

CHAPTER THREE COMMUNIQUE



COMMUNIQUÉ ISSUED AT THE END OF THE 36TH ANNUAL GENERAL CONFERENCE OF THE ASSOCIATION OF HEALTH SERVICE ADMINISTRATORS, GHANA HELD FROM 10TH-13TH OCTOBER, 2012 AT WA POLYTECHNIC IN THE UPPER WEST REGION

Preamble

We, the Association of Health Services Administrators, Ghana (AHSAG), met at Wa Polytechnic for our 36th Annual General Conference and Continuing Professional Education Programme from 10th-13th October, 2012 under the theme: ***'Towards the Attainment of the Millennium Development Goals 4 & 5 - the Role of Health Services Administrator.*** The following are our comments and decisions from the meeting:

Millennium Development Goals (MDGs) 4 and 5

We are particularly delighted to note that the MDGs have been mainstreamed into various medium-term national development policy frameworks such as the Ghana Poverty Reduction Strategy (GPRS I, 2003-2005), the Growth and Poverty Reduction (GPRS II, 2006-2009) and the Ghana Shared Growth and Development Agenda (GSDA, 2010 -2013). The implementation of these policy interventions is progressively impacting on the reduction of poverty and the attainment of most of the health related MDGs in Ghana especially reducing child mortality and combating HIV/AIDS, TB and Malaria.

Indeed, the 2010 Ghana MDG Report has given strong indication that Ghana has made significant progress in the attainment of the most of the MDGs. However, there are still concerns about the slow pace of progress in bringing down the maternal and child mortality ratios.

Against this background, we recognize the unique responsibility imposed on Health Services Administrators to mobilize additional resources and effectively co-ordinate health programmes and activities of all stakeholders to achieve the desired health outcomes in Ghana, particularly MDGs 4 and 5. We commit to take all necessary steps to support the implementation of the

Ghana Action Plan developed based on the MDG Acceleration Framework (MAF) as the blueprint to guide our actions and efforts towards improving maternal health.

The Association also calls on the Government and the entire nation to stand-up to the challenge and give a final push towards achieving the 2015 MDG 4 & 5 target. This calls for doing things differently to eliminate the so-called 3Ds that cause maternal and child mortality, that is, delay in accessing healthcare; delay in attending to emergency maternal cases by health workers; and delay in obtaining the right complement or dosage of prescribed medication and non-medical consumables from both providers and patients.

Community Participation

The collective involvement of local people is a key ingredient to sustain and improve health especially maternal and child health. In areas where significant progress has been achieved in the MDGs 4 and 5, it has been observed that there has been active community initiative and involvement. We therefore urge Government to undertake the mobilization of the Ghanaian society as a matter of priority and provide the needed leadership and resources to tackle maternal and child mortality head-on to the extent that the death of one child or mother would be one death too many. This must be a national vision. In doing this, the focus must be to strive continuously to improve the indicators of the other MDGs to the point where they no longer pose a challenge to Ghana as a nation.

Improving Access and Quality

AHSAG recognizes the growing disparities in health outcomes between urban and rural dwellers. This has arisen largely because rural dwellers lack access to care. We, however, commend Government for making access to quality healthcare a top priority on the national health agenda. It is our conviction that access to quality healthcare is key to eliminate disparities and improve the quality of life for all Ghanaians.

We further commend the Honourable Minister for Health for providing effective leadership for the health sector since his assumption of office and acknowledge that significant progress has been made in the following areas:

National Health Insurance Scheme

- There has been improvement in claims management under the National Health Insurance Scheme with the establishment of a Claims Processing Centre. Also, the repackaging and enhancement of the free maternal care programme for pregnant women will no doubt improve on the attainment of MDGs 4 and 5.

Provision of Modern Medical Equipment

- Most health facilities in the country have received new medical equipment under the Emergency Obstetric and Neonatal Care Equipment Programme whilst the supply and installation of new medical equipment such as MRI, x-ray machines and patient beds have either been completed or in progress.

Construction of new health facilities & training schools

- New health facilities such as the Trauma and Specialist Hospital at Winneba, District Hospitals at Tarkwa, Bekwai, Zabzugu, Essam and Ajumako as well as polyclinics, health centres and CHPS Compounds will further expand access to health services.
- The opening of new health training schools at Goaso, Nandom, Lawra, among others and the expansion of existing ones will turn out the required manpower needed to ensure equitable distribution of health professionals across the country.

Provision of Ambulances

- The recent infusion of over 160 new ambulances has further increased access to emergency medical services and impacting positively in the reduction of infant and maternal mortality. We urge Government to pursue the provision of ambulances relentlessly so that the National Ambulance Service achieves a nationwide coverage.

As we commend Government for these achievements, we also wish to remind all stakeholders that the health infrastructure deficit in Ghana is huge. Currently, some 70 districts in Ghana lack hospitals while CHPS coverage is below expectation. Specialized hospitals are very few. Moreover, most of the existing hospitals require major refurbishment. Housing for health workers remains a real challenge.

In respect of these challenges, we strongly advocate for the establishment of a special fund, similar to the GETFund, solely for the construction and refurbishment of health facilities. We also appeal to Government to, as a strategy, promote foreign private participation in the provision of hospitals and other health facilities. This will not only increase the stock of health facilities in the country, but will ensure that well-equipped specialized health facilities of international standard are established and provide quality health services to all communities in Ghana and indeed the West African sub-Region.

The Ministry of Health and the Ghana Health Service should scale up CHPS coverage to ensure the provision of basic health and nutrition services to all communities for improved maternal and child health.

Attitude of Health Care Providers

AHSAG appreciates health workers in the country for their sacrifices particularly staff working in facilities and communities with poor amenities. It is noteworthy that the fight against child and maternal mortality by some health workers in Ghana has been widely acclaimed internationally.

Nonetheless, there is growing concern by the general public about the apparent show of disrespect by healthcare providers particularly in the public health sector in the performance of their duties. Such misdemeanors attract adverse consequence thereby tarnishing the image of the health sector.

We urge all health workers to be mindful of the peculiarity of their profession and be guided at all times by the Patient Charter, Code of Ethics and the Code of Conduct for Public Officers published by the Commission on Human Rights & Administrative Justice (CHRAJ).

Innovation, commitment and empathy are ingredients needed on the part of health workers in order to scale up our achievements.

Neonatal Nursing Care

Neonatal deaths contribute greatly to the high under-five mortality rate in Ghana. Experts attribute this partly to the absence of neonatal care programmes and other well documented interventions for neonatal care such as the kangaroo mother care. Although there is general inadequacy of manpower for the management of patients as depicted by the patient-health worker ratio, the availability of nurses specifically trained in the handling of neonates could mitigate the current unsatisfactory situation since nurses spend more time with patients.

We recommend the introduction of neonatal nursing training programme in the country as a medium to long-term measure to reverse the trend. In the short-term, however, the Ministry of Health should provide sponsorship for the training of specialist neonatal and paediatric nurses abroad.

Electric Power Supply

As our economy grows, there is the need to diversify our sources of energy to power industries and meet domestic consumption. This is evident in the on-going power rationing which is adversely affecting patient care in the country. Beside power rationing, hospitals suffer from frequent power cuts and power surges which destroy vital and expensive medical equipment. This situation has arisen because most public hospitals lack standby electric power generators. We passionately call on Government to provide electric power generators for public hospitals that do not have them to forestall frequent interruptions in service delivery. It is our expectation that this request will be treated with dispatch.

We also wish to call on the Ministry of Health to initiate a programme to undertake comprehensive risk and safety assessments of electrical installations in public health facilities and to rehabilitate old electrical installations some of which predate independence to avert any possible fire outbreaks. We hope this will be taken seriously.

Industrial Harmony

AHSAG observes with commendation the bold steps taken by Government to implement the Single Spine Salary Policy with the view to ensuring equity and fairness in the public sector salary administration.

Unfortunately, the Association notes with grave concern the inequalities and huge disparities in the salary levels between the so called “Clinical” and “Non-Clinical” staff following the implementation of the pay policy within the health sector. The Association has petitioned the Fair Wages and Salaries Commission (FWSC) on the unfair treatment of Health Services Administrators and other professional groups.

We urge the FWSC, as a matter of urgency, to open and complete all the negotiations with the affected professional groups and address these relativities in an equitable manner and in the supreme interest of justice. This will ensure industrial peace and harmony for the effective delivery of health services. Any further delays may result in regrettable consequences.

2012 General Elections

Election 2012 ushers us into the 6th elections in the fourth republic. This is a remarkable feat within a turbulent West African sub-Region. We wish to remind all and sundry, especially political parties and their supporters, that elections are not a matter of life and death. We, therefore, entreat all Ghanaians to be circumspect during the electioneering period and to cooperate with the security agencies to maintain the peace before, during and after the elections.

Signed

**ALBERT ASIEDU-OFEI
PRESIDENT, AHSAG**