



“Medivangelism”: History and Antecedents in Ghana

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ABSTRACT

This article explored the link between medicine and sharing the message of Jesus in Ghana. It looked at how medical missions and medical evangelism have played a vital role in bringing both physical healing and spiritual hope to people in need. It also analyzed developments and progress associated with modern medicine and its usage by the church to foster the well-being of Ghanaians. By creating hospitals, clinics, and other healthcare services, churches in Ghana have made a big difference in the lives of those who are often forgotten or lacking medical care. The article focused on three main churches—the Catholic Church, the Presbyterian Church of Ghana, and the Methodist Church, Ghana—and their contributions to holistic ministry over time. The research adopted the qualitative historical approach within the framework of practical theology as the methodology for the study. Primary data was gathered through historical documentation, personal interviews and the researcher’s participation in the missions field as a volunteer. Secondary data were sourced from peer-reviewed articles and books. The research revealed how these churches have combined their faith with their desire to help others, bringing medical assistance and spreading the love of God in the process. By understanding the important role of medical missions, their connection to sharing the Gospel, and the reason why the pioneering missionaries added it to their missions, readers will gain a deeper appreciation for the efforts of churches in Ghana and the impact they have on the lives of people in their communities.

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Publication History

Received 17th July, 2023
Accepted 21st November, 2023
Published online:
18th December, 2023

Keywords: *Medical Missions, Medical Evangelism, Medivangelism, Social Action, Evangelism*

INTRODUCTION

The practice of Christian medical evangelism and outreaches in Ghana has gained growing relevance and importance within the Christian community. It serves as a powerful method for spreading the Gospel of Christ, particularly in impoverished regions and areas that may exhibit resistance to hearing the Good News. Churches worldwide are increasingly recognizing the value of this approach as a way to reach out to the underprivileged and marginalized members of society, while also using it as a platform to share the message of the Gospel with those who may not have previously encountered it.

The church's contribution to medical work in Ghana has been substantial. It has played a pioneering role in establishing medical facilities in numerous towns and villages throughout the country, working in tandem with the Government of Ghana (GoG). Presently, the church in Ghana can proudly highlight the presence of several clinics and hospitals that cater to the healthcare needs of the local population, all while concurrently sharing the gospel message.

Efforts made by mission churches in Ghana to engage in medical work are evident in the establishment of various hospitals. These include the Evangelical Presbyterian Church Hospitals located in Worawora (inaugurated in 1952) and Adidome (established in 1957), the Anglican Church's St. Monica's Maternity Hospital in Mampong, the Methodist Church's Wenchi Hospital, the Baptist Church's Hospital in Nalerigu, the Seventh Day Adventist Church's S.D.A Hospital (established in 1957) at Atibie, Kwahu, and the Agogo Hospital operated by the Basel Mission.¹ Furthermore, the Assemblies of God Church, which is a classical Pentecostal mission's church, initiated its inaugural clinic in the Yendi area in 1948.² The Church of Pentecost operates a hospital in Madina. Moreover, several Charismatic Churches in Ghana, including the International Central Gospel Church (ICGC), the Lighthouse Chapel International (LCI), the Charismatic Evangelistic Ministry (CEM), Manna Missions Incorporated, and numerous others, actively participate in diverse medical missionary outreaches.

This article, however, will not focus on all the groups mentioned above but on a select few. The article explored the historical significance of medical missions and missionary activities, specifically focusing on the White Missions' Churches, also known as the Historic mainline churches in Ghana. The mainline churches' exceptional ability to merge evangelism and social action, particularly through the lens of modern medicine, has established their profound significance within Ghana. In this article, there is a concise exploration of missionary Christianity's roots, followed by an examination of the invaluable contributions made by these mainline or historic churches. These churches have dedicated themselves to providing medical evangelistic activities, viewing it as a heartfelt act of service. The roots and developments of modern medicine in Ghana can also be traced to these churches. By delving into the origins of missionary Christianity and examining the contributions of three prominent mainline churches—the Catholic Church, the Presbyterian Church of Ghana, and the Methodist Church, Ghana—one will gain a deeper understanding of their enduring commitment to healthcare as a crucial social ministry within Ghana which is a testament of a major contribution of the church towards the development of the nation of Ghana.

METHODOLOGY

The study employed the qualitative-historical method within the framework of practical theology. As a qualitative study, it “explores attitudes, behaviours, and experiences through such methods as interviews or focus groups.”³ It explored information on textual materials such as field notes, transcripts, and documents, and on visual materials such as artifacts, photographs, video recordings and internet sites.⁴

The historical approach examined the roots and development of medical evangelism in Ghana. The research falls within the field of Practical Theology. This according to John Swinton and Harriet Mowat is “a critical, theological reflection on the practices of the church as they interact with the practices of the world, with a view to ensuring and enabling faithful participation in God’s redemptive practices in, to and for the world.”⁵ Secondary data was sourced from published academic papers and books.

In this article, the terms “medical evangelism” and “medical missions” will be used interchangeably. The term *medivangelism* represents a fusion of *medi* (short for medical) and *vangelism* (short for evangelism), signifying the integration of medicine and evangelism to attract individuals to Christ.⁶ Thus, a *medivangelist* is an individual who actively participates in such missions, employing medicine as a potent instrument in his or her endeavours while simultaneously proclaiming the gospel of Jesus Christ. *Medivangelism* is therefore the process of integrating evangelism and modern medicine for the spread of the gospel.

Bird’s Eye View of *Medivangelism* in Ghana

Medical evangelistic efforts in Ghana are a collaborative effort between the church and the nation to cater for the well-being of the people in the nation. Thus different church organizations and groups collaborate on different levels to provide service to the nation. To this end, the Christian Health Association of Ghana (CHAG)

¹ John S. Pobe, *Kwame Nkrumah and the Church in Ghana: 1949-1966* (Accra: Asempa Publishers, 1988), 94, 95; See also “Historical Dateline of Adventism in Ghana,” First Ghana SDA Church, accessed November 21, 2023, <https://www.firstghana.org/heritage>.

² Kinglsey E. Larbi, *Pentecostalism: The Eddies of Ghanaian Christianity* (Accra: CPCS, 2001), 70, 71.

³ Catherine Dawson, *Introduction to Research Methods: A Practical Guide for Anyone Undertaking Research Project* (Oxford: How To Content, 2009), 14.

⁴ John Saldana, *Fundamentals of Qualitative Research: Understanding Qualitative Research* (New York: Oxford University Press, 2011), 3.

⁵ John Swinton and Harriet Mowat, *Practical Theology and Qualitative Research* (London: SCM Press, 2006), 152.

⁶ J. Kwame Opata, “Medical Evangelism in Ghana: A Holistic Approach Towards Missions,” in *Voice of Missions: Your Authoritative Missions Magazine* ed. Ray Mensah 2.0 (Accra: GEMA, 2020), 27.

was established in 1967 to address the imperative for churches in Ghana to collaboratively and efficiently deliver high-quality Christian Medical Evangelism across the nation.

CHAG operates as a faith-based network organization consisting of 34 Christian church denominations actively engaged in healthcare provision and the training of health professionals.⁷ As of 2023, the Christian Health Association of Ghana (CHAG) boasted a membership of 374, which included 106 hospitals, 161 clinics, 56 Health Centres & PHCs, and 21 health training institutions.⁸ This significant growth in CHAG's development since its establishment in 1967 demonstrates its remarkable progress.⁹

Moreover, there has been a notable surge in Medical Missionary activities in Ghana, particularly with the rise of "parachurch evangelical" movements. These movements primarily focus on serving in rural, underprivileged, and unreached areas of the country. As explained by Asamoah-Gyadu, the term "parachurch evangelicals" in this context pertains to non-denominational Christian prayer groups, fellowships, gospel music teams, and individuals who engage in evangelistic endeavours to support existing churches in spreading the Gospel and fostering Christian growth.¹⁰

The Scripture Union of Ghana (SU), Ghana Fellowship of Evangelical Students (GHAFES), Joyful Way Incorporated, and numerous other non-denominational groups are examples of parachurch evangelical movements. While they are not considered churches themselves, their activities are dedicated to supporting and strengthening the mission of existing churches. These movements act as catalysts, sparking revivals and awakenings in situations where the activities within established churches may appear routine or ordinary.

The parachurch evangelical movements, including those involved in medical missions, go beyond providing healthcare solely to the communities where their health facilities are located. They extend their mission to reach other regions and sectors with pressing health needs. This is accomplished by mobilizing and sending Christian professionals, healthcare personnel, and resources to remote villages and towns throughout Ghana. The Christian Missions Resource Foundation (CMRF) serves as an exemplar of a parachurch evangelical movement actively engaged in Christian medical evangelism in Ghana.¹¹

The Healthcare Scenery of Ghana before the Advent of Western medicine

Before the arrival of the missionaries, the indigenous population of Ghana relied on traditional medicine as their primary healthcare system. Traditional medicine is a type of healthcare that has been used for a long time in Ghanaian culture. It involves different ways of healing, like using plants, doing spiritual rituals, and using physical therapies. The people who lead in the practice of traditional medicine are called traditional healers or herbalists. They know a lot about medicinal plants, minerals, and animal products, which they use to treat different sicknesses and make people healthier. These healers learn their skills from older healers and stories passed down through generations. People in their communities think highly of them and trust their knowledge.

However, it was in the year 1880 that the first civil colonial hospital was constructed in Accra, as documented by Stephen Addae.¹² This assumption implies that before that time, Western medicine and its practices, while possibly existing in the nation, were not widely adopted. The entire population relied predominantly on traditional healing and curing methods to address their health challenges.

Despite its widespread use during that era, traditional medical practices faced various challenges and limitations. These practices lacked proper organization, showed limited understanding of human anatomy, and did not employ aseptic or antiseptic methods.¹³ Furthermore, there were no efforts made to maintain cleanliness during surgical interventions.¹⁴ Moreover, those who possessed expertise in traditional medicine often maintained secrecy, closely guarding their knowledge and sometimes taking it to the grave without passing it on to others.¹⁵

⁷ "Who We Are," The Christian Health Association of Ghana, accessed July 17, 2023, <https://chag.org.gh/who-we-are/>.

⁸ "Who We Are," The Christian Health Association of Ghana.

⁹ The Christian Health Association of Ghana. "Our History: A Healthy Nation, Christ's Healing Ministry Fulfilled," accessed February 26, 2018, <http://chag.org.gh/index.php/PublicDir/history>.

¹⁰ J. Kwabena Asamoah-Gyadu, *African Charismatics: Current Developments within Independent Indigenous Pentecostalism in Ghana* (Leiden: E. J. Brill, 2005), 102.

¹¹ For more details on The Christian Missions Resource Foundation (CMRF), see Joseph Azure Azumah, Cephas Richard Narh and Jacob Kwame Opata, *Reaching the Unreached: The CMRF Model* (Accra: CMRF, 2021).

¹² Stephen Addae, *Evolution of Modern Medicine in Developing Country: Ghana 1880-1960* (Durham: Durham Academic Press, 1996), 8.

¹³ Addae, *Evolution of Modern Medicine in Developing Countries*, 11-12.

¹⁴ Addae, *Evolution of Modern Medicine in Developing Countries*, 11-12.

¹⁵ Addae, *Evolution of Modern Medicine in Developing Country*, 13.

Diseases were perceived as a condition of imbalance or disharmony not only within the body but also within the wider society.¹⁶ Despite the aforementioned limitations, Addae asserts that African healing methods were not entirely without merit.¹⁷ Traditional methods were able to achieve successful cures, especially in cases where modern methods had proven ineffective.¹⁸ The traditional practice demonstrated remarkable efficacy in addressing cases of guinea worm infection.¹⁹ This was the medical and healthcare scenery of the Gold Coast before the arrival of Western missionaries, who introduced Western medicine and made it accessible to the average Ghanaian.

The Advent of Western Missionaries and the Development of Western Medicine in Ghana

The advent of Europeans in Africa, driven by scientific advancements and the utilization of mechanical power, led to the introduction of Western medicine in Ghana. Addae suggests that Western medicine was inadvertently brought to Ghana by ship's surgeons, whose primary responsibility was to ensure the well-being of enslaved individuals during their transportation to various destinations.²⁰ To safeguard their investments in the purchased slaves, ship owners and slave masters had a vested interest in ensuring the safe arrival of both slaves and their intended masters at their destinations. As a result, ship surgeons were tasked with maintaining the well-being of these individuals during the voyage. This inadvertent arrangement served as an informal introduction of Western medicine to the shores of Ghana.

However, it was the missionaries who truly introduced Western medical care to the local Africans, marking a significant turning point in healthcare provision within the region.²¹ The primary catalysts for transmitting Western medicine from the ships and castles to the local population were the missionaries themselves.²² These dedicated individuals ventured beyond the comfort of the castles and ships to spread the gospel among the indigenous people. Along with their spiritual mission, they carried essential medical resources and other necessary supplies, thereby potentially introducing Western medicine to Ghanaians. Consequently, through the efforts of the missionaries, ordinary Ghanaians gained access to Western medical care and treatments. Furthermore, the missionaries played a crucial role in teaching the local population about proper and healthy medical practices.

Addae supports these assertions, affirming that Christian missions often established accompanying mission schools alongside their medical services whenever they were established in an area. This holistic approach ensured that not only were medicines made available, but the missionaries also imparted knowledge on sound medical practices to the local people.²³

Even today, the model of evangelistic work intertwined with social ministry remains prevalent. Many of the Mainline Churches continue to merge evangelism with the establishment of schools, hospitals, or a combination of both. This approach has rendered the Mainline Churches highly relevant to society.

Presently, all Mainline Churches actively engage in medical missions, which have effectively complemented government efforts and alleviated the hardships faced by many in the country. It is worth noting the distinguished contributions of the Catholic Church, the Presbyterian Church of Ghana, and the Methodist Church of Ghana in the realm of Christian medical missions as an illustrative example.

The Roman Catholic Church

According to historical accounts, the Roman Catholic Church is regarded as the pioneering missionary church, having arrived in the country of Ghana in the year 1471.²⁴ The church has maintained its commitment to spreading the message of faith through the collective efforts of diocesan and missionary priests, religious individuals, catechists, and various church societies.²⁵ Institutions such as schools, hospitals, socio-economic

¹⁶ K. Appiah-Kubi, *Man Cures, God Heals: Religion and Medical Practice among the Akans of Ghana* (New York: Friendship Press, 1981), 71.

¹⁷ Addae, *Evolution of Modern Medicine in Developing Country*, 13.

¹⁸ Addae, *Evolution of Modern Medicine in Developing Country*, 13.

¹⁹ Addae, *Evolution of Modern Medicine in Developing Country*, 13.

²⁰ Addae, *Evolution of Modern Medicine in Developing Country*, 14.

²¹ Addae, *Evolution of Modern Medicine in Developing Country*, 14.

²² Jacob Kwame Opata, *Medical Evangelism in Ghana: A Holistic Approach to Missions* (Accra: CMRF, 2019), 45.

²³ Addae, *Evolution of Modern Medicine in Developing Country*, 14.

²⁴ David N. A Kpobi, *Missions in Ghana, the Ecumenical Heritage* (Accra: Asempa Publishers, 2008), 67, 68.

²⁵ Alice M. Nsiah, "Catholicism in Postcolonial Ghana," in *Christianity in Ghana: A Postcolonial History*, ed. J. Kwabena Asamoah-Gyadu (Accra: Sub-Saharan Publishers, 2018), 3.

projects, charities, and other establishments have played significant roles in carrying out primary and secondary forms of evangelization.²⁶

On the health front, the Catholic Health Service Trust (CHST) has been the main tool used by the church to meet the health needs of Ghanaians.²⁷ The first medical facility established by the Roman Catholic Church began operating in 1953.²⁸ This initiative was a response to the urgent need for healthcare facilities in rural areas where access to modern orthodox healthcare was virtually non-existent.²⁹ Local Ghanaian individuals witnessed the benefits of these healthcare facilities for their fellow Ghanaians and sought to establish similar institutions in their towns and villages. Initially, expatriate missionary professionals, supported by local auxiliary workers, introduced and operated these institutions.³⁰ Consequently, all hospitals and clinics owned by the mission initially started as small clinics and primary healthcare facilities.

By the 1960s, services were expanded to include mobile clinic services, natural family planning services, primary healthcare services, diocesan pharmacies, and rehabilitative services.³¹ Efforts to improve maternal and child healthcare were intensified as well. In 1964, the healthcare system was officially structured and named the Catholic Health Service (CHS) when the Ghana Catholic Bishops Conference established the Department of Health, now known as the Directorate of Health, under the National Catholic Secretariat. The department had a dual mandate: first, to ensure the extension of Catholic healthcare services to remote and underserved areas of Ghana where basic health services were lacking, and second, to provide efficient support for the management of existing Catholic health facilities.³²

In 1977, the Church Health Service implemented a policy document called "The Church's Role in Health Care," leading to significant changes aimed at fostering greater cooperation and coordination among the previously independent institutions. As part of these transformative efforts, the National Catholic Health Council was established in May 1977, replacing the National Catholic Medical Advisory Board. At that time, the Catholic Health Service comprised 26 hospitals, 30 clinics, 3 nursing training colleges, and 3 midwifery training colleges.³³ Additionally, the department comprised four units, namely the Coordinating Unit for Hospitals and Clinics, Primary Health Care Unit, Natural Family Planning and Family Life Education Unit, and Catholic Drug Centre.

In 1980, the Ministry of Health officially granted the Church permission to initiate primary healthcare services.³⁴ Before the Ministry of Health granted permission for primary healthcare in 1980, hospitals and clinics were already actively involved in providing home-based care and conducting extensive outreach programs to neighbouring villages. This approach ensured that essential care was delivered, taking into account the unique needs of each community. To tackle the growing healthcare expenses and improve financial accessibility, certain institutions took the initiative to establish their own Mutual Health Insurance Schemes.³⁵

A notable example of such success is the Nkoranza Scheme, which was introduced in 1992 in the Brong-Ahafo Region. This particular scheme predominantly involves Catholic institutions in providing healthcare services. The favourable results achieved by the Nkoranza Scheme in a rural and semi-urban context had a significant impact. As a result, the government was motivated to implement the National Health Insurance Scheme (NHIS), incorporating adjustments and insights obtained from these successful schemes.³⁶

The 1993 policy document, which outlined "The Policy of the Catholic Church on the Role and Functions of the Church in Health Care Delivery System in Ghana," underwent a comprehensive review and was subsequently replaced in 2003. The updated policy led to the establishment of the National Catholic Health Service (NCHS), which garnered approval from the Ghana Catholic Bishops Conference. The policy encompassed seven key thematic goals that formed the bedrock for service planning across all levels of the Catholic Health Service. The goals outlined in the policy encompassed various areas, including identity, management, human resources for health, service delivery, drugs and therapeutics, HIV/AIDS, health financing,

²⁶ Nsiah, "Catholicism in Postcolonial Ghana," 3.

²⁷ "Our History," Catholic Health Service Trust, Ghana, accessed July, 17, 2023, <https://www.chstgh.org/about/history/>.

²⁸ Opata, *Medical Evangelism in Ghana*, 47.

²⁹ "Our History," Catholic Health Service Trust, Ghana.

³⁰ "Our History," Catholic Health Service Trust, Ghana.

³¹ "Our History," Catholic Health Service Trust, Ghana.

³² "Our History," Catholic Health Service Trust, Ghana.

³³ "Our History," Catholic Health Service Trust, Ghana.

³⁴ "Our History," Catholic Health Service Trust, Ghana.

³⁵ "Our History," Catholic Health Service Trust, Ghana.

³⁶ "Our History," Catholic Health Service Trust, Ghana.

and health research. These goals provided a comprehensive framework for the Catholic Health Service's activities and initiatives.

The Church institutions consistently imposed nominal user fees to offset expenses related to medicines, supplies, and staff salaries. The budgets of these institutions received financial support from development partners and missionaries. At present, the Roman Catholic Church in Ghana offers healthcare services through a network comprising 49 hospitals, 96 clinics, 11 health training colleges, and 4 specialized facilities.³⁷ These establishments are strategically located across the country to cater to various specialized health needs. The Church retains its significant relevance in the lives of both the people and the country, persistently fulfilling its mission of spreading a comprehensive gospel to the people of Ghana.

The Methodist Church Ghana (MCG)

Since its establishment in 1835 as an independent community of believers, the Methodist Church Ghana has actively participated in catalyzing positive change in the lives of individuals and communities.³⁸ This transformation is accomplished through the threefold Ministry of Christ, which includes preaching (evangelism), teaching (education), and healing (social justice).³⁹ The arrival of the Wesleyan Methodists in Ghana in 1835 marked the beginning of their holistic ministry, inspired by the theology of John Wesley, who emphasized the inseparable connection between social engagement and the gospel of Christ. In their evangelistic efforts, the Methodists made quality medical and health advice accessible to those who were not among the privileged few. They prioritized teaching personal and environmental hygiene in the schools and churches they established, thereby promoting health and disease prevention within the communities they served.

According to the Methodist Health Development Agenda 2030, the focus on health promotion and prevention was later complemented by the establishment of hospitals and clinics in the 1950s. Missionaries recognized the pressing health needs that emerged alongside their evangelistic work. Two notable health facilities were initiated in Wenchi in 1953 and Lawra in 1958. At that time, Wenchi only had a dispensary operated by a Methodist "druggist." However, the dispensary could not handle major medical cases, leading the community, led by the late Paramount Chief Nana Kwame Abrefah V, to propose the establishment of a hospital. In response, Reverend John Dixon, the Superintendent Minister of Wenchi, offered the Methodist Middle School Block as the initial location for the hospital. He also recruited his sister, a medical doctor from London, to serve as the first Medical Officer.

Similarly, in Lawra, a Nurse Missionary named Louis Havy identified malnutrition as a prevalent health issue in the communities she served. In response to this need, she mobilized local and external resources to establish a Nutrition and Rehabilitation Centre, which has now transformed into the Lawra Methodist Clinic.⁴⁰ Although the Methodist mission in Ghana was initiated in 1835, the establishment of the medical aspect took place in the early 1950s. The initial development of infrastructure for the healing ministry, led by the missionaries during that period, has since resulted in the creation of one hospital and eighteen clinics through local initiatives.

In their dedication to enhancing and expanding healthcare delivery as part of the church's healing ministry, the Methodist Church of Ghana has developed a strategic plan called the Methodist Health Development Agenda - 2030. This comprehensive plan incorporates biblically-based principles that will guide the church in promoting healthy lives and well-being for people of all ages. It is an essential document that deserves emulation and support, as its full implementation has the potential to significantly improve the health conditions of society. The Methodist Church of Ghana according to the 2021 CHAG annual report operates twenty-six health institutions across six regions in Ghana.⁴¹ Hence, the church endeavours to adhere to its belief that a nation's progress in spirituality, politics, economy, society, and culture is more likely when it prioritizes the well-being of its people.⁴² It recognizes that promoting advancements in health standards among its population is vital for achieving sustainable development in these various domains.⁴³

³⁷ "Our Statistics," Catholic Health Service Trust, Ghana, accessed July, 17, 2023, <https://www.chstgh.org/>.

³⁸ Paul K. Boafo, "The Methodist Church Ghana," in *Christianity in Ghana: A Postcolonial History*, ed. J. Kwabena Asamoah-Gyadu (Accra: Sub-Saharan Publishers, 2018), 50.

³⁹ Methodist Health Development Agenda – 2030 "Transforming Lives, Modelling Christ", Methodist Health Directorate Wesley House, Accra.

⁴⁰ Methodist Health Development Agenda – 2030 "Transforming Lives, Modelling Christ."

⁴¹ Christian Health Association of Ghana, 2021 Annual Report, April 2021.

⁴² Boafo, "The Methodist Church Ghana," 72.

⁴³ Boafo, "The Methodist Church Ghana," 72.

The Presbyterian Church of Ghana (PCG)

The establishment of the Presbyterian Church of Ghana marked a significant milestone in mission work during the second epoch, representing the initial outcome of the new missionary approach from Protestant Europe. It was the first church to be founded under this paradigm, highlighting its pioneering role in the mission's expansion.⁴⁴ After experiencing limited progress for several years, the mission adopted a new strategy in 1840 in response to high mortality rates among the missionaries. This strategy involved the engagement and utilization of freed African slaves as missionaries to Africa.⁴⁵ The implementation of this new strategy proved successful and served as the conduit for communicating social ministries such as education and healthcare to the local population.⁴⁶ Additionally, the mission established a system known as the "Salem" system, which entailed converts relocating from their traditional homes to settle in Christian quarters situated on the outskirts of their communities.⁴⁷

As stated by Kpobi, the initial medical practitioner to arrive in Ghana as a missionary was Dr. Ernst Mahly, dispatched by the Basel Mission in 1882. His primary objective was to investigate the health and various medical challenges faced in Ghana, serving the needs of both the local population and the missionaries.⁴⁸ Nonetheless, it was Dr Rudolph Fisch who took the initiative to establish the first clinic on the Gold Coast specifically in Aburi in 1885.⁴⁹ According to Kingsley Larbi, the clinic initially commenced as an "Out-Patient Clinic."⁵⁰ The mission expanded its facilities by including a dispensary, and it also provided accommodation for in-patients in a building adjacent to the mission house. These facilities were accessible and gained significant popularity among both African Christians and non-Christians.⁵¹ The clinic catered to the medical needs of both Africans and Europeans, providing treatment for more than 20,000 outpatients in Aburi.⁵²

The mission also established a 12-bed Hospital at Abokobi where 129 admissions were registered. The progress of the mission was interrupted by the outbreak of World War 1, leading to the deportation of Basel missionaries in 1917. However, the medical work was carried on by the Scottish Mission, which took over the mission's responsibilities. Upon their arrival, a dispensary focused on women and children was established in Christiansburg, and 1922, the Aburi Hospital was reopened. Unfortunately, due to financial limitations and a decrease in donor support, the clinics in Aburi and Abetifi had to be closed.⁵³

Notwithstanding these obstacles, the Basel Mission managed to secure funding for the construction and successful completion of the initial 60-bed Presbyterian Hospital situated in Agogo, located within the Ashanti Region.⁵⁴ This significant achievement took place in 1931.⁵⁵ The hospital remains highly significant to the people of Ghana, and over time, it was enhanced with the addition of an Eye Clinic and a Leprosarium, both of which received substantial support from the local population. Furthermore, the mission went on to establish the Dormaa Ahenkro Hospital in 1951, the Bawku Hospital in 1955, and the Donkorkrom Hospital in 1985, with assistance from the Government of Ghana.⁵⁶

The Church additionally established the Presbyterian Health Service Board, which was tasked with the responsibility of overseeing and coordinating the various healthcare services provided by the Church.⁵⁷ As of June 2017, the Presbyterian Church of Ghana ranks as the third-largest healthcare service provider in the country, following the Roman Catholic Church and the Ghana Health Service.⁵⁸ The church as of 2021, in the annual CHAG report, had 52 health facilities in Ghana.⁵⁹ The church has assumed and maintains a prominent position within the healthcare field. It carries forward the legacy of the Basel Mission and Scottish Mission in

⁴⁴ Kpobi, *Missions in Ghana, the Ecumenical Heritage*, 75.

⁴⁵ Kpobi, *Missions in Ghana, the Ecumenical Heritage*, 76.

⁴⁶ Opata, *Medical Evangelism in Ghana*, 52.

⁴⁷ Kpobi, *Missions in Ghana, the Ecumenical Heritage*, 76.

⁴⁸ Kpobi, *Missions in Ghana*, 78.

⁴⁹ Kpobi, *Missions in Ghana*, 78.

⁵⁰ Larbi, *Pentecostalism*, 20.

⁵¹ Larbi, *Pentecostalism*, 20.

⁵² Opata, *Medical Evangelism in Ghana*, 53.

⁵³ Larbi, *Pentecostalism*, 21.

⁵⁴ Kpobi, *Missions in Ghana*, 78.

⁵⁵ Kpobi, *Missions in Ghana*, 78.

⁵⁶ Kpobi, *Missions in Ghana*, 78.

⁵⁷ "Presbyterian Health Services board inaugurated," *Modern Ghana*, accessed on 29th March 2018, <https://www.modernghana.com/news/784061/presbyterian-health-services-board-inaugurated.html>.

⁵⁸ "Presbyterian Health Services board inaugurated," *Modern Ghana*.

⁵⁹ Christian Health Association of Ghana, 2021 Annual Report, April 2021.

missionary work.⁶⁰ Throughout the country, hospitals, clinics, and health centres have been established, and strategically located to provide widespread access. These health services are meticulously organized to ensure that the impoverished and those in need receive optimal care and assistance.⁶¹

Summary

From the discussion, the mainline churches have implemented a strategic approach to ensure the execution of holistic ministry, where evangelism is closely intertwined with social ministry. The facilities they established served as centres for ministers to preach the Gospel and provide support to all who sought assistance from these facilities. It was a priority for each mission outpost to establish a school, hospital, or some form of social ministry to benefit the local community. The medical missions and evangelistic endeavours in Ghana have had a profound impact on healthcare provision and the spread of the Gospel throughout the country.

CONCLUSION

This article has explored the link between medicine and sharing the message of Jesus in Ghana. The commitment to holistic ministry, uniting evangelism with social service, has been evident from the early efforts of mainline churches. Through the establishment of hospitals, clinics, and other healthcare initiatives, these organizations have delivered vital care to underserved populations, enhanced public health, and acted as catalysts for spiritual awakenings.

The collaboration between churches, government entities, and faith-based organizations has made a significant contribution to the well-being of the Ghanaian people. Looking ahead, it is vital to continue supporting and promoting the integration of medical missions, evangelism, and healthcare services, ensuring that the love of Christ is tangibly expressed through compassionate and comprehensive care.

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