

ADDRESS BY MR. K.ADDAI-DONKOH, THE PRESIDENT OF THE ASSOCIATION OF HEALTH SERVICES ADMINISTRATORS, GHANA (AHSAG) ON THE OCCASION OF ANNUAL CONFERENCE AND WORKSHOP ON PUBLIC PROCUREMENT MANAGEMENT FOR HEALTH SERVICES ADMINISTRATORS AND PROCUREMENT OFFICERS AT BUSUA BEACH RESORT, TAKORADI FROM 29TH NOVEMBER – 3RD DECEMBER 2004

Nana Kobina Nketsiah II - Chairman

Hon. Regional Minister for Western Region

Hon. Metropolitan Chief Executive

Regional Director of Health Services, Western Region

Members of the Regional Health Management Team – W/R

Members of the Electronic and Print Media

Nananom,

Distinguished Invited Guests

Colleagues

Ladies and Gentlemen.

Today marks yet another milestone in the annals of the Association of Health Services Administrators of Ghana as it meets to apprise itself on the Public Procurement Law which was recently passed, to take stock of its activities for the year 2004 and to chart the next course (s) of action. I take this opportunity to welcome every one of us and to thank the Almighty God for all his Mercies.

The year under review will be perceived variously as it comes with promotions, retirements and transfers. These varying perceptions notwithstanding, it has generally been good.

Nana Chairman, permit me to comment on some topical issues that have bedevilled the Health Front but which have not attracted any definite action from official-dom.

The Health Sector has been faced with high staff attraction unprecedented in its history in the last five years. The situation is gradually impacting negatively on service delivery and leading to agitations among health staff. In 2003, a National Human Resource Forum was organised under the auspices of the Ministry. Several recommendations emerged out of the meeting but their implementation and follow-up action have been slow. We wish to urge the Ministry of Health to decisively take action to stem the tide as the Brain Drain has the potential of derailing the good intentions of Government in the implementation of the National Health Insurance Scheme

On the National Health Insurance Scheme, Nana Chairman, we doff our hats off for the Government in its bid to replace the much dreaded cash and carry with a more humane system of financing health services. But we wish to suggest the intensification of education on the NHIS and its implementation staggered to reflect the level of readiness of communities and districts. We are afraid a wholesale implementation as envisaged would create further problems and disinterest. The District Assemblies should be made to give time lines which they should be committed to. Nana Chairman, since the passage of the Ghana Health Service and Teaching Hospitals Act in 1996, the legislative Instrument that will operationalise the Act has not seen the light of day. The absence of the L.I. has culminated in implementation problems particularly in the Ministry of Health/Ghana Health Service split. Unclear definition of functions has resulted in the duplication and conflict of roles which militate against efficiency and effectiveness. As a matter of urgency, the Legislative Instrument should be passed to ease the seeming uneasiness between the MOH and GHS.

Nana Chairman, Health Service delivery is the aggregate of efforts of a number of Health Professionals and Ancillary staff. The contribution of each of these groups is as important as the service to be provided. These groups work in teams. Unfortunately, however, payment of remuneration and other incentives have failed to recognise this fact. In the introduction of the Deprived Area Incentives Scheme in July this year, a selected group of Health Professionals were made beneficiaries to the neglect of other team members

even though they all lived and worked in Districts classified as deprived. Are we then saying that the services of the staff left out in the scheme are no longer important? Would they not be buying from the same market with the so called essential staff? In any case, how many of the essential staff are in such deprived areas. A holistic approach to addressing concerns of health staff should be adopted without further delay.

On the administration of the Additional Duty Hours Allowances (ADHA) the Association wishes to express its disquiet about the panic reactions to demands of the various Professional groupings. Since the recent withdrawal of services by the Nurses, attempts have been made to address their concerns without looking at the antecedents of the action, which has the potential of further distortions in the payment of ADHA. Even though the various professionals groups met to agree on the way forward in the aftermath of the industrial action, some faceless elements have gone ahead to implement what they think fit. Let me serve notice to the powers that be that the service would know no peace until it has learned to see wisdom in the saying that “What touches all must be approved by all”.

Nana Chairman, the theme for this year’s Conference/Workshop is “Public Procurement Management – A tool for improving efficiency in the Health Sector”. This theme has been carefully selected to sensitize participants to:

- Appreciate fully their role and challenges in the procurement process in the Health Sector.
- Manage efficiently the facets of the Procurement and Supply functions including the standard operating procedures for the scheduled delivery system.
- Gain further insight into the Procurement Law
- Evaluate the strategic roles and objectives of the Procurement and Supply functions in the Health Sector.

Nana Chairman, until the passage of the Procurement Act, Act 663, Public Procurement was characterised by:

- Over and under invoicing
- Lack of transparency in the award of contracts
- Manipulation of the procurement process and other fraudulent practices.

Procurement was identified as one of the key areas for capacity building since 1997. Series of training have been organised for people in procurement. Procurement Officers have subsequently been appointed to each Region and for all Regional and Teaching Hospitals.

Procurement forms between 70 – 80% of the Non-Wage budget of health institutions. This explains why there is the need to strengthen and improve procurement practices to ensure the most judicious use of the limited resources. The passage of the Procurement Act seeks to:

- provide guidelines for best practices in procurement
- Eliminate fraudulent practices
- Prescribe appropriate sanctions for acts of mis-procurement
- Secure value for money in procurement.

Nana Chairman, as Health Services Administrators, Procurement Officers and Health Professionals in the forefront of the procurement process it is pertinent that we have in-depth knowledge of the Procurement Law with the view to ensuring best practices in procurement. As change agents in the fight against corruption in procurement, we need to change ourselves before attempting to change the system.

It is my hope that participants would see the relevance of this workshop and fully participate in the presentations so as to derive its full benefits.

Nana Chairman, Hon Regional Minister, Distinguished Ladies and Gentlemen, I wish to place on record the support and sponsorship packages provided by the Ghana Health Service, Heads of BMCS and other Institutions. My deep

sense of appreciation goes to the Regional Director and staff of the Western Regional Health Directorate, AHSAG caucus in the Western Region for their organisational acumen and to the Management and staff of the Busua Beach Resort.

To Nana Chairman, Hon Regional Minister and other Invited Guests I say thank you for coming and making our day. God Bless you all.