

## 1.0 INTRODUCTION

Ghana is signatory to the Millennium Declaration which synthesises the goals and targets for monitoring human development. Eight goals with time-bound targets are being used in monitoring progress. The attainment of these targets for 2015 depends on government's actions now.

The main aim of preparing the Millennium Development Goals (MDG) Report for Ghana is to raise awareness, to mobilize society towards nationally owned development goals and focus country-level debate on the implementation and monitoring of efforts in this area

Work on the MDGs for Ghana will assist Government revise and consolidate long-term targets for development and give real significance to its unique place as the veritable anchor for the Ghana Poverty Reduction Strategy (GPRS). It will add momentum to efforts towards the overarching long term target to eliminate poverty by 2020 as defined by *Ghana Vision 2020*.

Current targets for poverty reduction and growth as well as sectoral targets have been set in the Ghana Poverty Reduction Strategy (GPRS) for the medium term. Most indicators for monitoring progress on the MDGs are consistent with the GPRS. The GPRS defines medium term targets to the year 2004 . In only a few areas such as universal primary education (UPE) have specific indicators been actually set for the long term.

Essentially, the GPRS aspires to achieve the broad development objectives cast in terms of reduction of extreme poverty, social and human development, environmental sustainability and regeneration; as well as consolidate democratic governance, strengthen accountability, and guarantee protection of human rights and the rule of law. These targets presuppose attainment of an overall GDP growth averaging at least 6.5 percent per annum and implementation of public policies for drastic spatial reorganization of investment for economic activity and social protection.

# **INTRODUCTION**

## THE DEVELOPMENT CONTEXT

Ghana is classified as a highly indebted low-income country with a population of approximately 18.9 million in year 2000 (50.5 percent females)<sup>1</sup> The population growth rate of 2.7 percent combined with the slow GDP growth rate of 4.3 percent has contributed to a relatively low per capita income growth of 1.7 percent. Like most developing countries, Ghana is a young country: 41.3 % of the population are children, with a consequently high dependency ratio.

The economy of Ghana is largely agrarian as evidenced by the dominance of agriculture (36 percent) in total GDP. Although agriculture accounts for the largest share of GDP, its growth rate has lagged the other sectors largely due to inefficient farming practices, dependence on rain-fed agriculture and poor transport and distribution channels. The disappointing growth performance of agriculture is also attributable to the trends in the Food & Livestock sub-sector, which is the largest agricultural sub-sector. Invariably, trends in the agricultural sector have major implications for average national incomes and hence, poverty.

During the last decade growth has averaged about 4.35% a year, which compares favourably with many other countries in the region. However, but falls short of the 6.5 percent growth rate required by Ghana's Poverty Reduction Strategy Paper. More troublesome is the fact that the rate of real GDP growth in Ghana has declined in recent years. There is a need to enhance growth in all sectors of the economy and reduce vulnerability *vis a vis* changes in prices of key exports and imports. Equally important is the objective of reducing macro economic instability.

Overall poverty rates have improved. i.e., poverty fell 12 percentage points from 51.7 percent to 39.5 percent between 1991/92 and

1998/99.<sup>2</sup> However, there is growing evidence of deepening poverty among some groups and regions of the country, particularly in the northern and central regions of the country. Five out of ten regions in the country had more than 40 percent of their population living in poverty in 1999. Of the ten regions, six experienced increases in poverty and extreme poverty in 1999. Furthermore, one third of the population cannot meet their basic nutritional needs

Among workers, food-crop farmers experienced the highest incidence of poverty in Ghana. Approximately 60 percent of those engaged in this economic activity fell below the poverty line in 1998/1999. Since food-crop farmers are predominantly women, improving agricultural productivity must be central to any initiatives aimed at addressing poverty in Ghana and reducing gender disparities.

## GOVERNMENT EFFORTS

The Economic Reform Programme (ERP) of 1983 marked a major shift in government's approach to promoting growth and development. It represented a change in policy direction from a state controlled economy to a market driven economy. The ERP was followed by the Structural Adjustment Programmes, which focussed on structural reforms; particularly public, legal and regulatory reforms. More recently, the Vision 2020 provided a framework to work towards achieving a middle income status by the year 2020, reducing poverty and improving the welfare of all Ghanaians. In spite of these programmes however, the country has failed to achieve sustained periods of macro-stability, to improve the delivery of public services and to transform the economy from its agrarian orientation to an industrial economy.

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<sup>1</sup> Population and Housing Census]

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<sup>2</sup> 4<sup>th</sup> Living Standards Survey.



# GOAL 1:

## ERADICATE EXTREME POVERTY

## GOAL 1: ERADICATE EXTREME POVERTY

### Target 1: Halve the proportion of those in extreme poverty between 1990-2015

*Indicator: Proportion below national basic needs, poverty line*

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#### 1 - Reducing Extreme Poverty:

##### *Status and Trends*

Ghana has made good progress in reducing overall poverty from the high incidence rates of 51.7 % in 1992 to 39.55 in 1999. Extreme poverty also declined from 36.4% to 26.8% over the same period. Continuation of this trend requires a stable macroeconomic environment, increased support for food and livestock farmers, a more efficient public sector, substantive links between Ghana's poverty reduction strategy and the budget, an increase in private sector investments and a more sustainable population growth rate. These factors, together with massive investments in basic social services are likely to bolster current trends and make growth more pro-poor, thereby accelerating reductions in the poverty rate.

While the overall poverty rate has declined since 1992, spatial, gender and occupational differences in the distribution of income prevail. For instance, poverty is concentrated in the northern, upper west, upper east and central regions of the country and among food-crop farmers. Indeed, of all occupational groups, food crop farmers experienced the highest poverty rate. This might be explained by the lack of a concerted national programme of actions to improve the livelihood of the vulnerable through targeted interventions at both the economic and social levels. Indeed, poverty-focused programmes, e.g. the Programme of Actions to Mitigate the Social Costs of Adjustment PAMSCAD are exceptions and

interventions in the northern regions have been basically limited to social investments in education.

Thus, the absence of a comprehensive poverty reduction programme and the failure to link national plans to the annual budget largely account for the persistence of deep pockets of poverty among some groups and within some regions. Furthermore, lack of disaggregated data has hampered effort for well targeted policy interventions.

#### 2- Challenges to reducing extreme poverty

The challenges to reducing poverty in Ghana can be classified in two main categories; challenges relating to policy formulation and challenges relating to policy implementation. However, cutting across both categories is the challenge of obtaining, on a continual basis, reliable and detailed poverty data in a timely manner. Although Ghana's Poverty Reduction Strategy (GPRS) articulates the nation's policies and programmes to reduce poverty over the medium-term, it is considered a dynamic document. Hence, the architecture provides for continual revisions to incorporate new realities and respond to emerging challenges and constraints.

A key policy level challenge to reducing extreme poverty in Ghana is ensuring that the programmes outlined in the document are not only consistent with growth but also affordable and feasible.

Furthermore, there is the policy challenge of appropriate sequencing of the programmes identified in the document; what order of priority of poverty programmes achieves optimal outcomes? To what extent are prioritizations based on socio-economic considerations threatened or compromised by political considerations? For instance, in the absence of district-level data, the strategy of regionally targeted poverty interventions has evoked sharp criticisms from constituents in “low priority” regions and thereby threatens political support for the GPRS. In effect, a critical implementation challenge to reducing extreme poverty is the absence or presence of political will.

The main policy and implementation level challenges can be summarized as follows:

#### **Policy Challenges**

- Formulating an appropriate strategy to reduce poverty
- Harmonizing competing interests into a consistent policy framework
- Adequately sequencing poverty programmes

#### **Implementation Challenges**

- Ensuring that programmes in the GPRS are linked to the annual budget and funded as planned
- Maintaining macro-stability
- Building capacity particularly in the public sector for programming, implementation and monitoring
- Financing poverty monitoring initiatives and data collection at district level data on poverty
- Addressing long term population growth through reductions in the fertility rate based on education and reproductive health services
- Ensuring that the strategy is appropriately costed, affordable, cost

effective and achievable over the specified time

- Addressing the growing risks implied by the spread of HIV/AIDS
- Generating political will

### **3 – Supportive Environment**

A number of measures already taken since the advent of the present administration in 2001 are consistent with the goal of poverty reduction. These include:

- Costed Ghana Poverty Reduction Strategy
- Efforts to link the GPRS to the budget through the Medium Term Expenditure Framework
- Increased budgetary share of social sector expenditure
- Increased budgetary share of rural infrastructure expenditure
- Focus of GPRS on improving agriculture
- Substantial improvements in the macro-economic environment
- The creation of a Private Sector Development Ministry to provide institutional support to the private sector
- Increased support for agro-processing and small and medium scale exporters through the launching of the President’s Special Initiative aimed at boosting starch production and textile exports to the US market

### **4—Requirements of Domestic and External Resources**

Initial estimates place the cost of implementing the Ghana Poverty Reduction Strategy at approximately \$5 billion. This amount covers the implementation of all programmes and projects under the five

thematic areas of the GPRS including priority programmes scheduled for implementation during the period 2002-2005. Even if these estimates are preliminary, they are indicative of the magnitude of resources required to effectively pursue the 2015 target of halving the proportion of those in extreme hunger.

The clear implication is that substantial external resources would be required to complement the country's internal resources to make real dent on poverty. In particular, Ghana requires both technical and financial support from its development partners in the following areas:

- Reducing trade barriers particularly with respect to processed primary products
- Reducing the incidence of “dumping” in domestic market
- Increasing relative share of social sector investments;

- Increasing relative share of infrastructure investments, particularly in an integrated feeder and trunk road system linking food growing centres to markets in the urban areas;
- Increasing relative share of investments in agriculture and related infrastructure such as irrigation and storage facilities;
- Increasing poverty monitoring investments (i.e., continual compilation, processing and analysis of poverty-data) to improve policy interventions aimed at reducing poverty;
- Building up of a national and international poverty reduction expertise network
- Supplementing government investments in social services

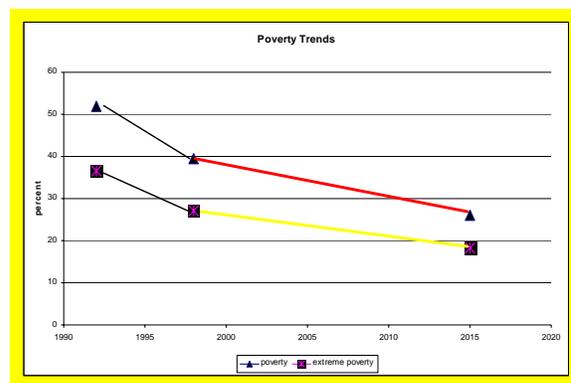
### Status at a Glance

*Will Target be reached by 2015?*

**Probably** Potentially Unlikely Insufficient Data

If today's trends in poverty reduction and economic growth are continued, Ghana will meet the goal of halving its poverty rate before year 2015. However, while this is a welcoming outlook, achieving the goal does not necessarily reduce the number of people in poverty. The challenge is to reduce both the proportion and the number of persons in poverty and to eliminate poverty by year 2020. For this occur, economic stability will have to be strengthened and vulnerability reduced while efforts are intensified to raise

economic growth to the projected annual average of 7 percent.



## **GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER**

### **Target 2: Halve the proportion of people who suffer from hunger by 2015**

*Indicator: Prevalence of underweight children (children under-five)*

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#### **1. Status and trends**

Protein Energy Malnutrition (PEM) has been identified as the most serious and widespread nutritional disorder in Ghana. It relates to deficiencies in Vitamin A and anaemia, mainly in pre-school and school age children as well as in pregnant and lactant women. Hunger and malnutrition are manifested, among other ways, by a high incidence of stunting, wasting and underweight children. Its consequences are equally serious. It has been shown that 45% of all child deaths beyond early infancy are due to malnutrition (Profiles 1997).

Progress on child nutrition during the 1990s has been slow if not negative. According to best estimates, malnutrition of children under five only decreased slightly from 27.4% to 24.9% between 1990 and 1999.

National averages, however, are often misleading indicators of living conditions in many areas. In Ghana's three northern regions that account for 17.5% of the population, the proportion underweight is much higher, ranging from 34% to 38%. Similarly, while in the whole Ghana the stunting rate is 26% of children under age 5, in the three northern regions the rates go from 35 to 40%. In general, rural children are twice as stunted (30%) as urban children (14%). In some regions, conditions are not only hard but worsening. A study on malnutrition in Urban Accra revealed that a higher proportion of children were malnourished in 1997 than in 1993.

#### **2. Challenges**

Key challenges to reducing hunger as expressed in the proportion of underweight children in order of importance are:

- Reducing household food insecurity
- Promoting equitable growth through pro-poor growth initiatives
- Minimizing the incidence of inappropriate feeding practices
- Ensuring adequate dietary intake
- Reducing population growth

Health education messages need to be more specific and targeted. Infant feeding messages need to be more comprehensive instead of emphasizing one aspect to the detriment of others. There is also the need to emphasize behavioural change with regard to food and nutritional intake. Another key challenge is to integrate nutrition into the relevant health, education and agricultural policies at all levels.

#### **3. Supportive environment**

The enactment of the Breast Feeding Regulations (LI 1667) in 2000 has been helpful in regulating the sale and marketing of breast-milk substitutes.

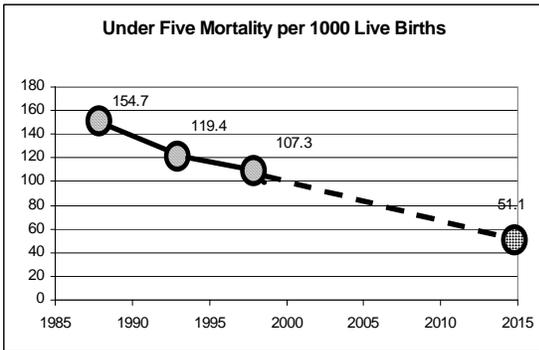
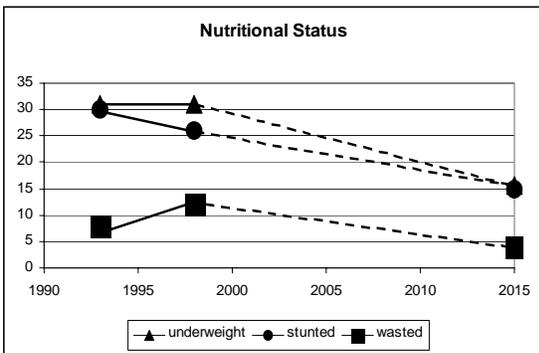
Some progress has been made in overcoming the problem of malnutrition with District Health Management Teams

(DHMTs) instituting proactive measures to address the problem.

Child Welfare Clinics undertake risk detection to identify and monitor those at risk of malnutrition. Severely malnourished children are rehabilitated in the health units. Such Clinics also promote and advocate exclusive breast feeding practices, engage in nutritional education and assessment and also designate deserving health facilities as Baby Friendly. The number of baby-friendly facilities increased from 15 in 1995 to 38 in

2000. However, much more effort is required when this is viewed in the context of a target of 1,000 Baby Friendly hospitals nationwide.

Vitamin A supplementation is being provided to children under five years, two times a year while the Iodated Salt programme seeks to address the iodine Deficiency of the population including children.



# GOAL 2:

## ACHIEVE UNIVERSAL PRIMARY EDUCATION

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### **Target 3: Achieve universal access to primary education by 2015**

*Indicator: Gross primary enrolment ratio*

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#### **1-Status and Trends**

There has not been much progress in achieving universal primary education in Ghana during the 1990s. The gross enrolment ratio [GER] for primary education remained constant throughout the decade at 79%.<sup>3</sup> Similarly, gross primary admission has not moved beyond 85% since 1992 and dropout rates remain high - about 20% for boys and 30% for girls at the primary level, and 15% for boys and 21% for girls at the junior secondary level.

The proportion of children with no or inadequate education is perturbing. Currently, between 20%-25% of children of school-going age are not in school. Of those in school, approximately 25% drop out before primary six. About half of all adults are unable to write a simple letter.

In addition, considerable gender and regional disparities in these indicators exist. The problems of low enrolments and gender disparities are most pronounced in the northern parts of the country where poverty is endemic.

Although more primary and JSS facilities have been started, particularly in the very remote rural areas during the decade 1990-2000, proximity to school, inadequate number of schools, lack of instructional material, poor condition and distribution of

school facilities (such as proper classrooms, science laboratories and toilet facilities), insufficient school placement for eligible children especially in rural areas, have all constrained basic education enrolments and attendance.

Salaries are by far the biggest component of educational expenditure, leaving very little to finance other important school inputs such as the supply of instructional materials and the maintenance of infrastructure.

The problems of the education sector are compounded because the relatively high population growth rate and the disproportionate representation of the youth in the population places additional pressure on resources devoted to the sub-sector.

The low quality of education, evidenced by the most recent CRT scores and the perceived lack of relevance of the school curriculum have led to low demand for schooling among the poor. Indeed, in some areas, little value is attached to education. Furthermore, poor households depend on children for income generation, leading to non-attendance, seasonality of attendance, truancy and absenteeism especially on market days.

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<sup>3</sup> There is no data available on net enrollment ratios.

## 2- Challenges

The key challenges to achieving universal basic enrolment include:

- Minimizing the relatively high incidence of rural poverty
- Ensuring sustainable population growth
- Ensuring adequate funding for education investments and school improvement
- Improving the quality and relevance of education.
- Assess and establish obstacles to the implementation of FCUBE
- Implement measures to remove obstacles to improve enrolment and retention of pupils
- Increase and sustain investment in basic education, especially to increase enrolment and retention of girls
- Minimizing gender disparities in enrolment
- Providing an appropriate incentive structure to reduce absenteeism and high dropout rates
- Expanding programmes that integrate children not in school into the mainstream educational system

## 3 – Supportive Environment

To improve the delivery of basic education services, government is currently reviewing its Free Compulsory Basic Education programme (FCUBE). Meanwhile, in line with the recommendations of the Ghana Poverty Reduction Strategy (GPRS), government is increasing the relative share of the education sector's budget from 28.4% in 2001 to 35.3% in 2002. Besides, 51% of

government's poverty focused expenditure in 2002 is devoted to basic education.

In addition to government funding, resources from traditional authority sources (such as the *Otumfuo Education Fund* and the *Northern Education Trust Fund*) and non-governmental organisations will support the financing of primary education in Ghana.

Addressing the problems of the education sector will require:

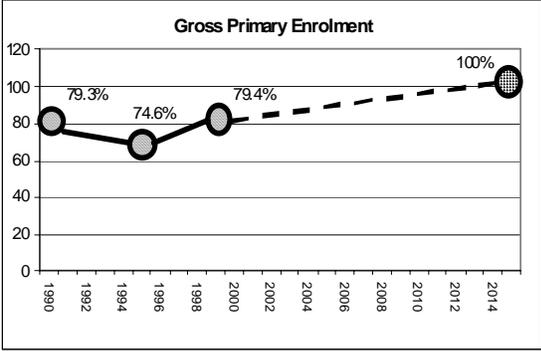
- Significantly improving the management of education through timely and regular transfer of funds from the Ministry of Finance to the Ministry of Education.
- Accelerating the decentralisation process
- Implementing recommendations on human resource audit,
- Streamlining management arrangements between the Ministry of Manpower Development and Employment and Ministry of Education regarding pre schools.

Specifically for the basic education sub sector, improving the quality of education<sup>4</sup> will have significant improvement in enrolment and in retention rates. Incentives would also need to be provided to teachers to achieve an improved quality of training. Parents' involvement in improving quality of education will also be effective. Other factors outside the education sector, which can greatly improve enrolments, include addressing the issues of low income/or unemployment of parents, cultural beliefs, and demands on girls domestically and lack of returns to education.

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<sup>4</sup> The most cited reason for school age children not attending school has been "school is useless/uninteresting"

# Millennium Development Goals Report



# GOAL 3:

## PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

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### Target 9: Eliminate gender disparity in primary and secondary education by 2005

*Indicator: Ratio of females to males in primary, junior and senior secondary schools*

*Target: Achieve equal access for boys and girls to senior secondary by 2005*

*Indicator: Ratio of females to males in senior secondary school*

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#### 1-Status and Trends

Gender parity in education has been steadily improving in the country, rising from a ratio of 0.82 females to males in 1990 to 0.87 in 1996. Achievements in female education decrease as we move up in the educational ladder. Being low for primary education, they even go lower for the junior secondary school level with very slow progress, at 0.62 in 1990 and 0.78 in 1996. Gender disparities are greater in poverty ridden northern regions (i.e., upper east, upper west and northern) at both primary and junior secondary schools.

Factors adversely affecting female enrolment in education include cultural and traditional practices, such as early marriage, customary fostering, puberty rites and *Trokosi* (female ritual slavery). Once enrolled, girls are more likely to be withdrawn from school due to household chores, cultural practices and beliefs, lack of separate and adequate toilet facilities and teenage pregnancies.

#### 2-Challenges

Achieving equal access for boys and girls education faces several challenges including:

- Changing cultural beliefs and practices;

- Minimizing the incidence of teenage pregnancies;
- Increasing the transition rate for girls to senior secondary schools
- Increasing employment opportunities for educated young women
- Minimizing gender wage disparities

#### 3 – Supportive Environment

In spite of challenges, concrete measures have been taken that have led to improvements in gender parity in enrolments. They include the appointment of a Minister responsible for among other things, girl child education. A girls' Education Unit was also established in 1997 to give special emphasis to girls' education, in order to provide equal access to education and educational opportunities, and improve the status of women and girls. The Unit emphasizes increasing girls' enrolment, reducing the dropout rate for girls and increasing the transition rate for girls to senior secondary school.

Current medium term priorities of the GPRS which aim to *mainstream preschool education in all basic schools* has the potential to greatly enhance gross primary on admission of girls since gender disparities are practically non existent at that level.

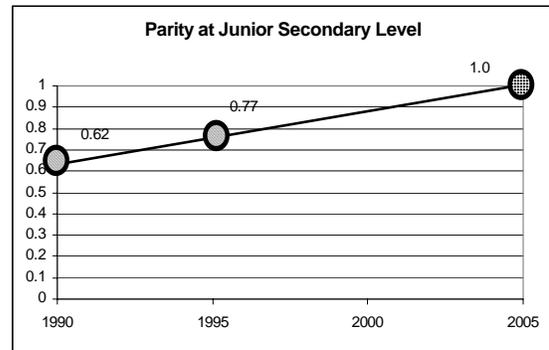
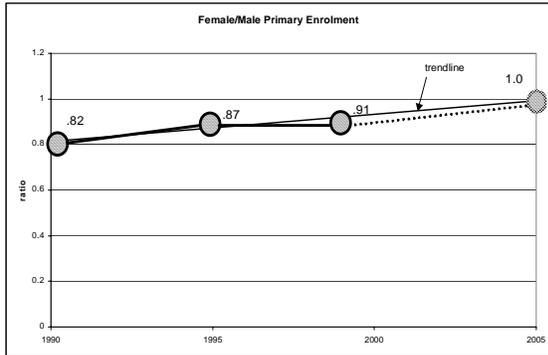
*The introduction of Science, Technical and Mathematical Education clinics for girls in 1987 to popularise the study of science and other fields, which have traditionally been dominated by boys has shown to encourage girls to participate in science and mathematics.*

#### **4—Requirements of Domestic and External Resources**

While this specific goal is yet to be costed, the cost of increasing access to education and training over the period 2002-2004 is estimated at \$524 million.

Resources must focus on:

- The provision of incentives to encourage female enrolments will greatly enhance and reduce the gender disparities existing.
- Initiatives aimed at improving access to and delivery of Technical/Vocational Institutions that seek to improve the relevance of education to employment opportunities.



# GOAL 4:

## REDUCE CHILD MORTALITY

## GOAL 4: UNDER-FIVE MORTALITY

*Target 5: Reduce under-five mortality by two-thirds by 2015*

*Indicator: Under-five mortality rate*

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### 1-Status and Trends

Under-five mortality (U5MR) improved in the 1990s, declining from 155 to 108 per 1000 live births between 1990 and 1998. Even so, the current mortality rate among children is quite high. The under-five mortality of 108 deaths per 1000 live births means that about one in nine children born in Ghana dies before their fifth birthday.

Approximately half of all deaths to children under age five occur during the first year of life. But the outlook here is also improving, infant mortality was 103 in 1990 decreasing to 57 deaths per 1000 live births in 1998. Again, the situation is worse in northern Ghana partly due to income poverty and poor access to services. In northern Ghana, the U5MR is three times as high (at 171 per 1000 live births) as in the capital region.

The key areas of critical importance to maternal and child health in Ghana are:

- Access to antenatal, delivery, and post-natal services;
- Vaccination coverage;
- Common childhood illnesses and their treatment and
- Neonatal care
- Nutrition and household food security

The level of a mother's education is a significant crosscutting factor influencing infant mortality. Children born to mothers with little or no education suffer the highest mortality rates.

### 2-Challenges

Reversing the high incidence of under-five mortality is fraught with several challenges. Foremost among these are:

- Risky fertility behaviour
- The high incidence of poverty and low level of education among mothers
- The incidence of mother to child transmission of HIV/AIDS
- Regional disparities in access to skilled health staff
- Immunization
- Improving household and community practices
  - Sanitation, water supply and environmental issues
  - Nutrition
  - Immunization
  - Counterproductive cultural beliefs
- Improving the quality of care at all levels especially the referral system
- Prevention of mother to child HIV transmission particularly through breastfeeding

### 3-Supportive Environment:

The Ghana Poverty Reduction Strategy gives priority to the health sector and emphasizes primary health care delivery. Consequently, expenditures on health as a percentage of total discretionary outlays are expected to increase. In addition, a proportion of the savings from the Highly Indebted Poor Country Initiative will be devoted to social services.

The Second 5 year Health Sector Program of Work (5YPOW 2002-2006) has been launched to help reduce health inequalities in Ghana-between the North and the South, urban and rural areas as well as inequalities linked to gender, education and disability.

Nutritional rehabilitation programs have been established in most polyclinics for malnourished children. To increase vaccination coverage, the Ministry of Health has established an Expanded Program on Immunization (EPI).

Furthermore, a National Immunization Program for eradication of Polio is currently in place. In addition, school health programs have been created to identify and address disease conditions among children.

To improve health service delivery to communities, a Community-based Health Planning and Services Strategy has been formulated with the objective of moving health services to community locations, developing sustainable voluntarism and community health action programs, empowering women and vulnerable groups and improving interaction between health providers, households and the community.

While some progress has been made in increasing the usage of oral re-hydration therapy (ORS), from 51% in 1993 to 69% in 1998, deaths from diarrhoea continue to prevail at high levels. Predictably, the northern region has a much higher diarrhoea prevalence rate at 31% compared to the national average of 18%.

Other initiatives include:

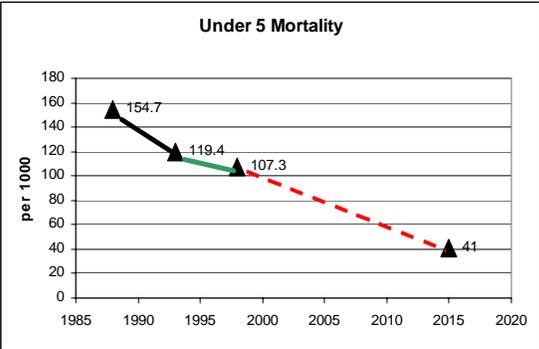
- Macro-Economics and Health Initiative
- The Global Fund
- Implementation of IMCI Strategy
- The Global Alliance for Vaccination and Immunization
- Roll back Malaria Program
- The program for accelerated control of measles, maternal and neonatal tetanus
- PMTCT and IMCI

#### **4-- Requirements of Domestic and External Resources**

Over the GPRS period, the cost of enhancing efficiency in health service delivery in general is estimated at \$142 million.

Resources must:

- Focus on expanding programs in areas of inequity
- Support the scaling up of IMCI and PMTCT
- Coordinate activities with other donors involved in water and sanitation projects
- Support integrated, sustainable outreach services for all communities
- Support the improvement of under-five nutrition



# GOAL 5:

## IMPROVE MATERNAL HEALTH

## GOAL 5: IMPROVE MATERNAL HEALTH

### Target 6: Reduce maternal mortality ratio by three-quarters by 2015

*Indicator: Maternal mortality per 100,000*

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#### 1-Status and Trends

Maternal mortality rates are high in Ghana. One study estimated the rate at 214<sup>5</sup> per 100,000 live births while other found 740<sup>6</sup> per 100,000 live births. Such rates are unduly high since most causes (including post partum haemorrhaging, obstructed labour, infections, eclampsia and abortion complications) are preventable. For example, at least 65% of pregnant women are anaemic and if this could be treated the risk of maternal death due haemorrhages could be significantly reduced.

Gaps in antenatal care, unsupervised deliveries and inadequate<sup>7</sup> postnatal care are some of the important underlying causes of high levels of maternal deaths. Malnutrition among women, high fertility rates and harmful traditional practices also contribute to this high rate of maternal mortality. The 1998 DHS reported that antenatal care received from a trained health worker was 83%. A welcoming trend is that by 2001, uptake of antenatal care had increased to 96<sup>8</sup>%. However, antenatal care from a doctor was only *around 30%*.

Though antenatal care coverage appears high, on the average only 2.5 visits are made out of the recommended four visits. And though the exemptions policy of government covers these four antenatal visits, delivery, which is more expensive is not free.

As in most development indicators, there are also wide urban/rural disparities in level and type of antenatal care received. Births attended by a doctor or trained nurse/midwife are more common in urban areas, in Greater Accra Region. Urban mothers reporting antenatal care from a doctor account for 43% compared to 18% for rural mothers. Antenatal care is most often received for younger mothers and births to mothers with at least secondary schooling. TBAs assisted in 25% of births to mothers residing in rural areas.

#### 2-Challenges

Efforts and programmes aimed at addressing the high incidence of maternal mortality are faced with the following challenges:

- Minimizing spatial inequalities in access generate a more effective and inclusive health delivery service
- Improving the reliability and timeliness in the release of data
- Documenting and disseminating information about gaps in access and utilization of services
- Improving availability and retention of trained health personnel, infrastructure and equipment
- Fostering the recognition of community based providers who are not part of the formal system
- Minimizing complications in child delivery posed by the rapid spread of HIV/AIDS
- Effecting behavioural change
- Improving the nutritional status of women of child bearing age

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<sup>5</sup> Ghana Statistical Service, 1994

<sup>6</sup> WHO/UINCEF review in 1996

<sup>7</sup> Over 50% of mothers do not receive post natal care

<sup>8</sup> This is calculated based on first (one) antenatal visit

### **3-Supportive Environment**

Under the government's Medium Term Health Strategy (MTHS), common financing and management arrangements have been established within the framework of the Sector Wide Approach (SWAp). Under this arrangement donors contribute to a common basket to support an annual programme of work. However, the five year programme of work for the period 1997-2001 lacked an explicit equity focus [The Health of the Nation, Ministry of Health] hence, did not adequately address the issue of locational and income disparities in access to health services. Consistent with the goals of the Ghana Poverty Reduction Strategy, the next five year programme of work with a theme: "Bridging the Inequality Gap" focuses on addressing inequalities in health.

The GPRS rapid health delivery programmes to reduce among others, maternal mortality and malnutrition in the three northern regions and the Central region. These areas of focus are expected to influence budgetary allocations to the health sector. It also proposes an emphasis on district-sub district-community based quality care is essential for reaching majority of the poor.

Indeed, the Five Year Programme of Work 2002-2006 highlights maternal mortality as one of government's health priorities. It also recognises within the 5YPOW, that Ghana is signatory to various international initiatives including that of reducing maternal mortality by three-quarters by 2015 and states that this targets among others will translated into national, regional and district level targets to guide local priority setting.

Furthermore, the GPRS provides a framework for improving the exemption policy to cover obstetric emergencies and

life-threatening pregnancy related conditions and mortality due to childhood diseases in the impoverished central and northern regions (i.e., Upper East, Upper West and Northern region).

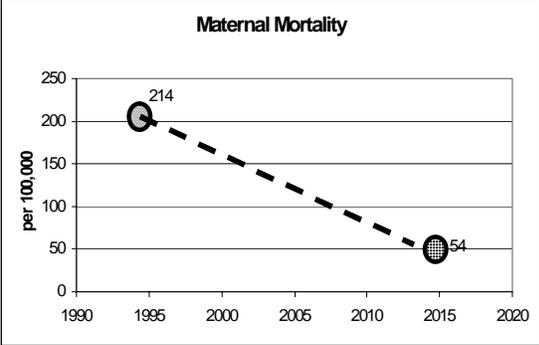
### **4—Requirements of Domestic and External Resources**

The resources required to achieve this objective would be reflected in the cost of increasing the extent and quality of health care and the cost of improving access to safe water and environmental health. The estimated cost in the Ghana Poverty Reduction Strategy is approximately \$1 billion. Increasing the extent and quality of healthcare comprises the following elements:

- Bridging gaps in access to quality healthcare and nutrition services
- Ensuring sustainable financing arrangements that protect the poor
- Enhancing efficiency in health service delivery

Domestic and external resources must also focus on facilitating:

- Improvements in the consistency and accuracy of statistical reporting on the incidence of maternal mortality and pregnancy losses
- Increased participation and funding for CSOs operating in the health sector



# GOAL 6:

## COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

## GOAL 6: COMBAT HIV/AIDS AND MALARIA

*Target 7: Halt and reverse the spread of HIV/AIDS by 2015*

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### 1-Status and Trends

HIV/AIDS is affecting males but mostly females in their most productive years. About 64% of AIDS cases are in the 20-39 age group, with women constituting 58% of the total cases and getting infected much earlier than do males.

The HIV sentinel Survey (2002) reports an estimated 3 percent of the adult population aged between 15 and 49 years was infected with the HIV virus, translating into 330,000 adults living with HIV/AIDS as of 2002. The projection is that this figure will rise to not less than 550,000 people in 2004. Unofficial estimates tend to suggest higher prevalence rates.

Some strides have been made in addressing the issue of HIV/AIDS, prominent among which is the recognition of the developmental relevance of the disease and that it requires a holistic, multisectoral and multidisciplinary approach.

Despite a difficult macro economic environment, Ghana has been able to invest increasing amounts in HIV prevention and control though concerns are raised about the sustainability of commitment and resources.

### 2—Challenges

There has been significant progress following the adoption of the National HIV/AIDS and STI policy and a National

HIV/AIDS Strategic Framework has been prepared and endorsed by Government for implementation. Even so, considerable challenges exist and these include:

- Converting knowledge to behavioural change
- Persistent denial and the stigmatisation attached to the disease
- Sustainability of commitment (political, cultural, religious etc) over the long run)
- Resource sustainability
- Means of rapidly scaling up effective interventions
- Ensuring that formal and informal social support systems for care and support respond adequately to the increasing burden of disease

### 3-Supportive Environment

In the past few years, there has been considerable support for HIV/AIDS. Additional aspects of the supportive environment currently in place include:

- The establishment of the multi sectoral Ghana AIDS Commission that has coordinated and supported the preparation of sectoral plans for 14 sectors
- The strong media involvement in and support for awareness creation about HIV/AIDS
- The demonstration of Government's and development partners goodwill to make resources available

#### **4-Priorities for Domestic and External Resource Mobilization**

Measures to reduce the incidence of HIV/AIDS are estimated to cost \$192 million. While the GPRS has no specific cost figures for reducing the incidence of malaria, measures designed to increase the extent and quality of healthcare and to

improve access to safe water and environmental health are estimated at \$1 billion.

There is a rising consensus on the need for a coordinated approach to tackling the HIV/AIDS problem. A well-coordinated strategy must involve a partnership of government, district level administrators, donors and traditional authorities. The latter in particular, wield considerable influence in effecting behavioural change.

### **GOAL 6: COMBAT HIV/AIDS AND MALARIA**

#### *Target 8: Halt and reverse the incidence of Malaria*

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##### **1-Status and Trends:**

Malaria is the leading cause of out patient morbidity in all age and sex groups. Little progress has been made in reverting its incidence. Outpatient morbidity decreased slightly from 44% in 1989 to 41% in 1998. At present, malaria is the cause of 45% of all outpatient cases and over a third of all inpatients in health facilities. Twenty-two percent of all deaths occurring in children under five years is due to malaria. Prevalence of fever reaches 34-38% in the impoverished Northern, Upper East and Volta Regions, compared to the national average of 27%.

##### **2- Challenges/constraints**

The success of the current malaria control programmes is constrained by:

- Low use of bednets, particularly for children (due to limited availability and high cost),
- High cost of malaria treatment

- Mismanagement of malaria cases in health facilities
- Lack of education and non-adherence to treatment regimes
- Limited geographical and financial access to basic health services
- Poorly managed community environmental sanitation

##### **3- Supportive Environment**

Malaria has been identified by the health sector as one of the priority diseases targeted for control in the medium term. Various attempts have been made to prevent and treat malaria including the five-year National Malaria Control programme (1993-97), which sought to build capacity for improved disease management at the health facility level. In 1997, the Accelerated malaria Programme, launched in 30 districts, focused on case management. This programme has been extended to all 110 districts under the new programme, Roll Back Malaria, which is part of a massive campaign on the use of Insecticide Treated Materials, as a preventive measure against

malaria. In addition the RBM has high-level political backing

#### **4-Priorities for Domestic and External Resource Mobilization**

Currently costs associated with reducing the incidence of malaria are being estimated. However, it is proposed that the resources mobilized should focus on both malaria prevention and treatment.

##### *Prevention:*

- Continued support for research efforts to create an anti-malaria vaccine

- Support for information dissemination programmes at the district level on best practices in malaria prevention
- Support for programmes aimed at improving sanitation to destroy mosquito breeding grounds
- Continued support for the Roll Back Malaria programme

##### *Treatment:*

- Subsidization of malaria treatment drugs
- Continued support for malaria treatment programmes such as the Malaria Control programme and the Accelerated Malaria programme
- Support for research on the efficacy of local herbs in malaria treatment

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# GOAL 7:

## **ENSURE ENVIRONMENTAL SUSTAINABILITY**

## **GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY**

**Target 9:** Integrate the principles of sustainable development into country policies and programmes and reverse loss of environmental resources by 2015

*Indicator: Proportion of land area covered by forest*

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### **1 – Reversing Loss of Environmental Resources**

#### **1- Status and Trends**

The nation is estimated to have lost 79 percent of its forest cover since the beginning of the 20<sup>th</sup> century. Forest cover declined from 8.2 million at the beginning of the 20<sup>th</sup> century hectares at to 1.7 million hectares by the 21<sup>st</sup> century. Poor enforcement of regulations on natural resource utilization, inefficient management of forest reserves and the dependence on wood-fuel by the poor have contributed immensely to forest degradation at several levels.

First, lax enforcement of forestry regulations has left unchecked degradation related to crop and livestock production activities. Secondly, as a result of inefficient management of forest reserves and weak enforcement mechanisms, the loss of forests through fire, unsustainable logging practices, indiscriminate wood-fuel extraction and forest encroachment has accelerated.

Furthermore, environmental resource degradation arising out of mining and manufacturing activities has been on the rise due to weak enforcement of environmental and mining laws. For instance, regulations on allowable cut on timber and regulations for surface mining are currently not rigorously enforced. Indeed, chainsaw operations for timber extractions had to be

banned temporarily because of a lack of observance and enforcement of regulations.

#### **2- Challenges**

A major challenge to formulating sustainable environmental programmes is the ability to balance genuine environmental concerns with stakeholders. Such tensions underline the operational difficulties in achieving effective enforcement and occur on several levels. One involves building capacity to enforce laws and regulations. Another implies formulating sustainable environmental policies that balance environmental priorities and concerns with the economic imperatives of stakeholders. A third one calls for the adoption and effective implementation of sustainable population policies to reduce pressure on natural resources and minimize environmental degradation. Ultimately however, the overriding difficulty in formulating effective environmental policies is to obtain buy-in from stakeholders by involving them in the management of their natural resources.

#### **3 – Supportive Environment**

The government's on-going strategy to address the challenges in natural resource management are largely embodied in the National Environmental Action Plan (1990-2000), the Forestry and Wildlife Policy, the Forestry Development Master Plan (1996-2000), the National Land Policy, the Science

and Technology Policy (2000), and the Action Plan for Science and Technology Management.

The Forestry and Wildlife Policy of Ghana aims at conservation and the sustainable development of the nation's forest and wildlife resources. In collaboration with the Ministry of Energy, the Ministry of Environment, Science & Technology and the Ministry of Local Government & Rural Development, the Ministry of Lands and Forestry is currently implementing a comprehensive ten-year sector investment programme: the Natural Resource Management Programme. The objective of this programme is to protect, rehabilitate and sustainably manage the national land, forest and wildlife resources through collaborative management with the rural communities that collectively own these resources. Key aspects of the programme include:

#### **4-Priorities for Domestic and External Resource Mobilization**

The GPRS estimates the cost of improving environmental and natural resource management at approximately \$45 million. In the short term (i.e., 2002-2004) \$9.8 million will be required for providing material and financial support for re-forestation of degraded forests, abandoned mining areas, and major river banks.

Traditional institutions should also be mobilised to support the creation of environmental trust funds and boost local stakeholder participation.

**Target 10:** Halve, by 2015, the proportion of people without sustainable access to safe drinking water

*Indicator:* Proportion of population with sustainable access to an improved water source

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### **1- Status and Trends**

Access to safe water rose from 49% in 1990 to 74% in 1998. However, there are wide disparities among regions and between urban and rural areas. Water shortages are frequent in many urban areas while rural areas experience seasonality of supply. In general, a greater proportion of rural dwellers lack access to adequate supply.

To accelerate rural water supply, communities are required to own and manage their own supply systems, contribute 5-7% of the capital costs and be fully responsible for operation and maintenance. Communities have the choice of technology and may install small piped systems, boreholes wells etc. Installation is with the assistance of the Community Water and Sanitation agency and the District Assemblies. Rural systems continue to break down and in some communities, the high salinity levels of the ground water results in the abandonment of boreholes for the traditional water source, which tend to be unsafe.

For urban areas, one main feature is that actual supplies fall short of installed capacity. Users complain of reliability and quality more than cost. Between urban areas, the disparities are also quite pronounced.

### **2- Challenges**

A number of factors constrain the supply of water and include low installed plant capacity, inadequate collaboration between

stakeholders and lack of funding. In rural areas, the limited ability of communities to contribute to capital costs is real. Other constraints for rural dwellers are the low bore-hole yield, poor quality of ground water, low levels of training of local maintenance staff with the result that boreholes remain out of service for longer than necessary. Obtaining spare parts is another issue to be grappled with, as there is difficulty in establishing spare parts outlets in remote rural areas.

### **3-Supportive Environment**

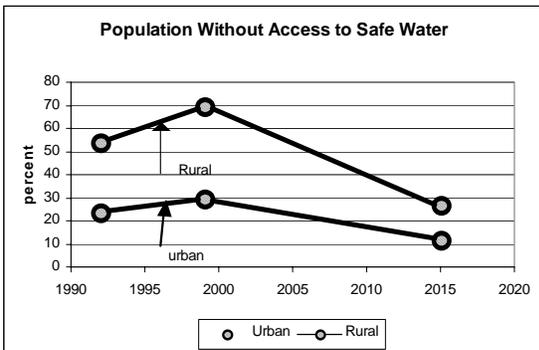
Currently, the Public Utilities Regulatory Commission (PURC) is addressing a number of challenges facing the water sector. Regional offices of the PURC are to be established to respond more effectively to community requests. The effective management of urban water is to be addressed through a number of interventions. The policy on private participation in the operation and maintenance of service delivery is due to be finalised shortly. Proposals are also in place to strengthen the Ghana Water Company to effectively manage service contracts and extensions. To improve on service delivery, monitorable implementation plans for effective programming of linked activities is to be designed for the Ghana Water Company, private operators and the Public Utilities and Regulatory Commission.

Safe water in rural areas receives priority attention in the Ghana Poverty Reduction Strategy. To accelerate the eradication of guinea worm, water provision in guinea

worm endemic areas is to be fully subsidised. Government has expressed its commitment to timely disbursement of the District Assemblies Common Fund to enhance the operation and maintenance of water facilities at the district and sub-district levels.

#### 4-Priorities for Domestic and External Resource Mobilization

The Ghana Poverty Reduction Strategy estimates the cost of improving access to safe water at approximately \$352 million. The bulk of the resources is targeted at providing boreholes and hand-dug wells.



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# GOAL 8:

## DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

**GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT**

**Target 15: Deal comprehensively with LDC debt and make debt sustainable in the long term**

Indicator: Debt service as a percentage of exports

## - Status and Trends

Estimated at approximately US\$6,585.3 billion in 2002, the country's total external debt was about 108.5 percent of GDP. Unlike the external debt, which is largely concessionary and long-term, the domestic debt consists largely of 91-day Treasury Bills contracted at commercial interest rates. Consequently, the debt service burden of the domestic debt poses a severe fiscal problem for government. Furthermore, due to poor debt monitoring mechanisms, particularly with respect to debt contracted at the sub-national level, estimates of government contingent liabilities are poor.

In 2001, Ghana sought debt relief under the enhanced Highly Indebted Poor Country Initiative (HIPC) and reached decision point in February 2002. As at the end of 2002, a total amount of US\$ 57.02 received mainly from World Bank, ADF and IMF had been lodged into the HIPC account out of the total projected HIPC relief savings of about US\$ 275.35. Enhanced remission is required to obtain desired impact on the pace and quality growth and human development consistent with the requirements of meeting the MDGs.

## 2- Challenges

The threat of internal and external shocks constitutes a major challenge to efforts aimed at managing the debt burden. Droughts and sharp hikes in crude oil prices will undoubtedly derail efforts to reduce government borrowing.

Furthermore, the Banking Law has been revised to restrict government borrowing to 10% of expected revenues. This is to control excessive borrowing on the part of government.

In 2002, the government instituted measures aimed at boosting revenues in general and non-tax revenues in particular. The measures include:

Related to shocks is the threat posed by the volatility in the export price of Ghana's key foreign exchange earners; cocoa and gold.

Furthermore, the tendency for developed countries to impose higher tariffs on processed raw materials (i.e., tariff escalation) undermines LDC efforts to grow their economies out of debt and thereby poses a challenge to debt management.

In addition, the government faces an equally daunting challenge of easing constraints to production posed by:

- Weak infrastructure particularly the construction of storage and irrigation facilities and roads
- Inadequate extension services
- Weak and ineffectual legal regulatory system
- Poor economic management practices
- Corruption

## 3- Supportive Environment

Beyond debt relief obtained under the HIPC initiative, the achievement of macro-stability is at the heart of government efforts to create a supportive environment for sustainable debt management. To this end an Economic Policy Coordinating Committee (EPCC) has been established to ensure consistency between government expenditures and revenues.

- Allowing revenue collecting agencies to retain up to 3 percent of revenues mobilized for institutional strengthening
- Raising fees and charges on selected government charges to cost recovery levels
- Closing loopholes in the tax laws
- Encouraging line ministries to declare their internally generated

funds by allowing them to retain a portion of such earnings.

Besides increasing revenues and streamlining expenditures, the government also launched the President's Special Initiative PSI to boost nontraditional exports and increase foreign exchange earnings.

Overall, with the strong commitment of the present administration to good governance and the general improvement in the

#### **4-- Requirements of Domestic and External Resources**

The external and domestic debt of the nation currently stands at approximately \$6 billion. HIPC resources savings from multilateral sources are estimated at \$60.3 million in 2002, \$92.6 million in 2003 and \$126 million in 2004.

economic and political landscape the portents are very hopeful.

## APPENDIX A

### Links Between the GPRS and MDG

#### The Millennium Development Goals

- Eradicate Extreme Poverty and Hunger
- Achieve Universal Primary Education
- Promote Gender Equality and Empower Women
- Reduce Child Mortality
- Improve Maternal Health
- Combat HIV/AIDS, malaria and other diseases
- Ensure Environmental Sustainability
- Global Partnership for Growth and Development

#### The GPRS Themes

- The Macro-Economy
- Production and Gainful Employment
- Human Resource Development
- Vulnerability and Exclusion
- Governance

#### Links Between MDG and GPRS themes

##### Goal 1: Eradicate Extreme poverty and hunger

- o Corresponding GPRS theme(s)
  - The Macro-Economy—a stable macro-economic environment is a pre-requisite for growth and poverty reduction. Macro-stability focuses on reducing inflation and interest rates, stabilizing the currency, promoting export competitiveness and ensuring a sustainable debt profile. This is to be achieved through:
    - Debt management
    - Expenditure management
    - Revenue mobilization
    - Legal and regulatory reform
    - Capital market development
    - External shock management
    - Export diversification
  - Production and gainful employment—focuses on reducing poverty by increasing employment and production in the agriculture, manufacturing and non-traditional export sectors. Priority is given to smallholder agriculture, labour-intensive as opposed to capital-intensive technologies, and rural over urban locations for agro-processing plants; improving energy for provision for production in rural areas, improving natural resource management for health,

and increased, sustainable development, and ensuring delivery of timely and sufficient funds micro finance for SME activities

- Human Resource Development—aims at:
  - Improving the quality of life of the poor through:
    - Empowering the poor through improved access to quality education particularly at the primary level
    - Skills and entrepreneurship development particularly among the youth,
    - Preventing new infections of HIV/AIDS, providing a continuum of care for people living with HIV/AIDS, and strengthening institutions that deal with HIV/AIDS
    - Managing population growth to ease constraints on household incomes and access to basic services
    - Improving the health status of the poor through a more accessible and efficient health care delivery system
    - Increasing access to safe water and improvements in environmental health.
  - Vulnerability and Exclusion: focuses on:
    - Expanding the coverage and effectiveness of essential services for the poor;
    - Developing systems that enforce rights on protection especially for children and women;
    - Mitigating the impact of disasters on the poor.
  - Good Governance: focuses on:
    - Facilitating timely access to justice
    - Enhancing transparency of government decision making
    - Improving accountability in both the private and public sectors
    - Promoting public participation in decision making through decentralization of responsibilities and devolution of power
    - Ensuring discipline and observance of laws, rules and regulations in both public and private sectors

**Goal 2: Achieve Universal Primary Education**

*Target: Ensure that by 2015 all children will be able to complete a full course of primary schooling*

- Corresponding GPRS theme(s)
  - Human Resource Development
    - The GPRS focus is on improving the quality, equity and efficiency in the delivery of basic education services
    - Addressing the issue of illegal schools fees to benefit enrolment rates and retention

- Special partnership programmes with non-state actors to support access programmes to integrate children into the formal school system and special instruction for street children
- Adaptation of school building design to ensure easy access by physically challenged persons to encourage enrolment and retention
- Vulnerability and exclusion
  - The GPRS formulates programmes to improve primary enrolment and stem the drop-out rate for “children in difficult circumstances”
- Production & Gainful Employment
  - Identifying opportunities for increased production and income generation for the productive poor to fund the education of their wards

**Goal 3: Promote Gender Equality and Empower Women**

*Target: Eliminate Gender Disparity in primary and secondary education by 2005 and to all levels of education no later than 2015*

- Corresponding GPRS theme(s)
  - Human Resource Development & Basic Services:
    - The GPRS focus on improving GER for females, school improvement programmes, accelerating rural water provision (which impacts positively on female attendance rates) etc.
    - Establishing one “good” senior secondary school in each district and providing basic teaching facilities in community secondary schools to promote female participation in secondary education by reducing distances that have to travelled by girls to attend SSS
    - GPRS provides targeted support programmes to women in the form of access to credit, technological services and skills upgrading in finance and management;
    - GPRS has no specific targets or programmes to increase the number of women in parliament

**Goal 4: Reduce Child Mortality**

**Target: Reduce child mortality by two thirds**

- Corresponding GPRS theme(s)
  - Human resource development
    - Preventing the new transmission of new HIV
      - Expanding facilities to prevent mother-to-child transmissions of HIV
    - Bridging equity gaps in access to quality health and nutritional status

- Ensuring sustainable health care financing arrangements that protect the poor
- Enhancing efficiency in service delivery through standardization of the quality of basic healthcare across districts and decentralized management of health care systems
- Improving access to potable water in rural, peri-urban and neglected poor urban areas
- Promotion of support by NGOs in remote rural areas in nutrition and hygiene schemes
- Supporting Early Childhood Development as a channel for provision of child health and nutrition programmes

**Goal 5: Improve Maternal Health**  
**Target: Reduce maternal mortality by three quarters between 1990 and 2015**

- Corresponding GPRS theme(s)
  - Human resource development – same as goal 4.
    - Preventing the new transmission of HIV by:
      - Expanding facilities to prevent mother-to-child transmissions of HIV
    - Bridging equity gaps in access to quality health and nutritional status
    - Ensuring sustainable health care financing arrangements that protect the poor
    - Enhancing efficiency in service delivery through standardization of the quality of basic healthcare and decentralized management of health care systems
    - Improving access to potable water in rural, peri-urban and neglected poor urban areas

**Goal 6: Combat HIV/AIDS, malaria and other diseases**

*Target 1: Halt and reverse the spread of HIV/AIDS*

*Target 2: Halt and reverse the spread of malaria and other major diseases*

- Corresponding GPRS theme of *Human Resource Development* focuses on:
  - Preventing new HIV transmissions will be achieved by:
    - Improving direct service delivery
    - Intensifying campaign on behaviour change
    - Developing special programs (e.g., re-integration schemes) to support high-risk groups
    - Providing continual care for people living with HIV/AIDS
    - Creating effective institutions to deal with HIV/AIDS
  - Due to the debilitating effects of malaria, the GPRS emphasises its prevention; for effective treatment the focus is on availability of treated bednets.

**Goal 7: Ensure Environmental Sustainability**

*Target 1: Integrate the principles of sustainable development into country policies and programmes and reverse loss of environmental resources*

*Target 2: Halve the proportion of people without access to safe drinking water by 2015*

- Corresponding GPRS theme(s)
  - *Production and Gainful Employment*
    - Emphasis on environmental protection through environmental impact assessments and audits
    - Rehabilitation of threatened eco-systems using the Eco-System approach
  - Human Resource development
    - Improving access to potable water in rural, peri-urban and neglected poor urban areas

**Goal 8: Global Partnerships for Growth and Development**

*Target: Deal comprehensively with LDC debt and make debt sustainable in the long term*

- Corresponding GPRS theme(s):
  - *The Macro-economy*
    - Emphasizes debt restructuring and management
    - Sustainable fiscal policy through expenditure management and comprehensive resource mobilization
    - Tight monetary policy to stabilize interest rates, exchange rates and the price level
    - Development of capital markets to mobilize funds for long term investments
    - Promotion of export competitiveness and export diversification through targeted support for “promising” commodities

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