



**GHANA COALITION OF NGOs**  

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**IN HEALTH**

*Press Conference – October 24<sup>th</sup> 2009*

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**Civil Society Organizations demand investigations into alleged maladministration at Bolgatanga Regional Hospital**

Members of the Ghana Coalition of NGOs in Health in the Upper East Region have been disturbed about the recent media rumpus over alleged managerial and leadership ineptness of the Medical Director of the Bolgatanga Regional Hospital, Dr. Aduko Amiah and his role in the current precarious doctor and nursing staff situation in the Bolgatanga Regional Hospital.

It has been alleged that Dr. Amiah's attitude, management and leadership style have been uncooperative, brash and disrespectful to his colleagues and other junior staff; non-proactive and inflexible when it comes to decision making, resourcing and keeping a team and that he has been a major part of the reasons why doctors refuse postings to the region.

We deem these allegations as serious and severe enough to warrant the concern and action of the political leadership of the region especially that they relate to the lives of citizens. The Coalition is however concerned that ever since these allegations were made and later on countered by the deputy to Dr. Aduko Amiah and some staff of the hospital, no effort is seen to have been made to verify the veracity or otherwise of the situation.

The fact that the upper East Region has lagged behind the rest of the nation in many respects needs no emphasis. The evidence abound in several survey reports including the round five Ghana Living Standard Survey report (GLSS5) and policy documents such as the Ghana Growth and Poverty Reduction strategy document that indicate the position of the region as one of the poorest with 70% of the population living below the poverty line. Indeed, if health data had been disaggregated, the region would have lagged behind the rest of the country in average lifespan judging that severe poverty correlates positively with low lifespan for obvious reasons.

Currently, the Upper East region is in severe distress in terms of health personnel, health facilities, equipment, accommodation for health staff, consumables etc and very prone to the outbreak of communicable diseases such as cerebrospinal meningitis (CSM), cholera, as a result of combined factors of climate, geography, housing structures and family systems among others.

From the 2008 Annual Regional Health Report, the region is in a deficit of 32 health facilities while the present ones lack enough rooms for optimum services. Out of the minimum of 44 clinical doctors (Note: not specialists) required to guarantee minimal quality healthcare delivery, only 22 are at post, leaving a deficit of 22 while only 3 specialists (A dentist, 2 gynaecologists ) are available and these practice only in the regional hospital. According to the report, given the current population of the region, 15 specialists are required to provide maximum health care, not 3.

The case is not better for nurses, midwives and other staff such as paramedical technologists, pharmacists, social workers and anaesthetists.

Whilst nationally, the doctor-population ratio has been improving, falling from a ratio of one doctor to 14,741 people in 2006 to a ratio of one doctor to 1,905 people, that of the upper east has been worsening; increasing from one doctor to 12,877 people to one doctor to 36,077 people over the same period. What this means is that increasingly, few and few doctors are compelled to take care of the health needs of more and more people.

Not surprisingly therefore, many people in the region, particularly women and children, are dying from preventable and easily curable diseases such as malaria, pneumonia, malnutrition, tuberculosis, anaemia etc. child and maternal deaths and HIV infections and deaths are still ravaging the region.

With these myriad of daunting challenges, what is expected of those at the helm of affairs is proactive, innovative, effective and efficient leadership where the challenges are turned into opportunities and the scarce and limited resources available, put to effective and efficient use. Under these distressing conditions that the region finds itself 50 years after its creation, we embrace team leadership and sacrifice.

Brash, mechanical and the business as usual type of leadership would be considered as outmoded and inept in these kinds of circumstances.

We are therefore concerned that the Regional Minister, Honourable Mark Woyongo, who has so far demonstrated humble and committed leadership and shown that leadership, is about listening and serving the people who have reposed in you, their trust, has not taken any serious action on the alleged maladministration at the Regional Hospital.

We are concerned because the atmosphere at the regional hospital and the health sector in general in the region, as we perceive it as grassroots activists, does not auger well for quality health care delivery if these accusations are not properly settled.

We are also concerned because democratically, Ghana has grown, governance systems have improved and we are as a nation gradually spinning towards the desired end of the essence of governance; that is a people centred programme. We therefore cannot afford to continue to walk on the path of inaction; where allegations are made; nothing is done by leadership and the

issues left to hang till they die a natural death whilst the real problems continue to gnaw severely on our progress.

We therefore demand on the Regional Minister, to urgently, as the chief executive officer of the region, set up an independent committee to investigate the allegations levelled against the Medical Director of the Regional Hospital, Dr. Aduko Amiah.

We further demand that the Terms of Reference (TOR) of the committee, when set should cover investigations into why doctors and other health professionals refuse postings to the region or vacate post to serve other regions; the steps, structures and systems that the Regional Coordinating Council (RCC), the Ministry of Health (MOH) and the Regional Health Directorate (RHD) have taken or instituted to address the myriad of problems facing the health sector in the region; and why some health projects have been abandoned.

We however wish to use this opportunity to commend all the doctors, nurses, midwives, and health workers who have served the region over these years under telling conditions without a whimper. To you all, we salute!

Thank you all for your kind attention.

Jonathan Adabre, Regional Manager, ISODEC and Chairman, Ghana Coalition of NGOs in Health, Upper East Region

### **A backgrounder briefing on The Ghana Coalition of NGOs In Health**

Since the 1980s, Ghana has witnessed an increased rate of non-governmental organisation (NGO) activity in especially the socio-economic sector. In recognition of the critical role of non-governmental organisations (NGOs) and other non-state actors (NSAs), the Government of Ghana has indicated its commitment to foster the strengthening of civil society in the Ghana Growth and Poverty Reduction Strategy (GPRS II) within the wider scope of the African Peer Review Mechanism (APRM).

NGOs and other voluntary social organizations are known to work directly with very deprived and vulnerable groups living in minority and other marginal communities to provide such basic social and public amenities as sanitary facilities, potable water, educational centers and various forms of health facilities.

Though the increase in the numbers and activities of NGOs has been good in terms of complementing government efforts at providing public services to the citizenry, it also unleashed a huge challenge for the sector – in terms of visible and sustained effectiveness, accountability, transparency and the representativeness of the sector.

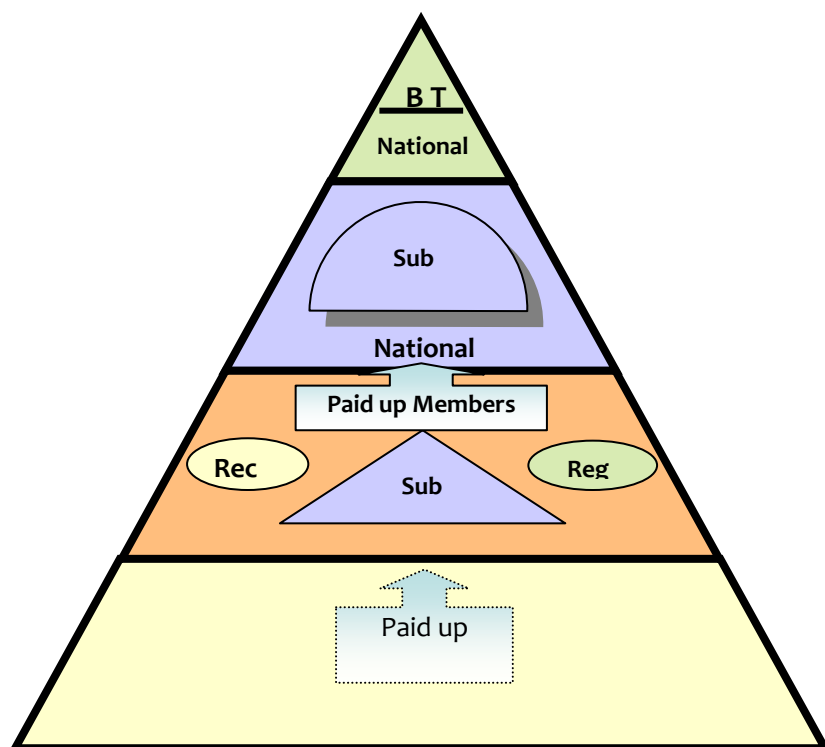
The Ghana Coalition of NGOs in Health was thus given birth to in the year 2000 to bring all voluntary organizations operating within the health sector under one umbrella so that they can act in a more coordinated, coherent, transparent and accountable manner in claiming space to influence policy and service delivery in favour of minorities, hard-to-reach groupings and communities and the marginalized.

The formation of the Coalition was also in response to the Accra Declaration of 5<sup>th</sup> October 1999, and intimations from the Ministry of Health and other Health Partners, for NGOs to organize themselves under an umbrella body with the view to making collaboration and co-operation in advocacy, policy influence and as watch-dogs for society towards duty-bearers, more effective.

The formation was also to enhance the capacity of the constituent organizations to play a significant role in healthcare delivery in Ghana.

The below chart illustrates the structure of the Coalition.

### NGO COALITION ORGANOGRAM



#### key

- **BT: Board of Trustees;** Headed by National Chairman;
  - Composed of 10 Regional Chairpersons + 5 Elected members at National level (National Chairman & Vice, Treasurer, 2 Floor Members)
- **National Secretariat:** Headed by a National Coordinator;
  - Composed: Finance and Admin Manager; Admin Assistant (2); Office Assistant
- **REC: Regional Executive Committee;** Headed by a Regional Chairman & Vice; Regional Secretary; Organizer; Treasurer
- **Reg Sec: Regional Secretariat:** Secretarial functions provided by a selected member organization as needed;
- **Sub-Committees:** Perform specific designated tasks

**The specific objectives of the Health Coalition are as follows:**

- To foster Coalition building, networking and information sharing among NGOs in health in Ghana and elsewhere.
- To provide a forum for NGOs in health to advocate and campaign for quality health for all, under a common banner.
- To influence policy formulation and decision-making.
- To explore avenues for improving relationship with other health.
- To build and strengthen the capacity of member organizations to maintain satisfactory standards in service delivery
- To promote research for health development in Ghana.
- To mobilize and manage resources from and on behalf of donor agencies.
- To assist national effort aimed at improving the health of all people living in Ghana.

The Coalition is thus the rallying point for a considerable number of grassroots voluntary organisations in the health sector and shall in partnership with the Ghana Health Services and agencies to achieve the health and developmental goals of Ghana, our motherland.