



— 31ST — ANNUAL GENERAL CONFERENCE-2024

THEME:

Theme: "Accelerating towards Universal Health Coverage with a strengthened Primary Health Care through the Networks of Practice Approach: The Role of DDHS and Stakeholders"

20th - 24th August, 2024 @Aqua Safari Resort, Ada-Greater Accra

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Programme Outline

DISTRICT DIRECTORS OF HEALTH SERVICE GROUP, GHANA

31TH ANNUAL GENERAL CONFERENCE

DATE: 20th - 24th AUGUST, 2024

VENUE: AQUA SAFARI RESORT, GREATER ACCRA REGION

THEME:

Theme: "Accelerating towards Universal Health Coverage with a strengthened Primary Health Care through the Networks of Practice Approach: The Role of DDHS and Stakeholders"

PROGRAMME

DAY ONE, Tuesday, 20th August, 2024:

ARRIVAL OF PARTICIPANTS

DAY TWO: WEDNESDAY 21ST AUGUST 2024:

TIME	ACTIVITY/TOPIC	ESOURCE PERSON
8:30 -9:00 AM	Arrival and Registration	Secretariat
9:00 – 9:15 AM	Administrative Issues	Secretariat
9:15 – 9:45 AM	Achieving Universal Health Coverage through Networks of Practice: The Role of the National Health Insurance Scheme	Chief Executive Officer, NHIA: Dr. Da-Costa Aboagye
10:00am-11:00am	<ul style="list-style-type: none"> - Harmonized Health Facility Assessment (HHFA) Results - District Health Systems Functionality Assessment 	PPMED, GHS WHO Representative
11:00-11:15 AM	Discussions	
11:20 – 11:35 AM	Coffee Break and Networking and poster presentation	REC
11:40am-12:10pm	Improving sanitation in health facilities towards Universal Health Coverage by 2030: the role of sanitation companies	Zoomlion Ghana Ltd
12:10pm-12:50pm	Malaria Elimination Agenda	Dr. Keziah L. Malm, Programme Manager, NMEP
12:50pm – 1:20 PM	Strengthening Event-Based Surveillance: Update on dengue	Dr Franklin Asiedu Bekoe- Director Public Health Division
1:20pm-1:40pm	Discussions	All
1:40 – 2:30 PM	Lunch Break	All
2:30 PM – 3:30 PM	Communique writing	Committee
3:30PM	Closing	
3:30 -6 PM	Socialization, Swimming, Games etc	REC
6:00 -7PM	Dinner and socialisation	

DAY THREE, THURSDAY, 22ND AUGUST 2024:

Opening Ceremony

Session 1.2 Theme Presentation

TIME	ACTIVITY/TOPIC	PERSON/S RESPONSIBLE
8:00 - 8:30 AM	Arrival and Registration	Secretariat
8:30 -8:40 AM	Administrative Issues	Secretariat
8:40 - 9.30 AM	Arrival of Invited Dignitaries/Guests	Secretariat
9:30 -9.35 AM	Opening Prayer	
9:35 – 9:45 AM	Introduction of Chairman: Nene Abram Kabu Akuaku III, Paramount Chief of the Ada State	MC
9:45 -10:00 AM	Introduction of Dignitaries/Guests	MC
10:00-10:10 AM	Chairperson's Opening Remarks	Nene Abram Kabu Akuaku III
10:10 -10:25 AM	Welcome Address by Greater Accra Regional Director of Health Service	Dr. (Mrs). Akosua Agyeiwaa Owusu-Sarpong
10:25 -10:40 AM	Address by National Chairperson, DDHS Group	Dr. Justice Thomas Sevugu
10:40-10:50 AM	Musical Interlude	MC
10:50 – 11:10AM	Remarks by Development Partners	Medical Superintendents Group CHAG- REP UNFPA- REP UNICEF PATH WHO, Ghana
11:10am-11:20am	Address by Greater Accra Regional Minister	Hon. Daniel Nii Kwartei Titus- Glover
11:20am -11:30 am	Cultural Display	
11:30 – 11:45 AM	Keynote address by Director General- GHS	Dr. Patrick Kuma Aboagye
11:45 –12:15 PM	Address by Special Guests of Honour: - Minority Leader of Parliament, Ghana - Majority Leader of Parliament, Ghana	Hon. Dr. Cassiel Ato Baah Forson Hon. Alexander Afenyo-Markin
12:15pm-12:30pm	Address by Special Guest Speaker: Minister of Health	Hon. Dr. Bernard Oko-Boye
12:30pm- 12:40PM	Chairman's Closing Remarks	
12:40pm- 12:45PM	Vote of thanks	
12:45pm- 12:50PM	Closing Prayer	IMAM
12:50pm- 1:15PM	Photography, Coffee Break, Poster Presentation and Networking	NEC/REC

DDHSG 31ST ANNUAL GENERAL CONFERENCE 2024

Chairman:		
1:15pm- 1:50PM	Accelerating Towards Universal Health Coverage (UHC) with a strengthened primary health care through networks of practice Network of Practice (NoP): Disbursement Linked Indicators, Reporting and Other Updates	Director, PPMED, GHS Dr (Mrs) Alberta Biritwum
1:50PM -2:20PM	Innovative Approaches to Achieve Universal Health Coverage : The Role of Development Partners	Coordinator, Health Systems, WHO Ghana Country Office Dr. Sofonias Asrat Gatachew
2:20pm-2:35pm	Discussions	All
2:35pm- 3.30 PM	Lunch Break	All
3:30 -6:00PM	Time with DG at Safari: - Presentation of Audit Report by IAD	All DDHS
6:00PM-7.00PM	Dinner at Safari	All

DAY FOUR, FRIDAY, 23RD AUGUST 2024

Chairperson –

TIME	ACTIVITY/TOPIC	RESOURCE PERSON
8:00AM	Arrival and Registration	Secretariat
8:30AM- 8.40 AM	Administrative Issues	Secretariat
9:00AM - 9:30 AM	Resource Mobilization and Proposal Writing	Dr. Esther Odame-Asiedu
10:00am-10:45am	Panel Discussion: Strategies for Improving Second Year of Life (2YL) Immunization Coverage. Strategies for Reaching every child for immunization	Programme Manager, EPI-GHS Dr. Kwame Amponsa-Achiano
9:20AM- 9:50AM	Discussions	
9:50AM – 10:40AM	Coffee Break and Networking/poster Presentation	REC
10:40AM- 11:20AM	Essential Drugs	Pharmaceutical Society of Ghana
11:20AM- 12:05PM	Insurance and Pension funds	First Merit Trust/Coronation Insurance
12:05PM- 12:20PM	Discussions	
12:20PM- 12:35PM	Presentation of Communique	NEC
12:35PM -2:30PM	DDHS Affairs: - Adoption of Revised Constitution Review - Adoption of Welfare policy - Audit report - DDHS Website	NEC
2:30 -3:30 PM	Closing and lunch	

DAY FIVE, SATURDAY, 24TH AUGUST 2024

Departure

Invited Dignitaries



NENE ABRAM KABU AKUAKU III
Paramount Chief of the Ada State
CHAIRMAN



DR. BERNARD OKOE BOYE
Minister of Health, Republic of Ghana
GUEST SPEAKER



DR. PATRICK KUMA-ABOAGYE
Director-General Of GHS & Patron Of The DDHS Group
DIRECTOR GENERAL



HON. DANIEL NII KWARTEI TITUS-GLOVER
Greater Accra Regional Minister
GUEST OF HONOUR



HON. ALEXANDER KWAMENA AFENYO-MARKIN
Majority Leader of the Parliament of Ghana
GUEST OF HONOUR



HON. DR. CASSIEL ATO BAAH FORSON
Minority Leader of the Parliament of Ghana
GUEST OF HONOUR



Dr. Franklin Asiedu-Bekoe
Director - Public Health Division



Dr. Mrs Alberta Adjebeng Biritwum-Nyarko
Director - PPMED



Dr. Kwame Amponsa-Achiano
Programme Manager- EPI



Dr. Kezia Malm
Programme Manager - NMEP



Dr. Akosua A. Owusu - Sarpong
RDHS-GAR

**KEYNOTE ADDRESS BY THE DIRECTOR-GENERAL OF THE
GHANA HEALTH SERVICE (GHS) AT THE
31ST ANNUAL GENERAL CONFERENCE OF THE
DISTRICT DIRECTORS OF HEALTH SERVICE (DDHS) GROUP IN ADA
FROM 21ST -24TH AUGUST, 2024**

Nene Chairman,
The Hon. Minister of Health,
The Regional Minister of Greater Accra
Majority and Minority Leaders of Ghana's Parliament
Regional Director of Health Service. GAR
District Directors of Health Service
Distinguished Invited Guests,
Colleagues,
Ladies and Gentlemen,



It is an honour for me to participate in the 31st Annual General Conference of the District Directors of Health Service (DDHS) Group. This conference is a testament to our shared commitment to advancing health care in Ghana, and the theme—**"Accelerating Towards Universal Health Coverage (UHC) With A Strengthened Primary Health Care Through Networks of Practice (NoP) Approach: The Role of DDHS And Stakeholders"**—is particularly timely as it speaks to the heart of our national health agenda.

Universal Health Coverage (UHC) is not merely a global aspiration but a national imperative for Ghana. UHC ensures that all individuals and communities receive the health services they need without suffering financial hardship. Central to achieving UHC is the strengthening of Primary Health Care (PHC), which serves as the foundation of our health system. PHC addresses most an individual's health needs throughout their life—this includes preventive, promotive, curative, rehabilitative, and palliative care.

As District Directors of Health Services, you are the frontline commanders in this battle for UHC. Your work in ensuring accessible, affordable, and quality health care for every Ghanaian is crucial. The link between UHC and PHC cannot be overstated; it is the

bedrock upon which our health system stands. A robust PHC system is indispensable for reaching the most vulnerable populations, particularly those in rural and underserved areas.

Our focus on UHC directly aligns with the United Nations Sustainable Development Goals (SDGs), particularly SDG3, which seeks to ensure healthy lives and promote well-being for all at all ages. Achieving SDG3 by 2030 will require us to make strategic investments in health systems that are strong, resilient, and inclusive. The Networks of Practice (NoP) approach, which fosters collaboration among health professionals, communities, and stakeholders, is an innovative model that can significantly contribute to this goal.

The concept of Networks of Practice (NoP) is a powerful strategy that emphasizes collaboration, shared knowledge, and collective problem-solving. In the context of health care, NoP involves the establishment of interconnected health facilities, professionals, and communities working together to deliver comprehensive and continuous care. By breaking down silos and promoting integrated service delivery, NoP can accelerate our progress towards UHC.

We have already seen the benefits of this approach through various pilot projects and initiatives. For example, the integration of maternal and child health services across different levels of care has shown promising results. However, to fully realize the potential of NoP, we must institutionalize this approach across all districts and regions. This is where your leadership as DDHS becomes vital.

The Ghana Health Service is fully committed to supporting the implementation of Networks of Practice across the country. We recognize that this requires not only the right policies but also the provision of adequate resources—human, financial, and infrastructural. The GHS will continue to advocate for increased budget allocations, enhance capacity building, and ensure the availability of essential medicines and equipment at all levels of care.

We also understand the importance of technology in modern health care delivery. Therefore, we are committed to investing in health information systems that facilitate real-time data sharing, telemedicine, and other digital health innovations that can strengthen NoP.

Despite our commitment, we acknowledge that there are significant challenges that we must overcome. These include inadequate infrastructure, limited human resources, and disparities in health service delivery between urban and rural areas. Additionally, the ongoing global health challenges, such as pandemics and climate change, add layers of complexity to our mission.

However, I believe that with the collective effort of all stakeholders, particularly the DDHS Group, these challenges can be mitigated. Your role in leading the implementation of NoP is critical. You are the change agents who can inspire and mobilize your teams to embrace this approach and make it a success.

I encourage you, as the DDHS Group, to take ownership of this initiative. Be proactive in engaging with your communities, collaborating with other health professionals, and seeking innovative solutions to the challenges you face. Your leadership is crucial in transforming our health care system into one that is more resilient, equitable, and capable of delivering UHC.

Finally, I want to commend each of you for your dedication and the immense contributions you have made towards the planning and implementation of health programs in Ghana. Your efforts have not gone unnoticed, and I am confident that, with your continued commitment, we will make significant strides towards achieving UHC through a strengthened PHC system anchored in the Networks of Practice approach.

Together, let us accelerate towards a future where every Ghanaian has access to the health care they deserve.

Thank you, and I wish you a successful and productive conference.

National Executives



Dr. Justice Thomas Sevugu
National Chairman



Dr. Esther Odame-Asiedu
National Vice Chairman



Martin Sumani Daanko
National Secretary



Gertude Yentimu
National Treasurer



Ronald Roland Miah
National Organizer



Kwadwo Owusu-Ansah
National Editor

**ADDRESS BY THE NATIONAL CHAIRMAN OF THE
DISTRICT DIRECTORS OF HEALTH SERVICE (DDHS) GROUP
AT THE 31ST ANNUAL GENERAL CONFERENCE (AGC) IN ADA,
21ST-24TH AUGUST, 2024**



Chairman, Nene Abram Kabu Kuaku III, Paramount Chief of the Ada Traditional Area, The Honourable Minister of Health, Honourable Regional Minister for Greater Accra, Honorable Majority and Minority Leaders of Parliament, Director-General of the Ghana Health Service, Distinguished Guests, Development Partners, Fellow DDHS Members, Ladies and Gentlemen.

It is with great pleasure and deep honour that I stand before you today as we gather for the 31st Annual General Conference of the District Directors of Health Service (DDHS) Group. This year's conference, held under the theme “Accelerating Towards Universal Health Coverage (UHC) With A Strengthened Primary Health Care Through Networks Of Practice (NoP) Approach: The Role Of DDHS and Stakeholders,” is a critical moment for us to reflect on our collective progress, challenges, and the path forward. I wish to acknowledge and commend Nene Kabu Kuaku III, our esteemed Chairperson for accepting our invitation to this conference.

Honourable Minister of Health, at the outset, I would like to extend my heartfelt appreciation to our Patron, the Director-General of the Ghana Health Service, for his unwavering support and leadership., and all dignitaries present for their commitment to advancing healthcare in Ghana.

The DDHS Group has a pivotal role in Ghana's healthcare system, ensuring the effective delivery of health services at the district level. [Our Plan of Work (PoW) for the period 2023-2024 has been meticulously designed to enhance our impact and effectiveness. I would like to highlight the six thematic areas that guide our activities:

Excellent and Positive Group Transformation

Distinguished Invited Guests, Ladies and Gentlemen, The DDHS Group is committed to fostering a culture of excellence and positive transformation within our ranks. We recognize that to lead the charge in improving healthcare outcomes at the district level, we must first ensure that our own organization is dynamic, adaptable, and forward-thinking. This transformation is not just about structural changes but also about a shift in mindset—towards innovation, accountability, and a relentless pursuit of quality.

Capacity Building and Development of Members

The Hon. Minister of Health, Director-General, Development Partners, investing in the capacity of our members is crucial for the sustainability and effectiveness of our health services. We are prioritizing capacity building, continuous professional development, ensuring that all DDHS members are equipped with the latest knowledge, skills, and competencies to navigate the evolving healthcare landscape. This includes training in emerging health technologies, management practices, and community engagement strategies, all aimed at enhancing our service delivery.

Collaboration and Teamwork

The complex health challenges we face today cannot be addressed in isolation. Collaboration and teamwork are essential in our work, both within our group and with external stakeholders. By fostering a collaborative environment, we can leverage the diverse expertise within our ranks and work together to achieve common goals. Effective teamwork as a core value of the GHS is the foundation upon which successful health interventions are built, enabling us to provide comprehensive and coordinated care to the communities we serve.

Partnerships and Funding for Public Health

Sustainable health improvements require robust partnerships and adequate funding. We are actively engaging with development partners, NGOs, and the private sector to secure the resources necessary for our programs. The DDHS Group understands that partnerships are not just about financial support but also about shared vision, mutual respect, and joint responsibility in delivering public health outcomes.

Innovative and Transparent Leadership

Leadership is at the core of our success as a group. We are committed to promoting innovative and transparent leadership practices that inspire trust and confidence, both within our group and among the communities we serve. Transparency in decision-making, accountability in our actions, and a willingness to embrace new ideas are the hallmarks of the leadership we strive to embody. By leading with integrity and creativity, we can navigate the complexities of the health sector and drive meaningful change.

Group Welfare and Improved Conditions of Service

Finally, we recognize that the welfare of our members is paramount to achieving our goals. We are advocating for improved conditions of service for all DDHS members, including better remuneration, work-life balance, and opportunities for career advancement. A motivated and well-supported workforce is essential for delivering high-quality health services. Our commitment to the welfare of our members is unwavering, and we will continue to push for the necessary improvements to ensure that every DDHS member can perform at their best.

UHC, PHC, and Networks of Practice

The thematic areas of our Plan of Work are closely aligned with the overarching theme of this conference. Universal Health Coverage (UHC) is a national priority, and its achievement hinges on a strengthened Primary Health Care (PHC) system. The Networks of Practice (NoP) approach is an innovative strategy that integrates these elements, promoting collaboration and shared learning across our health services.

The DDHS Group is fully committed to the NoP policy, recognizing it as a catalyst for accelerating our progress towards UHC. We believe that through strengthened networks, we can enhance service delivery, reduce disparities, and ensure that every Ghanaian has access to quality healthcare.

Challenges and the Call for Support

However, the road to achieving UHC and implementing NoP is fraught with challenges. Inadequate infrastructure, limited resources, and the uneven distribution of health services are significant barriers. To overcome these challenges, we need the unwavering support of the government and our development partners. I, therefore, call on the government to increase funding for health services and to prioritize the implementation of the NoP policy. Development partners are also urged to continue their support, not just in financial terms but also in technical assistance and capacity building.

Commitment of DDHS to the NoP Policy

As a group, we are committed to leading the implementation of the NoP policy at the district level. We understand the pivotal role we play in ensuring its success, and we are ready to work tirelessly to see it through. Our members are prepared to engage with communities, collaborate with stakeholders, and drive the changes necessary to make NoP a reality across Ghana.

Development Partners

The District Directors of Health Service (DDHS) Group extends its deepest appreciation to our esteemed development partners, including the World Health Organization (WHO), for their unwavering support of healthcare in Ghana. Your continued collaboration with the Ghana Health Service (GHS) has been instrumental in advancing

our nation's health agenda, particularly in strengthening Primary Health Care (PHC) and working towards Universal Health Coverage (UHC).

Through your support, we have been able to implement vital health policies and initiatives that have had a profound impact on the well-being of our communities. The resources, expertise, and guidance provided by our development partners have empowered the DDHS Group to deliver quality health services across the country, even in the most challenging environments. Your contributions have not only improved health outcomes but have also strengthened our capacity to respond to emerging health challenges.

We commend you for your commitment to Ghana's health sector and look forward to continued collaboration as we work together to achieve our shared goals of a healthier, more equitable future for all Ghanaians.

Majority and Minority leaders as Guests of Honour

Chairman, MOH, DG, Development Partners, Fellow DDHS, Ladies and Gentlemen, the District Directors of Health Service (DDHS) Group deems it necessary to invite the Majority and Minority Leaders of Parliament to our 31st Annual General Conference as Guests of Honour because of their pivotal roles in shaping national policies including health, and ensuring that these policies receive the necessary legislative support. Their presence underscores the importance of bipartisan collaboration in advancing our health agenda, particularly in the pursuit of Universal Health Coverage (UHC) and the implementation of the Networks of Practice (NoP) approach.

By engaging both leaders, we aim to foster a unified commitment across the political spectrum towards strengthening Primary Health Care (PHC) in Ghana. Their involvement is crucial in advocating for increased budgetary allocations, supporting health reforms, and ensuring that the voices of health professionals at the district level are heard at the highest levels of decision-making. Cognizant of their support for healthcare activities in their respective districts, we believe that their participation will further solidify the partnership between the legislative arm of government and health sector stakeholders, driving forward our shared vision of a healthier and more equitable Ghana. We are grateful for accepting our invitation which is a first.

Low Participation at Conferences and Appeal to the Director-General

Director-General. Fellow Colleagues, I must address an issue of concern—low participation of DDHS members at conferences. These gatherings are vital for knowledge sharing, networking, and professional development. However, attendance has been less than satisfactory. I urge the Director-General of the Ghana Health Service,

our Patron, to use his high office to encourage and facilitate the attendance of DDHS members at future conferences. Your support in this regard is crucial, as it will enable us to maintain the high standards we have set for ourselves and to continue our professional growth.

Conclusion

In closing, I want to express my profound gratitude to all of you for your dedication, hard work, and commitment to improving health outcomes in Ghana. The journey towards UHC is challenging, but with our collective efforts, I am confident that we will achieve our goals. Let us continue to work together, support each other, and lead with excellence as we build a healthier future for all Ghanaians.

Thank you all for coming. I wish you a successful and productive conference. Have a blessed day.

Dr. Justice Thomas Sevugu
National Chairman, DDHS Group

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Abstracts of research works

ELIMINATING MALARIA IN GHANA: WE MUST GET ALL HANDS TO THE WHEEL

In 2023, Ghana's Ministry of Health (MoH) launched a national malaria elimination programme (NMEP), shifting the nation's focus from malaria *control* to *elimination*.¹ The vision of the elimination program is to achieve a malaria-free Ghana and contribute to socio-economic development. The program is backed by a plan, the national malaria elimination strategic plan (NMESP), which details interventions that will be implemented over the period. The proximate objectives of the NMESP are to reduce morbidity and mortality by 90% and to eliminate malaria in certain districts by 2028, and prevent malaria reestablishment in malaria-free areas. Ghana's efforts align with recent directives from the World Health Assembly (WHA) urging countries to recommit and accelerate progress towards malaria elimination.²

In this paper, I argue that Ghana can eliminate malaria by treating it as a national health governance issue rather than a health care concern. This approach would involve the state, with support from intergovernmental organizations, non-state actors, and neighboring countries, utilizing both formal and informal institutions, rules, and processes to implement collective action. The entire state machinery must prioritize malaria elimination and not limit it as an enterprise to be accomplished by the MoH and its overarching agent, the Ghana Health Service (GHS). Wishfully, malaria elimination should find space on the ballot paper this year! If successful, Ghana will become the second country in sub-Saharan Africa, after Cape Verde, to become malaria-free. Since 2000, over 12 countries, including Morocco and Egypt, have successfully eliminated malaria.³ It is achievable!

Malaria is an ancient disease that largely affects people living in Africa, Asia and Latin America. The disease was once prevalent in Europe and North America until it was eliminated during the medieval and early modern periods.⁴ Malaria existed in Ghana thousands of years before the country attained statehood. Initially, it was erroneously thought to originate from "bad air" until scientists proved that it is caused by a plasmodium parasite and transmitted through bites of female anopheles mosquitoes. The discovery underpins modern malaria control methods.⁵ Previous efforts to control malaria focused either on the vector or the parasite. The recent development of a vaccine brought the human host into the matrix.

Malaria causes considerable morbidity and mortality, reduces economic growth and productivity due to worker absenteeism, strains health systems, prevents children from attending school, and increases health care spending.⁶ In 2022 there were over five million cases of malaria in Ghana with over 155 deaths.⁷ Africa loses about 12 billion USD annually due to malaria. A household in Ghana spends an average of 50 USD (equivalent to GHS 800) to treat an episode of malaria.⁸

National efforts to control malaria began after independence when the country joined WHO's Global Malaria Eradication Program (GMEP) that employed spraying mosquito vectors with dichloro-diphenyl-trichloroethane (DDT) as a strategy.⁹ The unearthing of DDT in the 1940s against malaria vectors brought renewed hope of eradicating malaria globally. The DDT spraying campaign was partly successful as it eradicated malaria in parts of the world such as the Mediterranean, Europe, and Australia. But the world had to ban its use due to development of resistance by anopheles mosquito species, adverse ecological effects, and toxicity to flora and fauna.¹⁰

Ghana has made strides in the course of time in its fight against malaria. The incidence, prevalence, morbidity, and mortality from malaria has been declining since 2010. Between 2014 and 2022, the percentage of children under five years testing positive for malaria parasites reduced from 27% to 9%.¹¹ The country has acquired more knowledge, new tools, methods, and strategies in controlling malaria. The introduction of malaria vaccine in 2019 along with Kenya and Malawi added to the country's arsenal against the disease.¹²

Due to complexities of malaria the country has implemented several programs since independence to control it. The first comprehensive aggressive plan to control malaria in Ghana was developed in the early 2000s when the country launched the Roll Back Malaria (RBM) initiative. A second strategic plan was adopted in 2008 to accommodate provisions of the Millennium Development Goals (MDGs); then a third one in 2015 with the implementation of the Sustainable Development Goals (SDGs). The remarkable achievements under these initiatives motivated the country to escalate the national goal to malaria elimination.¹³ Elimination of malaria falls within the general ambit of ensuring healthy lives and promoting the well being of all persons living in Ghana. It is founded on obligations imposed on the state and public officials by international and national hard or soft laws. Additionally, it draws upon knowledge, history, epidemiology, impact and the progress made against the disease over the past decades.¹⁴

The NMESP (2024–2028) is now the framework within which malaria elimination will be achieved. The ultimate goal is to halt the regular episodes of malaria epidemics and make Ghana malaria-free.¹⁵ The elimination program, which aims to ensure the entire population has universal access to and benefit from all malaria interventions, is underpinned by the principles of country ownership, non

discrimination, multilateral partnerships, equity, and intersectoral collaboration.¹⁶ The program comprises a mix of interventions targeting the mosquito vector with insecticide-treated bed nets (ITNs), indoor residual spraying (IRS), and larval source management; addresses the parasite through improved diagnosis, treatment, and chemoprophylaxis; and the host with vaccination. These approaches are reinforced by robust health systems, surveillance, environmental engineering, behavior change communication, data management, and research. Malaria elimination, in addition to the health and socio-economic benefits, will contribute to the realization of the right to the highest attainable standard of health as guaranteed under national law. The constitution and Public Health Act (PHA)¹⁷ obligate public officials to safeguard the health, safety and welfare of all persons living in Ghana through the provision of quality health services and strong public health infrastructure.¹⁸

The potential benefits of malaria elimination notwithstanding, there are challenges in all areas of intervention strategies that must be confronted. For instance, barriers that militate against use of ITNs include lack of consistent use, acceptability, local beliefs and misconceptions regarding malaria and ITNs, discomfort sleeping under ITNs, and difficulty in hanging them due to inappropriate local housing designs.¹⁹ In Ghana 51% of ITNs owned by individuals, for various reasons, are not utilized to prevent malaria.²⁰ There are equally challenges regarding other components of malaria elimination such as parasite resistance to antimalarials, cost of medicines, substandard and fake medicines, weak health and surveillance systems, importation of vectors and parasites from neighbouring countries due to continued movement, across national boundaries, of vectors and people who harbour the parasite, high cost of source larviciding, lack of infrastructure for accurate diagnosis and prompt treatment, and favorable climatic conditions and breeding grounds that support vector proliferation.²¹

From the foregoing, I recommend the following.

1. We must discard the general view that malaria elimination is the sole responsibility of the MoH and GHS. We should emphasize that efforts to eliminate malaria require visible commitment from the highest levels of political and social leadership. The state must facilitate an approach in which all citizens, public service agencies, and those outside the public sector work collectively across portfolio boundaries to achieve the common goal.²²
2. To eliminate and prevent malaria from re-establishing itself, Ghana must collaborate with the neighboring countries of Togo, Burkina Faso, and Ivory Coast to confront common problems of surveillance and the movement, across boundaries, of vectors and humans who harbor the parasites. A blood-fed Anopheles mosquito can fly up to 10 km. This distance is enough to cross any transnational border post or foot-path crossing.²³
3. Current funding is insufficient to achieve elimination. While contributions from the government and donors, including global health initiatives such as the Global Fund are acknowledged, it is imperative for government to provide adequate resources to simultaneously implement all the program components across the entire country based on scientific evidence. The current piloting of interventions such as source larvae reduction will produce a time lag towards attainment of the target.
4. The environmental component of vector control in Ghana is relatively weak. In 1911, the colonial administration passed the Mosquitoes Ordinance that empowered public officials to enter premises to destroy mosquito larvae, receptacles, and vector breeding sites. The law proved effective during the period. Although it was impliedly amended by the 2012 Public Health Act, it should be reenacted as by-laws by District Assemblies with enforcement mechanism to support the elimination campaign.

In conclusion, Ghana can eliminate malaria by comprehensively addressing the challenges of current interventions and adopting an all of government and all of society "governance strategy to engage with all government sectors, institutions, governmental and non-governmental organizations, and, more importantly, all citizens as the pillar of society."²⁴ We should not leave it all to the MoH and GHS to grapple with.

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