



COMMUNIQUE ISSUED BY THE ASSOCIATION OF HEALTH SERVICE ADMINISTRATORS, GHANA (AHSAG) AT THE END OF THEIR CONTINUING PROFESSIONAL EDUCATION PROGRAMME AND 42ND ANNUAL GENERAL MEETING HELD FROM 23RD - 27TH OCTOBER, 2018 AT SUNYANI, BRONG AHAFO REGION

Preamble

We, the Association of Health Service Administrators, Ghana (AHSAG) met at the 42nd Annual General Meeting and Continuing Professional Education (CPE) Programme in Sunyani in the Brong Ahafo Region of Ghana from 23rd - 27th October, 2018. And having deliberated extensively on the conference theme, **Achieving Universal Health Coverage – The Role of the Health Service Administrator** and related matters, we present below our comments and decisions for the consideration of Government and Stakeholders.

Achieving Universal Health Coverage

We recognise that Universal Health Coverage (UHC) is one of the components and a key strategy for attaining the Sustainable Development Goals (SDGs) and Ghana's development agenda. UHC emphasises that all communities should have uninhibited access to promotive, preventive, curative, rehabilitative, and palliative health services provided at sufficient quality that meet the desired level of client satisfaction without exposing the users of these services to financial hardship.

We note, however, that widening health infrastructure deficit especially at the district level and the weak ambulance situation across the country are major barriers to achieving UHC in Ghana. Indeed, about 50 per cent of districts in Ghana have no referral hospitals while less than 40 per cent of communities have basic health facilities such as Health Centres and CHPS Compounds. This situation is worsened by the fact that only 45 out of 133 ambulance stations across the country are functional with vehicle availability of about 50 per cent.

We urge the Ministry of Health to prioritise the rehabilitation of some existing health facilities and the construction of new facilities in deprived districts and communities.

'No Bed Syndrome'

We further note, with grave concern, the alarming reports of patients who are denied medical care even in emergency situations because some health workers at the health facilities they visited claim they cannot admit them because of lack of beds at the facility. This 'No Bed Syndrome', as it has become known, is a nonexistent monster in health facilities with

dysfunctional clinical leadership. It is purely the case of inefficient bed management at such health facilities.

To eliminate this 'No Bed Syndrome', we will work together with other health professionals to provide effective leadership in the allocation and optimum utilisation of hospital beds in all health facilities. We will act to restore confidence in the health system by pursuing relevant customer care training programmes and orientation to inculcate in health workers acceptable norms and behaviours that promote quality health service delivery.

Financing UHC with NHIS

We welcome the on-going reforms by the National Health Insurance Authority (NHIA) to improve the sustainability of the National Health Insurance Scheme. We note, in particular, the introduction of a mobile renewal system and authentication devices. This pro-poor health financing scheme which ensures financial access to healthcare services is a key pillar to achieving UHC. We, therefore, urge the NHIA to deepen engagement with all stakeholders including health service providers to agree on realistic premium, tariffs, processing of claims, and timely re-imburement to avoid any forms of out-of-pocket payments by NHIS card bearers.

Health Supplies Management for UHC

AHSAG recognises that the effective and efficient management of the supply chain of health commodities is crucial to the attainment of UHC. However, in spite of efforts by various stakeholders including development partners, there are still significant challenges regarding the regular availability, affordability and quality of health commodities such as medicines and other critical logistics required for quality health service delivery. Key among these challenges are quality of health products, timely delivery of commodities, poor storage and security of commodities, and proper use of commodities in the treatment of cases or prevention of diseases.

It is the opinion of AHSAG that, the attainment of UHC in Ghana will be accelerated if stakeholders demonstrate commitment to addressing the bottlenecks in the supply chain of health commodities. In this regard, we urge the Ministry of Health and its agencies to speed up the development and deployment of the Ghana Integrated Logistics Management Information System (GILMIS) to promote the effective and efficient management of health commodities. We further urge the Ministry of Health and its agencies to strengthen the Central Medical Stores system and review the 'last mile distribution' project to eliminate shortage and expiry of health commodities at the Regional Medical Stores and health facilities.

We also note with concern that the framework contract arrangements by the Ministry of Health for the 54 essential items has caused teething problems leading to a lot of stock outs in most hospitals. We therefore strongly recommend a review of the policy to include issuance of Non-Availability Certificates to facilities to procure those items from the Open Market anytime the

Regional Medical Stores runs out. Again, the Ministry of Health should empower the various Regional Medical Stores to procure those items directly from Suppliers and stock same in order to ensure ready availability to hospitals.

Health Workforce Production, Distribution and Development

Health service delivery is a labour-intensive enterprise that requires the appropriate mix of health personnel who are motivated to provide quality health care at all levels of service delivery. We acknowledge that significant progress has been made in addressing the staffing gaps in public health facilities through various interventions by the Ministry of Health to increase production and retention of health workers. We note, in particular, that the essential health worker density more than doubled from 1.07 per 1000 population in 2005 to 2.65 per 1000 population in 2017. It is, however, important to stress that the recent staffing norms developed by the Ghana Health Service (GHS) and the Christian Health Association of Ghana (CHAG) reveal that the existing staff stock remains well below optimum and also inequitably distributed. For instance, about 58 per cent of the health workforce is concentrated mainly in Accra and Kumasi. We recommend that the GHS should hold broader stakeholder consultations to facilitate the smooth implementation of the staffing norm.

AHSAG welcomes the decision by the GHS to decentralize the recruitment and placement of staff instead of the current practice where staff are recruited and posted to health facilities from the national level. This shift in policy will undoubtedly contribute to bridging the inequity in staff distribution across the country. We urge Government to support this policy and issue financial clearance to GHS and CHAG to recruit the many unemployed health workers including Health Service Administrators to address the gaps in the staffing norms.

We strongly recommend that the Ministry of Health and its agencies should review the prevailing incentive packages and make it similar to that of CHAG to attract and retain adequate health personnel to health facilities in underserved communities. Government should consider reviewing the payment of market premium to health workers in favour of staff working in the rural, deprived and hard-to-reach communities. Moreover, the Ministry of Health and its agencies may consider posting staff to underserved communities on rotational basis so that staff who accept initial posting to such communities are not left in a particular area for a long time.

Effective Leadership and Governance

AHSAG appreciates that effective leadership at all levels is critical to achieving UHC. Health facilities are characterised by the preponderance of various highly skilled health professionals who work very closely with other cadres of health workers to provide quality care to patients. The health sector, as dynamic as it is, requires leaders who are abreast with changing trends in health services and who can operate at both local and international levels. Recent global standards of leadership in health care demand inter-professional teams that can speak to and act on all aspects of the health facility's functions. Such leadership enjoins cooperation,

collaboration, effective communication, and integration of care within and among teams to ensure continuum of care. Clinical care and functional management are integrated seamlessly for improved patient care.

AHSAG calls on Government, health service providers, policy makers and other stakeholders to provide effective leadership at all levels to improve geographic and financial access to health services as well as effective clinical governance at the health facility level. We further call for increased monitoring and supervision of policy implementation and accountability in the mobilisation and utilisation of health resources.

Computerisation of Hospital Operations

We note, with dissatisfaction, the poor state of ICT system in many public health facilities whose operations remain largely manually driven resulting in inefficiencies and delays in service delivery to clients. We are of the firm conviction that the networking of health facilities is long overdue and require bold initiatives to transform health service delivery in Ghana.

We welcome the efforts by the Management of the GHS and NHIA to computerise the operations of public health facilities to improve efficiency and quality of care. We pledge to take practical steps to support these initiatives, including facilitating the implementation of the computerisation programmes at various health facilities. We urge the Director-General of the GHS and the Chief Executive Officer of the NHIA to find sustainable ways to finance such initiatives, including the application of part of the Internally Generated Funds (IGF) of health facilities to implement the initiatives over an agreed period of time.

This, we believe, will ensure uniformity and integration of Healthcare ICT Systems across health facilities in the country. This will further modernise the operations of health facilities to respond to technological advancement and client expectations.

Signed:
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