

ADDRESS BY MR. K.ADDAI-DONKOH, THE PRESIDENT OF THE ASSOCIATION OF HEALTH SERVICE ADMINISTRATORS ON THE OCCASION OF THE ASSOCIATION'S ANNUAL GENERAL MEETING HELD AT GILLBTT CONFERENCE CENTRE, TAMALE FROM 21ST-26TH NOVEMBER 2005.

Mr. Chairman,
Hon. Regional Minister,
Members of the RHMT
Distinguished Invited Guests,
Members of the Print and Electronic Media,
Colleague Health Services Administrators
Ladies and Gentlemen.

This is another day the Lord has made for us and coincidentally marks the celebration of the Annual General Meeting for the Association of Health Services Administrators, Ghana .

Mr. Chairman, the Annual General Meetings are usually marked with seminars on topical issues and also afford us the opportunity to take stock of our activities in the past year, develop strategies to address the challenges that emanate there from and to chart the way forward.

The outputs of these meetings are communiqués that capture the views of the Association on issues of importance to the Health Sector and the nation as a whole. Such communiqués have contributed in no small measure to some informed decisions and actions taken to shape the destiny of the Ministry of Health/ GHS.

Mr. Chairman, AHSAG would with your permission want to comment on some of the nagging issues, which seem to have defied solution in the last couple of years. The Health sector has been bedevilled with high staff attrition, unprecedented in the annals of this country. The push and pull factors for the attrition have been identified at various fora but official reaction to the problem

has rather been slow. As a nation we have not given the issue of brain drain the seriousness that it deserves. Assuming 100 of the health professionals who have ruptured decide to return home to take up their jobs , are we in a position to regularise their appointments before they get frustrated and go back to Europe ?.As of now there are members of staff who were appointed 3 years ago but are not on salary. Officers who have offered to remain in office after retirement have worked for the same number of years without salary. Wherein then lies the justification for the talk about high Health Professional attrition? We better wake up from our slumber and stop paying lip-service to the issue of brain drain.

The Health Service is going to be seriously challenged as we move into the implementation of the National Health Insurance Scheme .We accordingly suggests for the attention of the Hon. Minister of Health the following:

- Negotiations with the Ministry of Finance to grant the Health Sector the desired financial clearance to enable the sector treat with alacrity issues of appointment of health professionals.
- Expansion of existing Training Institutions to train more middle level Health personnel like Medical Assistants, Laboratory Technicians and Enrolled Nurses to support Primary Care Health delivery.
- Expansion of facilities in the health training institutions to admit more students. There has been a steady increase in the intake in our health institutions but several qualified candidates could not secure admission into the training institutions and now loiter the streets of Ghana. Could we not have trained these people and exported them if we did not have immediate use for them?
- Government should explore the possibility of trading in Health Professionals as it has become abundantly clear that the brain drain will not end, at least, in the immediate foreseeable future. Such an arrangement will earn the country some foreign exchange that can go into improving and expanding Health training institutions. Experiences from Nepal can guide us in managing the brain drain.

Mr. Chairman, the theme for this year's conference is the Road to successful implementation of the National Health Insurance Scheme-the role of the service provider. The team was carefully chosen to offer participants the opportunity to examine their individual and collective roles as we near the implementation of the National Health Insurance Scheme.

The passage of the National Health Insurance Act, Act 650 of 2003 is about the singular most refreshing Poverty Reduction Strategy ever introduced to Ghana since Independence. The Act seeks to equitably share the risk of being sick between the rich and the poor and between people who regularly fall sick and those who would be sick occasionally. In 2003, when the Act was passed, we were hopeful that by and large a solution has been found for the obnoxious Cash and Carry.

Sadly however, the implementation of the Act has been rather poor. Information to the public has been limited .The registration figures are nothing to write home about. The general attitude to the NHIS has been lackadaisical with officialdom doing seemingly very little towards moving the process forward.

The Association wishes to recommend:

- Intensification of the awareness creation and understanding of the law. Musiga and affiliate bodies can be contracted to disseminate the provisions of the Act, the benefits therein and registration procedures through music and other such media activities.
- District Assemblies should be made to commit themselves to getting the NHIS implemented. The continued stay in office of District Chief Executives can be tied to the level of implementation of the NHIS in their particular districts.
- To scale up implementation nationwide, the mass media both electronic and print should be tasked to devote a percentage of their Airtime/space to publicising NHIS even for a fee.

- Currently, registration officials sit at fixed locations and wait for clients' A more rigorous and aggressive registration strategies should be adopted. Registration officials could be appointed on commission basis. They should move from house to house and their remuneration should depend on the number of clients registered.
- The Act, as it exists now, allows for optional registration and enrolment with a scheme. This partly accounts for the low registration and enrolment since the passage of the Act. We wish to state that Ghanaians have an attitude of wait and see which has a potential of crippling the success of the scheme. To this end, there is the need to make the scheme compulsory failing which people who wilfully refuse to register would be made to pay for the full cost of services received

The readiness of our health institutions to respond to the demands of the NHIS is seriously challenged by the eroded revolving fund occasioned by huge outstanding indebtedness to these institutions through exemptions granted to the vulnerable over the years. Drug availability is as low as 65% in some Regional Medical Stores because of high indebtedness of institutions to these stores. The situation is worse with the Central Medial Stores .To enable the Ghana Health Service and other Agencies appropriately respond to the challenges of the NHIS, the under listed must be addressed as a matter of urgency.

- The Central, Regional and Institutional stores should be recapitalised.
- Accredited health institutions should be front loaded with NHIS funds to cover a period of at least 3 months.
- All outstanding claims for exemptions granted should be vetted and refunded.
- A firm decision should be taken on whether to continue to grant exemptions for people who are not registered under the NHIS as this decision is crucial to the survival of the Scheme.

Mr. Chairman, as Health Services Administrators, we face the challenge of revitalising health facilities to ensure that they respond to the expectations of the insured .The blanket accreditation given to institutions is only temporary and we would need to justify why our facilities should continue to provide service , through improved Quality of Service.

We need to critically input into:

- the standardisation of service tariffs
- hospital records management systems and control, to efficiently support billing and claims management. These are major challenges and key success factors.

Implementation lessons already indicate that schemes are saddled with huge unpaid provider claims with its concomitant legal and sustainability implications .As health Services Administrators, we need to position ourselves to face these challenges.

We would also need to efficiently manage our procurement systems to ensure regular availability of logistics in the right quantity and quality, at the right place and time and at affordable cost. We can no longer pass our inefficiencies on to the poor patient/client.

We seem to be given a lot of attention to the provision of Clinical services to the neglect of the support systems that would facilitate quality service delivery. Indeed the success of our health delivery effort would be seriously hampered if the support systems like transport, Medicines and Supplies, equipment, Human Resources and infrastructure are poorly managed.

The challenge is ours to ensure that the support systems are able to respond to the needs of our institutions and clients.

More importantly, we should endeavour to create the enabling environment for quality service delivery. Various client satisfaction surveys have ranked poor staff attitude as the leading factor in explaining the poor quality of services in health institutions. We have a responsibility to ensure that our members of staff are educated on:

- The Patients charter
- Code of ethics/conduct
- Administrative and disciplinary procedures and practices and
- Customer relations.

As Administrators we need to live above reproach, conduct ourselves professionally and become a rallying point for improved service provision.

Mr. Chairman, We wish to acknowledge Governments effort at replacing the controversial ADHA with improved salary levels for health personnel based on scientific evaluation of jobs. It is our conviction that Government will keep faith with Health Professionals and expedite action on the implementation of the modernised salary system dubbed The Agenda for change.

Permit me also, Mr Chairman, to acknowledge the support received from the Director General of the Ghana Health Service, The Chief Executives of the Teaching Hospitals and other heads of Departments and Agencies in releasing and funding their Administrators to attend this Conference.

I wish to place on record the support from the Institutional Care Division in the course of planning this programme and also the financial assistance the division provided. The financial supports received from Messrs are deeply appreciated.

I wish to mention in particular the role of the Northern Regional Health Directorate for accepting to host the Conference and ensuring the success of this Assembly. In the mist of our financial inadequacies, the Directorate accepted to pre-finance some of the expenditures until we sorted out the financial arrangements. My dear Regional Director please convey our heartfelt gratitude to the RHMT for the yeoman's work done.

But for the singleness of purpose and hard work of the Northern Regional caucus of the Association, this years Conference would have been a fiasco. Colleagues, accept our gratitude for the hard work. For all of you who have

diversely contributed to making this year's conference a reality, I say thank you for your support and keep the spirit.

Finally, Mr. Chairman, I may not meet most of the people herein gathered before the yuletide. I am therefore wishing every one of us an advanced Merry Christmas and a very prosperous New Year. To my Moslem colleagues I say Bareka de salla in advance of its celebration

Long live the Association of Health Services Administrators Ghana; long live Ghana the land of our birth.

May the Lord bless you and keep you, May His face shine upon you and guide you till we meet again.

Thank you.