

**ADDRESS BY MR. K. ADDAI-DONKOH, PRESIDENT OF THE
ASSOCIATION OF HEALTH SERVICES ADMINISTRATORS (GHANA)
ON THE OCCASION OF THE SEMINAR/ANNUAL CONFERENCE OF
AHSAG FROM 10TH – 13TH DECEMBER, 2003 AT LAB SAB HOTEL, KSI.**

Mr. Chairman,

Honourable Regional Ministers

Director General, Ghana Health Service,

Regional Director of Health Services, Ashanti

The Chief Executive Officer, Komfo Anokye Teaching Hospital,

Heads of Ministries, Department and Agencies,

Members of the Regional Health Management Team,

Colleagues, Health Professionals,

Members of the Print and Electronic Media,

Distinguished Ladies and Gentlemen,

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 each other today and May

His name be praised.

Mr. Chairman,

Today marks a significant landmark in the annals of the Association, as this is the first time in our history. His Excellency the Vice President is gracing our conference with his presence. Your Excellency, we are very grateful for your presence. While welcoming you to this conference, permit me to draw your attention to some of the nagging issues that the separation of the Ghana Health Service from the Ministry of Health under Act 525 has brought in its wake.

Instead of the perceived efficiency in health delivery, the separation has succeeded in creating a power struggle between the two institutions of Ministry of Health and Ghana Health Service. Responsibilities seem to be unclear and the absence of a Legislative Instrument that will foster implementation has compounded the situation. Issues of policy and implementation are mixed up, resulting in the current state of quandary.

Mr. Chairman,

The continuum of the 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 Teaching Hospitals performs about the same duties and

responsibilities-to-wit- 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 call therefore is for the amendment of the Act to make the Teaching Hospitals part of the Ghana Health Service to ensure uninterrupted flow in service provision.

Mr. Chairman,

The Association wishes to add its voice to His Excellency the Vice President's call for increased discipline in the society. The carnage on our roads, lackadaisical attitude of Public/Civil servants, rampant cases of rape and defilement and armed robbery that have engulfed the very fabric of our society are the result of indiscipline. It is the hope of AHSAG that Government would put in place appropriate systems to check these social anathemas. Churches, the print and electronic media also have the responsibility of educating their congregation and the general public on the debilitating effects of these social cankers on the growth and development of our country.

Mr. Chairman,

The theme for this year's conference is "Quality of care – a prerequisite for a Sustainable Health Insurance Scheme. The conference could not have come on at any appropriate time than now when the Government has braved all odds to pass the National Health Insurance Law. Let me congratulate the Government of the New Patriotic Party for the bold decision to replace the cash and carry and replace it with a vibrant Health Insurance Scheme.

It is to be noted however that for the Health Insurance Scheme to be sustainable three pillars – namely – the patient, the provider (health facilities) and the purchaser (Health Insurance Companies) should function in harmony. As at now, patients abound in unlimited numbers. The scheme is in readiness to provide funding (pay for services) but the Human Resource to provide the services is unavailable.

Mr. Chairman,

A brief discourse on the human resource situation will explain the dimension of the problem.

Briefly let me attempt a comparison of the Doctor per 1000 population among five countries.

United States	-	2.3
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Australia	-	1.9
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Canada	-	1.8
United Kingdom	-	1.7
GHANA	-	0.08

The attrition rate among selected health professionals would also help explain the precarious manpower situation

Doctors	-	3.7%
Pharmacists	-	21.7%
Medical Laboratory Tech.	-	40%
General Nurses	-	4.9%
Midwives	-	4.1%

Reasons commonly assigned for the separation include:

- No security after retirement from active service
- Unclear career progression
- Perceived prestige of being a “been to “
- Proliferation of agencies facilitating the exportation of brains to the **North**
- Low staff morale occasioned by poor conditions of service

With this rather high attrition rate of staff, it is going to be difficult for the health sector to be able to respond to the health needs of the population.

Mr. Chairman,

Dr. Donabedian - a renowned Quality specialist defines Quality Assurance as “all arrangements and activities that are meant to safeguard, maintain and promote the quality of care”

Drs RMelas and Frenk, who have conducted extensive Quality Assurance work in Mexico defines it as “a systematic process for closing the gap between actual performance and the desirable outcomes. In effect, service provision should be geared towards meeting the expectations of our clients. All these have implications for human resources management. Thus for the health Insurance Scheme to be sustainable, there would be the need to address, as a matter of urgency, the high attrition rate of health professionals and institute measures that will attract and retain these professionals.

The Association therefore wishes to offer the following suggestions if the manpower drift is to be arrested.

- The existing training institutions should be expanded to increase their intake to respond to actual demand for health professionals.

- Existing staff should be redistributed to cover deprived areas of the country.
- Attractive incentive packages should be instituted for Health Professionals.
- Explore the possibility of managed migration. Train and export as in the Philippines. The Revenue derived from the export could be used to finance health training institutions.
- Introduction of bonding system with sponsorship from district Assemblies
- Withholding of certificates of graduates until they have served the period of the bond.
- Creation of in-country opportunities for health professionals to specialise and here, we commend the government for the introduction of the Postgraduate Medical College.
- Restructuring of training to enable direct intake into some courses such as medical assistants course, midwifery, etc

Mr. Chairman,

To the staff of the Ministry of Health and its agencies, the challenge is ours to closely look at how we have conducted business in the past years. The poor attitude of staff towards patients, under-table collections and unfriendly hospital/health facility environment should pose a challenge to the sustainability of the Health Insurance Scheme.

My dear colleague, the challenge is now ours. It is our responsibility as Administrators to ensure that Health Institutions we manage are able to respond to the demands of the people of Ghana. The untoward behaviour of our staff such as pilfering, over and under-invoicing that previously increased cost of services to the patient will no longer be countenanced. We accordingly need to work tirelessly towards ensuring that our institutions and the services they provide are client focused, quality driven, friendly and compare with best practices. It is only then that we can expect a sustainable National Health Insurance Scheme as accountability will be demanded from us by the Mutual Health Organisations.

Mr Chairman, distinguished ladies and Gentlemen, before I take my seat, I wish to express on behalf of the Association and on my own behalf our profound gratitude to the Director General for his support, Heads of BMCs for the sponsorship and to all who have made this seminar see the light of day. Special thanks to the Chief Executive of KATH, Regional Director of Health Services, Ashanti and to the AHSAG caucus at KATH for accepting to host the conference.

Thank you all for honouring our invitation.

May the Lord richly bless you all.