

Opinion

Economic case for prioritising fight against TB

By Dr Bjorn Lomborg &
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WHILE Ghana is undoubtedly and steadily improving, there are still many challenges left. It turns out that tackling tuberculosis is one of the best ways forward.

Ghana Priorities, a cooperation between the National Development Planning Commission (NDPC) and the award-winning think tank, Copenhagen Consensus, asked Ghana's foremost minds what they saw as the best solutions for ensuring an even brighter future for Ghana. More than 400 ideas were initially proposed, from where 79 solutions were selected for further analysis.

Ideally, Ghana should address all challenges, solve all problems. But no country, however wealthy, can do everything.

That is why we've worked with local and international economists to find out how much good each cedi spent can deliver for Ghana across all these solutions.

The result has been dozens of thorough and peer-reviewed papers and their short summaries, which you've read in the *Daily Graphic* for the past half year.

These papers reveal the breadth and potential of each intervention, from the benefits of digitising public administration to tractor services and malaria treatment.

Prioritisation

But which are the best policies for Ghana? When choosing among many worthy opportunities, prioritisation is necessary. An eminent panel met in Accra for three days to deliberate on just that.

The panel included the Finance Minister, Mr Ken Ofori-Atta; Planning Minister, Prof. George Gyau-Baffour; former Finance Minister, Prof. Kwesi Botchwey; Prof. Augustin Fosu from the University of Ghana; Prof. Ernest Aryeetey, Secretary-General of the African Research Universities Alliance; Prof. Eugenia Amporfu from the Kwame Nkrumah University of Science and



• A TB champion using pictures to sensitise people to the disease

Technology (KNUST) in Kumasi, and the Nobel Laureate Economist, Prof. Finn Kydland.

They read all the papers and met with the academics, quizzed them and finally made their ranking of the very best interventions for Ghana.

Tuberculosis

Out of the top 10 best solutions for Ghana, three of the best interventions had the goal of tackling tuberculosis.

For example, for every cedi spent on better counselling and education, GH¢190 of societal good is created.

Jamie Rudman and Rein Houben from the London School of Hygiene and Tropical Medicine; Yaw Adusi Poku, National Tuberculosis Control

Programme Manager, and Saleema Razvi and Brad Wong from Copenhagen Consensus studied these three important interventions to deal with the disease burden: active case finding in high-risk populations, improved speed and accuracy of diagnosis through the implementation of molecular diagnostic tools, as well as education and counselling to make sure those receiving tuberculosis treatment adhere to the necessary treatment.

Apart from having the potential to save a lot of lives, all three interventions delivered some of the highest social benefits for each cedi spent. For example, for every cedi spent on better counselling and education, GH¢190 of societal good is created.

How is that possible? Tuberculosis is a disease that mainly affects working adults, so it not only causes disease and death but also disrupts economically productive lives and shatters families. Moreover, curing a tuberculosis case does not only allow a mother to return to her family and her productive endeavours, it also eliminates further infections that would have gone on to harm other productive adults and their families.

Unfortunately, a tuberculosis cure involves taking drugs for four to 12 months, although you typically feel well after just the first couple of weeks.

This leads to a significant drop-off in adherence, potentially leaving uncured tuberculosis which might even go on to become the much more expensive and dangerous drug-resistant kind.

Counselling, education

So, a simple investment in better counselling and education to keep people taking their drugs for the next many months can generate very high benefits for very moderate costs.

But what stands in the way of implementing such fantastic interventions that are all highly ranked by the eminent panel?

Regrettably, tuberculosis is also a highly stigmatised disease. Despite tuberculosis being responsible for every 20th death in Ghana, the stigma attached to the disease means it receives less attention and has fewer campaigners working to push policy makers for more funding.

Moreover, the policies proposed are

not grand promises to eradicate the disease, but rather technical interventions to hone existing policies with great additional results, like with better adherence.

Similarly, Ghana already has a sufficient number of machines to conduct genetic testing on tuberculosis for everyone.

It delivers precise information both on infection status and whether it should be treated with cheap, first-line drugs or more expensive second-line drugs.

The machines could be better exploited by transporting saliva samples from remoter areas to get quick tests that could help service the last 10 per cent of tests at low cost, with very high potential benefits.

Incremental changes

These incremental changes of transporting spit-tests to testing facilities and tracking down outbreaks may not invoke the same mental imagery as a grand, life-saving vaccine, but they turn out to be essential and enormously effective for combatting the deadly challenge of tuberculosis in Ghana.

Ghana has the opportunity to dramatically reduce the impact of tuberculosis with sufficient political will and national investment.

The eminent thinkers tell us it will be one of the greatest investments for Ghana. Let's get this done.

The authors are the President of the Copenhagen Consensus and a Public Health Physician, Ghana College of Physicians and Surgeons, respectively.