World Health Organization

Country Cooperation Strategy at a glance

Ghana

http:// www.who.int/countries/en/

WHO region	Africa
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2014)	52.3
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2017)	96.6
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (World Health Statistics 2017)	63.9 (Female) 61.0 (Male) 62.4 (Both sexes)
Population (in thousands) total (GSS 2016 Projections)	28,308,301
% Population under 15 (2015)	38.8
% Population over 60 (2015)	5.3
Poverty headcount ratio at $1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	76.6
Gender Inequality Index rank (2015)	59
Human Development Index rank (2015)	140
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	3.56
Private expenditure on health as a percentage of total expenditure on health (2014)	40.15
General government expenditure on health as a percentage of total government expenditure (2014)	6.82
Physicians density (per 1000 population) (Human Resource Nominal Roll 2017)	0.12
Nursing and midwifery personnel density (per 1000 population) (Human Resource Nominal Roll 2017)	1.86
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	26.9 [20.2-35.8]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	58.8 [44.9-76.5]
Maternal mortality ratio (per 100 000 live births) (2015)	319 [216 - 458]
Births attended by skilled health personnel (%) (2016)	71
Public health and environment	
Population using safely managed sanitation services (%) (WHO/UNICEF Estimates 2015)	18.77 (Urban)
Population using safely managed drinking water services (%) (2015)	44 (Urban) 7 (Rural) 27 (Total)

Sources of data:
Global Health Observatory May 2017
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

Significant progress has been made in improving health outcomes at the community level through expanded service delivery and implementation of the community health planning and services (CHPS) concept. Though some indicators have plateaued and others dipped slightly, it can be said that actions are geared towards improving interventions to achieve Universal Health Coverage (UHC) at the primary health care level. The state of sanitation remains poor, particularly in urban areas due to inadequate financing and poor waste management systems. The three major causes of morbidity and mortality are malaria, acute respiratory tract infections and diarrheal diseases. This emphasizes the fact that most instances of morbidity and mortality result from poor environmental sanitation and are largely preventable. The burden of malaria has reduced significantly with a reduction in parasite prevalence and an improvement in malaria under-five case fatality rate resulting from an increased use of ITNs for children under-five years of age. Births attended by skilled health personnel have increased as the number of nurse to population ratio has also increased. Immunization coverage using Penta 3 has increased and so has the cure rate for malnourished children. The country was unable to meet the MDG 5.1 target of reducing the maternal mortality ratio (MMR) by three quarters and achieving universal access to reproductive health. HIV/AIDS has emerged as major health issue. With a sero-prevalence rate of 3% among the adult population, it is estimated that over 500,000 persons, including about 40,000 children are infected, with 125 persons developing HIV/AIDS every day. Ghana has adopted the Treat All policy for HIV care in line with the new WHO recommendations and has developed the 90-90-90-roadmap with the focus to locate, test, treat and retain persons living with HIV/AIDS in care for universal coverage. The TB burden has been established through a prevalence survey and a nationwide OPD screening introduced to improve upon case detection. The country experiences sporadic epidemics of cholera, cerebrospinal meningitis, yellow fever and rabies. Cases of cerebrospinal meningitis have occurred in non-epidemic periods with higher case fatality rates. The major non-communicable diseases of public health concern are cardiovascular diseases, hypertension, diabetes mellitus, cancers, asthma and sickle cell disease. Data on the burden of these diseases are limited. However, reported cases of diabetes and hypertension are on the increase. Disease surveillance continues to improve across the country coupled with appropriate early treatment and response systems.

HEALTH POLICIES AND SYSTEMS

The sector implemented the Health Sector Medium Term Development Plan ((HSMTDP) 2014-2017 and has now developed the HSMTDP 2018-2021 which will be annualised into Programme of Works. These documents are developed by the Ministry in conjunction with its agencies and other stakeholders including Development Partners (DPs). The implementation of sector policies, strategies and plans are monitored jointly by the Ministry and its agencies and DPs through a number of processes including Joint Monitoring Visits, Health Sector Working Group meetings, Quarterly MOH-DPs Business meetings and Annual Health Summits. The Ministry of Health (MoH) is the policy-making arm of the Ghana health sector and maintains its role as the central decision-making body in health matters and provides oversight responsibility over all agencies within the health sector. The Health Sector Working Group which is made up of representatives from MOH and its Agencies, Development Partners (DPs), CSOs, private sector and other stakeholders is the highest decision making body in the health sector. The Ghana Health Service (GHS) is the main implementing agency for the MOH. In a lot of instances, there is duplications and overlaps between the mandates of the MOH and the GHS, which results in inefficiencies and issues of coordination and stewardship. There are weak systems and structures for performance monitoring, supervision and management. The National Health Insurance Scheme which is the main source of funding for the health sector witnessed a decline in re-imbursements for providers with a loss of confidence by the populace. The delays in reimbursement of claims to providers resulted in increased cost of services (especially medicines) to the provider and households (paying out of pocket at the point of receiving services especially for medicines). Other management challenges which the NHIS faced were claims management, delays in member registration, non-adherence to standard protocols and maintenance of secure ICT systems. The year 2017 however saw a massive increase in re-imbursement of claims for providers and this seems to have restored confidence for both members and providers. The current lower middle income status of the country has seen a departure of some development partners from the health scene, this turn of events will affect donor inflows which will in turn affect service delivery. Equitable distribution of the trained professional remains a challenge. As part of efforts to address human resource shortages and maldistribution within the health sector, staffing norms for healthcare facilities have been developed. The quality of health care has been affected by deteriorating health infrastructure, obsolete equipment and transport, absence of a formalized incentive system for health staff working in deprived areas and timely availability of health commodities. Currently there is no single data repository system for the ministry of health. However, the District Health Information Management System (DHMIS II) has been used as a proxy platform for the sector. There is unstructured and uncoordinated deployment of ICT software and hardware.

COOPERATION FOR HEALTH

Development Partners and several NGOs operating under the Ghana Coalition of NGOs in Health are very active in the health sector. The mechanisms to coordinate these stakeholders have been agreed under Common Management Arrangement (CMA). Some of the processes under CMA include Health Sector Working Group (HSWG) which meets monthly to discuss planning, implementing and monitoring of sector plans. The inter Agency Leadership Committee (IALC) which comprises agency heads and meets quarterly and their findings are shared with the HSWG. Other mechanisms include the quarterly MOH-DPs business meetings, Annual Health Summits and the signing of aide memoire to guide commitments and deliverables. WHO is effectively engaged in all the CMA processes as well as playing leadership roles in the DPs Group. WHO also relates with the Parliamentary Select committee on health and other state institutions WHO is also actively involved in the UN Delivery as One (DaO) processes and participates in the development, implementation and review of UNDAF Plan.

World Health Organization

Country Cooperation Strategy *at a glance*

WHO COUNTRY COOPERATION STRATEGIC AGENDA (on-going)	
Strategic Priorities	**Main Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Control and prevention of Communicable Diseases	• Contribute to the reduction of morbidity and mortality due to vaccine preventable diseases • Support the prevention, implementation and monitoring of communicable disease interventions
STRATEGIC PRIORITY 2: Control and prevention of NonCommunicable Diseases	• Support the development and implementation of strategic plans to address maternal, infant and young child malnutrition • Support the development policies and plans for implementation of interventions to prevent and control non-communicable diseases including mental health disorders
STRATEGIC PRIORITY 3: Promoting health through the life course	• Support the development of policies and strategic plans for RMNCAH and gender mainstreaming in the health sector programmes • Assist in strengthening country capacity to address the social determinants of health and reduce environmental risks
STRATEGIC PRIORITY 4: Strengthening health systems and policies	• Support the development of National Action plan for Antimicrobial Resistance • Contribute to strengthening health systems for more effective service delivery
STRATEGIC PRIORITY 5 : Preparedness, surveillance and response	• Contribute to attainment of IHR (2005) minimum core capacities for all-hazard alert and response

© World Health Organization 2018. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO licence.
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. This publication does not necessarily represent the decisions or policies of WHO.