocation of GH¢1.4 billion is to pay service providers and other incidentals under the NHIA. The NHIF allocation is insufficient to meet the expenditure of the NHIA and it is even grappling with a funding gap estimated at GH¢417 million which the Committee has been prompting Government to address. Further, the Committee wishes to draw the attention of the House to the fact that allocations under NHIF are approved by Parliament and not the Finance Ministry and the NHIF is to be used solely for the benefit of the Scheme.

### Implementing the programme of activities for 2016

Despite the challenge posed by the allocation of the GH¢3.6 million for goods and services, the Committee urges the Ministry to be innovative in order to be able to support its key programmes. These may include the possibility of moving funds from one category to another category. In any case, the Ministry must ensure that objectives and targets set for 2016 are not compromised.

Further, the Committee recommends the House urges the Ministry of Finance to make additional allocation to the Ministry

of Health in respect of Goods and Services since the amount allocated in the 2016 budget is woefully inadequate.

### Potential Cholera outbreak

The Committee urges the Sector Ministry to liaise with other Ministries whose activities impact in the fight against the disease and hold themselves in readiness to contain an outbreak, if any.

### Weaning – of Agencies under the Ministry

The Committee was not happy about the inability of the Ministry to achieve their targeted programme of weaning of selected institutions.

In the face of budgetary constraints and the need to improve efficiency in these institutions, the Committee urges the Ministry to expedite action to wean off these agencies.

### Diagnosing and capturing of Data

The Committee wishes to recommend that the House impress on the Ministry of Finance to resource the Ministry of Health adequately to enable it procure the necessary equipment to assist in the detection, capture and treatment of these diseases.

### 10.0 CONCLUSION

After critically considering the Annual Budget Estimates of the Ministry of Health, the Committee holds the view that the Health sector is key in improving the lives of Ghanaians. In the face of the decline in budgetary allocation for Goods and Services, it is urgent

that Parliament calls on the Ministry of Finance to find additional funding in the Budget or make additional allocation in a supplementary budget for the Ministry of Health.

The Committee therefore recommends to the House to adopt this report and approve the sum of GH¢3,386,762,864.00 (Three Billion, Three Hundred and Eighty-Six Million, Seven Hundred and Sixty-Two Thousand, Eight Hundred and Sixty-Four Ghana Cedis) for the activities of the Ministry of Health for the 2016 fiscal year subject to its recommendations.

Respectfully submitted.

HON. JOSEPH YIELEH CHIREH

CHAIRMAN, COMMITTEE ON

**HEALTH** 

MR. ASANTE AMOAKO-ATTA

CLERK, COMMITTEE ON

HEALTH

16th December, 2015