

# Opinion

## Smartest ways to save lives

Dr Bjorn Lomborg

**I**NFANT and maternal mortality are important indicators of a nation's wellbeing and the overall quality of its health system. Over the last three decades, Ghana has achieved much improved primary care for mothers and children but mortality rates are still significantly higher than the targets of the UN Sustainable Development Goals.

Most deaths that occur during the first days or months of life could be avoided. Complications caused by pre-term birth and infections are among the largest causes of mortality in the first month, and children under five are most vulnerable to preventable diseases such as malaria, pneumonia and diarrhoea. Most maternal deaths due to infections, high blood pressure and complications related to birth could also be averted. However, remote rural areas often lack basic healthcare coverage and expanding new initiatives is costly. How can decision-makers reduce these risks, while using limited resources in the smartest way possible?

### Ghana Priorities

Ghana Priorities is a collaboration between the National Development Planning Commission and Copenhagen Consensus that seeks to identify the best policies to spend limited public resources. Based on a selection of the most promising opportunities done by a reference group including both the public and private sector, civil society organisations, academia, the media as



• A mother and her new born

well as identifiable groups and individuals, 28 teams of economists have evaluated more than 80 policy initiatives with the potential to achieve the most good for every cedi spent.

The research papers are being published over the following weeks and aim to offer policymakers the most cost-effective solutions on issues that range from road infrastructure to education and from farming to nutrition.

Dr Patrick Opoku Asuming and Edmund Wedam Kanmiki of the University of Ghana, and Dr Brad Wong of the Copenhagen Consensus studied the effect of scaling up three strategic health systems interventions that have brought great results for maternal and child health: the Ghana Essential Health Intervention Programme (GEHIP) implemented in Northern

Ghana, the NEWborn Health INTERvention Study (NEWHINTS) undertaken in the middle belt, and ensuring access to emergency obstetric and neonatal care (EmONC).

GEHIP was a five-year plausibility trial launched in 2010, designed to strengthen the health systems in remote locations by expanding community-based primary health care and improving leadership capacity at the district level.

Together with providing medicines and vaccines, GEHIP places the focus on training healthcare providers and promoting community engagement. The programme achieved incredible results, reaching 6.8 per cent of Ghana's rural population and reducing neonatal deaths in these areas significantly.

The Ghana Priorities research shows that expanded to include 100 per cent of Ghana's rural population, GEHIP would reduce neonatal mortality by 10 per cent on average over seven years, saving the lives of 7,551 newborn children.

The cost of the intervention would be GH¢ 159 million, while the economic and social benefits would be worth GH¢ 6.1 billion. This means scaling up GEHIP would bring a return 38 times higher than the original investment.

The NEWHINTS intervention, on the other hand, included training community-based volunteers to identify pregnant women in their communities and to perform home visits during pregnancy and the first week after birth.

The goal was to improve delivery and care practices for mothers and newborn babies, and in the trial, the programme was found to reduce neonatal mortality by eight per cent. According to the study, an expansion of NEWHINTS to cover 100 per cent of Ghana's rural population would help save 819 newborn lives every year.

At the cost of GH¢ 24.9 million, the initiative would bring GH¢ 698 million worth of social benefit annually. Every cedi spent on NEWHINTS would bring social and economic benefits worth 28 cedis.

Improving access to emergency obstetric and neonatal care is also recommended for rural and remote locations with limited resources to reduce infant and maternal mortality.

The analysis took into account existing hospitals and other healthcare facilities that lack the capacity to provide these services, and calculated the cost of filling the logistical and human needs, including minor renovations of already existing buildings. This intervention was calculated to achieve a 27 per cent reduction in mortality during birth.

### Economic benefits

The projected economic benefits of implementing this initiative in the whole country over 15 years were estimated at GH¢ 4.6 billion and the costs at GH¢ 838 million, meaning every cedi spent would create 5.6 cedis worth of social good.

The researchers found the interventions to be valuable tools for reducing infant and maternal mortality, but the important success recorded with GEHIP underlines the need for a comprehensive, holistic approach. The combination of

leadership and community support, improved training of health service employees and extra focus on newborn surveillance and care have been proven to have a major impact on mortality rates.

This study provides the government with useful opportunities for strengthening the health system and effectively saving lives across the country.

*The writer is the President of the Copenhagen Consensus Centre and Visiting Professor at Copenhagen Business School.*

BCR Summary Table

Interventions	Total benefits GH¢	Total costs GH¢	Benefit-Cost Ratio
GEHIP	6.1 billion	159 million	38
NEWHINTS	698 million	24.8 million	28
EmONC	4.6 billion	835 million	5.6

Notes: All figures assume an 8% discount rate

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