



MINORITY CAUCUS

PARLIAMENT OF GHANA

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FOR IMMEDIATE RELEASE

SUSPENSION OF KATH CEO: A KNEEJERK DECISION THAT FAILS TO ADDRESS THE REAL CAUSES OF "NO BED SYNDROME"

1. The decision by Government to suspend the Chief Executive Officer of the Komfo Anokye Teaching Hospital (KATH) over the recent challenges associated with bed capacity and patient congestion is unfortunate, reactionary, and fails to address the underlying structural failures confronting Ghana's health sector.
2. While every preventable loss of life is regrettable and must be thoroughly investigated, assigning blame solely to a hospital Chief Executive ignores the broader systemic deficiencies that successive governments have acknowledged for years.
3. The reality is that the current pressure on KATH is largely a consequence of delayed and abandoned health infrastructure projects which continue to deny patients access to alternative referral facilities across the middle and northern belts of the country.
4. Indeed, under the previous administration, significant investments were made to expand tertiary and referral healthcare capacity. Notably, the 500-bed Afari Military Hospital was operationalised and began receiving patients, while the 250-bed Ashanti Regional Hospital at Sewua was substantially completed and positioned to support healthcare delivery in the Ashanti Region. These facilities were specifically intended to reduce the overwhelming burden on Komfo Anokye Teaching Hospital.
5. It is therefore difficult to understand why a government that inherited these critical facilities would choose to suspend a hospital CEO rather than accelerate the full operationalisation of these hospitals and strengthen referral arrangements.
6. The 2026 Budget itself acknowledges that the Ashanti Regional Hospital at Sewua remains among the major health infrastructure projects requiring continued government attention. The Government has also admitted that healthcare infrastructure expansion remains an area of weak implementation, with several promised projects yet to be delivered, including new hospitals, specialised facilities, mobile outreach services, and other interventions intended to improve access to healthcare nationwide.
7. This raises an important question: Is the Government's failure to fully operationalise these hospitals due to political considerations? Many Ghanaians are beginning to wonder

whether the apparent lack of urgency in bringing critical facilities such as the Sewua Hospital into full operation is influenced by the fact that the Ashanti Region is not considered a major electoral stronghold of the governing NDC. Government must provide clear answers and demonstrate that access to quality healthcare is not being subjected to partisan calculations.

8. Also, the Trede District Hospital, commissioned in 2024, was designed to provide modern secondary healthcare services to rapidly growing communities within the Atwima Kwanwoma enclave and surrounding districts. Similarly, the Kokoben-Oforikrom District Hospital, also commissioned in 2024 to serve one of the fastest-growing urban populations in the Ashanti Region. Both facilities are 100-bed capacity hospitals with accident and emergency services, state-of-the-art surgical theatres, diagnostic facilities, maternity services, and inpatient care wards designed to reduce the growing burden on Komfo Anokye Teaching Hospital. Yet, despite the significant public investment made in these facilities, nearly two years later both hospitals remain largely non-operational while Komfo Anokye Teaching Hospital continues to grapple with severe congestion, overstretched staff, and persistent bed shortages. It is therefore difficult to understand how Government can justify suspending the CEO of KATH for challenges arising from excess demand when two fully completed 100-bed hospitals, specifically built to absorb part of that demand, remain unable to provide the services for which they were constructed.
9. The persistent "No Bed Syndrome" is not fundamentally a leadership problem at KATH. It is a capacity problem. It is an infrastructure problem. It is a referral system problem. It is a health workforce and resource allocation problem. Punishing one hospital administrator may create headlines, but it will not create additional beds, equip emergency wards, recruit specialist staff, or decongest referral centres. What the Ghanaian people expect is leadership that confronts the root causes of the crisis rather than seeking convenient scapegoats.
10. We therefore call on Government to:
 1. Immediately revoke the suspension and reinstate the Chief Executive Officer of Komfo Anokye Teaching Hospital pending the outcome of any independent investigation.
 2. Immediately operationalise all completed and commissioned health facilities intended to ease the burden on Komfo Anokye Teaching Hospital, particularly the 300-bed Ashanti Regional Hospital at Sewua (comprising a 250-bed regional hospital and a 50-bed Infectious Disease Isolation and Treatment Centre), as well as the 100-bed Agenda 111 Hospitals at Trede and Kokoben-Oforikrom. These facilities were specifically designed to expand healthcare capacity within the Ashanti Region and reduce pressure on KATH.

3. Act upon the concerns raised by the Ghana Medical Association (GMA) and other healthcare professionals who have consistently highlighted the structural causes of the "No Bed Syndrome", including inadequate infrastructure, workforce shortages, referral bottlenecks, and delays in operationalising completed health facilities.
4. Request a change in approach to issues in the sector. We decry what increasingly appears to be a "Rambo-style" approach to leadership and decision-making within the health sector, where consultation, engagement, and consensus-building are being replaced with unilateral actions and public displays of authority. We therefore urge the Honourable Minister for Health to adopt a more consultative, conciliatory, and professional approach that builds confidence among stakeholders rather than deepening tensions within the sector.
5. Accelerate the completion and operationalisation of all stalled hospital projects across the country, particularly those intended to improve referral services and emergency care delivery.

While we fully appreciate and respect the position taken by the Ghana Medical Association (GMA) and the Komfo Anokye Doctors Association in defence of due process, institutional fairness, and professional integrity, we are equally concerned about the potential impact of a prolonged withdrawal of services on patients who depend on KATH for life-saving care. We therefore call on all parties to prioritise dialogue and constructive engagement over industrial action. We urge the Minister for Health to immediately initiate discussions with the GMA, KATH Doctors Association, and other key stakeholders with the objective of securing the withdrawal of the suspension, restoring normal services, and preventing further deterioration of an already difficult situation.

We respectfully remind the Minister for Health and His Excellency the President that the challenge confronting KATH is only a symptom of broader systemic weaknesses within Ghana's healthcare system. The bigger picture is not about one Chief Executive Officer. It is about ensuring that completed hospitals are fully operational, critical infrastructure projects are completed on schedule, healthcare workers are adequately supported, and referral systems function efficiently.

Ghana's healthcare challenges require leadership, planning, and long-term solutions, not actions that risk diverting attention from the fundamental issues at stake. The health sector requires solutions, not scapegoats. The suspension of the KATH CEO may satisfy a temporary political narrative, but it does little to address the fundamental challenges confronting healthcare delivery in Ghana.

SIGNED,

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