EDITION 35

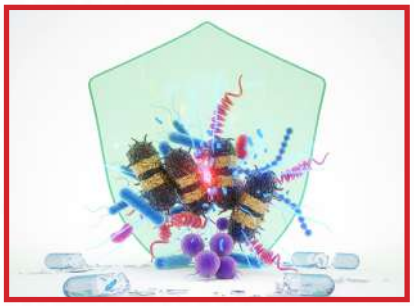
NOVEMBER 2025

Health Pulse magazine

The AMR Threat: Insights from a Public Health Nurse.
See page 12

Ghana Confronts Rising AMR Crisis as Experts Warn of Thousands of Preventable Deaths
See page 08

The Importance of Preventive Health Care in Modern Living: A Focus on AMR
See page.....27



Contents

HCOWAA: Advancing Healthcare Standards in West Africa

The Health Community of West Africa Association (HCOWAA), based in Ghana, is a non-governmental organization dedicated to advancing healthcare across West Africa. Addressing the uneven distribution of medical resources, HCOWAA advocates for regional cooperation through a Health Alliance that unites healthcare stakeholders to create a cohesive health community.

With a mission to improve health outcomes in West Africa, HCOWAA facilitates collaboration, innovation, and research among professionals, leveraging collective resources to enhance healthcare services, policies, and access. HCOWA envisions a resilient West African healthcare system where institutions and professionals lead groundbreaking research, foster innovation, and influence policies that elevate regional healthcare.

Through initiatives like establishing a regional healthcare database, launching research projects, and hosting policy roundtables, HCOWA builds strong networks to drwive healthcare advancements. Advocacy efforts focus on equitable access, supporting vulnerable populations, and addressing healthcare disparities. The organization's objectives include fostering research and innovation, supporting health policy reforms, and integrating medical equipment manufacturers with healthcare facilities.

HCOWA also facilitates training programs, academic exchanges, and research grants, ensuring members are equipped with knowledge and skills to address regional health challenges effectively. Networking events like the HCOWA Medical and Health Industry Investment Summit & Expo connect professionals, offering a platform for partnership and knowledge sharing.

HCOWAA's commitment extends to partnerships with international health organizations and academic institutions, which amplify its impact by introducing global best practices and strengthening West African healthcare infrastructure. Collaborative efforts with international partners promote training, research, and infrastructure upgrades for health facilities, pharmaceutical establishments, and clinics.

In addition, HCOWAA's magazine partnerships, including an MoU with Health Pulse Magazine, provide platforms to publish relevant content, share insights, and enhance visibility for ongoing initiatives. Through these combined efforts, HCOWAA aims to foster a collaborative healthcare environment that not only addresses urgent health challenges but also builds a sustainable, inclusive healthcare future for West Africa.

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Editorial

Act Now to Halt the Silent Pandemic of Antimicrobial Resistance

Antimicrobial resistance (AMR) is often described as a silent pandemic one that advances quietly, without the dramatic headlines of other global health threats, yet with consequences that are far more enduring and far-reaching. At its core, AMR occurs when bacteria, viruses, fungi and parasites evolve in ways that render medicines ineffective. The result? Infections that were once easily treatable become stubborn, complicated, and in many cases, deadly. This invisible shift threatens to roll back decades of medical progress, putting everything from routine surgeries to simple wound infections at risk.

The danger is not theoretical. Every year, more people around the world face infections that do not respond to standard treatments. Antibiotics — one of the greatest medical breakthroughs in human history — are losing their power. The ripple effects are profound: longer illnesses, higher medical costs, increased transmission of resistant pathogens, and a growing burden on already stretched health systems.

Recognizing the urgency, the global health community took a decisive step in 2015 when the Sixty-eighth World Health Assembly endorsed a comprehensive action plan to curb AMR. Among its core pillars is a mission that remains just as vital today: elevating awareness and understanding of antimicrobial resistance through clear communication, robust education, and targeted training. Knowledge, after all, remains one of our most powerful tools. When people understand how antibiotic misuse fuels resistance, they become more responsible stewards of these critical medicines.

This is where World AMR Awareness Week (WAAW) plays a transformative role. Celebrated every year, WAAW brings together the public, policymakers, scientists, and One Health stakeholders — all essential voices in the fight against AMR. The campaign underscores a simple yet powerful truth: safeguarding the effectiveness of antimicrobials is a shared responsibility. Whether it's completing prescribed treatments, avoiding self-medication, observing good hygiene practices, enforcing regulations in agriculture, or strengthening national surveillance systems, every action matters.

As we mark this year's WAAW, the message is clear: AMR is not a future problem it is a present crisis. But it is also a crisis we can confront with unity, informed choices, and sustained commitment.

The silent pandemic can be stopped. The question is whether we will act decisively today to protect the medicines we rely on for ourselves, for our communities, and for generations to come.

The Lungs

By Richeal Elikem Dovia

The lungs are vital organs responsible for gas exchange, supplying oxygen to the blood and removing carbon dioxide from the body. Their constant exposure to the environment makes them particularly vulnerable to infections, including bacterial, viral, and fungal pathogens. Among these, respiratory infections are a leading cause of illness and death worldwide, and the rise of antimicrobial resistance (AMR) has made treatment increasingly challenging.

Common lung infections affected by AMR include:

- **Pneumonia:** Bacterial strains such as Streptococcus pneumoniae and Staphylococcus aureus have developed resistance to multiple antibiotics, making standard treatments less effective.

- **Tuberculosis (TB):** Multi-drug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) require longer, more complex, and often more toxic treatment regimens.

- **Hospital-acquired infections:** Patients on ventilators or in intensive care units are at higher risk of infections from resistant bacteria like Pseudomonas aeruginosa or Klebsiella pneumoniae. How AMR develops in the lungs: Misuse or overuse of antibiotics is the primary driver. Examples include taking antibiotics for viral infections like the common cold or flu, failing to complete prescribed courses, or using leftover medication. In hospitals, poor infection control can allow resistant pathogens to spread between patients.

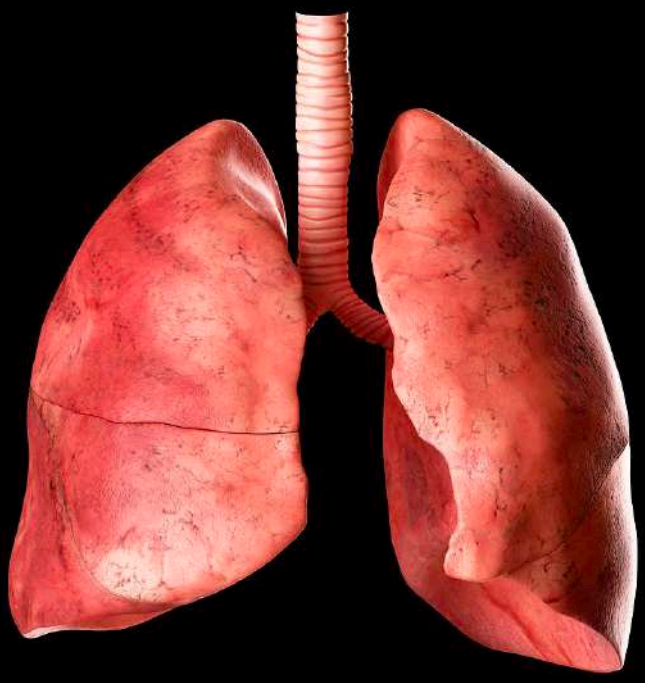
Prevention and protection strategies:

- **Vaccination:** Immunizations against influenza, pneumococcal disease, and COVID-19 reduce the risk of infections that might otherwise require antibiotics.

- **Hygiene and environmental measures:** Frequent handwashing, avoiding smoking, reducing exposure to air pollution, and wearing masks in high-risk areas help protect lung health.

- **Responsible antibiotic use:** Antibiotics should only be taken when prescribed by a healthcare professional, and the full course must be completed to fully eliminate the infection.

Strengthening the lungs' natural defenses through healthy living. Regular exercise, balanced nutrition, and avoiding pollutants—also reduces infection risk. By combining prevention, proper treatment, and community awareness, we can protect lung health and slow the spread of drug-resistant respiratory infections.



Special Report

A New Chapter for Sichuan Entrepreneurs in Ghana

On 19th November 2025, the Sichuan community in Ghana gathered to mark a historic milestone; the official establishment of the Sichuan-Chongqing Ghana Chamber of Commerce. The event brought together business leaders, stakeholders, and community members, all united by a shared vision of strengthening partnership and opportunity.

Among the distinguished guests was Mr. Tang Hong, Honorary Development Advisor of the Sichuan Chongqing Chamber of Commerce and President of Ghana Association of Chinese Societies and Ghana Chinese Chamber of Commerce. His address captured the spirit and purpose of the occasion, leaving a lasting impression on all present.

Mr. Tang celebrated the unique character of the Sichuan people—a strength shaped by mountains and rivers, enriched by centuries of culture, and defined by resilience, unity, and courage. He highlighted Sichuan's legacy as a land of heroes, poets, and innovators, reminding attendees that this enduring spirit lives on within every Sichuan citizen working and building abroad.

He commended Sichuan entrepreneurs in Ghana for their reputation of hard work, honesty, and perseverance, noting their significant contributions to Ghana's growth across various sectors. The newly formed Chamber, he said, represents more than an association it is a bridge connecting businesses, cultures, and shared aspirations between Ghana and China.

Mr. Tang encouraged the Chamber to uphold the values of openness, cooperation, and mutual support. He emphasized that its mission extends beyond uniting Sichuan businesses; it also includes engaging Ghanaian partners, contributing to local development, and fostering a stronger economic and cultural bond.

One of the most memorable moments of his speech came with his reflection on collective strength:

"Wherever Sichuan people go, they bring unity, resilience, and the courage to create. Together, we can build a brighter future in Ghana."

With heartfelt congratulations, Mr. Tang expressed his hopes that the Ghana Sichuan Chamber of Commerce would grow into a vibrant platform for collaboration, development, and shared prosperity.

The launch marks not only an organizational milestone but also the beginning of a new chapter—one that promises opportunity, innovation, and deeper friendship between the people of Sichuan and Ghana.

Women's Health

Safeguarding Mothers:

Addressing Maternal Sepsis and Infection Risks

By Richeal Elikem Dovia

Maternal sepsis, a severe, body-wide infection occurring during pregnancy, childbirth, or the postpartum period—is a major global health concern and a leading cause of maternal death. In some areas, infections account for over 50% of hospital-related maternal deaths, underscoring the urgent need for prevention, early detection, and effective treatment.

Pregnancy and childbirth increase a woman's susceptibility to infections. Physiological changes in the immune system, exposure to medical procedures such as cesarean sections or assisted deliveries, and contact with hospital environments all elevate the risk. Common causes of maternal sepsis include urinary tract infections, genital tract infections, and post-surgical or wound infections.

The growing threat of antimicrobial resistance (AMR) complicates the treatment of maternal sepsis. Pathogens that no longer respond to commonly used antibiotics make infections harder to treat, prolong hospital stays, and increase the likelihood of complications or fatalities. This problem is particularly severe in low-resource settings, where access to advanced antibiotics and diagnostic testing is limited.

Preventing maternal sepsis requires a combination of clinical and community-level interventions. At the healthcare level, strict infection control measures—including hand hygiene, sterilization of medical instruments, and safe delivery practices—are essential. Early and regular prenatal care allows for timely detection and treatment of infections, while responsible antibiotic use ensures that medications remain effective against harmful bacteria.

Communities also play a critical role. Educating women and families about the warning signs of sepsis—such as fever, abdominal pain, foul-smelling discharge, or rapid breathing—can save lives by prompting prompt medical attention. Awareness campaigns, combined with access to quality healthcare, strengthen the frontline defense against maternal infections.

Maternal sepsis is largely preventable when health systems are equipped to provide safe deliveries, timely care, and effective treatment. By prioritizing infection control, promoting responsible antibiotic use, and raising community awareness, countries can reduce maternal deaths, improve pregnancy outcomes, and slow the spread of drug-resistant pathogens. Protecting mothers from sepsis is not just a healthcare goal—it is a critical step in ensuring the health and survival of future generations.

Left untreated, these infections can progress rapidly, leading to organ failure or death.

Ghana Confronts Rising AMR Crisis as Experts Warn of Thousands of Preventable Deaths

Ghana's health sector is facing renewed pressure as experts warn that antimicrobial resistance (AMR) is causing a growing number of preventable deaths nationwide.

Recent health assessments indicate that more than 5,000 Ghanaians die each year due to drug-resistant infections, with an additional 23,000 deaths linked indirectly to AMR-related complications. This trend, according to health professionals, signals an urgent need for stronger national action.

AMR continues to escalate due to factors such as self-medication, the misuse of antibiotics purchased without prescription, and patients failing to complete prescribed antibiotic courses. These behaviours allow bacteria to mutate and become resistant, making infections more difficult and sometimes impossible to treat. Children under five remain the most vulnerable, with many suffering severe infections that no longer respond to first-line antibiotics.

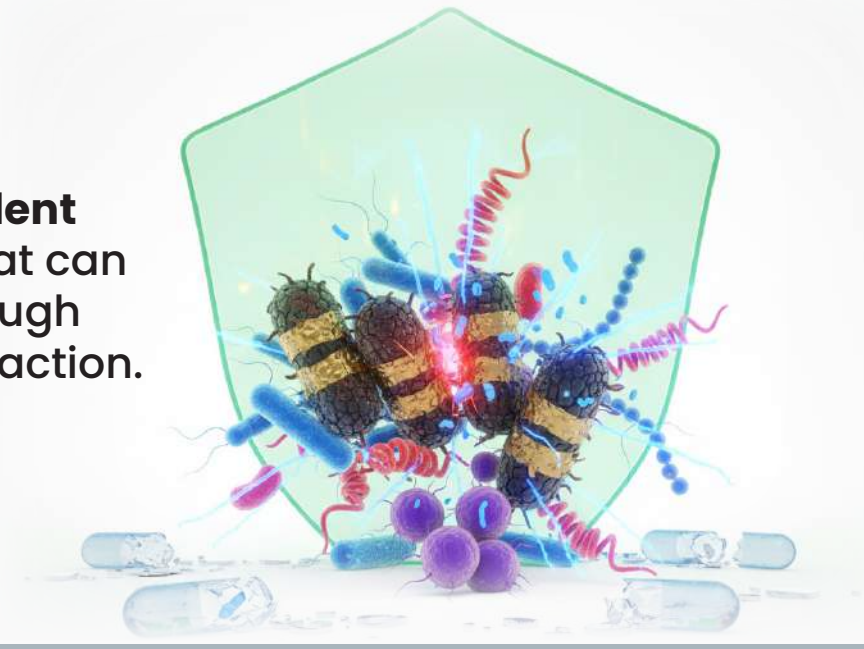
Experts are urging the government to intensify a One Health strategy, connecting human health, animal health, and environmental safety. Veterinary officials report that Ghana currently has only a handful of well-equipped laboratories capable of testing for resistant pathogens in livestock, limiting early detection of AMR in the food chain. Environmental scientists have also warned that poor sanitation particularly polluted drains, contaminated water bodies, and inadequate waste management contributes significantly to the spread of resistant bacteria.

A recent nationwide study on drinking water showed alarming levels of multi-drug-resistant E. coli and Pseudomonas aeruginosa in untreated water sources. These findings highlight the connection between environmental contamination and the rising prevalence of drug-resistant infections among communities relying on wells, rivers, and other surface water sources.

During the ongoing World Antimicrobial Awareness Week, the Pharmaceutical Society of Ghana has appealed to the public to avoid using antibiotics without medical guidance. The Society emphasised that antibiotic misuse threatens essential medical procedures such as surgeries, chemotherapy, and maternal care, all of which rely heavily on effective antibiotics to prevent infections.

Health experts warn that Ghana risks a future where common infections become untreatable unless stronger stewardship programmes, broader laboratory capacity, and widespread public education campaigns are urgently prioritised.

AMR, they say, is a **"silent epidemic"** but one that can still be controlled through coordinated national action.



Source: Ghanaian Times

Health & Technology

Breast Cancer: From Fear to Early Detection

The Role of Technology in Saving Lives

By Meshach Galley Walker

Every October, the world turns pink. Streets, offices, and social media pages fill with pink ribbons — symbols of hope and strength for millions of women fighting breast cancer. But the story of breast cancer awareness and detection goes far deeper than a color or a campaign. It is a journey that spans centuries — from fear and silence to science, technology, and survival.

Breast cancer is one of the oldest known diseases in medical history. Records from ancient Egypt, as far back as 1600 B.C., describe lumps and ulcers on women's breasts that physicians then called "incurable." For centuries, breast cancer was misunderstood and feared. Women suffered in silence because talking about the female body was taboo, and treatment options were painful and primitive — often limited to surgery without anesthesia.

In the 19th and early 20th centuries, surgical advances offered some hope, but outcomes were still poor because cancers were often discovered too late. Early detection — the key to saving lives — was almost impossible without imaging tools.

Everything began to change in the mid-20th century with the rise of mammography. First developed using X-ray technology, mammograms allowed doctors to see inside breast tissue and detect small tumors long before they could be felt. By the 1960s and 1970s, regular screening programs began in many countries, dramatically increasing early detection rates and survival chances.

Soon after, ultrasound (USG) entered the scene as a valuable companion to mammography. Using sound waves instead of radiation, ultrasound helped doctors distinguish between

solid tumors and harmless fluid-filled cysts — an innovation that reduced unnecessary surgeries and provided clearer guidance for treatment. For younger women with denser breast tissue, ultrasound became a safer and more reliable tool.

These technologies transformed breast cancer care from reactive to proactive. For the first time, the disease could be detected early — often before symptoms appeared — giving women a real chance at cure.

Today, breast cancer detection and management are entering an even more advanced phase, driven by artificial intelligence (AI), digital imaging, and wearable devices.

AI-powered software can now analyze mammograms and ultrasound scans with remarkable precision — sometimes spotting patterns that the human eye might miss. This speeds up diagnosis and helps radiologists prioritize patients who need urgent care. In some hospitals across Africa, including Ghana, pilot projects are testing AI tools that support radiologists in reading scans faster and more accurately.

Another breakthrough is 3D digital mammography (tomosynthesis), which creates layered images of the breast for a clearer, more detailed view. This reduces false alarms and helps detect smaller, hidden cancers. Portable ultrasound machines and handheld scanners are also expanding screening access in rural communities — bringing early detection closer to women who previously had limited options.

Researchers are now working on liquid biopsies, blood tests that can detect tumor DNA fragments even before imaging shows a lump. Combined with genetic testing, personalized treatment, and telemedicine follow-ups, the future of breast cancer care looks more hopeful than ever.

In Ghana and across Africa, awareness campaigns and screening drives are helping more women understand that early detection saves lives. Mobile health vans equipped with ultrasound and mammography units are improving access in underserved communities. From ancient fear to digital precision, the story of breast cancer is a testament to how far health technology has come — and how much hope it now offers.

Meshach Galley Walker

Radiographer from Mercy Women's Catholic Hospital Mankessim

Zimbabwe Strengthens Integrated Cancer Services to Improve Women's Health

Zimbabwe's Ministry of Health and Child Care (MoHCC), with support from the World Health Organization (WHO) and partners, is expanding integrated cancer services across the country in a major push to improve women's health. The initiative prioritizes breast and cervical cancer, two of the most common cancers affecting Zimbabwean women.

According to the National Cancer Registry, cervical cancer accounts for nearly 41% of all cancers among women in Zimbabwe, with breast cancer making up another 13%. To address this burden, the government is integrating cancer prevention, early detection, diagnosis, treatment and chronic disease care into primary health care.

In July 2025, WHO handed over medical equipment worth US$ 20,000 to the MoHCC to support service delivery at the primary level, which includes cancer screening as well as non communicable disease (NCD) testing such as diabetes and hypertension.

In August 2025, the MoHCC and WHO conducted training-of-trainers sessions in Mashonaland West and Matabeleland South provinces. Twenty-five health professionals were trained in integrated care—combining breast and cervical cancer services with chronic disease management and mental health.

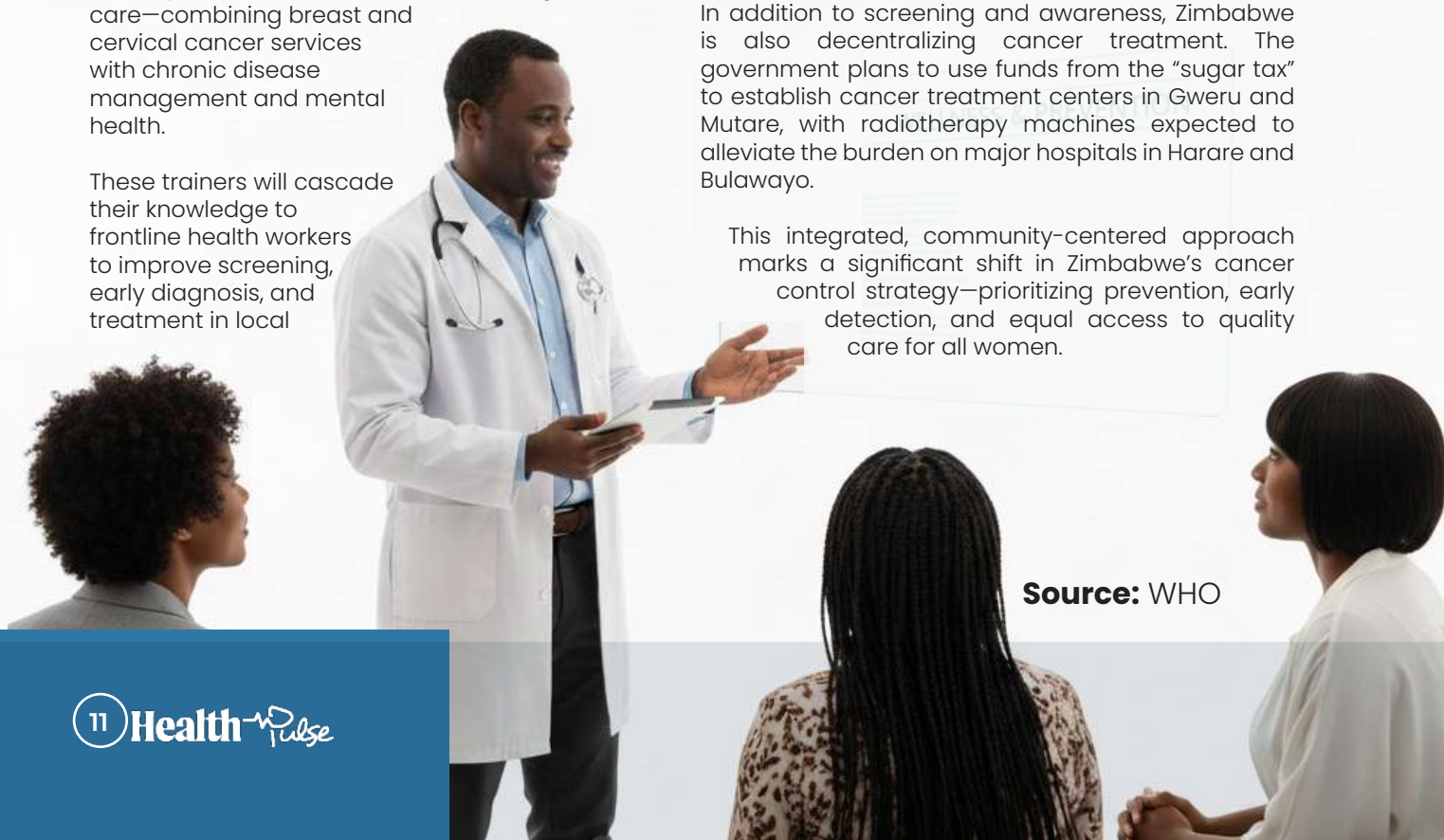
These trainers will cascade their knowledge to frontline health workers to improve screening, early diagnosis, and treatment in local communities.

Already, seven primary health care nurses and village health workers in Karoi (Mashonaland West) have benefited from the training. Village health worker Angeline Mukusa is taking the lessons back to her community, where she plans to raise awareness about early detection and encourage HPV vaccination for girls. Dr. Munyaradzi Chidaushe, district medical officer, said this integration is "transformative," enabling village health workers to identify and refer suspected cancer cases earlier.
These efforts are part of the broader Women's Integrated Care for Cancer Services (WICS) project, led by WHO's Regional Office for Africa and supported by Roche, and currently being implemented in Zimbabwe, Côte d'Ivoire, and Kenya.

Dr. Desta Tiruneh, WHO Representative in Zimbabwe, lauded the collaboration, stating that it represents a "decisive step" toward reducing the burden of preventable and treatable cancers. She expressed optimism that the initiative will ensure no woman dies from a cancer that could have been treated, while making cancer services more equitable and accessible.

In addition to screening and awareness, Zimbabwe is also decentralizing cancer treatment. The government plans to use funds from the "sugar tax" to establish cancer treatment centers in Gweru and Mutare, with radiotherapy machines expected to alleviate the burden on major hospitals in Harare and Bulawayo.

This integrated, community-centered approach marks a significant shift in Zimbabwe's cancer control strategy—prioritizing prevention, early detection, and equal access to quality care for all women.



Source: WHO

Cracking Your Knuckles Causes Arthritis:

The Truth Behind the Pop

Your mom told you. Your teacher warned you. Maybe you even stopped yourself mid-crack, haunted by visions of gnarled, arthritic hands. But what if we told you that one of the most persistent health warnings of the past century is basically fiction? Time to crack open the truth.

For decades, knuckle-crackers have been stigmatized as people slowly destroying their joints with every satisfying pop. The myth seems logical enough; you're doing something violent to your joints, so surely there's a price to pay. Arthritis seemed like the obvious consequence. But science tells a different story, and it's backed by some genuinely bizarre research.

First, what's actually happening when you crack your knuckles? Your joints contain synovial fluid, a lubricant that keeps everything moving smoothly. When you pull or bend your fingers, you change the pressure in the joint capsule. This pressure drop causes dissolved gases, mostly carbon dioxide, to form bubbles that rapidly collapse, creating that distinctive pop. You're essentially making tiny, harmless cavitation bubbles inside your joints. It's physics, not destruction.

Now for the evidence. Multiple studies have compared chronic knuckle-crackers to non-crackers and found no difference in arthritis rates. But the most dedicated research comes from Dr. Donald Unger, who spent 60 years cracking the knuckles on his left hand only—twice daily—while leaving his right hand uncracked. His self-experiment earned him an Ig Nobel Prize in 2009, but more importantly, it proved his point: after six decades, both hands were equally arthritis-free.

Larger studies back this up. Research published in the Journal of the American Board of Family Medicine found no correlation between habitual knuckle cracking and hand osteoarthritis. The only confirmed side effects? Possibly reduced grip strength over time and occasionally annoyed friends and family members.

Does this mean cracking is perfectly harmless? Not quite. If it causes pain or swelling, that's your body telling you to stop. And repeatedly forcing joints beyond their normal range could potentially cause ligament damage over time. But casual, occasional knuckle-cracking isn't writing your joints a death sentence.

So crack away if it satisfies you, just maybe not during important meetings. Your knuckles will be fine, even if your reputation takes a hit. Sometimes, the most satisfying things in life come with nothing but an undeserved bad reputation. Your joints are tougher than your mother thought.

Just don't tell her we said so.

Mental Health

The Overlooked Connection Between Mental Health and Antimicrobial Resistance (AMR)

By Marilyn Tiphaine

Antimicrobial Resistance (AMR) is often discussed as a biological or medical challenge, but its growing impact on mental health is a dimension that receives far less attention. As infections become harder to treat and healthcare systems struggle to keep up, the emotional and psychological consequences on individuals, families, and communities are becoming increasingly significant.

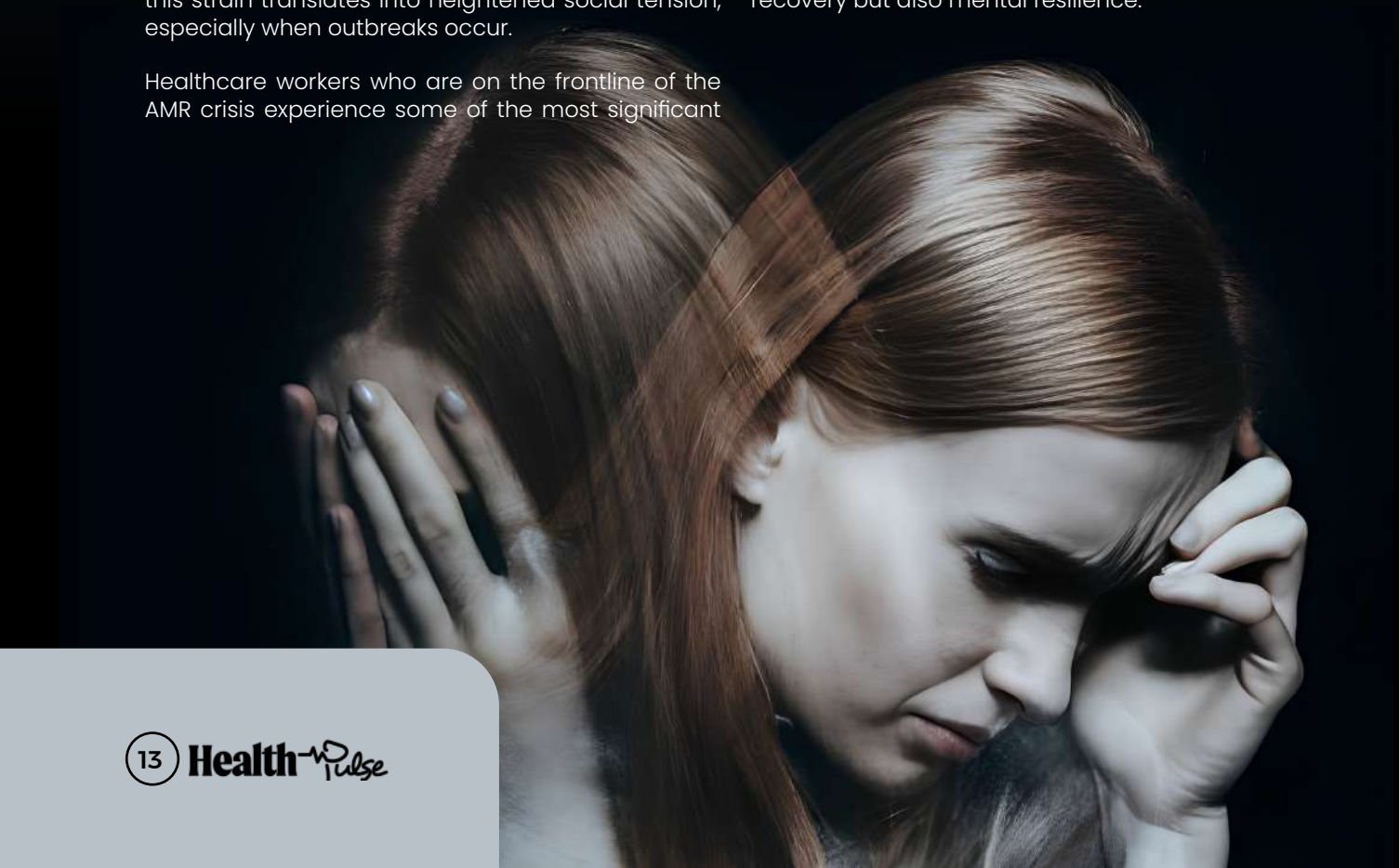
For patients, the experience of living with an antibiotic-resistant infection is deeply stressful. Many endure prolonged illness, repeated hospital visits, and uncertainty about recovery. This persistent stress can lead to anxiety, sleep disturbances, and depression. In severe cases, individuals may develop trauma-like symptoms due to fear of long-term complications or the risk that their infection could become untreatable. The emotional burden is often intensified by isolation during hospital treatment and by stigma from peers who may misunderstand the condition.

Families caring for loved ones with resistant infections also face mental strain. The fear of worsening illness, financial pressures associated with long treatment durations, and the uncertainty around outcomes can erode emotional resilience. In some communities, this strain translates into heightened social tension, especially when outbreaks occur.

Healthcare workers who are on the frontline of the AMR crisis experience some of the most significant mental health impacts. Doctors, nurses, and laboratory staff frequently face moral distress when treatment options fail, and they must manage patient expectations under limited resources. Watching patient conditions deteriorate despite their best efforts can lead to burnout, compassion fatigue, and high turnover rates. The growing pressure contributes to a cycle where overstretched systems further struggle to control AMR.

Beyond individuals, the wider societal effect cannot be ignored. AMR destabilizes public health confidence. When communities observe that common infections no longer respond to medicines, worry and mistrust can spread. This can impact mental well-being at a population level, especially in low- and middle-income countries where healthcare access is already limited.

Addressing the mental health dimension of AMR requires integrating psychological support into infection management. Counselling services, community education, and support for healthcare workers should be as essential as stewardship and hygiene measures. By acknowledging the emotional consequences of AMR, health systems can respond more holistically supporting not only physical recovery but also mental resilience.



The Link Between Antibiotics and Skin Health

By Priscilla Akorfa Fomevor

The journey to clear skin is often framed as a war against bacteria, with antibiotics deployed as the primary weapon. For conditions like persistent inflammatory acne, a dermatologist may prescribe a topical lotion or an oral pill to calm the rebellion. Initially, the results can feel transformative. But this is often a fragile peace, one that can set the stage for a more challenging conflict later on.

The skin is not a sterile battlefield; it's a living landscape, home to a delicate microbiome essential for its health. This invisible shield of beneficial bacteria, fungi, and viruses helps maintain the skin's pH, moisturizes it, and crucially, crowds out more harmful pathogens.

When we consistently apply antibiotics to this landscape, we disrupt the balance. We may kill the C. acnes bacteria linked to acne, but we also create a power vacuum. The result can be skin that is drier, more sensitive, and paradoxically, more susceptible to opportunistic, antibiotic-resistant invaders like MRSA or a rampant fungal infection. This is why long-term antibiotic use for acne is increasingly seen as an outdated strategy.

The paradigm in skincare is now shifting from eradication to cultivation. The focus is on strengthening the skin barrier itself—the physical structure that keeps irritants out and moisture in. This involves using gentle, pH-balanced cleansers that don't strip the skin, and incorporating ingredients like ceramides and niacinamide that actively repair the lipid layer.

For treating acne, dermatologists are turning to non-antibiotic alternatives like retinoids, which prevent pore clogging at the source, and benzoyl peroxide, which kills bacteria without fostering resistance. It's a more holistic philosophy that understands true, lasting skin health comes from working with your body's natural defenses, not constantly bombing them into submission

Feature Interview

An Interview with Bernice Boateng, Public Health Nurse, Akim Oda Hospital

By Gloria Addo

Topic: Understanding Antimicrobial Resistance (AMR)

Antimicrobial Resistance (AMR) continues to pose a major threat to public health, especially in low-resource settings where access to medicines, diagnostics, and proper healthcare guidance can be limited. As part of efforts to create awareness during AMR Awareness Month, we spoke with Bernice, a dedicated Public Health Nurse at Akim Oda Hospital, who shared her insights on the causes, challenges, misconceptions, and practical solutions to AMR within rural communities. Her explanations blend professional knowledge with everyday examples, making them easy for the average person to understand.

Question 1. In simple terms, what is antimicrobial resistance (AMR)?

Answer: AMR occurs when the germs that cause infections—like bacteria, viruses, or parasites—no longer respond to the medicines designed to kill them. This means the standard drugs become ineffective, and we are forced to use stronger, often more expensive and scarcer, medicines to treat the same infection.

Question 2. What are some common practices that lead to AMR?
Answer:
There are several common practices:

- Taking medicines without proper guidance from a healthcare professional.
- Buying antibiotics over the counter without a prescription.
- Pharmacies and drug stores selling antibiotics freely without restrictions.
- Misusing medicines at home, such as taking antibiotics for stomach pain, minor swelling, or cuts.
- Stopping a prescribed medication course early or changing the dosage without advice.
- Using antibiotics incorrectly in both humans and animals.

All of these actions greatly contribute to the rise of resistant infections.

Question 3. How often do you encounter cases of AMR at your facility?

Answer: We don't encounter them very often, but when we do, the cost of treatment increases significantly. Patients can no longer use the cheaper, first-line medicines. We have to prescribe stronger, more expensive options, and if those aren't available locally, we must refer patients to higher-level facilities.

Question 4. What roles do public health workers play in preventing AMR in the community?

Answer:
Public education: We visit radio stations, schools, churches, market centers, and communities to create awareness.
Promoting proper hand washing, which reduced many infections during COVID-19.
Teaching correct antibiotic use: completing doses, following prescriptions, and avoiding self-medication.
Explaining drug envelopes: many are marked with three or four dots to show how many times a day to take the medicine.
Encouraging patients to report side effects or complications immediately.
Monitoring pharmacies and drug stores to ensure medicines are dispensed responsibly.

Question 5. Some people believe AMR is only a hospital problem. What would you say about this?

Answer: Not at all. AMR is a community problem, not just a hospital one. Pharmacies and drug stores that dispense drugs without prescriptions or proper tests are a major part of the problem. So, AMR affects everyone and is fueled by practices happening every day in our communities.

Question 6. What misconceptions do people have about antibiotics?

- Some believe they will get the same antibiotic from a pharmacy as from a hospital, so they skip the proper diagnosis.
- Farmers, to save costs, often avoid veterinary services and administer antibiotics to their animals themselves.
- People feel that going through lab tests is unnecessary because they assume the prescribed medicine will be the same regardless.

These misconceptions lead to misuse and directly increase resistance.

Question 7. What practical steps can be taken at home and in schools to reduce AMR?
Answer:
- Start education at home teach children what AMR is and why medicines should not be misused.
- Help children understand the difference between routine drugs for chronic diseases and antibiotics.
- Involve teachers: children trust their teachers highly, so introducing AMR education in lower primary will have long-term impact.
- We must continue this education in churches and at community gatherings.

Question 8. What should Ghana as a country do to prevent rising AMR rates? Answer:
- Strengthen public education and never get tired of it.
- Tighten the drug regulation system: Only licensed facilities should operate, and medicines should never be sold without a proper prescription.
- Provide motivation and support for frontline workers who do community education. The support should reach grassroots workers, not only those at the top.

Question 9. This year's AMR theme is "Act Now, Protect Our Future." What does this mean to you?

Answer: To me, it means that every single one of us—rich or poor, leaders, pastors, imams, and Members of Parliament—must come together to fight AMR. Everyone has a role to play. The privileged can support the less fortunate in understanding and accessing proper care. If we unite and act now, we can reduce resistance, prevent unnecessary deaths, and secure a healthier future

Article

Community Leaders Champion Health as Ghana Marks World Diabetes Day

By Richeal Elikem Dovia

Diabetes continues to pose a significant global health challenge, claiming an estimated 1.6 million lives each year and contributing to serious complications such as kidney disease, cardiovascular disorders, and oral health problems. With the number of people living with diabetes doubling over the last three decades, public education and early detection have become critical in addressing the growing threat.

In response, Naa Badu Adiagba I, Abelemkpe/ Dzorwulu Manye, and Hon. Ishmael Telfer, Assemblyman for the Osu Alata Electoral Area, joined forces with the Ghana Health Service (GHS) to commemorate this year's World Diabetes Day under the theme "Diabetes and Well-Being."

The initiative brought essential healthcare directly to the community through a comprehensive health outreach programme. Residents benefited from free screening services, including tests for diabetes, hypertension, breast cancer, and dental diseases. Individuals identified with health concerns were promptly referred for advanced care. To reinforce the message that wellness begins with everyday habits, all participants received complimentary toothbrushes and toothpaste.

Speaking at the event, Naa Badu Adiagba I stressed that safeguarding the well-being of the community is a core responsibility of leadership. She explained that her dedication to the people of Abelemkpe and Dzorwulu guided her decision to champion the initiative, which she hopes will inspire continued health-conscious behavior.

Dr. Wallace Odiko-Ollenu, Program Manager for Non-Communicable Diseases at the GHS,

expressed concern over the rising incidence of diabetes nationwide. He underscored the importance of regular screening, early diagnosis, and prompt treatment to reduce complications and prevent avoidable deaths. Dr. Odiko-Ollenu also encouraged residents to enroll in the National Health Insurance Scheme (NHIS) to improve their access to affordable care.

Organizers described this year's World Diabetes Day activities not just as a one-day event but as a meaningful step toward sustained community wellness. By promoting education, encouraging routine check-ups, and strengthening local support systems, they believe a more informed and healthier population is well within reach.

Men's Health and the Growing Threat of Antimicrobial Resistance

By Marilyn Tiphaine

Men's health has come under increasing attention in recent years as experts recognize the unique health challenges faced by men and the impact of untreated conditions on families and society.

One emerging issue that adds to these challenges is antimicrobial resistance (AMR) a global threat that reduces the effectiveness of essential medicines used to treat infections. For men, AMR represents a significant risk because many common male health conditions can become more dangerous when antibiotics fail.

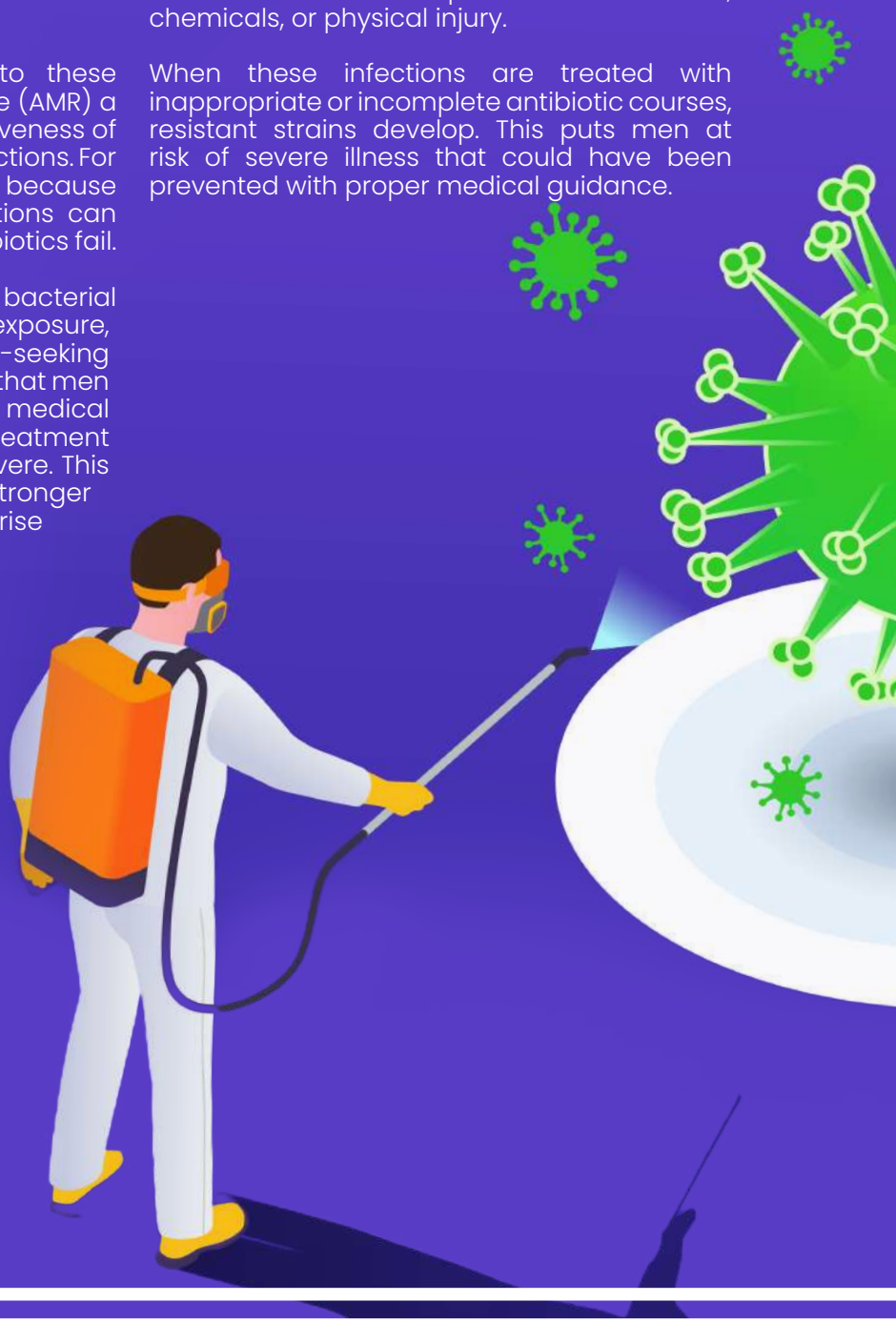
Men often experience higher rates of bacterial infections due to occupational exposure, lifestyle factors, and delayed health-seeking behaviour. Studies consistently show that men are more likely than women to avoid medical checkups, self-medicate, or seek treatment only when an illness has become severe. This delay leads to the increased use of stronger antibiotics, which contributes to the rise of AMR.

When infections become resistant, treatments take longer, are more expensive, and carry higher risks of complications

Sexual and reproductive health is another area where AMR directly affects men. Sexually transmitted infections such as gonorrhoea are increasingly showing resistance to antibiotics that once cured them easily. Drug-resistant STIs place men at risk of chronic pain, infertility, and ongoing transmission. Preventive measures safe sexual practices, regular screening, and early treatment are essential to reduce reliance on antibiotics and slow the spread of resistance.

Urinary tract infections (UTIs), skin infections, and respiratory illnesses are also common among men, especially those working in environments that expose them to dust, chemicals, or physical injury.

When these infections are treated with inappropriate or incomplete antibiotic courses, resistant strains develop. This puts men at risk of severe illness that could have been prevented with proper medical guidance.



Good personal hygiene, safe workplace practices, and regular health checkups remain central to protecting men's health.

Health education is equally critical: men must be encouraged to avoid self-medication, complete prescribed treatments, and seek medical care early. Lifestyle changes like reducing alcohol intake, quitting smoking, exercising, and maintaining a healthy diet help strengthen immunity and reduce infection risks.

As AMR continues to grow, men's health requires a proactive, preventive approach. Reducing antibiotic misuse, increasing awareness, and encouraging early care can protect men from dangerous resistant infections and promote healthier, longer lives.

Disease In Focus

Understanding Antimicrobial Resistance (AMR)

By Marilyn Tiphaine

Antimicrobial Resistance (AMR) has rapidly become one of the most serious global health challenges of the 21st century. It occurs when microorganisms such as bacteria, viruses, fungi, and parasites evolve in ways that make the medicines designed to kill them ineffective. This means infections that were once easily treatable with antibiotics or other antimicrobials can become prolonged, more severe, and sometimes fatal..

The rise of AMR is driven by multiple factors, including the misuse and overuse of antibiotics in human medicine, animal farming, and even crop production. In many communities, antibiotics are taken without prescriptions, used for viral infections such as colds or flu, or discontinued as soon as symptoms improve. These practices give microbes the opportunity to adapt and develop resistance. Poor infection prevention and inadequate sanitation also accelerate the spread of resistant organisms.

The consequences of AMR are profound. Common infections like pneumonia, urinary tract infections, and wound infections are becoming harder to treat. Medical procedures that rely on effective antibiotics including surgeries, childbirth, chemotherapy, and organ transplantation face increasing risks. Without strong action, the world could enter a "post-antibiotic era" where minor injuries or routine illnesses become life-threatening.

Addressing AMR requires coordinated efforts at all levels of society. Health professionals must follow strict prescribing guidelines and educate patients about correct antibiotic use. Communities need improved access to clean water, sanitation, vaccination, and proper food hygiene to prevent infections before they start. Agriculture and veterinary sectors must reduce the routine use of antibiotics for growth promotion and instead adopt more sustainable practices.

Public awareness remains a powerful tool in the fight against AMR. Individuals can help by avoiding self-medication, completing prescribed antibiotic courses, and seeking medical advice before using any antimicrobial products. Simple actions like regular handwashing, safe food handling, and staying up to date with vaccinations significantly reduce infection risks and the need for antibiotics.

Ultimately, antimicrobial resistance is not just a medical problem it is a development, economic, and societal challenge. Safeguarding the power of antibiotics requires collaboration, responsibility, and commitment from everyone. By taking action now, we can protect future generations and ensure that life-saving medicines remain effective when they are needed most.

Antibiotics Can Save You

But They Can Also Shift Your Entire Inner Being

By Priscilla Akorfa Fomevor

We celebrate antibiotics as one of modern medicine's greatest triumphs, and rightly so. But our relationship with these powerful drugs is more complex than a simple victory. Imagine the vast, teeming ecosystem of your gut microbiome as a lush, private garden. This isn't just a passive collection of bacteria; it's an active, living organ that influences your immune system, your mental well-being, and your body's ability to extract energy from food.

When we take a broad-spectrum antibiotic, it's not a precision strike. It's a deluge that washes through this garden, eradicating the pathogenic "weeds" but also drowning countless beneficial "flowers" and "crops" in the process.

The immediate aftermath is a barren landscape. This is why digestive upset so often accompanies a course of treatment. The real danger, however, lies in what happens during the regrowth. In a healthy garden, diverse flora would crowd out invaders.

But in the newly emptied soil, the first and hardiest seeds to sprout can be the ones we least want: antibiotic-resistant bacteria that happened to survive the flood.

Without competition, they can proliferate, turning your gut into a reservoir for resistance. This isn't just a personal problem; these resistant strains can be shared with others, silently spreading the problem.

So, what's the answer? It begins with stewardship. Question the necessity of every prescription. For viral illnesses like the cold or flu, antibiotics are not just ineffective; they are actively harmful to your inner ecosystem.

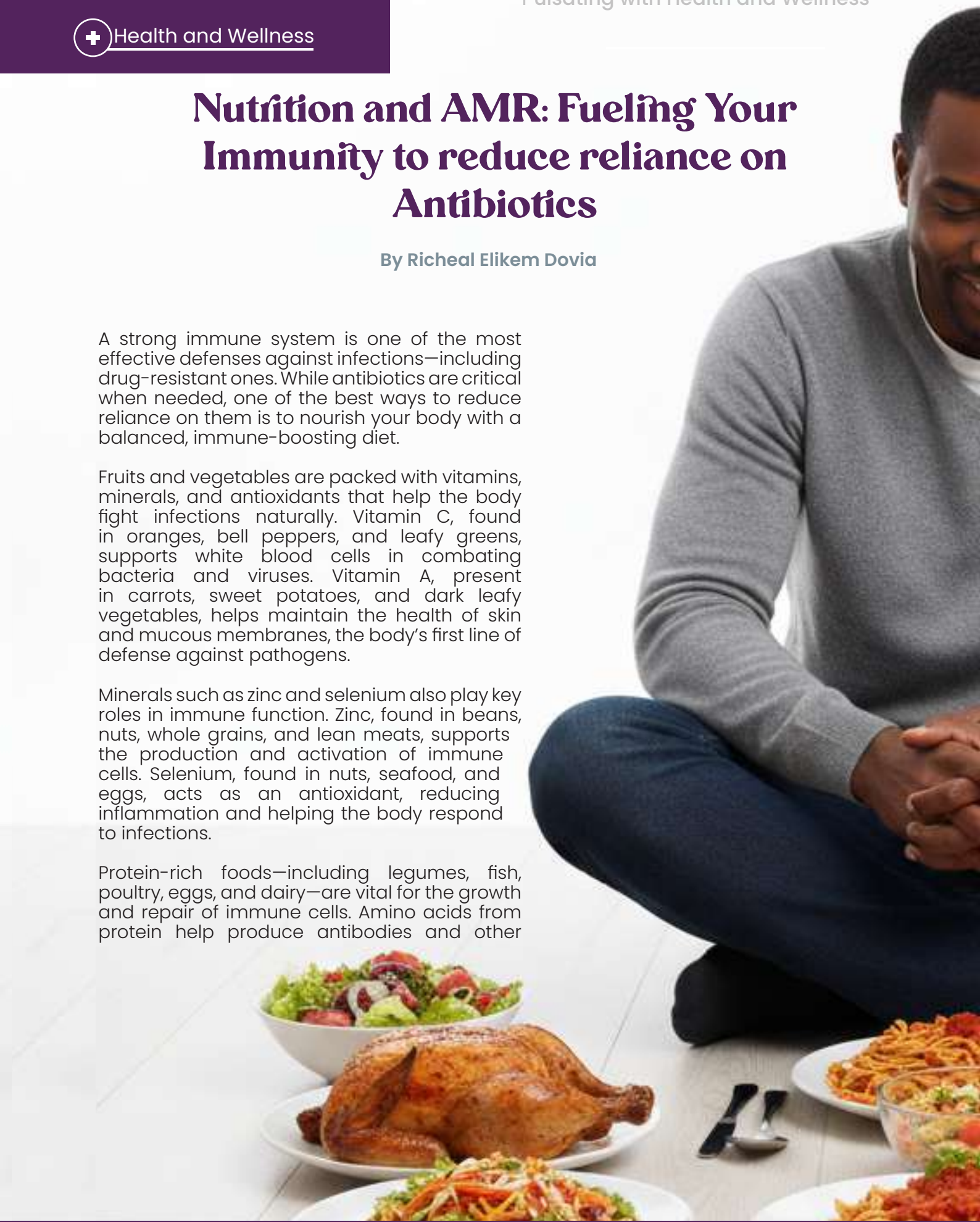
When antibiotics are truly needed, the next step is active rehabilitation.

Think of fermented foods like kimchi, kefir, and live-culture yogurt as heirloom seeds for your gut. Prebiotic fibers, found in foods like garlic, onions, and asparagus, are the fertilizer that helps these good bacteria thrive.

It's a conscious effort to replant, rebalance, and protect the delicate garden that is fundamental to your health.

Nutrition and AMR: Fueling Your Immunity to reduce reliance on Antibiotics

By Richeal Elikem Dovia



A strong immune system is one of the most effective defenses against infections—including drug-resistant ones. While antibiotics are critical when needed, one of the best ways to reduce reliance on them is to nourish your body with a balanced, immune-boosting diet.

Fruits and vegetables are packed with vitamins, minerals, and antioxidants that help the body fight infections naturally. Vitamin C, found in oranges, bell peppers, and leafy greens, supports white blood cells in combating bacteria and viruses. Vitamin A, present in carrots, sweet potatoes, and dark leafy vegetables, helps maintain the health of skin and mucous membranes, the body's first line of defense against pathogens.

Minerals such as zinc and selenium also play key roles in immune function. Zinc, found in beans, nuts, whole grains, and lean meats, supports the production and activation of immune cells. Selenium, found in nuts, seafood, and eggs, acts as an antioxidant, reducing inflammation and helping the body respond to infections.

Protein-rich foods—including legumes, fish, poultry, eggs, and dairy—are vital for the growth and repair of immune cells. Amino acids from protein help produce antibodies and other

molecules essential for fighting pathogens.

Healthy fats, like those from avocados, olive oil, and fatty fish, also support immune function by reducing inflammation and improving cellular communication within the immune system.

Staying hydrated is equally important, as water supports nutrient transport, detoxification, and overall cellular function—ensuring that the immune system operates efficiently.

By prioritizing a nutrient-rich diet, individuals can strengthen their natural defenses, reduce the frequency of infections, and limit unnecessary use of antibiotics. This, in turn, helps slow the spread of antimicrobial resistance (AMR) in the community.

Good nutrition isn't just about maintaining personal health—it is a frontline strategy in protecting your family and community from drug-resistant infections. A diet that supports immunity is one of the simplest, most effective tools to keep both people and antibiotics working for years to come.

Healthy Recipe Hack

Turmeric-Ginger Chicken Soup with Fermented Garlic

This gut-friendly recipe combines antimicrobial powerhouses turmeric, ginger, and fermented garlic to boost your immune system and support overall health. This allows you incorporate foods with antimicrobial properties, supporting your body's natural defenses

Ingredients:

- 1 lb chicken breast, diced
- 1-inch turmeric root, grated
- 1-inch ginger, grated
- 2 cloves fermented garlic, minced
- 4 cups chicken broth
- 1/2 cup chopped veggies (carrots, potatoes, etc.)
- Salt and pepper to taste
- Optional: apple cider vinegar, chopped fresh herbs (like parsley or cilantro)

Preparation:

- In a pot, sauté the grated turmeric and ginger in a bit of oil until fragrant.
- Add diced chicken and cook until browned.
- Add chicken broth, chopped veggies, and fermented garlic.
- Simmer until the chicken is cooked and veggies are tender.
- Season with salt, pepper, and a splash of apple cider vinegar (if using).
- Garnish with fresh herbs (if using).
- Serve hot, Enjoy!

Why It's Diabetes-Friendly

- High fiber from whole-grain bread slows carbohydrate absorption.
- Healthy fats from avocado stabilize blood sugar and support heart health.
- Seeds provide extra fiber, protein, and essential minerals.
- Customizable carbs: You can use one or two slices depending on your glucose goals.

Extra Tips:

- Use fermented garlic for added probiotic benefits.
- Adjust spices to your taste.

Before the Antibiotics:

A Parent's Moment of Clarity

By Priscilla Akorfa Fomevor

There is no fear quite like that of a parent with a sick child. In the middle of the night, with a feverish toddler, the plea for something—anything—to make it better is a primal instinct. For decades, the cultural script was simple: call the doctor, get the "pink medicine," and witness the miracle. We now know the script needs a rewrite. The single most powerful thing a parent can do in that moment is to embrace the pause.

This pause is not about inaction; it's about informed, deliberate action. It's the space where you and your pediatrician can ask, "Is this a battle that requires our heavy artillery, or can the body's own defenses win this war?" The overwhelming majority of common childhood ailments are caused by viruses, against which antibiotics are utterly useless.

Prescribing them for a viral ear infection or bronchitis is like using a firehose to water a single houseplant—the intention is good, but the collateral damage is significant. It wipes out the child's developing gut microbiome, can lead to side effects like diarrhea or rashes, and, most insidiously, trains the bacteria in their body and your community to become resistant.

This new approach requires a partnership with your healthcare provider built on trust. It involves strategies like "watchful waiting" for certain ear infections, which often resolve on their own. It means managing symptoms with comfort care—fluids, rest, and fever reducers—while the immune system does its job.

It also means being a vocal advocate, saying, "Let's do a test to be sure it's bacterial," if you have doubts. This shift protects your child's health not just for the current sniffles, but for a lifetime, ensuring that if a truly serious bacterial infection like pneumonia or meningitis strikes, the antibiotics will work as intended.

Tiny Warriors: A Midwife's Look into the Realities of Newborn Care on World Prematurity Day

Every new life arrives carrying immeasurable promise, yet the journey from birth to a healthy future is not guaranteed for many babies. This year's theme, echoing WHO's "Healthy Beginnings, Hopeful Futures" campaign, reminds us that a child's first moments shape far more than survival — they influence the course of an entire lifetime.

A strong start is about more than keeping a newborn alive; it is about protecting their potential, nurturing their development and honouring the promise held in every tiny heartbeat. To explore what it truly takes for babies to thrive from day one, we speak to a paediatrician who witnesses both the triumphs and the challenges of newborn care firsthand.

Question 1: In your experience, what are the most common challenges newborns face in Ghana during their first days and weeks of life?

Answer: Newborns in Ghana face several key challenges early in life. These include birth asphyxia, often resulting from delayed or inadequate resuscitation; prematurity and low birth weight, which cause difficulties with breathing, feeding, and maintaining body temperature; and infections such as sepsis, pneumonia, and umbilical infections linked to poor hygiene. Neonatal jaundice is also common in the first week and can lead to brain damage if not treated. Many babies' experience hypothermia due to insufficient warmth after birth, especially preterm infants. Delayed initiation of breastfeeding, sometimes influenced by cultural practices, weakens immunity and bonding. Congenital anomalies may go unnoticed and unmanaged because of limited resources. Additionally, limited access to skilled health professionals during delivery can delay lifesaving interventions. Lastly, poor postnatal follow-up leads to missed opportunities for early detection and care.

Question 2: What are some misconceptions parents or caregivers often have about newborn care, and how do you address them?

Answer: Common misconceptions include thinking colostrum is dirty, though it is the baby's first vaccine — addressed by educating mothers early. Some believe newborns need water, but breast milk provides all hydration for six months; explaining exclusive breastfeeding helps. Others apply herbs to the umbilical cord, increasing infection risk; teaching clean, dry cord care corrects this. Many think babies must be bathed immediately, but this causes hypothermia; advising a 24-hour delay is key. Caregivers may assume crying means illness, though it's often normal communication; reassurance and guidance help. Some trust traditional birth attendants over trained staff; respectful engagement encourages safe, facility-based care. Many also believe a chubby baby is always healthy, but growth and development must be monitored; educating parents on milestones addresses this.

Question 3: How can communities and families better support newborns to ensure they have a strong start in life?

Answer: Communities and families can strengthen newborn health by promoting safe home practices such as exclusive breastfeeding for six months, clean and dry cord care, keeping babies warm, and seeking medical care quickly when danger signs appear. They can also support mothers by offering emotional help, assisting with household tasks, and involving fathers and relatives in newborn care. Encouraging regular antenatal and postnatal care, facility-based deliveries, and immunizations is essential. Community leaders and health volunteers can help correct harmful beliefs, organize health talks, and ensure quick referrals for sick newborns. Finally, creating a safe, healthy environment — clean homes, handwashing, smoke-free spaces, and safe infant sleeping — ensures babies are protected. When families and communities work together, newborns are more likely to survive, grow, and thrive.

Question 4: Looking ahead, what gives you hope for the future of newborn and child health in Ghana?

Answer: There is real hope for the future because several positive trends are already shaping newborn and child health in Ghana. Awareness and education are increasing, with more parents attending antenatal care, choosing safe deliveries, and abandoning harmful practices. Skilled birth attendance is expanding, especially through CHPS compounds, leading to more facility-based deliveries and fewer complications. Strong government commitment through policies like free maternal care and the Every Newborn Action Plan, along with continuous training in resuscitation, infection prevention, and breastfeeding, is strengthening the health system.

Access to life-saving interventions is improving, including Kangaroo Mother Care, Helping Babies Breathe, early breastfeeding, expanded newborn

screening, and wider vaccination coverage. Communities are more involved, with CHPS, health volunteers, and trained TBAs helping link families to formal care. Additionally, digital and mobile health innovations are improving follow-up, reminders, and maternal education.
As a midwife, every safe delivery and every empowered mother is a sign of progress.

Josephine Awuah
Midwife
Oda Government Hospital

Ghana has the tools, commitment, and dedicated health workers to ensure every child survives and thrives. The future is hopeful because meaningful change is already underway.

Question 5: What are the most critical moments in a newborn's early life that determine long-term health and survival?

Answer: Several key periods greatly influence a newborn's long-term health and survival. The first minute ("Golden Minute") is crucial for establishing breathing and providing resuscitation if needed. During the first hour ("Golden Hour"), keeping the baby warm, initiating breastfeeding, and ensuring skin-to-skin contact help stabilize temperature, heart rate, glucose, and immunity. In the first 24 hours, close monitoring for infection, jaundice, congenital anomalies, feeding patterns, and early newborn screening is essential.

The first 7 days bring risks such as sepsis, feeding difficulties, and undetected congenital issues, while also marking the time for birth registration and initial vaccinations (BCG, OPV, Hepatitis B). The first 28 days, the critical neonatal period, are when most newborn deaths occur if complications like infections, birth asphyxia, or prematurity are not addressed, making breastfeeding, safe sleeping, and vigilant care vital. Finally, the first 6 months—supported by exclusive breastfeeding—are key for immunity, growth, and overall development.

Question 6: From a clinical standpoint, what does it truly mean for a baby to have a "healthy beginning"?

Answer: Clinically, a "healthy beginning" means a newborn enters life with the best possible conditions for physical, neurological, and emotional development. This includes being born full-term (37–42 weeks) and having a healthy birth weight (2.5–4.0 kg). It also means experiencing no major birth complications, such as trauma, infection, or oxygen deprivation, and achieving strong APGAR scores (7–10) at 1 and 5 minutes.
A healthy beginning also requires effective feeding, stable vital signs and normal reflexes, and completion of essential screenings and vaccinations. Equally important are maternal well-being and early bonding through skin-to-skin contact, as well as a safe, clean environment with proper sleeping arrangements and supportive caregivers. Together, these elements set the foundation for lifelong health and development.

Question 7: How do factors such as maternal health, antenatal care, and delivery practices influence a baby's chances not just to survive but also to thrive?

Answer: A baby's long-term ability to survive and thrive is deeply shaped by the mother's health, the quality of antenatal care, and safe delivery practices. Maternal health plays a foundational role: good nutrition supports proper fetal growth, well-managed chronic conditions (like hypertension, diabetes, malaria, or HIV) reduce birth complications, and stable mental health strengthens bonding and successful breastfeeding.

Quality antenatal care is equally vital. Regular ANC visits allow early detection of risks such as pre-eclampsia, anemia, or fetal distress. Immunizations, supplements like iron and folic acid, and malaria prevention protect both mother and baby. ANC also equips mothers with essential knowledge on nutrition, breastfeeding, birth readiness, and newborn care — all crucial for early development.
Safe delivery practices further determine outcomes.

Skilled birth attendants can manage emergencies like obstructed labor, postpartum hemorrhage, or birth asphyxia, while a clean delivery environment prevents infections. Together, these factors ensure the baby is not only born safely but begins life with the strong foundation needed for healthy growth, development, and lifelong well-being.

Question 8: What role do early interventions such as exclusive breastfeeding, vaccinations, and early neonatal checkups play in shaping a child's long-term development?

Answer: Early interventions form the foundation of a child's lifelong health, growth, and development. Exclusive breastfeeding for the first six months boosts immunity through protective antibodies, supports brain development with essential fatty acids, ensures ideal nutrition for proper growth, strengthens bonding, and reduces long-term risks of obesity, diabetes, and other chronic diseases. Vaccinations protect children from life-threatening infections like tuberculosis, polio, hepatitis B, and measles, prevent complications such as meningitis that can impair brain or hearing function, and contribute to herd immunity. They help ensure children grow healthy enough to learn, socialize, and thrive. Early neonatal checkups allow health workers to detect jaundice, infections, feeding problems, congenital abnormalities, and growth issues early, ensuring timely treatment. These visits also guide parents on breastfeeding, hygiene, safe sleeping, and immunization schedules. Together, these interventions give children a strong and secure start — improving survival, development, and long-term well-being.

Question 9: This year's theme highlights "Healthy Beginnings, Hopeful Futures." How does this message resonate with your work in neonatal care?

Answer: The theme "Healthy Beginnings, Hopeful Futures" perfectly reflects my work in midwifery and neonatal care, as I help transform that vision into reality. First, I ensure the foundation of life by supporting safe deliveries and nurturing both mother and baby physically, emotionally, and psychologically. Through prevention and early intervention, my assessments, screenings, and timely responses reduce complications and improve long-term outcomes. I focus on empowering mothers with education and guidance so they can create nurturing environments that help children thrive. The continuity of care I provide—from prenatal to postnatal support—allows early detection and management of risks, ensuring healthier beginnings. Finally, through advocacy for equity, I strive to ensure that every newborn, regardless of circumstance, has access to the care needed for a strong start and a hopeful future.

Question 10: Where do we see the biggest gaps in newborn care in our health system, and what changes would make the most impact?

Answer: One of the biggest gaps in Ghana's newborn care is limited access to quality, skilled care, especially during the first 28 days. Key gaps include: a shortage of trained health workers, particularly in rural areas; inadequate neonatal equipment and facilities like incubators, oxygen, and phototherapy units; weak referral systems that delay emergency care; poor postnatal follow-up, with many mothers discharged early and danger signs missed; and persistent harmful cultural practices due to misinformation.

High-impact changes would include strengthening community-level newborn care by training more nurses and midwives and equipping CHPS compounds for basic emergencies; improving neonatal infrastructure with resuscitation kits, warmers, and infection control tools; enhancing postnatal care access through home visits and family education on early follow-up; ongoing training for health workers on neonatal protocols; and community education involving local leaders, TBAs, and parents. Addressing these gaps can significantly reduce neonatal deaths and ensure better long-term outcomes for Ghana's newborns.

Health Terms On AMR

Comprehensive AMR Glossary:
Key Medical Terms Explained

AMR typically refers to Antimicrobial Resistance. Here are some health terms related to AMR:

Antibiotic Resistance:
Bacteria becoming resistant to antibiotics, making them less effective.

Superbug:
: A microorganism that's resistant to multiple antibiotics.

Sepsis:
A life-threatening condition caused by severe infections, often linked to AMR.

Nosocomial Infections:
Hospital-acquired infections, often caused by resistant bacteria.

Zoonotic Transmission:
Spread of diseases from animals to humans, contributing to AMR.

Biofilm:
A community of microorganisms that can contribute to AMR.

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ISBN: 978-9988-3-9737-1

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