Ghana
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Foreword

Ghana:Foreword

This analytical profile provides a health situation analysis of the Ghana and, coupled with the **Factsheet** [1], it is the most significant output of the African Health Observatory. The profile is structured in such a way to be as comprehensive as possible. It is systematically arranged under eight major headings:

1. Introduction to Country Context
2. Health Status and Trends
3. Progress on the Health-Related MDGs
4. The Health System
5. Specific Programmes and Services
6. Key Determinants

This analytical profile does not merely recount tales of misery – it also shows significant advances that have been made in the last decade. The profile shows clearly that health systems are the key to providing a range of essential health care. African governments and their partners need to invest more funds to strengthen their health systems.

Please note that this is a work in progress and some sections are in the process of being completed. It will also be continually updated and enriched to bring you the best available evidence on the health situation in the Ghana. We hope it will be useful to you, to countries and partners in their efforts to improve health and health equity in the Region.

The profiles that are shown on these pages are detailed and analytical and consist of a combination of text, graphs, maps and illustrations. If you are interested in getting statistical profiles only, these are available on the **Factsheet** [1].

We gratefully acknowledge the inputs of country and subregional focal points on health information, data and statistics. Without their contribution these profiles would not have been possible. We also thank the African Health Observatory focal points at WHO Country Offices for coordinating the production of the profiles and those who reviewed and gave their input to earlier drafts of the profiles.

References

[1] http://www.aho.afro.who.int/profiles_information/images/9/90/Ghana-Statistical_Factsheet.pdf

Introduction to Country Context

Health Status and Trends

Ghana:Health Status and Trends

This section of the analytical profile is structured as follows:

2.1 Analytical summary

2.2 Life expectancy

2.3 Mortality

2.4 Burden of disease

Progress on SDGs

The Health System

Ghana:The Health System

Health systems are defined as comprising all the organizations, institutions and resources that are devoted to producing health actions. A health action is defined as any effort, whether in personal health care, public health services or through intersectoral initiatives, whose primary purpose is to improve health. But while improving health is clearly the main objective of a health system, it is not the only one. The objective of good health itself is really twofold: the best attainable average level – goodness – and the smallest feasible differences among individuals and groups – fairness. Goodness means a health system responding well to what people expect of it; fairness means it responds equally well to everyone, without discrimination

National health systems have three overall goals:

1. good health,

2. responsiveness to the expectations of the population, and 3. fairness of financial contribution.

WHO describes health systems as having six building blocks: service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance (stewardship). The 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa focuses on nine major priority areas, namely Leadership and Governance for Health; Health Services Delivery; Human Resources for Health; Health Financing; Health Information Systems; Health Technologies; Community Ownership and Participation; Partnerships for Health Development; and Research for Health.

This section of the analytical profile is structured along the lines of the WHO Framework and the priorities described by the 2008 Ouagadougou Declaration.

3	The Health System
3.1	Health system outcomes
3.2	Leadership and governance
3.3	Community ownership and participation
3.4	Partnerships for health development
3.5	Health information, evidence and knowledge
3.6	Research
3.7	Health financing system
3.8	Service delivery
3.9	Health workforce
3.10	Medical products, vaccines, infrastructures and equipment
3.11	General country health policies
3.12	Universal coverage

Ghana:Health system outcomes

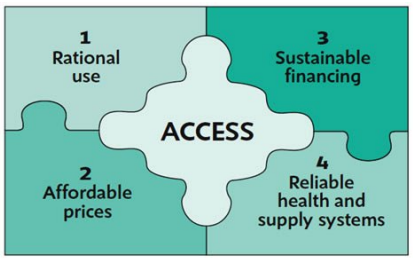
Health systems have multiple goals.[1] *The world health report 2000*[2]defined overall health system outcomes or goals as improving health and health equity in ways that are:

- responsive
- financially fair
- make the best, or most efficient, use of available resources.

There are also important intermediate goals: the route from inputs to health outcomes is through achieving greater access to, and coverage for, effective health interventions without compromising efforts to ensure provider quality and safety.

Countries try to protect the health of their citizens. They may be more or less successful, and more or less committed, but the tendency is one of trying to make progress, in three dimensions:

- First, countries try to broaden the range of benefits (programmes, interventions, goods, services) to which their citizens are entitled.
- Second, they extend access to these health goods and services to wider population groups and ultimately to all citizens: the notion of universal access to these benefits.



The health systems access framework[3]

- Finally, they try to provide citizens with social protection against untoward financial and social consequences of taking up health care. Of particular interest is protection against catastrophic expenditure and poverty.

In health policy and public health literature, the shorthand for these entitlements of universal access to a specified package of health benefits and social protection is universal coverage.

This section of the health systems profile is structured as follows:

References

[1] Everybody's business. Strengthening health systems to improve health outcomes. WHO's framework for action (pdf 843.33kb). Geneva, World Health Organization, 2007 (http://www.who.int/healthsystems/strategy/everybodys_business.pdf)

[2] The world health report 2000. Health systems: improving performance (pdf 1.65Mb). Geneva, World Health Organization, 2000 (http://www.who.int/whr/2000/en/whr00_en.pdf)

[3] The world medicines situation (pdf 1.03Mb). Geneva, World Health Organization, 2004 (http://apps.who.int/medicinedocs/pdf/s6160e/s6160e.pdf)

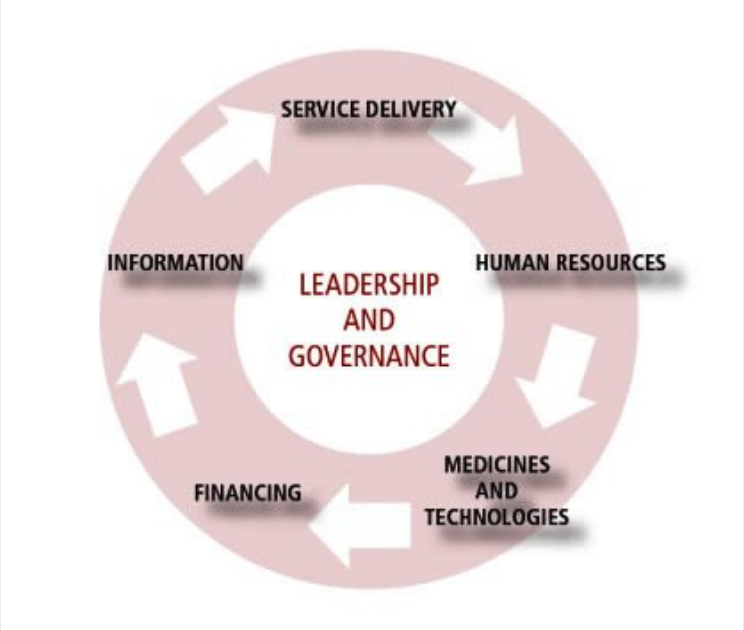
Ghana:Leadership and governance - The Health System

The leadership and governance of health systems, also called stewardship, is arguably the most complex but critical building block of any health system.[1] It is about the role of the government in health and its relation to other actors whose activities impact on health. This involves overseeing and guiding the whole health system, private as well as public, in order to protect the public interest.

It requires both political and technical action, because it involves reconciling competing demands for limited resources in changing circumstances, for example with rising expectations, more pluralistic societies, decentralization or a growing private sector. There is increased attention to corruption and calls for a more human rights based approach to health. There is no blueprint for effective health leadership and governance. While ultimately it is the responsibility of government, this does not mean all leadership and governance functions have to be carried out by central ministries of health.

Experience suggests that there are some key functions common to all health systems, irrespective of how these are organized:

- *Policy guidance*: formulating sector strategies and also specific technical policies; defining goals, directions and spending priorities across services; identifying the roles of public, private and voluntary actors and the role of civil society.
- *Intelligence and oversight*: ensuring generation, analysis and use of intelligence on trends and differentials in inputs, service access, coverage, safety; on responsiveness, financial protection and health outcomes, especially for vulnerable groups; on the effects of policies and reforms; on the political environment and opportunities for action; and on policy options.
- *Collaboration and coalition building*: across sectors in government and with actors outside government, including civil society, to influence action on key determinants of health and access to health services; to generate support for public policies and to keep the different parts connected – so called "joined up government".
- *Regulation*: designing regulations and incentives and ensuring they are fairly enforced.
- *System design*: ensuring a fit between strategy and structure and reducing duplication and fragmentation.
- *Accountability*: ensuring all health system actors are held publicly accountable. Transparency is required to achieve real accountability.



An increasing range of instruments and institutions exists to carry out the functions required for effective leadership and governance. Instruments include:

- sector policies and medium-term expenditure frameworks
- standardized benefit packages
- resource allocation formulae
- performance-based contracts
- patients' charters
- explicit government commitments to non-discrimination and public participation
- public fee schedules.

Institutions involved may include:

- other ministries, parliaments and their committees
- other levels of government
- independent statutory bodies such as professional councils, inspectorates and audit commissions
- nongovernment organization "watch dogs" and a free media.

This section of the health system profile is structured as follows:

References

[1] Everybody's business. Strengthening health systems to improve health outcomes. WHO's framework for action (pdf 843.33kb). Geneva, World Health Organization, 2007 (http://www.who.int/healthsystems/strategy/everybodys_business.pdf)

Ghana:Community ownership and participation - The Health System

Health systems can be transformed to deliver better health in ways that people value: equitably, people-centred and with the knowledge that health authorities administer public health functions to secure the well-being of all communities. These reforms demand new forms of leadership for health. The public sector needs to have a strong role in leading and steering public health care reforms and this function should be exercised through collaborative models of policy dialogue with multiple stakeholders, because this is what people expect and because it is the most effective.

A more effective public sector stewardship of the health sector is justified on the grounds of greater efficiency and equity. This crucial stewardship role should not be misinterpreted as a mandate for centralized planning and complete administrative control of the health sector. While some types of health challenges, for example public health emergencies or disease eradication, may require authoritative command and control management, effective stewardship increasingly relies on “mediation” to address current and future complex health challenges.

The interests of public authorities, the health sector and the public are closely intertwined. Health systems are too complex: the domains of the modern state and civil society are interconnected, with constantly shifting boundaries. Effective mediation in health must replace overly simplistic management models of the past and embrace new mechanisms for multi-stakeholder policy dialogue to work out the strategic orientations for primary health care reforms.

At the core of policy dialogue is the participation of the key stakeholders. Health authorities and ministries of health, which have a primary role, have to bring together:

- the decision-making power of the political authorities
- the rationality of the scientific community
- the commitment of the professionals
- the values and resources of civil society.

This is a process that requires time and effort. It would be an illusion to expect primary health care policy formation to be wholly consensual, as there are too many conflicting interests.

Community ownership and participation[1]

However, experience shows that the legitimacy of policy choices depends less on total consensus than on procedural fairness and transparency. Without a structured, participatory policy dialogue, policy choices are vulnerable to appropriation by interest groups, changes in political personnel or donor fickleness. Without a social consensus, it is also much more difficult to engage effectively with stakeholders whose interests diverge from the options taken by primary health care reforms, including vested interests such as those of the tobacco or alcohol industries, where effective primary health care reform constitutes a direct threat.

This section of the health systems profile is structured as follows:

References

[1] Systems thinking for health systems strengthening (pdf 1.54Mb). Geneva, World Health Organization, 2009 (http://whqlibdoc.who.int/publications/2009/9789241563895_eng.pdf)

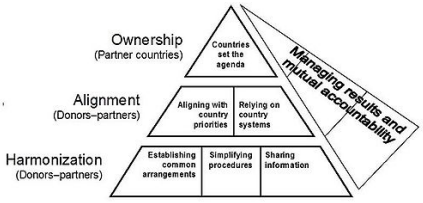
Ghana:Partnerships for health development - The Health System

There is a tension between the often short-term goals of donors, who require quick and measurable results on their investments, and the longer-term needs of the health system.[1] That tension has only heightened in recent years, where the surge in international aid for particular diseases has come with ambitious coverage targets and intense scale-up efforts oriented much more to short-term than long-term goals. Though additional funding is particularly welcome in low-income contexts, it can often greatly reduce the negotiating power of national health system leaders in modifying proposed interventions or requesting simultaneous independent evaluations of these interventions as they roll out.

Harmonizing the policies, priorities and perspectives of donors with those of national policy-makers is an immediate and pressing concern – though with apparent solutions. In addition, the selective nature of these funding mechanisms (e.g. targeting only specific diseases and subsequent support strategies) may undermine progress towards the long-term goals of effective, high-quality and inclusive health systems.

Even where this funding has strengthened components of the health system specifically linked to service delivery in disease prevention and control – such as specific on-the-job staff training – the selective nature of these health systems strengthening strategies has sometimes been unsustainable, interruptive and duplicative. This puts great strain on the already limited and overstretched health workforce. In addition, focusing on "rapid-impact" treatment interventions for specific diseases and ignoring investments in prevention may also send sharply negative effects across the system's building blocks, including, paradoxically, deteriorating outcome on the targeted diseases themselves.

Many of these issues have been recognized internationally, and a number of donors have agreed to better harmonize their efforts and align with country-led priorities – as outlined in the 2005 Paris Declaration on Aid Effectiveness [3] (see figure). However, although some progress has been made in applying the Paris Declaration principles, it has been slow and uneven. Change in the process and the nature of the relationship between donors and countries requires time, focused attention at all levels, and a determined political will.



Five mutually reinforcing principles of the Paris Declaration on Aid Effectiveness (2005)[2]

This section of the health systems profile is structured as follows:

References

[1] Systems thinking for health systems strengthening (pdf 1.54Mb). Geneva, World Health Organization, 2009 (http://whqlibdoc.who.int/publications/2009/9789241563895_eng.pdf)

[2] The Paris Declaration on Aid Effectiveness (2005) (http://www.oecd.org/development/effectiveness/34428351.pdf)

[3] http://www.unrol.org/files/34428351.pdf

Ghana:Health information, research, evidence and knowledge

Data are crucial in improving health.[1] The ultimate objective of collecting data is to inform health programme planning as well as policy-making and, ultimately, global health outcomes and equity. A well-functioning health information system empowers decision-makers to manage and lead more effectively by providing useful evidence at the lowest possible cost.

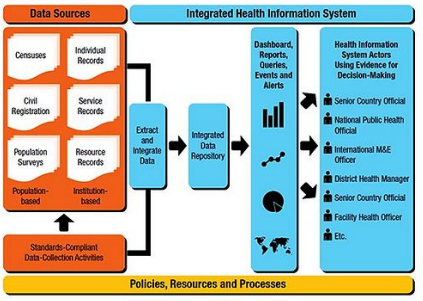
A health information system has been aptly described as "an integrated effort to collect, process, report and use health information and knowledge to influence policy-making, programme action and research". It consists of:

- inputs (resources)
- processes (selection of indicators and data sources; data collection and management)
- outputs (information products and information dissemination and use).

The role of a health information system is to generate, analyse and disseminate sound data for public health decision-making in a timely manner. Data have no value in themselves. The ultimate objective of a health information system is to inform action in the health sector. Performance of such a system should therefore be measured not only on the basis of the quality of the data produced, but also on evidence of the continued use of these data for improving health systems' operations and health status.

The availability and use of information enables:

- improved definition of a population
- recognition of problems
- setting of priorities in the research agenda
- identification of effective and efficient interventions
- determination of potential impact (prediction)
- planning and resource allocation
- monitoring of performance or progress
- evaluation of outcomes after interventions



The health information system[2]

- continuity in medical and health care

- healthy behaviour in individuals and groups.

It also empowers citizens by enabling their participation in health care, policy and decision processes; and empowers countries and international partners by enabling better transparency and accountability through use of objective and verifiable processes.

Health knowledge gaps are where essential answers on how to improve the health of the people in Lesotho are missing. This is an issue related to the acquisition or generation of health information and research evidence. The "know-do gap" is the failure to apply all existing knowledge to improve people's health. This is related to the issue of sharing and translation of health information, research evidence, or knowledge. Although there are major structural constraints, the key to narrowing the knowledge gap and sustaining health and development gains is a long-term commitment to strengthen national health information systems.

This section of the health systems profile is structured as follows:

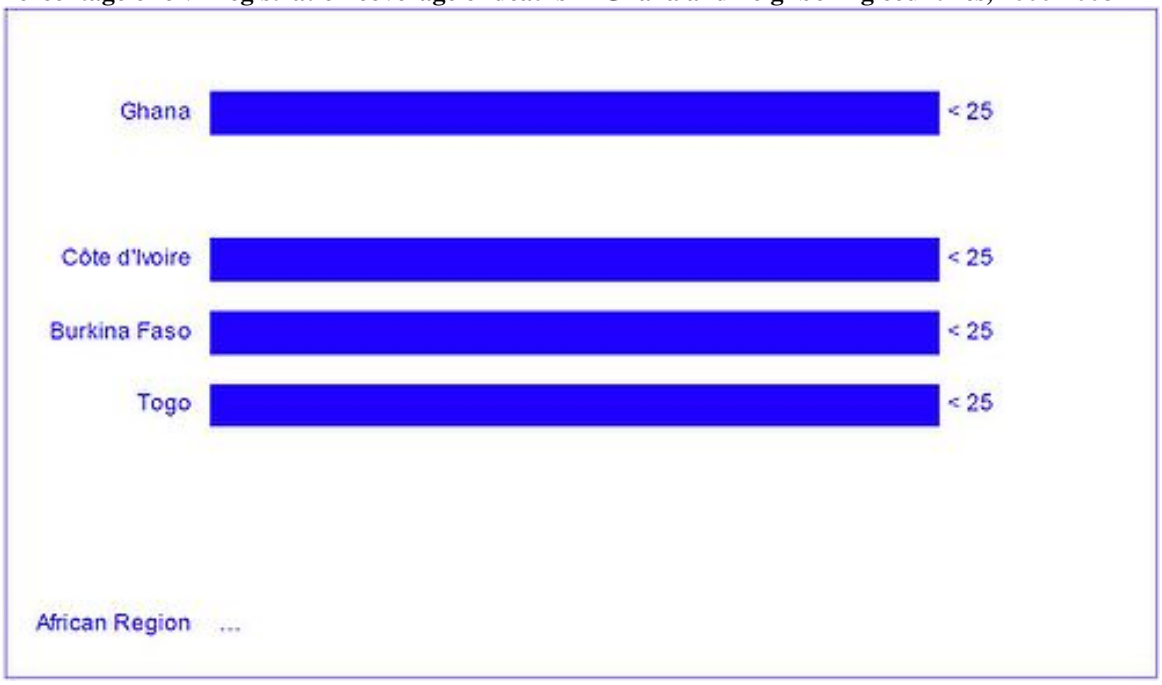
Analytical summary

Le contenu en Français sera bientôt disponible.

Percentage of civil registration coverage for births in Ghana and neighboring countries, 2000-2008

...: No data

Percentage of civil registration coverage of deaths in Ghana and neighboring countries, 2000-2008



...: No data

Leverage information and communication technologies

Le contenu en Français sera bientôt disponible.

Global Observatory for eHealth "eHealth for women's and children's health" 2013 survey World Health Organization, Country profiles

National eHealth policy or strategy

The Health Sector ICT Policy and Strategy (2005) are in place and partially implemented. The policy makes specific reference to women's and children's health and has dedicated funding from World Bank and WHO. Health Sector ICT Policy and Strategy.pdf

eHealth systems

Recording of births and deaths is done partially for the Ministry of Health is mandated to record these in Hospital/health facilities. District Health Information Management system (DHMIS 2) and Community Electronic Register for Maternal and Child Services under Ghana Health Services collects health data. District Health Planning Analysis and Reporting Tool under Ghana Health Services reports on total health expenditure per capita electronically and operates at Regional/District level.

Women's and children's health policy or strategy

There is a policy and strategy and it refers to women's and children's health.

Monitoring the status of women's and children's health

All 11 parameters are monitored using both electronic and non-electronic methods.

National overview of eHealth initiatives for women's and children's health

Health services delivery (all are at Pilot stage)

- Motech project funded by Bill and Melinda Gates as several aspects under health service delivery

Health monitoring and surveillance

- Nil

Access to information for health professionals

- DHIMS 2 is an established program
- E-Register funded by World Bank registers all pregnant and nursing mothers

Other eHealth programs

- Nil

Possible barriers to implementing eHealth services

Leadership, Infrastructure, Standards and Financial barriers were sighted and only assessment of infrastructure in all districts and distribution of Laptops has been done.

Knowledge base - eHealth for women's and children's health

Yes they are willing to share information

ICT

References

[1] Everybody's business. Strengthening health systems to improve health outcomes. WHO's framework for action (pdf 843.33kb). Geneva, World Health Organization, 2007 (http://www.who.int/healthsystems/strategy/everybodys_business.pdf)

[2] Framework and standards for country health information systems, 2nd ed. (pdf 1.87Mb). Geneva, World Health Organization, 2008 (http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=6233)

Ghana:Health financing system

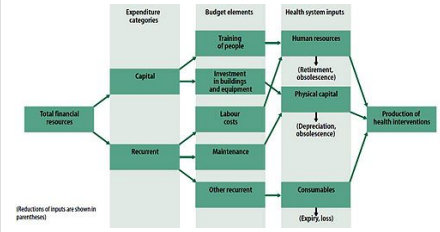
A good health financing system raises adequate funds for health, in ways that ensure people can use needed services and are protected from financial catastrophe or impoverishment associated with having to pay for them.[1] Health financing systems that achieve universal coverage in this way also encourage the provision and use of an effective and efficient mix of personal and non-personal services.

Three interrelated functions are involved in order to achieve this:

- the collection of revenues from households, companies or external agencies;
- the pooling of prepaid revenues in ways that allow risks to be shared – including decisions on benefit coverage and entitlement; and purchasing;
- the process by which interventions are selected and services are paid for or providers are paid.

The interaction between all three functions determines the effectiveness, efficiency and equity of health financing systems.

Like all aspects of health system strengthening, changes in health financing must be tailored to the history, institutions and traditions of each country. Most systems involve a mix of public and private financing and public and private provision, and there is no one template for action. However, important principles to guide any country's approach to financing include:



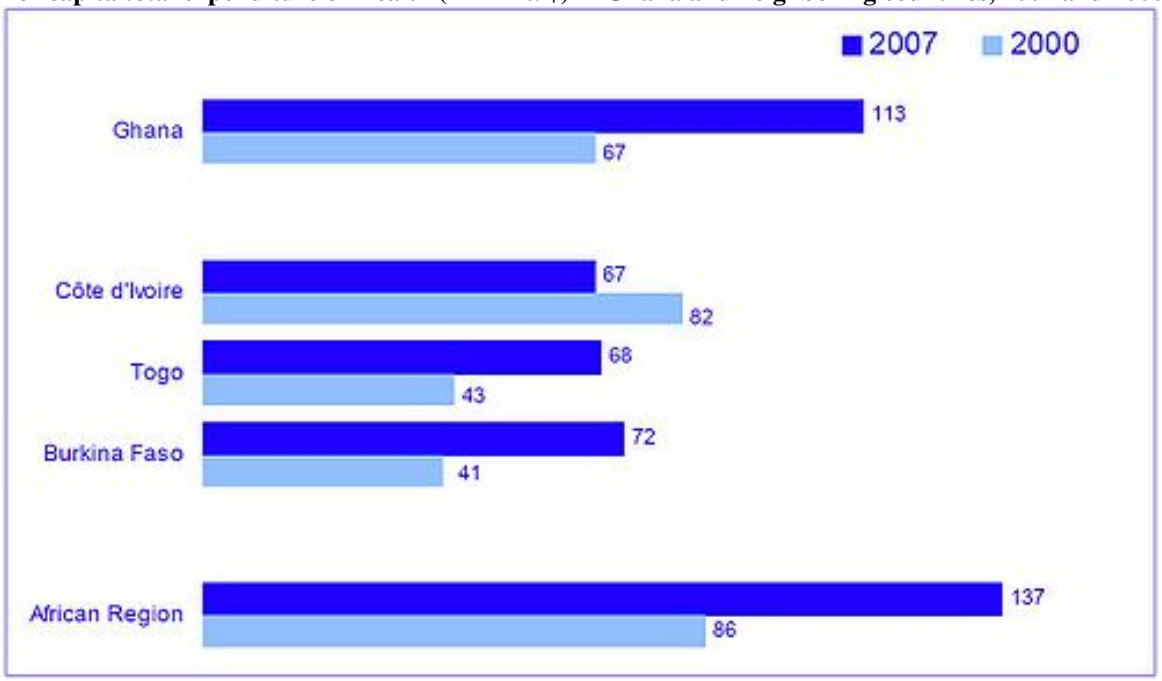
Health system inputs: from financial resources to health interventions

- raising additional funds where health needs are high, revenues insufficient and where accountability mechanisms can ensure transparent and effective use of resources;
- reducing reliance on out-of-pocket payments where they are high, by moving towards prepayment systems involving pooling of financial risks across population groups (taxation and the various forms of health insurance are all forms of prepayment);
- taking additional steps, where needed, to improve social protection by ensuring the poor and other vulnerable groups have access to needed services, and that paying for care does not result in financial catastrophe;
- improving efficiency of resource use by focusing on the appropriate mix of activities and interventions to fund and inputs to purchase;
- aligning provider payment methods with organizational arrangements for service providers and other incentives for efficient service provision and use, including contracting;
- strengthening financial and other relationships with the private sector and addressing fragmentation of financing arrangements for different types of services;
- promoting transparency and accountability in health financing systems;
- improving generation of information on the health financing system and its policy use.

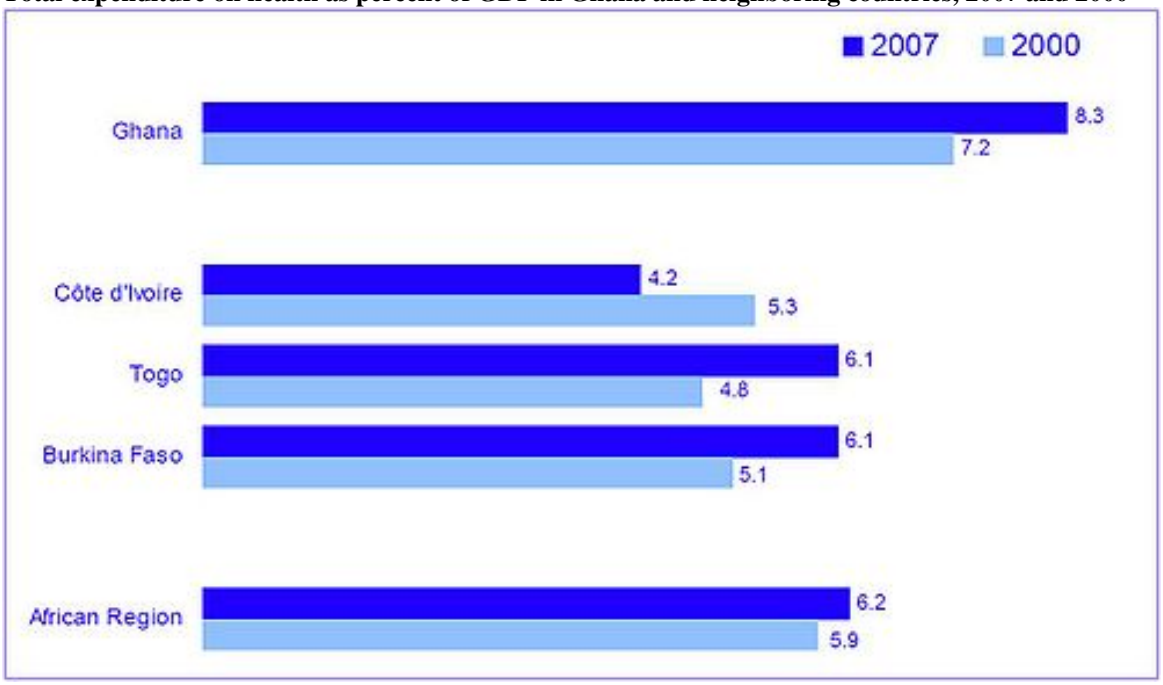
This section of the health systems profile is structured as follows:

Analytical summary

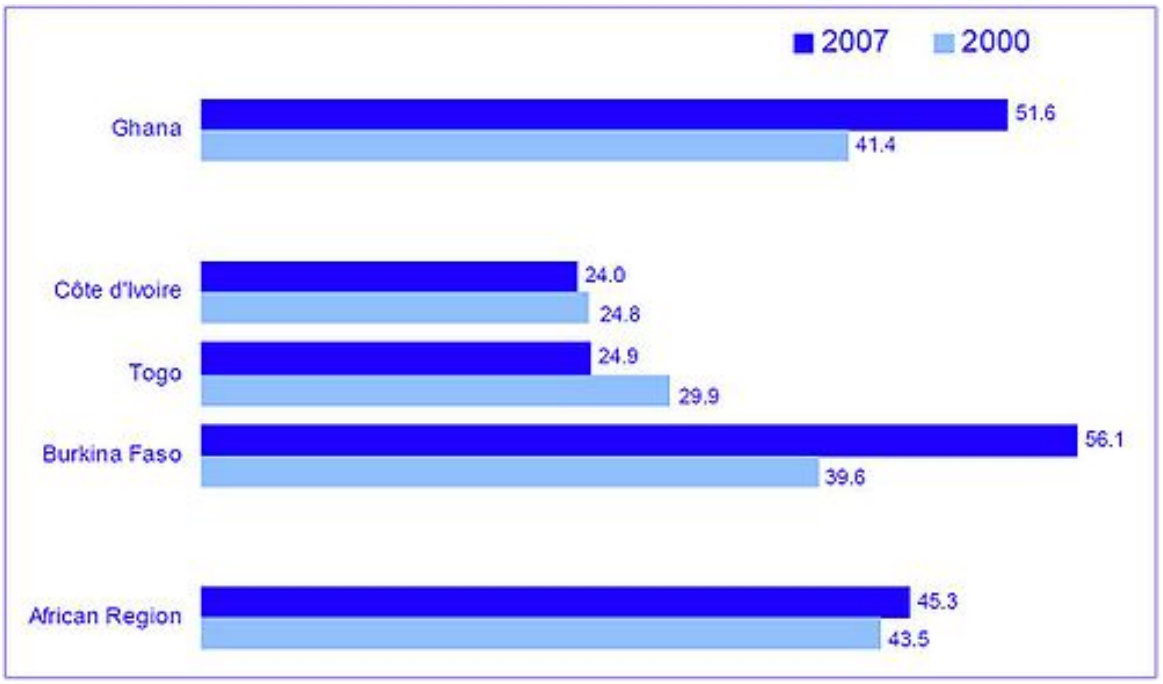
Per capita total expenditure on health (PPP int. $) in Ghana and neighboring countries, 2007 and 2000



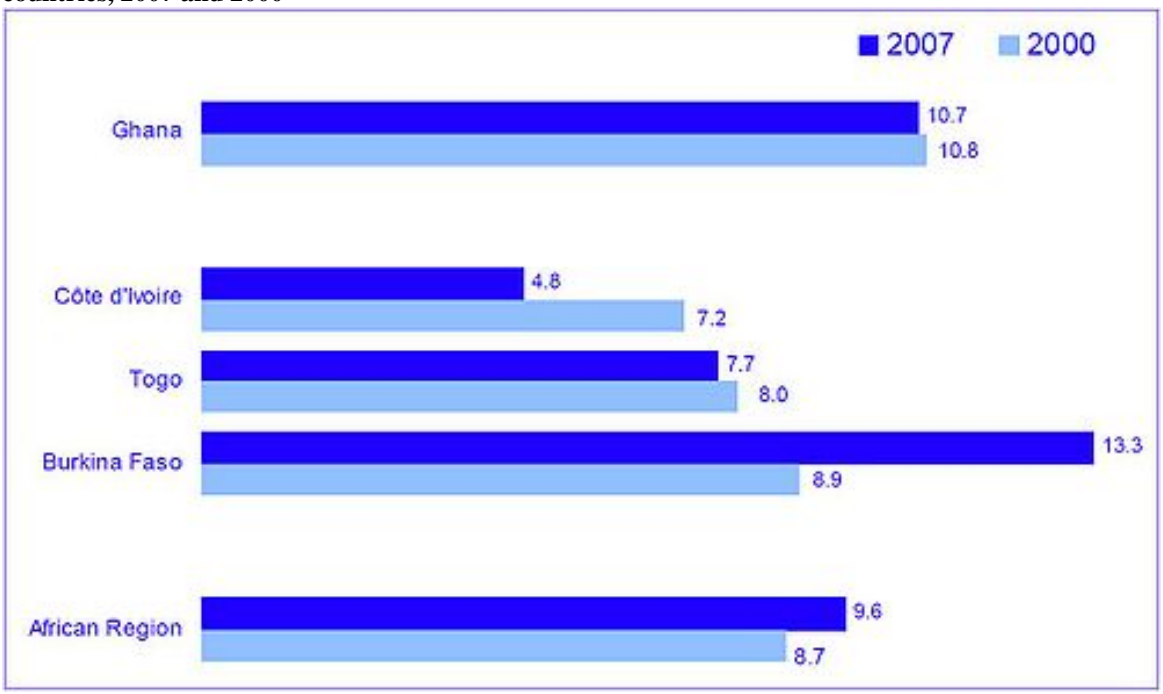
Total expenditure on health as percent of GDP in Ghana and neighboring countries, 2007 and 2000



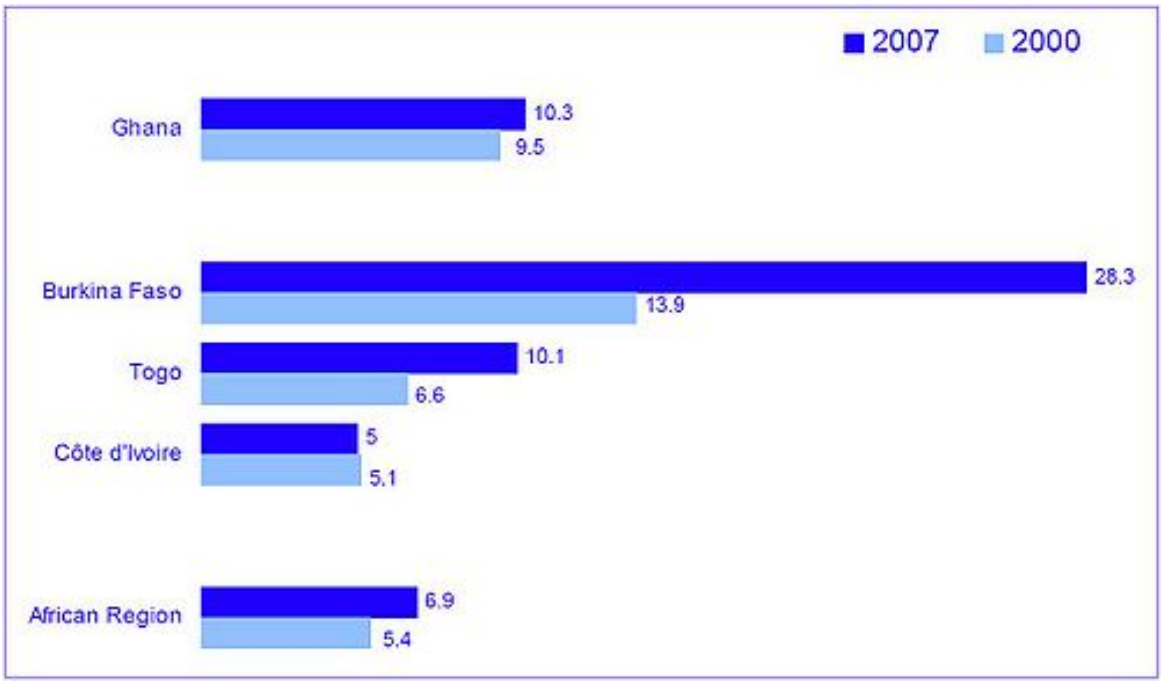
General government expenditure on health as % of total expenditure on health in Ghana and neighboring countries, 2007 and 2000



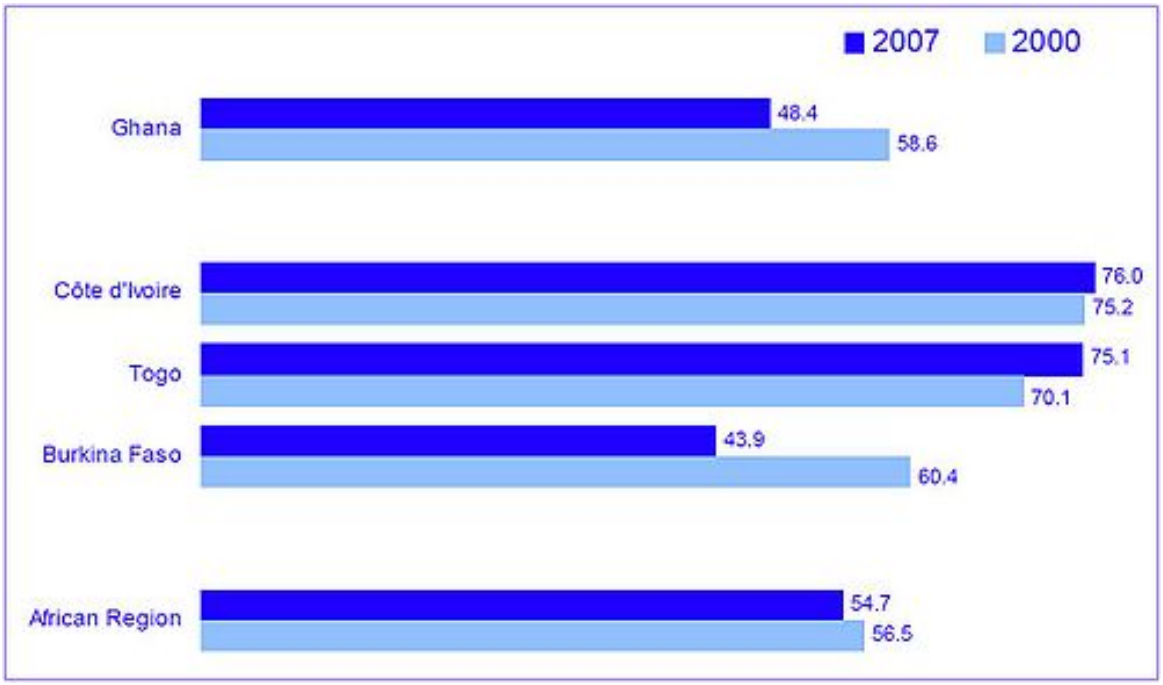
General government expenditure on health as % of total government expenditure in Ghana and neighboring countries, 2007 and 2000



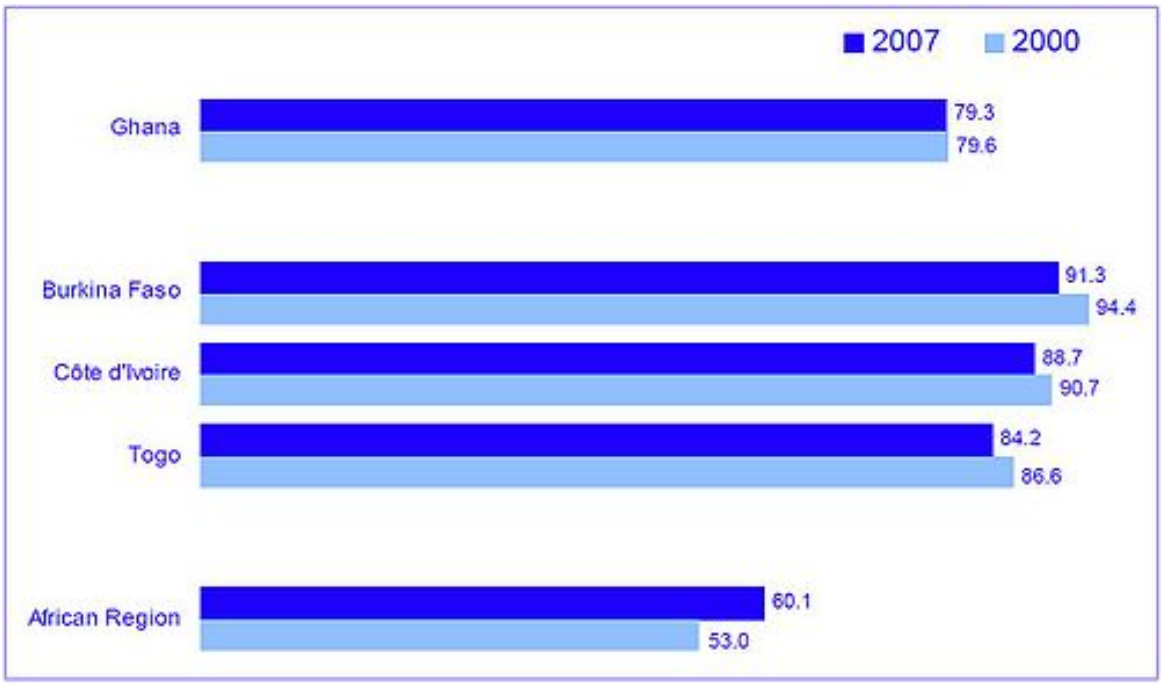
External resources for health as percent of total expenditure on health in Ghana and neighboring countries, 2007 and 2000



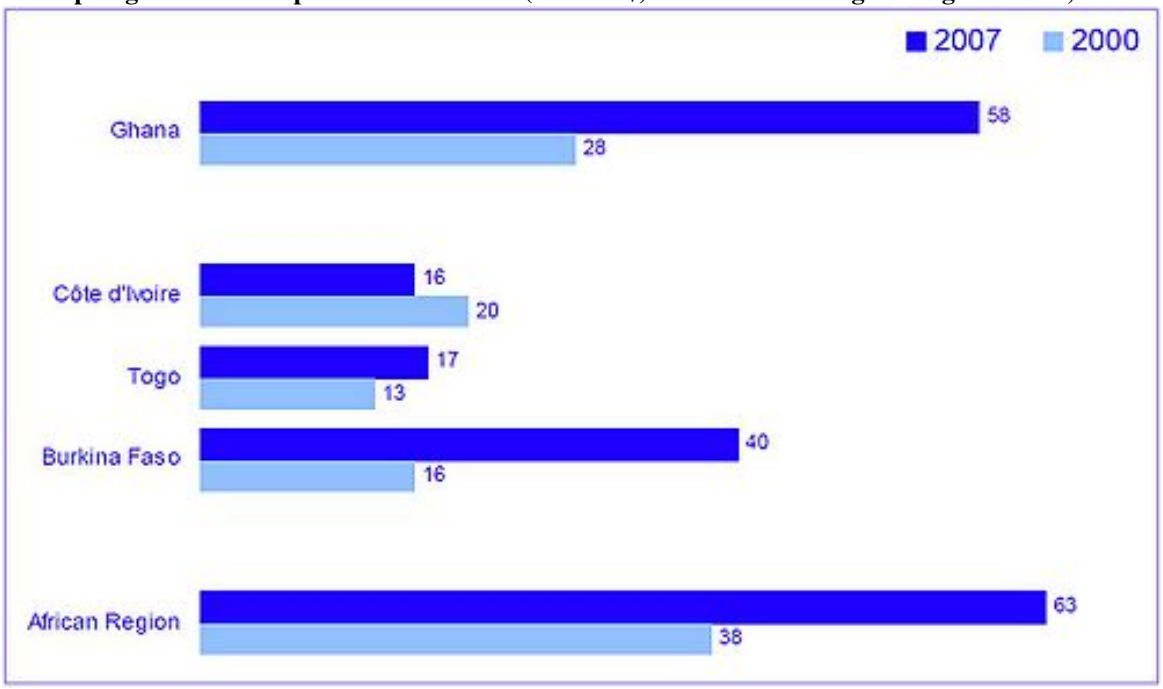
Private expenditure on health as percent of total expenditure on health in Ghana and neighboring countries, 2007 and 2000



Out-of-Pocket expenditurex as % of private expenditure on health in Ghana and neighboring countries, 2007 and 2000



Per capita government expenditure on health (PPP int.$) in Ghana and neighboring countries, 2007 and 2000



References

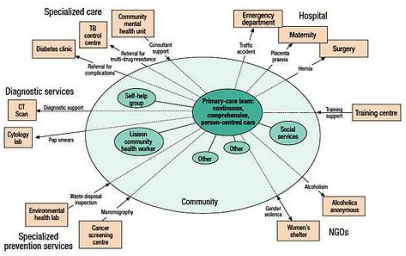
[1] Everybody's business. Strengthening health systems to improve health outcomes. WHO's framework for action (pdf 843.33kb). Geneva, World Health Organization, 2007 (http://www.who.int/healthsystems/strategy/everybodys_business.pdf)

Ghana:Service delivery - The Health System

In any health system, good health services are those that deliver effective, safe, good-quality personal and non-personal care to those that need it, when needed, with minimum waste. Services – be they prevention, treatment or rehabilitation – may be delivered in the home, the community, the workplace or in health facilities.[1]

Although there are no universal models for good service delivery, there are some well-established requirements. Effective provision requires trained staff working with the right medicines and equipment, and with adequate financing. Success also requires an organizational environment that provides the right incentives to providers and users. The service delivery building block is concerned with how inputs and services are organized and managed, to ensure access, quality, safety and continuity of care across health conditions, across different locations and over time.

Attention should be given to the following:



Primary care as a hub of coordination: networking within the community served and with outside partners[2]

- *Demand for services*. Raising demand, appropriately, requires understanding the user's perspective, raising public knowledge and reducing barriers to care – cultural, social, financial or gender barriers.
- *Package of integrated services*. This should be based on a picture of population health needs; of barriers to the equitable expansion of access to services; and available resources such as money, staff, medicines and supplies.
- *Organization of the provider network*. This means considering the whole network of providers, private as well as public; the package of services (personal, non-personal); whether there is oversupply or undersupply; functioning referral systems; the responsibilities of and linkages between different levels and types of provider, including hospitals.
- *Management*. Whatever the unit of management (programme, facility, district, etc.) any autonomy, which can encourage innovation, must be balanced by policy and programme consistency and accountability. Supervision and other performance incentives are also key.
- *Infrastructure and logistics*. This includes buildings, their plant and equipment; utilities such as power and water supply; waste management; and transport and communication. It also involves investment decisions, with issues of specification, price and procurement and considering the implications of investment in facilities, transport or technologies for recurrent costs, staffing levels, skill needs and maintenance systems.

This section of the health systems profile is structured as follows:

References

[1] Everybody's business. Strengthening health systems to improve health outcomes. WHO's framework for action (pdf 843.33kb). Geneva, World Health Organization, 2007 (http://www.who.int/healthsystems/strategy/everybodys_business.pdf)

[2] Framework and standards for country health information systems, 2nd ed (pdf 1.87Mb). Geneva, World Health Organization and Health Metrics Network, 2008 (http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=6233)

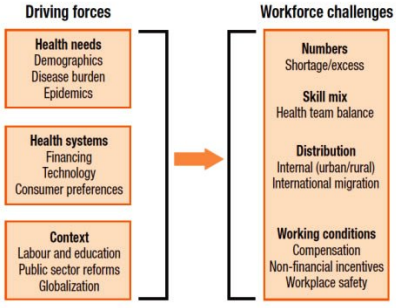
Ghana:Health workforce - The Health System

Health workers are all people engaged in actions whose primary intent is to protect and improve health. A country's health workforce consists broadly of health service providers and health management and support workers. This includes:

- private as well as public sector health workers
- unpaid and paid workers
- lay and professional cadres.

Overall, there is a strong positive correlation between health workforce density and service coverage and health outcomes.

A "well-performing" health workforce is one that is available, competent, responsive and productive. To achieve this, actions are needed to manage dynamic labour markets that address entry into and exits from the health workforce, and improve the distribution and performance of existing health workers. These actions address the following:



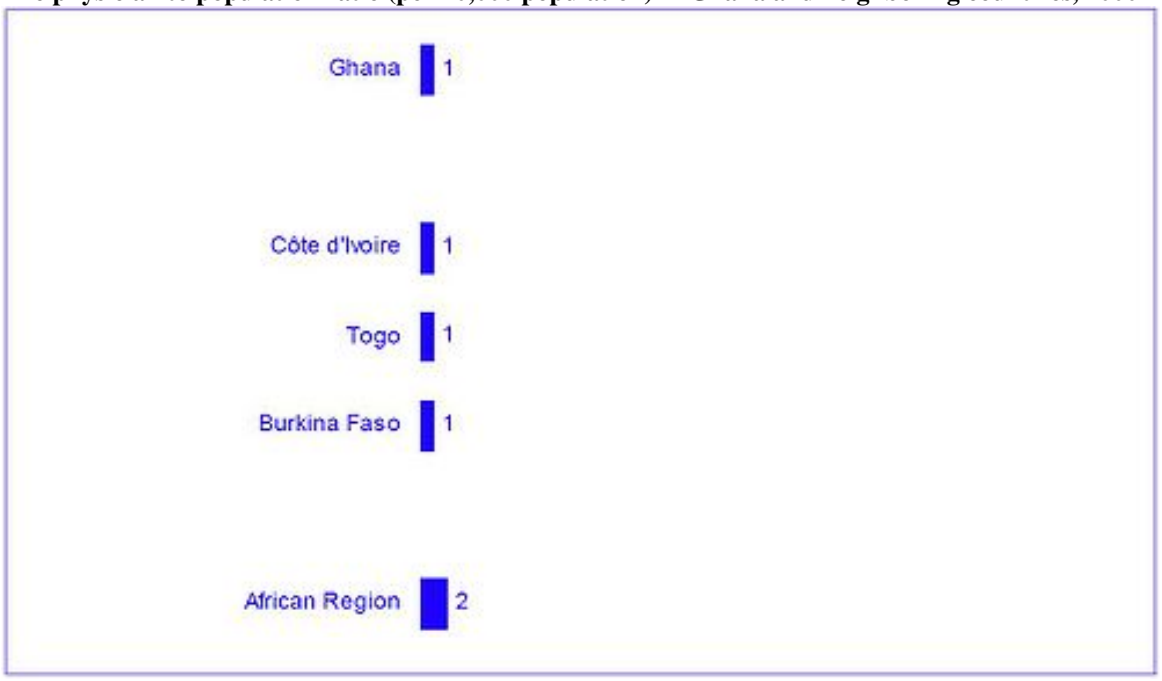
Forces driving the workforce[1]

- How countries plan and, if needed, scale-up their workforce asking questions that include: What strategic information is required to monitor the availability, distribution and performance of health workers? What are the regulatory mechanisms needed to maintain quality of education/training and practice? In countries with critical shortages of health workers, how can they scale-up numbers and skills of health workers in ways that are relatively rapid and sustainable? Which stakeholders and sectors need to be engaged (e.g. training institutions, professional groups, civil service commissions, finance ministries)?
- How countries design training programmes so that they facilitate integration across service delivery and disease control programmes.
- How countries finance scaling-up of education programmes and of numbers of health workers in a realistic and sustainable manner and in different contexts.
- How countries organize their health workers for effective service delivery, at different levels of the system (primary, secondary, tertiary), and monitor and improve their performance.
- How countries retain an effective workforce, within dynamic local and international labour markets.

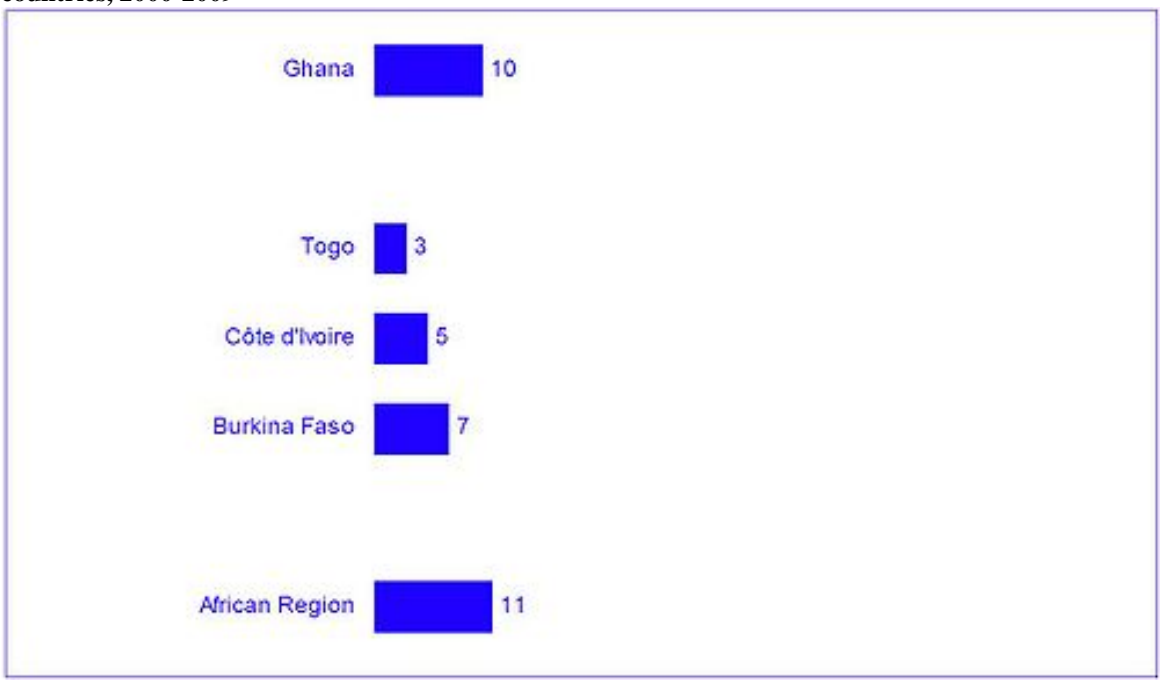
This section of the health systems profile is structured as follows:

Analytical summary

The physician to population ratio (per 10,000 population) in Ghana and neighboring countries, 2000-2009



The nursing and midwifery personnel to population ratio (per 10,000 population) in Ghana and neighboring countries, 2000-2009



References

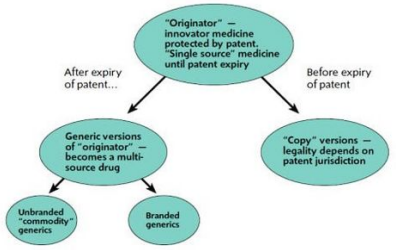
[1] The world health report 2006: working together for health (7.11Mb). Geneva, World Health Organization, 2008 (http://www.who.int/whr/2006/whr06_en.pdf)

Ghana:Medical products, vaccines, infrastructures and equipment

A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost effectiveness, and their scientifically sound and cost-effective use.[1]

To achieve these objectives, the following are required:

- national policies, standards, guidelines and regulations that support policy;
- information on prices, international trade agreements and capacity to set and negotiate prices;
- reliable manufacturing practices and quality assessment of priority products;
- procurement, supply, storage and distribution systems that minimize leakage and other waste;
- support for rational use of essential medicines, commodities and equipment, through guidelines, strategies to assure adherence, reduce resistance, maximize patient safety and training.



Major components of the medicines market[2]

Major components of the medicines market are shown in the figure.

This section of the health systems profile is structured as follows:

References

[1] Everybody's business. Strengthening health systems to improve health outcomes. WHO's framework for action (pdf 843.33kb). Geneva, World Health Organization, 2007 (http://www.who.int/healthsystems/strategy/everybodys_business.pdf)

[2] The world medicines situation (pdf 1.03Mb). Geneva, World Health Organization, 2004 (http://apps.who.int/medicinedocs/pdf/s6160e/s6160e.pdf)

Ghana:General country health policies

Public policies in the health sector, together with those in other sectors, have a huge potential to secure the health of communities.[1] They represent an important complement to universal coverage and service delivery reforms. Unfortunately, in most societies, this potential is largely untapped and failure to effectively engage other sectors is widespread. Looking ahead at the diverse range of challenges associated with the growing importance of ageing, urbanization and the social determinants of health, there is, without question, a need for a greater capacity to seize this potential. That is why a drive for better public policies forms a third pillar supporting the move towards primary health care, along with universal coverage and primary care (see figure).

Primary health care reforms necessary to refocus health systems towards health for all

The following policies must be in place:

- *Systems policies* – the arrangements that are needed across health systems' building blocks to support universal coverage and effective service delivery. These are the health systems policies (related to essential drugs, technology, quality control, human resources, accreditation, etc.) on which primary care and universal coverage reforms depend.
- *Public health policies* – the specific actions needed to address priority health problems through cross-cutting prevention and health promotion. Without effective public health policies that address priority health problems, primary care and universal coverage reforms would be hindered. These encompass the technical policies and programmes that provide guidance to primary care teams on how to deal with priority health problems. They also encompass the classical public health interventions from public hygiene and disease prevention to health promotion.
- *Policies in other sectors* – contributions to health that can be made through intersectoral collaboration. These policies, which are of critical concern, are known as "health in all policies", based on the recognition that a population's health can be improved through policies that are mainly controlled by sectors other than health. The health content of school curricula, industry's policy towards gender equality, or the safety of food and consumer goods are all issues that can profoundly influence or even determine the health of entire communities and that can cut across national boundaries. It is not possible to address such issues without intensive intersectoral collaboration that gives due weight to health in all policies.

This section of the health system profile is structured as follows:

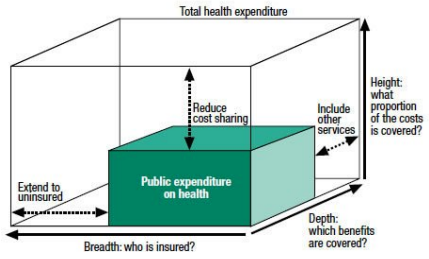
References

[1] Systems thinking for health systems strengthening (pdf 1.54Mb). Geneva, World Health Organization, 2009 (http://whqlibdoc.who.int/publications/2009/9789241563895_eng.pdf)

Ghana:Universal coverage

People expect their health systems to be equitable. The roots of health inequities lie in social conditions outside the health system's direct control. These root causes have to be tackled through intersectoral and cross-government action. At the same time, the health sector can take significant action to advance health equity internally. The basis for this is the set of reforms that aims at moving towards universal coverage, i.e. towards universal access to health services with social health protection. Health inequities also find their roots in the way health systems exclude people, such as inequities in availability, access, quality and burden of payment, and even in the way clinical practice is conducted.

The fundamental step a country can take to promote health equity is to move towards universal coverage: universal access to the full range of personal and non-personal health services required, with social health protection. The technical challenge of moving towards universal coverage is to expand coverage in three ways (see figure).:



Three ways of moving towards universal coverage

- *The breadth of coverage* – the proportion of the population that enjoys social health protection – must expand progressively to encompass the uninsured, i.e. the population groups that lack access to services and/or social protection against the financial consequences of taking up health care.
- *The depth of coverage* must also grow, expanding the range of essential services that is necessary to address people's health needs effectively, taking into account demand and expectations, and the resources society is willing and able to allocate to health. The determination of the corresponding "essential package" of benefits can play a key role here, provided the process is conducted appropriately.
- *The height of coverage*, i.e. the portion of health care costs covered through pooling and prepayment mechanisms, must also rise, diminishing reliance on out-of-pocket copayment at the point of service delivery. Prepayment and pooling institutionalizes solidarity between the rich and the less well-off, and between the healthy and the sick. It lifts barriers to the uptake of services and reduces the risk that people will incur catastrophic expenses when they are sick. Finally, it provides the means to reinvest in the availability, range and quality of services.

This section of the health systems profile is structured as follows:

Specific Programmes and Services

Ghana:Specific Programmes and Services

The specific programmes and services represent principally the major disease and services vertical programmes that are developed to some extent out of the regular system. These programmes and services include HIV/AIDS, malaria, tuberculosis, immunization and vaccines development, child and adolescent health, maternal and newborn health, gender and women's health, epidemic and pandemic-prone diseases, neglected tropical diseases, and noncommunicable diseases and conditions.

This section describes the specific programmes and services in the WHO African Region and is structured as follows:

4.1 HIV/AIDS

4.2 Tuberculosis

4.3 Malaria

4.4 Immunization and vaccines development

4.5 Child and adolescent health

4.6 Maternal and newborn health

4.7 Gender and women's health (including sexual and reproductive health)

4.8 Epidemic and pandemic-prone diseases

4.9 Neglected tropical diseases

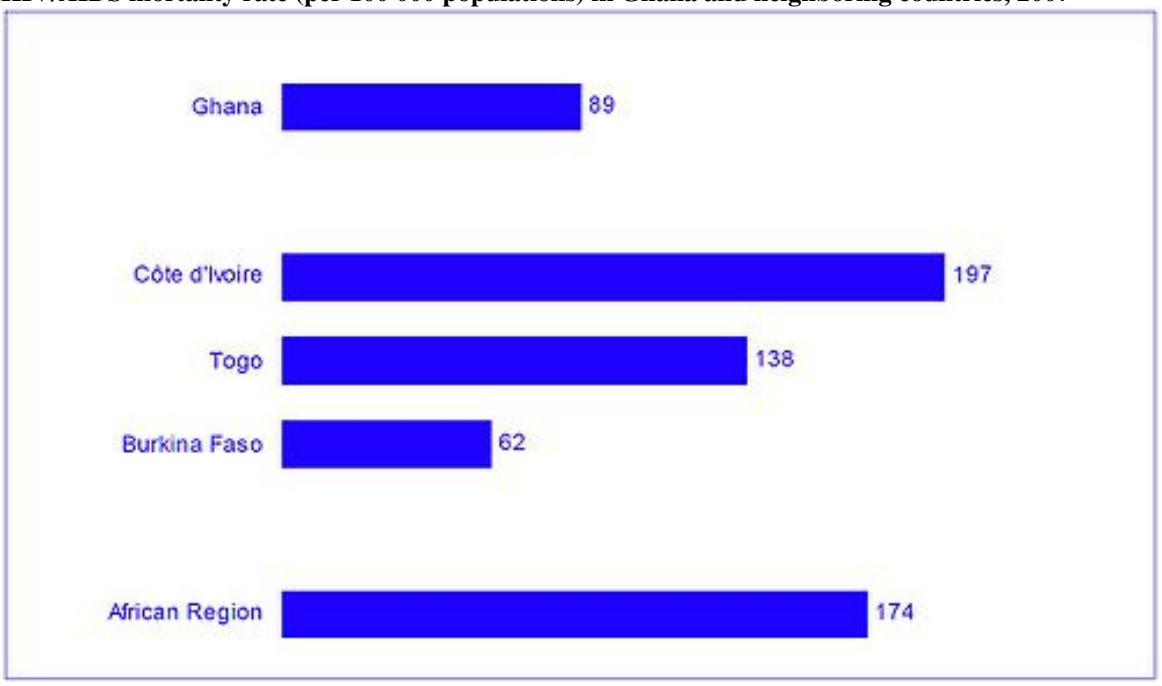
4.10 Noncommunicable diseases and conditions

Ghana:HIV/AIDS

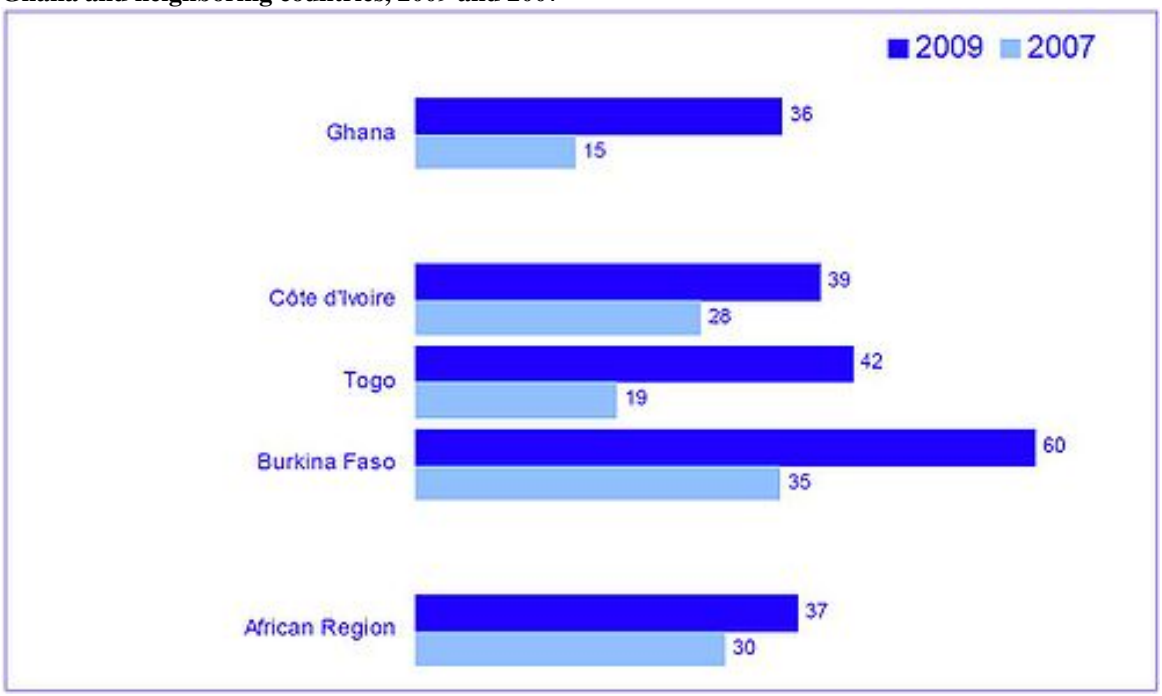
This section of the health systems profile is structured as follows:

Analytical summary

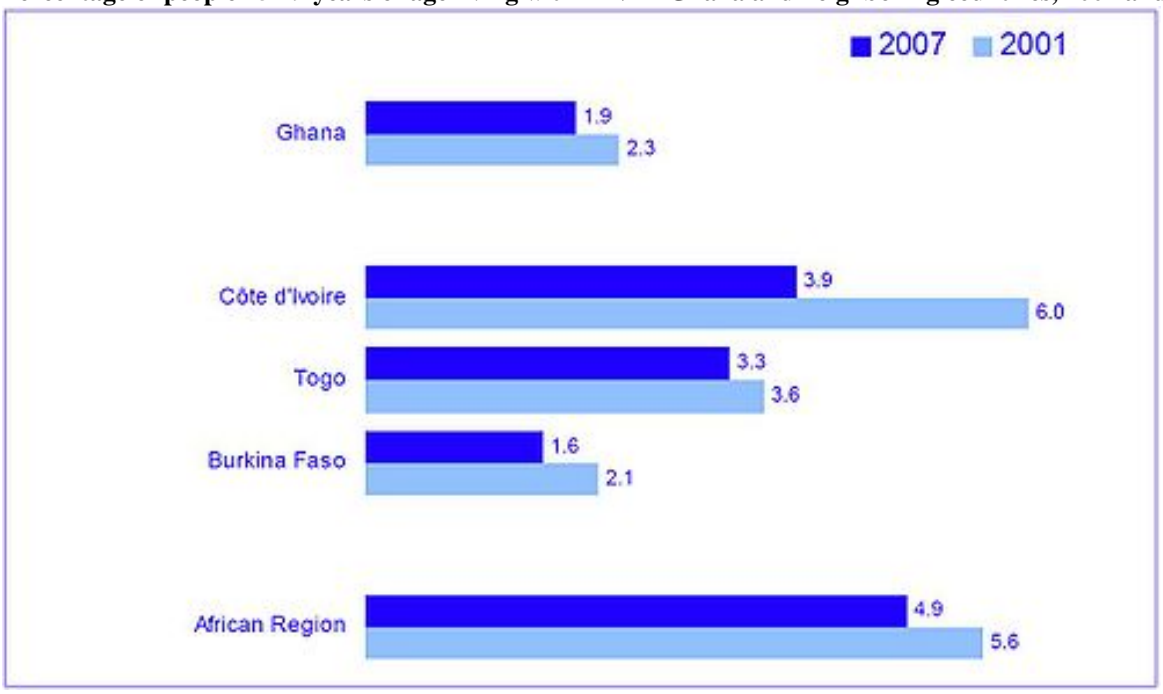
HIV/AIDS mortality rate (per 100 000 populations) in Ghana and neighboring countries, 2007



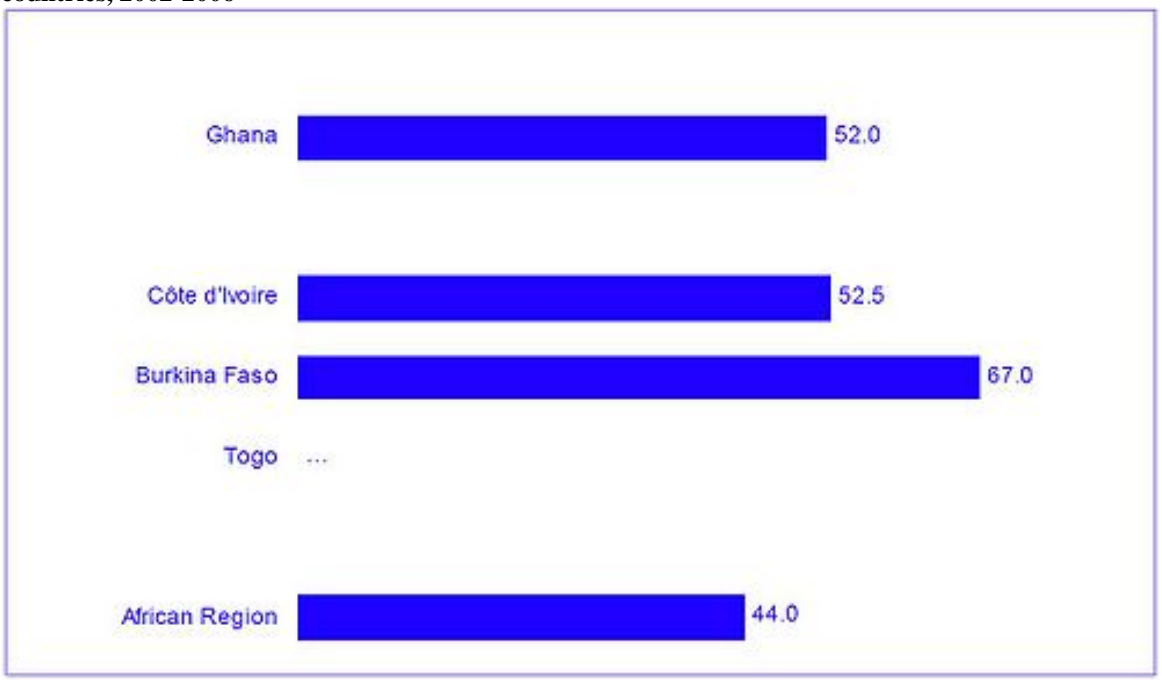
Percentage of people with advanced HIV infection receiving antiretroviral (ARV) combination therapy in Ghana and neighboring countries, 2009 and 2007



Percentage of people 15-49 years of age living with HIV in Ghana and neighboring countries, 2007 and 2001

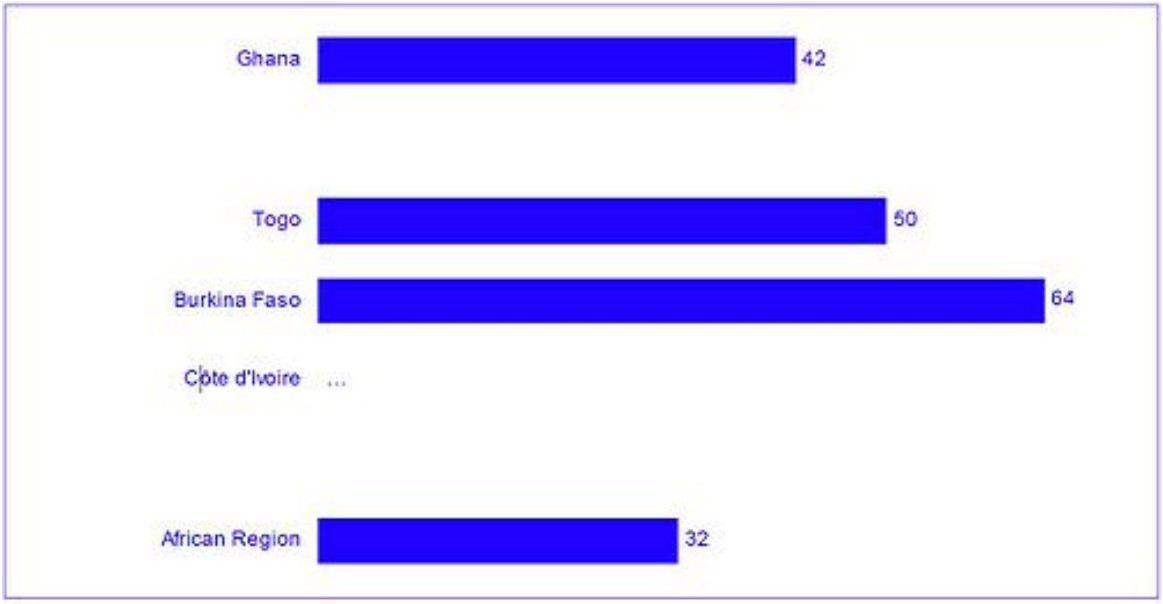


Percentage of men aged 15-24 years who used a condom at last high-risk sex in Ghana and neighboring countries, 2002-2006



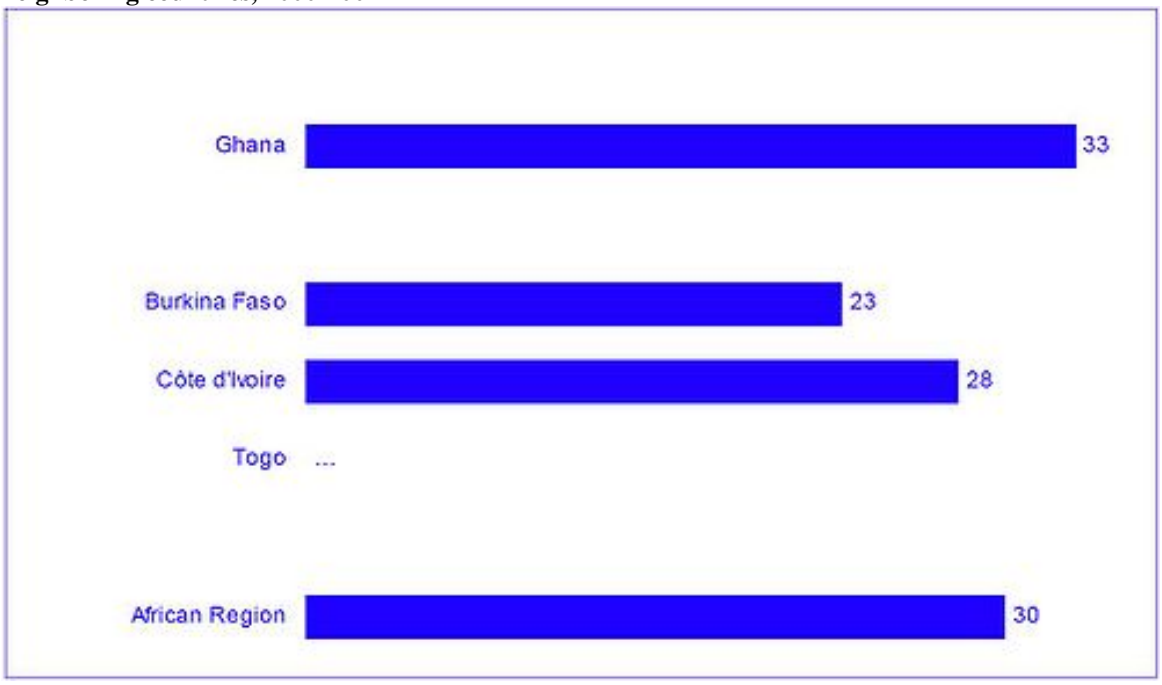
...: No data Source: United Nations Statistical Division-MDG database-Accessed 10 June 2010

Percentage of women aged 15-24 years who used a condom at last high-risk sex in Ghana and neighboring countries, 2002-2006



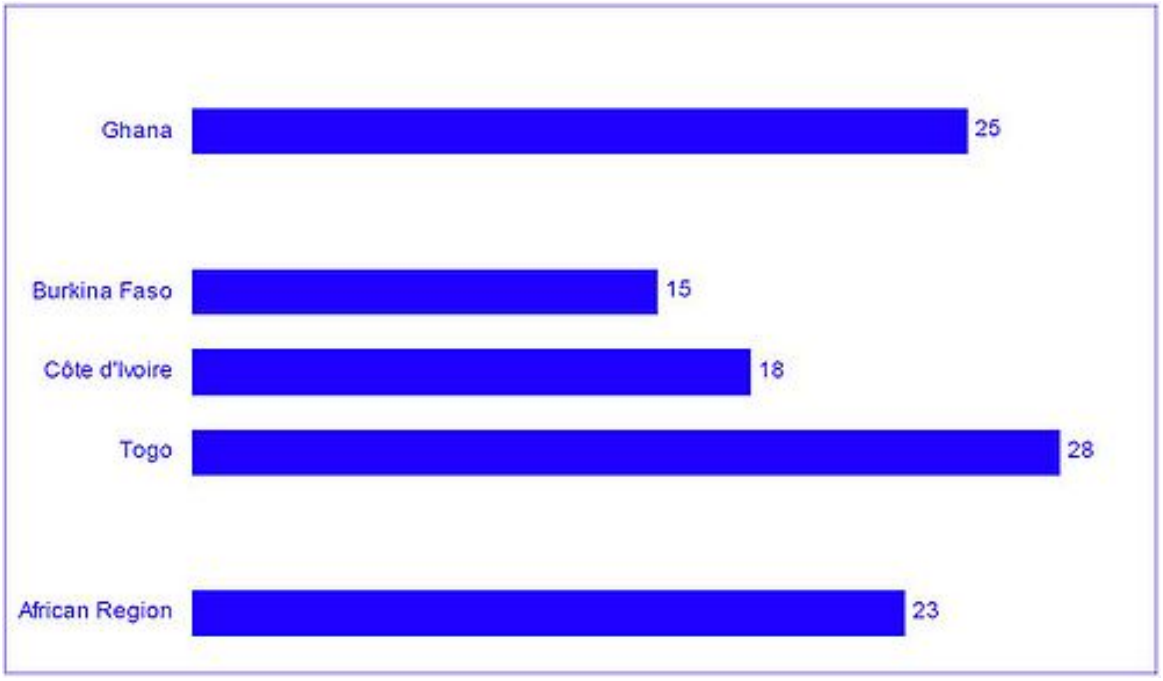
...: No data Source: United Nations Statistical Division-MDG database-Accessed 10 June 2010

Proportion of men 15-24 years old with comprehensive correct knowledge of HIV/AIDS in Ghana and neighboring countries, 2000-2007



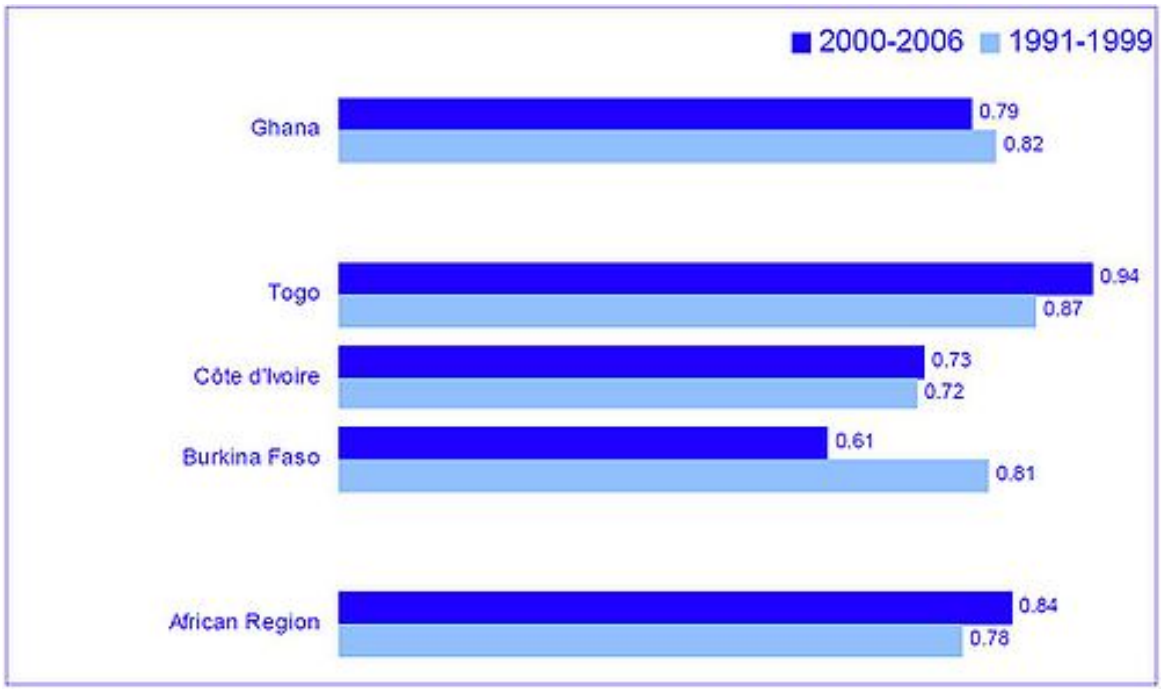
...: No data Source: United Nations Statistical Division-MDG database-Accessed 10 June 2010

Proportion of women 15-24 Years age with comprehensive correct knowledge of HIV/AIDS in Ghana and neighboring countries, 2000-2007



Source: United Nations Statistical Division-MDG database-Accessed 10 June 2010

Ratio of orphans to non-orphans school attendance, 2000-2006 and 1991-1999 in Ghana and neighboring countries



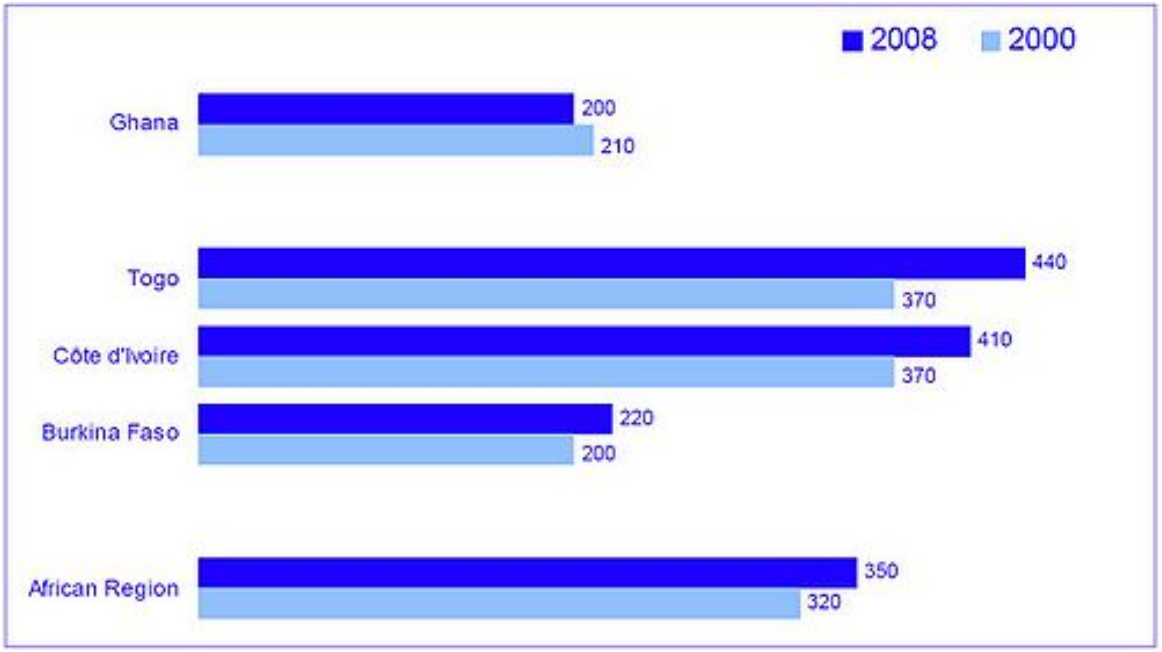
Source: United Nations Statistical Division-MDG database-Accessed 10 June 2010

Ghana:Tuberculosis

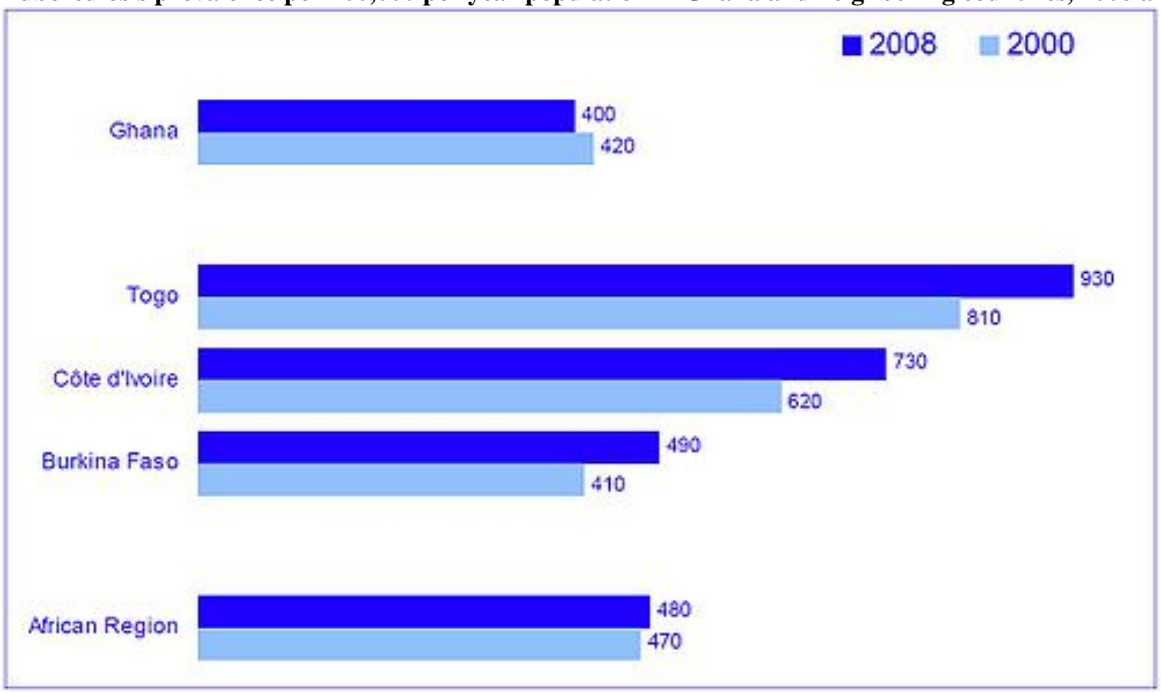
This section of the health systems profile is structured as follows:

Analytical summary

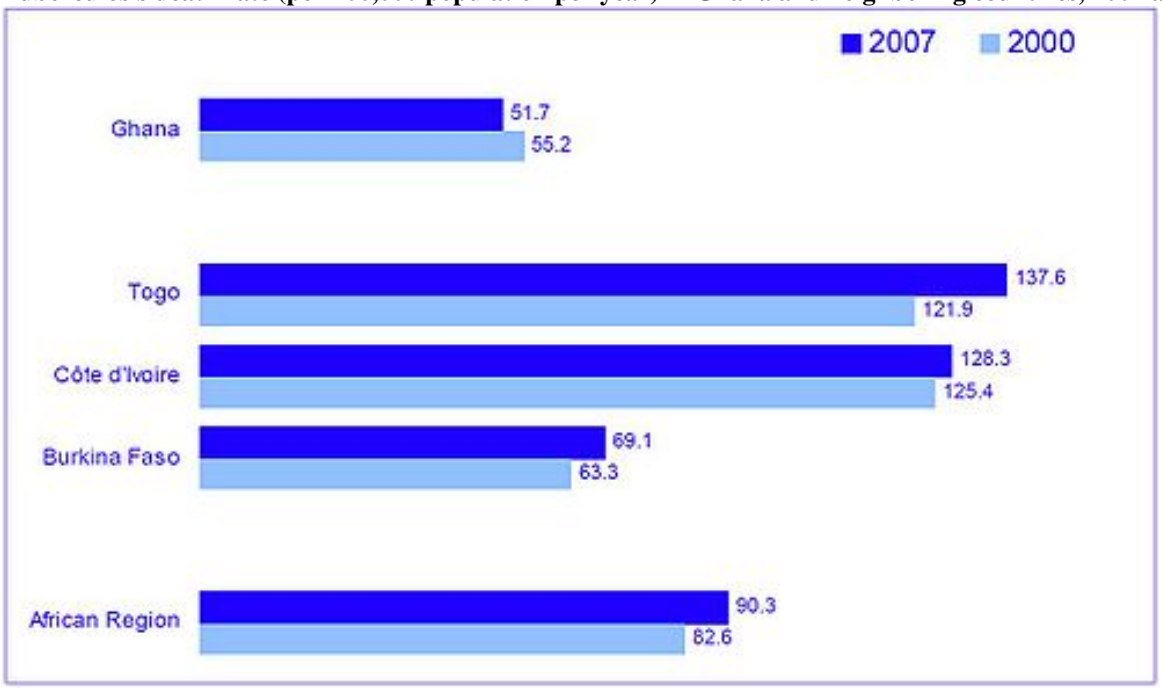
Tuberculosis incidence rate per 100,000 population per year in Ghana and neighboring countries, 2008 et 2000



Tuberculosis prevalence per 100,000 per year population in Ghana and neighboring countries, 2008 and 2000

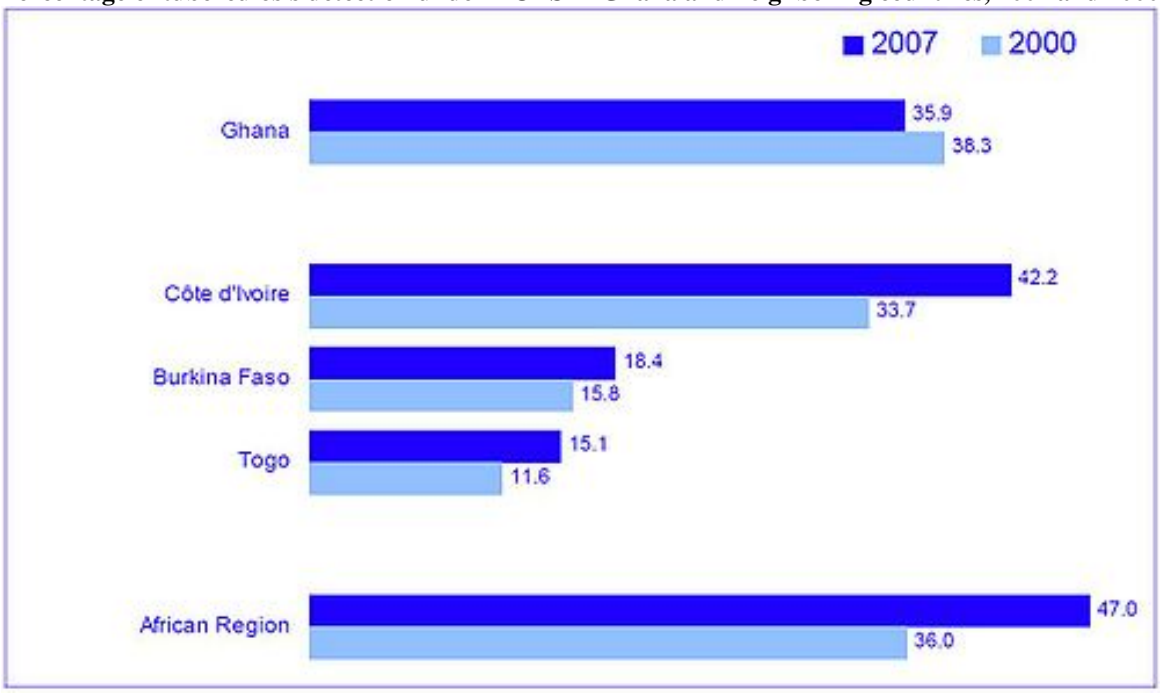


Tuberculosis death rate (per 100,000 population per year) in Ghana and neighboring countries, 2007 and 2000



Source: United Nations Statistical Division-MDG database-Accessed 10 June 2010

Percentage of tuberculosis detection under DOTS in Ghana and neighboring countries, 2007 and 2000



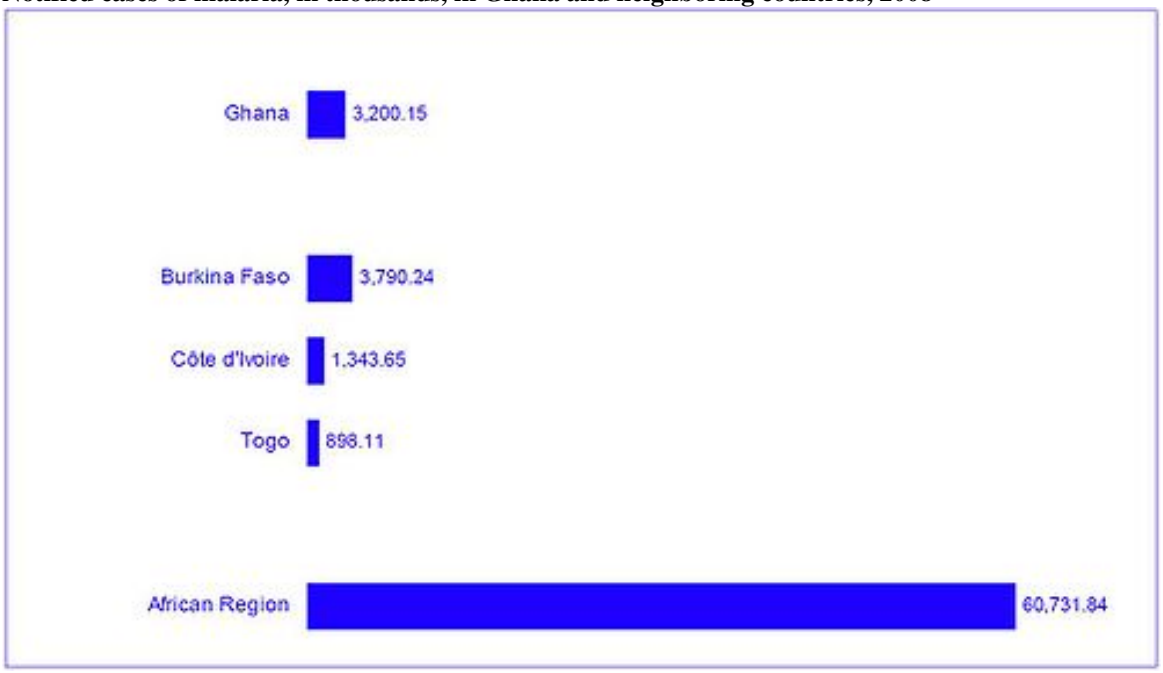
Source: United Nations Statistical Division-MDG database-Accessed 10 June 2010

Ghana:Malaria

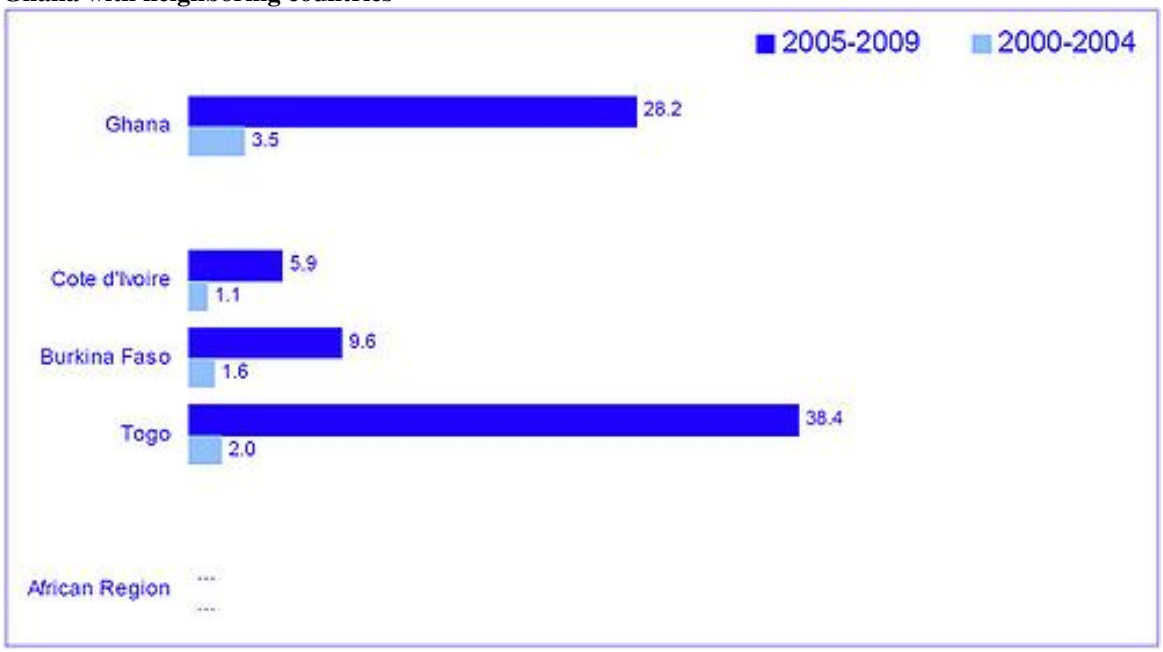
This section of the health systems profile is structured as follows:

Analytical summary

Notified cases of malaria, in thousands, in Ghana and neighboring countries, 2008

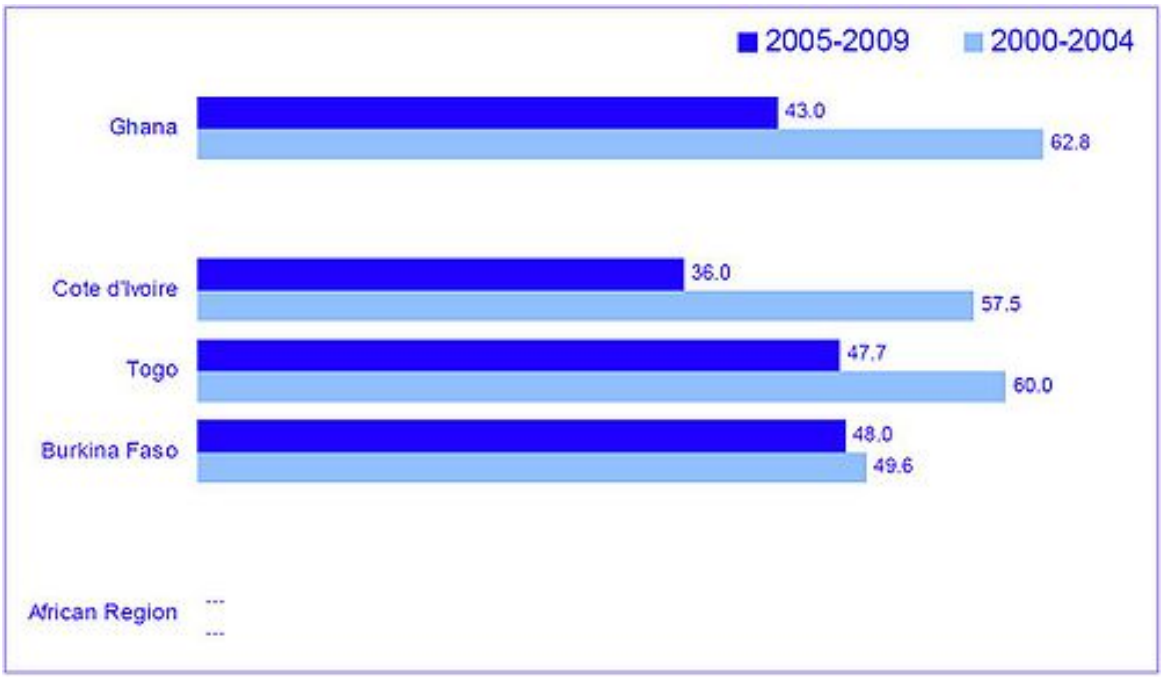


Percentage of under five children sleeping an insecticide-treated bed nets in 2005-2009 and 2000-2004 in Ghana with neighboring countries



...: No data

Percentage of under five children with fever being treated with anti-malarial drugs in 2005-2009 and 2000-2004 in Ghana with neighboring countries



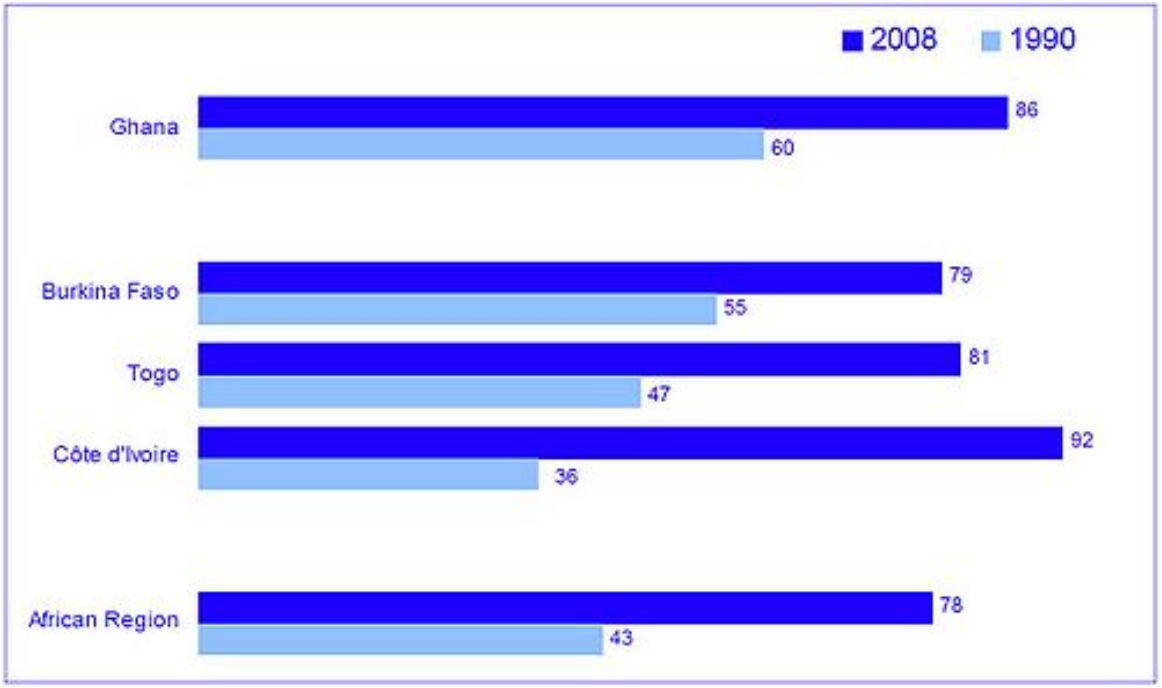
...: No data

Ghana:Immunization and vaccines development

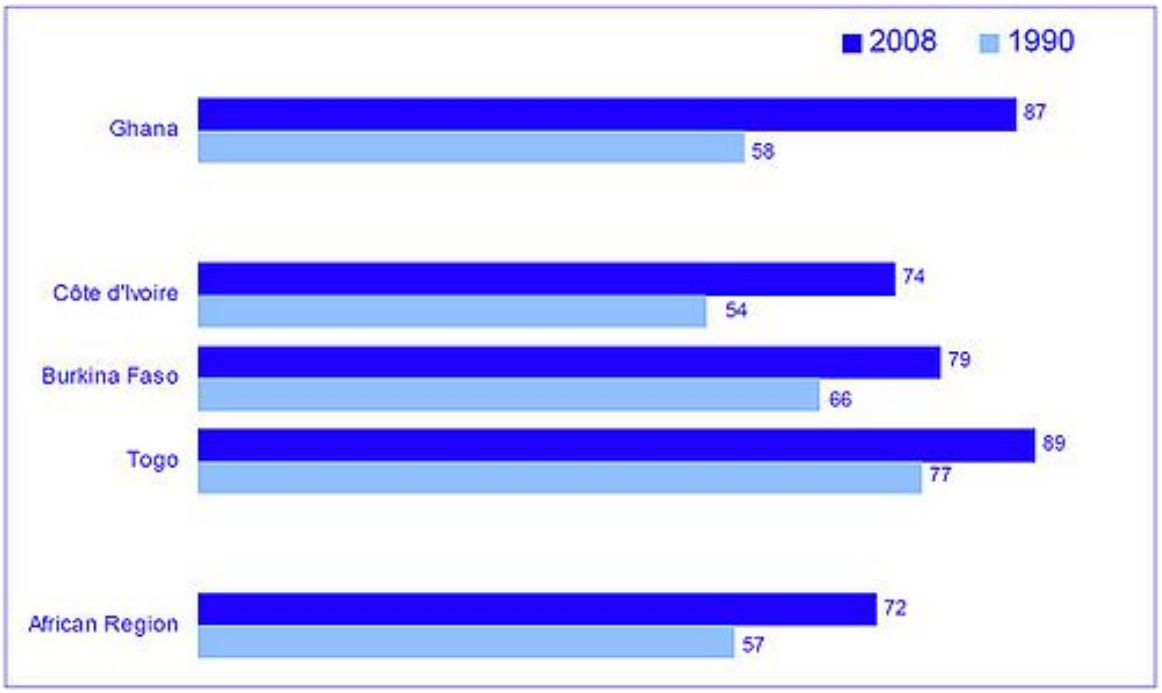
This section of the health systems profile is structured as follows:

Analytical summary

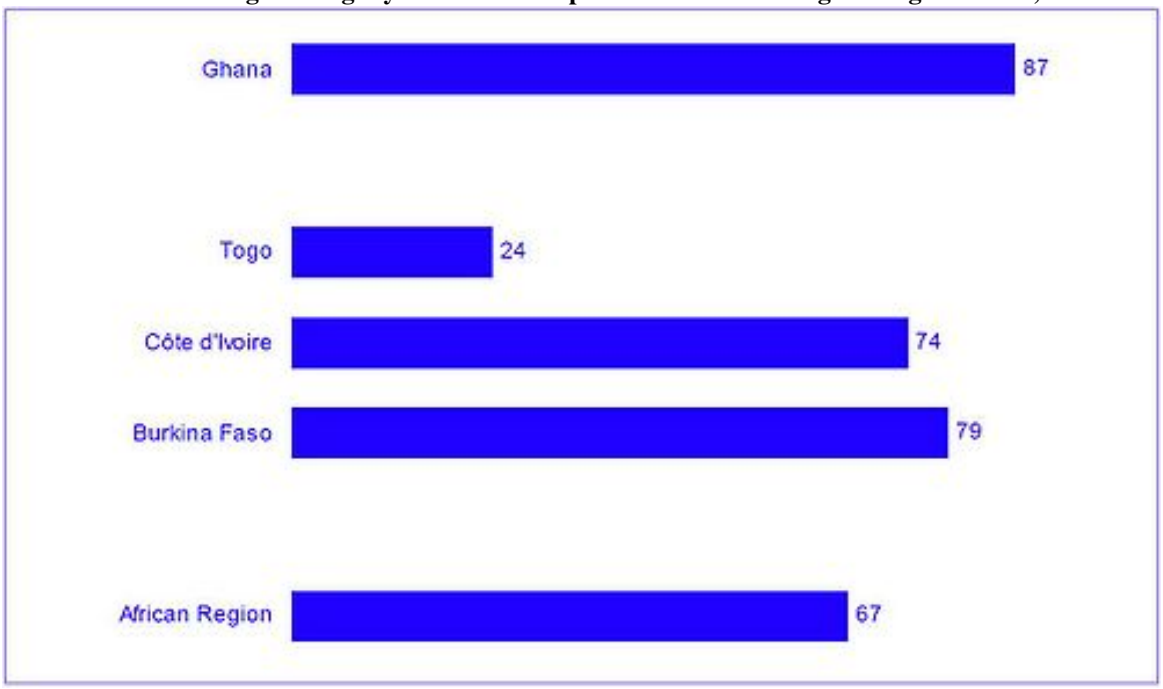
Percentage of neonates protected at birth against neonatal tetanus in Ghana and neighboring countries, 2008 and 1990



Percent immunization coverage among 1-year-olds for DTP3 in Ghana and neighboring countries, 2008 and 1990



Immunization coverage among 1-year-olds for HepB3 in Ghana and neighboring countries, 2008

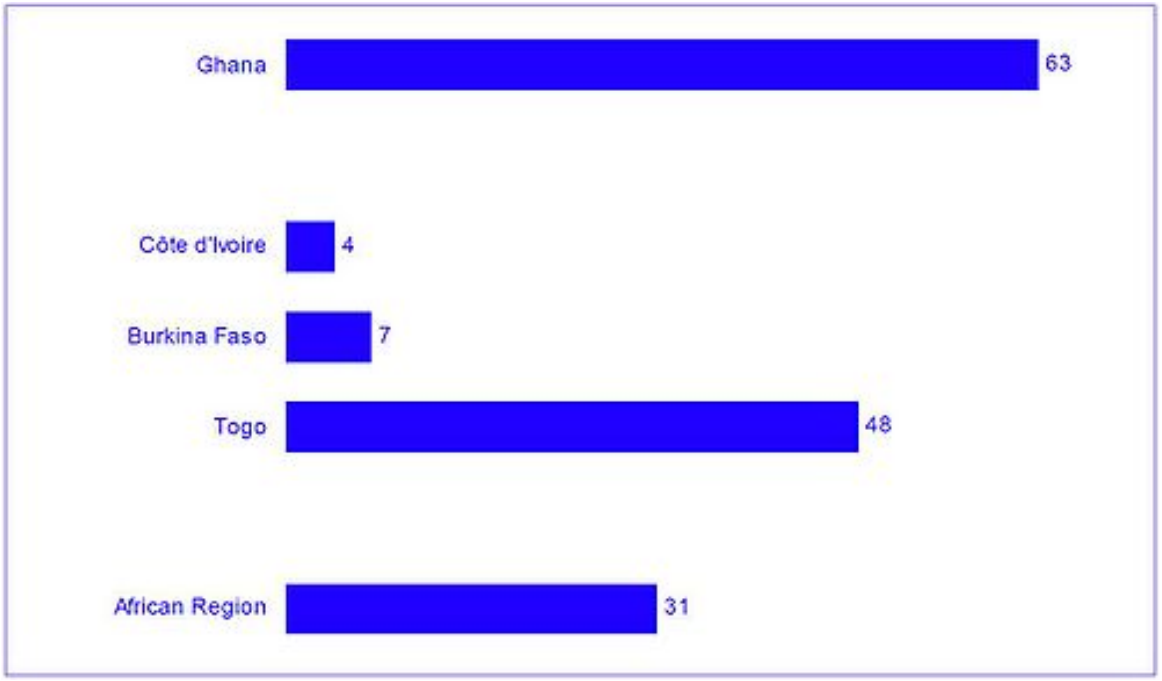


Ghana:Child and adolescent health

This section of the health systems profile is structured as follows:

Analytical summary

Percentage of infants exclusively breastfed for the first 6 months of life in Ghana and neighboring countries, 2000-2009

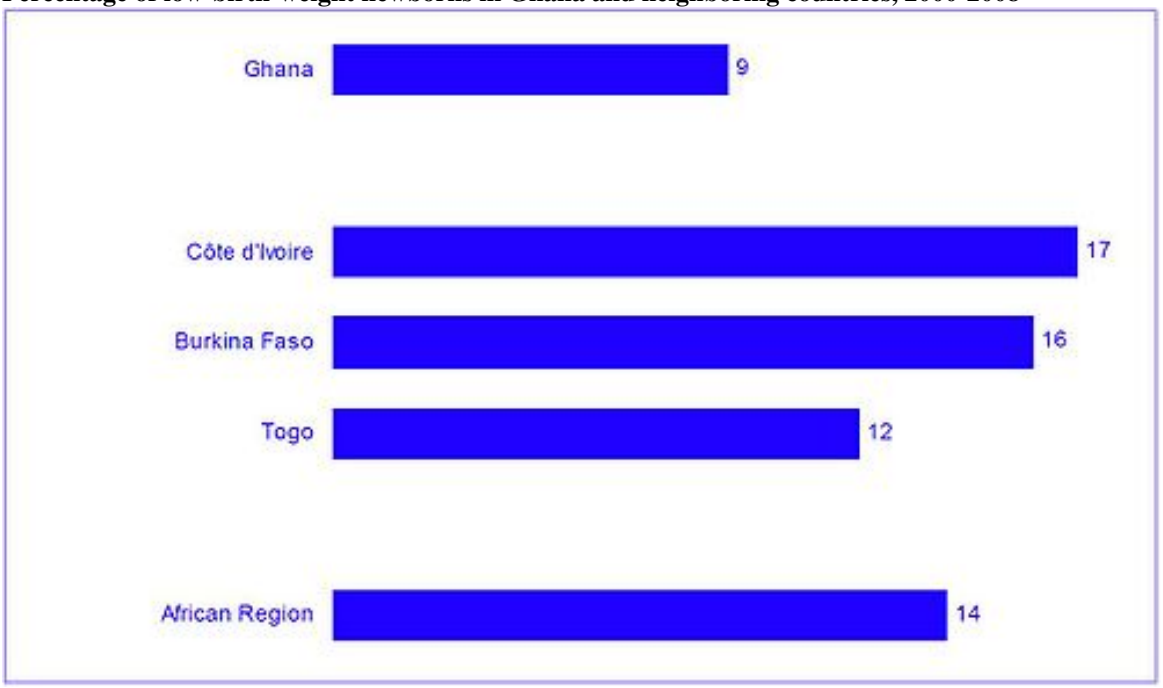


Ghana:Maternal and newborn health

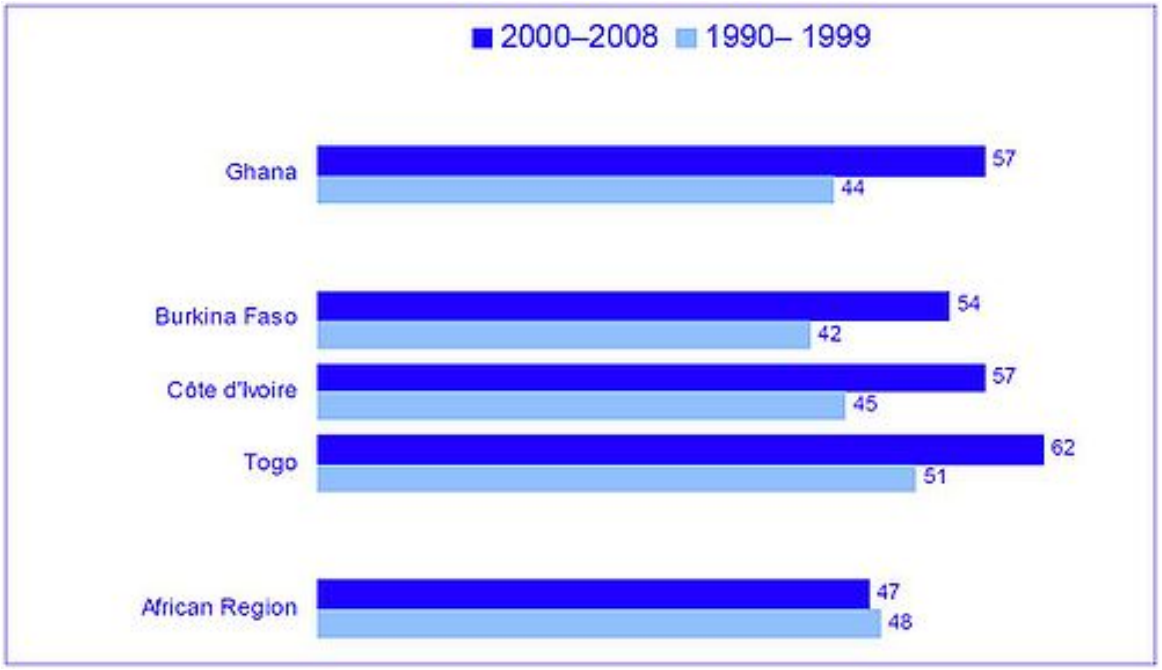
This section of the health systems profile is structured as follows:

Analytical summary

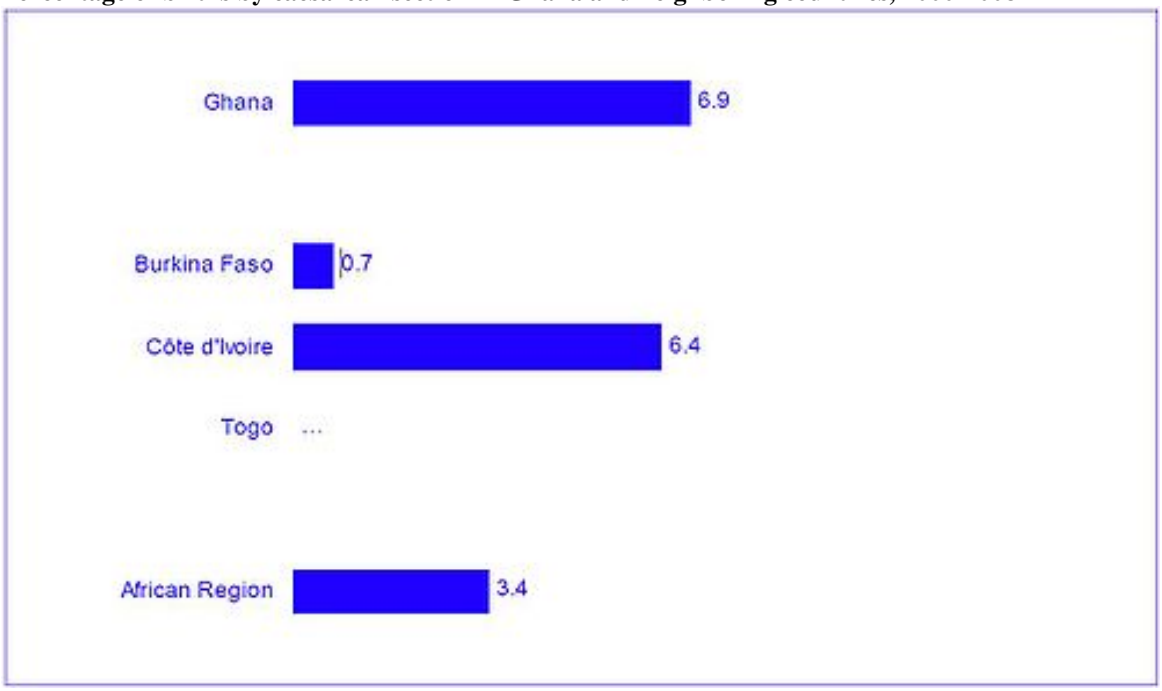
Percentage of low-birth-weight newborns in Ghana and neighboring countries, 2000-2008



Percentage of births attended by skilled health personnel in Ghana and neighboring countries, 1990-1999 and 2000-2008



Percentage of births by caesarean section in Ghana and neighboring countries, 2000-2008



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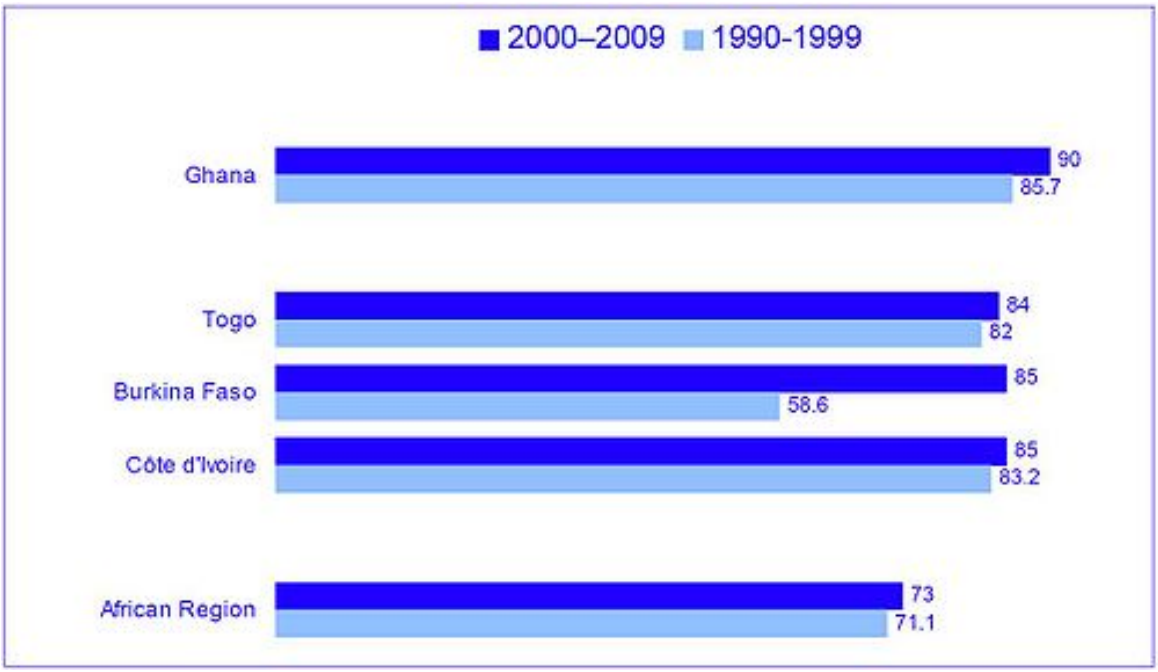
Percentage of antenatal care coverage, at least one visit, in Ghana and neighboring countries, 2000-2009 and 1990-1999

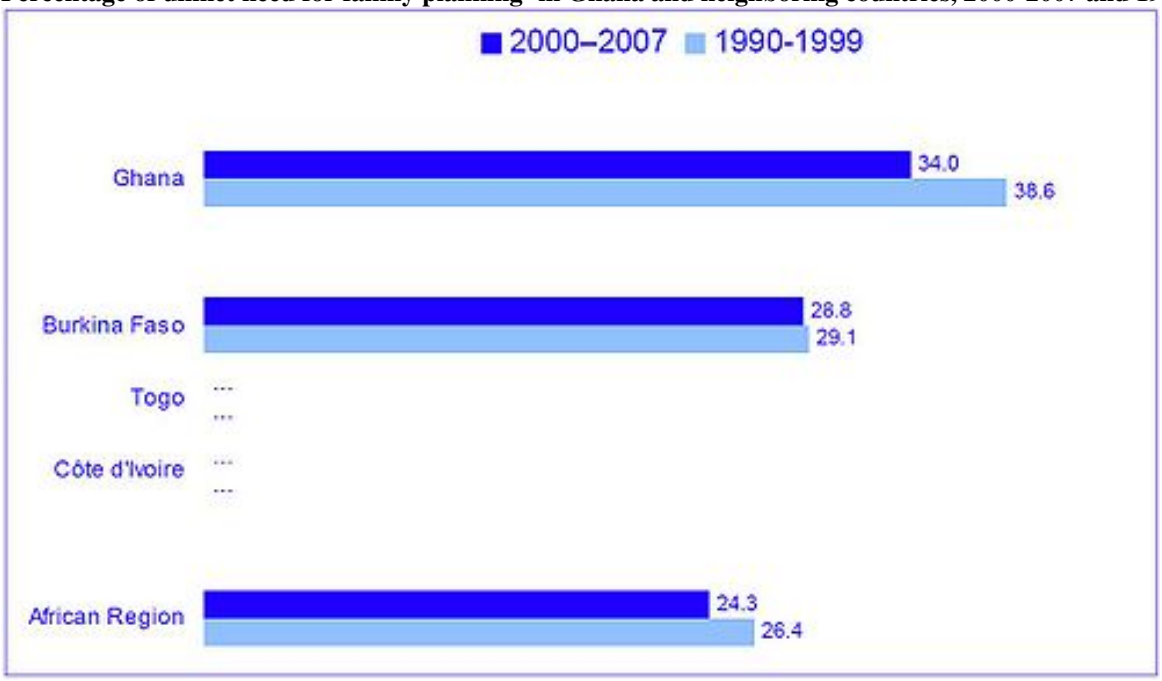


Ghana:Gender and women's health

This section of the health systems profile is structured as follows:

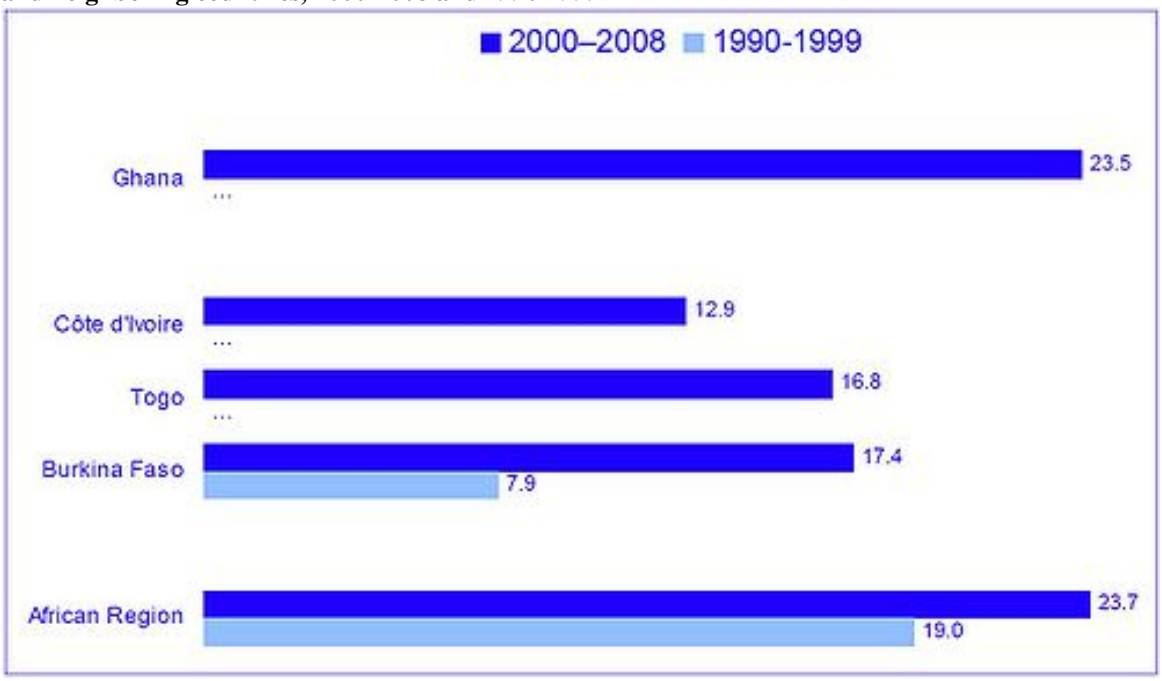
Analytical summary

Percentage of unmet need for family planning- in Ghana and neighboring countries, 2000-2007 and 1990-1999



...: No data

Percentage of current contraceptive use (any method) among married women 15-49 years of age in Ghana and neighboring countries, 2000-2008 and 1990-1999



...: No data

Ghana:Epidemic and pandemic-prone diseases

This analytical profile on epidemic and pandemic-prone diseases is structured as follows:

Ghana:Neglected tropical diseases

This analytical profile on neglected tropical diseases is structured as follows:

Analytical summary

Number of reported cases of leprosy in Ghana and neighboring countries, 2008

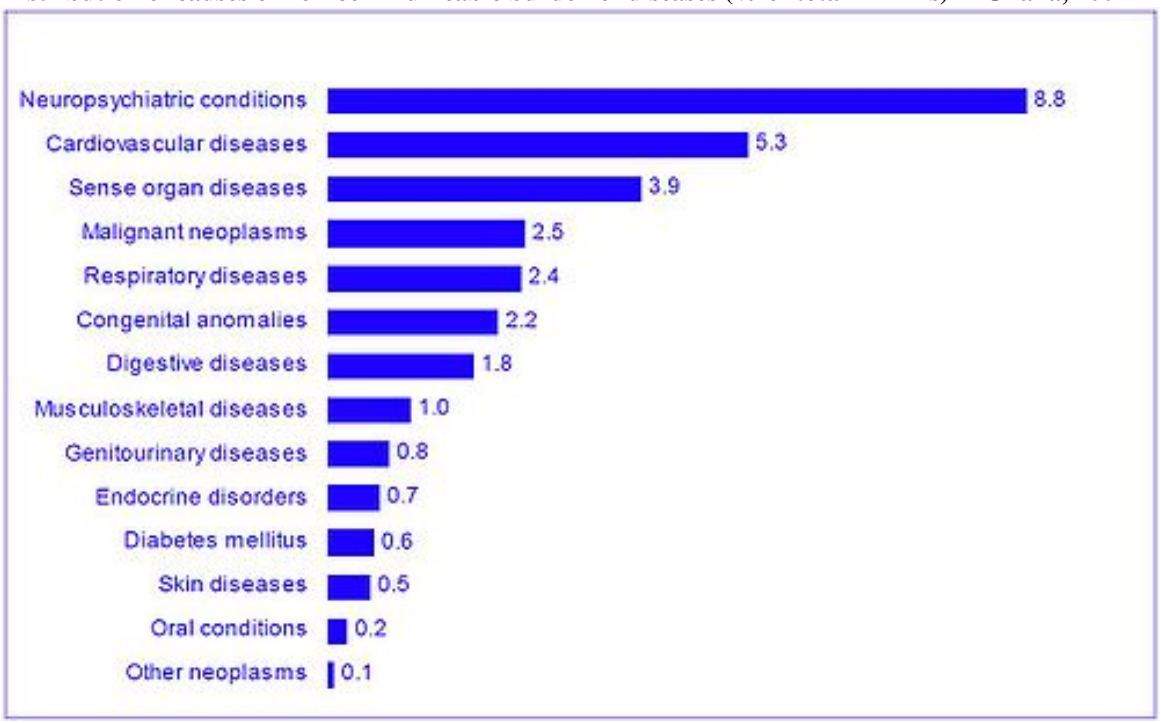
...: No data

Ghana:Non-communicable diseases and conditions

This analytical profile on noncommunicable diseases and conditions is structured as follows:

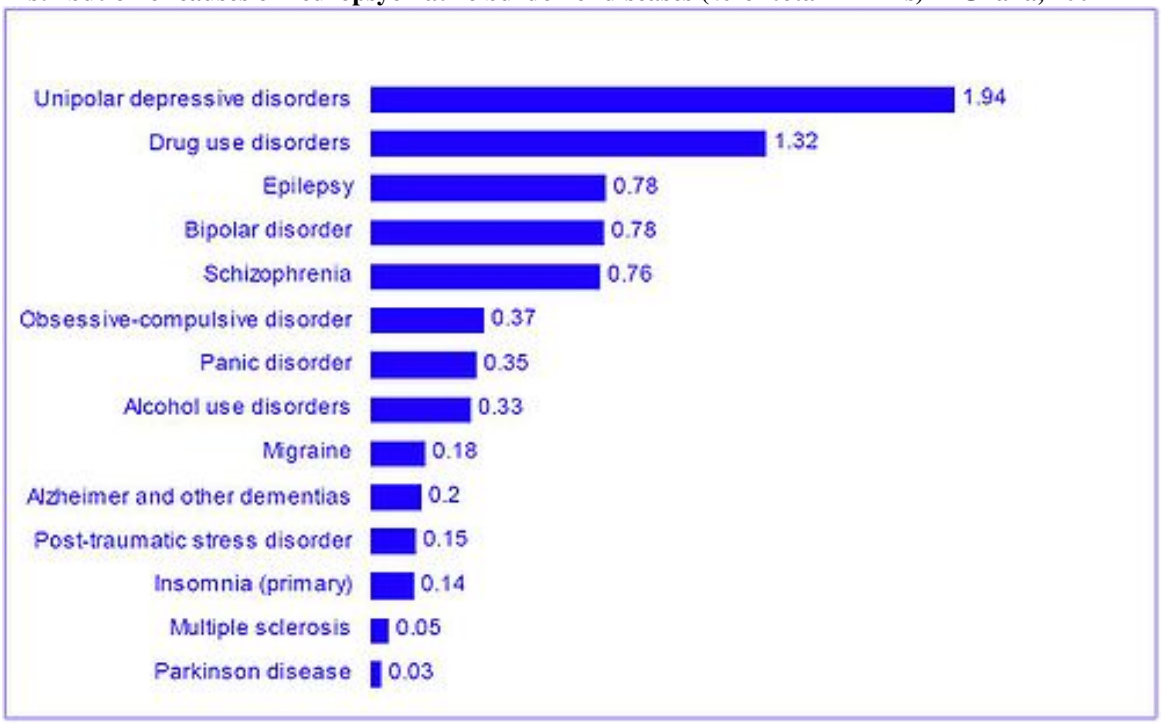
Analytical summary

Distribution of causes of non-communicable burden of diseases (% of total DALYs) in Ghana, 2004



Distribution of causes of intentional and non-intentional injuries (% of total DALYs) in Ghana, 2004

Distribution of causes of neuropsychiatric burden of diseases (% of total DALYs) in Ghana, 2004



Key Determinants

Ghana:Key Determinants

This analytical profile on key determinants is structured as follows:

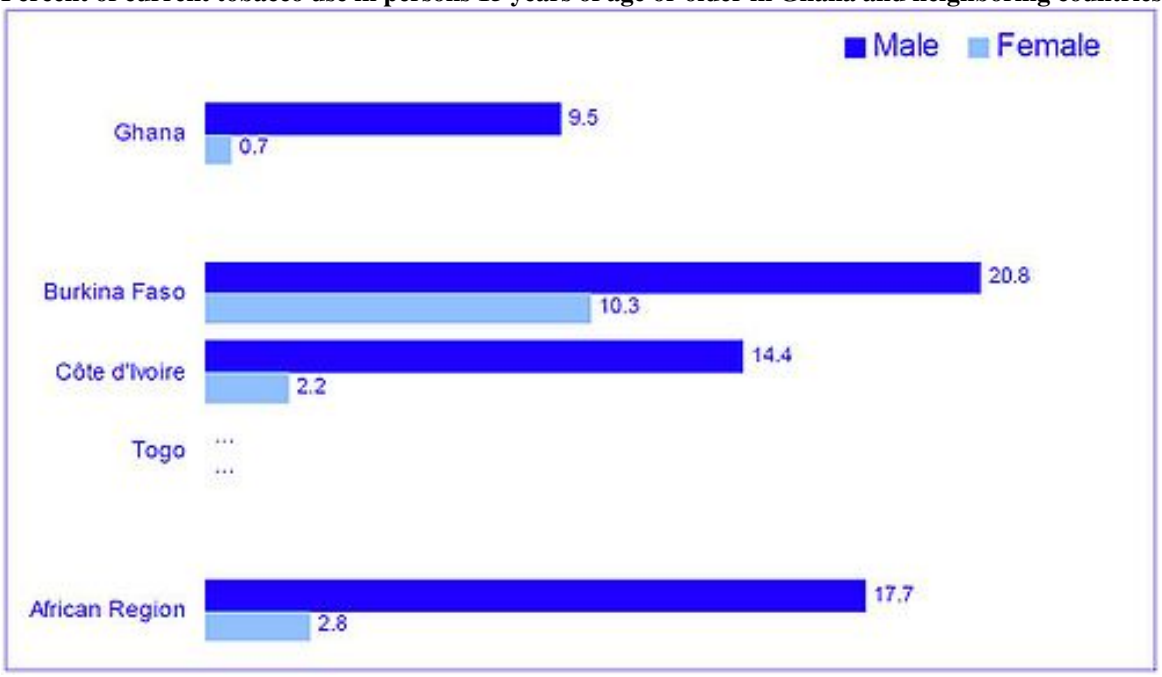
- 5.1 Risk factors for health
  - 5.1.2 Alcohol consumption
  - 5.1.3 Drug use
  - 5.1.4 Risk factors for chronic non-communicable diseases
  - 5.1.5 Risky sexual behaviour
  - 5.1.6 Hygiene (students)
  - 5.1.7 State of surveillance
- 5.2 The physical environment
  - 5.2.1 Analytical summary
  - 5.2.2 Vector-borne disease
  - 5.2.3 The urban environment
  - 5.2.4 Indoor air pollution and household energy
  - 5.2.5 Water, sanitation and ecosystems
  - 5.2.6 Climate change
  - 5.2.7 Toxic substances
- 5.3 Food safety and nutrition
  - 5.3.1 Analytical summary
  - 5.3.2 Food safety
  - 5.3.3 Nutrition
  - 5.3.4 State of surveillance
- 5.4 Social determinants
  - 5.4.1 Analytical summary
  - 5.4.2 Demography
  - 5.4.3 Resources and infrastructure
  - 5.4.4 Poverty and income inequality
  - 5.4.5 Gender equity
  - 5.4.6 Education
  - 5.4.7 Global partnerships and financial flows
  - 5.4.8 Science and technology
  - 5.4.9 Emergencies and disasters
  - 5.4.10 Governance

Ghana:Risk factors for health

This analytical profile on risk factors for health is structured as follows:

Analytical summary

Percent of current tobacco use in persons 15 years of age or older in Ghana and neighboring countries, 2006



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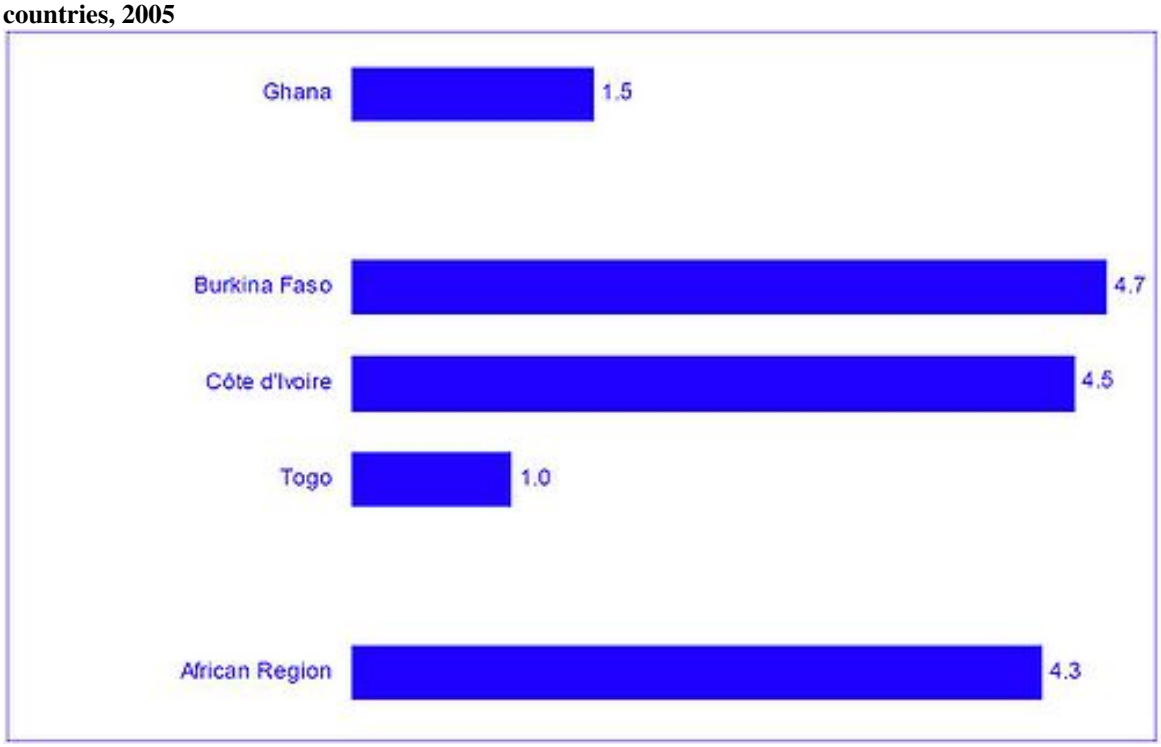
Alcohol consumption (liters per person) among adults aged 15 years of age or older in Ghana and neighboring countries, 2005

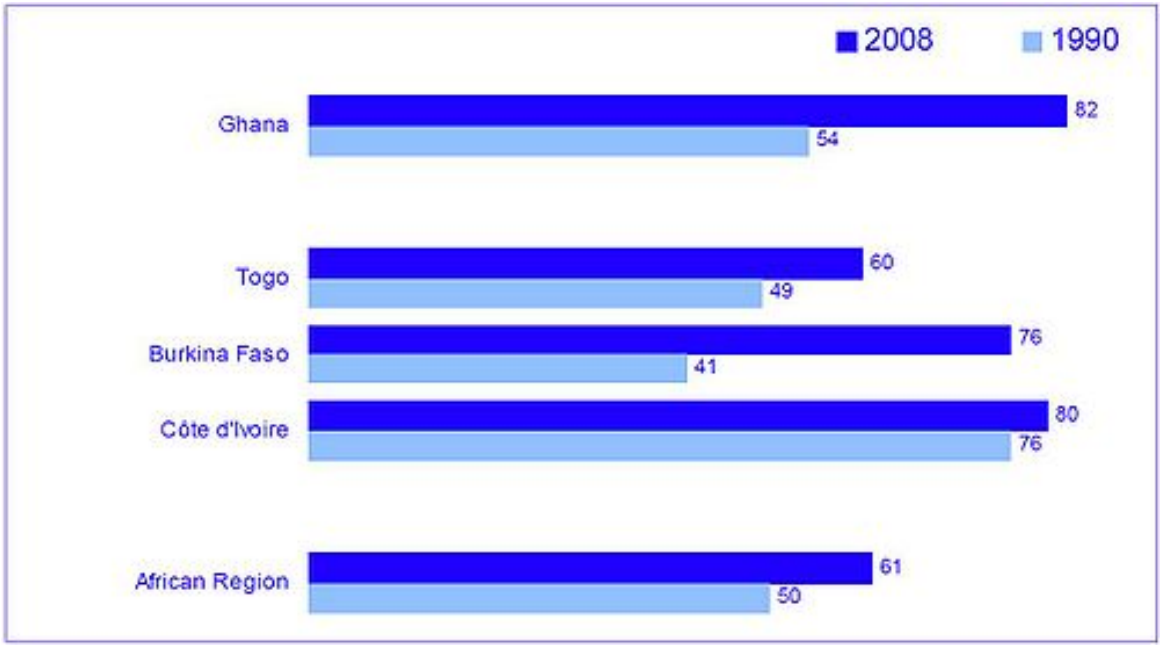


Ghana:The physical environment

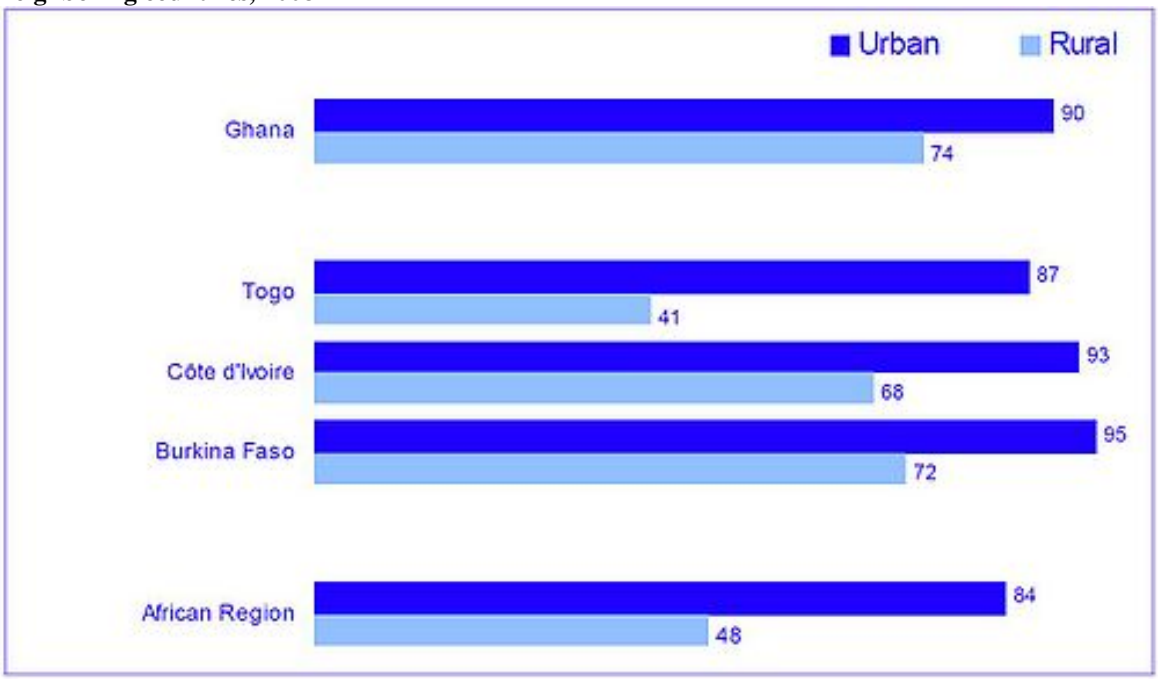
This analytical profile on the physical environment is structured as follows:

Analytical summary

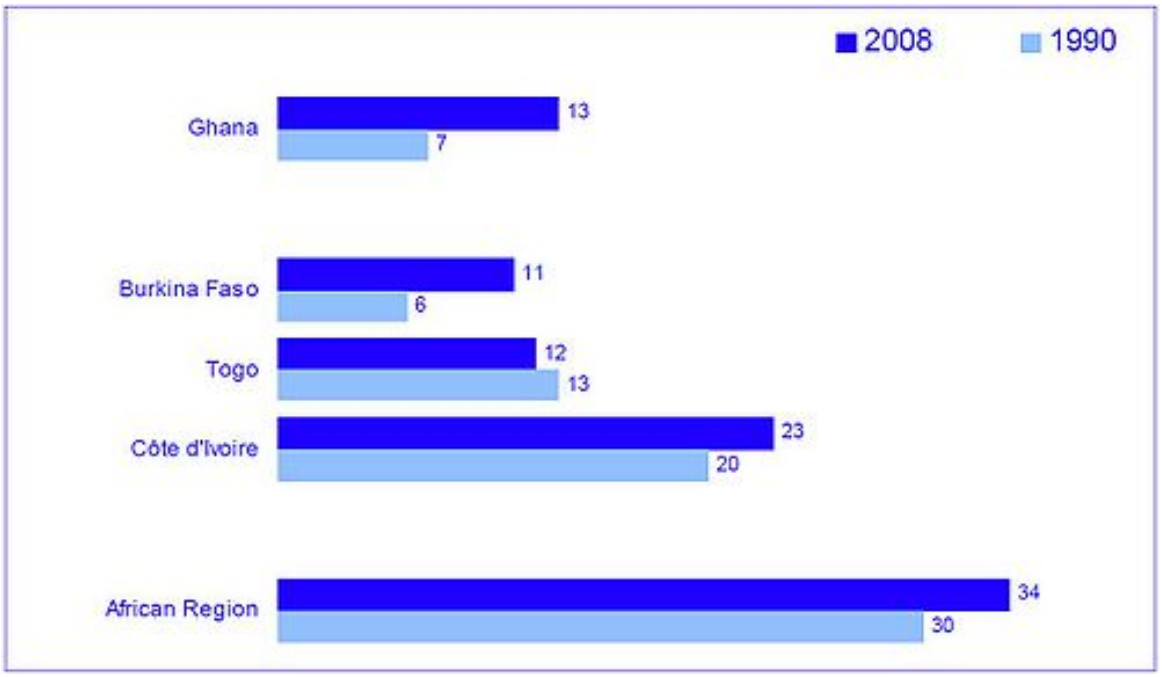
Percentage of the population using improved drinking water sources in Ghana and neighboring countries, 2008 and 1990



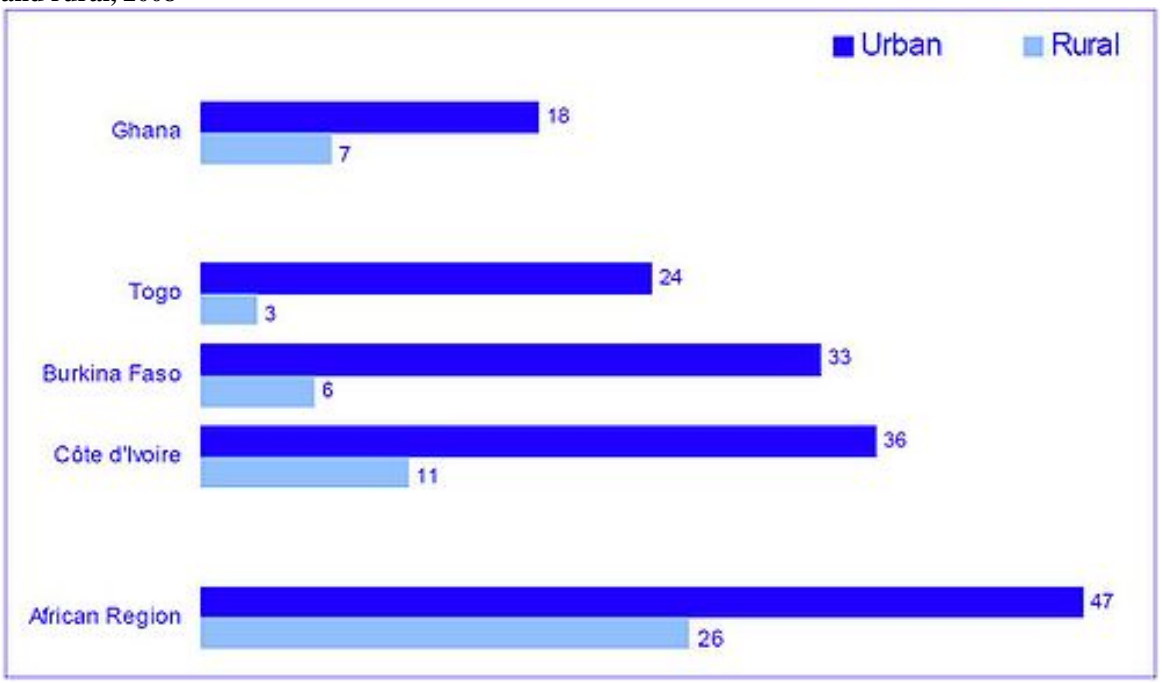
Percentage of the urban and rural population with access to improved drinking-water source in Ghana and neighboring countries, 2008



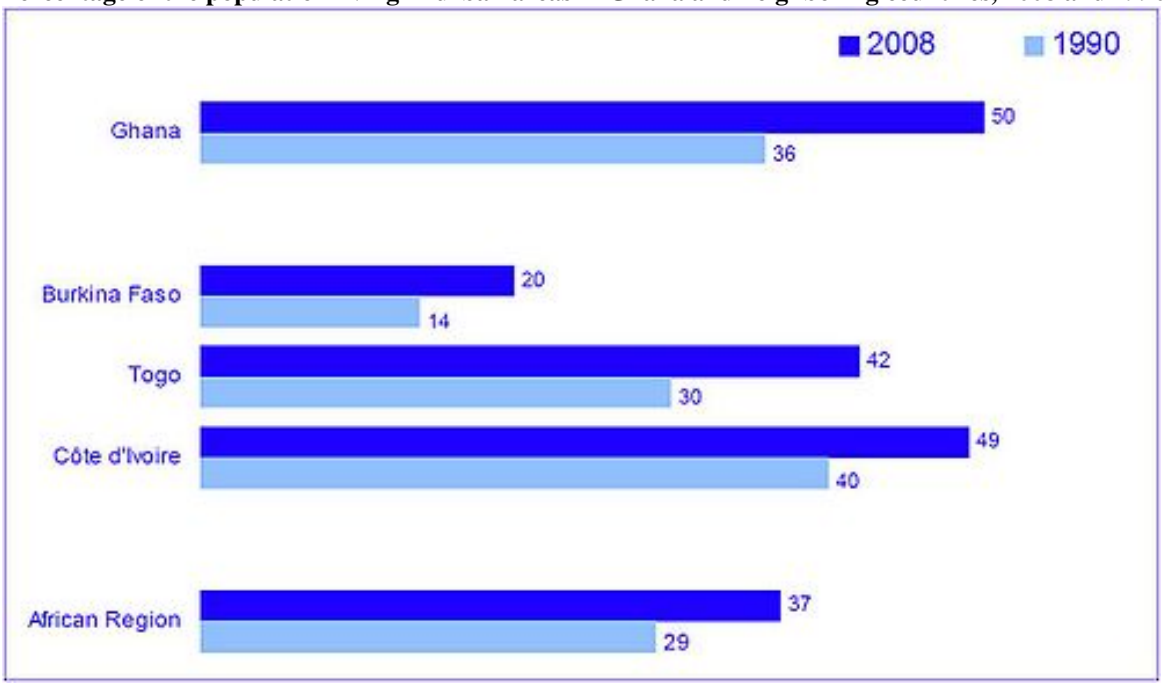
Percentage of the population using improved sanitation facilities in Ghana and neighboring countries, 2008 and 1990



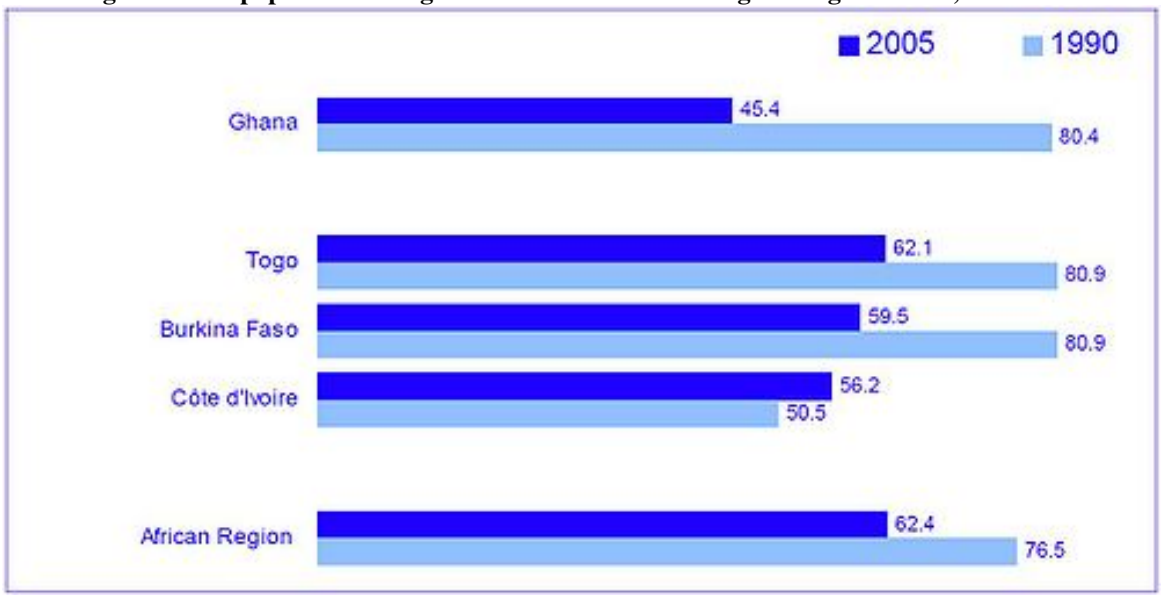
Percentage of the population using improved sanitation facilities in Ghana and neighboring countries, urban and rural, 2008



Percentage of the population living in urban areas in Ghana and neighboring countries, 2008 and 1990



Percentage of urban population living in slums in Ghana and neighboring countries, 2005 and 1990



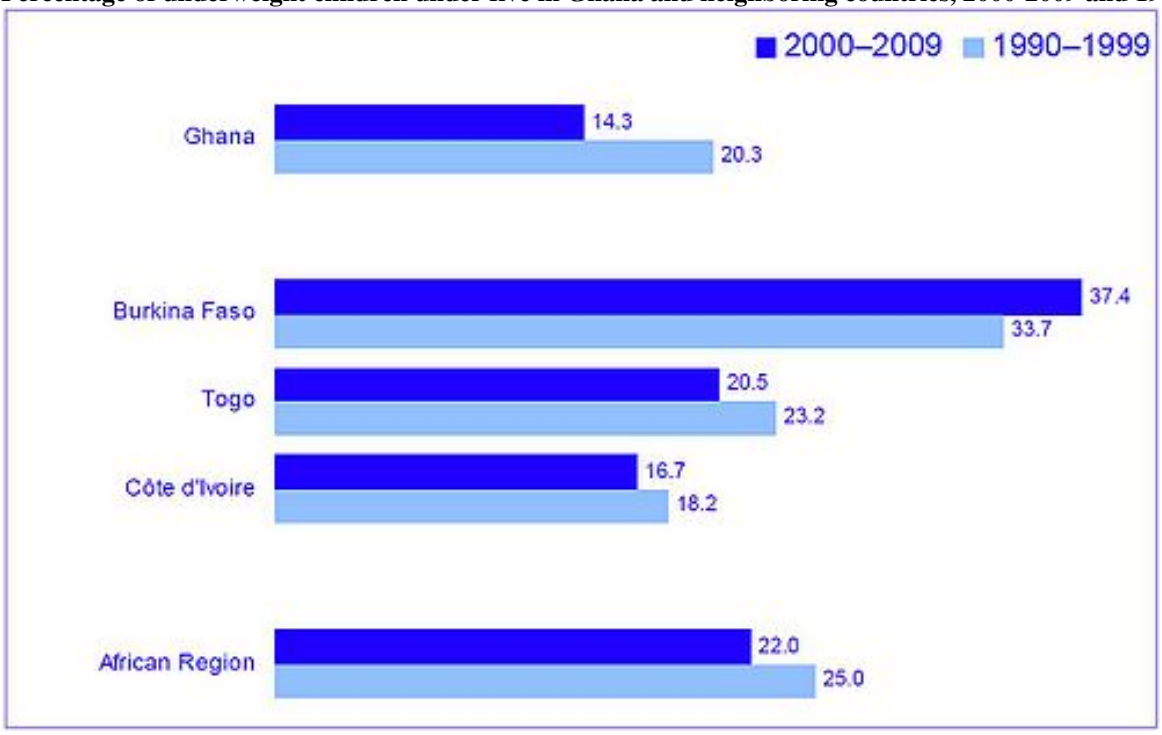
Source: United Nations Statistical Division-MDG database-Accessed 10 June 2010

Ghana:Food safety and nutrition

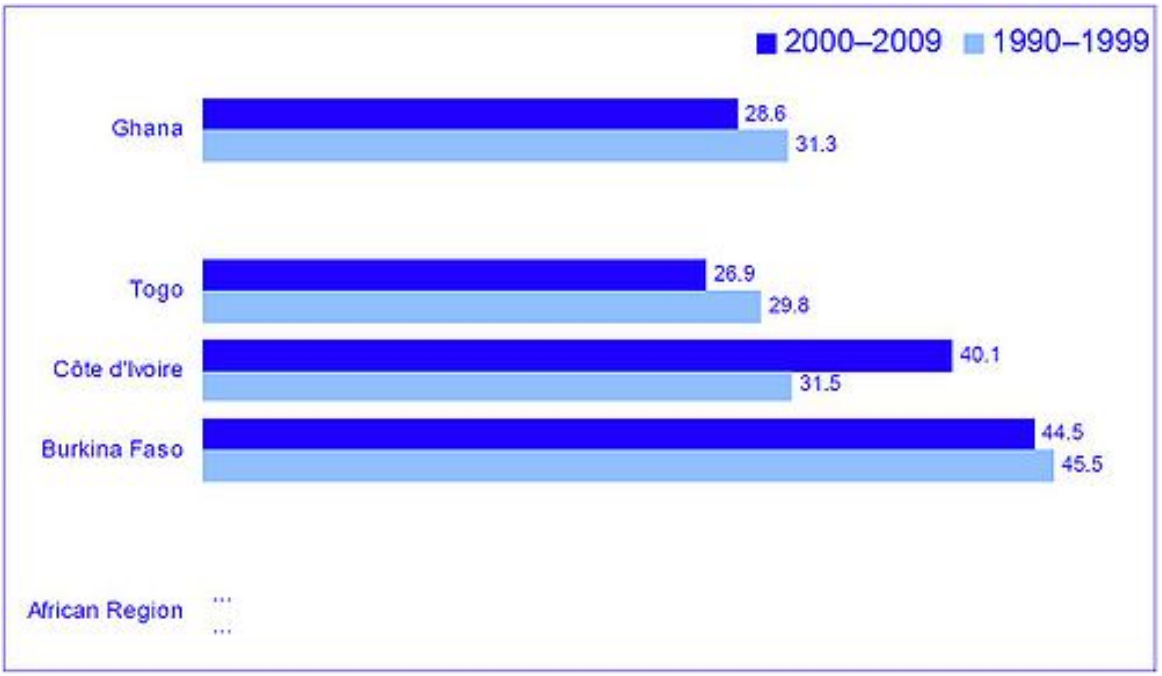
This analytical profile on food safety and nutrition is structured as follows:

Analytical summary

Percentage of underweight children under five in Ghana and neighboring countries, 2000-2009 and 1990-1999



Percentage of stunted children under five years of age in Ghana and neighboring countries, 2000-2009 and 1990-1999



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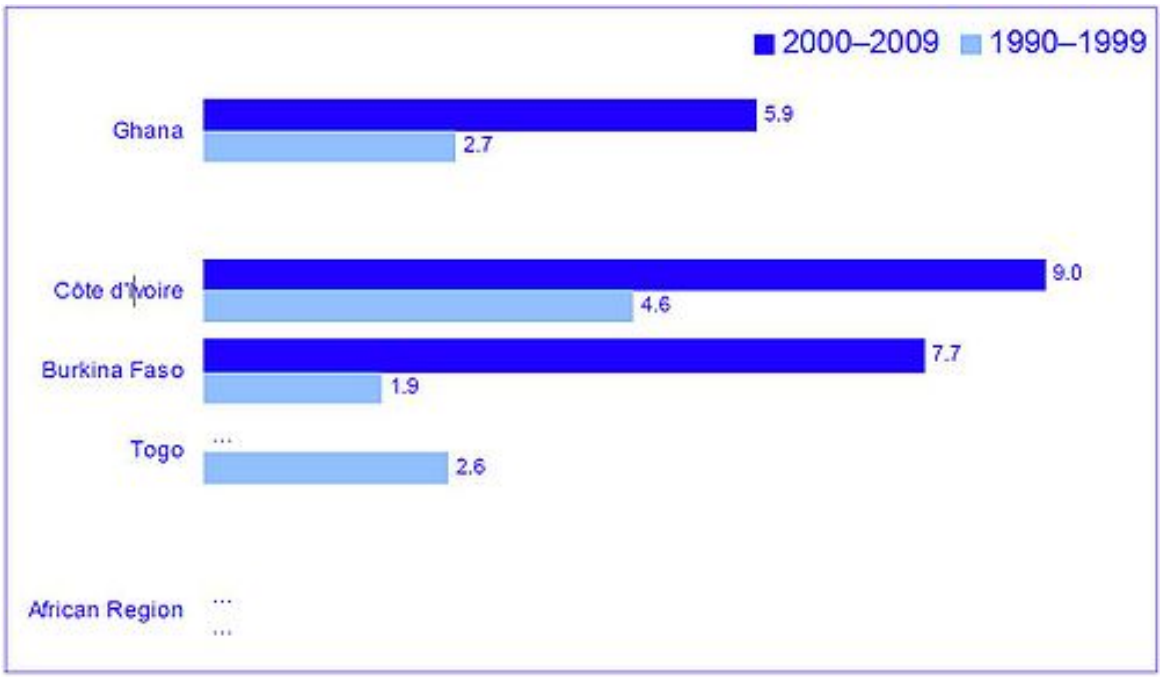
Percentage of overweight children under five years of age in Ghana and neighboring countries, 2000-2009 and 1990-1999



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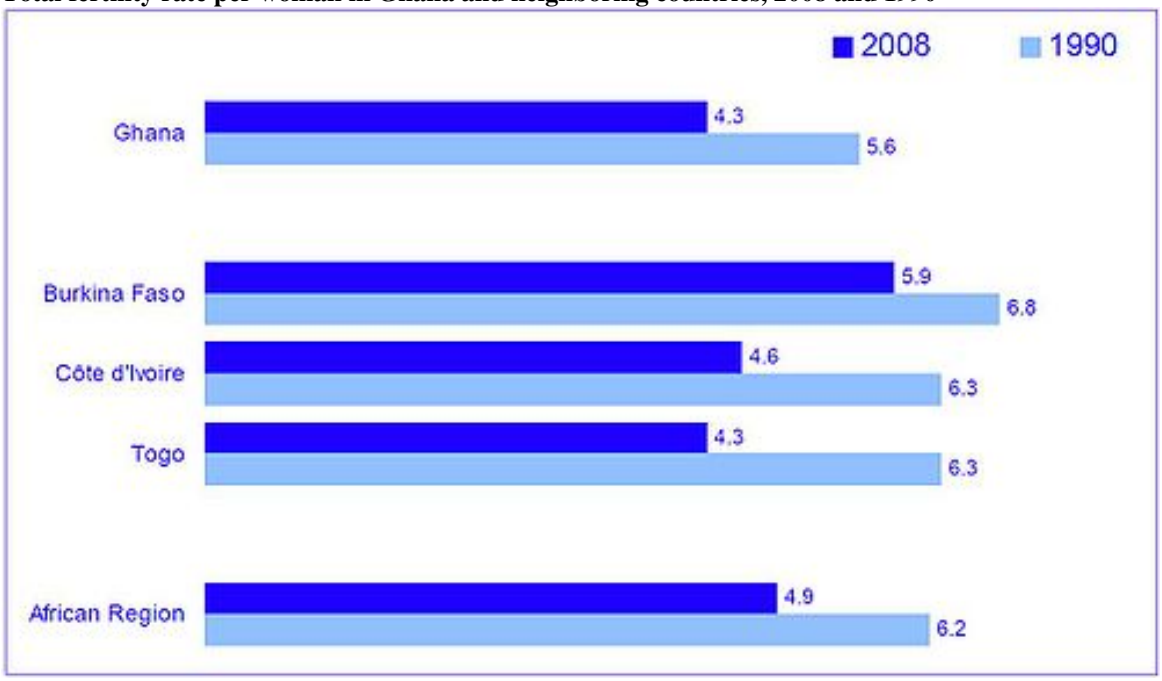
Ghana:Social determinants

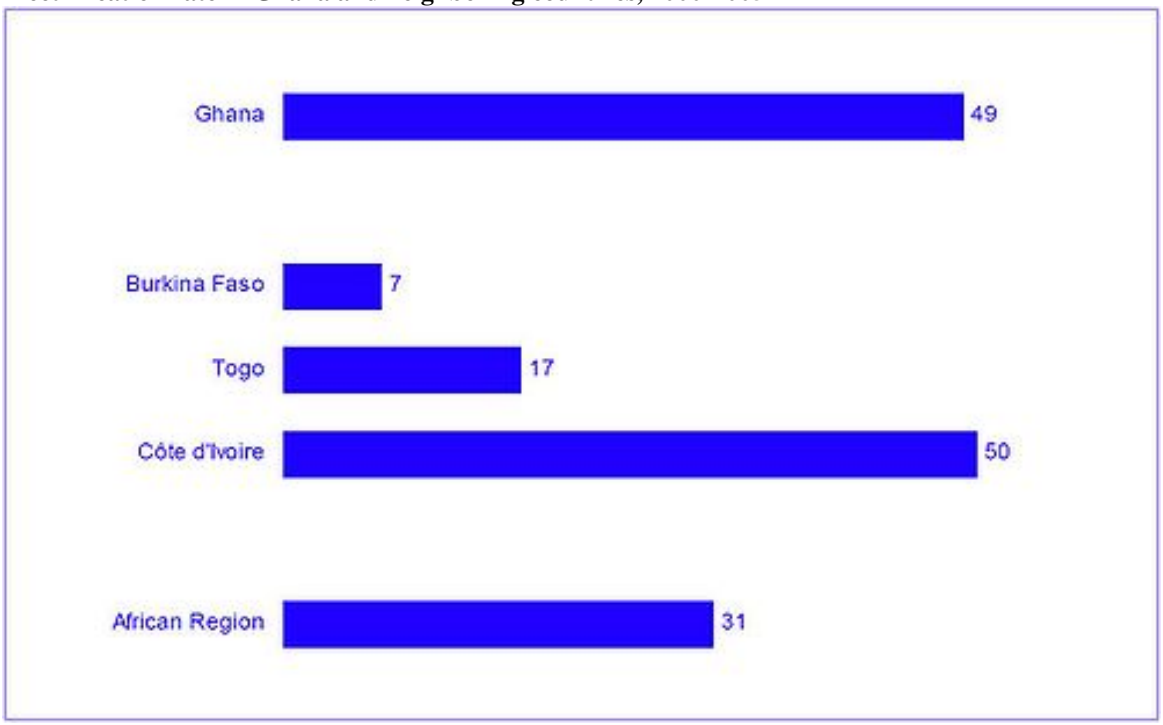
This analytical profile on social determinants is structured as follows:

Analytical summary

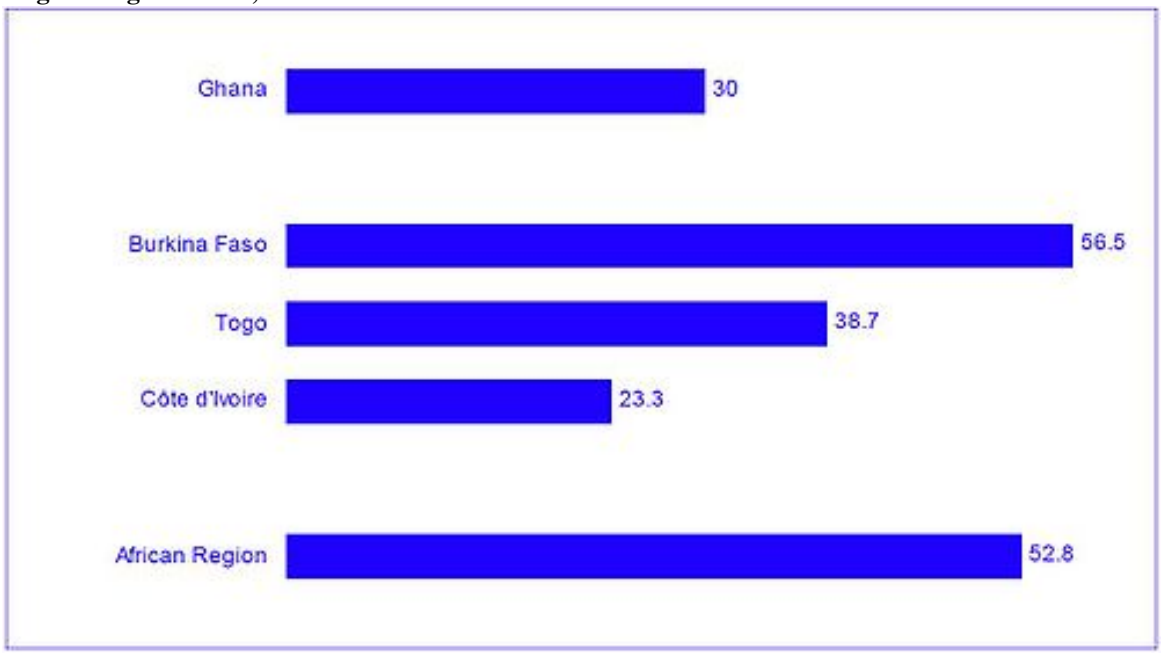
Total fertility rate per woman in Ghana and neighboring countries, 2008 and 1990



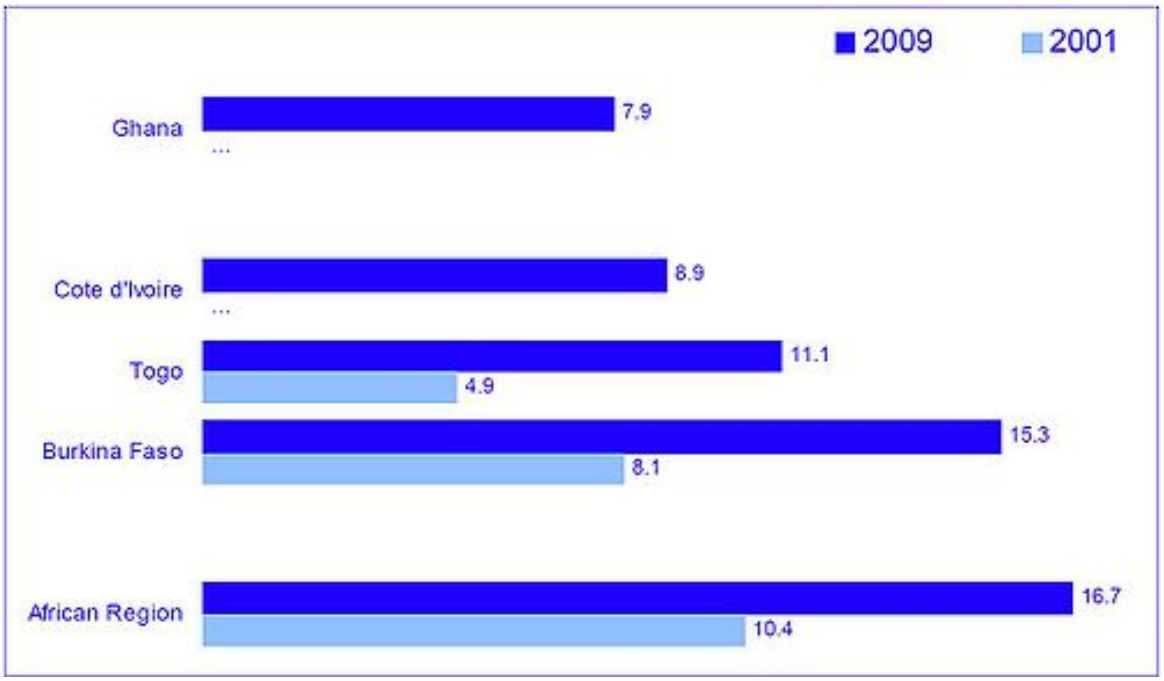
Electrification rate in Ghana and neighboring countries, 2000-2005



Percentage of the population living under $1 (PPP int. $) a day (i.e. in absolute poverty) in Ghana and neighboring countries, 2000-2007

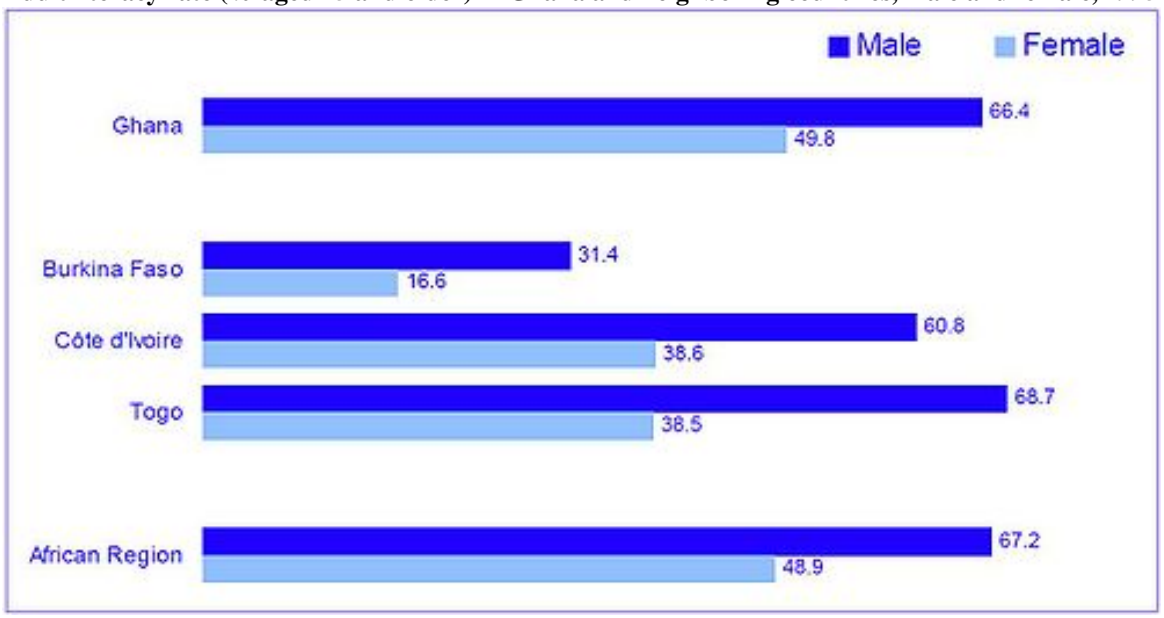


Percentage of seats held by women in national parliaments in Ghana and neighboring countries, 2009 and 2001



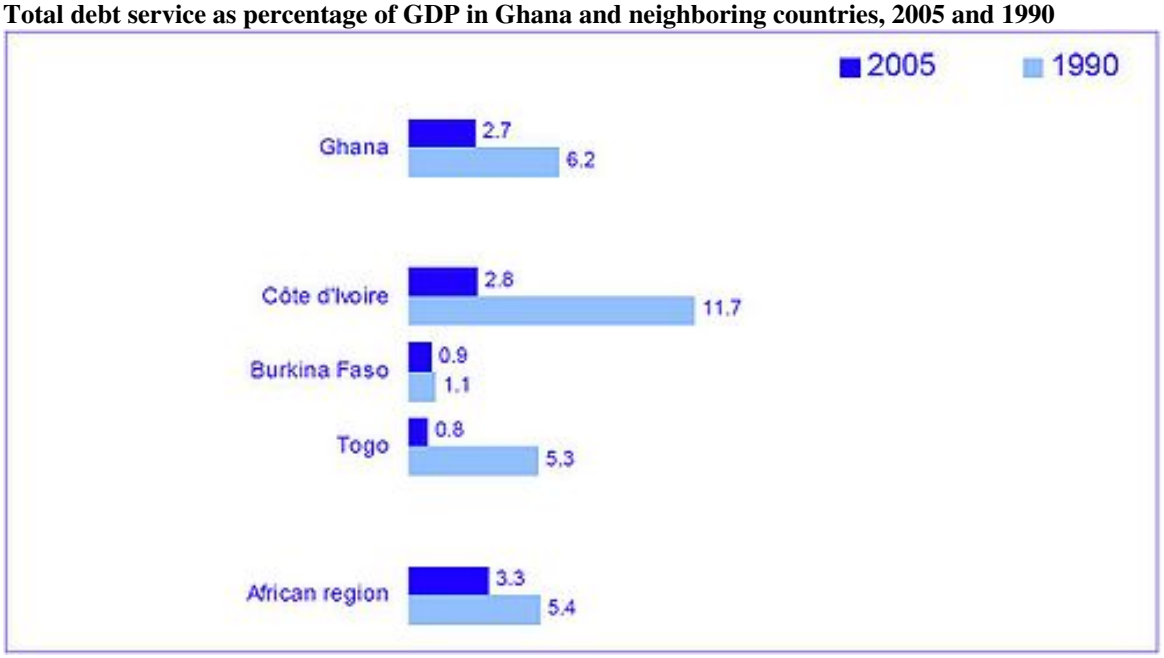
...: No data Source: United Nations Statistical Division-MDG database-Accessed 10 June 2010

Adult literacy rate (% aged 15 and older) in Ghana and neighboring countries, male and female, 1995-2005



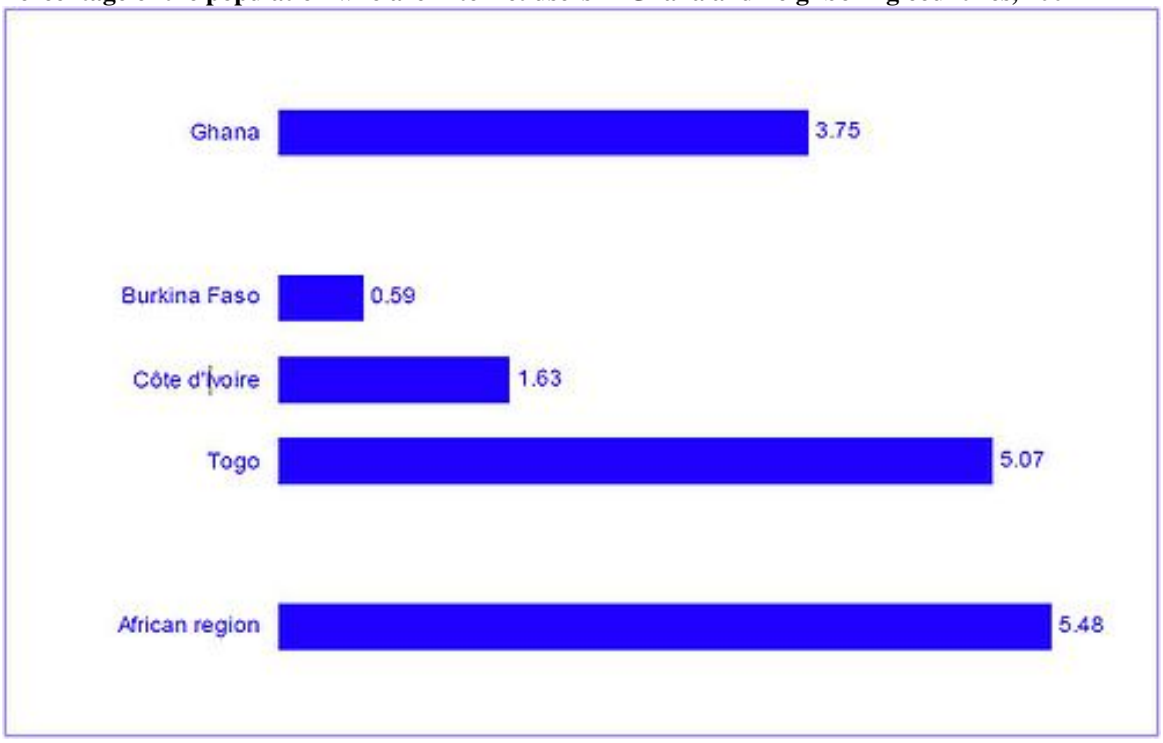
Source: UNESCO Institute for Statistics. 2007

Total debt service as percentage of GDP in Ghana and neighboring countries, 2005 and 1990



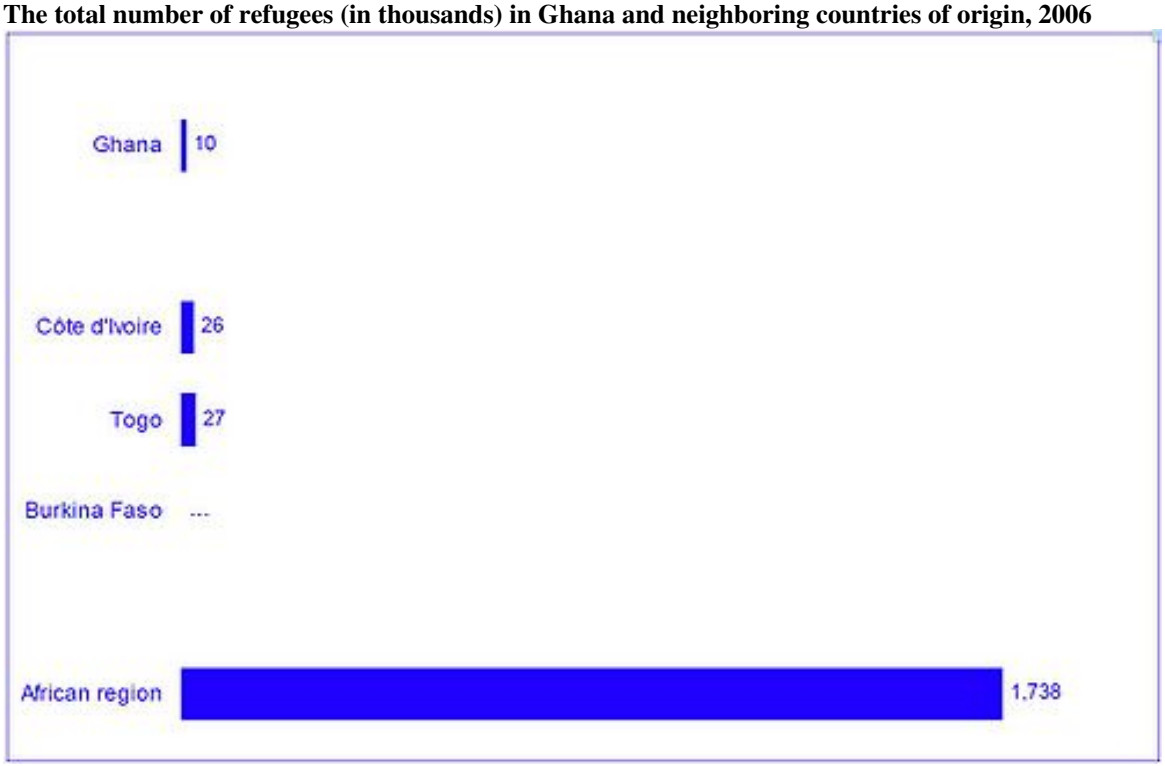
Source: World Bank 2010

Percentage of the population who are Internet users in Ghana and neighboring countries, 2007



Source: United Nations Statistical Division-MDG database-Accessed 10 June 2010

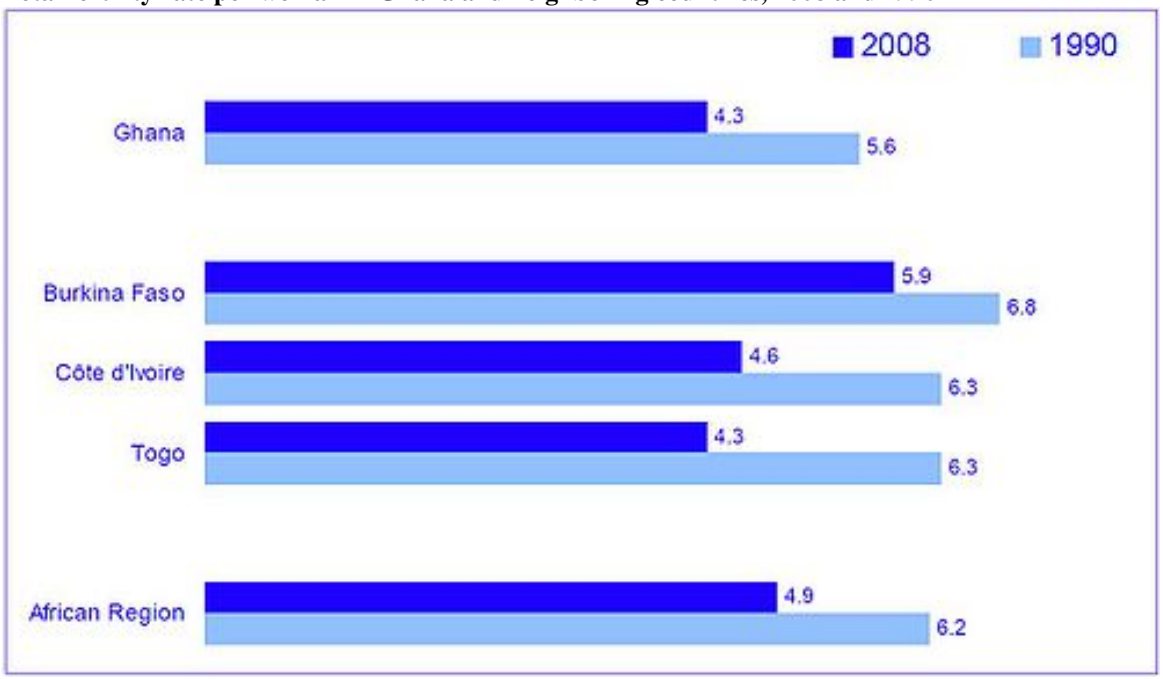
The total number of refugees (in thousands) in Ghana and neighboring countries of origin, 2006



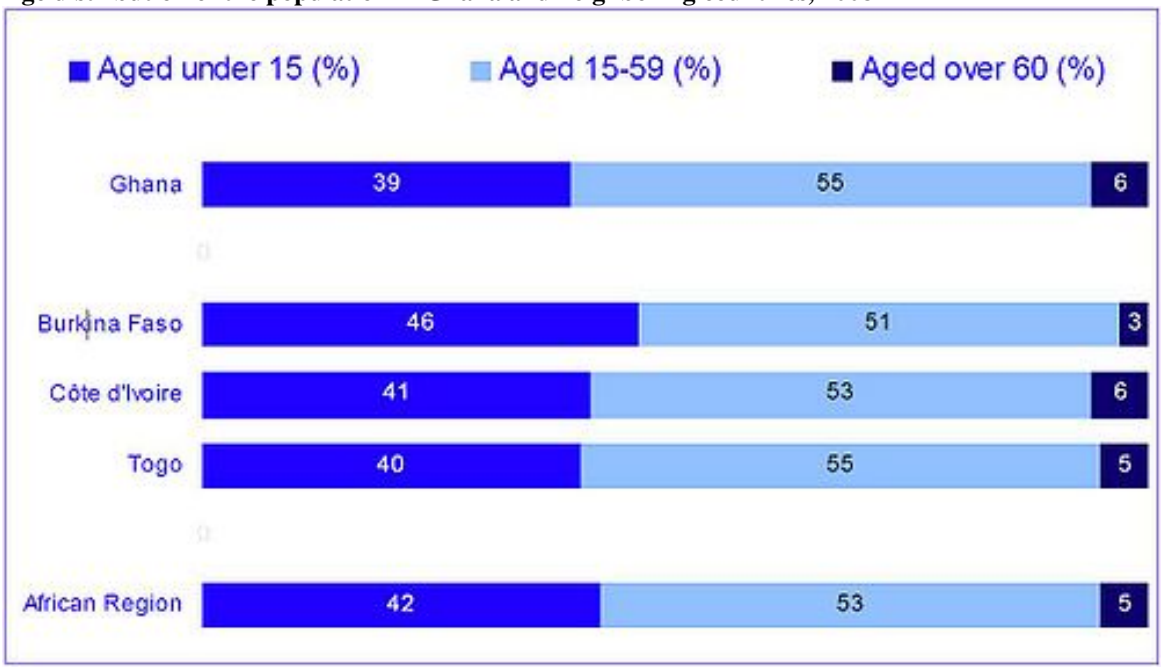
...: No data Source: UNHCR 2007

Demography

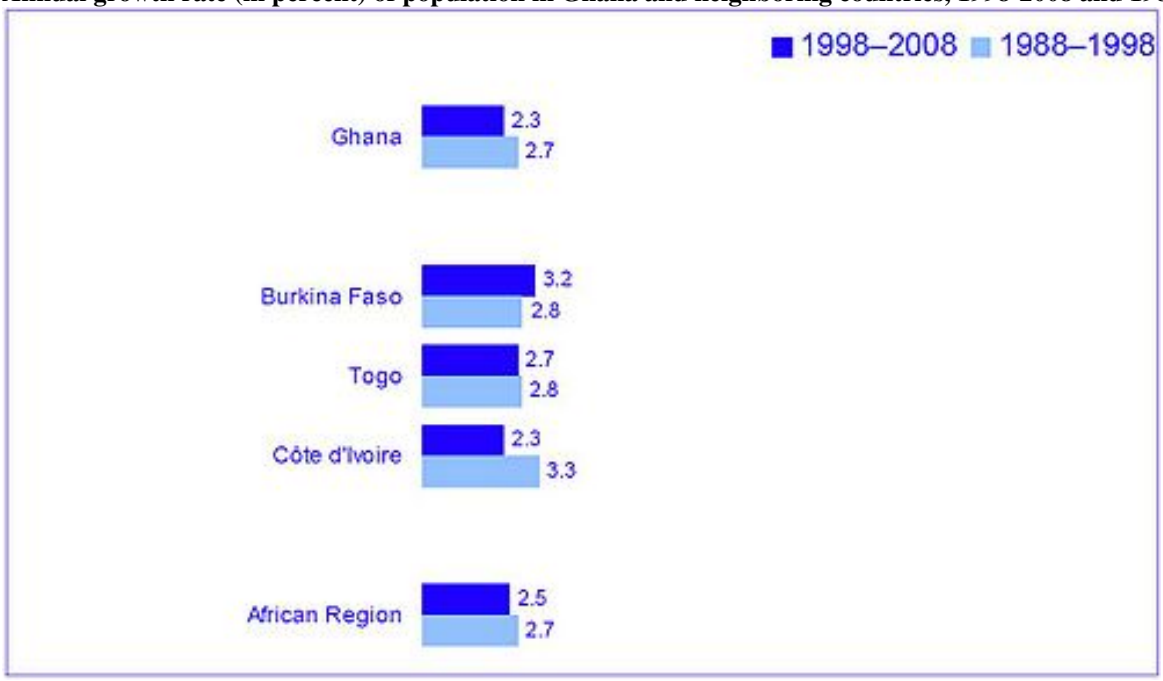
Total fertility rate per woman in Ghana and neighboring countries, 2008 and 1990



Age distribution of the population in Ghana and neighboring countries, 2008

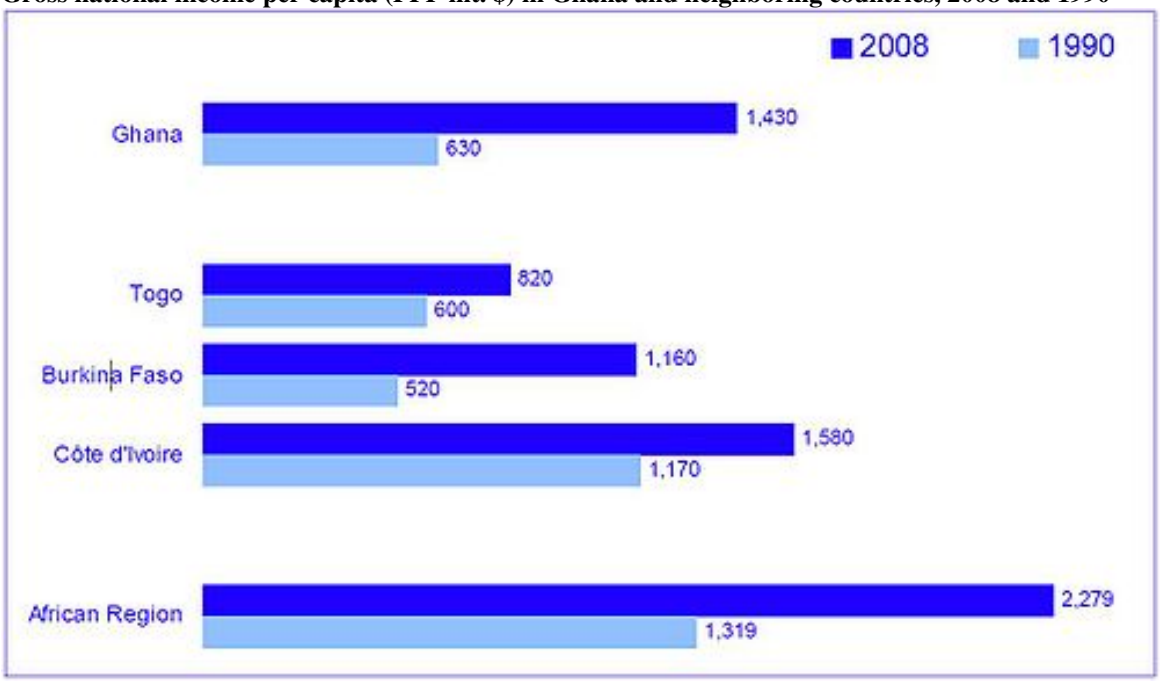


Annual growth rate (in percent) of population in Ghana and neighboring countries, 1998-2008 and 1988-1998

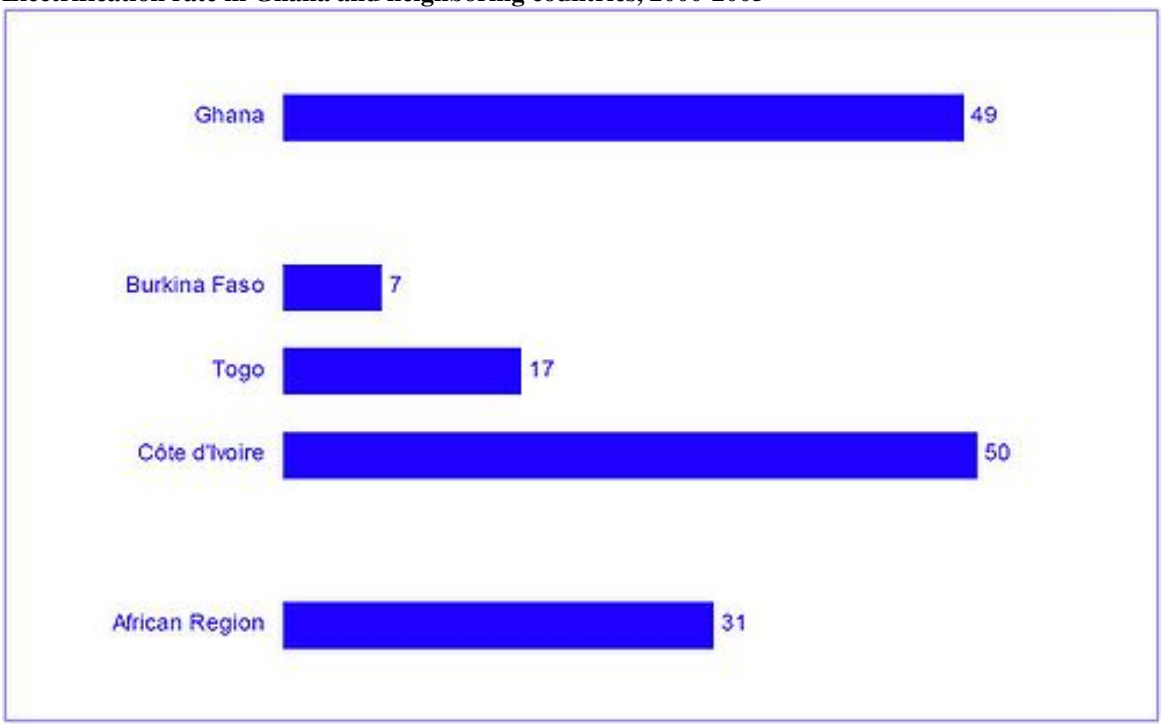


Resources and infrastructure

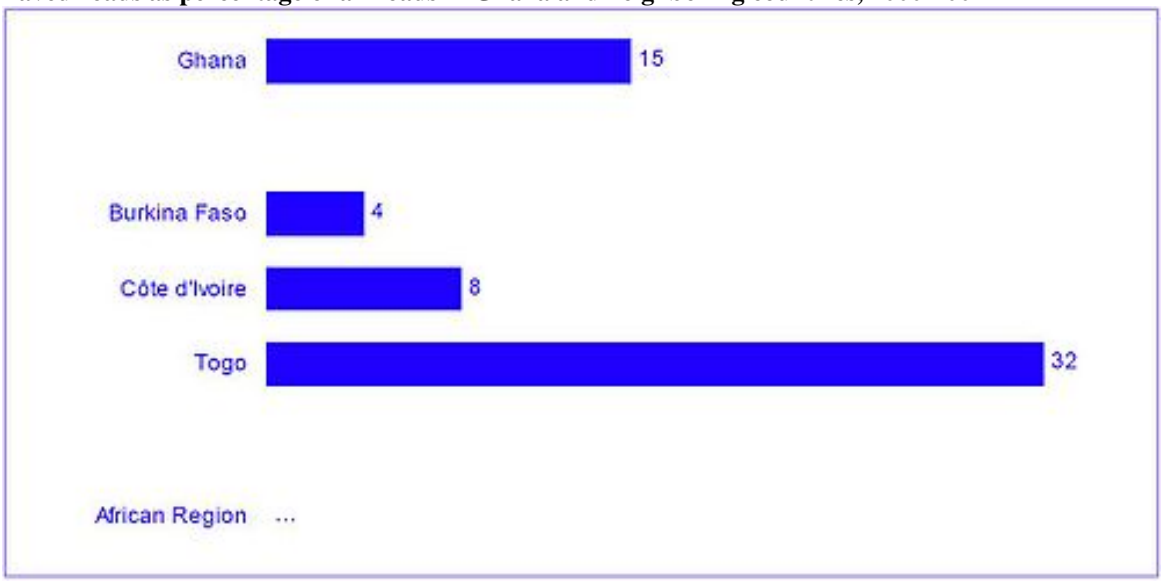
Gross national income per capita (PPP int. $) in Ghana and neighboring countries, 2008 and 1990



Electrification rate in Ghana and neighboring countries, 2000-2005



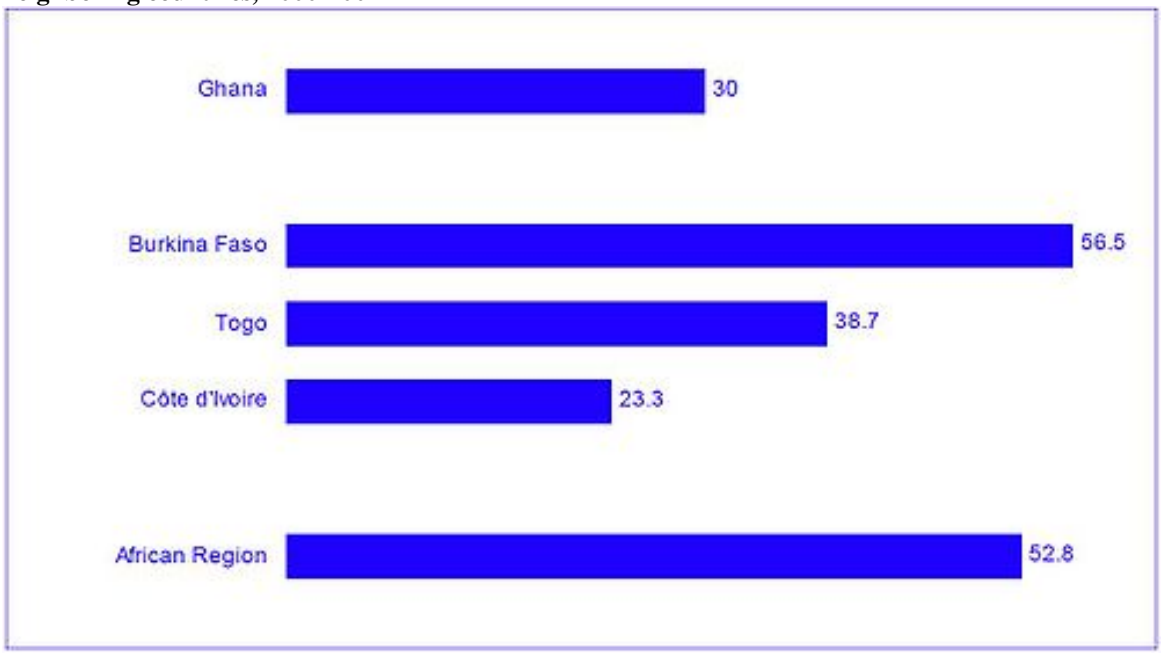
Paved roads as percentage of all roads in Ghana and neighboring countries, 2000-2007



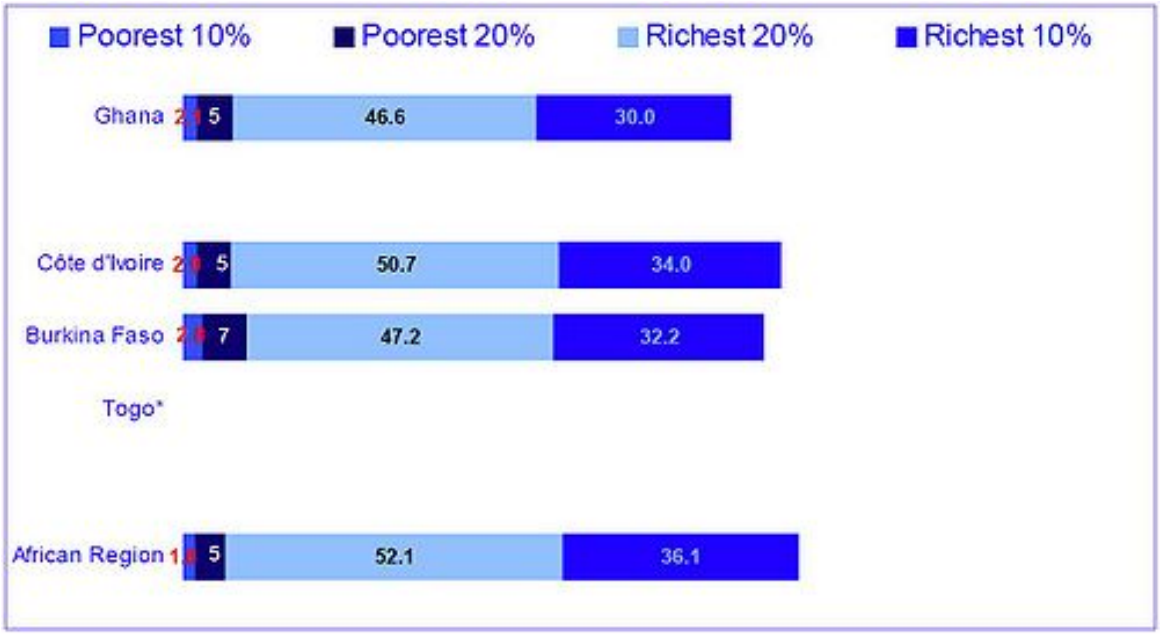
...: No data Source: World Bank Database 2010–Accessed on 10 June 2010

Poverty and income inequality

Percentage of the population living under $1 (PPP int. $) a day (i.e. in absolute poverty) in Ghana and neighboring countries, 2000-2007



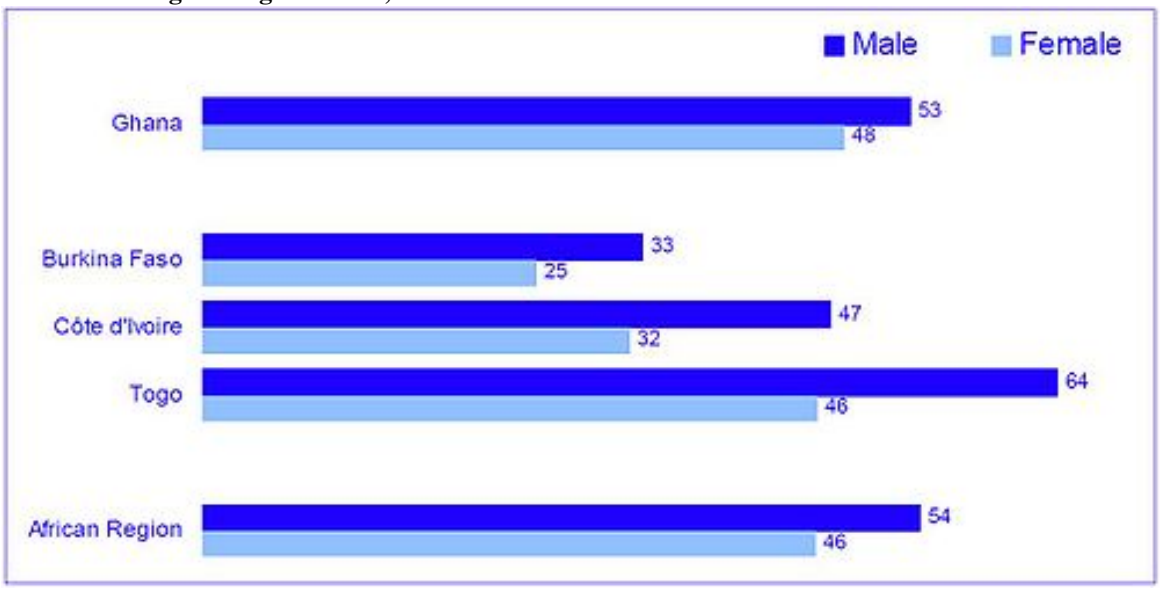
Share of incomes by poorest and richest section of the population in Ghana and neighboring countries, 1989-2005



...: No data Source: World Bank 2010

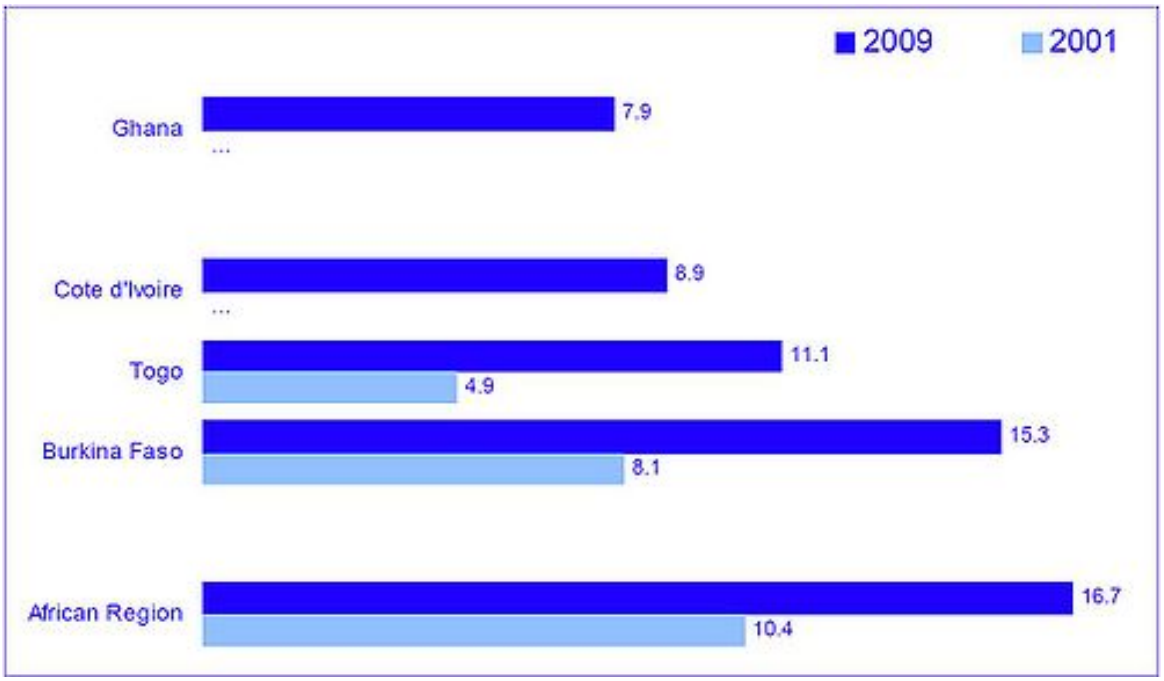
Gender equity

Percentage of female and male combined gross enrolment ratio for primary-secondarytertiary education in Ghana and neighboring countries, 2005



Source: United Nations Statistical Division-MDG database-Accessed 10 June 2010

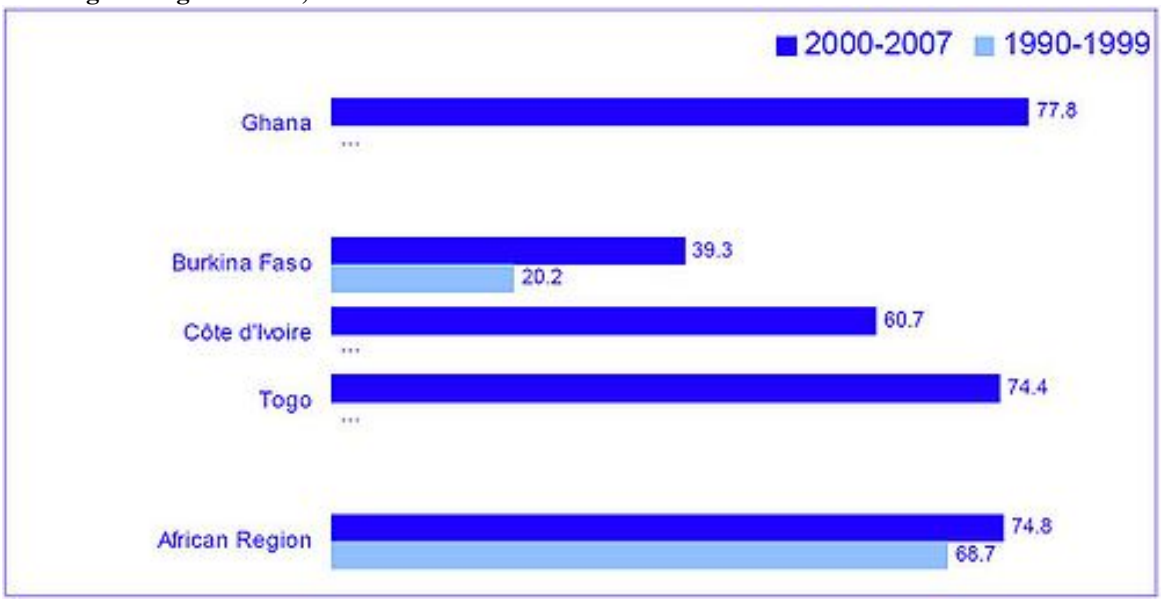
Percentage of seats held by women in national parliaments in Ghana and neighboring countries, 2009 and 2001



...: No data Source: United Nations Statistical Division-MDG database-Accessed 10 June 2010

Education

Percentage of the population aged 15-24 years who can both read and write (i.e. youth literacy rate) in Ghana and neighboring countries, 2000-2007 and 1990-1999



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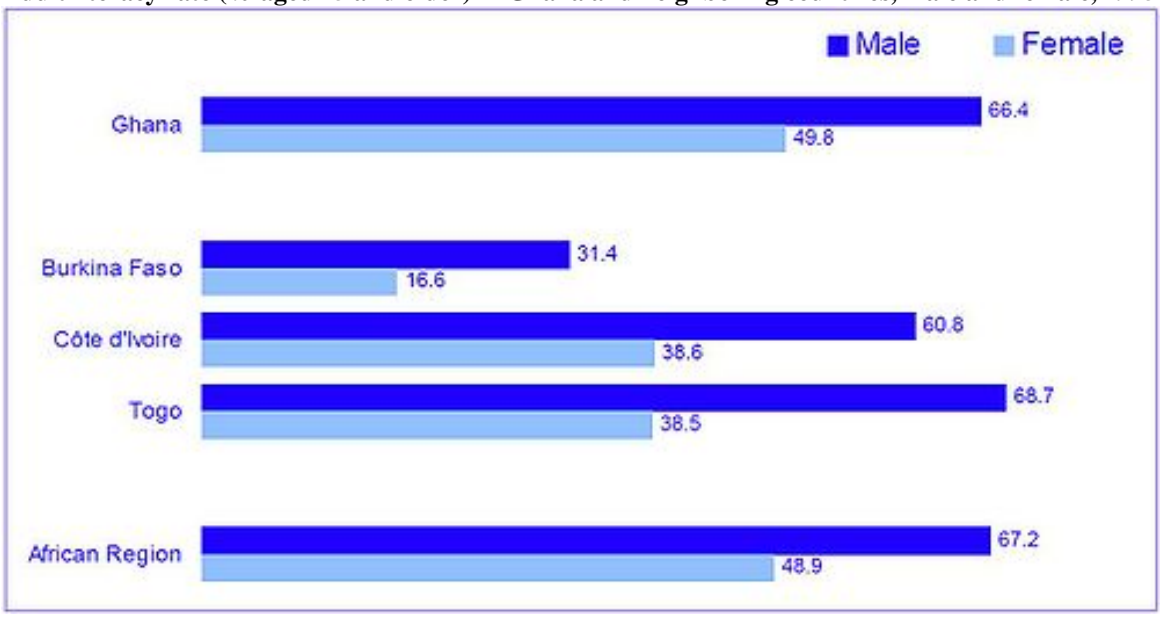
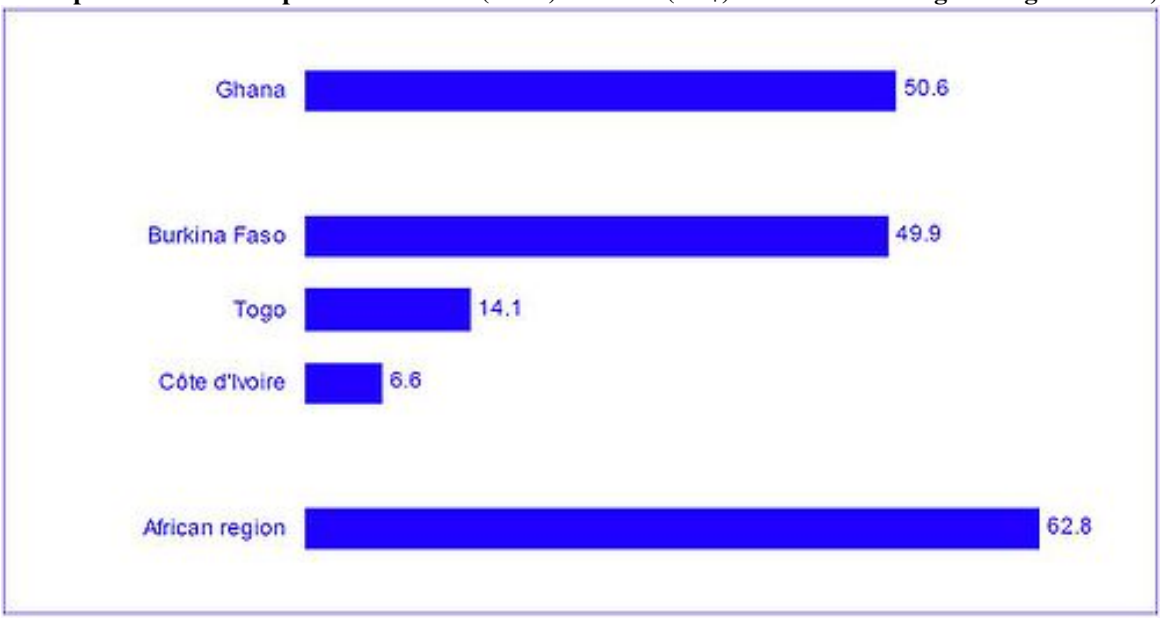


Source: UNESCO Institute for Statistics. 2007

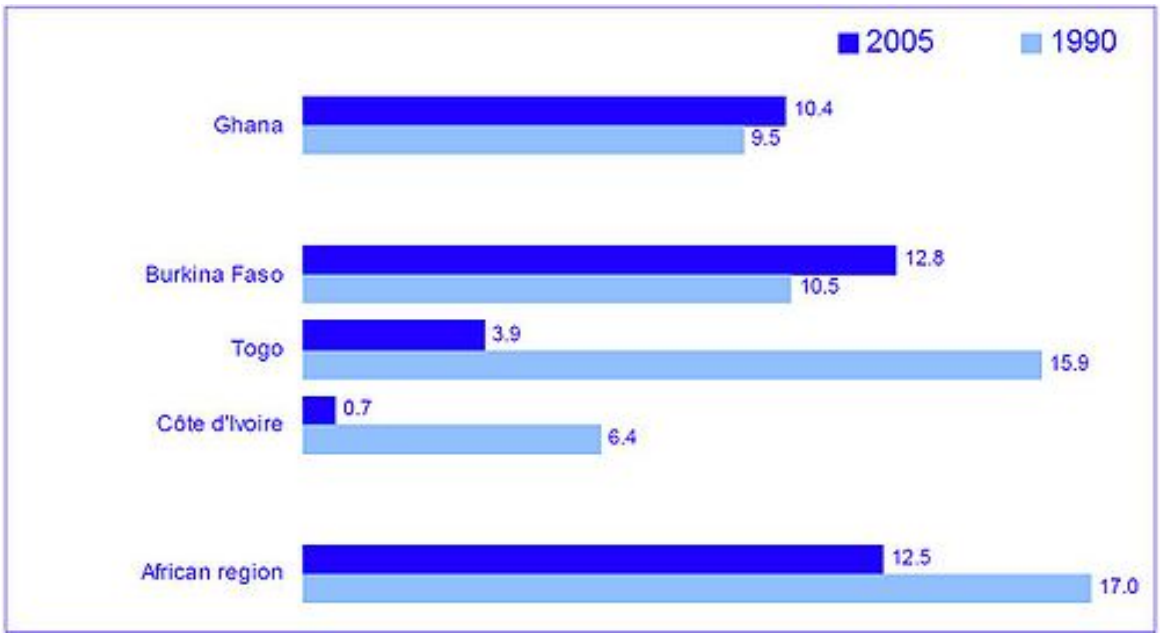
Global partnerships and financial flows

Per capita official development assistance (ODA) received (US$) in Ghana and neighboring countries, 2005

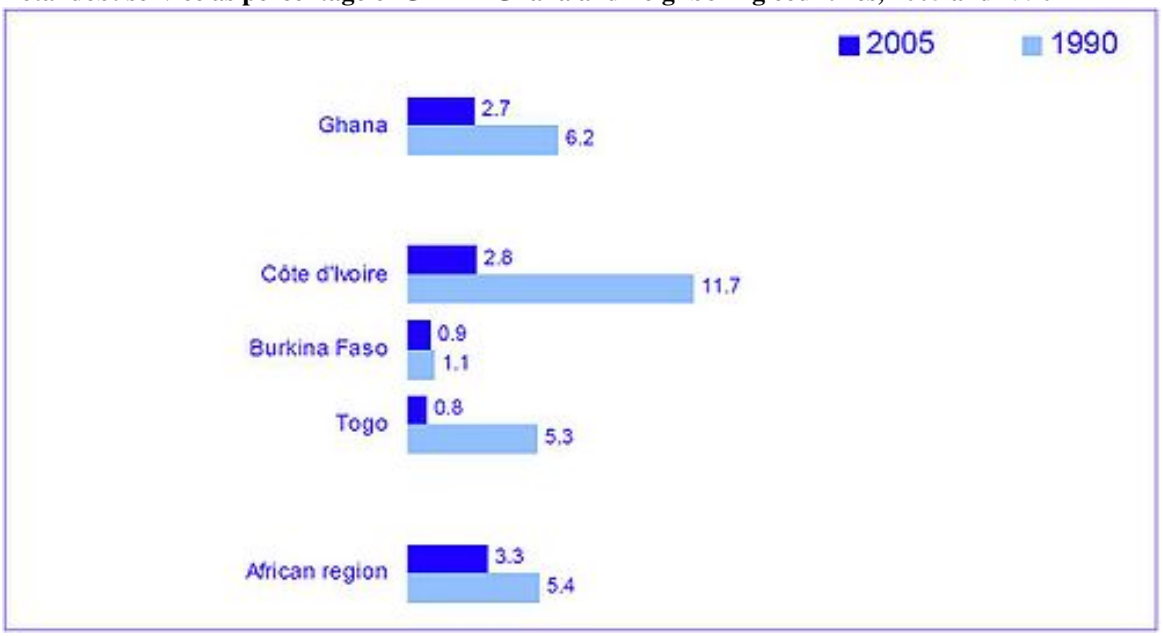


Source: OECD-DAC 2007, World Bank2007

Official development assistance (ODA) received as percentage of GDP in Ghana and neighboring countries, 2005 and 1990

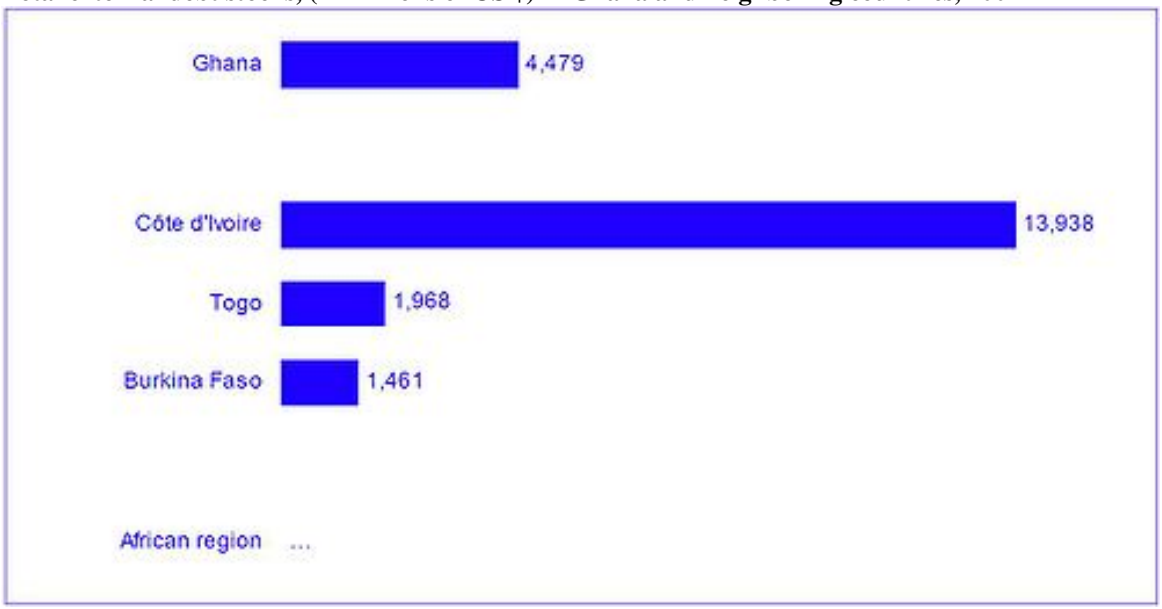


Total debt service as percentage of GDP in Ghana and neighboring countries, 2005 and 1990



Source: World Bank 2010

Total external debt stocks, (in millions of US $) in Ghana and neighboring countries, 2007



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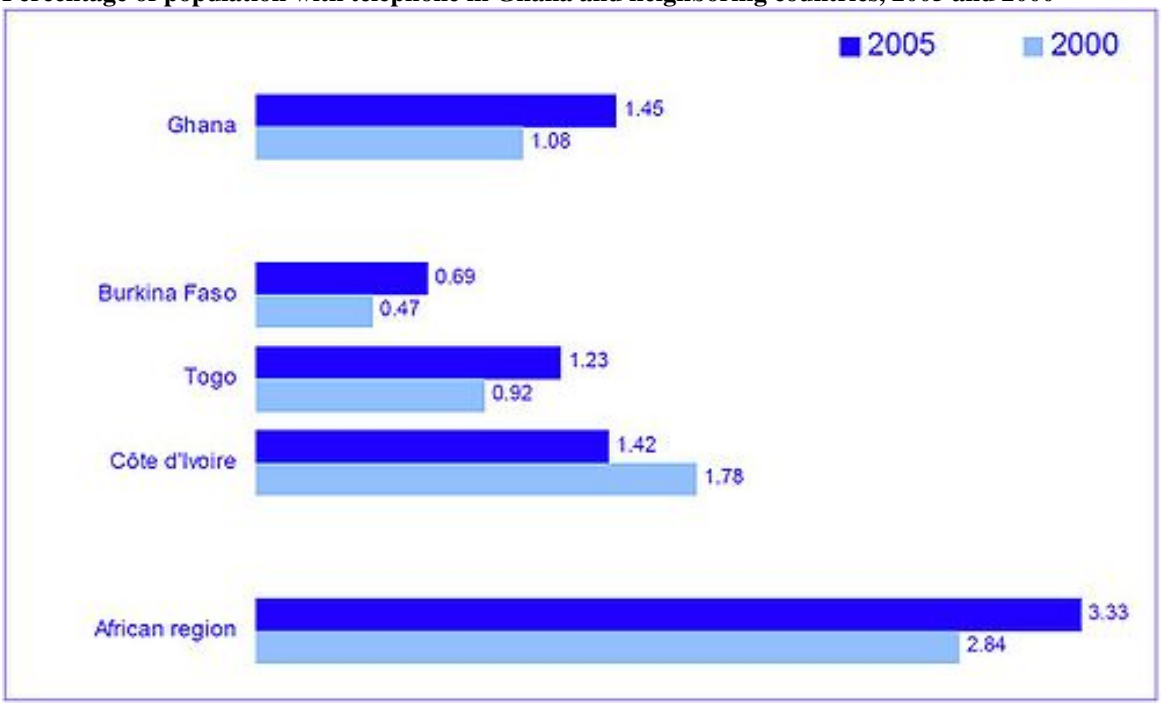
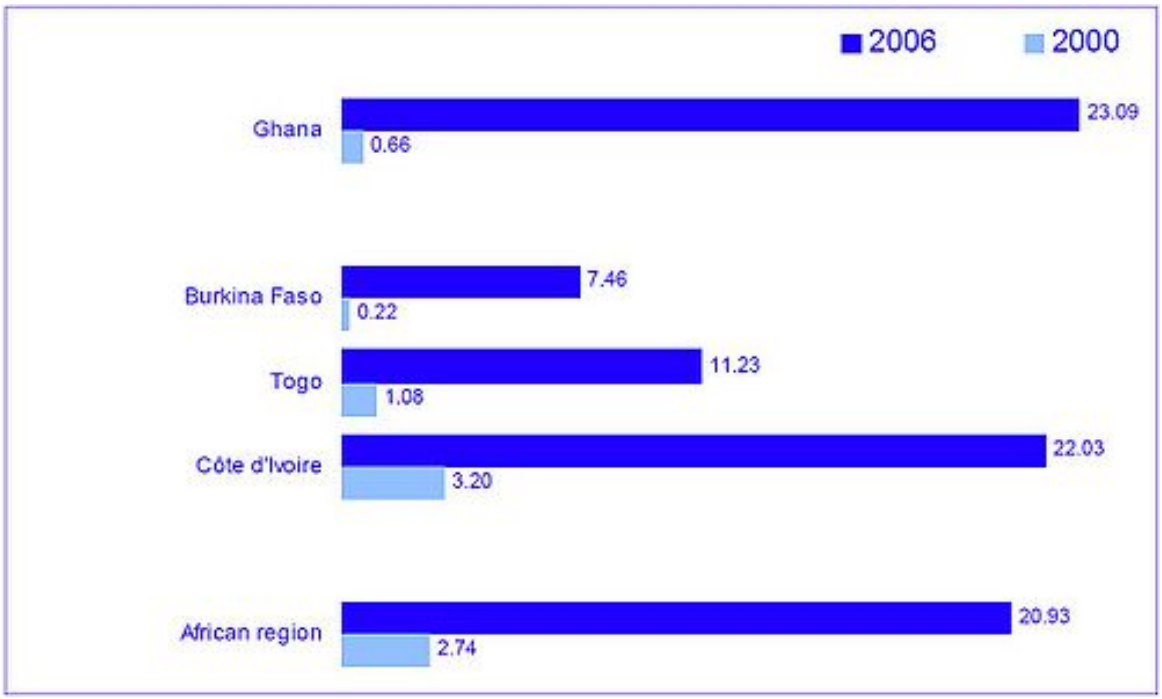
Science and technology

Percentage of population with telephone in Ghana and neighboring countries, 2005 and 2000



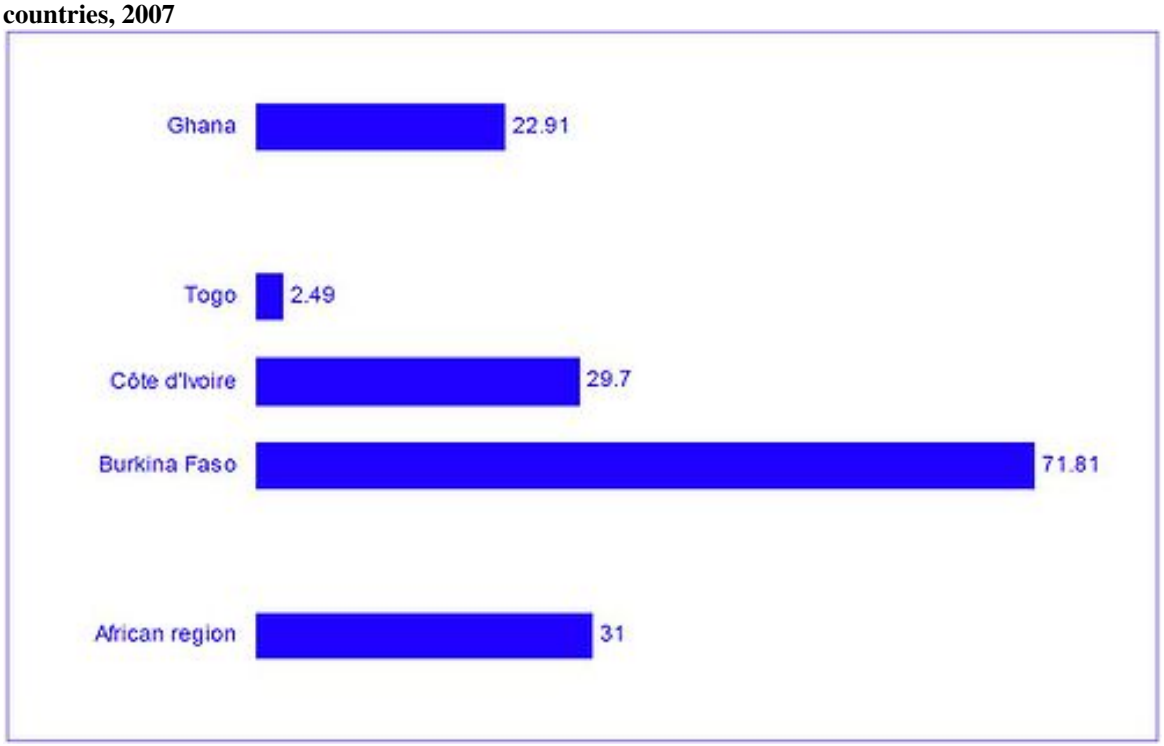
Source: International Telecommunication Union -Accessed 19 September 2009

Percentage of population who are cellular or mobile subscribers in Ghana and neighboring countries, 2006 and 2000



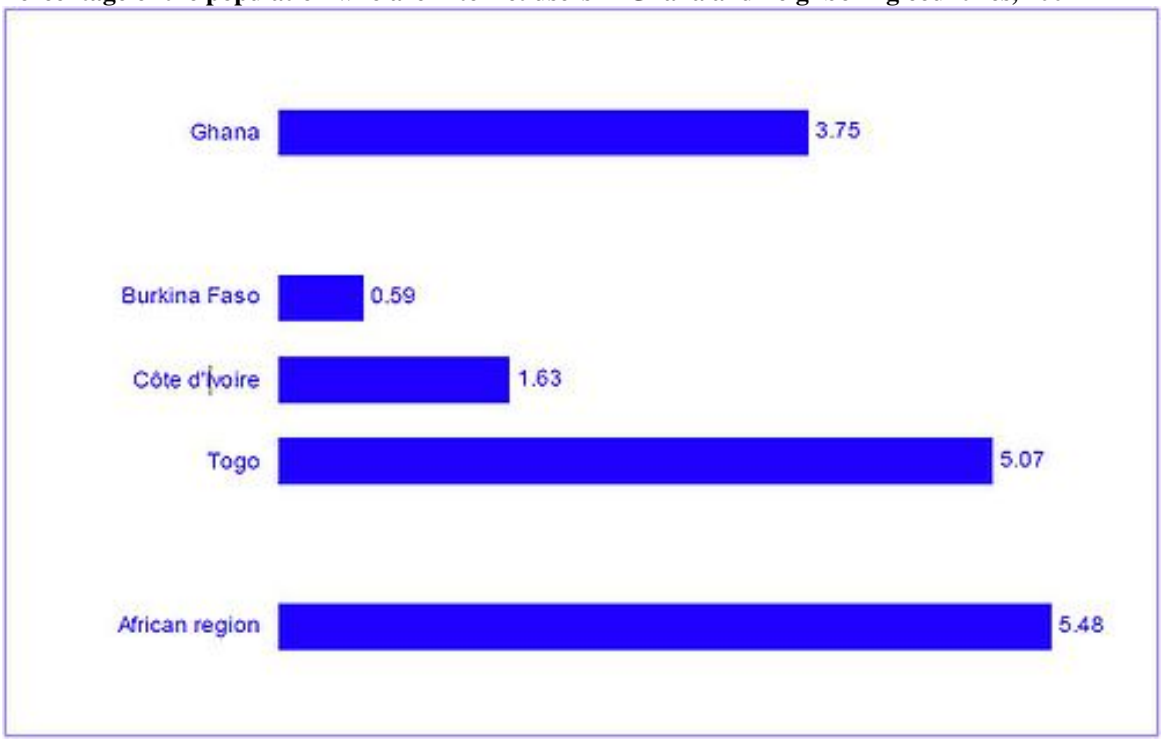
Source: International Telecommunication Union -Accessed 19 September 2009

Percentage of population who are telephone (fixed & mobile) subscribers in Ghana and neighboring countries, 2007



Source: International Telecommunication Union -Accessed 19 September 2009

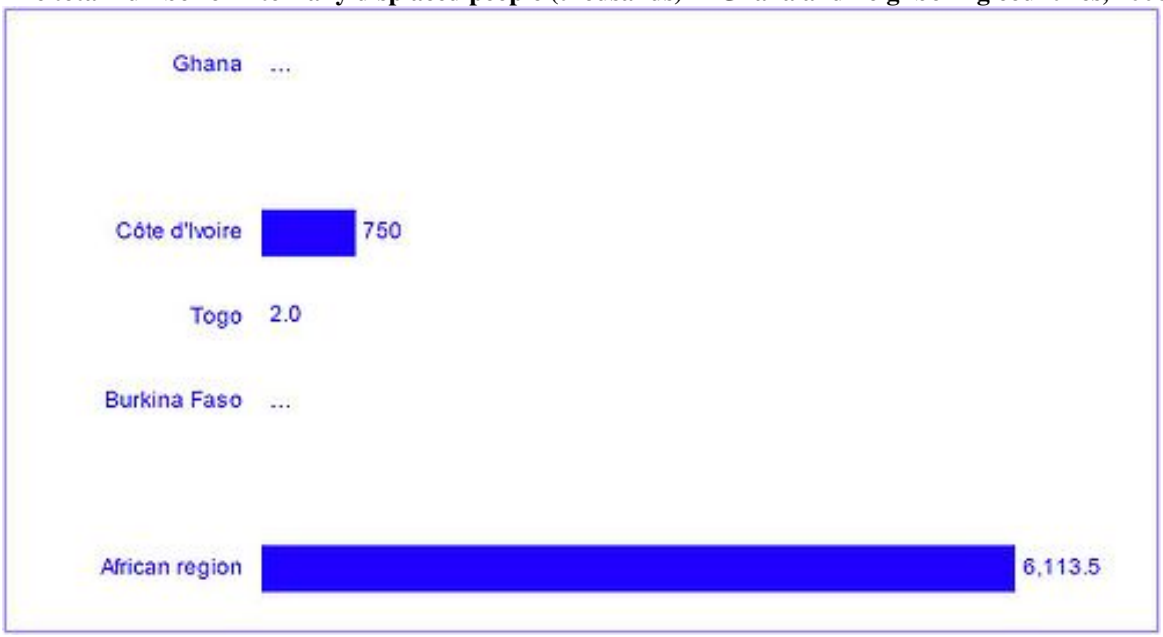
Percentage of the population who are Internet users in Ghana and neighboring countries, 2007



...: No data Source: United Nations Statistical Division-MDG database-Accessed 10 June 2010

Emergencies and disasters

The total number of internally displaced people (thousands) in Ghana and neighboring countries, 2006



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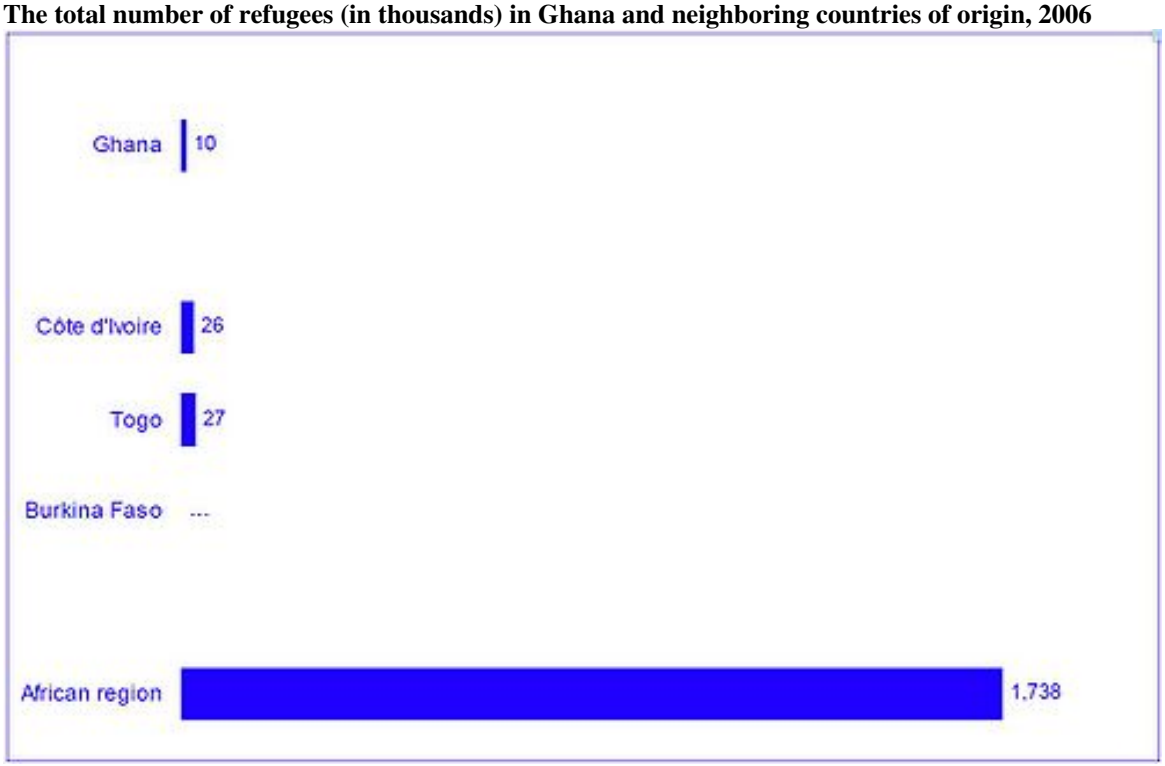
The total number of refugees (in thousands) in Ghana and neighboring countries of origin, 2006



...: No data Source: UNHCR 2007

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File:Percentage of the population aged 15-24 years who can both read and write i.e. youth literacy rate in Ghana and neighboring countries, 2000-2007 and 1990-1999.JPG *Source*: http://www.aho.afro.who.int/profiles_information/index.php?title=File:Percentage_of_the_population_aged_15-24_years_who_can_both_read_and_write_i.e._youth_literacy_rate_in_Ghana_and_neighboring_countries,_2 *License*: unknown *Contributors*: Saboug

File:Per capita official development assistance ODA received US dollar in Ghana and neighboring countries, 2005.JPG *Source*: http://www.aho.afro.who.int/profiles_information/index.php?title=File:Per_capita_official_development_assistance_ODA_received_US_dollar_in_Ghana_and_neighboring_countries,_2005.JPG *License*: unknown *Contributors*: Saboug

File:Official development assistance ODA received as percentage of GDP in Ghana and neighboring countries, 2005 and 1990.JPG *Source*: http://www.aho.afro.who.int/profiles_information/index.php?title=File:Official_development_assistance_ODA_received_as_percentage_of_GDP_in_Ghana_and_neighboring_countries,_2005_and_1990.JPG *License*: unknown *Contributors*: Saboug

File:Total external debt stocks, in millions of US dollar in Ghana and neighboring countries, 2007.JPG *Source*: http://www.aho.afro.who.int/profiles_information/index.php?title=File:Total_external_debt_stocks,_in_millions_of_US_dollar_in_Ghana_and_neighboring_countries,_2007.JPG *License*: unknown *Contributors*: Saboug

File:Percentage of population with telephone in Ghana and neighboring countries, 2005 and 2000.JPG *Source*: http://www.aho.afro.who.int/profiles_information/index.php?title=File:Percentage_of_population_with_telephone_in_Ghana_and_neighboring_countries,_2005_and_2000.JPG *License*: unknown *Contributors*: Saboug

File:Percentage of population who are cellular or mobile subscribers in Ghana and neighboring countries, 2006 and 2000.JPG *Source*: http://www.aho.afro.who.int/profiles_information/index.php?title=File:Percentage_of_population_who_are_cellular_or_mobile_subscribers_in_Ghana_and_neighboring_countries,_2006_and_2000.JPG *License*: unknown *Contributors*: Saboug

File:Percentage of population who are telephone fixed and mobile subscribers in Ghana and neighboring countries, 2007.JPG *Source*: http://www.aho.afro.who.int/profiles_information/index.php?title=File:Percentage_of_population_who_are_telephone_fixed_and_mobile_subscribers_in_Ghana_and_neighboring_countries,_2007.JPG

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File:The total number of internally displaced people thousands in Ghana and neighboring countries, 2006.JPG *Source*: http://www.aho.afro.who.int/profiles_information/index.php?title=File:The_total_number_of_internally_displaced_people_thousands_in_Ghana_and_neighboring_countries,_2006.JPG *License*: unknown *Contributors*: Saboug