## ASSOCIATION OF HEALTH SERVICE ADMINISTRATORS, GHANA (AHSAG)



# 46<sup>TH</sup> ANNUAL GENERAL CONFERENCE AND CONTINUING PROFESSIONAL EDUCATION

## HILLSVIEW GUEST CENTRE, ABOKOBI – GREATER ACCRA REGION $\mathbf{5^{TH}-8^{TH}\ DECEMBER,\ 2023}$

## **COMMUNIQUE**

## **PREAMBLE**

We, the Association of Health Service Administrators, Ghana (AHSAG), met at Abokobi, in the Greater Accra Region from 5<sup>th</sup> – 8<sup>th</sup> December, 2023 for our 46<sup>th</sup> Annual General Conference and Continuing Professional Education. We met to deliberate on the theme "Appointment of Hospital Administrators: A new dawn in the Health Administration Profession Towards Achieving Universal Health Coverage" and related matters on health care delivery.

## 1. Universal Health Coverage

Since the Alma Ata Declaration in 1978, several strategies have been adopted to achieve Universal Health Coverage (UHC). We support the concept of Networks of Practice (NoP) as an effective approach towards achieving UHC by 2030. We recognise, however, that formidable challenges exist in the implementation of the NoP concept including inadequate infrastructure, inadequate supply of commodities, and poor administrative and governance systems.

We commit to provide effective leadership particularly at the hospital level to complement the efforts by government and development partners to ensure more targeted resource allocation and utilisation to FastTrack the achievement of UHC.

## 2. Establishment of Regional Oxygen Production Hubs

The COVID-19 pandemic brought to the fore the inadequacies in the supply of oxygen for emergency service delivery in the country. We welcome the construction of sixteen (16) regional hubs to strengthen the supply of medical oxygen to improve emergency care in health facilities across the country.

We urge the Ghana Health Service and its key stakeholders to speed-up the construction of the oxygen production hubs to improve oxygen availability for quality health service delivery.

#### 3. Health Research and Publications

We note with concern the low priority given to health research in Ghana due largely to resource constraints. This invariably affects the quality of managerial decision-making due to inadequate operational data and information. We call on the Ministry of Health and its Agencies to give more priority to health research with targeted improvement in resource allocation to health research. We also call on health managers to use available research findings for evidence-based decision making at all levels the health system.

We further recommend and encourage the publication of research findings in reputable journals for wider audience and access by health professionals.

#### 4. Worsening Exodus of Health Staff

We note with grave concern the high number of health professionals leaving the country for greener pastures elsewhere. This poses a major threat to quality healthcare delivery and the attainment of UHC by 2030. We urge the Ministry of Health to put in place prudent measures to immediately curb the alarming rate of staff attrition in the health sector.

Government should also consider granting Financial Clearance for the immediate recruitment of new staff to address the shortfall in health personnel at various health facilities to sustain quality service delivery. Any further delay may have dire consequences on the health of the fewer health care providers at post, in particular, and the larger society in general.

## 5. Medical Malpractice

The Association has observed with concern the rising cases of medical malpractice and their associated costs in terms of financial burden and reputational damage to health facilities. We

call on hospital managers to put in place adequate measures to prevent or at least minimise the incidence of medical negligence. Proactive steps should also be taken in resolving complaints by patients as soon as possible. Client Desks should be provided in health facilities. Health personnel should also regularly be sensitised on the Patient's Charter as provided for in the Sixth Schedule of the Public Health Act, 2012 (Act 851).

#### 6. Mortuaries and Funerals

We note with satisfaction the establishment of the Mortuaries and Funeral Facilities Agency (MoFFA) as provided for under part 2 of the Health Institutions and Facilities Act, 2011 (Act 829). We commend the Ministry of Health for providing the initial resources required for the operations of the Agency. We hope additional resources in terms of funding, infrastructure and personnel will be provided as soon as possible to enable the Agency deliver on its mandate.

We will support MoFFA in its efforts to streamline and regulate the activities of mortuary and funeral home operators. We look forward to the establishment of more community/city mortuaries under the supervision of MoFFA to relieve hospital mortuaries of the congestion being experienced and ensure dignity in the preservation of bodies.

## 7. Access to Dialysis Services

The Association notes with concern the disturbing rate of reported renal failure cases in the country. Reports suggest that quite a number of these cases come from communities ravaged by galamsey activities. Unfortunately, dialysis services are inaccessible and unaffordable to clients in many parts of the country. We recommend that all Regional Hospitals should be well-equipped with dialysis centres to bridge the accessibility gap. It is also important to institute a sustained public education programme on the harmful effects of galamsey on the environment and health in particular.

We also remain committed to support Government identify a sustainable source of funding for treatment of renal diseases including dialysis services.

## 8. Payment of Electricity Bills by Health Facilities

We note with concern that the offloading of the payment of electricity bills from Central Government to Health Facilities in June 2023 is already having a heavy toll on the operations of the Facilities with reported cases of disconnections from the grid by the Electricity Company of Ghana (ECG). Indications are that the working capital of the Facilities will virtually be wiped out by the utility bills unless there is a substantial increase in the NHIS tariffs to cater for utilities.

AHSAG therefore calls on Government to urgently review this directive. Alternatively, Health Service Providers should be allowed to re-negotiate realistic tariffs with the National Health Insurance Authority taking into consideration the cost of utilities. We believe that this issue needs urgent intervention by Government to sustain the operations of Health Facilities.

Signed: Fred Effah Yeboah President, AHSAG 0244924696 Signed: Bernard Fiifi Polley General Secretary, AHSAG 0240419051

Signed: Abulais Yaro Haruna Public Relations Officer, AHSAG 0243464660