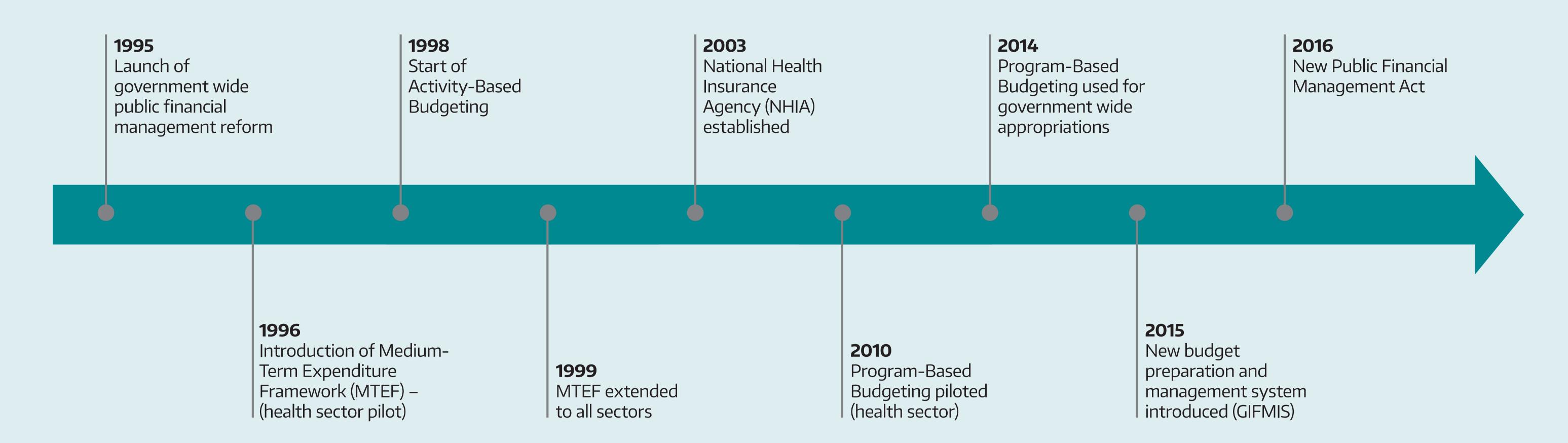


GHANA

PROGRAMME-BASED BUDGETING FOR HEALTH

HISTORY OF THE TRANSITION TO THE PROGRAMME BUDGET IN GHANA



REMAINING CHALLENGES

- Programme-based budgeting logic has not disseminated below the central Ministry of Health
- Budgets across more than 500 budget management centres in the health sector continue to be managed by inputs with little flexibility to reallocate across lines
- Misalignment in number of budgetary programmes that are used to manage funds between Ministry of Finance and Ministry of Health
- National Health Insurance Agency (NHIA) funds are budgeted by inputs and are not released timely, which contributes to difficulties in fund management at facility-level
- Programme budgeting logic has not changed how input-based budgets for disease-based programmes are managed contributing to duplications and misalignments
- Performance monitoring has not been implemented and therefore does not drive actions within the sector
- A large share of the health sector budget is comprised of salaries and wages and therefore there is very little flexibility for reallocations

BUDGET LINES AS A PERCENTAGE OF GOVERNMENT OF GHANA'S TOTAL BUDGET FOR 2013–2015 3% 6% 3% 10% 10% 80 60 80% 93% 94% 40 20 2013 2014 2015 Saleries & Wages ■ Goods & Servics Capital

KEY OUTPUTS

- Health sector has successful introduction of medium-term expenditure framework (MTEF) to lay groundwork for programmebased budgeting (PBB)
- Health sector pilots and transitions to PBB; consolidating activities into budgetary programmes
- Introduction of performance indicators which serve to orient health sector towards outputs and outcomes
- Use of Ghana Integrated Financial Management Information System (GIFMIS) responsible for expenditure tracking
- Architecture in place to enable coordination and consolidation of budgeting lines across health sector and autonomous agencies
- Coordination of performance indicators across development plans and budgets

MOVING FORWARD

- Ghana Health Service, the service provision agency of the health sector, should adopt programme budgeting to transition towards more flexible allocation and greater coordination across disease programmes and broader service delivery units
- Performance monitoring framework should be reviewed with focus on implementation and accountability
- MoH should undertake comprehensive review of the PBB structure, incorporating budget requirements from development partners and disease programmes, and should come to formal agreement on budgetary programmes with Ministry of Finance
- PBB preparation and reporting and Holistic Assessment processes should be further integrated to strengthen performance monitoring and streamline processes and systems
- Budget Management Centres should be given flexibility to reallocate across line items, particularly in relation to internally-generated funds and NHIA revenues