

32ND ANNUAL CONFERENCE OF THE ASSOCIATION OF HEALTH SERVICE ADMINISTRATORS, GHANA

**THEME : THE CHALLENGING PHASE OF HEALTH DELIVERY IN GHANA: HUMAN
RESOURCE ISSUES**

DATE : 12TH – 15TH NOVEMBER, 2008

VENUE : EUSBETT HOTEL, SUNYANI, BRONG AHAFO REGION

WHY THE THEME?

Human resource issues in the health sector have taken center stage at most fora in recent times. Discussions have centered on four thematic areas. These are; human resource production, human resource distribution, human resource productivity and human resource wage bill. To move the discussions further and develop an action plan for all the four thematic areas, a forum on human resources for health was convened in June 2008 at the instant of the Hon. Minister of Health. The outcome of the forum was a proposal by Ministry of Health (MoH) to the Inter Agency Leadership Committee to address the key issues raised.

As a follow-up to the MoH forum, the Human Resource Division (HRD) of Ghana Health Service (GHS) subsequently organized a stakeholder retreat in September, 2008. The retreat catalogued various challenges confronting the human resource development, which were highlighted at the MoH forum and mapped out key strategies for addressing them

The theme was therefore chosen to offer the opportunity for the Association to examine the role of Health Services Administrators in facilitating the implementation of the action points.

OPENING CEREMONY

The 2008 AHSAG Conference was a tremendous success. Nearly 400 participants comprising Health Services Administrators, Directors of Health Institutions, Health Professionals, Journalists and the public were present at the opening ceremony which was chaired by Nana Dr. Amankona Diawuo II, Omanhene of Berekum Traditional Area.

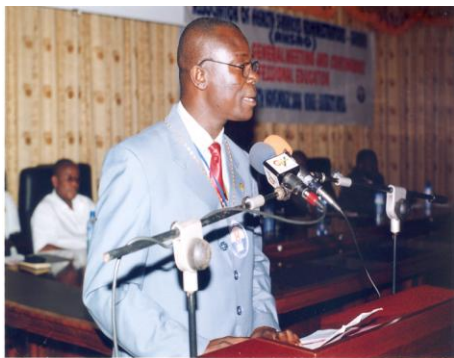
Also present to grace the occasion were the Deputy Brong Ahafo Regional Minister, the Regional Director of Health Services, and the Deputy Director of Public Health in-charge of Brong Ahafo Region.

There were representatives from other health professional associations including Ghana Medical Association (GMA), Medical Superintendent's Group (MSG) and the Ghana Registered Nurses Association (GRNA).

Group Picture at the Opening Ceremony



Address by AHSAG President (Mr. Bernard C.K. Botwe)



Almost a year ago at the ultra-modern Capital View Hotel in Koforidua, the mantle of leadership of our great association fell on the shoulders of a new team led by my good self.

Permit me at this juncture to reiterate the sincerest appreciation of my team to you for the confidence reposed in us. By the grace of God we have gone through yet another year successfully without any adverse report about members of the association. I wish therefore to commend all members for their roles in moving health care delivery in the country forward.

It is heartwarming, Nana Chairman, that we have been able to assemble here at an Annual General Conference and Continuing Professional Education session under the theme "The Challenging Phase of Health Delivery in Ghana: Human Resource Issues", review our performances of the past year, make suggestions to help shape policies of the Ministry of

Health and strategically position ourselves to confront the challenges in the coming year. On behalf of the National Executive Committee of the association I welcome you all to this meeting.

Nana Chairman, the year under review presented some challenges (or a lot of opportunities for leadership to grow and mature disguised as problems), while some strides were made with respect to our corporate image.

We would like to commend the Ministry of Health (MoH) and the Ghana Health Service (GHS) and for that matter the government for the support it continues to offer health staff including members of the association.

There has been improvement in the salaries and conditions of service for health staff, though there are few problems; the ministry continues to support post-basic, in-service and further training of which our members continue to benefit; there have been increases in numbers and improvement in infrastructure in health training institutions to turn out more health professionals; provision of personal cars on hire purchase basis to health staff etc. We also wish to commend the Ministry/GHS, CHAG and the Quasi-government institutions for the support they continue to give to the association for its AGMs by releasing and sponsoring Health Service Administrators (HSAs) to these conferences.

Nana Chairman, while we commend Ministry for the aforementioned achievements, we will like to share some concerns. The MoH has always acknowledged the critical, important and strategic role the HSA plays in health care delivery. It is ironical, however, that this acknowledgement does not translate into the appointment, remuneration and general conditions of service of the HSA.

The proposed Single Spine Salary Structure to be implemented possibly from next year, for instance, has placed the HSA lower in comparison with the other analogous professional grouping in the health sector with whom we have always progressed, with the reason that we are non-clinical staff.

The relativity and equivalencies salary structure in the health sector has been distorted and we are so demoralized. The Consultant who did the work has stated in an answer to our enquiries that she arrived at that decision based on materials received from the Human Resource Division of the Ghana health Service.

We have already questioned the authenticity of this statement, since we are aware that when the health sector job evaluation was done, administrators were placed within the same category of bands with the other health professionals who have now been raised higher under the single spine.

The impression among some people, Nana Chairman, is that the position of the Health Service Administrator is a mere administrative position and that anybody with a degree can perform

that function. For the avoidance of any doubt the Health Service Administrator is a cadre of staff purposely trained for the health service. The specialized nature of their work differentiates them from the others.

We therefore urge the Ministry to correct this anomaly soonest to ensure that the HSA is placed with analogous staff who are on the same scale in the health salary structure and on the GUSS previously.

There is long delay in the appointment of newly qualified HSAs. There are some colleagues who have completed their housemanship for two to three years but have not been officially appointed. The reason always cited is that there is no financial clearance for them. But we believe the ministry finds it difficult to obtain financial clearance for the appointment of HSAs because the ministry has wrongly designated HSA as not essential staff category in the ministry.

We call on the MOH to reconsider its decision and re-classify HSA as an essential staff category in the ministry and recognized as such to facilitate the appointment of newly qualified HSAs. We make this call based on the fact that HSAs are specially and professionally trained for the health sector. There are inadequate numbers of HSAs to fill all the vacant positions being occupied by non-professional HSAs. We again call on the MOH to appoint more HSAs to fill all the vacant position in health institutions and health administrations.

The association reiterates that the health sector is multi-disciplinary and so requires team work and mutual respect for each team member. When one member of the team thinks erroneously that they are more important than the others and behaves as such, the team disintegrates and health care delivery is affected. The patient suffers as a result. We call on all health professionals to see each other as playing complimentary roles for the benefit of our patients. We, therefore, want to submit that teamwork and team-building require that equity, and the earlier that is ensured the better it will be for us all.

On the positive side Nana Chairman, it is the pleasure of my team to report that work on the AHSAG Secretariat block which was temporarily halted resumed within the period. Contract for Glazing and burglary proof works has been awarded. The original specification for the main entrance door has been changed from casement to Swing door to be able to contain the amount of human traffic. The project coordinator will brief us fully at the appropriate time.

Other positive strides were also made to seek registration of our Association trademark(Logo), develop unique registration numbers for members, resumed work on the publication of the Association's mouthpiece journal (the Health Service Manager), as well as the revision of the AHSAG Handbook. We also resumed our networking with other associations. We are also pursuing the Group Insurance Plan with the Social Security Insurance Company started during the tenure of my predecessor. Our gratitude goes to the untiring team that worked around the clock in these areas.

Nana Chairman, permit me to shift attention for a moment to the implementation of the National Health Insurance Scheme, which without any shadow of doubt is the single most important poverty alleviation strategy ever introduced.

AHSAG cannot agree more with His Excellency the President, when he admitted in an address to the recent 50th Annual Conference of the Ghana Medical Association in Accra “the challenge now is how to improve the efficiency of its management so that as coverage and access improve, quality of care, reimbursement of providers and health facilities will also improve accordingly”.

As fulcrums around whom the administrative machineries of the various health facilities revolve we will like to propose for consideration that for now the schemes should try and reimburse all providers on submission of their bills between 60-70 percent of the amount involved, as they hold on to the balance against the vetting of the claims. We make this submission cognisant of the fact that the margins of error will not be more than 30-40 percent. The request is to ensure that the facilities are not unduly stretched financially as we are going through presently.

The theme for our Annual General Conference and Continuing Professional Education session, Nana Chairman, is “ The Challenging Phase of Health Delivery in Ghana: Human Resource Issues”. There is no gainsaying the fact that the driving force behind the realization of the envisioned transformation of Ghana into a middle-income country by the year 2015 is her human resource base, and which as managers is of critical importance.

The lamentation of His Excellency the President of the Republic at the meeting earlier cited over the severe human resource shortage in the health sector that continues to be a constraint to some of the laudable initiatives by his administration should reinforce our collective feeling of a sense of urgency and national responsibility to confront and discuss the problems head-on. Facilitators at this meeting would be leading us to look at some of the challenges including Recruitment and Retention, Labour Regulations and the Safety of the Patient.

It is my considered view that at the end of the session some answers would have been found to the following leading questions:

1. What are the barest desirable numbers and mix of each cadre of health staff that we need as a nation at any given time?
2. What are the desirable ratios of some of the health staff (e.g. medical officers, Nurses) to the populace as a nation)
3. What mechanism/strategies are in place to ensure that we work towards that goal?
4. Are we effectively utilizing the inadequate numbers of the health professionals?
5. How can we fast-track the bureaucratic machineries to reduce and eliminate the amount of frustration new entrants go through?

In conclusion, Nana Chairman it is my firm belief that if we address this critical issue dispassionately, it will be the best recipe for the success story.

We are grateful to all who have contributed in diverse ways to make this meeting a reality. To the management of Eusbett Hotel, we say ayekoo for hosting us.

Thank you.

SCIENTIFIC SESSION (TRAINING WORKSHOP)

Workshop Objective

The objectives of the workshop were to:

- To highlight the four thematic areas that form the framework for discussions on human resource challenges that face the health sector,
- To appraise the proposals for addressing the key challenges, and
- Examine the role of Health Services Administrators in facilitating the implementation of the proposals.

Topics Discussed

Key topics discussed were:

- Human Resource Challenges facing the Health Sector
- Staff Recruitment and Retention
- Patient Safety at our Health Institutions
- Customer Service in the Health Industry
- Labour Regulations

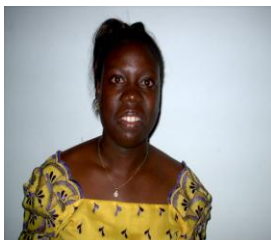
Resource Persons

The resource persons included

- Dr. Ebenezer Appiah-Denkyira, Director HRHD, MoH
- Dr. Sylvester Anemana, Director HRDD, GHS
- Mr. Yahya Khasem, Deputy Director (Estates), GHS
- Mr. Asante, Labour Department, Sunyani

BUSINESS SESSION

Report by AHSAG General Secretary (Ms. Rita Acquah)



Introduction

The report below presents the performance of the National Executive Committee (NEC) for the year. It examines the major concerns of the

Association, achievements, the challenges, constraints and the way forward. The NEC wishes to give thanks and honour to the Glory of God for seeing us through another year.

Planned Activities for 2008

- Improving organization and management of the association
- Improving financial resources of the association
- Strengthen public relations and improve professional image of the association
- Strengthening continuing education of members
- Construction of the secretariat project
- Sustain welfare packages and establish closer links with members
- Strengthen continuing education of members of the association

Organization and Management of the Association

The NEC changed its traditional meeting venue from Ridge Hospital, Accra to Komfo Anokye Teaching Hospital. Decisions for implementation at Regional levels were communicated to the Directors and Deputy Directors of Administration (DDAs).

I wish to acknowledge the contribution of members at KATH and Ridge Hospital who provide NEC with free conference room, snacks and lunch for our meetings.

On the Organisation of AGMs, members will need to deliberate on whether the Association should adopt the GMA style where only conference registration is charged and hotels and its associated responsibilities are the issues of the participants.

Improving Financial Resources of the Association

The major source of funding aside from surpluses from AGMS is by membership subscription; however the rate of default cannot be countenanced. The NEC has come out with a register of members and their payment to of dues to date. Members are entreated to see the Financial Secretary to update their records. This will be taken to press by the first quarter of 2009. Members are to treat exercise with the seriousness it deserves since the NEC will not apologize for any omissions.

We still continue to experience problems for fresh inputs at the Controller and Accountant General's Department (CAGD). Members are therefore to show their commitment by paying cash through their Regional Representatives until the issue is resolved.

The NEC has also begun a permanent membership registration process with the issuance of unique membership numbers. Members are to see the Vice President for verification of their names and the necessary information. This exercise when completed will give members a unique pin to be used for professionally related activities.

The Treasurer will give details of our finances including the 2007 conference held in Koforidua.

Strengthening Public Relations and improving Professional Image of the Association

The association has requested for exemption from the payment of dues from the International Hospital Federation but remains a paid up members of the Ghana Institute of Management. To this end, activities for GIM members for 2008 were circulated to all regions through the Directors and Deputy Directors of Administration for patronage.

Through the instrumentation of the PRO (**Mr. Martin Ankomah**) with support from Nana Boampong, the Association's Newsletter and the 3rd Edition of "About AHSAG" have seen the light of day. We continue to urge members to keep the articles flowing for the sustenance of the publications.

Registration of the Association at the Registrar General's Department as well as its logo is almost complete. The PRO will give more insight to these and other issues in his presentation.

Strengthening Continuing Education of Members

The NEC continues to express concern about the quality of training given to some Housemen by senior colleagues. It has been proposed that an orientation should be given to housemen before posting to ensure that they harbour realistic expectations since NEC has received complaints about some housemen's attitude during training leading to their ending up as half baked cakes for the job market, a trait, which does not augur well for the profession.

There have also been complaints by some trainees about attitude of some senior colleagues in limiting them to specific departments during the period of their training. This necessitated the proposal to orient preceptors on their roles and accredit hospitals for training.

We wish to emphasize the onerous responsibility of the Directors and Deputy Directors of Administration in ensuring that housemen are posted to facilities with Senior Colleagues who are well grounded in the profession and have the capability of teaching. Our attention has been drawn to posting to facilities where the preceptors are:

- newly trained professionals and thus fairly young in the profession,
- are themselves pursuing further education and are therefore not available most of the time to provide the housemen with the needed guidance and
- preceptors whose continuous output of housemen are not well suited to the profession to which they are to practice

NEC urges the DDAs that much as they are autonomous and have the right to exercise their discretion, they are duty bound during postings to do due diligence on the preceptors in order to ensure that professional standards are not compromised.

Construction of Secretariat Project

The construction of the office block of the secretariat has resumed. The current executive has set an agenda for the completion of the secretariat as part of its legacy to the association during its tenure. The reinstatement of the project levy is therefore a means of ensuring the fulfilment of this ambitious goal. The NEC has therefore tied this proviso to the payment of dues to warrant the publication of a member's name during the first quarter.

We urge members to visit the project site. Mr. Yahya Khasem will provide any necessary details on the project.

Welfare of Members

No record was made of deaths of members for the year to which we are grateful. The NEC had an in-depth discussion with the SIC on instituting a life assurance policy for members. The modalities were drawn out and letters were sent to all Directors and Deputy Directors of Administration explaining the concept and requiring them to report on interested persons. It is sad to note that not even one response was received from any region. The scheme has therefore stalled for lack of interest.

The NEC continues to pay approved welfare benefit to members. We urge members to endeavour to attend functions when notice is circulated since 'one good favour deserves another'. We also urge members to inform the secretariat on time so that the information can be communicated to all members.

Salary Negotiation

Outcome of placement of Administrators on the single spine salary scale of the Public Sector Salary reform has not been favourable. Petitions have been written to the Minister, the Director General and the Director of Human Resource on the Associations' dissatisfaction with placement of members. We have been advised to pursue our grievances with the Fair Wages Commission after the operationalization of the salary structure. We solicit the co-operation and commitment of members as NEC continues to battle the situation.

We are all entreated to note that all NEC Members hold full time jobs and thus the favourite excuse of members that they are too busy applies to us as well. It behoves all of us to "die" a little for the total good of the membership: After all what good is it when at the end of the day you are paid far less than you deserve? In other words are you are too busy to be paid well? This is the attitude of most members to put the issue diplomatically. The PRO will provide the details on the new salary scheme.

Recruitment of Housemen

NEC continues to lobby for the recruitment of the successful applicants into the service. A letter requesting for their financial clearance has been sent to the Ministry of Finance. We commend the efforts of Mr. Yaw Boamah and the Director HASS who have pursued this issue tirelessly. However due to the shortness of the duration of the warrant and its expiry had it been issued in the latter part the year, it was wisely shelved for the ensuing year to enable members to receive the clearance and make inputs well before its expiry at the end of the year.

Challenges

Commitment of Members

Most members are not committed to the association as can be evidence in the payment of dues and attendance to social and association functions. The link between DDAs/DOAs and NEC is very weak and needs to be improved upon.

Funding

Funding of the Association is based solely on membership dues and so if members fail to pay their dues, it cripples the association. Without adequate funding, we cannot finish with the construction of the block. The association needs to be marketed which calls for aggressive publicity. This demands money; we therefore need to discuss how to fund the association dispassionately.

Way Forward

Membership

In order to increase membership, NEC has proposed the creation of associate member positions for persons who practice the profession but are not professionals. The creation of the position of fellows has also been discussed. Member will need to discuss the acceptability of these positions since if approved, would require constitutional changes.

Constitution of a Council of Elders

The NEC has proposed the formation of a nine member Council of Elders made up of eminent professionals both serving and retired to advise the NEC on pertinent issues. They will also be called to mediate in issues of NEC and Senior professional to ensure that issues are discussed dispassionately. This proposal will also need to be discussed for adoption.

Conclusion

We have come a long way; however a lot needs to be done before our ideals can be met. We must be a united, disciplined, formidable and respected association. We have reached where we are today because some individuals (members) made tough sacrifices for us to enjoy the fruits of their labour. It is our turn now to make sacrifices and sustain the association for posterity.

The NEC commends all who in diverse ways made sacrifices to move the association forward. We make a passionate appeal to all members to show commitment towards the affairs of the association.

On behalf of NEC and on my own behalf, we wish call on members to contribute their quota to ensuring a violence free election. God bless all of us.

Thank you.

Report of AHSAG Project Committee, 2008



Introduction

The Association of Health Service Administrators, Ghana (AHSAG) initiated the AHSAG Conference Centre Project in 1999. This centre will become the 'home' of the Association when completed.

The project comprises a Secretariat Block, Conference Centre and a Hostel Block. There is a car parking facility, a restaurant & bar as well.

The implementation was programmed into phases. Construction began in 2001 with the laying of the foundation for the entire scheme. The pace of construction is dictated by the resource flow of the Association at any given time. So far, only the Secretariat Block, known as Phase I of the project is under construction.

Finance

A total amount of GH¢9,600.00 was released during the year under review. The amount was not sufficient to settle all the bills that were raised leaving an outstanding bill of GH¢11,267.32 being the cost of the burglary proof.

Progress Report

Due to financial constraints on the Association, work has not progressed as planned since the last AGM. Only glazing works and security services were funded. The progress reported at the last AGM is altered only slightly and is as follows:

- Roof Works of the Secretariat Block completed
- Ceiling Joists work completed
- Plastering works completed
- Electrical piping completed and some cables passed
- Plumbing lines and inspection chambers completed
- Septic tank completed
- Soak-away for Kitchen completed
- Screeding of Floor completed
- Glazing work 95% completed
- Installation of Burglary Proof in progress
- Levelling of garden partially completed
- Planting of seedlings partially completed

Overall, the project is 66% completed.

Outstanding Works

- Installation of Information Communication Technology Network, Computers & Accessories
- Installation of Ceiling
- Fixing of Burglary Proof Material at Windows and Exterior Doors

- Provision of Ironmongery
- Fixing of Floor and Wall Tiles
- Installation of Cables and Electrical Fittings
- Installation of Plumbing Fittings
- Installation of Air-conditioners
- Installation of Fire Hydrant and Fire Extinguishers
- Provision of Utilities – Water, Electricity and Telephone
- Construction of Fence wall
- Paving of the Compound and Horticulture
- Painting of Building
- Furnishing

The estimated cost of outstanding works of the rest of the project under Phase I (construction of secretariat block) is **GH¢175,000.00** or ₵1.75 billion. At the last AGM the cost of outstanding works was put at ₵1.8 billion.

Conclusion

At present, it is difficult to set a reasonable time for the completion of the secretariat section of the project in view of the existing funding arrangement. So far, we have been relying solely on membership dues for the funding of the project.

There is the need to search for additional sources of funds if we have to complete the project and use it.

We are in discussion with Messrs 99 China Construction Ltd., for the possible takeover of the construction of the entire project. The decision reached will be presented to the National Executive Committee for consideration and approval before an agreement/contract is entered into with the company for works to commence.

Report of PRO, 2008 (Mr. Martin Ankomah)



Planned Activities for 2008

The office of PRO planned the following activities for 2008:

- ◆ Renew the Association's registration with Registrar General Department
- ◆ Register the Association with the Registrar of Trade Marks
- ◆ Organize continuing professional education for members
- ◆ Develop training manual for the Housemen Health Services Administrators
- ◆ Review the 1st Edition of AHSAG Handbook 'About AHSAG'
- ◆ Compile and publish the proceeding report of AHSAG 2007 Conference
- ◆ Resume the publication of AHSAG Journal- (The Health Services Manager)
- ◆ Develop AHSAG2009 Calendars
- ◆ Maintain good working relationships with other Professional Association

◆ Re-activate AHSAG Website

Renewal of Registration with Registrar General Department

The Association was registered with the Registrar General Department on 14th July 1995 and was issued with a Certificate of Incorporation under the Companies Code of Ghana, 1963 (Act 179) with registration No. G167. Unfortunately, the registration had not been renewed since the first date of registration. We could not also find any documentation including the certificate for the registration in our records.

Effort was made to trace the certificate for the registration at the Registrar General Department and pay all the yearly renewal fees from 1996 to 1998. What is yet to be done is to file our audited account and the change of Directors (Executives).

Registration of the Association with the Registrar of Trade Mark

We initiated the registration process of the Association with the Registrar of Trade Mark. The application has been filed and the first search has been completed. We are awaiting the final approval which takes quite some time.

Continuing Professional Education for Health Services Administrators (HSAs)

The Association in conjunction with the Health Administration and support Services (HASS) Division of Ghana Health Service organized an orientation & training workshop for some Health Services Administrators in Kumasi. Effort was made to get some of the Senior Citizens (Messrs Charles Adu & Aseidu Offei) to share their rich experience with the participants. Effort was also made to have the programme broadcasted on TV 3 on two occasions.

Training Manual for Houseman Housemen HSAs

The Association worked together with HASS to come out with a training manual for the Housemen HSAs. The manual intends to address the deficiencies in the internship programme for the HSAs. The content of the manual has been designed to ensure that the training programme reflects the current trends in the administration and management of health institutions. The training topics and lessons have also been standardized and it is envisaged that all Housemen HSAs across the country regardless of their location or the health institution within which they undergo their internship programme will receive the required level of on-the-job training for their competent professional practice.

Review of AHSAG Handbook

The AHSAG Handbook (*About AHSAG*) was reviewed and a 2nd edition was produced. The handbook provides updated information which gives more insight into the organization, governance, history and activities of the Association. The primary aim of the handbook is to serve as a reference book for members and all those who want to know more about the Association.

Publication of the Proceeding Report of AHSAG 2007 Conference

The proceedings report for the Association's 2007 annual conference was compiled and published. The report, which is the 2nd of the series of annual conference reports published,

provides an overview of the key activities that took place and major issues discussed at the conference. The publications of the reports form part of our effort to market our association and its activities and to also keep an institutional memory of our association. We hope to continue the publication for the subsequent annual conferences.

Resumption of AHSAG Journal

We managed to revive the publication of the '*Health Services Manager*', the official mouth piece of the Association, after going into slumber. The mission of the journal is to promote education, high ethical standards and conduct, encourage professional development of its members, provide a foundation of mutual support within the association, and to advance excellence in hospital and health services management in Ghana. We were also able to get corporate bodies to advertise in the journal and this fetched the Association Two Thousand, Two Hundred and Fifty Ghana Cedis (G2,250). We thank Mr. Ebo Hammond through whose support and contact we were able to get the companies for the adverts within a very short time.

AHSAG 2009 Calendars

Adequate number of calendars (for 2009) were produced and distributed to members and other participants at the conference.

Relationships with other Professional Associations

We continued to work with the HWG. Currently we are in the process of negotiation of salary increment with our employers. Since our Association does not have a bargaining certificate we have written formally to partner with the Health Services Workers' Union of GTUC for the negotiation.

Re-activation of AHSAG Website

The website is currently being updated and it is expected to be re-launched soon. The aim of the website is to strengthen the national and global presence of AHSAG and further improve communication among members. It will provide up-to-date information about the activities, events and publications of AHSAG.

Challenges

Inadequate Funds

An area of our activities, which continues to suffer most, is that of our participation in the programmes of international organizations particularly the International Federation of Hospitals (IHF) to which the Association is affiliated. I must say with a certain measure of regret, that for financial reasons, the association is not always able to honour some important invitations. This is unfortunate because our sister Associations spend much money to support their members to attend these international conferences in the belief that by doing so they are 'casting their bread upon the waters'. If we do not pay attention to these matters because we consider them important trivialities, we may miss the boat and find ourselves behind, while other sister Associations would already be well ahead of us.

Payment of Subscriptions

The Association is affiliated to:

- ◆ International Hospital Federation (IHF)
- ◆ Ghana Institute of Management (GIM)

We were able to pay the annual subscription for GIM but could not pay the one for IHF which is about 1000 Euro. It should be pointed out that for two years now we have not been able to pay the annual subscriptions to IHF. As at now we owe them as much as 2000 Euro.

Apathy from members

Members' commitment to the course of the Association has not been very encouraging particularly when it comes to seeking financial support for the activities of the association as well as fighting for the welfare and interest of the members of the association in many spheres. I believe the key positions of some of our members should be seen as an asset to the Association. Unfortunately, it appears the association is not benefiting much from such advantage positions.

Way Forward

- ◆ To pursue the Association's registration with Registrar of Trade Marks.
- ◆ To compile and publish the proceeding report of AHSAG 2008 Conference
- ◆ To publish the 4th Edition of AHSAG Journal- (The Health Services Manager)
- ◆ To develop AHSAG2010 Calendars
- ◆ To continue to main good working relationships with other Professional Association
- ◆ To pursue the re-activation of AHSAG Website

Conclusion

Clearly, a lot has been done to bring the association to this far but there is still much to be done to continue to project the good image of our Association. This requires concerted effort and contribution from everyone. We need therefore to remain united and committed to the course of the association and to rise up to the task ahead of us.

COMMUNIQUE

Preamble

The Association of Health Services Administrators, Ghana (AHSAG), at its 32nd Annual General Meeting and Continuing Professional Education held at the Eusbett Hotel, Sunyani from 12th to 14th November, 2008 on the theme **'The Challenging Phase of Health Delivery in Ghana: Human Resource Issues'** and having deliberated on related topical issues adopted the following communiqué:

1. Health Human Resource Management

The Association acknowledges the enormous investment made by the state and her development partners in the health sector over the years. Nevertheless it is of serious

concern to us that as a country we have not made significant gains in attaining some of our health goals, especially MDG 4 and 5 (i.e. reducing infant and child mortality and improving maternal health respectively). The Association further observes that the mode of human resource production, inequitable distribution and retention has contributed significantly to this state of affairs.

The Association therefore calls on the Ministry of Health (MOH) as the major employer of health professionals, to move swiftly to regulate the establishment of health training institutions in the country. We also insist on an effective collaboration between user agencies of health professionals and the training institutions in respect of the content of training and the numbers.

Again, the Association calls on the MOH to institute the right incentives to attract health professionals to the deprived areas as a way of ensuring equitable distribution and retention across regions. There should also be the conscious effort to properly equip health facilities in the deprived areas to provide a conducive environment for health care.

2. The Single Spine Salary Structure of the New Public Sector Pay Reform

The Association acknowledges Government's effort at harmonizing the public sector salary structure. However, the Association has noted with concern the disparity in the placement levels of the grade of Health Service Administrator and that of the analogous health professionals within the Ministry of Health (MOH)

In the light of this, the Association appeals to the MOH to as a matter of urgency take steps to ensure that the grade of Health Services Administrators is appropriately placed on the new Single Spine Salary structure. We further call on the Ministry to accord the Health Service Administrator his rightful place in the health sector as defined in the Ghana Health Service and Teaching Hospitals Act, 1996, Act 525.

3. Occupational Health and Safety

The Association has observed with much concern the escalation of preventable work place acquired diseases and disabilities and in some cases, death among health workers, patients and other users of our facilities arising out of inadequacy of occupational health and safety measures.

On this, the Association urgently appeals to the MOH to quickly complete the development of health and safety policy and operational programmes, disseminate them at all levels of health service delivery and provide the required resources for effective implementation.

4. Road Traffic Crashes (RTC's)

The Association has also noted that Road Traffic Crashes have and continue to assume a Public Health dimension. While this may be a matter of public knowledge, the

Association is restating it at this time due especially to the forth-coming general elections, the Christmas and the Eid-ul-Adha festivities.

Accordingly, it is advised that all the various agencies responsible for road safety should be well resourced and strengthened to effectively manage the situation before, during and beyond the election period.

5. National Health Insurance Scheme (NHIS)

The Association acknowledges that the NHIS is among the best of pro-poor policies introduced in the history of the country and commends government for this bold initiative. At the same time the Association wishes to highlight the increased workload which the NHIS has placed on health workers due to the overwhelming increase in service utilization. Besides, the Association is worried with the long delay in reimbursing the health facilities for claims submitted to the various schemes.

To sustain the NHIS and to also improve quality health services, the MOH should take steps to appropriately staff the health institutions with the right caliber of professionals.

The various Health insurance schemes should release 70% of the total claim upon submission and hold the remaining 30% against vetting. This is important to enable the health institutions to continue to provide services to the scheme beneficiaries. This call is made against the background that funding is never a problem of the schemes.

6. Upcoming 2008 General Election

The Association notes with pride the progress made so far by the good people of Ghana in the advancement of our democracy under the fourth Republican Constitution. At the same time there are certain happenings on the political scene that could jeopardize the relative peace we are currently enjoying.

The Association therefore calls on all political parties and their followers to refrain from actions and activities that will inflame passions and subsequently disturb the peace of the nation. We also call on chiefs, opinion leaders, the civil society in general to uphold and preserve the unity of the nation at all times.

[Photographs of the Conference \(link- gallery\)](#)