REPUBLIC OF GHANA

2008 GHANA MILLENNIUM DEVELOPMENT GOALS

REPORT

APRIL 2010

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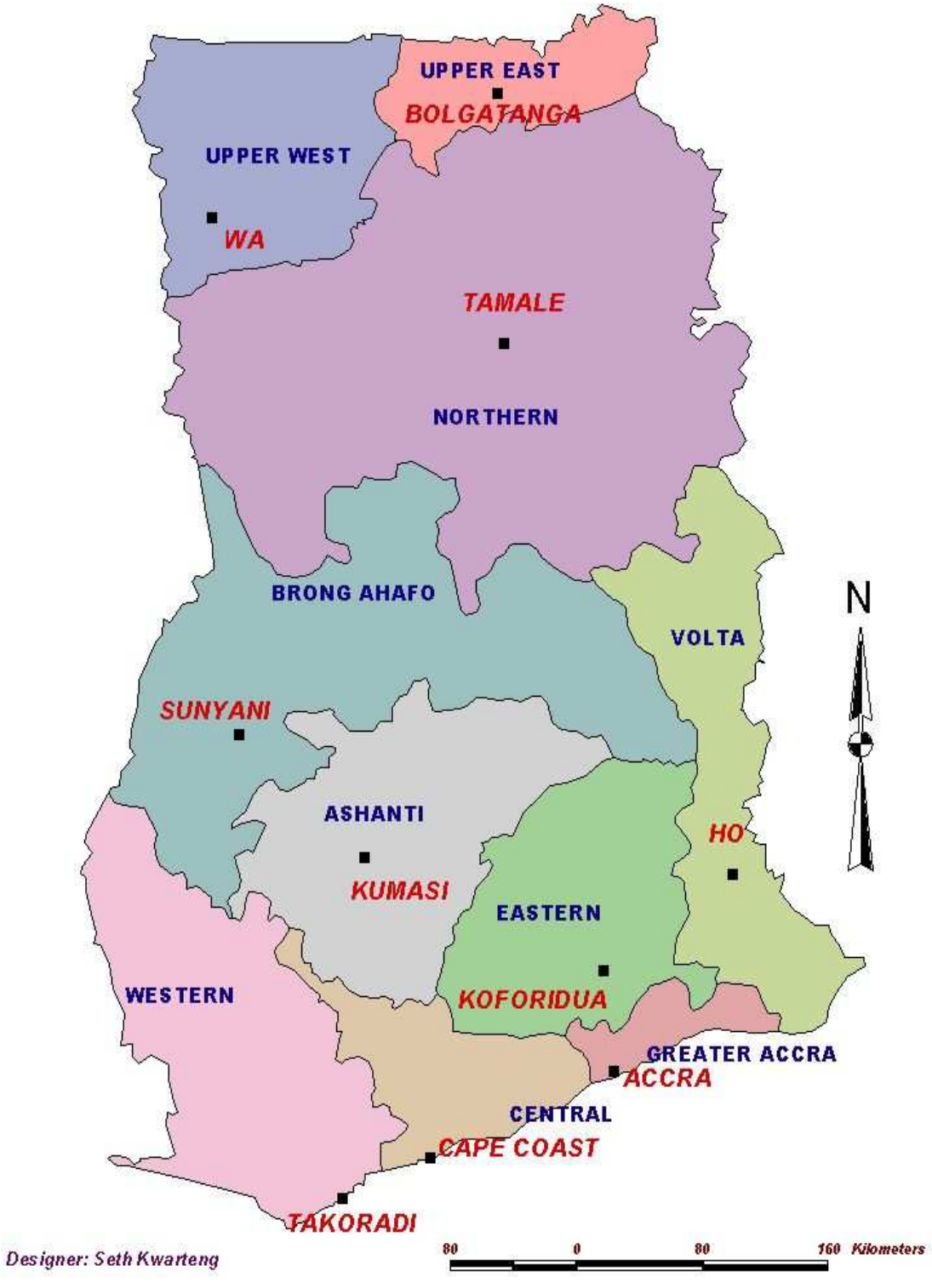
Map of Ghana: Administrative Regions/Capitals



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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
APR	Annual Progress Report (Various Issues on the Implementation of the GPRS)
APRM	African Peer Review Mechanism
ART	Anti-Retroviral Treatment
BECE	Basic Certificate of Examination
BOG	Bank of Ghana
CABAs	Children Affected By AIDS
CAN	African Cup of Nations
CARE	CARE International (An NGO)
CHPS	Community Health Planning Services
CSM	Cerebro Spinal Meningitis
CSO	Civil Society Organization
CWSA	Community Water and Sanitation Agency
DeMPA	Debt Management Performance Assessment
DHMTs	District Health Management Teams
DPs	Development Partners
ED(P)S	External Development (Partners') Support
EDS	External Development Support
E-LEAP	Emergency Livelihood Empowerment Against Poverty
ELP	Electricity Lifeline Payments
EPA	Environmental Protection Agency
FASDEP	Food and Agricultural Sector Development Policy
FCUBE	Free Compulsory Basic Education
FDI	Foreign Direct Investment
GCM	General Circulation Model
GDHS	Ghana Demographic and Health Survey
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GLSS	Ghana Living Standards Survey
GMHS	Ghana Maternal Health Survey
GOG	Government of Ghana
GPI	Gender Parity Index
GPRS	Growth and Poverty Reduction Strategy
GSS	Ghana Statistical Service
HDI	Human Development Index
HDR	Human Development Report
HIPC	Highly Indebted Poor Countries
HIRD	High Impact Rapid Delivery
HIV	Human Immune Deficiency Virus
HIV/AIDS	Human Immuno Virus/Acquired Immune Deficiency Syndrome
HQ	Headquarters
ILO	International Labour Organisation
IMF	International Monetary Fund
IMNCIs	Integrated Management of Neonatal and Childhood illnesses
IMR	Infant Mortality Rate
IPCC	Intergovernmental Panel on Climate Change

IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Nets
KG	Kindergarten
Km^2	Square Kilometer
LDCs	Less Developed Countries
LEAP	Livelihood Empowerment Against Poverty
M&E	Monitoring and Evaluation
MARP	Most-at-risk-population
MDAs	Ministries, Departments and Agencies
MDBS	Multi-Donor Budgetary Support
MDG	Millennium Development Goal
MDRI	Multi-lateral Debt Relief Initiative
MEC	Medical Eligibility Criteria
MMDAs	Metropolitan, Municipal, District, Assemblies
MOFEP	Ministry of Finance and Economic Planning
MOH	Ministry of Health
MOWAC	Ministry of Women and Children Affairs
MPs	Members of Parliament
NDPC	National Development Planning Commission
NEPAD	New Partnership for Africa's Development
NGOs	Non-governmental Organizations
NHIS	National Health Insurance Scheme
NMCP	National Malaria Control Programme
NPL	Non-performing Loan
NSPS	National Social Protection Strategy
NYEP	National Youth Employment Programme
ORS	Oral Rehydration Salt
PLWAs	People Living with HIV Aids
PMMP	Prevention of Maternal Mortality Programme
PMP	Maternal Mortality Programme
PMTCT	Prevention of Mother-to-Child Transmission
PSCP	Parliamentary Special Committee on Poverty
ROA	Return on Asset
ROE	Return on Earnings
SADA	Savannah Accelerated Development Authority
SFP	School Feeding Programme
SPU	Strategy and Policy Unit (of UNDP)
STEPP	Skills Training and Employment Placement Programme
UN	United Nations
UNDP	United Nations Development Programme
US	United States
VASTs	Vitamin A Supplement Trials
WFP	World Food Programme
WHO	World Health Organisation

1. INTRODUCTION

The United Nations Millennium Declaration, adopted by the world's leaders at the Millennium Summit of the United Nations in 2000, captured the aspirations of the international community for the new century. It spoke of a world united by common values and striving with renewed determination to achieve peace and decent standards of living for every man, woman and child. Derived from this Millennium Declaration are eight Millennium Development Goals aimed at transforming the face of global development cooperation.

The MDGs aim to eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability, and develop global partnerships for development. Ghana in September 2000 committed to tracking these eight time-bound MDGs and associated indicators. Progress towards the attainment of the MDGs has been reported annually in many national documents including the Annual Progress Report of the Growth and Poverty Reduction Strategy (GPRS II). In addition special MDG reports are prepared in biennial basis which examines trends in the attainment of the goals, supportive environment, challenges, and resource needs for the achievement of the goals. So far three such reports have been prepared in 2002, 2004 and 2006 by NDPC with support from UNDP, Ghana.

The main objective of 2008 Ghana MDGs Report, the fourth in the series, is to capture Ghana's progress towards the achievement of the Millennium Development Goals (MDGs) as at 2008. The Report analyses the goals and the extent to which they could be reached by 2015. This section of the report outlines the process adopted in its preparation and presents the official targets and indicators. Section two outlines the national policy context for the MDGs and the overall progress on the eight time-bound goals and the related indicators. The third section provides an in-depth discussion on Ghana's progress with the MDGs and assesses whether or not the 2015 targets will be achieved. The goals and the relevant targets and indicators are analysed against four elements: (i) status and trend; (ii) key factors contributing to the success; (iii) key challenges; and (iv) resource requirements. In section four the report addresses some of the good practices adopted with the objective of explaining success. Section five undertakes an assessment of the impacts of the global financial and economic crisis on the MDGs in Ghana, while section six undertakes impact analysis of climate change and its manifestations on the MDGs in Ghana.

The preparation of the 2008 Ghana MDGs Report begun in September 2009. The process attracted special attention following Ghana's selection, in January 2010, among 30 other countries to make inputs into the preparation of an MDGs synthesis report to be tabled at the UN High Level MDGs Summit in September 2010 in New York. In this respect, an addendum on the impact of the Global economic crises and climate change on the attainment of the MDGs in Ghana was prepared as an integral part of the overall Ghana MDGs Report.

The MDGs Report preparation process was nationally driven under the overall leadership of the National Development Planning Commission in accordance with its mandate. A broad-based participatory approach involving relevant national institutions, Civil Society

Organizations (CSOs), private sector as well as international development partners was adopted to enhance the national ownership of the process. The stages for preparing the report were as follows:

- Recruitment of two National Consultants to work on the main report and the addendum independently;
- A Technical Coordination Team comprising NDPC and UNDP was established to provide technical backstopping with respect to content and quality as the consultants drafted the reports;
- Inception meeting organized to build consensus with the stakeholders (NGOs/CSOs, Government institutions, UN Agencies, World Bank, the Bilaterals and other development partners) on the report. Suggestions and inputs provided by the stakeholders informed the content, structure, analysis and level of data disaggregation (depending on availability) of the report;
- Circulation of the draft reports to stakeholders at national and international levels (UNDP MDG Support teams in UN Headquarters in New York, and Regional Service Centres in Dakar and Johannesburg). These provided invaluable comments and contributions that further enhanced the quality of the report;
- A validation meeting was organized to discuss comments on draft reports as well as build consensus on recommendations for improving performance on the MDGs;
- National Development Planning Commission (NDPC) added to the MDGR template/guidelines and sought technical support from United Nation's Economic Commission of Africa (UNECA) to develop maps showcasing the progress of the MDGs attainment by the 10 regions of Ghana;
- Incorporation of stakeholders' comments into the report jointly by the consultants and the technical coordination team at a 5-day Working Session;
- The quality of the reports were further enhanced by a professional editor who merged the main report and the Addendum, as well as providing the technical support in editing the report; and
- The report was duly endorsed and finalized by the NDPC as a true reflection of Ghana's performance with the MDGs.

At the time of preparing this report, the number of MDG targets and indicators has increased to 21 and 60 respectively (see Appendix). However, Ghana has adopted selected indicators and targets for tracking on the basis of their relevance to Ghana's development objectives and availability of adequate data. Data presented in this report largely ends in 2008. However, where available, data for 2009 and 2001 were included.

2. NATIONAL CONTEXT

2.1 Policy Context

Ghana, a tropical country on the west coast of Africa, is divided into ten administrative regions and 170 decentralized districts. The country has an estimated population of about 23.4 million (GSS, 2009) with a population density varying from 897 per km^2 in Greater Accra Region to 31 per km^2 in the Northern Region. Life expectancy is estimated at 56 years for men and 57 years for women, while adult literacy rate (age 15 and above) stands at 65%. The government is a presidential democracy with an elected parliament and independent judiciary. The principal religions are Christianity, Islam and Traditional African. Ghana's economy has a dominant agricultural sector (small scale peasant farming) absorbing 55.8% (GLSS 5) of the adult labour force, a small capital intensive mining sector and a growing informal sector (small traders and artisans, technicians and businessmen). Since independence, Ghana has made major progress in the attainment and consolidation of growth. However, a number of questions arise as to how to accelerate equitable growth and sustainable human development towards the attainment of a middle income country status by 2015.

At the turn of the century, in September 2000, Ghana, along with 189 UN member countries adopted the Millennium Declaration that laid out the vision for a world of common values and renewed determination to achieve peace and decent standards of living for every man, woman and child. The eight MDGs derived from the Millennium Declaration set time-bound and quantifiable indicators and targets aimed at halving the proportion of people living below the poverty line, improving access to primary education, promoting gender equality, reducing child mortality, improving maternal health, combating and reversing the trends of HIV/AIDS, malaria and other diseases, ensuring environmental sustainability, and promoting global partnership for development between developed and developing countries by 2015. These eight set of clear, measurable and time-bound development goals was expected to generate unprecedented, coordinated action, not only within the United Nations system, including the Bretton Woods institutions, but also within the wider donor community and, most importantly, within developing countries themselves.

Ghana has since mainstreamed the MDGs into the country's successive medium term national development policy framework, the Ghana Poverty Reduction Strategy (GPRS I), 2003 – 2005, and the Growth and Poverty Reduction Strategy (GPRS II), 2006 - 2009. While the GPRS I focused on the macroeconomic stability, production and gainful employment, human resource development and provision of basic services, vulnerable and excluded, and good governance; GPRS II emphasizes continued macroeconomic stability, human resource development, private sector competitiveness, and good governance and civic responsibility. Within the same period of the two development policy frameworks, Ghana benefited from the Highly Indebted Poor Country (HIPC) initiative and other international development assistance support, Multilateral Debt Relief Initiative (MDRI), Multi-Donor Budget Support (MDBS) and the United States funded Millennium Challenge Account programme among others.

In addition to direct poverty reduction expenditures, government expenditure outlays were directed at growth inducing policies and programmes that have high potential to support wealth creation and sustainable poverty reduction.

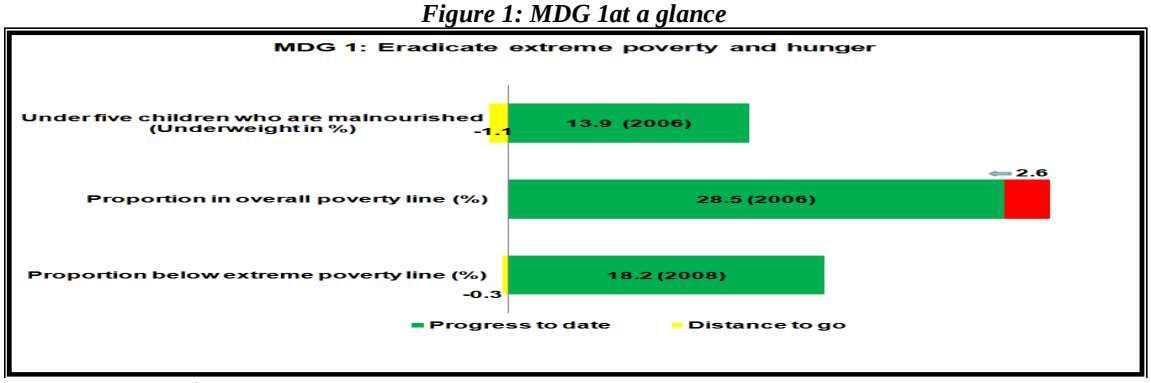
The global food and energy crisis experienced between 2006 and 2008, as well as the effect of the global economic crisis and the 2008 Presidential and Parliamentary Elections adversely affected pro-poor expenditures. Spending under the HIPC debt relief fund continued with activities in support of both poverty reduction and growth enhancement while the Multilateral Debt Relief Initiative (MDRI) which came into effect in 2006 provided additional fiscal space in 2007 to address the energy crisis among others.

Total poverty reduction expenditure as percentage of total Government spending declined from 34.56% in 2006 to 22.82% in 2007 and further down to 22.3% in 2008 (2008 APR). In terms of sector shares, the largest share of total poverty spending went into activities related to provision of basic education, which accounted for 41.42% in 2007 and 47.24% in 2008. This was followed by the health sector spending at 19.5% in 2007 and 18.05% in 2008. Expenditure on rural electrification, rural water and feeder roads ranged from 1.57% to 7.23% in 2007 and 1.36% to 5.04% in 2008. Such declines in poverty spending have implications for the achievement of the MDGs despite the country being on-track to achieve the poverty, and related targets which forms the focus of subsequent discussions.

2.2 Overall Progress in Ghana

Analysis of the available data in 2006 shows that Ghana is largely on track in achieving the MDG 1 target of reducing by half the proportion of the population living in extreme poverty (Figure 1). Although current data on poverty is not available, trends in economic growth suggest a further decline in poverty between 2006 and 2008. On the other hand, the 2009 HDR showed that Ghana's HDI rank had declined and inequality remains high. Thus the high growth rate has not necessarily been consistent with improved human development indicators as the country continues to face challenges with health and other social services. In addition, disparities in regional and district poverty levels remain.

Figure 1: MDG 1at a glance



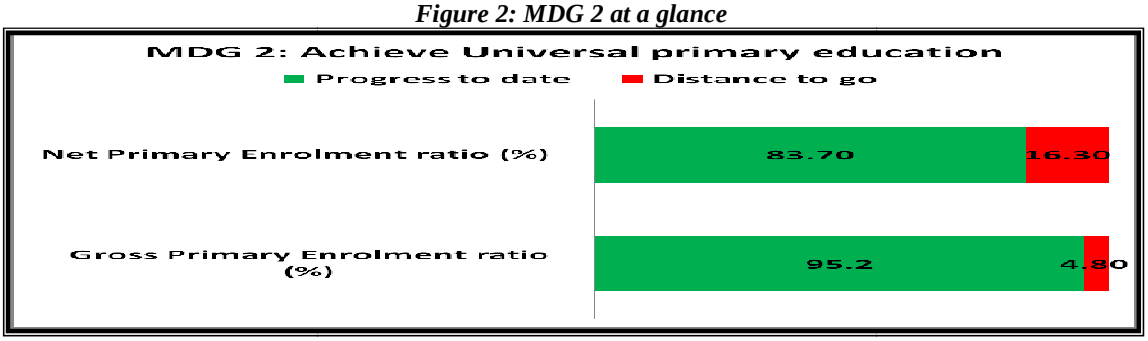
Source: Derived from Table 18

On MDG 1 target 3, available data and trend analysis of the various child malnutrition indicators shows that, Ghana is on course to achieving two out of three child malnutrition

indicators ahead of 2015.The indicator of reducing by half the proportion of children who are underweight has already been achieved ahead of 2015 (Figure 1), while the target on reducing by half the prevalence of wasting is on course and may be met ahead of 2015 if current trend continues. On the indicator of reducing the prevalence of stunting, extra effort is required in order to achieve the target by 2015.

Available data and trend analysis on MDG 2 of achieving Universal primary education show that Ghana is on track to achieving both the gross and net enrolment targets by 2015. The number of schools and enrolment rates has increased tremendously over the years due to various reforms and new policy measures instituted by the government. The number of kindergartens (KG) has increased from 14,246 in 2006/07 to 15,449 in 2007/08 following government's policy of mandating each primary school to have a kindergarten attached to it. The Gross Enrolment Ratio (GER) for KG has subsequently increased from 89.0% in 2006/07 to 89.9% in 2007/08. The number of primary schools rose from 16,903 in 2006/07 to 17,315 in 2007/08, while the GER increased from 93.7% to 95.2% over the same period. The area that challenges exist is survival rate which has stagnated at 88% in 2007/08 from 85.4% in 2006/07.

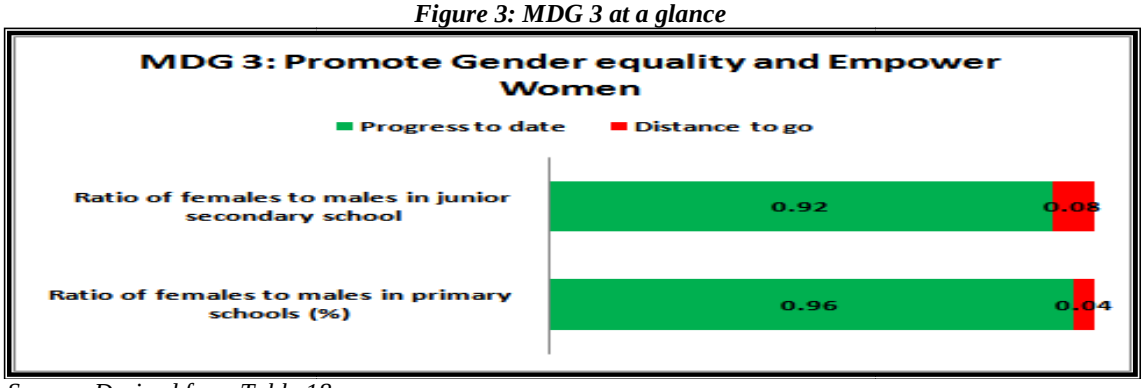
Figure 2: MDG 2 at a glance



Source: Derived from Table 18

On MDG 3 target of ensuring gender parity especially at the Primary and Junior High school (JHS) levels, trends show that Ghana is on track in achieving both targets, although primary level parity has stagnated at 0.96 since 2006/07, while the parity at the JHS increased slightly from 0.91 in 2006/07 to 0.92 in 2007/08 (Figure 3). On the other hand the parity at the KG has declined slightly from 0.99 in 2006/07 to 0.98 in 2007/08.

Figure 3: MDG 3 at a glance

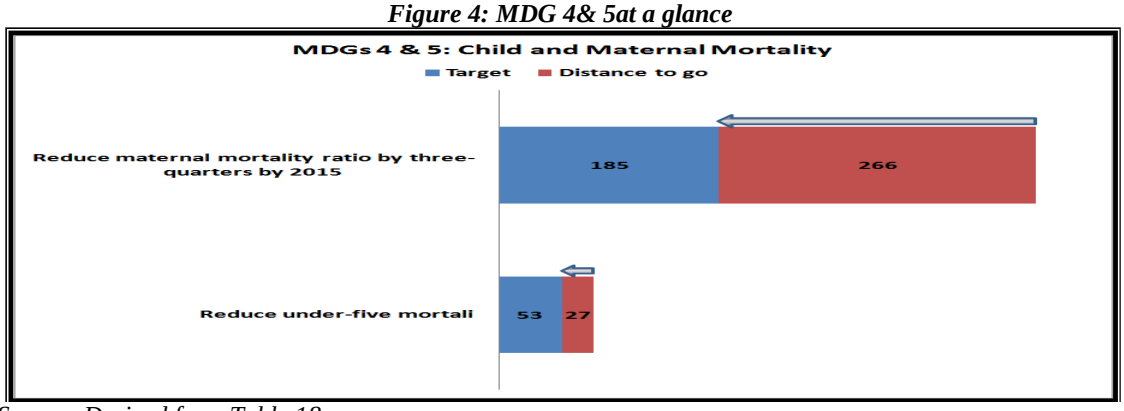


Source: Derived from Table 18

Progress towards increasing the number of women in public life suffered a setback with the reduction of the number of women elected into Parliament during the 2008 elections declining from 25 to 20. This had reduced the proportion to below 10%, and puts Ghana under the international average of 13%.

Although evidence shows that there has been significant reduction in both infant and under-five mortality rates in Ghana, it is unlikely that the 2015 target of reducing the child mortality rates will be met unless coverage of effective child survival interventions is increased. The Ghana Demographic and Health Survey (GDHS) 2008 showed a 30% reduction in the under-five mortality rate, as it declined from 111 per 1000 live births in 2003 to 80 per 1000 live births in 2008, while infant mortality rate as at 2008 stood at 50 per 1000 live births compared to 64 per 1000 live births in 2003. Neonatal mortality rate also has seen a decrease from 43 per 1000 live births in 2003 to 30 per 1000 live births in 2008. The proportion of children aged 12-23 months who received measles vaccine has increased from 83% in 2003 to 90% in 2008 showing an improvement of the coverage of one of the key child survival interventions (Ministry of Health (MOH), 2008 and GHS, 2003).

Figure 4: MDG 4& 5at a glance



Source: Derived from Table 18

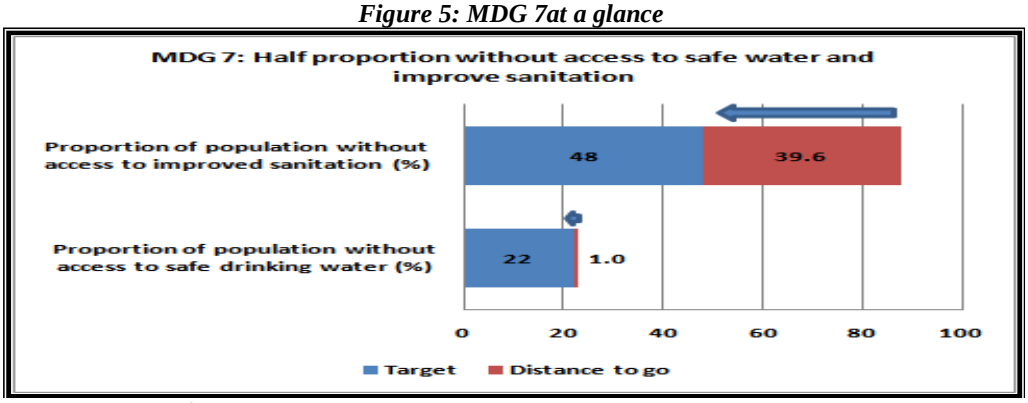
Though maternal health care has improved over the past 20 years, the pace has been slow and extra effort is required for Ghana to achieve the MDG 5 target of reducing maternal mortality rate by three quarters by 2015. Maternal mortality rate has reduced from 740 per 100,000 live births in 1990 to 503 per 100,000 live births in 2005, and then to 451 deaths per 100,000 live births in 2008. However, if the current trends continue maternal mortality will reduced to only 340 per 100,000 live births by 2015 instead of the MDG target of 185 per 100,000 live births by 2015, and it is unlikely Ghana will meet the target. Antenatal care from health professionals increased from 92% in 2003 to 95% as at 2008, however, geographical differences in the components of antenatal care persist. In the Northern region, for example, only 47% of the women were provided with information on signs of pregnancy complications compared to 90% in Western region. The proportion of women who receive two or more tetanus injections during last pregnancy increased from 50% in 2003 to 56% in 2008. Even though progress has been made with access to professional assistance during child birth, there is still need for improvement. Assistance by skilled providers during childbirth increased from 43% in 2003 to 59% in 2008 (GSS, 2009).

After a decline from a high of 3.2% in 2006 to low of 2.2% in 2008, evidence from the 2009 Sentinel surveillance report suggest an increase in HIV/AIDS prevalence rate in Ghana to 2.9% in 2009. This calls for swift policy action particularly in the area of educational campaign and other HIV/AIDS programmes to promote significant behavioural change. According to the Ghana Aids Commission the current up-and-down movement in the prevalence rate between 2003 and 2008 signals only a levelling effect or stabilization of the epidemic.

On MDG 7 of ensuring environmental sustainability, Ghana is on track of achieving the target on halving the proportion without access to safe water, however critical challenges exist in achieving the targets of reversing the loss of environmental resources, reducing the proportion of people without access to improved sanitation, and achieving significant improvement in the lives of people living in slum areas.

Although up-to-date data on the rate of forest depletion is unavailable, evidence suggest that the country is depleting its forest cover at an alarming rate. Between 1990 and 2005, the forest cover has declined from 32.7% to 24.2%. On the other hand, while access to safe water services in rural areas has improved considerably, there has been slow progress with access to safe water within urban areas. Even though Ghana has made progress in reducing the proportion of the population without access to improved sanitation, the target may not be achieved by 2015 if the current trends continue (Figure 5).

Figure 5: MDG 7at a glance



Source: Derived from Table 18

At the current trend the proportion of the population with access to improved sanitation will reach 21.2% by 2015 instead of 52%, while the proportion of urban population with access to improved sanitation will be 23.4% instead of 55% by 2015. In the rural areas, only 20.6% would have access to improved sanitation instead of 50.5%. Although the proportion of urban population living slums shows a decline, if the current pattern continues, a significant proportion (about 14%) of the population will still be living in slum areas by 2020.

In terms of Global Partnerships for development, many developed countries have not met the 0.7% GNP target for aid, but aid inflows to Ghana appear to have increased in nominal terms from US$578.96 million in 2001 to US$1,433.23 million in 2008. However, the current concerns, is the level of increases in real terms and the quality of the aid the country receives.

In real terms, ODA inflows to Ghana has stagnated at about 8.7% of GDP between 2002 and 2008, after initial rise from 6% of GDP in 1999 to 15% of GDP in 2001. The portfolio of aid inflows continued to be dominated by project aid which constitutes more than 60% of ODA inflows. The negative effect of the domestic energy crisis in 2006, as well as the global financial, oil and food crisis, begun showing on the public debt position of Ghana. Ghana's public debt as a percentage of GDP has increased from 41.4% in 2006 to 55.2% in 2008, thereby approaching the unsustainable levels.

3. PROGRESS TOWARDS THE ACHIEVEMENT OF THE MDGs

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

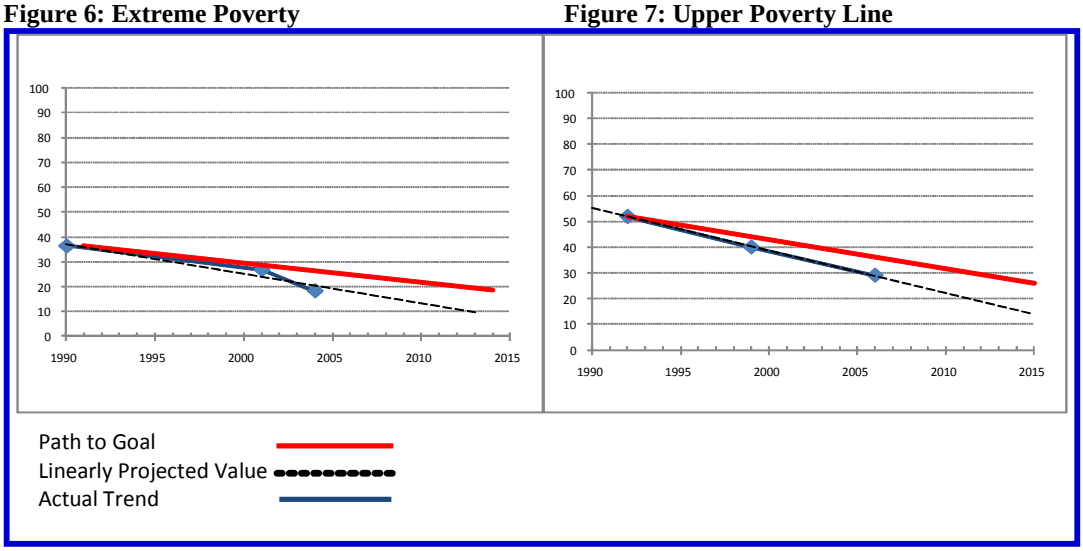
Target 1A: Halve the proportion of those in extreme poverty, 1990-2015

Indicator: *1.1 Proportion below national basic needs (poverty line)*

1. STATUS AND TREND

Ghana is the first country in Sub-Saharan Africa to have achieved the target of halving the proportion of population in extreme poverty as at 2006, well ahead of the target date. **However, with the global economic crisis and the rising food prices, it can be deduced that the decline in poverty between 2006 and 2008, if any, could be minimal**. The overall poverty rate has declined substantially over the past two decades from 51.7% in 1991/92 to 28.5% in 2005/2006, indicating that the target could be achieved well ahead of the 2015 target of 26%. Similarly, the proportion of the population living below the extreme poverty line declined from 36.5% to 18.2% over the same period against the 2015 target of 19%. Figures 6 and 7 depict movements towards the target of halving the proportion of people living in overall and extreme poverty.

Figure 6: Extreme Poverty **Figure 7: Upper Poverty Line**



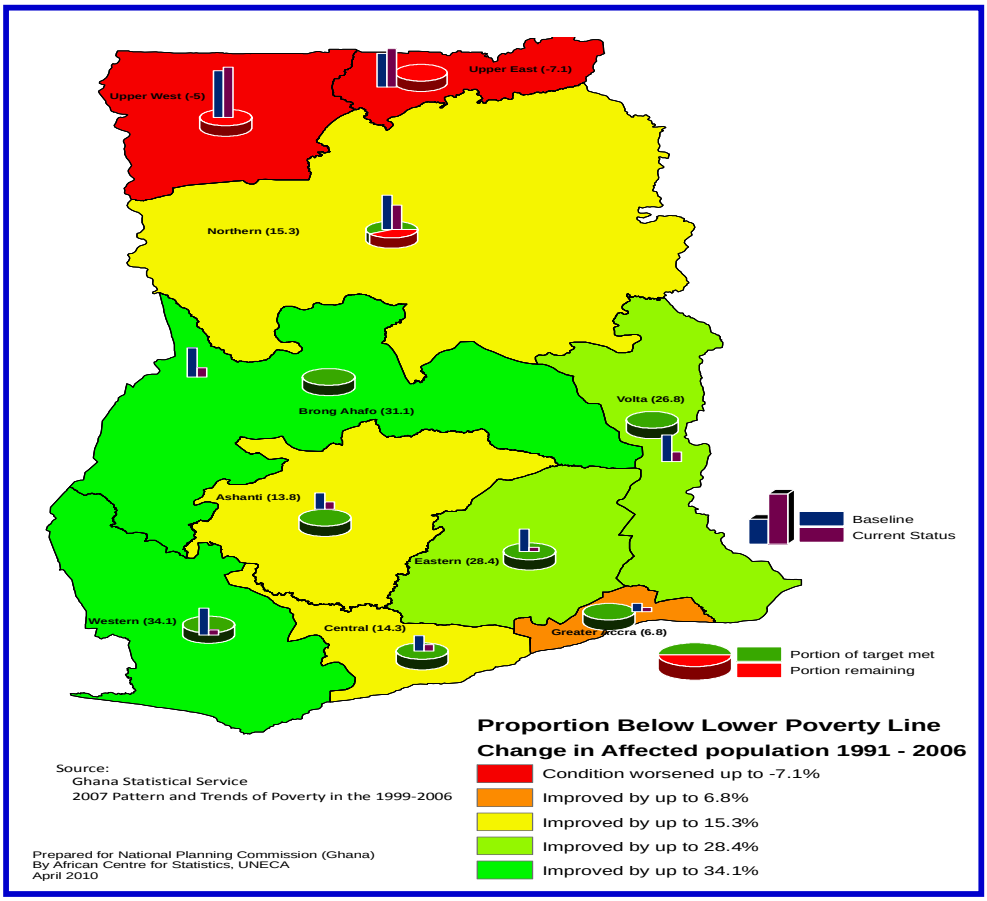
The decline in poverty had occurred due to the significant improvements in economic growth over the past decade with accompanied sound social and economic policies on poverty reduction as spelt out in the GPRS II. These include the capitation grant, school feeding programme and the Livelihoods Empowerment against Poverty Programme (LEAP). These programmes are intended to help reduce the levels of food insecurity, malnutrition and poverty in the targeted communities. The increasing growth rates have also been accompanied by increases in per capita income over time. Real GDP growth averaged 4.3% during the period 1998-2002 and since then exceeded 5% to a high of 7.3% in 2008. Available data

indicates that per capita GDP increased from US$402.23 to US$712.25 between 2003 and 2008.

However, despite the significant decline in poverty at the national level, regional, occupational and gender disparities exist. Some regions did not record improvements in poverty, particularly the three Northern regions where high levels of poverty persist. Over 70% of people whose incomes are below the poverty line can be found in the Savannah areas.

Undoubtedly, the observed growth has not been more equitably distributed. Though poverty incidence has declined at the national level, there remains a large proportion of the population living below the poverty line. For instance, between 1991/92 and 1998/99 the decline in poverty was unevenly distributed with poverty reductions concentrated in Greater Accra and forest localities, while in the others, rural and urban poverty fell moderately except in the urban savannah (GSS, 2007). The trend changed between the period 1998/1999 and 2005/2006 when all the regions recorded marked improvements except Greater Accra and the Upper West which experienced worsening trend. The proportion of rural population living below the poverty line also declined substantially. Food crop farmers remain the poorest occupational group, while the situation of women has not significantly changed (GSS, 2008). Map 1 illustrates the regional distribution of population below the lower poverty line.

Map 1: Proportion below Lower Poverty Line Change in Affected Population



Poverty Disparities at the District Level

Using the District Poverty profile developed by the NDPC and GTZ in 2004, it was evident that poverty at the districts also varied. It ranges from severe poverty areas to least poor areas. Agona Swedru and Aboso in the Agona district as well as Towoboase and Abbankrom in the Mfantsiman District (all in the Central region) are some of the relatively well endowed communities whereas Essikado No.1 and No. 2 (Western Region), and Nkwantanan in Ajumako Enyan Essien District are in the poorest areas. Least poor communities include Amaful and Dwukwa; Ajumako and Kyebi (Eastern Region); Mankessim and Saltpond. Awutu Efutu Senya district has a wide stretch of areas that have been demarcated as "high poor enclaves". These include communities such as Akomatom, Kofikum, Amowi, Kofi Ntow and Bosomabena.

In the Northern region, Aaba, Nandom and Kunkwa are communities found in severe poverty areas in the West Mamprusi District. Tangni and Zankung in East Gonja District and Sakpe and Yagbogu in Yendi District are also least endowed.

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

High GDP growth rate supported by increased foreign investment outlays, government development expenditures and debt relief accounts for the decline in poverty. The growth rates have been supported by increases in the government's poverty-related expenditure as a result of debt relief from the HIPC initiative and the MDRI. The expenses financed by HIPC and the MDRI as well as foreign investment outlays accounted for 37% of total expenditure. Development expenditure has increased from 0.63% of GDP in 2002 to 5.83% of GDP in 2008.

The key factors that have contributed to the decline in poverty include:

- High real GDP growth rate over the decade, growing by 5.1% between 2000 and 2006 and averaged 6.8% between 2007 and 2008. With sustained growth, the progress in reducing poverty and hunger is expected to be maintained;
- Political and macroeconomic stability have contributed to improving the investment climate;
- Policy initiatives such as the establishment of the Savannah Accelerated Development Authority (SADA) are expected to address inequality between North and South and in the process improve gains on MDG 1;
- Targeted social intervention programmes such as the Livelihood Empowerment Against Poverty (LEAP), Capitation Grant, and the Ghana School Feeding and other supplementary programmes;
- Small-scale programmes in agriculture, industry and mining, rural energy, micro credit, employment generation, and specific nutrition improvement programmes. These programmes have helped reduce the levels of food insecurity, malnutrition and poverty in the targeted communities. Ghana being highly decentralized in terms of public administration, the coordination of all these programmes are done at

Metropolitan, Municipal and District Assembly levels with the policy direction from the various sector ministries;

- Commercialisation of agriculture through financing, irrigation for rice, mango, and cotton farming in the north and improved land administration to promote large scale agriculture;
- Rising private savings and investment levels;
- The introduction of the Microfinance and Small Loans Scheme (MASLOC) by government;
- Improved harmonization, coordination and volume of aid flows, especially under the Multi-Donor Budget Support (MDBS);
- High cocoa and gold prices on the international market;
- Increases in the demand for services as a result of CAN 2008 and other international conferences; and
- Improved infrastructure especially road networks with the proportion of roads maintained or rehabilitated increasing from 65.4% in 2007 to 76.0% in 2008.

3. KEY CHALLENGES

Although it is acknowledged that, poverty levels have declined, inequality between regions, districts and within districts still remains. The following challenges must therefore be addressed:

Dependence on Primary Products and limited diversification: The country continues to depend on primary products such as cocoa and gold with limited diversification or processing. Although the non-traditional exports sector is being promoted, there has not been any major shift towards the exports of these products. Besides, there is the concern that the discovery of oil in commercial quantities will aggravate the situation unless oil revenue is used to transform selected productive infrastructure and productive sectors including agriculture.

Vulnerability to Internal and Global Shocks: The country is highly vulnerable to external shocks such as commodity prices and demand, oil price increases, aid flows to mention but a few. The global economic and financial crisis coupled with the rising food prices led to macroeconomic challenges which affected poverty reduction effort. Thus, such dependence exposes the country to external shocks with its socio-economic implications. Internal shocks such as droughts, floods, bush fires, etc. affect agricultural output with repercussions on inflation and other sectors of the economy.

Low Domestic Resource Mobilization and Over-dependence on Aid: Compared to many African countries, Ghana's savings rate remains low. Savings as a proportion of GDP was 5.4% in 1990 and increased to 7.8% in 2006. For a country to achieve sustained accelerated growth, it must save at least 20% of its GDP and invest an equally higher amount. However, the low savings meant continuous dependence on foreign aid.

Business climate: Although improving, the business climate is still weak thus holding back Ghanaian firms from investing, hiring workers, and becoming productive. The typical

constraints are related to electricity and access to finance by small and medium-size enterprises.

4. RESOURCE REQUIREMENTS

Ghana's development agenda as contained in the GPRS II has been focused on growth and poverty reduction with the MDGs being adopted as the minimum requirements for socio-economic development. It has been estimated that the total resources needed to implement the GPRS II over the period 2006-2009 is US$8.06 billion. The greater proportions of these funds are to be allocated towards the implementation of the MDGs related programmes and projects. So far US$6,395.11 million budgetary resources in services and investments have been expended on the GPRS II implementation between 2006 and 2008. In order to achieve the target of halving the proportion of people below the poverty line by 2015, the Millennium Project 2004 puts the annual investment expenditure at about US$1.9 million over the period 2005-2015 for the attainment of the MDGs with a per capita investment of US$80. Total poverty reduction expenditures increased from GH¢1,050.77 million in 2007(US$1,083.26 million) to GH¢1,584.28 million (US$1,320.23 million) in 2008.

Target 1C: Halve the proportion of people who suffer from extreme hunger by 2015

Indicators: *1.8 Food Security and Prevalence of underweight, stunting and wasted children).*

1. STATUS AND TRENDS

Reducing hunger requires sufficient physical supplies of food, access to adequate food supplies by household through their own production, the market or other sources, and the appropriate utilization of those food supplies to meet the dietary needs of individuals. Ghana is generally food secure in terms of production and availability for human consumption.

Improvements in agricultural productivity and expansion in area under cultivation have impacted positively on annual output of the major staples. Total domestic production of major staples has seen an increase from 21,044,000 mt in 2006 to 24,097,000 mt in 2008. Production available for human consumption and estimated national consumption showed food sufficiency for all relevant commodities all year round inspite of the global food crisis in 2008. Total production available for human consumption was estimated at 18,688,000 mt, while estimated national consumption was determined to be 9,892,000 mt. The per capita production for all major crops except cocoyam showed an increase in 2008. Both legumes and cereals increased from 20.5 kg to 27.8 kg and 70.2 kg to 92.8 kg respectively from 2007 to 2008, while that for roots and tubers increased from 856.0 kg to 910.1 kg.

The number of districts facing chronic food production deficits has seen continuous reduction from 22 in 2005 to 15 in 2006, and reduced further to 12 in 2008. These achievements were made possible as a result of numerous programmes and interventions implemented by government, including fertilizer subsidy, the expanded maize and rice programmes which supported farmers with agricultural inputs (i.e. fertilizer, improved seed), ploughing and labour cost.

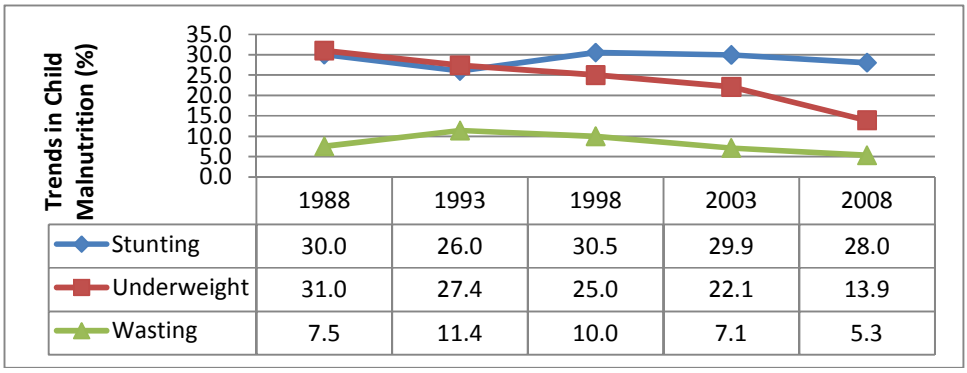
Food access continued to improve with additional weekly food distribution points, better mobility of commodities and relatively good access road network. The number of food access points increased by 188 nation-wide in 2008, representing an increase of 8.44% over 2007 level. The average weekly/daily number of food distribution points per district is 13 with the minimum number of food distribution points per district at 7 and maximum at 31. Ashanti region recorded the highest number (96) of food distribution points, while Upper East region recorded the minimum number (2) of food distribution points per district. The number of districts facing difficulty in accessing food markets also reduced from 14 in 2005 to 13 in 2007 and further to 10 in 2008.

These improvements in food availability have significantly contributed to the decline in malnutrition, especially with respect to the proportion of children under five years who are underweight and prevalence of wasting.

The upward trends with respect to the prevalence of children suffering from wasting and stunting that characterised the late nineties continued to be reversed in 2008. The incidence of wasting has declined from a peak level of 11.4% in 1993 to 5.3% in 2008, while the occurrence of underweight has declined from about 31% in 1988 to 13.9% in 2008, thereby

achieving the MDG 1, target 2 of reducing by half the proportion of children under-five who are underweight.

Figure 8: Trends in Child Malnutrition in Ghana, 1988 – 2008

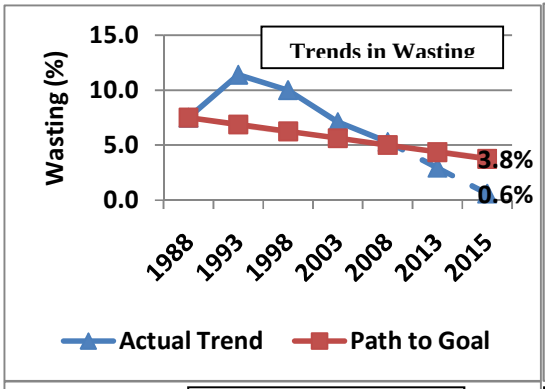


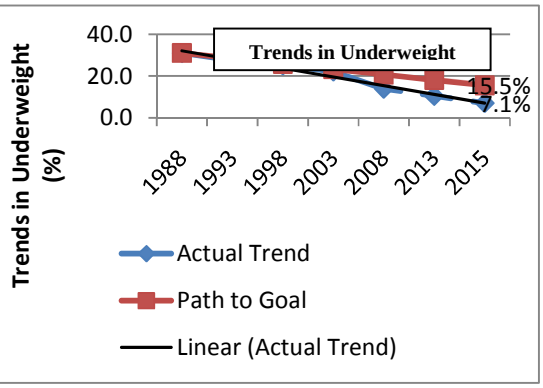
	1988	1993	1998	2003	2008
Stunting	30.0	26.0	30.5	29.9	28.0
Underweight	31.0	27.4	25.0	22.1	13.9
Wasting	7.5	11.4	10.0	7.1	5.3

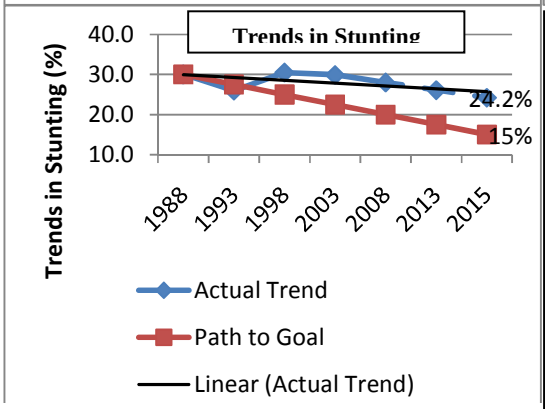
Source: GDHS (Various)

Even though the proportion of children aged 0-35 months, suffering from stunting, reduced further from 29.9% in 2003 to 28% in 2008 after rising successively from 26% in 1993 to 30.5% in 1998, extra effort is required in order to achieve the target of this indicator (Figure 8 & Box 1).

Box 1: Will target be achieved?







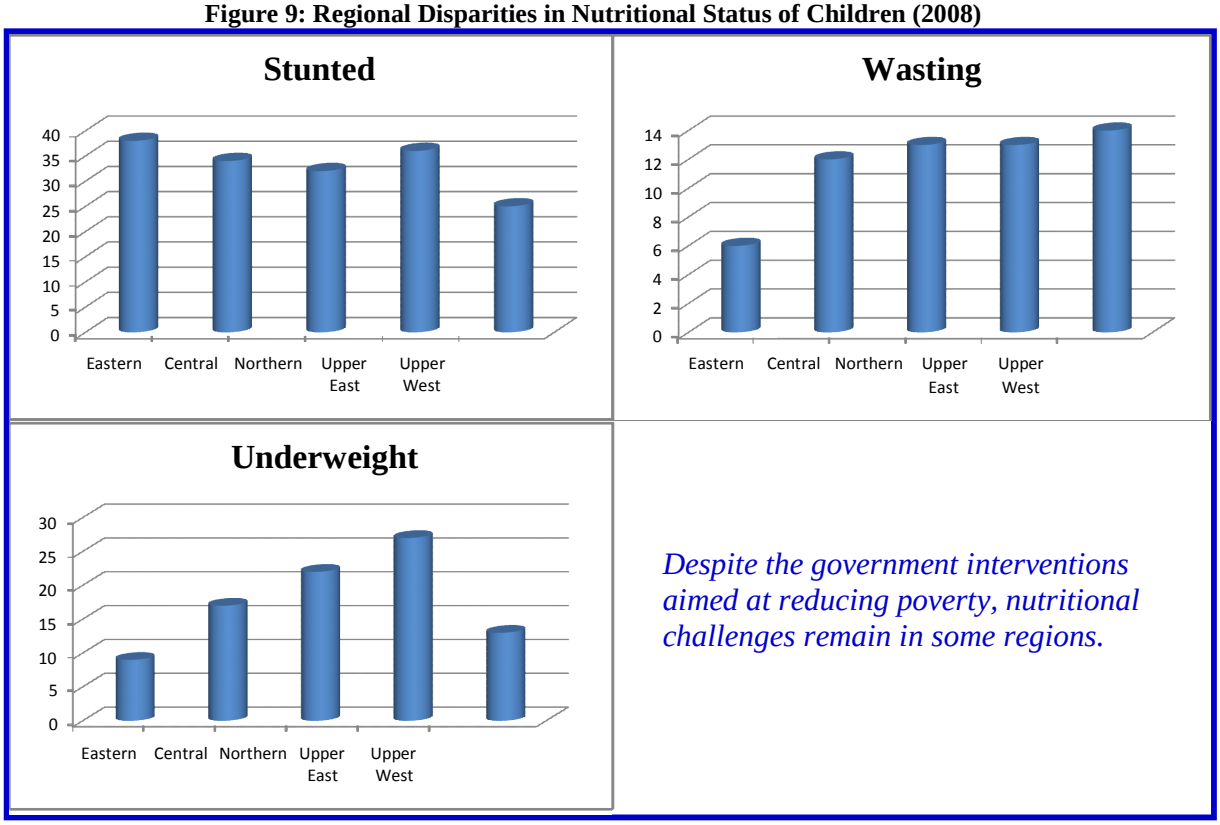
Progress continued to be made in the area of child malnutrition. Based on trend analysis of the various child malnutrition indicators depicted above, Ghana is on course to achieving two out of three child malnutrition indicators under target 2 of MDG 1 ahead of 2015.The indicator of reducing by half the proportion of children who are underweight has already been achieved ahead of 2015, while the target on reducing by half the prevalence of wasting is on course and may be met ahead of 2015 if current trend continues. The challenge is how this progress can be sustained towards the 2015 target date. On the indicator of reducing the prevalence of stunting, extra effort is required in order to achieve the target by 2015.

Source: GDHS (1988, 1993, 1998, 2003, 2008)

This progress notwithstanding, nutritional challenges still exist among some socio-economic groups and geographical areas. The proportion of children with stunted growth in the Eastern, Upper East and Northern regions were estimated to be 38%, 36% and 32% respectively in 2008, compared to national average of 28% (MOH, 2008a). The proportion of children with wasting was estimated to be highest in the three northern regions, while the cases of underweight children was highest in the Upper East, Northern and Central regions in that order (Figure 9). In the Upper West region, malnutrition is prevalent in Jirapa-Lambusie closely followed by Wa West. In Accra and Kumasi metropolitan areas, stunting accounts for 10%, wasting was 5% and one in every 10 children is underweight (MOH, 2008). It was also found that while underweight is more prevalent in female children in the Northern region and also in Accra and Kumasi, the reverse was the case in Upper East and Central regions.

In 2008, malnutrition was found to be associated with the mother's education. Children whose mothers have some form of education were less likely to be malnourished than those whose mothers have little or no education. A higher proportion of children aged 12-23 months are underweight and wasted compared to children who are younger and older owing to weaning which exposes them to contamination of food, water and from the environment.

Figure 9: Regional Disparities in Nutritional Status of Children (2008)



2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

Some of the policy measures that are responsible for the decline in the malnutrition rates in Ghana include:

- Prioritizing implementation of a community-based health and nutrition services package for children under the age of two and for pregnant and lactating women;
- Introduction and scaling-up of community management of severe acute malnutrition (CMAM) and improved inpatient care of severe acute malnourished cases. CMAM started in June 2007 as a pilot project by Ghana Health Service with support from UNICEF, following a national orientation workshop to train senior health managers and clinicians on CMAM. The project is on-going. Development partners such as UNICEF are providing anthropometric equipment and logistics. Health workers from selected districts have been trained in CMAM as part of the pilot initiative. Currently there are steps to mainstream the project into the national health system for country-wide scaling-up;
- Implementing a government subsidy on fertilizers for small-holder farmers is expected to provide a boost to agriculture;
- A National Plan for Action for Food and Nutrition, a micronutrient deficiency control programme, and related programmes aimed at promoting vitamin A supplementation of pregnant women and lactating mothers;
- Programmes to promote early breastfeeding, family planning, de-worming of children and reducing micronutrient deficiency. Child welfare clinics have been set up to monitor children suffering from malnutrition;
- Establishment of National Health Insurance Scheme (NHIS) to rescue and cater for poor and vulnerable groups in the society who cannot afford quality health care, nutritional health care and nutritional services;
- The Medium Term Agricultural Development Programme 1991-2000, Food and Agricultural Sector Development Policy (MOFA, 2000) and other measures aimed at modernizing agriculture under the GPRS I & II were intended to raise the level of food security in the country; and
- Establishment of the School Feeding Programme in order to help reduce the level of malnutrition amongst school children.

3. KEY CHALLENGES

In general, Ghana does not have food security problem as suggested by the data on national per capita production of key staples, however pockets of chronic food deficit exist in selected districts. The Comprehensive Food Security and Vulnerability Analysis (CFSVA) undertaken by the Ministry of Food and Agriculture in 2008 suggests that about 5% of the households in selected regions including Northern, Upper East, Upper West, Western and Greater Accra Regions are food insecure and an additional 9% are vulnerable to food insecurity. It also shows that in a normal year, poor households face food insecurity during 3 to 4 months while they may face food insecurity for 6 to 8 months in a bad year. In this regard, the challenges that need to be tackled comprises of reducing seasonal variations in food production,

particularly in “famine prone” areas, and improving cross-sectoral collaboration in implementation of nutrition programmes. Others are as follows:

- It has been observed that, the districts that have food production deficits also have difficulty in accessing food markets during periods of food shortages. Programmes that are targeted at reducing food production deficits can go a long way to address the food security problems of households;
- Even though Ghana is generally food secure in terms of production and availability for human consumption, it is still bedevilled with nutritional challenges, especially among children. The major indicators of malnutrition in children (i.e. stunting, wasting and underweight) are above the international threshold. Ghana is on track in achieving this MDGs target, although differences exist among socio-economic groups and geographical areas. Lack of education on the required combination of food items in the rural areas could account for this undesirable situation. A number of food-based nutrition related training and technologies may be required in the following areas: Protein Energy Malnutrition (PEM), Micronutrients (Vitamin A, Iron and Iodine), Food fortification demonstration, and nutrient conservation demonstrations in food preparation. Such training should involve men since they are the decision makers in terms of the types of crops to cultivate for household consumption. Effort should be made to mainstream gender into the food based nutrition and security programme;
- Ghana’s aggregate productivity is improving but the level remain below Mauritius and Botswana (the most productive African economies), and far behind the rapidly growing Asian countries. With irrigation almost non-existent, Ghana depends largely on rain-fed agriculture. Recently, productivity has begun to increase but the use of modern agricultural techniques remains limited;
- Relatively low levels of productivity emanating from the application of traditional methods of farming have often led to stagnating levels of kilogram-yield per person for the various foodstuffs;
- Related to the above are the low application of fertilizers and the use of irrigation farming methods;
- Spatial and Gender Disparities persists: A large number of women and children suffer from high protein energy malnutrition and micronutrients deficiency. This is partly due to cultural practices where adults, particularly males take a greater share of protein at the expense of women and children;
- High global food prices in addition to those of domestic key staples will likely impact the nutrition status of vulnerable populations; and
- Population growth rates and family sizes continue to affect the poor’s ability to adequately feed their families.

4. RESOURCE REQUIREMENTS

In order to achieve the target of halving the proportion of people who suffer from extreme hunger by 2015, the Millennium Project in 2004 put the annual investment expenditure at about US$117.00 million over the period 2005-2015.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicators: *2.1 Net enrolment ratio in primary education*
2.2 Proportion of pupils starting grade 1 who reach last grade of primary

1. STATUS AND TRENDS

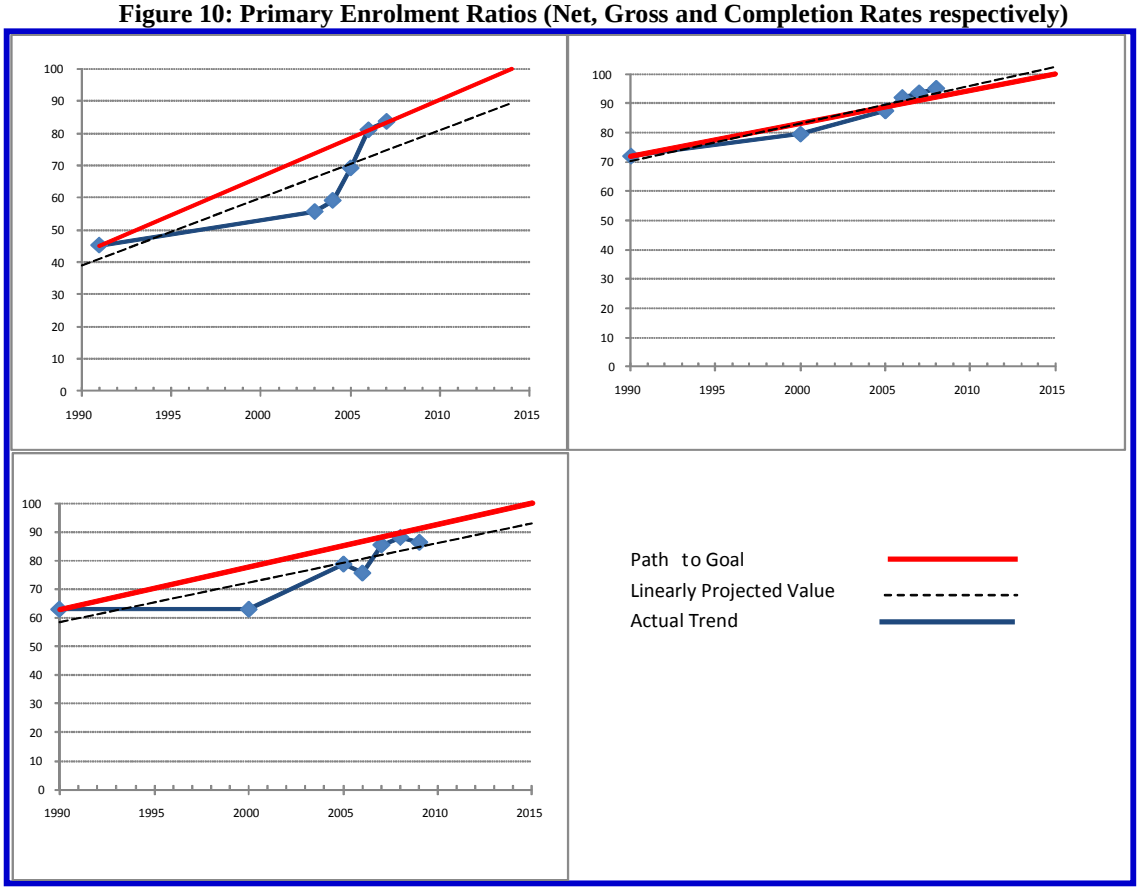
Significant improvements have been made particularly in the areas of basic school enrolment. The key policy objectives in this sector in 2007 and 2008 were to increase access to, and participation in education and training, with greater emphasis on gender and geographical equity; improve the quality of basic education; and enhance the delivery of education services. Progress towards the attainment of these broad objectives has been recorded in the 2007 and 2008 APRs of GPRS II. Indicators on Gross Enrolment Ratio; Net Enrolment Rate; Survival/Completion Rates and Gender Parity Index were used to assess progress towards the attainment of these policy objectives.

Gross Enrolment Ratio (GER): The GER is an indicator of participation in the educational system and it measures the number of pupils/students at a given level of schooling, regardless of age, as a proportion of the number of children in the relevant age group. There have been persistent increases in the GER all levels of basic schools between 1991 and 2008. At the kindergarten (KG) level, GER has increased from 55.6% in 1991 to 89.9% in 2008, while at the Primary level GER has increased from 74% in 1991 to 95.20% in 2008. On the other hand, GER has increased from 70.2% in 1991 to 78.80% in 2008 at the Junior High School level. With exception of Junior High School level, increases in GER has been significant across primary and KG (Second quadrant of Figure 10).

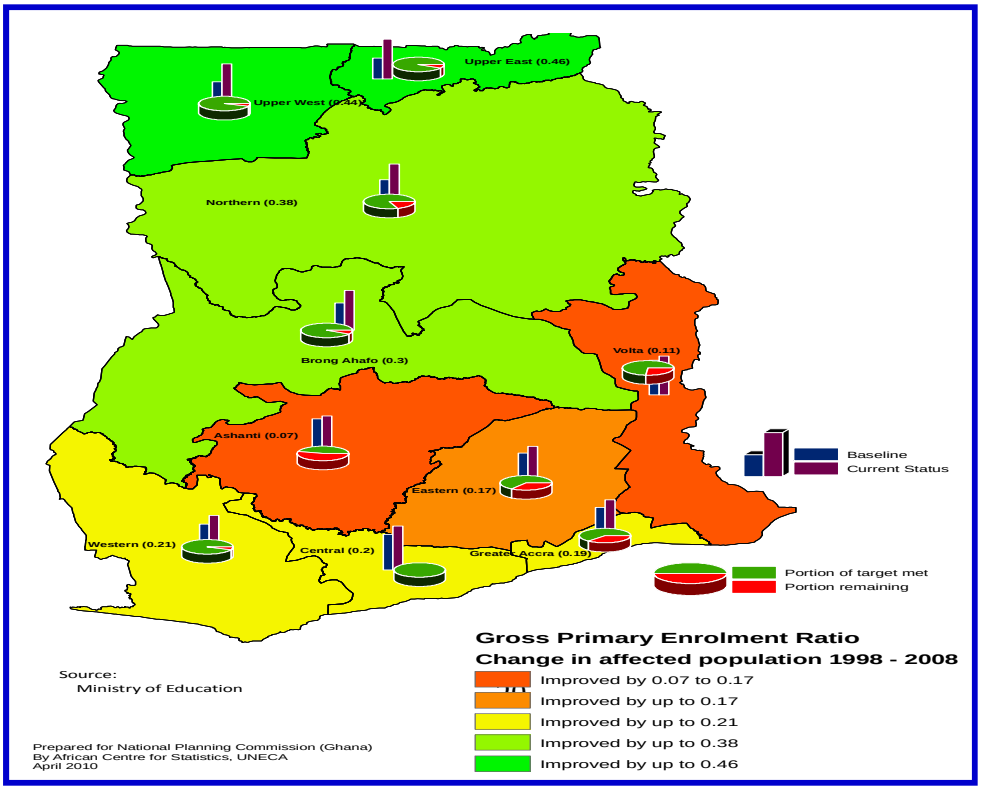
At the KG level, remarkable success has been achieved exceeding the 2015 target by 24.9% in 2008. This compares to an increase of 10.7% over the 2006 target following the integration of KG education into basic schools throughout the country. The Upper West and Upper East Regions registered the most significant increase in the GER for the period 1998 – 2008, for primary level, while Ashanti and Volta regions recorded the least in improvements in GER over the same period (Map 2). The GER in the deprived districts has also improved significantly especially at the KG level, increasing from 78.1% in 2006/07 to 87.5% in 2007/08.

Net Enrolment Ratio (NER): The NER indicates the number of appropriately aged pupils enrolled in school as proportion of total number of children in the relevant age groups. Similar to the GER, successive increases were recorded in the NER at the primary level and also across the country from 69.2% in 2005/06 and further to 83.7% in 2007/08 (Figure 10). The case was, however, different at the Junior High School level with NER increasing from 52.4% in 2006/07 to 53.4% in 2007/08 indicating a slow progress in relation to the 2015 target of 58.4%. Male NER has always been higher than the female NER at all levels. The NER in the deprived districts also increased significantly from 74.51% in 2006/07 to 77.9% in 2007/08 at the primary level and 41.6% to 43.8% at the Junior High School level during the same period.

Figure 10: Primary Enrolment Ratios (Net, Gross and Completion Rates respectively)



Map 2: Gross Primary Enrolment Ratio – change in affected population 1998 – 2008



Survival Rate: Survival rate measures the proportion of pupils/students who stay and complete school after enrolment. Survival rate at the primary level recorded a downward trend from 83.2% in 2003/04 to 75.6% in 2005/06, but subsequently recovered to 88.0% in 2007/08 slightly below the 2015 target of 100% (Table 1). At the Junior High School (JHS) level, survival rate declined from 86% in 2003/04 to 64.9% in 2006/07 but has begun to increase to 67.7% in 2007/08, thereby lacking behind the MDG target of 100% by 2015. Survival rate among female pupils has been lower than the male pupils at both the primary and JHS levels. While survival rate has increased from 85.1% in 2003/04 to 88.9% in 2007/08 among male pupils at the primary school level, it has increased from 81.1% to only 82.4% among female pupils over the same period. On the other hand, while survival rate among male pupil at the JHS level declined from 88% in 2003/04 to 72.4% in 2007/08, it declined from 83.7% in 2003/04 to 62.9% in 2007/08 among the female pupil at the same level.

Table 1: Trends in Survival Rates (SRs) in Basic Schools by Gender, 2003/04 – 2007/08

SRs	2003/4	2004/5	2005/6	2006/7	2007/8	Target 2015	Achievement
Primary:							
National	**83.2%**	**82.6%**	**75.6%**	**85.4%**	**88.0%**	**100%**	**Good progress**
Male	85.1%	84.7%	78.4%	91.2%	88.9%		
Female	81.1%	80.3%	72.4%	79.6%	82.4%		
Junior High:							
National	**86.0%**	**85.5%**	**86.6 %**	**64.9%**	**67.7%**	**100%**	**Unlikely**
Male	88.0%	88.5%	87.4 %	69.6%	72.4%		
Female	83.7%	82.9%	85.6 %	60.0%	62.9%		

Source: Ministry of Education and Sports, 2008, NDPC, APR, 2008

Pupil-Teacher Ratio (PTR): The PTR is used as one of the proxies for measuring the quality of education. With a PTR ranging from 1:34 to 1: 35.7 over the period 2003-2006, as a result of the increases in enrolment over the year, the 2006 target of 1:34.1 was missed at the primary level. However, the situation improved in 2007 and 2008 with PTR of 1:34 and 1:34.1 respectively, meeting the 2015 target of 1:35 (Table 2). Some progress has also been made at the deprived regions (Northern, Upper East and Upper West). The situation is similar in the JHS level with significant success over the 2015 target of 1:25.

Table 2: Trends in Pupils-Teacher Ratio (PTR) - Basic Schools, 2003/04 - 2007/08

PTR	2003/4	2004/5	2005/6	2006/7	2007/8	Target 2015	Achievement
Primary							
National	**34.0**	**34.9**	**35.7**	**34.0**	**34.1**	**35.0%**	**Target achieved**
Northern	38.6	40.2	38.0				
Upper East	58.9	57.4	48.0				
Upper West	46.2	49.0	40.0				
Deprived districts	39.5	41.9		36.3	38.0	Na	
Junior High							
National	**18.6**	**19.0**	**19.4**	**17.9**	**17.4**	**25.0**	**Target achieved**
Northern	24.0	25.4	22.9				
Upper East	25.1	25.1	24.9				
Upper West	20.3	24.1	22.0				
Deprived districts	20.9	22.0	22.5	18.9	19.1	Na	

Source: Ministry of Education, Science and Sports, Preliminary Education Sector Performance Report, 2006

Access to Education at the District Level: Access to educational facilities, especially in rural areas is crucial for the attainment of this target. According to the NDPC/GTZ District Poverty Profiling and Mapping Reports within the Bawku East District in the Upper East Region, most of the communities are deprived of access to educational facilities. Only the district capital has all the educational facilities ranging from nursery to tertiary level and Dega near Bawku has facilities only up to the secondary level. Few communities have facilities up to the Junior High level whereas most towns like Waadiga, Powia, Zambala, Kpalugu have none. In the Central Region, only the district capitals like Winneba in the Awutu Efutu Senya district has all the educational facilities ranging from Kindergarten to Tertiary level. On the other hand, most of the communities like Bosomabena, Bentum, Darkoyaw, Kofi Ntow, Asem, Kofikum, and Adwinhuhia are deprived of any of these facilities. Educational facilities in West Mamprusi District in the Northern Region range from pre-school to secondary and vocational levels. Only the district capital, Walewale has access to all the educational facilities and Walugu has up to secondary level. Prima, Nayoku, Nabari, Zuawlugu among others have only primary school while Sakori, Nyabuyiri, Aaba and Wuyima have none of these facilities.

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

Several policy measures have accounted for the appreciable improvement in the rate of enrolment in the basic school. In 2008, quite a number of policy interventions were carried out to reinforce the attainment of universal primary education; chiefly among them are the construction/rehabilitation of classrooms, strengthening the capitation grant initiative and expanding coverage of the school feeding programme. Others included enforcing laws that support the implementation of Free Compulsory Universal Basic Education (FCUBE) expanding non-formal education in partnership with community groups, NGOs and private providers, and developing a national policy on distance learning. Distance learning is not new in Ghana but its significance has changed since 1982 when a number of distance learning initiatives started. Since then, this mode of learning has remained an important component of Ghana's education system. The Education Act 2008, Act 778 guarantees that where appropriate at each level of education, distance learning should be provided. In the current strategic plan for the Ministry of Education, distance learning is viewed as a possible complement to regular tertiary programmes which require many years of study leave. With distance learning being widely accepted, it provides opportunity to those in frontline services such as teachers to upgrade their professional and academic skills without leaving the classrooms.

The main activities implemented include the following:

- The government disbursed a total amount of GH¢15 million as payment of Capitation Grant to pupils in all public schools in addition to subsidizing the conduct of Basic Education Certificate Examination (BECE) amounting to over GH¢4 million.
- The School Feeding Programme was expanded to cover 596,089 pupils nationwide up from 408,989 in 2007 to help ease the burden on parents. There has also been increasing international interest in supporting the school feeding programme.
- About, 230 classroom blocks and 147 three-Unit classroom blocks under the School Under Trees Project were completed and furnished at the cost of GH¢10 million.

- In order to reduce the regional imbalance in teacher supply and improve on educational quality, incentive packages including bicycles were given to teachers in deprived schools. Also, the quota system of postings was enforced with greater consideration given to deprived districts.
- Non-formal literacy programmes continued to receive support with the recruitment and deployment of 1,822 facilitators.
- Funds were made available to expand and equip science laboratories in tertiary institutions in order to ensure that the government's policy of 60:40 enrolment ratio in favour of science education is achieved.

3. KEY CHALLENGES

Despite the efforts made, some major challenges that remain include:

- **Challenge of Teacher posting and retention:** It is observed that the government spends about 25% of its entire budget on teachers (including salary, paid study leave, sponsored distance education, etc.) to overcome shortage of teachers. However, in 2008, the Ministry of Education indicated that the distribution of teachers is highly skewed to the disadvantage of the deprived areas. This may be attributed to poor conditions of service including poor remuneration which might have hampered retention of the right type of teachers especially, in the rural areas. This situation can significantly reduce the possibility of achieving universal basic education by 2015.
- **Decline in quality of education:** Learning achievements are low because both students and teachers spend more time away from school. Rather, much time is spent on private jobs, funeral, festivals, etc.
- **Inadequate Infrastructure:** Insufficient number of school buildings to accommodate the growing population of pupils, especially after the introduction of the capitation grant and the school feeding programme have affected education delivery in the country..
- **Low level of teacher commitment:** Poor conditions of service coupled with low motivation factors, availability of teaching and learning materials, etc. have contributed to undermine the quality of education.
- **Low accountability to parents and students:** There is no mechanism to monitor and evaluate teachers and thus ensure that they are always in the classroom and teaching according to what is expected of them.
- **Falling quality of Science and Technology education is falling:** The quality of Science and Technology education is falling and has affected students' interest in the discipline. Thus, the government's 60:40 ratio of Science to Humanities at the tertiary level will be difficult to achieve if this challenge is not immediately addressed.
- **High cost of education especially at the tertiary level:** Government expenditure incidence analysis has revealed that the poor tend to be marginalized at the secondary and tertiary level due to the high costs involved. Nonetheless, the implementation of the capitation grant and the school feeding programme has reduced the cost burden of basic school education to parents as compared to tertiary education.

4. RESOURCE REQUIREMENTS

According to the Ghana Education Service, about US$260.1 million would be required annually to attain the MDG targets. To embark on the implementation of the GPRS II, it was projected that an amount of US$1.5 billion would be needed to finance the entire education-related goals. In 2006, total education expenditure amounted to GH¢907.481million (US$986.39 million), of which about 52% was allocated to Basic Education. This increased to GH¢832.087 million (US$857.82 million) in 2007 (of which 52% was allocated to Basic Education), and then to GH¢1,546.348 million (US$1,288.6 million) in 2008 (of which 48% was allocated to Basic Education).

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

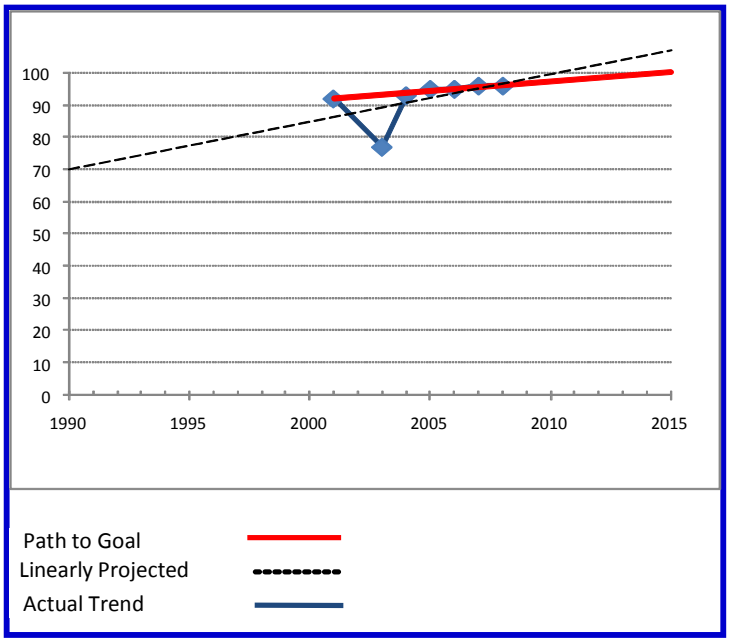
Target 3A: Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015

Indicators: *3.1 Ratios of girls to boys in primary, secondary and tertiary Education*
3.3 Proportion of seats held by women in national parliament

1. STATUS AND TRENDS

Efforts have been made with respect to promoting gender equality and women empowerment. Gender Parity Index and proportion of seats held by women in national parliament are the main indicators being tracked.

Figure 11: Gender Parity Index



Gender Parity Index (GPI): The GPI is the ratio of boys to girls' enrolment, with the balance of parity being one (1.00). Active implementation of activities to promote girls' education has helped to eliminate barriers to enrolment and encouraged participation and attendance. The trend indicates that, the GPI at the primary level has increased from 0.93 in 2003/04 to 0.96 in 2006/07. The index however remained at 0.96 in 2007/08. From Figure 10, the 2015 target of ensuring gender parity especially at the primary school level can be attained.

At the Junior High School level, it decreased marginally from a peak of 0.93 in 2005/06 to 0.92 in 2007/08 as presented in the Table 3.

The GPI decreased marginally at the kindergarten. At the primary school level it was stable whilst it increased from 91.0% in 2006/07 to 92.0% in 2008/09 for the Junior High School level. At the regional level, the GPI seems to be encouraging compared to the aggregated figures. The GPI for primary school level in the Central Region is 1.0 which signifies that there is no difference in school enrolment between boys and girls whereas GPI for secondary school is 0.92. The GPI for primary in the Upper West Region is, 1.02 indicating that more girls attend school than boys while that for Junior High School is 1.00 (MOH, 2008b). In addition, there were no differences for the GPI for primary school in Accra and Kumasi

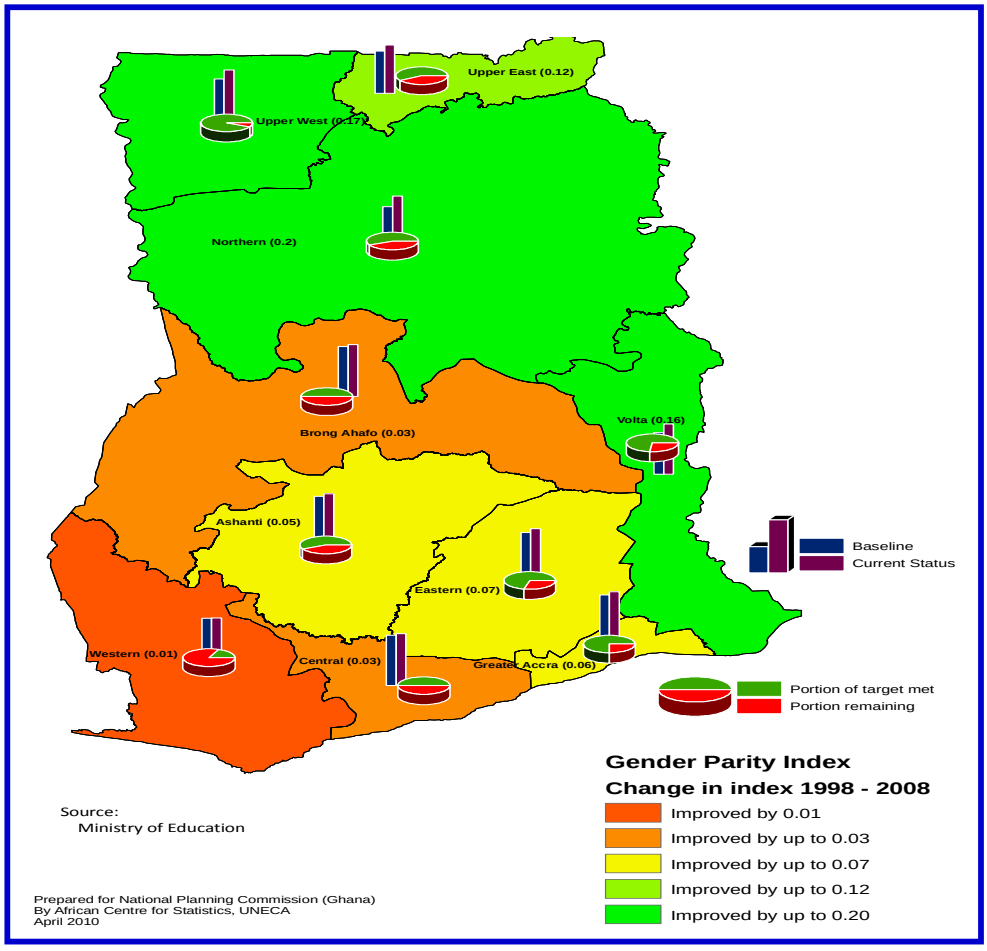
metropolitan areas, with 1.00 and 0.99 respectively. At the secondary school level, the GPI of 0.88 and 0.80 shows that girls are more disadvantaged in the two metropolitan areas.

Table 3: Trends in GPI in Basic & Junior High School, 2003/04-2008

Items	2003/4	2004/5	2005/6	2006/7	2007/8	Target 2015	Target Achievement
GPI							
Kindergarten	0.98	0.98	1.03	0.99	0.98	1.0	Target not achieved
Primary	0.93	0.93	0.95	0.96	0.96	1.0	Slow progress
Junior High	0.88	0.88	0.93	0.91	0.92	1.0	Slow progress
Deprived							
Kindergarten		0.98	Na	98.7	96.9	1.0	Target not achieved
Primary		Na	Na	94.8	94.3	1.0	Target not achieved
Junior High		Na	Na	88.2	89.9	1.0	Steady progress

Source: Ministry of Education and Sports, Preliminary Education Sector Performance Report 2005-06, Ministry of Education, Science and Sports, Education Sector Performance Report 2008.

Map 3: Gender Parity Index (GPI)



Women Participation in Decision Making: Proportion of seats held by women in national Parliament is one of the indicators used to track the goal of promoting gender equality and empower women.

The progress towards increasing the number of women in public life suffered a setback with the reduction of the number of women elected into Parliament during the 2008 elections. The number of women MPs fell from 25 to 20 reducing the proportion to below 10%. This puts Ghana under the international average of 13%. Specific affirmative action programmes are required to reverse this trend. Furthermore, looking at the proportion of women in administrative and political leadership a declining trend is observed (Table 4).

Table 4: Women in Key Political and Administrative Positions

POSITION	TOTAL (2008)	% FEMALE	TOTAL (2009)	% FEMALE
Chief Justice	1	100	1	100
Chief Director	25	24	25	24
Supreme Court Judges	14	29	-	-
High Court Judges	27	25	-	-
Members of Parliament	230	9	20	8.7
District Assembly Appointee	1956	28	164	7.3
District Assembly Elected	4830	11	-	-

Source: Department of Women, MOWAC

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

A number of activities aimed at promoting gender parity include the following:

- Scholarship schemes for needy girls
- Provision of food rations for females
- Rehabilitation of senior secondary school facilities including the construction of female dormitories to encourage female participation at that level
- Provision of stationery, uniforms and protective clothing to needy pupils especially girls to improve gender parity at the basic school level
- Construction of gender-friendly toilet facilities in schools
- Provision of take-home ration for girls in Northern, Upper East and Upper West Regions and
- District assemblies and local and international development partners, continued to provide school uniforms, school bags, shoes for school, exercise books and other school supplies for girls.

3. KEY CHALLENGES

Promotion of gender equality and women empowerment face a number of challenges. At the national level, the government is confronted with the challenge of:

- Primary GPI appearing to be stagnated over the past two years,
- Geographical imbalances in the Junior High School GPI which require additional resources to undertake targeted interventions in difficult areas and to roll out packages for other less difficult but still vulnerable areas to attract and retain girls in school

- Slow increases in female enrolment at the Senior High School level
- Introducing suitable strategies that focus on bringing about a transformation in attitudes, values and cultural practices
- According to the African Peer Review Mechanism (APRM), although gender mainstreaming processes are in place, the implementation challenges have not led to significant outcomes. Thus, although the ratios show improvement, more needs to be done to ensure gender parity
- Challenges facing girl-child education include socio-cultural practices such as early marriages, customary fostering, gender socialization, female ritual servitude (Trokosi) and puberty rites.

4. RESOURCE REQUIREMENT

To ensure gender equality, an annual investment spending of US$9.6 million was allocated in the GPRS II, whereas under the Millennium Project an annual investment spending of about US$51 million was estimated over the period 2005-2015.

GOAL 4: REDUCE CHILD MORTALITY

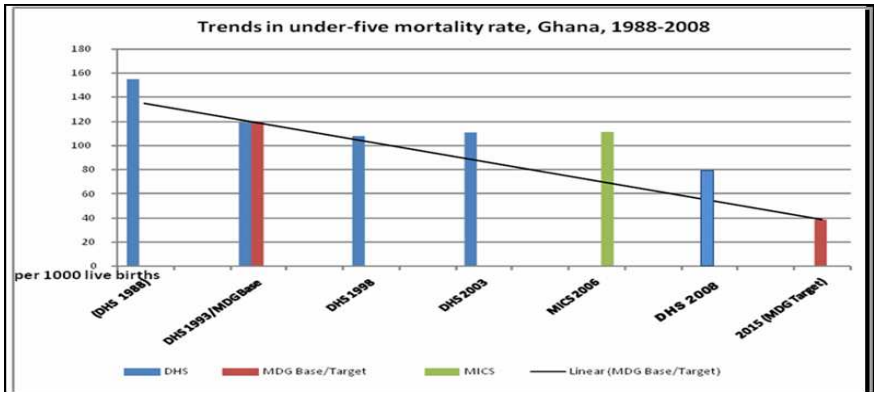
Target 4A: Reduce by two-thirds between 1990 and 2015 the Under-five Mortality Rate

Indicators: *4.1 Under-five mortality rate*
4.2 Infant mortality rate
4.3 Proportion of 1 year-old children immunized against measles

1. STATUS AND TRENDS

Under-five mortality rate which has shown worrying trends since 1998 has now begun registering improvements. After declining successively from 122 deaths per 1,000 live births in 1990 to 98 deaths per 1,000 live births in 1998, the under-5 mortality rate appears to has stagnated at 111 deaths per 1,000 live births during the period of 2003 and 2006 (Figure 12). The 2008 GDHS reported an appreciable decline in under-five mortality rate to 80 per 1,000 live births, representing about 28% decline.

Figure 12: Trends in under-five mortality rate, Ghana, 1988 – 2008

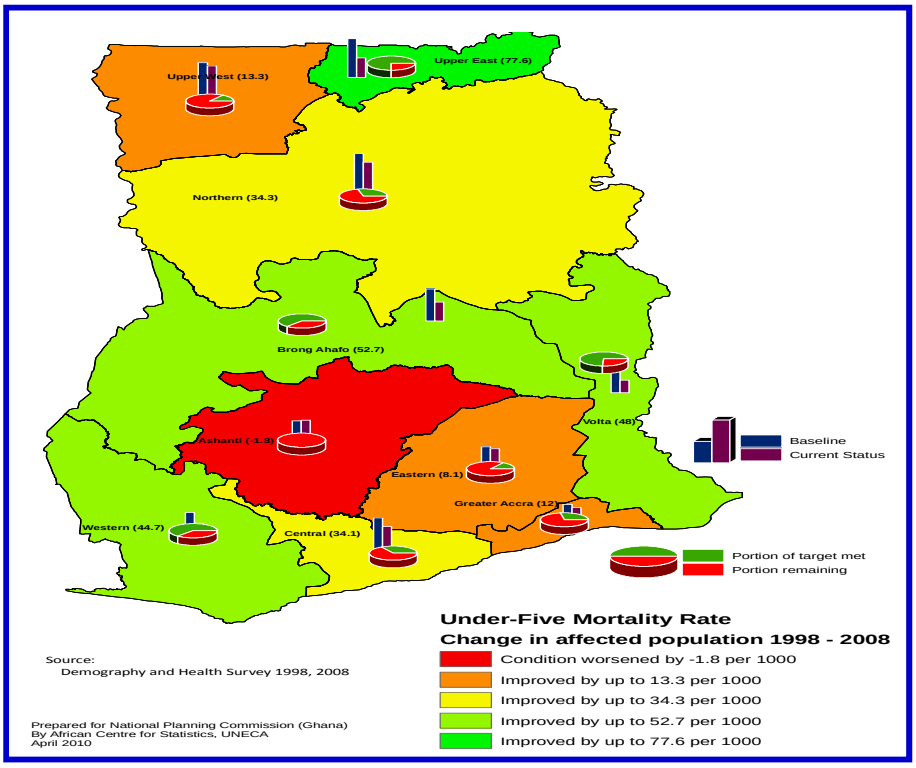


Source: Budget Statement (2010), MOFEP

The regions with significant reduction in under-five mortality rate between 1998 and 2008, are Upper East Region (reduction of up to 77.6 per 1000 live births), Western, Brong Ahafo and Volta Regions (up to 52.7 per 1000 live births reduction), while those that recorded the least improvement over the same period, are Ashanti (increased by 1.8 per 1000 live births), Eastern, Greater Accra and Upper West (reduced by up to 13.3 per 1000 live births only). So far Upper East, Western, Brong Ahafo and Volta Regions are on track to achieving the MDG on under-five mortality, while the rest are off-track (Map 4).

On the other hand, infant mortality rate (IMR) which increased from 57 per 1000 live births between 1994 and 1998 to 64 from between 1998 and 2003, has also declined to 50 per 1000 live births by 2008. Immunization of under 1 year old against measles improved from a low of 61% in 1998 to 90.2% in 2008. Similarly the regions with the significant reduction in IMR between 1998 and 2008 are Brong Ahafo Region (up to 40.3 per 1000); and 24.6 per 1000 in Western, Upper East and Volta Regions, while Ashanti, Eastern and Upper West Regions experienced worse IMR between 1998 and 2008, registering a decline of less than 15.5 per 1000 live births (Map 5).

Map 4: Under-five Mortality Rate – change in affected population 1998-2008



Map 5: Infant Mortality – Change in affected population 1998-2008

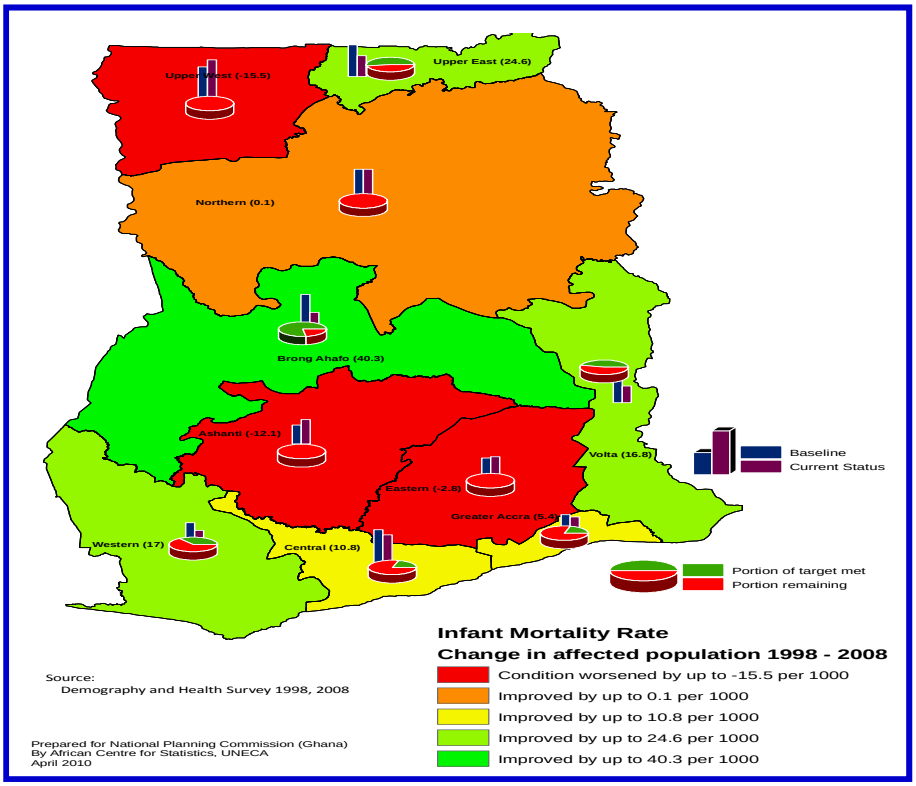
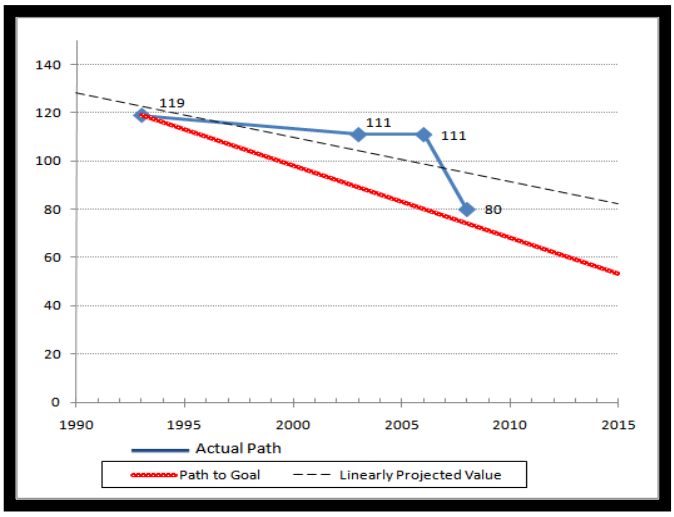


Figure 13: Under-five Mortality Rates



Other important indicators on child survival including measles vaccination coverage also showed positive progress. The proportion of children aged 12-23 months who received measles vaccine has increased from 83% in 2003 to 90% in 2008. Measles vaccine coverage needs to be above 90% to stop transmission.

Although evidence shows that there has been significant reduction in both infant and under-five mortality rates in recent times, it is unlikely that the 2015 target of reducing the child mortality rates will be achieved unless there is an effort to scale-up and sustain the recent child survival interventions which have brought about the current improvement in these indicators.

To significantly improve the child survival indicators which for the longest period showed stagnation and had not responded to the many interventions, Ghana has launched a new Child Health Policy and Child Health Strategy which outlines the key interventions to be scaled up along the continuum of care and focuses on improving access to, quality of, and demand for essential services. The strategy also includes recent new technologies such as low osmolarity ORS and zinc for the management of diarrhoea, and introduction of new vaccines such as 2nd dose measles vaccine, pneumococcal vaccine and rotavirus vaccine through the national EPI programme.

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

The improvement in under-five mortality and infant mortality rates have resulted from policies, strategies and a number of interventions that have been put in place over the years. Key among them are as follows:

- Child Health Policy and Strategy in place
- Infant and Young Child Feeding Strategy
- Prevention of Mother-to-Child Transmission (PMTCT) policy and strategy
- De-coupling children from their parents for NHIS coverage
- Developing guidelines for neonatal care
- Establishment of at least one fully operational and furnished hospital in every district to deal with complications from maternal health delivery
- Result-oriented strategies for under-five, maternal health care and malnutrition
- Increased access to health services under the national health insurance scheme
- High vaccination coverage
- increased use of ITNs.

- Continuous advocacy to District Assemblies and DHMTs to devote more resources to maternal and child health;
- Sustaining the Expanded Programme on Immunization (EPI) and reaching every district
- Expansion of community-based health service delivery;
- Using integrated campaigns to improve coverage of key child survival interventions e.g. vaccination, vitamin A, de-worming, growth monitoring, birth registration and ITN distribution and hang-up; and
- Development of guidelines for neonatal care as well as management of malaria, pneumonia and diarrhoea in the community.

3. KEY CHALLENGES

Key challenges that beset the target of reducing under-five mortality in Ghana include:

- Socio-economic and socio-cultural factors - low female literacy rate; low level of women's empowerment (in some parts of the country men make decisions about household healthcare choices and practices, including decisions about the healthcare practices of their wives or female partners);
- The inability to sustain the funds used to support programmes under EPI which requires enormous donor support;
- Funding – more innovation is required in the use of existing resources, in addition to sustaining resource mobilization and allocation to the child health programme.
- Inadequate human resources and skills within the health system to improve on the poor quality of care;
- Need to improve coverage of some key interventions e.g. Integrated Management of Neonatal and Childhood illnesses (IMNCIs), skilled deliveries, and postnatal care;
- Less awareness on the use of non-medical preventive health care;
- In order to give more up-to-date data analysis of child mortality in the country, the on-going mortality and morbidity data collection needs to be conducted at all levels to provide complete and reliable information on child health;
- Inadequate national data to provide complete and reliable information on child health.
- Inadequate human resources within the health system to improve on the poor quality of care; and
- Poor health-seeking behaviours.

4. RESOURCE REQUIREMENT

According to the Ghana Macroeconomics and Health Initiative report, about US$620 million is required as investment towards reducing under-five mortality by two-third by 2015. Health expenditure increased from GH¢348.283 million (US$ 378. 568 million) in 2006, of which 56.9% was allocated to primary health care to GH¢583.991 million (US$486.659 million) in 2008 of which 49% was allocated to primary health care.

GOAL 5: IMPROVE MATERNAL HEALTH

Target 5A: Reduce by three-quarters, between 1990 and 2015 the maternal mortality ratio

***Indicators**: 5.1. Maternal mortality ratio; and*
5.2. Proportion of births attended by skilled health personnel

1. STATUS AND TRENDS

Result from the Ghana Maternal Mortality Survey of 2008 showed a slow decline of maternal deaths from 503 per 100,000 live births in 2005 to 451 per 100,000 live births in 2008, which is an average estimate for the seven-year period preceding the 2008 survey (Box 2). This trend is supported by institutional data which suggest that maternal deaths per 100,000 live birth has declined from 224/100,000 in 2007 to 201/100,000 in 2008, after an increased from 187/100,000 in 2004 to 197/100,000 in 2006.

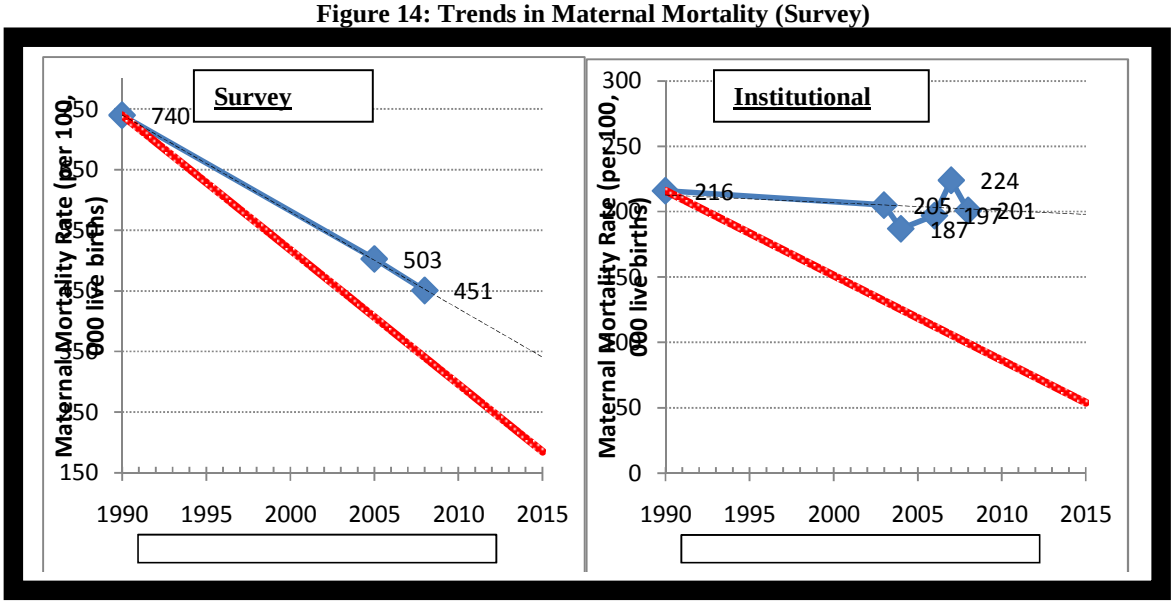
Box 2: Excerpt from 2008 Ghana Mortal Health Survey

The GMHS provides two sources of estimates of maternal (or pregnancy-related) mortality, the sibling history in Phase II and the household deaths with verbal autopsy in Phase I. The pregnancy-related mortality ratio (PRMR) for the 7-year period preceding the survey, calculated from the sibling history data, is 451 deaths per 100,000 live births and for the 5-year period preceding the survey is 378 deaths per 100,000 live births. The PRMRs for the 10 years preceding the survey indicate that the risk of death per birth is higher for younger women (age 15- 19) and older women (age 35-44), compared with women age 20-34. The highest number of deaths was reported during pregnancy, followed by delivery, and the postpartum period, though the differences are not large. The maternal mortality ratio, calculated from maternal deaths identified among the 240,000 households sampled in Phase I for the 5 years preceding the survey, is estimated at 580 per 100,000 live births.

Source: Ghana Maternal Health Survey Report. Page xvii

However, if the current trends continue, maternal mortality will reduce to only 340 per 100,000 by 2015, and it will be unlikely for Ghana to meet the MDG target of 185 per 100,000 by 2015 unless steps are taken to accelerate the pace of maternal health interventions (Figure 14).

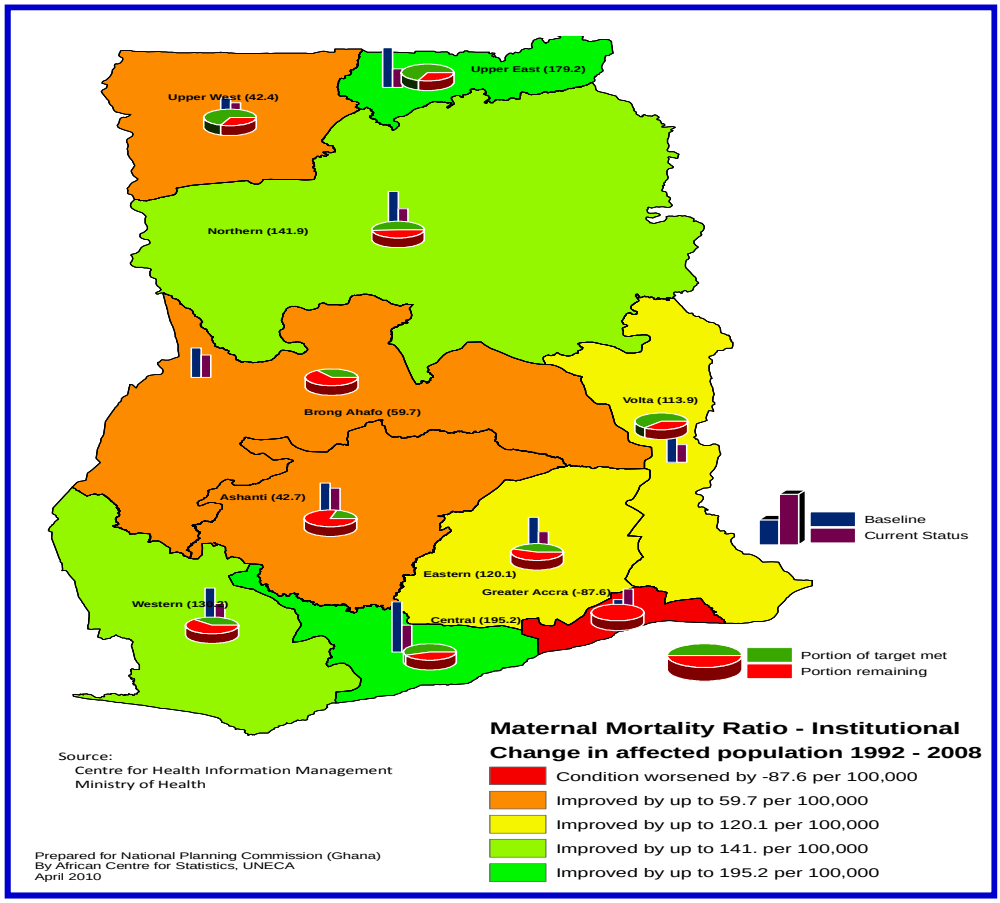
Figure 14: Trends in Maternal Mortality (Survey)



Source: Ghana's Health Sector Review Report, 2009, & MOH, 2008

At the regional level, institutional maternal mortality ratio has decreased by up to 195.2/100,000 in Central and Upper East regions; 141/100,000 in Northern and Western Regions; 120.1/100,000 in Volta and Eastern Regions; and 59.7/100,000 in Upper West, Brong Ahafo and Ashanti regions between 1992 and 2008. The only region where institutional maternal mortality rate worsened over the same period is Greater Accra (Map 6).

Map 6: Maternal Mortality – Institutional Change in affected Population in 1992-2008



A number of initiatives have so far been implemented to positively affect maternal health outcomes including increased production of midwives through direct midwifery training (24.6% increase in enrollment), two new midwifery training schools opened in Tamale and Tarkwa and the implementation of free maternal health services, which is still ongoing.

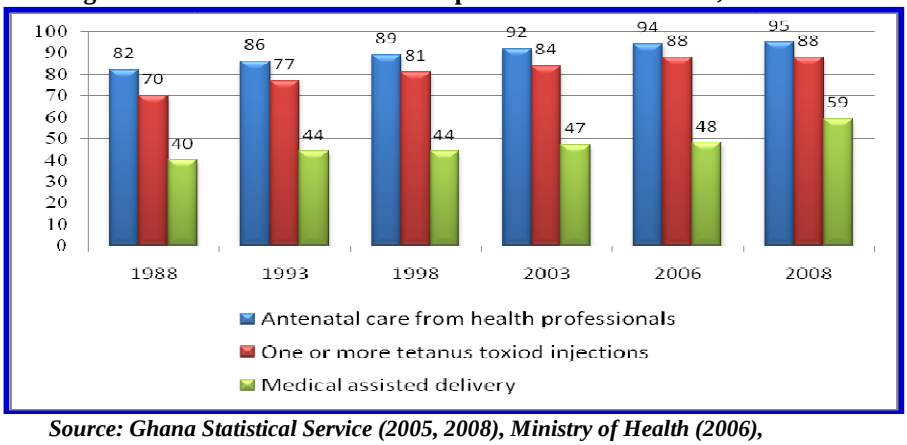
Antenatal care from health professional (i.e. nurse, doctor, midwife or community health officer) increased from 82% in 1988 to 95% in 2008. While women in urban areas receive more antenatal care from health professionals than their rural counterparts, the regional figures present a different scenario. The proportion of mothers in urban areas who received antenatal care from professionals in the health care service was 98% as against 94% for their rural counterparts. Majority of women across all the regions received antenatal care from health professionals ranging from 96% to 98%, with the exception of women in Volta and

Central regions who are less likely to receive antenatal care estimated at 91% and 92% respectively.

The result from the Ghana Maternal Health Survey, 2008 identified haemorrhage as the largest single cause of maternal deaths (24%), while 14% of deaths of women within the reproductive age are due to maternal causes. Abortion, hypertensive disorders, sepsis, miscarriage and obstructed labour were also cited as causes of maternal death.

Lack of information on signs of pregnancy complications and access to basic laboratory services, particularly in the Northern and Upper West regions, affect the quality of antenatal care. In the Northern and Upper West regions, only 60% of pregnant women, and 67% have access to urine testing and blood testing respectively. These are against 90% access to these services at the national level (Figure 15).

Figure 15: Selected indicators of Reproductive Health Care, 1988-2008



Source: Ghana Statistical Service (2005, 2008), Ministry of Health (2006),

Deliveries that were assisted by a health professional recorded a slow progress, increasing from 40% in 1988 to 59% in 2008. In the Northern region, 25% compared to 80% children in Greater Accra region is likely to be delivered in a health facility. Professional assistance at birth for women in urban areas was found to be twice more likely to occur than those in the rural areas (MOH, 2008a). The available data showed that over 40% of women did not deliver in a health facility because some of them thought it was unnecessary to do so, while others cited lack of money; accessibility problems like distance to a health facility, transportation problems, not knowing where to go and unavailability of someone to accompany them as the main reasons. Others had problems with the services rendered at the health facility including long waiting, the non-availability of a female doctor and inconvenient service hours.

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

In order to address the high levels of maternal deaths, some interventions that have been put in place include Safe-Motherhood Initiative, Ghana VAST Survival Programme, Prevention of Maternal Mortality Programme (PMMP), Making Pregnancy Safer Initiative, Prevention and

Management of Safe Abortion Programme, Intermittent Preventive Treatment (IPT), Maternal and Neonatal Health Programme and Roll Back Malaria Programme.

Most of the interventions that have been pursued to curb high incidence of maternal mortality over the years are similar to those for under-five mortality. The additional policies, strategies and interventions that have been pursued to curb high incidence of maternal mortality recorded over the years include the following:

- Reproductive health strategy
- Road Map for Accelerating the Attainment of the MDGs related to Maternal and Newborn Health in Ghana
- Standards and Protocols for Prevention and Management of Unsafe Abortion: Comprehensive Abortion Care Services
- Wheel for Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria (MEC) for Contraceptive Use Road Map for Repositioning Family Planning
- Declaring maternal mortality a national emergency in 2008 and a programme of free health care for pregnant women including deliveries through the national health insurance scheme
- Strengthening of Community Health Planning Services (CHPS) to facilitate the provision of maternal health services; and expansion of community-based health service delivery
- At the districts level, the range of approaches that are used to increase supervised delivery, includes targeting pregnant women for NHIS registration, raising community awareness through CHPS zones, Community Health Officers outreach education and mobilization of community leaders, among others
- Continuous education to traditional maternal health service providers to ensure preventable maternal deaths
- On-going process of making maternal death a notifiable event backed by legislation;
- Decline in guinea worm cases, and improved TB treatment
- Establishment of the steps aimed at revising the guidelines for the conduct of maternal death audits and for establishing a system of Confidential Enquiry into maternal death have began.

3. KEY CHALLENGES

Most of the key challenges and bottlenecks identified for MDG 4 are also relevant to MDG 5. The additional ones include:

- Unavailable data set on maternal health care for systematic investigation into maternal health
- Anti-retroviral for children with HIV is low (14%)
- Barriers to access to critical health services by families and communities
- Well-structured plans and procedures to check and assess where maternal health programmes are absent
- Inadequate financial capabilities of mothers to meet their treatment and drug needs

- Poor access to health care providers, caused by long distance to the health facility, and the fact that women have to take transport (1out of 4 women) on a single visit
- Low female literacy rate, low level of women's empowerment, poor health-seeking behaviours among the poor
- Low rate of setting up health facilities with maternal health care services, particularly in the rural areas (about 34.8% of women in rural areas complain of distance to health care facility as against 16.4% for urban areas)
- Human resource constraints and poor quality of care continue to blight maternal health care provision
- Socio-economic and socio-cultural factors such as low female literacy rate; low level of women's empowerment in some parts of the country where men make decisions about household healthcare choices and practices on behalf of their spouses
- Inadequate data on maternal health care for systematic investigation (monitoring and evaluation) into maternal health
- Absence of well-structured plans and procedures to check and assess efficacy.

The determinants of maternal mortality are classified as direct, indirect and underlying factors. The principal direct determinants are pregnancy/labour related complications; indirect determinants are pre-existing disease(s) that appear during pregnancy (not related to direct obstetric determinants) but are aggravated by the physiological effects of pregnancy; and underlying determinants include social, cultural, health systems, and economic factors. All these have profound effects on maternal mortality. For instance, unavailability of family planning services and post-natal care in health facilities have been identified as major constraints to the progress towards reducing maternal mortality (MOH/GHS, 2003).

3.2 National efforts to reverse the trend in MDG 4 & 5

To address the challenges of the health sector, specifically the problem of low coverage of supervised deliveries and high institutional maternal mortality rate among others, maternal mortality was declared a national emergency in 2008 and a programme of free health care for pregnant women, including deliveries through the National Health insurance Scheme, has been implemented since July 2008. In addition, other measures including inter-sectoral actions, repositioning of family planning and training, and repositioning of reproductive and child health staff, have been introduced. The Reproductive Health Strategic Plan for 2007 – 2011 and the Roadmap for Accelerated Attainment of the MDGs is also being implemented. Discussions are on-going about whether to include family planning in the NHIS package of services.

RESOURCE REQUIREMENT

According to the Ghana Macroeconomics and Health Initiative report, resource requirement of US$790 million for the period 2002-2015 is needed to achieve the MDG of reducing maternal mortality by three-quarters.

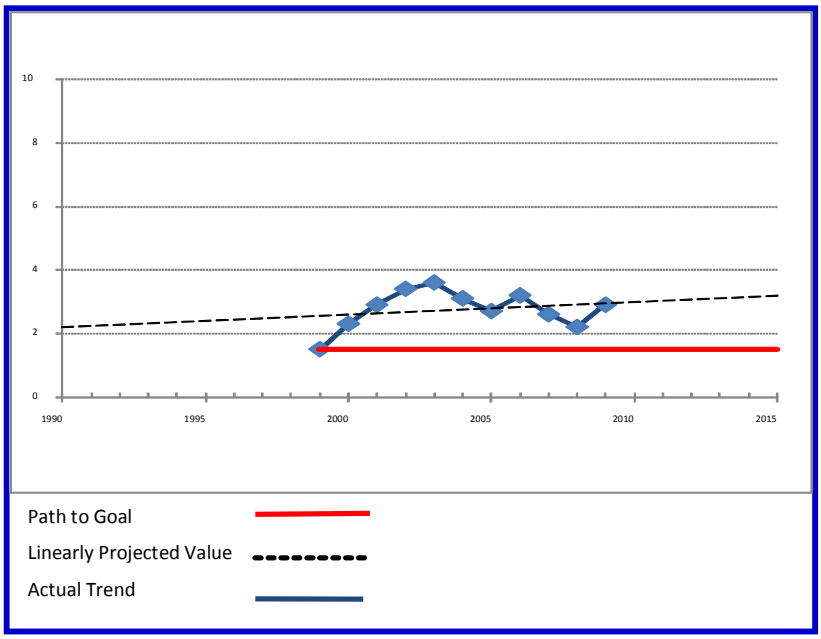
GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 6A: Halt by the 2015 and reverse the spread of HIV/AIDS

***Indicators**: 6.1 HIV prevalence among the population aged 15-24 years*

1. STATUS AND TRENDS

Figure 16: Trends in HIV/AIDS Prevalence Rate in Ghana, 1999-2008



Source: MOH (2009) HIV Sentinel Survey Report 2008

The HIV prevalence rate had fallen from 3.2% in 2006 to 2.2% in 2008 but has currently increased to 2.9% in 2009. Given this trend, Ghana has to sustain the efforts in order to meet the target of halting and reversing the spread of HIV/AIDS by 2015 (Figure 16). Available data show that the national prevalence rate of HIV/AIDS has slowed down after peaking at 3.6% in 2003 and gradually declining to 3.2% in 2006. Although the prevalence rate fell further to an all-time low of 2.2% in 2008, it later increased to 2.9 in 2009 (Table 5).

Table 5: Trends in HIV/AIDS Prevalence Rate in Ghana, 2000-2008 (Antenatal)

Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
HIV/AIDS Prevalence Rate (%)	1.5	2.3	2.9	3.4	3.6	3.1	2.7	3.2	2.6	2.2	2.9

Source: HIV Sentinel Survey Report 2008

Recent estimates show that the number of adults infected with HIV has increased to 250,829 in 2008 from 247,534 in 2007. Females are the most infected accounting for 147,958 out of the 250,829 people infected. The number of new infected adults also increased from 21,310 in 2007 to 21,619 in 2008 out of which 12,198 and 12,544 were females respectively. A major concern is the high prevalence rate amongst pregnant women. Annual deaths as a result of the disease however dropped to 17,244 in 2008 from 18,396 in 2007, though females still account for the largest portion. The age groups 24-29 continue to record the highest prevalence rate although this declined from 4.2% in 2006 to 3.0% in 2008.

Table 6: HIV Prevalence by age group, 2005 - 2008

Age group	2005	2006	2007	2008	Target 2015	Achievement
National	**2.7%**	**3.2%**	**2.6%**	**2.2%**	**0.0%**	**Good progress**
15 – 19	0.8%	1.4%	1.6%	1.2	Na	
20 – 24	2.4%	2.4%	2.9%	2.3	Na	
25 – 29	3.6%	4.2%	3.5%	3.0	Na	

Source: MOH (2009b) National HIV Prevalence & AIDS Estimates Report, 2007-2012

On the whole, the year 2008 marks significant progress from the previous year across all the age groups. Some measures have been taken and it is important that the country scales up its activities aimed at reversing the trend.

At the regional level, the Northern region recorded the least HIV prevalence (1.1%) while the Eastern region recorded the highest rate (4.2%) in 2008 with Dangbe West (Manya Krobo including Agomanya and Somanya, etc.) recording the highest in the region. Greater Accra, Eastern and Ashanti regions recorded prevalence rate of 3%. Moreover, HIV prevalence in the urban areas was higher than in rural areas. The mean prevalence in the urban areas was estimated at 2.6%, while that of the rural areas was 2.3%. The median prevalence rate, on the other hand, was 2.6% for the urban areas and 2.1% for the rural areas. Agomanya recorded the highest urban prevalence rate of 8.0%, while Tamale recorded the lowest urban prevalence rate of 1.2%. In the rural areas, the highest prevalence was in Fanteakwa with 4.6% as against 0.0% in North Tongo.

HIV Prevalence among pregnant women increased from 1.9% in 2008 to 2.6% in 2009. All the ten regions recorded an increase except the Eastern region where prevalence rate remained unchanged.

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

Various bodies and institutions in the country and elsewhere have supported the government's fight against HIV/AIDS pandemic in Ghana. These include the Government of Ghana, MDAs, MMDAs, the Global Fund (to Fight AIDS, Tuberculosis and Malaria), multilateral partners such as the World Bank and other bilateral partners, NGOs and CSOs. Practicing safe sex, especially among the most vulnerable, reducing mother-to-child transmission, promoting voluntary counselling and testing, and increasing use of Anti-retroviral Therapy (ART) for Persons Living with HIV/AIDS (PLWHAs) are some of the measures being undertaken by all stakeholders to reduce the spread of the disease.

Specific initiatives that have taken place to address the prevalence of HIV/AIDS since 2008 are as follows:

- Training of 75 health care workers from district level facilities in the management of HIV and AIDS
- Monitoring, supervision and supporting sites providing ART services and also assessing potential sites for ART accreditation
- Providing nutritional support for PLHIVs/AIDS

- Strengthening referrals and collaboration between facilities and communities to increase ART uptake and adherence
- Support to the most-at-risk-population (MARP)
- Coordinated District Response Initiative to HIV
- The launch of the Know Your Status campaign that has taken HIV counselling and testing to the doorsteps of people at the community level
- Training of over 1000 health care workers from facilities across the country in the management of HIV and AIDS
- A successful Round 8 application to the Global Fund to increase funding for HIV prevention activities

3. KEY CHALLENGES

There are many challenges facing the fight against HIV/AIDS, but the key ones include:

- Stigma and discrimination against people living with HIV/AIDS is quite high, coupled with misconceptions about the disease
- High levels of sero-discordance and consensual unions or marriages
- The lack of efficient monitoring and accountability on spending on HIV/AIDS -related programmes
- The absence of a vibrant unit under the Ghana AIDS Commission to coordinate national response
- Gender issues are vital in tackling the HIV/AIDS epidemic especially in cases where women are powerless in relation to their counterparts due to poor economic empowerment and negative social norms which subject them to the will of their partners
- Human resource constraints
- Weak coordination of the national response

4. RESOURCE REQUIREMENT

To be able to sustain the fight against HIV/AIDS and achieve the MDG 6 target of halting and reversing the spread of HIV/AIDS by 2015, the Ghana Macroeconomics and Health Initiative report puts the resource requirement at about US$976 million over the period 2002-2015.

Target 6C: Halted by 2015 and reverse the incidence of Malaria and other major diseases

***Indicators**: 6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets*

1. STATUS AND TRENDS

Malaria remains an immense public health concern especially for the government. It is regarded as a leading cause of mortality and morbidity particularly among pregnant women and children under-five years, consequently a leading cause of miscarriage and low birth weight. It is estimated that about 30% to 40% (3 - 3.5 million) of outpatient cases each year are suspected to be malaria, out of which 900,000 are children under-five years. Furthermore, about 61% and 8% of hospital admissions of children below age five and pregnant women, respectively, are cases of malaria (MOH, 2008a).

The campaign on the use of ITNs, which was geared towards reducing malaria and related mortality and morbidity by 25% by 2008, has received appreciable attention over the years especially for children less than five years. The use of ITN increased successively from 3.5% in 2002 to a peak of 55.3% in 2007. However, the proportion of children under five years sleeping under ITNs declined significantly to 40.5% in 2008. Similarly, ITN use among pregnant women has been encouraging until 2008 where it declined drastically to 30.2% from a peak of 52.5% in the 2007.

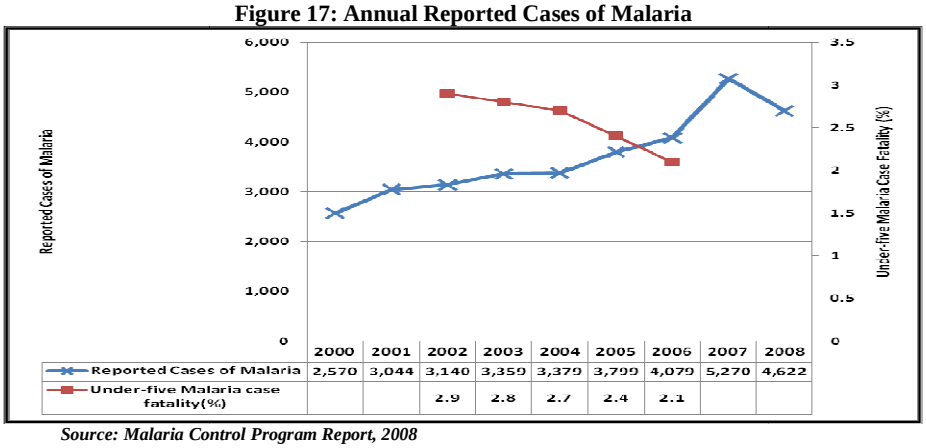
Table 7: ITN use by High Risk Category, 2002 – 2008 (Percent)

Indicators	2002	2004	2005	2006	2007	2008	Target 2015	Achievement
Children under-five years	3.5	9.1	26	32.3	55.3	40.5	Na	Worsened
Pregnant women	2.7	7.8	26.8	46.3	52.5	30.2	Na	Worsened

Source: MOH (2009c) Malaria Control Program Report, 2008. Note: Na = Not available

According to the High Impact Rapid Delivery (HIRD) Supplementary Survey in 2008, Northern region had the highest proportion of households with at least one mosquito net (60%) of which 55% are ITN. In Upper East, 58% had at least one mosquito net (of which 53% ITN) and 40% (of which 38% ITN) in the Central region. The situation is, however, different for children under five years who sleep in ITNs. Upper East had the highest, representing 56% as against 47% and 41% in the Northern and Central regions respectively. It is also found that ITN use is higher in the rural areas than in the urban areas in all the three regions. The national annual reported cases for malaria as indicated in Figure 17 show a slight decrease from 2007 to 2008.

Figure 17: Annual Reported Cases of Malaria



Source: Malaria Control Program Report, 2008

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

Government's initiative directed towards the prevention, control and treatment of malaria in the country has varied over time. These consist of:

- The Abuja Declaration on Roll Back Malaria in Africa which aimed to achieve 60% coverage of malaria interventions by the year 2005 with focus on pregnant women and children under-five years
- Recent government commitment to review national health insurance scheme with a view to reducing inefficiencies, improving claim management and expanding services to the poorest
- The National Malaria Control Programme (NMCP) intended to promote the use and availability of ITNs through public-private sector partnership.
- Malaria prevention and control through clinical trials of indigenous medicines, distribution of insecticide treated nets, indoor residual spraying and scaling up bio-larviciding
- In addition, new measures that were introduced to enhance the preventive measures include:
  - Promoting chemoprophylaxis for pregnant women and improving environmental sanitation.
  - An Anti-Malaria Drug Policy known as Artesunate-Amodiaquine to cater for the treatment of uncomplicated malaria across the country. This policy was later revised to include two alternative ACT drugs known as Artemether-Lumefantrine and Dihydroartemisinin-Piperaquine for those who remain hypertensive to Artesunate-Amodiaquine.

3. KEY CHALLENGES

The government of Ghana, on its part, has dedicated resources and devised strategies all geared towards the control and prevention of malaria in the country. Nonetheless, malaria-related fatality ratios still remain high. The major challenges facing the government despite all its efforts include:

- The lack of proper waste disposal system in the country and poor drainage systems in the cities which ensures that stagnant waters are always collected across the city
- Poor sanitation habits by many city dwellers
- Due to inadequate supply, the poor has limited access to ITNs
- Limited finance to scale-up malaria control programmes
- Duplication and wastage of resources especially by key implementation agencies due to lack of coordination

4. RESOURCE REQUIREMENT

The Ghana Macroeconomics and Health Initiative report estimates investment requirements aimed at attaining this target at about US$788 million over the period 2002-2015, of which an estimated amount equivalent to 0.45% of GDP over the same period is needed.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse loss of environment resources by 2015

Indicator: *7.1 Proportion of land area covered by forest*

1. STATUS AND TRENDS

Ghana's forest remains an important asset for ensuring sustainable development especially in poor communities where farming and other activities that require intensive use of land dominates. Although current data is unavailable, it has been estimated that Ghana's forest cover has declined from 32.7% to 24.2% between 1990 and 2005. In 1990, the forest cover was estimated at 7,448,000 hectares, and this has declined at an average rate of 1.8% per annum to 5,517,000 hectares in 2005. The rate of decline of Ghana's forests is alarming and it is important to accelerate the rate of reforestation efforts. Ghana is not on course to achieve MDG 7 target 7A in full partly because the forest cover is continuously depleting, and the consequence on global warming is likely to be very high.

Table 8: Trends in Forest Cover in Ghana, 1990-2005

Year	Forest Cover (Hectares)	Rate of Deforestation
1990	7,448,000	-
2000	6,094,000	-18.2%
2005	5,517,000	-9.5%
Annual Average		-1.8%

Source: Rainforest Alliance, 2006/ FAO

Several factors, including livelihood activities explain why the country's forest is being depleted at such an alarming rate. Population pressures, poor sanitation and solid waste management, low level of investment in water and sanitation delivery, air and water pollution, forest depletion, land degradation, climate change and fast growing unplanned expansion of cities pose major health, water, sanitation, and environmental concerns.

Human activities such as logging, fuel production and farming have become the very causes of forest loss. In the case of logging, much of it is done illegally and often done with little consideration for the environmental damages it causes. Also, when matured trees are cut for timber and other uses, they are hardly replaced. Although several number of timber companies are required to replant trees, they are hardly ever monitored to ensure strict compliance because the institutions mandated to do so are under-staffed and poorly resourced. The illegal loggers who are popularly known as Chain Saw operators fell rare tree species and young trees, thereby worsening the already precarious situation.

Farming methods in Ghana have not seen any significant transformation for a long time. Most farmers still practice slash and burn methods while the use of crude and obsolete farming implements remain. These activities eventually, contribute to climate change and other

environmental effects. Bad farming practices expose the top layer of the soil, the slash and burn release environmental gases besides the pollution of rivers and the destruction of other water bodies.

A great deal of the mining activities in Ghana takes place in forest areas thereby affecting the environment significantly. It is not common to find the forests are reclaimed, particularly among the small scale miners, after mining activities have been halted and the necessary mineral deposits extracted. In many cases, the land and water sources are never recovered as a result of severe pollution from chemicals used in mining.

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

In a bid to arrest the degradation of the environment and regain loss of the forest cover, measures that have taken place involve the following:

- The Government of Ghana and its Development Partners initiated a Natural Resources and Environmental Governance (NREG) support mechanism with prioritised activities and time-bound targets in order to reverse the persistent trend of high environmental degradation in a coordinated and sustainable manner;
- To increase the nation's forest cover, Forestry Services Division surveyed and demarcated 1,440 hectares under the Community Forest Management Project (CFMP) and 178 hectares under FSD model plantation programme. Under the HIPC Plantation Programme 1,127 hectares were surveyed and demarcated in 2008. In addition, 1,405 hectares were prepared and 752,000 seedlings were delivered for planting. Also the programme accomplished the establishment of 26,600 hectares of plantation forest. It has facilitated the establishment of 15,000 hectares of plantations in off-reserve forests under its CFMP, whiles 3,000 hectares under its Urban Component were planted. The programme also supplied 4,000,000 seedlings to the Greening Ghana Project;
- The Voluntary Partnership Agreement (VPA) was initialed between the Government of Ghana and the European Union;
- Ghana's Readiness Project Idea Note (R-PIN) among other country proposals for reducing emissions from deforestation and degradation (REDD) under the World Bank Forest Carbon Partnership Facility (FCPF) was reviewed;
- The mining sector continued to strengthen internal controls in adherence to the administrative directives by the Kimberly Process Certification Scheme (KPCS). In compliance with the directives, the diamond sub-sector continued with the identification of artisanal diamond mining sites with the view to registering them and capturing their production. As at the end of December 2008, 5,000 small scale diamond miners have been registered;
- The EPA issued 800 environmental permits to stakeholders across the various sectors of the economy including the activities of mining companies all aimed at protecting the environment including the forest;
- The Town and Country Planning Department provided financial support for Land Use Management Projects in Kasoa (Central Region), Asankragwa (Western Region) and Ejisu (Ashanti Region); and
- Land Use Enforcement programmes being implemented.

3. KEY CHALLENGES

The rate at which the nation is losing its natural resources owing to human activities raises concern about the sustainability of these resources. Among other things, the following are the major obstacles that need to be addressed:

- Low institutional capacity for environmental management;
- Low awareness on the effects of human activities on the environment; and
- Limited resources (human and financial) to implement reforestation and other environmental management programmes.

4. RESOURCE REQUIREMENT

Environmental degradation poses severe costs on the country's resources, accounting for at least 7% of GDP in 2008. However estimates by Economic Sector Work (ESW) on National Resource Management and Growth, and the Country Environmental Analysis (CEA, 2007), suggest a declining trend in the years ahead as a result of the massive reforestation programme and other complementary conservation measures implemented by the Government of Ghana.

Target 7C: Halve by 2015, the proportion of persons without sustainable access to safe drinking water and basic sanitation

Indicator: *7.8 The proportion of population with access to improved water source*

1. STATUS AND TRENDS

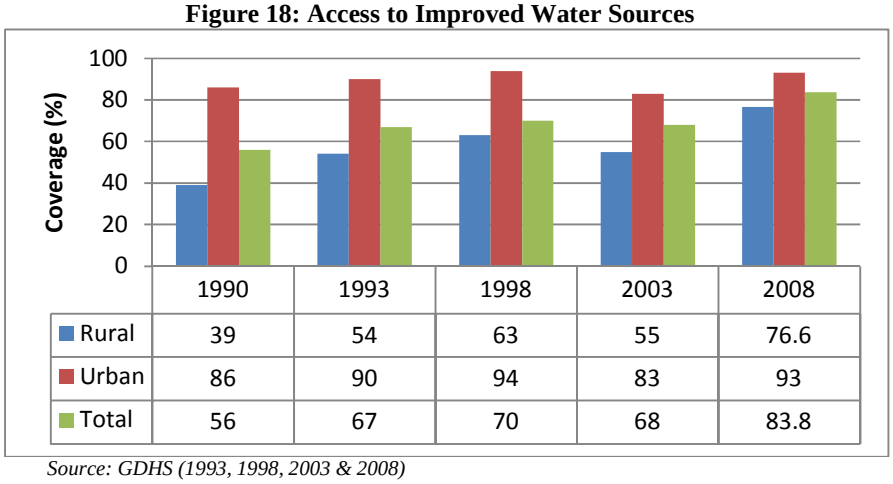
The prevention of diseases especially water-borne diseases like guinea worm infections requires improved access to clean potable water for both rural and urban households. The proportion of the population with access to improved drinking water, according to the WHO/ UNICEF Joint Monitoring Programme (JMP), is an indicator expressed as the percentage of people using improved sustainable drinking water sources or delivery points. Examples of such sources or delivery points are outlined as follows:

Improved water sources	Unimproved water sources
• Household connection	• Unprotected well
• Borehole	• Unprotected spring
• Protected dug well	• Bucket
• Protected spring	• Rivers or ponds
• Public standpipe	• Vendor-provided water
	• Tanker truck water
	• Bottled (& sachet) water

Source: WHO/ UNICEF Joint Monitoring Programme (JMP)

Available data indicates that the proportion of the Ghanaian population that uses improved drinking water has increased significantly from 56% in 1990 to 83.8% in 2008 (Figure 18). Similarly the proportion of the urban population with access to improved drinking water has increased from 86% in 1990 to 93% in 2008, while that for rural population increased from 39% in 1990 to 76.6% in 2008.

Figure 18: Access to Improved Water Sources

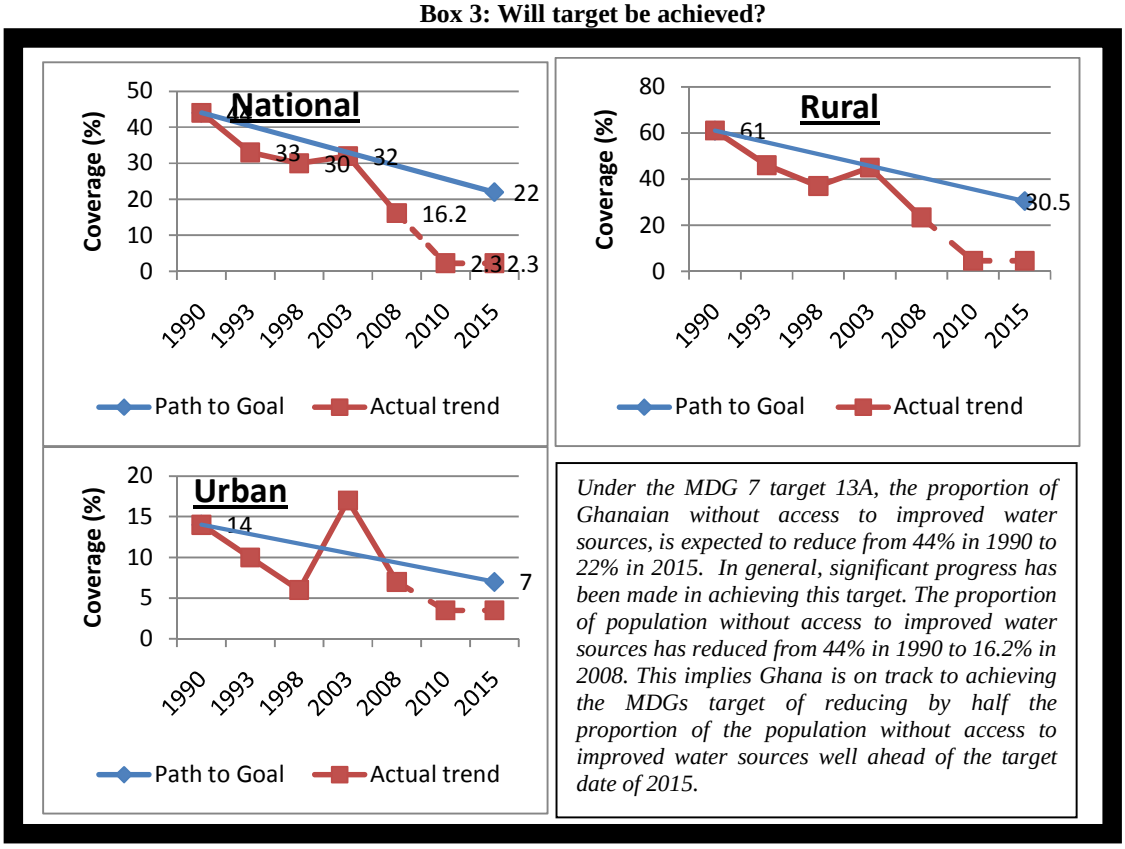


	1990	1993	1998	2003	2008
Rural	39	54	63	55	76.6
Urban	86	90	94	83	93
Total	56	67	70	68	83.8

Source: GDHS (1993, 1998, 2003 & 2008)

Under the MDG 7 target 7C, the proportion of Ghanaians without access to improved water sources, is expected to reduce from 44% in 1990 to 22% in 2015. With the trend above significant progress appear to has been made in achieving this target. The proportion of population without access to improved water sources has decreased from 44% in 1990 to 16.2% in 2008. This implies that Ghana is on track to achieving the MDGs target of reducing by half the proportion of the population without access to improved water sources well ahead of the 2015 target date (Box 3).

Box 3: Will target be achieved?



Under the MDG 7 target 13A, the proportion of Ghanaian without access to improved water sources, is expected to reduce from 44% in 1990 to 22% in 2015. In general, significant progress has been made in achieving this target. The proportion of population without access to improved water sources has reduced from 44% in 1990 to 16.2% in 2008. This implies Ghana is on track to achieving the MDGs target of reducing by half the proportion of the population without access to improved water sources well ahead of the target date of 2015.

Source: GDHS (1993, 1998, 2003 & 2008)

In 2008, Upper West has the highest percentage (87%) of households with access to improved source of drinking water compared to Northern (62%), Upper East (82%) and Central (79%) regions (MOH, 2008a). It is observed that the use of improved water sources is higher for wealthiest households (90%) than for the poorest households.

In all the regions, boreholes constitute the major improved source; followed by public taps/ stand pipes, and only a few households have pipe-borne water in their dwellings. Rivers/streams/lakes, etc. make up the largest proportion of unimproved sources in the Northern region while unprotected wells form the largest in the Upper East and Central regions. In Accra and Kumasi metropolitan areas, 95% of households have access to improved source of drinking water; those with pipe-borne water in their dwelling places constitute 48% and 38% use sachet or bottled water as their major source of drinking water.

Nadawli District registered the highest percentage of households with access to improved source of drinking water (98%) compared to Wa West District which recorded the lowest percentage (64%) in the Upper West region. Access to water facilities in Bawku East District in the Upper East region is mainly in the form of boreholes. Communities that have one borehole include Kwatia, Zariboku and Gagbiri. Others such as Potwia, Kugasego Bugri, and Waadiga have none. In West Mamprusi district in the Northern region, water facilities include borehole, dam, well, and pipe-borne.

Communities that lack any of these facilities include Tia-Noba, Wabukugiri, Salbuga, Kpagtusi, Siisi and Guriba. Lack of water facilities is very severe in the Awutu Efutu Senya District in the central region with facilities ranging from borehole, well, and stream to pipe borne located in few communities. The communities that lack these facilities include Dankwa, Akufful, Krodua, Bentum Darkoyaw, Bosomabena, Kofi Ntow and Mangoase.

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

In 2008, increased investments in the construction and rehabilitation of water facilities in both rural and urban areas were carried out by government. Some of these include:

- Construction of 1,838 new water points and 15 new pipe systems;
- Government Water Expansion Projects to improve water supply in Greater Accra, Central, Ashanti and Northern regions;
- Government fully subsidising the provision of safe water in guinea worm endemic areas; and
- HIPC funds have also been directed towards the provision of safe water to complement the regular budget flows and have provided for 382 boreholes (the majority fitted with hand pumps) in guinea worm endemic areas.
- Expansion in access to potable water supply in guinea worm endemic areas and increased funding from districts to improve sanitation.

3. KEY CHALLENGES

A number of challenges which have been identified include:

- Inadequate infrastructure especially energy, water and sanitation. World Bank estimated that Ghana spends approximately 3-4% of GDP per year less than required to address the most critical infrastructure gaps in electricity, water and sanitation, and to a lesser extent, ICT and rural roads. The medium-term shortfall in infrastructure financing is approximately 5-6% of GDP. The power crisis is costing the country an estimated 1% of GDP per year, and “silent crisis” in water and sanitation is deemed to threaten not only economic activity but also public health;
- Competition between the CWSA and the private sector for technical expertise;
- Inadequate finances required to undertake and maintain huge water projects;
- Perennial water problems continue to plague both the rural and urban communities; and
- Substantial regional variations in access to safe water still exist.

4. RESOURCE REQUIREMENT

Two separate scenarios, namely, the base and the ideal scenarios, have been proposed by the Ghana Macroeconomics and Health Initiative Report (2008) all aimed to facilitate the achievement of this target. The base scenario is estimated at about US$732 million over the period 2002-2015. The ideal scenario's estimate is about US$850 million for the same period. On annual basis, an amount of about US$179 million has been estimated by the Millennium Project as resource requirement for the period 2002-2015.

Indicator: *Proportion of the population using an improved sanitation facility*

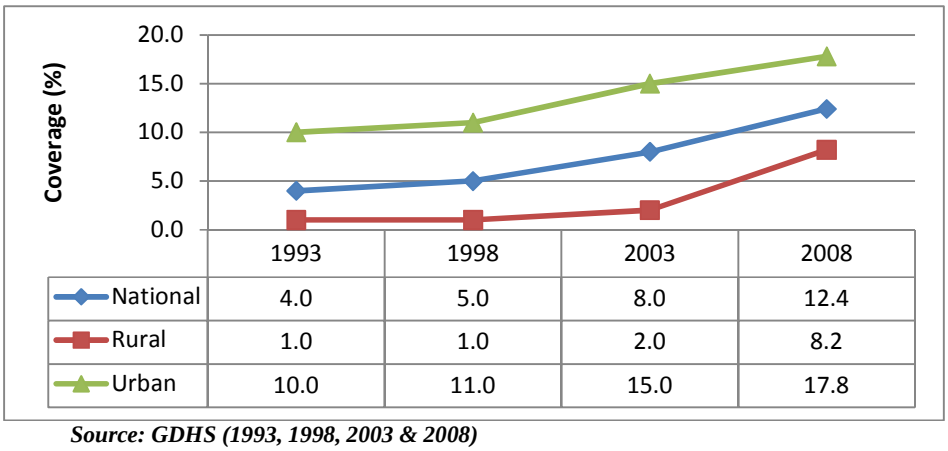
1. STATUS AND TRENDS

An improved sanitation facility is defined by WHO/UNICEF Joint Monitoring Platform (JMP), as one that hygienically separates human excreta from human contact. By this definition, only users of improved sanitation facilities are considered as having access to sanitation on condition that the facility is not shared by multiple households. Examples of sanitation facilities in the improved and unimproved categories are outlined as follows:

Improved Sanitation Facilities	Unimproved Sanitation Facilities
• Flush or pour-flush to piped sewer system, piped sewer system and pit latrine	• Flush or pour-flush to elsewhere
• Ventilated improved pit latrine (VIP)	• Pit latrine without slab or open pit
• Composting toilet	• Bucket
	• Hanging toilet or hanging latrine
	• No facilities/bush/field (open defecation)

Available user-based data from the Ghana Demographic and Health Survey (GDHS) shows that national coverage for improved sanitation has increased from 4% in 1993 to 12.4% in 2008 (Figure 19). Among urban populations, improved sanitation coverage has increased from 10% in 1993 to 17.8% in 2008, while the rural populations with access to improved sanitation has increased from 1% to 8.2% between 1993 and 2008. The proportion of rural population with access to improved sanitation has increased by 6% between 2003 and 2008 compared to an increase of 3% for the proportion of urban population with access to improved sanitation during the same period.

Figure 19: Trends in access to improved sanitation, 1993 – 2008



	1993	1998	2003	2008
National	4.0	5.0	8.0	12.4
Rural	1.0	1.0	2.0	8.2
Urban	10.0	11.0	15.0	17.8

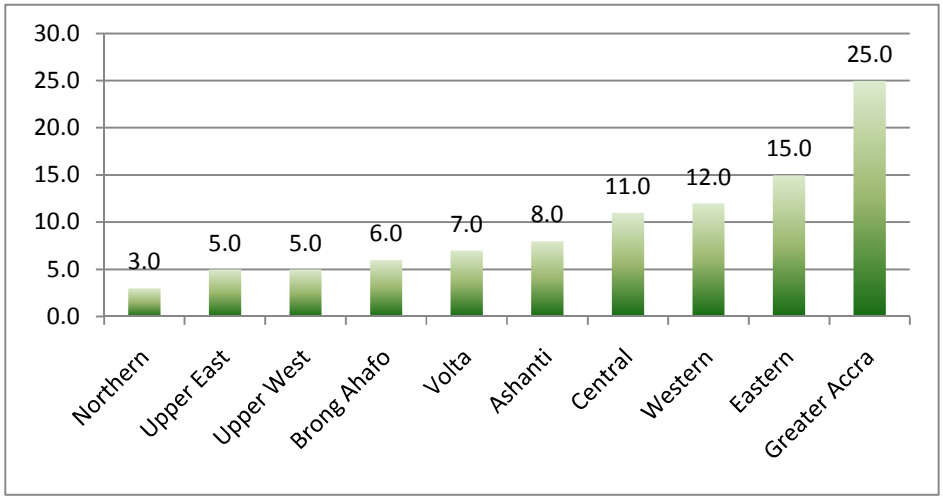
Source: GDHS (1993, 1998, 2003 & 2008)

On the other hand, open defecation has declined marginally from 24.4% in 2006 to 23.1% in 2008. This includes defecation into drains, fields, streams, bush and the beaches. With current

population estimates for Ghana being about 23.4 million (2008), this implies that about 5.4 million people practise open defecation. The practice is also more widespread in the Northern, Upper West and Upper East Regions.

At the regional level, access to improved sanitation facilities varied considerably in 2008. The proportion of population in the Greater Accra and Eastern regions who has access to improved sanitation was above the national average of 12.4%, while those in the Western and Central regions were close to national average (Figure 20). The rest of the regions including Ashanti and Brong Ahafo regions recorded less than the national average. Large proportion of the population in the three northern regions (i.e. Northern, Upper East and Upper West) are less likely to have access to improved sanitation facilities as an average of 4% of the population have accessed to improved sanitation facilities (not shared) compared to 25% in the Greater Accra and 15% in the Eastern regions.

Figure 20: Access to improved Sanitation in 2008 by Region

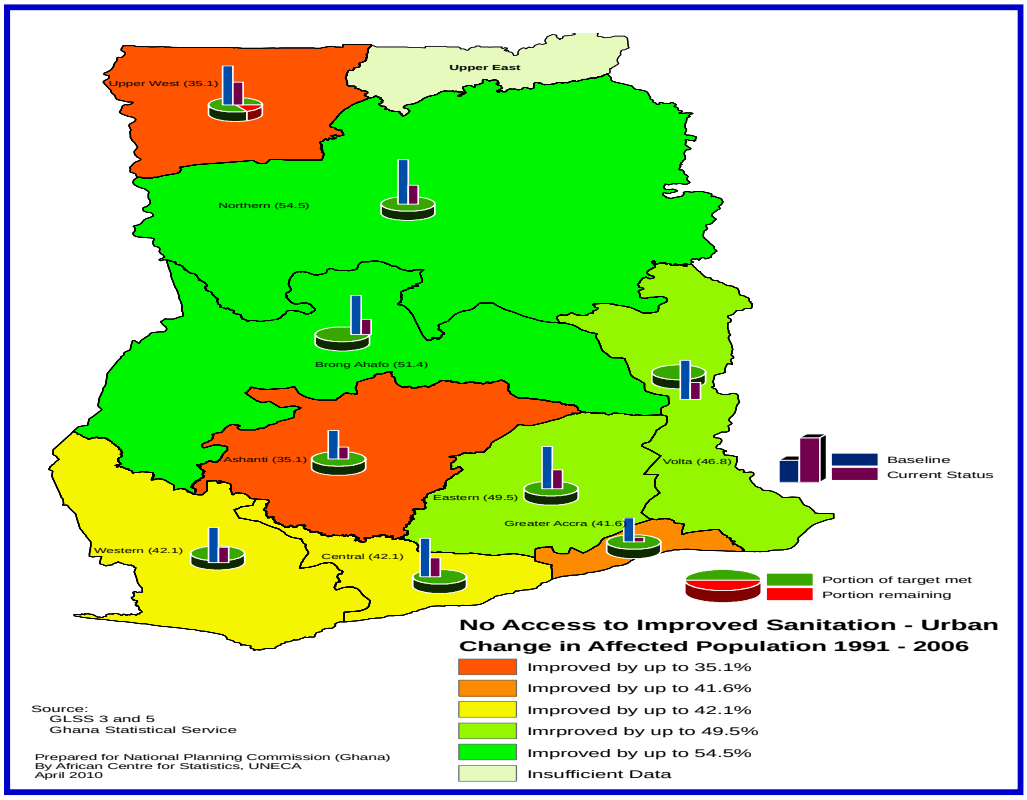


Source: GDHS 2008

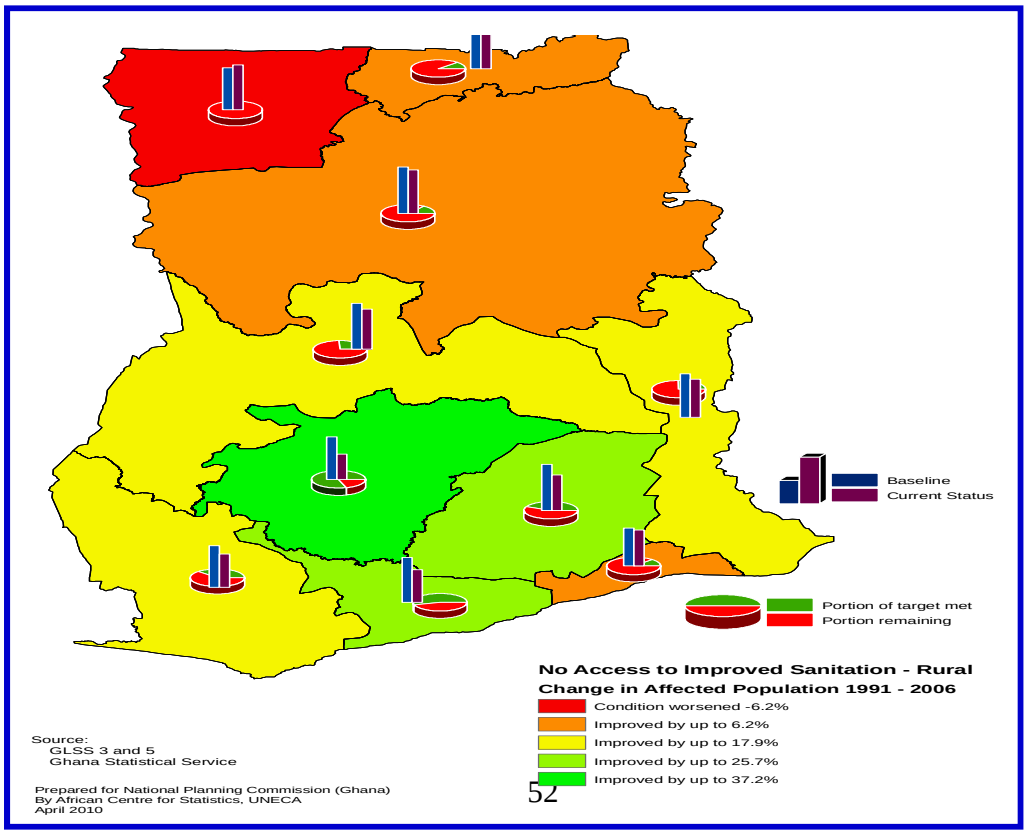
Another dimension of access to improved sanitation is the wide urban and rural differences even within region. Maps 7 and 8 show that the proportion of urban population without access to improved sanitation in Northern region has decreased by 50%, while the proportion of rural population in the Northern, Upper West, and Upper East regions who have no access to improved sanitation has increased by about 6%. This puts the rural areas of the three northern regions far behind the MDG 7 target of reducing by half the proportion of the population without access to improved sanitation.

The regions where significant progress is being made towards achieving the MDG 7 target of reducing by half the proportion of the rural population without access to improved sanitation are Ashanti, Eastern and Central.

Map 7: Access to improved sanitation (Urban)

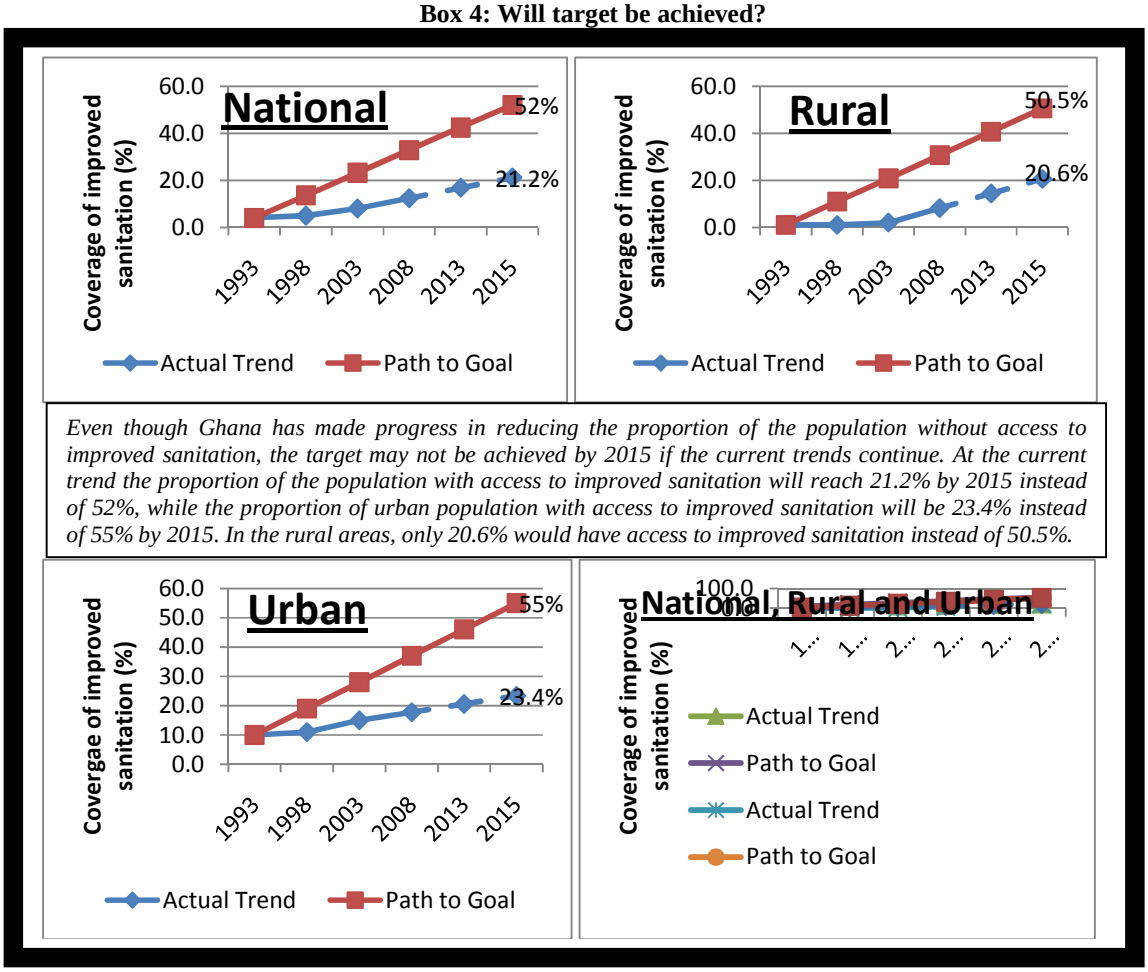


Map 8: Access to improved sanitation (Rural)



Even though Ghana has made progress in reducing the proportion of the population without access to improved sanitation, the target may not be achieved by 2015 if the current trends continue. At the current trend, the proportion of the population with access to improved sanitation will reach 21.2% by 2015 instead of 52%, while the proportion of urban population with access to improved sanitation will be 23.4% instead of 55% by 2015. In the rural areas, only 20.6% would have access to improved sanitation instead of 50.5%. The gap between the present national coverage on improved sanitation of 12.4% and the 52% target by 2015 indicates that there must be approximately five times increase in coverage to be able to achieve the set target.

Box 4: Will target be achieved?



Source: GDHS (1993, 1998, 2003 & 2008)

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

A number of interventions to help improve environmental sanitation and waste management in both rural and urban areas in Ghana were carried out by government. Some of these include:

- Collection of baseline data on environmental sanitation in the entire metropolitan, municipal and district assemblies in 2008, which is currently being processed.

- Preparation of a draft national Environmental Sanitation Strategy and Action Plans (NESSAPS) and District Environmental Sanitation and Action Plans (DESSAPS) in 2008.
- Introduction of Sanitation Guards under the National Youth Employment Porgramme to assist Environmental Health Officers in intensifying education and enforcing sanitation laws.
- Under the second Urban Environmental Sanitation Project, construction of additional storm drainage and community infrastructure upgrading in major towns and cities including Accra and Kumasi was initiated in 2008. In addition, about 900 households, schools and public sanitation facilities were completed under the sanitation component of the project.
- Providing training in supervisory management for Environmental Health Offices and Waste Management staff in the districts.
- MMDAs making effort to get rid of the use of pan latrines in every community by 2010 after which individuals and households using pan latrines will face prosecution.

3. KEY CHALLENGES

A number of challenges have been identified and these include:

- Inability to effectively monitor environmental sanitation due to the unavailability of accurate and timely data on sanitation.
- Access to improved sanitation was more prevalent in urban than rural areas.
- Significant regional differences in access to improved sanitation continue to exist, with the three northern regions having the lowest proportions of households with access to improved sanitation facilities. Even within regions wide disparities exist between urban and rural population. In the three northern regions, lack of access to improved sanitation was more prevalent in the rural population than in the urban population; and
- Population pressures, poor sanitation and solid waste management, low level of investment in sanitation delivery, and fast unplanned expansion of cities pose major challenges for the full attainment of the MDG 7 target 7C.

4. RESOURCE REQUIREMENT

Current estimates from Environmental Health and Sanitation Directorate (EHSD) of the Ministry of Local Government and Rural Development indicates that Ghana requires about US$1.5 billion within the next five years in order to attain the MDG in Sanitation by 2015. This means that Ghana will require a capital investment of about US$300 million on an annual basis to be able to attain the MDG 7 target for improved sanitation.

Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100million slum dwellers

Indicator: *7.10a. Population with access to secure housing (%)*
7.10b. Proportion of urban population living in slums (%)

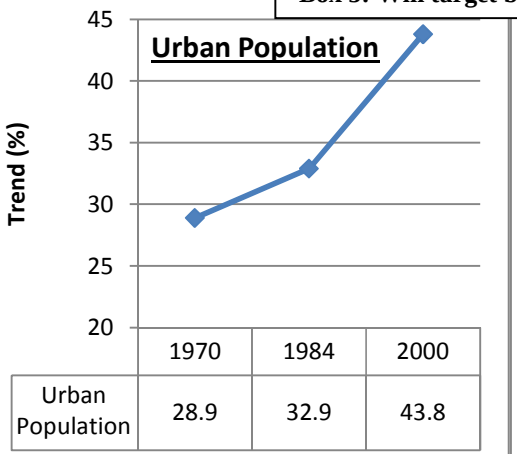
1. STATUS AND TRENDS

Housing is one of the most important basic needs in every society. Improved housing promotes socio-economic development and brings about social cohesion. The right to adequate housing is intricately linked to the enjoyment of other human rights like security of person, education and health. Though the provisions of the Fundamental Human Rights and Freedoms entrenched in the 1992 Constitution of the Republic of Ghana does not expressly protect the right to adequate housing, it nevertheless guarantees the right to own property alone or in association with others, the right of non-interference with the privacy of one's home as well as protection from the deprivation of one's property. To track progress in access to improved housing, the above two indicators have been adopted by Ghana.

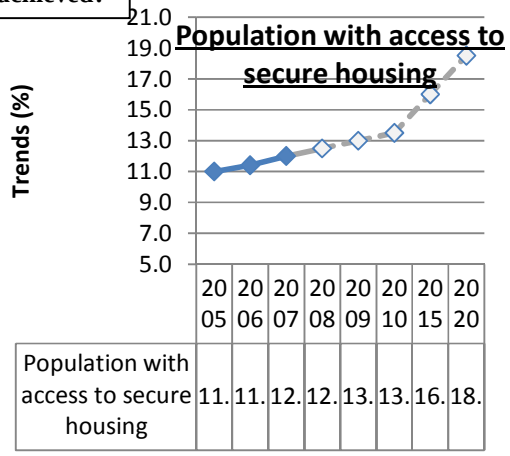
The proportion of the population with access to secure housing:

The rapid increases in population and urbanization, and the inability of the housing delivery system to meet the growing effective demand over the years has created strains in the existing housing stock and infrastructure, especially in the urban areas. This has resulted in overcrowding and development of slums in many places. Available estimates show that urban population has increased from 28.9% in 1970 to 43.8% in 2000 (Box 5). On the other hand population with access to secure housing has stagnated at about 12% over the past five years and if the trend continues, the proportion with access to secure housing will increase by only 6% by 2020. This means that significant proportion of urban population will remain without access to secure housing.

Box 5: Will target be achieved?



	1970	1984	2000
Urban Population	28.9	32.9	43.8



	2005	2006	2007	2008	2009	2010	2015	2020
Population with access to secure housing	11.	11.	12.	12.	13.	13.	16.	18.

Source: GDHS, 2003 & MWRWH APR, 2009

The proportion of urban population living in slums:

A slum household is defined as a group of individuals living under the same roof lacking one or more of the following conditions: (i) access to improved water; (ii) access to improved sanitation; (iii) sufficient-living area; (iv) durability of housing; and (v) security of tenure (See Box 6). The informal nature of these settlements hamper the availability of basic facilities and as a result, households in these areas spend significant amounts of time and resources to access these facilities, especially improved water and sanitation, at inflated prices.

Slum development has become a feature of the urban environment in Ghana. Available statistics from the 2000 population and housing census shows that, out of 3.88 million dwelling units recorded in 2000 in Ghana, less than 50% were classified as houses, while the remaining were dwelling units constructed with poor quality mud bricks and earth, mostly with thatched roof and poor floor construction materials. In addition, 74,000 kiosks and containers housed several hundred thousand people and a large number of people in urban areas sleep on pavements, walkways and on streets. This phenomenon has been attributed in part, to increasing urbanization, accompanied by high rural-urban migration.

Box 6: Key Definitions

Access to improved water: A household is considered to have access to an improved water supply if it uses improved drinking water sources or delivery points including: piped water into dwelling, plot or yard; public tap/standpipe; tube well/borehole; protected dug well; protected spring; and rainwater collection. Unimproved drinking water sources include: unprotected dug well; unprotected spring; cart with small tank/drum; bottled water; tanker-truck; and surface water (river, dam, lake, pond, stream, canal, irrigation channels).

Access to improved sanitation: A household is considered to have access to improved sanitation if it uses improved sanitation facilities including: flush or pour-flush to piped sewer system, septic tank or pit latrine; ventilated improved pit latrine; pit latrine with slab; and composting toilet. Unimproved sanitation facilities include: flush or pour–flush to elsewhere (i.e. *Excreta are flushed to the street, yard or plot, open sewer, a ditch, a drainage way or other location)*; pit latrine without slab or open pit; bucket; hanging toilet or hanging latrine; no facilities or bush or field.

Durability of housing: A house is considered "durable" if it is built on a non-hazardous location and has a structure permanent and adequate enough to protect its inhabitants from the extremes of climatic conditions, such as rain, heat, cold and humidity.

Sufficient living area: A house is considered to provide a sufficient living area for the household members if *not more than three people* share the same habitable (minimum of four square meters) room.

Secure tenure: Secure tenure is the right of all individuals and groups to effective protection by the State against arbitrary unlawful evictions. People have secure tenure when there is *evidence of documentation* that can be used as proof of secure tenure status or when there is either *de facto or perceived protection against forced evictions*.

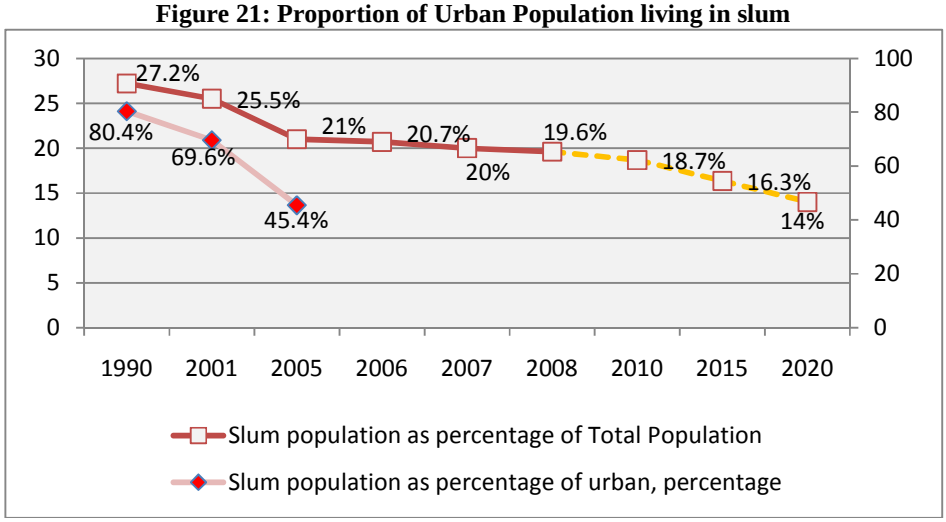
NB: *According to the situation in a specific city this definition may be locally adapted. For example, in Rio de Janeiro living area is insufficient for both the middle classes and the slum population and is not a good discriminator. It could either be omitted, or it could be formulated as two or more of the conditions such as overcrowding and durability of housing. Bottled water is considered improved only when the household uses water from an improved source for cooking and personal hygiene. Only facilities, which are not shared or are not public, are considered improved.*

In 1990, the total number of people living in slums in Ghana was estimated at 4.1million, and increased to 4.99 million in 2001 and then to 5.5 million people in 2008. In Greater Accra alone it is estimated that nearly one-third of the population live in slums.

In terms of its share of the total population, the proportion of people living in slums in Ghana has declined consistently from 27.2% in 1990 to about 19.6% in 2008 (Figure 21). However, in terms of its share of the urban population, the proportion of people living in slums in Ghana showed a declined from 80.4% in 1990 to about 45.4% in 2005. It is important to note that the declining pattern observed has been attributed, in part, to the change in the definition of adequate sanitation. In 2005, only a proportion of households using pit latrines were considered slum

households, whereas in 1990 and 2001, all households using pit latrines were counted as slum households. If the current pattern continues, a significant proportion (about 14%) of the population will still be living in slum areas by 2020.

Figure 21: Proportion of Urban Population living in slum



Source: GDHS, 2003 & MWRWH APR, 2009

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

In line with government's commitment to providing affordable and decent housing for all Ghanaians and also ensuring the upgrading of slum areas, policy measures implemented in 2008 include:

- Government initiated the review of the national housing policy in 2008 for a more realistic and responsive framework, which will deal with low-cost housing. Also the preparation of a comprehensive shelter policy with the ultimate goal of providing adequate, decent and affordable housing which is accessible and sustainable with infrastructural facilities to satisfy the needs of Ghanaians was initiated;
- The National Land Policy provides a comprehensive framework for dealing with land constraints and providing the legislative and institutional framework for land management and administration in the country, taking into account the provisions of the 1992 Constitution on private property ownership, compulsory land acquisition, public lands, and stool and skin lands management. However Government of Ghana under the Land Administration Project (LAP) initiated a programme in 2005 to reform and build capacity for comprehensive improvement in the land administration system. Under the programme, it is envisaged that the current problems associated with land acquisition and ownership, including cumbersome land registration process and multiple sales of land, will be eliminated;
- About 8,787.01 acres of land in Accra and other Regional and District Capitals were acquired by government as land banks for the National Housing Programme;
- The Government initiated project to construct 100,000 housing units for the middle and low-income groups over a ten year period, through Public-Private-Partnerships continued in 2008. Work is ongoing at 6 sites in 5 regions of Ghana, namely

Borteyman-Nungua in Accra, Kpone near Tema, Asokore-Mampong near Kumasi, Koforidua, Tamale and Wa;

- In line with its commitment to sustainable urban development, Government signed an MOU with UN-Habitat to facilitate collaboration between both parties with regard to urban development. Under the MOU, Ghana has been selected as one of four countries to undertake the Slum Upgrading Facility (SUF) pilot project, which is currently at its implementation stage. SUF works with local actors to make slum upgrading projects "bankable", by way of its attractiveness to commercial banks, property developers, housing finance institutions, service providers, micro-finance institutions and utility companies. The project is now being undertaken in three locations, namely; Tema, Sekondi-Takoradi, and Ashaiman Municipalities. The Tema and Ashaiman Municipal Settlement Upgrading Strategy and associated Settlement Upgrading Fund has been fully established with a multi-stakeholder board meeting regularly held to advise on project direction and lead in negotiations for the urban poor/slum dwellers;
- A forum to provide opportunity for stakeholders to share experiences on how best governments can support the private sector and domestic financial services industry to invest in affordable housing, was organized by Government of Ghana and UN-HABITAT in 2008.

3. KEY CHALLENGES

A number of challenges identified include:

- The inability of housing delivery system to meet effective demand over the years has created strain on the existing housing stock and infrastructure, especially in urban areas. The housing needs of urban inhabitants are often restricted to sub-standard structures and unsanitary environments in squatter and slum settlements;
- The upsurge in rural-urban migration, limited supply of land, and regulatory frameworks that are not addressing the needs of the urban poor has exacerbated the phenomenon of slum creation;
- The market for land in Ghana continued to be highly unorganized. Information about who owns what piece of land is not readily available and the legal and administrative systems for transferring title are very cumbersome. These features have serious repercussions on housing supply. Property transactions are slow and costly, and financial institutions are unwilling to extend credit to property holders without clear title deed.

4. RESOURCE REQUIREMENT

The 2000 Population and Housing Census estimated the total number of households in Ghana to be about 3.7 million, and was growing at an average rate of 2% per annum. At this rate, about 2.3 million new households are expected to be generated and sheltered by 2025. The current estimate indicates that the country's housing deficit is in excess of 800,000 units, while the housing supply growth is about 35% of the total annual requirements of 100,000 units per annum. This poses an enormous challenge for the country in order to meet the MDG

7 target of achieving a significant improvement in the lives of proportion of the population living in slums and those with access to secure housing.

GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Target 8D: Deal comprehensively with LDC debt and make debt sustainable in the long run

Indicator: *8.12a. Public Debt as a percentage of GDP*
8.12b. Debt servicing as a percentage of exports of goods and services

1. STATUS AND TRENDS

There has been increasing global interest to promote development in LDCs including Ghana. Building partnerships for development and resource mobilization for development is fundamental in achieving this goal. It calls for dealing comprehensively with the debt problem.

Over the past two decades Ghana has been receiving external financial support (both loans and grants) of about 40% of budget for projects and programmes annually. This translates into annual average inflow of about US$560 million over the period 1990 – 2000 and about US$1,050 million for the period 2001-2008. Loan inflows have dominated external receipts, except in 2003, the inception of the Multi-Donor Budget Support (MDBS) programme, when grants recorded US$798.98million against loans of about US$487.31 million.

By 1990, Ghana's external debt was estimated to be about US$2.8 billion, of which 67.9% was multilateral, 28.6% was official bilateral and 7.1% was commercial debt (Table 9). The external debt almost doubled to about US$4.6 billion by 1995 and rose to US$5.5 billion by 1998 and further to US$6.01 billion by 2000.

Table 9: Ghana's External Debt by Creditor, 1990 – 2000 (in Million US$)

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Total	**2,807.24**	**2,894.13**	**3,197.66**	**3,519.78**	**4,018.99**	**4,610.11**	**4,941.06**	**5,028.18**	**5,520.73**	**5,843.75**	**6,026.65**
Multilateral	*1,854.8*	*1,920.8*	*2,198.7*	*2,391.8*	*2,685.8*	*2,977.1*	*3,140.3*	*3,180.8*	*3,486.8*	*3,765.8*	*3,951.6*
Official Bilateral	*787.7*	*851.9*	*914.0*	*1,062.8*	*1,267.0*	*1,583.9*	*1,698.9*	*1,696.0*	*1,883.8*	*1,912.9*	*1,693.3*
Paris Club	*685.2*	*737.7*	*819.7*	*982.5*	*1,175.8*	*1,482.1*	*1,585.2*	*1,601.5*	*1,793.1*	*1,831.2*	*1,603.9*
Other official bilateral	*102.4*	*114.2*	*94.4*	*80.3*	*91.2*	*101.8*	*113.7*	*94.5*	*90.6*	*81.7*	*89.4*
Commercial Creditors	*164.8*	*121.4*	*85.0*	*65.2*	*66.2*	*49.1*	*101.8*	*152.4*	*150.2*	*165.1*	*381.8*

The worsening terms of trade in 1999, characterised by falling prices of Ghana's two main exports (gold and cocoa) and rising prices of crude oil led to a sharp depreciation of the cedi against the major trading currencies and subsequently raised the value of external obligations, resulting in a build-up of both domestic and external debt.

A Debt Sustainability Analysis (DSA) conducted in 2000, showed Ghana's external debt as unsustainable, recording NPV of debt to budget revenue of about 571% and NPV of debt to exports of about 157% . The public debt to GDP ratio stood at about 181% of GDP with

domestic debt component of 28.9% of GDP. Public debt servicing accounted for 32% and 39% of total government expenditure in 1999 and 2000 respectively.

In view of the above developments, Ghana opted for the Enhanced Highly Indebted Poor Country Initiative (E-HIPC) in 2001, aimed at reducing external debt and releasing resources to pursue poverty-reducing programmes.

In 2004, public debt dropped to US$8.345 billion from US$9.09 billion in 2003 as a result of debt cancellation at the Completion Point of the HIPC Initiative (Table 10). The public debt reduced further to US$5.31 billion in 2006 due to the Multilateral Debt Relief Initiative (MDRI) which resulted in a cancellation of about US$4.2 billion debt owed to multilateral institutions.

Table 10: Ghana's Public Debt, 2000 – 2008 (in Million US$)

	Ghana's Public Debt (in Million US$)								
Type	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
External	6,021.00	6,025.61	6,131.31	7,548.90	6,447.88	6,347.80	2,176.57	3,585.93	4,872.28
Domestic	1,138.34	1,405.14	1,656.27	1,539.78	1,867.53	1,997.35	3,133.31	3,819.35	4,853.22
Total	7,159.34	7,430.75	7,787.58	9,088.68	8,315.41	8,345.15	5,309.88	7,405.28	9,725.50

MOFEP, 2008

The public debt increased again in 2007 to US$7.41 billion and further to US$8.07 billion in 2008. About 70% of the rise in public debt from the 2006 position was accounted for in the external debt stock, underpinned by Eurobond of US$750 million issued in 2007 and increased foreign inflows.

Domestic debt had been growing steadily from the 2001 position of US$1.4 billion. By the end of 2005, it rose to US$1.997 billion and sharply to US$3.1 billion by end 2006. The sharp rise is mainly attributed to the floatation of more indexed medium term instruments especially the 2-year Fixed Treasury Notes, 3-year Fixed Rate Bond and the 5-year GOG Bond. Domestic Debt stock rose further to US$3.82 billion in 2007 and again to about US$ 4.85 billion by end of 2008.

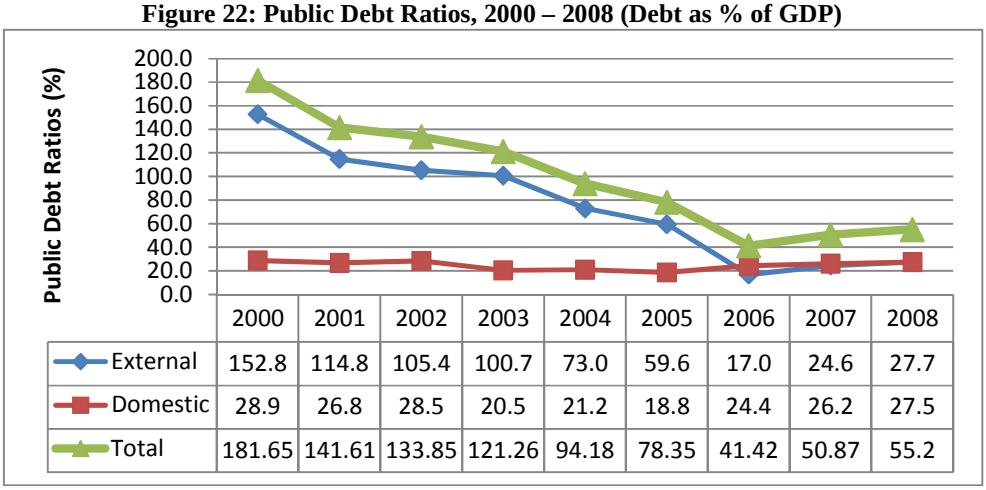
In terms of debt sustainability, Ghana's debt stock has declined consistently from about 181.7% of GDP in 2000 to about 41.2% in 2006 with both external and domestic debt following a similar trend during the same period (Figure 22). However, in 2007, the public debt to GDP ratio begun to rise, reaching 55.2% in 2008, and exceeding the 50% threshold of debt sustainability. Subsequently, interest payments on external and domestic debt also begun to increase from GH¢98 million (US$101 million) and GH¢253 million (US$260.82 million) in 2007 to GH¢197 million (US$164.17 million) and GH¢482 million (US$ 401.67 million) in 2008. As a percentage of export of goods and services, the external debt servicing declined from 7.8% in 1990 to 3.2% in 2006, and has since increased to 4.2% in 2008 (Table 11). This development certainly threaten the macroeconomic stability and growth that have been achieved in the past few years.

Table 11: External Debt Servicing as Percentage of export of goods and Services, 2003 – 2008 (%)

	Year						
	1990	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
External Debt Servicing (%)	7.8	5.2	5.6	5.8	3.2	-	4.2

MOFEP, 2008

Figure 22: Public Debt Ratios, 2000 – 2008 (Debt as % of GDP)



	2000	2001	2002	2003	2004	2005	2006	2007	2008
External	152.8	114.8	105.4	100.7	73.0	59.6	17.0	24.6	27.7
Domestic	28.9	26.8	28.5	20.5	21.2	18.8	24.4	26.2	27.5
Total	181.65	141.61	133.85	121.26	94.18	78.35	41.42	50.87	55.2

MOFEP, 2008

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

Two major policy initiatives introduced by government to deal comprehensively with the domestic debt burden and create the fiscal space for investment in poverty reduction are the use of 20% of HIPC funds to service the domestic debt, and the development of medium- and long-term instruments to restructure the external debt. In 2008, government's debt strategy to shift from heavy reliance on short term domestic financing to longer term maturity bonds open to non-resident investors was not successful due to the commodity crisis which resulted in high inflation. This generated strong preference for short term instruments by domestic investors coupled with the financial crunch which discouraged the reopening and issuance of new medium term securities to non-resident investors.

The main factors contributing to the progress so far include:

- Improved fiscal resource mobilization: The government has endeavoured to implement some policy measures seeking to improve upon its fiscal stance. These include measures aimed at enhancing revenue collection;
- In 2008, the government undertook a Debt Management Performance Assessment (DeMPA) to appraise Ghana's debt management operations;
- In order to assess the relative costs and risks of various debt management strategies, a medium term debt sustainability analysis was carried out which identified desirable debt compositions and corresponding financing strategies consistent with maintaining debt at sustainable levels.

- The government intensified its dealings with its Development Partners (DPs) with the intention to increase the total aid portfolio earmarked for Ghana.
- A draft Aid Policy for Ghana has been developed with the aim of coordinating aid administration and management in Ghana.

3. KEY CHALLENGES

The challenges include:

- Shortages in foreign currency inflows due to inadequate export revenues vis-à-vis unlimited and expensive import demand that face the economy especially in the case of rising crude oil prices on the international market;
- Debt sustainability continues to pose a challenge to country despite prudent measures to ensure proper fiscal management of resources and spending;
- Over-reliance on donor support could pose severe financial gaps in the face of unfavourable external shock such as the global financial and economic crisis that stifled the flow of aid and other donor support; and
- Changes in the international economic environment and the need for effective and efficient debt management in current debt management operations.

Indicator: *(c) Official Development Assistance (ODA) Receipts by Government of Ghana, as a percentage of GDP*
(d) Programme Aid as % of share of total ODA

1. STATUS AND TRENDS

First pledged 40 years ago in a 1970 General Assembly Resolution (Box 7), the world's governments agreed to commit 0.7% of rich-countries' Gross National Product (GNP) to Official Development Assistance (ODA). This target was affirmed in many international agreements over the years, including the March 2002 International Conference on Financing for Development in Monterrey, Mexico and at the World Summit on Sustainable Development held in Johannesburg later that year.

Box 7: The 1970 General Assembly Resolution on ODA

In recognition of the special importance of the role that can be fulfilled only by official development assistance, a major part of financial resource transfers to the developing countries should be provided in the form of official development assistance. Each economically advanced country will progressively increase its official development assistance to the developing countries and will exert its best efforts to reach a minimum net amount of 0.7 percent of its gross national product at market prices by the middle of the decade." *(UN 1970, paragraph 43)*

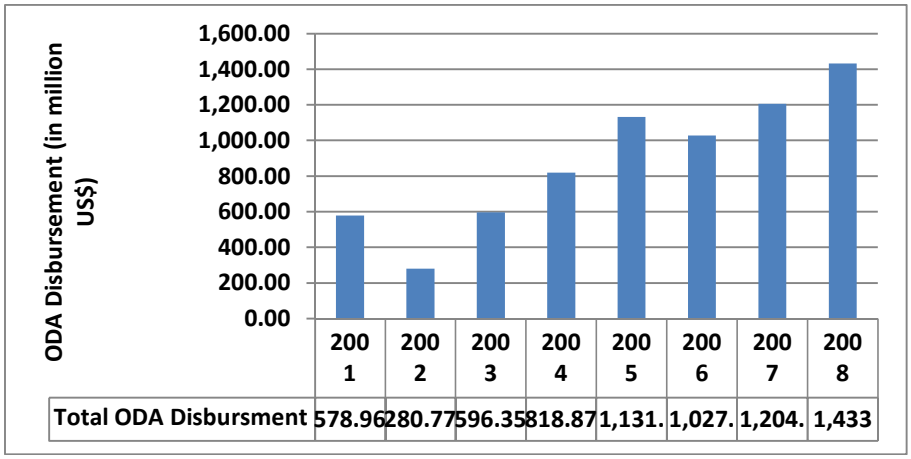
At the summit of the leaders of the G8 countries (UK, USA, France, Germany, Japan, Russia, Italy and Canada) at Gleneagles, Scotland in July 2005, the G8 promised to increase aid to developing countries by US$50 billion annually by 2010, which was only half of the UN estimate to reach the Millennium Development Goals.

The UN Millennium Project's analysis indicated that 0.7% of the rich world GNI could provide enough resources to meet Millennium Development Goals, but developed countries must follow through on commitments and begin increasing ODA volumes. The UN Millennium Project's costing shows that a comprehensive package to meet the Millennium Development Goals would cost about $75-$150 US per person per year over the period, and that less than half of this would need to be financed by ODA. To achieve the Goals, aid from industrialized countries should rise to 0.44% of the industrialized nations' GNP in 2006 and reach 0.54% of GNP by 2015- *less than the global target 0.7%* of GNP reaffirmed by world leaders at the Monterrey conference on financing development in 2002. If one includes the other essential investment needs that are not directly related to the Millennium Development Goals, such as protecting global fisheries and managing geo-strategic and humanitarian crises, global aid will need to rise to 0.7%. If donor countries reached the 0.7% ODA target, they could generate the additional funding that will be needed for developing countries to achieve the Millennium Development Goals.

An analysis of ODA inflows to Ghana shows that aid inflows has increased from US$ 578.96 million in 2001 in nominal terms to US$1,433.23 million in 2008, constituting an average annual increment of about 23% during the period (Figure 23). Project aid constitutes the bulk (about 64%) of ODA portfolio in Ghana, increasing steadily during the period, whereas programme aid has virtually stagnated over the period 2004 and 2007 (Figure 24). General budget support, for instance, has increased by only 46% (constituting an average annual increase of about 8%) over the period 2001 and 2008. The relative levels of both types of aid, in spite of the different trends, remained relatively higher than the levels recorded in the second half of the nineties. The improvement in General Budget Support (GBS) from

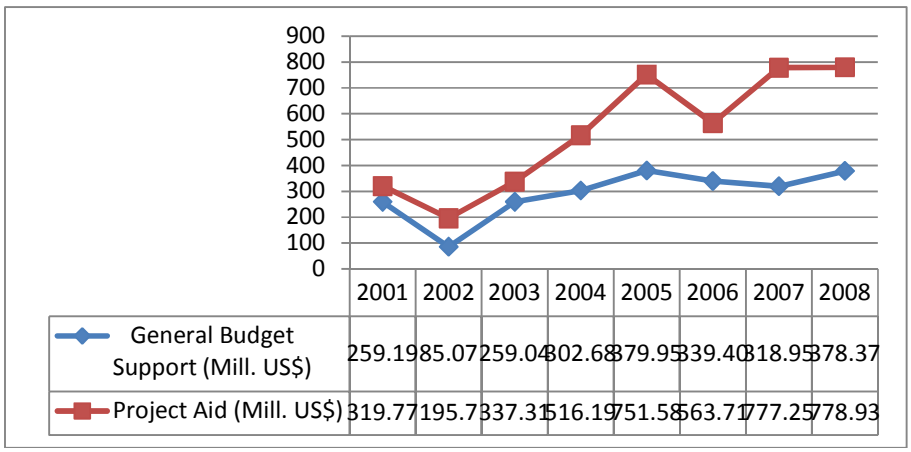
US$85.07 in 2002 to US$378.37 in 2008 has been largely attributed to the introduction of the Multi-Donor Budgetary Support (MDBS) mechanism in 2003 which allows donors to contribute to a common basket to support the national budget. The MDBS which currently constitute about 30% of donor inflows in Ghana, has improved commitment and predictability of aid inflows.

Figure 23: ODA Disbursement, 2001 - 2008



Source: ADMD, MOFEP, 2001-2008

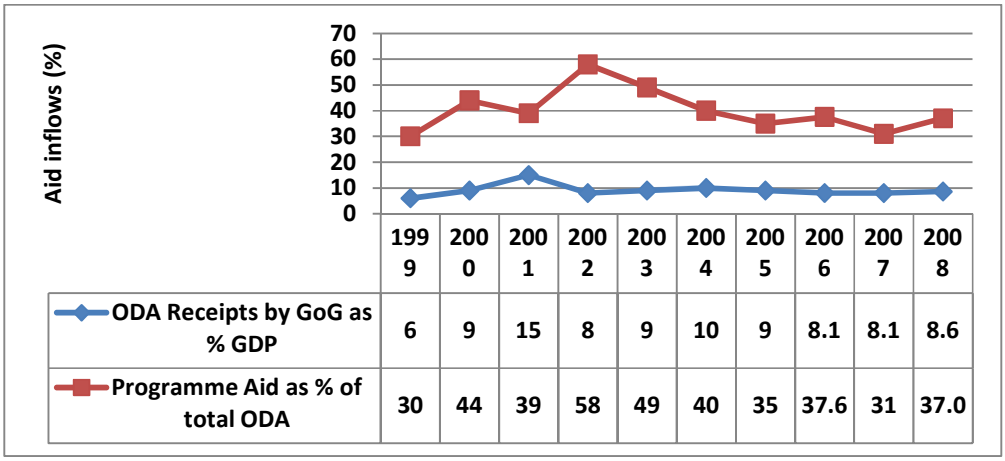
Figure 24: Project verses Programme Aid, 2001 – 2008 (in million US$)



Source: ADMD, MOFEP, 1999-2008

In real terms, however, ODA inflows has stagnated between 2002 and 2008, after increasing from 6% of GDP in 1999 to 15% of GDP in 2001 (Figure 25). The average annual ODA inflows to Ghana as a percentage of GDP during the period 2002 and 2008 was estimated at 8.7%, while that for the period 1999 – 2001 stood at 10%. Programme aid as a percentage of total ODA has remained below 50% between 2003 and 2008, after increasing from 30% in 1999 to 58% in 2002. The average annual programme aid as a percentage of total ODA was estimated at 38% between 2003 and 2008, while that for the period 1999 – 2002 stood at 42%. This implies ODA portfolio in Ghana continued to be dominated by project aid which is usually off-budget, and lends itself to non-use of country systems, creation of parallel system for its management and excessive rigidity in its administration.

Figure 25: Total ODA Inflows and Programme Aid, 1999 – 2008 (%)



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
ODA Receipts by GoG as % GDP	6	9	15	8	9	10	9	8.1	8.1	8.6
Programme Aid as % of total ODA	30	44	39	58	49	40	35	37.6	31	37.0

Source: ADMD, MOFEP, 1999-2008

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

The main factors contributing to the progress so far include:

- Political stability and improved democratic governance including strengthening of Parliament, protecting of rights under rule of law, ensuring public safety and security, empowering women and vulnerable groups, and improving domestic accountability, has led to growing confidence of development partners in the country systems. Since 2003, the country has introduced new rules governing procurement and competitive bidding systems (Public Procurement Act 663), accountability (Internal Audit Agency Act, 2003 (Act 658), and efficient utilization of resources (Financial Administration Act, 2003 (Act 654). Furthermore, Parliament through the Public Accounts Committee continue to exercise its statutory oversight control over the budgetary process by holding public hearings on the Auditor General's report on the use of public funds. The essence is to ensure accountability of public officers in the use of public funds, reduce duplication, transaction costs, and misdirected aid as well as to make the country's and donor aid resource utilization more effective and efficient.
- Improved partnership between government and development partners based on the Paris Declaration: The period between 1983 and 1999 was characterized by disproportionate power imbalance in aid administration in Ghana, with large number of agencies, a high proportion of bilateral aid, high proportion of project and investment aid, and high proportion of technical assistance. The government begun to transform government-development partner relations into mechanisms or important forum for policy dialogue on strategic reforms and allow international partners to commit resources to measurable results. The partnership has evolved through regular sector dialogues, Consultative Group (CG) meetings and country review missions. As part of the process of deepening the government-donor partnership, regular meetings have been introduced at the sectoral levels by the government to dialogue with Sectoral Partner Groups (SPGs). These meetings, usually led by government agencies,

are structured to identify and prioritise focal areas which require support from specific development partners. Overall, improved government-donor partnership has facilitated a shift from activity-based to results-oriented approach to aid delivery and management, and has contributed positively to changing the aid architecture in Ghana.

- The ownership of development process and alignment of donor resource towards implementation of the development policy framework: Ownership of the development process as characterised by a country's ability to exercise effective leadership over its development policies and strategies is critical to achieving development results and is central to the Paris Declaration. In acknowledgement of this fact, Ghana has since 2003 prepared two medium term national development policy frameworks, namely Ghana Poverty Reduction Strategy (GPRS I) and the Growth and Poverty Reduction Strategy (GPRS II), which have provided the basis for donor coordination and alignment. Sector and local governments derive their respective medium-term development plans from them, and also monitor the progress made in achieving sector and district development targets. This process has enabled the government to deepen the ownership of the development process as well as the coordination of donor assistance towards implementation of the development policy framework.
- Improvement in public financial management: The improved public financial management increases the confidence of Development Partners in the use of the country's systems. Though some weaknesses exist in the rules, systems and capacity of users in the public sector, improvements have been observed in:
  - budget execution and control,
  - timely external auditing of the accounts of the consolidated fund,
  - broadening of budget coverage to include more information on internally generated funds and external grants (including HIPC and MDRI grants), and
  - external audit reports being produced in a more timely fashion with the Annual Report by the Accountant General being submitted to Parliament within 12 months of the closing of the accounts.

Cash Management System aimed at providing frequent and up to date monitoring of revenues, expenditures and cash balances has been instituted. This system provides the government with an early warning system to guide the implementation and monitoring of the budget to ensure that, the programmed budget deficit was not exceeded. In addition, an outstanding claims and payments framework has been instituted to identify the level of claims on Government in order to improve the management of these claims and reduce the stock of arrears for Government.

3. KEY CHALLENGES

A major weakness in aid administration in Ghana is the absence of a Comprehensive framework guidelines and targets to facilitate effective aid delivery. The participatory process towards formulating a National Aid Policy, currently in progress, is expected to address this weakness. The goal of the Comprehensive National Aid Policy is a well documented and country owned set of codes as an instrument for formalizing GOG/DP partnership, incorporating a strong commitment to the key elements of the Paris Declaration on Aid

effectiveness. The broad consensus emerging from the consultative process towards formulating a Ghana Aid Policy includes addressing issues linked to the following broad objectives:

- Ensure Value for Money through the reduction of untied aid (including food and technical assistance by 100% by the year 2010;
- Setting of concessionality/grant element floors in aid inflows with a clearly defined link of such facilities to a national debt policy;
- Ensure strong elements of multi-year and in-year predictability of aid delivery and a measure of flexibility in contingency provisions required to address shocks and emergency priorities of GoG;
- A rolling medium term programme and results-based aid expenditure plan linked to the Medium Term Expenditure Frameworks;
- Encourage DPs to identify and explicitly put targets on relative preference for budget support on one hand and sectoral and pooled funds on the other;
- Reduce the levels of donor conditionalities which tend to undermine country ownership and exacerbate unpredictability;
- Reduce the requirement for counterpart funds, multiple PIUs and pre-shipment regimes;
- Increase the capacity to use Ghana-led studies, analysis and reports;
- Switch from the payment modality of re-imbursements to accountable cash advances; and
- Observe a national mission-free period in the calendar year.

4. GOOD PRACTICES - EXPLAINING SUCCESS

According to World Bank (2007), the three major constraints to growth in Ghana are related to gaps in infrastructure, especially in energy, water and sanitation, low productivity, especially in agriculture and improving but weak business and investment climate. They argue that once these are eliminated, Ghana would be on a path to sustained and accelerated growth and poverty reduction. It is estimated that Ghana spends approximately 3 - 4% of GDP per year less than required to address the most critical infrastructure gaps in electricity, water and sanitation and, to a lesser extent, ICT and rural roads. The medium term shortfall in infrastructure financing is approximately 5 - 6% of GDP. The power crisis is costing the country an estimated 1.5% of GDP per year, and a "silent crisis" in water and sanitation is deemed to threaten not only economic activity but also public health. Ghana's aggregate productivity is improving, but the level remains below Mauritius and Botswana (the most productive African economies), and far behind the rapidly growing Asian countries. With irrigation almost non-existent, Ghana depends largely on rain-fed agriculture. Recently, productivity has begun to increase but the use of modern agricultural techniques remains limited. The weak business environment holds back Ghanaian firms from investing, expanding output, and hiring more workers as well as becoming more productive. The most important constraints relate to electricity and access to finance, especially for small and medium-size enterprises.

Despite these constraints, Ghana has taken successful strides towards the achievement of the MDGs. The enabling factors to the success could be mainly attributed to macroeconomic stability and growth. Ghana's current socio-economic development agenda is to attain middle income status by 2020 within a decentralized democratic environment. This is being pursued simultaneously with the adoption of a social protection policy, aimed at empowering the vulnerable and excluded, especially women to contribute to and share in the benefits of growth of the economy. Similar to the GPRS II, the successor Medium Term Development Policy Framework (MTDF, 2010 - 2013) underscores Ghana's commitment to the attainment of the MDGs by harmonizing the MDGs targets with national development priorities.

The key areas identified by the new government to the challenges facing the national economy are improving and sustaining macroeconomic stability; enhancing the nation's competitiveness in industry and service sectors; agricultural modernization; infrastructural transformation; Human Resources development; and Transparency and Accountability

The key policy initiatives which have been implemented to support the attainment of the MDGs include:

- Ghana School Feeding Programme,
- National Health Insurance Scheme,
- Declaration of Maternal mortality as a national emergency,
- Capitation Grant,
- The National Social Protection Strategy (NSPS),
- National Youth Employment Programme (NYEP),
- Electricity Lifeline Payments,

- Parliamentary Special Committee on Poverty and MDGs,
- Bonsaaso Millennium Village, and
- Civil society advocacy for MDGs.

Ghana School Feeding Programme (GSFP): The basic concept of GSFP is to provide children in public primary schools and kindergartens with one hot nutritious meal on every school going day. The programme was launched in 2005 with the goal of contributing to poverty reduction and increase food security in Ghana. The three key objectives of the program are to reduce hunger and malnutrition by providing all primary and kindergarten students in beneficiary schools a nutritious meal each school day; increase school enrolment, attendance, and retention; and boost domestic food production by sourcing GSFP meals locally, and providing a sustainable market for local food producers in the community. These objectives align closely with the United Nations' Millennium Development Goals (MDGs) related to hunger, poverty, and primary education.

The programme has faced many challenges in terms of management and implementation. Ghana Government provides the bulk of the funds for the programme and the Netherlands, which complemented it with 50% of the feeding cost, suspended the arrangement in the latter part of 2007 due to issues of financial management. Another challenge to the programme has been the lack of effective involvement of local farmers in supplying the food for the programme and poor coordination with the Ministry of Agriculture.

The programme started with 10 pilot schools and has expanded to all the 170 districts of the country serving almost 600,000 pupils in 2008. The plan is to further scale-up the programme to cover more than one million pupils by the end of 2010. A comprehensive evaluation of the impacts of the programme is yet to be undertaken but a preliminary review conducted by one of the implementing partners in 2007 found particularly encouraging results in terms of boosting enrolment in the poorer northern regions of the country. The only challenge of the programme is long term funding and a parliamentary committee has suggested the use of proceeds from National Lotteries.

National Health Insurance Scheme (NHIS): In order to eliminate user-fees and increase access to health care, Ghana initiated the NHIS in 2004. It is one of the first health insurance programmes implemented on a national scale in Africa. An annual premium of roughly US$8 per adult is paid with exemptions for children and the elderly and those deemed poor. The NHIS is expected to rescue and cater for poor and vulnerable groups in the society who cannot afford quality health care. This is expected to release the incomes of the poor to enable them redirect their incomes into expenditures aimed at further improving their welfare. The benefits package covers 95% of the disease burden in Ghana and services covered include outpatient consultations, essential drugs, inpatient care and shared accommodation, maternity care (normal and caesarean delivery), eye care, dental care, and emergency care. Excluded benefits are echocardiography, renal dialysis, heart and brain surgery, organ transplantation, and HIV retroviral drugs. Beyond the premiums collected locally, the NHIS is financed through a National Health Insurance Levy of 2.5% instituted by the central government. This 2.5% sales tax is collected on most goods and services. In addition, 2.5% of the 17.5% social

security contributions paid by formal sector employees are also automatically diverted to the NHIS. By the end of 2008 the programme had expanded to cover 54% of the population.

An assessment of the impact of the NHIS in two districts by using household-level data from before and after the NHIS was implemented. Preliminary results indicate that having insurance was associated with a 27% increase in the likelihood of seeking medical care at follow-up. Moreover, health expenditures for the most recent illness episode were significantly lower for the insured, especially expenditures on drugs. At follow-up, insured women who delivered in the prior 12 months got earlier prenatal care, had more prenatal visits, and were more likely to deliver in a modern facility. The cost of delivery was approximately US$16 lower for insured women (US$2 compared to US$18).

The NHIS is still in its early stages and a number of challenges remain to increase coverage of the poorest, ensure financial sustainability and generally to make sure that the increase in demand triggered by the programme is matched by a supply of high quality health care. However, these early findings indicate that health insurance with high population coverage can broadly increase health care utilization and financial protection in sub-Saharan African. The new government plans to review the National Health Insurance Scheme in order to reduce the wastage and inefficiencies, address the challenge of effective claims management, and expand access for the poorest (UNDP, 2010).

Declaration of Maternal mortality as a national emergency: In order to overcome the major cost barrier to safe birth, in July 2008, the government of Ghana declared maternal mortality a national emergency and granted free access to maternal health care for all women, from pregnancy to one year after birth. This became possible due to a US$90 million grant from the UK government. Within one month 51,000 women had registered. This intervention is expected to solve the problem of unsupervised delivery, which is one of the main obstacles to reducing maternal mortality rates. However, other key challenges to achieving MDG 5 remain.

Capitation Grant: As a means of further increasing access to basic education beyond that provided by the Free Compulsory Universal Basic Education (FCUBE) policy, the government decided to implement policies such as the capitation grant, free school uniform for student from deprived areas. The policy was also aimed at decentralizing the provision of education. The capitation grant scheme was piloted in 2004 in 40 districts nationwide and later extended to 53 designated deprived districts.

In 2005, the scheme was extended nationwide. Currently the capitation per child is on average GH¢3.00 (approximately US$3) per enrolled child. Initial evidence indicates that its introduction had led to large increases in enrolment. However, as a percentage of unit cost per primary school child, this amount is insignificant. In 2005, the actual unit cost for a child in a public primary school was GH¢64.43 (approximately US$72). Thus, although the total capitation budget may be high, it has done little to raise the unit cost for a primary school child and by implication, the quality of education the child receives. The expansion due to

capitation was linked to the "abolition" of fees which was a requirement. In one particular district, additional enrolments included about 33% of children who had dropped out.

The surge in enrolments has brought new challenges and pressures on manpower and resources. Two key challenges identified by the Ministry of Education include: (i) the need to improve the infrastructure of public basic schools, and (ii) training of head teachers to manage the funds appropriately to deliver quality learning outcomes. Currently, the provision of capitation is based on a single allocative formula determined at national level; districts with acute poverty and socio-economically disadvantaged receive the same amount per child as more affluent districts (UNDP, 2010).

The National Social Protection Strategy (NSPS): The NSPS was initiated in 2007, "to help lift the socially excluded and vulnerable from situations of extreme poverty and to build their capacity to claim their rights and entitlements in order to manage their livelihoods". The NSPS intends to improve social protection coordination, coverage and impact in Ghana by targeting the 18.2% "extreme poor" in the population. The main instrument used by the NSPS currently is the Livelihood Empowerment Against Poverty (LEAP), which assists the poor to "cope with social risk and vulnerability". The LEAP targets extremely poor, subsistence farmers and fisher folk, citizens above 65 years, caregivers of orphans, particularly Children Affected By AIDS (CABAs) and children with severe disabilities, incapacitated, pregnant women/lactating mothers with HIV/AIDS. The LEAP has been prioritized to focus on both immediate subsistence support, as well as long-term developmental assistance for the extremely poor.

LEAP works through a model of cost-effective conditional and unconditional subsistence grants on a graduated payment scale of approximately US$4-8 per month to targeted extremely poor households. An Emergency LEAP was designed to respond to the Food Crisis and increasing food prices in floods affected areas in the North. By the end of 2008, LEAP had reached out to over 8,000 households across 54 districts on regular LEAP, while 15,000 households under the Emergency Programme were also supported. In 2009, LEAP targeted approximately 35,000 extremely poor households with social cash transfers to assist them meet basic needs and reduce their vulnerability to risk and shocks. According to Ministry of Finance and Economic Planning, the LEAP is estimated to cost less than 1% of GDP which makes it a sustainable pro-poor intervention. "Social grants" are only one step towards lifting extremely poor agricultural households out of poverty.

Exit strategies are complex and can create perverse incentives, even if these households invest much of this additional capital in their farms, under current circumstances semi-subsistence agriculture in northern Ghana does not offer a reliable exit from poverty. An improved agricultural policy is required, for example more investment in irrigation, rural roads, extension, and veterinary services. Effectively targeted social grants require dependability and regularity sometimes over a long horizon to generate the desired impact (UNDP, 2010).

National Youth Employment Programme (NYEP): With the objective of providing employment, livelihood options, and technical on the job training for the youth of Ghana the NYEP was started with a registration exercise of unemployed youth in 2001. This enabled an

assessment of the nature and scope of the unemployment situation among the youth. A Skills Training and Employment Placement Programme (STEPP) at the inception provided readily employable skills to the youth and also to provide them with employment opportunities. The NYEP has nine proposed modules with five already implemented that cover health sector, education, and ICT, among others. The programme is rooted in helping to achieve the MDGs and thus places emphasis on poverty reduction, improved health service delivery, access to education and good governance. This has been achieved through providing income source for several youth since the inception, and improving service delivery in various state institutions such as police service, health service and education. On average, an estimated 100,000 youth are employed by the scheme annually.

Electricity Lifeline Payments (ELP): This has been created to reduce the burden of utility prices on the poor and vulnerable. A total amount of GH¢25.9 million was allocated in the 2010 fiscal year budget to support electricity consumption by poor households. This forms part of the total GH¢41.5 million safety net programs provided by the Government from the Consolidated Fund.

Parliamentary Special Committee on Poverty and MDGs: The Ghana Parliament has a challenge presented in the current Ghana Constitution, which implies that Parliament has no power to change budget allocations of resources made by the Ministry of Finance and Economic Planning (MOFEP). In the bid to overcome this contraint, Parliament organised a workshop to sensitise and empower Ministries, Departments, and Agencies (MMDAs) with the requisite knowledge for MDGs and pro-poor budgeting. The workshop was attended by Committee members, MDAs, representatives of selected civil society organisations and representative of UNDP and other government institutions. The UNDP worked with Parliamentary Special Committee on Poverty Reduction (PSCP) in a workshop to build the capacities of the officials of the MMDAs in pro-poor budgeting to enable them request for more budgetary resources for pro-poor interventions. At the request of the Parliamentary Committee, UNDP through the Strategy and Policy Unit supported the technical preparation for the workshop, working with the Committee prior to the workshop.

The workshop assessed the status of implementation of the finding of the 2007 Annual Progress Report (APR) of Ghana's GPRS II and proposed financial resource allocations for pro-poor projects for the 2010 budget. At the end of the workshop, participants and committee members resolved to ensure that compromises were not made on budget allocation to pro-poor aspects of MDA budget. They also resolved to take seriously the task of monitoring budget allocations to expenditures on the pro-poor sectors with emphasis on MDG attainment. The outcome of the workshop informed the 2010 budget. When the 2010 budget was finally read, it emerged that despite the government's economic stabilization measures in place, most of the social protection interventions have been maintained and some even increased. UNDP plans to replicate this approach annually prior to budget preparation sessions.

Bonsaaso Millennium Village (BMV): The Millennium Village Project is aimed at empowering African villages to free themselves of the shackles of poverty, in order to achieve the MDGs within a period of five years. A review of four Millennium Village Projects (in

Ghana, Uganda, Malawi and Ethiopia) found that the project "has achieved remarkable results and has demonstrated the impact of greater investment in evidence-based, low cost interventions at the village level to make progress towards the MDGs." It was established that significant improvements at household and village levels in the health, agriculture, labour productivity and other areas. The use of subsidized fertilizer, improved seeds and an intensified agricultural extension system have led to increased yields for farmers. Improvements in health outcomes were attributed to upgrading and strengthening of clinics and referral services through in-service training, support for additional staff, improvements in physical infrastructure and provision of supplies. The Bonsaaso Millennium Village in Ghana did not experience a single maternal death in 2008 due to its focus on strengthened health infrastructure. Challenges related to financial sustainability of the villages, the need to develop a coherent strategy for scaling-up the projects to national levels and strengthening access to markets has been impeded by poor rural roads. Additional concerns are the possibility of a clash between prescribed interventions of the project and national priorities, e.g. the national health insurance (UNDP, 2010).

Civil society advocacy for MDGs: Ghana has a vibrant civil society sector and a thriving independent media sector. A key aspect of the civil society campaign for the MDGs was the preparation of the MDGs monitoring report in 2008. The report is based on quantitative and qualitative research from 50 communities in three poor districts, one in the south, one in the centre and one in the north east of Ghana. Although narrow and not representative statistically, the report sends a powerful message, bringing a deeper perspective to complement the quantitative and more disaggregated analysis in the official MDG report. One of the key concerns of the report is the increased access to primary education to meet the MDG target at the expense of quality and makes a case for increasing resource allocations to meet basic needs of schools so that the process will not compromise quality for quantity.

5. ASSESSMENT OF THE IMPACTS OF THE GLOBAL FINANCIAL CRISIS ON THE MDGS IN GHANA

Prior to the onset of the financial crisis, foreign inflows (export earnings, investment and remittances) were buoyant. In the beginning of 2009, however, the country recorded a budget deficit of 14.5% of GDP (excluding divestiture receipts), and 11.5% of GDP (including divestiture receipts); as well as a large current account deficit of 20.87% of GDP. The country faced a high base interest rate of 27.22% and an average annual inflation for 2008 of 18.13%. Average depreciation recorded was 20.6% and 16.1% against the US dollar and the Euro, respectively. Ghana's high level of dependence on the world economy, with as much as 30% of budget support from international partners, and her strong trade links with the US and Europe, may imply that any disturbance emanating from the international financial system is bound to have an effect on the domestic economy.

5.1 Transmission Channels

The channels of transmission of the crisis include international trade, investment, banking and financial services, price developments (inflation and exchange rate effects), external development support, and remittances. This section examines the impacts of the international financial crisis on the attainment of the MDGs in Ghana. It does so by considering the period immediately preceding the crises and compares it with the subsequent years.

Table 12: Trade Balance for 2006-2009 (in US$ million)

Items	2006	2007	2008	2009
Current Account (CA)	**-1042.6**	**-2151.4**	**-3543.1**	**-1726.6**
Trade balance	**-3027.0**	**-3893.9**	**-4998.8**	**-2697.9**
Merchandise Exports (fob)	**3726.7**	**4172.1**	**5269.7**	**5889.9**
Cocoa beans and products	1187.4	1132.6	1501.7	1922.1
Gold	1277.2	1733.8	2246.3	2444.7
Timber products	206.7	249.0	309.0	226.8
Non-traditional exports	1055.3	1056.7	1218.4	1296.3
Merchandise Imports (fob)	**-6753.7**	**-8066.1**	**-10268.5**	**-8587.8**
Oil	-1646.2	-2095.0	-2349.2	-1618.3
Non-oil	-5107.5	-5971.1	-7911.8	-16969.5
Services	**-136.5**	**-162.1**	**-392.3**	**-706.4**
CAt Balance/GDP (%)	**-5.9**	**-13.6**	**-21.0**	**-9.0**
Stock of Reserves	**1,782.7**	**1,812.2**	**2,548.3**	**2,317.1**
Months of Import Cover	**3.3**	**2.4**	**2.4**	**2.4**
Addendum				
Oil/Imports Bill Ratio	24.4%	26.0%	22.9%	18.8%
Change in Oils imports bill		448.8	254.2	-730.9
Change in Oils imports bill (%)		27.3%	12.1%	-31.1%
Share of cocoa & gold in exports	66.1%	68.7%	71.1%	74.1%
Non-trade exports in total exports	28.3%	25.3%	23.1%	22.0%
Timber products	5.5%	6.0%	5.9%	3.9%

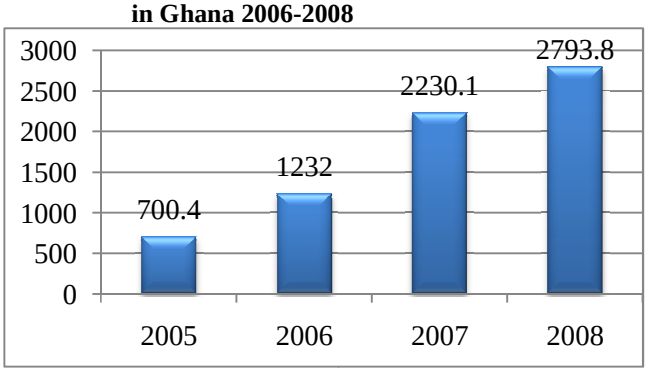
Source: Bank of Ghana, 2009

International trade: Prior to the global financial crisis, the world economy experienced an unprecedented commodity boom (World Bank, 2009). In Ghana, cocoa and gold, the main exports were resilient in the face of the financial crisis. Global oil prices which peaked at US$142.86 in July 2008, declined to US$76.72 at the end of October 2009. Ghana benefitted from the lower prices, as well as lower crude oil imports resulting from shifts in the hydro/thermal fix (BOG, 2009b). Consequently, the oil import bill fell by 31.1% from US$2,349.2 billion to US$1,618.3 billion, between 2008 and 2009 (BOG, 2009b) (Table 12). In addition,

the proportion of the oil bill to total import bill, which hovered around 23.4% between 2005 and 2008, also declined quite considerably to 18% in 2009. As Ghana prepares itself to be an oil exporting country in 2011, declines in oil prices will not be so favourable to the country.

Moreover, Ghana's export products are not diversified, with an overconcentration on the main exports. For example, cocoa and gold alone accounted for 74.1% of exports in 2009, with non-traditional exports and timber contributing 22% and a mere 3.9%, respectively. Furthermore, the markets for Ghanaian exports are limited. About half of the commodities end up in the United States of America, United Kingdom and the Netherlands, and another third in South Africa (Brinkman, et al., 2009). As a result, the recession in these major markets might have had a toll on the Ghanaian economy. As at 2009, Ghana had an overall balance of payment deficit which was 9.2% of GDP, and was mainly financed from the domestic money market.

Figure 26: Private Capital including FDI (US$' Million) in Ghana 2006-2008



Source: Bank of Ghana, 2009

Foreign Direct Investment: It is estimated that foreign direct investment (FDI) globally, declined by over 20% in 2008 compared to the inflows between 2000 and 2007 (IMF, 2009). Ghana is an exceptional case due to the fact that investment in the oil and gas fields resulted in acceleration in FDI. Available data shows that FDI increased from 2005 (US$700.4 million), 2006 (US$1,232 million), 2007 (US$2,230 million) and further in 2008 to US$2793.8mn (Figure 26).

Banking and Financial Sector: Half of the 26 banks in Ghana are foreign-owned (India, Libya, United Kingdom, West Africa, Nigeria, Malaysia, France, and South Africa), and most (39%) of the foreign-owned banks are based in Nigeria. Thus, foreign owned banks cut down on lending to their subsidiaries in Ghana during the financial crisis, and requested the subsidiary banks to substantially cut down on credits to the private sector. This is in response to the fear of high loan default rates which arose out of high interest rates. This negatively affected the financial sector in general, and lending to local enterprises as well as households in particular. As shown in Table 13, discount, interest, prime and lending rates either declined or slightly increased between 2005 and 2007. However, the same rates experienced phenomenal increases between 2007 and 2009, and this could be attributed to the global financial crisis.

Generally, while there was a stiff credit regime for households and enterprises, there was a decline in net demand for credit at the end of 2008 and the early part of 2009 (BOG, 2009a). The stiff credit regime was targeted to a greater extent at long term facilities as compared to short-term ones. As a result, credit for mortgages was stiffer, consequently leading to rising cost of funds and preference for shorter maturities. Available statistics show that there has been a general decline in growth rate of total assets for the banking sector from an average of

43.7% between December 2007 and May 2008, to 37.4% between December 2008 and May 2009.

Table 13: Discount, interest, prime and lending rates in Ghana, 2005-2009

Discount, interest and prime rate	2005 (Dec)	2006 (Dec)	2007 (Dec)	2008 (Dec)	2009 (Jun)	% Change 2005-2007	% Change 2007-2009
28-day Discount Rate	12.33	12.53	12.47	18.40	18.40	1.1	47.6
28-day Interest Rate Equivalent	12.44	12.66	12.59	18.66	18.66	1.2	48.2
56-day Discount Rate	13.10	12.50	12.50	15.25	15.25	-4.6	22.0
56-day Interest Rate Equivalent	13.37	12.75	12.75	15.62	15.62	-4.6	22.5
91-day Discount Rate	11.13	9.41	10.34	23.22	24.25	-7.1	134.5
91-day Interest Rate Equivalent	11.45	9.65	10.61	24.65	25.84	-7.3	143.5
182-day Discount Rate	12.01	10.00	10.25	23.15	25.19	-14.7	145.8
182-day Interest Rate Equivalent	12.78	10.70	10.80	26.18	28.82	-15.5	166.9
1-year Interest Rate	16.50	13.00	12.30	20.00	21.00	-25.5	70.7
2-year floating Interest Rate	16.68	14.00	-	-	-	-	-
2-year Fixed Interest Rate	17.00	13.50	12.80	21.00	21.00	-24.7	64.1
3-year floating Interest Rate	21.00	17.20	-	-	-	-	-
3-year fixed Interest Rate	17.50	14.00	12.08	-	-	-31.0	-
5-year GOG Bond Interest Rate	-	14.47	13.67	-	-	-	-
Bank of Ghana Prime Rate	15.50	12.50	13.50	17.00	18.50	-12.9	37.0
Base lending rate	21.45	20.85	18.77	27.22	32.75	-12.5	74.5

Source: HFC Bank (2010), Research Department, HFC Bank, 2010

Certain developments in the key indicators show that there has been some level of strain in the banking sector. For instance, as shown in Table 14, the loan portfolio quality (measured by the ratio of non-performing loans (NPL) to gross loans) which appreciated from December 2007 (6.9%) through March 2008 (8.7%) to June 2008 (8.7%), experienced declines in September 2008 (7.6%) but appreciated slightly in December 2008 (7.7%). A similar trend is observed for loan loss provision to gross loans ratio. It rose slowly from December 2007 (5.5%) through March 2008 (5.9%) to June 2008 (6.2%). However, it experienced a decline in September 2008 (5.9%) but appreciated in December 2008 (6.3%).

Table 14: Asset quality of the Ghanaian Banking Sector

Indicator	Dec-07	Mar-08	Jun-08	Sep-08	Dec-08
NPL ratio (%)	6.9	8.7	8.7	7.6	7.7
Loans provision to gross loans (%)	5.5	5.9	6.2	5.9	6.3
NPL net provision to capital (%)	4.8	14.0	12.7	9.2	7.7

Source: Bank of Ghana (2009c) Financial Stability Report (February 2009)

The net provision of NPL to capital ratio, increased drastically from 4.8% in December 2007 to 14.0% in March 2008. However, it declined consistently to 12.7%, 9.2% and 7.7% in June 2008, September 2008 and December 2008, respectively. Earnings also depreciated from the second half of 2008. For example, return on assets (ROA) declined from an average of 3.8% in 2007 to an average of 3.4% in 2008. In addition, return on earnings (ROE) also declined from an average of 26.6% in 2007 to 23.7% in 2008.

The Ghana stock market, which is not so integrated with the global stock market, performed creditably at the initial stage of the global financial crisis. However, developments at the end of 2009 showed signs that the stock market might have borne the brunt of the crisis. The entire set of stock market indicators, namely, market capitalisation, all-share index, volume

and value traded as well as government bonds, which rose steadily between 2005 and 2008, experienced declines in 2009 (Table 15). For example, market capitalisation experienced a 10.9% decline from GH¢ 17,895 million to GH¢15,941 million between 2008 and 2009. Similarly, the all-share index also experienced a 46.6% decline from 10,431.6 to 5,572.3 during the same period. Furthermore, traded volume decreased from GH¢531,660 million in 2008 to GH¢96,767million in 2009, while traded value also declined from GH¢365.51 million to GH¢74.19million over the same period. Finally, government and corporate bonds were not spared, as they both plummeted by 16.1% (from GH¢1,237.5 million to GH¢1,039.1million) and 39.1% (from US$6.4 million to US$3.9 million), respectively, between 2008 and 2009.

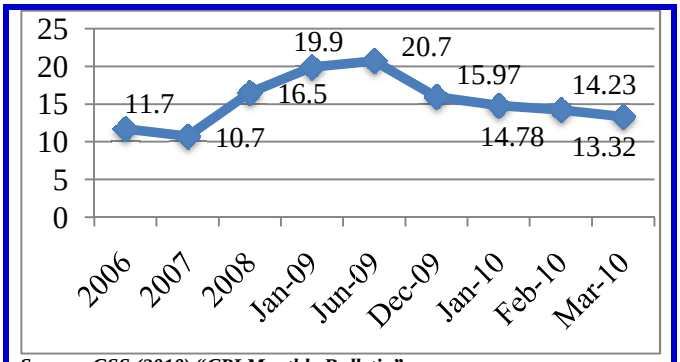
Table 15: Market activities for 2005-2009

Indicator	2005	2006	2007	2008	2009
Market capitalization-Equities (GH¢ m)	9,185	11,249	12,368	17,895	15,941
All-share index	4,769.0	5,006.0	6,599.8	10,431.6	5,572.3
Volume traded (000)	81,400	98,286	287,221	531,660	96,767
Value traded (GH¢ m)	46.44	47.60	140.71	365.51	74.19
Government bonds (GH¢ m)	22.5	326.2	1,333.1	1,237.5	1,039.1
Corporate bonds (US$ m)	8.8	2.5	6.4	6.4	3.9

Source: Ghana Stock Exchange (2010), February 2010

This occurrence is consistent with what transpired on most of the global capital markets. It stemmed from low market activities, exemplified by low demands and large offers for listed securities, culminating in downward pressure on share prices. The introduction of automated trading in early 2009 was expected to boost market activities in Ghana but this did not materialize. Current figures show that market capitalisation and the all-share index, respectively, experienced a 1.8% and 4.8% growth between December 2009 and March 2010. This could be interpreted to mean that the stock market in Ghana, is gradually recovering from the shocks of the global financial crisis.

Figure 27: Inflation rate in Ghana, 2006-2010



Source: GSS (2010) "CPI Monthly Bulletin"

Price Developments (Inflation and Exchange Rate Effects): Another channel of transmission of the global financial crisis is price development which is assessed through inflation and exchange rate effects. After experiencing remarkable strides in 2006 (11.7%) and 2007 (10.7%) despite substantial increase in oil prices from 2003, inflation took a down turn but increased in 2008 (16.5%) (Figure 27). Thus, one of the major monetary policies, i.e., to reduce inflation to single digit for 2008 (7.0%) and 2009 (6.0%) respectively could not be achieved (GSS, CPI Bulletins).

Higher commodity prices, mainly food and oil, which was propelled by significant changes in exchange rates in 2008/2009, increased inflation to 19.9% in January 2009 and further to 20.7% in June 2009. However, the end of 2009 and the beginning of 2010 saw considerable decline in inflation (year-on-year). The Ghana Statistical Service puts inflation at 15.9% and

14.8% in December 2009 and January 2010, respectively. The inflation rate declined to 14.23% in February 2010 and 13.32% in March 2010. This is mainly due to the rigid monetary and fiscal policies being undertaken by the government to stabilize the deteriorating macroeconomic situation in the country at the end of 2008.

Furthermore, due to the global financial crisis, the foreign exchange markets of most of the relatively open African economies, including Ghana, came under severe pressure. Major currencies such as the US dollar, and the Euro suffered instabilities during the crisis. These affected the exchange rate and the competitiveness of the Ghana Cedi, due to declines in portfolio outflows, FDI and increases in import bill. Other reasons include, realignments of the major currencies, increase in demand for foreign exchange to service higher oil and food bills as well as external debt servicing. Prior to the second quarter of 2008, the Ghanaian Cedi enjoyed considerable stability against the major currencies, and had an equal if not slightly higher value compared to the US dollar. However, the Cedi came under further pressure due to high current account deficit, rising debt, low international reserves and high inflation in the rest of 2008, greater part of 2009, and the beginning of 2010.

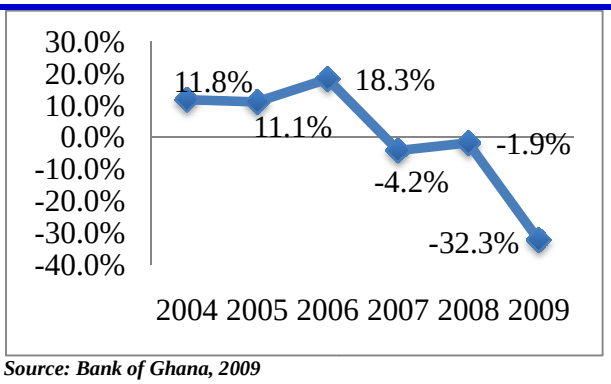
Table 16: The Ghana Cedi against the US Dollar

Period	Exchange rate	Cumulative depreciation (%)
January – March 2008	0.9777	0.8
January – June 2008	1.0092	6.4
January – October 2008	1.1195	17.9
January – March 2009	1.3297	13.0
January – June 2009	1.4399	19.5
January – October 2009	1.4609	17.5

Source: Bank of Ghana, 2009

Thus, there was a cumulative depreciation of 17.5% of the Ghana Cedi compared to the US dollar from January – October 2009 (Table 16). This compares to 17.9% over the same period in 2008. However, the fortunes of the Ghana Cedi has been enhanced since August 2009, and appreciated by 3.5% cumulatively against the US dollar.

Figure 28: Percentage change in External Development Support in Ghana, 2004-2009



Source: Bank of Ghana, 2009

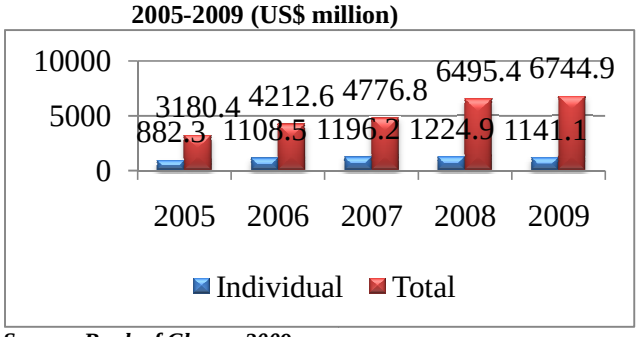
Factors such as a significant build-up of foreign reserves, fiscal consolidation and the return of confidence in the economy have accounted for the appreciation (BOG, 2009b).

Official Development Assistance (ODA):

Although, most development partners did not announce the curtailing of ODA, it was estimated that there would be a reduction in 2009 due to the financial crisis. Figure 28 shows that percentage change in EDS which had an increasing trend in 2004 to 2006, declined slightly in 2007 and 2008. However, the decline in 2009 was very steep. This gives an indication that ODA to Ghana declined by 32.3% between 2008 and 2009.

Remittances: Remittances from Ghanaians living abroad to their relatives at home is an important component of the economy and constitutes about 5% of total household income, and a very important source of foreign exchange. Remittances to Ghana account for 12% of GDP and 29% of exports (BOG, 2009a). The USA and Canada are the main traditional sources of remittances to Ghana. Collectively, the two countries account for 60% of remittances to Ghana. However, about 64% of remittances is purported to have been carried by friends or family relations, and was not recorded as part of the official statistics (World Food Programme, 2009a). Remittances to Ghana increased in the period preceding the global financial crisis.

Figure 29: Inward transfers through Banks from Q1-Q3 2005-2009 (US$ million)



Source: Bank of Ghana, 2009

Private inward transfers, i.e., received by NGOs, embassies, service providers, individuals, etc., through the banks experienced a 3.9% increase from US$6.49 billion to US$6.74 billion between September 2008 and 2009. However, the transfers to individuals declined by 6.6%, i.e., from US$1.22 billion to US$1.14 billion during the same period (Figure 29).

5.2 Global Financial Crisis and MDGs in Ghana

The analysis of international trade and foreign direct investment shows that Ghana did not suffer major setbacks as far as the global financial crisis is concerned. Gold and cocoa, Ghana's main exports, were resilient in the face of the crisis and as a result of investments in the oil and gas fields, foreign direct investment in Ghana increased. It can, therefore, not be argued that developments in international trade and FDI negatively affected the achievement of any of the MDGs in Ghana. However, the crisis brought with it negative consequences for the financial markets. There was reluctance on the banks to provide credit to households, small and medium enterprises (SMEs) as well as big business enterprises for fear of loan default. In addition, discount, interest, prime and lending rates increased. As far as the stock market is concerned, the all-share index fell drastically and trade volume also decreased. These developments affected share prices paid to clients which may have further affected incomes of households.

The depreciation of the cedi as a result of a very high current-account deficit, rising debt, low international reserves and high inflation might have had serious consequences for debt-servicing. There may have been adverse effects on the importation of goods and services, particularly food, which had a ripple effect by increasing domestic prices of consumer goods, and therefore reducing access to food by vulnerable populations. In a study by World Food Programme (2009b), 66% of households reported that they experienced a shock during the last 12 months preceding the survey. Lack of money to buy food or other essentials (13%) and high food prices (8%) were the second and third most frequently cited shocks, after

illness/death. Moreover, 75% of households reported that expenditures had increased over the previous 12 months preceding the survey, of which 83% singled out food to have been most significant, followed by transportation (76%), health (51%) and education (49%).

Furthermore, cuts in Official Development Assistance (ODA) may have affected a substantial portion of the Ghanaian population, especially the vulnerable ones since this invariably affects government expenditure. The provisional outturns of total payments made by government in the first quarter of 2008 and 2009 shows that the amounts expended for the District Assemblies Common Fund and the Ghana Education Trust Fund declined by 13.3% and 6.9%, respectively (GOG Budget Statement, 2010). These developments further put the poor in precarious situation through job losses and cutbacks on spending on health, education, poverty, and sanitation programmes. Finally, remittances are important income source for many vulnerable households. Thus, a decline in remittances, particularly to individuals negatively affected poverty levels and hunger in Ghana (Adams, et al., 2008).

6. ASSESSMENT OF THE IMPACTS OF CLIMATE CHANGE ON THE ACHIEVMENT OF THE MDGs IN GHANA

The impact of climatic change is now more than ever before being felt. It poses an increasingly recognizable threat to the livelihoods and well being of Ghanaians. There is clear evidence that the potential negative impacts of climate change are immense, and Ghana is particularly vulnerable due to lack of capacity to undertake adaptive measures to address environmental problems and socio-economic costs of climate change (EPA, 2000). For instance, in agricultural areas, particularly in the central and northern regions of the country, climate change has contributed to the deterioration of rural livelihoods, which is reflected in declining incomes, malnutrition, and hunger. There are also health problems associated with climate change, flooding of coastal areas, which are already undergoing erosion, and low operating water levels of the only hydro-generating dam in the country. Yet, human adaptive capacity and strategies to respond to floods, high temperatures, coastal erosion, sea level rise, and other climate-related events are intrinsically tied to people's vulnerability to daily shocks and stresses. Climate change is likely to exacerbate these shocks and stresses, particularly among the poorest and most vulnerable populations and, therefore, may inhibit the attainment of the MDGs.

The evidence of the implications of these phenomena for the attainment of the MDGs in Ghana may have been underreported. It is important that this is given the needed attention since it has the potential of not only eroding the gains already made, but also frustrating efforts being made to achieve the goals. In Ghana, the manifestations of climate change include floods, high temperatures, as well as sea level rise. These have been transmitted through crop yields, employment and incomes, nutrition, infrastructure, access to health and education, disease, etc. *This report has not used a model to quantitatively track the impact of climate change (via its manifestations) on the attainment of MDGs. Instead, the report studies the phenomenon, examines the trends in the key climatic and MDGs indicators and draws inferences on the basis of the relationships.*

6.1 The Manifestations of Climate Change

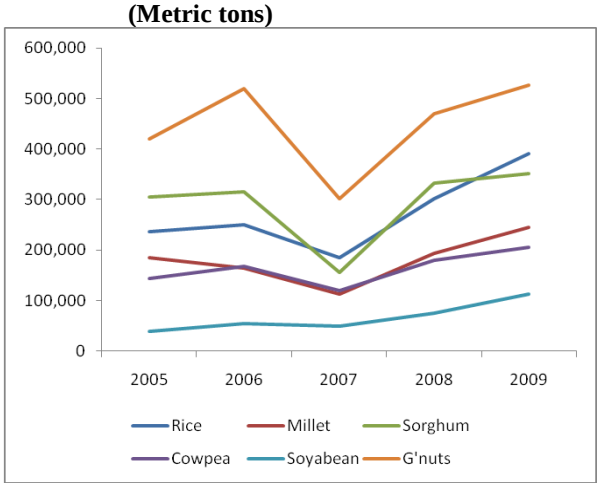
The manifestations of climate change include floods, high temperatures, as well as sea level rise. Although Ghana has experienced extreme flood events in 1969, 1972/73, 1991 and 1995, latest Intergovernmental Panel on Climate Change (IPCC) model predictions for Africa, drawing upon empirical downscaling of General Circulation Models (GCM) simulations by Hewitson and Crane (Christensen, et al. 2007), suggest strong drying over the centre of the Sahel but wetter trends along the coast, especially the Gulf of Guinea. In fact, extremely wet seasons, high intensity of rainfall events, and associated flooding in West Africa are expected to increase by 20% over the next decades. The 2007 floods will go down in the history of Ghana as one of the worst flooding events in the country. In all 330,000 people were affected, 56 killed and 6,000 farms destroyed (UN, 2007). In Northern Ghana, for instance, 250mm of rain fell within three consecutive days, which is equivalent to one third of the average total annual precipitation (CARE, 2007).

Furthermore, evidence of scenarios developed for climate change impact assessment in Ghana shows trends towards rising temperatures and declining rainfall for all ecological zones (EPA, 2000; Minia, 2004). Although, there have been periods of high temperatures in Ghana, for example in 1976, the 1983/84 drought is on record to be the severest. In recent times the country has experienced increases in minimum and maximum temperatures. Analysis of the mean rate of annual change in both minimum and maximum temperatures in the Wenchi and Afram Plains districts between 1960 and 2004 show an increase of 0.03^0 C. Although this figure looks minimal, its effects are being felt in the communities. Finally, many of Ghana's prominent cities, including Accra, are located on fragile coasts or river deltas. Populations in these locations are highly vulnerable to sea level rise, coastal erosion, and increasing salt levels in coastal water tables. Yet, the majority of Ghana's economic, social, and political infrastructure is concentrated in these coastal areas. Since the 1960s, Keta and Keta-Kedzi, two coastal towns in the Volta Region, have lost more than a quarter of the total land mass due to sea erosion. Annual rate of coastal erosion in the Keta area is estimated at 3 metres (EPA, 2007) and in recent times, Ada Foah and surrounding areas are showing signs of coastal erosion.

6.2 Climate Change and the MDGs

The impact of climate change on the MDGs are varied and of various degrees and intensities. Climate change impacts have been shown to hit the poor and vulnerable the hardest. This is because the poor depend more on the resources impacted and they have less adaptive capacity. In Ghana, the poorest members of society are food crop farmers and populations in fragile coastal zones and savannahs.

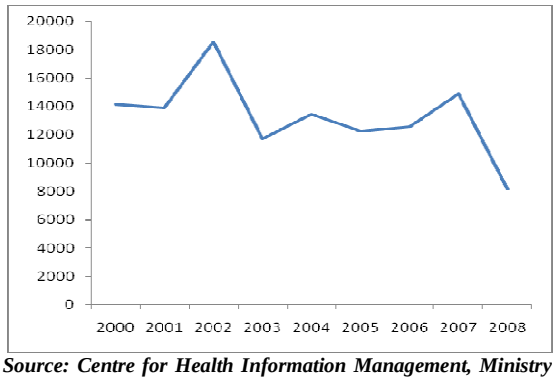
Figure 30: Production of major crops (Cereals, Soya-bean & Groundnut) in Ghana 2005-2009 (Metric tons)



***Source:** Statistics, Research and Information Directorate (SRID), Ministry of Food & Agriculture - 2005-2009*

Floods, high temperatures, and sea level rise impacts poverty and hunger through low crop yield, employment opportunities and uncertainties in income levels and nutrition. Figure 30 clearly shows the possible effect of climate variability/ change, which manifested through the 2007 floods on food crop production in Ghana. The floods of 2007 mainly affected the northern portions of the country. Consequently, output of cereals (namely, rice, millet and sorghum), beans (such as soya-bean and cowpea) as well as groundnut, mainly grown in the three northern regions, fell in 2007. However, the same crops experienced increases in production in the periods immediately prior to, and after the floods.

Figure 31: Malnutrition cases in Ghana, 2000-2008



Source: Centre for Health Information Management, Ministry of Health, 2008

Malnutrition cases in Ghana: Figure 31 shows that reported hospital cases of people, who suffered from malnutrition which has been constant between 2004 and 2006, suddenly increased by 15.6% between 2006 and 2007, and fell drastically by 45.5% between 2007 and 2008. This could be attributed to the floods of 2007. This has implications for Goals 4 and 5, namely, reducing infant and under-five mortality as well as maternal mortality.

With respect to sea level rise, land used for vegetable cultivation in the Keta area has been taken over by the sea. Thus, in the 1990s and 2000s, the Keta district did not record any production of vegetables as was done in the past. Also, land area used for maize production declined from an average of 1200 ha in the 1990s to about 620 ha in the 2000s. This has led to declining fortunes of the farmers. Fresh water fishing in the lagoon has also been negatively affected. As a result, Keta and Keta-Kedzi areas, respectively, had experienced declines in population of -13.6%, -12.8%, -35.7% and -13.3%, -45.6% and -40.6%, between 1960-1970, 1970-1984 and 1984-2000 (Yaro, et al., Forthcoming).

High temperatures also contributed to the drying up of major rivers and lakes in the country. Available data suggest that two of the major rivers in Ghana (i.e. Pra, and Tano) and Lake Bosumtwi are reported to be drying up at a frightening rate due to changes in climatic conditions and human activities. Over the years, the Akosombo Dam has experienced decreases in the water level due to reasons which include high temperature. A typical example was in early 1998, when power production fell by about 40% because of underperforming hydroelectric dams. Thus, the country experienced nationwide power cuts which had devastating consequences for households and industries. With reduced electricity, businesses from tuna canneries to clothing manufacturers reduced output, shortened the workweek and invested in power generators.

Furthermore, the 2007 floods had an effect on enrolment rates in public schools mainly in the three northern regions where the impacts of the floods were mostly felt. Average enrolment rates for the three regions increased from 47.3% to 47.8% between 2005/2006, and 2006/2007 but declined to 47.5% in 2007/2008, i.e., the period of the floods. The enrolment rate, however, rose to 47.9% in 2008/2009. In addition, share of women in vulnerable employment (own-account agriculture, and non-agriculture, family agriculture and non-agriculture), was very high in 1992 (90.1%), 1999 (91.1%) and 2006 (85.3%) (GSS, 2006). Climate change impacts negatively on these categories of employment and women are the ones most affected. This has implications for women empowerment.

Another example of the impact of climate change on the MDGs is shown in Figures 32 and 33. In both figures malaria and diarrhoea cases increased in the years that experienced the

highest rainfall figures. Malaria is the most dramatic illness in its impact since it accounts for between 30% and 40% of the cases reported at outpatient facilities annually. The vectors of the parasite that causes malaria, breeds more prolifically during the rainy season resulting in increased health risk. In addition, year-round breeding is made possible, largely because of the micro-ecological niches found in urban areas, which are associated with bad drainage systems that are often choked by water, waste materials, inadequate solid waste and sullage disposal, impermeable surfaces that prevent infiltration, and thus lead to water run-off, limited parks and other green spaces to absorb water run-off (Benneh, et al., 1993; Huq, et al., 2007). To compound the problem further, breeding sites remain even in dry seasons, due to the poor drainage systems and thus, malaria becomes holoendemic, i.e., independent of seasonality (Blacker, 1991). This affected the goal of halting and reversing the incidence of malaria as well as reducing child mortality.

Figure 32: Rainfall and Malaria cases in Ghana, 1988-2005

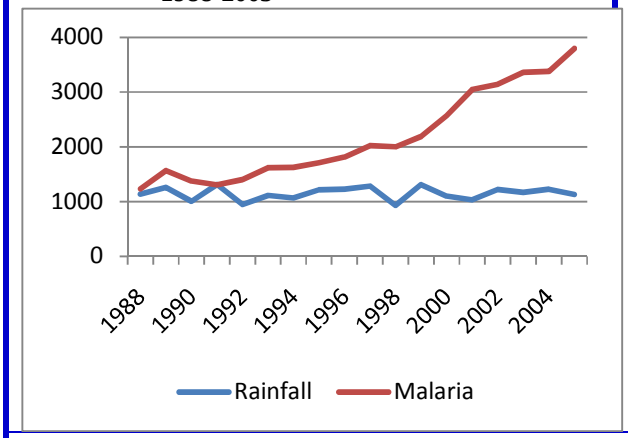
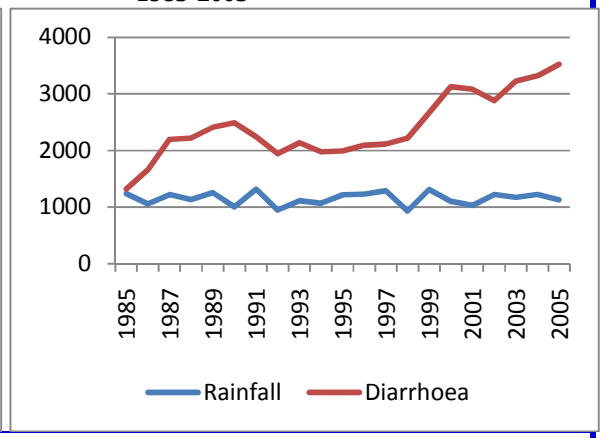


Figure 33: Rainfall and Diarrhoea cases in Ghana, 1985-2005



Sources: Ghana Meteorological Agency, 2005, and Centre for Health Information Management, Ministry of Health, 2008

Finally, Baffoe-Bonnie, et al., (2009) predict a general increase in measles, meningitis and guinea worm cases, due to high temperatures.

In summary, the analysis shows that impact of climate change is being felt in Ghana in recent times. The manifestations include floods, high temperatures, as well as sea level rise. These have been transmitted through crop yields, employment and incomes, nutrition, infrastructure, access to health and education, disease, etc. The major consequences of the 2007 floods included declines in food crop production which affected hunger and poverty. In addition malaria and diarrhoea cases increased tremendously in Ghana in 2007, which incidentally was the year of massive flooding in the country. This might have affected the goal of halting and reversing the incidence of malaria as well as reducing child and maternal mortality. Drying up of lakes, rivers, dams had also resulted in power cuts to households and industries which had implications for poverty levels. Finally, the loss of more than a quarter of the total land mass due to sea erosion in the Keta area since the 1960s has affected vegetable cultivation and fresh water fishing in the lagoon. This in turn might have affected poverty and hunger.

7. CONCLUSION

Approximately four and a half years to the target date of achieving the MDGs in 2015, Ghana's progress is mixed. While some targets are likely and/or potentially achievable, others are either off-track or lack data to track progress. MDG 1 – halving poverty; MDG 2 – universal basic education and part of MDG 3- ensuring gender parity especially at the primary school level can be achieved.

Significant progress has been made in achieving the MDG 4 target of reducing both infant and under-five mortality rates by two-thirds by 2015, and it is possible for Ghana achieve the target for this MDG if effort is made to scale-up and sustain the recent child survival interventions which have brought about the current improvement in these indicators Ghana. MDG 5- Improve Maternal health is off-track. Maternal mortality rate at 451 deaths per 100,000 live births is high and Ghana is unlikely to attain the target of reducing by three quarters the maternal mortality ratio between 1990 and 2015, even though maternal health care has improved over the past 20 years.

In terms of MDG 6, HIV/AIDS prevalence rate in Ghana has fallen from 3.2% in 2006 to 2.2% in 2008 but later increased to 2.9% in 2009. With this trend, it is unlikely that the country will achieve the 2015 target of halting and reversing the spread of the epidemic. A lot needs to be done on educational campaign and other HIV/AIDS programmes to promote significant behavioural change. The incidence of malaria still remains immense serious public health concern. It is regarded as a leading cause of mortality and morbidity particularly among pregnant women and children under-five years. MDG 7 will be partially achieved. Ghana is on track in achieving the MDG 7 target of reducing by half the proportion of people without access to improved water well ahead of the 2015 target, however critical challenges exist in the area of proportion of land area covered by forest, access to improved sanitation, and reducing the proportion of urban population living in slum areas The forest cover is continuously depleted and even though access to improve sanitation has been increasing Ghana is unlikely to achieved these targets unless extra effort is made to accelerate the pace of policy implementation.

Ghana continued to sustain the progress under MDG 8 of dealing comprehensively with the domestic debt burden. ODA inflows to Ghana appear to have increased in nominal terms between 2001 and 2008. However, the challenge is quality of the aid the country receives and the level of increases in real terms. In real terms, ODA inflows to Ghana has stagnated between 2002 and 2008, after initial rise from 6% of GDP in 1999 to 15% of GDP in 2001. The portfolio of aid inflows continued to be dominated by project aid which constitutes more than 60% of ODA inflows. Also the global financial, oil and food crisis, appear to have impacted negatively on the public debt position of Ghana's and is gradually approaching unsustainable levels in recent times.

The quick impact analysis of the global economic and financial crises experienced between 2006 and 2008 suggests that Ghana did not suffer major setbacks. However, negative consequences for the financial markets were noticed. The banks were reluctant to provide

credit to households and business enterprises; discount, prime and lending rates increased; the all-share index of stock market fell drastically and trade volume decreased. These affected share prices paid to clients which may have further affected incomes of households. The identified channels of transmission i.e. trade, investment, banking and financial services, price developments (inflation and exchange rate effects), external development support and remittances have the potential of reversing the gains made in attaining the MDGs.

The energy crisis obviously impacted adversely on the domestic economy in general and MDGs in particular. As resources that could have been used to support activities in poverty reduction and growth enhancement were allocated to address the energy crisis.

The impact of climate change is being felt in Ghana in recent times. The floods, high temperatures, as well as sea level rise have been transmitted through crop yield, employment and incomes, nutrition, infrastructure, access to health and education, disease, etc. The 2007 floods declined food crop production with consequences on hunger and poverty. In addition, malaria and diarrhoea cases increased tremendously in 2007.

The supportive environment towards achieving the MDGs remains strong through social protection programmes such as the National Social Protection Strategy (NSPS) initiated in March 2007. The main programmes under NSPS are Livelihood Empowerment Against Poverty Project, which supports the extremely poor households with monthly cash transfer, the National Health Insurance Scheme, which ensures quality access to health care by all at affordable or no costs, the Capitation Grant that guarantees every young Ghanaian the right to free basic education, the Ghana School Feeding Programme which enhances school enrolment, encourage attendance, ensure retention and improve the nutritional and health status of children may have ameliorated the impact of the global financial crisis, and probably the MDGs. Following the rise in food prices in 2008, some 15,000 households were selected for an emergency LEAP (E-LEAP).

Regarding climate change, the EPA has provided an extensive adaptation assessment for the various sectors of the country. Some of the options include, the use of groundwater resources, water conservation practices, wastewater for aquaculture, cage culture, tree planting, agro forestry, extending vaccination coverage, agricultural diversification, livestock-crop integration, drought tolerant crops, etc.

MDGS STATUS AT A GLANCE

Table 17: Ghana's Progress towards The Millennium Development Goals

Goals	Will goal be reached?	State of supportive environment
Extreme poverty and hunger		
– Halve the proportion of people below the national poverty line by 2015	Probably Potentially **Achieved** Lack of data	**Strong** Fair *Weak but improving* Weak
– Halve the proportion of people who suffer from hunger	Probably **Potentially** Achieved Lack of data	**Strong** Fair *Weak but improving* Weak
Universal primary education		
– Achieve universal access to primary education by 2015	Probably **Potentially** Unlikely Lack of data	**Strong** Fair *Weak but improving* Weak
Gender equality		
– Eliminate gender disparity in primary and junior secondary education by 2005	**Probably** Potentially Unlikely Lack of data	**Strong** Fair *Weak but improving* Weak
– Achieve equal access for boys and girls to senior secondary by 2005	**Probably** Potentially Unlikely Lack of data	Strong **Fair** *Weak but improving* Weak
Under-five mortality		
– Reduce under-five mortality by two-thirds by 2015	**Probably** Potentially Unlikely Lack of data	**Strong** Fair *Weak but improving* Weak
Maternal mortality		
– Reduce maternal mortality ratio by three-quarters by 2015	Probably Potentially **Unlikely** Lack of data	**Strong** Fair *Weak but improving* Weak
HIV/AIDS & Malaria		
– Halt and reverse the spread of HIV/AIDS by 2015	Probably **Potentially** Unlikely Lack of data	**Strong** Fair *Weak but improving* Weak
– Halt and reverse the incidence of malaria	**Probably** Potentially Unlikely Lack of data	**Strong** Fair *Weak but improving* Weak
Ensure environmental sustainability		
– Integrate the principles of sustainable development into the country policies and programmes and reverse the loss of environmental resources	Probably Potentially **Unlikely** Lack of data	Strong **Fair** *Weak but improving* Weak
– Half the proportion of people without access to safe drinking water by 2015	Probably Potentially **Achieved** Lack of data	**Strong** Fair *Weak but improving* Weak
– Half the proportion of people without access to improved sanitation by 2015	Probably Potentially **Unlikely** Lack of data	Strong **Fair** *Weak but improving* Weak
– Half the proportion of people without access to improved sanitation by 2015	Probably Potentially **Unlikely** Lack of data	Strong **Fair** *Weak but improving* Weak
Global partnership for development		
– Deal comprehensively with debt and make debt sustainable in the long term	Probably **Potentially** Unlikely Lack of data	**Strong** Fair *Weak but improving* Weak

QUANTIFIABLE PROGRESS TOWARDS THE MDGS

Table 18: Progress towards the MDGs

Goals/Targets	Indicator	Indicator Status									MDG Target
		1999	2001	2002	2003	2004	2005	2006	2007	2008	2015
Goal 1. Eradicate extreme poverty and hunger	Proportion below extreme poverty (national basic needs) line (%)	26.8	-	-	-	-	-	18.0	-	-	18.5
a. Halve the proportion of people below the extreme poverty line by 2015	Proportion below upper poverty line (%)	39.5	-	-	-	-	-	28.5	-	-	25.8
b. Halve the proportion of people who suffer from hunger	Proportion of children who are malnourished (%) -Underweight	31 *(1988)*	27.4 *(1993)*	25 *(1998)*	22.1	-	-	-	-	13.9	15.5
	- Stunting	30 *(1988)*	26 *(1993)*	30.5 *(1998)*	29.9	-	-	-	-	28	15
	- Wasting	7.5 *(1988)*	11.4 *(1993)*	10.0 *(1998)*	7.1	-	-	-	-	5.3	3.8
Goal 2: Achieve Universal primary education	- Gross Enrolment ratio (%)	72.7 (1990)	79.5 (2000)	-	-	-	85.7	92.1	93.7	95.2	100
Achieve universal access to primary education by 2015	- Net Primary Enrolment ratio (%)	54 (1990)	61 (2000)	-	-	-	59.1	69.2	81.1	83.7	100
	- Primary completion/survival rate (%)	63 (1990)	63 (2000)	-	-	83.2	82.6	75.6	85.4	88.0	100
Goal 3: Promote Gender equality and Empower Women	Ratio of females to males in primary schools (%)	-	-	0.92	0.77	0.93	0.95	0.95	0.96	0.96	1.0
a. Eliminate gender disparity in primary and junior secondary education by 2009	Ratio of females to males in junior secondary schools (%)	-	-	0.88	0.88	0.88	0.88	0.88	0.91	0.92	1.0
	Ratio of females to males in senior secondary school	-	-	-	-	-	-	-	-	-	-
b. Achieve equal access for boys and girls to senior secondary by 2009	Percentage of female enrolment in SSS (%)	-	-	-	-	-	43.5	49.5	-	-	-

Goals/Targets	Indicator	Indicator Status									MDG Target
		1999	2001	2002	2003	2004	2005	2006	2007	2008	2015
Goal 4: Under-five Mortality Reduce under-five mortality by two-thirds by 2015	- Under-five mortality Rate (per 1000 live births)	122 (1990)	110 (1995)	109 (2000)	111	-	-	111	Na	80	53
	- Immunization coverage (%)	61 (1990)	70 (2000)	-	83	-	84	85	89	90	100
Goal 5. Maternal Mortality Reduce maternal mortality ratio by three-quarters by 2015	- Maternal mortality per 100, 000 live births (Survey)	740 (1990)	Na	Na	Na	Na	503	Na	Na	451	185
	- Maternal mortality per 100, 000 live births in health facilities(Institutional)	216 (1990)	260	204	205	187	205	197	224	201	54
	- Births attended by skilled health personnel (%)	40 (1988)	44 (1993)	44 (1998)	47	-	-	48	-	59	100
Goal 6. Combat HIV/AIDS & Malaria a. Halt and reverse the spread of HIV/AIDS by 2015	National HIV prevalence Rate	1.5%	2.9%	3.4%	3.6%	3.1%	2.7%	3.2%	2.6%	2.2%	≤1.5%
b. Halt and reverse the incidence of malaria	Under Five Malaria case fatality (Institutional)	-	-	2.9%	2.8%	2.7%	2.4%	2.1%	Na	Na	-

Goals/Targets	Indicator	Indicator Status									MDG Target
		1999	2001	2002	2003	2004	2005	2006	2007	2008	2015
Goal 7: Ensure Environmental Sustainability											
a. Integrate the principles of sustainable development into the country policies and programmes and reverse the loss of environmental resources.	a. Proportion of land area covered by forest (ha/annum)	6,229,400 (27.4 % of total land area)	-	-	-	-	5,517,000 (24.3 % of land area)	-	Na	Na	≥7,448,000ha
	b. Annual rate of deforestation (%)	1.82 (135,400ha)	1.89 (115,400ha)	-	-	-	1.7 (93,789 ha)	-	Na	Na	≤1.82%
b. Half the proportion of people without access to safe drinking water by 2015	Proportion of population with access to safe drinking water(%)	56 *(1990)*	67 *(1993)*	70 *(1998)*	69	-	-	-	-	83.8	78
	-Urban	86 *(1990)*	90 *(1993)*	94 *(1998)*	83	-	-	-	-	93	93
	-Rural	39 *(1990)*	54 *(1993)*	63 *(1998)*	55	-	-	-	-	76.6	69.5
	Proportion of population with access to improved sanitation (%)	-	4 *(1993)*	5 *(1998)*	8	-	-	-	-	12.4	52
	-Urban	-	10 *(1993)*	11 *(1998)*	15	-	-	-	-	17.8	55
	-Rural	-	1 *(1993)*	1 *(1998)*	2	-	-	-	-	8.2	50.5
	Population with access to secure housing (%)	-	-	-	-	-	11	11.4	12	12.5	18.5 (2020)
	Population living in slums (%)	27.2 *(1990)*	25.5	-	-	-	21	20.7	20	19.6	<13
Goal 8: Global partnership for development	Public Debt Ratio (% of GDP)										
Deal comprehensively with debt and make debt sustainable in the long term	- External	152.8 *(2000)*	114.8	105.4	100.7	73	59.6	17	24.6	27.7	-
	- Domestic	28.9 *(2000)*	26.8	28.5	20.5	21.2	18.8	24.4	26.2	27.5	-
	- Total	181.65 *(2000)*	141.61	133.85	121.26	94.18	78.35	41.42	50.87	55.2	-
	External Debt service as a percentage of exports of goods & services (%)	**7.8** *(1990)*	10.1	10.2	5.2	5.6	5.8	3.2	-	4.3	-

Goals/Targets	Indicator	Indicator Status								MDG Target
		1999	2001	2002	2003	2004	2005	2006	2007	2008	2015
	ODA Inflows (% of GDP)										
	- Total	6	15	8	9	10	9	8.1	8.1	8.6	-
	- Programme Aid	30	39	58	49	40	35	37.6	31	37	-

APPENDIX

Table 19: Official list of MDG indicators

All indicators should be disaggregated by sex and urban/rural as far as possible *(Effective 15 January 2008)*	
Millennium Development Goals (MDGs)	
Goals and Targets (from the Millennium Declaration)	**Indicators for monitoring progress**
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below $1 (PPP) per day[i] 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below $1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15-24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bednets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources **Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss**	7.1 Proportion of land area covered by forest 7.2 CO2 emissions, total, per capita and per $1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used 7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums[ii]
Goal 8: Develop a global partnership for development	
Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system **Includes a commitment to good governance, development and poverty reduction – both nationally and internationally** **Target 8.B: Address the special needs of the least developed countries** **Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction** **Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)**	*Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.* Official development assistance (ODA) 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes 8.5 ODA received in small island developing States as a proportion of their gross national incomes Market access 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product 8.9 Proportion of ODA provided to help build trade capacity Debt sustainability 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC

Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	completion points (cumulative) 8.11 Debt relief committed under HIPC and MDRI Initiatives 8.12 Debt service as a percentage of exports of goods and services
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines per 100 population 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 (http://www.un.org/millennium/declaration/ares552e.htm) and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly - A/RES/60/1, http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty".

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[i] For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

[ii] The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (a) lack of access to improved water supply; (b) lack of access to improved sanitation; (c) overcrowding (3 or more persons per room); and (d) dwellings made of non-durable material.

Table A1: Trends in Poverty Incidence by Region and Location, 1990-2006

Region	Proportion below the lower (Extreme) Poverty line			Proportion below the Upper Poverty line		
	1991/92	1998/99	2005/2006	1991/92	1998/99	2005/2006
Western	42.0	14.0	7.9	60.0	27.0	18.0
Central	24.0	31.0	9.7	44.0	48.0	20.0
Greater Accra	13.0	2.4	6.2	26.0	5.2	11.8
Eastern	35.0	30.4	6.6	48.0	44.0	15.1
Volta	42.0	20.4	15.2	57.0	38.0	31.4
Ashanti	25.0	16.4	11.2	41.0	28.0	20.0
Brong Ahafo	46.0	18.8	14.9	65.0	36.0	29.0
Northern	54.0	57.4	38.7	63.0	69.2	52.3
Upper West	74.0	68.3	79.0	87.9	83.9	88.0
Upper East	53.0	88.0	60.1	67.0	88.0	70.0
Urban	15.1	11.6	5.7	27.7	19.4	11.0
Rural	47.2	34.4	25.6	63.6	49.5	39.0
National	**36.5**	**26.8**	**18.2**	**51.7**	**39.5**	**28.5**

Source: Ghana Statistical Services, (2007) Pattern and Trends of Poverty in the 1999-2006

Table A2: Trends in Gross Enrolment Ratios in Basic Schools, 1991/92 – 2008

Gross Enrolment Ratio	1991/92-2003/2004	2002/03-2004/05	2005/2006	2006/2007	2007/2008	Target 2015	Target Achievement
Kindergarten:							
National	**55.6%**	**60.1%**	**75.2%**	**83.6%**	**89.90%**	**65.0%**	**Steady progress**
Northern	26.2%	29.3%	30.8%	64.6%	69.10%		
Upper East	25.6%	28.6%	30.9%	56.5%	66.20%		
Upper West	19.3%	21.9%	30.9%	63.9%	72.80%		
Deprived districts	42.1%	48.0%	50.4%	78.1%	87.5%		
Primary:							
National	**74%-86.3%**	**85.7%-87.5%**	**92.1%**	**93.70%**	**95.20%**	**100.0%**	**Steady progress**
Northern	70.5%	72.7%	76.20%	77.60%	92.10%		
Upper East	77.1%	80.4%	84.40%	84.29%	96.90%		
Upper West	74.1%	77.3%	81.05%	81.54%	98.10%		
Deprived districts	70.1%	80.1%	84.3%	90.8%	93.8%		
Junior High School							
National	**70.2%**	**72.8%**	**74.70%**	**77.40%**	**78.80%**	**100.0%**	**Slow progress**
Deprived				61.7%	65.3%		

Source: Ministry of Education and Sports, Preliminary Education Sector Performance Report, 2005-06, Ministry of Education, Science and Sports, Education Sector Performance Report 2008, APR, 2008

Table A3: Trend in Gross Enrolment Ratio (GER) for Basic Schools, 2004-2008

Gross Enrolment Ratio	Target 2015	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	Progress toward target
Kindergarten							
National	**65.0%**	**60.14%**	**85.30%**	**83.6%**	**89.9%**	**92.9%**	Exceeded
Northern		29.28%	30.80%	64.6%	69.1%	76.6%	
Upper East		28.56%	30.90%	56.5%	66.2%	70.2%	

Upper West		21.94%	30.90%	63.9%	72.8%	76.2%	
Primary							
National	**100.0%**	**87.50%**	**92.10%**	**93.7%**	**95.2%**	**94.9%**	Slowed down
Northern		72.70%	76.20%	77.60%	92.1%	93.5%	
Upper East		80.40%	84.40%	84.29%	96.9%	94.1%	
Upper West		77.30%	81.05%	81.54%	98.1%	100.0%	
Junior High							
National	**100.0%**	**72.80%**	**74.70%**	**77.4%**	**78.8%**	**80.6%**	**Significant progress**

Source: Ministry of Education and Sports, Education Sector Performance Report 2009

Table A4: Trends in Net Enrolment Rates in Basic Schools, 1991/92-2008

Net Enrol-ment Ratio	1991/92-2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	Target 2015	Target Achievement
Primary:							
National	**46.2-55.6%**	**59.1%**	**69.20%**	**81.1%**	**83.7%**	**84.9%**	**Steady progress**
Northern	49.0%	52.4%	65.4%	67.5%	71.8%		
Upper East	53.2%	55.5%	69.0%	72.8%	77.7%		
Upper West	49.7%	54.5%	70.0%	70.1%	77.2%		
Deprived districts				74.5%	77.9%		
Sex							
Male	56.5%	60.0%	69.8%	79.8%	84.2%		
Female	54.7%	59.3%	68.1%	77.3%	81.6%		
Junior High							
National		**70.3%**	**74.50%**	**52.40%**	**53.4%**	**58.4%**	**Slow progress**
Deprived districts				41.6%	43.8%		
Sex							
Male			Na	53.3	54.1%		
Female			Na	55.5	51.8%		

Source: Ministry of Education and Sports, Preliminary Education Sector Performance Report 2005-06; APR, 2008; Ministry of Education and Sports, Education Sector Performance Report 2006-06

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