

AHSAG

PROCEEDINGS OF 2007 ANNUAL CONFERENCE

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FORWARD AND ACKNOWLEDGEMENT

This publication is designed to cover the proceedings of the 2007 Annual Conference of the Association of Health Services Administrators, Ghana (AHSAG) and it serves as a reference document for members as well as non-members who would want to know more about the activities of the Association.

As an annual event, AHSAG's Conference of 2007 was organized to take stock of its activities, re-appraise itself and to forge ahead with new initiatives. The three-day event which represented the 31st Annual Conference of AHSAG took place at the New Capital View Hotel, Koforidua in the Eastern Region from the 16th to 19th December 2007. The three-day event was organized under the theme: *'50 Years of Health Service Administration and Management in Ghana: Achievements, Challenges and Prospects'*.

This theme was chosen in view of the changing environment of health care delivery in Ghana which has since independence undergone fundamental and far-reaching changes that has impacted on professionals providing these services. These changes reflect broader socio-economic, technological and public policy initiatives.

Hospital Administration is becoming more complex and focusing on cost, access and quality considerations. There is also the challenging of integrating health professionals in a manner that assures high quality and cost effective services.

In the light of this, it was necessary for the Association to take a retrospective look at its achievements, the dynamics of the present, the likely direction and impact of those forces in the future, and responses required.

The report is structured along the major sessions held at the conference and is divided into the following chapters:

- ◆ Chapter One: Addresses delivered at the Opening Ceremony.
 - ◆ Chapter Two: Presentations made during the Scientific Session.
 - ◆ Chapter Three: General Secretary's Report, Dinner Dance and Swearing In Ceremony
 - ◆ Chapter Four: Communiqué issued at the end of the Conference
- Appendix: Photographs at the conference.

Note of Thanks

The Association wishes to express its appreciation to the following whose presence and contributions enriched the programme:

- ◆ Professor Emeritus Daasebre Oti Boateng, Omanhene of New Juabeng Traditional Area for chairing the opening ceremony.
- ◆ Hon. Kwadwo Afram Asiedu, -Regional Minister for Host Region

- ◆ Dr. Elias Sory – Director General, GHS for delivering the keynote address at the opening ceremony
- ◆ Dr. Ebenezer Appiah Denkyira, - Eastern Regional Director of Health Services
- ◆ Representatives of various Professional Associations who graced the opening ceremony.
- ◆ Rev. Emmanuel Ackon – Member GHS Council; a facilitator at the scientific session
- ◆ Mr. Addai Donkoh – Director, SSDM; a facilitator at the scientific session
- ◆ Mrs. Victoria Dako – Retired Director, HASS and a Founding Member of AHSAG; a facilitator at the scientific session
- ◆ The Eastern Regional Health Service Administrators Group – Organizers of the Conference

We also wish to express our profound gratitude to all members of AHSAG who attended the conference in their numbers to make the event a very successful one. We are sure that with dedicated efforts of the members, the Association will not only maintain its reputation but will reach new heights as an Association for excellence and importance in the health sector.

Last but not the least; we wish to thank all members of National Executive Committee (NEC), AHSAG for their immense contributions towards the development of this report

The President, AHSAG

CHAPTER ONE

OPENING CEREMONY

1.1 Introduction

The opening ceremony was chaired by Professor Emeritus Daasebre Oti Boateng, the Omanhene of the New Juabeng Traditional Area. Also at the ceremony were the Eastern Regional Minister (Hon. Kwadwo Afram Asiedu), the Director General of Ghana Health Service (Dr. Elias Sory), the Eastern Regional Director of Health Services (Dr. Ebenezer Appiah Denkyira) and the Medical Director of Koforidua Regional Hospital (Dr. Apolri).

Various solidarity messages were delivered by other Professional Associations in the health sector including Health Accounting Staff Association of Ghana (HASSAG), Ghana Association of Biomedical Scientists (GABMS), Ghana Nurse Anaesthetist Association (GNAA), Ghana Association of Quasi Government Health Institutions (GAQHI), Christian Health Association of Ghana (CHAG) and the Health Service Worker's Union (HSWU).

Cultural troops and the Koforidua Regional Health Administration Choir entertained the gathering.

This chapter provides the full text of the various addresses and fraternal messages delivered during the ceremony.

1.2 Welcome Address by the Eastern Regional Director of Health Services

*Nana Chairman,
The Hon. Eastern Regional Minister,
Director General, Ghana Health Service,
The President, Association of Health Service Administrators, Ghana,
Senior Health Professionals,
Members of the Association of Health Service Administrators, Ghana,
The Press,
Distinguished Ladies and Gentlemen*

It is a privilege and an honour for us to host this year's conference of the Association of Health Service Administrators, Ghana AHSAG. The Eastern Region is the *fourth* largest administrative region of the Republic of Ghana with 17 districts and 2,418,872 people (2000 Population and Housing census).

The Region has 21 hospitals, 53 health centres, 65 private clinics, 109 RCH centres and four Nursing Training Schools. The doctor/population and nurse/population ratios are 1:17,656 and 1: 1,186 respectively which compare favorably with national averages. Staff attrition rate as at June 2007 was 2.18% up from 1.7% largely attributable to transfers out of the region.

Nana Chairman, all the districts and good proportion of our hospitals are headed by qualified managers. To continuously develop and improve on the capacity of our managers, a week long leadership and management training for 80 core managers from all our facilities was held in 2006 with adjunct facilitators from the Ghana Institute of Public Administration and Management (GIMPA). The impact of the training on managers has been tremendous.

Nana Chairman, the Eastern Region can boast of having been the first to have had all its districts benefiting from the National Health Insurance Scheme (NHIS) as far back as August 2005. As at the end of the 3rd quarter of 2007, 50% of the population had enrolled on the NHIS region wide, with some districts like New Juaben recording as high as 70%. We are determined to achieve the national annual target of 55% by the close of the year.

I must admit however, that there are teething problems with the implementation of the scheme in the region, especially with the issuance of identity cards to registered members, as well as in the management of claims. Serious efforts are being made to address these problems to ensure that the NHIS programme gain firmer roots in the region.

Malaria, Nana Chairman, continues to be the leading cause of morbidity in the region, accounting for 37.5% of out patient attendance. Moreover, we still have fairly high maternal and under five mortality rates and we have fully embraced the High Impact Rapid Delivery (HIRD) programme to reduce these rates. It is also worrying to note that the region's HIV/AIDS sero prevalence rate is 4.6%, the highest in the country. It is in this regard that I wish to sound a note of caution to all of us gathered here as senior health professionals to thread with caution as we enjoy all the good things that come from the east. Remember to apply the ABC concept of HIV/AIDS control; that is Abstain, Be faithful or Condom use. Other emerging diseases such as diabetes, buruli ulcer, and Cardio Vascular Attack, which now leads the mortality chart also constitute a bane on the region's healthcare delivery budget.

Nana Chairman, I am happy to note that the region's collaborative links with other state institutions has been remarkable. I must particularly pay glowing tribute to some District Assemblies such as Kwaebibrem, West Akim, Akwapem South, etc for their determined support to health care delivery in their respective districts.

Hospitals, Districts, Sub-districts and training schools, Nana Chairman, are monitored biannually with a checklist in the region and a league table generated for awards annually. This does not only spur up competition, but is also a learning process as institutions are monitored by their peers. Performance agreements have been instituted for heads of facilities to ensure desired performance all year round.

Nana Chairman, distinguished guests, some challenging issues which confront health administration and management in the region and I urge participants to consider in their deliberations include the following:

- Strengthening the administrative capacity of the District Health Administration as envisaged by Act 525 of 1996.
- Quality of care management including staff attitude
- Measuring and improving productivity of staff at all levels of the healthcare delivery

The Region has some tourists' attractions including the Boti falls, Aburi Botanical Gardens, the Big tree in Oda, and many more and I urge participants to take advantage of them whilst here. The people are hospitable and welcoming and you would not have any problem locating any place you wish to visit.

Nana Chairman, on behalf, of the Regional Health Directorate, health workers and the entire people of the

Region, I welcome you to the Eastern Region of the Republic of Ghana. I also take this opportunity to wish you fruitful deliberations, Happy Christmas and a prosperous strike-free New Year.

Thank you.

1.3 Address by AHSAG President

*Nana Chairman, Professor
Emeritus Daasebre Oti Boateng,
Omanhene of the New Juabeng
Traditional Area,
Hon. Regional Minister, Eastern
Region,
Director General, Ghana Health
Service,
Regional Director of Health
Services, Eastern Region,
Invited Guests
Colleagues,
Members of the Press,
Ladies and Gentlemen*

Once again we are meeting as a family to retrospectively appraise our performance and chart a new course as we take an in-depth assessment of our role over the last 50 years. I on behalf of the NEC welcome you all to this meeting.

It is always gratifying when we meet at a bigger forum like this to share ideas and best practices that impact positively on our output and consequently the health of the people of Ghana.

Nana Chairman, the past year was full of many opportunities and challenges. On the positive side, training and developing young Administrators to meet current challenges in the health sector was seen as paramount. Consequently, for the first time in many years, some young Administrators as a group benefited from a training workshop organized by the Directorate of HASS in conjunction with the NEC on 'Administrative Procedures' in

Kumasi. Due to inadequate funding, we could not cover as many Administrators as we would have wished. Nonetheless the Directorate intends to organize another session for those who could not benefit.

Nana Chairman, one of the highlights of the year was the grand installation of the Deputy Director - Administration for Central Region, Mr. Owusu Boampong as the Nifahene of the Ofinso Traditional Area with the stool name Nana Kwaku Dua II. Members of the National Executive Council were at Ofinso to support and grace the occasion.

As a first step to foster collaboration with our sister association in the United States of America, Mr. Brobbey Mpiani, Deputy Director – Administration at the Headquarters was sponsored by General Electric to participate in the conference of the American Association of Health Services Administrators. We hope that the GHS/MOH will secure sponsorship for more Administrators to participate in such sister conferences in future. The American Association of Health Services Administrators has also expressed the desire to participate in our conferences in future if they are invited.

On the flip side, Nana Chairman the Association was plunged into one of its darkest moments when one of its promising members was grotesquely murdered by the people of Atronie in the Brong Ahafo Region, on Easter Sunday. The Association received the news with great shock and the spontaneous reaction from NEC coupled with the massive attendance at the funeral demonstrated

the love members had for the late Hon. Yeboah Boateng. Your participation and contributions at the funeral was overwhelming and indeed unprecedented.

Nana chairman, one of the most pertinent issues that is having a negative impact on young Administrators in their quest to give off their best on the job after their internship is the delay in formally appointing them. Some of our junior colleagues have worked for the past 2 years and yet have not had their names mechanized even though they are working as full time Administrators in hospitals.

The situation where the Health Services Administrator who has been trained solely for the health sector as a manager is put in the category of general paramedical staff who are trained not for the health sector specific but for the entire labour market needs to be looked at again and the Health Services Administrator placed in his rightful place.

Again, it takes the blend of the clinical and non-clinical staff to manage a hospital and therefore the apparent discrimination against non-clinical staff when recruitments are made should be carefully examined to reflect the realities on the ground.

Nana Chairman, the theme for this year's conference is '50 years of Health Administration and Management in Ghana; Achievements, Challenges and Prospects'. I hope you will all agree with me that the role and contribution of the Health Services Administrators in the delivery of health services from pre- and post-independence as well as contemporary times cannot be overemphasized.

Health Administration and Management especially in our hospitals has undergone

tremendous changes from the era of one man Doctor/Administrator through the Doctor and Matron/Administrator to the era of the Tripartite Committee comprising the Doctor, the Matron and the Hospital Secretary as he was then known. In fact since the days of the Hospital Secretary, he has been in-charge of the day-to-day administration of the hospital and in the performance of his job; most decisions had to be consented to by his boss, the Medical Superintendent.

Nana Chairman, the Health Services Administrator of today is a highly skilled and well motivated health professional who does not only administer but also helps in the development and shaping of policies at the level at which he finds himself. Indeed a well skilled and qualified Administrator is an indispensable asset to his organisation.

The contemporary Health Services Administrator should be able to provide leadership to manage his office in a manner that will move the hospital or his office from a state of inertia to a state of bounty using the scarce resources at his disposal. He should be seen to be fair, compassionate, disciplined and firm. He should be able to motivate his staff and exact the best from them.

While this is the case, Nana Chairman, I must admit that not all of us are living up to the expectation. How many of us, for instance, go on round to inspect the facilities in our institutions? It is not uncommon to find cobwebs in the corners of most hospital wards. Yet there are Orderlies who have been paid to clean our facilities to ensure that quality standards are maintained. Supervision generally has been relaxed and we need to sit up. The increasing workload, coupled with the shortage of staff and the need to improvise at certain times in our hospitals call for creativity and innovation to stand up to the challenges.

As I always jokingly say, “You don’t need foreign exchange to remove a cobweb”. We should not be seen as armchair Administrators but as Administrators who have absolute control of whatever goes on in our organisations. I implore you to eschew selfishness, graft and corrupt practices as well as get-rich-quick attitude which would eventually send you to the Public Accounts Committee of Parliament. In deed, issues of transparency, accountability, responsibility and sound management should be our guiding principles.

Nana Chairman, permit me to touch on a looming reality which Administrators in the hospitals would have to face in the not too distant future. At the last conference I implored all Administrators especially those in the hospitals to lend their unflinching support to the National Health Insurance Scheme which is one of the good things ever to happen to Ghanaians. The time has come for Hospital Managers to apply themselves diligently to the management of their Health Insurance Funds in the face of dwindling government subvention to hospital. Our ability to prudently manage our internally generated funds (IGF) and our ability to inspire confidence in our patients would measure, to a large extent, our efficiency and competitiveness in the business of providing health care.

I wish, Nana Chairman, to emphasize the need for Health Services Administrators to continue seeking knowledge by exploring the use of Information, Communication and Technology in the day-to-day running of their hospitals and offices especially with the increasing workload associated with the NHIS. In this way, we will be able to contribute effectively toward the vision of moving the country into the middle-income status by 2015.

Nana Chairman, Ladies and Gentlemen, let me conclude by stating that we shall be electing new officers to take over from the current leadership. I 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. I wish to thank you all for the support you gave me during my tenure and hope that the same support would be given to the new officers who would be elected.

Colleagues, as we endear ourselves to these aforementioned issues at this conference, I will urge you to comport yourselves and listen attentively to our facilitators so that at the end of the conference we would have enriched our knowledge and experience

Nana Chairman, our meeting has been made possible by the support and contributions of the Director General of Ghana Health Service, Anest Printing Press, the Eastern Regional Director of Health Services and his able lieutenants and of course, the Management and Staff of New Capital View Hotel for accepting to host us. We really appreciate their contributions and wish to extend our appreciation to them.

Once again, I wish to thank our Chairman, Daasebre Oti Boateng, the Eastern Regional Minister, Hon. Kwadwo Afram Asiedu, the Director General, GHS, Dr. Elias Sory, the Eastern Regional Health Director and his team, the press and all invited guests for honouring our invitation and gracing the conference.

Thank you and May God bless us all.

1.4 Highlights of Director General's Keynote Address

The Director General's keynote address focused on unifying the workforce in the health sector. He called on the health workers to remain united and portray the same spirit of unity in their day-to-day operations at the work place. The exhibition of such unity, he said, will facilitate the effort of the Service to achieve excellent performance in the health sector.

The Director General (DG) pointed out differences and petty rivalries among the various health professional groups puts impediments in the path of progress of health service delivery in the country. Hence his major priority will be to provide an enabling environment for unity to prevail among the workforce so that the Service can move forward. He explained that it be impossible to achieve excellent performance without a unified workforce.

Dr. Sory commended the leadership of the Health Workers Group for bringing the professional associations in health under one umbrella. He called on the leadership of the Ghana Medical Association (GMA) to join the HWG for the growth of the health sector. He urged all the various professional associations to try to bury any differences within their ranks and unite under one banner for the progress of the health sector.

Commenting on the fraternal messages delivered, he noted that almost all the messages underscored the importance of

keeping the flame of team work spirit burning in the health service delivery. This, according to him underscored the importance of teamwork and the need to cherish it. He called on all health workers to develop and maintain a team approach to ensure effective service delivery to the people of Ghana.

On agitations in the health sector he cautioned health workers to be moderate in their demands and always look beyond the health sector. He explained that health workers belong not only to the health sector but the larger economy and as they push towards getting more, other sectors in the system would also suffer. He called for a concerted effort on the part of health workers to ensure efficiency in their operations and make savings as an alternative way of generating money to support health service delivery. He emphasized the need for health workers to justify the recent pay increase by working hard to increase productivity and improving on the fallen quality of care in the public health sector.

He cautioned Health Services Administrators to be disciplined. He made reference to the Association's code of ethics as outlined in-- 'About AHSAG' and said 'if Administrators discharge their duties diligently and relate to their code of ethics and standards, they would be contributing to the development of the health sector and the country as a whole'. He further challenged Health Services Administrators not to do anything that would put the Association

and the Service in general into disrepute.

Dr. Sory asked Administrators to be conversant with the various laws guiding the operations of the Service. He mentioned specifically the Public Procurement Act, the National Health Insurance Act, the Financial Administration Act and the Internal Audit Act. 'This is an area that I want you the Administrators to be at the forefront and make sure the laws are fully operationalized at the health institutions', said the DG. He tasked Administrators not to relent in their effort in playing supervisory role in the support services.

The DG in conclusion outlined some challenges that the Service sought to deal with as:

- Developing plans to implement the health sector policy

1.5 Fraternal Messages from the Sister Associations

1.5.1 Message from the Health Service Workers Union (HSWU)

The Health Services Workers Union of Ghana TUC is grateful to the Association of Health Services Administrator, Ghana for the invitation to attend this important conference in Koforidua. The theme 'Fifty Years of Health Service Administration and Management in Ghana – Achievements, Challenges and Prospects' of your conference is appropriate taking into consideration the changes taking place in the health sector and the challenges

- Incorporating private sector in the service delivery
- Unifying the workforce in the Service

He noted that in the evolution of the service, it had grown from being a 'one-man-show' and the era where a Medical Officer was the pivot to the present state where there is a shared responsibility in managing the affairs of health service delivery. He underscored this by referring to the varying academic and professional qualifications held by staff where as in times past the Doctors was the mostly highly trained. He noted that the appreciation of these changing trends would minimize bickering and internal strife among health professional groups when it comes to salary negotiation and hence reduce the rampant industrial actions in the health sector.

The DG thanked the rank and file of the Association for making him a part of the Conference.

facing health services administration in Ghana.

Colleagues, you have paid your dues in several ways as Health Services Administrators to our country Ghana. Fifty years of health services administration is no mean achievement.

We have a dream and our dream is that you will continue to represent the conscience of all health workers.

We would also like to add that it would not be in the overall interest of health workers to have a divided front. As you

are aware, ‘in unity lies strength’. I would therefore encourage you all to forge ahead in unity with our Union which already has a collective bargaining certificate to enable us ensure higher productivity, industrial peace and equal pay for work of equal value and harmony within the health sector and ultimately sustain national development and progress. Many multi-national companies are merging to enable them operate effectively and why not workers who are the weaker group among the social partners? We therefore plead that we continue to operate together to enable us address our concerns and grievances.

To enable you and our Union members understand fully the opportunities and challenges enshrined in the Labour Act, Act 651 of 2003, there is the need for us to be educated on our rights and responsibilities under the labour law.

Colleagues, although we acknowledge the fact that there are still inequities in the current public sector pay structure, we wish to admonish you all to let social dialogue be your cardinal principle. Notwithstanding the fact that we have reservations about the pay structure, we have to continuously remember that health delivery is team work. We therefore have to continue to work together as a team to provide quality service of which we are noted for – to our clients who are increasing day by day, thanks to the National Health Insurance Scheme.

Nana Chairman, to end, it is our hope that by the time you conclude your deliberations you would have addressed your core goals of the conference which include:

- To take stock of the concept of health management and administration in Ghana since independence;

- Appraise the challenges and subsequently outline the prospects of health service management in Ghana; and
- Reflect inwardly on the ethics of health services administration.

We wish you a successful conference and a fruitful deliberation. God bless you and may your future be worthy of your dreams. Thank you.

1.5.2 Message from the Medical Superintendents Group

Nana Chairman, Daasebre Prof. Emeritus Oti Boateng, the Regional Minister, Hon. Kwadwo Affram Asiedu, the Director General of GHS, Dr. Elias Sory, the Eastern Regional Director of GHS, the President of AHSAG, Ladies and Gentlemen, the Medical Superintendent acknowledge the immense contributions of members of AHSAG towards the smooth running of the health facilities, the District and Regional Directorates, the Headquarters of GHS, and indeed the nation as a whole.

We also acknowledge the bond of friendship between our two Associations and wish that this bond will grow from strength to strength.

It is in this direction that the Medical Superintendents extend their well wishes to you at this year’s conference with the theme “50 years of Health Services Administration and management; Achievements, Challenges and Prospects”.

We wish you well in your deliberations and pray that the Good Lord will be with you during your deliberations and guide you safely back to your work stations. Thank you.

1.5.3 Message from the Biomedical Scientist Association

Nana Chairman, Hon. Regional Minister, Director General of Ghana Health Service, Regional Director of Health Services, all dignitaries and invited guests, on behalf of Ghana Association of Biomedical Scientists (GABMS) I say Ayekoo to our Health Services Administrators for their annual conference.

1.5.4 Message from Ghana Association of Quasi-Government Health Institutions (GAQHI)

Nana Chairman, Dignitaries, President of AHSAG, Invited Guests, Colleagues, Ladies and Gentlemen, all other protocol observed; About five years ago, a group at a seminar organized by the Ministry of Health (MOH) mooted the idea to bring together all health facilities outside the main stream MOH, GHS, and CHAG to highlight the complimentary role these facilities play in making healthcare available to all Ghanaians. Most of these belong to institutions whose core business is not health. On April 19, 2007, fourteen institutions signed the constitution to form a new group called Ghana Association of Quasi-Government Health Institutions (GAQHI).

The interim executive of GAQHI is under the Chairmanship of Dr. Aseidu of Bob Freeman Hospital. The three other executive members are myself Kwasi Aniagyei of VRA Hospital, Moses Abnory of University Hospital, Cape Coast, and Peter Boateng of GHAPOHA Hospital, Takoradi.

GAQHI has so far acquired an office space in the old Ghana Medical Association (GMA) block. The

This year of Ghana's Golden Jubilee has been very challenging for the health sector. The theme chosen is very crucial and we hope that our colleagues deliberate on all the issues outlined in their programme to achieve quality of health care for the country. We wish to appeal to all health workers to build a common united front, for united we stand divided we fall.

We wish you a successful conference. May God bless you. Thank you.

Association has organized workshops on quality of care for member institutions. In the future we wish to collaborate with GHS, CHAG, and other stakeholders to bring quality health care to the doorsteps of every Ghanaian.

GAQHI wishes AHSAG a fruitful deliberation. AHSAG must grow from to strength to strength. On behalf of GAQHI I wish all participants Merry Christmas and a Happy New Year.

1.5.5 Message from Health Accounting Staff Association of Ghana (HASAG)

Nana Chairman, Hon Reg. Minister, Director General, Reg. Dir. of Health Services, Ladies and Gentlemen, all protocol observed, it is with much pleasure and privilege for me to be with you on the occasion of your 2007 Annual Conference. On behalf of members of HASAG, I wish you successful celebration on the occasion of your 31st Annual Conference.

You would all recall, Nana Chairman, that 2006 and most parts of 2007 witnessed industrial unrest in the Health Sector that nearly crippled health service delivery in this country. Nana Chairman, it is on this note that HASAG wishes to appeal to all health workers to unite and

work as a team in the best interest of the Ghanaian who bears the pain any time there is strike in the health sector.

Ladies and Gentlemen, let us try to forget about what ever happened, bury our differences and move forward so as to enable us achieve the “ New paradigm of Health” championed by Hon Minister of Health.

Nana chairman, Ladies and Gentlemen, it is based on this that your chosen theme

“50 years of Health Services Administration and Management in Ghana Achievement, Challenges and Prospects” is in the right direction. Let us reflect seriously on the theme and other events in the past 50 years, accept the challenges and our mistakes and move the Service forward.

I therefore wish you fruitful deliberations.

Long live AHSAG, Long live GHANA.

CHAPTER TWO

SCIENTIFIC SESSION

2.1 Introduction

One of the highlights of the conference was presentations made on various topics relating to the theme. Three topics were presented and discussed during the Scientific Session. These included:

- Overview of Health Administration and Management in Ghana by Rev. E.K. Ackon, Former Director of Medical Services, Ashanti Gold Ltd and Member of Ghana Health Service Council
- Challenges and Prospects of Health Administration and Management in Ghana by Mrs Victoria Dako, Former Director of Health Administration and Support Services Division, Ghana Health Service
- Ethics of the practice of Health Administration and Management in Ghana, an inner reflection by Mr. Addae Donkoh, Director, Stores, Supply and Drug Management Division of Ghana Health Service

2.2 “Overview of Health Administration and Management in Ghana” by Rev. E. K. Ackon

The presentation covered the following areas:

- Historical background of Health Administration and Management
- Decentralization of Health Services
- Restructuring of the Health System
- Problems of Health Administration and Management

Historical Background of health Administration and Management

The Presenter traced the development of health administration and management from the pre-independence era to post independence. He recounted that administrative centres were established in the larger towns following the establishment of British administration in the southern part of Gold Coast in the last quarter of the last century which became capitals of administrative districts. Small hospitals, often not more

than 20 to 30 beds were constructed to cater for the health needs of the Civil Servants posted.

Doctors and their supporting staff mainly nurses, dispensers and occasionally clerks were posted to man the hospitals. Health administration and management was therefore left in the hands of the doctors who performed the roles of Medical superintendents, Hospital Administrators and Accountants. When the British administration expanded to cover the whole country in 1900 similar developments began in the then Ashanti and Northern territories.

These developments, according to Rev. Ackon, accelerated so rapidly that by the end of 1929 a skeleton of the hospital system, as we now know it, had come into existence. The health system was administrated centrally by a Medical Department headed by a Director of Medical Services, a Deputy Director and Assistant Director responsible for the colony, Ashanti and the Northern territories respectively. The Medical

Department was part of the Civil Service. The Health Services Administrators, then known as Hospital Secretaries were late in coming to the health scene this explains why they had to wrestle some of the administrative powers from the doctors when they appeared on the scene after Ghana's independence in 1957.

It was further explained that through the centralized administration system, it was possible for the hospitals to obtain all items both drugs and non-drugs from the Medical stores in Accra. Korle Bu, Komfo Anokye and Effia Nkwanta Hospitals were the only hospitals that provided full day meals to patients particularly in the 1930s and 60s. The rest of the local hospitals provided only breakfast to the patients. Consequently, very little expenditure was incurred at the local hospitals. Postings of Hospital Secretaries (Administrators) to the hospitals were based on old age and the length of service. It was not based on their managerial capabilities.

Some of the problems associated with the central administrative were:

- As the medical service expanded rapidly and administration of the service became complex
- The system of relying on the centre for the provision of every resource created some problems.
- Even after Independence, the existing structures were not modified.
- The doctors in charge of health facilities lacked the necessary administrative skills to handle the complex health system.

Decentralization of Health Services

It was not until 1972 that the Government made an attempt to decentralize the health service activities to the districts. Although in principle

structures were put in place to decentralize the health system, in reality health policies were still formulated at the centre without the involvement of the people at the local level. From 1972 – 1993 the health service had three (3) levels of management namely the National, the Regional and District levels.

The Ministry of Health was organized into a number of technical and support divisions. Technical programmes were managed by five programme divisions which were:

- Epidemiology
- Maternal and Child Health/Family planning
- Nutrition
- Medical Care and
- Environmental Sanitation.

And nine support divisions namely:

- Health education
- Planning and Budgeting (Health services administrators were pillars in this division)
- Manpower Development and Training
- Health Laboratory Services
- Blood Transfusion Services
- X- Ray Services
- Common Services (general services)
- Nursing and
- Supplies and Stores.

Restructuring of the Health System

The main aim of the restructuring according to the Presenter, was to facilitate decentralized planning and management of health care which aimed at giving more functional authority to the District Health Administrations to plan and implement their own plans within the framework of the national plan.

The constitution of the 4th Republic of Ghana also made provision for the creation of a National Health Service. There was therefore the need to reorganize and strengthen the Ministry so as to create a platform from which the National Health Service could take off.

The restructuring was needed at the time because the Ministry of Health was weak and fragmented and roles and responsibilities between technical and administrative staff were confused leading to duplication and competition between centrally managed vertical programmes leading to wastage in vital resources and inefficiency. Standards were not defined and performance was not monitored and the relationship between the hospitals and the rest of the health sector was unclear.

Participants were taken through the Ghana Health Service and Teaching Hospital Act 1996 (Act 525). It identified some of the strengths of the new service as:

- Greater managerial flexibility
- Decentralized BMCs permits districts to allocate and manage their resources
- Services Integrated;-allowing composite planning and budgeting
- Largest provider of public health care with a network of close to 15,000 facilities

Weaknesses identified included:

- Poor leadership, management and administration
- Existing institutional and organizational arrangements do not promote efficiency
- Lack of shared common vision across all levels,
- Weak governance in setting the agenda and providing direction by senior managers to lead, mentor, and guide staff

- Ineffective communication with poor feedback
 - Poor staff attitude and compliance to directives.
- ommission

Problems of Health Administration

It was noted that almost in all cases, Medical Administrators are in charge of hospitals and other sectors of the Health Service while Non-Medicals Administrators provide administrative support. The presenter noted that the Ghana Health Service and Teaching Hospitals Act (Act 525) of 1996 strengthened the position of doctors as in charges of the hospitals.

Dwelling on the administration and management problems of health services, Rev. Ackon mentioned that:

- Administration of hospitals in Ghana has not been taken seriously enough by health officials.
- Most hospitals are inadequately managed resulting in wastage of vital resources.
- People are appointed to run the hospitals on the basis of seniority and medical competence rather than managerial capabilities.
- Decisions taken are not based on any scientific principles of management because some of the health officials appointed to run the hospitals lack the necessary managerial skills.
- Crisis management is the order of the day in some hospitals.
- Doctors put in charge of the hospitals prefer to give the best part of their time to clinical work.
- Doctors are most often not around and do not have enough time to weigh the costs and benefits of their decisions.

Problems of hospital administration which resulted from behavioral lapses on

the part of Health Service Administrators were:

- Refusal to stay at post
- Clamour for money, alcohol and sexual vices had affected the image of some administrators
- Lack of self confidence had rendered some administrators as messengers
- Non adherence to laws, regulations, and code of ethics has ruined the careers of some administrators.

On the way forward, Participants were urged to upgrade their skills and The presentation centred on:

- The historical background of Health Administration in Ghana
- Challenges of Health Administration and Management in Ghana
- Prospects of Health Administration & Management in Ghana

Historical Background of Health Administration in Ghana

This aspect of the presentation focused mainly the post independence era and the issues that culminated in the training of Health Service Administrator a position which was the preserve of Doctors and Hospital matrons then referred to as ‘sisters’

According to the presentation, Health Administration in Ghana was part of President Nkrumah’s dream to enhance healthcare delivery in the country to free doctors to do their clinical duties. To this end, students were sponsored to undergo training in health service management in the United Kingdom. This training went on till the University of Ghana established a faculty in health service management.

knowledge since the field of health service administration is relatively new in the health scene in Ghana, it is the duty of the professionally trained administrators to rise up to the task and fill the leadership vacuum.

2.3 “Challenges & Prospects of Health Administration and Management in Ghana” by Mrs. Victoria Dako, Rtd. Director of HASS, GHS

The Challenges of Health Administration and Management in Ghana

It was noted that challenges faced by these Administrators then known as ‘Hospital Secretaries’ included

- Lack of recognition by doctors who hitherto were undertaking the task of Health Services Administrators.
- In-fighting between UK-trained administrators and the locally trained colleagues regarding superiority and depth of knowledge.
- And later resistance to change of designation from Hospital Secretaries to Health Service Administrators
- Role conflict between the administrative class of the Civil Service and the professional Health Service Administrators when the grade was accepted with relatively better remuneration.
- Finally, delay in promotion due to limited establishment.

Presently challenges faced by Health Service Administrators include:

- The usurpation of the role of Administrators persists in healthcare facilities.

- The issue of “non-Administrators” in healthcare facilities that hitherto did not have professional HSA
- Adherence to the status quo by some managers in the health sector

Resource constraints

- Budgetary constraints as against increasing demand for quality of care
- There is the need to make choices or prioritize resources, e.g. transport, estates and capital projects
- Human resource constraints
 - *Inadequate support staff for administration especially middle level staff*
 - *Medico-legal issues*
 - *Most HSAs end up mundane things and end up having no time for effective planning*

Professional Standards

- Failure of some colleagues to live up to expectation
- Non-adherence to professional ethics
- Lack of post-qualification training / orientation and even where these exist, most people do not put into practice what they have been taught
- Misconduct of some colleagues thereby putting the name of the profession into disrepute

Motivation

- The work of the HSA is very stressful
- Lack of recognition leads to demotivation

2.3 Ethics of Health Service Administration in Ghana: An Inner Reflection by Mr. K. Addai-Donkoh

The outline of the presentation:

- Introduction
- Ethics and Morality

- In most cases Administrators do not get any credit for any good work but bear the brunt for any mishap in the system.

Prospects of Health Administration & Management in Ghana

The speaker touched on some advantages that the job has over others in both the health and Civil Service as:

- *Training and exposure puts the Administrator in the better position to oversee the health delivery system in an objective way*
- *Health Services Administrators are capable of heading most Directorates of the Service*

This puts an onus on practitioners to put in a lot of effort in their assigned duties and put up an impeccable moral lifestyle. It also requires team work and team building at the work place which will ultimately make a positive impact and help one to gain the needed recognition

In conclusion, the presenter outlined opportunities in both the private and public sectors that members could take advantage of provided one was up to one's task.

- Ethical Inventory
- Basic Moral Orientations
- Core Values of GHS
- Inner Reflection

Introduction

The need for ethics was derived from the realization that moral concerns are unavoidable in life. According to the Presenter, morality in a lot of ways is like nutrition which impacts on moral health but this has assumed a significant dimension in the face of the President's zero tolerance for corruption, liberalization of the media, and the passage of whistle Blower and Right to information law.

Ethics and Morality

Morality was defined as a set of beliefs and practices about how to live a good life and most definitions of the word is characterized by terms such as: DUTY, OBLIGATION, RIGHT, and GOOD. Many philosophers have argued that the moral point of view is characterized by impartiality, making the "public good" the preferred choice since the basis of moral life is in compassion and fellow feeling. One such philosopher quoted was Josiah Royce who wrote "Such as that is for me, so is it for him, nothing less." Moral obligations therefore to some are universally binding.

Ethics on the other hand was defined as "order, conscious reflection on the adequacy of our moral beliefs". It was seen as a study of morality's effect on conduct. Ethics is given as the basic concepts and fundamental principles of human conduct which includes the study of universal values such as the essential equality of all men, natural rights, and obedience of the law of the land among others. He further stated that the goal of ethical reflection is moral health. Sections of the Ten Commandments as found in the bible were mentioned to buttress these points.

Ethical Inventory

On this, participants' attention was drawn to the following:

- What is right or wrong depends on, or is determined by culture.
- Ultimately, there is ONE and only ONE true standard of moral evaluation that applies to everyone, everywhere and at all times
- We determine what is right or wrong for ourselves only. Therefore no one has the right to judge another person's character or actions
- It is futile and misguided to search for the final answer to ethical questions
- In moral life the truth is not singular or unitary. There are many truths, sometimes partial and sometimes conflicting.
- What is right or wrong depends and is based on God's moral standards stated in the various sacred religious texts.
- There is only one true religion
- All major religions make an important contribution to our sense of right or wrong.
- If God does not exist, then there is no solid foundation for our moral values
- Sacred religious texts offer us moral guidance only if they are interpreted as literal truth
- Regardless of what people say, everyone is ultimately just out for himself or herself.
- Anyone who believes they are acting solely for the benefit of another person is simply deceiving himself or herself
- Human beings are not really free but are the product of their genetic make up; family upbringing, social environment and cultural context.

Basic Moral Orientations

The nine basic moral orientations which form the basis for moral decisions were identified as:

- a) Divine Command Theories
 - Being good is equivalent to doing whatever the sacred text or source of revelation tells you to do. Thus for Christians, what is right equals what God tells them to do.
- b) Ethical Egoism
 - The only person to look out for is you – Also called the ethics of selfishness.
- c) Ethics of Conscience
 - Conscience tells us what is right or wrong.
 - Often has a religious source.
 - May be founded on a notion of human nature.
 - Is often negative in character, telling us what is not right.
- d) Ethics of Duty
 - Conviction that ethics is about doing what is right, about doing your duty.
 - Duty may be determined by
 - a. Reason – Do what any rational agent should do.
 - b. Professional role – Duty of Care as a professional.
 - c. Social role – A parent's duty to care for his or her children.
- e) The Ethics of Rights
 - The most influential moral notion.
 - Established minimal conditions of human decency.
- f) The Ethics of Respect
 - Human interactions should be governed by rules of respect where respect is culturally defined.
- g) The Ethics of Utilitarianism
 - Seeks to make the world a better place, reduce suffering and increase pleasure or happiness and demands a high degree of self – sacrifice.
- h) The Ethics of Justice
 - Begins early in the family with fairness to all family members.
 - What is fair for one should be fair for all.
 - Treating people equally may not mean treating them the same.
- i) The Ethics of Virtue (Developed by Plato and Aristotle)
 - Seeks to develop individual character.
 - Assumes good persons will make good decisions.
 - Lateral to the Jesuit tradition – the spiritual exercises.
 - Provides a way of integrating all the theories.

Core Values of GHS

Mr. Addai Donkoh's presentation drew participants' attention to the following core values of Ghana health service:

- Care – provision of quality care to all clients.
- Excellence – striving to perform better (Performance improvement).
- People – The workforce as most important asset.
- Professionalism – skills development is indispensable.
- Teamwork – together everybody achieves more.
- Empowerment – empowering the people to take responsibility for their own health.
- Compassion – demonstrate compassion in the process of care.
- Commitment – giving the best of one-self in providing quality of care at all times.

This was seen to be in tandem with the Code of Ethics of AHSAG which spells out the conduct members. Among other things the code of ethics emphasizes integrity, loyalty, fairness and support for each other.

Conclusion

The presentation ended with a demand for all Administrators to be morally responsible; echoing the Golden Rule as expounded in Luke 10, verses 25-27.

CHAPTER THREE

BUSINESS SESSION

3.1 Introduction

The business session serves as a forum where activities pertaining to the welfare of members and the running of the association are discussed. This enables the Association to take stock of its activities, reappraise itself and to forge ahead with new initiatives. This chapter presents the general secretary's report for 2006 which gives highlights of the association's achievements, the challenges, and the way forward.

3.2 General Secretary's Report for 2007

3.2.1 Major Concerns as Basis for Preparation and Implementation of 2007 Programme of Work

- i. Improving management and administration
- ii. Improving financial resources of the association
- iii. Strengthening public relations and improving professional image of the association
- iv. Strengthening continuing education of members
- v. Construction of the secretariat project
- vi. Sustaining welfare packages and establishing closer links with members

3.2.1.1 Organization and Management of AHSAG

The NEC prepared a POW for implementation. The NEC held its meetings at Ridge Hospital, Accra. Decisions for implementation were taken at these meetings and issues that needed to be communicated to the Deputy

Directors of Administration (DDAs) were accordingly done.

Until we finish with the construction of our secretariat project, NEC members will continue to operate from their various offices. This makes running the secretariat very difficult.

I wish to acknowledge the contribution of members at Ridge Hospital who continue to provide NEC with free conference room, snacks and lunch for all our meetings held there. We are most grateful.

3.2.1.2 Improving Financial Resources of the Association

Colleagues, as you should be aware, the only source of funding the activities of our association is by membership subscription. It is however unfortunate that a good number of us do not pay the dues.

We may assign reasons for not paying the dues but whatever it is, you would agree with me that non-payment of dues shows non-commitment on the part of the members concerned. It is important for us to understand that those who are not in good standing are not recognized as members of the Association. Each one is therefore expected to pay his or her dues to continue to be recognized as part of the Association.

The treasurer will give details of our finances including the 2006 conference held in Cape Coast.

3.2.1.3 Strengthening Public Relation and Improving Professional Image of the Association

The association continues to be a paid-up member of the International Hospital Federation and the Ghana Institute of Management. The association's website www.ahsag.org is being developed. The PRO will talk more on the development of our website.

We have still not been able to come out with the Health Service Manager, our Newsletter. I wish to suggest that we reconstitute the editorial board for the newsletter and charge them to come out with an edition within the first quarter of 2008. We urge all members to send articles to the editorial board to enable the board publish the newsletter.

Our members continue to contribute to major policy issues in the Ministry. In collaboration with other health professionals, some of our senior colleagues have been part of teams to develop operational manuals for the MOH and the GHS. The PRO's report will give details about PR activities carried out.

3.2.1.4 Strengthening Continuing Education of Members

The 2006 seminar on the new health policy came off successfully at Cape Coast. During the year, a workshop in Administration and Management was also organized for our younger colleagues to improve upon their knowledge and skills.

Senior colleagues continue to train housemen for posting to the various institutions. Unfortunately, housemanship training has not been as effective as expected in recent years. The housemanship period is to help the would-be HSA to have practical experience of the job. It is possible that

housemen are in a hurry to be posted out and so do not take their time to learn or our senior colleagues, who are the trainers, do not have enough time for these housemen and so they are not exposed to a lot of things that the houseman is expected to go through. We urge all housemen and their trainers to take the housemanship very serious.

We urge all DDAs (RHAs) and DOAs (KBTH, KATH) to submit reports on all housemen in their region/institution who complete their housemanship training, highlighting areas of weakness so that top-ups can be organized before they attend interviews. It is a dent on the association as a professional body if our members perform poorly on the job.

3.2.1.5 Construction of Secretariat Project

Construction of the office block of the secretariat of the association had to be suspended during the year due to lack of funds. Unfortunately, no member paid the project levy of GH¢50. Let us discuss and increase yearly the project levy to about GH¢200. I must commend Mr. Yahyah Khasem for his commitment and untiring effort in supervising the project up to this stage.

The block has been roofed, all plumbing lines fixed, all electrical piping completed, plastering has been completed and suck away for kitchen and cesspit tank for washrooms completed. However, we are yet to fix doors and windows, tile the floors, fix the ceiling, fix electrical and plumbing fittings, paint and furnish. We urge members to visit the project site. Mr. Yahyah Khasem will provide any necessary details on the project.

3.2.1.6 Welfare of Members

Sadly, we recorded 2 deaths during the year, Messrs Gabriel Adu and Anthony

Yeboah Boateng. We commend members for the attendance and voluntary contributions. May we observe a minute silence in their memory. Members were mobilized to mourn with those who lost relations

The NEC continues to pay approved welfare benefit to members. We urge members to endeavour to attend such functions. We also urge members to inform the secretariat on time so that the information can be communicated to all members.

Negotiation for the new salaries for health professionals was beset with a lot of problems. Gladly, a new salary level has been paid. We urge members to exercise restraint if there are still few issues to resolve. The PRO will provide any other necessary details on the new salary scheme.

With regard to the building plots for members, NEC was not satisfied with the performance of the agent who was negotiating the land for the Association. Consequently, the idea has been abandoned. Any member who has paid money into the account of the association in respect of the plots of land should contact the Treasurer with the pay in slip for a refund.

3.2.2 Challenges

3.2.2.1 Commitment of Members

The issue of members' commitment to the activities of the association remains the biggest challenge facing the Association. Some of us do not pay our dues. Some of us do not attend our annual general meetings whilst others have never attended any social function of the association. The link between DDAs/DOAs and NEC is very weak and needs to be improved upon.

3.2.2.2 Funding

The association is in a precarious financial position as a lot of the members are not paying their dues which is the only source of funding the activities of the Association. We urge all members to source for sponsorship for the association, especially for the construction of the secretariat project. Without adequate funding, we will not be able to finish with the construction of the block.

3.2.2.3 Training and Posting of Housemen

Housemen training has not been as effective as is expected. We urge all trainers and trainees to take the housemanship training very serious. Trainers should have time for trainees and trainees should humble themselves to be trained. They should not be in a hurry to catch up with their senior colleagues for their time will definitely come.

Both trainers and trainees should use the housemanship training manual as guide in the housemanship training and we urge all DDAs and DOAs to submit reports on all housemen on their suitability for appointment.

Another area of concern is the posting of very junior colleagues to relatively bigger facilities whilst their senior colleagues are posted to or allowed to remain in relatively smaller facilities. Traditionally, newly qualified members are posted to smaller facilities and as they gain experience over the years, they are posted to bigger facilities. Let us spend some time to discuss this new development.

3.2.2.4 Lack of Permanent Secretariat

The association still lacks permanent secretariat. Members of the Executive

Committee continue to operate from their various offices. The association's documents are therefore kept in various offices at the headquarters of the GHS.

3.2.2.6 The Health Service Manager

Our newsletter could not be published due to the inactivity of the editorial board and lack of articles from members. We urge all members to submit articles for publication in the newsletter.

3.2.2.7 Delay in Appointment of Newly Qualified Members

We are still grappling with the long time it takes to get our newly qualified members employed. Is it not possible to post our newly qualified members as soon as they complete their housemanship and a satisfactory report is submitted on them before they are formally issued with appointment letters? Does the HRDD submit names of newly qualified members to the Ministry of Finance for financial clearance at all? We urge D/HASS to liaise with D/HRD on how best to shorten the length of time it takes to get newly qualified members employed.

3.2.3 Way Forward

3.2.3.1 Membership

We need to strengthen our membership. We need to formally admit members into the association. Prospective members should be made to formally apply to be admitted into the association. Their applications should be vetted and approved after which they should be formally inducted into the association. In this way we shall be sure that disciplined members are being admitted into the association. We must also orientate all newly admitted members into the association and the profession with emphasis on ethics, integrity, moral uprightness and respect for seniority.

3.2.3.2 Completion of the Secretariat Project

Completion of the office block of the secretariat project will go a long way to enhance management and administration of the association. The NEC will continue to look for funds to complete the project.

3.2.3.3 Strengthening RHSAs + DOAs + HQ Group

It is important to strengthen the link between the DDAs/DOAs and the NEC. I suggest that all DDAs and DOAs should be invited to attend NEC meetings at least once every quarter. All DDAs and DOAs should strengthen the association in their regions by organizing members in their regions.

3.2.3.4 Operational Committees

All operational committees of the association as specified in the constitution should be reactivated in 2008. We urge members who will be nominated to show commitment and accept to serve on these committees.

3.2.4 Conclusion

We have come a long way and a long way do we have to go. We must be a united, disciplined, formidable and respected association. We have reached where we are today because some individuals (members) made hard sacrifices for us to enjoy today the fruits of their labour. It is our turn now to make sacrifices and sustain the association for posterity.

The NEC commends all who in diverse ways made sacrifices to move the association forward. We make passionate appeal to all members to show commitment towards the affairs of the association.

On behalf of NEC and on my own behalf, I wish you all Merry X'mas,

Happy and a prosperous new year in advance.

Thank you.

3.3 Dinner Dance and Swearing-in Ceremony

The conference at the last day was climaxed with a dinner dance and swearing-in ceremony. The dinner dance ceremony was chaired by Dr. Aporli, the Medical Director of Koforidua Regional Hospital while the swearing in of the new executive members was performed by Mr. Augustine Yaw Boamah, the immediate past president of AHSAG.

Addressing members at the swearing in ceremony, Mr. Boamah noted that the new executive includes former executive members and therefore urged the executive to tap the experience of those who have been re-elected. He also pledged his support to the new executives.

Mr. Bernard Botwe, the newly elected president of AHSAG, lauded the old executives for their commitment and hard work to project the image of the Association during the tenure of their office. He also thanked members of the Association for the confidence they have had in them in voting them into office.

Outlining his plans for the Association, Mr. Botwe said he would lead the Association to embark on revenue mobilization drive to raise revenue to finance the Association activities. He stated that one area that he would look at is sourcing of consultancy services by the Association as an alternative means of raising funds for the Association. This, he said, is to enable the Association address issues of funding,

completion of the Secretariat Project as well as re-launch its newsletter, 'The Health Service Manager'.

AHSAG has no permanent secretariat and the construction of its office block which is at an advanced stage of completion has stalled due to financial difficulties. Again the Association has not been able to carry out its planned activities because of its inability to raise funds to finance the activities. This is why Mr. Botwe deemed it prudent and necessary for the Association to offer consultancy services as a means of raising funds into the Association's coffers to complete its office blocks and finance the rest of its activities.

The constitution of AHSAG requires elected executive members to hold office for two years after which a re-election is held at the Annual General Meeting to elect another set of executive members into office for a fresh two year term. The term of office for the executives who were elected into office in 2006 expired at the end of 2007. Consequently, an election was held at the conference for new executives to be elected for another two year term (i.e from 2008 to 2009). The new executive members who were elected are indicated in the table below

No	Position	Name/Rank/Institution
i.	President	Mr. Bernard Kwasi Botwe; Deputy Chief Health Services Administrators, Wenchi Methodist Hospital
ii.	Vice President	Mr. Peter Boateng; Hospital Administrator, Ghana Port & Harbour (GHAPOHA) Hospital, Secondi-Takoradi
iii.	General Secretary	Ms. Rita Acquah; Senior Health Service Administrator, Sunyani Municipal Hospital
iv.	Deputy Gen. Secretary	Mr. Micah Asare Bediako; Principal Health Services Administrator, Effia Nkwanta Hospital, Secondi-Takoradi
v.	Financial Secretary	Mr. Alexander Kwaku Kyei; Senior Health Service Administrator, Komfo Anokye Teaching Hospital, Kumasi
vi.	Treasurer	Mrs. Theresah Sekoh; Health Services Administrator, Achimota Hospital, Accra
vii.	Public Relation Officer	Mr. Martin Ankomah; Senior Health Services Administrator, Health Administration and Support Services (HASS) Division, Ghana Health Service
viii.	Welfare Officer	Mr. Alex Ofori Mensah; General Manager, Alpha Medical Centre, Medina, Accra
ix.	Executive Member	Mr. Thomas Mensah; General Manager, Presby Health Services, Agogo, Ashanti-Akyem
x.	Executive Member	Nana Kwaku Dua II; Deputy Director (Admin), Central Regional Health Administration, Cape Coast

CHAPTER FOUR

COMMUNIQUE

The Association, at the end of the conference, issued a communiqué and this is presented in this chapter.

Preamble

The AHSAG at its 31st Annual General Meeting held at the Koforidua New Capital View Hotel in the Eastern Region from 16th -19th December, 2007 on the theme: “*50 Years of Health Service Administration and Management in Ghana; Achievements, Challenges and Prospects*” and having deliberated on related topical issues adopted the following communiqué.

1. Development of Managerial Competencies

The health sector is a dynamic and complex industry. With the expansion of services, enlightenment of clientele of their rights and responsibilities as enshrined in the Patient Charter, increased utilization of service as a consequence of the National Health Insurance Scheme, and under funding, management of the health sector has become more challenging.

Health Managers therefore need to continually develop their managerial competences and skills to adequately cope with these challenges.

We therefore call on the Ministry of Health to commit the necessary funding for staff training and development.

2. Strengthening District Health Directorates

The Association notes with concern the weaknesses in the District Health

Management system due to the absence of certain key Health Professionals notably Pharmacists and Health Services Administrators at the District Health Directorates.

To improve the management capacity at that level we recommend the appointment of District Pharmacists and District Health Service Administrators to all District Health Directorates in the country.

In the light of the afore mentioned concern, we urgently appeal to the Ministry of Health as well as Ministry of Finance and Economic Planning to **hasten** the appointment of these and other health professionals to give practical meaning to the decentralisation process.

3. Improvement in Health Sector Salaries

The Association wishes to commend the Government of Ghana for improving the health sector salaries. We appeal to all health workers to reciprocate the improvement with increased productivity and better attitude towards work.

While commending government, we appeal that any existing relativity problems be addressed expeditiously.

Again, mindful of the fact that improvement in salaries alone cannot bring about increased productivity, we appeal to government to improve upon the availability of other health inputs.

4. Unified workforce in Industrial Relations

The Association considers as worrisome the current situation where Medical Doctors in the public sector on the one side and all other health workers (*Health Workers Group*) on the other side appear to be pitched against each other in negotiating for better conditions of service.

We therefore recommend a unified workforce to promote better industrial relation and minimize the rampant industrial unrest in the health sector.

5. Operational Challenges in the National Health Insurance Scheme

The Association further notes with concern certain key challenges that can negate the gains in the NHIS if not properly managed. Notable among these challenges are:

- i. The undue delay in reimbursement by the schemes to the service providers;

- ii. Delay in issuing membership cards to registrants; and
- iii. Fraudulent practices by some providers and schemes.

The Association urgently appeals to the National Health Insurance Authority to play a leading role in addressing these problems.

6. Amendment of the Act 525 of 1996

It is the conviction of the Association that the current Ghana Health Service and Teaching Hospitals Act, Act 525 of 1996 does not promote a continuum of health care delivery in the country in the sense that the Teaching Hospitals are not part of the Ghana Health service. This situation has created and continues to create unhealthy rivalry between the Teaching Hospitals and the Ghana Health Service.

The Ministry's decision to promote a unitary health service in the country is commendable and should therefore be pursued relentlessly.

