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THE FIVE HUNDRED AND TWENTY-FIFTH

ACT

OF THE PARLIAMENT OF THE REPUBLIC
OF GHANA

ENTITLED

THE GHANA HEALTH SERVICE AND TEACHING HOSPITALS ACT, 1996

AN ACT to establish the Ghana Health Service, to provide for related matters including its functions and membership; to provide for the administration and management of institutions in the Health service including state-owned hospitals and health stations; to continue the existence and operation of Teaching Hospitals and to provide for matters related to the foregoing.

DATE OF ASSENT: 30th December, 1996

BE IT ENACTED by Parliament as follows—

PART I—ESTABLISHMENT OF THE GHANA HEALTH SERVICE

Sub-Part I—The Service at the National Level

1. There is established by this Act the Ghana Health Service referred to in this Act as “the Service”.

2. The Service shall comprise the following members—

(a) the health personnel in the employment of the Ministry of Health immediately before the coming into force of this Act;

Establishment of Ghana Health Service.

Membership of the Service.
(b) any public officer other than health personnel employed in the Ministry of Health immediately before the coming into force of this Act who may be seconded or transferred to the Service;

(c) any public officer who may be transferred to the Service; and

(d) any other person who may be employed for the Service.

3. (1) The objects of the Service are to—

(a) implement approved national policies for health delivery in the country;

(b) increase access to improved health services; and

(c) manage prudently resources available for provision of health services.

(2) For the purpose of achieving its objects, the Service shall perform the following functions—

(a) ensure access to health services at the community, sub-district, district and regional levels by providing health services or contracting out service provision to other recognised health care providers;

(b) set technical guidelines to achieve policy standards set by the Ministry;

(c) plan, organise and administer comprehensive health services with special emphasis on primary health care;

(d) develop mechanisms for the equitable distribution of health facilities in rural and urban districts;

(e) manage and administer health institutions within the Service;

(f) contract with teaching hospitals for the treatment of referred patients;

(g) promote health, mode of healthy living and good health habits by people;

(h) establish effective mechanisms for disease surveillance, disease prevention and control;

(i) promote the efficiency and advancement of health workers through in-service and continuing education;

(j) manage the assets and properties of the Service to ensure the most effective use of them;

(k) determine, with the approval of the Minister charges for health services rendered by the Service;

(l) perform any other function that is relevant to the promotion, protection and restoration of health.
4. (1) The governing body of the Service shall be known as the Ghana Health Service Council referred to in this Act as “the Council”.

(2) The Council shall consist of—

(a) a chairman who shall be a person with considerable experience in management and administration but who shall not be a Minister or a Deputy Minister;
(b) the Director-General of the Service appointed under section 11 of this Act;
(c) a representative of the Ministry of Health;
(d) a representative of the Ministry of Finance;
(e) a representative of the Ministry of Education;
(f) a representative of the Ministry of Local Government and Rural Development;
(g) a representative of the Health Workers Union of the T.U.C.; and
(h) five other persons who by their knowledge and experience can contribute to the work of the Council, at least two of whom shall be women.

(3) The Chairman and the other members of the Council shall be appointed by the President in consultation with the Council of State.

5. The Council shall have general control of the management of the Service and shall—

(a) ensure the implementation of the functions of the Service;
(b) submit to the Minister recommendations for health care delivery policies and programmes;
(c) promote collaboration between the Ministry of Health, the Teaching Hospitals and the Service;
(d) advise the Minister on the qualification for posts in the Service; and
(e) advise the Minister on such other matters as the Minister may request.

6. (1) A member of the Council other than an ex-officio member shall hold office for four years and shall on the expiration of that period be eligible for re-appointment for one further term only.

(2) Any member of the Council other than an ex-officio member may resign his office in writing addressed to the President through the Minister.
(3) A member may be removed by the President in consultation with the Council of State.

(4) Where the office of a member of the Council other than an ex-officio member becomes vacant before the expiration of his term of office or by his death, the Minister shall notify the President of the occurrence of the event and the President shall, acting in consultation with the Council of State appoint another person in his place to hold office for the unexpired period of his term of office.

(5) Where it appears to the President on the recommendations of the Minister that any member of the Council is incapacitated by absence from Ghana or illness or any other sufficient cause from performing the duties of his office the President shall appoint another person to hold office in his place until such time as the President is satisfied that the incapacity of that person has terminated or until the term of the member expires whichever first occurs.

(6) A member of the Council who is absent from three consecutive meetings of the Council without sufficient cause shall cease to be a member.

7. (1) The Council shall meet for the despatch of business at such times and at such places as the Chairman may determine but shall meet at least once every two months.

(2) The Chairman shall upon written request of not less than four members of the Council including at least two persons appointed under section 4 (2) (h) convene a special meeting of the Council.

(3) The quorum at a meeting of the Council shall consist of five members and shall include the Director-General or the person acting in that capacity.

(4) Every meeting of the Council shall be presided over by the Chairman and in his absence by a member of the Council elected by members present from among their number.

(5) Questions before the Council shall be decided by a simple majority of members present and voting and in the event of equality of votes the person presiding shall have a second or casting vote.

(6) The Council may co-opt any person to act as an adviser at its meeting but no co-opted person is entitled to vote at the meeting.

(7) The validity of the proceedings of the Council shall not be affected by a vacancy among its members or by a defect in the appointment or qualification of a member.
(8) Any member of the Council who has an interest in a contract or other transaction proposed to be entered into with the Service shall disclose his writing to the Council the nature of his interest and shall be disqualified from participating in any deliberations of the Council in respect of the contract or other transaction.

(9) A member who infringes subsection (8) of this section is liable to be removed from the Council.

(10) Except as otherwise provided for in this section, the Council shall regulate the procedure for its meetings.

8. The Chairman and other members of the Council shall be paid allowances as shall be determined by the Minister in consultation with the Minister for Finance.

9. (1) The Council may for the discharge of its functions appoint committees comprising members of the Council or non-members or both and may assign to these committees such functions of the Council as it may determine.

(2) Without prejudice to subsection (1) of this section, the Council shall appoint the following committees; the chairmen of which shall be members of the Council—

(a) Appointments and Promotion Committee; and
(b) Disciplinary Committee.

(3) Subject to this Act, the Council shall determine the membership and functions of a committee appointed under this section.

10. (1) The Council may with the approval of the Minister create such units or divisions within the Service at the national level as it may consider necessary for the efficient discharge of the functions of the Service and may with the approval of the Minister abolish or re-organise any unit or division.

(2) Without prejudice to subsection (1) of this section, the Council shall establish the following divisions—

(a) Public Health Division;
(b) Institutional Care Division;
(c) Policy, Planning, Monitoring and Evaluation Division;
(d) Health Administration and Support Services Division;
(e) Supplies, Stores and Drug Management Division;
(f) Human Resource Development Division;

(g) Finance division; and

(h) such other divisions as the Council may determine.

(3) The Council shall determine the functions of the Divisions.

11. (1) There shall be appointed by the President in accordance with the advice of the Council given in consultation with the Public Services Commission, a Director-General of the Service who shall be the chief executive of the Service.

(2) The Director-General shall be a person in the health profession with considerable knowledge and experience in planning, organisation and management of the delivery of health services.

(3) The Director-General shall hold office on such terms and conditions as shall be specified in his letter of appointment.

(4) Subject to such general directives as the Council may give, the Director-General shall be responsible for the direction of the work of the Service and for the day-to-day administration of the Service and shall ensure the implementation of the decisions of the Council.

(5) Without prejudice to subsection (4) of this section, the Director-General shall provide to the Minister such technical advice as the Minister may require.

(6) The Director-General shall co-ordinate work programmes and provide administrative rules, guidelines and procedures to facilitate the achievement of targets set by the Ministry and establish systems for effective collaboration and co-operation to avoid duplication and to achieve harmonization of programmes within the Service.

(7) The Director-General may delegate such of his duties as he may determine to any officer of the Service but the Director-General shall not be relieved from ultimate responsibility for the discharge of any delegated function.

12. (1) There shall be appointed by the President in accordance with the advice of the Council given in consultation with the Public Services Commission a Deputy Director-General.

(2) The Deputy Director-General shall hold office on such terms and conditions as shall be specified in his letter of appointment.
(3) The Deputy Director-General shall be responsible to the Director-General in the performance of his functions under this Act.

(4) The Deputy Director-General shall, subject to the provisions of this Act—
   
   (a) assist the Director-General in the discharge of his functions and perform such other functions as the Director-General may delegate to him; and
   
   (b) be responsible for the direction of the Service when the Director-General is absent from Ghana or is otherwise unable to perform his functions.

13. (1) There shall be appointed for the Divisions created under section 10 of this Act Directors who shall be the heads of the Divisions and who shall in the performance of their functions be answerable to the Director-General.

(2) A Director shall be appointed by the President in accordance with the advice of the Council given in consultation with the Public Services Commission.

14. (1) The President shall in accordance with the advice of the Council given in consultation with the Public Services Commission and on such terms and conditions as may be determined, appoint for the Service such other staff and employees as may be necessary for the proper and effective performance of the functions of the Service.

(2) The staff of the Service shall subject to this Act perform such functions as the Council or Director-General with the approval of the Council may assign to them.

(3) Public officers may be transferred or seconded to the Service or may otherwise give assistance to it.

(4) The Council may engage the services of such consultants and advisers as it may upon the recommendation of the Director-General, determine.

15. (1) The Minister shall, acting in consultation with the Director-General designate an officer of the Service as Secretary to the Council.

(2) The Secretary shall arrange the business for and cause to be recorded and kept the minutes of the meetings of the Council.
(3) The Secretary shall also perform such functions as the Council or the Director-General in consultation with the Council may assign to him and shall be assisted in the discharge of his functions by such of the staff of the Service as the Council may on the recommendation of the Director-General direct.

(4) The Secretary shall in the discharge of his functions under this section be answerable to the Director-General.

16. The President may in accordance with article 195 (2) of the Constitution delegate his power of appointment under this Part.

17. The Minister may issue directives in writing to the Council on matters of policy and the Council shall comply with the directives.

**SUB-PART II—THE SERVICE AT THE REGIONAL LEVEL.**

18. (1) Without prejudice to the power of the Council to appoint committees for the purposes of this Act under section 9, there shall be appointed in each region a Regional Health Committee which shall be a committee of the Council.

(2) A Regional Health Committee shall comprise the following members—

(a) a chairman;
(b) the Regional Director of Health Service;
(c) a representative of the Regional Co-ordinating Council;
(d) a senior health professional in the Service in the region;
(e) one representative each of the Christian and Muslim religious groups in the region;
(f) a representative of the Regional House of Chiefs; and
(g) two other persons resident in the region at least one of whom shall be a woman; being persons who by reason of their interest in health matters and experience are capable of contributing to the work of the Regional Health Committee.

(3) The members of a Regional Health Committee referred to in subsection 2 (a), (d) and (g) of this section shall be appointed by the Council in consultation with the Regional Minister.

(4) Members other than *ex-officio* members shall hold office for a term of three years and shall on the expiration of their term be eligible for re-appointment.
19. (1) A Regional Health Committee shall—
   (a) advise the Regional Director of Health Service in the performance of his functions and;
   (b) perform such functions of the Council as the Council may assign to it in respect of the region.

(2) A Regional Health Committee shall regulate the procedure for its meetings.

(3) The quorum at a meeting of a Regional Health Committee shall be the majority of the total membership of the Committee.

(4) A Regional Director shall designate an officer in the Service in the region as secretary to the Regional Health Committee.

(5) The secretary shall perform such functions as the Regional Director shall determine.

20. (1) There shall be appointed for each region an officer to be known as the Regional Director of Health Service referred to in this Act as “a Regional Director”.

(2) A Regional Director shall be a person in the health profession with considerable knowledge and experience in planning, organisation and management of the delivery of health services.

(3) Regional Directors shall be appointed by the President in accordance with the advice of the Council given in consultation with the Public Services Commission.

(4) The President may in accordance with article 195 (2) of the Constitution delegate his power of appointment under this section.

21. (1) A Regional Director shall with the advice of the Regional Health Committee be responsible for the implementation of the policies and decisions of the Council in the region.

(2) A Regional Director shall in the performance of his functions be answerable to the Director-General on matters of health and to the Regional Minister on matters relating to administration.

22. (1) For the purposes of effective implementation of the functions of the Service there shall be established by the Council in each region the following divisions of the Service—
   (a) Clinical Division;
   (b) Public Health Division;
   (c) Administration Division; and
   (d) such other divisions as the Council may determine.
(2) The Divisions shall in the region perform such functions as
the Council shall determine.

SUB-PART III—THE SERVICE AT THE DISTRICT LEVEL

23. (1) There shall be appointed in each district a District Health Com-
mittee of the Service.

(2) A District Health Committee shall comprise the following members—

(a) a chairman;
(b) the District Director of Health Service;
(c) two representatives of the District Assembly;
(d) one representative each of the Christian and Muslim
religious groups in the district;
(e) two health care personnel in the district one of whom
shall be from the private sector;
(f) a representative of the Traditional Councils in the dis-

 District
Health
Committees.

Functions of
a District
Health Committee.

 (g) two other persons at least one of whom shall be a woman.

(3) Members referred to under subsection (2) (a), (c) and (g)
shall be appointed by the Council on the advice of the District
Chief Executive.

(4) Members other than ex-officio members shall hold office
for a period of three years and shall on the expiration of their term be
eligible for re-appointment.

24. (1) A District Health Committee shall advise the District Direc-
tor of Health Service in the performance of his functions in the district
and shall perform such functions of the Council in the district as the
Council may assign to it.

(2) A District Health Committee shall regulate the procedure
for its meetings.

(3) The quorum at a meeting of a District Health Committee
shall be the majority of the total membership.

(4) A District Director of Health Service shall designate an of-
 District
Director of
Health
Service.

 District
Health
Committees.
(3) The President may in accordance with article 195(2) of the Constitution delegate his power of appointment under this section.

26. (1) A District Director shall be responsible for the implementation of the policies and decisions of the Council in the district.

(2) A District Director shall in the performance of his functions be answerable to the Director-General through the Regional Director in respect of health matters and to the District Chief Executive on matters relating to administration.

27. (1) There shall be established by the Council in each district the following divisions of the Service—

(a) Clinical division;
(b) Public Health division; and
(c) such other divisions as the Council may determine.

(2) The functions of the divisions shall be determined by the Council.

28. For the purposes of effective health delivery, the Council may establish in each district such health areas as it considers necessary on the advice of the Regional Director given after consultation with the District Director and the District Chief Executive concerned.

SUB-PART IV—INTERNAL MANAGEMENT OF HOSPITALS IN THE SERVICE

29. (1) There shall be appointed for each hospital within the Service, a Medical Superintendent who shall be the public officer in charge of the hospital with responsibility for ensuring the execution and implementation of the decisions of the Council in the hospital.

(2) A Medical Superintendent shall hold office upon such terms and conditions as shall be specified in his letter of appointment.

(3) In the temporary absence of a Medical Superintendent, the Regional Director may authorise any senior health personnel at the hospital to perform the functions of the Medical Superintendent.

30. (1) There shall be appointed for each hospital within the Service, a Hospital Administrator.

(2) A Hospital Administrator shall be responsible for the day-to-day administration of the hospital and shall in the performance of his functions be answerable to the Medical Superintendent.

(3) A Hospital Administrator shall hold office upon such terms and conditions as shall be specified in his letter of appointment.
31. (1) There shall be appointed in each hospital within the Service a Hospital House Management Committee hereafter referred to as "a Hospital Management Committee".

(2) A Hospital Management Committee shall consist of the following members—

(a) the Medical Superintendent in charge of the hospital who shall be the chairman;
(b) the Hospital Administrator;
(c) the heads of clinical units where applicable;
(d) the head of nursing services;
(e) head of pharmacy;
(f) the head of finance; and
(g) two representatives of the Health Workers Union who shall hold office for a period of three years subject to renewal.

(3) A Hospital Management Committee shall—

(a) explain policies and directives of the Council to the employees of the hospital;
(b) develop measures to promote the co-ordination of activities of the units, if any, of the hospital; and
(c) assist with the administration and management of the hospital.

32. (1) There shall be appointed in each health station within the Service a Health Station Management Committee composed of—

(a) the head of the health station who shall be the chairman;
(b) two other health personnel of the Service in the area of the health station;
(c) another employee of the Service at the station who is not a health personnel; and
(d) two representatives from the communities in the sub-district area in which the health station is situated nominated by the District Assembly of the area.

(2) A Health Station Management Committee shall—

(a) explain the policies of the Council to the other employees of the station; and
(b) assist the head of the Health Station in the effective performance of his functions.
PART II—TEACHING HOSPITALS

33. The Teaching Hospital Boards established under the Hospitals Administration Law, 1988 (P.N.D.C.L. 209) are hereby, subject to this Act, continued in existence as bodies corporate with perpetual succession, a common seal, power to sue and be sued in their corporate name and power to acquire, hold and dispose of property and to enter into any contract or other transaction.

34. (1) There shall be established for the purposes of the administration of each Teaching Hospital established in this country, a board to be known as the Teaching Hospital Board for the respective hospital.

(2) A Teaching Hospital Board shall have perpetual succession and a common seal and may sue and be sued in its corporate name.

(3) A Teaching Hospital Board, shall, subject to the provisions of this Act, have power to acquire and hold any movable or immovable property, to dispose of the property and to enter into any contract or other transaction.

35. (1) The objects of a Teaching Hospital are—

(a) to provide advanced clinical health services to support the health services provided by the Service;

(b) to serve as a training ground for undergraduate and post graduate training in the medical profession; and

(c) to undertake research into health issues for the purpose of improving the condition of health of people in the country.

(2) Without prejudice to subsection (1) of this section a Teaching Hospital Board shall have the following functions—

(a) determine the policies of the Teaching Hospital which shall be within the general policies of government on health;

(b) ensure sound financial management of the hospital’s funds;

(c) monitor and improve the quality of care at the hospital;

(d) assess periodically the adequacy of the resources, including personnel, physical facilities and finances of the hospital;

(e) ensure the implementation of the policies, plans and programmes by the appropriate units at the Teaching Hospital;
(f) co-operate fully with the hospitals in the Service;
(g) subject to the approval of the Minister determine the scale of fees to be paid by patients; and
(h) appoint staff and determine their remuneration and benefits subject to the law and policies for the time being in force on social security and salaries.

36. (1) The functions of a Teaching Hospital Board under this Act shall be exercised subject to such policy directives as the Minister may determine.

(2) A Teaching Hospital Board shall not enter into a contract in respect of any movable or immovable property or work or services for the hospital the total value of which exceeds in any one financial year such sum as the Minister may determine.

37. (1) A Teaching Hospital Board shall consist of the following members—

(a) a Chairman who shall not be an employee of the hospital;
(b) the Chief Administrator of the hospital;
(c) the Dean of the relevant Medical School;
(d) the Medical Director of the hospital;
(e) the Director of Administration of the hospital;
(f) the Director of Nursing Services of the hospital;
(g) the Director of Finance of the hospital;
(h) the Director of Pharmacy of the hospital;
(i) the Dean of the Dental School, where applicable; and
(j) three other persons who by their qualification and experience can contribute to the work of the Board at least one of whom shall be a woman.

(2) The members shall be appointed by the President in consultation with the Council of State.

(3) A member of a Teaching Hospital Board other than an ex-officio member shall hold office for a period of four years and shall on the expiration of the term be eligible for re-appointment.

(4) A member of a Teaching Hospital Board may at any time resign his office by giving notice in writing addressed to the President through the Minister and the President may at any time remove a member of the Board from office in consultation with the Council of State.

(5) Where the office of a member other than ex-officio member of a Teaching Hospital Board becomes vacant, the Minister shall recommend another person to be appointed by the President to fill the vacancy.
(6) The members of a Teaching Hospital Board shall hold office on such terms and conditions, including the payment of such allowances as the Minister may on the recommendation of the Minister for Finance determine.

38. (1) A Teaching Hospital Board shall meet at such times and at such places as the chairman may determine, but shall meet at least once every month.

(2) The chairman shall preside at meetings of a Teaching Hospital Board and in his absence a member of the Board elected by the members present shall preside.

(3) Questions before a Teaching Hospital Board shall be decided by a simple majority of the members present and voting and in the event of equality of votes the chairman or person presiding shall have a second or casting vote.

(4) The quorum at any meeting of a Teaching Hospital Board shall be six.

(5) A Teaching Hospital Board may at any time co-opt any person to act as an advisor at any of its meetings but no co-opted person is entitled to vote at the meeting on any matter for decision before the Board.

(6) The validity of the proceedings of the Board shall not be affected by a vacancy among its members or by any defect in the appointment or qualification of a member.

(7) Any member of the Board of a Teaching Hospital who has an interest, direct or indirect, in any company or undertaking which has financial concern in any matter that is a subject for the consideration of the Board shall disclose in writing to the Board the nature of his interest and shall not participate in any discussion or decision of the Board relating to the matter.

(8) Any member of a Teaching Hospital Board who fails to disclose his interest under subsection (7) of this section is liable to be removed from the Board.

(9) Subject to the provisions of this Act a Teaching Hospital Board shall regulate its own procedure.

39. (1) There shall be appointed by the Board of a Teaching Hospital a Chief Administrator of the Hospital who shall be the chief executive and who shall be responsible for the execution of the policies and decisions of the Board and for the day-to-day administration of the Teaching Hospital.
(2) The Chief Administrator shall hold office upon such terms and conditions as shall be specified in his letter of appointment.

(3) Where the Chief Administrator is temporarily incapacitated from the performance of his functions under this Act the Board may authorise any senior employee of the Teaching Hospital to perform those functions for the duration of the incapacity.

(4) The Chief Administrator may, subject to the provisions of this Act, delegate to any senior employee of the Teaching Hospital any of his functions under this Act but he shall not be relieved of ultimate of his responsibility for the performance of the functions.

40. (1) A Teaching Hospital Board shall appoint an officer to be designated as the Secretary to the Board.

(2) The Secretary shall be the secretary to the Board and shall perform such other functions as may be assigned to him by the Board or the Chief Administrator.

41. (1) The Board of a Teaching Hospital may engage such employees as may be necessary for the proper and efficient conduct of the business and functions of the Board.

(2) The Board of a Teaching Hospital shall in consultation with the appropriate medical school, appoint the heads of such units of the Teaching Hospital as the Board may determine.

(3) A Teaching Hospital Board may engage the services of such consultants and advisers as may be necessary for the proper and efficient discharge of its functions on such terms and conditions as the Board of the Teaching Hospital may determine.

42. (1) A Teaching Hospital Board may appoint committees as it may determine to assist in the discharge of its functions and may delegate to the committee any of its functions as it may think fit.

(2) Without prejudice to subsection (1) of this section a Teaching Hospital Board shall for the discharge of its functions under this Part appoint the following committees—

(a) a Finance and Administration Committee;
(b) a Technical and Planning Committee;
(c) a Human Resource Management Committee; and
(d) a Disciplinary Committee.

(3) A Committee appointed under this section shall have a chairman who be a member of the Board of the Teaching Hospital.
43. The Finance and Administration Committee shall—
(a) submit proposals for the hospital budget to the Board;
(b) advise the Board on fiscal matters and programmes for
the Teaching Hospital;
(c) monitor hospital revenue and expenditure and make
recommendations to the Board;
(d) propose to the Board the scale of hospital fees;
(e) advise the Board on investment opportunities and
methods for improving the funds of the Teaching
Hospital Board;
(f) submit quarterly and annual reports on the finance of the
Teaching Hospital to the Board; and
(g) perform such other functions as the Board may deter-
mine.

44. The Technical and Planning Committee shall—
(a) advise the Board on the quality of medical care and the
standard of skill required of the technical staff of the
Teaching Hospital;
(b) advise the Board on medical equipment and supplies re-
quirements of the Teaching Hospital;
(c) propose manpower structures and research programmes
to the Board; and
(d) advise the Board on any other technical matter.

45. The Human Resource and Management Committee shall—
(g) advise the Board on measures to motivate staff and pro-
mote efficiency;
(b) propose manpower structures and requirements of the
Board;
(c) propose plans and measures for staff development and
training; and
(d) advise the Board on measures to create and maintain at
the Teaching Hospital such conditions as are conducive
to the attainment of a high level of discipline by the staff.

46. The Disciplinary Committee of a Teaching Hospital shall
investigate and report to the Board such disciplinary matters as may be
referred to it by the Board.

47. Without prejudice to section 42 there shall be established in each
Teaching Hospital a House Committee composed of the following—
(a) the Chief Administrator of the Teaching Hospital:
(b) the Director of Administration;
(c) the Medical Director of the Teaching Hospital;
(d) the Director of nursing services at the Teaching Hospital;
(e) the Director of general services of the Teaching Hospital;
(f) the Director of pharmacy;
(g) four persons being representatives of the clinical staff of the Teaching Hospital; and
(h) three representatives of the local Health Service Workers Union nominated by their members.

48. The House Committee of a Teaching Hospital shall—

(a) explain policies and directives of the Board to members of staff of the hospital; and
(b) assist the Chief Administrator of the hospital in the performance of his functions.

PART III—FINANCIAL AND MISCELLANEOUS PROVISIONS

49. The funds of the Service and a Teaching Hospital shall include—

(a) such money as may be provided by Parliament from the Consolidated Fund for the Service or the Teaching Hospital;
(b) money derived from fees;
(c) gifts from any source; and
(d) money derived from investments.

50. (1) The Council and a Teaching Hospital Board shall submit to the Minister detailed budget estimates for each financial year not later than three months before the end of the financial year.

(2) The financial year of the Service and a Teaching Hospital shall be the same as the financial year of the government.

51. (1) The Council and the Board of a Teaching Hospital shall keep books of account and proper records in relation to them and the account books and records of the Service and a Teaching Hospital shall be in a form approved by the Auditor-General.
(2) The accounts of the Service and a Teaching Hospital shall be audited by the Auditor-General within six months after the end of each financial year.

52. (1) There shall be appointed by the President in accordance with the advice of the Council an internal auditor for the Service who shall in the performance of his functions be answerable to the Director-General.

(2) A Teaching Hospital Board shall appoint an internal auditor who shall be answerable to the Chief Administrator in the performance of his functions.

(3) An internal auditor appointed under this section shall at intervals of three months prepare a report on the audit carried out by him during the period of three months immediately preceding the preparation of the report and submit the report to the Director-General or the Chief Administrator as the case may be.

(4) The Director-General and the Chief Administrator shall as soon as practicable after receiving the report forward copies of it to the Chairman of the Council or the Chairman of the Board of the Teaching Hospital.

53. (1) The Council and a Teaching Hospital Board shall as soon as possible after the expiration of each financial year but within six months after the end of the year, submit to the Minister an annual report covering the activities and the operations of the Service or the Teaching Hospital for the year to which the report relates.

(2) The annual report submitted under subsection (1) shall include the report of the Auditor-General.

(3) The Minister shall within two months after the receipt of the annual reports submit a report to Parliament with such statement as he considers necessary.

(4) The Council and a Teaching Hospital Board shall also submit to the Minister such other reports as the Minister may in writing require.

54. (1) The Minister, on the recommendations of the Council or a Teaching Hospital Board, may by legislative instrument make such regulations as he considers necessary for giving effect to the provisions of this Act.

(2) Without limiting subsection (1) of this section regulations may as applicable provide for—

(a) procedure for disciplinary action including offences and penalties;
(b) further provision on the administration and management of specialised institutions;
(c) matters relating to acting appointments;
(d) posting, transfer, secondment and attachments;
(e) matters relating to leaving the Service;
(f) categories of persons or diseases exempted from health service charges;
(g) establishment of health training units for training of doctors and other health personnel;
(h) the role of other health regulatory bodies in relation to the Service;
(i) matters relating to traditional or alternate medicine.

(3) Until provision is made for the Service under this section, the Civil Service Regulations, 1960 (L.I. 47) applicable to the members of the Civil Service shall apply to members of the Health Services subject to the provisions of this Act until replaced by regulations made under this Act.

55. For the avoidance of doubt the Service established under Part I of this Act shall not include persons employed by—

(a) teaching hospitals;
(b) hospitals, health stations, centres or clinics of—
   (i) the Security Services;
   (ii) religious bodies or other charitable institutions;
   (iii) companies;
   (iv) statutory corporations;
   (v) private organisations or individuals or group of individuals.

56. (1) Subject to Part II of this Act the assets, rights and properties of state hospitals and health stations of the Ministry of Health in existence immediately before the coming into force of this Act are hereby transferred to the Service.

   (2) Any obligation or liability subsisting between any state hospital or health station which constitutes a part of the Service and any person immediately before the coming into force of this Act shall subsist between the Service and the person.
“Christian and Muslim religious groups” mean the Christian group—the National Catholic Secretariat, the Christian Council and the Pentecostal Council, the Muslim group—the Federation of Muslim Councils and Ahmadiyya Mission;

“health personnel” means professional health persons employed for the Ministry of Health being medical, dental, nursing, midwifery, pharmaceutical, paramedical staff and auxiliaries;

“health station” means any central or local government funded health post, health centre, health clinic or any other central or local government-funded medical station other than a hospital;

“hospital” means any government-funded hospital within the Service including a specialised institution;

“Minister” means the Minister responsible for Health;

“primary health care” means the approach to health care development aimed at focusing on the majority of health problems of the community with special emphasis on health promotion, disease prevention, community participation and inter-sectoral collaboration;

“primary health service” means clinical and public health services delivered at the community, sub-district and district levels by the Service;

“specialised institution” means health care facilities that manage specific diseases or health conditions such as a psychiatric hospital, leprosarium and cardiothoracic unit;

“security services” means the Armed Forces, the Police Service, the Prisons Service, the National Fire Service, the Customs Excise and Preventive Service, the Immigration Service.

58. The Hospital Administration Law, 1988 (P.N.D.C.L. 209) is hereby repealed.

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