



REPUBLIC OF GHANA

MEMORANDUM OF UNDERSTANDING
Between
THE GHANA HEALTH SERVICE
and
THE CHRISTIAN HEALTH ASSOCIATION OF GHANA



December, 2013

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LIST OF ABBREVIATIONS:

CHAG	Christian Health Association of Ghana
CHPS	Community Health Planning and Services
GHS	Ghana Health Service
HR	Human Resources
MOH	Ministry of Health
MoU	Memorandum of Understanding
NHIS	National Health Insurance Scheme
NID	National Immunization Day
PHC	Primary Health Care
PPP	Public Private Partnership

FOREWORD AND ACKNOWLEDGEMENT

The Ghana Health Service and the Christian Health Association of Ghana, being the two largest Health Service Delivery Agencies of the Ministry of Health have largely over the years been operating parallel Health programmes towards the overall achievement of the goals of the Health Sector. There is little or no institutional framework for these agencies to work together for efficient and effective delivery on their mandates.

The need for pooling resources together, realigning programmes and operations to prevent wastage, leveraging cross-agency competencies to promote synergy and better health outcomes have become pertinent in recent times in the light of dwindling global and national resources.

The Memorandum of Understanding between the Ghana Health Service and the Christian Health Association of Ghana seeks to regulate, institutionalise and exact desired operational performance and dynamics from these agencies. It holds the potential to further improve National Health outcomes through partnership and collaboration.

It is envisaged that all stakeholders will commit themselves to the letter and spirit of this Memorandum of Understanding for a better Health Care Delivery.

The Ghana Health Service and the Christian Health Association of Ghana recognise the tireless efforts of the following individuals in the development of the GHS/CHAG Memorandum of Understanding;

The GHS/CHAG team that was tasked to draft the MoU:

- i. Dr. Cynthia Bannerman, Deputy Director, QA/ICD, GHS
- ii. Mr. Yaw Brobbey Mpiani, Deputy Director – Administration, GHS
- iii. Mr. Daniel Osei, Deputy Director, PPME, GHS
- iv. Mr. Benjamin Nyakutsey, Manager – Operations, CHAG
- v. Mr. Pieter-Paul Gunneweg, Advisor, CHAG

Special appreciation goes to the Minister for Health, Honourable Sherry Hanny Ayithey for her strategic leadership and commitment to partnership and collaboration in the health sector.

Many thanks go to Ms. Grace Ogoe-Anderson and Mrs. Georgina Benyah for their administrative support.

Finally, to all stakeholders who made inputs into the development of the memorandum of understanding, we say thank you very much.



.....
Dr. Gilbert Buckle
Executive Director
(CHAG)



.....
Dr. Ebenezer Appiah-Denkyira
Director – General
(GHS)

I. INTRODUCTION

In reference to the Ghana Health Service and Teaching Hospital Act, (1996) Act 525, the Memorandum of Understanding and Administrative Instructions between the Ministry of Health (MOH) and the Christian Health Association of Ghana (2006), **The Ghana Health Service** herein after referred to as 'GHS' represented by the Director-General on the one part;

and,

The Christian Health Association of Ghana herein after referred to as 'CHAG', represented by the Executive Director on the other part;

Hereby agree to enter into a formal Public-Private-Partnership (PPP) guided by this Memorandum of Understanding in order to jointly, effectively and efficiently contribute to the achievement of the National Health Sector outcomes through improved coordination and collaboration.

II. PREAMBLE

The GHS and CHAG, recognizing the need to improve healthcare delivery at Region, District and Sub-District hereby commit themselves in signing this Memorandum of Understanding (MoU), to further strengthen the existing partnership. It is the desire of the GHS and CHAG that all parties shall engage their respective administrative levels and health facilities to adhere to the provisions in this MoU.

The MoU defines general principles of cooperation between the GHS and CHAG. The MoU serves to guide operational and performance based agreements and partnerships at the Region, District and Sub-District to support efficient, effective, equitable and quality health service delivery.

In furtherance to this MoU the GHS and CHAG hereby commit themselves to:

- A. The overall policy, guiding principles and institutional arrangements of the Government of Ghana for Public-Private-Partnerships, the National Health Policy and Sector Development Plans;¹
- B. Respect each other as autonomous and complementary agencies under the MOH, each with particular responsibilities and mandates adhering to enacted Government Acts, Policy Directives and Procedures and Regulations

¹ The National Policy on PPP; Private participation in infrastructure and services for better public services delivery, GoG (2011) & The National Health Policy, creating wealth through health, MoH, 2007.

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- of healthcare delivery;
 - C. Adhere to National and Statutory Professional Standards, Values and Ethics of healthcare delivery;
 - D. Be guided by the principles and general management arrangements as spelt out in the Memorandum of Understanding between the Ministry of Health and the Christian Health Association of Ghana (2006);
 - E. Concede to the Local Government Act, 2003 Act 656 and the emerging, decentralized institutional arrangements anticipated for the health sector;
 - F. Consider and prioritize local burden of diseases for intervention.

III. AREAS OF AGREEMENT

The GHS and CHAG shall improve partnership in all nine (9) Health System areas as defined in the Ouagadougou Declaration on Primary Health Care and Health Systems as follows; Leadership & Governance, Human Resource for Health, Health Service Delivery, Health Financing, Health Technologies, Health Information, Community Ownership and Participation, Partnerships for Health Development and Research for Health.

The GHS and CHAG therefore agree as follows:

1. Leadership and Governance

In the area of Leadership and Governance, the GHS and CHAG shall:

- a. Recognize and adhere to each other's organizational structures, lines of authority and communication at all levels;
- b. Jointly prepare composite health plans and programs for the Region, District and Sub-District in support of the achievement of National and local health outcome priorities. These composite health plans shall be in accordance with the MOH planning and budgeting guidelines and cycles;
- c. Partner to undertake integrated monitoring and evaluation to improve healthcare delivery at all levels of service.

In particular the GHS shall:

- d. Provide stewardship and technical oversight at all levels of Health Care Delivery through the respective Health Management Teams;
- e. Convene the appropriate fora at respective levels, at which health planning shall be done;
- f. Organize regional, district and sub-district performance reviews with the involvement of CHAG and other stakeholders including communities;
- g. Conduct regular supportive supervisory visits to CHAG institutions.

In particular CHAG shall:

- h. Provide proper representation at various fora and meetings of GHS that they may be invited at the various levels;
- i. Participate in regional, district and sub-district Health Management Teams;
- j. Participate in regional, district, sub-district performance reviews.

2. Health Service Delivery

In the area of Health Service Delivery, the GHS and CHAG shall:

- a. Work together, and with other providers, to provide comprehensive preventive, promotive, curative and rehabilitative health services towards the achievement of the health sector goals and outcomes;
- b. Work together to promote and encourage innovations in health service delivery;
- c. Promote complementarity and avoid duplication of health services (e.g. the siting and expansion of health facilities).

In particular the GHS shall:

- d. Engage CHAG in national public health activities e.g. National Immunization Day (NIDs), Health Days celebrations;
- e. Respect religious principles of CHAG with regard to providing health services.

In particular CHAG shall:

- f. When necessary, make staff and resources available in the implementation of joint health service delivery interventions.

3. Human Resources for Health

In the area of Human Resources (HR), the GHS and CHAG shall:

- a. Mutually engage and participate in capacity support activities (workshops, trainings, etc.);
- b. Jointly prepare and implement professional capacity development activities;
- c. Be committed to an equitable distribution of technical staff to all health facilities, irrespective of ownership, primarily based on workload assessment and local service needs amongst other critical factors jointly agreed to;
- d. Jointly establish and maintain a common human resource data-base;
- e. When necessary make medical specialist and other critical human resources available in the provision of health services.

In particular GHS shall:

- f. Establish and regularly convene joint National, Regional and District HR Committee meetings in support of integrated HR plans;
- g. Collaborate with CHAG to maintain a Regional and District HR database.

In particular CHAG shall:

- h. Participate in the joint National, Regional and District HR Committee meetings in support of integrated HR plans;
- i. Adhere to all Ministry of Health HR Policies and Procedures.

4. Health Information

In the area of Health Information, the GHS and CHAG shall:

- a. Agree on minimum data requirements that support the establishment of a comprehensive health information data base;
- b. Provide data to enable the compilation of a National, Regional, District and Sub-District health information database;
- c. Have equal access to the National health information database.

In particular GHS shall:

- d. Collect, collate health data and prepare and share reports for the National, Regional, District and Sub-District levels;
- e. Prepare reports in a disaggregated manner showing the respective contribution of the GHS, CHAG and other service providers at National, Regional and District levels;
- f. Support CHAG institutions to have access to the health information database at all levels;
- g. Support CHAG institutions to strengthen their Health Information Management Systems;
- h. Manage health information database timely and efficiently.

In particular CHAG shall:

- i. Prepare and submit accurate and timely data, in line with mandatory national reporting requirements, formats and procedures as prescribed by the MOH, through the GHS region, district and sub-district health directorates.

5. Health Technologies

In the area of Health Technology, the GHS and CHAG shall:

- a. Share health technologies where appropriate and required;
- b. Ensure transparent management of Health Technologies at all levels of Health care.

In particular GHS shall:

- c. Ensure a fair budget and equitable distribution of Health Technology Resources provided by the Ghana Government, to health facilities irrespective of ownership.

In particular CHAG shall:

- d. Ensure proper planning, management and maintenance of Health Technologies.

6. Health Financing

In the area of Health Financing, the GHS and CHAG shall:

- a. Jointly contribute to the design and implementation of NHIS procedures, operations, accreditations and tariff issues in as far as they impact on the financial sustainability of GHS and CHAG;
- b. Support the financing of professional capacity development programs jointly agreed upon.

In particular the GHS shall:

- c. Finance National, Regional, District and Sub-District events;
- d. Ensure transparent financial management of Health Directorates at the various levels;
- e. Share quarterly financial reports of Health Directorates at respective levels with CHAG institutions.

In particular CHAG shall:

- f. When necessary support the Financing of National, Regional, District and Sub-District events;
- g. Share and disclose all sources and levels of support and funding;
- h. Submit quarterly financial reports to the Health Directorates at the appropriate level.

7. Community Ownership & Participation

In the area of Community Ownership and Participation, the GHS and CHAG shall:

- a. Be committed to establish and manage Community Health Planning and Services (CHPS) zones in a complementary manner;
- b. Jointly plan complementary outreach health services with full involvement of the respective communities.

In particular the GHS shall:

- c. Agree with CHAG on management of CHPS zones that are within the location and catchment area of respective CHAG facilities.

In particular CHAG shall:

- d. Manage assigned CHPS zones as an integral part of service delivery.

8. Partnerships for Health Development

In the area of Partnerships for Health, the GHS and CHAG shall:

- a. Be committed to implement this MoU to the best of their abilities;
- b. Inform and support each other in new opportunities for partnerships in support of health service delivery or health system strengthening;
- c. Promote new partnerships for service delivery.

In particular GHS shall:

- d. Appreciate, recognize and support additional partnerships for Health that CHAG may develop or engage in at the respective levels.

In particular CHAG Shall:

- e. Appreciate, recognize and support additional partnerships for Health that GHS may develop or engage in at the respective levels.

9. Research for Health

In the area of Health Research, the GHS and CHAG shall:

- a. As key partners, define a common, appropriate and relevant (operational) health research agenda;
- b. Execute a common and strategic health research agenda, disseminate and share research findings;

In particular GHS shall:

- c. Appreciate, recognize and support Health Research that CHAG may develop or engage in at the respective levels.

In particular CHAG shall:


- d. Appreciate, recognize and support Health Research that GHS may develop or engage in at the respective levels.


IV. MANAGEMENT OF THE MoU

1. This MoU generally spells out the partnership between GHS and CHAG, however, an addendum may be developed and signed at the respective levels of partnership (National, Regional, District and Sub-district) to address specific/peculiar issues not covered in this MoU between the representatives of GHS and CHAG.
2. This MoU shall be amended by mutual consent of both parties;
3. The implementation of this MoU shall be subject to a joint annual appraisal;
4. Misunderstandings and disputes regarding this MoU shall be dealt with amicably, timely and appropriately at the appropriate level;
5. Where a resolution is not achieved the misunderstanding shall be referred to the next higher level for arbitration by a joint GHS/CHAG team;


THEREFORE, parties solemnly signify entering into this MoU by appending their signatures this:

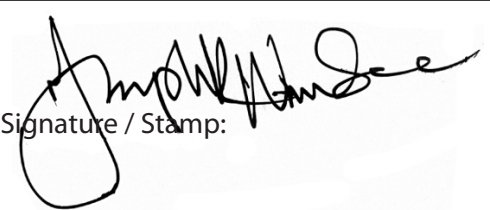
Friday, 13th December, 2013

GHS, represented by the Director-General DR. EBENEZER APPIAH-DENKYIRA	Signature / Stamp: 
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CHAG, represented by the Executive Director DR. GILBERT BUCKLE	Signature / Stamp: 
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In Witness of:

Chairman, GHS Council PROF. J. O. OLIVER - COMMEY	Signature / Stamp: 
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Chairman, CHAG Board REV. MSGR. CLETUS FRANK EGBI	Signature / Stamp: 
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