Ghana: macro context

Political landscape

- **President:** Nana Akufo-Addo
- **Stable democratic government** — One of the more stable democracies in the region, since its transition to multi-party democracy in 1992. Current government elected in Dec 2016 after hotly contested elections. Predecessor John Muhama conceded defeat
- **Next elections in 2020**

Current Government

- Following a major economic down turn in 2016, current government priorities focus on economic growth.
- The fiscal deficit dropped to 6% GDP in 2017 from 9.3% GDP; achieved primarily through expenditure cuts.
- Domestic resource mobilization is a key priority for the government.

Political priorities

- Gold and oil are Ghana’s main exports; potential risks of a drop in prices suppressing the economy. This happened between 2011 and 2016
- Faces recurrent power cuts hampering many business – but government has launched alternative sources of energy including nuclear and wind energy
- Maritime border disputes with Ivory Coast

Macroeconomic Indicators

- **Population (2018):** 29.6 M
- **GDP per capita (current USD, 2017):** $1,663
- **Government revenue as % of GDP:** 19.4%
- **Real GDP Growth per capita (2016):** 4.8%
- **Real GDP growth:** 7.5%
- **Inflation:** 10.6%
- **Credit rating:** B
- **Interest rate:** 18.0%
- **Current account deficit (as % of GDP):** 17.8%
- **Country income classification: Middle Income**

Contents

- Macro context of Ghana
- **Health Landscape**
- Health Financing
- Community health system
## Ghana: health indicators

### Facilities & Human Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Center/Post Density (per 100,000)</td>
<td>10.2</td>
</tr>
<tr>
<td>Hospital Beds (per 1,000)</td>
<td>0.9</td>
</tr>
<tr>
<td>Physicians (per 1,000)</td>
<td>0.096</td>
</tr>
<tr>
<td>Nurses/Midwives (per 1,000)</td>
<td>0.926</td>
</tr>
<tr>
<td>Community Health Workers (per 1,000)</td>
<td>0.563</td>
</tr>
</tbody>
</table>

### Disease & Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Expectancy at Birth (years)</td>
<td>62</td>
</tr>
<tr>
<td>Maternal Mortality Ratio (per 100,000 live births)</td>
<td>319</td>
</tr>
<tr>
<td>Under-5 Mortality Rate (per 1,000 live births)</td>
<td>59</td>
</tr>
<tr>
<td>Fertility Rate (births per woman)</td>
<td>4.0</td>
</tr>
<tr>
<td>Prevalence of HIV (% of population ages 15-49)</td>
<td>1.6%</td>
</tr>
<tr>
<td>Prevalence of Diabetes (% of population ages 20-79)</td>
<td>5.0%</td>
</tr>
<tr>
<td>Incidence of TB (per 100,000 people)</td>
<td>156</td>
</tr>
</tbody>
</table>

**SOURCE:** World Bank Data, 2018; Primary Health Care Performance Initiative, 2018
Macro context of Ghana
Health Landscape
Health Financing
Community health system
Health financing landscape

<table>
<thead>
<tr>
<th>Healthcare Expenditure Indicators</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Health Expenditure (THE) as % of GDP</td>
<td>5.4 % avg. low-income countries (5%) global avg. (9.2%)</td>
<td></td>
</tr>
<tr>
<td>General Health Expenditure (GHE) as % of General Government Expenditure (GGE)</td>
<td>10.6% targets set by Abuja Declaration (15%)</td>
<td></td>
</tr>
<tr>
<td>Per Capita government expenditure on health in USD</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Government expenditure on health as a % of Total Health Expenditure</td>
<td>60.6%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources of health funding in Ghana, %**

- **External Funding**: 13%
- **Domestic Funding**: 87%

**Spending, %**

- **Spending by household**: 36%
- **Government Expenditure**: 61%
- **Other**: 3%
**Ghana: Community health system**

**Community Health Officers (CHOs)**

- **Ownership:** Ghana Health Service, Ministry of Health
- **Funding Source:** Employed by the Ghana Health Service
- **Scale:** ~4,000 functional CHPS Zones (out of 6,445 demarcated CHPS Zones)
- **Time:** Full time
- **Interventions:** Preventive care, health education and promotion, basic curative services (variable scope)
- **Selection:** 18-30 years old, communication skills, ability to ride a motorbike or bicycle, nursing training
- **Training:** Two year nursing training and two-weeks of onsite training once place in a CHPS Zone
- **Health system linkage:** Supervised by district health management team and CHMC; refers more acute/complex cases to health centers or district hospitals

**Community Health Workers (CHWs)**

- **Ownership:** Ghana Health Service, Ministry of Health, Youth Employment Agency, 1mCHW Program
- **Funding Source:** Youth Employment Agency through a dedicated tax for the program
- **Scale:** Ashanti Region
- **Time:** Full time for two year term
- **Interventions:** Household outreach, preventive care, health education and promotion
- **Selection:** 18-35 years old, English literacy, capable of working with mobile technology
- **Training:** 28-week pre-service training and biannual in-service trainings
- **Health system linkage:** Supervised by CHO and CHMC; refers more acute/complex cases to CHO or health center

**SOURCE:** Expert Interviews, 2017; Business Plan for Strengthening PHC, 2017; National Community Health Worker Program, 2014; Community Health Systems Catalog Country Profile: Ghana, 2017
For CHPS, compounds and supplies are the largest start-up costs while monitoring, supervision, and HR are the largest operating costs.

With 6,445 CHPS Zones in the country, a fully functional system would cost approximately $813 million in start-up investment costs and approximately $379 million in annual operating costs.

Funding for CHPS comes from the national government, local governments, development partners, individual philanthropists, the private sector, and community contributions.