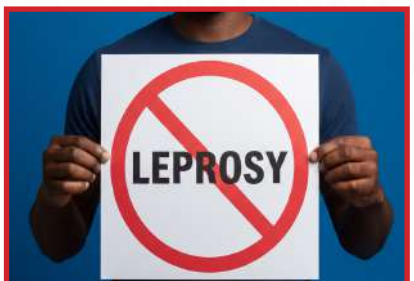
EDITION 39

JANUARY 2026

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. 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

Why NTDs Must Be Covered Under NHIS and Clean Water Made a National Priority

It is time for Ghana to confront, with urgency and compassion, the silent suffering of citizens affected by Neglected Tropical Diseases (NTDs). The appeal made by leaders and victims of NTDs in Cape Coast is not just a request for policy reform; it is a demand for dignity, justice, and inclusion in national healthcare priorities. Extending the National Health Insurance Scheme (NHIS) to cover NTDs and ensuring access to safe drinking water in affected communities are no longer optional interventions. They are moral and constitutional imperatives.

NTDs such as Buruli ulcer, elephantiasis, leprosy, yaws, trachoma, and river blindness continue to rob thousands of Ghanaians of their health, productivity, and self-worth. As Jackson Kofi Nyarko, a leprosy survivor and WHO board member, rightly pointed out, these diseases are curable if detected early. Yet, many victims present late to hospitals because of poverty, stigma, and the absence of financial protection under NHIS. The result is preventable deformities, amputations, and lifelong disabilities. A healthcare system that leaves such conditions uncovered is one that unintentionally perpetuates suffering.

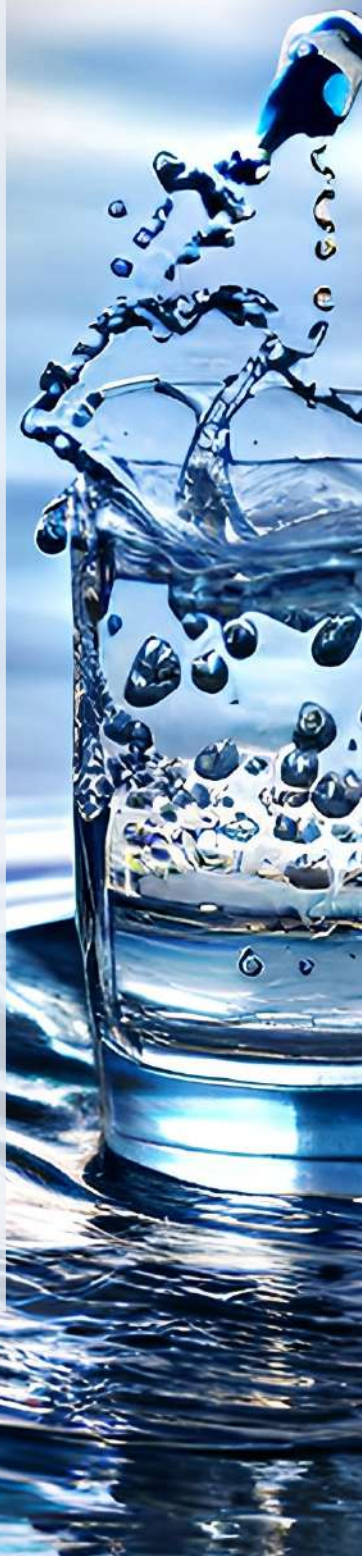
The human and economic costs are enormous. Humphrey Koufie of the Mental Health Society of Ghana highlighted how NTDs devastate families and reduce productivity. When breadwinners become disabled, entire households slip deeper into poverty. Worse still, stigma and lack of funds push victims toward unqualified herbal practitioners, whose interventions often worsen conditions. This cycle of neglect violates both the spirit of Ghana's Constitution and disability rights laws, which require the state to protect vulnerable populations.

Equally troubling is the revelation by Patrick Ato Davies that Ghana records 14 out of the world's 24 NTDs. This statistic alone should trigger a national emergency response. It exposes gaps in water, sanitation, hygiene, and healthcare access. In districts such as Twifo-Hemang Lower Denkyira and Atti Morkwa, where people compete with animals for water, disease transmission is inevitable. Clean drinking water is not a luxury; it is the foundation of public health.

The testimonies of victims who suffered amputations due to delayed treatment are heartbreaking reminders of policy failure. Their call for legal action against harmful herbal practices also raises critical questions about regulation and accountability in healthcare delivery. While traditional medicine has its place, it must never replace evidence-based medical care, especially for conditions with proven treatments.

Ghana has made commendable strides in healthcare through NHIS, but leaving NTDs out undermines its promise of universal health coverage. Integrating NTD management into NHIS and Ghana Health Service programs, as Public Health Nurse Agyemang Abora suggested, would save lives, restore dignity, and reduce long-term healthcare costs.

This is a moment for bold leadership. By extending NHIS coverage to NTDs and investing in clean water infrastructure, this would send a powerful message: no Ghanaian is too poor, too remote, or too forgotten to deserve quality healthcare. Ending the neglect of NTDs is not just about curing diseases; it is about healing a long-standing injustice.



The Skin

By Priscilla Akorfa Fomevor

Beyond its visible surface, your skin is the body's largest and most dynamic organ a layered, living shield. Composed of the protective epidermis, the supportive dermis, and the insulating hypodermis, it performs essential life functions: it defends against pathogens, regulates temperature, senses the environment, and synthesizes vitamin D.

The outermost layer, the epidermis, is our waterproof, keratinized frontier. Its topmost sheets are composed of dead cells that constantly slough off, taking with them trapped microbes and debris. Below this, living keratinocytes multiply and produce keratin, the tough protein that gives skin its resilience. Specialized immune cells within the epidermis stand guard, ready to signal an invasion.
Beneath this lies the dermis, the skin's structural engine. This dense layer of connective tissue is a rich network of collagen and elastin fibers, providing strength and elasticity. It houses the vital machinery: sweat glands that cool the body and aid detoxification, sebaceous glands that secrete protective oils, hair follicles, and a vast infrastructure of blood vessels and nerve endings. These nerves transform the skin into a exquisite sensory organ, detecting temperature, pressure, and pain.

The deepest layer, the hypodermis or subcutaneous tissue, is an insulating cushion of fat and connective tissue. It anchors the skin to underlying muscle and bone, stores energy, and provides thermal insulation and shock absorption. It is precisely because the skin is so vital that it becomes the main battleground for Neglected Tropical Diseases (NTDs). Pathogens exploit this organ: Buruli ulcer destroys its tissue while numbing its nerves; leishmaniasis causes disfiguring sores; leprosy attacks its nerves, leading to loss of sensation. These diseases breach the skin's barrier, turning its protective functions against the body and often marking survivors with lifelong stigma.

Protection begins with reinforcing the skin's natural defenses. Using insect repellent, wearing covering clothing, and practicing proper wound hygiene create crucial barriers. Community education to recognize early changes—like a painless bump or a numb patch—enables life-saving early treatment. Ultimately, safeguarding this sentinel organ through simple, vigilant care is fundamental to preventing NTDs and preserving not just skin, but health, dignity, and community belonging.

Special Report

Empowering Women Through Integrative Care with a Focus on Traditional Chinese Medicine

By Marilyn Tiphaine Fifame

When practitioners, researchers, and policymakers gathered for the **3rd China–Ghana Traditional Medicine Forum** at the Confucius Institute, University of Ghana, the atmosphere was charged with purpose. More than a ceremonial exchange, the forum reaffirmed its role as a **strategic bilateral platform** designed to strengthen cooperation, research, and innovation in traditional medicine between the two nations.

Held under the theme "Empowering Women, Sharing Health: Perspectives and Solutions from China–Ghana Traditional Medicine," the event placed women's health firmly at the centre of cross-continental collaboration—highlighting how centuries-old healing systems can work alongside modern clinical standards to meet today's complex healthcare needs.

Call for Integration

In a keynote address that blended cultural heritage with scientific urgency, Dr. Mrs. Sandra Ashong, President of the Ghana Association of Medical Herbalists, challenged delegates to move beyond parallel systems of care toward a rigorous, evidence-based integration of Ghanaian herbal medicine and Traditional Chinese Medicine (TCM).

"When we speak of women's health," she told the audience, "we speak of families, communities, and generations yet unborn."

Dr. Ashong traced the long-standing role of Ghanaian herbal practice in addressing menstrual disorders, fertility concerns, pregnancy support, and menopause—services often delivered in communities where access to orthodox healthcare remains limited. Yet she was equally candid about contemporary risks.

She warned of **regulatory gaps and inconsistent enforcement,** noting that the rapid spread of health claims on social media has made women vulnerable to misinformation and unverified treatments. For her, safeguarding patients requires not only tradition, but **science, policy, and accountability.**

Clinical Proof on the Ground

Beyond philosophy, Dr. Ashong offered real-world examples from her own practice, underscoring the promise of collaboration with Chinese medicine.

"My experience over the years with traditional Chinese medicine—acupuncture therapy, cupping, moxibustion, Tuina—has proven successful health outcomes on a lot of women's health cases at Lekma Hospital," she said, citing improvements in infertility, insomnia, pelvic inflammatory disease, and weight management.

Such testimonies resonated strongly with forum participants, many of whom see integrative medicine as a way to **expand therapeutic options** while remaining rooted in cultural contexts familiar to patients.

Women as Leaders, Not Just Beneficiaries
A defining moment of Dr. Ashong's address was her insistence that women must shape the future of traditional medicine, not merely receive its services.

"Women must not only be beneficiaries," she stressed. "They must be leaders, researchers, innovators, and policy makers within it."
Her words echoed the forum's wider ambitions—to cultivate a new generation of female practitioners and scholars capable of driving research, strengthening regulation, and influencing national health strategies across Africa and Asia.

Investing in the Future
As the session drew to a close, Dr. Ashong framed integrative medicine not as a return to the past, but as a forward-looking strategy.

"Empowering women's health through traditional medicine is not nostalgic," she concluded. "It is a strategic investment in the future."
Her address set the tone for continued dialogue throughout the forum, encouraging delegates to design joint research projects, training programmes, and regulatory frameworks that harness the complementary strengths of Ghanaian and Chinese traditions.

For health systems grappling with rising chronic disease, reproductive health challenges, and unequal access to care, the China–Ghana Traditional Medicine Forum is emerging as more than a diplomatic exercise. It is becoming a laboratory for new models of cooperation—where culture, science, and gender equity converge to build a stronger healthcare ecosystem for women.

As Ghana and China deepen this partnership, the message from Accra was clear: the future of women's health may well lie in the thoughtful union of ancient wisdom and modern evidence.

Women's Health

How Neglected Tropical Diseases Disproportionately Define Women's Health

By Priscilla Akorfa Fomevor

While the burden of Neglected Tropical Diseases (NTDs) is measured in global prevalence maps and treatment statistics, its true weight is felt in the daily lives of women and girls. Across endemic regions, NTDs are not merely infections; they are complex social and biological forces that uniquely compromise women's health, autonomy, and futures, often turning the female body into a site of compounded suffering.

The biological interplay between womanhood and NTDs creates a distinct vulnerability. Diseases like schistosomiasis can lead to female genital schistosomiasis (FGS), a devastating condition causing chronic pain, infertility, and a threefold increased risk of HIV transmission. Lymphatic filariasis and podoconiosis, which cause debilitating lower-limb swelling, create monumental physical challenges during pregnancy and childbirth. Anemia, driven by soil-transmitted helminths like hookworm, severely impacts maternal health, increasing risks of hemorrhage and mortality. The physical manifestations of these diseases—whether disfiguring skin ulcers, severe itching, or genital lesions—are not only debilitating but deeply stigmatizing.

It is this social stigma that becomes a second, often more intractable, disease. Visible conditions like the skin lesions of leishmaniasis or leprosy, or the swelling of lymphatic filariasis, frequently lead to abandonment by partners, exclusion from community life, and the collapse of marriage prospects. The associated isolation exacerbates mental health crises, creating a silent epidemic of depression and anxiety. Furthermore, women are overwhelmingly the primary caregivers for family members disabled by NTDs, a unpaid labor that consumes time, energy, and opportunity, often pulling girls out of school to assist.

A transformative approach to NTDs must, therefore, be a feminist one. It requires integrating NTD screening and treatment into sexual and reproductive health services, ensuring that a woman seeking prenatal care is also screened for schistosomiasis and anemia. It demands designing outreach programs that accommodate women's schedules and mobility constraints. Ultimately, it means recognizing that improving women's health in the context of NTDs is not a sidebar to disease elimination—it is the critical path forward. Investing in the health of women is an investment in the resilience of entire communities, breaking the intergenerational cycle of neglect and building a foundation for true health equity.

Study Identifies Obesity as a Direct Cause of Vascular Dementia, with High Blood Pressure as Key Mediator

A significant new study provides compelling evidence that obesity is a causal risk factor for developing vascular dementia, the second most common form of dementia, with high blood pressure identified as a key mechanism driving this risk. The research, published in The Journal of Clinical Endocrinology & Metabolism, utilizes Mendelian randomization a method that uses genetic variants to assess causality to strengthen the link between body weight and brain health.

The analysis, drawing on data from large-scale biobanks including the UK Biobank, found that a higher body mass index (BMI) is directly associated with an increased risk of vascular dementia. Crucially, the study pinpointed high blood pressure as a major mediator in this relationship, accounting for approximately 20-25% of the association. This suggests that obesity raises dementia risk in part by directly causing elevated blood pressure, which in turn damages blood vessels in the brain.

"Our findings show that overweight and high blood pressure are direct causes of increased dementia risk that makes them highly actionable targets for dementia prevention at the population level," explained study author Dr. Ruth Frikke-Schmidt, Chief Physician at Copenhagen University Hospital.

Experts highlight the robustness of the methodology. "By using Mendelian randomization, the researchers were able to reduce many of the biases that have complicated earlier studies," noted Dr. Dung Trinh of the Healthy Brain Clinic, who was not involved in the research. "The results strongly support the idea that obesity plays a direct role in increasing risk through vascular mechanisms."

Vascular dementia is caused by impaired blood flow to the brain, often following strokes or from small vessel disease. Unlike Alzheimer's disease, this study did not find the same causal link between obesity and Alzheimer's, underscoring the specific vascular pathway. The findings transform obesity and hypertension from correlative risk factors into prime, modifiable targets for public health strategies aimed at preventing cognitive decline, emphasizing that interventions for heart health are intrinsically interventions for brain health.

Source:
The Journal of Clinical Endocrinology & Metabolism

The Digital Transformation of Medical Laboratories:

How Technology Is Reshaping Diagnostics and Patient Care

Dr Kwadwo Danso

Behind every accurate diagnosis and effective treatment plan lies a medical laboratory quietly at work. In recent years, however, these essential spaces have undergone a dramatic transformation. Automation, artificial intelligence, and digital information systems are redefining how laboratory professionals operate making testing faster, safer, and more reliable than ever before.

Laboratory practitioners say technology has streamlined daily routines that once relied heavily on manual processes. Tasks such as sample analysis, calculations, and record-keeping are now largely automated, freeing professionals to focus on quality assurance, result validation, and patient safety. Digital platforms have also strengthened communication between laboratory scientists and clinicians, allowing results to reach wards and consulting rooms almost instantly.

Automation: Speed with Precision

One of the most visible changes is the rise of automated analyzers. These systems standardize procedures such as sample handling, testing, and reporting, significantly reducing the possibility of human error. Because machines can process dozens—or even hundreds—of specimens simultaneously, turnaround times have dropped sharply. In emergency situations, that speed can be lifesaving, enabling clinicians to make rapid treatment decisions.

Artificial Intelligence as a Diagnostic Partner

Artificial intelligence is also finding a foothold in laboratory medicine. Rather than replacing professionals, AI is acting as a powerful assistant. It can flag abnormal results, recognize patterns that might escape the human eye, and support tasks such as blood-cell differentiation in hematology or image analysis in histology and microscopy. These tools enhance accuracy while allowing experts to concentrate on complex interpretations.

Smarter Data, Better Care
Modern Laboratory Information Systems (LIS) have become central to patient care. By digitizing test requests, results, and patient histories, these platforms reduce transcription errors and make information instantly retrievable. Clinicians can review trends over time, compare previous results, and base decisions on comprehensive data—strengthening continuity of care and evidence-based practice.

Safeguards Still Matter
Despite sophisticated equipment, reliability remains grounded in strict quality systems. Laboratories continue to rely on routine calibration, internal and external quality controls, preventive maintenance, and professional review of all results before release. Technology may generate the numbers, but trained personnel remain the final gatekeepers of accuracy.

Early Detection and Public Health Surveillance
Advanced diagnostics have also expanded laboratories' role in public health. Rapid tests, molecular techniques, and real-time digital reporting allow diseases to be detected earlier and outbreaks monitored more effectively. This capability is particularly vital for infectious diseases, where swift identification can prevent widespread transmission.

Barriers to Adoption
Not all laboratories move forward at the same pace. In developing healthcare systems, the high cost of equipment, limited funding, unstable power supply, and shortages of trained staff can slow progress. Maintenance challenges, inadequate infrastructure, and resistance to change—often linked to limited digital literacy—also pose obstacles to modernization.

Humans and Machines: A Critical Partnership
Even in highly automated environments, professional judgment remains indispensable. Laboratory experts interpret results within clinical context, verify anomalies, and ensure that machine-generated data make sense for each patient. Technology supports decision-making, but it is human expertise that ultimately safeguards patient outcomes.

Skills for the New-Age Laboratory Professional
To thrive in this evolving field, today's laboratory practitioners must cultivate more than technical competence. Digital literacy, familiarity with automation systems, adaptability, and continuous learning are essential. Quality management, problem-solving abilities, and strong communication skills are equally important for collaborating with clinicians and multidisciplinary healthcare teams.

Dr. Kwadwo Danso
Medical Laboratory Scientist

Looking to the Future
The future of laboratory medicine points toward even greater integration of technology. Expanded use of AI, point-of-care testing, and interconnected digital health systems is expected to make diagnostics more predictive, efficient, and patient-centered. As these tools mature, laboratories will continue to anchor modern healthcare—guiding prevention strategies, enabling early detection, and supporting personalized treatment.

In an era where medicine is becoming increasingly data-driven, the laboratory stands at the forefront of innovation—proof that behind every digital breakthrough is a skilled professional ensuring science translates into safer, smarter patient care.

African Health Ministers Unite to Halt Resurgent Diphtheria Threat

Health ministers from across Africa have joined forces in a renewed commitment to stop the dangerous spread of diphtheria, a vaccine-preventable disease that has returned to threaten communities in eight member states. Convened by the World Health Organization Regional Office for Africa, the high-level meeting brought together leaders from affected nations and key global health partners to align efforts and resources.

The urgent gathering included ministers and senior officials from Chad, Guinea, Mali, Mauritania, Niger, Nigeria, and South Africa, alongside representatives from UNICEF, GAVI, and the Africa Centres for Disease Control and Prevention. Together they addressed the alarming reality that more than ninety percent of reported cases occur among children who have not been fully vaccinated, revealing deep gaps in routine immunization coverage that have left populations vulnerable.

"Diphtheria is an entirely preventable disease that should not be resurfacing on this scale, we have a shared responsibility to ensure no child dies from an infection we have the power to stop, and that begins by making primary health care and routine vaccination our unwavering priority." said Dr. Mohamed Janabi, WHO Regional Director for Africa.

The resurgence signals broader systemic challenges, including fragile health systems, stagnant immunization rates, and the lingering effects of the COVID-19 pandemic. In areas affected by conflict and displacement, insecurity and disrupted services have allowed outbreaks to spread unnoticed, increasing the risk of severe illness and death.

Dr. Jean Kaseya, Director General of Africa CDC, emphasized the need for localized solutions, stating, "Strengthening community engagement and expanding Africa's own vaccine manufacturing capabilities are essential to building resilient health systems that can prevent outbreaks before they start."

During the meeting, participants agreed on a series of decisive actions: scaling up vaccination catch-up campaigns, strengthening surveillance and laboratory networks for early detection, improving clinical management of cases, and securing reliable access to essential medicines such as diphtheria antitoxin. Stronger community engagement was also highlighted as vital to building trust and ensuring vaccine acceptance.

The Minister of Health of Mauritania, Dr. Mohamed Mahmoud Ely Mahmoud, expressed gratitude for the collaborative support, noting, "Our collective focus must remain on closing immunity gaps and enabling timely detection and response, especially for the most vulnerable among us."

Source: WHO

Confronting the Lethal Truth of Neglected Tropical Diseases

Priscilla Akorfa Fomevor

In the chorus of global health challenges, some voices are amplified while others fade into a background hum. Among the most consistently misunderstood are Neglected Tropical Diseases, often perceived as a collection of ancient, non-fatal afflictions causing mere suffering but not death. This belief, however widespread, is a dangerous illusion that obscures a much grimmer reality. These diseases are not just burdens of disability; they are active and significant agents of mortality, claiming lives on a scale that demands our immediate attention and clarity.

The evidence dismantles the myth with unsettling force. Every year, Neglected Tropical Diseases are responsible for the deaths of an estimated five hundred and thirty-four thousand people across the globe. This figure is not an abstraction but a measure of profound loss, representing mothers, fathers, and children in communities already grappling with poverty and limited access to care. The fatal nature of these illnesses becomes unmistakably clear in the clinical trajectories of diseases like Sleeping Sickness, known formally as Human African Trypanosomiasis. Without medical intervention, this parasitic infection, which methodically invades the nervous system, is universally fatal. Similarly, Visceral Leishmaniasis, or Kala-azar, carries a fatality rate of over ninety-five percent when left untreated, systematically destroying internal organs. These are not benign conditions; they are death sentences for the neglected.

The persistence of the myth stems from a confluence of distance and perception. These diseases thrive in the world's most marginalized regions, far from the centers of political and media power, allowing their deadly consequences to remain out of sight and out of mind. Furthermore, the very label "neglected" can inadvertently shift focus solely onto the chronic disfigurement and disability they cause, such as blindness or profound swelling, while their ultimate role in cutting lives short is quietly overlooked. Their progression is often slow and silent, lacking the dramatic surge of an epidemic, which allows their annual death toll to accumulate without provoking widespread alarm.

Understanding that these diseases are deadly transforms them from peripheral health concerns into urgent priorities, integral to the pursuit of health equity and justice. The first step in ending neglect is to see these diseases for what they truly are: a silent crisis of mortality that we have the tools and the moral imperative to stop.

Mental Health

When Childhood Disease Becomes a Mental Health Legacy

By Priscilla Akorfa Fomevor

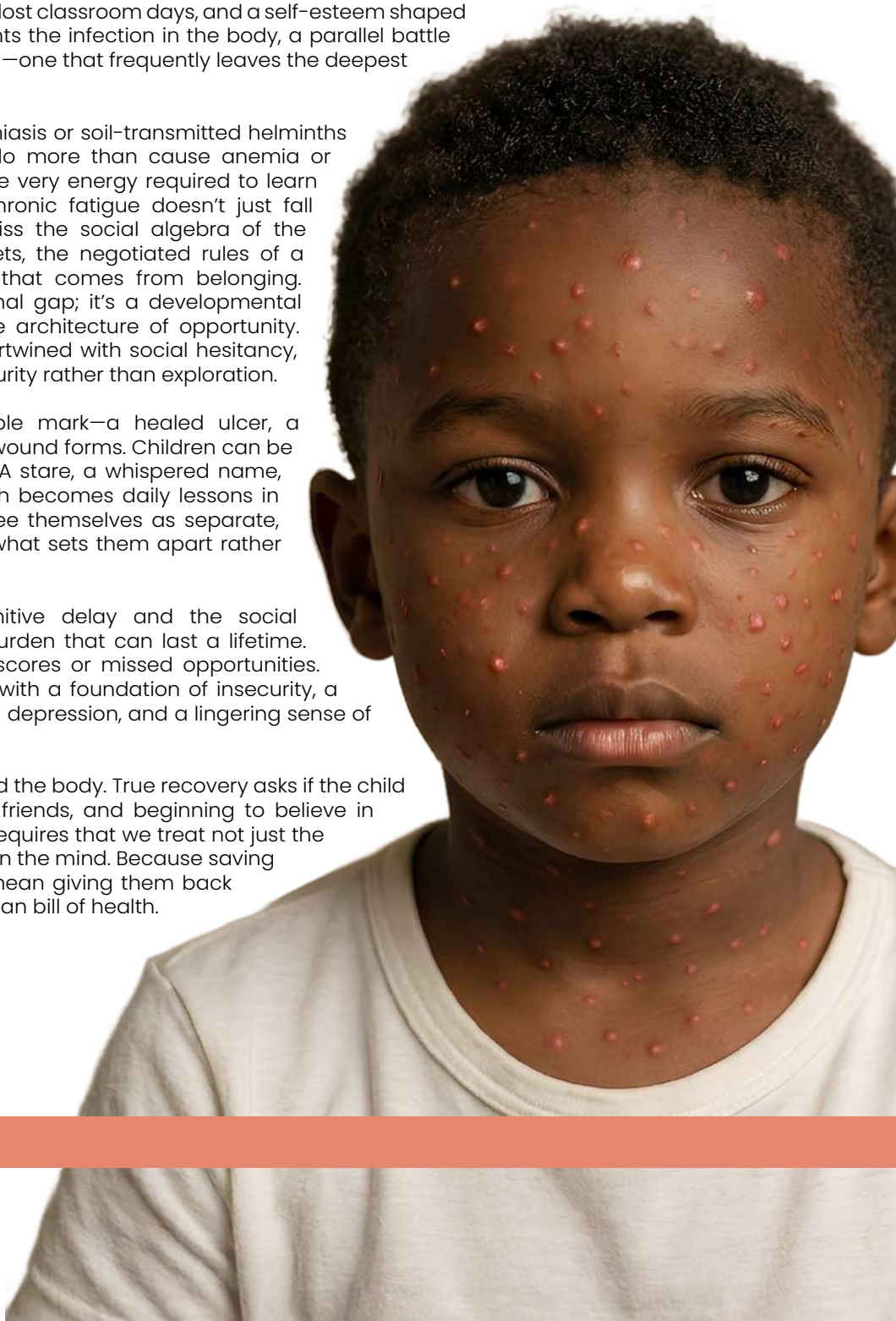
We measure illness in symptoms cured and parasites cleared. But for a child, the truest toll of a neglected tropical disease is often counted in silent currencies: missed friendships, lost classroom days, and a self-esteem shaped by shame. While medicine fights the infection in the body, a parallel battle unfolds in the developing mind—one that frequently leaves the deepest scars.

When diseases like schistosomiasis or soil-transmitted helminths invade a child's body, they do more than cause anemia or abdominal pain. They steal the very energy required to learn and grow. A child battling chronic fatigue doesn't just fall behind in arithmetic; they miss the social algebra of the playground—the shared secrets, the negotiated rules of a game, the quiet confidence that comes from belonging. This isn't merely an educational gap; it's a developmental interruption that can alter the architecture of opportunity. Cognitive delays become intertwined with social hesitancy, creating a foundation of insecurity rather than exploration.

If the disease leaves a visible mark—a healed ulcer, a lingering swelling—a different wound forms. Children can be cruel without meaning to be. A stare, a whispered name, an avoided seat on the bench becomes daily lessons in difference. A child learns to see themselves as separate, their identity shaped around what sets them apart rather than who they are inside.

These experiences—the cognitive delay and the social shame—merge into a quiet burden that can last a lifetime. It's not just about lower test scores or missed opportunities. It's about entering adulthood with a foundation of insecurity, a heightened risk for anxiety and depression, and a lingering sense of being less than.

Healing, then, must look beyond the body. True recovery asks if the child is back in class, playing with friends, and beginning to believe in their own wholeness again. It requires that we treat not just the infection, but its invisible echo in the mind. Because saving a child from disease should mean giving them back their entire future, not just a clean bill of health.



Why Buruli Ulcer Is a Skincare Crisis in Disguise

By Priscilla Akorfa Fomevor

You wake to find a small, painless bump on your arm. It looks like a bug bite or a harmless cyst. You ignore it. Weeks pass. The bump softens, swells, then erupts. An ulcer forms, with ragged, undermined edges. It doesn't hurt much, but it grows relentlessly, eating away skin, fat, and sometimes even bone. There's no fever, no dramatic illness—just your own body being consumed before your eyes.

This is the reality of Buruli ulcer, one of the world's most neglected and mystifying skin diseases. Buruli ulcer is caused by Mycobacterium ulcerans, a cousin of the bacteria responsible for leprosy and tuberculosis. Unlike its relatives, this bacterium produces a potent toxin—mycolactone—that destroys tissue, suppresses the immune system, and numbs the area, allowing the infection to spread stealthily. The first sign is often that innocuous, painless nodule. Left untreated, it can lead to devastating ulcers covering up to 15% of a person's body, permanent disability and life-altering disfigurement.

The most insidious aspect of Buruli ulcer is its lack of pain in the early stages. In skincare, pain is an alarm bell. But here, the alarm is silent and the impact transcends the physical wound.Caring for Buruli ulcer, therefore, begins not with a prescription, but with a radical shift in perception. The first and most crucial step is to abandon the instinct to wait and see. Any unusual, painless bump or sore that lingers for more than a few weeks, especially in an area known for this disease, must be treated as a potential medical emergency. Seeking professional diagnosis at the nearest clinic is the single most important action a person can take.

Health workers, increasingly trained through integrated "skin NTD" programs, can distinguish this ulcer from other ailments and confirm it with laboratory tests. The standard treatment today is a powerful, eight-week course of oral antibiotics that can completely cure early infections, a modern miracle that has moved treatment away from the radical surgeries of the past. For more advanced wounds, medical care expands to include careful debridement, skin grafting, and dedicated wound management—a marathon of healing that requires patience and resilience.

Special Feature

What Everyone Should Know About Neglected Tropical Diseases

By Priscilla Akorfa Fomevor

In this interview, a public health nurse, Bernice Boateng breaks down what Neglected Tropical Diseases are, who they affect, and why everyone should care.

1. To start with, what are Neglected Tropical Diseases, and why are they described as "neglected"?
Neglected Tropical Diseases (NTDs) are a group of infectious diseases caused by parasites, bacteria, and fungi, mainly affecting people in tropical and subtropical regions. They are termed "neglected" because they receive limited attention, funding, and public awareness compared to other major diseases. Many affected individuals also face stigma, as fear and misunderstanding cause communities to distance themselves from them.

2. Which Neglected Tropical Diseases are most common in our communities, and who is most at risk of being affected?
Common NTDs include leprosy, rabies, sleeping sickness, schistosomiasis, Buruli ulcer, guinea worm disease, and various worm infestations. Everyone is at risk, but children are especially vulnerable because they frequently play in contaminated soil and water, particularly rivers.

3. Why should the general public care about NTDs, even if they have never experienced one personally?
NTDs affect more than just individuals—they place a heavy social and economic burden on families and communities. Treatment can be lengthy and costly, especially for conditions like leprosy and Buruli ulcer. Increased awareness helps promote prevention, early treatment, and reduced stigma.

4. Many NTDs are linked to poverty—can you explain how living conditions contribute to their spread?
Poor living conditions play a major role. In many rural communities, access to clean water and public toilets is limited. People often drink water directly from rivers, which may be contaminated with waste, while children regularly play in unsafe environments, increasing the risk of infection.

Bernice Boateng
Public Health Nurse
Oda Government Hospital

5. How do unsafe water sources and poor sanitation increase the risk of diseases such as schistosomiasis, trachoma, and worm infections?
Unsafe water sources are a major cause of diseases such as schistosomiasis and worm infections. Rivers flow through multiple communities, so waste dumped upstream can contaminate water downstream. Contact with or consumption of such water significantly increases infection risk.

6. Why is clean water and proper sanitation just as important as medicine in controlling Neglected Tropical Diseases?
Water enters the body every day, making its safety critical to health. When drinking water is unsafe, it becomes a direct pathway for infection. Access to clean water and proper sanitation is therefore just as important as medical treatment in preventing and controlling NTDs.

7. What simple hygiene and sanitation practices can families adopt to protect themselves from NTDs?
Families can adopt several practical measures, including proper and regular handwashing, keep their surroundings clean, dispose of waste properly, and avoid uncovered or unhygienic food. Environmental sanitation, clean markets, and safe rubbish disposal are essential. People should also seek medical care early and avoid attributing illness to superstitions.

8. What role do public health nurses play in preventing and controlling NTDs at the community level?
Public health nurses play a crucial role through education and community engagement. We visit schools, churches, and markets to raise awareness about Neglected Tropical Diseases. Personally, every Thursday I participate in radio programmes to educate the public and respond to their questions. We also conduct community visits to monitor and ensure that recommended hygiene and prevention practices are being implemented.

9. What are some common myths or misconceptions about NTDs that make prevention and treatment more difficult?
Common myths include beliefs that NTDs are caused by supernatural forces, have no cure, or will resolve on their own. These misconceptions often delay treatment and worsen health outcomes.

10. What message would you like to leave with communities and policymakers about the importance of investing in water, sanitation, and hygiene to end Neglected Tropical Diseases?
Investing in clean water and sanitation is essential. Boreholes and safe water systems reduce reinfection rates and healthcare costs. Stronger waste management and sanitation enforcement will protect communities and help eliminate Neglected Tropical Diseases. Prevention remains the most effective and sustainable solution.

Essence Clinic Launches HPV Partnership to Revolutionize Cervical Cancer Screening in Ghana

In a bold step toward tackling one of Ghana's most lethal cancers affecting women, Essence Clinic and Medical Laboratory (ECML), in collaboration with HCOWA Ghana Limited Company, has unveiled a transformative healthcare initiative aimed at reshaping cervical cancer prevention and diagnosis nationwide.

The HPV Prevention & Diagnostic Partnership, officially launched at a professional engagement session in Accra, introduces a streamlined approach to screening that promises faster results, higher accuracy, and unprecedented affordability. The program comes at a critical moment: cervical cancer claims more than 1,800 Ghanaian women every year and remains the second most common cancer and second leading cause of cancer-related deaths among women in the country.
Speaking at the launch, program lead Dr. Mensah underscored the urgency of the intervention.

"Cervical cancer is a preventable tragedy. Our mission is to ensure that no woman is diagnosed too late because of inaccessible or delayed testing," he said.

Addressing a National Health Gap
National screening coverage in Ghana remains alarmingly low—between 2.4% and 7.3%—leaving the majority of cases undetected until advanced stages, when survival rates drop sharply. Mortality from the disease is estimated at nearly 60%, largely due to delayed diagnosis and limited access to reliable testing.
To reverse this trend, ECML is introducing a two-tiered diagnostic model designed to close critical gaps in the current system.

At the first level is a point-of-care rapid HPV test kit capable of detecting high-risk strains of the virus—the primary cause of cervical cancer—in under an hour. This allows clinicians to make same-day decisions, a dramatic improvement over conventional Pap smear testing, which can take weeks and often results in patients being lost to follow-up.

Free PCR Testing Removes Cost Barriers
In what organizers describe as the initiative's most groundbreaking feature, ECML will provide free confirmatory PCR testing for every positive rapid-test result. PCR testing is considered the global gold standard for HPV diagnosis but is often financially out of reach, typically costing between GHS 400 and GHS 800 per test.
Dr. Mensah explained that removing this expense will dramatically ease the burden on partner facilities.
"This eliminates a major operational barrier for clinics and allows them to deliver world-class diagnostics while maintaining a sustainable service model," he noted.

Ending the Cycle of Neglected Tropical Diseases

While global health headlines often focus on pandemics, a group of ancient, debilitating illnesses continues to trap over a billion of the world's most vulnerable people in a relentless cycle of poverty. These are Neglected Tropical Diseases (NTDs) a diverse set of 20 bacterial, parasitic, and viral infections that include trachoma, leprosy, and dengue fever. Their very name reveals their grim reality: they are diseases of neglect, disproportionately affecting impoverished communities in tropical and subtropical regions with little political voice and inadequate access to clean water, sanitation, and basic healthcare.

The human cost is profound. NTDs cause severe chronic pain, permanent disability, disfigurement, and blindness. Children miss school due to worm infections that impair cognitive development, while adults are often too sick or stigmatized to work, crippling local economies and perpetuating intergenerational poverty. Despite causing immense suffering, NTDs have historically received a tiny fraction of global health funding and research attention.

However, a powerful movement for change is now underway. Marked by World NTD Day on January 30th, an unprecedented global collaboration is aiming to rewrite this story. Led by the World Health Organization's ambitious roadmap, the goal is to eliminate at least one NTD in 100 countries by 2030.

The strategy relies on mass drug administration programs, where billions of donated, safe medicines are delivered door-to-door in affected communities. This, combined with innovative research and vector control, has yielded stunning successes, bringing diseases like Guinea worm and lymphatic filariasis to the brink of eradication in many nations.

Yet, the final mile requires more than pills. Sustainable victory depends on tackling the root socio-economic drivers: investing in safe water and sanitation infrastructure, strengthening local health systems, and empowering communities with education.

Ending NTDs is a monumental task, but it stands as one of the most effective and equitable investments in global health. By turning "neglect" into sustained "priority," we can finally break the cycle and unlock the potential of millions, building a healthier, more just world for all.

Ghana Declares Major Public Victory Over Neglected Tropical Diseases

By Priscilla Akorfa Fomevor

At a pivotal stakeholder workshop themed "Reaffirming National Commitment and Strengthening Partnerships for Neglected Tropical Diseases," Ghana Health Service officials announced the nation's landmark success in eliminating three devastating diseases while simultaneously issuing an urgent appeal for new financial support to protect these hard-won gains.

The country has now been validated for the elimination of Guinea worm disease (2015), trachoma (2018), and human African trypanosomiasis, commonly known as sleeping sickness (2023). Furthermore, sustained public health campaigns have driven cases of river blindness and lymphatic filariasis to historically low levels, putting nationwide elimination targets within reach.

"We have demonstrated that with consistent effort and partnership, these diseases of poverty can be defeated," stated Dr. Joseph Larbi Opare, Programme Manager for Neglected Tropical Diseases at the Ghana Health Service. He outlined the timeline of achievements, crediting decades of mass drug administration, improved sanitation, and community-based health interventions.
However, the celebration was tempered by a serious warning. Dr. Larbi Opare revealed that a critical funding gap now threatens the sustainability of these successes. "Our biggest funder used to be USAID, but due to a stop order, there is now a funding gap," he explained. "We are appealing to other partners, local philanthropic institutions, research bodies, and the government to step in and support surveillance and community-based interventions."

The call for renewed commitment was echoed by key partners. Joshua Baidoo, Director of Strategy and Integrated Programmes at World Vision Ghana, reaffirmed his organization's dedication. "World Vision Ghana's leadership is dedicated to bringing together all stakeholders in the fight against neglected tropical diseases," Baidoo said. "We are working closely with the Ministry of Health, Ghana Health Service, and other development partners to find sustainable solutions."
Ghana has historically been endemic to 14 of the 20 Neglected Tropical Diseases identified by the World Health Organization. The recent eliminations mark a monumental shift in public health for millions of Ghanaians, particularly in rural communities where these diseases caused blindness, severe disability, and economic hardship.

The focus of the national NTD programme now shifts to a dual challenge: securing new, diversified funding to maintain surveillance and prevent resurgence, while intensifying the fight against remaining endemic diseases, including schistosomiasis and soil-transmitted helminths.

Source: myjoyonline.com

Men's Health

Male Genital Schistosomiasis:

The Silent Threat to Men's Health.

By Priscilla Akorfa Fomevor

For a man, the sight of blood in his semen is a moment of deep private fear. The mind races to the gravest possibilities—cancer, a severe infection, or an untreatable condition. For millions of men across tropical and subtropical regions, however, there is a far more common culprit, one that remains startlingly absent from standard men's health discussions. This is not a rare cancer, but a neglected parasitic infection called schistosomiasis, and its specific manifestation in men is known as **Male Genital Schistosomiasis (MGS)**

Male Genital Schistosomiasis (MGS) refers to a consequence of infection picked up from infested freshwater. The worms, contracted through skin contact while farming, fishing, or bathing, can migrate to the male reproductive organs. There, they lay eggs, causing persistent inflammation, scarring, and that tell-tale sign: haematospermia, or blood in the ejaculate.

The physical implications are serious. Beyond the distress of the symptom itself, this inflammation can lead to chronic pain, contribute to infertility, and critically, increase susceptibility to HIV. The damaged tissues provide an easier pathway for the virus, making MGS a silent amplifier of HIV risk.

Yet, men often suffer quietly, and doctors unaware of the connection may pursue other diagnoses, leaving the parasite to cause prolonged damage. The profound irony is that this condition is both preventable and treatable. A single course of medication can kill the worms, stop the egg-laying, and halt the progression of damage. The inflammation may take time to recede, and some scarring might be permanent, but the infection itself can be cleared.

This isn't just a tropical disease issue; it's a core men's health issue. It connects sexual well-being, reproductive health, and immune vulnerability to a treatable infection. Breaking the silence means educating at-risk communities and healthcare providers to recognize this sign, not as a terrifying mystery, but as a specific clue—one that leads to a clear diagnosis and a definitive cure.

Disease In Focus

Leprosy :

New Insights into an Ancient Disease

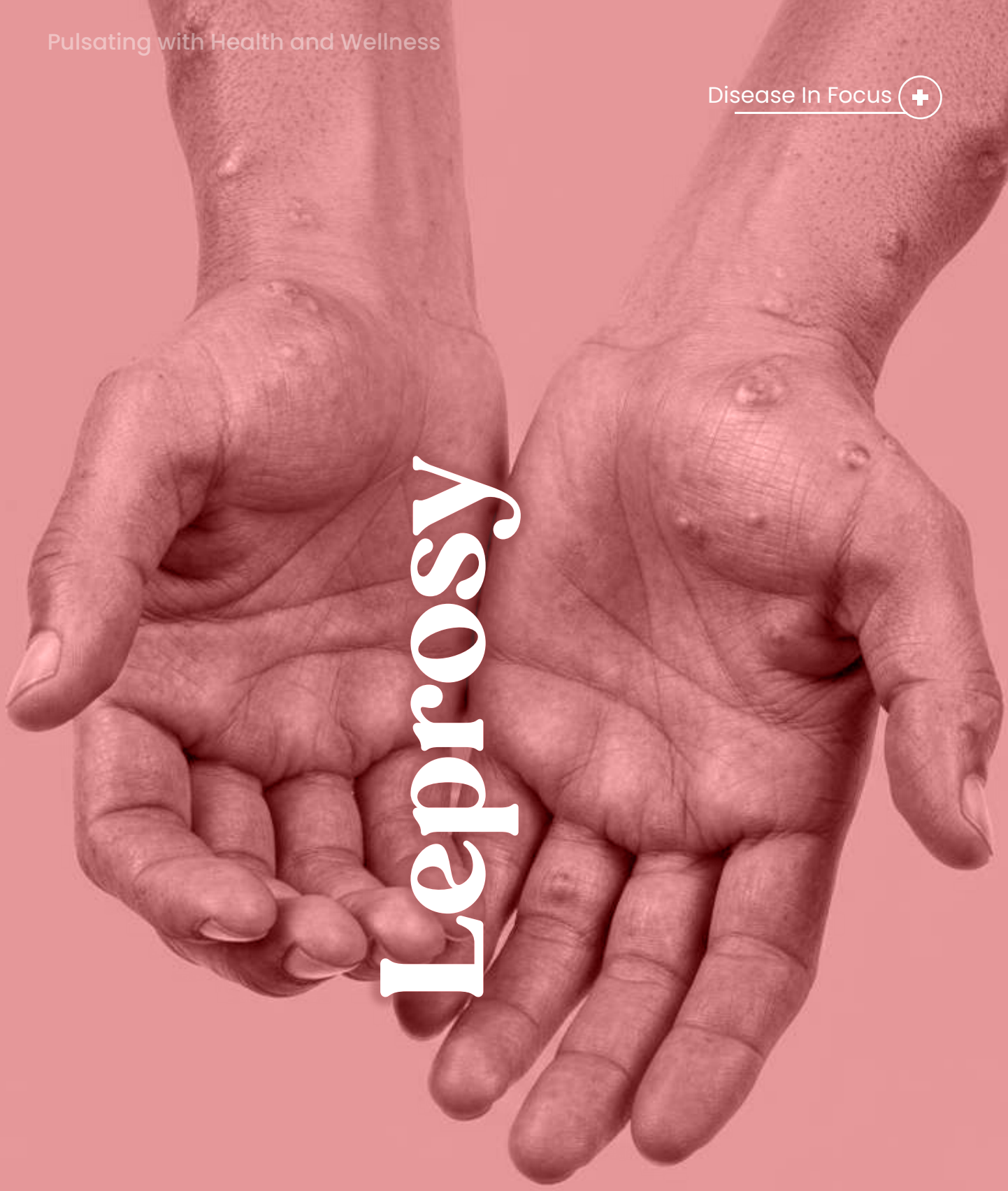
By Marilyn Tiphaine Fifame

Leprosy, also known as Hansen's disease, is one of the world's oldest infectious diseases and has long been burdened by fear, stigma, and social exclusion. Although the introduction of multidrug therapy (MDT) in the 20th century significantly reduced its global burden, leprosy remains a public health concern in several endemic regions. Recent scientific advances are now reshaping understanding of the disease and strengthening efforts toward its control and eventual elimination.

Historically, leprosy transmission was thought to occur exclusively through prolonged human-to-human contact. However, emerging research suggests a more complex reality. Studies conducted in endemic areas have detected Mycobacterium leprae DNA in soil, water, and animal reservoirs such as armadillos. These findings challenge traditional assumptions and point to potential environmental contributions to ongoing transmission. While investigations into other vectors, including ticks, have not yet provided strong evidence, researchers emphasize the need for further exploration of transmission pathways.
Early and accurate diagnosis remains critical for effective leprosy control. Active case-finding initiatives, particularly in the Brazilian Amazon, have revealed a high number of previously undiagnosed cases, including among children, highlighting hidden transmission in vulnerable communities. Genetic studies of circulating strains have also raised concerns about drug resistance, underscoring the importance of strengthened surveillance and laboratory capacity.

Diagnostic innovation is playing a transformative role in leprosy care. Molecular tools such as polymerase chain reaction (PCR) have improved detection sensitivity, enabling earlier intervention. In addition, point-of-care and serological tests are proving valuable in low-resource settings. Biomarkers such as antibodies against phenolic glycolipid-I (PGL-I) and the Mce1A protein are emerging as promising tools for detecting infection, monitoring disease progression, and assessing transmission dynamics.

Artificial intelligence (AI) is an emerging frontier in leprosy research. AI-driven image analysis and probabilistic models are being explored to support diagnosis, predict leprosy reactions, and guide personalized management. Studies of inflammatory biomarkers, including TNF-α and sTREM-1, are further improving understanding of disease severity and immune responses.



Leprosy

Despite these advances, challenges remain, particularly in managing nerve damage and inflammatory reactions. Limited high-quality evidence, funding constraints, and health system disparities continue to hinder progress. Sustained research, international collaboration, and investment are essential to translate scientific gains into real-world impact.

Together, these developments mark a pivotal moment in leprosy research, offering renewed hope for earlier detection, improved care, and a future free from this ancient disease.

Medical Herbalism and Its Role in Modern Healthcare

By Gloria Addo

1. How do you define medical herbalism, and how is it different from traditional or self-prescribed herbal remedies?
Medical herbalism is the clinical use of medicinal plants and plant products by trained professionals within a regulated healthcare system. In Ghana, it is practiced by university-trained Herbal Medical Officers working in public and private hospitals. It is evidence-based and involves patient assessment, diagnosis, treatment with standardized herbal medicines, and monitoring. This differs from traditional or self-prescribed herbal remedies, which rely mainly on cultural knowledge and individualized preparations rather than scientific validation. Medical herbalism operates within professional and regulatory frameworks to ensure safety, standardization, and integration with orthodox care.

2. There's growing interest in herbal medicine worldwide. What is driving this renewed trust in plant-based treatments?
Herbal medicine is one of the fastest-growing healthcare sectors globally. This interest is driven by the desire for natural and holistic healthcare, dissatisfaction with some aspects of conventional medicine such as side effects, cost, and antimicrobial resistance, and increasing scientific validation of medicinal plants. In Ghana, the integration of herbal units into government hospitals has improved public confidence, while better quality control, packaging, and standardization of products have further strengthened trust.

3. How do you ensure that the herbal treatments you prescribe are safe, effective, and backed by scientific evidence?
Herbal medicines used in clinical practice are registered by the Food and Drugs Authority and listed in the Ministry of Health's Recommended Herbal Medicine List. They undergo toxicity and efficacy testing at recognized institutions and are produced under Good Manufacturing Practices. Clinically, patients are thoroughly assessed through medical history, laboratory investigations, and diagnosis. Standardized herbal medicines with approved dosages are prescribed, and patients are closely monitored for response, side effects, and potential herb–drug interactions.

4. Can herbal medicine be used alongside orthodox medicine, and what precautions should patients take when combining the two?
Yes, herbal medicine can be safely combined with orthodox medicine when guided by a trained professional. This integrative approach can support treatment, such as reducing side effects of conventional therapies or improving overall well-being.However, some herbs can interact dangerously with prescription drugs, either increasing or reducing their effects. Patients must disclose all medications they are taking, and healthcare providers must coordinate treatment, including appropriate timing and dosage. I recommend that the integration of herbal medicine and orthodox medicine should be encouraged with caution, since it is beneficial when done correctly. Herbal Medical Officers in Government health facilities are always available for professional guidance.

5. Which common health conditions respond best to herbal treatment, based on your clinical experience?
Herbal medicines have shown good outcomes in managing digestive disorders, mild infections, stress-related conditions, reproductive and hormonal problems, musculoskeletal pain, and metabolic diseases such as diabetes.Based on recent clinical experience, conditions with the best outcomes include typhoid fever, benign prostatic hyperplasia, gastritis, knee osteoarthritis, and haemorrhoids.

6. Many people believe 'natural' means 'harmless.' What risks should the public be aware of when using herbal medicine?
Natural does not always mean safe. Herbal medicines can be harmful if overdosed, poorly prepared, contaminated, or used incorrectly. Some herbs may cause side effects, organ damage, or dangerous interactions with prescription drugs. The public should seek professional advice, use only FDA-registered products, and follow recommended dosages. Herbal Medical Officers in government facilities are available to provide guidance. If you have any special conditions, consult with the herbal medical practitioners before using any herbal medication.

7. How do dosage, preparation, and quality control affect the effectiveness of herbal remedies?
Herbal medicines are a complex mixture of active ingredients, which are responsible for their activities. The effectiveness of herbal medicines depends on the concentration of active compounds, which is influenced by plant quality, preparation methods, and dosage. Different extraction techniques affect potency and therapeutic outcome. Poor quality control can lead to inconsistent or unsafe products. Proper dosage and strict quality standards ensure effectiveness, safety, and reliable treatment outcomes. Therefore, underdosing or overdosing a herbal medicine may cause therapeutic failure or toxicity in extreme cases respectively.

8. What role do research and clinical trials play in advancing herbal medicine within modern healthcare systems?
To advance herbal medicine in modern healthcare, there is a need to ensure that herbal remedies are safe, effective, and standardized. There are about 80% of the world's population that relies on herbal medicines; hence, scientific validation is required to move them from empirical, localized use to recognized, mainstream healthcare treatments. For this reason, Research and clinical trials are essential for validating the safety, efficacy, and mechanisms of herbal medicines. They support standardization, regulatory approval, protection of indigenous knowledge, and integration into mainstream healthcare. Scientific research also contributes to drug discovery and improves the credibility and acceptance of herbal medicine globally.

9. In Ghana and Africa more broadly, what challenges exist in regulating herbal medicine to protect patients?
Key challenges include weak enforcement of regulations, inadequate quality control, unregistered products and practitioners, and limited pharmacovigilance systems. Capacity constraints within regulatory institutions further affect effective monitoring and patient safety.
The FDA does its best in ensuring pharmacovigilance of medicinal products, but there is limited attention towards monitoring and reporting of Adverse Drug Reactions (ADRs) associated with herbal medicine use. This poses a significant risk to public health.

10. Looking ahead, how do you see herbal medicine shaping future of healthcare, especially in preventive and holistic

Herbal medicines are now in great demand for primary healthcare globally. One of the drivers of this increase is the demand for natural and personalised healthcare that is more holistic and preventive Herbal medicine will play an increasing role in preventive and holistic healthcare but will not replace orthodox medicine. Its future lies evidence-based integration, stronger regulation, rigorous research, and standardized production. The sector also has economic potential through job creation, reduced drug importation, and expanded research and innovation.

DR (MH) MICHAEL TETTEH
Head of Herbal Unit
Tema General Hospital

Healthy Recipe Hack

Golden Immunity Soup

(Anti-inflammatory & Nutrient-Dense)

This soothing soup leverages the power of anti-inflammatory turmeric and garlic, which have natural antimicrobial properties, while packing a micronutrient punch.

Ingredients:

1 tbsp coconut or olive oil
1 onion, chopped
3 cloves garlic, minced
1 tbsp fresh ginger, grated
1 tbsp fresh turmeric, grated (or 1 tsp ground)
1 carrot, diced (Vitamin A)
1 cup chopped pumpkin or butternut squash (Vitamin A)
1 cup red lentils (protein, iron, zinc)
4 cups vegetable or chicken broth
1 can (400ml) coconut milk
Juice of 1 lime
Fresh cilantro for garnish

Instructions:

1. In a large pot, heat oil and sauté onion until soft. Add garlic, ginger, and turmeric, cooking for 1 minute until fragrant.
2. Add carrot, pumpkin, and lentils. Stir to coat in the spices.
3. Pour in the broth and bring to a boil. Reduce heat, cover, and simmer for 20-25 minutes until lentils and vegetables are soft.
4. Stir in coconut milk and lime juice. Heat through. Garnish with cilantro.

Important Note:

While these recipes support overall health and resilience, they are not a treatment or cure for any specific NTD. They are part of a holistic strategy that includes access to safe medicine, clean water, sanitation, and professional medical care the true pillars of NTD elimination. Always consult a healthcare provider for diagnosis and treatment

Late Diagnosis; The Hidden Wound of NTD Fractures in Family Health

By Marilyn Tiphaine Fifame

In the bustling communities of West Africa and rural villages across India, a silent crisis unfolds within the family unit. Neglected Tropical Diseases (NTDs), with leprosy as a prime example, do more than cause physical symptoms; they systematically dismantle family health, stability, and economic survival. The catalyst for this devastation is often a single, preventable factor: the lack of early diagnosis.

When a family member develops a slowly progressing condition like leprosy, initial signs a numb patch on the skin, unexplained muscle weakness—are frequently missed by overstretched health systems or misunderstood by communities. This diagnostic delay is catastrophic. By the time the disease is identified, it may have already caused irreversible nerve damage, leading to disability, chronic wounds, and visible disfigurement.

The consequences ripple through the entire household. The affected individual, often a parent or a productive young adult, can no longer work. A family's primary income evaporates overnight. Savings are drained for costly, reactive medical care. Children, especially girls, are frequently pulled from school to become caregivers or to supplement lost income, severing their path to education and a better future. The emotional and physical burden on caregivers within the family is immense, straining mental health and well-being.

Beyond the economic blow lies a profound social injury: stigmatization. Deep-seated fear and misinformation about diseases like leprosy lead to rejection. Families may face isolation, be barred from community water sources, or see marriages break down. This social exile compounds the financial despair, trapping families in a multidimensional poverty trap poor in health, wealth, and social support.

Breaking this cycle begins with placing early diagnosis and family-centric care at the heart of NTD programs. This means empowering community health workers with training to recognize early signs, deploying mobile clinics for remote screening, and launching public campaigns that replace fear with facts. When a disease is caught early, simple, free treatments can prevent disability, allowing individuals to remain productive and families to stay intact.

Protecting families from the ravages of NTDs is not merely a clinical goal; it is a foundational investment in community resilience and economic stability. By turning the light on these hidden wounds early, we can preserve the health of individuals and the vitality of the families that depend on them.

Ask the Expert

Voices Shaping the Global Fight Against Leprosy

By Marilyn Tiphaine Fifame

In the global effort to eliminate leprosy, expert leadership plays a critical role in shaping policy, improving care, and transforming public understanding of the disease. Three influential voices **Peter Waddup, Geoff Warne, and Dan Izzett** represent different but complementary dimensions of this fight: service delivery, global coordination, and social justice advocacy.

As Chief Executive Officer of the Lepra organization, Peter Waddup has consistently emphasized the importance of early detection, community-based care, and strengthening health systems. His work highlights how leprosy is not only a medical condition but also a development issue tied to poverty, access to healthcare, and education.

Through regular updates on case detection, treatment access, and community outreach, Waddup's leadership reflects a practical, field-driven approach ensuring that policies translate into real services for affected populations. His perspective underscores a central truth: leprosy elimination is impossible without strong primary healthcare systems and community trust.

Geoff Warne, as CEO of the International Federation of Anti-Leprosy Associations (ILEP), brings a global coordination lens to the conversation. His work focuses on unifying international efforts, aligning NGOs, governments, and global partners around shared strategies for leprosy control and elimination.

Through updates on global policy frameworks, disease surveillance, and collaborative programmes, Warne's leadership highlights the importance of partnerships. He represents the structural backbone of leprosy control where cooperation, data-sharing, and strategic alignment are essential for sustainable impact.

Dan Izzett adds a powerful human dimension to the discourse. As an advocate for people living with leprosy, he consistently draws attention to the social consequences of the disease, particularly stigma, discrimination, and exclusion. His voice reminds the global community that leprosy is not only about bacteria and treatment regimens, but about dignity, rights, and inclusion. Through interviews and advocacy work, Izzett challenges harmful narratives and pushes for policies that protect the social and economic well-being of affected individuals.

Together, these three experts represent a holistic model for leprosy elimination: clinical action, global coordination, and social transformation. Asking the experts reveals a shared message leprosy can be defeated, but only through integrated approaches that combine science, systems, and human-centered care. Their collective work points toward a future where leprosy is no longer a disease of neglect, stigma, or silence, but one of prevention, dignity, and justice.

Global Health Alliance Secures Partnerships to Bridge Immunisation Gap

By Priscilla Akorfa Fomevor

Gavi, the Vaccine Alliance, has unveiled a powerful coalition of new partners from the worlds of business, venture capital, and philanthropy. These collaborations are set to channel hundreds of millions of dollars toward scaling proven solutions and delivering vaccines and primary healthcare to underserved communities across Africa and beyond.

Gavi CEO Dr. Sania Nishtar emphasised the critical role of cross-sector collaboration, stating that the organisation's public-private partnership model "is more relevant than ever in today's global health landscape." The new alliances are designed to move innovations beyond the pilot phase and integrate them into national health systems at an unprecedented pace.

A cornerstone of the announcement is the bolstering of Gavi's Innovation Scale-Up Facility. The venture capital firm 500 Global has joined forces with Gavi and Grand Challenges Canada, with the collective aim of mobilising up to USD 300 million in private capital.

This funding will be directed toward scaling high-impact health technologies that have already demonstrated success in local pilot programmes. "Strategic risk-taking can unlock transformative health outcomes," remarked Dr. Alaa Murabit of 500 Global, highlighting the mission to deploy capital efficiently in fragile and emerging settings.

Further strengthening this initiative, The Coca-Cola Foundation has pledged to provide vital technical assistance, drawing on its extensive logistics expertise through partnerships like Project Last Mile to ensure the smooth implementation of these innovations on the ground.

In a novel approach to improving community health, Gavi has also partnered with chocolate manufacturer Tony's Chocolonely, the UBS Optimus Foundation, and the Bayer Foundation. This multi-stakeholder initiative will target cocoa-farming communities in Ghana and Côte d'Ivoire, aiming to reduce healthcare costs, expand access to services, and specifically address low vaccination rates. The programme will deploy mobile clinics, enhance cold-chain infrastructure for vaccines, and utilise digital tools like mobile money to facilitate health insurance enrolment, with a goal of reaching over 600,000 people.

Meanwhile, Gavi's pioneering work with drone delivery company Zipline is expanding into Nigeria.

With new support from the Elton John AIDS Foundation and the government of Sweden, drones will begin delivering life-saving vaccines to remote, zero-dose communities in Kaduna State, overcoming traditional logistical barriers to healthcare access.

Living Well with Hansen's Disease: Ending Stigma, Embracing Health

By Marilyn Tiphaine Fifame

For centuries, leprosy (Hansen's disease) has been shrouded in fear and stigma. Today, living well with or beyond this ancient disease is not only possible but centered on a simple truth: with timely treatment, it is completely curable, and a fulfilling life is the expectation, not the exception.

The cornerstone of health is early diagnosis and treatment. Modern multi-drug therapy (MDT), provided free worldwide by the World Health Organization, cures the infection. Starting MDT at the first signs such as pale or reddish skin patches with loss of sensation, numbness in hands or feet, or muscle weakness is crucial. It stops transmission and prevents the physical disabilities historically associated with the disease.

However, true wellness extends beyond medicine. The most persistent challenge remains social stigma, which can lead to isolation and discrimination. Building a healthy life involves actively combating this through education and community. Learning and sharing facts dismantles myths: Hansen's disease is not highly contagious after starting treatment and is not passed down through generations. Connecting with support groups, either locally or online, provides invaluable emotional strength and practical advice from those who understand the journey.

Protecting physical well-being is also key. For those affected by nerve damage, daily self-care routines to inspect hands and feet for unnoticed injuries are essential to prevent complications. Good nutrition, regular exercise, and managing overall health bolster the immune system and support recovery.

Ultimately, living well with Hansen's disease is about integration and dignity. It requires healthcare systems to ensure accessible, compassionate care and communities to replace fear with understanding. As we work towards a world free of leprosy, we must first create a world free of the prejudice that has long been its most damaging symptom. Health is not just the absence of disease, but the presence of respect and opportunity for all.

Key Health Terms Related to Leprosy

Neglected Tropical Diseases (NTDs)
A group of communicable diseases that mainly affect impoverished populations in tropical and subtropical regions, often receiving limited attention and funding despite their large disease burden.

Hansen's Disease (Leprosy)
A chronic infectious disease caused by *Mycobacterium leprae*, primarily affecting the skin, peripheral nerves, and mucosa, leading to disability if untreated.

Multidrug Therapy (MDT)
The standard WHO-recommended combination of antibiotics used to treat leprosy effectively and prevent drug resistance.

Mass Drug Administration (MDA)
A public health strategy where medicines are distributed to entire at-risk populations to control or eliminate NTDs, regardless of individual disease status.

Disease Elimination
The reduction of disease transmission to zero in a defined geographic area through sustained public health interventions.

Disease Eradication
The complete and permanent global elimination of a disease, with no further need for interventions (e.g. smallpox).

Endemicity
The constant presence of a disease within a specific geographic area or population.

Stigma
Social discrimination and negative attitudes toward individuals affected by diseases such as leprosy, often leading to isolation and delayed care.

Active Case Finding
A proactive public health approach involving systematic screening to identify undiagnosed cases in communities.

Integrated Disease Control
A coordinated strategy that addresses multiple diseases simultaneously through shared surveillance, treatment, and prevention systems.

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ISBN: 978-9988-3-9737-1

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