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We will probably come back to this issue of corruption and transparency in governance, but using South Africa as an example of two countries in one and the complexity of the issues I think is a good one. We will also hear from Pierre about Nigeria and using a very large, complex country as an example.

We next turn to Dr Juliette Tuakli who is the Medical Director and Founder of Family CHILD and Associates in Ghana, a public health expert, a women and children health expert and practitioner and an academic. That was a very nice overview, Nardos, of the issue. Juliette, from a practitioner's point of view what are the challenges and opportunities, and I think specifically you are going to talk a little about technology and the role of technology in care going forward?

Juliette TUAKLI

Most of you must know Ghana. Ghana is one of the African countries hailed for doing very well with its National Health Service (NHS) and its capacity to raise the standard of care for most of its citizens. Ghana did not fall into the trap of providing free care at the NHS level, because I believe, and am in agreement, that getting service for free in its population probably is not a good idea with health no exception, even if what is paid is miniscule. The government in its wisdom has charged a very, modest amount to those citizens who are eligible for NHS and indeed have rolled out a pretty impressive program.

One problem with Ghana is that it is situated in the middle of the West African hub and some of its larger neighbors eg. Liberia use Ghana's health services, as do many of the other countries. Certainly, in my private practice, we see people from all West African countries especially Nigeria and Liberia because services are much poorer than they are in Ghana and there is a significant deficit of public health.

However, even within Ghana's NHS, which was designed to provide broad coverage to a relatively large population, there are important gaps. Yesterday listening to Paul Kagame I was reminded that within the NHS there is no special incentive for women to seek care. Traditionally our women will not seek care until their children and all other family members have been taken care of. This shows up when one looks at the statistics of the services provided; especially the health status of women who are enrolled and registered with the National Health Service. There needs to be some refinement such that NHS empowers and advocates more for access, of women specifically.

We have done a good job with lowering child mortality, and morbidity. We however have beautiful new roads courtesy of China and other large countries and a high incidence of road traffic accidents is beginning to negate some of the gains that we have made regarding our child mortality and morbidity. An ironic situation!

Many of us in the public health sector have also been monitoring the rise of non-communicable diseases. Obesity and Diabetes are particularly important. Hypertension is now almost epidemic. Looking across the board at the specific prevalence rates, one sees that road traffic accidents trump all and are definitely increased proportionate to the number of roads, especially highways!

Public health issues were clearly not considered when some of these roads were implemented, e.g. pedestrian crossovers, side roads for ambulatory schoolchildren, nor even bicycle lanes. We have large number of cyclists who cannot afford motor vehicles, and so they become fair game unfortunately, along with the goats, poultry and children that find their way on to the highways. I really think we need to, within the National Health Service, also look at road safety education for the children at the Primary school level, perhaps even further up, because accidents are a major problem. A lot of the accidents certainly could be avoided; some are associated with drunk driving. A young child who

tries to cross the road, does not regulate the speed of the oncoming vehicle and gets knocked over. It is happening far too frequently, particularly amongst schoolchildren.

Another reason Ghana has strain on its health system is because it has become the hub for a 1.7 trillion dollars per annum counterfeit drug business. Brian had mentioned it earlier. There are several major countries involved both in Africa and outside of the continent that are aggressively purveying fake medicines. There is some recent pushback occurring with some technological firms developing a scratch card method for a purchaser to check the legitimacy of their medication using an app on their phone.

A company called Sproxil is now working in Nigeria, Ghana, Tanzania and Senegal. They have a comprehensive program which involves government at a very high level, as well as the drug manufacturers, but most importantly one does not have to be literate to use it. I think that many of the programs that we do have often presume a level of literacy that is not always present. What I like about this particular program and why I pray that it will be successful is that over 80% of our population have mobile phones and 80% of them are used to refilling their data services using the scratch card method. I think Sproxil is a very important intervention that must be promoted and supported.

Nardos spoke about leadership. Leadership really is essential. At the current time we have a president's wife who is very supportive of many of the health interventions that are coming on board. The president himself eloquently discusses them, but it has actually been his wife I have noticed who has been much more involved in trying to make sure these advances are sustained and implemented.

One last but not the least point is the issue of geographic access. Which is why I think technology is so important in health. We have some very remote areas in Ghana where there is not as much telephony as elsewhere and so one finds health service access is limited. Of course when disease outbreaks occur in such areas, local populations remain unaware until a community epidemic evolves and a need to contain the preventable outbreaks results.

I believe that technology might provide us with a bridge to leapfrog over some of our infrastructural deficits, and certainly with the Sproxil example I gave you regarding the counterfeit drugs I think that is an excellent application of technology in the health sector.

Brian A. GALLAGHER

It is good. The roads and the accidents on the roads just remind me that the two common threads are this transition that countries in Africa are between emerging economies and developed and that they have not always planned for the pass over. The roads issue is a perfect one.