

## GHANA



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Total population	23.478mi [5]
% Under 15	39 [1]
Life expectancy at birth	59.1 [1]
Under-5 mortality rate per 1000	80 [2]
Maternal mortality rate per 100 000 live births	451 [3]
Total expenditure on health as % of GDP	5.1 [5]
General government expenditure on health as % of general government expenditure	4.4 [5]
Human Development Index Rank, out of 177 countries	135 [1]
Adult (15+) literacy rate	57.9 [1]
Adult male (15+) literacy rate	66.4 [1]
Adult female (15+) literacy rate	49.8 [1]
% population with access to improved drinking water source	75 [1]
% population with improved access to sanitation	18 [1]

### Sources:

1. 2007/2008 Human Development Report Ghana
2. Ghana Demographic and Health Survey, 2008
3. Ghana Maternal Health Survey, 2007
4. Extrapolation from 2000 Population Census
5. World Health Statistics 2009

Ghana is located on West Africa's Gulf of Guinea. It has a total land area of 238,533 km and an estimated population of 23,478,000. It has a population growth rate of 2.6% and a total fertility rate of 4.0. About half the population live in the rural area.

Ghana is divided into ten administrative/political regions which are further divided into 170 District Assemblies. The District Assemblies develop, plan and mobilize resources for programmes and strategies for the development of the district. Ghana has a stable political situation, with Presidential and Legislative elections held every four years. Transition of power between political parties has taken place without incident in 2000 and 2008.

The Government's development agenda is to transform Ghana into a middle income country with GDP per capita of at least 1000 USD by 2015. The strategies for achieving this growth is to improve human capital, strengthen the role of the private sector in the development of the economy, and to provide good governance.

## HEALTH & DEVELOPMENT

The health sector in 1996, adopted Sector Wide Approach (SWAp) in its sector reforms; with government, partners, civil societies and the private sector all playing a part. As a result of this reform, the Ministry of Health (MoH) retained responsibility for policy formulation, monitoring and evaluation, resource mobilization and regulation of the health services delivery. The Ghana Health Service (GHS) was created to assume responsibility for service delivery and implementation of the health policies and programmes designed by the MoH. A common management arrangement has been developed in which partners and stakeholders participate in sector dialogues and develop sector plans. Joint planning, budgeting, supervision, monitoring and reporting framework is being used; making a joint ownership of most processes and products of the sector.

To make the health sector more responsive, all public-owned health institutions, divisions, facilities and agencies have the responsibility for their own planning, budgeting, implementation, monitoring and evaluation by being designated as Budget Management Centres. National, regional, district, sub-district and community levels are organized to implement the 5-year Plan of Work (5YPOW), which is developed by the Ministry and all key partners and stakeholders. The private and the NGO sectors including the Christian Health Association of Ghana provide over 40 percent of health care in Ghana, especially in the rural areas. In 2005, Ghana introduced the National Health Insurance Scheme (NHIS) to improve financial accessibility to healthcare. The NHIS is administered peripherally through District Wide Health Mutual Insurance Schemes (DWHIS). The Scheme is tax-based and covers most services offered at the district hospital level. Despite a number of constraints, it has registered over 50% of Ghana's population. In 2008 free maternal care was included in the range of service covered by the NHIS

Ghana is going through an epidemiologic transition where the prevalence of non-communicable diseases is increasing. The major causes of child mortality include malaria, diarrhoea, respiratory infection, and neonatal conditions. HIV infection, hypertension, diabetes mellitus and road traffic accidents are major causes of mortality in adults. Low level of literacy, poor sanitation, under-nutrition, alcohol abuse, sedentary life styles and unhealthy diets constitute the broad determinants of ill-health contributing to high morbidity and mortality rates.

The health sector is implementing its third five year Programme of Work (2007-2011) which links health closely to poverty reduction through the Growth and Poverty Reduction Strategy (GPRS II) which recognises that improving the health of the poor is crucial to achieving accelerated and sustainable growth.

## PARTNERS

In pursuit of this Strategic Agenda, WHO will work with the Ministry of Health (MoH) and all its agencies, Other Government Ministries, Departments and Agencies whose work are health related in all areas of programme planning, implementation and monitoring

It will also ensure effective collaboration with Development partners including UN Agencies, the Media, Schools, City Councils, Private Sector, Civil Society and Individuals

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>▪ Easy access to international technical expertise (IST, AFRO and HQ)</li> <li>▪ Clear monitoring mechanisms from AFRO and HQ.</li> <li>▪ Partnering opportunities with other UN agencies to support the health sector.</li> <li>▪ Availability of clear guidelines and tools for development and implementation of CSS and for ensuring compliance with WHO regional and global priorities.</li> <li>• Availability of multi-professional human resource base within the UN system</li> <li>▪ Broad consultations during development of both CCS1 and CCS II.</li> <li>▪ Team spirit within WHO country office.</li> <li>▪ Collaboration of Government officials and partners on consultation.</li> <li>▪ Easy access to information for evidence-base planning</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate marketing of the CCS &amp; POA to stakeholders</li> <li>▪ CCS not sufficiently being used as a planning tool.</li> <li>▪ Weak monitoring and supervision of lower levels within the country.</li> <li>▪ Human resource constraints within the health sector and at the country office</li> <li>▪ Inadequate funding to support implementation of the plans</li> <li>• Regular reviews/monitoring of CCS implementation by all partners have not been formalized.</li> <li>▪ Wrong perceptions that WHO is a funding institution</li> <li>▪ Lack of ownership of the CCS by the Ministry of health</li> <li>▪ Weakness of the health systems</li> <li>▪ Dichotomy of the Ministry of Health and the Ghana Health Service</li> </ul>

## WHO STRATEGIC AGENDA (2008-2011)

The overall goal of the WHO Country Cooperation Strategy 2008 – 2011 is to provide the highest quality support to the national health agenda as outlined in national policies and programmes of work. In addition the CCS II will strengthen WHO's role in providing leadership on health issues.

By focusing on the key elements of health security, systems strengthening and Partnerships, WHO will provide the effective support needed to achieve health related MDG and realise Ghana's of creating wealth through health



*Children in a role play during World Tuberculosis Day Celebration*



*Health Education on Guinea worm*



*Students listen attentively during a talk on Tobacco Control*



*WHO present training materials to A Midwifery School*

### ADDITIONAL INFORMATION

Country office web site <http://www.who.int/countries/gha/gha/en/>

**For further information, Contact The WHO Representative, 29 Volta St., Airport Res. Area, P.O. Box MB142, Accra, Ghana**  
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This brief is available online at <http://www.who.int/countryfocus>  
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