

**AT THE FRONTIERS OF CHANGE – DIASPORA & HEALTH DEVELOPMENT**  
**IN GHANA.**

**By P. Ofori-Atta. MB.,Ch.B. FRCS**

I am glad that we have the opportunity to talk about Motec's role in the development of Health Care in Ghana as well as the vision for all groups concerned. Over half a century ago, a student in London was contemplating freedom for the people of Ghana. At that time, there would have been more obstacles and difficulties to surmount in order to achieve that. This month Ghanaians and their friends all over the world have been celebrating the golden jubilee of Independence. We have come that far and realised that the world that we are, is a world of interdependence. So it is not strange that we have an organisation in U.K projecting Health Care in Ghana. The world has become a smaller place to live in.

Sadly to say, for those of us who have had the opportunity to train and work in Ghana and also had exposure to modern surgery and treatment in an almost different socio-economic environment, we see different goal posts set by people with similar objectives- all aimed at improving health care for the public, but there are practical reasons why this is so. For those of us who are old enough, or versatile enough to check the literature, medical practice in Europe would have gone through the stage that our health services in Africa are going through several decades ago. I have not as yet come across any literature that has suggested that western medicine ceased completely to consider improvement. Some treatments changed gently alongside old treatments and golden standard treatments kept changing and the developing African health will go through similar changes. I wonder whether there are any organised people in the western world today who would plan a battle or war and fight with bow and arrow but this is reality in some parts of Africa and elsewhere, but the situation is not static. I think people are moving on everywhere in the world.

Ghana may have the structures and skilled personnel who can make a better difference to the health care service. Sadly, there is a strong workforce back in Ghana who are working their hearts out to provide some service. There are also skilled Ghanaian professionals in the diaspora who play a significant role in the health services in the Western world. One could easily jump into conclusion that if all these Ghanaian professionals including myself return home, the services could be improved. There is some truth in that, but a lot of mitigating and frustrating issues would alter that perception. Any professional may feel marooned to be offered a job where the supporting staff are not singing from the same hymn book, the facilities available are not up to scratch and administrators do not appreciate the importance of treating malaria as well as setting a broken bone.

I believe that we will be making a mistake if we do not review our positions as professionals in the diaspora with a role to play in improving health care in Ghana. I have said to myself quietly that by giving myself the chance to train in Europe, Ghana's good turn is deserving better. I also believe that the current work force in Ghana can play a major role in our vision. What I do not believe in is putting up new structures with no targeted individual personal development programme for the workforce. We couldn't move on with a new named hospital with same old staff with same old culture.

It has been suggested that new hospitals should be built by some of our friends in Europe. First and foremost, I believe there should be a package in it for all the current work force or most of them at least to have the mental attitude of what is expected of them in the new structure. There should be whole package of multi-disciplinary, inclusive, bottom up approach to change attitudes to treatment that have been cultured and never questioned. This means that the diaspora have to move down with groups of skilled personnel to work together on the ground with local health workers, acknowledge their strength, discuss their weakness and together find a direction to up-grade through education, on the job training, exchange programmes, provision of equipment and material where possible through donations and government assistance. I can tell you that the Ghanaian community abroad will gladly support programmes that are visibly aimed at impacting positively on the health care of our people. Some already are helping the hospitals but providing equipment which are difficult to maintain or the local staff are not familiar with and they sit idle. I have recently found physiotherapy and arthroscopy equipment that my hospital in the U.K would appreciate to have them. It is also vital that special feed back sessions are held with the local staff to give everyone the opportunity to iron out professionally differences

On record, some volunteer health groups have visited Ghana and I sincerely think that they have all the best intentions but have caused cultural embarrassments and worked in totalitarian isolation, leaving behind the impression that the local workers are as good as useless. We should be humbled by the difficult circumstances that patients go through and encourage a partnership of co-operation based on respect for each other.

Remember a doctor who watched the television and said "if you work in Africa, you must put these patients in a bath before surgery", but said nothing about the unkempt chronic alcoholic who broke his hip and had his hip operation in Europe! Sometimes visiting teams with attitudes could make some professionals feel threatened on their own jobs and local staff are turned into looking for short term benefits from the group while they are visiting and rubbish otherwise all the well intentioned good work done.

Volunteers should remember that they are there simply to help improve the system and if all were to be well, there would not have been the need to be there. Suggestions for changes should presented and discussed in a manner that would take into consideration the poverty, lack of resources, and the local health priorities.

My personal prescription for improvement is to form multidisciplinary, multi-national groups consisting of skilled personnel from all aspects of hospital care, getting the group to work within the hospitals and with the local staff, avoiding isolationism, run educational and training workshops, co-operate with elite hospitals including the private sector in Ghana for training purposes, link the health institutions with benevolent Ghanaian Societies abroad, open up a healthy link between the local Health Institutions and Charitable Manufacturing companies on the continent most of whom are very happy to help as I have gladly learnt.

It does not help if we as supporters of a good course visit and condemn treatment irrespective of circumstances, do nothing about it or expect these patients to have the treatment in an European style hospital in Ghana. For a grater majority of these patients, we are effectively saying, hang on with your condition if you can and in a

decade's time, when surgical care can match Western Standards, then if you have survived it, we will help you. When do we think we can match that standard? It is a question that what we do today will help us answer tomorrow. A multi-disciplinary group can educate, take steps to improve a local situation to provide safe basic and specialised service to many and effectively, and persevere to improve as Europe and the developed world continue to do. History will not forgive us if we do not act now.

My organisation, now about 60 strong membership is a mix of Ghanaians, Nigerians, British and other nationals bringing experience and goodwill together in all aspects of hospital care. The professional mix includes General Surgeons, General, Paediatric, Spinal and Upper Limb - Orthopaedic Surgeons, Plastic Surgeon, Anaesthetists with supporting Operating Department Practitioners, Breast surgeon, Physiotherapists, Pharmacists, General Practitioners, Lawyers, a Pastor, Surgical Assistants, General and Specialised Nurses, Microbiologist, Technicians, Educational facilitators, theatre equipment sterilisation experts and others. We aim at engaging the staff and authorities in our target hospitals St Joseph's and the Central Hospitals at Koforidua, Holy Family Hospital at Nkawkaw, and St Michael's Hospital at Pramso near Kumasi and are holding discussions with Sponsors of a hospital at Asafo. The task is immense but the determination of the members, palpably strong. Members believe that with help from good people the public and companies, Motec's objectives will be achieved.