

# Updates on Progress towards developing Results-Focused Country-Led Compacts for IHP+ Countries

*All first wave countries of the IHP+ will undertake a stocktaking exercise using existing national health plans and strategies.*

## **GHANA**

### *International Health Partnership, Catalytic Initiative*

Current composition & structure of coordination groups & mechanisms for health and HIV/AIDS, under a government lead
Strong coordination mechanisms in place to coordinate and facilitate regular dialogue between partners and governments. A well established Health SWAp and a Multi-Donor Budget Support (MOBS) process. A health sector group for Health and HIV/AIDS, involving all health govt. and DPs (WB, UNICEF, WHO, UNFPA, UNAIDS, RNE, Denmark) meets on monthly basis to discuss strategic issues of the sector.
Existing National Health Policies and Strategies, and the broader development context (PRSP, MTEF, etc.) as well as outputs identified in the national plan and level of achievement.
Health sector operates within the frameworks of a SWAp and MOBS. PRSP, MTEF, National Strategy for the health sector (2007-2011), operational programme of works developed annually. HIRD/ACSD a priority in 5-yr strategic plan as well as annual operational plans 200708.
Health sector reforms /investment plans, with financial requirements for national health plan implementation, and identification of funds available and financing gap by source.
Five-year strategic plan for the health sector costed using MBB approach: provides various investment scenarios with various funding requirements. National health insurance scheme well established. On-going discussion regarding policy of children having free coverage under the NHIS: pending further analysis on financial sustainability.
Summary of current national domestic health sector financing strategies and structures.
MTEF, a costed five-year strategic plan for health, and operational annual plans of work form basis for resource allocation. Financing of the sector is ensured through the govt budget, through Ministry of Finance and MoH as well as allocation of general budget support/sector budget support and HIPC funds, basket funding through health SWAp, earmarked funding from partners etc.
Health system and agency bottlenecks and constraints that have already been recognized as needing to be removed by inclusion in national plans and review mechanisms.
Human resources strategy has recently been revised. Community health strategy to be revised. Funds required to ensure national scaling-up of the HIRD approach, pursuing MDGs 4 and 5.
Identification of required changes in process/relationship with development partners and civil society in order to implement the Paris Declaration on Aid Effectiveness.
Much work has been done among government and partners to pursue the Paris Declarations and

Aid Effectiveness agenda: MOBS, strong sector coordination through sector groups, SWAp, joint planning and review rocesses etc.
Identification of technical assistance needs for preparing the compact and other sector instruments (e.g. plans, costings, MTEF, and implementation strategies).
Analytical work, human resources, policy scenarios. Two consultants have been engaged to work on the roadmap.
Timetable of key events for 2008-9 (sector reviews, major evaluations, etc).
Health sector reviews planned in April and November 2008-09, preceded by regional performance reviews. Supplementary MICS survey carried out in selected geographical areas, DHS 2008, finalization of MMR survey (started 2007).
Road map for development of a country compact.
Currently discussing and agreeing on required action toward a countr compact.
Current views on 'value-added' of developing a compact.
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Timetable for completion and signing of a country compact signing.
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Propal submitted?
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Results/Impact on MDGs
NO
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