

Ghana



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Total population (2005) ¹	22 113 000
% under 15 (2005) ¹	39
Population distribution % rural (2005) ¹	54
Life expectancy at birth (2004) ²	57
Under-5 mortality rate per 1000 (2004) ²	112
Maternal mortality ratio per 100 000 live births (2000) ³	214
Total expenditure on health as % of GDP (2004) ⁴	4.9
General government expenditure on health as % of general government expenditure (2004) ⁴	4.5
Human Development Index Rank, out of 177 countries (2003) ⁵	138
Gross National Income (GNI) per capita US\$ (2004) ⁶	380
Population living below national poverty line % (1990-2002) ⁵	39.5
Adult (15+) literacy rate (2000-2004) ⁷	54.1
Adult male (15+) literacy rate (2000-2004) ⁷	62.9
Adult female (15+) literacy rate (2000-2004) ⁷	45.7
% population with sustainable access to an improved water source (2002) ⁵	79
% population with sustainable access to improved sanitation (2002) ⁵	58

Sources:

¹United Nations Population Division

²World Health Report 2006

³Ministry of Health/Ghana Health Service, 2001

⁴WHO data on National Health Accounts

⁵Human Development Report 2005

⁶World Development Indicators 2005 (World Bank)

⁷UNESCO Institute for Statistics

^a Ghana Demographic and Health Survey 1998

^b Ghana National Expanded Programme on Immunizations (EPI) Report 2001

^c Ghana, The Health of the Nation, Ministry of Health 2001

Ghana, a tropical country on the west coast of Africa, is divided into ten administrative regions and 138 decentralized districts. The population density varies from 897 per km² in Greater Accra Region to 31 in the Northern Region. The government is a presidential democracy with an elected parliament and independent judiciary. The principal religions are Christianity, Islam and African traditional.

Ghana's economy has a dominant agricultural sector (small scale peasant farming) absorbing 60% of the adult labour force, a small capital intensive mining sector and a growing informal sector (small traders and artisans, technicians and businessmen).

HEALTH & DEVELOPMENT

The Ministry of Health (MOH) leads the health sector and is responsible for policy development, planning, donor coordination and resource mobilization. There are a variety of providers in public, private and informal sectors. The Ghana Health Service (GHS), the largest agency of the Ministry, is responsible for service delivery and is organized in five levels: national, regional, district, sub-district and community. There are autonomous teaching hospitals, private providers accounting for 40% of patient care, a coalition of nongovernmental organizations (NGOs) and the Christian Health Association of Ghana (CHAG) with hospitals and clinics. Some 60% of the population have adequate access to health facilities (within one hour travel) but increasing user fees deter the poor. National Health Insurance using District Mutual Health Insurance Schemes (DMHIS) was instituted in 2004 to reduce the financial barriers to health caused by the user fee system.

Communicable diseases are major causes of morbidity and mortality. Malaria accounts for 40% of outpatient attendances with high mortality rate (13%). Upper respiratory tract infections, tuberculosis, diarrhoea (including cholera), yellow fever and meningococcal meningitis are common. Tuberculosis is a major public health problem; not all districts are implementing the directly observed treatment, short-course (DOTS) strategy and case detection and treatment success remain low. According to HIV Sentinel Survey data, the national median prevalence has declined for a second time from 3.1% in 2004 to 2.7% in 2005. The commercial sex workers in Accra and Kumasi had respective rates of 76% and 82% in 2001, which reduced to 54% in 2002 in Accra. Guinea-worm disease particularly affects 15 districts in the Northern, Brong Ahafo and Volta Regions and results in significant suffering and reduction in food production.

Maternal and child mortality remain high. Data on antenatal coverage from 1998 show highest coverage (96%) in the Ashanti Region and lowest (69%) in Upper West Region. There was significant urban/rural variation and only 44% of deliveries were supervised by medical staff^a; consequently, complications of pregnancy are common. Infant and under-five mortality remain high. Malaria accounts for 22% mortality in children; only 9% of children and 8% of pregnant women use insecticide-treated nets. Access to sanitation remains low and diarrhoea is a common cause of morbidity and mortality in children under five years. In 2001, overall immunization coverage was 91% for BCG, 76% for Diphtheria, Pertussis and Tetanus (DPT3) and 82% for measles but in some districts DPT3 coverage was below 50%.^b

Noncommunicable diseases are increasing with lifestyle changes. Hypertension, diabetes, chronic renal diseases, cancer and mental diseases are increasing and there is a rise in alcohol and tobacco use, and substance abuse. Road traffic accidents are now responsible for approximately 1300 deaths and 10 000 injuries per year.^c

A decline in economic performance has affected all sectors including health. However, the population living below the poverty level fell from around 54% in 1991-92 to below 40% in 1998-99. There are persistent inequalities across geographic areas and socioeconomic groups. User fees contribute to widening inequities in health care.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Health sector reform to improve health services and reduce inequalities; implementation of the Sector-Wide Approach (SWAp) Ghana Vision 2020 and Second Health Sector Programme of Work 2002-2006 to ensure access, improve quality, efficiency and financing Human Resources (HR) policy in place The Ghana AIDS Commission formed in 2001 coordinates multisectoral response to HIV/AIDS Debt relief through the Highly Indebted Poor Country Initiative (2001) and developed Ghana Poverty Reduction Strategy (GPRS) supporting HR development and access to basic services Government committed to achieve the Millennium Development Goals. 	<ul style="list-style-type: none"> Inadequate health financing and management Lack of planning and management skills of staff at district/sub-district levels; high attrition/brain drain Insufficient capacity for scaling up priority interventions Strengthening surveillance and laboratory capacity Insufficient access to referral maternity services, inadequately staffed and equipped referral centres and inability to pay for referral services Strengthening stewardship capacity of MOH for engaging private and NGO sectors Need to define linkages between MOH and coalition of NGOs Poor distribution, high cost, poor quality and irrational use of medicines by healthcare providers and consumers Lack of regulation and quality control of traditional medicine.

PARTNERS

Multilateral agencies, including the World Bank, support the Ghana AIDS Response Project and water and sanitation initiatives; the African Development Bank supports infrastructure development, equipment and capacity building; the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) supports DOTS implementation; UN agencies including UNAIDS, UNDP, UNFPA, UNICEF, WFP and WHO provide technical assistance for programme implementation.

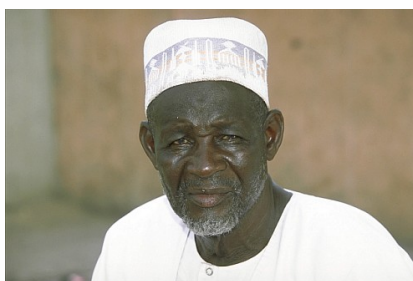
Bilateral partners include Canada, Denmark, the European Union, France, Germany, Japan, the Netherlands, the United Kingdom of Great Britain and Northern Ireland, the United States of America and the Nordic Development Fund provide support for health systems and information management; safe motherhood; reproductive health, sexually transmitted infections (STIs) and HIV/AIDS control; strengthening blood transfusion services; polio eradication; capacity building. More than 400 NGOs are active in the health sector.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • SWAp is a key instrument for donor coordination • Two annual summits and monthly meetings are held between MOH and partners; monthly United Nations Country Team (UNCT) meetings • Disbursements guided by the Accounting, Treasury and Financial (ATF) rules by the Common Management Agreement (CMA II) and the Memorandum of Understanding by all partners • WHO's leading role in partner coordination and technical assistance. 	<ul style="list-style-type: none"> • Funding provided for budgetary support without direct control over availability of funds for the health sector • Donor budgetary support complicates the tracking of earmarked funds from individual donors.

WHO STRATEGIC AGENDA (2005-2009)

WHO will work with the MOH, other ministries and partners to advocate for health at the centre of development and as a trigger for economic development to achieve optimal health status and reduce inequalities in health outcomes for all people in Ghana.

- **Strengthening health systems.** Supporting MOH and partners through monitoring the reform process, strengthening the health system to respond to the population needs and ensuring basic quality services readily accessible to communities; the development and implementation of a HR strategic plan; development of fair financial and risk protection systems and civil society involvement.
- **Strengthening health management and information.** Support MOH capacity to strengthen, harmonize and expand current surveillance through the integrated disease surveillance system (including noncommunicable diseases); strengthening the capacity of hospitals, research institutions and zonal laboratories for diagnosis and confirmation of epidemic-prone and vaccine-preventable diseases; strengthening capacity for community-based surveillance.
- **Scaling up priority health interventions and health promotion.** Providing technical advice to the MOH and partners for implementation of national strategies. Support for people living with HIV/AIDS including prevention, antiretroviral treatment with progress towards universal access, management of opportunistic infections, palliative care, support for family caregivers and orphans; developing strategies to address the needs of special groups such as prisoners and sex workers; increasing youth awareness, supporting voluntary counselling; management of STIs; prevention of mother-to-child transmission and blood safety.



ADDITIONAL INFORMATION

WHO country office website <http://www.who.int/countries/gha/en/>

WHO's Department for Health Action in Crises (HAC) country page <http://www.who.int/hac/crises/gha/en/>

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