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COMMUIQUE ISSUED AT THE END OF THE 4TH ANNUAL GENERAL CONFERENCE OF THE PRIVATE HEALTH FACILITIES ASSOCIATION OF GHANA (PHFAoG) WHICH TOOK PLACE AT BACA HOTEL AND EVENT CENTRE, KOFORIDUA

The 4th successive conference of the Private Health facilities Association of Ghana (PHFAoG) was held between the 18th to 20th of September, 2024 at Baca Hotel and Event Centre in Koforidua. This year's conference was graced by the presence of dignitaries including His Royal Eminence, Nana Osei-Bonsu Sempeh II, Oyokohene and Adontenhene of New Juaben, and a representative of Nana Dr. Kwaku Boateng III, Omanhene of New Juaben, Dr. Anthony Nsiah Asare, Presidential Advisor on Health, Hon. Alexander Akwasi Acquah, the Deputy Minister of Health, Dr. Philip Bannor, Registrar- HeFRA, Dr. Anthony Adofo Ofofu, Deputy Director, Ghana Health Service (GHS), Dr. Aboagye DaCosta, C.E.O., NHIA, Dr. Andre Kwasi Kumah, President, SPMDP, Dr. Koma Jehu-Appiah, the Secretary General of the NDC Professionals Forum, a spokesperson for the NDC Health Manifesto Committee and Medial Director of Rabito Clinics Ltd, Dr. Dr. Joseph Tambil, Medical Director of Affia Nkwanta Hospital, Health Facility owners/managers among others.

The theme for the conference; *"ADOPTING A DATA DRIVEN DECISION-MAKING CULTURE AS A TOOL TO CREATE A RESPONSIVE HEALTHCARE SYSTEM IN GHANA: THE ROLE OF PRIVATE HEALTH FACILITIES"* was ingeniously crafted to reverberate our endeavour to align with Government's determination to revolutionize the country's health data collection and management effort towards improving health outcomes, improve efficiency in decision making, shape health policy outlook, optimize resource allocation, spearhead innovation in healthcare delivery, and ensure accuracy and completeness in our health data reporting to responsibly tackle major health issues and recalibrate our health data architecture.

The DHIMS2 (District Health Information Management System) which provides a repository of health data for analysis is fraught with several gaps compromising the sufficiency and quality in the data collection. This partly emanates from the widespread apathy in data reporting from the private health sector which happens to be the second largest healthcare provider after the Ghana Health Service (GHS).

Reasons accounting for the low trends in data reporting by the private health sector:

- a. **Data usage restrictions:** The private sector data managers have been restricted to only data entry and not access to same for analysis and decision making. Through consistent advocacy and with the instrumentality and assistance of



the Deputy director of GHS, has recently granted PHFAoG user access which gives us some measure of control over the data reported by the sector.

- b. **The cost implications on data collation:** With the prevailing liquidity constraints of the private health sector, engaging additional personnel with health information background to collate and report data on the DHIMS2 is quite challenging.
- c. **Lack of permanent health information officers:** Most of the employees in the private health sector who are trained in data management end up leaving the facilities at short notices with all the acquired skills and knowledge creating gaps in the data reporting effort by these facilities.

For the country's data reporting to achieve satisfactory completeness and timeliness, private health facilities are encouraged to report their service data on the DHIMS2 to give a true picture of our contribution to health service provision in Ghana.

Network of Practice as a primary healthcare intervention:

The leadership of PHFAoG have also applauded the MoH and GHS for the implementation approach of the novel Network of Practice (NoP) which will change the dynamics and upscale the efficiency in healthcare delivery in Ghana by seeking to incorporate the principles of decentralization and strategic partnerships with the private health sector. Private health facilities must be well situated as an indispensable component with various specialist clinics properly integrated in this new structure while primary private hospitals within the districts with the capacity to manage emergencies be made referral centres as well.

Human resource scarcity amidst the exportation of health professionals:

Private health facilities have been battling with scarcity of the requisite skilled workforce to complement effective healthcare service delivery. Our institutions have consistently absorbed and added value by way of skills training to health professionals awaiting financial clearance, who are eventually posted to public and CHAG facilities. Our ongoing discussions with the Ministry of Health seems to have stalled without reason, we wish therefore to reiterate our appeal for support from Government to generously extend the intervention to the private health sector. A sad revelation by the Presidential Advisor on health indicated that, only about 1% of health workers in employment in Ghana are working in the private health sector, leaving the remaining 99% on Government pay-roll.

Unrealistic standards by healthcare regulators:

It is very evident, the gap in the health architecture of Ghana in comparison with advanced countries where access to health financing, human resource, technical and logistical support and other interventions are very commonplace. Situating the healthcare standards of Ghana on the same paradigm or wavelength will only frustrate our effort to attain Universal Health Coverage. The current climate in Africa and for that matter, Ghana, does not nurture an environment that makes room for the equating of standards to the advanced countries. The introduction of difficult-to-meet



credentialing requirements by both HeFRA and NHIA is sometimes perceived as a deliberate attempt to eradicate the existence of private health facilities. A 40-bed capacity facility should not be the benchmark for a private primary hospital considering instances where patient attendance is very low, coupled with ever increasing overheads and staffing norms.

Payment of claims and tariff review:

PHFAoG commends the current National Health Insurance Authority (NHIA) administration for their unwavering commitment towards the payment of claims to service providers which is quite unprecedented. The Authority has in the past weeks historically released a colossal amount for the payment of claims to service providers nationwide. Unfortunately, same cannot be said of some Private Health Insurance Schemes which have held to ransom, several months of unpaid claims due service providers.

We further appeal to the NHIA to fast-track the tariff review efforts for which we have been a part of, the review committee had the representation of the PHFAoG to offer valuable contributions to finetune the outcome of the entire review process. Our major concern borders on whether or not the yet to be released tariffs truly reflect current market pricing dynamics to the extent of totally eradicating co-payment which has become an anathema to both the NHIA and the service providers alike. No facility wishes to perpetrate the practice of co-payment but for the unrealistic nature of the current tariffs, we are compelled to charge extra from clients to compensate for our losses.

We would urge the NHIA to reconsider benchmarking tariffs against inflation rates without a corresponding pricing regulation regime since pricing of commodities is principally based on market rates and not on inflation rates.

Private Health Sector Desk at the NHIA:

In the effort by the NHIA to streamline its operations to better serve its partners (service providers), we in the private health sector wish to remind the Authority of our request for a private sector desk to solely handle all operational related issues including unpaid claims, unsent vetted reports, credentialing challenges, general enquiries, among others. We are fervid that, this request will be taken seriously and acted upon swiftly to reduce the frustrations provide endure in accessing vital information from the authority.

Withholding taxes and waiver on medical equipment:

PHFAoG member facilities are predominantly small-scale thereby limiting their ability to purchase medical commodities in large quantities from the major outlets. The incidence where facilities are compelled to withhold tax by law on purchases from resellers poses a huge challenge as the latter prohibits any deduction from invoices raised. Consequently, the facilities are made to pay the withholding taxes on all purchase with additional penalties by the Ghana Revenue authority (GRA). We wish



to appeal to the Government to intervene by getting GRA to relook at the current withholding tax regime on transactions involving medical consumables purchases by small-scale facilities.

We wish to use this opportunity to reiterate our advocacy for a tax waiver on medical equipment importation into Ghana for use in our facilities. To enhance our health delivery efficiency, medical equipment to aid in complex medical diagnosis and procedures need to be procured at affordable cost. This can only be achieved if the Government deliberately commits to removing all or some taxes from the importation of these equipment to make them affordable for facilities to acquire.

PHFAoG position on the “Galamsey” menace:

PHFAoG would like to add its voice to the ongoing discussion on the deleterious effect of illegal mining which has succeeded in degrading our environment and wreaked severe devastation on the health of several individuals especially those living in the catchment zones of these egregious, inhuman practices. We urge the Government to take very serious steps to eliminate this practice by any means necessary.

Assurances from Government:

- a. Dr. Anthony Nsiah Asare who represented the Government urged private health facilities to upscale their capacity by entering into partnerships with the ultimate goal of sourcing investments for expansion and improving capacity to render a wider range of healthcare services.
- b. Government is planning to introduce a flat rate tax regime which will involve a consultative engagement with the private health sector to eliminate the bottlenecks associated with the current tax system.
- c. The Government acknowledges the indispensable contributions of the private health sector in driving the health agenda of Ghana and is ever ready to empower PHFAoG to deliver efficiently on its mandate towards achieving Universal Health Coverage.
- d. Government is ready to deepen its collaboration with the private health sector through a PPP (Public-Private-Partnership) placement of equipment and other medical devices in health facilities.
- e. Government intends to collaborate with the private health sector in the placement of healthcare staff to private health facilities through a consultative engagement process to fashion out mutually beneficial modalities.



Dr. Kwame Buabeng-Frimpong
President



Frank-Torblu Richard
General Secretary

FORGING FOR QUALITY HEALTH CARE



P. O. Box YK 923, Kanda, Greater Accra Region



0249449657
0242673440



phfaog@gmail.com
www.phfaog.org

Contacts: 0244833196, 0249449657, 0242238434, 0243208033

Ashanti Region: 0244813947

Eastern Region: 0243317275

Greater-Accra Region: 0244568696

Central Region: 0245214820

Northern/ North East/ Savannah: 0244140739



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phfaog@gmail.com
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