

**COMMUNIQUE ISSUED BY THE ASSOCIATION OF HEALTH SERVICE  
ADMINISTRATORS – GHANA (AHSAG) AT ITS 29<sup>TH</sup> ANNUAL GENERAL  
MEETING HELD FROM 21<sup>ST</sup> TO 26<sup>TH</sup> NOVEMBER 2005 AT  
GHANA INSTITUTE FOR LITERACY, LINGUISTIC AND  
BIBLE TRANSLATION (GILLBT) TRAINING CENTRE,  
TAMALE, NORTHERN REGION**

The Association of Health Service Administrators – Ghana (AHSAG) at its 29<sup>th</sup> Annual General Meeting held at GILLBT Training Centre in Tamale in the Northern Region from 21<sup>st</sup> to 26<sup>th</sup> November 2005 on the theme “Effective Management of the National Health Insurance Scheme at the facility level – The Role of Health Service Administrators” and having deliberated on related topical issues wishes to:

- Congratulate the Government for passing the National Health Insurance (NHI) Act 650 of 2003 and its Legislative Instrument, Regulation 1809 as a means to providing accessible health care.
- Recognize the timely constitution of the National Health Insurance Council (NHIC) to effect the implementation of the Law.
- Commend the government for appointing a Health Service Administrator as D.C.E. for Sawla – Tuna – Kalba District. We are sure that he will use his experience as a Health Administrator to help in the implementation of the N.H.I.S in the district.

The Association also takes notice that; the Act has come at an opportune time to help provide easy access to quality basic health care to residents in Ghana.

We however note with serious concern:

- (i) The continued implementation of the Exemption Policy for paupers, under five, aged, and free delivery serve as a disincentive for people to enrol into the Scheme.
- (ii) The politicisation and inadequate public sensitization of the Scheme.
- (iii) The undue delay in release of funds from N.H.I.C. District Wide Mutual Health Schemes to support payment of claims made on the schemes.
- (iv) The slow pace in recruiting new and contract staff into the Health Service which is attributed to delay in the issuance of Financial Clearance by Ministry of Finance and Economic Planning. There is ample evidence of large numbers of doctors, nurses, pharmacists, laboratory technicians/technologists, administrators, etc who have worked for more than one year without salaries. It is the candid opinion of the Association that if

this problem is not urgently resolved, the quest by the government to attract and retain Ghanaian health professionals cannot be realised and the brain – drain in the health sector will continue.

- (v) The envisaged high influx of clients into health facilities as a result of the implementation of the NHIS has serious implications for human resource, equipment and infrastructure in the Health Sector.
- (vi) The low involvement of some key stakeholders in the policy development, implementation and education of the Scheme has serious consequences for its sustenance.
- (vii) The continued unofficial exodus of health professionals to seek greener pastures in other countries.
- (viii) The delay in release of final price list for drugs and drug formulary and service charges for the N.H.I.S for Government, CHAG, Quasi – government and Private Health Providers.
- (ix) The apparent neglect of the private health providers and Quasi government health institutions in the N.H.I.S. which means that there will be serious pressure on the government health facilities.
- (x) The apparent lack of standardised/uniform claim forms for service providers to submit their claims for services provided to insured.

In the light of the afore-mentioned concerns, the Association hereby recommends the following:

- (i) The fusion of the Exemption funds into the National Health Insurance Fund (NHIF) to encourage more people to register for the Scheme.
- (ii) The de-politicisation of the Scheme and the adoption of a multi-pronged strategy to promote and correct the negative perceptions about the Scheme through the use of;
  - (a) The print and electronic media
  - (b) Information vans
  - (c) Establishment of registration centres at all health facilities, market places, churches/mosques, palaces, etc.
  - (d) Traditional rulers/opinion leaders
  - (e) National Commission for Civic Education (NCCE)
  - (f) MUSIGA, Actors Guild, etc.

- iii. The timely release of funds by the N.H.I.C. in respect of the various exempt groups and Social Security and National Insurance Trust (SSNIT) contributors to ensure continuity of service delivery and sustenance of the Scheme.
- iv. Urgent steps must be taken by the Ministry of Health, Ghana Health Service and the Ministry of Finance and Economic Planning to expedite action on the issuance of Financial Clearance to facilitate the recruitment of new and contract staff urgently required in the Health Service for the implementation of the scheme. The Ministries of Finance and Economic Planning should treat issuance of financial clearance to the MOH/GHS as a special case and act with dispatch.
- v. The need to rehabilitate and refurbish health facilities to enable them cope with the anticipated increase in service coverage.
- vi. The continued stay in office of D.C.Es/M.C.Es. should be tagged to the successful implementation of the N.H.I.S.
- vii. People who fail to register with the N.H.I.S. should be made to pay for the full cost of health care not the subsidised cost.
- viii. The N.H.I.C. should finalise and release the drug price list and drug formulary and service charges for all health institutions for the smooth implementation of the scheme.
- ix. The N.H.I.C. should take steps to rope in the N.H.I.S. private providers and quasi government health institutions as it is obvious that government institutions alone cannot provide the needed level of care to insured under the N.H.I.S.
- x. The N.H.I.C. should come up with standardised/uniform claim forms for the N.H.I.S. as a matter of agency.
- xi. The expansion of Health Training Institutions to train more health professionals and export them for foreign exchange to improve facilities in these training institutions to train more health professionals.

## **CONCLUSION**

It is the conviction of the Association that the key issues raised in this communiqué would be given the needed attention in order to realise the inherent advantages in the National Health Insurance Scheme (NHIS) and to provide quality healthcare to people living in Ghana.

**LONG LIVE AHSAG**  
**LONG LIVE GHANA HEALTH SERVICE**  
**LONG LIVE MINISTRY OF HEALTH AND**  
**LONG LIVE THE REPUBLIC OF GHANA.**