

2004 REPORT OF THE GENERAL SECRETARY OF AHSAG PRESENTED AT THE ANNUAL GENERAL MEETING OF THE ASSOCIATION HELD AT THE BUSUA BEACH HOTEL , NEAR TAKORADI ON 2ND DECEMBER,2004

INTRODUCTION

This report covers the period 8th January 2004 to date. It presents an overview of NEC's activities and how the Association in general fared during the period under review. The report highlights major concerns of the new NEC at the inception of its stewardship, achievements, the challenges and constraints and the way forward

ACKNOWLEDGEMENT

Colleagues, let us first of all give glory to God for seeing us the year successfully and without any adverse incident. Secondly, We salute all who in diverse ways contributed towards the successes we chalked, modest as they may be.

MAJOR CONCERNS

On assumption of office on 8th January,2004 at the Ridge Hospital, Accra the new NEC(elected at the December 2003 AGM in Kumasi) were confronted with:

- Strengthening the Organisation and Management of the Secretariat
- Improving AHSAG's financial standing

- HSAs Capacity Building including enhancing the training of student HSA and Housemen to sufficiently respond to the new challenges in health delivery and management.
- Influencing health policy development and implementation through action research and advocacy
- Enhancing the corporate image of AHSAG among others
- Improving the welfare of members

To address these concerns effectively we outlined our vision for the year in the 2004 Programme of Work(POW) at the maiden meeting on 8th January,2004. Copies of the POW were duly circulated to all RHSAs.

ACHIEVEMENTS

1. Organization and Management

a. Pending the completion of the secretariat, and the difficulty in securing suitable office space and equipment at the GHS Head Office, the Association's records are being re-organized in electronic versions with appropriate back-up systems. Accordingly, computer memory drives, quality floppy diskettes, audio and video tapes among others are being used. In short,a mobile secretariat is the way forward in the short to medium term. Hopefully, after this conference, the Secretariat shall procure a lab top computer for easy access to production,retrieval and confidentiality of its records.

b. In all seven(7) NEC meetings were held including 2 joint meetings with the RHSAs Group. Participation was commendable with fruitful deliberations. Follow –up actions on the whole were rated 85%. Meetings were rotated among regions of NEC members.

c. The Operational committees were re-activated with clear terms of reference. Except Mr. Kombien Kambarin who could not accept the chairmanship of the Marketing and Publicity on health grounds, all appointed members accepted the challenge. The chairmen were charged to submit their respective Programme of Work to NEC.

2. Improving AHSAG's Financial Standing

- a.** Efforts were made at securing sponsorship for AHSAG/IHF programmes though so far not successful e.g a study tour in Dubai and India.

Proposals are being developed by the secretariat for possible sponsorship from the GHS and sister Agencies for AHSAG to carry out studies on the provider-payment mechanism of the Health Insurance Scheme. Currently, there is not a concrete cost basis for providers to negotiate meaningfully with the schemes. By our training background and role in the service, we are best placed to lead action in this critical area of health financing. A second proposal for DANIDA's technical support on training of HSAs on the Insurance is similarly on course. The Vice President is expected to use CHAG's business relationship with DANIDA to market the proposal for necessary funding.

- b.** We explored the Investment market leading to the re-investing of treasury bills and bank balances into financial securities with relatively very high rates of return. The Treasurer's Financial report shall provide necessary details.

- c.** The Treasurer in particular was very aggressive in getting members to make good their outstanding obligations towards the Association namely, membership dues, project levies, pledges etc by personal contact and written reminders

- d.** We continued to couch conference themes around topical issues of priority to the Service/MOH in order to secure adequate funding for our annual workshops. Appeal for Funds was also launched this year with quite a few positive responses like Vicdoris, etc.

3. Capacity Building

a. The 2004 annual workshop for HSAs on Public Procurement Management has successfully come off. Two student/ practitioners fora were held at the School of Administration on “Job prospects for HSAs” and “ Problems of Human Resource Management in the Health sector”. The housemen training manual was also updated and enriched with requirements for meeting the current challenges in health delivery and management.

b. The possibility of alternative HSA training Programme(s) at GIMPA is also being explored

It is our expectation that training programmes other than the annual workshop shall be organized by NEC for HSAs in the year 2005. More practitioners for a for student HSAs shall similarly be organized.

4. Influencing Health Policy development and Implementation

a. The dream of Institutionalizing the RHSA Group materialized this year with the formation meeting coming off successfully in Koforidua, sponsored by the Eastern Regional Health Directorate. The strategic objectives of the Group includes :

1. To discuss critical policy issues and make necessary representation for policy planning decisions of the Ghana Health Service/Ministry of Health.
2. To complement the work of the National Executive council of AHSAG
3. To focus the professional development of Health Service Administrators in the Regions to be sufficiently responsive to the demands of changes in the health sector.
4. To promote effective partnership with other technical Health professional groupings such as the Medical Superintendents and DDHS etc.

b. Messrs Lucio G. Dery, Augustine Yaw Boamah, Yahaya Khasum, K. Addai Donkor, Ibrahim Issah and Martin Ankomah were key players in the development of GHS Policy document on the

management structures, hospital Operational Policies and Referral Guidelines and formats at the instance of the Institutional Care Directorate of the GHS.

c. The President made radio appearances on the ADHA and public sector procurement,

d. The General Secretary issued a press statement in reaction to the nurses' strike action on the ADHA calling for team approach to demands for improved conditions of service and government tackling health workers' incentive issues holistically and equitably(reference pg. 26 of 7th October 2004 of the Daily Graphic.

5. Enhancing the corporate image of AHSAG

a. I am happy to announce that the Association is a paid up member of both the IHF and GIM having paid 847 euros and ø500,000 retention fees respectively.

b. A fraternal congratulatory message in the form of a framed citation and signed by the President was issued to the Director General, Prof. A.B. Akosa on his election as President of the Commonwealth Medical Association. This was presented at the send off party held at the ALISA hotel, Accra in honour of Mrs. Victoria Dako, Director, HASS who retired compulsorily in November 2004. I wish to commend Mr. Julius Kuusaalesuo for flagging the radio news item and suggesting the idea to NEC. Such is one way non-NEC members can contribute actively towards moving AHSAG forward.

c. Our Honorable President keenly contested and won the high position of Director, Stores & Supplies and Drug Management. He is therefore the incumbent Director with effect from 1st June 2004.

d. Mr. Emmanuel Tidakbi, head, Estate Management Unit of the HASS Directorate is also the incumbent acting Director, HASS.Senior colleagues have applied to contest for the substantive position of the Directorate including Mr. Tidakbi.

e. Work on AHSAG's website and print souvenirs and Registrar General' s certificate of professional body registration advanced during the year. The PRO's report has the details.

6. Secretariat/Hostel Project

Work advanced from substructure (foundation) at the beginning of the year to roofing level as of the time of this conference. The aggressive pace of NEC was however retarded by the intrusion of land guards and the subsequent legal suit as well as the failure of members to pay up their project levies and other financial commitments. Details on these and securing of necessary land title documents are presented per the Project Committee chairman's report.

7. Welfare Of Members

NEC endeavoured to make appearance at all social ceremonies of members brought to its notice and met the constitutional obligations thereon, throughout the year. NEC particularly commends the eastern caucus for making organized appearances at all such ceremonies. NEC also stretched beyond the immediate welfare needs to the post-retirement security of members. To this end, arrangements are far advanced for plots of land to be acquired for HSAs only. The Welfare Officer's report presents the details.

Compulsory Retirement-
Mrs. Victoria Dako
Mr. Amakye Lartey
Mr. S. A Akrong
Ms. Carol Kwami

PROBLEMS, CHALLENGES AND CONSTRAINTS

1. Passive Attitude of Members

a .Several indicators point to this die-hard attitude of members including non-payment of financial commitments towards the Association, failure to respond to NEC' circulars and assignment(e.g the 2004 pre-conference regional press programme which ended only in the eastern region after NEC's press interviews in Accra referred to above), most regional branches not holding meetings, dormancy of

Sector branches, failure to sustain AHSAG's Journal ("The Health Service Manager") with articles, failure to communicate ideas to NEC and voluntarily participate in activities that move the Association forward.

NEC tried to address this through the careful selection and appointment of the membership of NEC's Operational committees, the rotation of meeting venues among regions of NEC member for an added opportunity to conduct peer review of colleagues in the regions as well as NEC membership.

b. Ethics: Though we are happy about the absence of adverse public incident(s) against AHSAG in the year, we have four cases of moral and professional misconducts reported up to the regional levels in two regions. It is expected that the Ethics and Disciplinary committee will meet colleagues concerned with their respective RHSAs to address the problem(s) to safeguard AHSAG's good image.

2. Funding

a. NEC is still grappling with strategies to effectively mop up un-paid internal revenues of AHSAG. It is expected that colleagues still in arrears would pay up before departure from this conference as the names of members of good standing are billed to be published soonest possible after the conference.

b. Financial sustainability of the Association through externally funded research and training proposals has not been effectively explored yet. The Association has not only found funding of the secretariat project cash trapped but also unable so far to participate in any of the IHF's essential programmes including study tours, workshops and its business sessions.

3. Enriching the Quality of Training of HSAs

The HSA Unit of the School of Administration continues to be lecturer fatigued. There are no alternative programmes in other reputable Institutions like GIMPA.

4. Organisation & Management of the Secretariat

- a. The secretariat still has no identifiable borrowed office space at the Head Office; Efforts at securing a spare filing cabinet did not materialize; handing over/taking over processes of NEC portfolios also needs to be streamlined whereby outgoing officers hand over well organized files and appropriate handing over notes to the incoming officers latest, at the first NEC meeting after the elections.
- b. The new Secretariat could not take over the 2003 conference report and the minutes of the business session on account of poor co-ordination of secretarial duties leading to loss of drafts for collation of the said vital records of the Association.
- c. The Membership register remains incomplete due to the low response rate of individuals and regions to the completion and return of the registration forms to the Secretariat.

5. Orientation of Housemen

The maiden formal orientation session for Housemen is yet to be organized. The programme is expected to introduce them to the management structures of the MOH/GHS and basic administrative procedures, the challenges and constraints among others. This should serve as initial preparation essential for a purposeful housemanship programme.

End of Internship reports are also not submitted by RHSAs to the secretariat on their respective house officers. This provides a basis for the appointment, posting and career development planning of the officer. The problem here is the commitment on the part of the trainers and perhaps the absence of an appropriate uniform assessment format.

6. Induction of Newly Qualified HSAs

This annual event sometimes fail to come off at AGMs because it was not well planned as an integral part of the business session. RHSAs are usually expected to forward to the secretariat names of House officers in their region for the programme to be planned.

7. The Health Service Manager

The perennial problem of colleagues not cultivating the writing habit has stalled the progress of a key pride of AHSAG. The journal stopped at its second issue disseminated at the Sunyani conference.

WAY FORWARD

- 1.** The 2005 POW shall consolidate the achievements of 2004 outlined above and sharpen the strategies for dealing with the problems, challenges and constraints.
- 2.** Operational committee chairmen shall submit their respective programme of work not later than 15th February 2005 and attend all NEC meetings with written implementation progress reports.
- 3.** The RHSAs Group shall be formally inaugurated with a clear programme of work pursuant of its objectives. At least, two joint meetings with NEC (in the first and third quarters of 2005) shall be held to plan and evaluate the POWs and finalise preparation for the AGM
- 4.** The association shall carry out at least one topical research during the year for the dual purpose of policy development and implementation and for expanding its funding base.
 - 5.** The implementation pace of the Secretariat project/ hostel project shall be accelerated through decentralized collection of non-mechanised dues, building levies by NEC members. Return on financial investments made shall be channeled into the project to shorten its completion period as far as practicable and secure returns on the investment.
 - 6.** We shall also explore any possibility of media houses's sponsoring some of our media activities.
- 6.** The peer review approach to dealing with ethics, disciplinary and professional performance problems shall be practically applied in 2005.

7. We shall explore further the possibility of an alternative programme in Health Service Management at GIMPA to complement the School of Administration programme.

8. The POW shall map out strategies to strengthen national Directorates headed by HSAs to promote the corporate image of the Association and professional excellence in health delivery and management.

CONCLUSION

The year 2004 though had its share of the perennial challenges and constraints, the Association chalked some modest achievements. In 2005 and the years ahead, better achievements are expected through expansion in the funding base of the association, greater participation of RHSAs Group and NECs operational committees in the implementation of the POW.

Once again, NEC commends all who in diverse ways made sacrifices to take the Association forward. We however passionately appeal to the rest to make little time off their schedules to show practical interest in AHSAG activities.

On behalf NEC, the secretariat and on my own behalf I salute you all and wish you MERRY X-MAS, a HAPPY and PROSPEROUS NEW YEAR.

THANK YOU !1