



38thAHSAG Annual Conference and Continuing Professional Education Programme, Tamale
November 26 – 28, 2014

Conference Communiqué

Preamble

The 38th Annual General Conference and Continuing Professional Education Programme of the Association of Health Service Administrators, Ghana (AHSAG) was held in Tamale, Northern Region from 26 – 28 November, 2014 under the theme: *'Healthcare Financing in an Unstable Economic Environment: Challenges and Opportunities'*. Having extensively deliberated on topical issues relating to the theme, participants resolved as follows:

Costing and Funding of Health Services

AHSAG is committed to a health financing scheme that is enduring, equitable and guarantees universal access to basic health services in Ghana. We, however, note with serious concern the failure of managers of public health facilities (Ghana Health Service, Teaching Hospitals, and the Christian Health Association of Ghana) to appropriately cost the services that they provide to clients in the country. This neglect on the part of service providers has weakened their initiative to negotiate with the National Health Insurance Authority (NHIA) for realistic tariffs. As a result, public health facilities are grossly under-funded. And as if this was not enough, reimbursement to service providers by NHIA is erratic. Indeed, the NHIA is indebted to most health facilities spanning over a period of six months.

In addition to the above, input costs for healthcare continue to rise while the unrealistic tariffs have remained fixed for a long time thus resulting in the erosion of the working capital of most service providers. This situation has culminated in service providers being highly indebted to local businesses who have extended supplies on credit to health facilities.

AHSAG therefore recommends that, as a matter of urgency to sustain service delivery, the Ghana Health Service, Teaching Hospitals and the Christian Health Association of Ghana, together with other relevant stakeholders, should undertake realistic costing of their services to serve as basis for negotiating revised tariffs with NHIA. We pledge our full co-operation and support to service providers and NHIA to address this critical challenge.

The Association also recommends to Government to ensure that the National Health Insurance Levy (NHIL) which is a major source of funding of health services in Ghana is released regularly to NHIA for timely reimbursements to service providers to ensure the smooth running of health facilities.

We note in particular efforts by Government to stabilize the economic environment and order to bring down the cost of doing business including the provision of health services. We therefore endorse the removal of 17.5% VAT on locally manufactured pharmaceutical products as captured in the 2015 Budget Statement presented by the Minister of Finance to Parliament on Wednesday, November 19, 2014.

Management of Health Insurance Claims in Health Institutions

AHSAG notes with regret the avoidable loss of revenue to some health facilities through poor management of health insurance claims. We call on managers of all health facilities to consider setting up claims management units with qualified personnel to pre-audit and validate bills before submission to Health Insurance Schemes.

Re-equipping of Health Facilities

We commend Government for taking steps through the Ministry of Health and other Health Partners to supply and install vital medical equipment in health facilities nationwide. It is noteworthy that most of the equipment went to district level health facilities that serve the largest segment of the population. This commendation is in recognition of the fact that medical equipment technology plays a significant role in the provision of quality health services and involves huge capital outlay. In spite of this effort by Government, there are still several health facilities that lack the required medical equipment and other inputs for safe and quality health care delivery.

We therefore urge the Ministry of Health to sustain the on-going restocking of health facilities with vital basic equipment and to scale it up to cover all public health facilities in Ghana.

Appointment of Health Service Administrators

AHSAG continues to express deep concerns about the protracted delay in the appointment of newly qualified Health Service Administrators who have been at post in various health facilities and are providing management support services for health care delivery. We call upon the leadership of the Ghana Health Service, the Ministry of Health and the Ministry of Finance and Economic Planning to expedite action on the appointment of the affected Health Service Administrators in order to sustain their work morale and improve their performance at their various duty stations throughout the country.

Medical Equipment Replacement Fund

We endorse the establishment of the Medical Equipment Replacement Fund that will ensure that health facilities are able to procure and maintain medical equipment with part of their internally generated funds (IGF). We note, however, that only about 15% -20% of the total IGF generated by health facilities actually constitute real income to the facilities. The remaining 80% - 85% of IGF represent consumable costs payable to suppliers. The real income of health facilities is utilized to meet the day-to-day expenditure items such as salaries of temporary staff, travelling and transport, maintenance (equipment, vehicles and estates), and utilities. It is therefore obvious that there are high expenditure demands on the meagre real income of health facilities. We urge the Ministry of Health to convene a broader stakeholders meeting to thoroughly discuss the

modalities for the establishment of the Equipment Replacement Fund so that health facilities are not placed under undue financial stress.

Ebola Outbreak in West Africa

AHSAG notes with satisfaction the efforts by ECOWAS and its development partners to control the further spread of the Ebola Virus Disease (EVD) in West Africa. We also wish to commend the President of the Republic of Ghana who is the current Chairman of ECOWAS for his untiring efforts and leadership in the control of EVD.

At the national level, we wish to commend the Inter-Ministerial Coordinating Committee on Ebola for putting in place structures to contain the disease in Ghana. So far, Ghana has succeeded in keeping the Ebola virus away from its borders. However, we urge the IMCC on Ebola to leverage the opportunity to establish Communicable Diseases Centres in the northern, middle and southern sectors of the country to contain any possible outbreak of infectious diseases in the future.

Conclusion

AHSAG will engage with the Ministry of Health, the National Health Insurance Authority, the Ghana Health Service, Christian Health Association of Ghana, Teaching Hospitals and other stakeholders to make the National Health Insurance Scheme a more sustainable health financing mechanism in Ghana.

(Signed)

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(Signed)

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