

MEMORANDUM OF UNDERSTANDING

Between

The Ghana Health Service and the Christian Health Association of Ghana

December 2013

Table of Contents

| | |
|--|---|
| ABBREVIATIONS | 3 |
| I. INTRODUCTION..... | 4 |
| II. PREAMBLE..... | 4 |
| III. AREAS OF AGREEMENT | 5 |
| 1. Leadership & Governance..... | 5 |
| 2. Health Service Delivery | 5 |
| 3. Human Resources | 6 |
| 4. Health Information..... | 6 |
| 5. Health Technology | 7 |
| 6. Health Financing | 7 |
| 7. Community Ownership & Participation | 7 |
| 8. Partnerships for Health Development | 7 |
| 9. Health Research | 8 |
| IV. MANAGEMENT OF MoU | 8 |

ABBREVIATIONS

| | |
|------|---------------------------------------|
| CHAG | Christian Health Association Ghana |
| CHPS | Community Health Planning and Service |
| 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 |

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 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 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 Sub-District, District and Region 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 of healthcare delivery;
- C. Adhere to National and Statutory Professional Standards, Values and Ethics of health care 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) and the emerging, decentralized institutional arrangements anticipated for the health sector;
- F. Consider and prioritize local burden of diseases for intervention.

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.

III. AREAS OF AGREEMENT

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

The GHS and CHAG therefore agree as follows:

1. Leadership & 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 forums 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 supervision visits to CHAG institutions.

In particular CHAG shall:

- h. Provide proper representation 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, 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 expanding of health facilities, etc.).

In particular the GHS shall:

- d. Engage CHAG in national public health activities e.g. NID's, Health Days celebrations;
- e. Respect religious principles of CHAG with respect to providing health services.

In particular CHAG shall:

- f. Where applicable, make staff and resources available in the implementation of joint health service delivery interventions;

3. Human Resources

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

- a. Mutually engage and participate in capacity support activities (workshops, trainings, etc.);
- b. Jointly prepare and implement professional capacity trajectories;
- 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 regional human resource data-base;
- e. Share medical specialist and other human resources in the provision of health services.

In particular GHS shall:

- f. Establish and regularly convene a joint National, Regional and Districts HR Committee 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 in support of integrated HR plans;
- i. Adhere to all MOH 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 district and sub-district health directorates.

5. Health Technology

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 cover health facilities irrespective of ownership.

In particular CHAG shall:

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

6. Health Financing

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

- a. Jointly evaluate NHIS procedural, operational, accreditation and tariff issues in as far as they impact on the financial sustainability of GHS and CHAG health institutions;
- 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. Share and disclose all sources and levels of support and funding;
- g. 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 Service zones (CHPS) in a complementary manner;
- b. Jointly plan complementary outreach health services and areas with full involvement of the respective community.

In particular The GHS Shall:

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

In particular CHAG Shall:

- d. Manage assigned CHPS zones as integral part of outreach services.

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 supporting health

- services delivery or health system strengthening;
- c. Coordinate as much as possible new partnerships.

In particular GHS shall:

- d. 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. Health Research

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. Recognize and support additional Health Research that CHAG may develop or engage in at the respective levels.

In particular CHAG Shall:

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

IV. MANAGEMENT OF THE MoU

1. This MoU shall serve as a framework to guide specific PPPs at the operational level separately agreed upon between GHS and CHAG at respective levels;
2. In the case this MoU does not adequately support new or potential partnerships desired an addendum may be developed and signed at the respective levels of partnership (National, Regional, District and Sub-district) between the representatives of GHS and CHAG at those levels;
3. This MoU shall be amended by mutual consent of both parties;
4. The extent and quality of partnership between the GHS and CHAG shall be subject to a joint annual appraisal;
5. Misunderstandings and disputes regarding this MoU shall be dealt with amicably, timely and appropriately at the appropriate level;
6. 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:

15th December, 2013

| | |
|--|--------------------|
| GHS, represented by the Director-General | Signature / Stamp: |
|--|--------------------|

| | |
|---|--------------------|
| CHAG, represented by the Executive Director | Signature / Stamp: |
|---|--------------------|

In Witness of:

| | |
|---|--------------------|
| Ministry of Health, The Minister Honorable Sherry Aryeetey | Signature / Stamp: |
|---|--------------------|

| | |
|----------------------------|--------------------|
| GHS, Chairman of the Board | Signature / Stamp: |
|----------------------------|--------------------|

| | |
|----------------------------|--------------------|
| CHAG Chairman of the Board | Signature / Stamp: |
|----------------------------|--------------------|