

**SPEECH DELIVERED BY KWESI BOTWE, AT AHSAG 33<sup>RD</sup> ANNUAL CONFERENCE IN HO, VOLTA REGION**

Praise, Glory and Thanks go to the Most High for the gift of life, care and blessing bestowed on us this year. It is by His grace that we see one another today and may His name be praised. On behalf of the National Executive Committee of the association I welcome you all to this meeting.

It is heartwarming, Mr Chairman that we have been able to assemble here at an Annual Conference and continuing professional education session under the theme “Towards the Attainment of the Millennium Goals 4, 5 and 6: The Role of the Health Service Administrator”.

Mr. Chairman, the annual general meetings (AGMs) 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.

Allow me, Mr. Chairman, to also highlight one key area of concern, which borders on the review of the Ghana Health Service and the Teaching Hospitals Act (ACT 525 of 1996). Since the promulgation of the Act, there have been major implementation difficulties. Instead of the perceived efficiency in health delivery, the separation of MOH, GHS and teaching hospitals has succeeded in creating a power struggle between the Ministry of Health and the Ghana Health Service. Responsibilities seem to be unclear and issues of policy and implementation are mixed up, resulting in the current state of affairs.

The continuum of health delivery, which starts from the peripheral health facilities through the regional hospitals to the teaching hospitals has been interrupted and cut short at the Regional level under the Act. Relationship between the Ghana Health Service and Teaching Hospitals seems to be severed. While staff of the GHS and the Teaching Hospitals perform about the same duties and responsibilities, for instance patient care, the same cannot be said of their conditions of service. This has culminated in what has become known as GHS/teaching hospitals shift with a lot more staff wanting to join the teaching hospitals.

The association appreciates the effort being made by the MOH to review the Act so as to address the operational difficulties. In doing so, however, the association thought the MOH would have critically looked at the design of the divisions and the internal management structures at the MOH level, GHS headquarters, teaching and other hospitals. But this is not the case.

The association is of the view that the structures should respond more to organisation-wide interest or to the needs of the service delivery as a system rather than ideological concerns of some sectional interest. There was even an attempt to remove the HSA from the hospital management team, whether by design, omission or commission. The teaching hospitals should be part of the Ghana Health Service to ensure uninterrupted flow in service provision.

Mr Chairman, Ladies and Gentlemen, the theme for this year's conference, "Towards the Attainment of the Millennium Development Goals 4, 5 and 6: The Role of the Health Service Administrator", is apt and timely as we struggle to achieve the MDGs. The theme has been carefully chosen to offer participants the opportunity to examine their individual and collective roles in the attainment of the MDGs.

Before turning to the three health-related MDGs and the role of the health service administrators towards their achievement, I would like us to take a look at some indicators of the state of the Ghanaian health.

All the evidence shows that by the conventional measures of population health, there has been some improvement over the years. Child mortality figures, according to the 2008 Ghana Demographic Health Survey, have significantly decreased (by about 28%) after years of remaining stagnant. Infant mortality is now 50 deaths per 1000 live births compared to 66 deaths per 1000 live birth in 2003. Under five mortality rate has also declined substantially from 111 per 1,000 live births in 2003 to 80 per 1,000 in 2008. Ghana's maternal mortality ratio, according to 2007 the Ghana Maternal Health Survey has also shown downward trend from the 2005 WHO figure of 560 deaths to 451 deaths out of 100,000 live births. Female fertility is falling and the rate is now 4.0 children per woman compared to 6.4 children per woman in 1998.

Ghana has, to a greater extent, been successful in keeping under control the dreaded diseases of poliomyelitis and measles. Other childhood illnesses which are preventable by immunisation are also disappearing. The 2008 GDHS report showed that vaccination coverage had increased for children aged 12 to 23 months, although about two out of three children are still not receiving the full vaccination and there has also been only slightly improvement in the nutrition of babies. Even though HIV/AIDS pandemic continue to devastate families and communities, the country has been fortunate so far compared with others, in that HIV/AIDS has not wreaked the havoc that we see in some of the Sub-Saharan African countries.

There is a genuine cause for some satisfaction, although not something to be proud of, as there are still major problems to be addressed. First, despite the general improvement in the health outcome, the country is still far from reaching the MDGs 4, 5 and 6. Second, the aforementioned data refer to the averages for the Ghanaians as a whole and hide one of the major problems we have to face and that is 'the marked disparities and gross inequalities in the health outcomes of people between regions in the country. Regionally and across urban / rural divides, there are marked differences in maternal and child mortality. Mortality rates are generally significantly higher in rural than in urban areas.

Mr Chairman, I believe you will agree with me that this is one of the scandals of our time in which a mother in a rural area is twice more likely to die performing the natural function of giving birth than is her sister in urban centres. The question that I would like to pose this morning is what are we as a country doing to salvage this situation?

Mr Chairman, it is a fact that the Government has made an impressive effort over the years in introducing the NHIS to ensure equitable universal access to quality basic package of health services for all the citizens, especially the poor, without out of pocket payment. Permit me, however, to point out that while we praise the Government for the introduction of the NHIS as well as the free maternal healthcare, their benefit, particularly to the people in the rural communities depend to a larger extent on the effective availability and quality of services and other factors.

It is important to note that while most rural areas are far from health facilities, the few areas that are fortunate to be near or have basic health facilities face shortage of key personnel because the health professionals prefer living and working in urban areas where social amenities and professional opportunities are greater. For our brothers and sisters, particularly those in the rural areas, although they have higher needs of the health services and can afford the cost by virtue of their insurance coverage, the absence of key health professionals poses a limitation on the overall availability of services, and ultimately reduces the likelihood that needed services are used. Indeed, Mr Chairman, the insurance system will remain an empty shell particularly for our rural dwellers if health facilities and health personnel are not made available to provide services included in the benefits package.

Mr Chairman, I think everyone here will agree with me that our rural dwellers need equally good healthcare. We accordingly call on the MoH to put in place pragmatic measures to equip rural hospitals and health care facilities, particularly for safe obstetrical procedures. The ministry should also move beyond rhetoric and come out with sustainable incentive package to attract critical health professionals (doctors and midwives) to rural communities and particularly to the three northern regions. Without these measures, the country's dream of achieving the three health-related MDGs will remain a mirage.

Mr Chairman, as health services administrators, we face the challenge of managing health service delivery that is more efficient, equitable and financially sustainable in the light of the health reforms and growing demand to meet the three health-related MDGs. How do we position ourselves and our health institutions to respond to this challenge?

Your facilitators are very seasoned health professionals who will give you relevant, accurate and adequate information to equip you to face the challenge. It is my hope that participants would see the relevance of this continuous professional education and fully participate in the presentations to derive maximum benefits. I, therefore, urge all participants to comport themselves and get the best out of the scientific session.

Mr Chairman, we shall be electing new officers to take over from the current leadership. I, therefore would like to appeal to my colleagues to elect new officers who are capable, committed and have the association at heart, since the office demands a lot of sacrifices.

Mr. Chairman, Hon. Ministers, Distinguished Ladies and Gentlemen, I wish to recognise the support and sponsorship packages provided by the TB Control Programme, Haniza Company, Beautiful Creation, Metropolitan Health Insurance, the Ghana Health Service, Heads of BMCS and other Institutions.

My deep sense of appreciation goes to the regional director and staff of the Volta Regional Health Directorate and AHSAG caucus in the Volta Region for their organisational acumen and to the management and staff of the Chances Hotel for hosting us.

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 (Togbe) Chairman, I may not meet most of the people herein gathered before the yuletide. I therefore wish every one of us an advanced merry Christmas and a very prosperous New Year. To my Moslem colleagues, I say Barka da Salla in advance.

Thank you and God bless us all.