

Health Pulse magazine

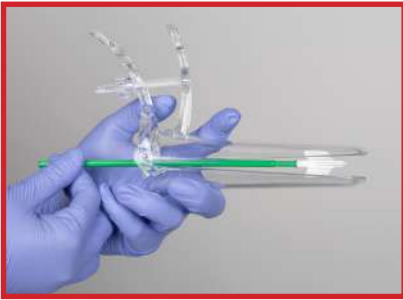


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HCOWAA: Advancing Healthcare Standards in West Africa

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. HCOWAA 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, HCOWAA builds strong networks to drive 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.

HCOWAA 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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Self-collected screening: A Quiet Revolution in Cervical Cancer Prevention

January is Cervical Cancer Awareness Month, a timely reminder that one of the deadliest cancers affecting women is also one of the most preventable. Yet prevention only works when knowledge, access, and trust align. For far too many women, those elements remain out of reach—leaving gaps where a largely preventable disease continues to claim lives.

Cervical cancer develops slowly and is caused in almost all cases by persistent infection with the human papillomavirus (HPV), a virus so common that most sexually active people will encounter it at some point in their lives. Science has long given us the tools to fight back: HPV vaccination and regular screening. Since the 1970s, cervical cancer rates have dropped dramatically in countries where screening is routine. Still, more than 13,000 women in the United States will be diagnosed this year, and over 4,000 will die. Behind these numbers lie stark racial, geographic, and socioeconomic disparities—proof that progress has not been shared equally.

One major barrier is not science, but silence and access. Many women do not know the signs of cervical cancer, when to start screening, how often to test, or where to go. Others know—but avoid screening due to fear, discomfort with pelvic exams, lack of transportation, clinic access challenges, cultural or religious concerns, or the stigma that still surrounds HPV and reproductive health.

By removing the need for a pelvic exam, self-collection directly addresses some of the most common reasons women skip screening. Privacy replaces vulnerability. Convenience replaces long

travel and clinic waits. Choice replaces fear. For women who have delayed or avoided screening altogether, this option could be the bridge back into preventive care.

The promise of self-collection is especially significant for communities that have historically been underserved by the health system. Socioeconomic barriers, religious sensitivities, and deep-rooted stigma around HPV disproportionately affect screening rates—and, in turn, cancer outcomes. Making screening more accessible is not just a medical intervention; it is a matter of equity.

Early detection saves lives. When cervical cancer is caught early, survival rates approach 90 percent. That is not a statistic to glance over—it is a call to action. Self-collection will not replace clinician-led care, but it expands the doorway into it, especially for those standing outside.

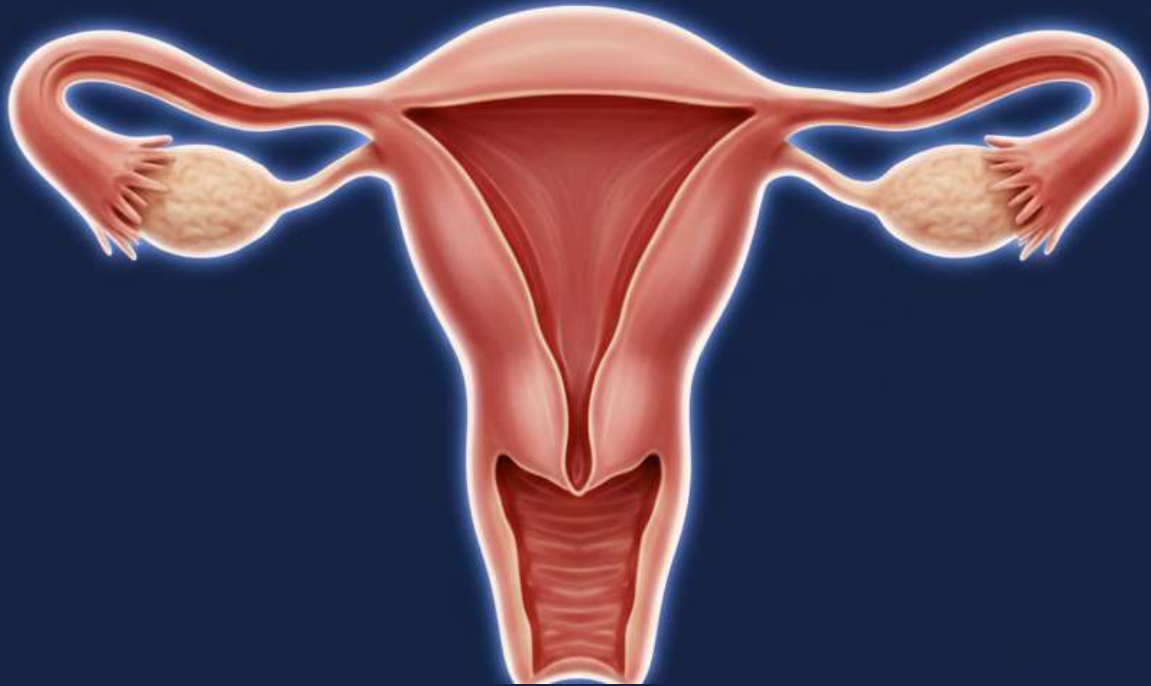
Updated screening guidelines reflect this shift. Provider-collected screening is recommended every five years, while FDA-approved self-collected testing should be repeated every three years. Screening should begin at age 25 and continue through age 65 for people with a cervix, with individual guidance from a healthcare provider thereafter.

As January shines a spotlight on cervical cancer, the message is clear: prevention works, but only if it reaches everyone. Self-collected screening is more than a new test—it is an invitation. An invitation to participate, to overcome fear, to talk openly, and to imagine a future where cervical cancer is no longer a quiet threat, but a disease we leave behind.



The Cervix

By Richeal Elikem Dovia



The cervix is a small but vital organ in the female reproductive system, often described as the “neck” of the uterus. Measuring only about 2–3 centimeters in length, it plays an essential role in menstruation, fertility, pregnancy, and childbirth, acting as a dynamic gateway between the uterus and the vagina.

Anatomy of the Cervix

The cervix is composed of strong fibromuscular tissue and consists of several key anatomical parts. The ectocervix is the outer portion that extends into the vagina and is visible during a pelvic examination. The endocervix forms the inner canal that leads into the uterus. Two openings regulate passage through the cervix: the external os, which opens into the vagina, and the internal os, which opens into the uterus. Of particular clinical importance is the transformation zone, where the ectocervix and endocervix meet. This region is highly active at the cellular level and is the most common site for abnormal cell changes and cervical cancer.

Key Biological Functions

The cervix is a “dynamic gatekeeper,” responding to hormonal changes throughout the menstrual cycle. During ovulation, rising estrogen levels cause cervical mucus to become thin, clear, and stretchy, creating an ideal environment for sperm survival

and movement into the uterus, thereby supporting fertility. At other times in the cycle, and especially during pregnancy, the cervix produces thick mucus that acts as a protective barrier. In pregnancy, this mucus forms a mucus plug, sealing the uterus and protecting the developing fetus from infection.

The cervix also plays a role in menstruation, allowing menstrual blood and the shed uterine lining to pass from the uterus into the vagina. During childbirth, it undergoes dramatic changes, thinning (effacement) and widening (dilation) to approximately 10 centimeters to allow the baby to pass through the birth canal.

Cervical Health and Prevention

Because of constant cell turnover, the cervix is vulnerable to conditions such as Human Papillomavirus (HPV) infection, cervical dysplasia, cervicitis, and cervical insufficiency. Maintaining cervical health requires regular Pap smears and HPV testing, HPV vaccination, and early medical attention for symptoms such as abnormal bleeding, unusual discharge, or persistent pelvic pain.

The 3rd China-Ghana Traditional Medicine Forum Highlights Women's Health and Collaborative Solutions.

By Priscilla Akorfa Fomevor

The 3rd China-Ghana Traditional Medicine Forum concluded successfully on 8th January, 2026 at the University of Ghana's Confucius Institute, bringing together medical experts, practitioners, and policymakers to explore the role of traditional medicine in empowering women's health.

The event, themed **"Empowering Women, Sharing Health: Perspectives and Solutions from China-Ghana Traditional Medicine"** addressed critical women's health issues.

The forum, organized by the 14th China Medical Team to Ghana in partnership with the Health Community of West Africa (HCOWA) Association, the West African Traditional Medicine Cooperation and Exchange Centre (WATMCEC), and the HCOWAA Medical & Academic Exchange Committee (H-MAEC), emphasized the vital role of traditional medicine in holistic, preventive care.

In his opening address, Dr. Hao Linduan,

Associate Chief Physician from Guangdong Medical University and a member of the China Medical Team, emphasized the forum's critical focus. "Women are the cornerstone of families and drivers of social progress..."

We believe that traditional medicine—both Chinese and Ghanaian—with its natural, holistic, and preventive approaches, offers unique wisdom and effective solutions," he stated.

Dr. Anastasia Yirenkyi, Director of the Traditional and Alternative Medicine Directorate at Ghana's Ministry of Health, highlighted the foundational role of traditional medicine in the national healthcare system, particularly for women and underserved communities. She outlined the government's commitment to a "safe, regulated, and evidence-based framework" for practice, underscoring ongoing efforts to integrate and standardize traditional care.





The forum featured a series of expert presentations blending online and in-person participation. Dr. Ye Qiuli, also of Guangdong Medical University, delivered an online talk on “From Postpartum Care to Whole Life Cycle Health,” exploring the potential for Sino-Ghanaian collaboration to improve women’s quality of life.

Echoing the theme of collaboration, Dr. Sandra Ashong, President of the Ghana Association of Medical Herbalists, shared successful clinical outcomes using Traditional Chinese Medicine (TCM) techniques like acupuncture and cupping at Lekma Hospital. **“To truly empower women’s health, we must remain open, respectful, and collaborative,”** she urged, citing treatments for conditions including infertility, menstrual disorders, and pelvic inflammatory disease.

A practical deep dive into TCM applications was provided by Dr. Hao Linduan, who detailed personalized treatments for common gynecological conditions. He explained tailored internal herbal formulas and external therapies like moxibustion

and herbal retention enemas, noting their efficacy against chronic pelvic inflammatory disease.

The regulatory future of the sector was addressed by Dr. Yakubu Tobor Yusuf, who announced proactive steps to strengthen oversight. “We are establishing mandatory Good Manufacturing Practices for all traditional medicine products and developing comprehensive standards of practice for all categories of practitioners,” he said, referring to ongoing work on a new legislative bill.

The forum concluded with a clear consensus: empowering women’s health requires openness, respect, and sustained collaboration between the Chinese and Ghanaian traditional medicine systems. The event closed with networking and a shared commitment to advancing this integrative, patient-centered healthcare model for the benefit of communities in Ghana and beyond.

Cervical Cancer, Sexual Intimacy & Women's Well-Being

By Richeal Elikem Dovia

A cervical cancer diagnosis affects far more than a woman's reproductive organs—it can profoundly impact physical well-being, sexual health, body image, and overall quality of life. Advances in treatment have improved survival rates, with nearly 67% of women surviving five years or more. Yet many continue to face lasting challenges during and after recovery.

Physical Health Effects

Treatment often involves surgery, radiotherapy, and chemotherapy. While life-saving, these interventions can lead to **"late effects"** that appear months or years later. Chronic fatigue, a deep exhaustion unrelieved by sleep, can limit daily independence and return to work. Radiation can damage the bowel and bladder, causing chronic diarrhea, urinary urgency, or incontinence. Treatments that induce early menopause, such as pelvic radiation or ovary removal, reduce estrogen levels, increasing risks of osteoporosis and pelvic fractures. Lymph node removal may cause lymphedema—swelling in the legs that reduces mobility.

Sexual Health Challenges

Cervical cancer sits at the intersection of oncology and intimacy, with 40–100% of survivors experiencing sexual dysfunction. Physical barriers include vaginal stenosis (scarring from radiation that shortens and narrows the vagina), dyspareunia (painful

intercourse due to dryness and thinning tissues), and neurological changes affecting sensation and orgasm. Psychological factors such as body image concerns, weight changes, scarring, and hair loss can make women feel less attractive. Anxiety about recurrence and societal silence around sexual health often compound these challenges.

Emotional and Relationship Impact

Transitioning from "partner" to "patient" can strain relationships. Guilt, shame, and withdrawal may reduce intimacy, lowering overall life satisfaction.

Supportive Care

Holistic, multidisciplinary care is essential. Pelvic health physiotherapy can improve vaginal elasticity and reduce pain. Hormonal support, under oncologist guidance, can relieve severe dryness. Psychosexual counseling helps couples navigate intimacy, while integrative therapies such as yoga, mindfulness, and acupuncture may reduce fatigue and stress. Survivorship care now emphasizes that living well is as important as surviving.

As medical communities, the goal is to reduce these long-term side effects. Through proactive rehabilitation and open dialogue, women can move beyond their diagnosis to lead fulfilling, confident lives.



WHO Updates Global HIV Clinical Guidelines to Strengthen Treatment and Prevention

The World Health Organization (WHO) has released updated recommendations on the clinical management of HIV, reinforcing global efforts to improve care for people living with the virus and accelerate progress toward ending AIDS as a public health threat. The updated guidance, issued in January 2026, reflects the latest scientific evidence and is designed to support countries in delivering more effective, patient-centred HIV services.

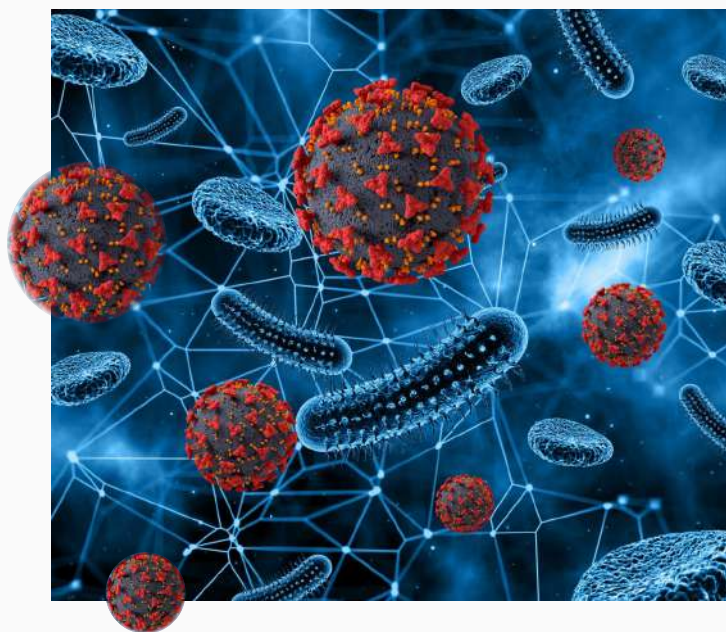
A major highlight of the new recommendations is the continued prioritisation of dolutegravir-based antiretroviral therapy (ART) as the preferred first-line and subsequent treatment option. Dolutegravir remains favoured due to its strong effectiveness, high barrier to resistance, and good safety profile. The guidelines also introduce darunavir boosted with ritonavir as the preferred protease inhibitor when such treatment is required, replacing older alternatives that are associated with more side effects or drug interactions.

In a significant shift, WHO now supports the reuse of tenofovir and abacavir in later treatment regimens under specific clinical conditions. This change is expected to improve treatment continuity and ease medication supply challenges, particularly in low- and middle-income countries. The updated guidance also endorses simplified two-drug oral regimens and long-acting injectable ART for clinically stable patients, offering greater flexibility and improved adherence for people living with HIV.

The recommendations further strengthen strategies to prevent mother-to-child transmission of HIV. WHO maintains that mothers living with HIV should exclusively breastfeed for the first six months and continue breastfeeding up to 12–24 months while remaining on effective ART, alongside appropriate infant prophylaxis. Addressing the close link between HIV and tuberculosis, the updated guidelines designate a three-month weekly regimen of isoniazid and rifapentine as the preferred tuberculosis preventive treatment for adults and adolescents living with HIV. This shorter regimen is expected to improve treatment uptake and completion. WHO officials say the revised recommendations aim to reduce HIV-related illness and deaths while supporting national health systems with practical, evidence-based tools.

The guidance will inform future updates of consolidated HIV treatment guidelines used by countries worldwide.

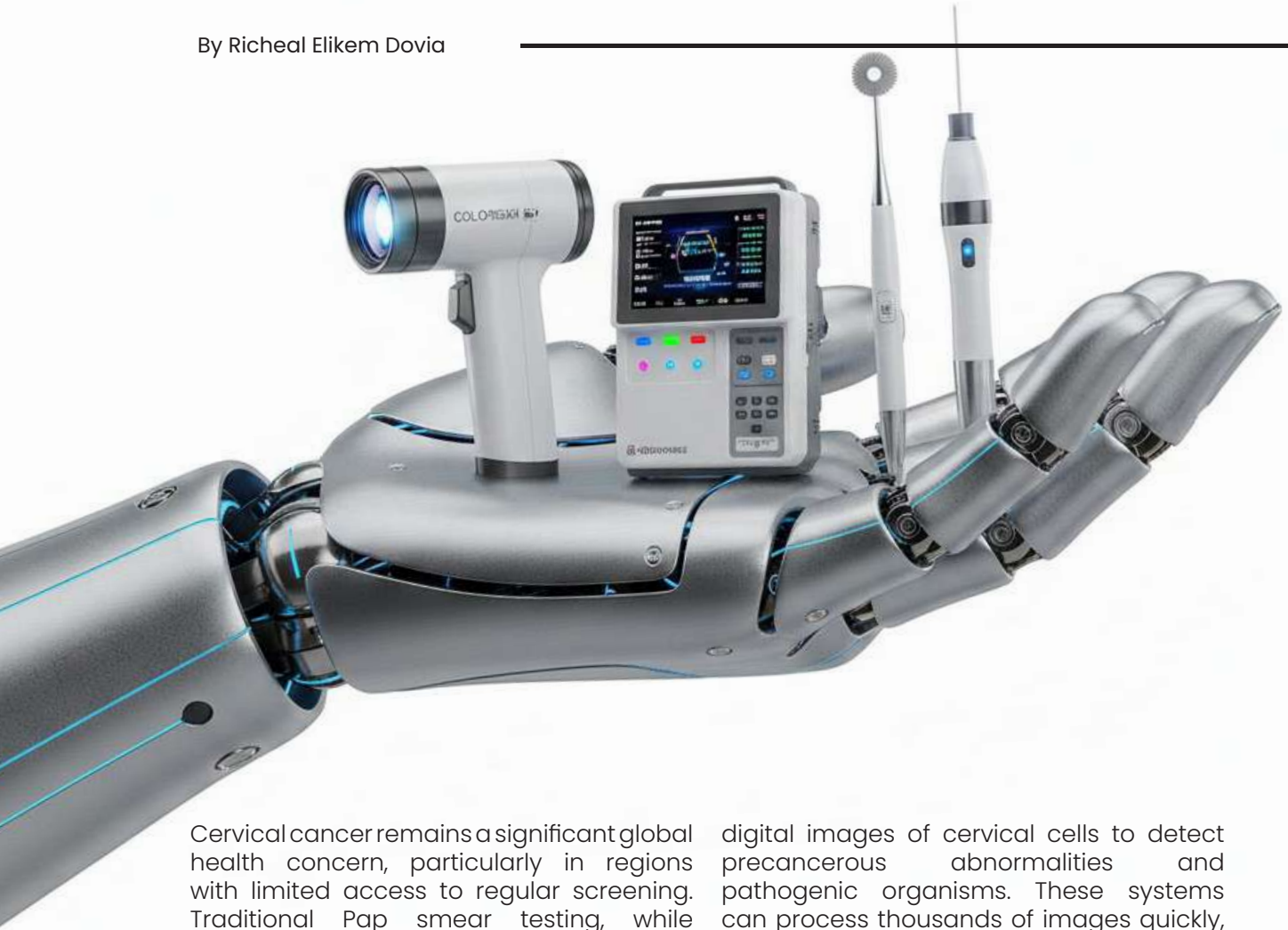
Source: WHO



The Role of Artificial Intelligence and Digital Pathology

in Revolutionizing Cervical Cancer Screening

By Richeal Elikem Dovia



Cervical cancer remains a significant global health concern, particularly in regions with limited access to regular screening. Traditional Pap smear testing, while effective, relies on manual examination of cells under a microscope—a process that is time-consuming, labor-intensive, and prone to human error. Advances in artificial intelligence (AI) and digital pathology are transforming this landscape, offering faster, more accurate, and scalable solutions for early detection.

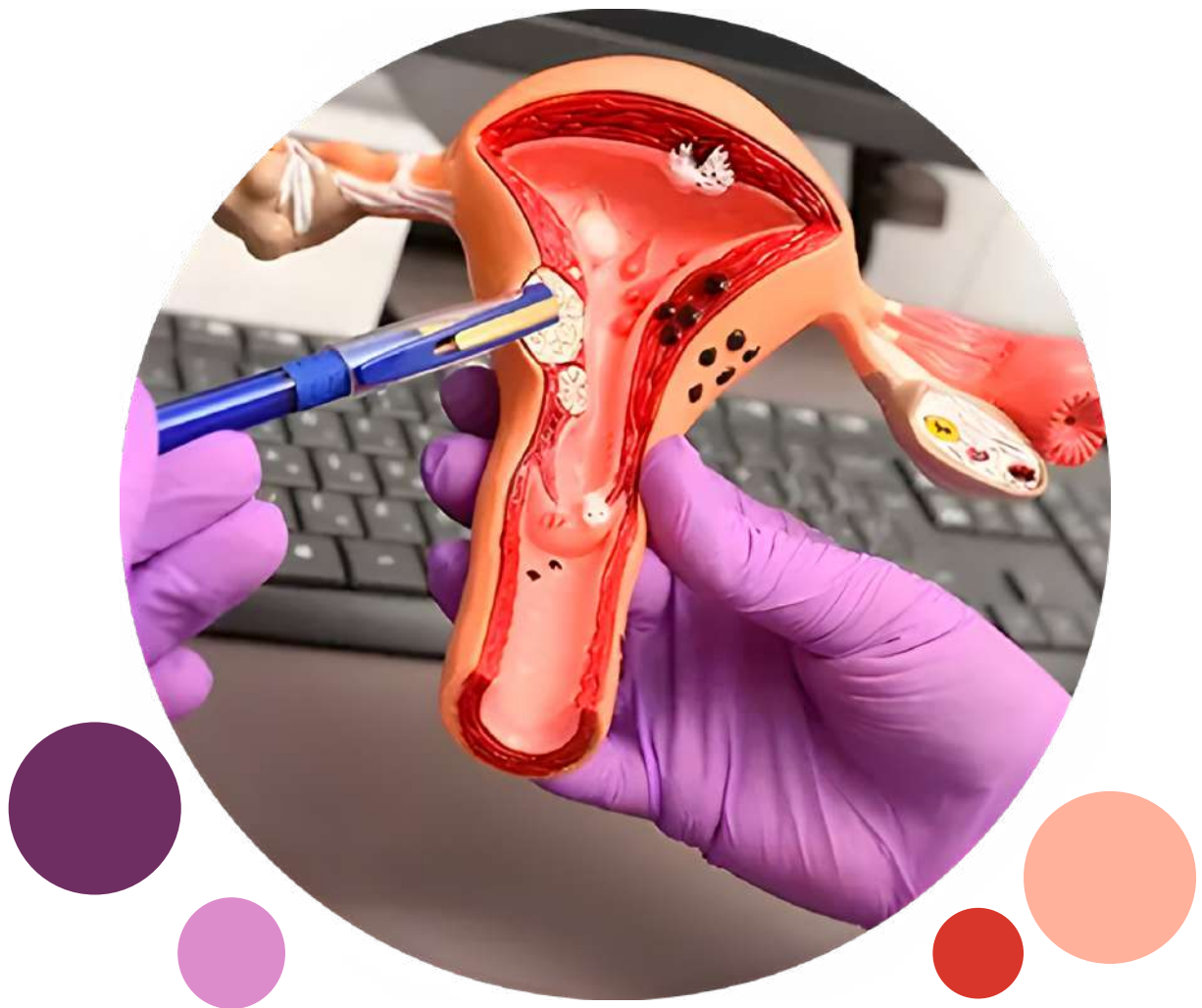
AI-powered systems such as Genius Cervical AI analyze high-resolution

digital images of cervical cells to detect precancerous abnormalities and pathogenic organisms. These systems can process thousands of images quickly, identifying patterns and subtle cellular changes that might be missed in manual screening. Deep learning models like U-Net have demonstrated remarkable precision in segmenting and classifying cells, helping clinicians identify abnormal tissue with minimal error. The result is improved diagnostic accuracy, reduced false negatives, and timely interventions that can save lives.

Beyond accuracy, AI-driven digital pathology has the potential to expand healthcare access. In low-resource settings where trained cytologists are scarce, automated image analysis enables rapid, reliable screening. When combined with telepathology, AI allows experts to remotely review results, bridging geographical and resource gaps. This democratization of care ensures that women in underserved communities receive the early detection and treatment they need.

AI is not a replacement for medical professionals but a powerful adjunct that enhances their capabilities. By reducing the burden of repetitive image analysis, clinicians can focus on complex cases, patient care, and treatment planning. Additionally, the integration of AI into routine screening protocols supports large-scale public health initiatives, enabling more efficient population-level monitoring of cervical cancer risk.

As digital pathology continues to evolve, the synergy between AI technology and clinical expertise promises a future where cervical cancer is detected earlier, treated more effectively, and prevented in more women worldwide. Through faster diagnostics, improved accuracy, and expanded access, AI is not just advancing technology—it is directly improving patient outcomes and quality of life.





Sri Lanka Achieves Landmark 90% Coverage in Cervical Cancer Prevention Drive

In a historic public health achievement, Sri Lanka has successfully vaccinated over 90% of its target population against the human papillomavirus (HPV), the primary cause of cervical cancer. This milestone, confirmed by a major new international report, positions the nation as a global leader in the proactive fight against this preventable disease.

The findings are the result of an intensive review conducted by a consortium of global health authorities, including the International Atomic Energy Agency (IAEA), the World Health Organization (WHO), and the International Agency for Research on Cancer (IARC).

The report highlights the success of Sri Lanka's National Strategic Plan on Cervical Cancer Control. Through a concerted effort to integrate HPV vaccination and screening into public health services, the country dramatically increased coverage in just five years.

"We are witnessing a model of effective implementation in cervical cancer control," said Arsen Juric, leader of the IAEA's imPACT review team. "The leap in HPV vaccination and screening coverage is a testament to a concerted national strategy. Sri Lanka demonstrates that with clear planning and commitment, high-impact prevention is achievable."

The international team, which visited health facilities across the country, praised the integrated approach. The strategy combined school-based vaccination programs with strengthened screening services, ensuring broad access and public awareness.

While celebrating this victory, health officials emphasize the need to sustain and build upon this progress. "This is a monumental step, but our work is not complete," said Dr. Asela Gunawardena, Sri Lanka's Director General of Health Services. "Maintaining high vaccination rates, ensuring continued screening for older cohorts of women, and providing timely treatment are all critical pillars of our ongoing strategy."

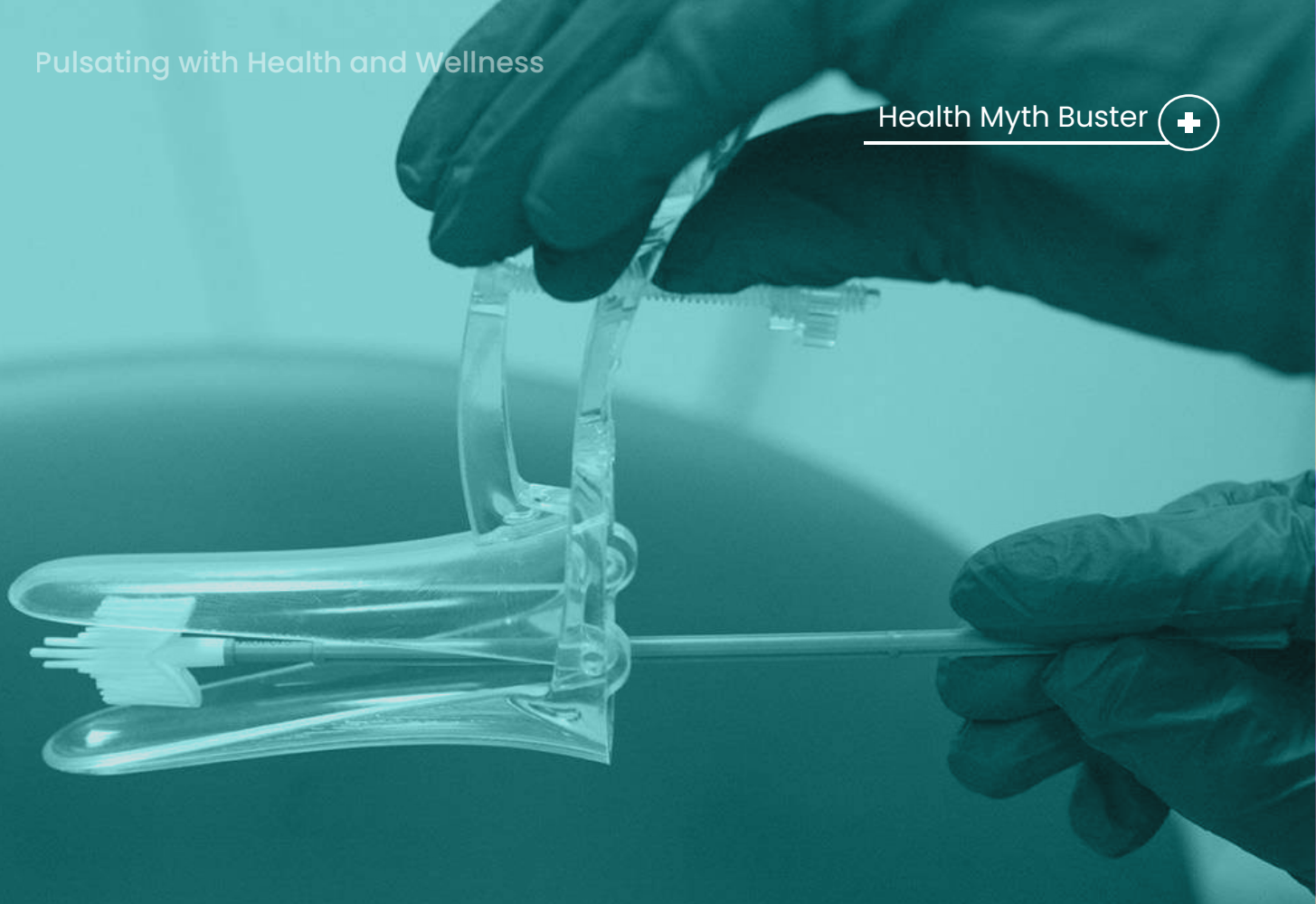
The IAEA has reaffirmed its support for Sri Lanka's cancer care continuum through initiatives like

Rays of Hope, which aims to expand access to vital radiotherapy and advanced diagnostic imaging, ensuring those who do develop cancer receive effective treatment.

Sri Lanka's achievement stands as a powerful testament to the efficacy of vaccination and national health planning. It offers a replicable blueprint for other nations striving to eliminate cervical cancer as a public health threat, proving that focused prevention yields transformative results.



Source: WHO



Who Really Needs a Cervical Screening?

Priscilla Akorfa Fomevor

For generations, cervical screenings have been wrapped in a cloud of assumption and stigma.

The common understanding, often reinforced by well-meaning but outdated public health messaging, is straightforward: this is a test for women who are sexually active. It sounds simple enough, but this oversimplification is not just inaccurate—it's a dangerous myth that leaves entire groups of people needlessly vulnerable to a preventable cancer.

The truth is far more inclusive and biologically precise. Cervical screening is not about gender identity or a specific type of sexual experience. It is a vital health check for any person who has a cervix. This fundamental fact reframes the entire conversation, moving it from assumptions about lifestyle to a clear-eyed view of human anatomy and risk.

One of the most persistent myths is that if you haven't had penetrative sex, you are not at risk for the human papillomavirus (HPV), the cause of most cervical cancers. This is a critical misunderstanding of how viruses spread.

HPV is transmitted through intimate skin-to-skin contact in the genital area. While sexual intercourse is a common route, it is not the exclusive one. Relying on this narrow definition of risk can create a false and potentially life-threatening sense of security, causing people to delay or forgo screening they genuinely need.

Cervical cancer is one of the most preventable cancers when caught early through regular screening. Protecting that potential means moving beyond myths and embracing a clearer, more compassionate truth. Screening is about caring for the body you have.

Mental Health Impact of a Cervical Cancer Journey

By Priscilla Akorfa Fomevor

The diagnosis of cervical cancer arrives not just as a physical health crisis, but as a profound psychological earthquake. While treatment plans meticulously target tumors and cells, the parallel journey of mental health often unfolds in the shadows, unspoken and under-treated.

The emotional toll of this disease is a universal, yet deeply personal, experience that weaves through every stage from abnormal screening to survivorship demanding recognition as a core component of comprehensive care.

The initial shock of a diagnosis can plunge a person into a state of acute distress, marked by fear, disbelief, and a terrifying loss of control over one's own body and future. This "biographical disruption" shatters life plans, career trajectories, and personal identity in an instant.

The ensuing whirlwind of appointments, surgeries, chemotherapy, or radiation becomes a physical and emotional marathon. Treatments that save lives can also carry traumatic side effects—from radical surgeries that alter bodily function and self-image to radiation that induces profound fatigue—each layer adding to the psychological burden.

Beyond the immediate crisis, a persistent shadow of anxiety often lingers. It's the anxiety before every follow-up scan, the fear of recurrence that never fully dissipates, and the haunting worry for daughters or loved ones about HPV and genetic risk. For many, this evolves into a quiet, chronic undercurrent of hypervigilance about one's health. The experience can also trigger or exacerbate clinical depression, rooted in grief for lost health, fertility, or a sense of normalcy, compounded by the isolation that chronic illness can impose.

Despite its universality, accessing proper psychosocial care remains a significant hurdle. Mental health services are often not seamlessly integrated into standard oncology pathways, leaving patients to seek help while already depleted. Furthermore, few therapists specialize in the unique intersection of oncology, gynecologic health, and sexual well-being, creating a gap in truly nuanced support.





How Your Skincare Ritual Mirrors Cervical Cancer Prevention

By Priscilla Akorfa Fomevor

In the world of wellness, we often compartmentalize: sunscreen is for beach days, and doctor's visits are for when something feels wrong. Think of your skincare routine, you apply sunscreen not because you have a sunburn today, but to shield your skin from the cumulative, invisible damage of ultraviolet (UV) rays that can lead to mutations and, years later, skin cancer.

It's a barrier against a known environmental carcinogen. In cervical health, the human papillomavirus (HPV) is that carcinogen. The high-risk strains of HPV are the primary cause of cervical cancer, acting through a similarly slow, insidious process of cellular change. Just as you wouldn't wait for a melanoma to form before using SPF, you don't wait for cancerous cells to appear before addressing HPV. The HPV vaccine is, in essence, biological sunscreen for your cervical cells—a pre-emptive barrier applied long before any threat is visible.

In skincare, a dermatologist examines your skin for suspicious moles or changes, often catching precancerous actinic keratosis before it progresses. This is the exact paradigm of the Pap smear and

HPV test. These screenings are a clinical “check-up” for the cervix, designed to detect abnormal, precancerous cells in their earliest, most treatable stages.

The prevention of cervical cancer, however, remains shrouded in privacy, stigma, and sometimes fear. We openly discuss retinol and SPF but hesitate to talk about Pap smears or HPV vaccination. This silence creates a dangerous gap. Just as neglecting sunscreen has consequences, neglecting regular cervical screenings or HPV vaccination leaves the body's internal tissues vulnerable to a prevalent virus.

This means understanding that the HPV vaccine is a cornerstone of preventive health, ideally administered before exposure, much like establishing sun safety habits in childhood. It means scheduling your cervical screening with the same non-negotiable priority as your annual skin check.

TMPC Unveils New Measures to Integrate Traditional Medicine into Women's Healthcare

By Priscilla Akorfa Fomevor

Ghana's Traditional Medicine Practice Council (TMPC) has announced a major regulatory and policy drive to strengthen the role of traditional medicine in improving women's health while ensuring safety, quality, and accountability across the sector.

Speaking at the **3rd China–Ghana Traditional Medicine Forum** at the Confucius Institute, University of Ghana, the Registrar of the Council, Dr. Yakubu Tobor Yusuf, said the moment calls for decisive action, noting that “ancient wisdom must now meet modern innovation” to deliver real health outcomes for women.

“The theme of this forum, ‘Empowering Women, Sharing Health,’ is not merely aspirational—it is a clarion call to action, when we empower women through traditional medicine, we empower entire generations.” Dr. Yusuf said.

He disclosed that TMPC is reviewing Act 575 and working toward the passage of a new bill

to strengthen regulation of practitioners and traditional medicine products. According to him, the reforms will close longstanding gaps in oversight and professional accountability.

“Let me be clear: empowering women through traditional medicine requires uncompromising standards, women and their families deserve safe, effective, evidence-based care.”

Dr. Yusuf announced that the Council will introduce mandatory Good Manufacturing Practices (GMP) for all traditional medicine products and develop comprehensive standards of practice for herbalists, traditional birth attendants, bone setters, and other practitioners. He stressed that regulation should be viewed as a growth enabler rather than a restriction.

“Regulation is not a barrier to growth—it is the foundation upon which sustainable growth is built,” he said.





Highlighting the importance of the sector, Dr. Yusuf revealed that

“approximately 70 percent of Ghanaians rely on traditional medicine as part of their primary healthcare,”

a reality he said demands urgent and strategic policy attention.



Women's health, he noted, remains a priority mandate for the Council. In line with directives from the Ministry of Health, TMPC has established a dedicated Gender Desk to anchor all women-focused initiatives.

“This is not tokenism—this is transformative policy in action,” he emphasized.

Among the key interventions is a national focus on obstetric fistula prevention and education, particularly in rural areas where access to skilled maternal care remains limited. Dr. Yusuf said traditional birth attendants—often the first point of care for women—are being empowered with standardized training and referral systems.

“Traditional birth attendants are sometimes the only healthcare providers available to women in remote communities, by equipping them with proper training and direct links to emergency services, we are building a safety net that can save lives.”



TCM Exhibition Highlights Tradition and Innovation at China–Ghana Forum

By Priscilla Akorfa Fomevor

One of the major highlights of the Third China–Ghana Traditional Medicine Forum was the Chinese Herbal Medicine Exhibition, which offered participants a rare, immersive look into the depth, diversity, and evolving innovation within Traditional Chinese Medicine (TCM).

The exhibition featured a carefully curated display of Chinese herbal decoctions, prepared medicines, and therapeutic materials, drawing strong interest from health professionals, traditional medicine practitioners, researchers, students, and members of the public. Attendees were guided through the uses, preparation methods, and therapeutic relevance of various herbal formulations commonly applied in disease prevention, women's health, and chronic condition management.

Beyond static displays, the exhibition served as an interactive learning space where participants engaged directly with experts from the 14th China Medical Team in Ghana and collaborating institutions. Exhibitors explained how traditional herbal knowledge is preserved while being adapted to meet modern standards of safety, dosage, and quality assurance.

The exhibition also demonstrated how innovation is reshaping traditional medicine practice. Visitors were introduced to AI-supported Traditional Chinese Medicine consultations, highlighting how technology can assist in diagnosis, treatment recommendations, and



personalized care while respecting traditional principles. This integration of digital tools with age-old medical knowledge sparked conversations around the future of traditional medicine in Africa and its role in modern healthcare systems.

Live demonstrations of therapeutic techniques, including cupping and tendon-scraping therapy, further enriched the exhibition experience, allowing participants to observe firsthand how traditional interventions are applied in clinical settings. These demonstrations emphasized the importance of proper training, regulation, and evidence-based practice in ensuring patient safety.

Speaking on the significance of the exhibition, resource personnels noted that such platforms are essential for knowledge exchange, public education, and professional collaboration. By showcasing regulated herbal products and standardized practices, the exhibition reinforced the Ministry of Health's commitment to promoting traditional medicine that is safe, effective, and complementary to orthodox healthcare.

The Exhibition stood as a powerful reflection of the growing China-Ghana partnership in healthcare, illustrating how shared knowledge, innovation, and mutual respect can advance traditional medicine while supporting national health priorities, particularly in improving access to quality care for women and underserved communities.



HPV is a Men's Health Issue, Too!

By Priscilla Akorfa Fomevor

For years, conversations about human papillomavirus have been misplaced in the health dialogue—treated as a concern for others rather than the direct threat it represents to men. The medical facts tell a different story, one where HPV has established itself as a leading cause of serious cancers specifically in men, with its presence often going completely undetected until it's too late for early intervention.



The absence of symptoms is what makes this virus particularly dangerous. Men can carry and transmit high-risk strains for years without any indication, as there exists no routine screening process to detect its presence in men. This silent progression means many only discover their risk when facing a cancer diagnosis, particularly in the throat and neck where HPV-driven cancers have seen a dramatic increase in recent years. These cancers now represent a growing majority of oropharyngeal cases, changing the landscape of head and neck cancer demographics entirely.

The resistance some men feel toward addressing this aspect of their health often stems from outdated associations rather than current medical understanding. That hesitation comes at a real cost, as the window for prevention closes with each passing year of exposure. Healthcare providers increasingly encounter men in their thirties and forties facing HPV-related cancers that might have been prevented with earlier vaccination.

The narrative around men's health requires this update. As research continues to reveal HPV's substantial role in cancer development, the choice to address it becomes less about following trends and more about responding to evidence. The opportunity for prevention exists, but only for those who recognize that this particular health risk has been waiting for its place in the men's health conversation far too long.





Cervical Cancer

By Marilyn Tiphaine Fifame

Cervical cancer remains one of the most preventable yet highly impactful cancers affecting women worldwide. Each year, hundreds of thousands of women are diagnosed with this disease, with significant numbers occurring in low- and middle-income countries. Despite improvements in screening and vaccination, cervical cancer continues to pose a serious public health challenge making awareness and early detection more important than ever.

Cervical cancer develops in the cells of the cervix, the lower part of the uterus that connects to the vagina. The primary cause of cervical cancer is persistent infection with high-risk types of the Human Papillomavirus (HPV), a common sexually transmitted virus. While most HPV infections clear on their

own, long-lasting infections can trigger cellular changes that lead to cancer over time.

The good news is that cervical cancer is largely preventable. HPV vaccination offers a powerful tool for protection. When administered before exposure to the virus ideally in early adolescence the vaccine can protect against the types of HPV that cause the majority of cervical cancers. Increasing vaccine uptake globally is a crucial step toward reducing the disease burden.

Equally important is regular screening. Traditionally, cervical screening involved a Pap smear test, which detects precancerous changes before they develop into cancer. Advances in screening now include HPV testing, which can identify high-risk virus types even earlier. Some countries are also exploring at-home HPV testing kits, which can improve access for women who

face barriers to clinic-based testing.

Symptoms of cervical cancer may not appear in the early stages, which is why routine screening is essential. When symptoms do occur, they can include unusual vaginal bleeding, pelvic pain, or discomfort during intercourse and should prompt immediate medical evaluation.

Public health experts emphasize that combining vaccination, regular screening, and public education can dramatically reduce both the incidence and mortality of cervical cancer. With continued global effort, the future can hold significantly fewer lives lost to this preventable disease.



Prevention and Wellness Strategies for Better Health

By Marilyn Tiphaine Fifame

Cervical cancer is often spoken about with fear, yet it is one of the few cancers that can be prevented and successfully treated when detected early. Most cases develop slowly over many years and are linked to long-term infection with high-risk types of the human papillomavirus (HPV), a common virus that many people encounter at some point in their lives. This long development period offers a valuable opportunity for prevention, early detection, and lasting wellness.

The cornerstone of prevention is the HPV vaccine, which protects against the strains responsible for over 90% of cervical cancers. Recommended for both girls and boys starting at ages 9–12, it can be given up to age 26 (or older in some cases). Vaccination, combined with safe sexual practices like condom use and limiting partners, significantly reduces risk.

Regular screening is equally vital. Modern guidelines favor primary HPV testing starting at age 25–30, repeated every 5 years, or co-testing with Pap smears. Innovations like self-collected HPV tests are increasing accessibility, especially in underserved areas. Early detection of precancerous changes allows simple outpatient treatments to prevent progression.



Supporting overall wellness enhances resilience against HPV and cancer. A balanced diet rich in fruits, vegetables, and antioxidants boosts immunity. Regular exercise, maintaining a healthy weight, and avoiding smoking (which doubles risk) are proven protective factors. Quitting tobacco and moderating alcohol further lower odds.

The World Health Organization aims to eliminate cervical cancer as a public health problem by 2030 through 90-70-90 targets: 90% vaccination, 70% screening, and 90% treatment access. Individuals can contribute by staying informed, getting vaccinated, scheduling screenings, and adopting healthy habits. Knowledge and action empower better health outcomes talk to your healthcare provider today.



Health Power Bowl

(Immune-Boosting Recipe Hack)

Cervical cancer risk is strongly linked to persistent HPV infection. Nutrition can't treat cancer, but diets rich in antioxidants, folate, vitamin C, carotenoids, and anti-inflammatory compounds support immune function and help the body clear infections more effectively.

Ingredients:

Folate – supports DNA repair (dark leafy greens, beans)
 Vitamin C – boosts immune response (citrus, peppers)
 Beta-carotene & Lycopene – linked to cervical cell health (carrots, tomatoes)
 Sulforaphane – supports detox enzymes (cabbage, broccoli)
 Healthy fats – improve nutrient absorption (avocado, olive oil)

One Bowl, Many Benefits

Preparation:

1 cup steamed cabbage or broccoli
 ½ cup black beans or lentils
 1 medium tomato, chopped
 1 medium carrot, grated
 ½ avocado, sliced
 A handful of komtore (cocoym leaves) or spinach
 1 tablespoon olive oil
 Juice of ½ lemon
 1 clove garlic, crushed
 Optional: ginger or turmeric (anti-inflammatory boost)

Quick Assembly Hack

Lightly steam vegetables (don't overcook nutrients matter).
 Toss everything together while still warm.

Add olive oil + lemon juice last to preserve vitamin C.

Make It a Habit (The Real Hack)

Eat this 2–3 times a week

Pair with:

Regular cervical screening
 HPV vaccination (where eligible)
 Reduced sugar & ultra-processed foods





What Every Family Should Know About Cervical Cancer

By Marilyn Tiphaine Fifame

Healthy families are built on informed choices, open conversations, and preventive care. When women are healthy, families thrive—and protecting women's health means understanding conditions like cervical cancer, which affects not only individuals but entire households.

Cervical cancer develops in the cervix, the lower part of the uterus that connects to the vagina. It is caused almost entirely by long-term infection with certain high-risk types of the human papillomavirus (HPV), a very common sexually transmitted virus. While most HPV infections clear naturally without causing harm, persistent infection with high-risk strains can slowly lead to abnormal cell changes and, over time, cancer if left untreated.

Globally, cervical cancer remains a serious public health concern. It is the fourth most common cancer among women, with an estimated 660,000 new cases and 350,000 deaths recorded in 2022. More than 90 per cent of these deaths occur in low- and middle-income countries, where access to vaccination, screening, and timely treatment is often limited.

One of the biggest challenges with cervical cancer is that early stages often show no symptoms, making regular screening essential. When symptoms do occur, they may include abnormal vaginal bleeding (after intercourse, between periods, or after menopause), unusual vaginal discharge, or pelvic pain. In advanced stages, symptoms may extend to leg swelling, urinary problems, or blood in the urine.

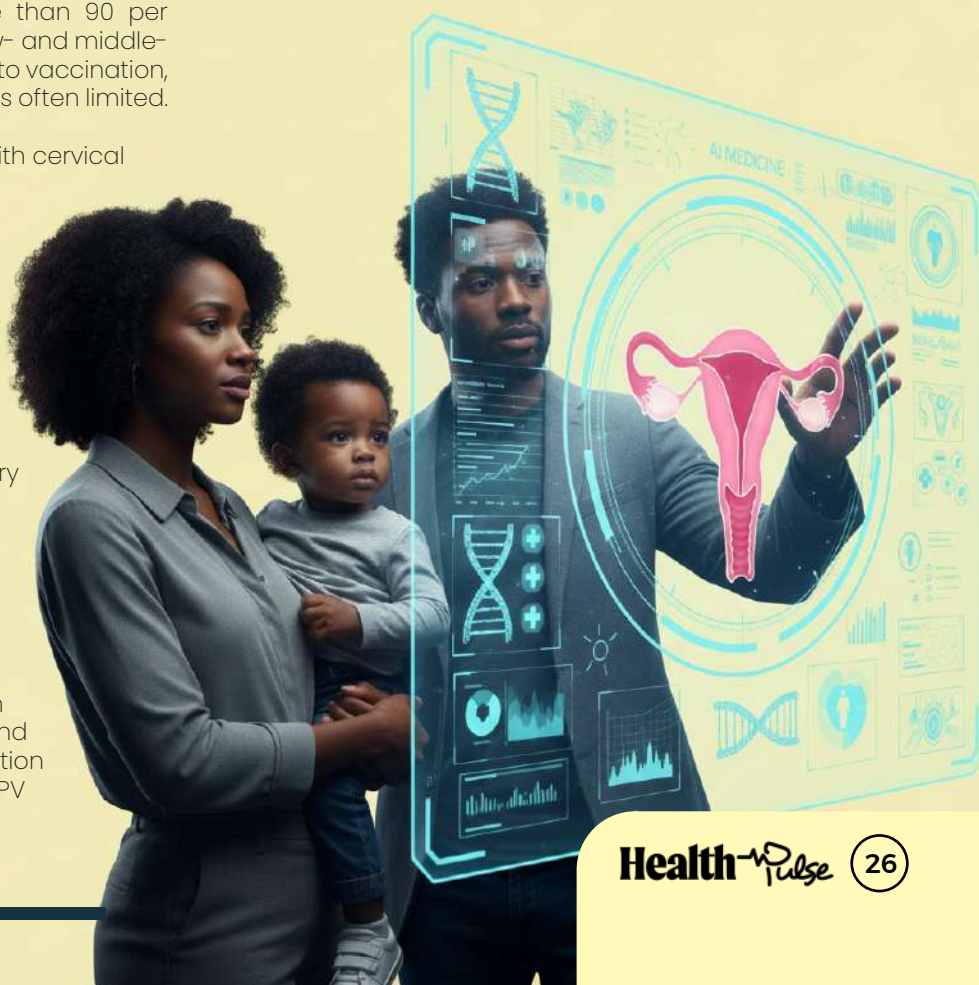
The good news is that cervical cancer is highly preventable. The HPV vaccine protects against the virus strains responsible for about 90 per cent of cases and is most effective when given before exposure ideally to girls and boys aged 9 to 14 years. Vaccination significantly reduces the risk of HPV infection and future cancers.

Screening tests such as Pap smears or HPV tests can detect precancerous changes early, allowing for simple treatment before cancer develops. Experts recommend starting screening between ages 25 and 30, with high-quality HPV testing every 5 to 10 years. Women living with

HIV should begin screening earlier and test more frequently.

Families also influence everyday choices that reduce risk, including encouraging safer sexual practices, avoiding smoking, and supporting healthy lifestyles. When detected early, cervical cancer is highly treatable, with surgery, radiotherapy, or chemotherapy offering excellent survival rates.

Ultimately, families play a powerful role in prevention by ensuring children are vaccinated, encouraging women to attend regular screenings, and creating safe spaces for conversations about sexual and reproductive health. With collective family support, vaccination, and routine screening, cervical cancer can be eliminated as a public health threat.



Staying Fit: Fighting Cervical Cancer.

By Gloria Addo

Cervical cancer develops in the cells of the cervix, the lower part of the uterus that connects to the vagina and plays a vital role in reproduction. Often, the disease begins with subtle, precancerous changes that go unnoticed—making regular screening through Pap smears or HPV tests essential for early detection. While no single lifestyle choice can fully prevent cervical cancer, maintaining a healthy routine, including regular exercise, can support overall well-being, help regulate hormones, and strengthen the body's defenses. Early awareness and proactive care remain the most powerful tools in protecting women's health.

Staying physically active during cervical cancer treatment offers numerous benefits for both body and mind. Regular exercise can help maintain and improve physical strength, which is often affected by treatments such as chemotherapy or radiation. Strengthening exercises targeting different muscle groups help prevent weakness and muscle loss, supporting daily activities and independence.

Exercise also boosts energy levels. Even moderate physical activity can reduce the fatigue commonly associated with cancer treatment, helping patients feel more alert and capable. Balancing activity with rest is important, but staying active can make a noticeable difference in overall vitality.

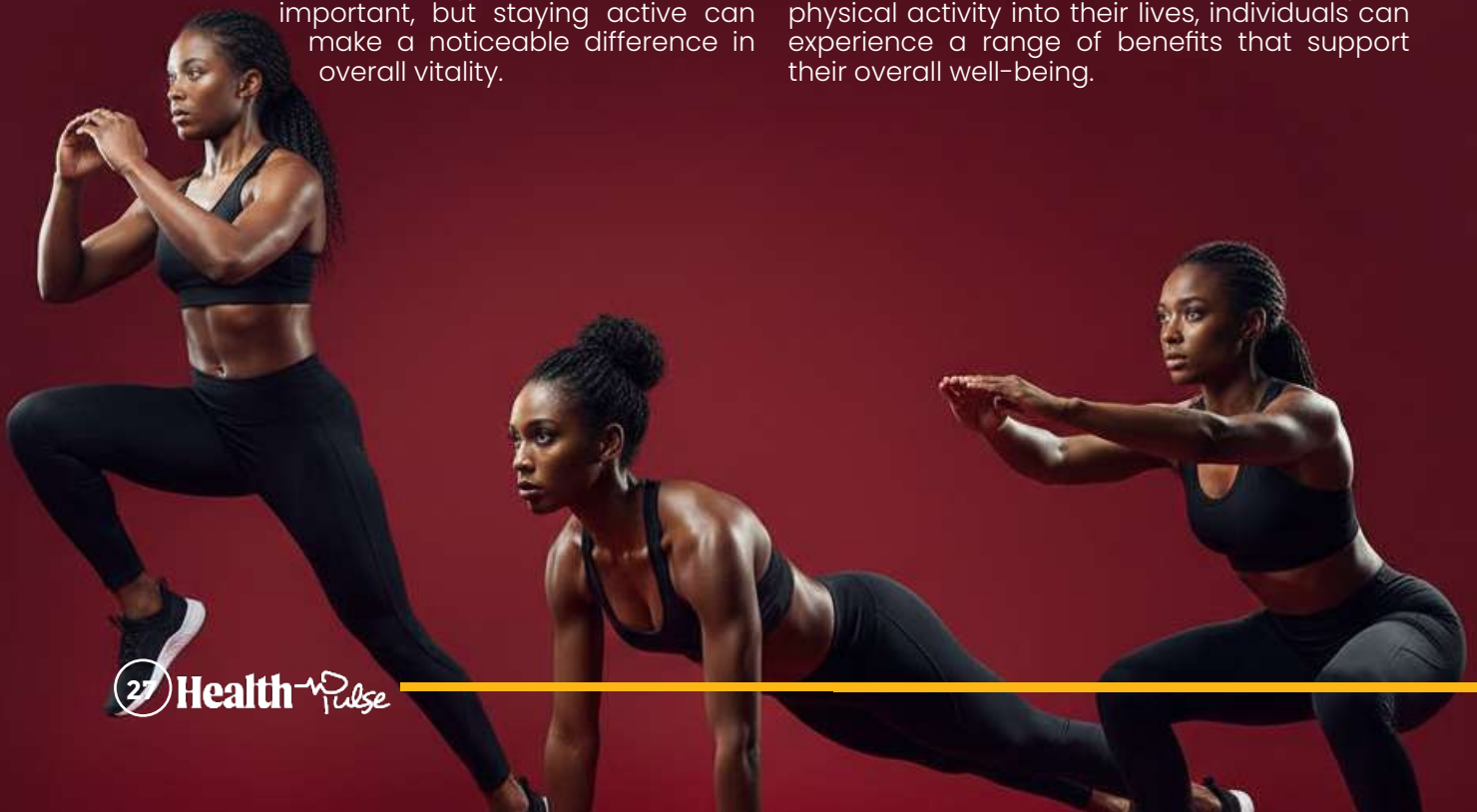
Mental health is another area where exercise plays a critical role. Physical activity has been shown to improve mood and reduce symptoms of anxiety and depression. Breathing exercises, yoga, and other mindful movement practices stimulate the release of endorphins, natural mood-boosting chemicals promoting relaxation and a sense of well-being.

Weight management and bone health are also positively impacted. Combining exercise with a balanced diet helps prevent unwanted weight changes, while weight-bearing activities, such as walking or light strength training, support bone density and reduce the risk of osteoporosis.

Finally, exercise can improve sleep quality, helping regulate sleep patterns and supporting recovery. Practices like yoga can be particularly beneficial for relaxation and restful sleep.

It is essential to consult with your healthcare team before beginning any exercise program. They can guide the type, intensity, and duration of activities suitable for your treatment plan, ensuring safety and maximum benefit throughout your journey.

In conclusion, exercise for cervical cancer can emerge as a powerful ally in the battle against cervical cancer. By incorporating regular physical activity into their lives, individuals can experience a range of benefits that support their overall well-being.



If Cervical Cancer Is Preventable, Why Are So Many Women Still Dying From It?

Cervical cancer remains one of the most preventable yet persistent public health challenges facing women, particularly in low- and middle-income countries such as Ghana. Despite advances in science, policy, and awareness, the disease continues to claim lives largely because it is often detected too late. Strengthening screening strategies through improved access, better technology, and innovative approaches like HPV self-sampling has never been more urgent.

In Ghana, cervical cancer is among the leading causes of cancer-related deaths in women. High mortality rates are driven not by a lack of preventive tools, but by gaps in their use. Screening coverage

remains low, especially in rural and underserved communities where access to health facilities is limited. Many women are never screened until symptoms appear, by which time treatment becomes more complex and outcomes poorer. This reality persists even though regular screening between the ages of 25 and 65, as recommended by the Ghana Health Service, can detect precancerous changes early and save lives.

At the center of cervical cancer prevention is human papillomavirus (HPV), the virus responsible for nearly all cases of the disease. Ghana has a high prevalence of HPV infection, making both vaccination and screening critical pillars of prevention. Two main



screening tools are currently in use: the Pap smear and HPV testing. While both play important roles, they differ significantly in how they work and in their effectiveness.

HPV testing detects high-risk strains of the virus before they cause cellular changes. Research shows it is far more sensitive—detecting up to 90–100 percent of precancerous lesions compared to Pap smears, which detect abnormal cervical cells with a sensitivity of about 50–80 percent. This means HPV testing can identify risk earlier, allowing timely follow-up and intervention. Pap smears, however, remain valuable, particularly for detecting existing abnormalities and for follow-up after treatment.

Global and national guidelines increasingly favor HPV testing. The World Health Organization recommends HPV DNA testing as the preferred screening method, starting at age 30, with intervals of five to ten years for women at average risk. For women living with HIV—a group at higher risk—screening should begin at age 25 and occur more frequently. Ghana’s national guidance broadly aligns with these recommendations, while still allowing flexibility based on resources, including the continued use of Pap smears and co-testing approaches.

From a health system perspective, HPV testing is also more cost-effective over time. Although initial costs may be higher, its greater sensitivity and longer screening intervals reduce the number of tests needed and lower long-term costs. Pap smears, with lower upfront expenses and existing infrastructure, remain more feasible in some low-resource settings. The challenge for Ghana lies in

balancing effectiveness with practicality, especially amid competing health priorities.

One promising solution to persistent access barriers is HPV self-sampling. This approach allows women to collect their own samples, reducing the need for clinic visits and pelvic examinations—factors that often discourage screening. Evidence shows self-sampling is as accurate as clinician-collected samples for HPV detection and is endorsed by global health authorities. For women in rural areas, those with mobility challenges, or those constrained by cultural or privacy concerns, self-sampling could significantly expand screening coverage in Ghana.

However, technology alone is not enough. Effective communication is essential. Health professionals must explain HPV results clearly, address fears and stigma, and outline follow-up steps in simple, reassuring language. Emphasizing that HPV is common and often clears on its own can help reduce anxiety and improve adherence to care.

Ultimately, eliminating cervical cancer is achievable. It will require sustained investment, strong health systems, informed health professionals, and empowered women. By embracing sensitive, accessible, and evidence-based screening approaches—especially HPV testing and self-sampling—Ghana can move closer to a future where no woman dies from a preventable disease.



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Health Terms On Cervical Cancer

Comprehensive Cervical Cancer Glossary:

Key Medical Terms Explained

Cervix

The lower, narrow end of the uterus that connects the uterus to the vagina. It is where cervical cancer develops.

Cervical Cancer

Cancer that forms in the tissues of the cervix, usually caused by persistent infection with high-risk human papillomavirus (HPV).

Human Papillomavirus (HPV)

A group of viruses, some of which are sexually transmitted and can lead to abnormal cell changes in the cervix that may develop into cancer if untreated.

Cervical Intraepithelial Neoplasia (CIN)

When treatment reduces the virus in your body to very low, undetectable levels. People who achieve this stay healthy, avoid opportunistic infections, and cannot transmit the virus sexually. This is the primary goal of HIV

treatment.

Cervical Dysplasia

Abnormal changes in the surface cells of the cervix seen under a microscope. It's not cancer but may become cancer over time. CIN is graded from 1 to 3 depending on severity.

Precancerous Lesion

Cell changes that are not yet cancer but could develop into cancer if left untreated. These are often identified through screening tests like Pap or HPV tests.

Invasive Cervical Cancer

Cancer that has spread from the surface of the cervix into deeper tissues or to other parts of the body.

Squamous Cell Carcinoma

A type of cervical cancer that begins in the thin, flat cells on the outside surface of the cervix. It is the most common form of cervical cancer.

Cervical Adenocarcinoma

A type of cervical cancer that begins in the glandular cells of the cervix, which produce mucus. It's less common than squamous cell carcinoma.

Pap Test (Pap Smear)

Illnesses that take advantage when HIV weakens your immune system, including tuberculosis, pneumonia, severe fungal infections, and certain cancers. These infections seize the opportunity when your body's defenses are down. With good HIV treatment, these become rare.

HPV Test

A test that detects infection with high-risk HPV types that are most likely to lead to cervical cancer

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