

COMMUNIQUÉ ISSUED AT THE END OF THE 41ST ANNUAL COUNCIL MEETING OF THE CHRISTIAN HEALTH ASSOCIATION OF GHANA (CHAG) HELD AT THE UNIVERSITY FOR DEVELOPMENT STUDIES (UDS) INTERNATIONAL CONFERENCE CENTER, TAMALE, FROM 4TH TO 7TH MAY 2009.

PREAMBLE

Council Members of the Christian Health Association of Ghana (CHAG) having met at the UDS International Conference Center from 4th to 7th May, 2009 for our 41st Annual Council Meeting and having deliberated extensively on the theme: **PERFORMANCE IN HEALTH CARE DELIVERY, THE CHRISTIAN PERSPECTIVE**, recognizes effectiveness and efficiency as key in the delivery of health care and in the quest to render these services, CHAG would strive to maintain her Christian identity in health care delivery while working with stakeholders of varied backgrounds.

APPRECIATION OF THE ROLE OF STAKEHOLDERS

On the occasion of our 41st Annual Council Meeting, CHAG greets the Government of Ghana, our foreign and local health development partners, and the people of Ghana, especially those who fall in CHAG catchment areas, for their continued and diverse cooperation to the work of CHAG in Ghana. CHAG notes with pride that the unflinching support from our key stakeholders has enabled us to maintain our strategic position as a key innovator and pacesetter in the health sector.

PRIMARY HEALTH CARE (PHC)

CHAG welcomes the idea of revisiting the concept of Primary Health care as contained in the 2008 World Health Report. In this regard CHAG commends the Ministry of Health for the emphasis on regenerative health and the institutionalization of CHPS compounds to promote the direct involvement of the people in health care.

As the pioneer implementers of the PHC concept in Ghana, Government should provide CHAG with a fair share of whatever resources that are available for the smooth implementation of the CHPS concept. Moreover, since the NHIS has become an important source of funding for curative care, government should now channel more resources into strengthening Public Health activities in the country.

NATIONAL HEALTH INSURANCE SCHEME (NHIS)

As the initiator of Health Insurance in Ghana, CHAG wishes to re-emphasize the importance of the National Health Insurance Scheme as the best financing arrangement so far for both health provider and health seeker. Introduction of the NHIS has obviously improved access to health care for majority of Ghanaians.

At the same time CHAG is concerned with the delay associated with the reimbursement of the Health providers by the respective Health Insurance schemes, a situation which has thrown most of the providers into high indebtedness. The delay in reimbursement has also affected the ability of the institutions to employ more hands to deal with the increased workloads which the Scheme has placed on the already inadequate staff who are now overworked.

The position of CHAG is that the Government should as a matter of urgency find a lasting solution to the delay in reimbursing the providers in order not to bring the entire health system to a halt.

CHAG has also noted that though the NHIS is a pro-poor policy, a lot of core poor people still find it difficult to access health care services under the policy and due consideration should be given to the plight of the poor to enhance their financial access to health. Consequently, we implore government to allow the scheme to evolve around the current arrangement with all loose ends tightened before pursuing the one off premium payment in order not to further worsen the already unstable milieu of the NHIS implementation

DIFFICULTIES IN ACCESSING PENSION BENEFITS

CHAG is worried over the frustrations that illustrious Ghanaians go through to access their pension benefit after years of dedicated service to the nation and wish to call on government to ensure the rapid implementation of the new three tier pension scheme with clear operational guidelines and decentralized structures for the processing of pension to eliminate all forms of administrative bottlenecks associated with the current system. CHAG believes that such a move would make pension more attractive and dignifying.

INEQUITABLE DISTRIBUTION OF RESOURCES

CHAG wishes to commend the Ministry of Health (MOH) for supporting CHAG member institutions over the years in the area of Salaries, Staffing and Training. It is however the view of CHAG that inequities continue to exist regarding staff distribution across service and geographical areas in the country. It is common knowledge that the Districts and rural areas, where CHAG mostly operates, lack the requisite number of professional and technical staff as against the urban areas. CHAG, however, wish to commend the MOH for the positive move to bring uniformity into the fee structure of government sponsored and CHAG sponsored candidates into basic health training to ensure that CHAG sponsored candidates do not pay extra fees beyond what their counterparts under government sponsorship pay.

In the same vein CHAG wish to call on the MOH to take a bold decision to streamline the duration of all post-basic training in health care and as a way of ensuring comparability and uniformity in salary consequent upon the training.

ROAD TRAFFIC ACCIDENTS

CHAG has observed with great concern increase in the spate of road traffic accidents in recent times. The mortality rates, disabilities and the associated socio-economic consequences of road traffic accidents has made road travelling in Ghana very dangerous for everyone.

The unfortunate side of it is that most health facilities are ill equipped to deal with accident and emergency cases, contributing to the increased mortality. Government should introduce bold initiatives that would ensure safety on our roads. All Hospitals located on major highways irrespective of ownership should be provided with well equipped accident and emergency centers to provide the needed relief in the event of accidents or emergencies.

ESTABLISHMENT OF GOVERNMENT HEALTH FACILITIES IN CHAG OPERATIONAL AREAS.

Over the years CHAG and Government in our collaborative effort at improving the health status of the people have observed the policy of non-duplication as enshrined in the **MOH/CHAG MOU (2003)** and **ADMINISTRATIVE INSTRUCTIONS (2006)**. CHAG has noted with concern that in recent times however, government has proposed to establish health facilities in certain CHAG operational areas thereby undermining the policy of non-duplication which would eventually lead to dissipation of scarce national resources. CHAG as usual wish to stay committed to the principles of collaboration and complementarity which have always guided our mutual relationship and call on government to observe same. It is the considered opinion of CHAG that instead of putting up new facilities closer to already existing CHAG facilities, such funds should be channeled into expanding the existing facilities to improve their capacity to perform.