



**COMMUNIQUE ISSUED AT THE END OF THE 30TH ANNUAL
GENERAL MEETING OF THE ASSOCIATION OF HEALTH
SERVICES ADMINISTRATORS, GHANA (AHSAG) HELD
AT ELMINA BEACH RESORT IN CENTRAL REGION,
FROM 28TH NOVEMBER - 2ND DECEMBER, 2006**

Preamble

The AHSAG at its 30th Annual General Meeting held at the Elmina Beach Resort in the Central Region from 28th November – 2nd December, 2006 on the theme: “***Creating Wealth through Health: the New Health Policy – the Role of Health Service Administrators in its Effective Implementation***” and having deliberated on related topical issues adopted the following communiqué.

1. The New Health Policy

- i. The Association wishes to commend the MOH for the introduction of the New Health Policy, which focuses on creating wealth through health, emphasizing a fair balance between healthy lifestyles, nutrition, good environmental sanitation and prevention and curative health services.
- ii. To effectively implement the new policy, the MOH must engage all the relevant stakeholders at all levels of society to ensure its smooth implementation. It is further advised that the relevant operational policies and procedures be developed to guide and hasten its implementation.
- iii. Additionally, the MOH should advocate incorporation of the teaching of healthy lifestyles such as nutrition, physical education, environmental sanitation and personal hygiene, into the curriculum of first cycle schools.

2. Replacement of Ghana Health Service and Teaching Hospital Act (525) of 1996

- i. The Association notes with grave concern the hasty attempt to replace the existing Ghana Health Service and Teaching Hospital Act (Act 525, 1996). It is the candid opinion of the Association that the perceived challenges of the existing Act emanates from operational difficulties due to the clear absence of a Legislative Instrument. It is therefore premature and not prudent to pursue the replacement of the existing Act 525 of 1996.
- ii. It is further suggested that the resources to be expended in the development of the new bill should be channeled into developing a Legislative Instrument for the implementation of Act 525. It is worthy of note that the Act has been in existence for the past ten years but its practical implementation started about four years ago. It should therefore, be allowed to operate alongside a Legislative Instrument.

3. National Health Insurance Scheme (NHIS)

- i. The District Health Directorates should be actively involved in coordinating and monitoring of the operations of the NHIS in all facilities in the Districts. Accordingly, it is advised that steps be taken to build up the human resource capacity of the District Health Directorate to discharge their duties effectively. Furthermore, services and the related cost should be standardized at the various levels of service delivery nation wide. The services and the related cost of the Scheme should be reviewed periodically.
- ii. The staffing and logistics requirements should be improved to enable the Scheme to meet the increasing workload.
- iii. The registration of clients should be carried out all year around.

4. The National Identification System (NIS)

- i. The Association further notes with satisfaction, Government’s bold effort at instituting the NIS as a pragmatic mechanism for ensuring effective long term National Development

Planning and attainment of the Millennium Development Goals of Ghana. We therefore pledge our unflinching support to this all-important National agenda.

5. Health Care Waste Management

- i. The Association commends the Ghana Health Service for developing a policy on Health Care Waste Management. We further wish to state that Health Care Waste Management is capital intensive and would require consented effort and commitment from Government, MOH and other stakeholders particularly the Ministry of Local Government and Rural Development, the Environmental Protection Agency and other Health Partners in committing the necessary capital outlay that would ensure its successful implementation.

6. Ageing Health Staff

- i. Statistics within the Service indicates that a relatively high proportion of the current Health Work Force falls within the ageing bracket. It is therefore, imperative that a workable replacement and retention plan is instituted to arrest the situation before it gets out of hand to disrupt service delivery.

7. Resource Allocation

- i. It is further observed that resources for some vital services such as transport, health infrastructural development, equipment and maintenance have dwindled in recent years. The situation is adversely affecting service delivery, health outcomes, morale of staff and the gains made over the years. This situation is likely to be aggravated with the proposed shift of the Health Fund to the Multi-Donor Budget Support financing Mechanism, as it would adversely affect the quality of services in the health sector.
- ii. Finally, the Association appreciates the Government's commitment to improve resource allocation to the health sector in recent years. However, with the fast expansion of services, more resources would be needed to create "*Wealth through Health*" in attaining the middle-income status by 2015. We therefore wish to entreat the MOH to ensure the timely release of these funds to service providers.

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