

# Global perspectives on health challenges

## About ACCA

ACCA (the Association of Chartered Certified Accountants) is the global body for professional accountants. We aim to offer business-relevant, first-choice qualifications to people of application, ability and ambition around the world who seek a rewarding career in accountancy, finance and management.

Founded in 1904, ACCA has consistently held unique core values: opportunity, diversity, innovation, integrity and accountability. We believe that accountants bring value to economies in all stages of development. We aim to develop capacity in the profession and encourage the adoption of consistent global standards. Our values are aligned to the needs of employers in all sectors and we ensure that, through our qualifications, we prepare accountants for business. We work to open up the profession to people of all backgrounds and remove artificial barriers to entry, ensuring that our qualifications and their delivery meet the diverse needs of trainee professionals and their employers.

We support our 154,000 members and 432,000 students in 170 countries, helping them to develop successful careers in accounting and business, with the skills needed by employers. We work through a network of over 80 offices and centres and more than 8,400 Approved Employers worldwide, who provide high standards of employee learning and development.

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This paper brings together the views of senior ACCA members around the world on the key challenges facing healthcare systems globally.

The discussions provide an interesting insight into some of the country-specific issues facing healthcare delivery around the world.

### FOR FURTHER INFORMATION

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## **ACKNOWLEDGEMENTS**

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ACCA are grateful for all the help and support received from the members who contributed to this booklet.

## Foreword

As a finance professional working in healthcare, It is my pleasure to write the forward to this publication which brings together the views of senior ACCA members around the world on the key challenges facing healthcare systems globally.

ACCA has a long record of commenting on and supporting the development of healthcare policy at an international level including significant contributions through our partnership with the European Commission to the eHealth agenda and a greater understanding of the potential economic benefits that can be realised in the delivery of healthcare.

Through our international studies around the world over the past 10 years it is clear that all systems, whether publicly or privately financed, face similar challenges particularly with regard to:

- demographic changes with ageing populations
- increasing costs driven by technological advancements, and
- increased levels of consumer expectations.

Our work and studies point to significant opportunities for shared learning between different healthcare systems and the views contained in this publication contribute to that sharing to support the demands and challenges facing healthcare delivery in the 21<sup>st</sup> Century.

In addition to the common challenges, the examples in this book provide an interesting insight into some of the country-specific issues facing healthcare delivery around the world ranging from infrastructure, regulation and recruitment, together with examples of the solutions being employed to address these challenges both financial and non-financial.

In these financially challenged times, the role and contribution of the accountant is as critical as ever in not only ensuring the efficient and effective use of resources but also in contributing to the development and implementation of strategies to transform the way in which healthcare is delivered to meet the challenges faced.

ACCA will continue to contribute to this hugely important agenda, and support advancements in healthcare finance and its members globally working in the sector.



Dean Westcott FCCA

**ACCA President**

Chairman ACCA Health Network Panel 2003–6



## Australia

### Martin Turner FCCA



Position: Chief executive officer  
(before September 2011)

Organisation: Adelaide Health Service

Country: Australia

Year achieved ACCA membership: 1976

#### CAREER LADDER

2011–Present	Healthcare consultant, Oxford Policy Management
2009–2011	Chief executive officer, Adelaide Health Service
1993–2009	Chief executive officer, Wales Health Service
1986–1993	General manager, Wales Health Service
1974–1986	Senior finance roles, Wales Health Service
1969–1974	Finance trainee, Wales Health Service

#### What is your current role?

Until September 2011, I was chief executive officer of Adelaide Health Services.

#### Describe the healthcare system in Australia

Health care in Australia is provided by both public and private institutions.

The public system, Medicare, is funded mainly from general revenue, supplemented by a tax levy. The federal government funds a large proportion of the cost of hospital services, with the patient paying the balance 'out of pocket'. The proportion paid by the government depends on whether:

- the service is listed on the Medicare Benefits Schedule
- the patient is on benefits, and
- the patient has crossed the threshold for subsidised services.

Patients may take out private health insurance to cover 'out of pocket' payments.

To reduce the strain on the public system, the government encourages individuals with higher incomes to take out private health insurance for all their health care requirements; those that don't are charged a 1% surcharge on income.

#### What do you consider to be the key non-financial healthcare challenges in Australia?

The challenges facing Australia are much the same as in many other countries: an ageing population, increasing incidence of chronic diseases, and an ageing infrastructure together with an over-reliance on hospitals for both acute care and care of the elderly.

Australia also has difficulty in recruiting healthcare professionals.

Two particular health challenges for Australia are indigenous health and skin cancer.

Although international studies generally rank Australia's health system highly, statistics disclose big differences in the health of Aboriginal (indigenous) Australians and the rest of the Australian community; Aboriginal child mortality, for example, is twice as high as non-indigenous child mortality.

Australia has the highest rate of skin cancer in the world. It is estimated that two out of three Australians will be diagnosed with skin cancer before they are 70 years of age.

#### **What is being done to address the non-financial healthcare challenges in Australia?**

Much of the strategic planning for health is done at State level with some initiatives supported by the Commonwealth, eg Aboriginal Health Service developments. The strategies being pursued by both are similar and along the following lines:

- investment in hospital infrastructure
- centralising major specialties and decentralising non-specialist activities
- better coordinated hospital services
- more primary health care services
- promoting healthy lifestyles and illness prevention through new GP-Plus healthcare centres,<sup>1</sup> and
- improved management of chronic disease.

#### **What do you consider to be the key financial healthcare challenges in Australia?**

Demands on the Australian healthcare system are increasing because of an ageing population, increased rates of chronic and preventable disease and new treatments becoming available.

#### **What is being done to address the financial healthcare challenges in Australia?**

Working in partnership with states and territories, the Australian government has secured a national agreement to reform the healthcare service. Key components of the *National Health Reform Agreement* include:

- increased transparency across the health and aged care systems
- strengthening the primary care system
- a revised framework for funding public hospitals plus additional investment of AU\$19.8 billion in public hospitals over the decade
- a focus on reducing waiting times, and
- the Australian government's commitment to take full responsibility for policy and funding of aged care services.

#### **What value do you believe accountants add to the delivery of healthcare services?**

Accountants are key to the successful planning and delivery of healthcare services. They are essential members of the management team and, in partnership with other healthcare professionals, ensure that the organisation is efficient and effective and achieves value for money.

#### **Finally, what is the best piece of career advice you have ever received?**

Never assume that other people are motivated by the things that motivate you.

None of us is as smart as all of us.

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1. <https://www.gpplus.com/home.html>

## Trevor Watson FCCA



Position:	Commercial director
Organisation:	Bupa
Country:	Australia
Year achieved ACCA membership:	1992
Specialist interests in the workplace:	What can I do/change that makes a positive difference?

### CAREER LADDER

2009–Present	Commercial director, Bupa Care Services Australia
2008–2009	Development manager, New International Markets, Bupa
2004–2007	Senior consultant, Group Strategy and development, Bupa
2002–2004	Commissioning manager, Bupa
1998–2002	Manager, Barts and The London NHS Trust
1996–1998	Management accountant, Barts and The London NHS Trust
1993–1996	Student nurse, St Bartholomew's School of Nursing and Midwifery – London
1987–1993	Auditor, London

### What is your current role?

I lead the commercial performance of residential aged care facilities.

### Describe the healthcare system in Australia

The Australian healthcare system is predominantly tax funded but with a strong private-pay sector supported by incentives to take out private health insurance.

### What do you consider to be the key non-financial healthcare challenges in Australia?

The main ones are:

- the increase in dementia as the demographic becomes older
- obesity and associated diseases
- smoking and associated diseases, and
- recruitment and training of suitable staff.

### What is being done to address the non-financial healthcare challenges in Australia?

There are numerous initiatives but ultimately, of course, not enough. Key for me is the decision to remove all logos and branding from cigarette packaging. Australia will be the first nation to do this and it will be interesting to see the impact – I hope that it drives a dramatic reduction in cigarette sales.

### What do you consider to be the key financial healthcare challenges in Australia?

The same as other developed health economies – specific inflation in health care is normally higher than in both general inflation and the ability/willingness to pay. Meanwhile, consumer awareness and expectation are ever increasing so that demand is insatiable. Advances in technology and associated medical science compound the issue.



### **What is being done to address the financial health challenges in Australia?**

Nothing particularly radical is being done relative to other democratic countries. The current Labour government has recently issued a strategy for aged care reform over the next decade. There is a consensus that some reform is needed but some are sceptical as to whether the proposals can deliver the required outcomes. Time will inevitably tell and the detail is still being worked through.

Healthcare economies are challenged to allocate scarce resources to competing needs, normally within a political system that tends to reward short-term success, whether real or illusory. In fact what would probably deliver better results is implementation of a clear long-term plan; the impact of this may not be realised for several years and it might also require explicit rationing or recognition of 'winners' and 'losers' and this is not politically or, some would argue, morally acceptable.

A key barrier to effective allocation of resource is misalignment of incentives and the existence of unwarranted medical intervention (which drives cost up) and unwarranted geographical variations in treatment rates that are attributable to clinician preference and financial incentive rather than being evidence-based or resulting from informed choice on the part of recipients of that care.

In my experience, innovation and improvement may be stifled through the absence of goal congruity between different elements of the care delivery value chain; this is particularly so in state-run healthcare systems. A cost incurred through implementing change at one stage of the care pathway may bring savings and/or improved customer outcomes somewhere else in the chain but where this will drive a budget overspend at the point of origin it will almost invariably be shelved and the opportunity for overall net gain is lost.

### **What value do you believe accountants add to the delivery of healthcare service?**

Health care is perhaps unique in its market characteristics and the very real impact it has on people's lives at an emotional and physical level. Like education, it is also a vital factor of national economic wellbeing. Good accountants bring empathy and a pragmatic approach to resolving the tension between delivering world-class care and not having unlimited funds with which to do so.

### **Finally, what is the best piece of career advice you have ever received?**

I've not really been given any that resonates but, from my perspective, you spend a lot of your life working and so you'd best make sure that you are doing something that you enjoy, that inspires you, and that you have fun with. You are also more likely to succeed in something that meets those criteria and so have a positive impact on those around you and make a tangible difference.

## Canada

### Jayshri (Jay) Makwana FCCA



Position: Director, Strategy and Evaluation, Regional Mental Health and Addiction Program

Organization: Vancouver Coastal Health (VCH)

Country: Canada

Year achieved ACCA membership: 1994

Specialist interests in the workplace: My main interest is in strategic planning and evaluation of systemic transformational efforts. This includes innovation and performance management of an integrated approach to care that is patient-centred, equitable, accessible, appropriate, cost effective and sustainable.

#### CAREER LADDER

2011–Present	Director, Strategy and Evaluation, VCH, Regional Mental Health & Addiction
2007–2011	Director, Health Service & Transformation Evaluation and Benchmarking, VCH, Decision Support
2001–2007	Director, Business Planning, Renal Network, British Columbia Provincial Renal Agency (Provincial Health Services Authority)
1999–2001	Senior business analyst, Providence Healthcare, Vancouver
1992–1998	Corporate finance manager, Royal National Orthopaedic Hospital, Stanmore
1988–1992	Assistant management accountant, Santa Cruz Operations, Watford
1987–1988	Assistant management accountant, Microlease PLC, Harrow

#### What is your current role?

As director, Strategy and Evaluation, Regional Mental Health and Addiction, I play an executive leadership role, setting the vision and key steps necessary to transform the system and achieve better alignment between the services currently offered and those that are required.

My role as an entrepreneur involves researching international best practices, and then applying creativity and innovation to the development of knowledge-management systems. My aim is to support the transition towards a more sustainable healthcare system that is responsive to evolving needs.

#### Describe the healthcare system in Canada

Canada has a publicly funded healthcare system administered and operated on a non-profit basis by a public authority. Canadians are ensured universal coverage for medically necessary healthcare services provided on the basis of need, rather than the ability to pay. Health care is financed with general revenue raised through federal, provincial and territorial taxation.

The 1984 federally legislated Canada Health Act established criteria on portability, accessibility, universality, comprehensiveness and public administration.

#### What do you consider to be the key non-financial healthcare challenges in Canada?

The current performance of the Canadian healthcare system pales in comparison with systems in other developed countries. The Canadian healthcare system has faced challenges in recent years due to changes in the way services are delivered, fiscal constraints, the ageing and diminishing work force, the high cost of new technology and treatments as well as the increasing burden of chronic and infectious diseases. These challenges are expected to continue.

From my experience, there is also a lack of coordination between primary, acute and community care, inadequate funding in community care and inappropriate and ineffective use of the most expensive healthcare service – the acute care sector.

Resistance to change and lack of incentives are barriers to the systemic adjustments that would be necessary to eliminate alignment issues such as quality and timeliness of care, and to move from a disease-oriented model of care to an integrated, multidisciplinary, individually tailored patient-centred care model.

### **What is being done to address the non-financial healthcare challenges in Canada?**

Since publicly funded health care began in Canada, the delivery of healthcare services has changed from being reliant on hospitals and doctors to alternative care delivery in clinics, primary healthcare centres, community health centres and home care. There has also been a greater emphasis on public health and health promotion.

Medical advances have led to the provision of more procedures on an out-patient basis as day surgeries. Over the past few decades, the number of nights Canadians spent in acute-care hospitals on a per capita basis has declined, while post-acute and alternative services provided in the home and community have grown, promoting a culture of self-care.

Primary care reforms have included:

- setting up more community primary healthcare centres
- placing greater emphasis on promoting health, preventing illness and injury
- managing chronic diseases by increasing coordination and integration of comprehensive healthcare services, and
- improving the work environments of primary health care providers.

Advancing electronic health technologies have been a focus of attention as significant drivers of innovation, sustainability and efficiency in the healthcare system by improving access to services, patient safety, quality of care, and productivity.

There is a concerted effort to support the benefits of an integrated care service system that includes patient-/family-centric models and the link between continuity of care and reduction in resource use and costs, especially for patients with high care needs. Improving patient experience remains a top priority for all providers, with implementation of strategies to transform patient experience and employee engagement that are sustainable beyond the hospital walls.

### **What do you consider to be the key financial healthcare challenges in Canada?**

Consumers in Canada (as elsewhere in the world) are demanding more and better healthcare services and this demand is increasing more rapidly than the ability to pay for them.

Inflation has been the biggest cost driver. From 1995 to 2002 inflationary increases averaged 2.4% with population growth at 1.2% per year and population aging at 0.9% per year. Major cost pressures include new technologies and drugs plus the expansion of services such as long-term care and home care.

According to the Canadian Institute for Health Information (CIHI), in 1975, total Canadian health care costs consumed 7% of the gross domestic product (GDP). By 2010 this had increased to 11.7% of GDP (or CAD\$5,614 per person).

The way healthcare dollars are spent has changed significantly over the last three decades. On average, the share of total healthcare expenditure paid to hospitals and physicians has declined, while spending on pharmaceutical drugs has greatly increased. The system is also challenged with ageing facilities that require major capital funding investment for renovations and upgrades.

### **What is being done to address the financial healthcare challenges in Canada?**

In recent years, with the aim of controlling costs and improving delivery of care, some provinces and territories have moved away from decentralised models of care to centralised decision-making structures.

Activity-based funding has been introduced in some jurisdictions to increase the number of day surgeries, shorten lengths of stay and to address surgical waitlists and overcrowded hospitals.

The development of collaborative, integrated and shared-care models has led to additional investment in community and home-based care. This has created capacity and enables those patients who no longer need hospital care to be cared for in a community setting of their choice.

### **What value do you believe accountants add to the delivery of healthcare services?**

Accountants, especially those providing business planning support, play a pivotal role in informed decision making in the understanding of the business and in the regulatory and the social aspects of the healthcare system.

As entrepreneurs and creative thinkers, accountants are able to understand and employ business strategies that will create and support sustainable, high performing healthcare organisations.

### **Finally, what is the best piece of career advice you have ever received?**

The best piece of advice I have received is 'The world is your oyster and I have full confidence in you and your ability'. This has led me to believe in myself and to reach for the sky every day to create realities from possibilities.

China

Feng Chaojie FCCA



Position:	Vice president
Organisation:	Autobio Diagnostics Co., Ltd.
Country:	China
Year achieved ACCA membership:	2004
Specialist interests in the workplace:	Financial management

CAREER LADDER

2009–Present	Vice president, Autobio Diagnostics Co., Ltd
2003–2008	President assistant, Autobio Diagnostics Co., Ltd Manager of Administration Department, Autobio Diagnostics Co., Ltd
2000–2002	Enterprise planning supervisor, Autobio Diagnostics Co., Ltd
1999–2000	Accountant, Autobio Diagnostics Co., Ltd
1998–1998	Cashier, Autobio Diagnostics Co., Ltd

What is your current role?

My current role is vice president of Autobio, an organisation that specialises in the field of providing solutions for clinical immunological diagnosis. I am responsible for:

- all finance-related activities
- assisting the chairman
- international sales and marketing, and
- international purchasing and research and development (R&D) cooperation.

Describe the healthcare system in China

Responsibility for the healthcare service in China rests mainly with:

- the Ministry of Health
- the State Food and Drug Administration, and
- the General Logistics Department (military health care).

In respect of expenditure, in 2010 the ratio of government to social<sup>2</sup> to ‘out-of-pocket’<sup>3</sup> expenditure was 1:1.27:1.36.

The healthcare system in China is structured into three parts: hospitals (2.2%), primary healthcare institutions (96.2%) and specialised public health institutions and other institutions (1.6%).

The number of private hospitals is increasing rapidly. By December 2011, there were more than 21,000 hospitals, of which 37% were private. Despite this, private health care accounts for only around 10% of hospital beds, health personnel, registered doctors and turnover.

About 13,000 hospitals are graded. In 2010 there were around 1,300 grade three hospitals – these hospitals have the most experienced staff and more advanced equipment, 6,500 grade two hospitals and 5,300 grade one hospitals.

2. ‘Social’ health expenditure means the financial contributions to the health service from society rather than from the government. It includes spending from social health security, commercial health insurance, social hospitals operation, donation, and revenue from administrative and institutional fees.

3. An ‘out-of-pocket’ expense is a cost that must be paid directly by the patient from personal funds.

World Health Organization (WHO) figures show that, in 2009, China's total expenditure on health care as a percentage of gross domestic product (GDP) was 4.6%; China was ranked as 147 out of 193 member countries. By 2011 the ratio had increased slightly to 5%. Total healthcare expenditure per person is also quite low; China is ranked at 114 out of 193 member countries of WHO.

#### **What do you consider to be the key non-financial healthcare challenges in China?**

From my point of view, the key non-financial health challenge remains the problem of access to care. In larger hospitals we always have very long queues of patients waiting for medical services and there are many beds in the corridors.

The main reason for this is disproportionate healthcare resource allocation that, in the past, focused on larger hospitals. In 2010, urban areas had 7.6 health personnel per thousand whereas in rural areas there were just 3.0.

Patients, whether from urban or rural areas, favour the larger hospitals as they offer better health care; this encourages the rapid expansion of larger hospitals and reduced investment in smaller hospitals and local clinics.

#### **What is being done to address the non-financial healthcare challenges in China?**

The Chinese government is working to address this challenge and it is one of the main targets of healthcare reform.

The government is investing hugely in the construction and renovation of rural healthcare centres, in training rural healthcare personnel and in purchasing medical equipment. It is also working to change public perception of local healthcare service provision and is encouraging patients to accept services provided by local medical centres for standard diagnostics, disease prevention or cure, etc.

#### **What do you consider to be the key financial healthcare challenges in China?**

The key financial health challenge is solving the problem of providing appropriate health care, particularly to rural populations. This is a problem that is seen worldwide but is a particular issue for China.

This problem is due in part to limited government expenditure but was also caused by previous government policies, which allowed hospitals to make profits on the supply of drugs and losses on the provision of medical services.

#### **What is being done to address the financial healthcare challenges in China?**

The Chinese government identified this problem as one of the main targets for healthcare reform.

The government is making a great effort to set up a health insurance system for rural populations, to increase government expenditure, to separate pharmacies from medical institutions, to change the system of charging high prices for drugs and lower prices for services and to reduce the cost of drugs through tendering processes, etc.

#### **What value do you believe accountants add to the delivery of healthcare services?**

Accountants can help decision makers to:

- enhance the efficiency of healthcare personnel and funding
- avoid unnecessary expenditure
- improve risk control
- boost innovative investment through careful budget management
- provide timely precise financial and performance evaluation reports, and
- distinguish between standard costs and those related to other activities such as R&D.

#### **Finally, what is the best piece of career advice you have ever received?**

There is a Chinese saying that suffering a loss is a blessing. If you always work according to what the company pays you or care too much about what the company might pay you, your talent will be limited and it will be hard to have a bright future. Conversely, if you always focus on working better and do not care too much if someone else gets a better pay cheque than you now, then generally you will be noticed and get an unexpected reward.

## Raymond Chan FCCA



Position: GE Healthcare Greater China controller

Organisation: GE Healthcare

Country: China

Year achieved ACCA membership: 2006

Specialist interests in the workplace: Controllershship and compliance

### CAREER LADDER

2007–Present Greater China controller, GE Healthcare

2002–2007 Greater China systems controller, Philips Medical Systems

1995–2002 Asia Pacific finance manager, Elscint

1990–1995 Asia Pacific financial controller, Tandy Electronics China

1987–1990 Senior auditor, Price Waterhouse

### What is your current role?

I am Greater China controller at GE Healthcare and responsible for managing all controllership and financial operational aspects of the business, including closing and reporting, accounting practices, policy implementations, financial compliance and internal controls, as well as leading our broad-based global controllership initiatives such as simplification.

### Describe the healthcare system in China

The system is highly regulated in terms of restricted business license control, product registrations and usage quota/allocations and in pricing control in pharmaceutical products.

The majority of hospitals and clinics are publicly owned but the Ministry of Health has opened up the opportunity for private hospitals to be built and operated.

The international healthcare device providers extend their focus from high-end hospitals only to the primary care market as greater access to more healthcare coverage in the rural areas is one of the cores of the healthcare reform in China. The competition becomes more volatile with many local providers' participation.

### What do you consider to be the key non-financial healthcare challenges in China?

These are:

- imbalance of healthcare resource allocation
- imbalance of the quality of healthcare services
- insufficient healthcare professionals (in terms of both quality and experience) relative to the population and the pace of urbanisation, and
- the risk of corruption during the commercial transaction cycle.

### **What is being done to address the non-financial healthcare challenges in China?**

Government-led healthcare reforms include:

- reallocation of resources
- increased provision of healthcare services through upgrading of equipment
- higher free-services subsidy
- prosecuting corruption cases seriously with disciplinary and/or criminal actions, and
- huge efforts in the training and development of doctors, nurses and hospital management. This includes both bringing overseas experts to China to support training needs and sending Chinese healthcare professionals to more developed countries for training.

### **What do you consider to be the key financial healthcare challenges in China?**

The pricing of healthcare services is too high.

As far as government healthcare reform is concerned, funding reallocation is still the top concern, while suppliers' demand for financing is increasing.

### **What is being done to address the financial healthcare challenges in China?**

Reform of the government subsidy reallocation.

Introduction of commercial insurance for medical services.

Broader financing solutions, including leasing, trade-ins, private sector.

### **What value do you believe accountants add to the delivery of healthcare services?**

Accountants can:

- strengthen the compliance control environment
- develop financing models, and
- introduce dynamic business models.

### **Finally, what is the best piece of career advice you have ever received?**

If you are interested, you are keen to do it. Opportunities are given to those who are prepared.

England

Sue Jacques FCCA



Position:	Chief executive
Organisation:	County Durham and Darlington NHS Trust
Country:	England
Year achieved ACCA membership:	1996
Specialist (work) interests:	Defining and driving value in health care

CAREER LADDER

2012–Present	Chief executive, County Durham and Darlington NHS Foundation Trust
2011–2012	Chief operating officer and finance director, County Durham and Darlington NHS Foundation Trust
2007–2011	Finance director, County Durham and Darlington NHS Foundation Trust
2003–2007	Finance director, County Durham and Darlington NHS Trust
2001–2003	Finance director, North Durham Health Care NHS Trust

What is your current role?

I am the chief executive at County Durham and Darlington NHS Trust, an integrated acute and community trust. We provide a broad range of community, general medical and surgical services, including Accident and Emergency, for over 600,000 people a year. We are one of the largest non-teaching hospitals in the NHS and have about 1,200 inpatient beds and over 8,000 staff.

My main responsibility is to ensure that we provide the very best health care to the patients that we serve at an affordable price. In doing so we have three key strategic priorities: integrating hospital and community services and providing care as close to our patients’ homes as possible; helping to improve the health and well-being of the population that we serve; and providing centres of excellence in respect of secondary health care at our main acute sites.

Describe the healthcare system in England

The health system in England, the National Health Service (NHS), is state funded through taxation with health care largely free at the point of delivery. Health care provision is predominantly state-owned although the private sector is able to compete for NHS business.

Despite the predominance of the state, the government splits the commissioning and provision of health care, creating an internal market which it expects brings a level of efficiency that would otherwise not exist.

The NHS is a one of the largest employers in the world with over 1.4 million staff in England. It employs 16,368 finance staff of whom 4,396 are qualified accountants (1,227 ACCA qualified) and 2,217 are studying for a professional accountancy qualification (805 ACCA students).<sup>4</sup>

4. *Hfma Briefing* (NHS Finance Function) February 2012.



### **What do you consider to be the key non-financial healthcare challenges in England?**

The NHS, like many health systems across the world, is facing a number of non-financial challenges.

Our ageing population is a cause for celebration but places an increased demand on services as this group often have a number of long-term medical conditions.

Patients' expectations are increasing as we become a more consumer-driven society, albeit that those patients do not pay directly for the health care that they receive but indirectly through taxation.

In common with many Western countries our lifestyle choices are compromising our health and placing additional demands on healthcare services. Obesity, alcohol consumption and smoking are among the main issues.

### **What is being done to address the non-financial health challenges in England?**

Health care providers are required to produce quality accounts as well as financial accounts to ensure that appropriate focus is given to improving clinical outcomes and patient experience.

Telehealth and telemedicine are being introduced to allow care to be provided closer to home, and money is being spent on public health campaigns to encourage the population to lead healthier lives and on screening for disease so that it is picked up at an earlier stage and so better managed.

### **What do you consider to be the key financial healthcare challenges in England?**

The key financial challenge facing England is the need to increase productivity and efficiency so as to contain healthcare spending in real terms within existing costs, despite inflationary pressures and increasing demand.

To do so we need to eliminate waste and inefficiency and move care from the more expensive hospital settings to lower-cost community facilities. We must embrace technology to free up highly skilled clinicians to deliver more front-facing care and look to personal healthcare budgets to better engage the patient in choosing the most efficient type of health care provision best suited to their needs.

### **What is being done to address the financial healthcare challenges in England?**

A challenge has been set by the government of improving efficiency by £20 billion over the next three years (out of a total spend of around £110 billion).

Called QIPP [Quality, Innovation, Productivity and Prevention], it is manifest in reductions of approximately 4% each year in the tariff that is paid to health care providers for each episode of care that they deliver. Alongside this, financial incentives of 2.5% are available for achieving improvements in clinical quality.

### **What value do you believe accountants add to the delivery of healthcare services?**

Accountants are uniquely positioned as a result of their professional training and experience to help healthcare services measure and manage value. As healthcare systems across the world are required to provide more and better for less, clinicians are working in partnership with accountants to understand the component costs of the healthcare services that they provide and to transform the way health care is delivered. Using methodologies such as Lean and Six Sigma, accountants, through service line management, are supporting clinicians in eliminating variation and waste.

### **Finally, what is the best piece of career advice you have ever received?**

Never turn down an opportunity no matter how much it will take you out of your comfort zone – it will always be worth it and the opportunity may never present itself again.

## Mark Millar FCCA



Position:	Interim chief executive
Organisation:	Milton Keynes NHS Foundation Trust
Country:	England
Year achieved ACCA membership:	1980
Specialist interests:	Public sector planning and performance, personal and organisational development.

### CAREER LADDER

2011–Present	Non-executive director and chair of audit committee, Papworth Hospital, NHS Foundation Trust
2010–Present	Interim chief executive, Milton Keynes Hospital NHS Foundation Trust
2007–2010	Chief executive, Hinchingbrooke hospital
2005–2007	Director of resources, Essex Strategic Health Authority
2002–2004	Chief executive, Southern Norfolk PCT [Primary Care Trust]
1999–2003	Director of finance, NHS Suffolk

### What is your current role?

I am the chief executive at Milton Keynes NHS Foundation Trust. This is a medium-sized general hospital with 500 inpatient beds, which provides a broad range of general medical and surgical services, including Accident and Emergency, for over 300,000 people every year.

I have overall responsibility for the performance of the hospital, which includes not only financial performance but also the safety and quality of clinical services given to our patients. As this is a public hospital I am accountable to a board of governors elected by local people and the staff of the hospital.

I have reached the stage of my career where I am asked to assist hospitals that are experiencing some difficulties. Hence my role is as an interim CE while we work to overcome the difficulties and prepare to hand responsibility back to a substantive chief executive.

Unusually, I am also a non-executive director of the world-famous Papworth Hospital. I chair the audit committee at an exciting time as we look to rebuild and relocate the hospital over the next few years.

### Describe the healthcare system in England

England's healthcare system, the National Health Service (NHS), was established over 60 years ago, in 1948. Funded through national taxation, it provides free health care, with the exception of pharmacy, optical and dental services, to all UK residents based on health need rather than ability to pay. (Pharmacy, dental and optical services are provided free of charge to certain groups – such as children – and at subsidised rates to others.) In 2012/13, the NHS in England has a revenue budget of £91.6 billion.

A small proportion of the UK population (10.4% in 2008) have chosen to take out supplementary private health insurance, either through their employer or independently, to gain faster access to care and increased choice. The number of people taking out such policies, however, appears to be in decline with the vast majority of the population reliant on the NHS.

Although the basic principle of 'providing free health care at the point of delivery' has remained unchanged since the inception of the NHS, there have been numerous organisational changes over the last 60 years. These changes were essential to modernise service delivery and meet changing clinical practices.

The current structure of the NHS in England is based on a commissioner/provider split. Commissioning organisations are responsible for purchasing health care for their local populations while provider organisations, such as hospitals, deliver that care. Patients access care through referral from their primary care doctor.

The NHS comprises many discrete organisations. Each of these organisations is headed up by a board which has collective responsibility for the strategic direction, performance and governance of that organisation.

#### **What do you consider to be the key non-financial health challenges in England?**

As with all health systems, the challenges in England are concerned with matching clinical advances and patient expectations against the limited resources available. In the age of the internet and other mass media, patients are far more knowledgeable than they were about the range of treatments available and are more demanding about the standards of care.

#### **What is being done to address the non-financial healthcare challenges in England?**

Service standards are being driven up across the NHS. Performance data are now readily available allowing comparisons to be made across hospitals and individual clinicians. Accountability for care is now far more explicit as clinical audit becomes established. The goal is constantly to find more cost-effective ways of meeting patient expectations and evidencing outcomes and high standards.

#### **What do you consider to be the key financial healthcare challenges in England?**

As you can see, it is really difficult to separate the things that really matter to patients – their clinical care – from the financial pressures. Evidence shows that it is not possible for any healthcare system to continue to invest in provision at a rate which meets patient demand and expectation.

#### **What is being done to address the financial healthcare challenges in England?**

We have an established programme to get more value out of each pound spent on the NHS. We recognise that prevention is better than cure and that care in the community is inherently cheaper than care in hospital. We need to harness technology to make this a reality and change the shape of the NHS away from being a primarily hospital-based model. Hospital care is the most expensive part of the service yet it is delivered to only a small proportion of people. Shifting care out of hospitals has a disproportional benefit on the finances of the system.

#### **What value do you believe accountants add to the delivery of healthcare services?**

Accountants in this field cannot just be scorekeepers, recording events. They are key planners in the system and need to have modelling skills, inquiring minds and radical ideas. They need to be vocal in advocating, promoting and evaluating change. They can be seen as positive agents for change rather than risk-averse bean counters.

#### **Finally, what is the best piece of career advice you have ever received?**

Beware of knowing the cost of everything and the value of nothing.

You are only as good as the people around you. Recruit wisely and be part of the team.

Understand the difference between management and leadership.

## Ghana

### Samuel Quarshie FCCA



Position:	Head, Information and Communications Technology (ICT) Department
Organisation:	Ghana Health Service
Country:	Ghana
Year achieved ACCA membership:	2001
Specialist interests in the workplace:	Building an ICT platform for implementing, securing and managing emerging technologies that support the health care delivery system.

#### CAREER LADDER

2004–Present	Head of ICT Department, Ghana Health Services
2006–2010	Deputy director of finance, Ghana Health Service Headquarters
2001–2006	Acting head, Financial Info Systems Management, Ministry of Health
1997–2000	Finance and administration manager, East Legon Hospital and Pain Clinic
1995–1996	Trainee accountant, Enoch Doodo and Co. Chartered Accountant.
1993–1994	Assistant schedule officer, Ministry of Finance and Economic Planning

#### What is your current role?

I currently wear two hats. As head of the ICT Department, I am responsible for ensuring that corporate ICT initiatives and activities are aligned with the corporate strategic plans and conform to the government's eGovernance Project. In addition I manage the project accounting component of the Health Services Rehabilitation Project Phase 3 (HSRP3) of the MOH [Ministry of Health].

#### Describe the healthcare system in Ghana.

The healthcare system in Ghana is structured by administration, service delivery, and health interventions. To ensure a well-coordinated continuum of care, defined healthcare services are provided at regional, district and community administrative levels.

There are currently three tiers of service provision: primary, secondary and tertiary. Agencies under the MOH, such as the GHS, manage the hospitals, polyclinics and community health centres that provide primary and secondary healthcare services and the Teaching Hospitals administer services at the tertiary level.

Priority health intervention programmes exist to address tuberculosis, HIV/AIDS, malaria control, Guinea worm eradication, reproduction and child health. Programme managers are in place to provide leadership and direction for each of these areas.

Private hospitals and clinics play a crucial role in the delivery of care as do religion-based facilities, such as the Catholic hospitals, and quasi-government institutions such as the police and military hospitals.

#### What do you consider to be the key non-financial healthcare challenges in Ghana?

Non-financial healthcare challenges include traditional and cultural barriers that prevent prospective patients from accessing modern healthcare services, difficulty in accessing health care due to a poor transport network in remote areas, inadequate staffing in remote healthcare facilities and the existence of several information systems for collecting and managing data relating to patient-identifier information.

### **What is being done to address the non-financial healthcare challenges in Ghana?**

The MOH is pursuing a public–private partnership strategy in addressing the non-financial challenges.

Non-governmental agencies and civil society organisations are encouraged to participate in educational activities aimed at changing the negative traditional and cultural values inimical to the provision of quality health care.

The MOH is collaborating with the Ministry of Transport to prioritise road construction in remote areas. The transport directorates of the MOH and GHS have implemented innovative strategies involving the use of boat and canoe clinics, motorbikes and solar-powered medical devices in the hard-to-reach areas.

The MOH has also recognised the enormous opportunity offered by ICT in the area of telemedicine and the use of mobile telephony as a means of providing specialist healthcare services in remote areas. A National eHealth Policy and Strategy has been developed for the healthcare sector, which provides a broad framework for the use of ICT in the delivery of health care.

The Ministry of Communication has commenced the implementation of the government's eGovernance project.

The National IT Agency (NITA) has developed an enterprise architecture for the GHS and is currently collaborating with the National Health Insurance Authority and other providers to develop a Health Data Dictionary and ICT master plan for the Ministry of Health. This will form the bedrock for addressing issues relating to interoperability of healthcare management information systems and will facilitate the timely generation of data and information to support clinical and management decisions.

### **What do you consider to be the key financial healthcare challenges in Ghana?**

The financial management systems have undergone some reforms over the past few years. The Ministry of Finance and Economic Planning initiated the Public Sector Financial Management Programme (PUFMARP). Among the challenges identified were:

- lack of professionally trained accountants
- poor or inadequate automation of financial transactions

- the need for a review of the accounting manual
- ensuring security of financial records, and
- delays in the generation of financial reports.

### **What is being done to address the financial healthcare challenges in Ghana?**

The MOH and other agencies such as the GHS, Teaching Hospitals, etc operate a financial management system prescribed by the government.

In addition to measures to ensure adherence to government financial regulation and administrative procedures, computerised systems are being put in place to automate financial transactions; measures are also being taken to ensure that adequate security systems exist for safeguarding financial records.

Recruitment of professional accountants and training of existing staff are also taking place.

### **What value do you believe accountants add to the delivery of healthcare services?**

Accountants, especially those with multiple skill sets, add enormous value in the delivery of health care. Apart from ensuring that adequate resources are available and disbursed judiciously, they also apply the principles of economy, efficiency and effectiveness in any financial decision-making process.

They are also key in setting fees for hospital operation and for managing the Health Insurance Scheme funds.

Accountants are more able than others to articulate the relationship between financial and non-financial indicators, their probable impact on the operation of healthcare facilities and ultimately on the quality of health care delivered to the patient.

### **Finally, what is the best piece of career advice you have ever received?**

The best piece of advice I had was to pursue a career in management information systems. The advice came from my former financial controller, Mr Patrick Nomo, also a member of ACCA. He afforded me the opportunity to commence courses in programming, systems administration, network administration, and IT Security Management. I also undertook courses relating to the management of patient-identifying information and medico-legal issues within the context of health care delivery.

## Ramatu Ude Umanta FCCA



Position: Acting director finance

Organisation: Ghana Health Service (GHS),  
Ministry of Health (MOH)

Country: Ghana

Year achieved ACCA membership: 2001

Specialist interests in the workplace: Financial management

### CAREER LADDER

2008–Present	Acting director finance, GHS, MOH
2006–2008	Deputy director, Finance, GHS, MOH
2002–2006	Ministry of Health desk officer on donor funding
2000–2002	UNFPA project accountant on health projects

### What is your current role?

I am chief adviser on financial affairs for GHS, providing direction on all financial issues.

### Describe the healthcare system in Ghana

Responsibility for managing the strategic direction of the healthcare service and the development of healthcare policies rests with the MOH of Ghana. Regional health directorates provide direction and coordination of healthcare activities within their boundaries. The many agencies under the MOH are responsible for implementing the healthcare policies. The Ghana Health Service is the largest agency under the MOH and delivers over 90% of healthcare activities in the country.

Clinical and public healthcare services are provided at primary, secondary and tertiary levels. At the primary level, community-based healthcare planning and services (CHPS) compounds, health centres, district hospitals and district health directorates provide both public and clinical healthcare services to local communities. Access to one of the regional hospitals at secondary care level is through referral from primary care services. Teaching hospitals provide training for medical doctors and other key medical personnel and provide health care for patients referred for specialist services by the regional hospitals.

### What do you consider to be the key non-financial healthcare challenges in Ghana?

There are three such challenges in Ghana. The first relates to human resource; overall there are not enough health professionals and there are insufficient skilled staff at all levels so that available personnel are overstretched. Staff shortages make it very difficult to provide deprived rural communities with quality healthcare services, a problem further compounded by the reluctance of many health workers to go to the more remote and deprived areas to work. Some health workers leave the country for greener pastures – especially to Europe and North America.

The second challenge relates to the geographical or cultural accessibility of health care. Ghana has a large illiterate population, the majority of whom are poor. Most of the people do not appreciate that changes to lifestyles and practices would minimise, if not totally prevent, the incidence of common illnesses. For example:

- some mother-in-laws are against the use of midwifery services by their daughters-in-law, a problem that has contributed to the high maternal mortality rate of about 350/100,000

- most people engage in self-medication and go to the hospital only as a last resort, and
- the majority of rural folks give protein foods to the adults in their household rather than to the children, who need them most.

The third major challenge confronting the health sector in Ghana is poor sanitation – particularly in the cities. Most drains in the country are not covered.

To further complicate matters, there is generally a poor culture of sanitation among the people. It is common to see people throwing rubbish everywhere, including drains. Most drains in the cities are therefore choked with filth. (Unlike some other countries Ghana has not banned the use of non-biodegradable materials especially in retail transactions.) This generates mosquitoes and triggers malaria and other diarrhoeal diseases. Health outcomes are therefore negatively affected. Although laws exist to deal with such practices, they are generally not enforced.

#### **What is being done to address the non-financial healthcare challenges in Ghana?**

Interventions are being put in to address these challenges. There are now more training institutions being established. The government has also made a conscious effort over the years to improve the working conditions (in terms of remuneration) of most healthcare workers. Staff are actively encouraged to relocate to deprived areas by giving them promotions earlier than those in the cities and non-deprived areas.

The low literacy level affects more than just health. Ghana, therefore, made basic education free, compulsory and universal as part of its constitutional provisions in 1992. These are interventions to increase enrolment and improve the literacy levels; these aim to achieve better outcomes in all areas of national development, not just health care.

In the area of sanitation, educational campaigns are being waged in the media, particularly on the radio, and the majority of major drains are dredged when the rains are about to set in.

#### **What do you consider to be the key financial healthcare challenges in Ghana?**

The health budget has always been the second largest budget after education in terms of its proportion of the national budget; over 90% covers staff remuneration. This leaves very little for health infrastructure, equipment, training

and other logistics necessary for the provision and sustenance of quality health care.

Most programmes that are expected to improve and strengthen the healthcare systems either cannot be implemented or are not completed because of inadequate funding. Where the resource for an activity is available and sufficient, there have sometimes been delays in the release of the funding.

#### **What is being done to address the financial healthcare challenges in Ghana?**

To deal with these challenges, the MOH has formed a strong partnership with its development partners in key activity areas of the healthcare sector. Common understandings are reached annually on policy directions and key expected health outcomes as well as the resources required for implementing agreed healthcare programmes.

#### **What value do you believe accountants add to the delivery of healthcare services?**

Accountants play a critical role in sustaining the healthcare delivery system and providing quality health care. The healthcare system, like any other area of activity, thrives on the availability and prudent management of resources.

Importantly, accountants at all levels are responsible for designing internal controls that will safeguard the assets deployed for the health system and then for ensuring compliance with these controls. Good internal controls and their enforcement are necessary to prevent and detect fraud and errors.

Funds available for healthcare service delivery are woefully inadequate; the need for judicious use of funds within the sector therefore needs no emphasis. Finance managers in the healthcare sector ensure that all relevant financial laws and regulations, as well good financial management practices, are followed. They provide financial information for sound management decisions and advise management on issues that have financial implications. In this process accountants contribute immensely to the prudent use of the limited funds available within the sector.

For transparency, continuous support, sustainability and positive health outcomes, the healthcare system must be properly accountable to all stakeholders.

#### **Finally, what is the best piece of career advice you have ever received?**

To pursue the ACCA professional programme.

# Hong Kong

## Janet O FCCA



Position:	Head of business administration, Healthcare Sector
Organisation:	Siemens Limited
Country:	Hong Kong
Year achieved ACCA membership:	1992
Specialist interests in the workplace:	Adding value to healthcare services, reducing cost and increasing efficiency.

### CAREER LADDER

2004–Present	Head of business administration, Healthcare Sector – Siemens Ltd, Hong Kong
2002–2003	Financial controller, Asia Pacific Software Division, HP, Hong Kong
1995–2002	Finance director, Greater China CPCG Division, Compaq Limited, Hong Kong

### What is your current role?

Siemens is one of the world’s largest suppliers to the healthcare industry and a trendsetter in medical imaging, laboratory diagnostics, medical information technology and hearing aids. Siemens offers its customers products and solutions for the entire range of patient care from a single source: from prevention and early detection to diagnosis, and on to treatment and aftercare.

As the head of business administration of the Healthcare Sector, I take care of all commercial affairs within the sector. I work with the business partner to develop annual budgets and long-term strategic plans, to drive financial excellence, to achieve agreed financial business targets and to ensure the integrity of financial reporting and the effectiveness of the risk-management and internal control system.

### Describe the healthcare system in Hong Kong

The healthcare system in Hong Kong is mainly government subsidised. There is no mandatory health insurance. Responsibility for setting policy and monitoring the Hospital Authority (HA) performance rests with the Food and Health Bureau.

The HA is responsible for managing both Hong Kong’s public hospitals and their community services. The HA is accountable to the Hong Kong Special Administrative Region Government through the Secretary for Food and Health.

The HA currently has a workforce of around 59,000 people, and manages 41 hospitals and institutions, 74 general out-patient clinics (GOPCs) and 49 specialist out-patient clinics (SOPCs). GOPCs offer general healthcare and medical services, while SOPCs strive to provide ever-better standards of treatment by keeping pace with the latest medical and scientific advances.

Patients may choose to visit government hospitals and clinics for treatment at a low cost – though this normally involves a long waiting time – or, if they are willing to pay more, they may choose to be treated in the private sector.



### **What do you consider to be the key non-financial health challenges in Hong Kong?**

The key non-financial health challenges in Hong Kong are:

- insufficient capacity to meet growth in demand; the ageing population and patients from Mainland China are creating a substantial increase in demand but there are not enough hospitals or healthcare professionals to meet this demand, and
- ageing population and early occurrence of chronic disease.

### **What is being done to address the non-financial healthcare challenges in your country?**

To meet the increase in demand the government has identified land on which to build four new private hospitals and it has opened up the door to attract overseas doctors to Hong Kong to serve our community.

In addition to increasing capacity, the government continues to run health promotion campaigns aimed at keeping people healthy and out of hospital. These include strengthening primary and community care services, so that hospital staff are able to focus on the prompt treatment of patients with more urgent needs.

### **What do you consider to be the key financial healthcare challenges in your country?**

The key financial challenges in Hong Kong are:

- the limited budget available, and
- keeping pace with the latest medical developments.

### **What is being done to address the financial healthcare challenges in your country?**

The government is promoting public–private partnership and is partnering with the private sector for the provision of services. It is also working on the health insurance policy.

Hospital accreditation is widely adopted as a tool for sustaining and improving the quality of healthcare services, to establish standards and to implement measures for continuous improvement.

### **What value do you believe accountants add to the delivery of healthcare services?**

As a supplier to the healthcare industry, our mission is to provide the sector with advanced technology that will increase efficiency at an affordable cost. We also provide both private and public organisations with business models that meet their financial needs and will help them plan, develop and deliver better healthcare services for the community.

By optimising clinical workflows in hospitals and clinics, we can make healthcare faster, better and more cost-effective.

### **Finally, what is the best piece of career advice you have ever received?**

Don't limit yourself. Be open-minded to new challenges.

## Jamaica

### Michael Maragh FCCA



Position:	Principal finance officer
Organisation:	Ministry of Health
Country:	Jamaica
Year achieved ACCA membership:	2001
Specialist interests in the workplace:	Management of the Ministry's total budget

#### CAREER LADDER

2011–Present	Principal finance officer, Ministry of Health
2009–2011	Director of finance, Accountant General Department
2004–2009	Director of pensions, Accountant General Department
2000–2004	Director of finance, Accountant General Department
1999–2000	Accountant financial reporting, South East Regional Health Authority
1997–1999	Supervisory accountant, Kingston Public Hospital
1990–1996	Various clerical roles, National Public Health Laboratory, Kingston Public Hospital

#### What is your current role?

My role is to ensure the effective, efficient and economical use of the Ministry's funds in the fulfilment of its corporate objectives and, in respect of budget implementation, to ensure a high standard of probity, propriety, regularity, transparency, accountability and value for money.

I am responsible for the overall management of the Finance and Accounts Division of the Ministry and am principal adviser to the Permanent Secretary on all financial matters relating to expenditure, budgets and other funds and assets that are under the control of the Ministry.

#### Describe the healthcare system in Jamaica

It is characterised by the economic reality of trying to deliver quality health care while the state is applying tighter fiscal management in response to shocking world events.

The storm clouds of recession have made it difficult for the Ministry of Health to address the stark inequalities in health care across the island's public hospitals. This has been compounded by the government's no-user-fee policy for all citizens and legal residents,

The Ministry of Health is faced with numerous limitations and challenges, some of which are highly unpredictable and with a high level of risk to public health.

#### What do you consider to be the key non-financial healthcare challenges in Jamaica?

The key such challenges are:

- inadequate budget provision
- identifying and removing inequalities in healthcare delivery
- introducing / improving awareness programmes about healthy lifestyles
- implementing best practice across all Regional Health Authorities.

### **What is being done to address the non-financial healthcare challenges in Jamaica?**

The government of Jamaica has been investing significantly in health care through the training of much-needed health professionals and through the urgent rehabilitation of infrastructure.

As the change agent for health care delivery, the Ministry's commitment to achieving national objectives remains the main strategic focus and as a result it has been targeting the following areas:

- improving primary health care and maximising available resources
- strengthening the Ministry's governance of the Regional Health Authorities and agencies that fall within the its portfolio
- increasing capacity at major healthcare facilities
- repairing and upgrading laboratory facilities
- installing piped medical gases infrastructure
- promoting the efficient use and safe delivery of medical gases within healthcare institutions
- supporting the reform of mental health services
- rehabilitating the mentally ill within society through 'assisted living'.

### **What do you consider to be the key financial healthcare challenges in Jamaica?**

The primary financial challenge is the inadequacy of financial resources.

It is, however, of paramount importance that the budget for health care delivery be drafted in accordance with the level of activity at each service point. This will demonstrate if the budget provision is sufficient to allow the Ministry to achieve its strategic objectives.

### **What is being done to address the financial healthcare challenges in Jamaica?**

The government of Jamaica has given its commitment to providing the requisite financial resources through constant review by the Ministry of Finance. As a result, several areas of the Ministry's operation have been subjected to a value analysis to determine whether they are being provided at minimum cost, to eliminate slack and waste and to assess the extent of their added value.

### **What value do you believe accountants add to the delivery of healthcare services?**

The Finance and Accounts Branch seeks to become the most prudent custodian of the Ministry of Health's financial resources.

The Finance Division's role is critical in the monitoring of programmes and activities and in ensuring that the Ministry of Health achieves its strategic objectives. Regular monthly meetings and clearly produced reports help ensure goal congruence across all major departments and regions; they support more informed decision making in the allocation of financial resources, helping the Ministry achieve its mission and vision.

The Finance Division provides sound financial support through the application of accounting procedures and policies in keeping with the Financial Administration and Audit Act and Procurement Regulations as well as other operations of law.

### **Finally, what is the best piece of career advice you have ever received?**

If you love your job and put your heart in it, knowing that it is God the Father through his son Jesus Christ who has led you to this area of work, then you will never work a day in your life.

Malawi

Natasha Nsamala FCCA



Position:	Chief executive officer
Organisation:	Malawi Blood Transfusion Service (MBTS)
Country:	Malawi
Year achieved ACCA membership:	2001

CAREER LADDER

2009–Present	Chief executive officer, MBTS
2005–2009	Finance and administration director, MBTS
2003–2005	Head of operations/finance, African Banking Corporation, Malawi Limited
1996–2003	Audit trainee to audit supervisor, Deloitte

What is your current role?

The MBTS is a registered non-profit-making trust whose key objective is to reduce the incidence of HIV and other diseases transmissible by blood transfusion in the Malawi population through:

- the provision of safe, adequate and accessible supplies of blood and blood products for all those in need and in recognised healthcare establishments in Malawi, and
- the promotion of the appropriate clinical use for blood and blood products.

As the chief executive officer my key role is to provide strategic direction and management with regard to the provision of safe blood in a quality-controlled environment; to ensure a financially sustainable service that is run professionally and is accountable at all times; to provide support advice and expert analysis to the board of trustees; and to liaise with all key stakeholders, including the government of Malawi and its funding partners.

Although MBTS operates in a resource-limited setting, my vision is to attain and maintain international standards; to ensure a sustainable service that provides adequate, equitable and accessible safe blood supplies to the Malawi nation.

Describe the healthcare system in Malawi

The Malawi Constitution obliges the state ‘to provide adequate health care, commensurate with the health needs of Malawian society and international standards of health care’. The Constitution guarantees, therefore, free health care to all Malawians.

Just over half the healthcare establishments are owned and run by the government, about 16% are run by the Christian Health Association of Malawi (with whom the government has agreements to provide basic health care free of charge to the mainly rural population which it serves) and the rest are run by private sector establishments that charge a fee for their services. A very minute percentage of the population has health insurance.

In the past year the public health establishments have been dogged by a serious lack of essential drugs, consumables and equipment so that, while the services are free, the quality is not good.

### What do you consider to be the key non-financial healthcare challenges in Malawi?

Malawi's high population means that the limited resources allocated to healthcare services are spread really thinly, thus affecting the government's ability to provide quality healthcare services. Malawi's population at the latest census, conducted in 2008, was 13.1 million with a growth rate of 3.2% a year. This high growth is predominantly due to the high fertility rate<sup>5</sup> of 5.2 and low contraceptive prevalence<sup>6</sup> rates of around 33%. At 184 persons per square kilometre, Malawi's population density is one of the highest in Africa.

There is a lack of qualified medical personnel, including medical doctors, particularly in the rural areas where over 80% of the population resides.

There is high incidence of communicable diseases particularly HIV/AIDS, malaria and tuberculosis.

There is a high maternal mortality rate.

### What is being done to address the non-financial healthcare challenges in Malawi?

Efforts are being made towards reducing population growth by promoting the use of family planning and by educating the girl children to delay marriage and child bearing – some girls start bearing children as early as age 13.

Through the establishment of the College of Medicine a lot more medical doctors are being trained in-country. Efforts are also being made to reduce the brain drain; these include offering financial incentives to all medical personnel.

Initiatives to reduce the spread of communicable diseases include:

- increased promotion of voluntary HIV testing and free anti-retroviral treatment using World Health Organisation (WHO) guidelines, and prevention of mother to child transmission

- early diagnosis and treatment of tuberculosis
- wide use of insecticide treated bed nets for all households for malaria prevention, and
- use of the WHO Directly Observed Treatment Short course (DOTS) strategy, mostly using passive case finding for tuberculosis.

Initiatives towards reducing maternal mortality include campaigns to promote delivery at healthcare establishments rather than at home using traditional birth attendants and ensuring the availability of safe blood when it is needed to prevent deaths due to haemorrhage.

### What do you consider to be the financial healthcare challenges in Malawi?

Malawi is one of the poorest countries in the world and inadequate resources are allocated to the healthcare sector. In the most recent budget 11% was allocated to the healthcare sector, falling short of the WHO recommended minimum of 15%.

There is a high dependence on external donors to fund healthcare services, ie about 50%, with conditions attached and no guarantee of continuity.

There is also a lack of finance professionals (chartered accountants) employed in the healthcare sector and this means a compromise on accountability.

### What value do you believe accountants add to the delivery of healthcare services?

They improve accountability of public resources, bring a sense of integrity – particularly when handling huge procurement contracts – and invariably act as advisers on best practice.

### What is the best piece of career advice you have ever received?

Whatever is worth doing is worth doing well: advice given to me by my mother.

5. The Total Fertility Rate (TFR) in a specific year is the number of children that would be born to each woman if she were to live to the end of her childbearing years and if the likelihood of her giving birth to children at each age was the currently prevailing age-specific fertility rates. (OECD definition)

6. The contraceptive prevalence rate represents the proportion of current contraceptive users among couples where the woman is of childbearing age. (OECD definition)

## Malaysia

### Wee Hock Kee FCCA



Position: Chief executive officer

Organisation: BackToHealth (M) SdnBhd

Country: Malaysia

Year achieved ACCA membership: 1985

Specialist interests in the workplace: Rehabilitation and physiotherapy

#### CAREER LADDER

2000–Present	CEO, founder and owner of DBC Backtohealth Malaysia
1998–2005	Regional audit director, Asia Pacific, Middle East and Africa, AstraZeneca Plc (UK)
1994–1997	Chief internal auditor, Cycle & Carriage Singapore
1992–1994	Chief internal auditor, Guinness Anchor Malaysia
1988–1992	Regional internal auditor, ICI Asia Pacific
1985–1988	Internal auditor, Fraser and Neave Malaysia

#### What is your current role?

My role as chief executive officer includes strategic planning, business development, corporate branding and positioning.

#### Describe the healthcare system in Malaysia

Health care in Malaysia has undergone some radical transformations. The earliest pre-colonial medical care was largely confined to traditional remedies, which are still in evidence today in Chinese, Malay and other ethnic groups. With the birth of colonialism, however, more modern and Westernised medical practices were slowly introduced to the country.

At present, Malaysia's healthcare system is divided into two sectors: public and private.

Doctors are generally required to undertake three years of service in the nation's public hospitals to ensure that there is adequate cover for the general population. Foreign doctors are also encouraged to share their expertise in Malaysia.

Malaysia is fortunate to have a comprehensive healthcare service. The Malaysian government is committed to its principle of providing universal access to high-quality health care, offered through a network of nationwide clinics and hospitals by the Ministry of Health.

Despite the dedication of the local government, however, there are still problems that remain unresolved; one of which is the lack of quality healthcare centres in remote areas. In order to address this issue, a tool called 'tele-primary care' has been designed which enables doctors working in remote areas to hold discussions with specialists and doctors in other hospitals through 'tele-consultations'.

#### What do you consider to be the key non-financial healthcare challenges in Malaysia?

The key challenges are:

- providing quality health care to remote areas and accessibility of public healthcare services for the lower-middle-income group
- a shortage of qualified and experienced medical specialists that is dependent on expats. Local medical personnel, after gaining experience, join private hospitals where the compensation package is much higher

- long queues in general hospitals for both outpatient care and hospitalisation, which are compounded by foreign blue-collar workers seeking subsidised medical care, and
- public medical facilities, which are limited and outdated compared with those in private hospitals.

#### **What is being done to address the non-financial healthcare challenges in Malaysia?**

The 1Malaysia clinic, introduced by the government, has provided the public, especially those living in rural areas, with greater access to basic healthcare services for a low fee.

The 1Malaysia clinic programme is an initiative under the Cost of Living National Key Results Area (NKRA), which offers the public access to daily and basic necessities at lower prices in the face of the rising cost of living, which has affected the low-to-middle-income households. Patients are able to see a medical practitioner for a fee of 1 Malaysian Ringgit (RM) per visit. To date, there are 50 clinics nationwide. They are open daily from 10am to 10pm and offer affordable treatment for fever, colds and other minor ailments.

There are also more private medical teaching hospitals being established, some with foreign medical university affiliation (eg with Monash University College).

#### **What do you consider to be the key financial healthcare challenges in Malaysia?**

- The low national budget allocation for health (4.4% of GDP in 2010 as opposed to 8–10% in more developed countries).
- The ageing population.
- Affordability; not everyone can afford private insurance. The majority of employees are covered under group medical insurance and social security insurance, but for the self-employed and the unemployed meeting the cost will be a challenge.
- The rising cost of branded drugs.

#### **What is being done to address the financial healthcare challenges in Malaysia?**

- Lifestyle and wellness campaigns and promotion.
- Early screening and detection.
- Preventive and promotive care.
- National insurance for all Malaysians.
- Use of cheaper generic drugs.
- Advanced research technology such as stem cell treatment.
- Alternative medicine and rehabilitation.
- Government/MOH promotion of traditional Chinese medicine (TCM).
- Working with insurance companies and managed care organisations (MCOs) to control health care costs.

#### **What value do you believe accountants add to the delivery of healthcare services?**

Porter's concept – reduce the overall cost of care through focusing not just on the minimisation of costs but also on investment in the most appropriate treatments and services that will help reduce overall costs through early intervention, reducing visits, minimising complications and forestalling illness recurrence.

#### **Finally, what is the best piece of career advice you have ever received?**

Once you believe in doing something and it relates to your vision/dream, go all out with full determination, discipline and tenacity.

When I first ventured into the healthcare rehabilitation physiotherapy business, I was not aware that I would face huge entry barriers such as acceptance by orthopaedic and rehabilitation doctors, recognition by MCOs and insurance organisations, and patient acceptance of the brand.

Overcoming the entry barriers took time; there was a requirement for much lobbying and marketing. Being an accountant helped significantly as I was able to relate the cost benefits that would be achieved through early intervention care and from better clinical outcomes.

Mauritius

Vashist Gohee FCCA



Position:	Chief financial officer
Organisation:	Apollo Bramwell Hospital
Country:	Mauritius
Year achieved ACCA membership:	2003

CAREER LADDER

2012–Present	Chief financial officer, Apollo Bramwell Hospital
2009–2012	Senior vice president, Ireko Holdings Ltd
2007–2008	Finance manager, Ireko Construction Ltd
2006–2007	Executive assistant to deputy CFO, British American Investment (Mtius) Ltd
2004–2005	Head of group accounting, British American Insurance Co Ltd
2000–2003	Unit leader, British American Insurance Co Ltd
1998–2000	Audit semi senior, Deloitte

What is your current role?

I am responsible for all financial and fiscal management aspects of company operations. I provide leadership and coordination for the administrative, business planning, accounting and budgeting efforts of the company. My role also extends to helping shape overall strategy and direction: instilling a financial approach and mind set throughout the organisation to help all parts of the business perform better.

Describe the healthcare system in Mauritius

Over the past few years, the healthcare sector in Mauritius has gone through some major developments. While the country has a public healthcare system that provides free health care, there is also an emerging private sector and a rising number of specialised clinics.

Mauritius is aiming to become a regional hub of medical excellence. The country is also striving to build up its reputation as a hub for medical tourism. Since 2005 there has been a considerable increase in the number of foreign patients seeking specialised care in Mauritius and in 2010, over 10,000 foreign patients chose Mauritius as a medical destination.

The hi-tech tertiary-care Apollo Bramwell Hospital, which opened in 2009, revolutionised the way health care was dispensed on the island. Thousands of lives have been saved since the opening of the hospital, thanks to the availability of advanced medical services that were previously non-existent in Mauritius. The multi-specialty hospital is equipped with ultra-modern technology, comprehensive diagnostic and therapeutic facilities, highly experienced and sought-after consultants and an array of trained support staff to ensure the highest standards of clinical efficiency, safety and care for international patients.

What do you consider to be the key non-financial healthcare challenges in Mauritius?

Non-communicable diseases are one of the major health challenges facing Mauritius. There is a high prevalence of diabetes, cardio-vascular diseases and other related complications in the Mauritian population. Cardiac diseases, in particular, have become a cause for concern, and it has become increasingly important to make sure that early screening and cutting-edge health care is made available to the largest number of people.



### **What is being done to address the non-financial healthcare challenges in Mauritius?**

Prevention and accessibility are key elements in addressing the serious problem of non-communicable diseases; screening facilities ensure the early detection and treatment of a wide range of diseases.

### **What do you consider to be the key financial healthcare challenges in Mauritius?**

One of the key financial health challenges is to make quality health care available at an affordable cost. Cutting edge treatment for rare or complex medical conditions is not always easily accessible to all; inability to meet the cost of treatment should not cause lives to be lost.

The country is slowly turning to medical insurance, a concept that is now seen as an important financial decision, to help meet rising healthcare costs.

### **What is being done to address the financial healthcare challenges in Mauritius?**

Health insurance has become an important element of health care; for both the primary member covered by insurance and their dependants. It means that if illness strikes help is available.

Today, there is growing demand for health insurance in Mauritius. Insurance companies have developed a wide range of plans to cover individuals, families or employees. Mauritians are now more aware of the importance of health insurance, especially when they want access to advanced care for themselves or their loved ones.

Apollo Bramwell Hospital, therefore, has developed partnerships with leading local and international insurance providers including BAI, BUPA, CFE (Caisse des Français à l'Etranger), Vanbreda, MetLife and AXA to ensure that patients are covered in case of any medical emergency.

### **What value do you believe accountants add to the delivery of healthcare services?**

Every major health care provider needs sound financial advice and management. The financial officer's role includes providing management with relevant information to ensure the viability of a business strategy within the parameters of international financial reporting standards. Accountants handle the financial information and can therefore provide support to management in making business decisions.

### **Finally, what is the best piece of career advice you have ever received?**

The best advice I have ever received is to keep an open mind to lifelong learning. In today's fast-paced and tumultuous labour market, it is essential to be ready to learn from others, and to keep developing new skills. Ensuring that you have transferable skills means that you are always able to fit into different organisations and different contexts.

New Zealand

Michael Milsom FCCA



Position:	Chief financial officer
Organisation:	Southern Cross Hospitals Limited
Country:	New Zealand
Year achieved ACCA membership:	1985
Specialist interests in the workplace:	Bringing focus to bear on the key strategic objectives (and not just the financial objectives) so that the organisation is successful in both the short and long term.

CAREER LADDER

My early accounting-specific roles were based in the hotel industry in London with companies such as Rank Hotels, Sheraton Hotels and Holiday Inns. From there I moved to the retail sector working with the John Lewis Partnership department stores. After emigrating to New Zealand in 1986 I moved into the insurance industry, where I worked for a New Zealand-based multinational financial services company that was eventually acquired by General Accident after the 1987 stock market crash. I held various roles within that organisation and my final role was chief manager, finance. In 1999 I joined a small corporate finance consultancy as an associate director targeting the SME market in New Zealand. Eight years ago I moved into the healthcare sector with my current company.

What is your current role?

I am chief financial officer of Southern Cross Hospitals Limited. We are a charitable enterprise and operate New Zealand's largest network of private surgical hospitals. We play a key role in improving the health of New Zealanders by providing access to quality elective surgical services across a wide range of medical specialties. Our hospital network spans the length and breadth of New Zealand. I am a director of a number of innovative joint venture facilities operated in partnership between leading medical specialists and my company.

Describe the healthcare system in New Zealand

The New Zealand healthcare system is predominantly funded by government with the day-to-day business of the system and three quarters of the funding administered by district health boards (DHBs). DHBs plan, manage, provide and purchase healthcare services for the population of their district. This includes funding of primary care, hospital services, public health and aged care services as well as services provided by non-governmental health providers (including private hospitals).

The Accident Compensation Corporation (ACC) provides comprehensive, no-fault personal injury cover for all New Zealand residents and funds surgery and rehabilitation resulting from accidents.

Private health insurance and self-paying patients fund elective surgery in private facilities.

What do you consider to be the key non-financial healthcare challenges in New Zealand?

A major challenge is improving health outcomes while lifting the quality of services in a sustainable way.

Demographic changes, particularly the ageing population and an increasingly diverse population with more complex health issues present challenges to the system. Changing the paradigm away from the treatment of poor health to early intervention and preventative measures is a key strategy.

### **What is being done to address the non-financial healthcare challenges in New Zealand?**

Various strategies and initiatives are under way, driven by central government policy and executed at national and DHB level. Targeted benchmarks are being set for DHBs to improve services to their communities.

Private providers are engaging with the public sector through various channels to promote better use of available resources within the healthcare sector overall. For example, my company is a partner in the country's first private radiation oncology centre and this has contributed to the reduction in the waiting list and waiting times for radiation therapy for cancer patients.

### **What do you consider to be the key financial healthcare challenges in New Zealand?**

As a small and geographically dispersed economy New Zealand is faced with making the best use of the funding available to health.

### **What is being done to address the financial healthcare challenges in New Zealand?**

- Aiming for better integration of services provides a healthier outcome for patients and is more sustainable.
- Reallocating resources from the back office to the front line provides for cost-effective delivery of services.
- Reducing the demand for higher-cost hospital-based care through introducing earlier interventions and preventative measures.
- Reviewing how health services that are based on expensive technologies can be provided in a focused way rather than replicated throughout the country.

### **What value do you believe accountants add to the delivery of healthcare services?**

They contribute through applying the skills developed during their training to take an holistic view of the organisation and to help bring focus to what is complex and multi-layered, with many stakeholders seeking to produce the best outcome for patients.

### **Finally, what is the best piece of career advice you have ever received?**

Don't be afraid to challenge yourself and the status quo because only by doing so do we learn and develop as individuals and contribute to society in a meaningful way.

Northern Ireland

Lesley Mitchell FCCA



Position:	Director of finance and contracting
Organisation:	Western Health and Social Care Trust
Country:	Northern Ireland
Year achieved ACCA membership:	1988
Specialist interests in the workplace:	Private Finance Initiative schemes, staff development and professional accreditation

CAREER LADDER

2007–Present	Director of finance and contracting, Western Health and Social Care Trust
2001–2007	Finance director, Foyle Health and Social Services Trust
1998–2001	Deputy director of finance, Foyle Health and Social Services Trust
1997–1998	Secondment to head of Westcare Business Services
1996–1997	Deputy director of finance, Foyle Health and Social Services Trust

What is your current role?

The Western Health and Social Care Trust is one of six hospital trusts in Northern Ireland and has an annual income of £500m. My role is to provide financial management expertise and advice and to give professional leadership to ensure that the Trust fulfils its statutory financial obligations.

I also act as an executive director on the board and I also manage the provision of finance and contracting services within the Trust.

Describe the healthcare system in Northern Ireland

Although the healthcare system in Northern Ireland is part of the United Kingdom system it is managed locally by the Northern Ireland Assembly.

The healthcare system integrates hospital and community care, which brings significant benefits in terms of patient pathways. There are two commissioners of services: the Public Health Agency and the Regional Health and Social Care Board. Funding is allocated by the Northern Ireland Assembly to the Department of Health, Social Services and Public Safety, which in turn allocates funds to the commissioners for distribution to the trusts.

What do you consider to be the key non-financial healthcare challenges in Northern Ireland?

The key non-financial health challenge facing the Northern Ireland healthcare system is the increasing demand for services by older people. This is due to an increase in the ageing population. Since 1991 the over-65 population has grown by 22%, with an increase of 27% in the over-85 population.

What is being done to address the non-financial healthcare challenges in Northern Ireland?

New ways of working are being developed that reduce institutional care and deliver services directly into people’s homes. The focus is on rehabilitation and reablement and ensuring that appropriate support is available to enable people to live independently for as long as possible in the community.

### **What do you consider to be the key financial healthcare challenges in Northern Ireland?**

The United Kingdom has a deficit, which has to be addressed by reducing public expenditure over the next few years. This has had an impact on the funding being allocated to the healthcare system within Northern Ireland. The challenge is how to continue to deliver services, particularly to a rapidly growing elderly population, within a constrained financial environment.

### **What is being done to address the financial health challenges in Northern Ireland?**

In 2011 the Minister for Health commissioned a review of provision of health and community services that recommended that over the next three years acute hospital services should be reduced and investment transferred to the primary care and community sectors. This approach will improve the quality of care being given to patients as well as achieving cash efficiencies.

### **What value do you believe accountants add to the delivery of healthcare services?**

In my experience accountants significantly add to the delivery of healthcare services. There are aspects of the finance function that are to support the organisation in the fulfilment of its statutory obligations such as preparation of annual accounts, governance issues, etc. These aspects may appear routine but all organisations need professional and competent accountants to fulfil this function.

The area where accountants make the most impact is when they support the front-line services with the development of business cases, financial management and project management. The logical approach adopted by accountants brings a structure to issues that enable front line staff to take them forward.

### **Finally, what is the best piece of career advice you have ever received?**

The best piece of career advice that I was ever given was not to fear the unknown when opportunities arise and to seize them with relish. You will often surprise yourself as to your adaptability and competence.

Pakistan

Aamir Afzal Jessani ACCA



Position:	Manager finance
Organisation:	Aman Health Care Services, Aman Foundation
Country:	Pakistan
Year achieved ACCA membership:	2005
Specialist interests in the workplace:	Development of health and education in Pakistan

CAREER LADDER

2009–Present	Manager finance (Aman Health Care Services), The Aman Foundation
2008–2009	Assistant manager finance, AKU -Examination Board
2004–2008	Senior planning officer, Strategic Planning and Budgeting Department, Aga Khan University Karachi

What is your current role?

My current role is handling the finance function of the Aman Health Care Service and working with senior management in the planning and development of different health-related programmes. The current programmes that are already launched and operational in Karachi, Pakistan by our organisation are:

- Aman Ambulance (emergency medical services)
- Aman Telehealth (telemedicine advice)
- Aman Community Health Programme.

Programmes in the planning process include:

- Aman Urban Institute for Health
- Aman Health (hospitals).

Describe the healthcare system in Pakistan

Health care in Pakistan is administered mainly by the private sector – approximately 60% of all outpatient visits are private. The public sector was, until recently, led by the Ministry of Health; however following the abolishment of the Ministry in June 2011 all health responsibilities (mainly planning and fund allocation) were devolved to provincial health departments. (These departments had previously focused on the implementation of public sector health programmes.)

As in other South Asian countries, although health and sanitation infrastructure is adequate in urban areas, it is generally poor in rural areas.

About 19% of the population and 30% of children under age five are malnourished. The Ministry of Health of Pakistan states that health expenditure for the period 2011/12 was PKR 2.646 billion out of a total budget of PKR 2,314 billion. The healthcare expenditure for Pakistan in the last decade has been less than 1% of the GDP.

### **What do you consider to be the key non-financial healthcare challenges in Pakistan?**

The key such challenge is the quality of life being lived by the people of Pakistan. This includes unavailability of quality food, poor sanitary standards and lack of basic infrastructure.

### **What is being done to address the non-financial healthcare challenges in Pakistan?**

The government of Pakistan has introduced some good initiatives in the last decade to address the issues referred to above. The private and the non-government organisation (NGO) sectors are also working towards improving these issues. Examples of these initiatives include: 1122 emergency services in Punjab,<sup>7</sup> Edhi in Pakistan<sup>8</sup> and Aman Emergency Medical Services in Karachi.<sup>9</sup>

The key challenge, for which the government of Pakistan must take responsibility, is improving the quality life of people in Pakistan.

### **What do you consider to be the key financial healthcare challenges in Pakistan?**

The key challenge is meeting the high cost of providing quality health care to the people of Pakistan. The hospitals that provide the best standards of quality care are all managed by the private sector; these are not able to provide services to all the people of Pakistan. Government hospitals try to cater for all the poor patients, but insufficient funds are a limiting factor. The government invests less than 1% of GDP on health care, which is not sufficient to meet the high cost of quality health care.

### **What is being done to address the financial healthcare challenges in Pakistan?**

The government has not made much attempt to address the financial challenges in this respect. There have, however, been some public-private partnerships that have started to address this. In addition, there are a number of NGOs/ not-for-profit bodies working on providing quality health care to the more downtrodden areas of Pakistan.

Both the private and government sectors are trying to reduce the cost of quality health care by looking for alternative options. The government, however, needs to allocate more funds towards the healthcare services for the people of Pakistan.

### **What value do you believe accountants add to the delivery of health service?**

Traditionally, the accountants' role was limited to managing debits and credits. This has changed tremendously in recent years; it is evident that the traditional accountant now cuts across along all functions of an organisation, providing advice on all fronts.

The value that is being added to the delivery of healthcare services is to facilitate the management in achieving cost efficiencies and tighter cost control. Furthermore, accountants are now more actively involved in strategic planning and the allocation of funding of healthcare projects.

### **Finally, what is the best piece of career advice you have ever received?**

It has been a great pleasure for me to work with great-quality people who have guided me on every forum.

The best piece of career advice I have received was 'never to stop learning and changing according to the times and situation'.

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7. <http://www.rescue.gov.pk>

8. <http://www.edhifoundation.com>

9. <http://amanfoundation.org/health/amanhealth/rationale/>

Romania

Cosmin Panaete ACCA



Position:	Deputy chief financial officer
Organisation:	Regina Maria Reteaua Privata de Sanatate (Regina Maria, The Private Healthcare Network)
Country:	Romania
Year achieved ACCA membership:	2008

CAREER LADDER

Like most ACCA members in Romania, I started my studies with the Academy of Economic Studies of Bucharest, the most reputable economic university in Romania. I graduated in 1999. I then undertook graduate studies in Sociology and Political sciences with another high-level university in Bucharest, while also working and managing my own company.

I had a number of professional roles before reaching the position of deputy chief financial officer of Regina Maria, the largest private health network in Romania, in March 2011.

During my studies, and while employed from March 1999 to March 2004 as a financial analyst with Dufa Deutek, I established an IT services company together with some friends – Esolution Grup SRL – and led it from 2001 to 2003. I then worked with PricewaterhouseCoopers Romania from March 2004 to February 2011 as a manager in the Performance Improvement Department. From September 2008 to February 2009 I was seconded by PwC as reporting manager for Orange Romania, one of the biggest telecom operators in the country.

I started my ACCA studies and became a member while working with PwC – the Big 4 in Romania have always been great supporters of ACCA. Being an ACCA member really helped me with my career progression and although I had numerous job offers after that, I thought that the healthcare sector would be the most interesting challenge.

**What is your current role?**  
I am deputy CFO of the largest private healthcare network in Romania.

**Describe the healthcare system in Romania**  
All Romanian employees and employers contribute 10.7% of their gross salary as a mandatory contribution towards the healthcare system in Romania. The contributions are collected by state-owned insurers. On 1 January 2012, however, a new Health Law was introduced stating that 93% of all healthcare contributions will be managed by private companies from 2013. This will lead to greater choice for the patient as well as more efficient contracts between the insurer and hospitals.

This does not, however, change the basic principles of our healthcare system – that emergency services will remain free and accessible to everyone and basic healthcare services will be free to all those paying their monthly contributions.

The law has had its critics, the most prominent being the International Monetary Fund (IMF), which criticised the inadequate control of cash flows in the system as well as its potential to be politically influenced.

In general, investment in the healthcare sector has been fairly constant since 2007; there were 59 more hospitals in 2010 than in 2007. In the same period, however, the number of hospital beds decreased by 5%; this was a direct consequence of austerity measures imposed by the IMF.



### **What do you consider to be the key non-financial healthcare challenges in Romania?**

Owing to an ageing population, the high ratio of retired to active people (caused mainly by young people leaving the country) and lack of major investments, the public healthcare system is at the lowest point ever in terms of financial model sustainability, infrastructure and quality of medical services provided. Thus investment in the private healthcare market started in 2009, with new players entering the market and existing ones consolidating their presence.

Romania is currently at an important crossroads with two options: the first, to copy and adapt a new healthcare legislation framework based on insurance business, which has its roots in Western countries' experience, and the second, to build a new framework that takes into account that there are no viable options outside Romania so we should start building one from scratch, based upon the economic realities.

### **What is being done to address the non-financial healthcare challenges in Romania?**

Through the new law the government is trying to shift the healthcare system towards an insurance-based model in which personal contributions will top-up the mandatory ones and the burden of providing medical services is shared with private providers.

### **What do you consider to be the key financial healthcare challenges in Romania?**

The huge gap between the volume and level of medical services needed and the level of contributions provided by the population.

### **What is being done to address the financial healthcare challenges in Romania?**

The state is limiting the package of services covered by the mandatory contribution and encouraging private medical insurance.

### **What value do you believe accountants add to the delivery of healthcare services?**

Accountants ensure the reliability, transparency and accuracy in reporting transactions within the highly regulated market of healthcare services.

### **Finally, what is the best piece of career advice you have ever received?**

Follow your heart and mind, not your pocket.

## Scotland

### Ian Waugh FCCA



Position: Head of capital planning, Health and Social Care Directorate

Organisation: Scottish government

Country: Scotland

Year achieved ACCA membership: 2000

Specialist interests in the workplace:

- Capital planning
- Asset management
- Financial management
- Financial reporting
- Sustainable development
- Project management
- Governance and risk management

#### CAREER LADDER

2009–Present	Head of capital planning: Health and Social Care Directorate, Scottish government
2008–2009	Head of finance and procurement: Fisheries Research Services Agency, Scottish government
2001–2008	Internal auditor, risk manager, acting chief internal auditor, finance business planning manager: Crown Office and Procurator Fiscal Service, Scottish government
1996–2001	Internal auditor, deputy chief internal auditor, NHS Trust England
1994–1996	External auditor and project auditor, UK Audit Commission

#### What is your current role?

A key role for the head of capital planning is to be totally linked in to the United Kingdom and Scottish spending review processes. The 2011 settlement provided my division with the ability to issue indicative budgets to health boards in Scotland for the period until 2014/15 and I will now work closely with them to manage their outturn position.

A growing slice of the investment programme in Scotland is being undertaken using revenue finance, either through the 'non-profit distribution' model being used to build the new Royal Hospital for Sick Children in Edinburgh or the 'hub' initiative for community and primary care premises. There are close links between my division and the health boards responsible for submitting the business cases for capital projects that come to Scottish government for approval.

#### Describe the healthcare system in the Scotland

The organisational structure is based on a 'mutual' NHS with 14 territorial and 8 'special' health boards working in partnership. The director general for the Scottish government Health and Social Care Directorate is accountable for the NHS in Scotland.

#### What do you consider to be the key non-financial healthcare challenges in Scotland?

One perennial challenge for any nation is to be able to match its supply and demand for drugs and technology. For instance, the ability of the Scottish Medicines Consortium to manage public expectations on the adoption of newly licensed drugs will always be fraught with difficulty.

Similarly, planning for services is difficult over a season, let alone for over the average 60-year life of a building. The Commonwealth Games are coming to Glasgow in July 2014 and preparations for extra pressures are well in hand. The consequences of a bird flu epidemic, however, are much harder to predict.

### **What is being done to address the non-financial healthcare challenges in Scotland?**

Organisationally, the process of integrating health and social care across health boards and local authorities is high on the agenda. Integration is but one part of a wider agenda of reform identified in Scotland's Christie Commission report [2011] that must be tackled if we are to deliver more efficient and effective public services.

More recently, the NHS Scotland Quality Strategy and its aim of providing safe, effective and person-centred services has been widely applauded. Arguably, Scotland now leads much of the world in its dedication to improving patient safety.

### **What do you consider to be the key financial healthcare challenges in Scotland?**

Many of the challenges I see ahead are interrelated. Identifying opportunities for greater productivity and efficiency; embedding quality into corporate culture and at the same time reducing non-value-added costs will continue to pose financial challenges.

The challenges of 'integrating' sectors; 'shifting' the balance of care towards health improvement and anticipatory care and providing more continuous and close-to-home care will place pressures on finances in the context of matching resources to a new mix of supply and demand.

There is a dual challenge of making funding available for investment in energy-efficient buildings with a low carbon footprint, in advance of meeting carbon-emission-reduction targets, while working in a budget-constrained environment. Accounting for carbon credits will no doubt preoccupy practitioners up to 2020 and beyond.

### **What is being done to address the financial healthcare challenges in Scotland?**

Meeting all the challenges will require strong leadership to bring about the necessary changes. NHS boards are required to find efficiency savings equivalent to 3% of their budgetary allocation.

Major operational steps forward have been taken by increasing day-surgery cases; benchmarking prescription costs; adopting more 'lean' ways of working with consequent reductions in average lengths of stay; more cost effective use of budgets; and enabling greater productivity. The shared services agenda is seeking further streamlining of support services that would allow efficiency savings to be redeployed into front-line services.

Continuing effort is also going into integrating information and budgetary systems and ensuring clinical pathways capture all relevant financial and non-financial information accurately and in a timely fashion.

### **What value do you believe accountants add to the delivery of healthcare services?**

A member of a body with a royal charter is required to subscribe to its core principles including professionalism and ethics. ACCA's key role is to promote the highest standards of competence, practice and conduct among its members. It is vital that in a country that spends over £2,000 per head of population on health, accountants working in the sector are more keenly aware than most, of their responsibility to ensure probity and value for taxpayers' money.

### **Finally, what is the best piece of career advice you have ever received?**

Apparently, it was Benjamin Franklin who said 'in the world nothing can be said to be certain except death and taxes'. I guess if you combine the two you get Inheritance Tax and as that calls upon accountants' expertise it is as good a reason as any to become one, especially in recessionary times.

## Singapore

### Grace Lim Siew Wah FCCA



Position:	Chief financial officer
Organisation:	KK Women's & Children's Hospital
Country:	Singapore
Year achieved ACCA membership:	1985
Specialist interests in the workplace:	Health care, especially in relation to women and children

#### CAREER LADDER

2011–Present	Chief financial officer, KK Women's and Children's Hospital
2002–2011	Chief financial officer, Singapore National Eye Hospital
2000–2002	Financial controller, Singapore National Eye Hospital
1996–2000	Finance & administration manager, Singapore National Eye Hospital
1996–1996	Financial controller, Gleneagles Hospital
1993–1996	Finance manager & company secretary, Ang Mo Kio Community Hospital
1991–1993	Senior accountant, Singapore General Hospital
1989–1991	Assistant treasurer, Development Bank of Singapore
1984–1989	Various finance roles, Public Utilities Board

#### What is your current role?

I am accountable for the hospital's financials and am responsible for directing the hospital's overall financial policies. I also ensure that robust systems of internal control are in place to help verify that the hospital's assets are well preserved, without compromising patient safety and care.

#### Describe the healthcare system in Singapore

The Singapore healthcare system is composed of both public and private health care providers.

The government focuses on building a healthy population through preventive healthcare programmes and by promoting a healthy lifestyle. Singaporeans have access to good, affordable basic health care through subsidised medical services at public hospitals and clinics. No Singaporean will be denied medical services at a public hospital or clinic because of financial limitations.

Medisave, Medishield, ElderShield and Medifund schemes exist to help Singaporeans 'co-pay' their medical expenses, on top of any other third-party payers (such as, but not limited to, private insurance and employee's medical benefit schemes) that they may have access to. There are also a few endowment funds and charities that provide financial assistance to needy patients.

#### What do you consider to be the key non-financial healthcare challenges and what is being done to address them in Singapore?

As the 'Silver Tsunami' [the elderly population] swells and new citizens boost our population, two burning issues are: capacity management and talent recruitment. Bed 'crunches', long waiting times and the need to increase the number of service providers are just some of the challenges faced by Restructured Hospitals [RHs].

To tackle capacity issues, the government has committed to building more new hospitals. RHs are also implementing planned upgrades and extension of existing facilities to increase the numbers of beds and clinics, etc.

Training of doctors, nurses and allied health professionals takes time. To meet growing demand and to ease long waiting times the challenge will be to bring in more qualified service providers from other countries while at the same time increasing training programmes.

Preventing and controlling outbreaks of major communicable diseases is also a key challenge. Our government has successfully dealt with such outbreaks through effective coordination, control and management by regulators, hospitals and the public. Disease surveillance efforts, laboratory capabilities and prompt reporting systems during outbreaks have ensured effective control of major communicable diseases outbreaks as witnessed in the handling of Dengue fever; hand, foot and mouth disease; and serious acute respiratory syndrome (SARS), etc.

**What do you consider to be the key financial healthcare challenges and what is being done to address them in Singapore?**

There must be an appropriate healthcare funding model to facilitate the right-siting of patients. Right-siting is necessary to provide not only the most appropriate medical care but also to ensure correct service standards and pricing

Integration of care is the lever that enables patients to be right-sited seamlessly with no loss of subsidy. Care is integrated throughout regional health systems, general practitioners (GPs), Step-down care facilities, nursing homes, and RHs. The National Electronic Health Records, where a patient's health record can be electronically viewed by various service providers in a secure manner, exists to support the integration of care.

In Singapore patients have:

- easy access to subsidised primary care and to referrals to specialist care through polyclinics and selected GPs
- subsidised drugs
- for a subsidised fee, access to any of the RHs' accidents and emergency (A&E) outlets across the nation, and
- financial counselling and advice, prior to admission, on the estimated cost of hospitalisation. (The cost varies according to their choice of ward and payment class.)

Service providers are funded on the basis of number of outpatient attendances and, for inpatient and day surgery, by diagnosis-related group (DRG). Casemix funding enables RHs to be more focused and to take appropriate steps to improve efficiency and cost-effectiveness.

Health care is a labour-intensive industry. RHs need to ensure remuneration and benefits are competitive to attract and retain the top talent. Measures are taken to maintain the continuity of teams so as to provide a consistently high standard of care and to avoid losing talented staff to private practices and hospitals.

Our government has addressed the salary issue in a systematic manner. The Doctors' Compensation Review Committee, for example, was set up to review doctors' remuneration packages and to design an appropriate pay structure. The government has recently announced a funding provision of SGD200m per year to improve the overall competitiveness of doctors' pay.

**What value do you believe accountants add to the delivery of healthcare services?**

Technical competence is a given.

Accountants can advise health care providers on the financial and economic perspectives in respect of the costing and pricing of services, without compromising on patient safety and quality.

Other value-added opportunities will be in hospital management, information systems, fundraising, business development, risk management, etc. A passionate accountant will help the hospital to balance the finances without compromising safety and care.

**Finally, what is the best piece of career advice you have ever received?**

The best piece of advice was from my dad, who told me that in whatever I do, I must take pride in my work, deliver it to my best ability, and when in doubt, always ask.

We must not forgo the fundamental principles of integrity, humility, courage and passion.

In all negotiation situations, we must try to strike a win-win deal.

Finally, we must give thanks and credit to those who have contributed.

## Trinidad and Tobago

### Avinash Ramnarine FCCA



Position:	Chief operating officer
Organisation:	Caribbean Heart Care Medcorp Ltd (CHCm)
Country:	Trinidad, West Indies
Year achieved ACCA membership:	2000
Specialist interests in the workplace:	Business development

#### CAREER LADDER

2010–Present	Chief operating officer, CHCm (Group)
2006–2010	Chief financial officer, CHCm
2000–2006	Accountant, CHCm
1998–2000	Assistant accountant, Presidential Insurance
1996–1998	Field auditor, Krishna Seegobin & Co

#### What is your current role?

My current role within CHCm is to manage the overall financial health of the organisation and to ensure stakeholder expectations are met and then surpassed.

#### Describe the healthcare system in Trinidad and Tobago

The healthcare system in Trinidad and Tobago provides a moderate level of health care for its citizens, resulting from programmes at both the primary and tertiary levels. The country is still plagued with chronic and non-communicable disease.

A greater level of care, however, can still be achieved through effective management. A dichotomy continues to exist between medical practitioners and the management charged with the task of managing the health institutions. Doctors view management as a first principle and not as a science on its own, leading to perpetual conflicts.

#### What do you consider to be the key non-financial healthcare challenges in Trinidad and Tobago?

The key ones within Trinidad and Tobago are:

- long waiting times to see physicians
- inadequate staffing (physicians, nurses and support staff)
- lack of compassion or perceived lack of compassion
- medical equipment malfunctions, or dated equipment resulting in slow or poor medical treatment
- low staff morale
- long waiting times, sometimes more than a year for a diagnostic test and receipt of results
- unavailability of pharmaceuticals, resulting in patients' having to procure their own, and
- ineffective geographical spread of hospitals, resulting in large patient loads in selected areas.

### **What is being done to address the non-financial healthcare challenges in Trinidad and Tobago?**

The government has tried to decentralise the management of the Ministry of Health. Health care is now disseminated through five regional health authorities:

- NCRHA – North Central Health Authority
- EWRHA – East West Regional Health Authority
- NWRHA – North West Regional Health Authority
- SWRHA – South West Regional Health Authority
- TRHA – Tobago Regional Health Authority.

These regional health authorities were established with the aim of reducing bureaucracy within the healthcare sector and delivering higher standards of care.

### **What do you consider to be the key financial healthcare challenges in Trinidad and Tobago?**

The key financial challenges are:

- inadequate funding through budgetary allocation
- scarce financial resources consumed by excessive bureaucracy
- wastage of resources from corruption, particularly in respect of the awarding of contracts, and
- lack of private–government partnerships.

### **What is being done to address the financial healthcare challenges in Trinidad and Tobago?**

There is a move away from public–private partnerships. I am of the opinion, however, that if managed properly these are very beneficial.

Proper tendering processes are being implemented for projects.

More finances are being allocated to the health sector.

There is a move to train doctors in the art of management.

### **What value do you believe accountants add to the delivery of healthcare services?**

Firstly, accountants act as watchdogs. From the inception of budgetary allocations, the awarding of contracts, to the management of the hospital and medical equipment, accountants ensure strict adherence to international accounting policies and guidelines.

Secondly, accountants act in an advisory capacity to build the competence and capabilities of key management and staff involved in the delivery of healthcare services.

### **Finally, what is the best piece of career advice you have ever received?**

The best piece of career advice I have ever received is to be honest, be guided by high morals and integrity and perform your best in whatever task you are presented with.

United Arab Emirates

Jawad Jamil ACCA



Position:	Head of finance
Organisation:	Gulf Healthcare International
Country:	United Arab Emirates
Year achieved ACCA membership:	2007
Specialist interests in the workplace:	Strategic planning and delivery of those targets that give the organisation major headway and 'First Mover Advantage' in the market; mergers and acquisitions (M&A) activity.

CAREER LADDER

2010–Present	Head of finance, Gulf Healthcare International
2008–2010	Group financial controller, Retailcorp World
2005–2008	Senior auditor, Ernst & Young
2001–2004	Audit senior, Sajjad Haider & Co. Chartered Accountants

What is your current role?

As head of finance, the company’s finance lead, I work with the executive management team to shape the business strategies and to drive operational plans underpinned by proper planning and financial business and risk analysis.

My responsibilities include apprising the management team of business performance, developing strong business models to support growth and expansion plans and leading the commercial and financial aspects of the business.

Describe the healthcare system in United Arab Emirates (UAE)

The healthcare system in UAE is very different to that of any other country in the region or any country in the world. The healthcare system operates through three different regulatory and supervisory bodies with Health Authority – Abu Dhabi (HAAD) supervising Abu Dhabi region, Dubai Health Authority (DHA) supervising Dubai region and the federal Ministry of Health (MOH) supervising the remaining five northern emirates (states/cities). Each authority has its own charter and is responsible for all healthcare sector affairs from licensing to managing public health facilities in its domain.

UAE, compared with some other Gulf Corporation Council (GCC) countries, is relatively advanced in terms of public–private partnerships in the healthcare sector; at least 70% of the clinics and diagnostic services are operated by private companies/individuals. Although the hospitals are predominantly managed and run by the government institutions, this is changing, with more private companies building and running hospitals and a healthy pipeline continuing in 2012 and 2013.

The payee mechanism in UAE is dependent on the region and its regulation. Abu Dhabi, for example, has a compulsory employer-funded insurance scheme in place for all residents. Daman (a National Health Insurance Company) was established in 2005 by the government of Abu Dhabi to provide compulsory insurance plans. Daman continued to monopolise the Abu Dhabi market for at least a couple of years before other players were granted medical insurance licences.



Dubai also introduced a compulsory insurance plan – only to suspend its implementation following the onset of the financial crisis. Plans are now under way to introduce a new scheme, similar to that in Abu Dhabi, by 2013. It is estimated, however, that owing to the presence of many multinationals and a large expatriate population, around 35% of Dubai's population is already medically insured through remuneration packages from employers.

Northern Emirates is the least developed territory in terms of insurance coverage with less than 30% of the population insured.

#### **What do you consider to be the key non-financial healthcare challenges in United Arab Emirates?**

Well, if we talk about disease patterns then diabetes and obesity are major health challenges to the UAE population. These also lead to increased rates of cardiovascular diseases.

The greatest of the system challenges is the number of different regulators with their separate licensing and regulatory mechanisms. The three bodies have often been out of sync in regulation development. This leads to a lack of qualified and licensed staff and results in high costs for healthcare payers and providers.

#### **What is being done to address the non-financial healthcare challenges in United Arab Emirates?**

In respect of the challenges related to health issues: working in partnership, the government and private sector have conducted regular campaigns, have organised highly charged media coverage on key dates (such as World Diabetes Day) and have undertaken testing at kiosks in shopping malls.

In respect of the challenges related to the regulators: DHA and HAAD have recently taken steps to develop certain regulations jointly and to allow clinical practitioners to practice in each other's territories without the need to obtain new licences.

#### **What do you consider to be the key financial healthcare challenges in United Arab Emirates?**

With the region and its society developing at a rapid pace, the disease profile is increasing accordingly, the insurance companies, however, and in turn employers are not ready to bear the cost of the health insurance of the population.

Reluctance to increase the cost of insurance premiums and high rejection-rate policies adopted by the majority of the insurance companies have led to difficulties with both the provision and quality of healthcare services.

It has become the norm for the majority of the expatriate population to travel back to their home countries for better tertiary health services.

#### **What is being done to address the financial healthcare challenges in United Arab Emirates?**

The upcoming introduction of compulsory health insurance will lead to consolidation in the insurance providers' market and will eradicate insurance providers and third-party administrators [TPAs] who do not allow proper provision of health services due to cost and pricing factors. This will enable the larger insurers to increase their book size while reducing the overall costs of premiums. Employers, who bear the ultimate cost of employees' insurances, will benefit from reduced costs.

#### **What value do you believe accountants add to the delivery of healthcare services?**

Accountants' all-round understanding of a business and of how it functions enables them to be well placed to advise operational departments on how to create efficiencies in the most cost-effective manner.

#### **Finally, what is the best piece of career advice you have ever received?**

Work hard, then success, money and job offers will chase you! (Advice from my father and grandfather.)

## Wales

### Stuart Davies FCCA



Position:	Director of finance
Organisation:	Welsh Health Specialised Services Committee
Country:	Wales
Year achieved ACCA membership:	1988
Specialist interests in the workplace:	Professional: costing, relative efficiency, evaluation of new therapies and services, capital programme management. Service: service improvement in tertiary cardiac services and renal services.

#### CAREER LADDER

2010–Present	Director of finance, Welsh Health Specialised Services Committee
2007–2010	Chief executive, Health Commission Wales
2003–2007	Director of finance, Health Commission Wales
1999–2003	Director of finance, Specialised Health Services Commission for Wales
1996–1999	Director of finance, Rhondda NHS Trust
1993–1996	Deputy head of finance, Gloucestershire Royal NHS Trust
1990–1993	Assistant regional director of finance, South Western Regional Health Authority
1987–1990	Senior accountant, Merthyr Tydfil Borough Council

#### What is your current role?

My current role is a director of finance position responsible for commissioning specialised services for NHS Wales with an allocation of around £575m a year. My professional role covers the traditional areas of financial control and reporting, contracting and information. The contracting responsibility is a diverse portfolio of about 50 contracts, including Welsh health boards, Welsh trusts and English trusts. In addition to my traditional finance role I am also lead director responsible for Cardiac Services, Renal Services and Cancer Services. This involves ensuring that the organisation fulfils its wider health planning responsibility for these services. This includes needs assessment, service specification, gap analysis, service improvement and importantly, clinical engagement.

#### Describe the healthcare system in Wales

The Welsh healthcare system is an integrated system with commissioning and provision being the responsibility of seven health boards.

Health boards are responsible for the full spectrum of services for their resident population, from primary care through to secondary and tertiary care. In addition to health boards there are three NHS trusts responsible for specific areas of provision – a national ambulance service; a regional cancer service (also responsible for the Welsh Blood Service) and a national public health service (responsible for provision of screening services and the public health observatory).

The healthcare service in Wales is fully devolved to the Welsh government. Health boards and trusts are accountable to the health minister of the Welsh government. In respect of the health sector, the Welsh government operates through its executive function, the Directorate of Health and Social Services. The core executive functions include performance management, policy and strategy. Responsibility for social services in Wales is with 22 unitary authorities.

#### What do you consider to be the key non-financial healthcare challenges in Wales?

The key challenges for Wales are characterised by a significantly higher overall standardised mortality rate. There is a high level of self-reported illness partially associated with the heavy industrial history of Wales. In addition there are geographic and demographic challenges ranging from concentrations of population with high health needs and dispersed populations with rural health needs. There are marked differences in relative health needs across the localities of Wales. In common with most healthcare systems the main health problems include coronary heart disease, smoking, obesity and increasing population age.

The demographic characteristics of Wales have contributed to a pattern of hospital provision that may not be best suited to an optimum provision of services that is both clinically sustainable and affordable.

### **What is being done to address the non-financial healthcare challenges in Wales?**

One advantage of having a relatively small population of three million, with a devolved government, is that the Welsh government has been able to target improving population health in ways best suited to regional need. The government has demonstrated that it can take a wider perspective in targeting resources towards the determinants of better health, sometimes working across different Welsh government departments, including education, housing and development. There is a focus on looking at ways of reducing health inequality.

Perhaps the most significant improvements are starting to come from the benefits of the new integrated health boards, with a renewed focus on providing more health outside traditional secondary care settings. This rebalancing of the healthcare system between primary and secondary care is more possible in the Welsh integrated system. One important feature is the increased ability of health boards to move resources within the organisation, without being constrained by some of the disincentives that can be present in more transactional funding systems.

### **What do you consider to be the key financial healthcare challenges in Wales?**

The overall financial challenge is fundamentally one of satisfying an increased demand on health services from a fixed resource. At a national level, health resources are now broadly fixed for the term of the Welsh government. At a local level, health board allocations need to deal with the relative needs of their population, including current demand and differential legacy issues.

The historical configuration of health services may contribute to the scale of the local financial challenge and limits the pace at which health boards can respond to tightening financial circumstances.

In common with all healthcare systems, the scale of financial challenges arising from new drugs and services is significant, and is generally cumulative. The significant improvements in healthcare provision over recent years, in terms of medical appointments and focus on national standards for key services, will continue to increase demand; this may be particularly marked on a local health board basis as legacy inequalities start to reduce.

### **What is being done to address the financial healthcare challenges in Wales?**

The healthcare system has reacted extremely well in addressing the challenges faced. There is a recognition that all parts of the system, from policy expectation down to local delivery, work together towards the overall aim. The Welsh government has set clear, longer-term allocations that help health boards to plan over the horizon.

Health boards have responded to the scale of the challenge with considerable savings achievements. The level of savings targeted for financial sustainability are significant, with 6% forecast for 2012/13.

An important aspect of meeting the challenge is the ability of the system in Wales to work collaboratively. One advantage of being a relatively small country is the sharing of good practice in a non-competitive environment. The finance profession in Wales has had a strong history of working together and this will further strengthen in response to the challenge.

### **What value do you believe accountants add to the delivery of healthcare services?**

I believe that the nature of our training and skills enables accountants in the service to bring a structured, analytical and critical view to the range of issues that our organisations encounter. As a profession, we tend to be open to seeking and sharing good practice.

From a personal perspective, most of my most recent experience has been in the commissioning and service planning area. This has led to my developing a particular interest in the critical evaluation of new technologies and treatments and how we prioritise these in the financial environment in which we operate. We can contribute much to these areas, from providing objective analysis and challenge to being able to simplify complex issues. We have also, perhaps, demonstrated a willingness to step forward and take responsibility for making difficult decisions.

### **Finally, what is the best piece of career advice you have ever received?**

'Perhaps you've now got too much experience in specialised services' – I have listened but I'm still enjoying the challenge a little too much!

## Martin Turner FCCA



Position: Chief executive officer  
(until 2009)

Organisation: Wales Health Service

Country: Wales

Year achieved ACCA membership: 1976

### CAREER LADDER

2011 –Present	Healthcare consultant, Oxford Policy Management
2009–2011	Chief executive officer, Adelaide Health Service
1993–2009	Chief executive officer, Wales Health Service
1986–1993	General manager, Wales Health Service
1974–1986	Senior finance roles, Wales Health Service
1969–1974	Finance trainee, Wales Health Service

### What is your current role?

I am currently employed as a healthcare consultant for Oxford Policy Management.

### Describe the healthcare system in Wales

Wales has a publicly funded health service.

Following a reorganisation in 2009, seven local health boards (LHBs) were set up and charged with responsibility for all NHS health services within their geographical area. (Wales previously had a two-tiered commissioner/provider health system.) In addition, there are also three national trusts: the Welsh Ambulance Service NHS Trust, Velindre NHS Trust (which provides specialist cancer services) and the Public Health Wales NHS Trust.

Although Wales has a population of under three million its geography, being a mix of rural, urban and valley areas, can make it challenging to ensure equitable standards of care for all.

### What do you consider to be the key non-financial healthcare challenges in Wales?

Key challenges in Wales include:

- reducing health inequalities; there is a 10-year difference in average lifespan, for example, between residents of Cyncoed and Butetown in Cardiff
- an ageing population; by 2031 the number of people age 75 and older is expected to have increased by 76%
- chronic disease; one-third of all adults in Wales have at least one chronic condition
- rising patient expectations, and
- recruitment of sufficient numbers of medical staff.

### **What is being done to address the non-financial healthcare challenges?**

Measures that the government is introducing to address these challenges include:

- encouraging patients to take more responsibility for their health
- improving access to services by offering more services at pharmacies or over the telephone, for example, thereby reducing the need for travel
- supporting partnership working across the NHS, public health, local government and voluntary organisations to address issues such as poor transport links to hospitals, and
- publication of key qualitative performance data on major services.

### **What do you consider to be the key financial healthcare challenges?**

Although investment in the NHS in Wales has more than doubled since 1999 this level of growth cannot be maintained in the current economic climate. If the NHS in Wales is to meet pressures within the system (such as an ageing population, lifestyle illnesses) it will need to think more innovatively so that it is able to deliver quality care at a lower cost.

### **What is being done to address the financial healthcare challenges?**

On the understanding that achieving the most effective use of resources is dependent on delivering the best quality of care (hospital acquired infections, for example, extend hospitalisation and so increase costs), LHBs are encouraging greater levels of clinical involvement in decision making.

### **What value do you believe accountants add to the delivery of healthcare services?**

Accountants are key to ensuring that the challenging agenda described above is addressed. In partnership with management and clinical colleagues they will help the organisation to develop and execute plans and provide the performance management framework necessary to ensure appropriate and timely exercise of the actions agreed.

### **Finally, what is the best piece of career advice you have ever received?**

Never assume that other people are motivated by the things that motivate you. None of us is as smart as all of us.

## World Health Organisation

### Brian Elliott FCCA



Position:	Chief budget a.i., WHO
Organisation:	World Health Organization (WHO)
Country:	HQ is in Switzerland, six regional offices and 143 country offices
Year achieved ACCA membership:	1999
Specialist interests in the workplace:	WHO reform agenda and its impact on programme budget development and Oracle Release 12 upgrade.

#### CAREER LADDER

2012–Present	Chief budget a.i., WHO
2008–2012	Deputy chief accountant, WHO
2007–2008	Chief accountant a.i., WHO
2006–2007	Senior finance officer and general ledger manager, WHO
2000–2006	Finance officer, WHO

#### What is your current role?

Since April 2012 I have been acting head of the Budget unit of WHO. In addition to budget management, my responsibilities include developing policy and guidance on the budget development and costing for 2014/15, providing management analysis and reporting on programme budget implementation, and salary workplan management.

#### Describe the role of WHO

WHO's objectives are fulfilled through its core functions:

- providing leadership on matters critical to health and engaging in partnerships where joint action is needed
- shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge
- setting norms and standards and promoting and monitoring their implementation
- articulating ethical and evidence-based policy options
- providing technical support, catalysing change and building sustainable institutional capacity, and
- monitoring the health situation and assessing health trends.

These core functions are set out in the 11th General Programme of Work, which provides the framework for organisation-wide programme of work, budget, resources and results. Entitled *Engaging for Health*, it covers the 10-year period from 2006 to 2015.<sup>10</sup>

#### What do you consider to be the key non-financial healthcare challenges?

At the first World Health Assembly in 1948, the member states agreed that the top health priorities should be: malaria, women's and children's health, tuberculosis, venereal disease, nutrition and environmental sanitation. Many of these are still priorities for WHO today. Tuberculosis, for example, kills nearly two million people a year and malaria kills over one million a year – mainly children in sub-Saharan Africa. Since 1948, however, WHO's role has grown and new diseases, such as HIV/AIDs, have been added to the list of priorities. Another more recent concern is the growth in chronic disease; more than half of all deaths worldwide are caused by chronic disease (35 million out of 58 million a year) and the number is expected to increase by 17% over the next ten years. Contrary to popular belief, chronic disease is not a rich man's problem; four out of every five people who die of chronic disease reside in low-to-middle-income countries.

<sup>10</sup>. see [www.who.int](http://www.who.int)

### **What is being done to address the non-financial healthcare challenges?**

Since its formation, WHO has instigated numerous programmes around the world to help address many of these issues. Some of these programmes are disease specific, the polio eradication programme for example, while others, such as charting disease patterns, are global.

Although some aspects of WHO's work, such as providing support to people hit by disaster, are very visible there are other aspects, such as ensuring that all drugs worldwide are given a common name so that prescriptions are transportable across country boundaries, that are not so visible.

A few examples of some of WHO's many streams of work include:

- establishing International Health Regulations, which countries must follow to identify and control disease outbreaks
- operating a strategic health operations centre to coordinate responses to humanitarian emergencies
- helping countries prepare for and to manage crises, and
- hosting the Health Metrics Network, giving countries access to data that will inform better decision making.

### **What do you consider to be the key financial healthcare challenges?**

WHO's key financial challenge is probably sourcing sufficient funds for each of its programmes worldwide. In 2010/11, WHO's budget was approximately US\$3.9 billion. About one-fifth (20%) was from Assessed Contributions with the balance (80%) sourced from voluntary contributions.

Firstly, there can be a mismatch between WHO's priorities (which are set by the member states) and available funds. A substantial proportion of the funds received are highly specified for particular health topics, projects or partnerships, or are for unforeseen events such as emergencies and disease outbreaks; these resources may not be redistributed to other programmes.

Secondly, at the outset of a programme, only 50% of the required funding is likely to have been agreed; this causes inefficiencies in implementation and difficulty in planning. Related to this, concerns have been raised regarding the underutilisation of funds in some specific cases.

There are also concerns over continued variations in the levels of funding among Regional Offices. (The director-general's flexibility in shifting funding between strategic objectives and regions is limited to assessed contributions and does not apply to all sources of funding.) The Region of the Americas, for example, received only 62% of its approved budget. For the Eastern Mediterranean Region issues of allocation and use were explained partly by the challenges relating to the 2011 'Arab Spring' in several countries.

### **What is being done to address the financial healthcare challenges?**

In 2010/11, WHO's Programme Budget was ambitious and aspirational and could not be realistically met by available income. That issue was addressed during the development of the Programme Budget 2012/13 and will continue to be integrated in the reform discussions.

To address the issue of uncertainty of donor funding the WHO is implementing a three-stage budget planning process that will enable up to 70% of WHO's income known at the start of each planning cycle. In brief the three stages are:

1. priority setting by member states
2. member states and all WHO's financiers meet for joint pledging, and
3. monitoring and reporting of results.

The Secretariat continues the efforts that started during the development of the Programme Budget 2012/13, in order to improve the budgeting process and to ensure that it is based on a realistic assessment of income and expenditure.

### **What value do you believe accountants add to the delivery of healthcare services?**

The current team of accountants have helped in the development of WHO's ERP system (Oracle). This provides a sound accountability framework through internal controls and risk management.

### **Finally, what is the best piece of career advice you have ever received?**

'Listen'. To achieve our objectives across such a multicultural environment it is critical to listen with an open mind to truly understand the problems. Only with insight can we provide workable solutions.

## Zambia

### Edward Musonda Kabwe FCCA



Position: Director of finance and administration, and board secretary

Organisation: Medical Stores Limited

Country: Zambia

Year achieved ACCA membership: 2003

Specialist interests in the workplace: Finance and accounting, governance and strategic management

#### CAREER LADDER

2005–Present	Director of finance and administration and board secretary, Medical Stores Limited
2005–2005	Finance and administration manager (Inventory), Dunavant Zambia Limited
2003–2004	Senior business analyst, Zambia Privatisation Agency
1998–2003	Company treasury accountant, internal auditor and accounts payable accountant, Zambia Sugar PLC
1994–1998	Various audit roles, PricewaterhouseCoopers

#### What is your current role?

I am director of finance and administration and board secretary at Medical Stores Limited.

#### Describe the health system in Zambia

Healthcare services in Zambia are provided by both the public and private sectors.

Public healthcare facilities are provided by the Ministry of Health, the Ministry of Defence and the Ministry of Home Affairs, and there are also some mine hospitals and clinics. In addition there are mission hospitals and clinics coordinated by the Churches Health Association of Zambia (CHAZ). The public healthcare providers cater for the larger part of the population.

Private health hospitals and clinics exist throughout the country. These include those run by private business individuals, non-governmental organisations (NGOs) and, on a smaller scale, some traditional healers.

#### What do you consider to be the key non-financial healthcare challenges in Zambia?

The key non-financial healthcare challenges are:

- the availability of human resource for delivery of health care, and
- strengthening of the referral systems to keep the healthcare services as close as possible to the family.

#### What is being done to address the non-financial healthcare challenges in Zambia?

The government has been improving the conditions of service for staff in the healthcare sector to enhance retention and availability of personnel.

Systems have been re-designed to ensure more equitable access to healthcare facilities.



**What do you consider to be the key financial health challenges in Zambia?**

In my opinion, the issue of manpower and staffing has been a key challenge that the successive administrations have been progressively, and successfully, resolving.

**What is being done to address the financial healthcare challenges in Zambia?**

The government has substantially increased the annual budget allocation to the health sector.

Healthcare sector cooperating partners have also significantly increased financial support.

**What value do you believe accountants add to the delivery of healthcare services?**

The issue of accountability and good governance has been pioneered by accountants working in the healthcare sector and has added value to service delivery.

**Finally, what is the best piece of career advice you have ever received?**

The need for enshrining good corporate governance and accountability and that such systems should be viewed and treated as investments by all stakeholders for, like any other investment, they have a return.

## Zimbabwe

### Joseph Tumbare



Position:	Financial controller
Organisation:	CAPS (Private) Limited and Hermes Laboratories (Private) Limited t/a Autosterile
Country:	Zimbabwe
Year achieved ACCA membership:	June 2008
Specialist interests in the workplace:	Training and mentoring

#### CAREER LADDER

2010–Present	Financial controller, CAPS (Private) Limited and Hermes Laboratories (Private) Limited t/a Autosterile
2008–2010	Audit manager, PricewaterhouseCoopers
2003–2007	Audit supervisor, PricewaterhouseCoopers
2000–2003	Senior associate, PricewaterhouseCoopers
1995–1999	Articled clerk, PricewaterhouseCoopers
1993–1995	Auditor, Office of the Comptroller and Auditor General
1990–1992	Assistant auditor, Office of the Comptroller and Auditor General

#### What is your current role?

Financial Controller for CAPS and Autosterile, one of the largest vertically integrated group of pharmaceutical and healthcare companies in Africa.

#### Describe the healthcare system in Zimbabwe

Public (government) and local authority facilities have continued to be weighed down by lack of financial resources.

Access to health facilities is limited as it is mostly done through medical aids (health insurance plans) whose membership is largely available only to those in employment. The remainder of the patients (who constitute the majority) are not on medical aid and must pay cash for their health care: a limiting factor owing to the very low liquidity levels caused by high unemployment levels. The cost of a number of the procedures/services required by patients is also beyond the means of most people owing to the prevailing macroeconomic conditions.

Although there has been some improvement in the structural aspects of the health system (additions to existing facilities including improvements thereto), these have mainly been in the private sector.

#### What do you consider to be the key non-financial healthcare challenges in Zimbabwe?

The shortage of skills from junior to specialist level caused by the flight of qualified personnel during the 10-year recession period is one of the key challenges. Related to this is the quality of service offered in health institutions, which has led some to seek medical services across the borders, usually South Africa.

#### What is being done to address the non-financial healthcare challenges in Zimbabwe?

There have been efforts by both the government and private sector to lure back skilled staff to Zimbabwe by providing various incentives.

**What do you consider to be the key financial healthcare challenges in Zimbabwe?**

Funding of the sector for both structural and human resources.

**What is being done to address the financial healthcare challenges in Zimbabwe?**

There has been an effort to increase resources invested into the sector at government level, though resources are still limited by budget constraints.

Private sector institutions have complemented government efforts with investments in new structures and equipment.

**What value do you believe accountants add to the delivery of healthcare services?**

They add value by providing accurate costing and interpretation of financial information; this aids decision making.

**Finally, what is the best piece of career advice you have ever received?**

To keep trying and never give up my dreams, as not trying prematurely kills the potential.

**TECH-TP-GPOHC**