GHANA HEALTH SERVICE

KWAME NKRUMAH UNIVERSITY
OF
SCIENCE & TECHNOLOGY

REPUBLIC OF GHANA
MINISTRY OF HEALTH

UNIVERSITY OF GHANA

UNIVERSITY OF MICHIGAN

Preamble: This document is a Charter for Collaboration which describes the partnership between groups working in Michigan, USA and Ghana to improve human resources for health funded by the Bill and Melinda Gates Foundation

The Elmina Declaration on Partnerships to address Human Resources for Health
From the Ghana-Michigan Collaborative Health Alliance Reshaping Training, Education & Research (CHARTER) Program
Initiated Elmina, Ghana 2-6 February, 2009
Adopted Ann Arbor, MI 8-13 November, 2009

We, the Ghana-Michigan CHARTER collaborators made up of partners from the Ghana Ministry of Health (MOH), the Kwame Nkrumah University of Science and Technology (KNUST), the University of Ghana (UG) (the three aforementioned heretofore referred to as Ghana) and the University of Michigan (UM),

I. Recognize that
1. **Human Resources for Health (HRH)** includes doctors, nurses, dentists, pharmacists, social workers, and other health professionals, both formal and informal, that are trained across the country by the Ministry of Health, the Ministry of Education, and the private sector.
    1. The burden of disease in Ghana requires a prioritization of HRH initiatives
    2. The Ghana-Michigan CHARTER project is a part of a larger HRH initiative in Ghana
    3. There are inadequate numbers and an asymmetric distribution of human resources in Ghana due to low numbers trained, urban concentration, and low retention of workers
    4. There is potential for growth in human resources for health in Ghana as evidenced by the high percentage of qualified applicants not gaining acceptance into training institutions
    5. Technological infrastructure is inadequate to support human resources for health and health service delivery, especially in the rural areas
    6. Traditional medicine is an important source of primary care for Ghanaians
2. **Opportunities abound in our global community for HRH development**
    1. Technological advances have promise to improve access to information for health workers and health students in all parts of Ghana, especially in rural areas, to improve education, service delivery, and advance research
    2. The private sector has many resources that could be harnessed to improve HRH
    3. Millennium Development Goals serve as a guide for research for health and health-related issues
    4. Prior experiences are a rich source of knowledge to explore, learn from, and share
    5. Our partnerships are dynamic and may change over time; gaining knowledge and moving frontiers
    6. We have an active commitment on the part of all partners to work together
3. **Partnership** and Collaboration are crucial for the Universities' and Ministry's shared mission and common interest in improving health outcomes
    1. The improvement of HRH requires "a new partnership" which calls for continuous planning, participation, assessment, and improvement
    2. Previous partnerships between Ghana and the University of Michigan have been successful, have led to other partnerships, and will continue to have impact at the community level
    3. Universities and the MOH have strategic plans and priorities that need to be considered, respected, and promoted
    4. The MOH has made a conscious effort with development partners to reduce verticalization. This project represents one of many development partnerships, and Ghana will work with their partners in a coordinated manner to optimize development and health
    5. Health teams include other allied health and health related professionals
4. **Barriers exist in the development of partnerships to improve HRH**
    1. Past partnerships have too often not been fair, balanced, equitable, or sustainable and have led to power imbalances between the Southern institutions and those in the North
    2. Barriers to growth of human resources exist, including: training opportunities, availability of housing, local teachers, infrastructure, other social structures
    3. The resources for electronic communication are not equal among all partners
    4. There are infrastructure barriers: faculty promotion, communication, reporting systems, organizational structures, and managerial systems. Competition and financial structures, including compensation and release time, impact how work is accomplished. Structures of coordination are lacking in many partners
    5. Individuals and institutions have histories and culture that bind them together but may keep them from breaking free to new ideas
    6. Cultural heterogeneity exists between partners, and when there are failures, it can sometimes be attributed to these differences not being taken into account
    7. The historical, social, and political context informs how service delivery and research are conducted
    8. Research data are limited and exchange of information between academia and the MOH is inconsistent
    9. There is potential for conflict between and within partners
    10. Although we share a common language, operational definitions differ. Our common language creates the illusion of communication while misunderstandings still occur
    11. Leadership structures can be challenging

II. Conscious of the need to
1. Share experiences in medical education, research, innovative technology, and leadership among all partners
2. Develop and share technological and other educational resources efficiently and effectively
3. Develop resources to optimize and fully utilize education, training, and deployment of HRH
4. Improve the infrastructure for electronic communication, skills training, and clinical care
5. Expand the scope of research and translate research results into policy and educational initiatives
6. Recognize, identify, and involve appropriate HRH workers in the process
7. Expand and decentralize education and training into peripheral health facilities, district, public, and private
8. Develop a national government research infrastructure to fund national health research
9. Articulate principles that guide partnerships to lead to sustainable, mutually beneficial collaboration, namely:
    TRUST MUTUAL RESPECT COMMUNICATION ACCOUNTABILITY TRANSPARENCY LEADERSHIP SUSTAINABILITY

III. Institutional Commitments
In pursuit of our determination to help improve the health of all Ghanaians through our objectives of enhancing education and training, strengthening data for decision making, and increasing capacity for research

We commit to:
1. Work together to create new knowledge and disseminate our findings through peer-reviewed literature and other means and use the results of our research to inform policy and decision making
2. Providing resources, both human and monetary, for understanding and learning from the partnerships through the development of the Charter for Collaboration document
3. Pursue funding for implementation of the findings from our projects with the overall goal of improving the health of all Ghanaians
4. Pursue and promote the increased use of information and communication technology and develop a communication plan to ensure frequent and open communication for all parties between and within institutions to address the needs of the partnership and objectives, including regular meetings, an accessible website, electronic communication, reports and others
5. Improve and facilitate communication: government to government, government to the academy (universities), academy to academy, and with the private sector, social leaders (churches, NGOs) and the community to maintain a balance in these partner relationships
6. Identify and protect the interests and needs of all partners and work towards meeting these needs
7. Create opportunities for personnel from the universities and Ministry of Health for career development
8. Develop authorship guidelines to promote fair and equitable recognition of individual and group contributions
9. Apply lessons learned from previous collaborations to inform current and future partnerships
10. Be sensitive to issues of gender, ethnicity, religion, and geographic origin
11. Organize and participate in a process to engage all partners currently working in the area of HRH to reduce verticalization and promote lateralization
12. Focus on early recognition of potential sources of conflict and develop a plan for identifying, recognizing, and managing conflicts
13. Evaluate the process on a regular basis and make adjustments accordingly
14. Establish metrics of successful collaborations by which to give feedback to our project
15. Document case examples of collaborative strains and successes