

Opinion

More prosperity, better health

By Prof. Augustin Fosu and Dr Bjorn Lomborg

WITH the new government in place and a competitive situation in Parliament, one thing everyone agrees on is to see development fast-tracked throughout Ghana.

This is especially true after a year of enduring the COVID-19 pandemic and its global lockdowns.

As President Nana Addo Dankwa Akufo-Addo recently put it, Ghana needs to build a prosperous nation, and soon.

While prosperity is definitely about vigorous economic growth, it covers so much more.

Its Latin root literally means 'doing well'.

It tells us that making Ghana prosperous is also about ensuring better health for its citizens, more education for its children, and better nutrition for its most vulnerable.

Indeed, the list of desirable improvements for achieving prosperity is exceedingly long.

Yet, no government, no matter how rich or powerful, can afford to pay for all of these things right away.

Even President Akufo-Addo will have to prioritise which policies to focus on first.

It is about developing health leadership, and generating information for decision making, budgeting, logistics, training and worker deployment.

Ghana priorities

That is why the National Development Planning Commission, together with the award-winning think tank, the Copenhagen Consensus Centre, undertook the Ghana Priorities project.

It worked hard to identify the very best, most cost-effective policies for the country — essentially finding where the most prosperity could be achieved for each cedi spent.

Over the last 18 months, 28 teams of economists analysed more than 80 interventions to find the ones that deliver the most value for money.

You have read many of their results here in Daily Graphic over the last year.

When all the research was completed, an eminent panel heard evidence across all these policies to identify the very best opportunities for Ghana.

Panel

The eminent panel consisted of former ministers of Finance, Planning, former Finance Minister Prof. Kwesi Botchwey; Professors Augustin Fosu, Ernest Aryeetey and Eugenia Amporfu along with Nobel Laureate Finn Kydland.

Of the more than 80 worthy interventions, the panel highlighted the top policies that could make a tremendous difference compared to their costs.

Digitised

The panel identified digitised property and business fees as an important policy to drive local governments to perform better — a proposal which is already a part of the President's ambition to digitise Ghana.

They also emphasised the opportunities to improve malaria treatment with very affordable policies.

Both of these policies make immediate sense. But the panel's third highest-ranked recommendation may seem both surprising and non-obvious.

Yet the evidence demonstrates that this could be one of the best ways to help drive prosperity for Ghana.

It shows how health care can be dramatically improved across all the country's rural population, but not just by spending more money on existing health care.

Instead, it suggests that Ghana should take a pilot project that has already proven itself immensely successful and scale that up.

GEHIP

The Ghana Essential Health Intervention Programme (GEHIP) is not primarily about more medicine or medical machinery.

It is about ensuring that Ghana's rural health system works better by facilitating an effective organisation.

It is about developing health leadership, and generating information for decision making, budgeting, logistics, training and worker deployment. GEHIP has shown that it can improve health organisations so

that they can turn more funding into much better health outcomes.

Specifically, it has successfully scaled up community-based health to 100 per cent in these districts and ensured much better health outcomes.

Advocating for such a complex organisational solution may seem less attractive than simply campaigning for, say, more ferries on the Volta.

But the impacts from scaling up GEHIP are exceedingly alluring.

The researchers, Patrick Opoku Asuming and Edmund Wedam Kanmiki of the University of Ghana document how GEHIP could help almost 95 per cent of Ghana's rural population gain access to better health care.

It would cost GH¢160 million over six years, but deliver a plethora of health benefits.

The economists quantified just two of the biggest benefits: reducing malaria infections by 37 per cent and diarrhoea by 25 per cent, resulting in a reduction of especially childhood deaths by 7,500 over the next seven years.

Given that Ghana's rural population is expected to see 72,000 child deaths over the same period in the absence of the intervention, we could actually be preventing every 10th rural child death by the end of President Akufo-Addo's second term.

In terms of social costs and benefits, the lifesaving benefits would deliver GH¢38 of benefits for every cedi spent.

Moreover, the intervention addresses another crucial problem: GEHIP saves lives, but it also reduces the burden on hospitals and parents in caring for their sick children.

Challenge

The core challenge is to transfer this pilot study to encompass Ghana's entire rural area.

Currently, the expansion of GEHIP is only driven by donations.

For the programme to be applied in remaining regions of Ghana, GEHIP will require national attention and funding.

The Eminent Panel has discovered that investing smartly in scaling up rural health using GEHIP is one of the smartest ways to help Ghana.

It can literally help make parents and their children across the rural expanses of the country "do well" — adding to the prosperity of Ghana's bright future.

The writers are Professor in the Institute of Statistical, Social and Economic Research (ISSER) at the University of Ghana and President of the Copenhagen Consensus, respectively.

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• A GEHIP engagement