



ORIGINAL PAPER

PUBLIC HEALTH IN AFRICA: DRIVING HEALTH AND WELL-BEING

Olivia Joseph-Aluko

Reinvent African Diaspora Network

United Kingdom

Email: oliviaeverj@hotmail.com

ABSTRACT

This paper delves into strategies for enhancing public health and well-being in Sub-Saharan Africa, specifically focusing on the health challenges prevalent in West African countries, notably Nigeria and Ghana. The study is firmly aligned with Sustainable Development Goal (SDG) 3, a goal that resonates with our region's health and well-being concerns, thereby ensuring the relevance and significance of our research.

PURPOSE: This study analyses the current health challenges in West Africa, specifically in Nigeria and Ghana, and proposes strategies for improving public health and well-being in the region in alignment with SDG 3.

DESIGN/METHODOLOGY/APPROACH: This study utilises a secondary qualitative research method involving a comprehensive review of existing literature, reports and policy documents related to health challenges in Sub-Saharan Africa. Data analysis includes thematic analysis to identify key themes and patterns in the selected data.

FINDINGS: The findings of this study highlight the significant health challenges faced by West African countries, including high rates of infectious diseases, maternal and child mortality and limited access to healthcare services. The study also identifies strategies for improving public health and well-being in the region, including enhancing healthcare infrastructure, increasing access to essential medicines and vaccines, and promoting community engagement in healthcare decision-making.

ORIGINALITY/VALUE: This study contributes to the existing literature by offering practical insights into the health challenges faced by West African countries and proposing evidence-based strategies for enhancing public health and well-being in the region. The findings have the potential to significantly influence policy-making and healthcare interventions, paving the way for the achievement of SDG 3 in Sub-Saharan Africa.

PRACTICAL IMPLICATIONS: The disparity between the wealthy and the impoverished in West Africa remains considerable, with factors such as education, gender and poverty significantly contributing to health inequalities.

KEYWORDS: Public Health; Well-Being; Sub-Saharan Africa; Sustainable Development Goals; SDG 3; West Africa; Nigeria; Ghana

CITATION: Joseph-Aluko, O. (2024): Public Health in Africa: Driving Health and Well-Being . *International Journal of Food, Nutrition and Public Health*, Vol. 14, No. 1-2, pp.15-29.

RECEIVED: 16 June 2024 / **REVISED:** 6 July 2024 / **ACCEPTED:** 20 July 2024 / **PUBLISHED:** 13 December 2024

COPYRIGHT: © 2024 by all the authors of the article above. The article is published as an open access article by WASD under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

INTRODUCTION

Health and well-being are integral aspects of the Sustainable Development Goals (SDGs) established by the United Nations. These goals aim to ensure that all individuals have access to quality healthcare and live a healthy lifestyle, contributing to a society's overall development and prosperity. One of the main objectives of Agenda 2030 is to achieve universal health coverage, meaning that everyone should have access to essential healthcare services without financial hardship.

Despite numerous global initiatives to achieve the SDGs by 2030, one crucial target remains distressingly unmet: equitable access to healthcare in developing regions, particularly sub-Saharan Africa. While many areas worldwide have made considerable progress towards achieving these goals, West Africa needs to catch up due to complex socio-economic factors and infrastructural constraints.

This persistent challenge undermines the overarching goals of sustainable development and perpetuates a cycle of poverty and inequality that hinders progress across multiple sectors. While strides have been made in various areas, the lack of accessible and adequate healthcare continues to be a formidable barrier to the region's socio-economic advancement.

The pursuit of SDGs by 2030 presents an array of complex challenges for West Africa, a region marked by diverse socio-economic landscapes and significant disparities in healthcare access. The pressing issue is how to transform the healthcare sector so that it catalyses broader developmental objectives. Historically, many West African countries have struggled with under-resourced health systems, inadequate infrastructure and insufficient public health policies, hindering their progress towards achieving SDG targets. To bridge this gap and foster sustainable development, a multi-faceted approach is imperative: enhancing access to quality healthcare services, investing robustly in healthcare infrastructure and technology, and formulating comprehensive public health policies tailored to regional needs.

A critical component in realising sustainable development goals by 2030 in West Africa is significantly improving access to quality healthcare services. Enhancing accessibility begins with addressing educational disparities among healthcare professionals and the general populace; this can be achieved through regular educational visits and meetings combined with other strategic interventions. Such initiatives enrich healthcare processes and ensure medical practitioners are well-equipped with current best practices and innovations. Furthermore, equitable access to healthcare necessitates the establishment of more health facilities across remote areas, thereby decentralising services from urban centres to under-served regions. Alongside these efforts, substantial investment in healthcare infrastructure and technology are paramount. Modernising medical facilities with cutting-edge equipment and digital health solutions can bridge existing gaps in service delivery while enhancing diagnostic accuracy and treatment efficacy. However, these infrastructural improvements must be underpinned by comprehensive public health policies tailored to the unique socio-economic contexts within West Africa.

Infectious diseases have long posed a significant threat to public health, particularly in regions such as West Africa, where they are endemic. The alarming prevalence of illnesses such as malaria,

Ebola and HIV/AIDS continues to ravage communities, stunting socio-economic development and overwhelming healthcare systems already stretched thin by limited resources (Houéto, 2019). This persistent public health challenge necessitates an urgent reevaluation of current strategies and an intensified focus on prevention and control measures (Akwaowo *et al.*, 2020).

Given the historical and ongoing impact of infectious diseases in West Africa, healthcare systems in this region must prioritise robust prevention and control measures to combat these pervasive illnesses effectively (WHO, 2015).

Research indicates that preventive strategies are crucial in curtailing disease outbreaks and their progression into pandemics, as demonstrated by past events such as the Ebola outbreak (Sheath *et al.*, 2022). For instance, during the Ebola crisis, timely isolation of affected individuals and stringent public health protocols significantly curbed the spread of the virus (Manguvo and Mafuvadze, 2015; Sheath *et al.*, 2022).

Maternity care remains a pressing concern in many developing nations, particularly in Nigeria and Ghana where maternal mortality rates are alarmingly high. Despite significant advancements in medical technology and global awareness, the gap between the availability of modern maternity services and their actual implementation within these countries persists (Mohale *et al.*, 2017).

This disparity is not merely a matter of resources but is deeply rooted in systemic issues related to accessibility, affordability and quality of care. Improving maternity care necessitates more than just isolated interventions (Kasaye *et al.*, 2023).

The United Nations SDGs set a target for the global maternal mortality rate (MMR) to decrease to below 70 per 100,000 live births by 2030. Maternal mortality remains a significant issue in Africa, with haemorrhage and eclampsia identified as the primary causes of death among women. Disparities in maternal survival persist between regions and countries, notably with sub-Saharan Africa reporting 545 maternal deaths per 100,000 live births in 2020, in contrast to 4 in Australia and New Zealand. Notably, sub-Saharan Africa accounted for 70% of global maternal deaths in 2020.

To understand the specific factors contributing to high maternal and child mortality rates in Nigeria and Ghana, one must first examine the inadequate access to quality healthcare services, which serves as a primary systemic barrier. In many rural and under-served urban areas within these countries, the healthcare infrastructure is sorely lacking, with insufficient medical facilities, a shortage of trained healthcare professionals, and limited essential medical supplies. As detailed in The Lancet Maternal Survival Series (Ronsman and Graham, 2006), maternal mortality remains a critical concern due to these systemic deficiencies that prevent timely and effective medical intervention during childbirth. These inadequacies are compounded by logistical challenges such as poor transportation networks that hinder pregnant women from reaching healthcare centres promptly (Mohale *et al.*, 2017). Furthermore, cultural barriers deeply ingrained in societal norms exacerbate this crisis. For instance, traditional beliefs and practices can sometimes deter women from seeking modern medical care; instead, they may rely on unskilled birth attendants or delay hospital visits until complications become life-threatening.

OBSTACLES TO ACHIEVING HEALTHCARE AND WELL-BEING IN WEST AFRICA

In West Africa, specifically in Nigeria and Ghana, numerous obstacles hinder the achievement of healthcare and well-being, including inadequate resources, political instability, and cultural barriers. Addressing these challenges is crucial for improving the overall health and well-being of the population.

Cultural barriers

Biomedical care in Africa is influenced by culture because of different understanding of ailments, and due to limited knowledge of health matters, poverty, and ignorance.

The impact of culture on the health-seeking behaviour of Africans within the context of Biomedical Care in Africa is of considerable importance. Many African cultures hold diverse perspectives on the causes of diseases affecting public health systems, policies, planning, and implementation. In contrast to Western-trained doctors in biomedicine, traditional African healers seek to identify the underlying cause of a patient's ailments within social, natural, and spiritual environments. The intricacies of African society, encompassing a wide range of cultural and religious practices, significantly influence individuals' attitudes and understanding of health-related matters (Chukwuneke *et al.*, 2012).

Most people believe supernatural beings cause some diseases, for instance, mental illness. They believe that mental illness is the handiwork of neighbours or vengeance from an offended god as a result of transgressions committed in the past by an individual or parents. This group of people, therefore, prefers seeking traditional medicine to seeking orthodox medicine and often ends up in the hands of witch doctors who claim to have cures for almost all diseases.

In many African societies, mental illness is a subject surrounded by stigma. The societal stigma surrounding mental illness can be attributed to factors such as lack of education, fear, religious beliefs, and general prejudice. In a survey on the perceived causes of mental illness, over a third of respondents from Nigeria (34.3%) cited drug misuse as the primary factor. Divine wrath and the will of God were identified as the second most prevalent reasons (18.8%), followed by beliefs in witchcraft/spiritual possession (11.7%). Few participants mentioned genetics, family relationships, or socio-economic status as contributing factors.

Leadership and Governance

Leadership and governance play pivotal roles in shaping the infrastructure and efficacy of national healthcare systems. In examining the disparities between Nigeria and Ghana, two West African nations with shared historical contexts but divergent political landscapes, it becomes apparent that differences in governance have significantly influenced their healthcare outcomes. The healthcare landscape in Nigeria is marked by systemic inefficiencies, inconsistent policies and widespread corruption, contrasting sharply with Ghana's more stable and progressive approach to health

sector governance. Despite similarities in economic challenges and public health concerns, these countries present a fascinating case study on how leadership impacts access to medical services, quality of care, and overall health outcomes for citizens. This essay delves into the intricacies of these differences, aiming to demonstrate that effective governance, characterised by transparency, strategic planning and accountability, is crucial in addressing public health needs. By comparing the varied experiences of Nigeria and Ghana, this analysis highlights critical areas where leadership has led to significant divergence and underscores potential pathways for reform in striving towards equitable healthcare systems across similar socio-economic environments.

Building on this foundational understanding, the healthcare systems in Nigeria and Ghana reveal stark contrasts resulting from their respective governance strategies. In Nigeria, leadership has often been marred by a lack of continuity and coherence in health policies, coupled with corruption that drains critical resources away from healthcare delivery (Osei-Ntansah, 2014). This fragmentation has led to significant disparities in access to care and overall health outcomes, particularly among rural and under-served populations. Conversely, Ghana's approach emphasises transparency and accountability within its health sector governance framework. According to Osei-Ntansah (2014), Ghana has made substantial progress through strategic initiatives such as the National Health Insurance Scheme (NHIS) and robust public-private partnerships to expand healthcare reach and improve service quality. These efforts have resulted in better maternal health indicators, lower infant mortality rates and improved access to essential medical services. The results from this comparative analysis underscore the importance of effective leadership in shaping resilient healthcare systems; moreover, they offer valuable insights for policy-makers seeking to implement innovations that enhance healthcare accessibility and quality across diverse socio-economic contexts (Osei-Ntansah, 2014). Thus, the divergent experiences of Nigeria and Ghana affirm that solid governance can be a potent catalyst for achieving equitable health outcomes.

Building on these contrasts in healthcare governance, examining how the disparate leadership styles in Nigeria and Ghana have influenced their respective health sectors' budget allocations is essential, thereby exacerbating or mitigating healthcare disparities. The inadequate financial commitment of Nigeria's government to its health sector has been a critical barrier to improving access and quality of care. Ekekwe and Ugwu (2022) noted, "The less than 5–6 per cent allocation to the health sector over the years is far below the 15 percent of yearly national budget to health set by Abuja Declaration by African leaders". This chronic underfunding undermines efforts to enhance healthcare infrastructure, procure medical supplies and retain qualified personnel, leading to overcrowded facilities, insufficient medication and substandard patient care. In contrast, Ghana's adherence to more robust funding commitments reflects a strategic prioritisation of health within its national agenda. Ghana has enabled sustained improvements in healthcare delivery systems by consistently allocating closer proportions to the Abuja Declaration target (Ekekwe and Ugwu, 2022). This financial vigilance supports comprehensive initiatives such as the National Health Insurance Scheme (NHIS), broadening access and alleviating out-of-pocket patient expenditures. Consequently, while Nigeria grapples with persistent healthcare inequities exacerbated by fiscal

neglect and corruption, Ghana reaps the benefits of informed financial stewardship that translate into tangible health advancements for its populace. Hence, this comparative analysis elucidates how committed leadership and transparent governance can significantly uplift national healthcare standards through judicious resource allocation strategies.

Furthermore, the disparities in leadership and governance between Nigeria and Ghana manifest profoundly in their respective approaches to healthcare policy implementation and the resultant public health outcomes. In Nigeria, inconsistent leadership has often led to the sporadic enactment of healthcare policies without sustainable follow-through or impact assessment (Oladosu, 2020). This erratic approach is compounded by entrenched bureaucratic inefficiencies that hinder effective policy execution, widening the healthcare access gap between urban and rural areas. In contrast, Ghana's leadership is proactive towards health sector reforms through continuous engagement with key stakeholders and adaptation to emergent health challenges. Establishing collaborative frameworks for policy-making ensures that health initiatives are evidence-based and inclusive, contributing to improved systemic resilience (Oladosu, 2020). Additionally, Ghana's commitment during the Abuja Declaration—pledging substantial budget allocations towards health—translates into practical support for various programmes to enhance care quality across different demographics. For instance, preventive measures such as vaccination drives and maternal health education have gained traction due to consistent governmental backing (Oladosu, 2020). This dynamic illustrates how coherent leadership coupled with rigorous policy mechanisms can mitigate public health disparities effectively. Conversely, Nigeria's fragmented governance continues to pose significant barriers to achieving equitable healthcare outcomes despite numerous declarations of intent. Thus, examining these differences highlights the crucial role of stable and visionary leadership in fostering robust healthcare systems that meet diverse population needs efficiently.

In summary, Nigeria's and Ghana's divergent healthcare outcomes underscore the profound impact of leadership and governance on national health systems. While Nigeria grapples with systemic inefficiencies, inconsistent policies and corruption that compromise healthcare delivery, Ghana's emphasis on transparency, strategic planning and accountability has fostered significant advancements in healthcare access and quality.

Shortage of Healthcare Workers and Brain Drain

The ongoing shortage of healthcare workers in West Africa, exacerbated by the brain drain, presents a multifaceted crisis with far-reaching implications for public health and socio-economic stability. This critical issue demands exploring its root causes—including inadequate medical education infrastructure, poor working conditions and insufficient remuneration—that collectively drive skilled professionals to seek opportunities abroad.

For instance, Nigeria has encountered a significant brain drain in its healthcare sector stemming from the emigration of skilled healthcare professionals seeking higher wages, improved living conditions and opportunities for professional development in other countries. Notably, the government has not acknowledged this issue, and insufficient funds have been allocated to

the healthcare sector, with only 4% of the national budget in Nigeria being designated for health (Adebayo and Akinyemi, 2019).

In Ghana, the drive for medical doctors to practice in developed countries has been attributed to several factors, including substandard remuneration, poor working conditions and limited opportunities for career advancement. According to previous research, concerns were raised about staff welfare issues, particularly regarding promotions being absent or inadequate. Furthermore, other contributing factors identified include limited opportunities for professional development, ineffective procedures for equipment replacement, and inadequate accommodation facilities, especially in rural areas. The inability to access essential social services, such as housing and transportation, has also been identified as a significant factor contributing to the departure of health workers from Ghana (Okyere *et al.*, 2017).

Medical Tourism

In recent years, medical tourism has gained significant traction in Nigeria and Ghana, with an increasing number of citizens seeking healthcare services abroad. This burgeoning trend is a stark indicator of the profound healthcare challenges these West African nations confront, encompassing inadequate infrastructure, insufficient medical equipment and limited access to quality healthcare services. The migration of patients to foreign medical facilities underscores the deficiencies within the domestic healthcare systems and raises critical questions about equity and sustainability in public health policy. The need for foreign medical care starkly exposes the deep-rooted challenges in Nigeria's and Ghana's health systems, often characterised by inadequate infrastructure and limited access to high-quality medical services. According to recent findings, both nations rank low globally in healthcare efficiency, with Nigeria placed at 187 out of 191 countries as of 2018. This dire ranking reflects more than just statistical standings; it signifies tangible gaps in healthcare availability, from underfunded hospitals to poorly maintained medical equipment and an overwhelming shortage of skilled healthcare professionals. In addition to logistical shortcomings, financial constraints further exacerbate the situation. Many state-funded hospitals struggle with inconsistent funding streams that impede their ability to offer comprehensive services. Consequently, citizens who can afford it resort to seeking treatment abroad, where they perceive higher standards of care and better outcomes are achievable. This exodus places additional strain on the already overburdened domestic healthcare providers left behind, thus perpetuating a vicious cycle of declining healthcare quality within these countries. The overarching impact is on individual health outcomes and national development indicators related to public health and economic productivity.

In light of these glaring deficiencies, the growing trend of medical tourism in Nigeria and Ghana underscores not only the desperation of citizens seeking quality healthcare but also points to systemic issues that must be urgently addressed. According to recent observations, medical tourism in Ghana has historical roots tied to the ongoing challenges within Ghana's healthcare sector, such as insufficient investment in medical infrastructure and a shortage of specialised medical professionals. This phenomenon is similarly prevalent in Nigeria, where outdated facilities

and recurrent underfunding perpetuate a cycle of inadequate care. The propensity for wealthier individuals to seek treatment abroad is an indictment on domestic healthcare capabilities, revealing a widening gap between those who can afford high-quality foreign treatment and those who must rely on local services beset with limitations. Moreover, this trend drains valuable economic resources from these countries while failing to stimulate necessary reforms within their health systems. Efforts to combat these disparities should prioritise substantial investment in healthcare infrastructure and policies designed to enhance access to training for healthcare workers and improve service delivery mechanisms.

Without significant intervention, the lure of foreign medical care will continue undermining local health systems, creating an unsustainable dynamic detrimental to both public health outcomes and national economic stability.

Building on these critical observations, it is essential to consider the broader ramifications of medical tourism on the local healthcare systems in Nigeria and Ghana. Note that despite the numerous advantages of foreign medical care, such as advanced technology and higher-quality services, this trend unveils significant weaknesses within local health infrastructures. Notably, while Nigerian and Ghanaian citizens often travel abroad for treatment that could potentially be managed locally with adequate resources, this outward flow accentuates disparities. It directs economic investment away from domestic facilities. Consequently, this exodus perpetuates a cycle, where local healthcare investment remains stagnant or declines due to dwindling patient numbers and revenue streams. Additionally, the reliance on international healthcare options places an undue burden on those unable to afford such alternatives, widening socio-economic divides within these nations. These issues call for urgent reforms that bolster local healthcare capabilities through comprehensive funding models to upgrade infrastructure and ensure consistent service delivery quality. Furthermore, policy initiatives should prioritise fostering specialised training programmes to curb the brain drain of medical professionals who seek better opportunities abroad due to substandard working conditions at home. By addressing these multifaceted challenges head-on, Nigeria and Ghana can build resilient health systems capable of meeting their populations' needs while mitigating the allure of foreign medical interventions that currently undermine their national health objectives.

Counterfeit Drugs

Although the trade's early origins can be traced back to colonial times, its expansion and rising policy significance were propelled by the crises in the Nigerian pharmaceutical industry and healthcare system during the 1980s. In contrast to prevailing accounts, the surge of counterfeit drugs in Nigeria was closely tied to these National Crises (Klantschnig and Huang, 2019).

In other parts of West Africa, the scourge of counterfeit pharmaceuticals constitutes an insidious menace that jeopardises the integrity of healthcare systems and imperils the lives of countless individuals. From life-saving medication to essential treatment for common ailments, the pervasive presence of fake drugs undermines both public trust and medical efficacy.

In recent years, West Africa has grappled with an alarming rise in the distribution and consumption of fake drugs. This surge undermines public health and threatens to dismantle the fabric of the region's healthcare systems. The proliferation of counterfeit pharmaceuticals presents multifaceted challenges, eroding institutional integrity and patient safety. Despite various interventions by governments and international bodies, counterfeit drugs continue to flood markets, exacerbating public health crises and fostering a climate of mistrust among populations in need of genuine medical care. (Chukwuneke *et al.*, 2012).

According to Ekeigwe (2019), “problems of drug manufacturing and challenges of accessing medicines in West Africa” significantly contribute to this crisis. Ineffective treatment for life-threatening diseases such as malaria, HIV/AIDS and tuberculosis are particularly devastating; they not only fail to cure but can also worsen the patient's condition. This tragic outcome has been documented in numerous cases where patients succumbed to illnesses that could have been effectively managed with genuine drugs (Ekeigwe, 2019). Furthermore, the rampant spread of counterfeit pharmaceuticals undermines public confidence in healthcare systems. Patients who experience adverse effects or no relief from their symptoms due to fake medication are less likely to trust medical professionals and prescribe treatment in the future. Consequently, there is a pervasive hesitancy to seek medical help, leading individuals either to self-medicate with potentially unsafe alternatives or avoid treatment altogether. This erosion of trust exacerbates public health crises by delaying proper diagnoses and interventions, thus amplifying morbidity within vulnerable communities due to limited access to quality healthcare resources (Ekeigwe, 2019).

The presence of counterfeit drugs complicates disease management, overwhelming already fragile health infrastructures with patients suffering from prolonged illnesses that do not respond to ineffective treatment (Nwosu, 2023). Healthcare professionals face significant challenges in diagnosing and treating conditions when they cannot rely on the authenticity and efficacy of available medication, leading to diagnostic uncertainty and therapeutic failures (Klantschnig and Huang, 2019).

The current healthcare infrastructure often falls short due to inadequate resources and high costs, leaving vulnerable populations without necessary care. Investing in affordable clinics and hospitals equipped with modern medical technologies ensures that even those from lower income brackets receive timely and adequate medical attention.

Addressing vector-borne diseases such as malaria requires sustained efforts to control vectors through environmental management and insecticide-treated nets. Moreover, bolstering healthcare infrastructure with adequate funding and resources ensures that primary care facilities can administer vaccinations promptly and provide essential treatment. By concentrating on these preventive measures, healthcare systems can manage immediate threats and build resilience against future outbreaks. This proactive stance minimises the socio-economic disruption caused by epidemics and enhances public trust in health institutions. As Sheath *et al.* (2022) highlight, integrating up-to-date practices when dealing with emerging infections fortifies the overall capacity to withstand global

health challenges. Henceforth, prioritising prevention is an indispensable strategy for West African nations striving towards sustainable health improvements amid endemic infectious diseases.

In addition to the aforementioned preventive strategies, it is essential to acknowledge the scientific evidence supporting these methods in combatting infectious diseases in West Africa. According to Manguvo and Mafuvadze (2015), West Africa demonstrates that scientifically proven methods of combatting the transmission of infectious diseases are crucial for public health success. These methods include medical interventions and community-based approaches tailored to the specific sociocultural context.

For instance, during disease outbreaks, engaging local communities in educational campaigns about hygiene practices, such as regular handwashing and safe burial procedures, proved instrumental in curbing the spread of illnesses such as Ebola (Manguvo and Mafuvadze, 2015). Furthermore, enhancing laboratory capacities for swift diagnosis and establishing efficient reporting systems ensure prompt containment measures. Developing local expertise through training healthcare workers on infection prevention protocols adds another layer of resilience against epidemics. Additionally, leveraging mobile health technologies can facilitate real-time monitoring and dissemination of information, thus enabling a co-ordinated response across different regions. Without integrating these comprehensive measures into national health policies, efforts at controlling infectious diseases may fall short. As stated by Manguvo and Mafuvadze (2015), “scientifically proven methods aimed at combatting the spread of disease” must be central to any effective healthcare strategy in West Africa.

To this end, prioritising investment in healthcare infrastructure is paramount for Nigeria and Ghana to achieve effective system revitalisation. Both nations must allocate significant resources towards upgrading and maintaining their primary healthcare facilities, as these form the backbone of accessible medical care for the population (GGT Nigeria - 2020 - ngfrepository.org.ng). Additionally, enhancing training and capacity-building programmes for medical professionals is crucial. Continuous professional development ensures that healthcare workers are well-equipped with the latest knowledge and skills, improving patient care quality. To address this need, governments should collaborate with educational institutions and international organisations to design comprehensive training modules covering clinical competencies and soft skills such as empathy and communication. Furthermore, equitable access to affordable healthcare services across different regions is essential. Policies must be enacted to subsidise medical costs for low-income families while investing in outreach programmes extending services to rural and underserved communities. An emphasis on preventive care through public health education campaigns can also mitigate the disease burden on already strained systems. By adopting a multifaceted approach that integrates infrastructural improvements, rigorous training programmes, and strategies for affordable access, Nigeria and Ghana can build resilient healthcare systems capable of meeting contemporary challenges head-on (GGT Nigeria - 2020 - ngfrepository.org.ng).

To advance the well-being of mothers and infants, government policies must be strategically designed to address both accessibility and systemic issues in maternity healthcare. According to

research conducted in 2015, historical public policies have significantly improved maternal health by focusing on access to comprehensive services and addressing infrastructural inadequacies. Therefore, modern policy frameworks should prioritise affordable, all-encompassing care that includes prenatal, perinatal, and postnatal services (Kasaye *et al.*, 2023). This entails subsidising medical expenses and ensuring geographically equitable service availability. Additionally, tackling endemic problems such as inadequate staffing is crucial; under-resourced facilities often lack the capacity for timely intervention during complications. Implementing programmes for continuous professional development and offering competitive remuneration could alleviate this issue by attracting and retaining skilled healthcare providers. Furthermore, resource scarcity must be addressed by better allocating funds towards essential medical supplies and advanced technological equipment. Such an integrated approach would not merely reduce maternal mortality rates but would also enhance overall healthcare quality. By adopting these measures rooted in evidence-based practices, governments can build a more resilient maternity healthcare system that reliably supports maternal and infant health outcomes at every stage.

In addition to the measures previously discussed, addressing the inadequate numbers and proportion of healthcare professionals is critical for revitalising Nigeria's and Ghana's health systems. As highlighted by Akwaowo *et al.* (2020), the insufficient cadre distribution poses a significant challenge to delivering quality care across all service levels. Investing in infrastructure alone will be futile if insufficiently trained personnel can utilise these resources effectively. Therefore, governments must adopt targeted recruitment and retention strategies to bolster workforce capacity in under-served regions. This includes offering competitive salaries, benefits and professional growth opportunities that make careers in public health both attractive and sustainable. Collaborative efforts with international bodies can also facilitate knowledge exchange programmes and provide scholarships for advanced medical education abroad, thus ensuring a continuous influx of highly skilled practitioners into the local healthcare system. Moreover, establishing transparent accountability mechanisms will help maintain high standards of care while reducing corruption within healthcare institutions. Through an integrated approach that addresses both human resource constraints and infrastructural deficits, Nigeria and Ghana can pave the way for a more robust healthcare landscape that adequately meets the needs of their populations (Akwaowo *et al.*, 2020).

Continuing from the previous discussion, it is equally vital to incorporate strategic investments in primary healthcare laboratories as a pivotal aspect of healthcare system revitalisation. Enhancing laboratory services through infrastructure upgrades and implementing quality assurance mechanisms can significantly improve diagnostic accuracy and patient outcomes (Elemuwa *et al.* 2024). Reliable laboratory services are essential for timely disease detection and monitoring, enabling healthcare professionals to make informed decisions about patient care. Concurrently, tailored training programmes to develop proficient laboratory technicians should be prioritised to complement these infrastructural improvements. Such initiatives must encompass technical skills and the latest advancements in diagnostic technology to ensure consistency in service delivery. It

is also essential to enhance living and working conditions in these remote areas by investing in infrastructure development, including housing, transport networks and communication systems, making them more attractive for health workers. Comprehensive strategies combining education decentralisation, mandatory service policies and infrastructural improvements will facilitate the immediate alleviation of workforce shortages and long-term sustainability and resilience within the healthcare systems of Ghana and Nigeria (Awofeso, 2010).

To maximise reach and impact, collaborative partnerships with international health organisations can provide additional resources and expertise in establishing best practices within laboratory settings. Furthermore, equitable access to affordable care must extend to these essential diagnostic services; subsidising the cost of crucial tests will make them accessible to economically disadvantaged populations. Thus, by enhancing laboratory infrastructure alongside robust training initiatives and ensuring affordability, Nigeria and Ghana can fortify their primary healthcare systems against contemporary medical challenges (Elemuwa *et al.*, 2024).

CONCLUSIONS

Many systems are observed to be non-functional in providing physical healthcare in West African countries. Despite contemplating potential reforms, numerous reports have been issued, and agreements have been reached that have yet to yield significant improvements.

In conclusion, the healthcare systems in Nigeria and Ghana are at a critical juncture that necessitates substantial and targeted reforms to address their myriad challenges.

By investing heavily in infrastructural improvements, professional capacity building, and equitable access to affordable care, these nations can create robust healthcare landscapes capable of providing quality services to all citizens. The revitalisation of primary healthcare facilities, coupled with continuous professional development for medical personnel, will ensure that healthcare workers are well-equipped to deliver high standards of patient care. Furthermore, addressing human resource constraints through targeted recruitment and retention strategies will provide the workforce with the necessary resources to utilise upgraded infrastructures effectively (Awofeso, 2010).

Additionally, enhancing laboratory services via infrastructure upgrades and rigorous training programmes for laboratory technicians will significantly improve diagnostic accuracy and patient outcomes. Such comprehensive measures require an holistic commitment from government entities, educational institutions, international organisations and healthcare bodies to pave the way for collaborative, sustainable healthcare development.

The steps outlined present a multifaceted approach that not only tackles current deficiencies but also sets a foundation for long-term resilience in the health sectors of both countries. Transformative change is attainable by learning from successful global healthcare reform models and adapting them contextually within Nigeria's and Ghana's unique socio-economic frameworks. As such, this essay posits that strategic investment across these critical areas is indispensable for uplifting the overall health outcomes in Nigeria and Ghana, ensuring that every individual has access to quality healthcare irrespective of their socio-economic status.

As demonstrated by empirical evidence and research from scholars such as Bärnighausen *et al.* (2010), targeted preventive strategies are effective when supported by robust healthcare systems and can significantly curb the spread of infectious diseases such as HIV/AIDS and malaria. Moreover, policy-makers can ensure their interventions are effective and sustainable by strengthening healthcare delivery through investment in medical facilities, workforce training, and supply chain management. Addressing socio-economic determinants is equally crucial; alleviating poverty and improving education can empower communities to adhere to preventive measures and access essential health services. Therefore, comprehensive policy initiatives integrating preventive care with structural reforms provide a resilient framework capable of confronting current health threats while fortifying the region against future challenges. By adopting this dual approach, Sub-Saharan Africa can move towards a future where its populations enjoy improved health outcomes and more excellent socio-economic stability, a necessary foundation for sustainable regional development.

Ultimately, Nigeria and Ghana can transcend existing limitations by embracing a collective vision towards comprehensive reforms anchored in infrastructural enhancement, capacity building, equitable access to care, robust laboratory services, and transparent accountability mechanisms. This forward-thinking strategy lays down an actionable blueprint for immediate system revitalisation. It is a stepping stone towards future research endeavours aimed at optimising health service delivery even further, a goal whose realisation holds profound implications for improving the quality of life across West Africa.

REFERENCES

- Adebayo, A. and Akinyemi, O.O. (2019): “What Are You Really Doing in This Country?”: Emigration Intentions of Nigerian Doctors and Their Policy Implications for Human Resource for Health Management. *Journal of International Migration and Integration*. Vol. 23, No. 3, pp.1377-1396. Available at: <https://doi.org/10.1007/s12134-021-00898-y>. Epub 2021 Sep 15. PMID: 34539258; PMCID: PMC8439958.
- Akwaowo, C.D., Motilewa, O.O. and Ekanem, A.M. (2020): Assessment of resources for primary health care: implications for revitalizing primary health Care in Akwa Ibom, Nigeria. *Nigerian Medical Journal*, Vol. 61, No. 2, pp.90-95.
- Awofeso, N. (2010): Improving health workforce recruitment and retention in rural and remote regions of Nigeria. *Rural and Remote Health*, Vol. 10, No. 1, pp.162-171.
- Bärnighausen, T., Tanser, F., Hallett, T. and Newell, M.L. (2010): Prioritizing communities for HIV prevention in sub-Saharan Africa. *AIDS Research and Human Retroviruses*, Vol. 26, No. 4, pp.401-405.
- Chukwuneke, F.N., Ezeonu, C.T., Onyire, B.N. and Ezeonu, P.O. (2012): Culture and biomedical care in Africa: the influence of culture on biomedical care in a traditional African society, Nigeria, West Africa. *Nigerian Journal of Medicine*, Vol. 21, No. 3, pp.331-333.
- Ekeigwe, A.A. (2019): Drug manufacturing and access to medicines: the West African story. A literature review of challenges and proposed remediation. *AAPS Open*, Vol. 5, No. 1, pp.1-15.
- Ekekwe, E.N. and Ugwu, C.S. (2022): Leadership and Public Sector Performance during COVID-19 Era in Nigeria. *Journal of Public Administration and Governance Research (JPAGR)*, Vol. 4 No. 1, pp.164-175.

- Elemuwa, C.O., Ainu, M., Adias, T.C., Ufuoma, R.S., Sunday, O.A., Elemuwa, U.G., Henshaw, A., Adebisi, O.L., Oyetunde, A.B. and Raimi, M.O. (2024): *Transforming Primary Healthcare in Nigeria: Enhancing Universal Health Coverage through Strong and Sustainable Primary Healthcare Laboratories*. Available at: <https://doi.org/10.32388/74E67L> 31pp
- Houéto, D. (2019): The social determinants of emerging infectious diseases in Africa. *MOJ Public Health*, Vol. 8, No. 2, pp.57-63. Available at: <https://doi.org/10.15406/mojph.2019.08.00286>
- Kasaye, H., Sheehy, A., Scarf, V. and Baird, K. (2023): The roles of multi-component interventions in reducing mistreatment of women and enhancing respectful maternity care: a systematic review. *BMC Pregnancy and Childbirth*, Vol. 23, No. 1, p.305. Available at: <https://doi.org/10.1186/s12884-023-05640-3>
- Klantschnig, G. and Huang, C. (2019): Fake Drugs: Health, Wealth and Regulation in Nigeria. *Review of African Political Economy*, Vol. 46, No. 161, pp.442-458. ISSN 1740-1720. Available at: <https://doi.org/10.1080/03056244.2018.1536975>
- Manguvo, A. and Mafuvadze, B. (2015): The impact of traditional and religious practices on the spread of Ebola in West Africa: time for a strategic shift. *The Pan African Medical Journal*, Vol. 22, Suppl 1, p.9. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4709130/> PMID: 26779300; PMCID: PMC4709130.
- Mohale, H., Sweet, L. and Graham, K. (2017): Maternity health care: The experiences of Sub-Saharan African women in Sub-Saharan Africa and Australia. *Women and Birth*, Vol. 30, No. 4, pp.298-307. Available at: <https://doi.org/10.1016/j.wombi.2016.11.011> Epub 2016 Dec 9. PMID: 27955951.
- Nwosu, P. (2023): Dora Nkem Akunyili and the fight against fake drugs in Nigeria, 2001-2008. *Uzu Journal of History and International Studies (UJHIS)*, Vol. 9, No. 1, pp.36-49.
- Okyere, E., Mwanri, L. and Ward, P. (2017): Is task-shifting a solution to the health workers' shortage in Northern Ghana? *PLoS One*, Vol. 12, No. 3, p.e0174631. Available at: <https://doi.org/10.1371/journal.pone.0174631> PMID: 28358841; PMCID: PMC5373592.
- Oladosu, A.O. (2020): *Public health expenditure and health outcomes in Nigeria and Ghana: the role of public policy*. Masters' Dissertation, Lingnan University, Hong Kong.
- Osei-Ntansah, K. (2014): *An empirical analysis of Ghana's public healthcare system from 1990 to 2010*. University of Phoenix.
- Ronsmans, C. and Graham, W.J. (2006): Maternal mortality: who, when, where, and why. *The Lancet*, Vol. 368, No. 9542, pp.1189-1200.
- Sheath, D., Bempong, N.E. and Flahault, A. (2022): Coordination of Global Efforts in Combatting Infectious Disease. In von Lubitz, D.K.J.E. and Gibson, J. (Eds): *The Nature of Pandemics* (pp.239-258). CRC Press.
- World Health Organization (WHO) (2015): *2015 WHO Strategic Response Plan: West Africa Ebola outbreak*. World Health Organization.
-

BIOGRAPHY



Olivia Joseph-Aluko, LLB, BL, MA (Law) is a non-practising lawyer, change-maker, writer, author, human security fellow, migration scholar and social justice advocate with a keen focus on social issues and policies affecting Africa and the Diaspora. Olivia is the CEO of the Reinvent African Diaspora Network, UK (RADET), an educational initiative that promotes robust debate on migration and other academic and empowering topics. As a social justice advocate, she collaborates with community-based organisations in the UK and other international bodies to proactively address the causes and solutions of conflict, unrest, inequality and social exclusion. Olivia is the author of several influential works, such as “Africans in the UK: Migration, Integration and Significance”, “Globalization, Human Security and Social Inclusion”, “Life in the Abrodi”, and “Essays on Gender Inequality, Migration Drivers and Realizing Africa’s Potentials”. She is currently immersed in crafting her next edition.

.....