

30 YEARS IN ACADEMIA ANNIVERSARY LECTURE PUBLIC HEALTH IS PUBLIC WEALTH*

“The challenges of the Ghanaian Public Health Physician in the first two decades of the third millennium”

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CHALLENGES OF Y/2000 AND BEYOND

- Prevention and control of both communicable and non communicable diseases.
- Improvement of the Health Service.
- Quality manpower training.

DISEASE CONTROL

In future we have to prevent and control not only communicable diseases, but also non communicable diseases. The big four among the communicable disease are; HIV/AIDS, Tuberculosis, Malaria and Cholera.

HIV/AIDS has been dubbed the undeclared war in Africa. It is spreading like bush-fire. Its toll is among the working segment of our population. Sub Saharan Africa is the epicentre of the pandemic.

If yesterday we asked the question? “why do our children die” tomorrow we shall ask “why are our towns disappearing and our economy collapsing,” if we do not tackle the HIV/AIDS menace more seriously. In his Presidential address at the 40th Anniversary Celebration of the Ghana Academy of Sciences, Prof. F. T. Sai came up with some good suggestions about how we should go about tackling this serious threat of HIV/AIDS. I hope all of us will join this fight. AIDS is spread through

1. blood transfusion
2. use of contaminated syringes and needles
3. from an infected mother to child during birth and breast feeding.
4. sexual intercourse.

Sexual intercourse accounts for about 80% of infection in Ghana.

The message on AIDS prevention is simple and clear.

- Abstinence before marriage.
- One faithful partner in marriage and delinquents must use condoms.

The fact is that we have more delinquents in Ghana than we wish to admit. We must therefore promote the use of condoms by these delinquents while oth-

ers more endowed than us continue to preach morality and moral rearmament. The irony of this, in my case is that I started my professional life promoting the use of condoms to reduce the birth rate, nearing the end of my career I note I must continue to promote the use of condoms but this time to halt a holocaust (the death rate). **But we must do more than promote condom use.** Public Health Physicians must take the lead in advocating for **legislation** which will make it an offense for public and private institutions to discriminate against a person on basis of his/her HIV status. Stigmatization and discrimination against AIDS sufferers are hindering the fight against the disease. But with such a legislation in place we can educate the public to go for **voluntary screening and counseling**. People who are HIV positive can then be educated to adopt appropriate sexual life styles. This will reduce unintentional spread of AIDS. Willful spread of AIDS if proven, is already a serious criminal offense.

The low status of our WOMEN especially in the rural areas; the lack of employment opportunities and the paucity of recreational facilities for our YOUTH are worrying because these are among the underlying factors which promote promiscuity and unsafe sex and therefore we must do something for our women and youth.

Lastly research is urgently required to find appropriate methods for communicating epidemiological information to rural and traditionalist communities. My experience is that the methods we use now are not very effective.

At the present rate of spread, one scenario is that by year 2010, 75% of all hospital beds in Ghana will be occupied by AIDS patients and AIDS will account for 25% of all deaths. This will be a major disaster for which NADMO will have no answer.

Tuberculosis was declared a global emergency by World Health Organization (WHO) in 1993. The present upsurge of TB presenting mostly as pulmonary tuberculosis has been attributed to the slow emergence of multi-drug resistant (MDR) bacteria

and the current HIV/AIDS pandemic. Another contributory factor especially in developing countries is poverty. The DOTS strategy for controlling TB is not reaching the majority of our population due to the many problems that plague our Health Service.

The omnipotent and omnipresent **malaria** continues to plague us, even if it is now being hotly challenged as the chief cause of death by AIDS, TB and stroke. The "Roll back malaria" initiative of WHO therefore requires our full support.

Cholera first appeared in this country 29 years ago. Today, outbreaks hit the headlines with increasing frequency. The cholera problem has roots in our unsanitary environments and poor hygienic practices. Until we learn to dispose of our refuse and excreta properly and learn to wash our hands, cholera will continue to remind us that we are miserable offenders "who have left undone the things that we ought to have done, and have done the things that we ought not to have done and there is no health in us" (from the Anglican prayer). I wish to use this platform to appeal to the Kwame Nkrumah University of Science and Technology to give more attention to **SANITARY ENGINEERING**.

The big four among the non-communicable diseases are **stroke, heart disease, cancer and diabetes**. These diseases are increasing because we are adopting unhealthy life styles like cigarette smoking, eating saturated fat diets, drinking too much alcohol, little exercise and stressful activities.

When we turn to the non-communicable diseases, the evidence is clear that contribution of medical treatment to lowering mortality and morbidity is useful but limited. Only a few non-communicable diseases can be cured, most of them at best have to be controlled. Once the pathological changes have reached the stage where they produce symptoms requiring treatment it may no longer be possible to reverse the disease process. Treatment therefore is only a secondary line of defense. This is why programmes designed to prevent the occurrence of these diseases need to be given first priority. Unfortunately, experience has shown that this principle is easier to proclaim than implement. Prevention is a relatively abstract concept while treatment for pain and suffering is a response to immediate human need which must be satisfied.

IMPROVEMENT OF THE HEALTH SERVICE

Today, the overwhelming concern is the cost of health care and the availability of resources. No

society can afford to offer all its members all the health care that might possibly do them good. Each society must therefore establish **PRIORITIES**, that is, it has to decide who will get what and by implication who will be denied what.

Those who discharge such tasks for our nation must have skills in medicine, epidemiology, economics, politics and philosophy. They also require the wisdom of Solomon to settle the many entrenched conflicting claims. For example, **the demands of the urban rich versus the needs of the rural poor; the aspirations of the health professionals versus the expectations of the masses; the cost of drugs and high technology versus the wages of workers**. The current refrain is "Government alone cannot fund Healthcare". As a matter of fact, Government alone has never funded healthcare in this country. What is new is that we are entering an era when we are setting up Foundations to finance the management of certain diseases. We have Dr. Frimpong-Boateng's Heart Foundation, and quite recently Nana Konadu Agyeman Rawlings has initiated a Cancer Fund. Which disease will be next? My own list is rather long but it starts with Buruli Ulcer, then Yaws, then HIV/AIDS. I sometimes ask myself what criteria should we adopt in choosing the disease which should be managed through **funds donated by fellow Ghanaians**. Perhaps we should take cue from the Ministry of Education and organize a forum early in the new millennium to deliberate on **Funding Healthcare in Ghana**.

The notion that "the newest is the best" is a fallacy in health planning. Our policies, plans and programmes must be based on reliable information and good evidence. Evidence based medicine (EBM) is the state of the art. Unfortunately, here in Ghana, even proper documentation and good record keeping still elude us.

QUALITY MANPOWER TRAINING

What I have said so far leads me to the conclusion that we should take the training of quality Public Health Physicians, who would occupy leadership positions at District, Regional and National levels more seriously. We should train them to be critical and creative; competent and courageous; compassionate and caring; communicative and credible; conscientious and confident. They must be committed and have conviction. **Public Health is a specialty with public responsibility, so knowledge and skills alone are not enough**.

*Part of the lecture was delivered on 19/12/99.