Creating Wealth Through Health

A NEW PARADIGM FOR GHANA'S DEVELOPMENT

MINISTRY OF HEALTH

REPUBLIC OF GHANA

Ministry of Health
Creating Wealth Through Health: A New Paradigm for Ghana’s Development

Press Briefing by

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INTRODUCTION

Ladies and Gentlemen:

It is my pleasure to have my turn at the meet-the-press series, this time as the Minister for Health. Interactions such as this afford us innumerable opportunities to further strengthen government-civil relations, a key element in the practice of good governance.

I would like to start this presentation by re-iterating the basis for the existence of the social organisation described as a nation-state.

Every nation exists to assure the collective survival as well as the socio-economic development of its citizens.
Articles 34 and 36 (10) of the 1992 Constitution oblige the Government to ensure sustained socio-economic development of the people of Ghana.

Maintenance of good health is therefore an integral part of government's responsibility.
Health and Socio-economic Development

Ill health is both a cause and a consequence of poverty.

The Ministry of Health has been set up and mandated to assure good health in Ghana and indeed reduce the negative impact of ill health on socio-economic development.

Frontal view of a Ghana Health Service Building.
Mission

The mission of the Ministry over the years has been:

"To work in collaboration with all parties in the Health sector to ensure Good Health and Vitality and Equitable access to Quality health for all people living Anywhere in Ghana."

To add impetus to health care delivery in the country, the Ghana Health Service was established in 1996 to:

1. Implement approved national policies for health delivery
2. Increase access to improved health services; and
3. Manage prudently, resources available for provision of health services.
Whereas the Ministry performs several critical functions, the sector’s main focus has been on providing health care services, mainly medical care.

Indeed very little attention has been given to the promotion, protection and restoration of health.

It is therefore no wonder that the burden of diseases in the country has not lessened at the rate we anticipate.

Health professionals performing an operation in a modern theatre.
THE DISEASE BURDEN

It has been the practice, as it were, to identify diseases and develop programmes to control them (rather than promote good health).

We have, therefore, developed numerous programmes to control diseases and done very little to promote healthy lifestyles. It is no wonder we encounter extreme difficulties meeting the targets for these programmes.

In the case of polio, we are very close to eradication due to periodic immunisation programmes.

The eradication of other diseases such as guinea worm and trachoma, that are dependent on the provision of safe and potable water, has not met with much success.
Our effort to control HIV/AIDS has focused on the creation of awareness. So far, the country has spent a lot of resources to create awareness, yet this has not translated much into behavioural changes.

Lately, people living with HIV/AIDS (PLWHA) are being administered the anti-retroviral drugs (ARVs).

Strangely, in spite of its importance to the immune system, many countries have not considered the application of nutrition as a complementary treatment for HIV/AIDS.

Evidence suggests that nutrition boosts the immune system of PLWHA, whilst the ARVs suppress the virus and prevent it from spreading.

A typical Ghanaian dish adapted to boost immune system and increase nutritional value utilising soy products.
Non Communicable diseases such as diabetes, hypertension, stroke, and cancer that were earlier attributed to developed countries are now becoming major causes of mortality, morbidity and disability in developing countries as such Ghana.

The underlying determinants of non-communicable diseases include:

- High consumption of alcohol and nutritionally deficient foods that are also high in fat, sugar and salt;
- Reduced levels of physical activity at home, at school, and at work;
- Obesity; and
- Lack of rest and recreation.
Alarming numbers of our pregnant women continue to die before, during and immediately after childbirth.

The high maternal mortality rate contributes to a high infant mortality rate.

For those infants who survive the first few months, most of them die before they reach year five.

A mother and her new-born child at the maternity ward of the La Polyclinic
Malnutrition is also very high among children less than five years of age.

The effects of malnutrition in children include:

- Very low intelligence quotient (IQ);
- Low absorptive capacity;
- Stunting;
- Wasting;
- Obesity; and
- Ill health in adult life, etc.
Malaria has maintained the dishonourable title as the number one killer, especially for pregnant women and children.

Instead of working towards the eradication of malaria, we have been convinced by interests beyond our control to "ROLL BACK MALARIA."

So we have been busy promoting the use of insecticide treated nets (ITNs) by our pregnant women and children.

These ITNs are imported in large volumes into the country to the detriment of the economy in terms of foreign exchange and jobs lost.

It is a sad commentary that we have abandoned the body of knowledge handed down to us by our forebears such as "Dor-dede" which literally means "eradication of diseases".
Other complementary interventions such as:

- Destroying the breeding grounds of mosquitoes;
- Vector control;
- Indoor residual spraying; and
- Sterilisation of the male mosquito with gamma rays as was done by the Ghana Atomic Energy Commission to reduce the population of the Tsetse fly in this country, have not received the necessary attention they deserve for reasons we cannot understand.

Another health burden is the upsurge of road and occupational accidents that result in either disability or death.
In summary, most diseases and injuries affecting us are related to:

- Indiscipline in our society and specifically on our roads;
- Lack of enforcement of laws on occupational safety and health hazards;
- Lack of personal hygiene;
- Lack of exercise, which is now optional in our educational institutions;
- Lack of rest and recreation; (our weekends are overcrowded with unnecessary events)
- Our reckless lifestyles filled with alcohol and drug abuse;
- Eating contaminated food;
- Consumption of unsafe water;
- Poor nutrition consisting of foods saturated with fat, sugar and salt; and
- Unsanitary environments.
Fast-foods have become a staple for many Ghanaians in urban areas. Most of these diseases that affect us emanate especially from the unacceptable and deplorable environmental conditions that have engulfed us.

After consciously or unconsciously wallowing in such horrendous environments and degenerative lifestyles, which produce all these illnesses and diseases, we turn round and cry for more curative services.
Obviously, if the nation were a person insured, every professional insurance company would categorise it as a high-risk policy holder in view of its debilitating disease burden.

As individuals and communities, we do not demand for healthy environments or adopt healthy lifestyles to reduce the disease burden.

What we are a witness to in Ghana is the glorification of:

- Obesity,
- Skin toning,
- Tobacco smoking and alcohol consumption, and
- Degradation of the environment etc.

*A slum area in the nation’s capital*
We are so cruel to our water bodies that they have become the major source of water-borne and water-related diseases.

We take nutrition for granted, eat all the wrong foods at the wrong times and at the wrong places, constipate heavily, and generate toxic wastes in our bodies which also become the cause of many non-communicable diseases.
We are a people who consider exercise as a socialisation activity performed maybe once a week, which again, has unbelievably become optional in our educational institutions.

Our weekends have become crowded with all kinds of unnecessary activities that we hardly have time for rest and recreation to refresh ourselves for the next productive week. (I didn’t mention funerals; nobody should put words in my mouth!!)

The proliferation of slums wherever they can fit has become our latest engineering discovery, so when the rains come and the epidemics strike, we start crying foul.

And when we engage in reckless lifestyles adorned with alcoholism, drug abuse and all-night activities and fall sick, we must find someone to blame.
Cost of Diseases

As a nation, have we paused to ask ourselves the total cost of these diseases to our socio-economic development?

All the diseases mentioned earlier have direct and indirect as well as intangible costs to:

- The individual;
- The family;
- The community;
- The employer; and
- The nation.
Effect of Diseases

- Mortality
- Morbidity
- Disability

Direct Cost

Indirect Cost

Intangible Cost

Household
- Financial
- Time

Others
- Tax exemptions
- Cost to other institutions (e.g. NGOs, District Assemblies)

MOH / Health Inst.
- Human Resource
- Infrastructure
- Procurement of Drugs

Short-term Prod. Effects
- Value of productive time lost due to mortality and morbidity

Short-term Prod / Consumption Effects
- Reduction in human capital accumulation due to effects on intellectual development.
- Demographic effects on consumption, labour supply etc.
- Value of lifetime earnings lost due to premature mortality.

Individual
- Pain and suffering
- Loss of leisure time
- Failure to participate in social activities.
- Modification of socio-economic decisions, e.g. choice of crops, migration.

Cost of illness

Cost to GDP

Credit: Asenso-Ochere et al.
If you put together all these costs i.e. the:

- cost of drugs;
- cost of training and maintaining health care providers;
- cost of transporting the sick to health facilities;
- cost of labour (man hours) lost due to sick leave;
- cost of labour lost due to excuse duty or permanent disability;
- cost of building and maintaining heath facilities; and
- cost of lost productivity due to weak and unhealthy human capital;

this will be an invaluable loss to the national economy and militates against the President’s vision of moving the country to the middle-income status of $1000 per capita by 2015.
The President in his State of the Nation address to Parliament early this year, restated his vision of moving the country into the middle-income status of $1000 per capita by 2015, supported by three pillars namely:

- Good governance;
- Private sector promotion; and
- Human Resource development.

This vision has implications for all Ministries, Departments and Agencies in this country.

H.E. John A. Kufuor, President of the Republic of Ghana, delivering a speech at the 2004 Farmer’s Day Celebration at Ho.
The role of the health sector in achieving the President’s vision is to contribute to the development of the Human Resource i.e. the "Human Capital."

The country needs a Healthy, Strong, Intelligent and Active Human Capital to grow the economy and fulfil the vision.

Improving health would lead to significant savings on health expenditure as a result of the reduced disease burden.

A healthy, strong, intelligent and active human capital will be more productive, creating more wealth and thus increasing the Gross National Income.

This puts the health sector right at the centre of economic growth; hence our vision slogan "CREATING WEALTH THROUGH HEALTH."
There can be no doubt in anybody’s mind at this stage that our human capital is very unhealthy and is largely responsible for the low level of productivity in this country.

To illustrate this point, I have developed a table titled "Human Capital Productivity Assessment" in which I compare Ghana with some of its contemporaries. I wish to state here that this model has no empirical backing; it is just a teaser to challenge our researchers and academic think-tanks to come out with real figures.

Under normal circumstances, researchers would assign different weights to the various characteristics identified in the table.
Human capital productivity assessment

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Percentage point
NOTE: This chart is a compilation of figures returned for only Ghana by a sample of journalists during the press brief.
### Human capital productivity assessment

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<th>ATTRIBUTE</th>
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<td>49%</td>
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**NOTE:** This table is another assessment developed earlier by a group of individuals who also have a working knowledge of Malaysia and Singapore. It is significant that their assessment of Ghana is just marginally lower than that of the journalists sampled during the press brief.
The New Paradigm

There is no way we can contribute to wealth creation through health if we continue concentrating on medical care.

A paradigm shift that will focus more on promotion of health in its totality will ensure that people remain healthy in the first place, diseases and injuries are prevented from occurring, and should they occur, people are restored to health and the disabled are rehabilitated to their highest possible level of function.

It may sound absurd to say people will not fall sick. But falling sick strangely, is sometimes a "choice" we make as individuals and as a nation.
Staying healthy consists of a menu with ingredients:

- Maintaining a hygienic and sanitary environment;
- Consuming clean and safe water;
- Eating nutritious food in their right combinations and at the right time, and eliminating waste from the body;
- Engaging in regular exercise;
- Creating time for rest and recreation;
- Living in a healthy environment, including proper accommodation; and
- Living a sensible lifestyle.

I imagine you are asking yourselves if this is possible.
Ladies and Gentlemen:

The Holy Books say "seek, and you shall find". In my search for just one practical example of the kind of lifestyle and environmental changes required to promote good health and prevent disease and injury, I found the answer in Dimona, an African Hebrew Israelite Community in Israel.

I, together with Mr. Alfred Salia Fawundu, former UN Resident Representative in Ghana and Mr. Kwaku Sakyi-Addo, BBC correspondent, was invited to Dimona to experience the actual application of the new health paradigm I am proposing.

This is a community of 3000 African Americans who migrated to Israel and through the adoption of healthy lifestyles and environment, has been able to overcome the health problems facing Africans and people of African descent today.
Dimona, popularly referred to as the "Village of Peace" in Israel, has molded its healthcare on health promotion and disease prevention instead of treatment.

After 38 years of actively promoting lifestyle changes including regular exercise, and environmental cleanliness, Dimona has effectively eliminated most of communicable and more especially, non-communicable diseases we treat in Africa today.

In fact, Dimona has been extensively studied by renowned researchers from diverse fields and they have been amazed at their findings. These include no single record of:

- Heart disease;
- Diabetes;
- Prostate cancer;
- Infant and maternal mortality;
- HIV/AIDS; and
- Malaria.
What has this community done right? It has adopted lifestyle changes and practices we all know but somehow have ignored. Dubbed Regenerative Health and Nutrition, these lifestyle changes include consumption of low fat, low salt, and low sugar food, and regular exercise.

What Dimona has done is to secure the health of its people through the application of "ancient wisdom through contemporary language". In other words, they have given a modern face to age-old principles for good health and longevity.

Don't forget that our forebears have lived the same type of lifestyle before and lived longer than we are living today. So, it makes sense for us also to adopt the same ancient wisdom, but using contemporary language.
Ladies and Gentlemen:

As we speak, Benin is actively adopting these principles.

After my visit to Dimona, I led a delegation made up of senior directors from our collaborating MDA’s to the International Centre for the Experimentation and Valorization of African Resources (CIEVRA) at Glo-djigbe, Benin.

This centre is a replication of Dimona and its objective is to transform the lives of the citizens of Benin through the application of all the principles enumerated earlier.

The main entrance to CIEVRA at Glo-djigbe, Benin
The Tour of CIEVRA in pictures

The delegation is welcomed to CIEVRA, Glo-djigbe Benin

A tour of the facilities begins at the central library

An interior view of the main lecture complex.

A tour of the soy factory where several soy products such as soy milk and tofu are manufactured
The Tour of CIEVRA in pictures

Members of the delegation emerge from the Information Technology Centre

A frontal view of the main lecture complex

Members of the delegation relax in the compound of the centre
The Tour of CIEVRA in pictures

A tour of the Regenerative Health Facility

Delegation seated in the central library

A close-up of the Colon cleansing therapy room

An on-site farm where all the food consumed at the centre is organically grown free of chemicals.
THE NEW FOCUS

Our proposal of a new focus for the health sector is predicated on the need to be realistic, innovative and resourceful as a people to make a meaningful contribution towards achieving our national objectives, the New Partnership for Africa’s Development (NEPAD), and the Millennium Development Goals (MDGs).

The new paradigm focuses mainly on health promotion, prevention of diseases and protection from injuries, with curative health a last resort.
Promotion of health

- **Environmental Hygiene and Sanitation**
  The Ministry would collaborate with the Ministries of Local Government, Education, and the Environmental Protection Agency to ensure a hygienic and sanitised environment to prevent diseases that emanate from unsanitary conditions.

*We need to move Ghana from this level of hygiene and sanitation*

*This is a view of the grounds at CIEVRA, Benin*
- **Housing and Town Planning**

  Our living quarters indicate our quality of life. Our new paradigm would foster more collaboration with the Town and Country Planning and other partners to improve town layouts and drainage systems.
• **Safe Potable Water**

We would collaborate more with the Ministry of Works and Housing and the Community and Water Sanitation Agency to ensure the delivery of safe, potable water to our communities.

*Bore-holes are a major source of potable water in the deprived areas*
Nutrition and food safety is one of the most important determinants of health.

The Ministry would work closely with the Ministries of Food and Agriculture, Education, the Food Research Institute and the Food and Nutrition Science faculties in the Universities to ensure our people eat to live and not live to eat and die.

It might even be a good idea to reintroduce nutrition into our educational curriculum as a core subject.
To reemphasize the importance of nutrition and safe food consumption, I would like to quote an excerpt from a book authored by Harvey and Marilyn Diamond titled "FIT FOR LIFE."
It says "A letter from Dr. David Reuben to his fellow physicians in his best-selling book Everything You Always Wanted to Know about Nutrition said, 'There is a whole category of substances that have a far more intense effect on our patients than drugs. That category is food – and through no fault of our own, we have neglected that particular area of medicine. Our medical education neglected it, our internships neglected it, and our residencies neglected it. And for good reason – we had to take care of great masses of sick people.

'But now it is becoming obvious, with each successive issue of our most responsible medical journals, that many of the "sick people" are sick specifically because of what they are eating – or not eating.' he then added, 'People of America, the greatest threat to the survival of you and your children is not some terrible nuclear weapon. It is what you are going to eat from your dinner plate tonight.'"
The Dietary Goals for the United States prepared by the staff of the Select Committee on Nutrition and Human Needs, United States Senate, states: 'As a nation we have come to believe that medicine and medical technology can solve our major health problems. The role of such important factors as diet in cancer and heart disease has long been obscured by the emphasis on the conquest of these diseases through the miracles of modern medicine. Treatment, not prevention, has been the order of the day.

'The problems can never be solved merely by more and more medical care. The health of individuals and the health of the population is determined by a variety of biological, behavioural, and environmental factors. None of these is more important than the foods we eat!
- **Regular exercise**

The Ministry would commence a sensitisation programme to expose the health benefits of regular exercise and collaborate with the Ministry of Education to actively reintroduce physical fitness training into our educational institutions.

*Exercise can be fun for all*
• Rest & Recreation

It is important for the human body to rest and rejuvenate itself. The Ministry would therefore mount educational campaigns to encourage Ghanaians to create time for rest and recreation.
• Personal hygiene

Simple practices such as washing of hands with soap after visiting the washroom and brushing of teeth after meals are essential for maintenance of personal hygiene. It would be one of the Ministry’s objectives to assist the Ministry of Education to ensure that personal hygiene is taught in our schools and colleges.
Prevention of Disease

- Immunisation

These are being handled quite effectively and the Ministry shall maintain the momentum to protect Ghanaians, especially pregnant women and children, from preventable diseases.
Protection from injury

- Protection from all workplace injuries and accidents

Occupational health and safety policies to protect the senses (hearing, sight, smell, taste and touch) and the limbs of employees is either non-existent or woefully inadequate.

The Ministry would collaborate with the Ministries of Manpower and Employment, Trade and Industry and Private Sector Development to enforce laws on occupational safety.
• Road accidents

The victims of road accidents become a problem for the health sector and the economy.

*Broken down vehicles are a major threat to other road users*
To minimize fatality, the Ministry has:

- established the Ghana Ambulance Service;
- brought in over 60 ambulances; and
- trained 187 Emergency Medical Technicians to work closely with the Ghana Fire Service.

But this is not enough. What we should be aiming at is to prevent the accidents from occurring. The Ministry would collaborate with the Ministries of Road Transport and Interior to ensure the safety of, and enforce discipline on our roads. Specifically, the Ministry would conduct periodic testing of motorists to ensure their fitness to operate motor vehicles.
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Restoration of Health

- **Restoration of Health** – Early Diagnosis and Treatment of the Sick
  
  - **Provision of Health Facilities**
    
    We shall continue to expand our facilities to bring primary health to the doorsteps of the remotest communities to ensure that people can enjoy the full benefits of the National Health Insurance Scheme if they fall sick.

*Sunyani General Hospital: a model of a modern hospital*
• **Development of Human Resources for health**

  - The Ministry would continue its programme of expansion and upgrading of training facilities and ensure that the programmes for training now fully cover health promotion.
  
  - We have also instituted an innovative remuneration package we hope will help stem the brain drain.
  
  - In addition to remuneration, we have increased the supply of motor vehicles to health professionals and introduced a housing scheme and are in discussion with our development partners to help convert the brain drain to brain gain.

• We have introduced the National Health Insurance Scheme to make payments of health services easier for patients and families.
- **Production and Supply of Drugs and Medicines.**

Herbal medicine would receive a boost in the scientific formulation, hygienic preparation, attractive packaging and informative labelling and marketing.
Rehabilitation of the disabled

- The Ministry, in collaboration with NGOs would embark on the rehabilitation of the disabled.

- The Limb-Fitting Centre will also be modernised to provide adequate services to the disabled.

- We would also engage in improved domestic therapy to enable the disabled integrate properly into the society.
THE WAY FORWARD

The way forward to implement this new paradigm would be:

• Sensitisation of the rank and file of the health staff to buy-in to the new paradigm.

• A National Conference on Regenerative Health and Nutrition
  – Dialogue on new health paradigm and discuss the details of the relevance of nutrition, water and exercise to our health.

• Development of A National Health Policy
  – Redefine our mission, objects and functions to reflect the new paradigm.

• Sensitise collaborators and development partners, and engage in collaborative planning for Health.
• Train health personnel and collaborators, including the media specifically, in health promotion and attach them to corporate organisations, MDAs, all educational institutions and district assemblies etc. and

• Establish Regenerative Health and Nutrition Institutes across the country as being done in Benin.

With the support of Ghanaians, other collaborators and the media in particular, we can make a difference by insisting on a change of attitude and enforcement of laws that regulate our behaviour. And I believe it might not take too long to:

- Improve our environment and sanitation;
  • Improve water safety
  • Improve our slums and sanitation

- Improve our nutrition;
- Exercise regularly;

- Rest sufficiently for the following week’s activities; and

- Moderate our lifestyle.

Within ten years, we should be able to progressively increase our productivity thus "creating wealth through health", possibly surpassing the $1000 per capita benchmark.

Thank You.