

## TRADITIONAL LEADERSHIP, HUMAN RIGHTS AND DEVELOPMENT: THE ASANTE EXAMPLE

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### Introduction

In a sense, Ghana has a dual system of governance. The first is the modern state system with its institutions. The second is the traditional systems that date back to pre-colonial times. The evolution of the modern system is traceable to British colonial rule that started in the early nineteenth century through gradual and subtle methods of encroachment on the sovereignty that was vested in the indigenous people led by their local rulers. Among the methods used were the gradual introduction of principles of English Common Law in deciding cases and the introduction of tax systems aimed at raising revenue to cover the cost of administration. As the new system evolved, it did not obliterate the earlier indigenous systems by which the people had governed themselves. However, colonial rule halted the evolutionary processes of the traditional administrative structures and undermined the basis of traditional rule that was rooted in moral authority and consultation by making organized physical force the primary locus of authority.<sup>1</sup> On another level, colonial rule gave traditional rulers, sometimes referred to as natural rulers, a new basis for their existence.

The traditional governance system, on the other hand is the age-old method by which the indigenous people administered their affairs prior to and after the advent of Europeans into the region of modern Ghana around 1471. Traditional governance systems varied considerably among the different peoples that occupied the region of modern Ghana. While some groups developed very complex hierarchical structures, others had simple kin-based types. The matrilineal Akan-speaking<sup>2</sup> people, for example, seemed to have evolved one of the highest forms of the complex system of governance. The Akan political system ensured socially acceptable conduct backed by general good will that in turn ensured social cohesion. Other groups like their Guan-speaking neighbors and the Ga-Adangme groups who originally practiced a religion-based system of government seem to have adopted and adapted the Akan model as could be inferred from the titles used for their political leaders. In the northern regions, although there are such centralized states as Mamprussi, Dagbon, Gonja and Wa that have hierarchical structures with clearly defined rules of succession and titles for their officeholders, there are many others like the Tallensi, Konkomba and Gurunsi who until fairly recently did not have such systems. It is important to note that the history of the chieftaincy institution differs among the different ethnic groups and even in the various administrative regions<sup>3</sup> into which the country is divided.

A significant feature of British colonial rule was that while its operations tended to undermine the authority of traditional rulers in the south, it strengthened and boosted the

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<sup>1</sup> Arhin, K., *The Political Systems of Ghana: Background to transformations in traditional authority in the colonial and post-colonial periods*. (Historical Society of Ghana, 2002), p. 105-114

<sup>2</sup> Ghana is a multiethnic state defined by linguistic and cultural characteristics. Among the major ethnic groupings are the Akan-speakers, Anlo-Ewe, Ga-Adangme, Guan-speakers and the Mole-Dogbane groups.

<sup>3</sup> Ghana is divided into ten administrative regions with three in the north and seven in the south.

authority of indigenous leaders in areas in the north where previously there had been non-centralized authority. Through the introduction of the system of indirect rule in the late nineteenth century, the British governed the people through their traditional rulers who then became agents of the central government and as such carried out its instructions. In addition to the traditional rulers, the colonial government appointed civil servants who at different hierarchical levels were designated as District, Provincial and Chief Commissioners. Sometimes, the Commissioners acted as supervisors of the traditional rulers while in some cases, the latter group functioned independently. This was the genesis of the parallel or dual system of governance that has existed in Ghana and continues to the present time.

The implication of the evolution of the modern state system is that such novel institutions as representative bodies at the national level had been introduced to seek out and to protect the interests of the people. Such institutions included the Legislative Council that had its first African representative, George Frank Cleland, in 1886 and a Parliament that first became operational in the 1950s. Besides, from the 1870s a unified judicial system based on British Common Law Principles was introduced that gradually subjected decisions taken at the courts of the traditional rulers upon appeal to the modern courts. At the same time, a series of constitutions were written and adopted to guide the way the people were governed. Over time, the modern state headed by an elected President became entrenched while Constitutions that were promulgated became the fundamental law of the land that superseded all other interests and claims. The President is supported in his work by such independent agencies as the Judiciary, the Council of State and an elected Parliament as well as Commissions whose existence and functions were entrenched in the Constitution.

The Ghanaian Constitution recognizes and protects the office of traditional rulers, thus creating a parallel system of governance. In fact, the Constitution forbids the Parliament from making laws that interfere with the institution. More will be said about traditional rulers in the following section. It could be argued that the governance system in Ghana is based on the concept of “divided legitimacy” between the post-colonial state and the traditional rulers. In this scheme, the legitimacy of traditional leaders is “differently-rooted”.

### **Traditional Rulers**

As noted above, the office of the traditional ruler has evolved right from the inception of the establishment of polities within the region of modern Ghana. As a collective, it is also referred to as the chieftaincy institution. Indeed, in Ghana, the institution dates back several centuries and remains the prime custodian of Ghanaian culture. The institution is much revered and held in awe while at the same time it is perceived to be the embodiment of the spirit of the ancestors and a link between them and the living community. Additionally, it provides a renewed sense of belonging as well as being a powerful agent of social cohesion and harmony.

The office of traditional rulers has been transformed as it has passed through various phases back to the pre-colonial era through the colonial period to the present. During the

colonial period, traditional rulers had considerable influence and exercised considerable sovereignty within their areas of jurisdiction as their authority in both spiritual and secular matters was almost absolute. During the colonial period, they became virtual sub-agents of the colonial government in the areas of local government and judicial settlements. In this period, various legislations and statutes enacted by the colonial authority prescribed the traditional ruler's political role.

In the early phase of the post-colonial era, the role that traditional rulers played in local government under the colonial dispensation was terminated in the interest of democracy. In the period between 1960 and 1966, chiefs or traditional rulers were subjected to central government control through the enactment of such legislation as the Chieftaincy Act of 1961 (Act 81). A more liberal phase for the institution was entered after 1966 when the first post-colonial government was toppled in a coup d'état. A characteristic of this phase was the Chieftaincy Act of 1971 (Act 370). This liberal phase was further enhanced by the promulgation of the 1992 Constitution of the Fourth Republic that assigned traditional rulers both statutory and non-statutory functions.

### **Statutory Functions**

The statutory functions among other things are:

- Collection, refinement, codification and the unification of customary laws.
- Adjudication in chieftaincy disputes.
- Compilation of lines of succession to offices in the various traditional areas.
- Appointment of representations to various government statutory bodies including the Council of State, Prisons Council, National and Regional Lands Commissions and Regional Co-ordination Councils. Constitutionally too, traditional rulers are barred from active partisan politics.

### **Non-Statutory Functions.**

The non-statutory functions of traditional rulers are derived from their positions as moral/natural leaders of their respective communities. As influential members of their communities, they undertake the under-listed functions:

- Settlement of disputes through arbitration.
- Mobilization of their peoples for development purposes. In this capacity, they act as linkages between their communities and development agencies including central government departments, local government organs, NGOS, diplomatic missions, religious bodies and welfare associations.
- Use of the agency of annual festivals when traditional rulers mobilize their peoples for the purpose of planning and seeking avenues and opportunities for executing development projects.
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At the national level, the traditional rulers have their own representative body known as the National House of Chiefs made up of five representatives each from the ten regions. The coexistence of the modern and traditional political systems within the ambience of constitutional is the basis of Ghana's parallel system of governance. Under the aegis of the constitution, the two systems operate in complementary ways that seek to guarantee

the fundamental human rights of the citizenry. These include the right to move about, own property either individually or corporately, to determine who to associate with and above all, the right to live and to do in dignity.

### **Human Rights**

Traditional Ghanaian society guaranteed human rights. Thus such rights as ownership of property and the right to life were protected within the community. However, there was a significant difference between what pertained in traditional society and the modern state. Traditionally, these rights were vested in the community while in the modern state, they were guaranteed to the individual. Thus actions that violated the sanctity of the community were seriously censured. The right of the community to continue in existence was so important that such acts as the pollution of the community's source of water and violation of other environmental taboos were severely punished. Traditional leaders, including chiefs and priests enforced prescriptions and laws regarding these taboos. With the evolution of the modern state and the growth of individualism, the locus of rights gradually changed. The rights of the individual increasingly assumed greater importance.

Ghana's post-colonial Constitutions such as those of 1957, 1969 and 1979 all guaranteed the people fundamental human rights, even though on occasions such rights were abused with the passage of such legislation as the Preventive Detention Act of 1958. Indeed, the 1992 Constitution guarantees such rights and requires that every person and institution in the country should work to promote and protect them. Prime among these basic freedoms, which should be enjoyed by every single individual in the country regardless of ethnic, religious, geographical, race or political affiliation is the right to life. Others include the right to be treated with dignity and respect under all conditions, to own property and to receive and give information within legal limits. As noted above, this is not the first time in Ghana that fundamental human rights and freedoms have been the concern of the state. In recent times, under Ghana's parallel governance system, traditional rulers have modified their functions to uphold fundamental human rights of the vulnerable sections of the community. One such marginalized group is people infected with and/or affected by HIV/AIDS. More will be said about this later.

### **Traditional Rulers and Community Development**

The role of traditional rulers in Ghana has been undergoing change as the democratic dispensation within the country develops. It has therefore been necessary that they redefine their role as heads of their polities within the framework of developmental efforts by the central government and its adjuncts as well as non-government organizations (NGOS). Traditional leaders in Ghana remain, for a variety of reasons, important to the design and implementation of development projects within their areas of jurisdiction. As a group, traditional leaders were granted statutory jurisdiction by the post-colonial state. Therefore, multi-sectoral development strategies usually need to include traditional leadership as one of the key sectors in order to increase the likelihood of success. Indeed, today, traditional rulers perceive their role as being primarily initiators of development or catalysts of development processes. They are keenly aware of the fact that their functions have been transformed from serving in merely political, military and ritual capacity that derives from their traditional role as moral and social

leaders. Their core functions include mobilization of their communities for development purposes. This includes the provision of infrastructure for enhanced standard of living within the community. Sometimes, traditional rulers initiate development projects and secure the support of both internal and external development agents for the execution of these projects. Besides, they are expected to ensure that peace and stability which are essential conditions for development through adjudication of cases, distribution and sale of land and the management of communal resources such as land, water bodies and forest resources.

There are many examples in Ghana where traditional rulers have used their influence by mobilizing resources to undertake community projects that ensure the well-being of their people. A historic example is the case of the *Okyenhene* [ruler of the Akyem Abuakwa State in Eastern Region of Ghana], Nana Sir Ofori Atta I. An educated man himself, Nana Sir Ofori Atta acknowledged the importance of education by establishing the Abuakwa State College in addition to a Scholarship Scheme in the 1920s. He encouraged his people to contribute to the scheme with part of their earnings. Monies from this scheme were spent on the higher education of young brilliant Akyem Abuakwa citizens. Sometimes too, traditional rulers collaborate with other development agents in undertaking projects for the enhancement of standard of life of members of their communities. In the early colonial period, traditional rulers collaborated with Christian missions and the Central Government in the construction of school buildings and health centers as well as the provision of potable water and much later electricity in their respective areas. As their contribution, the rulers gave out land grants and also organized communal labor. Similarly, the *Asantehene*, [the overlord of the entire traditional Asante State] *Otumfuo* Sir Osei Agyeman Prempeh II, championed the establishment of the *Asanteman* Scholarship Scheme in the 1930s.

In the early 1970s, when Nana Otuo Sriboe, a young university-educated engineer was inducted in office as *Dwabenhene*, [ruler of Dwaben, one of the important traditional states within Asante] he decided to push through a development program that would enhance the quality of life of the people under his jurisdiction. He initiated oil palm plantations and the processing of palm oil. Later the project was expanded to include shea butter production. The implication of this development project was that it provided employment opportunities for his people which at the same time brought money into the coffers of the traditional state for financing such communal projects as the construction of a modern palace.

There is also the example of the *Okyenhene* [ruler of the Akyem], *Osagyefuo* [Redeemer] Amoatia Ofori Panin, who in 2002 broke the taboo and stigma associated with the HIV/AIDS menace by volunteering to be tested publicly for the virus. In the attempt to promote awareness of HIV/AIDS within his area of jurisdiction, he organized a sponsored fun-run where medical personnel were invited to give talks, counseling and free testing for the virus. The *Okyenhene* was the first to be tested on that occasion and the result came out negative. His leadership encouraged other people to come forward to be tested.

A more recent and remarkable example of traditional rulers as development agents is the case of the incumbent *Asantehene*, Osei Tutu Ababio. When he took up office in April 1999, he declared that his vision was to improve standards of living for all people within Asante to enhance peace, social order and economic development as a means of improving the material welfare of his people.<sup>4</sup> To actualize his avowed objective of providing improved social services for his people, he identified education and health as the cornerstones of his development agenda. In line with this vision, he asserted that while education is fundamental to the human resource base for the development of the society, at the same time able-bodied citizens are required to ensure its realization and sustainability.<sup>5</sup> This author has already extensively discussed the *Asantehene's* contribution to education elsewhere.<sup>6</sup> Thus this paper will not dwell much on this aspect of his welfare provision program. The subsequent sections will focus more closely on the contribution of the *Asantehene* to health care delivery in Ghana.

### **The *Asantehene* and Health Care Delivery**

The *Asantehene*, in recognizing the endemic health problems in Ghana in general, also acknowledged that falling standards in the quality of health care, deteriorating infrastructure and facilities in the health sector and increasing cost of health care services made it difficult for many people in Asante to access orthodox health care. In February 2003, Professor Agyeman Badu Akosa, the Director General of Ghana Health Service (GHS) revealed that only 46% of Ghanaians have access to orthodox medicine.<sup>7</sup> Ghana's Ministry of Health statistics indicate that there is a high incidence of infant mortality, maternal mortality in addition to a prevalence of preventable diseases in Asante.<sup>8</sup> Another problem identified was the lack of expansion in health infrastructure to cope with population growth in Asante. Consequently, the available health facilities have been severely strained. The problem has been further compounded by high poverty levels among the people. This is particularly the case among those in the informal sector, thus making it difficult either to pay for or access health care even when it is within their geographical reach.

In 1987, the Government of Ghana (GoG) replaced its hitherto free medical care system with a cost-recovery one as a result of dwindling funds in the face of expansion in demand across virtually all sectors within the national economy. The regime of payment of user charges necessitated by under-funding within the health sector by the government is generally referred to in Ghana as the "cash and carry" system. A major effect of this system was a reduced ability to procure drugs and other essential medical logistics for health care delivery. However, the introduction of the cost recovery system coupled with

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<sup>4</sup> Kapital Radio News Report, February 2000.

<sup>5</sup> "Investment Opportunities in Ashanti Region". In *The Corporate Guardian: The International Business Magazine*, January-February 2003, 13-15.

<sup>6</sup> See, for example, Donkoh, W.J., "Traditional Rulers and Development: Health and Educational Delivery", 2004.

<sup>7</sup> *Daily Graphic*, Accra, February 28, 2003.

<sup>8</sup> *Asanteman* HIV/AIDS Control Project under the Aegis of His Majesty Otumfuo Osei Tutu II, *Asantehene*, n.d. 1. [Henceforth, *Asanteman* HIV/AIDS Control Project.]

rising costs in general made it increasingly difficult for many people to pay for health services. To ease the acute financial burden on the population, the GoG introduced a safety net in the form of exemption packages administered by the Ministry of Health for the most vulnerable groups within society. These included children under five years of age, pregnant women, the aged who are categorized as those over seventy years, as well as paupers, i.e. those who are unable to pay.

The exemption packages notwithstanding, the cost recovery arrangement within the health care delivery system is still regarded as being financially burdensome by a large number of the population. Thus many avoid seeking orthodox medical care and either resort to self-medication or traditional medicine based on herbs, roots and barks of trees without first seeking informed diagnosis of their medical condition. Among those who seek orthodox medical care, many who are unable to pay for the hospital fees either abscond or are detained for longer periods due to their inability to pay their medical debts.<sup>9</sup> Dr. Yaw Ofori Yeboah, the Municipal Director of Health of Cape Coast, has highlighted the bleak picture of the health delivery situation in countries like Ghana. He observed that “With poverty, inadequate health facilities, coupled with the inability of most developing countries to control infectious diseases, the rising number of NCDs [non-communicable diseases e.g. cancer, diabetes and coronary diseases] could only spell doom”.<sup>10</sup>

The *Asantehene* demonstrated his concern for health-related issues by mobilizing traditional authorities within Asante to spearhead the campaign against HIV/AIDS. It is as a result of these concerns that the *Asantehene* with the support of the *Asanteman* [Asante State] sought to establish the Otumfuo Health Fund (OHF). The stated objectives of the OHF included the promotion of human development and the improvement of the health status of the people of *Asanteman* and Ghana. Another objective was to fight the menace of prevalent but preventable diseases and mortality exacerbated by endemic poverty and deteriorating facilities. It was anticipated that the OHF would be deployed to mobilize resources that would in turn expand health infrastructure, upgrade facilities in existing health institutions and thus enhance the quality of health care for the people of Asante. In addition, the fund was expected to serve as a social reinsurance fund to support and promote the development of mutual health Organizations in Asante.

The strategy that the *Asantehene* intended to employ in generating funds for the OHF is to deploy his influence and the popular support he enjoyed among his people. This influence is derived from his traditional authority based on moral suasion. The scheme would entail fund raising projects including the establishment of foundations, revenue from land sales, appeals to NGOs, external donor agencies and foreign governments in addition to mobilizing his own people.<sup>11</sup> The OHF, when fully operational will establish linkages with overseas hospitals. It will also fund the postgraduate training of qualified medical personnel who are indigenes of the traditional polities within Asante. These

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<sup>9</sup> The Ghana Health Service has introduced a National Health Insurance Scheme since 2004. It should be pointed out that traditional rulers such as the ruler of Nkoransa played a pioneering role in this enterprise.

<sup>10</sup> *Daily Graphic*, Accra, 18 February, 2003.

<sup>11</sup> *High Street Journal*, November 1999.

medical officers would be expected to return to their respective home areas to work. In addition, all traditional rulers within Asante (both males and females) are to be trained to acquire awareness of disease occurrence and outbreak. This move is intended to enable the traditional rulers report such incidents for prompt action to be taken to avoid catastrophe.

The OHF was designed to operate as a partnership between the public sector and the traditional rulers. Thus senior personnel of the Ashanti Region sector of the GHS were drafted into an OHF Working Committee.<sup>12</sup> Among the medical personnel recruited for this task were Dr. Appiah Denkyira, then Ashanti Regional Director of GHS and Dr. S. Kyei Faried, Regional Senior Medical Officer in charge of Public Health. Dr. Chris Atim, Regional Advisor to PHRplus, an NGO, was employed as consultant to the OHF. In this capacity, he was responsible for forming ideas and shaping the underlying concepts and principles of the OHF. Dr. Marty Makinen, a USAID Consultant attached to PHRplus also made very useful contributions towards the development of the concepts that informed the OHF. The OHF required all Regional and District Directors of Health to give periodic reports to the *Asantehene* to keep him informed about specific problems that they were faced with. An example of such problems was the buruli ulcer outbreak that affected parts of Asante.

The OHF also required that a health education component be built into all development projects undertaken within Asante. The operational principle here was to involve companies that won bids to undertake such projects to sponsor the publicity of any on-going health campaign at the time such as HIV/AIDS, sexually transmitted infections, polio, tuberculosis, measles and other immunization programs. In this scheme, while, development agencies would pay the cost of the campaign, one of the traditional rulers would undertake to host the program in his area of jurisdiction.

### **Traditional Leaders, Human Rights and HIV/AIDS**

The *Asantehene* also expressed concern about the increasing trend of HIV/AIDS and the need to improve standards of health care in Asante. In 1998, it was reported that the HIV/AIDS scourge was increasingly rapidly in Ghana and fastest within the Ashanti Region where about 30% of the 30,000 reported cases in Ghana could be found.<sup>13</sup> The report further added that most of those affected were aged between 15 and 49. The threat and scare raised by these statistics were the inspiration behind the *Asantehene*'s HIV/AIDS initiative to mobilize forces to deal with the menace. Under the slogan, "You develop for the people within the community and the people within the community are needed for development" the *Asantehene* declared HIV/AIDS a developmental issue. With this view in mind, all the development projects were required to set aside some funds for HIV/AIDS-related causes. This included provision of billboards, posters and procurement of condoms for construction workers. Besides, in selecting companies to undertake development projects, commitment to HIV/AIDS prevention and awareness

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<sup>12</sup> Asanteman HIV/AIDS Control Project under the Aegis of His Majesty Otumfuo Osei Tutu II, *Asantehene*, p.3.

<sup>13</sup> Ibid.

creation was highly rated. The scheme followed the traditional and historic pattern whereby the *Asantehene* had mobilized people to fight any force that threatened their survival as a people.

The *Asanteman* HIV/AIDS Control Project reported that the high incidence of the menace in the Ashanti Region could be attributed to the region's central location within Ghana and its position as an economic nerve centre.<sup>14</sup> This position has resulted in the influx of people from all parts of the country into the region. In 2003, the *Asantehene*, with the support of the *Asanteman* decided to turn the HIV/AIDS Control Project into a Foundation. Initially, the Project, which was planned for three years, was registered as an NGO. As part of the transformation, it was renamed the Serwaa Ampem AIDS Foundation for Children in honor of the Asantehemaa [Queenmother of Asante], Nana Afua Seiwaa Kobi Ampem. The wife of the *Asantehene*, Lady Julia Osei Tutu, became its Executive Director. In carrying out her duties, a five-member board and a Secretariat assist her.

The objective of the Serwaa Ampem AIDS Foundation for Children is to support children affected by and/or infected with HIV/AIDS. In this category are children whose parents are suffering from AIDS or who have died from the menace. The Foundation offers support to the identified children by providing for their health and educational needs. This includes payment of their health insurance premium and also soliciting for and providing such children with anti-retroviral drugs where possible. The Foundation also pays all education-related costs. These include school fees as well as procurement of textbooks and clothing. It also offers counseling and guidance as well as upholding their human rights. For example in inheritance cases, it provides legal and other forms of assistance to ensure that the children receive their fair share of the state.

As part of the scheme to uphold the human rights of these children, the Foundation is careful not to stigmatize them. Thus, it carefully avoids the use of such words as "orphans". Also, it avoids institutionalizing the children and promotes support for them through the traditional kinship system. Thus the children are cared for through support and assistance for their guardians who are enabled to carry out viable economic activities. Besides, the identity of the children is protected by working through the traditional rulers and volunteers within the secretariats that had been formed in each of the eighteen political districts within the Ashanti Region. When such children attained the age of fifteen, they are linked to the Otumfuo Education Fund (OEF) for further support. The OEF is another of the *Asantehene's* development initiatives that concentrates on providing assistance for needy but brilliant students.

Despite the fact that the OHF has several limitations and challenges such as not having been much publicized it has achieved some successes. By the end of May 2004, the Serwaa Ampem Foundation for Children had raised 300 million cedis. Through the collaboration between the GHS and the OHF, community registers for babies termed "Road to Health Chart" have been promoted. The scheme requires every child to be registered before attainment of school-going age. It also requires every child born within

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<sup>14</sup>*Asanteman* HIV/AIDS Control Project, p.8.

a traditional area to be presented to the traditional ruler who should demand to inspect its weighing card and ensure that the parents will have the child immunized. With the support of the World Bank through the Promoting Partnership with the Traditional Authority Project (PPTAP) it has been possible to build capacity for disease surveillance among traditional rulers.

### **Concluding Remarks**

The legitimacy of traditional leaders is based on the concept of “divided legitimacy” in which political legitimacy is divided between the post-colonial state and the traditional rulers. In Ghana where traditional leaders remain, in large measure, outside the immediate supervision of the state, traditional leaders may use their “differently rooted legitimacy” to advocate for their communities’ development not only with the state but also with organizations outside the control and boundaries of the state. Examples of such organizations can be drawn from civil society both locally and internationally, or foreign governments or local businesses or multinational corporations.

Traditional rulers in Ghana have been at the forefront in creating awareness about HIV/AIDS while providing a support network for people already affected by the condition and their families. In this sense, it could be argued that traditional rulers are providing a social vaccine, i.e. finding ways to prevent people from becoming HIV positive and thus getting AIDS in the first place. Traditional rulers constitute an effective part of the social vaccine in the campaign against HIV/AIDS from the perspectives of gate-keeping, social marketing/public education and community-capacity building.

Analysis of traditional leaders’ involvement and effectiveness in the fight against HIV/AIDS in Ghana yielded a three-stage best practice model. In the first or “gate keeping” stage, chiefs acted as “gatekeepers” who lent their differently-rooted legitimacy for their communities to the programmes of external agencies including those of the state, but the traditional leaders did little else. In the second or “social marketing/ public education” stage, the traditional leaders speak out on HIV/AIDS and break the taboo and stigma surrounding the condition by volunteering to be publicly tested in order to facilitate public education within their communities. By this stance both legitimisation of the programme as well as the activity of persuading their community takes place. In the third or “community-capacity building” stage, traditional authorities are legitimising and promoting the HIV/AIDS programmes as well as building the capacity of their communities to better manage the HIV/AIDS crises as their communities are impacted by HIV/AIDS. These latter activities of the traditional leaders vary greatly. They include, provision of assistance for designing culturally appropriate social marketing/public education systems at the grassroots within their communities. In addition, they facilitate the establishment of care strategies and programmes for AIDS orphans and mobilisation of external resources for community needs.

Traditional leadership in Ghana has survived into the modern era and is guaranteed by the modern constitution. Although as an institution it seems to have lost aspects of its power it has modified itself and adapted its functions in order to play a key role in providing the developmental needs of the communities where it operates. This is done through advocacy, collaboration with donor agencies, central government organs as well as

identifying innovative usage for revenue generated within the community. Traditional leadership, when properly exercised, also provides extra security in guaranteeing the fundamental human rights, particularly of the marginalized members of the community. Thus it is a useful model that could be adopted, appropriately adapted and deployed in the quest for alternative methods for development.

