Free at Last: An Introspective Guide into the Embedded Roots of Colonialism in the Current State of Healthcare in Ghana

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The current state of healthcare in Africa is disastrous, especially when compared to that of Western societies. Statistics show that people are dying young and experiencing disability at an exponentially higher rate in Africa than people in Western society. The root of this inequality is attributed to multiple sources. Some speculate that this inequality is due to the state of Africa itself. The weak economy and corrupt leadership must have created these health issues in Africa. Others argue it is due to the lack of development of the African society. Underfunded social services, the lack of infrastructure, and the depletion of human and material resources play a role in the health disparities. These speculations scratch at the surface of issues of inequality in Africa but fail to address the underlying causes. These factors play a role in the lackluster healthcare system in Africa and are negatively affecting the health of Africans. It is evident that the ills of the healthcare system are caused not by Africans themselves but rather by the system of colonialism that is exploiting and depriving Africa continuously through corruption, the lack of self-agency, and the idolization of Western culture.

This article will examine the roots of colonialism embedded in the healthcare system in one country, Ghana, to model methods of change for the rest of the continent. Inequality is a radical force in society and can only be solved through radical means. Solutions to jumpstart the healthcare system in Ghana, and Africa as a whole, are necessary to release the ties of colonialism from Africa that exacerbate inequality in the healthcare system.

Keywords

colonialism • Ghana • healthcare systems • radical

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Scope of the Problem

Ghana was the first country to gain independence from British colonial rule on March 6, 1957. Moments after Ghana gained its independence, Kwame Nkrumah, the first president of Ghana, exclaimed, "Our independence is meaningless unless it is linked up with the total liberation of Africa!" (BBC, 2007). Nkrumah was adamant about the necessity of Africa as a whole to unite against imperialist forces because freedom is not equivalent to decolonization. Decolonization is the process of reversing and removing the effects of colonial rule, whereas freedom is just removing the direct presence of a colonial power. The direct absence of colonial rule does not undo the long-lasting and detrimental impacts of colonial rule. Decolonization takes intentional and purposeful work, and unfortunately Ghana, like most African countries, has never achieved this.

From the transatlantic slave trade to the scramble for Africa, to current neocolonial policies, colonialism is embedded into African society, and it affects every aspect of society. Colonialism is defined as "the founding of a state based on white supremacy," which is evident in the colonial rule of Ghana, where white supremacy is spread in an attempt to cripple the ability of the native people to surpass Western society (Barlow & Smith, 2019). In Ghana, the lasting effect of colonialism is seen most prominently in the economy. Ghana inherited a lackluster economy from British rule that was prone to inflation, budget deficits, and a wide array of economic problems (Whitfield, 2018). Colonialism is embedded within the economy, and without an overt attempt to dismantle it, any attempts to improve Ghana's economy will be fruitless. The political-economic system of capitalism is a direct remnant of colonization and ensures that global leaders can profit and extort the resources of Ghana and other developing nations. With the economy riddled with the remnants of colonization, this is bound to spill over into some of the most pivotal governmental functions, like healthcare. The problems in Ghana's current healthcare system are very well known to Ghanaians. The poor can't afford it, and the rich don't want it. Poor Ghanaians take any means possible to avoid the exorbitant costs of seeking healthcare in Ghana, while affluential Ghanaians rely on medical care abroad. This decreases the efficacy of the role of healthcare in Ghana. Additionally, a study of the West African healthcare system found that corruption is rampant in various forms throughout the system in Ghana (Agwu et al., 2019). In recent years, the government has made countless attempts to revamp the healthcare system. The implementation of universal health insurance, increasing the supply of ambulances and other first response teams, and millions of dollars of investment into healthcare, yet the state of Ghana's healthcare system appears the same (Okoroh et al., 2018; Blanchet, Fink, & Osei-Akoto, 2012; Ministry of Health). Health inequities stem from colonialism. Therefore, health inequities cannot be solved without first dissolving colonialist ties. Colonialism in itself creates health inequities by establishing policies that create social determinants of health that did not exist before colonial rule (Barlow, 2018).

One of the key social determinants of health that is debilitating the healthcare system in West Africa is access. Access is multifaceted and severely overlooked when evaluating social determinants of health. Access as a social determinant goes beyond the normative definition of one's ability to enter a place. It involves a more intricate relationship between the individual and their healthcare system, and whether this relationship encompasses availability, accessibility, accommodation, affordability, and acceptability (Penchasky & Thomas, 1981). Availability entails the supply of medical services and personnel that is equivalent to the demand or the entire population (Penchasky & Thomas, 1981). Accessibility means that individuals themselves can easily get to medical services. Accommodation is whether or not the methods that healthcare providers use match the patient's

needs (Penchasky & Thomas, 1981). Affordability questions if individuals can adequately afford to receive medical services. Finally, acceptability is whether a patient's attitudes and personal beliefs accept the methods of the healthcare system (Penchasky & Thomas, 1981). Often, aspects of access are neglected, and this leads to further misjudgments and miscalculations on the quality of healthcare. The question of who has access and what elements of access are adhered to for certain populations relates directly to colonialism.

In examining the healthcare system, it is important to understand the full range of healthcare that exists in Ghana. There are dual healthcare systems that make up the lives of Ghanaians: traditional medicine and the Westernized healthcare system. Traditional medicine is defined as "the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness" (World Health Organization [WHO]). In Ghana, due to the lack of access and affordability of the Westernized healthcare system, many people rely on traditional medicine for their source of healthcare. In fact, a study examining the trends of traditional medicine in Africa found that "about 70% of the population depends primarily on [traditional medicine]" (Abdullahi, 2011). Yet traditional medicine remains completely unregulated and unmonitored by the government. The conjunction of unregulated traditional medicine and Westernized medicine combined with the extrapolating effects of colonialism is undermining the health of Ghanaians, and Africans as a whole.

Ghana's healthcare system, like that of much of the developed world, is severely subpar. As globalized as society is today, there is no reason why a major hospital should not have basic drugs or why certain populations should have to travel for miles just to get to a hospital (Pheage, 2016–2017; figure 1). This, and so much worse, is commonplace in Ghana. And when considering the health experiences of marginalized people, like women or the LGBTQ+ community, it is heartbreaking. People are dying from completely curable diseases in unprecedented numbers (Pheage, 2016–2017; Aikins, 2013). Attempts at improving the conditions and dire health statistics are completely fruitless (Okoroh et al., 2018; Blanchet et al., 2012; Ministry of Health; Pheage, 2016–2017). From an introspection of history, Ghanaians, and many other underdeveloped nations, are trapped in an endless cycle of death, while others in developed nations live lives of luxury. As underdeveloped countries try to mimic the systems of these Western societies, they entrench themselves deeper in a cycle of death.

Capitalism is the economic and political system that keeps this cycle of death never-ending. At its foundations, capitalism depends on the exploitation of masses of people in order for profit to be maximized. Western societies are keenly aware of this and use the system of colonialism as a means to their end of luxury.

Policy Alternatives

Current State of Healthcare

There are significant gaps in the research into the current state of healthcare in Ghana. These are attributed to various reasons. The first is the lack of a governmental organization in Ghana with a primary goal of transparency into the state of healthcare. To compare, in the United States, Healthy People 2020 is one of the numerous sources to find the current state of health and also the health goals for the country for the next decade (Healthy People, 2020). This is in the form of

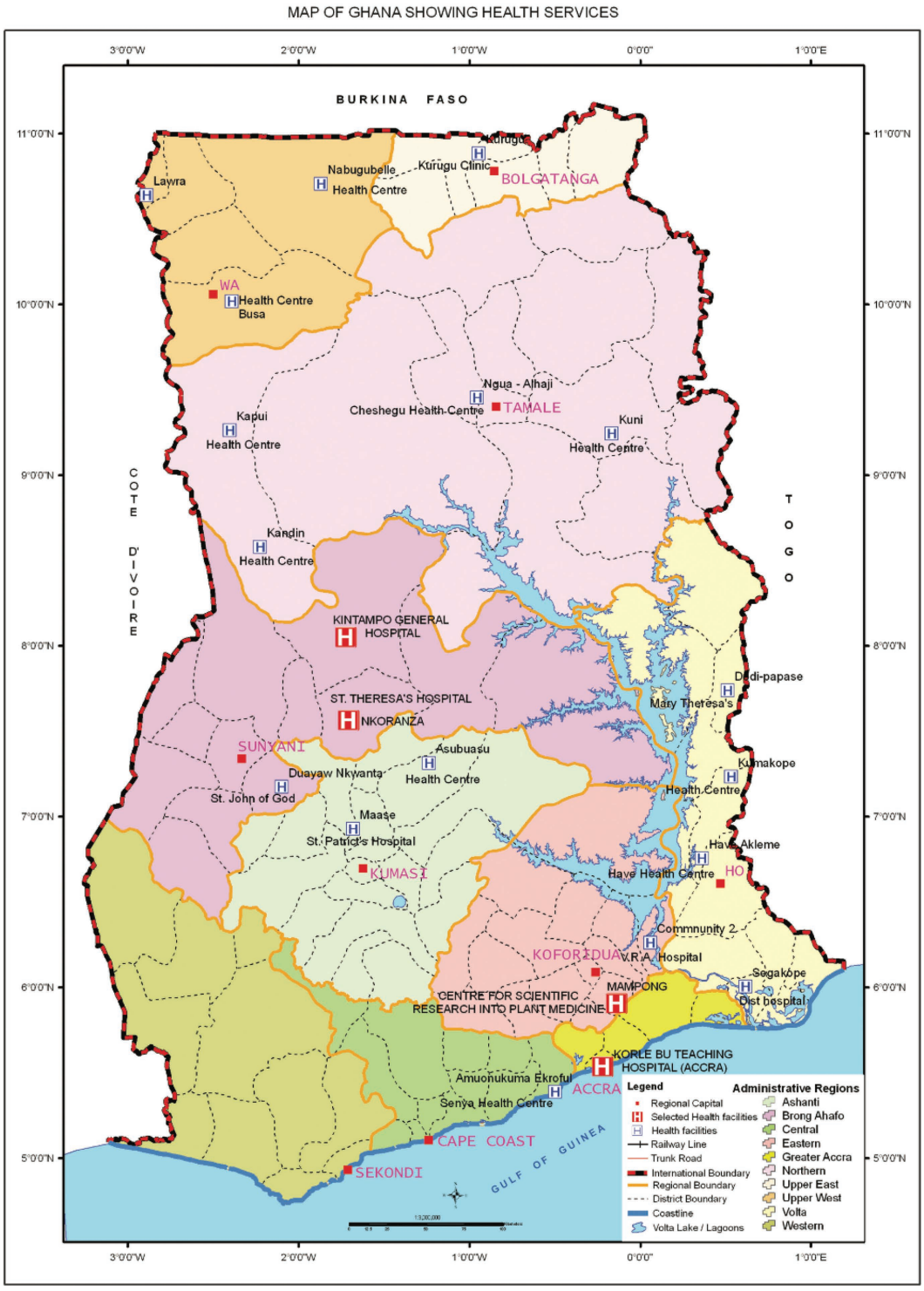

Figure 1. A map of Ghana with a key labeling health facilities and major hospitals in Ghana.

Source: Courtesy of Chronic *Non-Communicable Diseases in Ghana: Multidisciplinary Perspectives* by De-Graft Aikins

multiple comprehensive lists, infographics for easy accessibility, and is readily available online. The Ghanaian equivalent, the Ministry of Health's Policy Objectives, is out of date by three years and does not contain a comprehensive list of the problems impacting the healthcare system in Ghana (Ministry of Health). How can the problems facing Ghana's healthcare system be effectively solved if they are not even clearly known? This brings in another gap in the research that is directly tied to colonialism. All of the research, information, and education into the healthcare system are done solely in English. Yet there are over 50 native languages in Ghana. While English is the official language in Ghana, the United Nations (UN) proposes that only about 32% of Ghanaians are proficient in English (Dako & Quarcoo, 2017). This means that only 32% of the population can even understand the minimal medical research and information that is available to them. Further, the available research into healthcare in Africa frequently merges the problems of the entire continent into one. While the problems that exist are very similar across Africa, there are significant distinctions between regions, individual countries, and even different tribes. Research into specific countries in Africa is very hard to come by, and for some countries, almost impossible. Despite all of these limitations in the research, the dire state of healthcare in Ghana is uncontested. According to an article published in the *Africa Renewal* journal of the United Nations, "Approximately 1.6 million Africans died of malaria, tuberculosis and HIV-related illnesses in 2015" (Pheage, 2016–2017). Malaria, tuberculosis, and HIV are all diseases that have been eradicated, or are in very low prevalence, in the developed world. Yet they are still crippling the African healthcare system. Further, the article states, "Globally, 50% of children under five who die of pneumonia, diarrhea, measles, HIV, tuberculosis, and malaria are in Africa" (Pheage, 2016–2017). The disease burden of communicable diseases affects Africans exponentially more than the rest of the world. *Chronic Non-Communicable Diseases in Ghana: Multidisciplinary Perspectives* goes beyond this to argue that noncommunicable diseases in Africa are largely ignored when considering the disease burden, despite the fact that they are more prevalent, population-wise, than communicable diseases. The text demonstrates that in Ghana"[h]ypertension prevalence is now estimated at 37 percent in urban areas and 24 percent in rural areas. Diabetes prevalence rates range between 6 percent and 8 percent and peaks at around 9.1 percent among urban civil servants. The prevalence of common mental disorders (mainly depression and anxiety disorders) is estimated at 10 percent, while severe mental disorders (psychosis, schizophrenia) is estimated at 3 percent" (Aikins, 2013). Further, the prevalence rates of communicable diseases are less than those of noncommunicable diseases. Yet the majority of media, health interventions, and funding are prioritized toward communicable diseases. The forces of colonialism dictate the perception of the state of healthcare in Africa—which impacts funding and media attention. While noncommunicable and communicable diseases both greatly impact the health of Africans, communicable diseases, like malaria or tuberculosis, perpetuate the colonialist ideology of the inferiority of Africa. The fact that the West was able to eradicate these diseases, but Africa still has not been able to do this, spreads the idea of Western superiority and the need for the white man to "save" the African people. That Africans perpetuate this stereotype through increased funding toward communicable diseases is colonialism at work.

Simultaneously, colonialism has also severely deprived Africa of access to key medicines. As stated previously, communicable diseases that have been essentially eradicated in the developed world are still very prevalent in Africa, mostly due to the lack of access to medicine. While the lack of access to medicine can be attributed to multiple causes, "the major ones, according to the WHO, are the shortage of resources and the lack of skilled personnel" (Pheage, 2016–2017).

Africa is a continent of immense wealth and natural resources, yet it lacks the resources and personnel to provide medicine to its people. This fact is a direct result of colonialism. The *African Renewal* journal of the UN states that "less than 2% of drugs consumed in Africa are produced on the continent" (Pheage, 2016–2017). This means that almost all of the medicine used in Africa is dependent on colonialist powers. This gives Western governments and pharmaceutical companies direct power to control what medicines Africans have access to and who receives them. To describe the extent of this tragedy, in Zimbabwe, the lack of access to medicine is so extreme that painkillers are used as a "treat-all drug" (Pheage, 2016–17). The Western civilization is currently grappling with the effects of the overuse of pain medication, and these effects are not far behind African nations. The current state of healthcare in West Africa is dire, and its roots are intrinsically linked to colonialism.

Colonialism Embedded into the System

Colonialism into the healthcare system in Africa is far-reaching; from the diseases that receive recognition, to where hospitals are located, to even the healthcare options available, colonialism has completely overtaken healthcare systems in Africa (Aikins, 2013; Agwu et al., 2018; Pheage, 2016–2017). The role of colonialism is seen most evidently within the dual healthcare systems.

Africans have relied on traditional medicine for centuries. It uses natural ingredients, like herbs, and emphasizes on the social and emotional equilibrium of patients rather than just treating diseases (WHO). This method of healthcare, although greatly un-researched, was held in high esteem and was a trusted method of healthcare prior to colonial rule. When Westernized healthcare systems were introduced during colonial rule, the role of traditional medicine shifted, and it was regarded as primitive and ineffective by colonial rulers. Through colonialism, this ideology is being mirrored in African people. Still, traditional medicine is the primary source of healthcare for the majority of Africans in rural areas (Abdullahi, 2011). And yet, this practice remains unregulated.

Traditional medicine methodology has become a trend in Western civilization under the euphemism of DIY skincare, expensive treatments like acupuncture, and much more. Traditional medicine is even being taught in medical schools in the United States (Abdullahi, 2011). Yet, when asked in a study about the role of traditional medicine, Nigerian medical students gave little weight to and even defamed the importance of traditional medicine (Abdullahi, 2011). This highlights an important aspect of colonialism: how it affects Africans psychologically. Hussein A. Bulhan, a scholar from Frantz Fanon University in Hargeisa, Somalia, describes the "colonization of values," a concept where people of color internalize self-defeating and demeaning beliefs tied to their culture and identity whiles simultaneously praising and idealizing beliefs about Western society (Bulhan, 2015). While Western civilization has been able to recognize the effectiveness of traditional medicine, Africans are still stuck in the mindsets of colonial times. This phenomenon of colonialism is best explained through internalized racism. This idea demonstrates that after years of institutionalized racism, lack of access on the basis of race, and personally mediated racism, prejudice, and discrimination, stigmatized people begin to accept and even perpetuate their role of inferiority and unworthiness (Jones, 2000). Africans have faced centuries of institutionalized and personally mediated racism, so it is no wonder that internalized racism is so common in Africa. The effect of colonialism at the individual level needs to be thoroughly evaluated to release the ties of colonialism.

Previous Attempts to Improve the State of Healthcare

Improving the dire state of healthcare in Ghana is not a new task. There have been numerous attempts to make Ghana's healthcare more accessible, affordable, and increase the standard of living for Ghanaians over the years. The levels of effectiveness vary, but overall they all made little impact.

The most recent nationwide attempt at improving access to healthcare in Ghana was the National Health Insurance Scheme (NHIS), adopted in 2003. With out-of-pocket expenditures in Ghana at 26% of the total health expenditures, a rate almost double the recommended rate by the WHO, universal health insurance could have been a great stride toward progress for Ghanaians (Okoroh et al., 2018). The NHIS attempted to reduce the financial barriers to healthcare access through yearly premiums, a 2.5% levy on certain goods and services, and waiving premiums for vulnerable populations (Ayanore et al., 2019). Some studies showed that the NIHS helped improve access to healthcare for certain populations, adult women in the Accra metropolitan area, but the overall majority of studies showed that it made little impact on healthcare costs for insured people (Adua et al., 2017; Okoroh et al., 2018; Blanchet et al., 2012). Still, as of 2021, almost 70% of the population in Ghana is insured (Sasu, 2022). Arguably the most vulnerable population in Ghanaian society, rural people have remained uninsured (Okoroh et al., 2018). Despite its flaws, the NIHS does make a difference in out-of-pocket costs, with uninsured people paying up to 10 times more for healthcare when compared to insured people (Blanchet et al., 2012).

Another recent attempt at improving healthcare in Ghana was the implementation of new ambulances. In 2019, the Ghanaian Minister of Health, Honorable Kwaku Agyemang-Manu, announced that the government will be procuring 275 new ambulances for each of the 16 districts in Ghana (Ministry of Health). While this should be a great feat for the country of Ghana, many Ghanaian citizens were indifferent to such a boastful comment right before an election year. This lack of trust in their healthcare system stems from the years of corruption involving these very ambulances. Ghana has had an adequate supply of ambulances for almost a decade, and yet due to corruption, they are all virtually unusable. The Minister of Health himself describes this problem by stating,

> for the past eight years, the nation's ambulance stock, which was supposed to be increased and maintained year after year was not done . . . even those which had already been purchased were not operational, money has already been paid but we cannot use them.
>
> (Ministry of Health)

Corruption and misuse of money have made instances like this common in the Ghanaian healthcare system, and even the government itself. There is a lack of appropriation and surveillance of budgets in Ghana, so money meant to improve governmental systems often disappears with projects remaining uncompleted.

All these attempts have one thing in common—the goal of not only improving the healthcare system but also primarily making it mirror the healthcare systems of the Western world. Colonialism has perpetuated the notion of Western normativity and placed Western ways of life as an ideal for developing nations. It limits the possibilities of what developing countries can do to what developed countries have already done, and this notion is false. Western society's healthcare system, while admittedly not at all a perfect system, works for the people it was meant for, white people. To try to mimic and mirror a system that was never even meant for you will always be fruitless.

When evaluating the entire developing world, tales like these are common. People are blatantly aware of the incompetence of their own governments but are rarely shown the way in which Western governments contribute to this. This is colonialism at work, and the best example of this is attempts by African countries to produce their own medicines. A majority of African countries are completely reliant on foreign powers for medicine and often spend a large portion of their resources on just procuring medicine. Attempting to combat this trend, South Africa decided to try to create its own pharmaceutical drugs (Pheage, 2016–2017). The production of drugs is already heavily regulated by Western powers like the United States through the Current Good Manufacturing Practices (Pheage, 2016–2017). The process of meeting regulation standards alone requires a great amount of funding and technical skill that most African countries are not equipped to deal with. In an attempt to combat rising prices of HIV/AIDS drugs, then President of South Africa Nelson Mandela led the charge for South Africa to produce and import cheap and generic HIV/AIDS drugs (Pheage, 2016–2017). In response, in 2001, 39 pharmaceutical companies sued South Africa for breaching their patent rights in order to halter their plans (Pheage, 2016–2017). Where South Africa saw an opportunity to save more lives and loosen their dependence on foreign powers, these pharmaceutical companies saw a loss in profit. This was an attempt at decolonizing the production of medicine and allowing Africans to create drugs for themselves by themselves, and colonialist powers would stop at nothing to delay it.

All these attempts also have one thing missing. The Ghanaian healthcare system consistently neglects some of the most vulnerable populations, women, and LGBTQ+ people. Women face atrocities in the healthcare system regarding methods of family planning services, access to quality prenatal and postpartum care, screenings for noncommunicable diseases, and so much more. Horror stories of women giving birth on floors or taking dangerous drugs in order to induce a miscarriage are all too common in Ghana, and there is nothing being done about it. Additionally, the stories of the LGBTQ+ population are basically unheard of because Ghanaian society suppresses, and is currently attempting to criminalize, this population to extreme extents. The LGBTQ+ population can barely even be themselves safely, let alone seek medical care safely. These gaps need to start being addressed in the Ghanaian healthcare system, and Africa as a whole.

Policy Recommendations

The current state of healthcare in Ghana is riddled with remnants of colonialism. From its very root, Ghana's healthcare system is not its own but a mere imitation of the healthcare systems of Western society, a failed imitation, at that. The healthcare system of Western society strides ahead of that of West Africa, no argument. People live longer, have better health outcomes, have increased accessibility, and have overall better experiences in a British hospital compared to a Nigerian hospital. For generations, African governments have looked at these statistics to mean that they must abandon their own systems and mirror that of Western society. This mentality is the result of colonialism. Colonialism created the belief in Western superiority and African inferiority. Colonialism insisted that Africa needed Western society in order to survive. It enforced the building of the current healthcare system to perpetuate its inherent goals, and African leaders are unknowingly destroying their own healthcare system with every step to improve it. This is the harsh reality of colonialism in the developing world. Every step to progress ends with ten steps back. But this does not have to happen. Imitating the healthcare systems of other societies is fruitless, solely because those systems were made specifically for those societies. Africa has to make a healthcare system of its own, and the first step to achieve this is decolonization.

Decolonization by definition is reversing the effects of colonialism. This can happen in various ways, but the first step is always to determine whether colonialism is impacting a society in either a positive or negative way. Colonialism is like a cancer that affects society. You cannot remove the cancer in one place and leave it in another, or else it will just continue to grow and infect other organs. You must remove it from the body entirely. That is how colonialism operates. Colonialism is present in every governmental system and level and runs rampant throughout the minds of individuals. But colonialism's biggest strength will also lead to its downfall. Colonialism is able to flourish only because the people who are most affected by it do not even know it exists. When the majority of people realize that colonialism is the underlying cause of their stagnant state, colonialism has lost all of its power. People will begin to recognize colonialist mentalities and rebuke them. They will also begin to challenge the actions of the government that spread colonialist ideologies. The power of a society is truly its people, and when people become aware, they can take back control of their society.

Awareness of the problem, unfortunately, will not erase the effects of the problem. There need to be steps to alleviate the problem. One approach is to take advantage of the fact that people are aware of the problem to spark a perspective shift. This perspective shift should highlight social determinants of health. A social determinants perspective is a way to critique the healthcare system to ensure that it caters to the social determinants of health (Marmot, 2005; The National Academies Press, 2016). This will require the healthcare system and the government as a whole to shift their focus from mirroring the healthcare system of Western society to rather focusing on the specific social determinants of health that are riddling with Ghanaians. What specific issues are Ghanaians grappling with that are affecting their health? Poverty, lack of access to a healthy diet, poor quality of education, low availability of jobs, poor road infrastructure, and so much more are social determinants of health and aspects of Ghanaian society that are negatively affecting the health of Ghanaians. A social determinants perspective will directly address these issues, and more, and over time colonialism will no longer influence the healthcare system, and Ghanaian society as a whole.

The perspective shift alone, however, is not enough to dismantle the system of colonialism. Colonialism is a drastic force that requires an equivalent drastic force of decolonization to counteract it. In this instance, the entire healthcare system in Ghana needs to be dismantled and in its place a healthcare system built with the direct purpose of decolonializing health. This will completely restructure the healthcare system in Ghana from the ground up. This new system will have many considerations in place to offset colonialism, with the main goal of self-sufficiency. Ghana will use its own resources and knowledge to build a healthcare system that specifically caters to the needs of Ghanaians.

One key consideration of Ghana's new healthcare system must be to prioritize the dual healthcare system. Today, traditional medicine is being highly neglected by the Ghanaian healthcare system. Yet the majority of Ghanaians rely on traditional medicine for their primary healthcare (Abdullahi, 2011). By regulating Ghana's traditional medicine, Ghana will be able to take advantage of a huge resource that can streamline the healthcare system and cater it specifically to the Ghanaian people. A study examining the usage of traditional medicine in Africa found that "the ratio of traditional healers to the population in Africa is 1:500 compared to 1:40,000 medical doctors" (Abdullahi, 2011). Undoubtedly, not all methods of traditional medicine can be trusted for the government to sponsor. But a large number of them can have the potential of aiding the healthcare system.

Currently, in the midst of the COVID-19 pandemic, President Nana Akufo-Addo has announced plans to begin the construction of 88 new district hospitals (Ministry of Health). These hospitals can be a great starting point to implement a decolonialized healthcare system in Ghana

right now. Decolonization will not be an easy journey, but it is a journey that must be done for Ghana to be "free at last." Ghana can be the precedent for the rest of the world and continue the legacy of being the first to do it.

The first thing to consider in building decolonized hospitals is the location of these hospitals. As Figure 1 shows, there are hundreds of miles between the major health facilities, with some districts that do not even have one health facility. This should never happen. These decolonialized hospitals need to be strategically placed so that the most vulnerable and at-risk populations have access to them. This will demand an assessment of the 5 A's of Access and how this relates to the specific needs of the Ghanaian population. There also needs to be an evaluation of the costs and benefits so that the populations that are most affected by current health inequities gain access to these decolonialized hospitals first. This includes populations in rural areas that have no access to healthcare and populations of women and children that have never had access to family planning services, pediatrician checkups, and other services that will improve their quality of life. With the high rates of noncommunicable diseases in Ghana, there also needs to be considerations of where the highest cases of these diseases are located so that hospitals with screening capabilities and mass public health efforts to enforce a healthy lifestyle can be implemented.

With considerations of the location of these decolonialized hospitals, there also needs to be an evaluation of the structure of these decolonialized hospitals. This structure must be dependent entirely on the needs and wants of Ghanaian citizens. This will include paying attention to the patterns of Ghanaians and studying at what stage of a problem do Ghanaians decide to go to a hospital, what methods do they rely on in the absence of a hospital, what do they expect from a doctor, and a variety of other qualitative questions to make the hospital experience the best it can be. An accurate study that evaluates this can end up with a hospital system that is very much like the current system, or completely different. The point is that Ghanaians are put at the center of implementing it.

Further, the structure of decolonialized hospitals must also take advantage of traditional medicine and its practitioners. Traditional medicine included in the decolonialized hospital structure will foster a sense of community and cultural acceptance that is lacking in the current system. Traditional medicine has a focus on the interconnectedness of the land, body, and spirit which has great benefits for the physical and mental health of individuals. An attempt to rebrand and standardize traditional medicine will ensure that the most benefit will be reaped from traditional medicine.

Decolonization must start from the roots of the healthcare system, the education of health professionals. Health professionals should be taught to constantly and consistently question forms of colonialism, sexism, racism, homophobia, Islamophobia, and every other form of discrimination that can exist in the healthcare system. Constantly questioning these systems will reveal the gaps and flaws that exist and foster conversation on how to bridge them. Decolonialized hospitals should be built with Ghanaians at the core, regardless of their sex, gender, religion, or sexual orientation.

Conclusion

"Theirs was to first make themselves and later the rest of the world live a healthy life" (Abdullahi, 2011). The Western societies that Ghanaians revere so much have never, and will never, had the intention of putting Africa first. Africans themselves are the only people that can do this, and this must happen right now.

Ghana's healthcare system is built on the foundations of colonialism. It perpetuates the inferiority of Ghanaians in the world scheme and leaves Ghanaians completely dependent on colonial powers to survive. This has a negative effect on the health of Ghanaians and leaves Ghana's healthcare system in a stagnant state.

Attempts at implementing less drastic measures to improve the state of healthcare have come to naught. Attempts to increase funding, build more hospitals, establish an ambulance system, implementation of universal insurance, produce their own medicine, and much more have done nothing to bridge the gap between health outcomes in the African and the Western world. This is the work of colonialism. Colonialism ensures that Africans are always able to be exploited for the use of the Western world. Whether this exploitation is in the form of the transatlantic slave trade or the stagnant healthcare system, it is all one and the same.

The problems in Ghana's healthcare system are not unique. In fact, it is more of a rule of developing countries. But Ghana can set the precedence and be the difference. A direct approach of decolonializing every governmental system, starting with the healthcare system, with the needs and wants of Ghanaians at the center, will change the never-ending cycle of death that has been plaguing Ghana for centuries. Awareness coupled with a perspective shift is necessary to dismantle the current healthcare system for one that is more aligned with the culture, values, and needs of Ghanaian society. One person cannot define what this new healthcare system will look like; it must be an intervention based on evidence and backed by the community itself. But there is one thing that is certain—change needs to come, and it needs to come now. Decolonialism is the key to Ghana being "free at last."

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