



**GHANA REVIEW REPORT: 10-YEAR IMPLEMENTATION  
OF THE ADDIS ABABA DECLARATION ON  
POPULATION AND DEVELOPMENT (AADPD10)  
AND 30-YEAR IMPLEMENTATION OF THE  
INTERNATIONAL CONFERENCE ON POPULATION AND  
DEVELOPMENT (ICPD30)**



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POPULATION AND DEVELOPMENT (ICPD30)**

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# ACRONYMS

<b>AADPD</b>	Addis Ababa Declaration on Population and Development
<b>AfCFTA</b>	African Continental Free Trade Area
<b>AfDB</b>	African Development Bank
<b>AGYW</b>	Adolescent Girls and Young Women
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>AML/CFT</b>	Anti-Money Laundering and Combating Financing of Terrorism
<b>ANC</b>	Antenatal Care
<b>ARHR</b>	Alliance for Reproductive Health Rights
<b>ART</b>	Antiretroviral Therapy
<b>AUC</b>	African Union Commission
<b>AU</b>	Africa Union
<b>BDR</b>	Birth and Death Registry
<b>BoG</b>	Bank of Ghana
<b>CAP</b>	Community Action Plans
<b>CBE</b>	Complementary Basic Education
<b>CBOs</b>	Community-based Organisations
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women
<b>CHPS</b>	Community-Based Health Planning and Services
<b>CHRAJ</b>	Commission on Human Rights and Administrative Justice
<b>CHP</b>	Child Health Policy
<b>CLFZ</b>	Child Labour Free Zones
<b>CLPC</b>	Child Labour Protection Committees
<b>COP</b>	Conference of the Parties
<b>CPESDP</b>	Coordinated Programme of Economic and Social Development Policies
<b>CREFAT</b>	Centre for Applied Research in Economy and Finances of the University of Thiès

<b>CRF</b>	Common Results Framework
<b>CRVS</b>	Civil Registration and Vital Statistics System
<b>CSA</b>	Cyber Security Authority
<b>CSIR</b>	Council for Scientific and Industrial Research
<b>CSM</b>	Cerebral Malaria
<b>CSOs</b>	Civil Society Organisations
<b>CSPG</b>	Cross Sectoral Planning Group
<b>CVRS</b>	Complete Civil and Vital Registration Systems
<b>DACF</b>	District Assembly Common Fund
<b>DD</b>	Demographic Dividend
<b>DEMI</b>	Dedicated Electronic Money Issuers
<b>DFID</b>	Department for International Development
<b>DOVVSU</b>	Domestic Violence and Victims Support Unit
<b>DPAT</b>	District Performance Assessment Tools
<b>DP</b>	Development Partners
<b>DRR</b>	Disaster Risk Reduction
<b>DVLA</b>	Driver Vehicle and Licensing Authority
<b>ECCD</b>	Early Childhood Care and Development
<b>ECOWAS</b>	Economic Community of West African States
<b>EMIS</b>	Education Management Information Systems
<b>EOCO</b>	Economic and Organised Crime Office
<b>EPSPs</b>	Enhanced Payment Service Providers
<b>ESPR</b>	Education Sector Performance Report
<b>FBOs</b>	Faith Based Organisations
<b>FCP</b>	Flood Contingency Plan
<b>FCTC</b>	Framework Convention on Tobacco Control
<b>fCUBE</b>	free Compulsory Universal Basic Education
<b>FDA</b>	Food and Drugs Authority
<b>FGM</b>	Female Genital Mutilation
<b>FIDA</b>	International Federation of Women Lawyers Ghana
<b>FP</b>	Family Planning
<b>FSHSP</b>	Free Senior High School Programme
<b>FSWs</b>	Female Sex Workers
<b>GAC</b>	Ghana AIDS Commission



<b>GAMA</b>	Greater Accra Metropolitan Area
<b>GARID</b>	Greater Accra Resilient and Integrated Development Project
<b>GASB</b>	Ghana Accessibility Standard for the Built environment
<b>GBV</b>	Gender Based Violence
<b>GDHS</b>	Ghana Demographic and Health Survey
<b>GDP</b>	Gross Domestic Product
<b>GER</b>	Gross Enrolment Rate
<b>GES</b>	Ghana Education Service
<b>GHS</b>	Ghana Health Service
<b>GhNCDA</b>	Ghana Non-Communicable Disease Alliance
<b>GIFEC</b>	Ghana Investment Funds for Electronic Communications
<b>GLSS</b>	Ghana Living Standards Survey
<b>GMHS</b>	Ghana Maternal Health Survey
<b>GNHR</b>	Ghana National Household Registry
<b>GPSNP</b>	Ghana Productive Safety Net Project
<b>GRA</b>	Ghana Revenue Authority
<b>GSA</b>	Ghana Standards Authority
<b>GSFP</b>	Ghana School Feeding Programme
<b>GSGDA</b>	Ghana Shared Growth and Development Agenda
<b>GSCSP</b>	Ghana Secondary City Support Project
<b>GSS</b>	Ghana Statistical Service
<b>GTEC</b>	Ghana Tertiary Education Commission
<b>GUMP</b>	Ghana Urban Management Project
<b>GVSSN</b>	Gender Violence Survivors Support Network
<b>HAF</b>	Hazardous Child Labour Activities Framework for Ghana
<b>HISWA</b>	Harmonising and Improving Statistics in West Africa
<b>HIV</b>	Human Immunodeficiency Virus
<b>HTS</b>	HIV Testing Services
<b>IABA</b>	Integrated Area-Based Approach
<b>ICT</b>	Information and Communications Technology
<b>ICPD</b>	International Conference on Population and Development
<b>IDEG</b>	Institute for Democratic Governance

<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IDEG</b>	Institute for Democratic Governance
<b>IDS</b>	Institute of Development Studies
<b>IEA</b>	Institute for Economic Affairs
<b>ILO</b>	International Labour Organization
<b>ISS</b>	Integrated Social Services
<b>ISSOP</b>	Intersectoral Standard Operating Procedure
<b>IMF</b>	International Monetary Fund
<b>IUD</b>	Intrauterine Device
<b>JICA</b>	Japan International Cooperation Agency
<b>JHS</b>	Junior High School
<b>KG</b>	Kindergarten
<b>KP</b>	Key Population
<b>KNUST</b>	Kwame Nkrumah University of Science and Technology.
<b>LEAP</b>	Livelihood Empowerment Against Poverty
<b>LGCSP</b>	Local Government Capacity Support Project
<b>LI</b>	Legislative Instrument
<b>LUPMIS</b>	Planning and Management Information System
<b>MDAs</b>	Ministries, Departments and Agencies
<b>MELR</b>	Ministry of Employment and Labour Relations
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MIFA</b>	Midwife-Women in Fertility Age
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MLGDRD</b>	Ministry of Local Government, Decentralisation and Rural Development
<b>MMDAs</b>	Metropolitan, Municipal and District Assemblies
<b>MMDCE</b>	Metropolitan Municipal and District Chief Executives
<b>MMR</b>	Maternal Mortality Ratio
<b>MoCD</b>	Ministry of Communication and Digitalisation
<b>MoE</b>	Ministry of Education
<b>MoF</b>	Ministry of Finance
<b>MoFA</b>	Ministry of Food and Agriculture
<b>MoH</b>	Ministry of Health
<b>MoGCSP</b>	Ministry of Gender, Children and Social Protection

<b>MoI</b>	Ministry of Information
<b>MoJAG</b>	Ministry of Justice and Attorney General's Department
<b>MSM</b>	Men who have Sex with Men
<b>MTCT</b>	Mother-to-Child Transmission
<b>MTDP</b>	Medium Term Development Plans
<b>MTN</b>	Mobile telephone network
<b>MTNDPFs</b>	Medium-Term National Development Policy Frameworks
<b>MoTI</b>	Ministry of Trade and Industry
<b>MoYS</b>	Ministry of Youth and Sports
<b>NABCO</b>	National Builders Corps
<b>NACP</b>	National AIDS/STI Control Programme
<b>NADMO</b>	National Disaster Management Organisation
<b>NCCAS</b>	National Climate Change Adaptation Strategy
<b>NCCE</b>	National Commission on Civic Education
<b>NCD</b>	Non-Communicable Diseases
<b>NCCP</b>	National Climate Change Policy
<b>NCPD</b>	National Council on Persons with Disabilities
<b>NDPC</b>	National Development and Planning Commission
<b>NDPF</b>	National Development Policy Framework
<b>NEP</b>	National Employment Policy
<b>NEP</b>	National Electrification Programme
<b>NEIP</b>	National Entrepreneurship and Innovation Plan
<b>NER</b>	Net Enrolment Rate
<b>NECC</b>	National Employment Coordinating Council
<b>NGO</b>	Non-Governmental Organisations
<b>NHIS</b>	National Health Insurance Scheme
<b>NHIA</b>	National Health Insurance Authority
<b>NIA</b>	National Identification Authority
<b>NNHSAP</b>	National Newborn Health Strategy and Action Plan
<b>NPC</b>	National Population Council
<b>NPA</b>	National Plan of Action
<b>NSP</b>	National Strategic Plan
<b>NSCCL</b>	National Programme on the Elimination of Child Labour in Cocoa

<b>NUP</b>	National Urban Policy
<b>NYA</b>	National Youth Authority
<b>NYVP</b>	National Youth Volunteer Programme
<b>OAU</b>	Organisation of African Unity
<b>OVC</b>	Orphaned and vulnerable children
<b>OHLGS</b>	Office of the Head of Local Government Service
<b>OSP</b>	Office of Special Prosecutor
<b>PEMED</b>	Presidential Empowerment for Women Entrepreneurs with Disability
<b>PHC</b>	Population and Housing Census
<b>PIPS</b>	Population and Integration Planning System
<b>PLHIV</b>	Persons Living with HIV
<b>PNDCL</b>	Provisional National Defence Council Decree
<b>PoA</b>	Programme of Action
<b>PPAG</b>	Planned Parenthood Association of Ghana
<b>PSRGFV</b>	Proper Sexual Rights and Ghanaian Family Values
<b>PWD</b>	Persons with Disability
<b>PWID</b>	People who Inject Drugs
<b>RAP</b>	Regional Action Plan
<b>RCCs</b>	Regional Coordinating Council
<b>RDT</b>	Rapid Diagnostic Test
<b>REDD+</b>	Reducing Emission from Deforestation and Degradation
<b>REP</b>	Rural Electrification Project
<b>RFG</b>	Responsiveness Factor Grant
<b>RHCP</b>	Regenerative Health and Nutrition Programme
<b>RIPS</b>	Regional Institute for Population Studies
<b>RPAC</b>	Regional Population Advisory Committees
<b>SDG</b>	Sustainable Development Goals
<b>S/DMTDPs</b>	Sector and district medium-term development plans
<b>SFP</b>	School Feeding Programme
<b>SHEP</b>	Self-Help Electrification Programme
<b>SHS</b>	Senior High School
<b>SHTS</b>	Senior High Technical School
<b>SRH</b>	Sexual Reproductive Health

<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>STEM</b>	Science, Technical, Engineering and Mathematics
<b>STEP</b>	Skills Towards Employability and Productivity
<b>STI</b>	Sexually Transmitted Infection
<b>SOCO</b>	Social Cohesion Project
<b>SWIMS</b>	Social Welfare Management Information System
<b>TB</b>	Tuberculosis
<b>TFR</b>	Total Fertility Rate
<b>TIP</b>	Trafficking in Persons
<b>TVET</b>	Technical and Vocational Education and Training
<b>TWG</b>	Technical Working Group
<b>UG</b>	University of Ghana
<b>UHC</b>	Universal Health Coverage
<b>UK FCDO</b>	United Kingdom Foreign Commonwealth and Development Office
<b>UN</b>	United Nations
<b>UNCRPD</b>	United Nations Convention on the Rights of Persons with Disabilities
<b>UNDESA</b>	United Nations Department of Economic and Social Affairs
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNECA</b>	United Nations Economic Commission for Africa
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations International Children’s Emergency Fund
<b>USAID</b>	United States Agency for International Development
<b>VFDM</b>	Volta Flood and Drought Management
<b>WFCL</b>	Worst Forms of Child Labour
<b>WIFA</b>	Women in Fertility Age
<b>WISE</b>	Women’s Initiative for Self-Empowerment
<b>WHO</b>	World Health Organization
<b>WFP</b>	World Food Programme
<b>YDI</b>	Youth Development Index
<b>YEA</b>	Youth Employment Agency



# FOREWORD



G h a n a ' s International Conference on Population and Development (ICPD) and Addis Ababa Declaration on Population and Development (AADPD) commitments are consistent with its development priorities and are aligned to the Sustainable Development Goals (SDGs) and the African Union's (AU) Agenda 2063. The review of the 10-year implementation of the AADPD, and the 30-year implementation of the ICPD therefore, serves a dual purpose - strengthening our own development agenda, and meeting our continental and international obligations. The report highlights successes, gaps, best practices, and challenges in the implementation of Ghana's AADPD and ICPD commitments, including harnessing its demographic dividend, and population-related SDG targets. Its recommendations will contribute towards Ghana's mid-year review of the implementation of the SDGs, and the ongoing review of its 40-year long-term development plan.

Ghana has made significant strides in all six pillars of its AADPD Commitments, that is, Dignity and Equality, Health, Place and Mobility, Governance, Data and Statistics, Internal Cooperation and Partnerships, and its corresponding ICPD goals.

The report records increased access to quality education, gender parity at basic and secondary levels, increased promotion of child protection and welfare, and modest progress in women's participation in politics and public life. The rate of poverty reduction has reduced, although with increasing income and multi-dimensional poverty and inequalities among men, women children, other vulnerable population groups, and geographical areas.

Fertility, maternal and neonatal mortality, and malaria case fatalities continue to trend downwards albeit slowly. There is increased access to universal health care, with adolescent reproductive health, essential nutrition, and mental health services. Malnutrition, including stunting, wasting and underweight are reducing. Obesity and overweight, anaemia, micronutrient deficiencies among adolescents and women in reproductive age (WIRA), and nutrition-related non-communicable

diseases continue to raise concern. Although HIV/AIDS remains low, its rate of reduction has stagnated in recent years, with a relatively high incidence among sex workers and men who have sex with men (MSM).

Access to essential social services, including electricity and rural water coverage has improved. Access to sanitation and waste management services are, however, lagging for rural areas and urban slums. Emergency Planning and Disaster risk reduction remain a policy focus due to persistent challenges with conflicts, cost of living and climate crisis.

Government has integrated population into its long and medium-term development policy frameworks, sector and district plans, and forged partnerships with state and non-state actors at various levels. Despite improvements in gender parity at basic and secondary levels of education, as well as numerous youth employment initiatives, Ghana's quest for harnessing the demographic dividend may

be imperiled by persistent youth unemployment and gender inequalities, propelled mainly by early and child marriages, increasing adolescent pregnancies and low representation of youth and persons with disabilities in politics and public life.

Increased investments are needed to expand the scope and effectiveness of population-related programmes, particularly economic growth, and employment creation. Child labour, early/child marriages, adolescent pregnancies, and gender-based violence need to be eliminated. The upgrading of slums needs to be accelerated, illegal mining eliminated, appropriate sanitation service provision increased, and emergency planning, including early warning systems, needs to be enhanced. In addition, tracking of population budgets and expenditures for advocacy and repurposing of investments, and strengthening monitoring and evaluation and information systems, should be promoted.



**Kodjo Esseim Mensah-Abrampa, PhD**

**Director-General, NDPC**



# INTRODUCTION

# INTRODUCTION

## Background

Ghana has long acknowledged the importance of population factors in development planning, which led to the country's adoption of the 1969 Population Policy as one of the first in sub-Saharan Africa. To reflect the country's understanding and acknowledgement of how relevant the management of the human population dynamics was, the 1969 National Population Policy was titled "Population Planning for National Progress and Prosperity". It was further noted that the policy implementation was to be executed as "organic parts of social and economic planning and development activity" in the country (Republic of Ghana, 1969, cited in Benneh et al., 1989:1). The policy also underscored that "the population of Ghana is the nation's most valuable resource and the instrument and objective of national development" (Social Policy Unit, Ministry of Finance and Economic Planning, 1991:16).

The 1969 Population Policy was revised after its implementation for 25 years, resulting in the adoption of the 1994 (Revised) Policy just before the ICPD was held in Cairo, Egypt. The 1994 Revised Policy was timely as it was

relevant when juxtaposed against the adoption of the ICPD Programme of Action (PoA) as it anticipated many of the key commitments reached at the global level. The revised Ghana Population Policy was forward looking in its acknowledgement of the need to integrate population into development planning and its emphasis on upholding the reproductive health and rights of the population, especially for adolescents and young people.

The ICPD marked a paradigm shift in the understanding of reproductive health in terms of the need to uphold the right and freedom of all women to make their own reproductive health decisions in terms of "the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health" (United Nations, 1995: 30).

The ICPD-PoA also called for action to address issues pertaining to gender equality, equity and empowerment of women; the roles, rights, composition and structure of the family; population growth and structure; health, morbidity

and mortality; population distribution, urbanization and internal migration; international migration; population and development, education; technology, research and development; national action; and international cooperation and partnerships. Under these broad issues, the PoA called for specific actions to be taken to address critical aspects that relate to population and sustainable development, towards enhancing the general quality of life.

The ICPD has benefited from several reviews, with the latest being conducted in 2019, under which Ghana recommitted herself to addressing all critical issues categorized into 10 goals. These goals captured all the thematic areas that the ICPD called for specific attention regarding interventions and programmatic actions. These were listed as follows:

**Goal 1:** Achieve universal access to sexual and reproductive health as a part of universal health coverage (UHC)

**Goal 2:** Address gender-based violence and the harmful practices of child, early and forced marriages and female genital mutilation

**Goal 3:** Mobilise the required financing to finish the ICPD Programme of Action and sustain the gains already made

**Goal 4:** Draw on demographic diversity to drive economic growth and achieve

sustainable development

**Goal 5:** Uphold the right to reproductive health care of vulnerable populations including those in humanitarian and fragile contexts

**Goal 6:** Place and Mobility

**Goal 7:** Health

**Goal 8:** Strengthen Population Governance

**Goal 9:** Availability of Data for Accountability and Decision-making

**Goal 10:** Internal and International Cooperation and Partnerships

A regional conference was held in 2013, in Addis Ababa, Ethiopia, to review progress made on the ICPD20 and beyond. The conference, which was attended by 53 African countries, adopted the Addis Ababa Declaration on Population and Development (AADPD) for implementation. The AADPD reviewed the ICPD PoA commitments and summarized them into seven broad thematic areas, which upheld the ICPD goals. These were: dignity and equality; health; place and mobility; governance; data and statistics; international cooperation and partnerships; and implementation.

Ghana seeks to review its progress of implementation of the AADPD and ICPD since the last reviews in 2018 (the AADPD after 5 years) and 2019 (the ICPD after 25 years).

## Purpose and Objectives of the Review

The purpose of the review is to examine achievements made following the implementation of the ICPD after 30 years (ICPD30), and the AADPD after 10 years (AAPDP10) to guide further decision-making towards realizing the commitments pertaining to Ghana.

Specifically, the review has the following objectives:

- i. Highlight areas of achievements to set the stage for government and relevant stakeholders to recommit for the future.
- ii. Assess progress of implementation of the commitments contained in the ICPD and AADPD, highlighting the gains, gaps, best practices, and challenges.
- iii. Make evidence-based recommendations that can:
  - a. accelerate progress of implementation at the national level,
  - b. assist the nation towards actualizing the vision of the

AADPD, and

- c. pave the way to harness the demographic dividend, advance human rights and ultimately attain sustainable development, in line with Agendas 2030 and 2063.

## The Review Process

A comprehensive process was adopted for the review of the implementation of the ICPD30 and AAPDP10. The process was coordinated by the National Development Planning Commission (NDPC), in collaboration with the United Nations Population Fund (UNFPA).

## Data and Inputs

A desk review was conducted to identify all related policy actions adopted to achieve the commitments under the two programmes. National representative surveys such as the Ghana Demographic and Health Surveys, Ghana Maternal Health Surveys, Ghana Living Standards Surveys, Multiple Indicator Cluster Surveys and National Population and Housing Census reports were reviewed. Indicators reviewed included Ghana's population growth dynamics, total fertility rate, contraceptive prevalence rate and unmet need for contraception, infant, child and under-five mortality, maternal mortality, education and gender empowerment, labour force

participation and employment, innovative policies and their implementation. This process provided understanding of the trend of progress made since the last review of the ICPD PoA and the coming into force of the Addis Ababa Declaration. Subsequently, data collection templates earmarked for Ministries, Departments and Agencies (MDAs) and Civil Society Organisations (CSOs) were developed and distributed to collect relevant information on the indicators.

## Consultative and Validation Meetings

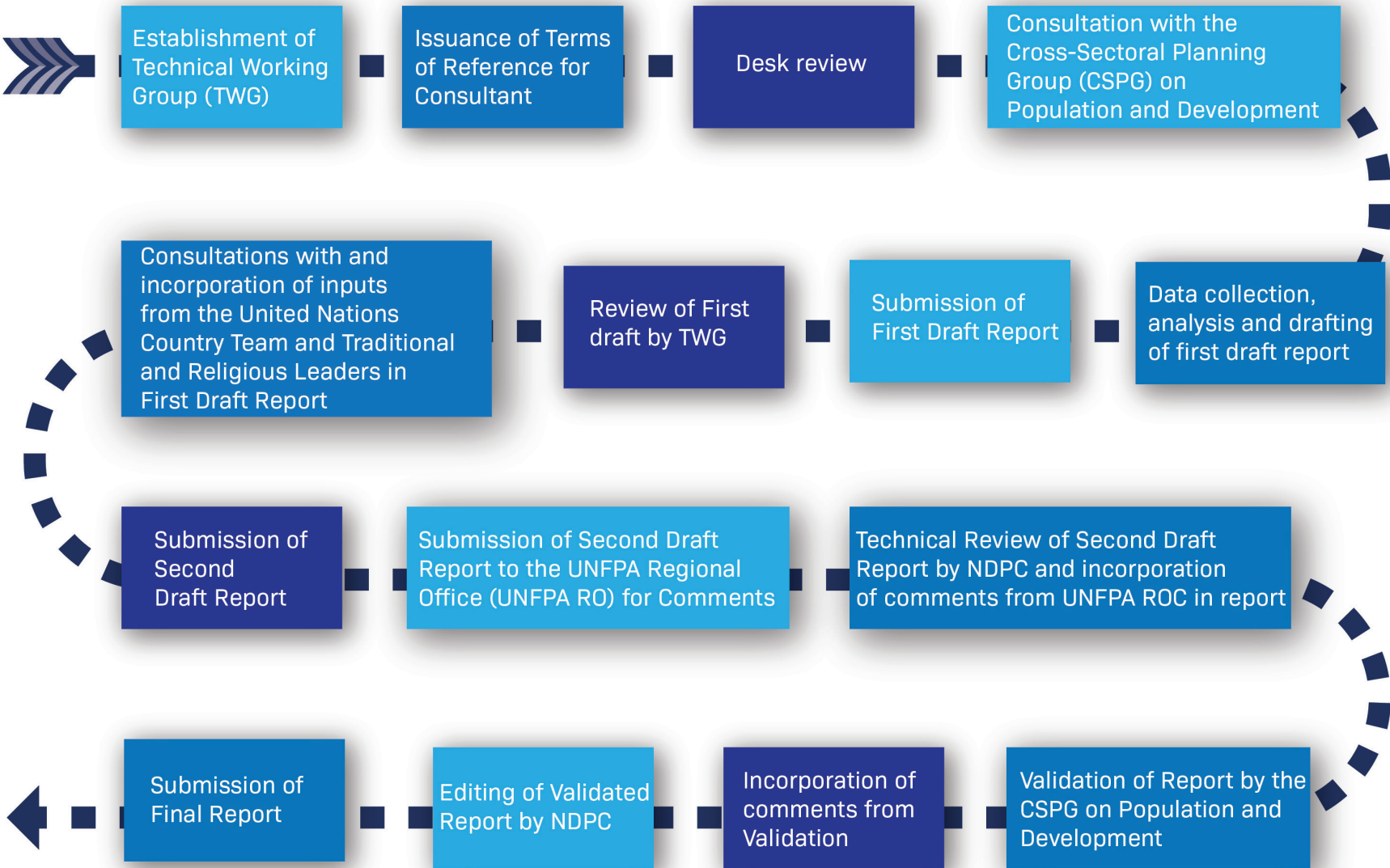
A Technical Working Group (TWG), comprising representatives of key institutions that implement population-related programmes, provided technical oversight for the process. A Cross-Sectoral Planning Group (CSPG) on Population and Development, comprising representatives of MDAs, CSOs, non-governmental organisations (NGOs), academia, think tanks, youth groups, and bilateral and multilateral development partners was convened to inform stakeholders of the review and solicit their inputs in the process, including assessing and adopting a

proposed data collection template.

The first draft report was reviewed by the TWG to examine the alignment of the report to the Terms of Reference (TOR), assess consistency and accuracy and resolve technical and factual issues, as well as review the conclusions and recommendations. The second draft was developed following consultations with the United Nations Country Team and Traditional and Religious Leaders and submitted to the UNFPA Regional Office (UNFPA RO) for comments. A technical team at the NDPC revised this draft, addressing comments from the UNFPA RO and aligning it to the format approved by the African Union Commission (AUC).

All stakeholders engaged in the process were reconvened to validate the third draft report. The validated draft report was edited and approved by the Communication and Editorial Committee, and the Executive Committee of the NDPC respectively, before subsequently being submitted to the AUC. Figure 1.0 presents the process of the review.

**Figure 1.0 Process of the Review**



## Outline of the Report

This report assesses Ghana's performance in implementing the six pillars of the AADPD and the 10 goals of the ICPD with their corresponding targets. It is presented in nine chapters, with an introduction, bibliography and appendices. The introduction presents an overview, the purpose, and process of the review. Chapter one provides the demographic, economic and socio-political context. Chapters two to five present the results of the review based on the six pillars of the AADPD, namely Dignity and Equality, Health, Place and Mobility, Governance, Data and Statistics, and Internal and International Cooperation and Partnerships. Each of these chapters outlines the progress, achievements, challenges and constraints, and lessons learnt pertaining to the pillar under review. Chapter six presents an assessment of progress of harnessing the demographic dividend, which is a key focus area of the AADPD, while Chapter seven reports on the status of Ghana's implementation of the Nairobi commitments. Chapter eight presents the progress and achievements of AADPD-related SDGs in Ghana. Chapter nine offers recommendations and conclusion of the review.

# **CHAPTER 1:** **DEMOGRAPHIC,** **ECONOMIC AND** **SOCIO-POLITICAL** **CONTEXT**

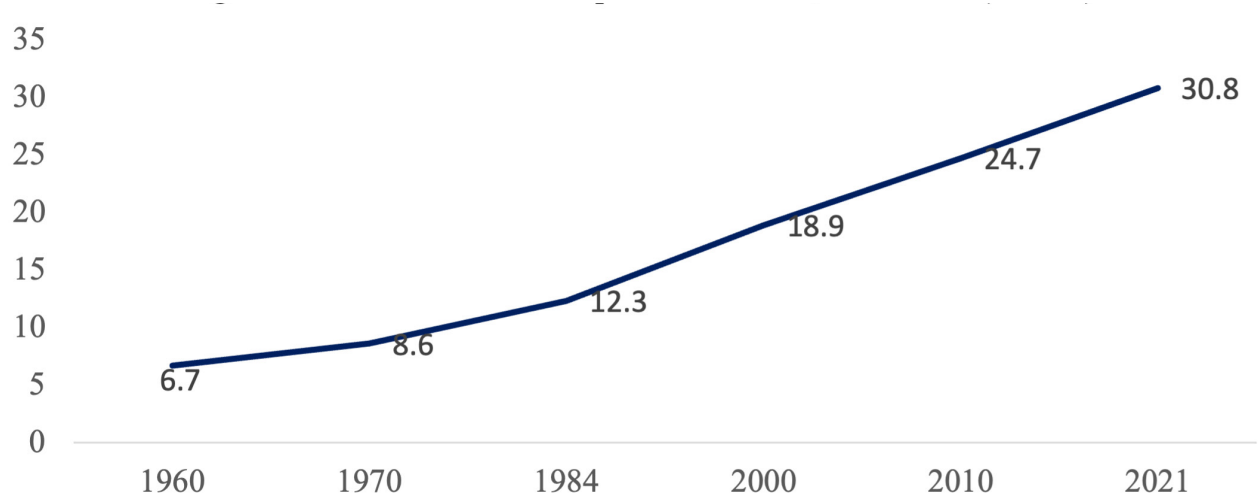


# CHAPTER 1: DEMOGRAPHIC, ECONOMIC AND SOCIO-POLITICAL CONTEXT

## 1.0 Overview of Ghana's Population

The population of Ghana has experienced remarkable growth over the past 61 years, from 6.7 million in 1960 to 30.8 million in 2021. This suggests that over the period the country's population has more than quadrupled. The intercensal growth of the population, indicates that the rate of growth, which was 2.7 percent per annum during 1960-1970, increased to 3.1 percent in 1970-1984 before reducing to 3.0 percent in 2000-2010 and 2.1 percent in 2010-2021. With the current growth rate of 2.1 per annum, Ghana's population is projected to double within 33 years, suggesting that it could reach 62 million by 2054 on the same land area, a situation which may have some dire consequences for the country's sustainable socio-economic development. Figure 1.1 shows the trend of growth of Ghana's population from 1960 to 2021.

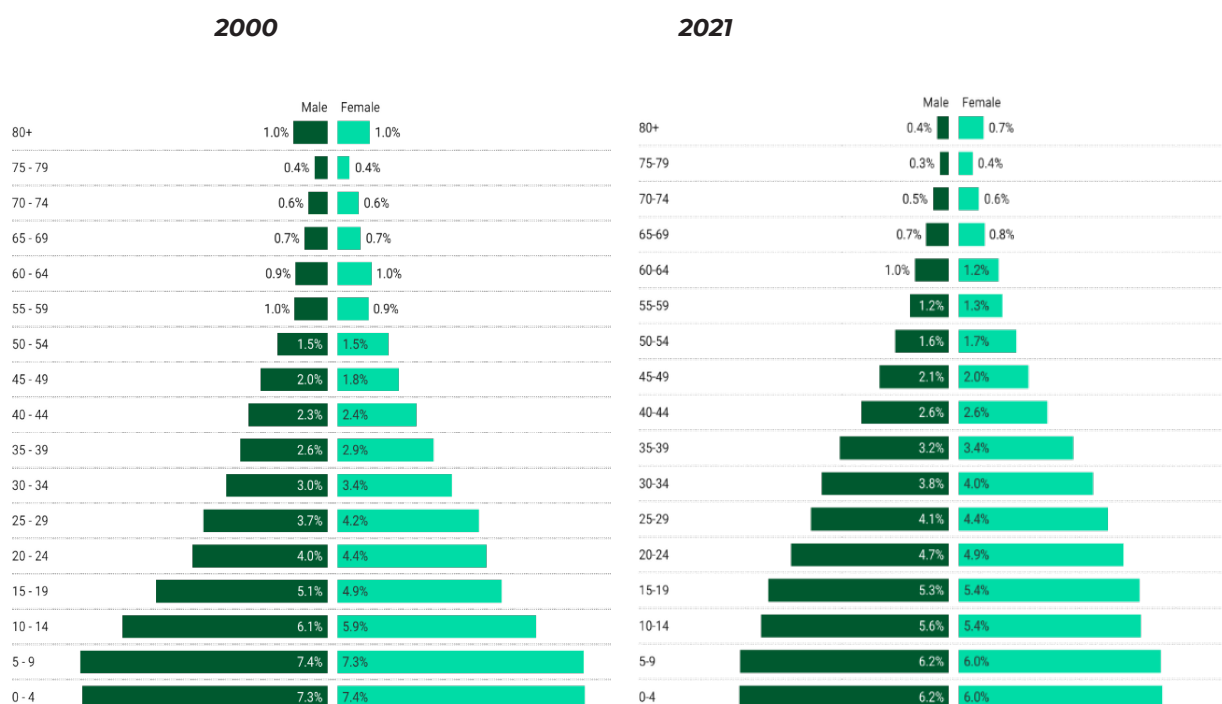
**Figure 1.1 Trend of Ghana's Population Growth, 1960-2021 (million)**



Source: GSS (2021) Ghana 2021 Population and Housing Census

The age-sex structure of Ghana’s population has long been characterized by a broad base, reflecting the high fertility rates of the 1960s, and subsequent declines since the turn of the 21<sup>st</sup> century. This has gradually altered the country’s population pyramid. A comparison of the 2000 and 2021 population pyramids indicates the changes that have been witnessed over the years, where the size of the population at the bottom of the pyramid has narrowed in 2021 relative to 2000 as shown in Figure 1.2.

**Figure 1.2. Population Pyramid for Ghana, 2000 and 2021**



Source: Generated from the 2000 and 2021 Population and Housing censuses

From Figure 1.2, the population below age 15 years which was 41.4 percent in 2000 reduced to 35.4 percent in 2021, which is clear evidence of the changes in the population structure. It further shows that although the proportion of the population 60 years and above, which was 7.3 percent in 2000 reduced to 6.6 percent in 2021, the numbers involved moved from 1,380,582 in 2000

to 2,034,913 in 2021. This indicates signs of transition from a young population to that which is gradually ageing. The change in the size of the economically active population, (15-64 years) increased from 53.2 percent in 2000 to 60.2 percent in 2021. Similarly, the population classified as youth (15-35 years) increased from 34.6 percent in 2000 to 38.2 percent in 2021. The changing structure

of the population depicts an increasing size of the population of the youth that needs to be harnessed for the country's productive growth and development.

Ghana's population has witnessed rapid urbanization over the past decades. Ghana classifies localities with less than 5,000 population as rural settlements while all localities with 5,000 or more population are defined as urban. In 1960, only 23.1 percent of the population lived in urban localities, but since 2010 more than half of the population was recorded as living in urban localities. In 2021, Ghana's population was 56.7 percent urban and 43.3 percent rural compared to that in 2010, which was 50.9 percent urban and 49.1 percent rural.

The composition of the population by sex has remained largely female with 50.7 percent of the total population of the country made up of females compared to 49.3 percent representing males as of 2021. This has partly been due to the relatively higher life expectancy

for females compared to males over the years. In 2011, life expectancy at birth was recorded at 60.08 for males and 63.23 for females. This increased steadily to 62.69 and 66.83 for males and females respectively in 2019. It, however, reduced to 61.83 and 66.01 for males and females respectively in 2021. The decline recorded in 2021 is obviously the result of the outbreak of the COVID-19 pandemic and its associated livelihood challenges in the country that have generally affected the standard of living across all population sub-groups. It is expected that as recent interventions begin to bear positive fruits, life expectancy at birth will rise again.

The spatial distribution of the population across the regions has also seen some changes, the main one being the size of Greater Accra's population exceeding that of Ashanti Region for the first time in 2021. Prior to the 2021 Population and Housing Census, the Ashanti Region was the most populous region in Ghana.

# 1.1 Political Administration and Socio-Economic Context

Ghana is a secular country and is made up of multi-ethnic, cultural and religious groups that co-exist as one unitary state. Since 1992, Ghana has practised and strengthened multi-party democratic governance system of political administration with democratic institutions fully in operation.

The 1992 Republican Constitution provides the framework for political administration in the country. The three arms of government namely, the Executive, Legislature and the Judiciary discharge their respective responsibilities in accordance with the provisions of the 1992 Constitution of the Republic. There is also media pluralism, which is vibrant across the country, providing avenues for the participation of society in all socio-political discourses of national interest.

Ghana is divided into 16 political administrative regions, each of which is headed by a Regional Minister appointed by the President with approval from Parliament. The regions are further divided into Metropolitan, Municipal and District Assemblies, each headed by a chief Executive who is appointed by the President with approval from members of each District Assembly also in accordance with the National

Constitution. Currently, there are 261 districts in the country and there are 275 constituencies. Each of which is represented by a Member of Parliament that is elected to office to constitute the Legislature with a four-year tenure of office. There are also ministers of state appointed by the President with approval from Parliament in charge of the various ministries or sectors of the country.

District Assemblies have numerous responsibilities such as, formulating and executing plans, programmes and strategies for the effective mobilization of the resources necessary for the overall development of the district, promoting and supporting productive activity and social development in the district and removing any obstacles to development, and improving and managing human settlements and the environment in the district. Each District Assembly is made up of two-thirds elected members and one-third who are appointed by the President within the framework of the National Constitution. These are called Metropolitan, Municipal or District Assembly Members. The sub-district assembly structure includes Area, Zonal and Town Councils, and Unit Committees that operate at the local community level. There is, therefore,

an elaborate system of decentralized political administration that supports the political decision-making processes from the locality through the district and region to the national level. The Constitution also recognizes the role of the traditional institutions in Ghana where traditional leaders, made up of chiefs and queen mothers, play vital governance and cultural roles .

Since the coming into force of the 1992 Republican Constitution, Ghana has enjoyed political and economic stability with democratic and peaceful handover of power by successive Governments. Following the outbreak of COVID-19 however, the Ghanaian economy has faced many challenges, resulting in soaring inflation, high cost of living and lowering GDP growth.

In 2022, the economy remained challenged as macro fiscal policies severely suffered leading to a fall in productivity in the manufacturing sector and heightened vulnerability to global markets and commodity price shocks. The overall Real GDP growth declined to 3.5 percent in 2022 from 5.4

percent in 2021. End of year inflation for 2022 was 54.1 percent. The Ghana Cedi depreciated by 30 percent against the US dollar. The economy continued to experience debt and energy crises, large trade and fiscal imbalances.

Despite these challenges, the Industrial sector recorded a positive growth of 0.9 percent in 2022 as it recovered from a contraction of 0.5 in 2021. The country achieved food self-sufficiency in major food staples such as maize (114%), sorghum (106%) and plantain (116%). Ghana maintained its position as the second largest country with inflow of remittances in Africa (US\$4.7 billion).

Government mobilised a total of GHS21.8 billion (US\$1.9 billion) to finance the COVID alleviation programme and the Ghana COVID-19 Emergency Preparedness Response Project. Most of these funds were utilised in response to the COVID-19 emergency. Part of an amount of US\$1 billion from the International Monetary Fund was allocated to the construction of 88 District Hospitals and seven regional hospitals.

# **CHAPTER 2:**

## **PILLAR 1 - DIGNITY AND EQUALITY**

# CHAPTER 2: PILLAR 1 - DIGNITY AND EQUALITY

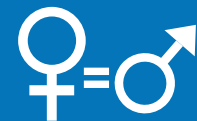
## 2.0 Introduction

This pillar measures progress of AAPDP commitments to dignity and equality and ICPD goals 2 and 4. The review is presented on two broad themes: addressing gender-based violence and harmful practices of child, early and forced marriages and female genital mutilation; and drawing on demographic diversity to drive economic growth and achieve sustainable development.

## 2.1 Addressing Gender-Based Violence and Harmful Practices of Child, Early and Forced Marriages, and Female Genital Mutilation

This section discusses issues relating to unfavourable socio-cultural environment for gender equality and upholding of women's rights, and the high incidence of children's rights violation, abuse and exploitation.

### 2.1.1 Gender Inequality



Government has put in place some interventions to improve the status of women. Ghana has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and is signatory to various treaties and conventions that seek to improve upon gender equality. SDG

target 5.5 highlights the need to ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life are prioritised. Affirmative Action Bill has been drafted, which when passed into a law and implemented among others

will drive the achievement of 50:50 representation of women in public office. There are gender desks at various MDAs to support gender mainstreaming. Plans are in place to increase women's participation in politics and inclusion of women's concerns in political party manifestos and advocacy to increase political awareness and participation of women.

Women's participation in politics and public life has improved over the years. For example, the proportion of women who are Deputy Ministers increased to 27 in 2021 from 14 in 2020. The number of

female high court judges also increased from five in 2017 to 44 in 2021.

Furthermore, strengthening of institutional mechanisms with the creation of the Ministry of Gender, Children and Social Protection, the Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service, the Commission on Human Rights and Administrative Justice (CHRAJ) among others, has gone a long way to champion the concerns of women and provide the needed support to address gender-based issues.

## 2.1.2 Women's Rights and Gender-Based Violence



National level data on the incidence of gender-based violence, including domestic violence, intimate partner violence, child abuse, child labour, child/early marriage and female genital mutilation are limited. Government over the years has been committed to eliminating these forms of violence through the implementation of specific policies and strategies, including the Adolescent Pregnancy Strategic Plan (2018-2022), the National Domestic Violence Policy (2009-2019), the National Strategic Framework on Ending Child Marriage in Ghana (2016-2027) and the

National Gender Policy (2015-2020).

About 30.0 percent of women experienced sexual violence, 51.9 percent experienced psychological violence and 42.4 percent experienced physical violence at least once over their lifetime (Institute of Development Studies, Ghana Statistical Services and Associates, 2016). These are indications of the high incidence of gender-based violence in Ghana.

Institutional reports and documents from DOVVSU also show high levels of reported cases of rape and defilement



across the country (Table 2.1). Data from DOVVSU shows that, in 2020 more than 305 cases of rape and 1,047 cases of defilement were reported to the Unit compared to 313 cases of rape and 1,179 cases of defilement in 2015. Of these, 237 rape cases are under investigation compared to 690 of defilements of the reported cases in 2015. In 2020, 13 prosecuted rape cases and 430 prosecuted defilement cases were recorded.

Several legislation protecting the fundamental human rights of vulnerable persons, and eliminating violence against women and children have been passed. Some of these laws are the 1992 Constitution of Ghana, the Criminal Code, 1960 (Act 29), the Children's Act, 1998 (Act 560), the Human Trafficking Act, 2005 (Act 694), the Domestic Violence Act, 2007 (Act 732) and the recent passage of the Criminal Offences (Amendment) Bill, 2022, which bans witchcraft accusations and calls for the abolition of witch-camps. The Criminal Code, 1960 (Act 29) and its amendments focus on offenses that violate an individual's fundamental human rights and freedoms.

Several specialised agencies have been established to address domestic violence, such as Domestic Violence and Victims Support Unit (DOVVSU)

in response to calls that violence is gendered and affects both men and women. DOVVSU works with various supporting departments such as the Department of Social Welfare, Domestic Violence (DV) Secretariat of the Ministry of Gender, Children and Social Protection (MoGCSP), to protect the rights of their victims.

In addition to DOVVSU's mandate of identifying, investigating and prosecuting perpetrators of gender-based violence, the UNFPA Ghana Office partnered the Ministry of Gender, Children and Social Protection's Domestic Violence Secretariat and launched the Orange Support Centre and the Boame Mobile Application in March 2021. The development of this Centre was necessitated by the projected increase in the number of domestic violence cases due to the COVID-19 pandemic and the restrictions that were imposed. The aim was to control the incidence of domestic and gender-related violence by providing holistic assistance to victims and survivors of sexual and gender-based violence. The Orange Support Centre offers psychosocial support, counselling, legal assistance and referral to shelters through its confidential walk-in and call centre services.

**Table 2.1. Cases of Violent Acts Reported to the DOVVSU, 2015 to 2021**

OFFENCES	2015		2016		2017		2018		2019		2020		2021
	Total cases	Closed cases (Under investigation)	Total cases	Closed cases (Under investigation)	Total cases	Closed cases (Under investigation)	Total cases	Closed cases (Under investigation)	Total cases	Closed cases (Under investigation)	Total cases	Closed cases (Prosecuted cases)	1 <sup>st</sup> &2 <sup>nd</sup> Quarters
Attempt to Commit Crime (Rape)	38	0(32)	60	0(48)	41	0(33)	23	0(21)	24	1(22)	27	0(0)	18
Attempt to Commit crime (Defilement)	15	0(12)	56	0(55)	17	0(14)	64	0(39)	11	0(10)	25	0(1)	10
Rape	313	0(237)	233	101(255)	307	10(213)	211	2(180)	369	10(294)	305	10(13)	137
Defilement	1,179	6(690)	719		790	8(461)	634	6(459)	1,270	25(819)	1,047	25(430)	479
Depravation of Property	47	5(42)		0(498)	11	1(10)	18	12(6)	44	1(43)			
Female Genital Mutilation											10	0(1)	0
Compulsory Marriage					11	0(10)	7	0(4)	15	1(12)	17	1(2)	14
Sexual Harassment			14	3(11)	35	12(20)	22	5(16)	21	7(19)	24	7(3)	12
Sexual Abuse											13	0(0)	
Early Child Marriage							9	0(6)	4		9	0(1)	2
<b>Total</b>	<b>1,592</b>	<b>11(1013)</b>	<b>1,082</b>	<b>104(867)</b>	<b>1,212</b>	<b>31(761)</b>	<b>981</b>	<b>25(731)</b>	<b>1,758</b>	<b>35(1219)</b>	<b>1,477</b>	<b>43(455)</b>	<b>672</b>

Source: DOVVSU, Ghana Police Service

Ghana's commitment to eliminating all forms of violence against women and girls is emphasised in the SDG Targets 5.1: ending all forms of discrimination against all women and girls everywhere, and 5.2: eliminating all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitations. Data from the Ghana Immigration Service Anti Human Trafficking Desk, the Ghana Police Service Anti Human Trafficking Unit and Economic and Organised Crime Office (EOCO) show that between 2017 and 2022, nearly 1,370 adult males and females were victims of human trafficking and have been rescued while 2,322 children have been rescued from human trafficking operations. The true state of human trafficking in the country is unknown as only 803 of such cases were reported between 2016 and 2022. The victims of human trafficking are from Ghana and other foreign countries (Nigeria, Afghanistan, Benin, Burkina Faso, Gabon, Mali, and Niger).

According to the 2023 Trafficking in Persons (TIPS) Report, Ghana initiated investigations into 133 human trafficking cases in 2022, compared to 108 cases that were initiated with one continuing investigation in 2021. The TIPS Report also stated that prosecutions of 28 alleged traffickers were initiated by government (that is seven for sex trafficking, 14

for labour trafficking, and seven for unspecified forms of trafficking). Seven alleged traffickers (one sex trafficking case and six labour trafficking cases) were prosecuted. The courts convicted 10 traffickers under the 2005 Anti-trafficking Law. The sentences given ranged between three- and 10-years imprisonment. This is compared with prosecuting and convicting 14 traffickers in 2021.

Victims of trafficking are referred to government operated and private shelters. Currently, there is a government shelter for adult female trafficking victims and, with an international organization's support, a shelter for child trafficking victims. Two government-run shelters for child abuse victims also accommodate child trafficking victims. Officials could also refer victims to twelve private shelters, including two shelters that accommodate adult male victims (2023 TIPS Report).

There is currently no national level data on the extent of sexual harassment in Ghana. However, data from DOVVSU show that very few people report such cases to the Unit. From 2016 to 2021, only 128 cases of sexual harassment have been reported to the Unit. Of this number, 34 are indicated as closed cases, 66 are cases being investigated and three have been prosecuted (see Table 2.1). However, sample surveys show that the menace is common at various

workplaces. The occurrence of sexual harassment could prevent women in particular from fully developing their economic potentials, thereby further widening the economic inequality gap. There is insufficient awareness and existing reporting mechanisms hinder the effective identification and resolution of workplace sexual harassment, particularly for PWDs. There is a need to gather relevant data on the incidence of sexual harassment

especially at workplaces.

State and non-state agencies responsible for handling sexual harassment must collaborate more effectively to provide consolidated data on sexual harassment in Ghana. This will provide more information about the extent of the menace and support the formulation and implementation of workplace policies on sexual harassment in all public and private sector agencies.

### 2.1.3 Early or Forced Marriages



In Ghana, there are high incidences of child marriage, teenage pregnancy and associated school dropout which lead to high prevalence of children's rights violation. According to the 2017/2018 MICS data, five percent of women aged 20-24 years were first married before age 15 years and 20 percent married before age 18 years. For men 20-24 years, 0.4 percent were married before age 15 years and 3.9 percent before age 18 years. This shows that the proportion of persons who marry before ages 15 and 18 years remain lower for boys than for girls. The report further indicates that a higher proportion of women 20-24 years married by age 18 years in rural (26.6%) than urban (12.5%) areas. Similarly, a higher proportion of women of the same ages married by age 15

years in rural (7.3%) compared to urban (2.8%) areas. The Universal Declaration of Human Rights recognizes that 'free and full' consent to a marriage cannot be achieved if the child who cannot make informed decisions is coerced to be with a life partner against her choice. As such, SDG 5.3 identifies child marriage as a harmful practice and the target is that all countries should aim to eliminate it by 2030. In order to achieve this target, Ghana has intensified campaigns around eliminating child and forced marriages.

Child marriage has significant negative consequences on children. It forces

children to perform or play adult roles that they are not psychologically or physically prepared for. For instance, child marriage affects the development of girls, results in early pregnancy and may lead to school dropout leaving them with no formal or vocational/technical training. A girl's chances of acquiring gainful employment could be impeded resulting in a vicious cycle of poverty. This suggests that girls may continue to live in poverty, widening the gender inequality gap. Further, spousal age differences associated with children who marry early suggest that girls potentially marry older men. This age difference affects the relationship dynamics and possibly places the child at risk of domestic violence not only from her partner but from other people in her household.

Early or forced marriage also affects population dynamics in various ways. First, because children who marry early are less likely to remain in school, they may begin childbearing at an early age and are more likely to have more children. It is estimated that women who marry by age 18 are more likely to have more children than those who marry later in life. According to the 2022 Ghana Demographic and Health Survey (GDHS), there were 63 births per 1000 teenage mothers between the ages 15 to 19 years. These births significantly contribute to the country's total fertility

rate and put a strain on its health system. Secondly, women who marry early may be less likely to use maternal health care services such as family planning, antenatal and postnatal services, have skilled birth attendants and child immunization services (Ahinkorah et al., 2022). Thirdly, for married and unmarried girls 15-19 years maternal deaths are the leading cause of death.

In order to eliminate early and forced marriages in Ghana, the Children's Act, 1998 (Act 560) indicates that 18 years is the legal age of marriage. It further proscribes false betrothals and bride wealth transactions. Additionally, the Ministry of Gender, Children, and Social Protection (MoGCSP) in 2014 created an Ending Child Marriage Unit. This Unit is expected to intervene in communities to address early and forced marriages. In addition, the National Strategic Framework on Ending Child Marriage in Ghana (2016-2027) and the Justice for Children Policy (2015) seek to reduce the occurrence of early and forced marriages and provide justice for victims. These will help reduce the proportion of women who marry before age 18 years by 80 percent in 2024 and 90 percent in 2030 from the 20 percent recorded in 2017/18. A Child Protection Management Information System has also been developed to support data collection and monitoring to inform policy.

## 2.1.4 Female Genital Mutilation (FGM)



Female genital mutilation violates fundamental human rights and put them at risk of severe long and short-term health and gynaecological problems such as excessive bleeding, pain, Human Immunodeficiency Virus (HIV), chronic genital infection, urinary tract infection, excessive scar tissue, menstrual issues, impaired wound healing, chronic reproductive tract infections, emotional or mental harm and even death. This practice is condemned by many international conventions including Convention on the Elimination of all forms of Discrimination Against Women, the Universal Declaration on Human Rights and the Maputo Protocol and the state's legislation such as the Constitution of Ghana, the Domestic Violence Act 2007 (Act 732) and the Criminal Offenses Act 1960 (Act 29). These laws make it illegal to promote, support or perform the act, and violation of the laws can result in imprisonment or imposition of fines. Although the act may be performed on the grounds of responding to traditional norms that ensure that girls are prepared for marriage, these norms and practices could be harmful and may have dire consequences on girls and women.

Adherence to traditional and religious norms compel women and girls to accept FGM, as failure to be

circumcised could lead to social ridicule. Organizations such as UNICEF, UNFPA, CSOs and government institutions have been working to eradicate the practice all together. According to the 2017/2018 MICS report, in Ghana about 2.4 percent of women 15-49 years have experienced FGM. In 2020, 10 cases of FGM were reported to DOVVSU. Although, FGM is becoming a very rare occurrence in Ghana and the ICPD25 review committed to achieving zero cases by 2030, it is more common in some communities in the northern parts of the country. The practice also remains more prevalent in rural areas (3.6%) than in urban communities (1.2%). Nonetheless, almost all respondents in the 2017/2018 MICS indicated that they do not support this practice; and more than 9 in 10 women aged 15- 49 years indicated that FGM should be stopped. This shows that educational campaign efforts aimed at creating awareness on the dangers of FGM are having positive impacts.

In Ghana, FGM was outlawed in 1994 and the law indicates that perpetrators could be sentenced to not less than three years imprisonment. Since the practice of FGM has both cultural/traditional and religious underpinnings, it is important that international agencies, state institutions, CSOs and

FBOs continuously engage traditional communities and religious leaders to disengage perceptions of the dire

consequences of this act with the aim of achieving SDG 5.3 of eliminating all harmful practices.

## 2.1.5 Child Protection



The health and wellbeing of children constituted a focus of the two declarations especially the integration of children's rights in the development planning discourse. In the ICPD25 review and commitments, attention was drawn to how to address issues pertaining to children engaged in hazardous work in the country. This is because of its possible effects on their health and educational progression.

Many important steps have been taken to provide child protection and family welfare in Ghana. One of these is the adoption of the Child and Family Welfare Policy in 2015, which among other things has sought to establish a well-structured and coordinated Child and Family Welfare system that promotes the wellbeing of children, prevents abuse and protects children from harm. Another major step is the Child Protection Management Information System, which has since 2020 been transformed into the Social Welfare Management Information System (SWIMS), a web-based system designed to securely collect, store, manage and

share data on social welfare services provided by social welfare officers and NGOs/CSOs to vulnerable children and adults.

Again, the Intersectoral Standard Operating Procedures for Child Protection and Family Welfare (ISSOP) document was finalized and launched in 2021. This document details the minimum standards for the management of child protection cases and provides pathways for referral of cases. Furthermore, District Social/Community Development officers in 160 districts have been trained on the ISSOP. The NCCE, Department of Children, Social Welfare, Community Development and CHRAJ officers in all the regions have been trained on the ISSOP document.

Other activities undertaken since 2020 to strengthen the capacity of public institutions and CSOs for advocacy for the implementation of child protection and family welfare policies and programmes include the training of 245 traditional/religious leaders who have been engaged on child protection

to enable the mainstreaming of child protection issues in the design of programmes. Over 1,000 teachers in the various children's ministries of churches have also been trained on child protection while 3,775,854 people, made up of children and adults, have been sensitized on various child protection issues. At the same time, 334,379 people have been reached through social media on Child Abuse campaigns.

Some work has been done regarding providing access to education and educational materials for orphans and children with special needs. The "I WILL" Campaign, which is an Early Childhood Development communication package related to Early Childhood Care and Development (ECCD), was launched in August 2022. The campaign advocates best behavioral practices by child caregivers. According to the MoGCSP, 80 ECCD partners from nine districts have been trained on the communication package for implementation. Child-friendly courts are also being established to offer protection for children in contact with the law and are being given maximum protection. About 20 of these courts have been established and judges trained to handle cases involving children.

Following the promulgation of Juvenile Justice Act of 2013, the Children's Act of 2016 and Justice for Children Policy 2015, the Ghana Police Service has taken

important steps to develop standard operating procedures (SOPs) aimed at integrating child-friendly policing into the Ghana Police Service. The SOPs were developed through a consultative process, including inputs from children. The SOPs are to guide investigations involving child victims and/or witnesses, and for handling children in conflict with the law. Over 32,000 Ghana Police Service personnel have since been trained on child-friendly policing. These SOPs have especially strengthened and supported the specialised policing units of the DOVVSU and the Anti-Human Trafficking Unit (AHTU) which regularly encounter child victims.

Interventions undertaken to strengthen the provision of justice for children include institution of a comprehensive support mechanism for victims of domestic violence by DOVVSU; establishment of child friendly gender-based violence courts in all regional capitals; and the development of the probation desk manual which reflects new laws on children and juveniles for probation officers.

The National Cyber Security Centre, which was established in 2018, embarked on public child online protection education and launched an Internet Watch Foundation Portal (IWFP) to censor and "take-down" child sexual abuse materials. A Child Protection



and Digital Forensic Laboratory was established to investigate cases of child online abuses. An Incident Reporting Point of Contact (POC) was also launched to report cyber security issues.

Other social protection policies or programmes for children are the continuation of the School Feeding Programme, which has been expanded to include more schools and pupils, the National Health Insurance Scheme (NHIS), and the Free Senior High School (SHS) Programme, being implemented since 2017 that has increased enrolment to SHS. The Free SHS Programme has been the major intervention that has impacted a huge number of young people in the country. Over 3.3 million pupils from 9,000 basic schools are current beneficiaries of the School Feeding Programme (SFP). In the case of the Free SHS Programme, over 1.6 million youth have so far benefitted from SHS education in Ghana, which

has contributed to human resource development and capacity-building in the country.

MMDAs are encouraged to mainstream child protection programmes into their Medium-Term Development Plans (MTDPs), which would guarantee access to funding based on the District Performance Assessment Tool (DPAT). The DPAT is used to assess which of the MMDAs, based on their performance, are eligible to receive funding for their district level activities including child protection and related activities. The integrated social services programme also provides funding to 160 MMDAs in support of social services, including child protection interventions. All activities implemented by MMDAs are included in their Annual Action Plans and their composite budgets. These have contributed to more MMDAs paying attention to child protection programmes at the district level.

## 2.1.6 Child Labour and All Forms of Child Exploitation

Child labour and exploitation has over the years affected the wellbeing of children worldwide because it puts children at risk, denies them the opportunity to remain in school and fully develop their academic and intellectual potential. In

Ghana, data from MICS conducted in 2017/2018 show that about 27.9 percent of children 5-17 years engaged in child labour. Various steps have been taken to address child labour problems. These include the Children's

Act, 1998, which is undergoing a review. Other frameworks and policies have been ratified to protect children from engaging in exploitative work. These include the Child and Family Welfare Policy, 2014, which provides guidance for a child protection system. This policy draws on national and international frameworks, such as the Convention of the Rights of the Child adopted by the UN in 1989, African Charter on the Rights and Welfare of the Child, 1990, UN Guideline for the Alternative Care of the Child, 2009, ILO Convention No. 182 on the Worst Forms of Child Labour (WFCL), 1999.

Government aims to eliminate WFCL to the barest minimum. The National Plan of Action (NPA II) on the Elimination of Worst Forms of Child Labour in Ghana (2017–2021) replaced the NPA I (2009–2015). The NPA II was consistent with the Child and Family Welfare Policy and the National Employment Policy. It drew from international frameworks such as the Regional Action Plan (RAP) on child labour and the SDGs. It consolidated the gains made under NPA I by reinforcing the linkages between the various child

development policies and providing a vehicle for the continued enforcement of relevant laws.

While NPA I focused on specific forms of WFCL, NPA II addressed all forms of child labour in the locality. NPA II focused on the child, using an Integrated Area-Based Approach (IABA) towards ensuring Child Labour Free Zones (CLFZ). To mobilize action at the local level, the design and sustained implementation used Community Action Plans (CAPs) as some of the key strategies recognizing the role education and strong advocacy play in tackling child labour. Other interventions to address child labour include the establishment of a Hazardous Child Labour Activities Framework for Ghana (HAF) which facilitates the identification, quantification and evaluation of hazardous child labour, development of a strategy on Anti-Child Labour and Trafficking in Fisheries and a template for reporting on child labour activities. The Ghana Accelerated Action Plan against Child Labour (2023–2027) has been launched with the aim of consolidating the gains made since 2009.

## 2.2 Demographic Diversity to drive Economic Growth and Achieve Sustainable Development

This section relates to the inclusion of various population variables and groups into development across all sectors. The issues identified as requiring urgent action include the high incidence of poverty, limited coverage of social protection programmes, untapped

benefits of the youth bulge, high school drop-out rates among adolescent girls, high rates of youth unemployment, inadequate care for the aged, inadequate opportunities for PWDs and weak implementation of legislation and policies on the rights of PWDs.

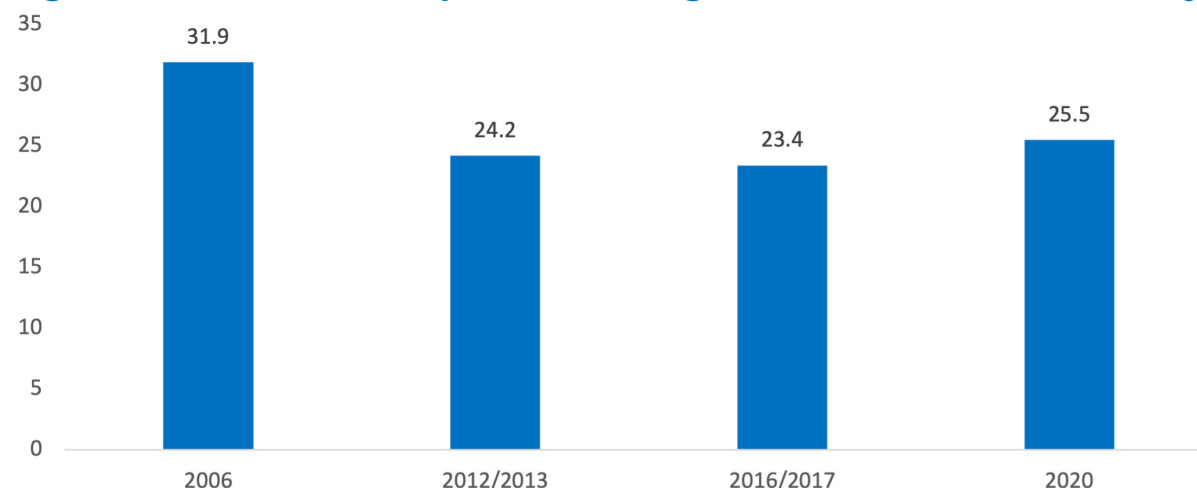
### 2.2.1 Poverty and Inequality



Ghana has made significant efforts towards reducing poverty. The proportion of the population living in extreme poverty was halved from 16.5 percent in 2006 to 8.4 percent in 2013 and further declined to 8.2 percent in 2017. Since then, the country has continued to make significant progress in further reducing poverty. Overall

poverty fell to 23.4 percent (GLSS 7, 2016/17) from 24.2 percent (GLSS 6, 2012/2013) and 31.9 percent (GLSS 5, 2005/2006) as shown in Figure 2.1. The reduction in poverty during this period has largely been driven by general improvements in the macroeconomic fundamentals.

**Figure 2.1. Percent of Population Living Below the National Poverty Line**



Source: GLSS Round 6, 2014; GLSS Round 7, 2018; World Bank Macro Poverty Outlook, 2021

According to results from the 2020 Multidimensional Poverty Report, Ghana's multidimensional poverty was 45.6 percent while consumption expenditure poverty was 23.4 percent. There were also rural-urban differentials where 64.6 percent of the rural population compared to 27.0 percent of the urban was multidimensionally poor. There were wide regional disparities where Northern Region (57.7%) recorded the highest joint multidimensional and monetary poverty with Greater Accra (1.7%) having the lowest. More males than females lived in households that were deemed to be at risk of poverty. The report further indicated that substantial progress had been made in reducing poverty in the country with multidimensional poverty reducing from 55.0 percent in 2011 to 46.0 percent in 2017 while intensity of poverty also reduced from 54.2 percent in 2011 to 51.7 percent in 2017. Again, there was progress in reducing multidimensional poverty over time in Ghana across all 12 indicators except for inadequate housing and school attendance. In respect of children (1-17 years), 28.2 percent were categorised as monetary poor in 2017. A higher proportion (44.5%) of poor children were found in rural areas compared to 9.8 percent in urban areas.

The outbreak of the COVID-19 pandemic in 2020 presented a real threat in reversing decades of efforts that had

resulted in poverty reduction. The pandemic extensively impacted the economy. GDP growth declined sharply from 6.5 percent in 2019 to 0.4 percent in 2020. Inflation increased from 7.9 percent in 2019 to 10.4 percent in 2020, coupled with depreciation of the Cedi. About 36 percent of firms closed down during the partial lockdown, while those that remained open experienced massive reduction in sales. The pandemic also resulted in about 41,952 layoffs, while 770,124 workers suffered reduced wages. As reported by the GSS' (2020) Household and Jobs Tracker Survey, about 82.8 percent of households recorded a reduction in income from their non-farm businesses and 55 percent from paid employment. Most firms responded to the crisis by reducing employees' wages and working hours.

According to the World Bank 31st March 2023 update on the overview of development in Ghana, overall "international poverty" rate was estimated at 20.5 percent in 2022, which is a further reduction from its 2016/2017 level. Nonetheless, it appears that the projected poverty incidence estimated at 16.6 percent may be far from being achieved. Furthermore, GDP growth was estimated to be 3.2 percent, which was lower than the 5.4 percent achieved in 2021. Inflation also increased rapidly to reach 54.1 percent in December 2022 (GSS, 2021) amidst the

high rate of depreciation of the national currency, the Cedi. These developments generally threw national development programmes out of control, resulting in a general impoverishment of the population.

The Government had to resort to the International Monetary Fund (IMF) for a bailout which was approved and commenced disbursement in May 2023. It is expected that the implementation of this facility would have economic stability thereby reducing the incidence and level of poverty in the country.

## 2.2.3 Social Protection



Ghana has been implementing various social protection interventions to address poverty and vulnerability among identified population groups. These include the National Health Insurance Scheme (NHIS), Ghana School Feeding Programme (GSFP) and Livelihood Empowerment Against Poverty (LEAP) Programme.

The total number of households that received bi-monthly cash grants through the LEAP programme increased from 324,064 in 2018 to 345,434 in 2022 (6.6%). The number of male beneficiaries of the programme rose from 614,344 in 2018 to 693,684 in 2022 (12.9%), while that for the females increased from 747,753 to 840,064 (12.3%) during the same period. The direct beneficiaries of the programme include orphans and vulnerable children, the elderly, persons with severe disability and infants and pregnant women with children under one year. LEAP beneficiaries and other

indigents, female head porters known as “kayayei”, inmates of psychiatric homes and prisons, GSFP beneficiaries and persons with disabilities are also enrolled on the NHIS free of charge.

The amount paid to each LEAP beneficiary household has increased and varies depending on the size of the household. For example, one member household receive GH¢128.00, two eligible members in a household receive GH¢152.00, three eligible members in a household receive GH¢176.00, while households with four or more eligible members are given a GH¢212.00 bimonthly stipend. To qualify for LEAP support, a household must have orphans and/or vulnerable children, elderly persons above the age of 65 years who have no source of support, persons with severe disabilities who cannot work and pregnant women and mothers with infants under one year.

Through the implementation of the Ghana Productive Safety Net Project (GPSNP), vulnerable people in rural areas are targeted to receive grants to engage in productive activities towards improving their standards of living. Others are provided with temporary employment and paid wages to facilitate access to basic necessities of life.

A Ghana National Household Registry (GNHR), which is expected to provide a single national household register to improve targeting of social interventions is being developed. As of 2021, the register for five regions, namely, Upper East, Upper West, Savannah, Northern

and North East had been completed.

Pension plans for the aged in Ghana are inadequate especially for the large population of workers in the informal sector. As of 2019, 31 informal sector pension schemes had been established to provide opportunity for informal sector workers to contribute to Tier 3 of Ghana's Pension Scheme through the Provident Fund and other private pension schemes. The number of informal workers contributing towards their pensions increased steadily from 148,000 in 2017 to 538,255 out of the 7.9 million informal sector workforce in 2022.

## 2.2.4 Integration of Persons with Disabilities



Persons with Disabilities (PWDs) constitute a major vulnerable group in Ghana to whom the ICPD25 Review paid much attention. This was aimed at ensuring their strong integration in the development process as well as ensuring that they have their fair share of the benefits of development. There is currently a National Council on Persons with Disabilities (NCPD) to oversee issues that affect PWDs. Ghana committed to resourcing the NCPD to effectively decentralize and coordinate its activities at the district level. This, however, has not been achieved due to

limited management capability.

A framework and strategies for mainstreaming disability into the MMDAs' plans have been developed to guide them to ensure that their basic services are accessible to PWDs. Other frameworks aimed at mainstreaming issues related to PWDs in national development are the National Disability Inclusive Disaster Risk Management Guidelines and the DVLA Guidelines for Testing and Training Drivers with Disabilities. The Ghana Accessibility Standard for the Built environment

(GASB) was launched in 2016 to provide specifications for policymakers, implementers and service providers to ensure quality and non-discriminatory services in the built environment. Due to slow implementation of the standard, PWDs continue to have limited access to public and private buildings.

Information from the MELR suggests that the Labour Regulations, 2007 (L.I. 1833) Sections 12 and 13 provide for the establishment of a Disablement Unit at the Labour Department with responsibility for the protection of PWDs. However, this unit is yet to be established. Nonetheless, as part of routine labour inspections, the Labour Department continues to monitor compliance of employers with the rights of PWDs at the workplace and ensure easy access to workplaces for PWDs. The MELR has incorporated indicators to monitor the employment of PWDs in the draft M&E Framework. The MELR is also expected to ensure the Labour Department will educate and sensitize employers while providing them with incentives when they employ a certain number of PWDs as indicated in the Labour Act, 2003 (Act 651).

Ghana committed to implementing an increase in the District Assemblies Common Fund disbursement to PWDs from 2.0 percent to 3.0 percent in 2017. The disbursement of the DACF for the PWD programme is ongoing in all 261 MMDAs.

MMDAs are required and incentivized through the implementation of the DACF Responsiveness Factor Grant (RFG) programme to allocate part of their District Assembly Common Fund (DACF) to support PWDs. The funds are utilized by the MMDAs to ensure PWDs are enrolled on NHIS, provided with capacity building to engage in economic activities and supported with cash grants or equipment to enhance livelihoods and living standards of PWDs.

In 2019, the President of the Republic of Ghana presented GHS 2 million, comprising grants and interest-free loans payable over two years, to 1000 beneficiaries of the Presidential Empowerment for Women Entrepreneurs with Disability (PEWED) and the same amount to 1000 beneficiaries of the Presidential Empowerment for Men Entrepreneurs with Disability (PEMED) in 2020. The beneficiaries also received training in financial management, business management, risks, marketing and operations. The initiative was geared towards providing relief and empowering PWDs to improve their economic circumstances.

Despite these efforts and progress that have been made in empowering PWDs financially, more is required to be done on awareness creation on avenues for PWDs to acquire credit or capital. The importance of complete database in

addressing issues pertaining to PWDs calls for an updated digital album for effective management of funds. The process for generating the database for PWDs is being handled by the NCPD, but more funds would be required to strengthen the process to meet this commitment.

Government has completed the process of ratifying the Marrakesh Treaty on Persons with Disability. The Persons with Disability Act, 2006 (Act 715) is being reviewed to, among others, provide an enabling environment to support philanthropy to deal with emerging issues pertaining to PWDs in Ghana.

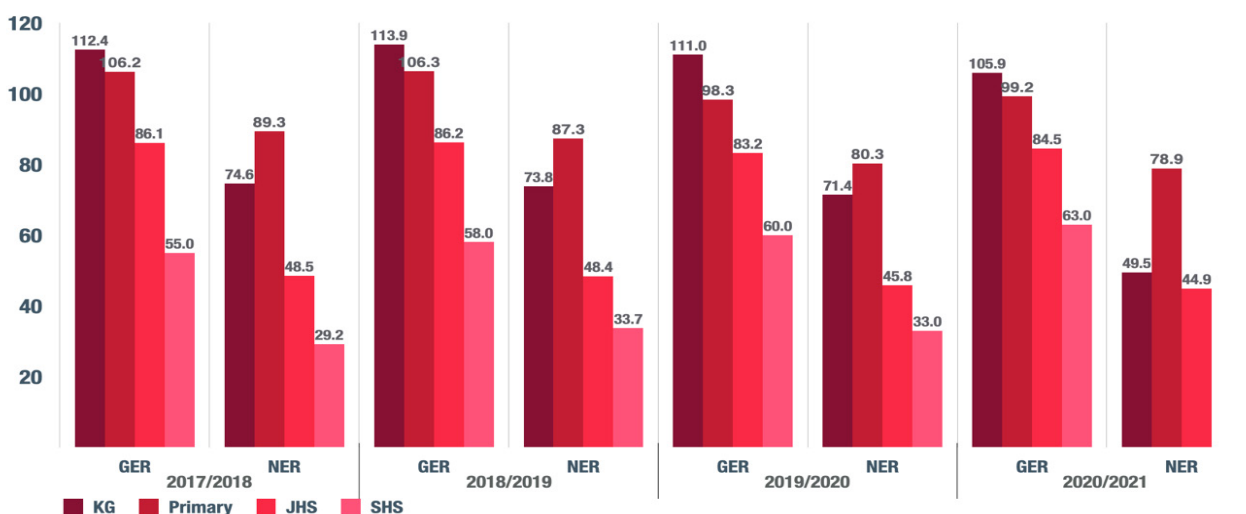
## 2.2.5 Universal Access to Quality Education in Ghana



Ghana is implementing numerous policies and programmes to ensure universal access to quality education. Key among these include the Free Compulsory Universal Basic Education (FCUBE) and Capitation Grant, and Free SHS programme. Efforts are being made to sustain gender parity at the basic level and accelerate it for

secondary and tertiary. The continued implementation of the Ghana School Feeding Programme is contributing positively to school attendance and retention and nutrition outcomes. In addition, there is tremendous emphasis on and investment in the building of Science, Technical, Engineering and Mathematics (STEM) focused schools.

**Figure 2.2: GER and NER, 2017/2018-2020/2021, (%)**



Source: Education Sector Medium-Term Development Plan, 2022-2025



Figure 2.2 reveals that over the four-year period between 2017/2018 and 2020/2021, gross enrolment rates (GER) at all levels have generally declined or stagnated. This is especially evident for kindergarten (KG), with GER dropping from 112.4 percent in 2017/2018 to 105.9 percent in 2020/2021, and primary school where the GER dropped from 106.2 percent to 99.2 over the same period. This could be attributed to children enrolling in school at the right age, thus reducing overage and underage children at this level. Gross enrolment rates at Senior High School (SHS) levels have however increased significantly from 55.0 percent to 63.0 percent, largely because of the Free SHS programmes rolled out since 2017/2018.

Net enrolment rates (NER) have also declined over this period, most likely because of the socio-economic impact of the COVID-19 pandemic. The biggest drops in NER were witnessed at KG level (74.6% to 49.5%) and primary (89.3% to 78.9%), showing that a significant number of school-age going students are not in school. The net enrolment rate at SHS however appreciated from 29.2 in

2017/2018, to 33.0 percent in 2019/2022.

Completion rates have improved at all levels of education. Completion rates at primary school level increased from 100.8 percent in 2017/2018 to 108.6 percent in 2020/2021, while at junior high school (JHS) level, completion rates improved from 75.2 percent in 2016/2017 to 83.1 percent in 2020/2021. Transition from JHS to SHS has improved significantly with the introduction of the Free Senior High School Policy, increasing from 68.0 percent in 2016/17 to 91 percent in 2019/2020, before dropping marginally to 85.4 percent in 2020/2021.

Gender parity has been achieved at the Kindergarten, Primary school and JHS levels. As Table 2.2 shows, the gender parity index at KG was 0.99, while at primary and JHS, it was 1.00 respectively in 2020/2021. At SHS level, it was 0.96 in 2019/2020. At the tertiary level, gender parity was recorded as 0.93 in the 2020/2021 academic year. About 70.0 percent of women and 79.0 percent of men have attended secondary school or higher (2022 GDHS).

**Table 2.2: Gender Parity Index, 2016/2017 - 2020/2021**

Academic Year	Gender Parity Index (GPI)			
	KG	Primary	JHS	SHS
2016/2017	1.00	1.03	0.97	0.96
2017/2018	1.00	1.00	1.00	0.92
2018/2019	0.99	1.00	1.02	0.95
2019/2020	1.03	1.02	1.02	0.96
2020/2021	0.99	1.00	1.00	-

Source: EMIS (2017, 2018, 2019, 2020)

Although access to and participation in basic education has improved over the years, challenges persist in achieving quality education. The 2021 Population and Housing Census shows that 30.2 percent of persons 6 years and older are not literate in any language, with more females (34.4%) than males (25.9%) being illiterate. This could also be attributed to the fact that many have had no formal education, as the 2022 GDHS shows that 16.0 percent of women and 10.0 percent of men have had no education.

The level of proficiency in English language and Mathematics is low among Primary 4 (P4) and Primary 6 (P6) pupils. The National Educational Assessment conducted in 2018 shows a decline in proficiency in English language and Mathematics for both P4 and P6 students. Proficiency in English language was 25.0 percent for both Primary 4 and Primary 6, while for Mathematics, it was 19.0 percent for P4 and 22.0 percent for P6. Generally, girls outperformed boys in English language in P4 and P6 while boys performed better than girls in Mathematics in P6.

# **CHAPTER 3:**

## **PILLAR 2 – HEALTH**

# CHAPTER 3: PILLAR 2 – HEALTH

## 3.0 Introduction

The AADPD Pillar on Health responds to 17 commitments and corresponds to ICPD Goals 1, 5, and 7. It emphasizes sexual and reproductive health issues covering areas such as family planning, total fertility rate, maternal mortality, and others. It also deals with sexual and reproductive health issues of marginalized groups such as refugees, disabled persons, women and girls' mental health, climate change-induced diseases and non-communicable diseases are also analysed.

## 3.1 Family Planning and Unmet Need



Family planning, especially the use of modern contraceptives, improves women's and children's health by spacing births, and reducing unwanted pregnancies and maternal mortality. Both the AADPD and ICPD captured family planning as a major area of focus. There was a call for countries to remove major barriers to the use of family planning and to provide a climate that is favourable to good-quality and appropriate family planning and reproductive health information and services.

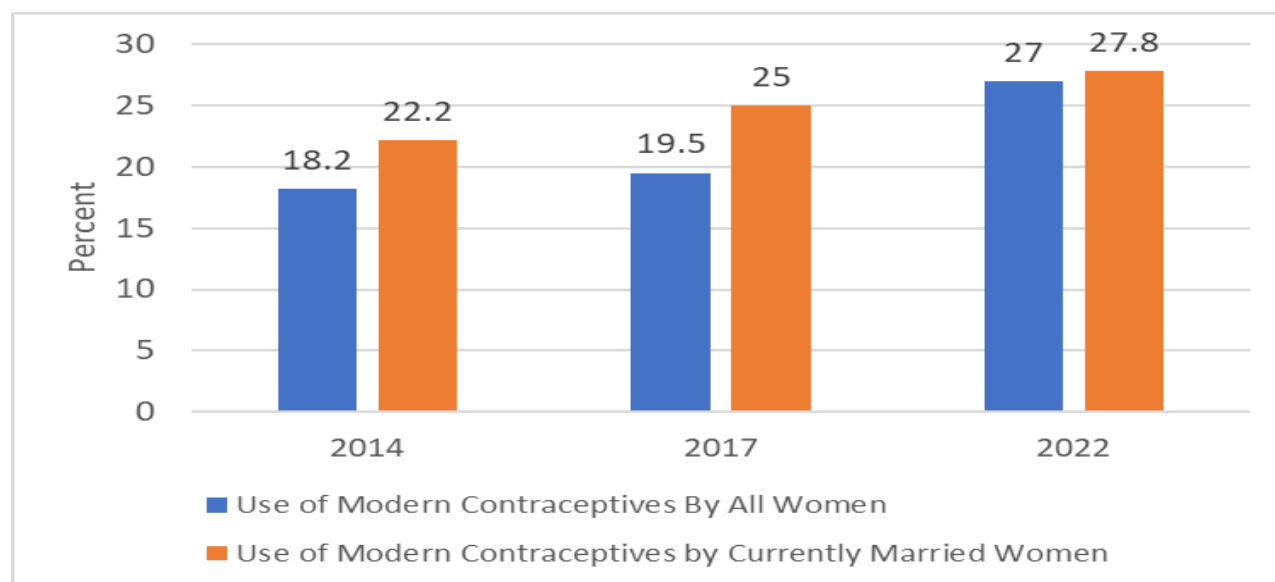
Several efforts have been made through the Ministry of Health (MOH), Ghana Health Service (GHS), NGOs, and other local and international partners to help improve the uptake of family planning methods, especially modern contraceptives. As a signatory to FP 2020 and its successor FP2030, Ghana aims to ensure that by 2030, all persons of reproductive age have equitable and timely access to quality family planning information, commodities, and services. There is also a financial commitment by the Government to procure family planning commodities. In addition, long-term family planning methods are free under the National Health Insurance Scheme, which was initiated through the Ghana Family Planning Costed Implementation Plan (2016-2020) as part of the FP2020 Initiative. The implementation of a free contraceptive policy, increasing

awareness of contraceptives, and engaging stakeholders to overcome cultural, religious, accessibility, and cost barriers would help to improve contraceptive use, and further reduce the unmet need for family planning.

Figure 3.1 shows the trend of modern contraceptive use in Ghana among currently married women and all women from 2014 to 2022. The use of modern contraceptives among all women was 18.2 percent in 2014 (GDHS, 2014), increasing to 19.5 percent in 2017

(GMHS, 2017), and has further increased to 27.0 percent in 2022 (GDHS, 2022), an increase of 8.8 percentage points. Contraceptive use for currently married women over the same period, also increased from 22.2 percent in 2014, to 25 percent in 2017 and 27.8 percent in 2022, a 5.6 percentage point increase. It also indicates that for each of the reporting years, modern contraceptive use was relatively higher among currently married women than among all women.

**Figure 3.1: Trends of Modern Contraceptive Use by all Women and Currently Married Women**



Source: GDHS, 2014; GMHS, 2017; GDHS 2022

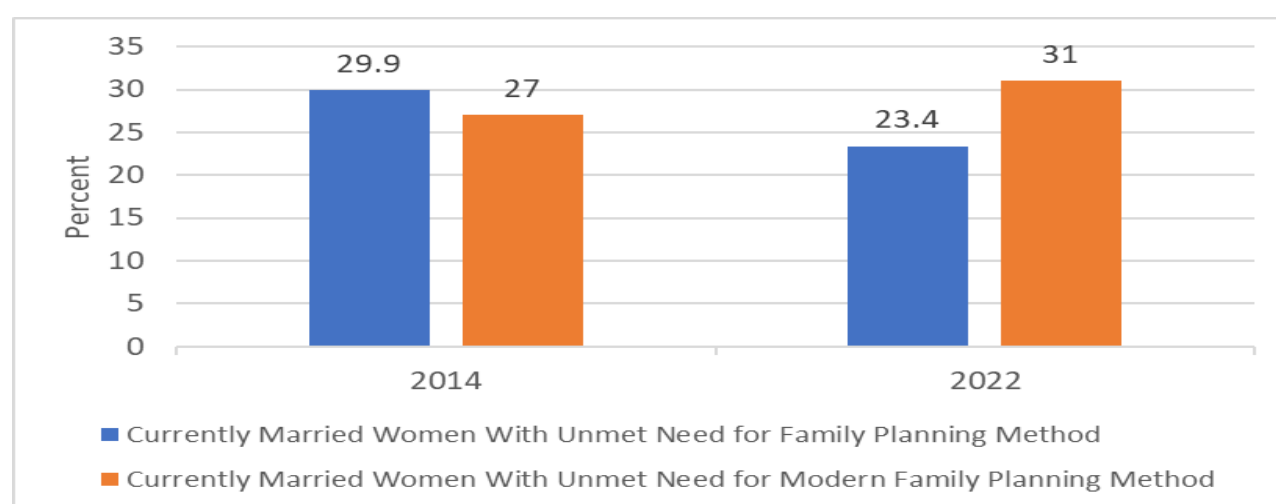
Access to voluntary family planning methods such as implants, and intrauterine devices (IUD) is a human rights issue and is central to gender equality and women’s empowerment. Measures are in place to improve

contraceptive use through raising awareness, educating, and enhancing the accessibility of family planning services. Despite all these measures, many women of reproductive age have unmet need for family planning methods,

including modern contraceptives (GDHS, 2022). In addition, unmet need for any family planning method among currently married women in Ghana was 29.9 percent in 2014, decreasing to 23.4 percent in 2022 as shown in Figure 3.2. In contrast, unmet need for modern family planning methods among

currently married women increased by 4.0 percentage points between 2014 to 2022, from 27.0 to 31.0 percent over the period. Unmet need among currently married women for any family planning method is higher than unmet need for modern family planning methods.

**Figure 3.2: Trends of Unmet Need of Family Planning by Type of Method Among Currently Married Women**



Source: GDHS 2014, 2022

Ghana is below its 2024 ICPD/AADPD commitment target of 33.3 percent and 35.0 percent for all women and currently married women respectively using modern contraceptives. In addition, the current unmet need for any method of contraceptives (23.4%) among currently married women is below Ghana’s 2024 ICPD/AADPD commitment target of 44.7 percent, which implies that Ghana has done well in attaining this target. However, Ghana has not attained the

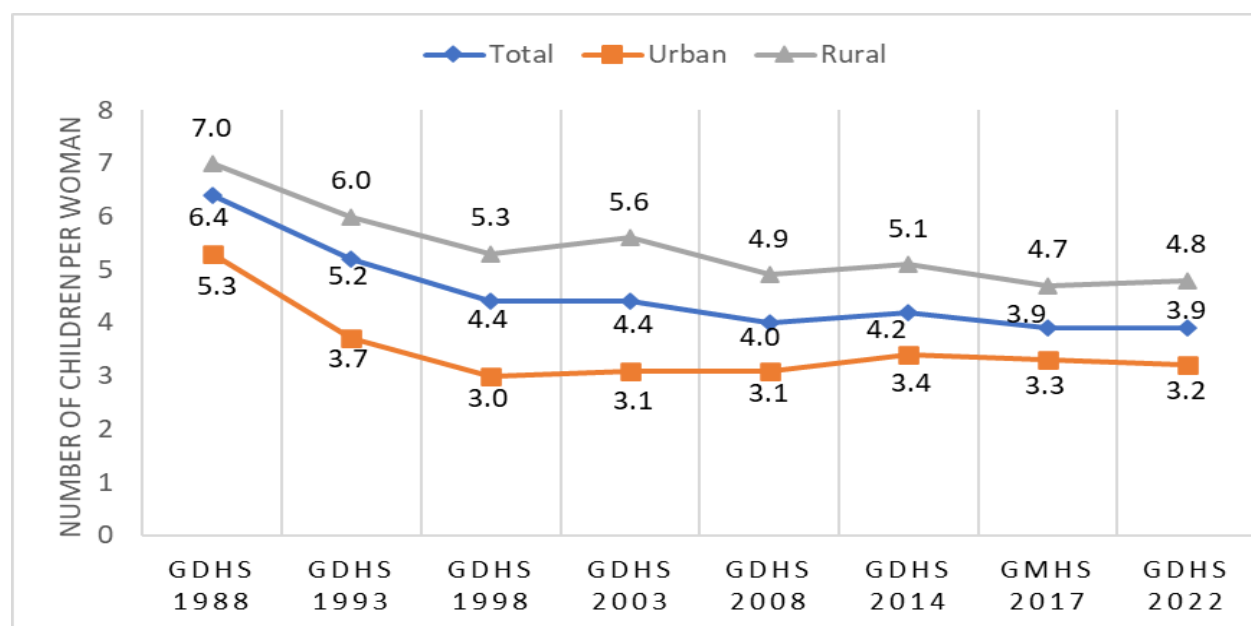
targets for unmet need for modern contraceptives among currently married women, and use of modern contraceptives among all women and currently married women. While awareness of family planning methods has been universal in Ghana, myths and misconceptions about modern contraceptives as well as religious and cultural barriers have contributed to the slow increase in contraceptive use.

## 3.2 Total Fertility Rate



Total Fertility Rate (TFR) increased from 4.0 in 2008 to 4.2 children per woman in 2014, before declining to 3.9 children per woman in 2022 (GDHS, 2022), indicating that there has been a gradual and slow decline in the TFR over the last decade (Figure 3.3). The fertility rate of 6.4 children recorded in 1988, shows that Ghana has made significant progress over the last three decades.

**Figure 3.3: Trend in Fertility by Residence**



Source: GDHS 2022

The decline in fertility could be attributed to improvements in healthcare, education, urbanisation, and the use of family planning methods (Agbaglo et al., 2022; Gyan et al., 2022). Despite this achievement, the 2024 TFR target of 3.5 children per woman, set by the 2017 revised National Population Policy will probably not be achieved, as Ghana is currently not on track.

There is a significant difference between TFR in urban and rural areas, as fertility

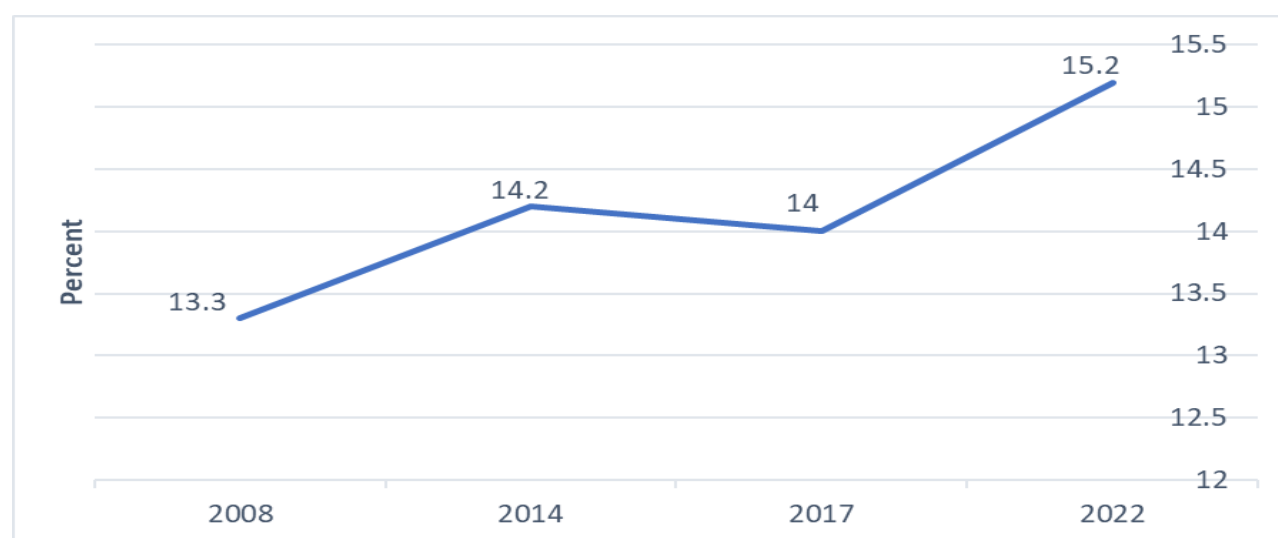
rates in rural areas in 2022 were 4.8 children per woman, while the rate was 3.2 in urban areas. The high fertility rate in rural areas, could be attributed to high unmet need for family planning, weak family planning programmes, culture, and other factors (Bawah et al., 2019; Staveteig., 2017).

With regard to childbearing among adolescent girls aged 15 to 19 years, the proportion who have begun childbearing (including those who

have ever given birth, ever had a pregnancy, or were currently pregnant at the time of the survey) increased from 13.0 percent in 2008 to 14.0 percent in 2014 and reached 15.2 percent in 2022 according to the GDHS reports (Figure 3.4). This increase has occurred despite the implementation of multiple programmes that have sought to keep

the girl children in school, such as the free Compulsory Universal Basic Education (fCUBE), School Feeding Programme for Basic schools, and Ghana’s Free Senior High School education policy. These policies and programmes have made it possible for adolescents to attend school from primary to secondary school level without having to pay tuition fees.

**Figure 3.4: Percent of Girls 15-19 years who have begun Childbearing**



Source: GDHS 2008; GDHS 2014; GMHS 2017; GDHS 2022

### 3.3 Mortality

Mortality rates remain a critical concern, particularly in maternal and childhood contexts. Maternal mortality, although declining, is still higher than desired, primarily due to limited access to

quality healthcare and complications during childbirth. Childhood mortality, marked by preventable diseases and malnutrition, also remains a challenge.



### 3.3.1 Maternal Mortality

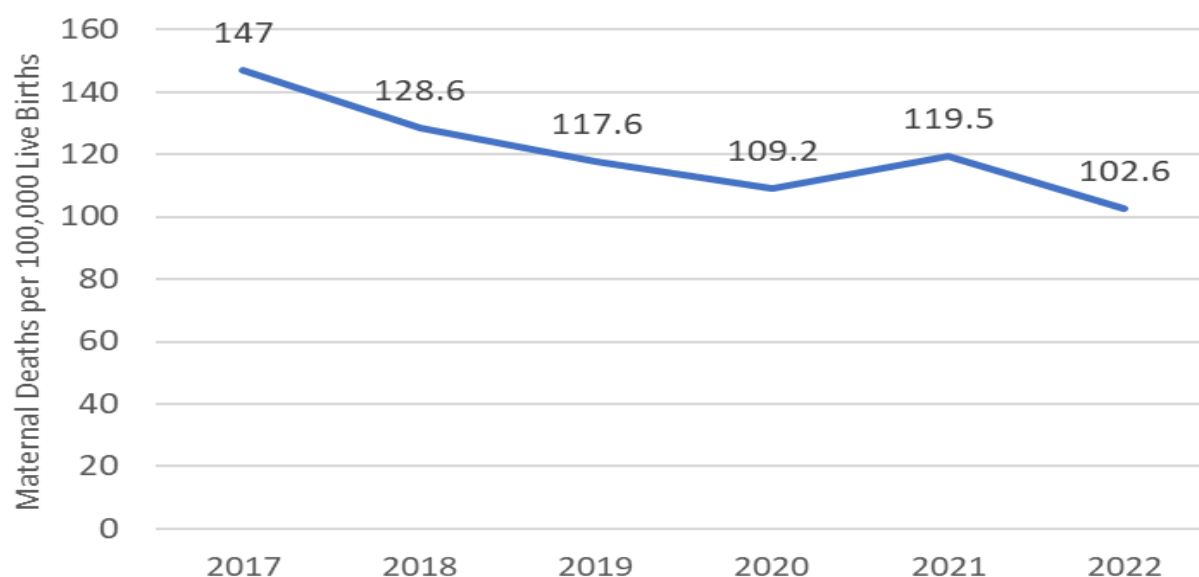


Several high-level initiatives have been launched in Ghana to reduce maternal mortality. Notable examples are the Child Health Policy, Universal Health Coverage Roadmap (2020-2030), and the Free Maternal and Child Health Policy (2005), which aim to improve maternal health care delivery and reduce maternal deaths in Ghana. Pregnant women are exempted from paying for antenatal, delivery, and post-natal services for up to three months through the National

Health Insurance Scheme.

Over the years, there has been a continuous decline in maternal mortality. The 2022 Holistic Assessment of the Health Sector shows that maternal mortality ratio, which was 147 per 100,000 live births in 2017, reduced to 109.2 in 2020, increased again to 119.5 in 2021 before declining to 102.6 in 2022 as presented in Figure 3.5.

**Figure 3.5: Institutional Maternal Mortality Ratio**



Source: MoH 2022 and MoH 2023: Institutional data

The gains in the reduction of maternal mortality could be a result of great investment in maternal care, including free maternal healthcare, universal coverage of antenatal care, and an increase in delivery by skilled health

workers, thus, putting Ghana on track to attaining the target of reducing maternal mortality ratio to 100 by 2024, as set in the ICPD and the AADPD PoA.

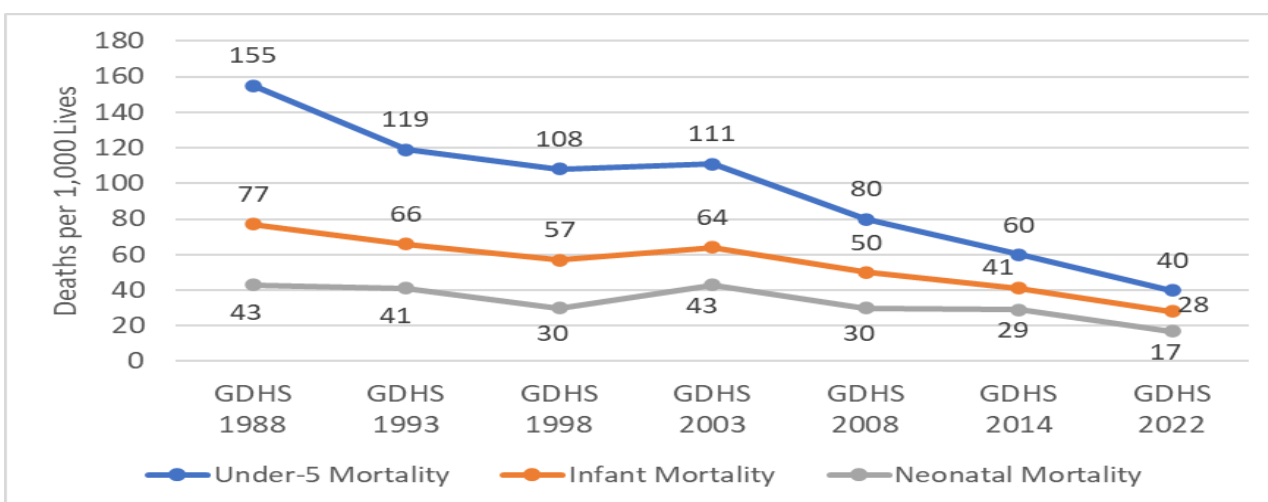
## 3.3.2 Childhood Mortality



Under-five mortality, infant mortality, and neonatal mortality are among the indicators for measuring childhood mortality that were identified in the AADPD and PoA of ICPD. All three indicators of childhood mortality declined from 2014 to 2022, as shown in Figure 3.6. The number of under-five deaths per 1000 live births declined from

60 in 2014 to 40 in 2022. Within the same period, there was a significant decline in infant mortality from 41 deaths per 1000 live births in 2014 to 28 deaths per 1000 live births in 2022. Neonatal mortality also declined from 29 deaths per 1000 live births in 2014 to 17 deaths per 1000 live births in 2022.

**Figure 3.6: Childhood Mortality per 1,000 Live Births 5 Years Preceding the Survey**



Source: GDHS 2022

Although progress towards achieving the ICPD and AADPD targets for infant and neonatal mortality have been slow, Ghana is still close to achieving the targets. Currently, the 2024 target for under-five mortality of 40 deaths per 1000 live births has been achieved. The gains in under-five mortality could be consolidated to help improve and

achieve neonatal and infant mortality targets.

Policies and measures that have been developed and implemented to help Ghana achieve the ICPD and AADPD targets include Ghana's Under-five Child Health Policy (2007-2025), the National Newborn Health Strategy and Action

Plan (2014-2018), which was revised in 2019, the Child Health Standards and Strategy (2017-2025) and the Health Sector Medium-Term Development Plan (2022-2025).

The Under-five Child Health Policy (2007-2025) provides a framework for implementing programmes to improve child survival. The Child Health Standards and Strategy (2017-2025) provides strategic direction to MoH

and its agencies on how to improve the health of children. The Health Sector Medium Term Development Plan (2022-2025) seeks to improve the health of the population through a variety of measures, including improving access to healthcare, reducing maternal and child mortality, adolescent and child deaths and disabilities, and improving the quality of healthcare.

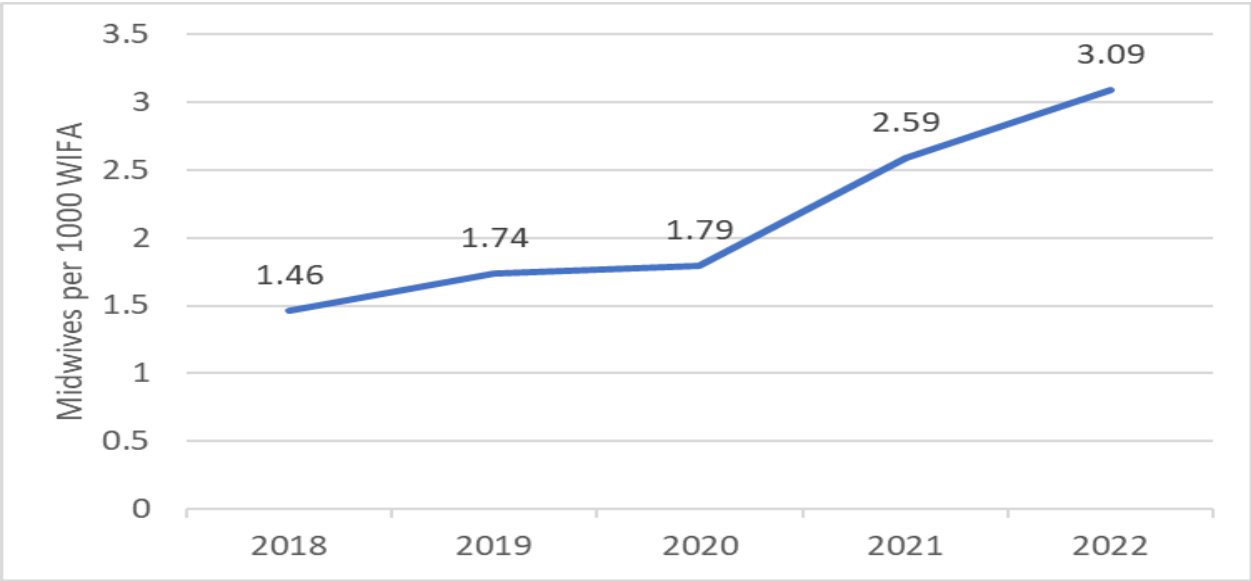
## 3.4 Healthcare Delivery Management System



Over the last five years, there has been an 18 percent improvement in the doctor-to-population ratio from 1:7,196 in 2018 to 1:5,880 in 2022. There has been a 40 percent improvement in the nurse-to-population ratio from 1:839 in 2018 to 1:502 in 2022. The midwife-to-women in fertility age (WIFA) ratio has more than doubled from 1.46 in 2018 to 3.09 per 1,000 in 2022 (MoH, 2022) as shown in Figure 3.7. The trend of the three indicators

shows a significant improvement and is a result of an increase in the recruitment of trained healthcare professionals. The current proportion of 0.17 doctors per 1,000 people and 1.99 nurses per 1,000 people imply that Ghana has attained its ICPD 2024 targets of 0.13 per 1000 (1:7,825) for doctors and 1.28 (1:780) per 1000 for nurses.

**Figure 3.7: Trend in Midwife per 1000 Women in Fertility Age (WIFA), 2018-2022**



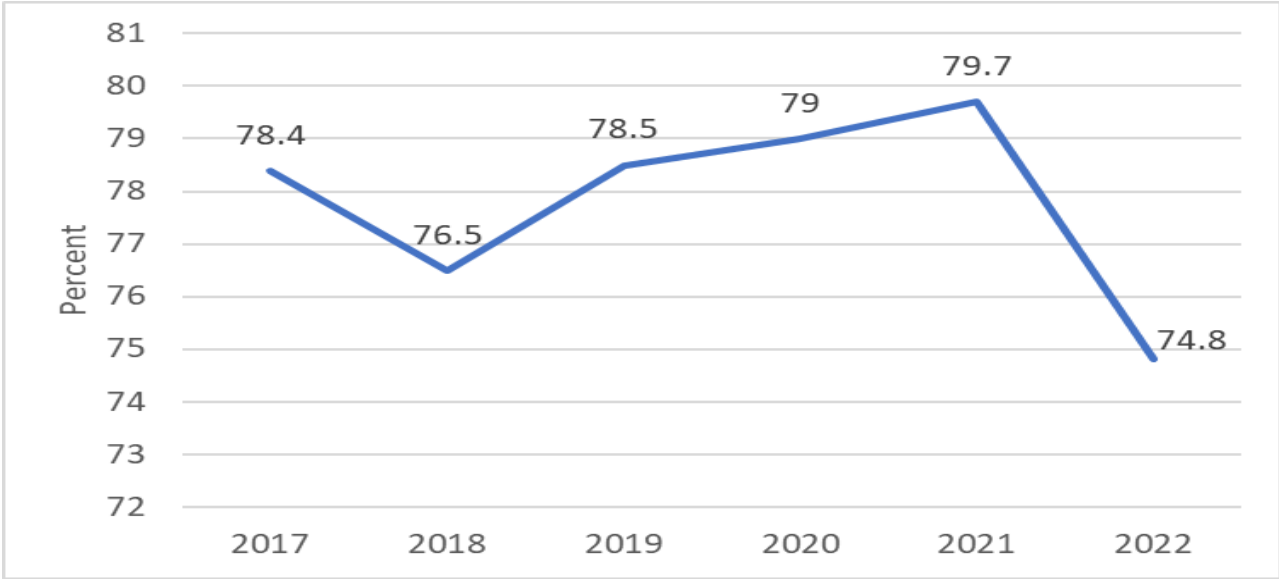
Source: MoH 2022

## 3.5 Primary Healthcare

Community-based Health Planning Services (CHPS) is a Government of Ghana initiative that seeks to improve access to primary health care services for underserved communities, predominantly in rural areas. CHPS is part of Ghana’s flagship policy to achieve Universal Health Coverage (UHC). Some of the functions are health education, health promotion, case management of minor ailments, and home visitation. There has been a slight decline in functional CHPS from 78.4 percent in 2017 to 74.8 percent in 2022, a 3.6 percentage points drop (MoH, 2022).

This decline was mostly evident in 2022, dropping nearly 5 percentage points from the peak of 79.7 percent attained in 2021. Figure 3.8 presents the trend in the proportion of functional CHPS zones from 2017 to 2022. Government has implemented policies such as the CHPS Operational Policy, CHPS National Strategic Plan, and the National Programme for Strengthening the Implementation of CHPS to increase the proportion of functional CHPS. More needs to be done to make CHPS more functional and attain the ICPD 2024 target of 94.0 percent.

**Figure 3.8: Percentage Community-based Health Planning Services (CHPS)**



Source: MoH 2022

## 3.6 Access to Health Services

The National Health Insurance Scheme (NHIS) is implemented nationwide to reduce the financial burden of seeking primary care. Many steps have been taken to strengthen the Scheme since its inception in 2003, including extension of coverage of the NHIS diseases package, and addition of several drugs to cover the treatment of diseases. Currently, the NHIS covers over 95 percent of disease conditions. This includes preventive care but mostly curative at the primary, secondary, and tertiary facilities. In 2022, the coverage of diseases was extended to four childhood cancers.

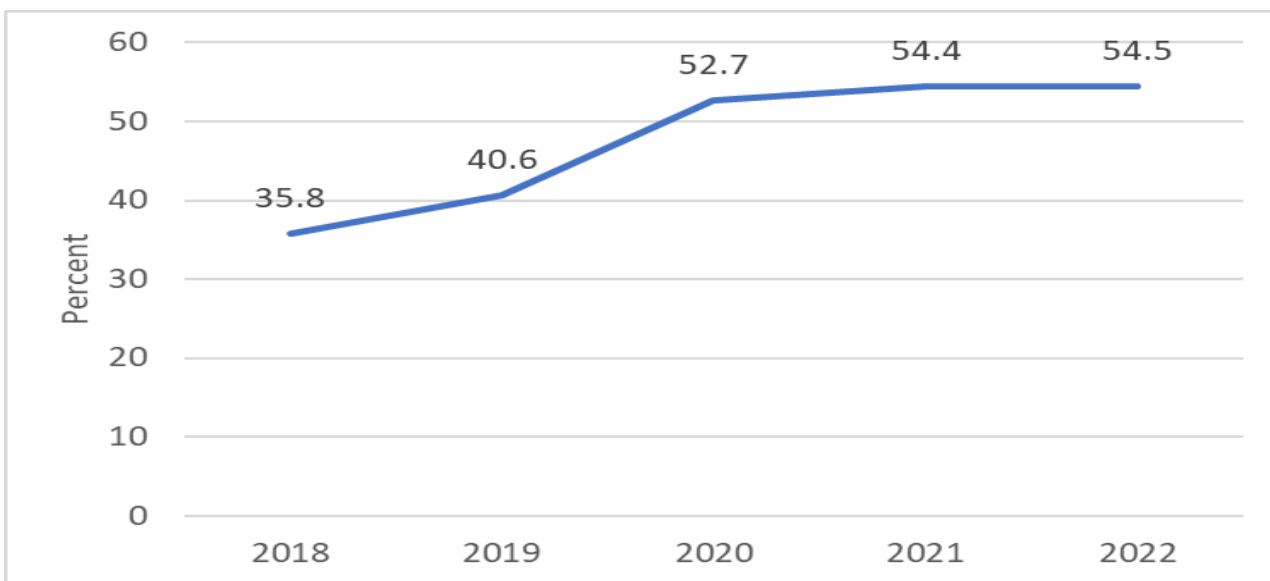
Ghana’s NHIS also provides free medical care for the elderly (70 and

above), pregnant women and children. There has been a big improvement in the operations of the National Health Insurance Authority (NHIA) especially regarding renewal of membership on the NHIS, which has been digitised. The digitisation allows members to renew their membership in the comfort of their homes, thereby removing the long queues at the offices of the NHIA for new registration and renewal of membership. In addition, claims settlement to service providers is being enhanced using electronic receipts and electronic claims management.

The coverage of the NHIS increased from 35.8 percent in 2018 to 52.7 percent

in 2020, rising slightly to 54.5 percent in 2022 (Figure 3.9) (NHIS, 2023). Ghana is unlikely to attain the 2024 ICPD target coverage of the 73.9 percent. Currently, 12.1 percent of active NHIS members are indigents, lower than the 15.0 percent target for 2024.

**Figure 3.9: NHIS Population Coverage, 2018-2022**



Source: NHIS, 2023

## 3.8 HIV and AIDS



The HIV epidemic remains a public health concern in Ghana, however, measures are in place to ensure universal access to HIV prevention, treatment, care, and support through public sensitization and policies. Government has committed to halting the spread of HIV and AIDS by establishing surveillance systems to track the epidemic and the country is on course to reversing the spread of the disease. The National AIDS/STI Control Programme (NACP) provides interventions to reduce HIV, care support for Persons Living with HIV (PLHIV) and

essential support to all MDAs in the implementation of their programmes.

Ghana has formulated and implemented several strategic plans and policies to help reduce the spread of HIV. These include the National HIV and AIDS Strategic Plan (NSP 2016-2020) and its successor NSP 2021-2025, Consolidated HIV Guidelines in 2019, Free to Shine Campaign in 2019 to reduce the prevention of mother-to child transmission, HIV Testing Implementation Guide, National Acceleration Plan for Pediatric HIV

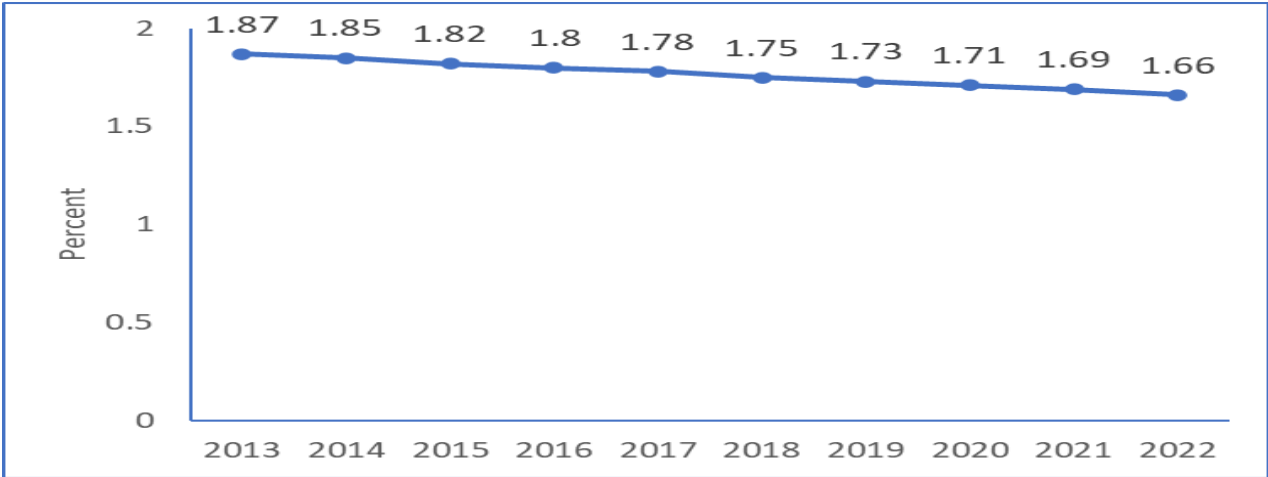
Services in 2020, Workplace HIV and Tuberculosis (TB) Policy for the health sector in 2020, Differentiated Service Delivery Initiative for HIV in 2022 and Consolidated Guidelines for HIV Care in Ghana in 2022.

The NSP 2021-2025 aims at reducing new HIV infections in the general population, among adolescent girls and young women, and among Key Populations (KPs). The continued implementation of these policies and plans has contributed to the decline in HIV and improved the services of Antiretroviral Therapy (ART) for PLHIV.

The HIV prevalence has steadily declined from 1.87 percent in 2013 to 1.66 percent in 2022 as shown in Figure 3.10. This

represents a 13.0 percent decrease over the ten-year period (2022 National and Sub-National HIV Estimates and Projections Report). It was estimated that the number of PLHIV increased from 349,362 to 354,927 between 2021 and 2022. About 6.0 percent (21,439) of the HIV population were adolescents aged 10-19, while 7.0 percent (24,712) were children aged 0-4 years. New HIV infections reduced from 16,938 in 2021, to 16,574 in 2022, a 2.0 percent reduction, with two-thirds of these being females. The number of new infections is much higher than the 2025 target of 2,839 set in the NSP (2021-2025). The reduction in HIV prevalence is attributed to the measures and policies as well as interventions that have so far been put in place.

**Figure 3.10. Trend in HIV Prevalence, 2018-2022**



Source: 2022 National and Sub-National HIV and AIDS Estimates and Projections Report

The “Treat-All” policy has been implemented since 2016, which makes all PLHIV eligible for treatment and free

ART services. In 2022, the total number of new and active PLHIV clients who received ART combination therapy

was 29,598 and 222,581, respectively. In addition, the proportion of adults and children known to be on ART 12 months after initiation of treatment is 67.0 percent. The Ghana national strategic plan for HIV 2021–2025 has an objective to achieve 95 percent HIV testing, 95 percent treatment, and 95 percent viral suppression targets.

In 2022, an estimated 95.0 percent of pregnant women accessed ANC (Antenatal Care) and HIV Testing Services (HTS) indicating a significant increase from 70.0 percent in 2020. The proportion of these women who tested positive and were receiving ART

increased from 87.0 percent in 2020 to 89.0 percent in 2022. The mother-to-child transmission (MTCT) rate however increased from 11.4 percent in 2020 to 17.3 percent in 2022. A total of 35,209,782 condoms (35,184,689 male condoms and 25,093 female condoms) were distributed in 2022, a significant increase from the 26 million condoms distributed in 2020 (of which seven million were distributed to KPs). The uptake of female condoms continues to be low compared to male condoms due to many socio-cultural factors surrounding its use by women.

### 3.8.1 HIV Prevalence among Key Population Groups

The NSP (2021-2025) records persistently higher HIV prevalence rates among KPs, with that of FSWs (4.6%) and MSMs (18.1%) exceeding the national rate (1.66%). Other KPs such as clients of sex workers, people who inject drugs (PWID), prisoners, and those with STIs and TB also have higher prevalence rates. This can be attributed to barriers in accessing vital services due to stigma and discrimination.

The NSP has a behaviour change component to prevent HIV infection

among the general population, with dedicated funds for KPs and pregnant women. Among the youth and general population, condom promotion and distribution as a preventive strategy remains one of the ways of halting the spread of HIV. Making condoms available at convenient outlets, across the country, can increase uptake and reduce the embarrassment and stigma attached to their sale. The airing of adverts on condom use on television and radio is one of the strategies being used to increase condom uptake.



## 3.9 Sexual and Reproductive Health Care of Vulnerable Population



Sexual and reproductive health rights (SRHR) of women and girls and vulnerable populations such as refugees, internally displaced persons, and PWDs remain a priority globally.

### 3.9.1 Sexual and Reproductive Health Care for Refugees and Internally Displaced Populations

Ghana is signatory to the 1951 Convention on Refugees and the 1969 OAU Convention on Refugee Problems in Africa and has over the years hosted and provided support to internationally and internally displaced persons. The Ghana Refugee Board collaborates with relevant ministries, departments and national and international partners to provide various support for refugees. Data on the number of refugees and

internally displaced persons with access to sexual reproductive health information and services are not readily available to show progress that has been made. Nonetheless, Ghana's reproductive health policy and programmes, including access to reproductive health information and services are non-discriminatory, considering all persons equally, irrespective of one's nationality or refugee status.

### 3.9.2 Sexual and Reproductive Health Care for Persons with Disabilities

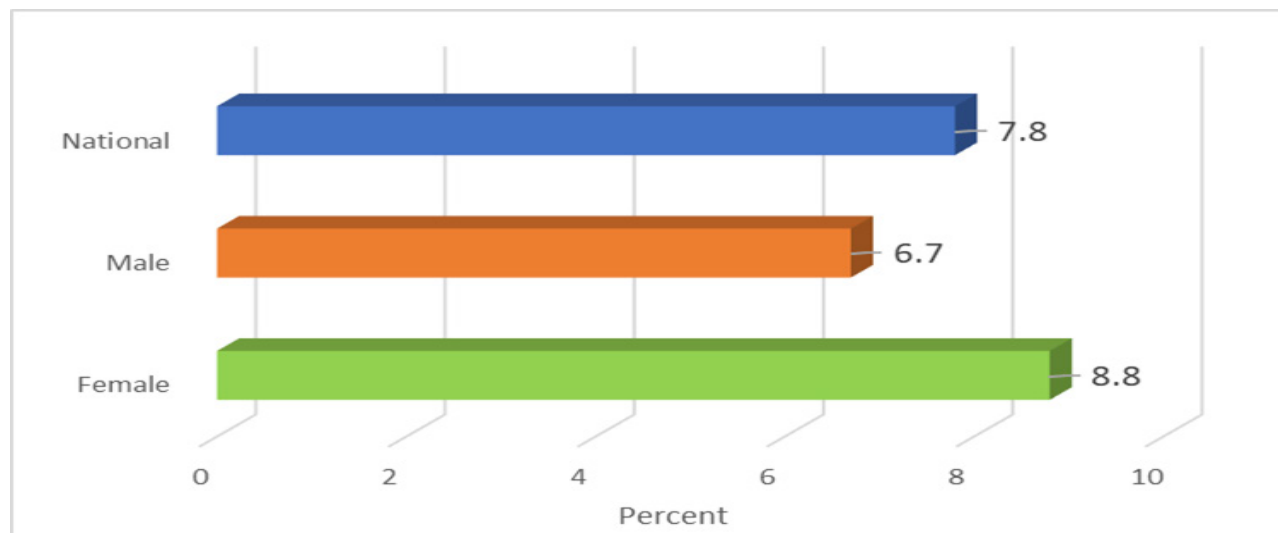


According to the 2021 PHC, 7.8 percent of people experience varying degrees of difficulty in performing key activities with a higher proportion of females (8.8%) living with disability than males (6.7%), as shown in Figure 3.12. While persons with disabilities (PWDs) may have some challenges in performing

some activities, their condition may not necessarily influence their sexual reproductive health (SRH). However, women and girls with disability have been marginalised regarding their access to key sexual reproductive health services, thus increasing their vulnerability. Studies have shown

that persons with disabilities have usually been ignored in SRH research and programming because there is a perception that they are incapable of being sexually active, and less likely to marry or to want to have children than persons without disabilities. The social stigma and discrimination that PWDs face potentially affect their access to SRH services and general healthcare.

**Figure 3.12. Percent of population 5 years and older with varying degrees of difficulty in performing activities by sex**



Source: 2021 Population and Housing Census, Ghana

The estimated number of PWDs with or without access to key SRH services is not documented. It is therefore difficult to assess the implementation of programmes that integrate PWDs into SRH information and service delivery. There is, however, increased advocacy and sensitization on the need to bring PWDs on board in such programmes.

### 3.9.3 Sexual and Reproductive Health Care for Women and Girls



Government has collaborated with various development partners including UNFPA, USAID, and the World Bank to implement key interventions. The aim is to regulate the country's fertility and ensure that individuals especially women and girls achieve their full reproductive health rights and desires. These interventions include the Family Planning (FP2020) commitments and

the Ghana Family Planning Costed Implementation Plan, 2016-2020 which were implemented to increase the uptake of sexual and reproductive health information and services. In addition, the inclusion of clinical (long-term) family planning services in 2021 in the National Health Insurance Scheme benefit package provides quality and affordable family planning services to users.

In 2017, a 5-year Strategic Plan to address adolescent pregnancy in Ghana (2018-2022) was launched. The main aim of the strategic plan was to provide nationally appropriate, coherent and cost-effective measures for addressing high

rates of adolescent pregnancies and other reproductive health challenges that adolescents and young people face in Ghana. The Strategic plan is linked to other policies and guidelines such as the Adolescent Reproductive Health Policy, the National Strategic Framework on Ending Child Marriage in Ghana (2016-2027), Comprehensive Sexuality Education Guidelines and the overall National Population Policy. In addition, the Ghana Health Service provides adolescent reproductive health information and services through youth-friendly services at various health facilities.

### 3.10 Access to Antenatal Care (ANC) and Supervised Delivery



According to the 2022 GDHS, considerable achievements have been made regarding ANC attendance. Almost all women (98%) indicated that for their most recent birth, they received antenatal care from a skilled health provider and 88.0 percent of them had four or more ANC visits. About 92.0 percent of women took supplements containing iron during their most recent pregnancy. Also, 74.0 percent of women with a live birth in the two years before

the survey received sufficient tetanus toxoid injections to protect their baby against neonatal tetanus. The GDHS further shows that 66.0 percent of live and/or still births took place at a health facility compared to 73.0 percent in 2014. Delivery by skilled health professionals also increased in 2022 with 88.0 percent of live and/or still births being assisted by a skilled health provider compared to 76.0 percent in 2014.

Proximity to health facilities is essential for improving accessibility to antenatal care (ANC) and supervised delivery. According to the 2021 PHC, CHPS compounds are more widely spread across the country compared to the

other types of healthcare facilities. While 84.9 percent of urban residential clusters have access to at least one health facility providing healthcare services, only 56.3 percent of rural residential clusters do.

## 3.11 Comprehensive Abortion Services



In Ghana, abortion may be permitted where the pregnancy is the result of rape or defilement of a female who has a mental health condition, or incest and the abortion is requested by the victim or her next of kin or the person in loco parentis, if she lacks the capacity to make such request. An abortion can also be requested where the continuance of the pregnancy would involve risk to the life of the pregnant woman or injury to her physical and/or mental health and such a woman consents to it or if she lacks the capacity to give such consent it is given on her behalf by her next of kin or the person in loco parentis. If there is substantial risk that when the child is born it may suffer from or later develop a serious physical abnormality or disease, then an abortion can also be approved. Further, the law only permits that either a registered gynaecologist or a professional medical practitioner performs the operation, and the abortion should be conducted only at a government hospital, registered private hospital, clinics registered under the

Private Hospitals and Maternity Homes Act, 1958 (No. 8) or in a place approved by the Ministry of Health (Act 29, Section 58 of the Criminal code of 1960, amended by PNDCL 102 of 1985).

The above suggests that any abortion performed outside the defined framework is illegal. Many women continue to have unsafe abortions which put them at risk of death and other health complications. According to the 2017 Ghana Maternal Health Survey (GMHS), about 20.0 percent of women 15-49 years have had an abortion (GSS et al., 2018). While access to safe abortion services remains a challenge, stigma associated with birth outside marriage and abortion in general could lead women to choose unsafe abortion services. It is estimated that 64.1 percent of women had an unsafe induced abortion five years preceding the survey (GHMS: 2017). Induced abortion decreases with age as young women are more likely to have an induced abortion compared to older women, perhaps in their bid to continue

their schooling and not be saddled with childbearing.

To address issues related to induced abortion and abortion care, a comprehensive reproductive health strategy has been adopted by the Ghana Health Service. This approach provides

comprehensive abortion care to reduce maternal morbidity and mortality associated with unsafe abortion and provide women with the necessary counselling and access to appropriate contraceptive methods.

## 3.12 Food Security and Nutrition

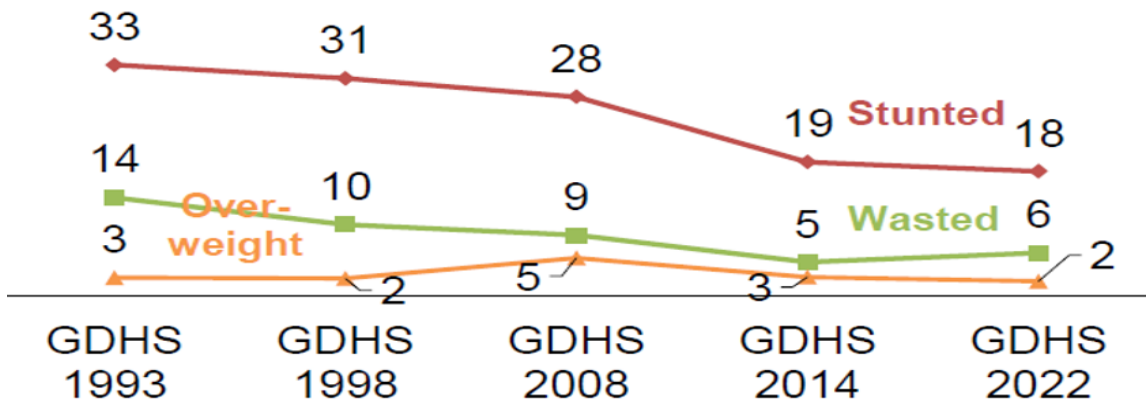


According to the 2020 Comprehensive Food Security and Vulnerability Analysis (CFSVA), 3.6 million people (11.7% of the population) were food insecure with 1.6 million people (5.2%) severely food insecure, and 2.0 million (6.5%) moderately food insecure. During the COVID-19 period, three out of four Ghanaian households reported income decline. The Fill the Nutrient Gap Ghana Report (2023) revealed that food price inflation in 2021 and 2022 dramatically increased the cost of healthy and nutritious diets. By late 2022, at least one in two households was not able to afford the cost of a nutrient-adequate diet, as food price inflation reached 59.7 percent

in December 2022, thus increasing the risk of food insecurity and malnutrition.

The prevalence of malnutrition in children under age 5, as presented in Figure 3.13, declined only marginally between 2014 and 2022, as compared to the rate of decline recorded in previous periods since 1993. According to the 2022 GDHS, the prevalence of stunting reduced from 19.0 percent in 2014 to 18.0 percent in 2022, and overweight children reduced from 3.0 percent in 2014 to 2.0 percent in 2022. The prevalence of wasting, however, increased from 5.0 percent in 2014 to 6.0 percent in 2022.

**Figure 3.13: Nutritional Status of Children Under Age 5, 1993-2022**



Source: Ghana Demographic and Health Surveys, 1993-2022

The prevalence of anaemia among children 6 to 59 months was 49.0 percent, composed of 28.0 percent who were mildly anaemic, 20.0 percent who were moderately anaemic, and 1.0 percent who were severely anaemic. The percentage of women who are anaemic reduced from 42.0 percent in 2014 to 41.0 percent in 2022, comprising 23.0 percent who were mildly anaemic, 17.0 percent who were moderately anaemic, and 1.0 percent who were severely anaemic. Anaemia is more common in pregnant women (51.4%) than in women who are not pregnant (40.4%). The prevalence was higher among women aged 40-49 (45%) and 5-19 (43.8%).

In promoting nutritious food to reduce malnutrition, the Ministry of Food and Agriculture (MoFA) and its partners, facilitated access to Specialised Nutrient Foods (SNFs) for vulnerable pregnant

and lactating Women and Girls (PLW/G), adolescent girls, and children aged 6-23 months in nine districts with high levels of stunting and food insecurity. The pregnant and breastfeeding women were given a locally made fortified corn-soya blend (Maizoya), fortified vegetable oil, and iodised salt, or Maizoya and cash instead of the fortified oil and iodised salt. GrowNut or KOKO Plus (a micronutrient food supplement) were included in the children’s meal basket (a small-quantity lipid-based nutrient supplement). Adolescent females were given either Maizoya and cash or Maizoya and a value voucher for food and sanitary supplies worth the same as the cash amount. These interventions have put the participating districts on track to meet the national target of 12.17 percent stunting prevalence by 2025.

The Girls’ Iron and Folic Acid Tablets

Supplementation (GIFTS) programme is a key intervention aimed at reducing anaemia prevalence among adolescents. It is estimated to have contributed to a 26 percent adjusted reduction in anaemia prevalence between 2017 and 2018 in 60 schools in two regions (Northern and Volta). The GIFTS Programme commenced in Ghana in 2017 in four regions (Brong-Ahafo, Northern, Upper East, Volta). The programme seeks to improve haemoglobin (Hb) levels of beneficiaries through free weekly Iron and Folic Acid (IFA) supplementation for in-school and out- of-school adolescent girls, and improved nutritional status through health and nutrition education sessions given to both boys and girls. The programme is also expected to contribute to strengthening the existing IFA supplementation programme for pregnant women. The program is implemented by Ghana Health Service and Ghana Education Service with technical and financial support from UNICEF, United States Centres for Disease Control and Prevention (US CDC)-Atlanta, Korea International Cooperation Agency (KOICA) and the Government of Canada.

Ghana has prioritised food systems transformation and nutrition security and mainstreamed it into MTNDPFs. Challenges in Ghana's food systems and nutrition security that have been identified and which form the basis for the objectives and strategies prescribed

in the MTNDPF 2022-2025 to be planned for and implemented by MMDAs and relevant MDAs include weak food production, storage, processing and distribution systems, the existence of unhealthy food environments and choices, limited integration and prioritization of nutrition in universal health coverage and Medium Term Development Plans, and weak food systems and nutrition institutional framework and coordination.

The Ghana Food-Based Dietary Guidelines (FBDG), which seeks to promote optimal diets and address malnutrition and diet-related diseases, was launched in 2023. The FBDG has been designed to complement existing guidelines for feeding young children including the 4-star diet promoted by the Ghana Health Service, the National Strategy Document for infant and young child feeding (2007) and the Nutrition facts for Ghanaian families (2009). It provides guidance to persons at higher risk of malnutrition in all its forms including women in the reproductive age (between 15 and 49 years) who have a greater risk of nutrient deficiencies. The recommendations in the FBDG will be disseminated and implemented to increase access to, utilization of evidence-informed health-promoting dietary information, and demand for consumption of healthier diets among persons living in Ghana.

### 3.13 Climate Change-Induced Diseases



Mitigating climate change-induced diseases has become a major priority under the AADPD and ICPD. The Medium-Term National Development Policy Framework (Agenda for Jobs I, 2018-2021) emphasized the need to formulate a national strategy to control climate-change induced diseases and manage climate health risks. Other policies being implemented include the

National Climate Change Adaptation Strategy (NCCAS) of 2012 and the National Climate Change Policy of 2013. They highlight the nexus between climate change and health and create awareness about climate change and its impacts on health, livelihoods, and environmental sanitation, as well as reducing the incidence of waterborne and airborne diseases.

### 3.14 Non-Communicable Diseases (NCDs)



Non-communicable diseases (NCDs) are increasingly becoming a major contributor to mortality in Ghana. They account for about 43.0 percent of all deaths, with cardiovascular diseases accounting for 19.0 percent (WHO, 2018). Hypertension contributed about 2.0 percent in 2017 and 2.1 percent in 2021 to all causes of deaths. NCDs are more prevalent in urban areas thereby causing a dual health burden of infectious and chronic diseases (Avogo, 2023).

Policies to address NCDs include the National Non-communicable Diseases Policy (2014), National Strategy and Action Plan for Non-Communicable Diseases Prevention and Control (2017-2020), and the Public Health Act (851), Tobacco Control Regulations L.I.2247

in 2017. Some achievements over the period are the inclusion of diabetes, hypertension, and road traffic injuries in Ghana's Integrated Disease Surveillance and Response (IDSR) system, the constitution of a Multisectoral NCD Steering Committee, and the inclusion of NCDs in the benefits package of the NHIS, including diabetes, hypertension and breast cancer. (MoH, 2022).

The National Non-Communicable Diseases Policy (2014) was revised in 2022 to align the country's prevention and control efforts with global strategies such as the SDGs and the WHO Global Action Plan for the Prevention and Control of NCDs (2013-2020). The 2022 National Policy and its Strategic Plan for the Prevention and Control of NCDs (2022-



2026) have been launched on NCDs and achieving SDG 3.4. Ghana also launched the International NCD Compact 2022-2030 to consider commitments made in the pertinent resolutions adopted by the UN General Assembly and the World Health Assembly. The International Group of Heads of State of Government on the Prevention and Control of NCDs (NCD Presidential Group) has also been established.

The Agenda for Jobs, 2018-2021, identified and prioritized policy measures for eliminating preventable emerging communicable and non-communicable diseases. It emphasised the need to implement the Non-Communicable Disease (NCDs) Control Strategy to reduce morbidity and mortality. Other key interventions include establishing screening centres for hypertension and diabetes at all regional hospitals, and for hypertension, diabetes, and cervical cancer in some district hospitals; and training health officers to handle screening for pre-cancerous and cancerous cervical lesions.

There are other strategies enshrined in the Agenda for Jobs II (2022-2025) to control NCDs. These include reviewing and scaling up the Regenerative Health and Nutrition Programme (RHCP), increasing taxes on unhealthy food products, increasing promotion to reduce poor health choices and exposure especially among vulnerable groups, strengthening implementation of the WHO framework Convention on Tobacco Control (WHO, FCTC), and accelerating the implementation of the global strategy on diet, physical activity and health.

The Ghana Non-Communicable Disease Alliance (GhNCDA), a coalition of CSOs has been active in this endeavour. They developed the Civil Society Status Report on National NCD Response and Landscape in Ghana (GhNCDA, 2023) which serves as an advocacy tool in raising awareness and promoting increased political commitment towards more investments in addressing NCDs.

## 3.15 Rehabilitation Services



There have been efforts by the Government of Ghana to strengthen rehabilitation services. These have been designed to improve service provision. The 2020 National Health Policy seeks to create an enabling environment that supports and promotes the establishment of rehabilitation services. The policy also seeks to provide rehabilitation for people suffering from drug and substance abuse. Access to these services remains inequitable for healthcare facilities and packages. Efforts are being intensified to make these services user-friendly to the unique needs of people with disabilities

and the elderly population as well as to prioritise mental health within the service delivery system. A strategy enshrined in the Agenda for Jobs I, 2018-2021 and Agenda for Jobs II, 2022-2025 is the strengthening of rehabilitation services. These steps are consistent with the Universal Health Coverage 2020-2030 programme that recognizes the importance and the need to improve rehabilitation services such as optical aids, hearing aids, orthopedic aids, physiotherapy, dentrums, geriatrics, post-trauma and psychological therapy and counselling.

## 3.16 Health Services for the Elderly



Since the ICPD in 1994, Ghana has formulated policies to protect the elderly population. The AADPD aimed at promoting a culture of respect, support, and active healthy ageing for elderly persons to ensure that they receive needed long-term care. Ghana's population has seen a trend towards ageing alongside the altering of the base that has resulted in the youth bulge in the population. Ageing comes with many dimensions of vulnerability that must be addressed with policies

and legislation.

National laws and policies that make provision for the elderly include the National Population Policy (Revised Edition, 2017), National Ageing Policy (2010), Ghana National Social Protection Policy (2015), the Livelihood Empowerment Against Poverty (LEAP, 2008). The National Ageing Policy was implemented with the key objective of ensuring the reintegration of the aged in all aspects of life. As part of efforts to

improve health outcomes for the aged persons aged 70 years and above are exempted from paying any premium under the NHIS. Vulnerable households that have elderly persons 65 years and above are eligible to receive cash grants under the LEAP. The Ageing Policy

is however not being implemented effectively because the National Ageing Council has not been set up, leading to fragmented efforts, different definitions for the aged and a lack of centralized coordination, thus negatively impacting the well-being of the elderly population

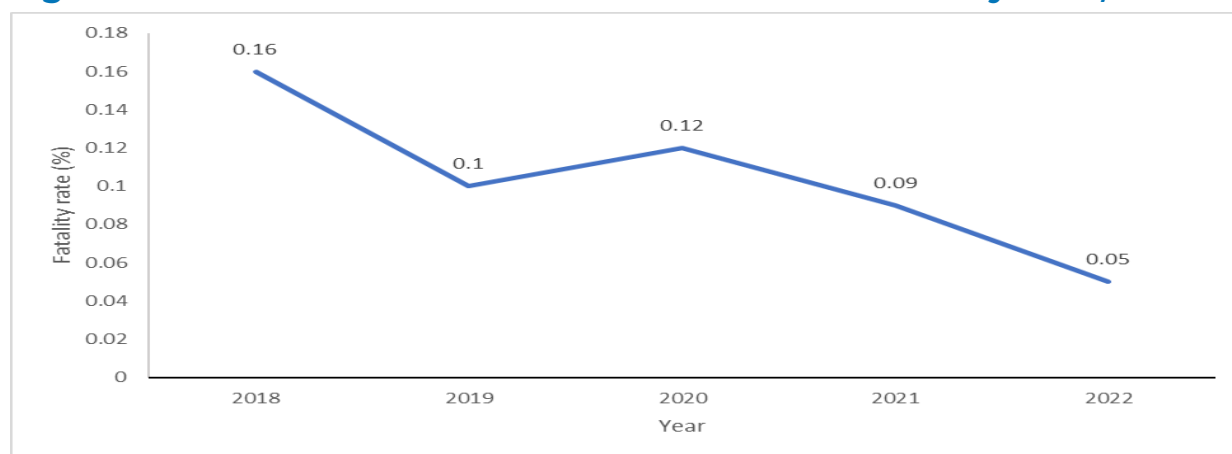
### 3.17 Malaria-related Deaths



Malaria remains the number one cause of health facility visits, constituting 20.3 percent of all diseases diagnosed at the OPD in 2022. The malaria case fatality rate in 2019 was 0.1 percent. It increased to 2.1 percent in 2020 and then decreased to 0.41 percent in 2022. The severity of malaria among children under the age

of 5 years has gone down in recent years. In 2022, a total of 144,769 patients below the age of 5 years were admitted with malaria, compared to 145,587 in 2021. Out of this number, 76 died, resulting in a case fatality rate of 0.05 percent, a significant improvement from 0.16 percent in 2018, as shown in Figure 3.13.

**Figure 3.14: Institutional Malaria Under-Five Case Fatality Rate, 2018-2022**



Source: MOH, Holistic Assessment Report (2022)

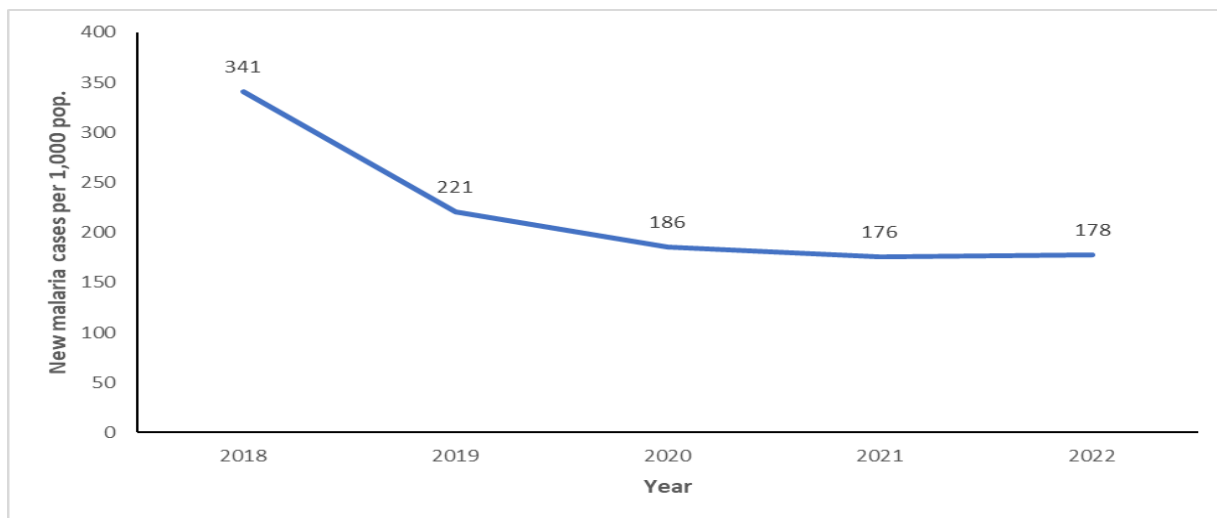
The reported cases of malaria to healthcare facilities per 1000 population has declined from 341 to 178 (47.8%) over

the 2018-2022 period (see Figure 3.14) indicating that the number of people getting infected with malaria has gone

down over the last five years. Key policies and strategies being implemented are the Anti-Malaria Drug Policy (2009), Guidelines for Case Management of Malaria (2020), and Malaria Strategic Plan 2021-2025. In 2019, Ghana launched

the world's first malaria vaccine in a landmark pilot project and in 2023 became the first country to approve Oxford's malaria vaccine for children aged five months to 36 months.

**Figure 3.15 Malaria Incidence per 1,000 population, 2018-2022**



Source: MOH, Holistic Assessment Report (2022)

## 3.18 Mental Health



The policy, legal and institutional framework for the management of mental health are contained in the National Mental Health Act, 2012 (Act 846), the Ghana National Mental Health Policy 2019-2030, the National Mental Health Strategic Plan 2019-2022 and the Mental Health Authority Strategic Plan (2019-2022). The 2012 Mental Health Act includes provisions for the creation of a modern community-based mental health system and the protection of

those with mental health challenges. The Act further seeks to protect the rights of persons with mental health disorder, the establishment of a mental health fund, mental health review tribunal, introduction of sanctions for offenses of neglect or discrimination against persons with mental disorders, and the creation of mental health authority.

Currently, three psychiatric hospitals provide specialist care for patients across the country. In addition, there are

general hospitals with psychiatric units at various health facilities. There are also steps to train more mental health practitioners and the provision of funds to support mental health patients. A Legislative Instrument (LI) has been passed by Parliament and mental health nurses are deployed to the regional and district health facilities. By 2022, all public, regional and district hospitals

had functional mental health units.

There is increasing preference for spiritual and herbal as opposed to orthodox treatment for mental disorders. There are unfavourable social constructions around mental health, including negative attitudes towards people who even recover from mental health challenges.

**CHAPTER 4:**  
**PILLAR 3 - PLACE**  
**AND MOBILITY**

# CHAPTER 4: PILLAR 3 - PLACE AND MOBILITY

## 4.1 Introduction

Pillar three discusses issues of place and mobility as outlined in the AADPD. The main issues discussed are: proportion of people with access to electricity; safe, orderly and regular migration and combatting of trafficking in persons, Ghana’s Migration Policy, Legal and Institutional Frameworks, integrating migration issues in development plans,

remittances, addressing rural-urban migration, urbanization and spatial planning, disaster risk reduction for people living in fragile ecosystems, promotion of equitable human settlement planning to respond to the causes and consequences of migration flows; and addressing issues related to climate change.

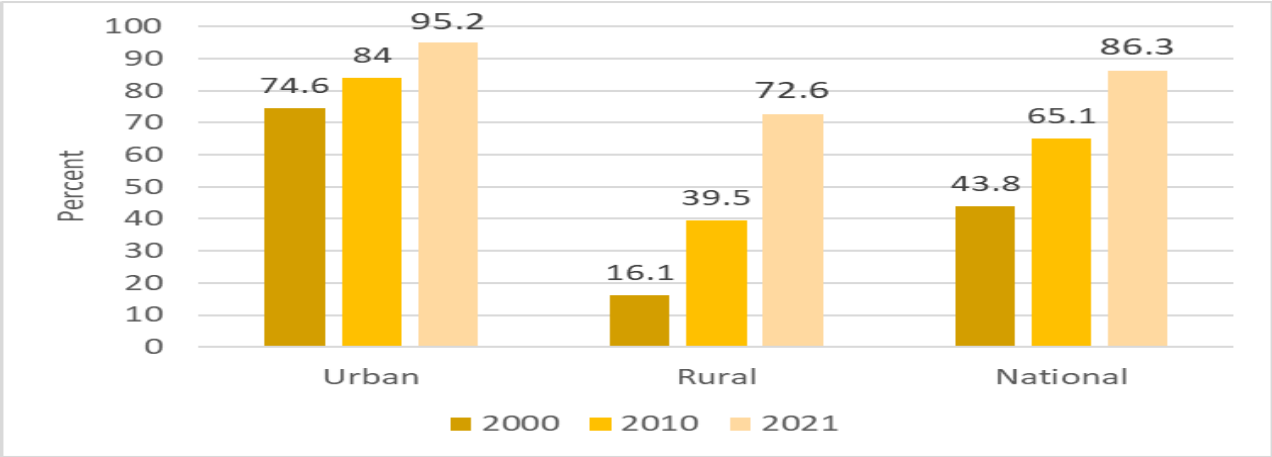
## 4.2 Access to Electricity



Ghana is on track to achieving universal access to electricity with 86.3 percent of the populace linked to the national grid by 2021. In urban areas 95.2 percent of residents utilized electricity as their primary source of lighting in 2021, an increase from 74.6 percent and 84.0 percent in 2000, and 2010, respectively. The proportion of population having access to electricity in rural areas has

more than tripled from 16.1 percent in 2000 to 72.6 percent in 2021 as shown in Figure 4.1. The Rural Electrification Project (REP) connected 1,111 additional settlements to the national grid between 2018 and 2020. Between 2020 and 2021, 843 localities were connected to the national grid under the Self-Help Electrification Programme (SHEP).

**Figure 4.1. Percent of Population with Access to Electricity, 2000, 2010 and 2021**

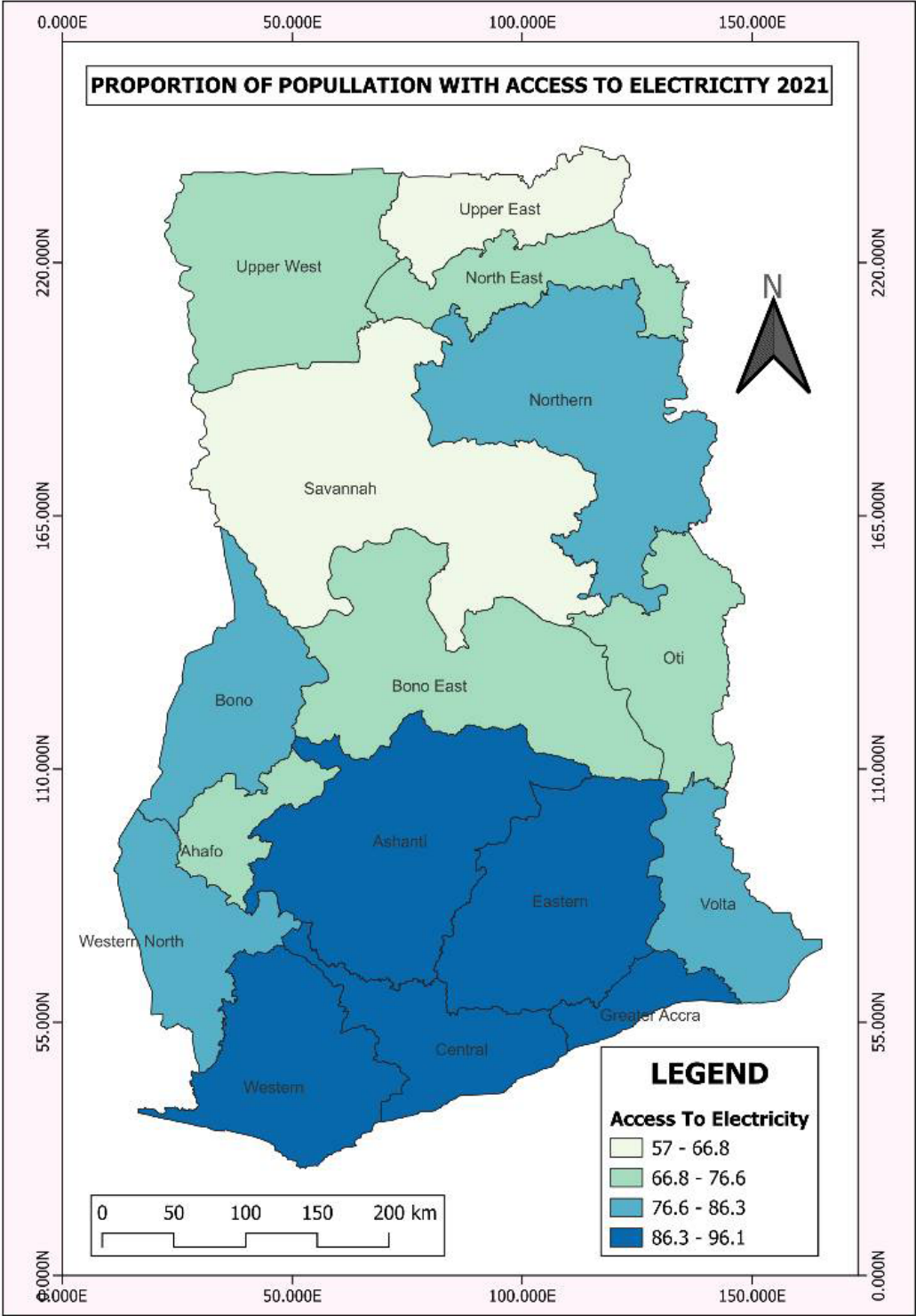


Source: 2000, 2010, 2021 Population and Housing Census

There are disparities among the regions. The Greater Accra (96.1%), Western (89.7%), Central (91.7%), Eastern (88.0%) and Ashanti (88.5%) regions had the highest power coverage while the Savanna (59.5%) and Upper East (57.0%) regions had the lowest in 2021, as shown in Figure 4.2. Regions in the northern part of Ghana have less access to electricity as a source of energy. Most northern communities have low population densities and are located far from major medium voltage lines which could partly account for this condition.



**Figure 4.2. Percent of Population With Access to Electricity by Region, 2021**



Source: 2022 Voluntary National Review (VNR) Report, Ghana.

## 4.3 Safe, Orderly and Regular Migration and Combatting of Trafficking in Persons



Ghana is a destination country for many migrants from Africa, Europe, Asia. From the West African sub-Region, some nationals from Nigeria, Togo, Cote d'Ivoire, and Burkina Faso are finding Ghana as a haven due to the many conflicts and environmental challenges they face in their home countries.

Ghana was one of the top 20 migrant African countries in 2019 (UN DESA, 2019). Ghanaian citizens, particularly, skilled and trained workers such as doctors and nurses, and the youth migrate to other countries in search of greener pastures. They use both regular and irregular means to get to their destination countries. Irregular migration with its attendant challenges such as human trafficking and migrant smuggling, abuse of domestic workers or migrant workers and even deaths

in general have become major issues worldwide.

Government continues to build the capacity of border authorities such as the Ghana Immigration Service's Anti Human Trafficking Desk, the Ghana Police Service Anti Human Trafficking Desk, EOCO, and the Ghana Refugee Board who work hand in hand to strengthen and facilitate safe, orderly, and regular migration, including preventing human trafficking and protecting vulnerable migrants. The Ghana Immigration Service conducts regular checks to address challenges of trafficking in persons while ensuring national security. A challenge that the country continues to face is in relation to the porous borders which make it difficult to capture the exact number of irregular migrants to Ghana.

## 4.4 Ghana's Migration Policy, Legal and Institutional Frameworks



Ghana recognizes the importance of effective management of migration to minimise its negative impact while maximising the opportunities that are associated with it. Ghana continues to prioritise migration in national development as it works towards achieving SDG Target 10.7 of facilitating orderly, safe, regular and responsible migration and mobility of people through the implementation of planned and well-managed migration policies.

The National Migration Policy adopted in April 2016 stipulates guidelines for migration management in the country. The Diaspora Engagement Policy and Labour Migration Policy have been formulated with the aim of addressing migration and development issues. The Human Trafficking Act, 2005 (Act 694) and the Anti-smuggling Law, the Immigration Act (Amendment Act), 2012 (Act 848) focus explicitly on migrant protection issues and stipulate ways to address them. The Government of Ghana has also implemented interventions to reduce regional inequalities and promote the balanced development of cities and rural areas in the country. For example, the Migration Unit within the Ministry of the Interior is responsible for ensuring that the link between migration and development

is clearly and practically established in government programmes, as well as identifying various options for managing migration for Ghana's socio-economic development and wealth creation. Efforts to facilitate skills circulation through bilateral, multilateral and regional programmes (SDG Target 17.16) will help to regulate brain drain.

In line with international conventions and regional migration frameworks, several legal migration management and policy frameworks such as the African Union (AU) Migration Policy Framework (2018-2030) and the Economic Community of West African States (ECOWAS) Free Movement Protocol (1979) have been developed. Ghana is also a member of the African Continental Free Trade Area (AfCFTA), which is Africa Union's long-term development strategy for transforming the continent into an international trade centre by eliminating barriers to trade.

Creating an enabling environment to enhance the return of Ghanaian migrants and their reintegration has been prioritised. Ghana's commitment to reintegrate migrants is highlighted in the nation's recent drive to draw migrants from all over the world through the "Year of Return" and "Beyond the

Return” Agenda. The Diaspora Affairs Office at the Office of the President has been established to coordinate issues pertaining to the Ghanaian Diaspora in collaboration with the Diaspora Affairs Unit at the Ministry of Foreign Affairs and Regional Integration. Government,

through the Ghana Refugee Board, has worked with the UNHCR to implement policies for the integration of refugees who decided to stay in Ghana while those who opted to return to their home countries, have been supported to leave.

## 4.5 Integrating Migration Issues in Development Plans

Sector and district medium-term development plans (S/DMTDPs) are prepared based on national objectives and strategies found in Medium-Term National Development Policy Frameworks (MTNDPFs) with guidance from toolkits and guidelines. Successive MTNDPFs have mainstreamed migration-related issues and aligned with national, regional and global commitments to migration including

the Global Compact for Migration and the SDGs. The 2018-2021 and 2022-2025 S/DMTDPs were expected to address migration issues. To facilitate the process of preparing costed migration-relevant S/DMTDPs, the NDPC, in collaboration with the International Organisation for Migration, developed the Toolkit for Integrating Migration into District and Sector Medium-Term Development Plans in 2020.

## 4.6 Remittances



Over US\$4.7 billion was remitted in 2022, accounting for 6.1 percent of the country’s GDP (World Bank, 2022), making Ghana the second largest recipient of remittances in dollar terms, and the ninth largest in relation to GDP in Sub-Saharan Africa. The high cost of remittance transfers has been identified as a challenge to remittance

flows in Ghana. For many people who use informal channels to remit to their countries of origin, the high cost of transaction fees is a hindrance to using formal remitting platforms. SDG 10.c highlights the need to reduce the cost by 2030, to less than 3.0 percent the transaction costs of migrant remittances and eliminate remittance corridors with

costs higher than 5.0 percent. As of the second quarter of 2022, the World Bank estimated that Sub-Saharan African countries had high transaction costs, as senders paid up to 7.8 percent transaction costs to send \$200 to African countries.

Recently, local telecommunication companies such as MTN and Vodafone have been licensed to operate as money transfer companies. Their competition with giant money transfer companies such as MoneyGram and Western Union may potentially result in reducing costs of transferring money to the country. The increase in digitalisation of money transfer platforms has increased remittances.

The Anti-Money Laundering Act, 2008 (Act 749) was passed in 2008 with subsequent amendment in 2014. The aim of enacting the Act and its subsequent amendment was to protect the integrity of the financial system and the investment of individuals. In addition, the Anti-Money Laundering/

Combating the Financing of Terrorism and Proliferation Financing of Weapons of Mass Destruction (AML/CFT/CPF) Guidelines (2021), the Anti-Terrorism Act 2008 (Act 762), and the Anti-Money Laundering Regulations (L.I. 1987), are legal frameworks that ensure that remittances, international and local money transfers are safe. The Bank of Ghana (BoG) has created a Financial Intelligence Unit aimed at controlling money laundering and to promote security of remittances.

Furthermore, BoG has outlined guidelines that cover inward international remittance services provided by Dedicated Electronic Money Issuers (DEMIs) and Enhanced Payment Service Providers (EPSPs) in partnership with Money Transfer Operators that are deposited into beneficiaries' bank accounts, mobile money wallets and any other electronic account or wallet approved by the BoG. These are aimed at safeguarding the stability of the financial system.

## 4.7 Rural-Urban Migration, Urbanization and Spatial Planning



The 2021 PHC indicates that 28.9 percent of Ghana's population were migrants. It is also reported that the proportion of migrants is much higher in the rural areas (33.9%) than urban (22.2%). There is rapid urbanisation in Ghana, which has diverse consequences for the country's development.

While rapid urbanisation has some advantages, unplanned rapid urbanisation has significant negative consequences on the population. These include a rise in urban poverty, emergence of slums, increased crime rate, teenage pregnancy, poor land use practices and flooding. Further, rapid urbanisation means that many individuals are in competition for scarce resources in the receiving towns and cities. This puts a lot of pressure on amenities in the most attractive migrant cities and towns such as Accra, Kumasi, Tamale and Takoradi. In addition, many other communities especially in the northern parts of the country remain sparsely populated and this potentially affects development planning efforts.

To address these challenges, spatial planning and management is being integrated into Ghana's development plans and agenda. The Land Use and

Spatial Planning Act, 2016 (Act 925), the LI 2384, and the Land Use and Spatial Planning Board have been established to curb poor land use activities and ensure that land use and land cover changes are monitored and protected. The Local Government Act, 2016 (Act 936) exists to define, plan and regulate development activities within districts. Currently, there are 306 physical planners managing and overseeing spatial planning functions across the country. Given the staffing requirements, there is a backlog of a minimum of 943 and maximum of 3,003 physical planners. A Land Use and Spatial Planning and Management Information System (LUPMIS) is being revised.

The MLGDRD is facilitating the implementation of the National Urban Policy (NUP) which is undergoing a review. The NUP has been promoted through the design and implementation of urban focused projects such as the Local Government Capacity Support Project (LGCSP), Ghana Urban Management Project (GUMP), Ghana Secondary City Support Project (GSCSP) and Greater Accra Resilient in Development (GARID) Project. These projects have provided funding to Metropolitan and Municipal Assemblies

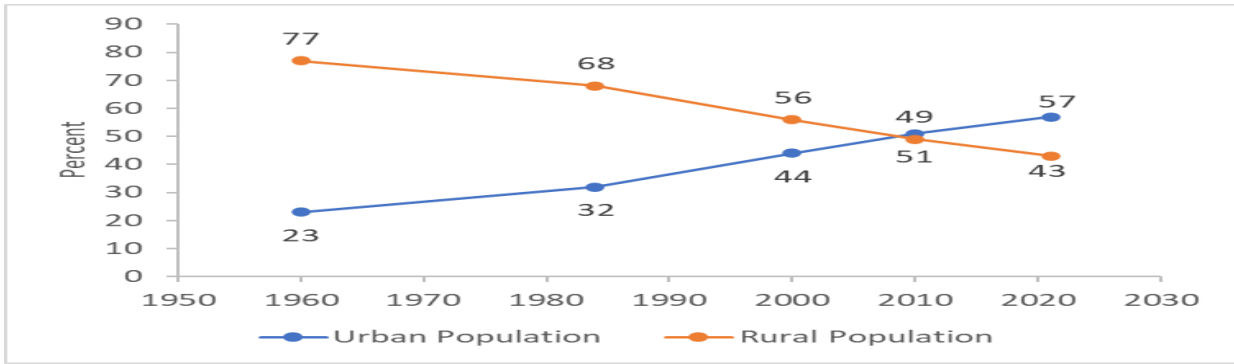
to deliver key urban infrastructure such as roads, storm drains and culverts, modern markets, engineer land fill sites, modern garages and soft measures such as street naming and addressing, as well as revenue mobilization towards improved service delivery in urban areas. It is important that protected areas and forests in major towns are preserved as informal settlements spring up. The Green Ghana Campaign is one afforestation initiative being undertaken. Government's sustained Green Ghana Agenda would go a long way to improve land cover conservation. However, while some achievements have been attained in planning urban centres, more strategic and intentional investments are needed to create better sustainable cities.

Rural-urban migration has historically been an economic decision for many migrants aimed at improving their economic conditions and those of their families. Estimates from the 2021 PHC suggest that more than half of all migrants were females (52.5%) compared with 47.5 percent who were males. This shows that more females

are migrating and there is the need to protect and ensure that their lives and livelihoods are protected in both transit and receiving communities. For instance, measures must be put in place to improve living conditions of female head porters (kayayei) and other seasonal workers (SDG Targets 1.1, 1.2). It is important that more strategic efforts are put in place to address the living conditions of head porters and other labour migrants in Ghana. To address the need of the absence of suitable dwelling facilities for kayayei, the government intends to provide them with dwelling housing units in Accra.

The proportion of Ghana's population that is urban has more than doubled since 1960, as presented in Figure 4.3. In 1960, the urban population was estimated at about 23.0 percent compared to about 57.0 percent in 2021. Successive governments have committed to addressing rural-urban migration. Interventions such as the One District-One Factory Policy, Planting for Food and Jobs have created employment.

**Figure 4.3. Trends in the Rural-Urban Population in Ghana**



Source: Population and Housing Census, Ghana, 2021

In Ghana, many rural communities are agricultural communities that lack a range of social and economic opportunities. Differences in access to key resources across the country continue to act as key push factors in the decision to migrate.

The National Annual Progress Reports (2010-2015) show that there was an increase in urban water coverage from 58.0 percent in 2010 to 76.0 percent in 2015. In 2018, it declined to 70.1 percent and further declined to 61.3 percent in 2019. The rural water coverage of 61.7 percent in 2010 increased slightly to 62.1 percent in 2018 and to 62.5 percent in 2020. The proportion of the national population with access to basic drinking water sources increased from 79.0 percent in 2017 to 87.7 percent in 2020 (2021-2025 CPESDP). According to the 2021 PHC, 91.0 percent of urban dwellers have access to improved sources of drinking water compared to 83.0 percent of the rural population. One

in 10 households do not have any form of receptacle for solid waste generated. About 18.0 percent of rural dwellers do not have any form of receptacle for solid waste generation compared to 6.7 percent of those in urban areas. Around 5.1 percent of rural households use unimproved toilet facilities compared to 1.1 percent of households in urban areas.

Regarding digital inclusion, the 2021 PHC shows that rural residents are more likely to be digitally excluded relative to those in urban areas as persons 15 years and above in rural areas are 9.0 percent more likely not to have used an ICT device compared to those in urban areas. Likewise, among the population 6-14 years, 33.0 percent of them have not used an ICT device before. Rural residents find themselves at a disadvantage compared to urban residents in terms of financial transactions using a mobile phone with as high as 66.4 percent having never used a mobile phone for such financial transactions. The National



Electrification Programme (NEP) aims to extend electricity to all parts of the country by 2025. Access to electricity has increased from 20.0 percent in 1990 to 82.5 percent at the end of 2019. In 2019, 70.5 percent of rural populations had access to electricity, which increased to 85.3 percent in 2020.

There are a number of key initiatives and programmes that are being implemented to support development in all parts of the country. These include projects such as the Ghana Productive Safety Net Project (GPSNP), Gulf of Guinea Social Cohesion Project (SOCO), Integrated Social Services (ISS), and

Resilient in Northern Ghana (RING II). These programmes and projects provide resources to the implementing MMDAs across the country to deliver urban infrastructure such as feeder roads, small earth dams, plantation for climate change mitigation and provision of resources to address nutrition and WASH-related challenges faced by rural areas. Monitoring and Evaluation is being undertaken by sector entities including OHLGS, RCCs and Development partners. However, coordination of implementation and monitoring and evaluation require more strengthening.

## 4.8 Ghana's Emergency Preparedness and Disaster Risk Reduction Efforts



The vulnerabilities resulting from rapid urbanization, informal settlements, and shifting demographics underscored the need for robust emergency preparedness and disaster risk reduction, demonstrated through its alignment with the Sendai Framework for Disaster Risk Reduction (2015-2030). This commitment prompted the revision of the National Building Code, ensuring that construction considers potential risks for a safer built environment. Ghana has also devised a comprehensive earthquake preparedness plan, detailing

effective actions during seismic events following a series of tremors recorded in recent years.

Ghana has established a National Vaccine Institute to coordinate and supervise the research, development and manufacture of vaccines in Ghana. Over 50 percent of Ghana's Local Government Assemblies have integrated disaster risk reduction (DRR) into development plans, embedding resilience measures within local projects. Notably, 152 out of 261 MMDAs have developed Disaster

Risk Reduction (DRR) Plans as at 2022. The country's support mechanisms and community empowerment continue to see improvement. In 2022, 15,772 disaster victims received essential aid, underscoring Ghana's commitment to aiding those affected. Additionally, 6,271 grassroots communities benefited from disaster prevention and management training. A Flood Contingency Plan (FCP) for Greater Accra Metropolitan Area (GAMA) and Oil Spillage Contingency Plan also exist to address ongoing flooding and oil spillage challenges, incorporating a public insurance initiative for recovery acceleration and socio-economic impact mitigation.

Efforts to reduce disaster risk and improve emergency preparedness in Ghana have included strategic collaborations between the National Disaster Management Organisation (NADMO) and the University of Hawaii's Pacific Disaster Centre in the US for purposes of leveraging external expertise and resources to enhance overall preparedness. NADMO was established by Act 517 of 1996 to manage disasters and similar emergencies in the country. This was in response to the Yokohama Strategy and Plan of Action for a Safer World. The nation was to adopt appropriate measures for prevention of internal displacement of Ghana's population (SDG Target 10.7).

Through the execution of its mandate, NADMO continues to coordinate disaster mitigation, preparedness and response, recovery and public education in support Ghana's disaster readiness and resilience building.

Ghana has an up-to-date climate and disaster risk reduction Capacity Diagnostic report to inform the development of a comprehensive national DRR strategy. This is a result of UN initiatives to inform strategic disaster management efforts. The country continues to also focus on climate adaptation and greenhouse gas reduction to improve disaster resilience.

Illegal mining (galamsey) has been a long-standing economic activity in Ghana that is destroying water bodies, land resources, arable lands, and introducing heavy metals into the environment. In recent times, there have been frantic efforts to address its ravaging effects. The Government through its collaboration with various security agencies is addressing the 'galamsey' menace. However, increased efforts and investments must be dedicated toward this fight against which will require the enlistment of the entire nation's support, especially by impacted communities to safeguard the environment for the entire population.

## 4.9 Disaster Risk Reduction for People Living in Fragile Ecosystems



Internal displacement affects a lot of people living along fragile ecosystems including flood-prone areas, along deltas, lagoons, dams and coastal areas, as well as those who experience fires, droughts and conflicts. Internal displacement has enormous economic burden on the state and affected individuals. Over the years, government has had to use its limited resources to provide temporary support and other essential services to affected individuals. In some cases, people have lost their lives and livelihoods due to floods, conflicts and other disasters. Addressing flooding including the precarious situations of people living in some coastal dwellings will ensure that their places of habitation are protected.

In 2018, Ghana was among the top 20 African countries with new internal displacements due to disasters and conflicts (UN DESA, 2017). In 2022, Ghana faced 2,426 disasters, primarily wind/rainstorms, domestic and commercial fires, floods, and bushfires. About 141,356 persons were affected with 148 persons losing their lives as a result of the disasters which occurred. Nearly 2,700

people were internally displaced due to the disasters.

Government continues to provide NADMO with the needed resources to address disasters, including providing early warning systems to protect people before they occur. For instance, an evaluation was conducted by the Volta Basin Integrating Flood and Drought Management and Early Warning for Climate Change Adaptation (VFDM) project, to assess the current skills and needs linked to the creation of risk maps. This was to assist the six Volta Basin nations (Benin, Burkina Faso, Côte d'Ivoire, Ghana, Mali, and Togo) in implementing the coordinated and joint actions. This was to strengthen resilience at local, national, and regional levels as well as to enhance the effectiveness of current flood and drought early warning systems and management plans. Additionally, the Water Resources Commission created a web-based early warning dissemination interface platform with key stakeholders to ensure that early warning information reaches communities.

## 4.10 Promotion of Equitable Human Settlement Planning to respond to the Causes and Consequences of Migration Flows

To ensure equitable human settlement, issues surrounding proliferation of slums, deteriorating conditions in slums, weak enforcement of legal frameworks to tackle slum development, limited investments in social programmes in Zongos and inner cities must be addressed. In slum and inner cities, poor spatial planning, weak land markets and high land prices, inadequate urban infrastructure and services, inadequate urban transport and traffic management, and increasing urban insecurity worsen the living conditions of

residents. Due to the increasing number of slum communities, government is sometimes confronted with the challenge of relocating them, which is however met with resistance from slum dwellers. Government has committed to addressing slum development challenges in the country by using a more constructive consultative approach with slum dwellers and their leaders. One major intervention to address these challenges is the Zongo and Inner-city Development Fund.

## 4.11 Climate Change



In July 2014, the National Climate Change Policy (NCCP) was launched in response to Ghana's continuous vulnerability to climate change. Over the years, increased flooding, drought and extreme temperatures, vector-borne diseases, declining soil fertility and seismic hazards have been some of the climate shocks that the country has experienced. The Climate Change Policy stipulates the strategic policy direction for achieving a climate-resilient and climate-compatible economy such as low-carbon economic growth. At the

Conference of Parties (COP 27) held in November 2022 in Sharm El Sheikh, Egypt, Ghana committed to increasing its share of renewable energy. As a signatory to the Paris Agreement, Ghana is in the process of adopting an Energy Transition Framework and strategic plans to guide the country towards reducing her carbon dioxide emission levels. This requires continued efforts for responsible exploitation of the nation's natural resources for development in all sectors.

Some MDAs have started integrating climate change mitigation and adaptation strategies in their respective sector agendas with continuing efforts to mainstream climate change interventions into national, regional and district plans. There is an improvement in the number of industries that rely on Reducing Emission from Deforestation and Degradation (REDD+) based on research methods to assess carbon stocks in the country.

Ghana has committed to implementing goals under the Paris Climate Agreement which seeks to reduce greenhouse gas emissions by 15.0 percent by 2030. Government is also working towards full incorporation of climate change-related issues in research, industry and governance. To reduce greenhouse gases, Ghana is committed to implementing the Ghana REDD+ Strategy (2016-2036).

**CHAPTER 5:**  
**PILLARS 4, 5 AND**  
**6 - GOVERNANCE,**  
**DATA AND**  
**STATISTICS,**  
**INTERNAL,**  
**INTERNATIONAL**  
**COOPERATION**  
**AND**  
**PARTNERSHIPS**

# CHAPTER 5: PILLARS 4, 5 AND 6 - GOVERNANCE, DATA AND STATISTICS, INTERNAL, INTERNATIONAL COOPERATION AND PARTNERSHIPS

## 5.1 Introduction

This chapter focusses on three pillars, which both the ICPD and AADPD acknowledge as cornerstones for the effective realization of all the other goals. These are population governance, real time and accurate data and statistics, and internal and international cooperation and partnerships. The chapter, discusses

efforts that have been made towards the functional integration of population into development planning in Ghana with respect to policy formulation and implementation, access to data and statistics, coordination, monitoring and evaluation, financing and partnerships.

## 5.2 Integrating Population into Development Strategies

The NDPC plays a vital role in integrating population characteristics into Ghana's medium and long-term national development policy frameworks. These frameworks prioritize national

development goals and incorporate global and regional agreements like the SDGs, ICPD, Global Compact for Migration and AADPD.

## 5.2.1 Mainstreaming Population in Policy Formulation

The NDPC ensures that the characteristics of population are mainstreamed and anchored in the long-term development policy perspective and the MTNDPF, which serve as national development priorities for the specified periods and find expression in sectoral policies.

Mainstreaming of population and development in policy frameworks involves consultations across sectors, working through the Cross-Sectoral Planning Group (CSPG) on Population and Development to build consensus around broad issues, objectives, strategies, indicators and targets for

the medium-term. The CSPG is a multi-stakeholder platform comprising representatives of different sectors of government, civil society organisations, academia, policy think tanks, faith-based organisations, the private sector, development partners and special population groups such as the youth, women and PWDs. Within the current medium-term development policy framework (2022-2025), population has been mainstreamed across all development dimensions and is also anchored in the framework under the population management and migration for development focus area.

## 5.2.2 Planning and Implementation



The NDPC issues guidelines to MDAs and MMDAs for the preparation of their medium-term development plans. The guidelines require MDAs and MMDAs to analyse the demographic characteristics of the population in their respective jurisdictions and ascertain the development implications based on their characteristics. They are encouraged to use the Population Integration Modules Manual and the Population and Integration Planning

System (PIPS) provided by the National Population Council in their planning. Furthermore, districts and sectors are expected to identify population and development issues within their purview, develop and implement programmes that align with the national priority objectives and strategies in the MTNDPF, including relevant regional and global development priorities.



## 5.2.3 Monitoring and Evaluation



As part of annual progress reporting, various indicators are monitored on population and development. In addition, Ghana periodically reviews and reports on progress made in the implementation of regional and international agreements. For instance, Ghana conducted and presented voluntary national reviews of the implementation of the SDGs to the High-Level Political Forum in 2019 and 2022. Ghana has conducted periodic reviews of the implementation of the ICPD and the AADPD, since their inception. The NDPC

coordinated the ICPD25 Review and led a delegation to present Ghana's ICPD25 commitments at the Nairobi Summit in 2019. The NDPC is again coordinating this review of the ICPD30 and AADPD10 in Ghana. Through this review, the achievements, gaps, best practices, challenges and opportunities are being highlighted to inform evidence-based recommendations for accelerating progress towards achieving the agenda, especially towards harnessing Ghana's demographic dividend, and attaining the SDGs and the AU's Agenda 2063.

## 5.2.4 Financing the ICPD Programme of Action and the AADPD



Both the ICPD and AADPD captured the need to mobilize funds to finance population-related actions. In the AADPD, this was captured under Pillar 6 on International Cooperation and Partnerships, emphasising budget allocations and mobilisation of financial and technical resources. The ICPD captured this goal under resource mobilization and allocation. It highlighted the need for domestic resource mobilization to ensure timely implementation of the Programme of Action.

Ghana committed herself to the establishment of a national fund to support population programmes and activities. The National Population Fund, however, is yet to be established. Every year, the Central Government, allocates funds to the National Population Council (NPC) through its annual budget to undertake its main mandate of coordinating all population-related activities in the country and to advise government on appropriate policy and programme decisions. Table 5.1 provides information on the trend of government's annual approved budget and releases to NPC for population-related programme

coordination from 2019 to 2023. It shows that overall close to 60.0 percent of the annual approved budget was released for the organisation’s operations. In 2019 and 2020, the NPC received at least 90.0

percent of its approved budget, but this dropped sharply to below 50.0 percent in subsequent years, with 2022 (31.2%) being the lowest.

**Table 5.1 Government of Ghana Annual Funding for NPC, 2019-2023**

Year	Approved Budget (GHC)	Actual Release (GHC)	% Released
2019	830,550	749,865	90.3
2020	830,550	817,349	98.4
2021	889,736	404,000	45.4
2022	1,300,000	406,247	31.2
2023	557,888	237,140*	42.5
<b>Total</b>	<b>4,408,724</b>	<b>2,614,601</b>	<b>59.3</b>

Source: NPC Secretariat, Accra; \* Release for first half of 2023

Budget allocations to NPC ought to be increased to enable it to coordinate the integration of population into the programmes of MDAs and MMDAs. Although the NPC has set itself the goal of sensitising MMDAs to commit

at least 0.5 percent of their Common Fund to support specific population programmes identified in their MTDPs, population-related budget allocations in MMDAs ought to be tracked to ascertain if this has been achieved.

## 5.2.5: Population Governance



Both the ICPD-PoA and AADPD acknowledge the critical role governance plays in the effective management of population and its integration into development planning activities to achieve sustainable development. Under the ICPD-PoA, population governance is treated under “National Action” while

the AADPD highlights it simply under “Governance”. Both declarations bring to the fore the need to strengthen relevant institutions and stakeholders to position population at the centre of development planning discourse at both national and sub-national levels. The AADPD stresses the need for inclusive and effective

participation of the whole society including women, young and older persons, and persons with disabilities in all aspects and levels of governance. Similarly, the ICPD-PoA calls for strengthening national legislatures to enact appropriate domestic legislations and allocate financial resources for the implementation of the PoA while ensuring accountability in expenditure and raising public awareness on population issues.

The Caucus on Population, and the Health and Gender Committees of Parliament, are actively involved in the discussion of issues of population, gender, reproductive health and development. A Population Impact Module aimed at strengthening the capacity of local government staff for population planning was developed in 2015 by NPC, in collaboration with the Department of Planning, Kwame Nkrumah University of Science and Technology (KNUST) and the Regional Institute for Population Studies, University of Ghana (RIPS-UG). The sustained use of the module in informing projections in development planning in areas such as education, health and infrastructure has been affected by the rapid attrition of officers trained in its use.

The National Population Council has partnered with the media to educate the public on critical issues of population and development and advocacy at the

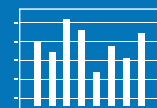
national level. The NPC also organized workshops for various stakeholders such as the Traditional Authorities, Parliamentarians, out-of-school and in-school youth to discuss relevant population issues. World Population Day activities also provide important platforms for informing policy makers and the public on critical population-related issues. The National Population Council has implemented several population-related programmes with financial support from organisations such as UNFPA, Marie Stopes International, UNESCO, USAID, and Goil Ghana.

The MoGCSP developed a national adolescent pregnancy strategic plan with funding support from the UNFPA that has been implemented since 2018. The Ministry organizes regular progress evaluation workshops with all relevant agencies and stakeholders, which is a demonstration of strong partnership between the Ministry and both public and private sector institutions in the country for addressing adolescent pregnancy challenges in the country. Furthermore, CSOs and state institutions are constantly engaged in child protection and welfare programmes, including child labour in fishing, cocoa farming and illegal mining activities. They also engage in promoting gender mainstreaming and capacity-building activities for the implementation of

population and SRH programmes across the country. Some CSOs, NGOs and Development Partners (DPs) are actively involved in championing population-related programme activities. These include the Planned Parenthood

Association of Ghana (PPAG), Curious Minds and Youth in Broadcasting and several other region- and district-based organisations which largely focus on reproductive health programming and interventions.

## 5.3 Availability of Data for Accountability and Decision-Making



Both the ICPD-PoA and AADPD acknowledged the importance of valid, reliable and timely data that is internationally comparable to drive development planning programmes. For the ICPD, this was treated under technology, research and development while the AADPD highlighted it under data and statistics. Concerns were expressed in either declaration about the existing gaps in availability and utilization of relevant policy data for planning, monitoring and evaluation. This was especially with respect to the non-regular conduct of national censuses and the low coverage of the civil and vital registration systems in many countries, especially in sub-Saharan Africa. More specifically, the AADPD observed that only a few countries in Africa had complete Civil and Vital Registration Systems (CVRS), and many were yet to exploit this important source of data to inform relevant policy decisions and actions.

The overarching goal, across both declarations, was to strengthen national statistical capacity to undertake evidence-based research, analysis and dissemination. Censuses, civil and vital registration data, national surveys and other administrative data were to be given national priority attention to ensure that all policies are driven by evidence-based research with real time data.

Ghana has so far done well by regularly conducting national population and housing censuses and nationally representative sample surveys. National censuses have been conducted since 1960 at relatively regular intervals. Since 1994 when the ICPD-PoA was adopted, Ghana has had three population and housing censuses and five demographic and health surveys in addition to living standards surveys, maternal health

surveys and multiple indicator cluster surveys. There have also been sector-specific national censuses and surveys including agriculture, labour and industrial surveys in-between. There is, therefore, an enormous amount of data available at the national and regional levels for the national surveys and down to the district level for the censuses.

The 2021 PHC, the first digital census in Ghana, has data on all aspects of the population at the national and sub-national levels. The conduct of this PHC was undertaken based on broad consultations with relevant stakeholders on their data needs for inclusion. The dataset from the census is, therefore, quite comprehensive. It has modules on all socio-demographic and economic indicators at the regional and district levels in the country. Additionally, the Ghana Statistical Service has made the dataset available on their website making them readily accessible to be generated in the format of interest.

Government has undertaken important steps towards digitalization of the economy. There has been a successful implementation of mobile phone interoperability in the country in addition to the implementation of the Ghana Post Digital Address System, which has facilitated the easy identification of locations using google map positioning and location system on smart mobile phones throughout Ghana.

Mobile banking has been introduced and strengthened in the country with increased use of smart mobile phones to transact financial services. The linkage between bank and mobile money accounts has removed the need to go to banking halls to transact financial businesses, thereby easing pressure on both customers and banks. There is increased use of the mobile phone for transfer of funds within the country especially to the rural poor and vulnerable people and groups who may not have banking accounts, thereby increasing internal remittances. This is, however, being addressed through the mobile phone re-registration exercise using the Ghana Card that is being linked with other databases including the national passport, driver's license, national health insurance and other national identification cards in the country. The National Identification Authority (NIA) through its national identification registration database is being used by telecommunication companies, banks and the Ghana Revenue Authority to improve on tax collection activities in the country. This technology has however become a tool used to commit financial fraud.

Civil Registration and Vital Statistics (CVRS) is being strengthened to ensure full coverage of recording of civil and vital demographic events in real time. The Births and Deaths Registry is

implementing a new Strategic Plan (2020-2025) under the Harmonising and Improving Statistics in West Africa (HISWA) project. Data from the Births and Deaths Registry suggests that there have been recent improvement, especially in the registration of births while that of deaths has stagnated below 20 percent except in 2022 when it was close to 40 percent (Table 5.2).

**Table 5.2. Trend of Registration of Births and Deaths in Ghana**

Year	% Birth Registration	% Death Registration
2015	60	19
2016	63	18
2017	64	17
2018	70	17
2019	80	17
2020	68	16
2021	70	17
2022	93	38

Source: Births and Deaths Registry

The 2017/2018 MICS report on birth registration in Ghana indicates some consistency with the data from the Births and Deaths Registry. According to the MICS report, seven in every 10 under-five children had their births recorded, the registration being higher for male children than for the female. The 2021 PHC report indicates that four out of five (80.8%) married persons in Ghana have not registered their marriage, and it ranges from 59.9 percent in Greater Accra Region to 97.1 percent in Northern Region (GSS, 2021). There is clearly more

work that needs to be done to increase the coverage of deaths and marriage registration in the country.

There have, however, been steps towards strengthening the Births and Deaths Registry to be more effective following the development of its 2016-2020 Composite Strategic Plan. Processes are also being strengthened towards making other administrative data from MDAs more relevant, available, and accessible to inform planning and policy decisions.

## 5.4 Internal and International Cooperation and Partnerships



The ICPD-PoA focuses on international cooperation, which is primarily looking at the role of partners in development and also partnership with NGOs as well as the private sector. In the case of the AADPD, this is presented together as international cooperation and partnerships. This is based on the recognition that as globalization grows, issues of population and development are fast becoming interwoven together with global economic, social and environmental concerns, suggesting the need for a multi-stakeholder and international approach both within and outside countries. Fostering collaborative engagements with national and global level organisations involved in population and development programming activities is required.

In Africa, the African Union Commission (AUC), United Nations Economic Commission for Africa (UNECA), the United Nations Population Fund (UNFPA), African Development Bank (AfDB) and other development partners have been keen partners in the population-development discourse and programme implementation. There are also both international and national level CSOs and the private sector that partner for the effective implementation of both

declarations.

Over the years, Ghana has worked collaboratively with relevant national and international agencies with interests in population as it is affected by development and vice versa. There have been strengthened working partnerships with international development partners, including the UNFPA, UNDP, USAID, WHO, UNICEF, WFP, UNESCO, World Bank, Japan International Cooperation Agency (JICA), and UK FCDO.

At the global level, Ghana has been actively involved in all population and development discourses. The country demonstrated high level commitment to the development of the Demographic Dividend Road Map, which was launched by the President in 2018. Prior to the launch, the NDPC with support from the UNFPA, and in collaboration with some research institutions, developed demographic dividend results frameworks for the economy, education, health and governance sectors of the country in 2016. These frameworks provided directions to the specific steps towards realizing or harnessing the benefits of the demographic dividend.

Ghana actively participated in the

2019 Nairobi Summit on the ICPD and was represented by a delegation, which included government officials, legislators, CSOs, youth advocates, traditional leaders and FBOs, as well as private sector practitioners. The Summit provided another opportunity for Ghana to reaffirm the country's commitment towards ensuring universal access to sexual and reproductive healthcare. The composition of the delegation alone demonstrates the collaborative engagement that has been forged among government and public sector agencies, the private sector and civil society organisations. As part of this collaboration, the GSS provides support to government in terms of using real time data to track the implementation of the SDGs. For instance, some of the data were used by the NDPC to help integrate the SDGs and Agenda 2063 into the various National Medium-Term Development Policy Frameworks since the inception of the SDGs.

Parliament is an active participant in population-related programmes and activities. The Parliamentary Caucus on Population and Development has been engaged in workshops aimed at building their knowledge and capacity on population issues to be able to integrate them in their legislative activities. In the aftermath of celebrating the World Population reaching 8 billion on 15th November 2022, the Caucus was engaged in a two-day workshop on the implications of

the World at 8 billion on development planning and quality of life in Ghana. With sponsorship from the UNFPA, the RIPS-UG was engaged to facilitate this workshop with the Parliamentarians. The purpose of this workshop was to continue the engagement with Members of Parliament to position them to be advocates of the importance of integrating population into development planning activities in the country and beyond. This is another important demonstration of how the implementation of both the ICPD and AADPD has been expanded to include all interest groups, including the law-making body at the highest level in Ghana.

The Government of Ghana encourages the participation and support of CSOs supporting population-related programmes. Several private and CSOs are involved in population-related programmes. They are working to promote good health and wellbeing of which sexual and reproductive health rights constitute a major area of their work. Among them are the Planned Parenthood Association of Ghana (PPAG), Marie Stopes-Ghana, Send-Ghana, CAMFED, DKT International-Ghana, Alliance for Reproductive Health Rights (ARHR), Migrants Watch International-Ghana, IMANI Ghana, Institute for Democratic Governance (IDEG), and Institute for Economic Affairs (IEA).



**CHAPTER 6:**  
**PROGRESS OF**  
**HARNESSING**  
**GHANA'S**  
**DEMOGRAPHIC**  
**DIVIDEND**

# CHAPTER 6: PROGRESS OF HARNESSING GHANA'S DEMOGRAPHIC DIVIDEND

## 6.0 Introduction

In the ICPD25 Review commitments, a critical focus is given to the need to harness a demographic dividend (DD) and sustainable development through investments in the youth bulge of Ghana's population. This was to be achieved by ensuring that the youth are fully integrated as part of the productive human resources of the nation.

Ghana's efforts towards harnessing the DD started in 2013 with sensitisation on what the DD entailed and development of policy briefs on the four key drivers, namely the economy (including employment), health, education and governance. A Common Results Framework (CRF) and Roadmap for Harnessing Ghana's DD through investments in the youth were developed in 2016. As part of United Nations Economic Commission for Africa's (UNECA) project titled "Demographic Dividend with a Gender Dimension: Entry Points for Implementation of Sustainable Development Goals in Africa, Asia and the Pacific", a study on the gender dimension of harnessing the

DD in Ghana was conducted, focusing on the four drivers. The study revealed critical findings, including gender-related barriers to harnessing the dividend to inform Ghana's agenda.

The Roadmap for Harnessing Ghana's DD, the CRF, and the Gender and DD study, which propose demographic dividend-related strategies, indicators and targets, have been mainstreamed in successive Medium-Term National Development Policy Frameworks (MTNDPFs) starting with the MTNDPF 2018-2021.

In 2018, a training of national experts, facilitated by the RIPS-UG, the Department of Economics of KNUST, Kumasi, Ghana, the University of Ibadan, Nigeria, and the Centre for Applied Research in Economy and Finances of the University of Thiès (CREFAT) produced Ghana's Country Population Profile for National Transfer Account/ Demographic Dividend Programming. The profile presents an overview of the influence of Ghana's population

growth and the changing population age structure on economic growth, gender and generational equity, public finances, and other important elements of the macroeconomy. It includes a demonstration of the Demographic Dividend Model which identifies key shifts that accompany the changing age structure of Ghana's population based on certain fertility scenarios. It estimates the time it will take for the demographic window of opportunity to open and close by determining trends in economic dependency ratios (the ratio of workers to consumers). It also presents policy implications of these scenarios to inform Ghana's agenda for harnessing its DD.

Based on findings of the National Transfer Account Estimation Profiles, (taking into account national consumption and income, national life cycle deficits, the economic support ratio and estimations of the first demographic dividend starting in 1984), investments in sexual

and reproductive health, education and the economy, can help Ghana optimise outcomes for harnessing the DD. Investments in SRH would be aimed at strengthening institutions to provide sexual and reproductive health services, funding family planning programmes, and provision of commodities to increase contraceptive prevalence rate to 64.5 percent in 2050. Ensuring full access to free basic education for all school-going age children, preparing the youth with the necessary technical skills for the labour force through the rebranding of technical and vocational schools, and reducing barriers to tertiary education, can go a long way in Ghana harnessing its demographic dividend. Catering for the increase in educated, trained youth require smart investments in the economy, particularly in fast-growing, labour-intensive sectors such as construction, modernised agriculture, and agro-processing.

## 6.1 Assessment of Progress of Harnessing the DD

Government has, over the years, committed to creating an environment where the youth can thrive by providing diverse interventions encompassing education, health, economic development employment and governance. In particular, the National

Youth Policy (2010) has been revised to prioritise investments in education, health and reproductive health, employment, and youth empowerment. The National Youth Policy, (2022-2032) has been adopted with the vision of developing creative and innovative

youth who are appropriately equipped with advanced technology to promote decent jobs and sense of responsibility, patriotism and national pride. The policy promotes universal and inclusive health service delivery, healthy lifestyles, and total wellbeing of the youth. It has an objective to develop institutional capacities and schemes that support youth skills transfer, creativity and innovation. The policy seeks to enhance the participation of the youth in

governance, community development, and decision-making and elevate their sense of civic responsibility.

Assessment of progress made in the four drivers of harnessing the DD, based on recommendations from the CRF, roadmap, and studies on gender and the DD, national transfer accounts and the DemDiv model, as well as planned next steps is presented in the ensuing sections.

## 6.1.1 Education



Ghana's goal for education regarding the DD agenda is to achieve universal access of all persons to productive-oriented, high quality and skill-driven education without discrimination by gender or socio-economic status at all levels.

The roll-out of the Free SHS policy<sup>1</sup> has improved access to secondary education to a wide spectrum of the youth. Government acknowledges the importance of TVET especially for the country's industrialisation agenda and has since 2017 undertaken several reforms to ensure effective regulation, coordination, standardization and quality of instruction in TVET. Some of the interventions are:

- i. Realignment of all Technical and Vocational Institutions under the Ministry of Education, supported by the establishment of the Ghana TVET Service through the Pre-Tertiary Education Act 2020, (Act 1049). The mandate of the Ghana TVET Service is to manage, oversee and implement approved national policies and programmes relating to Pre-tertiary TVET.
- ii. Conduct of a skills gap analysis and audit which helped to identify challenges in the sector.
- iii. Establishment of Sector Skills Bodies made up of industry players

<sup>1</sup> Discussed in Chapter 2

- iv. and academia that explore business opportunities, innovation and capacity needs within sectors.
- v. Development and implementation of a five-year strategic plan for TVET transformation.
- vi. Provision of free apprenticeship training and free TVET at the second cycle level.
- vii. Construction of new and upgrade of existing TVET institutions.

In addition to the upgrade and modernization of 34 existing National Vocational and Technical Institutes, Government has commenced the construction of at least two state-of-the-art TVET centres in each region to provide young people with skills that will make them employable, globally competitive, enhance their livelihoods and create wealth. The implementation of the Free SHS and Free TVET programmes are being consolidated to further increase access of young people to education and training.

## 6.1.2 Health



Ghana aims to achieve a comprehensive, effective and integrated health care delivery system that is accessible to all persons at all levels. The continued implementation of the Free Maternal and Child Health Policy (2005) and exemption of pregnant women from paying for antenatal, delivery, and post-natal services for up to three months through the National Health Insurance Scheme are some interventions that have helped the country to reduce the maternal mortality rate.

While TFR has reduced in general, childbearing among women aged 15 to 19 years increased from 14.0 percent in 2017 to 15.2 percent in 2022. Interventions to address the high rates of adolescent pregnancies and other reproductive

health challenges adolescents and young people face include the development and implementation of a Strategic Plan to address adolescent pregnancy in Ghana (2018-2022), Adolescent Reproductive Health Policy, and National Strategic Framework on Ending Child Marriage in Ghana (2016-2027), and the provision of youth-friendly services at various health facilities.

The increase in access to and coverage of the FCUBE, Free SHS and GSFP has also contributed to keeping girls in school. The National Youth Authority (NYA) has a gender desk that spearheads gender equality, addressing gender-based violence and reproductive health issues among the youth. There is currently an ongoing programme

dubbed “Safeguarding the Teenage Girl to prevent Teenage Pregnancy among Teenage Girls”. Government is committed to intensifying efforts to reduce fertility rates among adolescents including providing family planning services to increase the proportion of females aged 15-19 using contraceptives.

As part of achievements in increasing universal health coverage, 57.3 percent of the youth are enrolled on health insurance programmes and the implementation of the “treat all” policy ensures the immediate treatment of youth affected by HIV/AIDS.

## 6.1.3 Economic Development and Employment



The ultimate outcome of harnessing the DD is accelerated economic growth and development. Ghana’s goal is to achieve sustained economic growth, engendering socio-economic development that offers equal opportunities for all persons. Strategic objectives to achieve this include increasing technological and entrepreneurial skills of the youth, enhancing the capacity and attractiveness of agriculture, agro-based and manufacturing industries to increase jobs for the youth.

The 2021 PHC revealed that unemployment rate among the youth was 19.7 percent. The provision of training and job opportunities have constituted key investments made in the youth towards enhancing economic development. Government initiatives have included the establishment of

the Youth Employment Agency (YEA) in 2015 to coordinate employment opportunities for the youth through skills training and internship modules to enable them to transit from unemployment to gainful employment. In 2022, the YEA supported 84,541 youth.

The National Entrepreneurship and Innovation Plan (NEIP) is a flagship initiative of Government with the primary objective of providing an integrated national support for start-ups and small businesses, including business development services, start-up incubators and funding for young businesses to enable them grow and become successful. The NEIP coordinates the Greenhouse Estate Project as part of the process of modernising and making agriculture attractive to the youth and graduates. In 2017, the programme installed 75

greenhouse domes in the Greater Accra Region, signed an agreement for the establishment of a tractor assembling plant in Ghana and implemented the students' entrepreneurship initiative which trained some 7,000 applicants with technical business support, provided funding for 1,350 businesses, created 2,700 jobs, and implemented a policy on tax incentives for young entrepreneurs. The Nation Builders Corps (NABCO) programme was an initiative to address graduate unemployment, which ran from 2018 to 2022. The objective of the initiative was to engage graduates to support public service delivery in health, education, agriculture, technology and governance and drive revenue mobilisation and collection. The scheme provided employment experience to about 100,000 graduates and helped to prepare them for permanent employment and entrepreneurship.

In 2022, the NYA launched the National Youth Volunteer Programme (NYVP) to coordinate volunteer activities in the country and implement 13 modules with the objective of developing active citizens, fostering national cohesion and creating opportunities for skills development among young people. By the end of December 2022, three modules on Youth in Development Work, Gender Mainstreaming and Infrastructure Volunteers had been rolled out in some selected

communities. Orientation sessions and training workshops were held for two batches of 458 prospective volunteers. The workshops aimed at equipping the volunteers with the requisite skills and mindset for their assignment to work in communities.

The NYA provided online digital marketing training for some selected officers in 2022 under the Skills Towards Employability and Productivity (STEP) Programme. The STEP aims to enable young people acquire relevant hard and soft skills for entrepreneurial and employment opportunities. In 2022, a total of 3,616 young people had been trained in six modules in vocational trade areas nationwide, under the second phase of implementation of the STEP Programme.

The Ghana Entreprises Agency is implementing the Ghana Jobs and Skills project which seeks to support skills development and job creation. Through a component of the project dubbed "YouStart", which is an initiative to encourage young people to discover their talents and become job producers, government aims to provide entrepreneurial training, funding and technical support to youth and youth-led businesses.

The Ministry of Employment and Labour Relations has established the National Employment Coordinating Committee

(NECC) to provide a common platform for the evaluation of job creation efforts, the setting of job creation targets and reporting on outcomes of such interventions. The functions of the NECC include estimating the job-creation potential of the economy, advising on

national employment target setting and foreign employment opportunities, harmonising employment policies, programmes and projects, and promoting decent job standards especially in the informal sector.

## 6.1.4 Governance



Ghana is working towards achieving sustained, all inclusive, transparent, accountable, and participatory democratic governance with respect for fundamental human rights of all people without discrimination. The youth has been integrated in the achievement of this goal through their participation in political life measured by the participation of youth between the ages of 18 years and 35 years in politics, electoral democracy, and governance. The number of the youth in administration and political leadership, including, Ministers of State, Members of Parliament, MMDCEs, Members of

District Assemblies and CEOs of public institutions are monitored to determine progress. In 2017, 1.8 percent of Ministers of State, and 4 percent of Members of Parliament were in the youth age bracket. In 2021, there was 1 Minister of State and 6 Members of Parliament. In 2022, there was a considerable number of youth in political leadership, comprising 4 MMDCEs, 428 members of District Assemblies and 4 Members of Parliament. The NYA has established youth parliaments in 11 regions to provide the political space for the youth to participate effectively in decision-making.



## 6.2 Next Steps in Harnessing the Demographic Dividend



Planned interventions to ensure the effective harnessing of the DD include the establishment of a data observatory to manage data and statistics on DD and the finalisation of a Youth Development Index (YDI) which will help to measure youth development in Ghana based on a composite set of indicators. The domains of the YDI and some indicators they seek to measure are:

1. Health and Wellbeing, which will monitor access to healthcare and health insurance, HIV/AIDS prevalence, access to sexual and reproductive health services, child marriage, and fertility rates,
2. Education, which will track educational attainment (level/grade) and literacy
3. ICT, which will monitor access to and use of mobile devices,

computers, and internet penetrability,

4. Employment /Economic Activity, which will track monitoring labour force participation, labour underutilisation, the proportion of youth employers, and access to financial services and credit,
5. Political, Civil and Religious Participation, which will monitor religiosity, voting, volunteerism, youth in decision-making positions at global, national, regional and district levels and political participation, and
6. Peace and Security, which will track youth participation in violence and crime.

The YDI will inform policymakers on planning for the youth and serve as a progress marker for harnessing the DD.

# **CHAPTER 7:**

# **IMPLEMENTATION**

# **STATUS OF**

# **THE NAIROBI**

# **COMMITMENTS**

# CHAPTER 7: IMPLEMENTATION STATUS OF THE NAIROBI COMMITMENTS

## 7.0 Introduction

Agreeing on initiatives that would further advance the implementation of the ICPD Programme of Action, stakeholders at a Summit in Nairobi in 2019 made a series of commitments. This section presents information on the implementation status of Ghana's commitments made at this Summit, to evaluate the achievement of commitments that sought to advance the ICPD Programme of Action, through the prioritisation of reproductive rights, youth empowerment, and initiatives to reduce maternal mortality in Ghana by 2030.

## 7.1 Summary of Progress

### AADPD Pillar 1: Dignity and Equality



***ICPD25 Goal 2: Address gender-based violence and the harmful practices of child, early and forced marriages and female genital mutilation***

***ICPD25 Goal 4: Draw on demographic diversity to drive economic growth and achieve sustainable development***

Ghana committed to the following:

1. **Changes in harmful socio-cultural norms and practices through the promulgation of relevant laws and policies to uphold human rights, gender equality and women's empowerment such as the passage of the Affirmative Action Bill into law by 2020:** The Affirmative Action Law has not been passed for implementation to commence.

2. **Reduce reported cases of domestic violence to less or equal to 1000 by 2030, the proportion of women who marry before age 18 by 90 percent by 2030 as well as achieve zero percent cases of girls aged 15 to 19 who have undergone FGM:** The number of reported cases of violent acts reported to DOVVSU increased from 981 to 1,477 in 2020, with 672 cases having been reported in the 1st and 2nd quarters of 2021. In 2022, 220 rape cases, 786 defilements, and a murder case related to domestic violence, and 10 cases of FGM were reported to DOVVSU (DOVVSU, 2022).
3. **Protecting the girl child from emerging criminal activities such as kidnapping, human trafficking and violence against domestic workers especially in foreign countries:** Some legislative frameworks being enforced include the Human Trafficking Act, 2005 (Act 694), the Labour Act, 2003 (Act 651) which outlines workers' rights, duties and protection, the Labour Regulations, 2007 (LI 1833), which prescribes the regularization of private recruitment agencies, and the Domestic Workers Regulations (LI 2408) which protects the rights of domestic workers. Policies being implemented include the National Migration Policy and National Labour Migration Policy which aim to improve migration governance and protect migrants rights, harness the benefits and address the challenges of migration. Government signed bilateral labour agreements with Qatar in 2018 and the United Arab Emirates in 2019 to protect migrants. Draft agreements with Libya, Saudi Arabia, Kuwait, Italy, Mauritius and Egypt are pending consideration.
4. **Restructuring and strengthening structures and personnel that deal with gender-based violence at all levels and sustain awareness creation especially at the community level including opportunities and avenues for reporting such cases:** Policies and legislations helping to protect the fundamental human rights of vulnerable persons, and eliminating violence against women and children include the Criminal Code, 1960 (Act 29), the Children's Act, 1998 (Act 560), the Domestic Violence Act, 2007 (Act 732) and the Criminal Offences (Amendment) Bill, 2022. This Amendment Bill bans witchcraft accusations and calls for the abolishment of witchcraft camps. Others are the Adolescent Pregnancy Strategic Plan (2018-2022), the National Domestic Violence Policy (2009-2019), the National Strategic Framework on Ending Child Marriage in Ghana (2016-2027) and the National Gender Policy (2015-2020) which is

being revised. The Orange Support Centre established in 2021 offers psychosocial support, counselling and legal assistance and referrals to shelters through its confidential walk-in and call centre services.

5. **Sustain gender parity for KG, primary and JHS and attain gender parity for SHS and 0.90 gender parity for tertiary institutions by 2030. Gender parity has been sustained at the KG, primary and JHS:**

At SHS level, gender parity was 0.96 in 2019/2020 while at the tertiary level, gender parity was 0.93. The success can be attributed to several initiatives. They include the Gender in Education Policy, the Safe Schools programme which ensures girls' safety and reduction of violence in schools, and the Re-entry Policy and the Guidelines to Reduce Teenage Pregnancy and facilitate the re-entry of teenage mothers into the education system. The Complementary Basic Education (CBE) programme is also contributing to increasing the opportunities for out-of-school girls to re-enrol in formal schooling.

6. **Formulate and implement workplace policies on sexual harassment in all public and private sector agencies:** Regulatory institutions across different sectors mandate that their regulated agencies formulate and implement

policies aimed at addressing issues of sexual harassment. For instance, all tertiary institutions, both public and private which are regulated by the Ghana Tertiary Education Commission (GTEC) are required to develop and implement sexual harassment policies. Other public and private - sector and institutions, including the Civil Service and CHRAJ also have sexual harassment policies to promote conducive work environments to prevent and sanction sexual harassment.

7. **Expand investment opportunities for the youth, as key actors of population, reproductive health, gender equality, economic and social development and environmental protection:**

Investments in the youth in the areas of education, health and governance include the roll-out of the Free SHS policy, reforms to ensure effective regulation, coordination, standardization and quality of instruction in TVET, provision of youth-friendly services at various health facilities. In the area of economy and employment, Government has increased technological and entrepreneurial skills of the youth and enhanced their capacity and attractiveness of agriculture to increase jobs for the youth through initiative such as Youth Employment Agency, Nation Builders Corps,

National Entrepreneurship and Innovation Plan and the National Youth Volunteer Programme. In Governance, youth parliaments have been established to provide the political space for the youth to participate effectively in decision-making and more youth are in political and public leadership.

8. **Build peaceful, just and inclusive societies, where all people, including women, men, young, old and persons with disabilities, minority groups and indigenous peoples are recognised respected and are able to shape their own destiny and contribute to the prosperity of their communities and the country:** The Constitution of Ghana affirms the commitment to secure liberty, equality of opportunity and prosperity for all. Article 17 guarantees equality before the law and prohibits discrimination on various grounds, including gender, race, ethnicity, religion, and social status. The Constitution enshrines fundamental human rights and freedoms in Articles 12 to 33. These rights include the right to life, personal liberty, and dignity. The Constitution also guarantees freedom of thought, conscience, and expression, ensuring that diverse voices are respected and valued. Legislative frameworks, policies and interventions such as the

Persons with Disability Act, 2006 (Act 715), the Labour Act, 2003 (Act 651), the Right to Information Act, 2019 (Act 986), National Gender Policy, the National Ageing Policy, and the National Youth Policy are being implemented to uphold various rights and freedoms.

9. **Committing to the notion that nothing about young people's health and well-being can be discussed and decided upon without their substantive involvement and participation:** In 2022, there was a considerable number of youth in political leadership, comprising 4 MMDCEs, 428 members of District Assemblies and 4 Members of Parliament. The NYA has established youth parliaments in 11 regions to provide the political space for the youth to participate effectively in decision-making. In 2021, the Ghana Youth Environmental Movement developed the Curriculum for Green Clubs to educate and engage SHS students and school clubs on context-specific topics related to the daily environmental challenges encountered in their communities. The initiative is empowering the youth with entrepreneurial skills to initiate practical field activities and projects, aimed at addressing the broad range of environmental challenges connected to the impacts

of climate change.

10. **Improving the inclusion of all children with disability in all spheres of child development:**

Due to intensified awareness creation on how to embrace and support those with special needs, social acceptance of PWDs has largely improved. A framework and strategies for mainstreaming disability into the MMDAs' plans have been developed to guide them to ensure that their basic services are accessible to PWDs. Ghana has been implementing policies to ensure that children with disability and special needs are not denied access to education. In 2018/19, there were 41 special schools with a total of 7,620 children enrolled. There are various scholarship packages for students with disabilities, including the Disability support Initiative in Public Schools. Through the Ghana Investment Fund for Electronic Communications (GIFEC), Government also provided students living with disability in selected tertiary institutions with assistive technology-enabled devices and training to promote their digital inclusion in 2019. Households with children with disabilities are eligible for enrollment on the LEAP.

11. **Increasing access to education and educational materials for orphans, vulnerable children and children**

**with special needs:** Despite the efforts being made to improve access to education for all children, challenges such as inequity in access, inadequate teaching and learning materials and weak linkage between educational needs, caregiving, and health needs of orphans and vulnerable children (OVCs) and children with disabilities and special persist. Most school infrastructure are not disability friendly, as there is inadequate education on and implementation of the Ghana Accessibility Standards on the Built Environment. The Inclusive Education Policy seeks to provide all schools with adequate and requisite teaching and learning materials including assistive devices for all learners especially, through the decentralized structures. The "I WILL" Campaign, which is an Early Childhood Development communication package related to Early Childhood Care and Development (ECCD) advocates for best behavioral practices by child caregivers, including OVCs and children with special needs. OVCs are direct beneficiaries of the LEAP programme.

12. **Promoting justice for children, including strengthening the capacity of correctional facilities and caregivers; and eliminating the worst forms of child labour**

**and trafficking by enforcing laws:**

Child friendly gender-based violence courts have been established in all regional capitals and a probation desk manual reflects new laws on children and juveniles for probation officers has been developed. An Internet Watch Foundation Portal (IWFP) to censor and “take-down” child sexual abuse materials and a Child Protection and Digital Forensic Laboratory to investigate cases of child online abuses have been established. The 2017/2018 MICS reported that about 27.9 percent of children 5-17 years were engaged in child labour. The National Plan of Action (NPA II) on the Elimination of Worst Forms of Child Labour in Ghana (2017–2021) has been implemented. Achievements include the promotion of Child Labour Free Zones (CLFZ) through an Integrated Area-Based Approach and Community Action Plans. A Hazardous Child Labour Activities Framework for Ghana (HAF) which facilitates the identification, quantification and evaluation of hazardous child labour and a strategy on Anti-Child Labour and Trafficking in Fisheries have been developed. The Ghana Accelerated Action Plan against Child Labour (2023-2027) has been launched with the aim of consolidating the gains made since 2009.

**13. Passage of the older persons’ bill into law:**

The Ageing Bill has not been passed into law. The governance structures to coordinate programmes for the aged are therefore not currently in place, thus limiting the adequacy and coverage of initiatives for the elderly.

**14. Promoting employment generation and decent work especially among young people:**

Key investments in the youth towards enhancing economic development have comprised the provision of training and job opportunities. These have included the establishment of the Youth Employment Agency (YEA) to coordinate employment opportunities for the youth through skills training and internship modules; the National Entrepreneurship and Innovation Plan (NEIP) which provides support for start-ups and small businesses, and the Nation Builders Corps (NABCO) programme which helped to address graduate unemployment by engaging them in supporting public service delivery. As of 2022, 100,000 graduates were absorbed under the NABCO initiative, with 27,000 of them having been employed in the Ghana Education Service as at 2021. NABCO has been replaced by the YouStart Programme to provide funding and technical support to youth and youth-led



businesses.

15. **Adopting gender-responsive policies and legislation to improve working conditions in consultation with partners:** A notable gender-responsive policy is the National Gender Policy (2015-2020) which is being reviewed to address all outstanding and emerging gender-related issues.
16. **Strengthening support to the family, especially vulnerable families, as the basic unit for the advancement and well-being of the people of Ghana and the sustainable development of the country through capacity building and partnerships in both the formal and informal traditional systems and a coordinated implementation of relevant legal and policy frameworks:** The LEAP, which is Ghana's flagship social protection

programme targets extremely poor households, which have orphans and/or vulnerable children, elderly persons above the age of 65 years who have no source of support, persons with severe disabilities who cannot work and pregnant women and mothers with infants under one year. The total number of households that received bi-monthly cash grants through the LEAP programme increased from 324,064 in 2018 to 345,434 in 2022 (6.6%). The amount paid to each LEAP beneficiary household varies depending on the size of the household. A one-member household receives GH¢128.00, two eligible members in a household receive GH¢152.00, three eligible members in a household receive GH¢176.00, while households with four or more eligible members are given a GH¢212.00 bimonthly stipend.

## Pillar 2: Health



**ICPD25 Goal 1: Achieve universal access to sexual and reproductive health as a part of universal health coverage (UHC)**

**ICPD25 Goal 5: Uphold the right to reproductive health care of vulnerable populations including those in humanitarian and fragile contexts**

**ICPD25 Goal 7: Health**

Ghana committed to the following:

- 1. Six percent unmet need for family planning information and services by 2030 and universal availability of quality, affordable and safe modern contraceptives for all men, women and the youth who need such services:** Ghana has met its target of 44.7 percent unmet need for any method of contraceptives among currently married women, with only 23.4 percent having this need unmet. Through the Ghana Family Planning Costed Implementation Plan (2016-2020), long-term family planning methods are free under the National Health Insurance Scheme. Implementation of a free contraceptive policy, increasing awareness of contraceptives, and engaging stakeholders to overcome cultural, religious, accessibility, and cost-related barriers aims to help improve contraceptive use and reduce unmet need for family planning.
- 2. Access for all adolescents and youth to culturally sensitive and age-appropriate, information, education and adolescent-friendly, quality and responsive reproductive health services as well as designated safe spaces in community hospitals and health centres within the legal and cultural context of Ghana:** Measures to achieve this include Ghana's Adolescent Pregnancy Strategic Plan (2018-2022) which provided nationally appropriate, coherent and cost-effective measures for addressing high rates of adolescent pregnancies and other reproductive health challenges of adolescents and young people. This is linked to policies and guidelines such as the Adolescent Reproductive Health Policy, the National Strategic Framework on Ending Child Marriage in Ghana (2016-2027), Comprehensive Sexuality Education Guidelines and the National Population Policy. In

addition, adolescent reproductive health information and services are provided through youth-friendly services at various health facilities.

3. **Ensuring the basic humanitarian needs of internally displaced persons and refugees in Ghana including Reproductive Health needs through access to the full range of reproductive health services, including access to safe abortion where it is legal, to significantly reduce maternal and childhood mortality and morbidity under such conditions:**

The Family Planning (FP2020) commitments and the Ghana Family Planning Costed Implementation Plan, 2016-2020 were implemented to increase the uptake of sexual and reproductive health information and services. A comprehensive reproductive health strategy has been adopted to provide comprehensive abortion care to reduce maternal morbidity and mortality associated with unsafe abortion and provide women with the necessary counselling and access to appropriate contraceptive methods.

4. **Access for all internally displaced persons and refugees in Ghana to the full complement of family planning information and services throughout the country in an environment devoid of stigma, ignorance, discrimination and**

**negative attitudes:** Ghana's reproductive health policy and programmes, including access to reproductive health information and services are non-discriminatory, considering all persons equally, irrespective of one's nationality or refugee status.

5. **Maternal Mortality Rate of 70 per 100,000 live births by 2030 and reduce maternal morbidities:**

Ghana's maternal mortality rate dropped from 147 per 100,000 livebirths in 2017, to 102.6 per 100,000 livebirths in 2022, indicating that the country is on track to achieve its 2030 target. Policies and interventions that aim at improving maternal health care delivery and reducing maternal deaths in Ghana are the Child Health Policy and Universal Health Coverage Roadmap (2020-2030), and the Free Maternal and Child Health Policy (2005), and the National Health Insurance Scheme's exemption of pregnant women from paying for antenatal, delivery, and post-natal services for up to three months.

6. **Reduce under-five mortality rate to below 25 deaths per 1,000 live births, infant mortality rate to 18 per 1,000 live births and neonatal mortality rate to below 12 per 1000 live births by 2030:**

As at 2022, under-five mortality was recorded to be 40 deaths per 1000 live births,

infant mortality 28 deaths per 1000 live births and neonatal mortality 17 deaths per 1000 live births (GDHS, 2022). Policies and measures helping to reduce mortality rates include Ghana's Under-five Child Health Policy (2007-2025), the National Newborn Health Strategy and Action Plan (2014-2018), which was revised in 2019, the Child Health Standards and Strategy (2017-2025) and the Health Sector Medium-Term Development Plan (2022-2025).

- 7. Reduce increasing morbidity, mortality and disability due to communicable, non-communicable and emerging diseases in the country:** While prevalence of HIV which is a key communicable disease in Ghana, steadily declined from 1.87 percent in 2013 to 1.66 percent in 2022, non-communicable diseases (NCDs) are increasingly becoming a major contributor to mortality. Policies and strategies to address HIV in Ghana include the "Treat-All" policy which makes all PLHIV eligible for treatment and free ART services, the National HIV and AIDS Strategic Plan (NSP 2016-2020) and its successor NSP 2021-2025, Consolidated Guidelines for HIV Care, the Free to Shine Campaign, which aims at reducing the prevention of mother-to-child-transmission, the National Acceleration Plan for Pediatric

HIV Services, Workplace HIV and Tuberculosis (TB) Policy for the health sector, Differentiated Service Delivery for HIV in Ghana and mass distribution of condoms. Others addressing non-communicable diseases are the National Strategy and Action Plan for Non-Communicable Diseases Prevention and Control (2017-2020), the National Non-communicable Diseases Policy, the Public Health Act, 2012 (Act 851), and Tobacco Control Regulations L.I. 2247 in 2017.

- 8. Expand mental health services in public health facilities at the national level and at the sub-national levels and improve access and outcomes of services as well as support to reduce stigma, discrimination and susceptibility to mental health conditions through the full implementation of the Mental Health Law and Mental Health Policy as reflected in the Mental Health Strategic Plan, 2019-2030:** By 2022, all public, regional and district hospitals had functional mental health units. Three psychiatric hospitals provide specialist care for patients across the country. In addition, there are general hospitals with psychiatric units at various health facilities. There are also steps to train more mental health practitioners and the provision of funds to support mental health patients. A Legislative

Instrument (LI) has been passed by Parliament and mental health nurses are deployed to the regional and district health facilities.

9. **Equitable distribution of resources for health facilities across all geographic regions including the posting of health professionals:**

Over the last five years, an increase in the recruitment of trained healthcare professionals, has resulted in significant improvements in the doctor/nurse-to-population ratio. There has been an 18 percent improvement in the doctor-to-population ratio from 1:7,196 in 2018 to 1:5,880 in 2022 and a 40 percent improvement in the nurse-to-population ratio from 1:839 in 2018 to 1:502 in 2022. The midwife-to-women in fertility age (WIFA) ratio has more than doubled from 1.46 in 2018 to 3.09 per 1,000 in 2022 (MoH, 2022). As at 2019, every district in Ghana had at least one modern, well-equipped ambulance with trained Emergency Medical Technicians available to provide emergency services.

10. **Completion/rehabilitation of Community-Based Health Planning and Services (CHPS):** The proportion of Functional Community-based Health Planning Services (CHPS), which is a key initiative in Ghana to improve access to primary health care services for underserved

communities, declined from 78.4 percent in 2017 to 74.8 percent in 2022. Policies such as the CHPS Operational Policy, CHPS National Strategic Plan, and the National Programme for Strengthening the Implementation of CHPS are being implemented to increase the proportion of functional CHPS.

11. **Include reproductive health services including family planning services in the National Health Insurance Scheme:**

In 2021, clinical (long-term) family planning services were included in the National Health Insurance Scheme benefit package to provide quality and affordable family planning services to users.

12. **Reduce new HIV, AIDS/STIs and other infections, especially among vulnerable groups:**

New HIV infections reduced from 16,938 in 2021, to 16,574 in 2022, a 2.0 percent reduction, with two-thirds of these being females. The NSP (2021-2025) records persistently higher HIV prevalence rates among KPs, with that of FSWs (4.6%) and MSMs (18.1%) exceeding the national rate (1.66%). Other KPs such as clients of sex workers, people who inject drugs (PWID), prisoners, and those with STIs and TB also have higher prevalence rates. The NSP has a behaviour change component to prevent HIV infection among the general

population, with dedicated funds for KPs and pregnant women. Among the youth and general population, condom promotion and distribution is one of the preventive strategies being used to halt the spread of HIV.

13. **Promote HIV testing and intensify education:** In 2022, an estimated 95.0 percent of pregnant women

accessed HIV Testing Services (HTS) indicating a significant increase from 70.0 percent in 2020. Implementation of the Ghana National Strategic Plan for HIV 2021–2025 and the HIV Testing Implementation Guide are among interventions being used to intensify education and promote HIV testing.

## Pillar 3: Place and Mobility



### *ICPD25 Goal 6: Place and Mobility*

Ghana committed to the following:

1. **Promote safe, orderly and regular migration and minimise the adverse drivers and structural factors that compel people to leave their country of origin:**  
The National Migration Policy, 2016 stipulates guidelines for migration management in the country. Other policies and legal frameworks such as the Diaspora Engagement Policy and Labour Migration Policy, the Human Trafficking Act, 2005 (Act 694) and the Anti-smuggling Law, the Immigration Act (Amendment Act), 2012 (Act 848) aim at protecting migrants and addressing national development associated with migration.
2. **Prevent, combat and eradicate trafficking in persons:** The Human Trafficking Act, 2005 (Act 694), the Anti-smuggling Law, the Immigration Act (Amendment Act), 2012 (Act 848) which focus explicitly on migrant protection issues and stipulate ways to address them, are being implemented.
3. **Scale up interventions to minimise rural-urban migration:** Programmes have been put in place to coordinate service delivery to rural areas with the aim of improving local economic development and provision of basic infrastructure and amenities such as potable water, sanitation, electricity, roads, telecommunication, schools, health facilities and low-cost

housing. Interventions to reduce regional inequalities and promote the balanced development of cities and rural areas in the country include the One-District-One-Factory Policy, Planting for Food and Jobs, Planting for Export and Rural Development (PERD) and Free Senior High School policies which have contributed to keeping children in school for longer, created employment opportunities and increased the productivity of many across the country.

4. **Institute early warning mechanisms for internal displacement:**

NADMO provides early warning systems to protect people before disasters strike. The Volta Basin Integrating Flood and Drought Management and Early Warning for Climate Change Adaptation (VFDM) project conducted an evaluation to assess the current skills and needs linked to the creation of risk maps. This seeks to strengthen resilience at local, national, and regional levels as well as to enhance the effectiveness of current flood and drought early warning systems and management plans. The Water Resources Commission created a web-based early warning dissemination interface platform with key stakeholders to ensure that early warning information reaches communities.

5. **Promote equitable human settlement planning to respond to the causes and consequences of migration flows:**

The MLGDRD is facilitating the implementation of the National Urban Policy (NUP). As part of the policy, urban focused projects such as the Local Government Capacity Support Project (LGCSP), Ghana Urban Management Project (GUMP), Ghana Secondary City Support Project (GSCSP) and Greater Accra Resilient and Integrated Development (GARID) Project are providing funding for urban infrastructure such as roads, storm drains and culverts, modern markets, engineer land fill sites, modern garages and soft measures such as street naming and addressing, as well as revenue mobilization towards improved service delivery in urban areas. The Land Use Planning and Management Information System (LUPMIS) is being redeveloped. The Rural Development Policy is also being implemented by the Ministry through projects such as Ghana Productive Safety Net Project (GPSNP), Gulf of Guinea Social Cohesion Project (SOCO), Integrated Social Services (ISS), and Resilient in Northern Ghana (RING II). These programmes and projects provide resources to the implementing MMDAs across the country to deliver urban infrastructure

such as feeder roads, small earth dams, plantation for climate change mitigation and provision of resources to address nutrition and WASH-related challenges faced by rural areas. Monitoring and Evaluation is being undertaken by sector entities including OHLGS, RCCs and Development partners. However, coordination of implementation, monitoring and evaluation require more strengthening.

6. **Facilitate access to basic social services in slums:** An intervention to address slum development challenges in Ghana is the Zongo and Inner-city Development Fund which has been established under the Zongo Development Fund Act, 2017 (Act 964). Government aims at using constructive consultative approach with slum dwellers and their leaders.
7. **Facilitate disaster risk reduction for people living in fragile ecosystems (disaster risk reduction):** In 2022, Ghana faced 2,426 disasters, primarily wind/rainstorms, domestic and commercial fires, floods, and bushfires. About 141,356 people were affected with 148 people losing their lives as a result of the disasters which occurred. Nearly 2,700 people were internally displaced due to the disasters. Government continues to provide NADMO with the needed resources to address disasters that

occur in Ghana in addition to providing early warning systems to protect people before the disasters strike. An evaluation conducted along the Volta Basin to assess the current skills and needs linked to the creation of risk maps and assist the six Volta Basin nations to implement coordinated and joint actions. This strengthened resilience at local, national, and regional levels as well as to enhance the effectiveness of current flood and drought early warning systems and management plans. Additionally, the Water Resources Commission created a web-based early warning dissemination interface platform with key stakeholders to ensure that early warning information reaches communities. The Government continues construction of several sea defense walls along its coast in some communities, such as in Keta, to prevent coastal erosion. Numerous storm drains have also been constructed in cities like Accra to prevent flooding.

8. **Implement the Land Use and Spatial Planning Act, 2016 (Act 925):** The Land Use and Spatial Planning Act, 2016 (Act 925), the passage of LI 2384 is aimed at improving service delivery and urban management from 2019 to 2023. The Land Use and Spatial Planning Board has been established to curb poor land use activities and ensure that land use and land



cover changes are monitored and protected.

9. **Establish National Migration Commission:** Preparations for the establishment of a National Migration Commission have been completed, awaiting the development and submission of a cabinet memo for Cabinet's approval. In the interim, a National Migration Coordination Mechanism is in the process of being constituted to oversee migration

management.

10. **Build sustainable and resilient cities that provide solutions to address current and anticipated future challenges and maximize opportunities to enhance infrastructure and services in accordance with global, regional and national laws, processes and standards to the benefit of all its citizens:** Refer to 5 above.

## Pillars 4, 5 & 6

### *ICPD25 Goal 8: Strengthen Population Governance*

### *ICPD25 Goal 9: Availability of Data for Accountability and Decision-making*

### *ICPD25 Goal 10: Internal and International Partnerships*

Ghana Committed to the following:

1. **Establish a Cross-sectoral planning group on population to ensure regular dialogue on the prioritisation and integration of population in the development planning process:** National policymaking, planning and monitoring and evaluation processes engage wide stakeholder consultations. The NDPC convenes Cross-Sectoral Planning Groups (CSPG) on population and development and related areas such as migration and

social development to deliberate and take decisions on population issues. These CSPGs are composed of diverse stakeholders including MDAs, CSOs, NGOs, academia, policy think tanks, bilateral and multilateral development partners, the private sector and special groups depending on the subject under review. CSPGs were engaged in the validation of the National Population Profile in 2020, development of the Medium-Term National Development Policy

Framework (2022-2025), the Global Compact for Migration Review in 2022, and ICPD/AADPD reviews since their inception.

2. **Incorporate the AADPD/ICPD-PoA into national development planning processes including emerging issues such as climate change to ensure that progress towards completing the unfinished business of the AADPD/ICPD-PoA is sustained in the country:** The mainstreaming of ICPD PoA into policies and plans, implementation, monitoring, and evaluation are done using the decentralized planning system advocated by key legislation such as the National Development Planning (System) Act, 1994 (Act 480); Legislative Instrument 2232; Public Financial Management Act, 2016 (Act 921); and the Local Governance Act, 2016 (Act 936). The system is made up of NDPC (as the apex planning authority), and Ministries, Departments and Agencies (MDAs) at national level; Regional Coordinating Councils (RCCs) at regional level; Metropolitan, Municipal, and District Assemblies (MMDAs) at district level; and the sub-district structures. In the decentralised planning system, the NPC serves as the government's primary advisory body on population and related issues, while the NDPC advises on development policy and strategy. NDPC also coordinates policy

formulation, planning, monitoring and evaluation and reporting of all government development policies, programmes, and projects.

3. **Reposition population management to attract the necessary political and financial commitment from successive governments:** Population and development acknowledged as a national development agenda. The National Population Council with support from other governmental agencies is a key advocate of population and development issues. Advocacy efforts have promoted the goals and objectives of the National Development Policy Frameworks, National Population Policy and related policies and commitments such as the ICPD PoA. Over the years, awareness creation on population-related issues, especially on access to reproductive health services including family planning services, gender-based violence, male involvement, and the utilisation of population data in development planning have been conducted at local and national levels. Evidence of political commitment to population management is the existence of the Parliamentary Caucus on Population and Development which advocates for addressing population issues in legislations. Government has also committed to establish a National Population Fund.

4. **Strengthen the capacity of parliament to provide oversight to the executive in population management:** The Parliamentary Caucus on Population and Development has been engaged in workshops aimed at building their knowledge and capacity on population issues to be able to integrate them in their legislative activities. A workshop was organised in November 2022 to sensitise the Caucus on the implications of the World's population reaching 8 billion on development planning and quality of life in Ghana.
5. **Ensuring good quality, timely and disaggregated (by sex, age, disability and other characteristics) population and administrative data is made accessible to facilitate knowledge sharing to improve public accountability:** Ghana collects vast data from national, regional, and district surveys and censuses through the Ghana Statistical Service (GSS). The GSS works with relevant stakeholders to produce, process, analyse, and disseminate data through reports to policymakers, planners, and the public on time.
6. **Investing in digital innovations and integrated data systems to provide quality, timely and disaggregated data:** The government has undertaken important steps towards digitalization of the economy. There has been a successful implementation of mobile phone interoperability in the country in addition to the implementation of the Ghana Post Digital Address System, which has facilitated easy identification of locations using the google map positioning and location system on smart mobile phones. The National Identification Authority (NIA) through its national identification registration has database that is being used by telecommunication companies, banks and the Ghana Revenue Authority to regulate and improve their activities in the country.
7. **Adopting innovative systems and structures to improve civil registration and vital statistics systems in the country:** The CVRS is being strengthened to ensure full coverage of recording of civil and vital demographic events in real time. The Births and Deaths Registry is implementing a Strategic Plan (2020-2025) under the Harmonising and Improving Statistics in West Africa (HISWA) project. Processes aimed at making other administrative data from the MDAs more relevant, available, and accessible to inform planning and policy decisions are underway.
8. **Ensuring annual monitoring of progress and 4-yearly evaluation of the implementation of programmes**

**as well as the use of data to address identified challenges:**

Monitoring and evaluation (M&E) are the main mechanisms for assessing whether government policies, programmes and projects are being implemented and are achieving results at the national, sectoral, regional, district and sub-district levels. This is done based on monitoring and evaluation arrangements outlined in the national planning system. Sectors and districts monitor progress of implementation of their medium-term development plans quarterly and annually and submit progress reports to the NDPC to be collated into a National Annual Progress Report.

9. **Ensuring availability of quality, timely and accurate disaggregated data for sustainable development by holding the 2020 and 2030 Population and Housing Census in Ghana and timely preparation of national and sub-national census reports and thematic reports:** The 2020 Population and Housing Census could not be conducted as scheduled because of the COVID-19 pandemic, but it was successfully conducted in 2021. Ghana collects vast data from national, regional, and district

surveys and censuses through the Ghana Statistical Service (GSS). The GSS works with relevant stakeholders to produce, process, analyse, and disseminate data through reports to policymakers, planners, and the public on time.

10. **Strengthening partnerships with the private sector, civil society organisations (CSOs), young people, development partners, religious bodies, traditional and community leaders and other groups in the country and establishing structures for engaging on the implementation of the AADPD/ICPD-PoA:** There are various partnership arrangements supporting the implementation of the AADPD/ICPD-PoA. The GSS in collaboration with the NPC and all MDAs and MMDAs is responsible for the conduct of and collection of census and other survey data in Ghana. The NDPC coordinates policymaking and planning on population and development in consultation with stakeholders. Government partners with CSOs, FBOs, traditional authorities, the private sector and other development partners in planning and implementing population interventions.

# **CHAPTER 8:**

# **PROGRESS**

# **TOWARDS THE**

# **SDGs**

# CHAPTER 8: PROGRESS TOWARDS THE SDGs

## 8.0 Introduction

Ghana continues to play an active role within the comity of nations in operationalising global and regional development frameworks and contributing towards achieving agreed development aspirations. Ghana has signed up to, and ratified several international protocols, including the AADPD commitments, UN 2030 Agenda for Sustainable Development (the SDGs), and the African Union's Agenda 2063. Through a triple A (3As) process (i.e., Align, Adapt and Adopt), these agreements have been integrated into the country's coordinated programmes of economic and social policies, national development policy frameworks, and MDAs' and MMDAs' medium-term development plans.

The SDGs has many areas of convergence with the aspirations and goals of the AADPD. Thus, implementing the adopted SDGs is simultaneously helping Ghana achieve the AADPD commitments. The alignment of the AADPD commitments to SDG indicators and targets are captured in Appendix 3 which records progress of achievements of the commitments and targets. While significant progress has been made in achieving some of the SDG indicators and AADPD commitments, some areas are experiencing challenges and require concerted efforts to address them. A summary of progress is presented in the ensuing sections.



# 8.1 Progress of Achievement of SDGs themes in AADPD

## AADPD Pillar 1: Dignity and Equality



### **SDG 1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural):**

According to the World Bank 31st March 2023 update on the overview of development in Ghana, overall international poverty rate was estimated at 20.5 percent in 2022.

### **SDG 1.2.1 Proportion of population living below the national poverty line, by sex and age**

According to the Ghana Living Standards Surveys, the proportion of the population who were monetary poor reduced from 24.2 percent in 2012/13 to 23.4 percent in 2016/17. The proportion in rural areas (39.5%) was higher than in urban areas (7.8%). More males (25.8%) were poorer than females (17.6%). The COVID-19 pandemic, however, disrupted the gains made and plunged nearly 3 out of 4 households into the poverty bracket.

### **SDG 1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions:**

Results from

the 2016/2017 Multidimensional Poverty Report revealed that 45.6 percent of Ghanaians were multidimensionally poor, with regional disparities and a higher incidence in rural areas than urban.

### **SDG 4.a.1 Percentage of schools with access to: (a) electricity; (e) single-sex basic sanitation facilities:**

The proportion of public schools with access to electricity service improved from 55 percent in 2018/19 to 60 percent in 2020/21. Similarly, the proportion of private schools with access to electricity improved from 75 percent to 77 percent. The proportion of public schools with access to basic toilet facility services increased from 65 percent in 2018/19 to 74 percent in 2020/21. A similar trend was recorded for private schools over the same period; increasing from 84 percent to 89 percent. The proportion of public schools with good urinals increased marginally from 68 percent in 2018/19 to 69 percent in 2020/21. Similarly, over the same period, private schools with good urinals increased from 82 percent to 84 percent.

### **SDG 4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex:**

Both adult literacy classes and enrolment in face-to-face literacy programmes declined consistently between 2017 and 2021. This was attributed to staff attrition without replacement and the emergence of COVID-19 that led to the closure of schools and churches used as learning centres in most communities. The use of volunteer facilitators enabled the establishment of classes in most rural communities which increased its visibility resulting in the share of rural enrolment in literacy programmes exceeding its targets since 2018. Poor motivation packages for facilitators and increasing scarcity of skilled persons to facilitate in local languages, as well as low budgetary support for staff capacity building, are key challenges.

### **SDG 4.4.1 Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill:**

The 2021 PHC shows that rural residents are more likely to be digitally excluded relative to those in urban areas. Those 15 years and above in rural areas were 9.0 percent more likely than those in urban areas not to have used an ICT device. Among the population aged 6-14 years, 33 percent of them had not used an ICT device.

### **SDG 4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict affected, as data become available) for all education indicators on this list that can be disaggregated:**

Gender parity on the average has been achieved and maintained at the basic level but progress at secondary level has averaged at 0.95. The index at both primary and JHS were higher in urban than rural areas. Gender parity at the tertiary level was 0.93 in 2020/21.

### **SDG 4.6.1 Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills:**

According to the 2021 PHC, almost 7 out of every 10 persons aged 6 years and older are literate. Literacy rate is higher for males than females for all age groups and all geographical areas with nine regions having literacy rates below the national average.

### **SDG 5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age:**

Almost 3 percent of divorced, separated or widowed women suffered from psychological violence compared with about 2 percent among women in marital or consensual



unions. Psychological, sexual and physical violence are the most reported cases among ever-partnered women. Reported cases of domestic violence against women has been declining since 2013.

**SDG 5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18:** Available data indicates that five percent of women aged 20-24 years were first married before age 15 years and 20 percent married before age 18 years (2017/2018 MICS).

**SDG 5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age:** According to the 2017/2018 MICS, about 2.4 percent of women 15-49 years had experienced FGM. While FGM has become rare, it is more common in some communities in the northern part of the country and more prevalent in rural (3.6%) than in urban (1.2%) communities.

**SDG 5.5.1 Proportion of seats held by women in national parliaments and local governments:** There has not been any significant change in the seats held by women in parliament since 2016. Only 40 out of 275 seats in Ghana's parliament, representing 15 percent, were occupied by women in 2022, although women's participation in other public life has improved over the years.

**SDG 8.b.1 Percent public budget allocated to social protection programmes:** Government expenditure on social interventions such as Livelihood Empowerment Against Poverty (LEAP), Ghana School Feeding Programme (GSFP), Free Senior High School Programme (FSHSP) and the National Health Insurance Scheme (NHIS) dominate other public sector expenses. As a result, the number of beneficiaries of social protection interventions have all improved over the years.

**SDG 8.3.1 Proportion of informal employment in total employment, by sex:** The proportion of informal employment in total employment declined from 86.2 percent in 2010 to 77.1 percent in 2021. A higher share of females (81.1%) were engaged in informal employment than males (73.7%); and rural (87.7%) than urban (69.7%) areas in 2021. The proportion was highest amongst the population 15-24 years (81.2%).

**SDG 8.5.1 Average hourly earnings of female and male employees, by occupation, age and persons with disabilities:** According to the Labour Force Survey, 2015 and the GLSS 2016/17, the average hourly earnings of male workers increased from about GH¢6 in 2015 to approximately GH¢7 in 2017, while that of females remained nearly

unchanged at approximately GH¢4 over the same period.

**SDG 8.5.2 Unemployment rate, by sex, age and persons with disabilities:** Across all age brackets, the unemployment rate is higher in urban than rural areas, among females than males and disproportionately higher among PWDs. The unemployment rate is 13.4 percent among the population 15 years and older, 19.7 percent among the population aged 15-35 years, and much higher (32.8%) for young adults 15- 24 years.

**SDG 8.7.1 Proportion and number of children aged 5-17 years engaged in child labour, by sex and age:** The proportion of children aged 5-14 years engaged in economic activity was 3.2 percent in 2021. This was substantially higher in rural areas (5.7%) than in urban (1%). About 77 percent of these

economically active children are involved in agriculture-related activities.

**SDG 16.a.1 Existence of independent national human rights institutions in compliance with the Paris Principles:** CHRAJ is established as the National Human Rights Institution of Ghana to protect universal human rights and freedoms, especially those vested in the 1992 Constitution, including civil, political, economic, social, and cultural rights. Specific mandates concerned with the protection of human rights are found in Article 218 (a), (c) and (f) of the 1992 Constitution and Section 7 (1) (a) (c) and (g) of the CHRAJ Act, 1993 (Act 456).

There is currently no data available for reporting on SDGs 1.3.1, 2.1.1, 5.2.2, 5.4.1, 5.5.2, 8.6.1, 8.8.1, 10.2.1, 16.2.1, 16.2.2, and aspects of 4.a.1 which are related to AADPD Pillar 1

## AADPD Pillar 2: Health



**SDG 3.c.1 Health worker density and distribution:** Though doctor to population ratio improved consistently from 2016, it fell short of the WHO minimum recommended threshold of one doctor to 1,000 population in 2022 when it reached 1:5,880. The nurse to population ratio improved significantly over the same period, reaching 1:502 in

2022 and continuing to exceed the WHO minimum recommended threshold of one nurse to 1,000 population.

**SDG 3.1.1 Maternal mortality ratio:** Institutional maternal mortality reduced from 147 per 100,000 live births in 2017 to 102.6 in 2022.

### **SDG 3.1.2 Proportion of births attended by skilled health personnel:**

According to the 2022 GDHS, almost all women (98%) reported that they received antenatal care from a skilled health provider for their most recent birth and 88.0 percent of them had four or more ANC visits.

### **SDG 3.2.1 Under-five mortality rate:**

The number of under-five deaths per 1000 live births declined from 60 in 2014 to 40 in 2022, suggesting that Ghana may achieve the SDG target of reducing under-five mortality to at most 25 per 1000 live births.

### **SDG 3.2.2 Neonatal mortality rate:**

Neonatal mortality rate declined from 29 deaths per 1000 live births in 2014 to 17 in 2022.

### **SDG 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations:**

New HIV infections reduced from 16,938 in 2021, to 16,574 in 2022, a 2.0 percent reduction, with two-thirds of these being females.

### **SDG 3.3.2 Tuberculosis incidence per 1,000 population:**

Ghana is far above the target of ending the epidemic of TB by 2030 which declined to 40.2 per 100,000 population in 2020.

### **SDG 3.3.3 Malaria incidence per 1,000 population:**

Reported cases of malaria to healthcare facilities per 1000 population has reduced by almost half

(47.8%) from 341 to 178 over the period 2018 to 2022. The promotion of test, treat, and track (T3) malaria strategy, distribution of insecticide treated nets, improved malaria case management and supply of malaria Rapid Diagnostic Tests (RDTs) at all service delivery sites have contributed to this improvement.

### **SDG 3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease:**

Non-communicable diseases have increased since 2018. They account for about 43.0 percent of all deaths, with cardiovascular diseases accounting for 19.0 percent (WHO, 2018).

### **SDG 3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods:**

Modern contraceptive use is relatively higher among currently married women than among all women in the country. The proportion of women aged 15-49 years using modern contraceptive methods increased from 25.0 percent to 27.8 percent between 2017 and 2022.

### **SDG 3.8.2 Number of people covered by health insurance or a public health system per 1,000 population:**

More than half of Ghana's population was covered under the NHIS as at 2022 and seven in ten persons had insurance cover. There were more females with

insurance cover than male.

**SDG 3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group:** Childbearing among women aged 15 to 19 years increased from 14.0 percent in 2017 to

15.2 percent in 2022.

There is currently no data available for reporting on SDGs 3.b.1, 3.3.4, 3.7.2, 3.8.1, and 5.6.2., which are related to AADPD Pillar 2

## AADPD Pillar 3: Place and Mobility



**SDG 11.b.1 Proportion of local governments that adopt and implement local disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015-2030:** As at 2022, 152 out of the 261 MMDAs (58.2%) had developed Disaster Risk Reduction (DRR) Plans.

**SDG 11.1.1 Proportion of urban population living in slums, informal settlements or inadequate housing:** The number of people living in slum areas increased from 5.5 million in 2017 to 8.8 million in 2020, representing an increase of about 60 percent. However, the proportion of slum dwellers declined from 39.3 percent in 2017 to 28.2 percent in 2020.

**SDG 11.5.1 Number of deaths, missing persons and persons affected by disaster per 100,000 people:** The number of deaths, missing persons, and directly affected persons by disasters per 100,000 population has fluctuated over the years. The proportion stood at 682 per 100,000 in 2021 with the most common source of disaster being wind/rainstorm, followed by floods, domestic fires, and bush fires. In 2022, Ghana faced 2,426 disasters, primarily wind/rainstorms, domestic and commercial fires, floods, and bushfires. About 141,356 persons were affected; 148 persons lost their lives. Nearly 2,700 people were internally displaced.

There is currently no data available for reporting on SDGs 11.2.1 and 11.3.1, which are related to AADPD Pillar 3.

## AADPD Pillars 4, 5 & 6: Governance, Data and Statistics, Internal Cooperation and Partnerships

**SDG 16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age:** Nearly 8 out of every 10 children under 5 years of age had their births registered as at 2019, but restrictions to movements and lockdowns during COVID-19 in 2020 caused a decline in birth registration to about 7 out of 10 in 2021. In 2022 93 percent of births were registered.

**SDG 17.6.1 Fixed Internet broadband subscriptions per 100 inhabitants, by speed:** Subscriptions of fixed internet broadband has been declining due to the switch to mobile internet service. Subscriptions declined from 86,596 in 2016 to 57,465 in 2019 but improved to 77,022 in 2020 due largely to high demand for internet service during the COVID-19 lock downs and restrictions.

**SDG 17.8.1: Proportion of individuals using the Internet:** Over the last decade, use of internet has increased significantly from 7.8 percent to 77.2 percent among the population 12 years and above. The gender divide with use of internet is also closing with usage by women increasing from 36.6 percent in 2010 to 48.2 percent in 2021. More urban (66.8%) than rural (33.2%) dwellers use the internet. The internet penetration rate reduced to 71.56 percent in 2022 from 76.84 percent in 2021. The total number of subscribers reduced to 22,732,692 in 2022, representing a 4 percent decline from 2021. The number of internet service providers declined to 11 in 2022 from 14 in 2021.

There is currently no data available for reporting on SDGs 17.2.1, 17.3.1, 17.17.1, which are related to AADPD Pillar 6.

# **CHAPTER 9:**

# **CONCLUSION AND**

# **RECOMMENDATIONS**

# CHAPTER 9: CONCLUSION AND RECOMMENDATIONS

The review has shown that much progress has been made towards achieving the AADPD and ICPD commitments.

## 9.1 Conclusions – Summary of Achievements and Challenges

### Pillar 1: Dignity and Equality



Ghana's achievements in advancing dignity and equality are highlighted by an increase in women's participation in politics and public life, addressing gender-based violence through the provision of mechanisms such as support centres and mobile apps, and promoting child protection with the development of strategic frameworks against child marriage and other related issues of children. Social interventions such as free basic and SHS education and the LEAP programme contribute to alleviating poverty and supporting vulnerable populations.

Despite these achievements, there are still significant challenges. Gender-based violence persists due to negative traditional norms and practices, inadequate awareness of and limited reporting mechanisms. The Affirmative Action Bill which seeks to ensure gender equality is yet to be passed. The prevalence of child labour, early marriage and teenage pregnancy indicates that Ghana falls short in providing adequate child protection. About 23.4 percent of the population continue to live in poverty. Accessibility for PWDs and the elderly, low literacy rates and low proficiency level persist.

## Pillar 2: Health



Ghana has made significant strides in improving the sexual and reproductive status of the population through interventions and policies that have increased access to free long-term family planning methods and services under NHIS to all persons irrespective of their nationality, refugee status or physical ability. This has contributed to decreased unmet need for family planning, increased contraceptive use, awareness of family planning services and financial commitment by the Government to procure family planning commodities. Implementation of the free Maternal and Child Health Policy together with several interventions have contributed to the decline in maternal, childhood and neonatal mortality, and improved access to free antenatal and postnatal services. Malaria case fatality rate has declined, and mental health services are available in all public health facilities. Interventions to promote nutritious foods and reduce malnutrition have included the provision of Specialised Nutrient Foods (SNFs) for vulnerable pregnant and lactating women and girls, adolescent girls, and children aged 6-23 months in areas with high levels of stunting and food insecurity, and iron and folic acid supplementation for

adolescent girls. The Food-Based Dietary Guidelines (2023) has been developed to promote optimal diets and address malnutrition and diet-related diseases.

These achievements notwithstanding, the number of PLHIV has increased, coupled with mother-to-child transmission (MTCT) rate, and higher prevalence rates among key populations (KPs). In addition, KPs and PWDs face stigmatisation and discrimination in accessing vital services. There is limited access to safe abortion care services and inadequate data on access to reproductive information and services by refugees, internally displaced population and PWDs. The prevalence of stunting and overweight in children under age 5 has declined only marginally while wasting has increased. The prevalence of anaemia is high among children 6-59 months, adolescent girls 5-19 years, women 40-49 years and pregnant women. Decline in incomes experienced during the period of the COVID-19 pandemic and increase in food price inflation in 2021 and 2022 are reported to have contributed to the inability of at least one in two households to afford the cost of nutrient-adequate diets by late 2022.



## Pillar 3: Place and Mobility



Considerable progress has been made in increasing access to essential social services, including electricity and rural water coverage. The National Urban Policy, Rural Development Policy and Action Plan, Flood Contingency Plan (FCP) for Greater Accra Metropolitan Area (GAMA) and Oil Spillage Contingency Plan are interventions being implemented to address some urbanization, rural-urban migration, and spatial planning issues. As at 2022, 152 out of the 261 MMDAs (58.2%) had developed Disaster Risk Reduction (DRR) Plans.

Nevertheless, disparities in access to electricity and waste management, including improved toilet facilities, cybersecurity and high digital exclusion

among rural residents and vulnerable groups remain a challenge. In addition, the existence of porous borders makes it difficult to monitor and address irregular migration and the costs of remittance transfers are high. Rural-urban migration rates are increasing, leading to rapid unplanned urbanisation and its attendant pressures on amenities, proliferation of slums and worsening living conditions of residents. The backlog of physical planners to manage and oversee spatial planning exacerbates the situation. The continuous destruction of the environment by illegal mining practices, increased climate-change-related disasters and hazards affecting people living in fragile ecosystems are also causes for concern.

## Pillars 4, 5 & 6: Governance, Data and Statistics, Internal Cooperation and Partnerships

Government has prioritised population considerations within its governance framework and forged partnerships at various levels. Enhancing capabilities of local government staff for population planning has played a crucial role in facilitating development planning across sectors such as education, health

and infrastructure. There is increasing collaboration between the public and private sectors in addressing challenges, particularly adolescent pregnancy. Development Partners such as UNFPA, IOM, UNDP and UNICEF continue to collaborate with government, especially in providing financial and technical

support for implementing population related programmes.

The 2021 PHC provides a rich source of socio-demographic and economic indicators at national and sub-national levels, with the Ghana Statistical Service (GSS) making the dataset accessible on its website to researchers, policymakers and the public. There have been improvements in civil registration and vital statistics (CRVS), particularly for registration of births. Ghana has made impressive strides in digitalizing its economy, with achievements ranging

from mobile phone interoperability to improved financial services and data management.

The key challenges requiring attention include the increasing rate of adolescent pregnancy, coupled with socio-cultural, traditional, and religious barriers that continue to hinder population and SRH activities and perpetrate harmful practices in the country. Resource constraints limit the scope and effectiveness of population-related programmes..

## 9.2 Recommendations

Based on the challenges highlighted, the following recommendations are made:

### Pillar 1: Dignity and Equality



#### Gender Equality and Violence Prevention

1. Strengthen state institutions, and support CSOs, NGOs, traditional authorities, and faith-based organisations (FBOs) to reduce the incidence of gender-based violence and provide support for victims.
2. Establish a comprehensive national data collection system focused on gender-based violence, integrating reporting mechanisms across sectors, to effectively inform evidence-based policies and interventions
3. Facilitate the passage of the Affirmative Action Bill into law to address gender inequality, support the integration of more

women in decision-making, and commit to achieving a 50:50 representation of women and men government appointees at the MMDA level.

4. Sustain awareness creation at the community level and provide opportunities and avenues for reporting gender-based violence.
5. Re-organise and strengthen structures and personnel that deal with gender-based violence.
6. Intensify educational campaigns against FGM, especially in rural communities.
7. Conduct workplace surveys on sexual harassment to document its magnitude and inform the adoption of measures that address this problem, particularly for PWDs.

### **Child Protection and Education**

1. Establish and strengthen existing Community Child Labour Protection Committees in all MMDAs to oversee child labour issues.
2. Strengthen the targeting of social intervention programmes that combine income support, skill training, and access to basic services.
3. Improve access and quality of basic education through the

implementation of FCUBE, Capitation Grant, Free SHS, SFP, and other complementary programmes linked to LEAP.

4. Introduce a comprehensive curriculum reform with emphasis on interactive teaching methods, teacher training, and learning resources to enhance English and Mathematics skills.
5. Provide accessible and engaging adult literacy classes.
6. Intensify education against forced and early child marriage.
7. Dedicate specific funds for investing in the youth and equip them with entrepreneurial skills to make them productive.
8. Strengthen efforts to expand TVET.

### **Inclusivity and Social Welfare**

1. Facilitate the creation of a common platform for reporting and handling human trafficking cases.
2. Pass the Ageing Bill into an Act.
3. Resource the NCPD adequately to effectively coordinate all disability issues at the institutional and district levels and complete the database for PWDs.
4. Finalise the review of the Persons

with Disability Bill (2022) and pass it into law to replace Act 715.

5. Increase accessibility to modern contraceptive use, strengthen reach of family planning services and enhance sexual reproductive health services to reduce fertility rates.
6. Expand and strengthen rehabilitation

centres across the country to offer guidance, counselling, and support to PWDs.

7. Strengthen partnerships with organisations of PWDs to address the diverse issues and concerns of PWDs.

## Pillar 2: Health



### Access to SRH Information and Services

1. Sustain fertility decline and to intensify family planning education and funding for family planning commodities.
2. Intensify efforts to make modern family planning methods and sexual and reproductive health information and services readily accessible to all, especially women in rural areas, irrespective of marital status, adolescents, and refugees and internally displaced persons, to further reduce unmet need.
3. Intensify efforts towards targeting both in-school and out-of-school adolescents with sexual and reproductive health information and services to halt the rise in childbearing among adolescents.

4. Increase investment in family planning programmes at all levels.
5. Integrate culturally appropriate reproductive health education in school curricula at all levels of education.
6. Strengthen maternal, new-born care, child and adolescent services.
7. Accelerate equity-focused implementation of the Community-based Health Planning and Services (CHPS) policy.
8. Expand, upgrade and equip health facilities with private sector involvement.

### Access to Health Services

1. Expand and intensify HIV Counselling and Testing (HTC) programmes.
2. Intensify comprehensive education

on HIV/AIDS and STIs, including reduction of stigmatization.

3. Intensify behavioural change strategies, especially for high-risk groups for HIV/AIDS and TB.
4. Strengthen collaboration among HIV/AIDS, TB and sexual and reproductive health programmes.
5. Intensify efforts to eliminate Mother-To-Child Transmission of HIV (MTCTHIV).
6. Train more midwives to improve midwife-to-women in reproductive age ratio and thus further reduce maternal mortality.
7. Extend NHIS coverage mental health patients.
8. Provide adequate funding towards NCD programme implementation in Ghana.

### **Improve Targeting of Vulnerable Groups**

1. Facilitate the right of PWDs to access sexual and reproductive health.
2. Upgrade and equip facilities to provide comprehensive abortion care services.
3. Build a database on refugees and internally displaced person's access to SHR information and services.

4. Intensify sensitization and advocacy programmes to de-stigmatise delivery of SRH information and services to PWDs especially at the facility level and enforce the laws on the protection of SRHR of PWDs at all levels.
5. Ensure friendly rehabilitation centres, especially for the peculiar needs of PWDs, persons with mental health challenges and the elderly population.

### **Food Security and Nutrition**

1. Strengthen and sustain local food systems and increase food self-sufficiency.
2. Facilitate access to social protection programmes by moderately and severely food insecure households.
3. Promote the consumption of indigenous varieties of plant and animal-source foods.
4. Adopt strategies to improve infant and young child feeding, childcare and high-impact cost-effective nutrition nutrition-sensitive and specific interventions.
5. Expand and enforce food fortification laws and regulations.
6. Train healthcare providers, including midwives, nurses, and doctors, in lactation support techniques

- and troubleshooting common breastfeeding issues.
7. Promote the consumption of diversified foods rich in iron and iron folic supplementation among adolescent girls, women in reproductive age and pregnant women.
  8. Increase the production of climate-resilient varieties of food crops including diverse vegetables and legumes, fruits, and bio-fortified nutrient rich crops using sustainable agricultural practices.
  9. Develop and promote appropriate and innovative post-harvest technologies and methods.
  10. Provide incentives to local processors who source their raw materials from smallholder farmers in rural areas.
  11. Establish cottage industries for the processing and packaging of locally produced fruits and vegetables and other nutritious foods.
  12. Develop, enhance or reform food composition, marketing, retail, labelling and fiscal policies and laws to protect the food environment and choices.
  13. Regulate unhealthy food and beverage promotion, sponsorship, and advertisement, especially in schools and in the media.
  14. Ensure the formulation of a well-planned awareness creation and advocacy strategy against poor food consumption habits and the consumption of unwholesome foods, especially by children.
  15. Disseminate and implement the recommendations of the Food-Based Dietary Guidelines (FBDG) to all persons in Ghana.
  16. Scale up and strengthen integration and implementation of Essential Nutrition Actions (ENAs) in the primary health care (PHC) system including preventive, promotion and palliative services (rehabilitative services; growth monitoring; dietary supplementation; immunization; control of use of alcohol, tobacco and harmful substances).
  17. Strengthen Food Systems Transformation and Nutrition Security multisectoral platform and actions at all levels.

## Pillar 3: Place and Mobility



1. Continue implementation of the National Electrification Programme and Rural Electrification Project to further expand access to electricity across the country.
2. Approve the establishment of the National Migration Commission to coordinate the implementation of all migration-related policies in the country.
3. Provide and enforce guidelines to regulate the cost of remittances.
4. Implement programmes that promote local economic development.
5. Increase broadband coverage, reduce the cost of data and increase access and affordability of digital devices through the reduction of taxes through the ongoing digital transformation agenda.
6. Coordinate stronger efforts to end illegal mining (galamsey).
7. Deploy adequate physical planners to all MMDAs.
8. Enforce spatial planning laws and relevant legal frameworks to ensure effective and efficient land use planning.
9. Increase investments in social programmes for inner cities and slums.
10. Increase funding for NADMO and other relevant institutions to respond timeously to natural disasters including the provision of early warning systems.

## Pillars 4, 5 & 6: Governance, Data and Statistics, Internal Cooperation and Partnerships

### Governance

1. Facilitate the mitigation of the impact of staff turnover, ensure the sustained utilization of tools

like the Population Impact Module and invest in comprehensive training programmes in collaboration with NPC.

2. Establish a national population fund that will support the implementation of population related programmes.
  3. Develop targeted strategies to ensure the meaningful participation of marginalized groups, such as women, youth, older persons, and persons with disabilities, in decision-making processes.
  4. Develop targeted strategies to engage youth in shaping population and development policies.
  5. Establish youth councils, forums, and mentorship programmes that empower young people to contribute their ideas and perspectives.
3. Implement strategies to integrate data from various sources, such as censuses, surveys, and administrative records, to create a comprehensive and cohesive dataset.
  4. Build on the success of the digital census and explore the use of technology in other data collection efforts, ensuring proper training and infrastructure are in place.
  5. Improve death registration for comprehensive demographic data.

## Data and Statistics

1. Invest in improving the coverage and completeness of civil and vital registration systems across the country.
2. Invest in training programmes for data collection personnel to ensure accurate and standardized data collection processes, particularly during censuses and surveys.

## Internal Cooperation and Partnerships

Increase government's commitment towards the implementation of policies, laws and programmes that have been developed to achieve set objectives. Mobilise relevant institutions, stakeholders and the entire population to partner with the Government to fully implement policies and programmes.

Appendix 4 presents a summary of achievements, challenges, recommendations and the responsible institutions



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# Appendix 1: Members of the Technical Working Group

NO.	NAME	INSTITUTION NAME
1.	Mr. Nicholas Nyagblornu	Ministry of Health
2.	Ms. Lynda Coffie Ladzekpor	Ministry of Gender, Children and Social Protection
3.	Ms. Deladem Ayimey	Ministry of the Interior
4.	Ms. Mavis Asabea Asare	Ministry of Youth & Sports
5.	Mr. Bernard Dogli	Ministry of Education
6.	Mr. Joshua Sampson	Ministry of Education
7.	Mr. Alfred Berkoh	Ministry of Education
8.	Dr. Iddrisu Yakuba	Ministry of Foreign Affairs and Regional Integration
9.	Mr. Augustine Jongtey	National Population Council
10.	Ms. Mary Gyasi	National Population Council
11.	Mrs. Emma Hammond	Ghana Health Service
12.	Dr. Kobina Abaka Ansah	Ghana Statistical Service
13.	Ms. Abena Asamoabea Osei-Akoto	Ghana Statistical Service
14.	Ms. Naomi Birago	National Youth Authority
15.	Ms. Abena Adubea Amoah	Planned Parenthood Association of Ghana
16.	Mr. Joshua Atabinore Akharigeya	Planned Parenthood Association of Ghana
17.	Mr. Kingsley Obeng-Kyereh	CYIB Curious Minds
18.	Ms. Mavis Naa Korley Aryee	AfriYAN Ghana
19.	Prof. Stephen O. Kwankye	Lead Consultant, University of Ghana-RIPS
20.	Dr. Martin W. Agyekum	Supporting Consultant, University of Education Winneba
21.	Dr. Charlotte Ofori	Supporting Consultant, University of Ghana-RIPS
22.	Dr. Emmily Naphambo	United Nations Population Fund
23.	Mr. Mutaru Goro Iddrisu	United Nations Population Fund

24.	Mr. Eric Okrah	United Nations Population Fund
25.	Mrs. Mary Mpereh	National Development Planning Commission
26.	Dr. Lily Owusu	National Development Planning Commission
27.	Ms. Lila-Karen Amponsah	National Development Planning Commission
28.	Mr. Nii-Odoi Odotei	National Development Planning Commission
29.	Ms. Phyllis Parbey	National Development Planning Commission
30.	Mr. Michael Kissi Boateng	National Development Planning Commission
31.	Mr. Joshua Kwame Addae	National Development Planning Commission
32.	Ms. Vera Baffoe	National Development Planning Commission
33.	Mr. Edward Bruce-Lyle	National Development Planning Commission
34.	Mr. Emmanuel Abotsi	National Development Planning Commission
<b>Support Staff</b>		
35.	Mr. Kofi B. Ntim	National Development Planning Commission
36.	Mr. David K. Kodua	National Development Planning Commission
37.	Ms. Belinda Tannah	National Development Planning Commission
38.	Mr. Kelvin Boye-Doe	National Development Planning Commission
39.	Ms. Babah Rita Delali	National Development Planning Commission

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40.	Ms. Keli Agbanu-Kumordzi	National Development Planning Commission
41.	Ms. Esther T. Drovou	National Development Planning Commission
42.	Ms. Rosebud Beryl Brew Hammond	National Development Planning Commission
43.	Ms. Susana A. Dankwa	National Development Planning Commission
44.	Mr. Anthony Nii Oku Nelson	National Development Planning Commission

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# Appendix 2: Institutions Which Participated In The ICPD30 AADPD10 Review

## Government

1. Births and Deaths Registry
2. Commission on Human Rights and Administrative Justice
3. Domestic Violence and Victim Support Unit
4. Ghana AIDS Commission
5. Ghana Education Service
6. Ghana Police Service, Anti-Human Trafficking Unit,
7. Ghana Prisons Service
8. Ghana Statistical Service
9. Ghana Technical Vocational Education and Training (TVET) Service
10. Ministry of Education
11. Ministry of Employment and Labour Relations
12. Ministry of Environment, Science, Technology, and Innovation
13. Ministry of Finance
14. Ministry of Foreign Affairs and Regional Integration
15. Ministry of Gender, Children and Social Protection
16. Ministry of Health
17. Ministry of Information
18. Ministry of Local Government, Decentralisation and Rural Development
19. Ministry of the Interior
20. Ministry of Youth and Sports
21. National Commission for Civic Education
22. National Health Insurance Authority
23. National Identification Authority
24. National Population Council
25. National Youth Authority
26. Office of the Attorney-General and Ministry of Justice

## CSOs

1. AfriYAN Ghana
2. Christian Council of Ghana
3. CSOs Platform on the SDGs
4. CYIB Curious Minds
5. Federation of Muslim Councils
6. Network for Women's Rights in Ghana (NETRIGHT)
7. Planned Parenthood Association of Ghana
8. Women in Law and Development in Africa (WiLDAF)
5. Faidhatu Tijaniyya Ibrahimyya Council of Ghana
6. Federation of Muslim Council
7. Korle Gonor Traditional Area
8. Mamprobi Traditional Area
9. Muslim family counseling services
10. Muslim Women in Teaching, Ghana
11. Nyankomasi Ahenkro Traditional Area
12. Office of Shia Community of Ghana
13. Osudoku Traditional Area

## ACADEMIA

9. Regional Institute of Population Studies
10. Centre for Social Policy Studies (CSPS)

## TRADITIONAL AND RELIGIOUS INSTITUTIONS

1. Aldersgate
2. Chamber for Traditional Leadership and Cooperation
3. Coalition of Muslims Organisation, Ghana
4. Council of Zongo Chiefs

## DEVELOPMENT PARTNERS

14. Global Affairs Canada (GAC)
15. KOICA
16. United Nations Country Team
17. United Nations Population Fund
18. United Nations Resident Coordinators Office
19. USAID
20. World Food Programme

## Appendix 3: Reporting on AADPD-Related SDGs

AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>PILLAR 1: DIGNITY AND EQUALITY</b>		
<b>Commitment #1</b>	4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict affected, as data become available) for all education indicators on this list that can be disaggregated	Gender parity on the average has been achieved and maintained at the basic level but progress at secondary level has averaged at 0.95. The index at both primary and JHS were higher in urban than rural areas. Gender parity at the tertiary level was 0.93 in 2020/21.
	8.b.1 Percent public budget allocated to social protection programmes.	Government expenditure on social interventions such as Livelihood Empowerment Against Poverty (LEAP), Ghana School Feeding Programme (GSFP), Free Senior High School Programme (FSHSP) and the National Health Insurance Scheme (NHIS) dominate other public sector expenses. As a result, the number of beneficiaries of social protection interventions have all improved over the years.
	8.6.1 Proportion of youth (aged 15-24 years) not in education, employment or training	No data available
	10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities; SDG	No data available

AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>Commitment #2</b>	<p>1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)</p> <p>SDG 1.2.1 Proportion of population living below the national poverty line, by sex and age</p> <p>SDG 1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions</p> <p>2.1.1 Proportion of people having more than one meal per day, by vulnerable group; or prevalence of undernourishment;</p>	<p>According to the World Bank 31st March 2023 update on the overview of development in Ghana, overall international poverty rate was estimated at 20.5 percent in 2022.</p> <p>According to the Ghana Living Standards Surveys, the proportion of the population who were monetary poor reduced from 24.2 percent in 2012/13 to 23.4 percent in 2016/17. The proportion in rural areas (39.5%) was higher than in urban areas (7.8%). More males (25.8%) were poorer than females (17.6%). The COVID-19 pandemic, however, disrupted the gains made and plunged nearly 3 out of 4 households into the poverty bracket.</p> <p>Results from the 2016/2017 Multidimensional Poverty Report revealed that 45.6 percent of Ghanaians were multidimensionally poor, with regional disparities and a higher incidence in rural areas than urban.</p> <p>No data available</p>

AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>Commitment #3</b>	5.5.1 Proportion of seats held by women in national parliaments and local governments  4.5.1 Refer to Commitment #1	There has not been any significant change in the seats held by women in parliament since 2016. Only 40 out of 275 seats in Ghana's parliament, representing 15 percent, were occupied by women in 2022, although women's participation in other public life has improved over the years.
<b>Commitment #4</b>	5.5.1 Refer to Commitment #3  4.5.1 Refer to Commitment #1  5.5.2 Proportion of women in managerial positions	No data available
<b>Commitment #5</b>	5.5.2 Refer to Commitment #4  8.5.1 Average hourly earnings of female and male employees, by occupation, age and persons with disabilities  8.5.2 Unemployment rate, by sex, age and persons with disabilities	According to the Labour Force Survey, 2015 and the GLSS 2016/17, the average hourly earnings of male workers increased from about GH¢6 in 2015 to approximately GH¢7 in 2017, while that of females remained nearly unchanged at approximately GH¢4 over the same period.  Across all age brackets, the unemployment rate is higher in urban than rural areas, among females than males and disproportionately higher among PWDs. The unemployment rate is 13.4 percent among the population 15 years and older, 19.7 percent among the population aged 15-35 years, and much higher (32.8%) for young adults 15- 24 years.
<b>Commitment #6</b>	5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location	No data available
<b>Commitment #7</b>	4.4.1 Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill	The 2021 PHC shows that rural residents are more likely to be digitally excluded relative to those in urban areas. Those 15 years and above in rural areas were 9.0 percent more likely than those in urban areas not to have used an ICT device. Among the population aged 6-14 years, 33 percent of them had not used an ICT device.

AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>Commitment #8</b>	5.5.1 Refer to Commitment #3 5.5.2 Refer to Commitment #4	
<b>Commitment #9</b>	5.5.1 Refer to Commitment #3 5.5.2 Refer to Commitment #4	
<b>Commitment #10</b>	4.5.1 Refer to Commitment #1	
<b>Commitment #11</b>	Not Applicable	
<b>Commitment #12</b>	Not Applicable	
<b>Commitment #13</b>	16.2.1 Proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	No data available
<b>Commitment #14</b>	5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	Available data indicates that five percent of women aged 20-24 years were first married before age 15 years and 20 percent married before age 18 years (2017/2018 MICS).
<b>Commitment #15</b>	5.3.1 Refer to Commitment #14 5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	According to the 2017/2018 MICS, about 2.4 percent of women 15-49 years had experienced FGM. While FGM has become rare, it is more common in some communities in the northern part of the country and more prevalent in rural (3.6%) than in urban (1.2%) communities.

AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>Commitment # 16</b>	<p>5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age</p> <p>5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence</p>	<p>Almost 3 percent of divorced, separated or widowed women suffered from psychological violence compared with about 2 percent among women in marital or consensual unions. Psychological, sexual and physical violence are the most reported cases among ever-partnered women. Reported cases of domestic violence against women has been declining since 2013.</p> <p>No data available</p>
<b>Commitment # 17</b>	16.a.1 Existence of independent national human rights institutions in compliance with the Paris Principles	CHRAJ is established as the National Human Rights Institution of Ghana to protect universal human rights and freedoms, especially those vested in the 1992 Constitution, including civil, political, economic, social, and cultural rights. Specific mandates concerned with the protection of human rights are found in Article 218 (a), (c) and (f) of the 1992 Constitution and Section 7 (1) (a) (c) and (g) of the CHRAJ Act, 1993 (Act 456).
<b>Commitment # 18</b>	Not Applicable	

AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>Commitment # 19</b>	<p>4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex</p> <p>4.4.1 Refer to Commitment #7</p>	<p>Both adult literacy classes and enrolment in face-to-face literacy programmes declined consistently between 2017 and 2021. This was attributed to staff attrition without replacement and the emergence of COVID-19 that led to the closure of schools and churches used as learning centres in most communities. The use of volunteer facilitators enabled the establishment of classes in most rural communities which increased its visibility resulting in the share of rural enrolment in literacy programmes exceeding its targets since 2018. Poor motivation packages for facilitators and increasing scarcity of skilled persons to facilitate in local languages, as well as low budgetary support for staff capacity building, are key challenges.</p>
<b>Commitment # 20</b>	<p>4.5.1 Refer to Commitment #1</p> <p>4.a.1 Percentage of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) single-sex basic sanitation facilities; and (f) basic handwashing facilities (as per the Water, Sanitation and Hygiene for All (WASH) indicator definitions)</p>	<p>The proportion of public schools with access to electricity service improved from 55 percent in 2018/19 to 60 percent in 2020/21. Similarly, the proportion of private schools with access to electricity improved from 75 percent to 77 percent. The proportion of public schools with access to basic toilet facility services increased from 65 percent in 2018/19 to 74 percent in 2020/21. A similar trend was recorded for private schools over the same period; increasing from 84 percent to 89 percent. The proportion of public schools with good urinals increased marginally from 68 percent in 2018/19 to 69 percent in 2020/21. Similarly, over the same period, private schools with good urinals increased from 82 percent to 84 percent.</p>
<b>Commitment #21</b>	<p>4.3.1 Refer to Commitment # 19</p> <p>4.4.1 Refer to Commitment # 7</p> <p>8.5.2 Refer to Commitment #5</p> <p>8.6.1 Refer to Commitments #1</p>	



AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>Commitment #22</b>	<p>4.3.1 Refer to Commitment # 19</p> <p>4.4.1 Refer to Commitment #7</p> <p>8.3.1 Proportion of informal employment in non-agriculture employment, by sex (missing youth component)</p>	<p>The proportion of informal employment in total employment declined from 86.2 percent in 2010 to 77.1 percent in 2021. A higher share of females (81.1%) were engaged in informal employment than males (73.7%); and rural (87.7%) than urban (69.7%) areas in 2021. The proportion was highest amongst the population 15-24 years (81.2%).</p>
<b>Commitment #23</b>	<p>1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, working jury victims and the poor and the vulnerable</p>	<p>No data available</p>
<b>Commitment # 25</b>	<p>1.3.1 Refer to Commitment #23</p>	
<b>Commitment # 26</b>	<p>4.6.1 Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills.</p>	<p>According to the 2021 PHC, almost 7 out of every 10 persons aged 6 years and older are literate. Literacy rate is higher for males than females for all age groups and all geographical areas with nine regions having literacy rates below the national average.</p>
<b>Commitment # 27</b>	<p>8.7.1 Proportion and number of children aged 5-17 years engaged in child labour, by sex and age</p> <p>16.2.1 Refer to Commitment # 13</p> <p>16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation</p>	<p>The proportion of children aged 5-14 years engaged in economic activity was 3.2 percent in 2021. This was substantially higher in rural areas (5.7%) than in urban (1%). About 77 percent of these economically active children are involved in agriculture-related activities.</p> <p>No data available</p>

AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>Commitment # 28</b>	8.8.1 Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status	No data available
<b>Commitment # 29</b>	4.a.1 Proportion of schools with access to: (d) adapted infrastructure and materials for students with disabilities;	No data available
<b>PILLAR 2: HEALTH</b>		
<b>Commitment # 30</b>	<p>3.8.2 Number of people covered by health insurance or a public health system per 1,000 population</p> <p>3.c.1 Health worker density and distribution</p>	<p>More than half of Ghana's population was covered under the NHIS as at 2022 and seven in ten persons had insurance cover. There were more females with insurance cover than male.</p> <p>Though doctor to population ratio improved consistently from 2016, it fell short of the WHO minimum recommended threshold of one doctor to 1,000 population in 2022 when it reached 1:5,880. The nurse to population ratio improved significantly over the same period, reaching 1:502 in 2022 and continuing to exceed the WHO minimum recommended threshold of one nurse to 1,000 population.</p>
<b>Commitment # 31</b>	<p>3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)</p> <p>3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis (partial coverage)</p>	<p>No data available</p> <p>No data available</p>

AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>Commitment # 32</b>	<p>3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations</p> <p>3.3.2 Tuberculosis incidence per 1,000 population</p> <p>3.3.3 Malaria incidence per 1,000 population</p> <p>3.3.4 Hepatitis B incidence per 100,000 population</p> <p>3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease</p>	<p>New HIV infections reduced from 16,938 in 2021, to 16,574 in 2022, a 2.0 percent reduction, with two-thirds of these being females.</p> <p>Ghana is far above the target of ending the epidemic of TB by 2030 which declined to 40.2 per 100,000 population in 2020.</p> <p>Reported cases of malaria to healthcare facilities per 1000 population has reduced by almost half (47.8%) from 341 to 178 over the period 2018 to 2022. The promotion of test, treat, and track (T3) malaria strategy, distribution of insecticide treated nets, improved malaria case management and supply of malaria Rapid Diagnostic Tests (RDTs) at all service delivery sites have contributed to this improvement.</p> <p>No data available</p> <p>Non-communicable diseases have increased since 2018. They account for about 43.0 percent of all deaths, with cardiovascular diseases accounting for 19.0 percent (WHO, 2018).</p>
<b>Commitment # 33</b>	3.3.1 Refer to Commitment # 32	

AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>Commitment # 34</b>	<p>3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</p> <p>3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group</p>	<p>Modern contraceptive use is relatively higher among currently married women than among all women in the country. The proportion of women aged 15-49 years using modern contraceptive methods increased from 25.0 percent to 27.8 percent between 2017 and 2022.</p> <p>Childbearing among women aged 15 to 19 years increased from 14.0 percent in 2017 to 15.2 percent in 2022.</p>
<b>Commitment # 35</b>	5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	No data available
<b>Commitment # 36</b>	Not Applicable	

AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>Commitment # 37</b>	<p>3.1.1 Maternal mortality ratio</p> <p>3.1.2 Proportion of births attended by skilled health personnel</p> <p>3.2.1 Under-five mortality rate</p> <p>3.2.2 Neonatal mortality rate</p>	<p>Institutional maternal mortality reduced from 147 per 100,000 live births in 2017 to 102.6 in 2022.</p> <p>According to the 2022 GDHS, almost all women (98%) reported that they received antenatal care from a skilled health provider for their most recent birth and 88.0 percent of them had four or more ANC visits.</p> <p>The number of under-five deaths per 1000 live births declined from 60 in 2014 to 40 in 2022, suggesting that Ghana may achieve the SDG target of reducing under-five mortality to at most 25 per 1000 live births.</p> <p>Neonatal mortality rate declined from 29 deaths per 1000 live births in 2014 to 17 in 2022.</p>
<b>Commitment # 38</b>	Not Applicable	
<b>Commitment # 39</b>	Not Applicable	
<b>Commitment # 40</b>	3.7.1 Refer to Commitment # 34	
<b>Commitment # 41</b>	3.7.1 Refer to Commitment # 34	
<b>Commitment # 42</b>	<p>3.1.2 Refer to Commitment # 37</p> <p>3.7.1 Refer to Commitment # 34</p>	

AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>Commitment # 43</b>	3.3.1 Refer to Commitment # 33	
<b>Commitment # 44</b>	3.1.2 Refer to Commitment # 37 5.6.2 Refer to Commitment # 35 5.4.1 Refer to Commitment #6	
<b>Commitment # 45</b>	5.2.1 Refer to Commitment # 16 5.2.2 Refer to Commitment # 16	
<b>Commitment # 46</b>	5.2.1 Refer to Commitment # 16 5.2.2 Refer to Commitment # 16 5.6.2 Refer to Commitment # 35	
<b>PILLAR 3: PLACE AND MOBILITY</b>		
<b>Commitment # 47</b>	Not Applicable	
<b>Commitment # 48</b>	Not Applicable	
<b>Commitment # 49</b>	Not Applicable	
<b>Commitment # 50</b>	Not Applicable	
<b>Commitment # 51</b>	11.1.1 Proportion of urban population living in slums, informal settlements or inadequate housing	The number of people living in slum areas increased from 5.5 million in 2017 to 8.8 million in 2020, representing an increase of about 60 percent. However, the proportion of slum dwellers declined from 39.3 percent in 2017 to 28.2 percent in 2020.
<b>Commitment #52</b>	11.2.1 Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities (partial coverage)	No data available
<b>Commitment #53</b>	11.1.1 Refer to Commitment # 51 11.3.1 Ratio of land consumption rate to population growth rate	No data available
<b>Commitment #54</b>	Not Applicable	
<b>Commitment #55</b>	Not Applicable	

AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>Commitment #56</b>	<p>11.5.1 Number of deaths, missing persons and persons affected by disaster per 100,000 people</p> <p>11.b.1 Proportion of local governments that adopt and implement local disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015-2030</p>	<p>The number of deaths, missing persons, and directly affected persons by disasters per 100,000 population has fluctuated over the years. The proportion stood at 682 per 100,000 in 2021 with the most common source of disaster being wind/ rainstorm, followed by floods, domestic fires, and bush fires. In 2022, Ghana faced 2,426 disasters, primarily wind/rainstorms, domestic and commercial fires, floods, and bushfires. About 141,356 persons were affected; 148 persons lost their lives. Nearly 2,700 people were internally displaced.</p> <p>As at 2022, 152 out of the 261 MMDAs (58.2%) had developed Disaster Risk Reduction (DRR) Plans.</p>
<b>Commitment # 57</b>	Not Applicable	
<b>Commitment # 58</b>	11.2.1 Refer to Commitment #52	
<b>Commitment # 59</b>	Not Applicable	
<b>Commitment # 60</b>	Not Applicable	
<b>Commitment # 61</b>	Not Applicable	
<b>Commitment # 62</b>	Not Applicable	
<b>Commitment # 63</b>	Not Applicable	
<b>Commitment # 64</b>	Not Applicable	
<b>Commitment # 65</b>	Not Applicable	
<b>Commitment # 66</b>	Not Applicable	

AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>PILLAR 4: GOVERNANCE</b>		
<b>Commitment # 67</b>	Not Applicable	
<b>Commitment # 68</b>	Not Applicable	
<b>Commitment # 69</b>	5.5.1 Refer to Commitment #9	
<b>Commitment # 70</b>	Not Applicable	
<b>PILLAR 5: DATA AND STATISTICS</b>		
<b>Commitment # 71</b>	Not Applicable	
<b>Commitment # 72</b>	<p>16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age</p> <p>17.19.2 Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration</p>	<p>Nearly 8 out of every 10 children under 5 years of age had their births registered as at 2019, but restrictions to movements and lockdowns during COVID-19 in 2020 caused a decline in birth registration to about 7 out of 10 in 2021. In 2022 93 percent of births were registered.</p> <p>Ghana conducted her first digital census in 2021 which provided a lot more data on the population. Whereas there is more improvement in birth registration with about 80% coverage in 2019, data from the Births and Deaths Registry suggest that death registry had stagnated below 20 percent except in 2022 when it was close to 40 percent.</p>
<b>Commitment # 73</b>	Not Applicable	
<b>Commitment # 74</b>	Not Applicable	
<b>Commitment # 75</b>	Not Applicable	
<b>Commitment # 76</b>	17.19.2 Refer to Commitment # 72	
<b>Commitment # 77</b>	16.9.1 Refer to Commitment # 72	
<b>PILLAR 6: INTERNAL COOPERATION AND PARTNERSHIPS</b>		
<b>Commitment # 78</b>	17.17.1 Amount of United States dollars committed to public-private and civil society partnerships	No data available
<b>Commitment # 79</b>	Not Applicable	
<b>Commitment # 80</b>	Not Applicable	



AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>Commitment # 81</b>	<p>17.6.1 Fixed Internet broadband subscriptions per 100 inhabitants, by speed</p> <p>17.2.1 Net official development assistance, total and to least developed countries, as a proportion of the Organization for Economic Cooperation and Development (OECD) Development Assistance Committee donors' gross national income (GNI)</p> <p>17.3.1 Foreign direct investments (FDI), official development assistance and South-South Cooperation as a proportion of total domestic budget (partial coverage - no mention of population &amp; development)</p> <p>SDG 17.8.1: Proportion of individuals using the Internet</p>	<p>Subscriptions of fixed internet broadband has been declining due to the switch to mobile internet service. Subscriptions declined from 86,596 in 2016 to 57,465 in 2019 but improved to 77,022 in 2020 due largely to high demand for internet service during the COVID-19 lock downs and restrictions.</p> <p>No data available</p> <p>No data available</p> <p>Over the last decade, use of internet has increased significantly from 7.8 percent to 77.2 percent among the population 12 years and above. The gender divide with use of internet is also closing with usage by women increasing from 36.6 percent in 2010 to 48.2 percent in 2021. More urban (66.8%) than rural (33.2%) dwellers use the internet. The internet penetration rate reduced to 71.56 percent in 2022 from 76.84 percent in 2021. The total number of subscribers reduced to 22,732,692 in 2022, representing a 4 percent decline from 2021. The number of internet service providers declined to 11 in 2022 from 14 in 2021.</p>
<b>Commitment # 82</b>	Not Applicable	
<b>Commitment # 83</b>	Not Applicable	

AADPD COMMITMENT NUMBER	SDG GOAL/TARGET NUMBER AND NAME	PROGRESS
<b>Commitment # 84</b>	Not Applicable	
<b>Commitment # 85</b>	Not Applicable	
<b>Commitment # 86</b>	Not Applicable	
<b>Commitment # 87</b>	Not Applicable	
<b>Commitment # 88</b>	Not Applicable	

# Appendix 4: Summary of Achievements, Challenges and Recommendations

Achievements	Challenges	Recommendations	Responsible Institutions	
<b>PILLAR 1: DIGNITY AND EQUALITY</b>				
<ul style="list-style-type: none"> <li>» Provision of shelters by Government and other stakeholders for victims of trafficking</li> <li>» Development of National Strategic Framework on Ending Child Marriage in Ghana (2016-2027)</li> <li>» Improvement in women’s participation in politics and public life has over the years</li> <li>» Provision of support centres and mobile applications to improve reporting and handling of gender-based violence cases</li> <li>» Development and deployment of the web-based Social Welfare Management Information System (SWIMS) to collect, store, manage and share data on social welfare services</li> <li>» Development and deployment of the Intersectoral Standard Operating Procedure (ISSOP) that provides minimum standards for the management of child protection cases</li> </ul>	1.1 Prevalence of unfavourable gender-based norms and socio-cultural environments that foster gender-based violence	1.1.1 Strengthen state institutions, and support CSOs, NGOs, traditional authorities, and faith-based organisations (FBOs) to reduce the incidence of gender-based violence and provide support for victims	MoGCSP	
		1.1.2 Sustain awareness creation at the community level and provide opportunities and avenues for reporting gender-based violence.	MoGCSP, MMDAs	
		1.1.3 Re-organise and strengthen structures and personnel that deal with gender-based violence.	MoGCSP	
	» Development and deployment of the web-based Social Welfare Management Information System (SWIMS) to collect, store, manage and share data on social welfare services	1.2 Limited availability of national-level data on the incidence of gender-based violence	1.2.1 Establish a comprehensive national data collection system focused on gender-based violence, integrating reporting mechanisms across sectors, to effectively inform evidence-based policies and interventions	MoGCSP
		1.3 High incidence of child marriage, teenage pregnancy	1.3.1 Intensify education against forced and early child marriage.	MoGCSP
	» Development and deployment of the Intersectoral Standard Operating Procedure (ISSOP) that provides minimum standards for the management of child protection cases	Prevalence of FGM in some communities	1.2.3 Intensify educational campaigns against FGM, especially in rural communities.	MoGCSP, CSOs
		1.4 Prevalence of human trafficking and sexual exploitation	1.4.1 Facilitate the creation of a common platform for reporting and handling human trafficking cases.	

Achievements	Challenges	Recommendations	Responsible Institutions
<ul style="list-style-type: none"> <li>» Establishment of additional Child-friendly courts</li> <li>» Establishment of the Internet Watch Foundation Portal (IWFP) and Child Protection and Digital Forensic Laboratory to among others, protect children online</li> <li>» Expansion of programmes such as SFP and NHIS to benefit more children</li> <li>» Increased access to Free SHS</li> <li>» Improved mainstreaming of child protection programmes into development plans of MMDAs to guarantee access to funding</li> <li>» Increase in coverage of LEAP</li> </ul>		1.4.2 Conduct workplace surveys on sexual harassment to document its magnitude and inform the adoption of measures that address this problem, particularly for PWDs.	MELR, MoGCSP, GSS
	1.5 High incidence of child labour	1.5.1 Establish and strengthen existing Community Child Labour Protection Committees in all MMDAs to oversee child labour issues.	MMDAs
	1.6 Affirmative Action Bill is yet to be passed by Parliament	1.6.1 Facilitate the passage of the Affirmative Action Bill into law to address gender inequality, support the integration of more women in decision-making, and commit to achieving a 50:50 representations of women and men government appointees at the MMDA level.	Cabinet, Parliament
	1.7 Inadequate access to education and poor education outcomes in literacy, proficiency in English language and Mathematics	1.6.2 Improve access and quality of basic education through the implementation of FCUBE, 1.7.1 Capitation Grant, Free SHS, SFP, and other complementary programmes linked to LEAP.	MoE, GES
		1.7.2 Introduce a comprehensive curriculum reform with emphasis on interactive teaching methods, teacher training, and learning resources to enhance English and Mathematics skills.	MoE, GES
		1.7.3 Provide accessible and engaging adult literacy classes.	MoE, GES, CSO, NGOs
		1.7.4 Strengthen efforts to expand TVET	MoE, Ghana TVET Service

Achievements	Challenges	Recommendations	Responsible Institutions
<ul style="list-style-type: none"> <li>» Implementation of Ghana Productive Safety Net Project (GPSNP) that provides vulnerable people in rural areas with grants for productive activities, temporary employment and paid wages</li> <li>» Establishment of informal sector pension schemes</li> <li>» Economic empowerment of PWDs through the provision of grants and interest-free loans to women and men entrepreneurs with disability</li> <li>» Ratification of the Marrakesh Treaty on Persons with Disability</li> <li>» Improvements in GER, NER, Completion and Transition rates</li> </ul>		1.7.5 Dedicate specific funds for investing in the youth and equip them with entrepreneurial skills to make them productive.	MoE, GES, Ghana TVET Service, MoYS, NYA, GEA
	1.8 High incidence of poverty	1.8.1 Strengthen the targeting of social interventions that combine income support, skill training, and access to basic services.	MLGRD, MoGCSP
	1.9 Rapid population growth which could limit socio-economic development	1.9.1 Increase accessibility to modern contraceptive use, strengthen reach of family planning services and enhance sexual reproductive health services to reduce fertility rates.	MoH, GHS, NPC
	1.10. Fragmented efforts and lack of centralized coordination to ensure the well-being of the elderly population	1.10.1 Pass the Ageing Bill into an Act.	MoGCSP
	1.11 Limited opportunities for PWDs	1.11.1 Finalise the review of the Persons with Disability Bill (2022) and pass it into law to replace Act 715.	MoGCSP, NCPD, Parliament
		1.11.2 Resource the NCPD adequately to effectively coordinate all disability issues at the institutional and district levels and complete the database for PWDs.	Cabinet, Parliament
		1.11.3 Expand and strengthen rehabilitation centres across the country to offer guidance, counselling, and support to PWDs.	MoGCSP, NCPD, GHS
		1.11.4 Strengthen partnerships with organisations of PWDs to address the diverse issues and concerns of PWDs.	MoGCSP, NCPD

Achievements	Challenges	Recommendations	Responsible Institutions
<b>PILLAR 2: HEALTH</b>			
<ul style="list-style-type: none"> <li>» Inclusion of free long-term family planning methods services in NHIS</li> <li>» Increase in modern contraceptives use among all women</li> <li>» Increase in modern contraceptives use among currently married women</li> <li>» Decline in total fertility rate</li> <li>» Decline in maternal mortality ratio</li> <li>» Decline in under-five deaths</li> <li>» Decline in infant mortality</li> <li>» Decline in neonatal mortality</li> <li>» Improvement in doctor-to-population ratio</li> <li>» Improvement in nurse-to-population ratio</li> <li>» Improvement in midwife-to-women in fertility age (WIFA) ratio</li> <li>» Increase in NHIS coverage</li> </ul>	2.1 High unmet need for family planning	2. 1.1 Intensify efforts to make modern family planning methods and sexual and reproductive health information and services readily accessible to all, especially women in rural areas, irrespective of marital status, adolescents, and refugees, internally displaced persons and persons with disabilities.	MoH, GHS, Ministry of the Interior (MINTER), Ghana Refugee Board, NADMO, NGOs
		2. 1. 2 Intensify family planning education and funding for family planning commodities.	MoH, GHS. MoF, NGOs
		2.1.3 Increase investments in family planning programmes at all levels.	Cabinet, MoF, Parliament
		2. 1. 4 Integrate culturally appropriate reproductive health education in school curricula at all levels of education.	MOE, GES
	2.2 Increase in childbearing among adolescent girls aged 15 to 19 years	2. 2.1 Intensify efforts towards targeting both in-school and out-of-school adolescents with sexual and reproductive health information and services	GES, MoE, GHS, NGOs
		2.3 Prevalence of maternal, under-five, infant and neonatal mortality	2.3.1 Strengthen maternal, new-born care, child and adolescent services.
	2.4 Decline in functional CHPS	Train more midwives to improve midwife-to-women in reproductive age ratio	MOH, GHS, NGOs
		2. 4.1 Accelerate equity-focused implementation of the Community-based Health Planning and Services (CHPS) policy.	Government, MoH

Achievements	Challenges	Recommendations	Responsible Institutions
<ul style="list-style-type: none"> <li>» Increase in coverage of NHIS to over 95 percent of conditions</li> <li>» Free medical care under the NHIS for the elderly (70 and above), pregnant women and children</li> <li>» Steady decline in HIV prevalence</li> <li>» Reduction in new HIV infections</li> <li>» Continued free treatment and ART services for PLHIV</li> <li>» Increase in the percentage of pregnant women who access ANC (Antenatal Care) and HIV Testing Services (HTS)</li> <li>» Increase in the number of condoms distributed</li> <li>» Non-discriminatory provision of reproductive information and services</li> <li>» Increase in percentage of women who receive antenatal care from skilled health providers</li> <li>» Increase in delivery by skilled health professionals</li> </ul>		2.4. 2 Expand, upgrade and equip health facilities with private sector involvement.	Government, MoH, NGOs
	2.5 Increase in estimated number of PLHIV	2.5.1 Expand and intensify HIV Counselling and Testing (HTC) programmes.	Ghana AIDS Commission, GHS
		2. 5. 2 Strengthen collaboration among HIV/AIDS, TB and sexual and reproductive health programmes.	MoH, GHS
	2.6 Increase in rate of Mother-To-Child Transmission of HIV (MTCTHIV)	2. 6. 1 Intensify efforts to eliminate MTCTHIV.	Ghana AIDS Commission, GHS, NGOs
	2. 7 High prevalence of HIV among Key Populations (KPs -female sex workers and men who sleep with men)	2. 7. 1 Intensify behavioral change strategies, especially for high-risk groups for HIV/AIDS and TB.	Ghana AIDS Commission, GHS
	2.8 Stigma and discrimination hindering access of HIV services by KPs	2.8. 1 Intensify comprehensive education on HIV/AIDS and STIs, including reduction of stigmatization.	Ghana AIDS Commission, GHS
	2. 9 Marginalisation of women and girls with disabilities in access to key Sexual and Reproductive Health Services (SRHS)	2.9. 1 Facilitate the right of PWDs to access SRHS.	MoGCSP, NCPD, MoH. GHS
		2. 9. 2 Intensify sensitization and advocacy programmes to de-stigmatise delivery of SRH information and services to PWDs especially at the facility level and enforce the laws on the protection of SRHR of PWDs at all levels.	NCPD and GHS

Achievements	Challenges	Recommendations	Responsible Institutions
<ul style="list-style-type: none"> <li>» Decline in reported cases of malaria and malaria case fatality rate</li> <li>» Existence of functional mental health units in all public, regional and district hospitals</li> <li>» Development and implementation of policies on prevention and control of non-communicable diseases, and tobacco control regulations</li> <li>» Reduction in the prevalence of stunting and overweight in children under age 5</li> <li>» Provision of Specialised Nutrient Foods (SNFs) for some vulnerable pregnant and lactating women and girls, adolescent girls, and children aged 6-23 months</li> <li>» Development of the Food-Based Dietary Guidelines to promote optimal diets.</li> </ul>	2.10 Unavailability of data on reproductive health information and services of refugees and internally displaced persons and persons with disabilities	2.10.1 Build a database on refugees, internally displaced persons and persons with disabilities' access to SHR information and services.	Ghana Refugee Board, MINTER, MoGCSP, NCPD
	2.11 Limited access to safe abortion services	2.11.1 Upgrade and equip facilities to provide comprehensive abortion care services.	MoH, GHS, NGOs
	2.12 Increasing mortality attributed to NCDs	2.12.1 Provide adequate funding towards NCD programme implementation.	MOF
	2.13 Inadequate prioritisation of mental health in the health delivery system	2.13.1 Extend NHIS coverage mental health patients.	NHIA
	2.14 Inequitable access of rehabilitation services and packages to persons with disabilities, the aged and persons with mental health challenges	2.14.1 Ensure friendly rehabilitation centres, especially to the peculiar needs of PWDs, persons with mental health challenges and the elderly population.	MoH, GHS
	2.15 Food insecurity	2.15.1 Strengthen and sustain local food systems and increase food self-sufficiency.	MoFA, NGOs
		2.15.2 Facilitate access to social protection programmes by moderately and severely food insecure households.	MoGCSPt



Achievements	Challenges	Recommendations	Responsible Institutions
	2.16 Malnutrition	2.16.1 Promote the consumption of indigenous varieties of plant and animal-source foods.	MoFA, GES, GHS, MoH, MoGCSP, GSFP, NGOs
		2.16.2 Adopt strategies to improve infant and young child feeding, childcare and high-impact cost-effective nutrition nutrition-sensitive and specific interventions.	MoH, GHS
		2.16.4 Train healthcare providers, including midwives, nurses, and doctors, in lactation support techniques and troubleshooting common breastfeeding issues.	MoFA, MoTI, FDA
	2.17 Anaemia among adolescents, women in the reproductive age group and pregnant women	2.17.1 Promote the consumption of diversified foods rich in iron and iron folic supplementation among adolescent girls, women in reproductive age and pregnant women.	MoFA, MoH, GHS, GES
	2.18 Weak food production, storage, processing, and distribution systems	2.18.1 Increase the production of climate-resilient varieties of food crops including diverse vegetables and legumes, fruits, and bio-fortified nutrient rich crops using sustainable agricultural practices.	MoFA, CSIR, Academia, NOGs
		2.18.2 Develop and promote appropriate and innovative post-harvest technologies and methods.	MoFA, CSIR, Academia, NOGs
		2.18.3 Provide incentives to local processors who source their raw materials from smallholder farmers in rural areas.	MoFA, MoTI, MoF, GRA, FDA, NOGs
		2.18.4 Establish cottage industries for the processing and packaging of locally produced fruits and vegetables and other nutritious foods.	MoTI, MoFA, NOGs, Private Sector

Achievements	Challenges	Recommendations	Responsible Institutions
	2.19 Existence of unhealthy food environment and choices	2.19.1 Develop, enhance or reform food composition, marketing, retail, labelling and fiscal policies and laws to protect the food environment and choices.	FDA, GSA, MoTI, MoH, GHS, MoF
		2.19.2 Regulate unhealthy food and beverage promotion, sponsorship, and advertisement, especially in schools and in the media.	FDA, MoI, MMDAs
		2.19.3 Ensure the formulation of a well-planned awareness creation and advocacy strategy against poor food consumption habits and the consumption of unwholesome foods, especially by children.	MoH, GHS, NGOs
		2.19.4 Disseminate and implement the recommendations of the Food-Based Dietary Guidelines (FBDG) to all persons in Ghana.	MDAs, MMDAs, NGOs
	2.20 Limited integration and prioritization of nutrition in UHC	2.20.1 Scale up and strengthen integration and implementation of Essential Nutrition Actions (ENAs) in the primary health care (PHC) system including preventive, promotion and palliative services (rehabilitative services; growth monitoring; dietary supplementation; immunization; control of use of alcohol, tobacco and harmful substances).	MoH, GHS, NGOs
2.21 Weak food system and nutrition institutional framework and coordination	2.21.1 Strengthen Food Systems Transformation and Nutrition Security multisectoral platform and actions at all levels.	NDPC	

Achievements	Challenges	Recommendations	Responsible Institutions
<b>PILLAR 3: PLACE AND MOBILITY</b>			
<ul style="list-style-type: none"> <li>• Expansion in access to electricity</li> <li>• Improvement in rural water coverage</li> <li>• Increased regulation of inward international remittance services</li> <li>• » Increased measures to control money laundering, promote security of remittances and protect the integrity of the financial system</li> <li>• » Improvement in rural development through the provision of infrastructure for coordinated delivery of economic, environmental and social services</li> <li>• » Existence of a climate and disaster risk reduction capacity diagnostic report to inform the development of a national Disaster Risk Reduction (DRR) strategy</li> <li>• » Development of DRR Plans by over 50% of MMDAs</li> </ul>	3.1 Regional disparities in access to electricity	3.1.1 Continue implementation of the National Electrification Programme and Rural Electrification Project to further expand access to electricity across the country.	Ministry of Energy
	3.2 Poor waste management in rural areas	3.2.1 Increase focus of implementation of the sanitation plan in rural areas	Water Resources (MSWR)
	3.3 Decline in urban water coverage	3.3.1 Expand safe water production and distribution systems	MSWR
<ul style="list-style-type: none"> <li>• » Improvement in the number of industries assessing carbon stocks using Reducing Emission from Deforestation and Degradation (REDD+)-based research methods</li> </ul>	3.4 Porous borders hindering monitoring of irregular migrants	3.4.1 Approve the establishment of the National Migration Commission to coordinate the implementation of all migration-related policies in the country.	Cabinet

Achievements	Challenges	Recommendations	Responsible Institutions
	3.5 High cost of remittance transfers	3.5.1 Provide and enforce guidelines to regulate the cost of remittances.	Bank of Ghana
	3.6 High rural-urban migration	3.6.1 Implement programmes that promote local economic development	MLGDRD
	3.7 High digital exclusion among rural residents	3.7.1 Increase broadband coverage, reduce the cost of data and increase access and affordability of digital devices through the reduction of taxes through the ongoing digital transformation agenda.	Ministry of Communications and Digitalisation
	3.8 Illegal mining destroying waterbodies, land resources and the environment	3.8.1 Coordinate stronger efforts to end illegal mining (galamsey).	Ministry of Lands and Natural Resources
	3.9 Inadequate physical planners	3.9.1 Deploy adequate physical planners to all MMDAs.	Local Government Service, LUSPA
	3.10 Poor spatial planning, weak land markets and high land prices	3.10.1 Enforce spatial planning laws and relevant legal frameworks to ensure effective and efficient land use planning.	LUSPA
	3.11 Unplanned rapid urbanisation leading to pressures on inadequate urban infrastructure and services in slums and inner cities MSWR MSWR	3.11.1 Increase investments in social programmes for inner cities and slums	Parliament
	3.12 Increasing hazards and natural disasters and their effects on people living in fragile ecosystems	3.12.1 Increase funding for NADMO and other relevant institutions to respond timeously to natural disasters including the provision of early warning systems.	Parliament

Achievements	Challenges	Recommendations	Responsible Institutions
<b>PILLARS 4, 5 &amp; 6: GOVERNANCE, DATA AND STATISTICS, INTERNAL COOPERATION AND PARTNERSHIPS</b>			
<ul style="list-style-type: none"> <li>» Accumulated data from regular national population and housing censuses, along with sector-specific national censuses and surveys</li> <li>» Successful digital 2021 Population and Housing Census (PHC) which has boosted data collection efficiency and accuracy</li> <li>» Strengthened Civil and Vital Registration System (CVRS) for accurate birth and death recording</li> <li>» Successful execution of mobile phone interoperability, enabling seamless communication and transactions across networks.</li> </ul>	4.1 High turnover and transfers of personnel trained in the use of population integration tools	4. 1.1 Facilitate the mitigation of the impact of staff turnover, ensure the sustained utilization of tools like the Population Impact Module and invest in comprehensive training programmes in collaboration with NPC.	OHLGS
	4.2 Inadequate funds to implement population related programmes	4. 2.1 Establish a national population fund that will support the implementation of population related programmes.	Parliament, MoF
	4.3 Exclusion of marginalized Groups in decision-making	4. 3.1 Develop targeted strategies to ensure the meaningful participation of marginalized groups, such as women, youth, older persons, and persons with disabilities, in decision-making processes.	NDPC, OHLGS, MMDAs
	4. 4 Youth disengagement from critical policy decision-making process	4. 4. 1 Develop targeted strategies to engage youth in shaping population and development policies.	Ministry of Youth and Sports (MoYS), NYA, NPC
		4. 4. 2 Establish youth councils, forums, and mentorship programmes that empower young people to contribute their ideas and perspectives.	MoYS, NYA

Achievements	Challenges	Recommendations	Responsible Institutions
<ul style="list-style-type: none"> <li>» Introduction of a digital address system linked to Google Maps for easy location identification and improved navigation services</li> <li>» Centralized database by the National Identification Authority benefiting telecommunication companies, banks, and tax authorities for enhanced service delivery</li> <li>» Increased birth registration</li> <li>» Strengthened working partnerships with international development partners</li> <li>» Continued engagement of the Parliamentary Caucus on Population and Development</li> <li>» ICPD25 commitments mainstreamed into the National Medium-Term Development Policy Framework</li> </ul>	4.5 Incomplete civil and vital registration systems	4. 5.1 Invest in improving the coverage and completeness of civil and vital registration systems across the country.	NIA, MLGDRD, Births and Deaths Registry, MMDAs
	4.6 Inadequate training programs for data collection personnel affecting accuracy and standardization	4. 6.1 Invest in training programmes for data collection personnel to ensure accurate and standardized data collection processes, particularly during censuses and surveys.	GSS
	4. 7 Difficulty in integrating data from various sources	4. 7.1 Implement strategies to integrate data from various sources, such as censuses, surveys, and administrative records, to create a comprehensive and cohesive dataset.	GSS
	4. 8 Insufficient technology infrastructure and training on use of technology in data collection	4. 8.1 Build on the success of the digital census and explore the use of technology in other data collection efforts, ensuring proper training and infrastructure are in place.	GSS
	4. 9 Low death registration	4.9.1 Improve death registration for comprehensive demographic data.	MLGDRD, Births and Deaths Registry, MMDAs
	4.10 Inadequate government commitment to policy, law, and program implementation	4. 10.1 Increase government's commitment towards the implementation of policies, laws and programmes that have been developed to achieve set objectives.	Parliament, MDAs
	4.11 Inadequate partnerships in the implementation of policies and programs	4. 11.1 Mobilise relevant institutions, stakeholders and the entire population to partner government to fully implement policies and programmes.	NDPC, MDAs,

