

Engaging the private sector in delivering quality maternal and newborn health services: Ghana

MULTI-STAKEHOLDER WORKSHOP REPORT

26th February, 2021

Accra, Ghana

Ministry of Health, Ghana

WHO

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Special thanks go to Dr. Emmanuel Odame (Director, Policy Planning Monitoring and Evaluation of the Ministry of Health) who stewarded the organization of the workshop and to the planning team led by Dr Ernest Asiedu Konadu (Head, Quality Management Unit of the Ministry of Health).

The role of the Head, Quality Management Unit; Mr Benjamin Nyakutsey (Head, Policy Coordination Unit) and team; Dr Maureen Martey (Head, Resource Mobilization Unit-Bilateral and Domestic) and team of the Ministry of Health; and, Dr Kofi Issah (Director Family Health Division) and team of the Ghana Health Service cannot be overemphasized.

The World Health Organization Country Office is also acknowledged for the technical and financial support. We specially acknowledge Dr Elom Otchi, the consultant who led the research work that informed the Multi-Stakeholder Dialogue. We thank Dr Roseline Doe (Maternal and Child Health Officer-WHO) and Dr Paul Dsane-Aidoo (Technical Officer for Quality of Care for Maternal, Newborn and Child Health-WHO) who helped with coordination of the research work and the Multi-Stakeholder Dialogue.

Finally, we would like to thank the members of the National Technical Working Group (Annex 3) who provided guidance throughout the process.

This report was written by Dr Elom Otchi, Dr Paul Dsane-Aidoo and Dr Ernest Asiedu. We gratefully acknowledge the notes from Dr Roseline Doe and Dr Maureen Martey that shaped this report.

Abbreviations and Acronyms

AHPC	Allied Health Professional Council
AMHSG	Ahmadiya Muslim Health Service of Ghana
BER	Bono East Region
FBO	Faith-Based Organization
FHD	Family Health Division
GAQHI	Ghana Association of Quasi Health Institutions
GARH	Greater Accra Regional Hospital
GHS	Ghana Health Service
HeFRA	Health Facility Regulatory Authority
HRD	Human Resource Division
HTH	Ho Teaching Hospital
HQ	Head Quarters
ICD	Institutional Care Division
LI	Legislative Instruments
MNH	Maternal and Newborn Health
MOH	Ministry of Health
MSD	Multi-stakeholder Dialogue
NCHS	National Catholic Health Service
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
PBU	Planning and Budgeting Unit
PCU	Policy Coordination Unit
PPME	Plan, Policy, Monitoring and Evaluation
QOC	Quality of Care
RHD	Regional Health Directorate
RMU	Resource Mobilization Unit
SDG	Sustainable Development Goals
SPMDP	Society of Private Medical and Dental Practitioners

TTH	Tamale Teaching Hospital
WHO	World Health Organization
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
WCO	World Health Organization Country Office
WHO	World Health Organization

Executive Summary

A two-day multi-stakeholder workshop was organized in Accra on 21st and 22nd January, 2021 at the AH Hotel. The meeting saw over 50 participants attending from across the agencies of the Ministry of Health (MoH), including the self-financing private sector and development partners. There were participants also from the Ministry of Gender and Social Protection.

The representative of the Minister of Health designate welcomed all participants and assured them of how important the multi-stakeholder dialogue was to the Ministry. He indicated that the MoH will fervently await implementable recommendations that will go a long way to improve the quality of care outcomes generally and maternal and newborn care specifically.

The workshop adopted a blend of presentations, group work sessions and plenary discussions as the processes in identifying relevant issues and challenges. Participants agreed in the forum on the recommendations for improvement.

The findings of the situational assessment were agreed to by 97.3% (36) of the participants as being a true reflection of the situation on the ground with 2.7% (1) dissenting. This survey was taken as part of the evaluation process of the MSD workshop on the last day. There were also agreements to the various recommendations that were shared during the plenary.

The workshop largely achieved its objective of validating the findings and identifying implementable ways of fostering effective engagement between the public and private sectors to ensure improved quality of care outcomes generally and for maternal and newborns specifically.

1. Introduction

1.1 Meeting overview

The multi-stakeholder workshop was carried out to validate the situational analysis and to explore mechanisms for private health sector engagement to improve maternal and newborn outcomes.

The meeting took place over two days from 21st to 22nd January, 2021 at AH Hotel in Accra. The agenda (Annex 1) provided opportunities for learning and sharing among participants (Annex 2).

1.1.1 Meeting objectives

The objectives of the multi-stakeholder workshop were:

- To jointly review the findings of the situational analysis on the private sector's involvement in delivering quality of care for maternal and newborn health in Ghana;
- To identify opportunities for involving the private sector in working within the national health system to deliver quality maternal and newborn health services;
- To identify and prioritize key challenges and actionable issues that need to be addressed;
- To propose models and a plan for addressing key issues and challenges for effective engagement of the private sector within the national health system for implementing quality maternal and newborn health; and
- To propose models for the implementation and monitoring of the plan.

1.1.2 Expected Outcomes

1. To validate the report of the situational analysis
2. To generate an agreed model for engaging the private health sector to improve outcomes of maternal and newborn health.

1.2 Meeting methodology

All participants were registered after which meeting began with the delivery of short addresses from the Ministry of Health and the World Health Organization Country Office and Headquarters. An address was given by a representative of the QoC Network on behalf of WHO headquarters. The highlights of the addresses are indicated in the following:

1.2.1 Seeking Consent

Participants were informed of the essence of the MSD process and the need for them to sign an informed consent to enable the MoH and authors share the outcome with other countries in the Network.

1.2.2 Validation Process

The validation process of the study findings was the next step after the opening remarks and the consent process. This process involved the presentation of findings by the Consultant and the validation by participants by consensus.

A team from the Policy Coordination Unit (PCU) of the MoH supported the note taking process during the entire meeting.

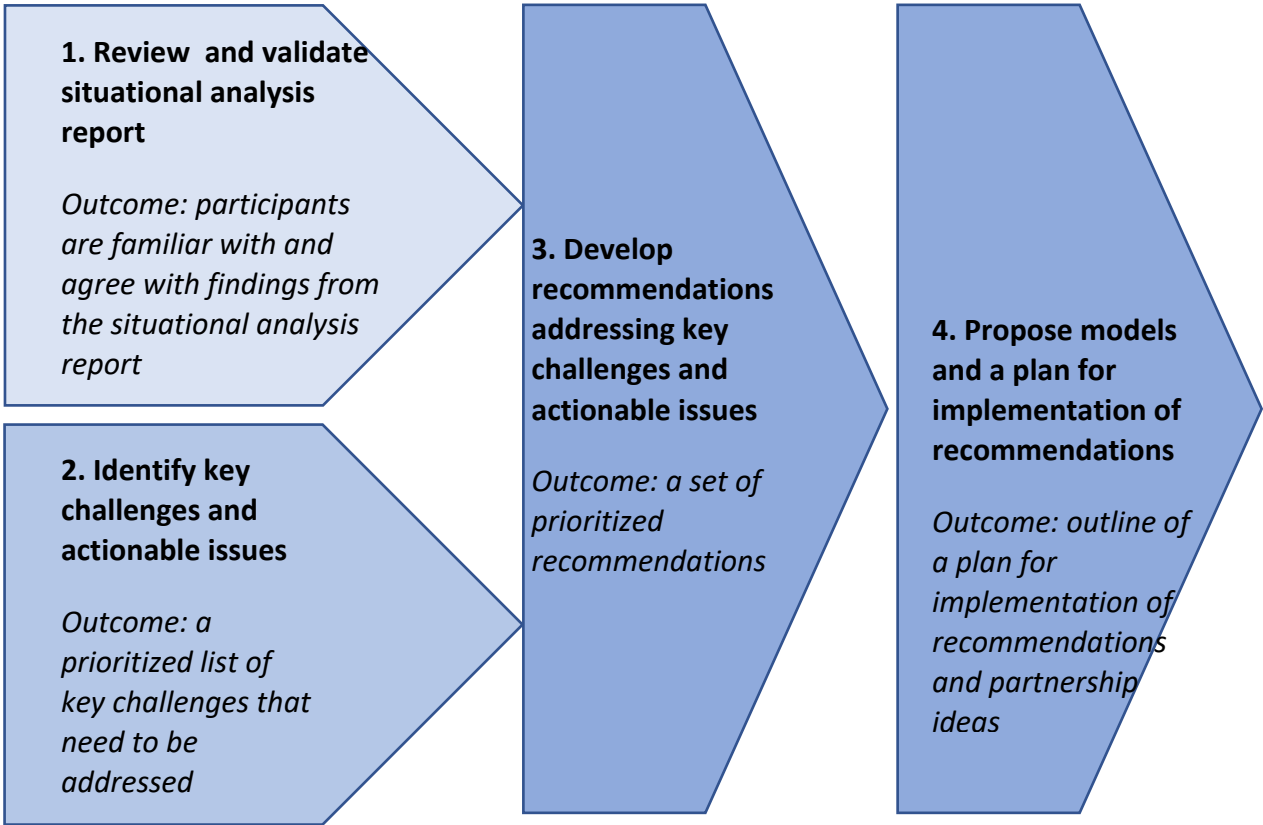


Figure 1. Flow of the multi-stakeholder workshop

2. Presentations

2.1 Opening Remarks

There was an opening prayer by Mrs. Mavis Adobea Botchway of the Ministry of Health. The first session was moderated by Dr. Ernest Konadu Asiedu, Head of Quality Management Unit, Ministry of Health and Dr Maureen Martey, Head Bilateral and Domestic Resource Mobilization Unit, Ministry of Health. There were brief remarks from the Ministry and the WHO (Country Office and HQ).

2.1.1 Remarks from Director for Policy, Planning, Budgeting, Monitoring and Evaluation of the Ministry of Health (PPME)

Dr. Emmanuel Odame, Director PPME of the Ministry of Health (MoH) welcomed all members to the meeting. He indicated that, the private sector is very key to the remit of the Ministry of Health and the Ministry is looking at placing a stronger focus on the private health sector to improve the quality of health in Ghana. He indicated that, the Bilateral and Domestic Resource Mobilization Unit (RMU-B) of the PPME has been tasked to identify a focal person within the Unit for private sector coordination, better engagements and collaboration. He further stated that the MoH has defined Universal Health Coverage (UHC) for Ghana as “all people in Ghana have timely access to quality essential health service without suffering financial risk at the point of use”. This he said would include the participation of both public and private sector to achieve this goal by 2030.

2.1.2 Remarks from the Minister of Health Designate

On behalf of the Hon. Minister for Health designate, Kwaku Agyeman-Manu, Mr. Hamidu Adakurugu (Director for General Administration, MOH) indicated that, the main mandate of the MoH is to formulate policies which comes about when problems are identified. In this light, the Ministry of Health has identified Quality of Care as a key area that needs strengthening working with all stakeholders. He also stated that, the MoH regards the gathering as apt and an opportunity to dialogue with the private sector for the improvement of quality in maternal and newborn care in Ghana. He called on all to work together to ensure the objectives of the meeting are achieved for better health outcomes.

2.1.3 Remarks from WHO Country Representative

Dr Roseline Doe, Maternal and Child Health Officer, spoke on behalf of the WHO Country Representative to Ghana, Dr Neema Kimambo. She commended the MoH for the successes chalked over the years in improving maternal and child health services in Ghana. She indicated that, maternal and newborn services have become a key issue across the globe and commended the MoH for taking that bold initiative in ensuring maternal and newborn services are strengthened. The Policy Dialogue is the first in the sub-region.

She noted that, Ghana is one of the leading countries in Africa that is taking quality of care issues seriously and not only limiting the scope on maternal and newborn issues. She further indicated that, the WHO supports greatly the idea of working with the private sector and this should be a priority for all. She continued that; the SDG Agenda 2030 cannot be achieved alone without the

support of the private sector. She reiterated the WHO's support to Ghana to ensure that maternal and newborn services are improved for better health outcomes for all people in Ghana.

2.1.4 Remarks from World Health Organization – Headquarters

Dr. Blerta Maliqi of the Quality of Care Network noted that, Ghana has made strides in improving maternal and new born services with the establishment of appropriate structures and applying appropriate leadership and governance. She called for the involvement of the private sector. She reiterated her delight for the bold step that has been taken by Ghana by putting in place a national structure for quality of care. She indicated future plans to invite Ghana to their meeting to share with the rest of the world the key lessons Ghana has learnt in quality improvement.

2.1.5 Presentation on National Healthcare Quality Strategy and Quality of Care Network for Maternal and Newborn Care

Dr. Ernest Asiedu, Head of Quality Management Unit, MoH made a presentation on the overview of the National Healthcare Quality Strategy. The key areas he highlighted in his presentation are:

1. Overview of health sector agencies (MOH, Agencies and stakeholders)
2. The process of the development of the National Healthcare Quality Strategy
3. The goal and the strategic objectives of the National Healthcare Quality Strategy

The full presentation is attached for reference (Appendix 2)

2.1.6 Presentation of the findings of the exploratory study

The Consultant, Elom Otchi |PhD, presented the report on maternal and newborn health care in Ghana. He indicated that, the study was purely exploratory and the approach was mainly literature review and key informant interviews. He continued that, key informants where selected from the leadership and governance block, service delivery block as well as the regulatory block. Key informants were drawn from both the public and private sector.

The slides for all the presentations are contained in a separate attachment to the report.

3. Review and Validation of the Situational Analysis

3.1 Validation of the situational analysis report

This step followed immediately after the presentation by the Consultant. The validation exercise was in two forms. Firstly, following the presentation of the findings of the exploratory study, there was a plenary session that addressed the questions of participants on the methods and the findings. A quick survey was taken at the end of the meeting as part of the validation process of the findings where 97.3% of the participants indicated that they “agree with the findings of the study” with only 2.7% dissent. The respondent who disagreed with the findings was of the view that, “bias against the public sector was kind of obvious”. Thirty-seven (37) registered participants took part in this polling process. This invariably implies that; the findings were correct and a true reflection of the situation in the country.

Participants were further put into 4 different groups (i.e., service delivery, regulation, policy/administration and cross-cutting) based on their roles in the health sector. Each of the groups had an assigned facilitator. The main tasks of the groups were:

1. To identify any areas of agreement/disagreement with the findings as presented
2. To identify a prioritized list of key challenges that have to be addressed in the context of the findings

The full presentation is attached for further reference (Appendix 3)

3.2 Prioritization of key challenges

The key challenges were identified in the various working groups after which they were discussed in plenary sessions. There was a general consensus around the prioritized challenges as presented during the plenary sessions by the groups (Table 1).

Table 1: Summary of Discussions in Working Group 1

Theme(s): Policy/Administration	
<i>Prioritized challenges</i>	<i>Problem statements</i>
1. Lack of Legislative Instruments (LIs)	The health sector does not have legislative instruments for most of its Acts that have been passed by parliament leaving its interpretation and application to be discretionary.
2. Outdated Private Sector Policy (2013)	The current private sector policy is outdated and may not be able to address the current needs and dynamics of the private sector

Table 2: Summary of Discussions in Working Group 2

Theme(s): Regulation	
<i>Prioritized challenges</i>	<i>Problem statements</i>
1. Lack of harmonized regulatory framework	The health sector does not have a harmonized regulatory framework such as a policy reference document for the prospective private health sector provider
2. Absence of an active federation of associations of private health providers	There is an absence of an active federation of associations of private health providers to provide a collective voice and facilitate adherence to regulatory standards
3. Weak or poor supervision, monitoring and evaluation of regulatory agencies	The regulatory agencies need to be resourced when it comes to the exercise of their regulatory functions and enforcing standards of quality, particularly in the areas of supervision, monitoring and evaluation

Table 3: Summary of Discussions in Working Group 3

Theme(s): Service delivery	
<i>Prioritized challenges</i>	<i>Problem statements</i>
1. Cost in quality service delivery	The private sector runs a high overhead cost with inadequate financial support [from government]
2. Poor Referral System	There is non-adherence to the referral protocol with its attendant issues of inadequate dissemination, communication, transportation for emergencies and poor staff attitude

Table 4: Summary of Discussions in Working Group 4

Theme(s): Crosscutting	
<i>Prioritized challenges</i>	<i>Problem statements</i>
1. Delay in NHIS reimbursement	Inadequate capacity of facility staff for claims processing leading to delay in NHIS reimbursement
2. Unfavorable market conditions in the areas of funding, human resource, procurement etc. This has resulted in the inability of the private sector to provide a comprehensive quality service	Lack of favorable enabling and policy environment that leads to the inability of the private health sector to attract both local and foreign funds for quality comprehensive service provision

4. Recommendations Addressing Key Challenges

The following recommendations emanated from the MSDs. All the participants agreed in plenary that this was the way to go as a country as part of the process of ensuring improved quality of care outcomes generally and specifically for maternal and newborns.

Table 5. Summary of Recommendations by Thematic Area

Thematic area 1: Policy/Administration		
<i>Key challenges</i>	<i>Solutions</i>	<i>Recommendations</i>
<p><u>Key challenge 1</u></p> <p>The health sector does not have legislative instruments for most of its Acts that have been passed by parliament leaving its interpretation and application to be discretionary.</p>	<p>Solution A: There should be the amendments to GHS Act 525 with its attendant LIs</p>	<p>Recommendation 1: The MoH should undertake a broad stakeholder engagement in the amendment process of Act 525 (immediate)</p> <p>Recommendation 2: The MoH should involve the private sector in the process of amendment of Act 525 (short-term)</p> <p>Recommendation 3: The MoH should pass LI's for all the respective Acts including Act 525 after its process of amendment (medium term)</p>
<p><u>Key challenge 2</u></p> <p>The current private sector policy (2013) is outdated and is not able to address the current needs and dynamics of the private sector</p>	<p>Solution A: The private sector policy needs an immediate review and update</p>	<p>Recommendation 1: The MoH should revise the private sector policy</p> <p>Recommendation 2: The MoH should develop guidelines for the implementation and dissemination of the revised private sector policy</p>

Thematic area 2: Regulation		
<i>Key challenges</i>	<i>Solutions</i>	<i>Recommendations</i>
<p><u>Key challenge 1</u></p> <p>Lack of harmonized regulatory framework</p>	<p>Solution A: Develop Legislative Instruments (LIs) to support agencies. This should promote inter-agency collaboration and encourage regulatory authorities to identify and agree on which agencies to execute parts of the regulatory framework.</p>	<p>Recommendation 1: Agencies and related authorities should prioritize the development of Legislative Instrument (LI) to support their mandates and define their operational framework between the short to medium term</p> <p>Recommendation 2: The MoH should encourage the regulatory authorities to collaborate and work together.</p> <p>Recommendation 3: The regulatory authorities should be encouraged to identify inter-agency activities that are similar or same and agree on how these can be carried out or executed by particular agencies.</p>

<p><u>Key challenge 2</u></p> <p>Absence of federation of associations of health providers</p>	<p>Solution A: Provide adequate information and communication about the benefits and formation of a Federation</p> <p>Solution B: Align and manage the varied interests of providers under the federation</p>	<p>Recommendation 1: The Bilateral and Domestic Resource Mobilization Unit (RMU) of the MoH should ensure that adequate information and communication is provided on the benefits and formation of the Federation.</p> <p>Recommendation 2: The RMU-B should facilitate the revitalization of the Private Health Sector Alliance of Ghana</p> <p>Recommendation 3: The RMU-B of the MoH and the Self-financing private sector actors should work at aligning and managing the varied interest of the actors.</p>
<p><u>Key challenge 3</u></p> <p>Weak supervision, monitoring and evaluation of facilities by regulatory Agencies</p>	<p>Solution A: Implement structures and systems that links performance to career development and progression.</p> <p>Solution B: Adopt best practices such as sanction and reward systems to improve performance.</p>	<p>Recommendation 1: The Human Resource Directorate (HRD) of the MoH should implement effective structures and systems that links performance to career development and progression among all the agencies.</p> <p>Recommendation 2: The Human Resource Directorate (HRD) of the MoH together with all agencies including the private sector (self-financing and faith-based) should adopt best practices such as sanction and reward systems to improve performance at the work place</p>

Thematic area 3: Service Delivery		
<i>Key challenges</i>	<i>Solutions</i>	<i>Recommendations</i>
<p><u>Key challenge 1</u></p> <p>Cost in quality service delivery</p> <p>Private sector runs at a high overhead cost with inadequate financial support and poor Government support</p>	<p>Solution A: Financial and Economic support which should be linked to site, health quality and data from private facilities.</p>	<p>Recommendation 1: The MOH and NHIA should make an upward review of insurance claim tariffs for private services. (immediate)</p> <p>Recommendation 2: Government through the MOH/GHS should put a process in place to second government paid staff to private facilities, to relieve cost of staff payments (short term)</p> <p>Recommendation 3: The Government should institute tax exemption for the importation of medicine and medical equipment (long term)</p>
<p><u>Key challenge 2</u></p> <p>There is non-adherence to the referral protocol with its attendant issues with inadequate dissemination, transportation and staff attitude</p>	<p>Solution A: There should be adequate dissemination of the referral policy and a monitoring system for referrals made</p> <p>The MOH should liaise with Service delivery agencies at all levels to strengthen the referral policy implementation</p>	<p>Recommendation 1: The MOH should liaise with the Service delivery Agencies to strengthen the referral policy implementation (immediate)</p> <p>Recommendation 2: Referral feedback mechanisms should be monitored by district health directorates to ensure learning and compliance to referral policies.</p>

5. Conclusion and Next Steps

5.1 Conclusion

Ghana's multi-stakeholder dialogue on the Private Sector engagement in quality of care for maternal and newborn health was successful. Participants from the public, private and international health institutions validated the report of the study and agreed to the findings as a true reflection of the state of private sector engagement for maternal and newborn care in Ghana.

The MoH and agencies including the private sector indicated their readiness for continuous engagement for improved quality of care outcomes.

5.2 Next steps

The next steps include the following:

1. The MoH to constitute task teams to facilitate the implementation of the recommendations
2. The MoH to disseminate the findings of the situational analysis report to its stakeholders
3. The MoH to use the situational analysis report as an input in developing any future policies for the private health sector

No	Recommendation	Responsibility	Timeline
	The Bilateral and Domestic Resource Mobilization Unit of the MoH should communicate and build capacity of the officer assigned responsibility for private sector engagement	MoH-RMU-B	Immediate
	Agencies and related authorities should prioritize the development of Legislative Instrument (LI) to support their mandates and define their operational framework between the short to medium term	MoH Agencies	Short to medium term
	The MoH should encourage regulatory agencies to collaborate and synchronize their work to avoid repeated and cumbersome systems.	MoH Regulatory agencies	Immediate

No	Recommendation	Responsibility	Timeline
	The Bilateral and Domestic Resource Mobilization Unit of the MoH should ensure that adequate information and communication is provided on the benefits and formation of the Federation.	MoH Bilateral and Domestic Resource Mobilization Unit (RMU-B)	Immediate
	The Bilateral and Domestic Resource Mobilization Unit (RMU-B) of the MoH and the Self-financing private sector actors should work at aligning and managing the varied interest of the actors.	MoH Bilateral and Domestic Resource Mobilization Unit (RMU-B) Self-financing Private Sector	Immediate to short term
	The Human Resource Directorate (HRD) of the MoH should implement structures and systems that links performance to career development and progression among all the agencies.	MoH Human Resource Directorate (HRD)	Medium Term
	The Human Resource Directorate (HRD) of the MoH together with all agencies including the private sector (self-financing and faith-based) should adopt best practices such as sanction and reward systems to improve performance	MoH Human Resource Directorate (HRD) Agencies of MoH, private sector (FBO and self-financing)	Medium Term
	The MOH and NHIA should review insurance claim tariffs for private services.	MoH NHIA	Medium
	Government through the MoH/GHS should put a process in place to second government paid staff to private facilities, to relieve cost of staff payments	MoH GHS	Short term

No	Recommendation	Responsibility	Timeline
	The Government should institute tax exemption for the importation of medicine and medical equipment	MoH MoFEP	Long term
	The MOH should liaise with Service delivery agencies at all levels to strengthen the referral policy implementation	MoH GHS Teaching Hospitals FBOs Self-financing private sector	Immediate
	The MoH should undertake a broad stakeholder (including the private sector) engagement in the amendment of Act 525	MoH	Immediate
	The MoH should pass LI's for all the respective Acts including Act 525 after its process of amendment	MoH	Medium term
	The MoH should revise the private sector policy and develop implementation guidelines with all stakeholders	MoH	Medium term

Annex 1: Meeting Agenda

Time	Activity	Format
8:30 – 9:00	Registration	
9:00 – 9:20	Welcome and Introduction of key stakeholders Opening Addresses	MC
9:20 – 9:50	Introduction of NHQS, Private stakeholder participation in QoC, multi-stakeholder process and steps	Dr Ernest Konadu Asiedu
9:50 – 10:15	Presentation of key findings of the report	Dr Elom Otchi
10:15-10:55	Validation Discussion of Report	Facilitators
10:55 – 11:05	Introduction to Step 2: Prioritization of key challenges	Dr Paul Dsane-Aidoo
11:05 – 11:30	Snack Break	
11:30 – 13:30	Group work 1: Prioritize 1-2 key challenges under each of the 4 headings and develop problem statements Group 1: Policy Administration Group 2: Regulation Group 3: Service Delivery Group 4: Cross-cutting issues	Facilitators
13:30– 14:30	Lunch	
14:30-15:10	Presentation and discussion of group work 1 by Groups 1 & 2	Facilitators
15:10 – 16:00	Presentation and discussion of group work 1 by Groups 3 & 4	Facilitators
16:00 – 17:00	Facilitators' meeting	

Meeting Agenda (Day 2)

Time	Activity	Format
8:30 – 9:00	Registration and Welcome	
9:00 – 10:00	Recap and summary report on all challenges	Rapporteur
10:00 – 10:30	Introduction to Step 3: Develop recommendations addressing key challenges and actionable issues	Facilitator
10:30 – 11:00	Break	
11:00 – 13:00	Group work 2: Develop recommendations for each key challenge and related problem statements	Group work
13:00– 14:00	Lunch	
14:00 – 15:30	Presentation and discussion of group work 3 Group 1& 2 Group 3 & 4	Facilitators
15:30 – 16:30	Conclusions and next steps	Plenary
16:30 – 17:00	Facilitators' meeting	

Annex 2: List of Participants and Facilitators

NO	NAME	INSTITUTION
1	Dr. Hafez Adam Taher	MoH/TCD
2	Dr. Nii Nortey Hanson-Nortey	SPMDP
3	Maxwell K. Tidow	GAQHI
4	Dr. Patience Cofie	PATH
5	Yaw Asante	FHDL GHS
6	Shefiu Dene	CAQHI
7	Daneil Attah-Nyarko	AHPC
8	Dr. Claudia Donkor	UNFRA
9	Joyce Amponsah	ICD-GHS
10	Dr. Kofi Issah	GHS/FHD
11	Batonah Muraad	AMHSG/HR
12	Lawrence.O.Lawson	MoH/HR
13	Abdul Kach Bin Ahmed	AMHS/HR
14	Dr. Nana Okai Brako	GHS
15	Dr. Jacob Abebrese	GHS/ICD
16	Dr. Cok. Amenuveve	CAQHI

17	Ezah Caron	MoH
18	Obenewaa Abigail	MoH
19	Gifty Amponsah Appiah	MoH
20	Selina Dussey	MoH
21	Dr. Anita Appiah	NCHs
22	Dr. Fred Adomako Boateng	GHS-RHD-BER
23	Eugenia Antwiwaa Aseidu	MoH
24	Dr Paul Dsane-Aidoo	WHO
25	Dr. Salamatu Nautogua	GHS
26	Hamid Adakurugu	MoH
27	Agyemang Badu	HeFRA
28	Dr. Gloria Ansa	GAQHI
29	Dr. Rebecca Acquaaah-Arhin	Vice President GAQHI
30	Simon Dzokoto	HTH
31	Lucas Annan	MoH/PPME
32	Alex Moffatt	MoH/PPME
33	Solomon Laryea	MoH/PBU

34	Dr. Srofeuyol	GARH
35	Vera Karikari Bediako	MOGCSP-GENDER
36	Mariam Akoto	UNFPA
37	Bonifacia Agyei	PHARMACCESS
38	Prof. Aaron Abuosi	UKBS
39	Dr. Maureen Martey	MoH/PPME
40	Ernest Kanyola	UBORA
41	Dr. Kareem Mumuni	TTH
42	Dr. Edward Antwi	GHS
43	Mary Konneh-Archer	SANFORD HEALTH
44	Caroline Kalevor-Awauh	ST. JOHN AMBULANCE
45	Mayumi Ouachi	JICA
46	Enoch Koomson	CHAG
47	Veronica Melissa Adjei	CHAG
48	Abdul-Mumin Ibrahim	MoH
49	Dr. Amma BOADU	GHS
50	Dr. Elom Otchi	WHO

51	Dr. Roselyn Doe	WHO
52	Dr. Asrat, Sofonias Getachew	WHO

Annex 3: National Technical Working Group

Name	Designation	Institution
Dr. Ernest Konadu Asiedu	Head of Quality Management Unit PPMED/MOH	MOH Ghana
Dr. Isabelle Sagoe-Moses	Deputy Director RCH, Family Health Division – Ghana Health Service	Ghana Health Services
Dr Ivy Osei	Deputy Director, Research and Development Division	Ghana Health Service
Dr Anthony Adofo Ofofu	Deputy Director General, GHS	Ghana Health Service
Dr Patrick Aboagye	Director General	Ghana Health Service
Dr Mary Eyram Ashinyo	Deputy Director, Quality Assurance	Ghana Health Service
Dr. Edward Antwi	Program Head, Child Health	MOH Ghana
Dr Kofi Issah	Director, Family Health Division	Ghana Health Service
Dr Kwame Buabeng-Frimpong	Head, Centre for Health Information Management (CHIM), PPMED	Ghana Health Service
Ms Gladys Brew	Safe Motherhood Coordinator	Ghana Health Service
Dr Chris Fofie	Program Officer, Safe-motherhood Program	Ghana Health Service
Ms Vivian Ofori Dankwa	Programme Manager	Ghana Health Service
Mr Benjamin Nakutsey	Head of Policy in Unit of Policy, Planning and ME	MoH
Dr Helen Akaba	Obstetrician Gynecologist Specialist, Research and Development Division	Ghana Health Service
Ms Gloria Ntow-Kummi	Programme Manager, Institutional Care Division	Ghana Health Service
Joyce Amponsah	Programme Manager, Institutional Care Division	Ghana Health Service

Dr. Yaa Adoma Dornro-Fokuo	Paediatrician specialist	Pediatric Society Ghana
Dr. Emmanuel Srofenyoh	Medical Director, Greater Accra Regional Hospital	Society of Obstetricians and Gynaecologists, Ghana
Salomey Dery Akparibo	Improvement Advisor, FISQua	UBORA Institute
Ernest Kayoke	Executive Director	UBORA Institute
Dr Mrunal Shetye	Chief Health and Nutrition Section	UNICEF
Dr Felix Osei-Sarpong	Health Specialist	UNICEF
Porbilla Ofosu-Apea	Health and Nutrition Officer	UNICEF
Dr. Priscilla Wobil	Health Specialist	UNICEF
Dr Robert Kwesi Mensah	Reproductive Health Specialist	UNFPA
Dr Ismail Ndifuna	Chief Technical Specialist Maternal Health/Family Planning	UNFPA
Nadia Tagoe		USAID
Salamatu Futa	Maternal and Child Health Program Specialist	USAID
Aimee Ogunro	Monitoring and Evaluation	USAID
Dr. Sodzi Sodzi Tettey	Executive Director Africa	Institute of Healthcare Improvement
Dr. Naa Adzorkor Sodzi-Tettey	Representative	Medical Women's International Association
Dr. Sandra Crabbe	Representative	Medical Women's International Association
Akosua Kwakye	NPO Nutrition, WASH focal person	WHO CO
Dr. Roseline Doe	NPO MCH	WHO CO
Dr Paul Dsane-Aidoo	TO QoC/MCH	WHO CO
Ali Subandoro	GFF Focal Point Ghana	World Bank
Dr Nii Nortey Hanson-Nortey	Representative	Private Sector participants
Akiko Hagiwara	Representative	JICA
Karen Caldwell	Representative	JHPIEGO
Dr Victoria Lokko	Representative	NYAHO MED CENTRE

Annex 4: Evaluation form

Part A

Please choose appropriately with a tick (✓)	4 Strongly agree	3 Agree	2 Disagree	1 Strongly disagree
A. CONTENT				
1. The objectives of the meeting were realized.				
2. The process of the meeting was participatory and engaging				
B. VENUE				
1. The venue for the meeting was conducive				
C. FOOD AND LOGISTICS				
1. The necessary logistics and materials were provided				
2. The food was delicious and enough.				
D. Facilitators				
1. Demonstrated knowledge & mastery				

Part B

1. Do you agree with the findings of the study? Yes No

2. If No, which specific areas do you have concerns with?

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3. Are there anything else that should be added to enrich the report?

.....

4. Please identify one single thing that did not work well for you during the entire session

.....

5. Please identify one thing that worked well for you during the entire session

.....

6. Please indicate one suggestion to help improve future validation meetings

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