



GHANA MILLENNIUM DEVELOPMENT GOALS

2015 REPORT

SEPTEMBER, 2015

Goal 1



Goal 2



Goal 3



Goal 4



Goal 5



Goal 6



Goal 7



Goal 8



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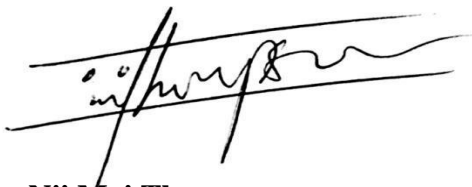
PREFACE

In line with the six previous biennial reports, this 2015 Millennium Development Goals Report examines progress made since 2000 towards all the goals and their targets, and draws some lessons from the implementation and monitoring of the MDGs. The report is a forerunner to the adoption and implementation of the next global development agenda, the Sustainable Development Goals (SDGs).

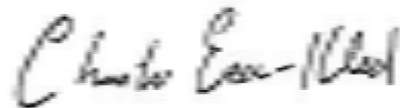
Over the last 15 years, major initiatives have been undertaken in the context of mainstreaming the MDGs into Ghana's national medium-term development plans. This coordination of priorities has required continuous monitoring that is recorded in the Annual Progress Reports on implementation of the national development policy framework. The MDGs have not only positively influenced policy and programme interventions, but they have also brought together development partners to build innovative alliances for enhanced effectiveness and mutual accountability.

The impressive growth performance of Ghana over the years and improvement in social protection programmes have contributed considerably to the progress made towards achieving the MDGs. However, the outcomes have been mixed. Targets such as halving extreme poverty (MDG 1A), halving the proportion of people without access to safe drinking water (MDG 7B), universal primary education (MDG 2A) and gender parity in primary school (MDG 3) are attained. Substantial progress has been made in reducing HIV prevalence (MDG 6C), increasing access to ICT (MDG 8F) and reducing the proportion of people suffering from hunger. However, slow progress has been made towards the targets of achieving full and productive employment (MDG 1B), equal share of women in wage employment in non-agriculture sectors and women's involvement in governance (MDG 3), reducing under-5 and child mortality (MDG 4), reducing maternal mortality (MDG 5), and reversing the loss of environmental resources and improving sanitation (MDG 7).

As we enter the SDGs period, we are confronted with the unfinished business of some MDGs. The good news is that the MDGs have dovetailed into the SDGs. Some targets are now goals in the SDGs. This indicates that the unfinished business of the MDGs will be addressed in the context of the SDGs. One of the main lessons of the MDGs is that implementation and monitoring should be localised. This will ensure stronger ownership and better prospects for attaining the SDGs in record time.



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EXECUTIVE SUMMARY

The Millennium Development Goals (MDGs) emanated from the Millennium Declaration adopted by world leaders at the Millennium Summit of the United Nations in 2000. The Declaration captured the aspirations of the international community in terms of: eradicating extreme poverty and hunger; achieving universal primary education; promoting gender equality and women's empowerment; reducing child mortality and improving maternal health; combating HIV/AIDS, malaria and other diseases; ensuring environmental sustainability; and developing a global partnership for development.

Ghana committed to the tenets of the MDGs in September 2001 and, to ensure full implementation mainstreamed them into the respective national development policy frameworks. Progress towards the attainment of the MDGs has been reported on annually since 2002 in Annual Progress Reports on the implementation of national development policy frameworks. Special MDG reports have also been prepared biennially to examine trends and to assess the supporting environment and resources needed to attain the goals. The 2015 Ghana MDGs Report assesses Ghana's progress as of 2014. Out of the 21 targets and 60 official indicators adopted globally for monitoring the MDGs, Ghana has, however, adopted a more nationally relevant set of 17 targets and 36 indicators.

The report has four chapters. The Introduction provides a background to the MDGs. Chapter Two discusses progress at global and national levels. Chapter Three analyses progress towards the goals and the related indicators. Chapter Four concludes the report with a summary of progress and the outlook for the Post-2015 Development Agenda.

At global level, progress on the MDGs has been mixed, with relatively weak performance in sub-Saharan Africa (SSA) and Southern Asia, even though progress might have been made on individual targets in different countries, especially as defined by their own national strategies.

Similarly, Ghana's progress has been mixed. Targets such as halving extreme poverty (MDG 1A), halving the proportion of people without access to safe drinking water (MDG 7B), universal primary education (MDG 2A) and gender parity in primary school (MDG 3) have been attained. Substantial progress has been made in reducing HIV prevalence (MDG 6C), access to ICT (MDG 8F) and reducing the proportion of people suffering from hunger. However, only slow progress has been made on full and productive employment (MDG 1B), equal share of women in non-agriculture wage employment, and women's involvement in governance (MDG 3), reducing under-5 and child mortality (MDG 4), reducing maternal mortality (MDG 5), reversing environmental resource loss and improving sanitation (MDG 7).

Looking beyond 2015, Ghana needs to be guided by experiences gathered in the execution of policies and programmes within the MDG framework. The impressive growth performance of Ghana over the years, the growing role of social sector programmes including national health insurance, as well as critical investments in physical and social infrastructure, have played a considerable role in ensuring advances in reducing poverty and achieving better human

development outcomes. As Ghana moves to adopt the Sustainable Development Goals (SDGs), there will some focus on tackling some of the unfinished business of MDGs (e.g., going to zero and not just halving the proportion of extremely poor people, for example). Fortunately, the MDGs have dovetailed into the SDGs and any unfinished business can be addressed within the new context. Furthermore, the implementation and monitoring of the SDGs can be localised to address issues of inequality and socio-economic disparities more effectively as well to ensure broader ownership and facilitate the achievement of SDGs in record time.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APR	Annual Progress Report
APRM	African Peer Review Mechanism
ART	Antiretroviral Therapy
BECE	Basic Education Certificate Examination
BOG	Bank of Ghana
CEA	Country Environmental Analysis
CPR	Contraceptive Prevalence Rate
CSM	Cerebrospinal meningitis
CSO	Civil society organisation
CWSA	Community Water and Sanitation Agency
DAC	Development Assistant Committee
DCE	District Chief Executive
EPA	Environmental Protection Agency
EPI	Expanded Programme on Immunisation
GDHS	Ghana Demographic and Health Survey
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GLSS	Ghana Living Standards Survey
GOG	Government of Ghana
GPI	Gender Parity Index
GPRS I	Ghana Poverty Reduction Strategy
GPRS II	Growth and Poverty Reduction Strategy
GSGDA	Ghana Shared Growth and Development Agenda
GSS	Ghana Statistical Service
HIPC	Heavily Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICT	Information and communications technology
ILO	International Labour Organisation
IMMR	Institutional Maternal Mortality Ratio
IMNCIs	Integrated Management of Neonatal and Childhood Illnesses
IMR	Infant Mortality Rate

IPT	Intermittent Preventive Treatment
ITN	Insecticide-Treated Nets
JHS	Junior high school
LEAP	Livelihood Empowerment against Poverty
MCE	Municipal/Metropolitan Chief Executive
MDAs	Ministries, Departments and Agencies
MDG	Millennium Development Goal
MDRI	Multilateral Debt Relief Initiative
MMDAs	Metropolitan, Municipal, District Assemblies
MOH	Ministry of Health
MPs	Members of Parliament
NDPC	National Development Planning Commission
NER	Net Enrolment Ratio
NGOs	Non-governmental organisations
NHIS	National Health Insurance Scheme
NMCP	National Malaria Control Programme
ODA	Official development assistance
OECD	Organisation for Economic Cooperation and Development
ORS	Oral Rehydration Salts/Solution
PTR	Pupil-Teacher Ratio
SBA	Skilled birth attendance (or attendant)
SSA	Sub-Saharan Africa
SSNIT	Social Security and National Insurance Trust
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children Fund
WHO	World Health Organisation

GLOSSARY

<u>Measure</u>	<u>Definition</u>
Capitation Grant	The Capitation Grant Scheme, introduced in 2005, provides funding for non-salary expenditure in schools on the basis of enrolment so that schools do not charge tuition and other fees.
Decent Work Agenda	Productive employment and decent work are key to the reduction of poverty. This, and equitable globalisation, are to be achieved under four strategic pillars – job creation, rights at work, social protection and social dialogue – with gender equality as a crosscutting objective. See ILO (www.ilo.org) Decent Work Agenda.
Developing regions	North Africa, sub-Saharan Africa, Latin America and the Caribbean [Caribbean (optional), Latin America (optional)], Caucasus and Central Asia, Eastern Asia [Eastern Asia excluding China], Southern Asia [Southern Asia excluding India]; South-eastern Asia, Western Asia and Oceania. See www.mdg.un.org .
Gross enrolment ratio (GER)	(Primary) Total enrolment in primary education, regardless of age, expressed as a percentage of the population of official primary school age. The GER can exceed 100 percent due to the inclusion of over-aged and under-aged pupils because of early or late school entry and grade repetition. UN Statistical Commission (www.mdgs.un.org).
Net enrolment ratio (NER)	The number of children of official primary school age enrolled in primary education as a percentage of the total number of children of official primary school age.
Gender parity index (GPI) for education	The ratio of female gross enrolment to male gross enrolment for each level of education. The 2015 MDG Target is GPI between 0.97 and 1.03.
House	A structurally separate and independent place of abode such that a person or group of persons can isolate themselves from the hazards of climate such as storms and the sun. The definition covers any type of shelter used as living quarters, such as detached and semi-detached houses, flats/apartments, compound houses, huts, tents, kiosks and containers.
Housing: durable, secure, and slum	<i>Durability of housing:</i> A house is considered “durable” if it is built on a non-hazardous location and has a structure permanent and

Measure

Definition

adequate enough to protect its inhabitants from climatic extremes, such as rain, heat, cold and humidity.

- *Sufficient living area*: A house is considered to provide a sufficient living area for household members if not more than three people share the same habitable room (minimum of four square metres).
- *Secure tenure*: Secure tenure is the right of all individuals and groups to effective protection by the state against arbitrary unlawful eviction. People have secure tenure when there is evidence of documentation that can be used as proof of secure tenure status or when there is either *de facto* or perceived protection against eviction.
- *Slum household*: a group of individuals living under the same roof lacking one or more of the following conditions:
 - Access to improved water;
 - Access to improved sanitation;
 - Sufficient living area;
 - Durability of housing;
 - Security of tenure.

Labour
productivity
growth rate

This is measured as the annual change in gross domestic product (GDP) per person employed. According to ILO (2009), labour productivity can be used to assess the likelihood of a country's economic environment creating and sustaining decent employment opportunities with fair remuneration. Increases in productivity do not guarantee improvements in these areas, but certainly, without productivity growth, improvements in working conditions are less likely to occur. ILO points to empirical evidence that the link between productivity growth and poverty reduction is strongest when productivity growth and employment growth go hand-in-hand, consequently, both employment growth and productivity should be measured to assess whether or not the development process is heading in the right direction.

Poverty gap
ratio

Depth of poverty measure: The ratio provides a measure of the extent to which individuals fall below the poverty line (the poverty gap). It is estimated by expressing as a proportion of the poverty line the total amount of money required to raise the poor from their present incomes to the poverty line and is then averaged over the total population.

Measure

Definition

Poverty incidence or poverty headcount

Headcount measure: This is the proportion of the population whose income or consumption is below the poverty line

Poverty lines: internationally comparable measures for poverty and extreme poverty

The international poverty line, which was first set at US\$1 a day and was later upgraded to US\$1.25 a day, roughly corresponds to the average of the poverty lines of the 15 poorest countries in the world. Economists also use US\$2 a day as an “upper” international poverty line. These international poverty lines are used to compare levels of poverty across countries.

Currently, some issues have been raised as a result of the recent labelling of the international \$1.25 a day poverty line as “extreme poverty” as it can differ significantly from a national food poverty line. Each country effectively has to have at least four distinct measures of poverty: poverty based on the national poverty line; extreme poverty based on the national food poverty line; a measure of poverty according to the international \$2 a day line; and according to the international \$1.25 a day line. The latter two being used for useful for cross-country comparisons of the extent of poverty.

Poverty lines: national
Lower and upper poverty lines

Ghana has two nutrition-based poverty lines (GSS, 2014).

A lower poverty line of GH¢792.05 per adult per year set as what is needed to meet the nutritional requirements of household members. Individuals whose total expenditure falls below this line are considered to be in extreme poverty, since even if they allocated their entire budget to the average consumption basket of food, they would not be able to meet their minimum nutrition requirements. This line is 27.1 percent of the mean consumption level in 2012/13.

An upper poverty line of GH¢1,314.00 per adult per year incorporates both essential food and non-food consumption. Individuals consuming above this level can be considered able to purchase enough food to meet their nutrition requirements and their basic non-food needs. This line is 44.9 percent of the mean consumption level in 2012/13.

Sanitation, improved and unimproved

Improved sanitation facilities are more likely to prevent human contact with human excreta than unimproved facilities. A household is considered to have access to improved sanitation if it uses flush or pour-flush to piped sewer system, septic tank or pit latrine; ventilated improved pit latrine; pit latrine with slab; and composting toilet.

Measure

Definition

Unimproved sanitation facilities include: flush or pour-flush to elsewhere ; pit latrine without slab or open pit; bucket; hanging toilet or hanging latrine; no facilities or bush or field.

The definitions for coverage used by the WHO/UNICEF Joint Monitoring Programme for Water and Sanitation (JMP) are often different from those used by national governments. Estimates in JMP reports may therefore differ from national estimates.

Underweight children

Underweight prevalence is a useful indicator to assess the overall nutritional status of the population. A child is considered underweight if the child's weight-for-age measurement is less than two standard deviations from the globally accepted reference cut-off point, or three standard deviations in the case of severe underweight. This indicator reflects body mass relative to chronological age and is influenced by the height of the child, and weight-for-height. However, its composite nature complicates its interpretation – for example, it fails to distinguish between short children of adequate body weight and tall, thin children.

Vulnerable employment rate

Vulnerable employment is defined as the sum of the employment status groups of own-account workers and contributing family workers. Own-account workers are those workers who, working for themselves or with one or more partners, hold the type of jobs defined as self-employment (i.e. remuneration is directly dependent upon the profits derived from the goods and services produced), and have not engaged on a continuous basis any employees to work for them during the reference period.

Contributing family workers, also known as unpaid family workers, are those workers who are self-employed, as own-account workers in a market-oriented establishment operated by a related person living in the same household.

The vulnerable employment rate, or the share of vulnerable employment, is defined as the percentage of own-account and unpaid family workers in total employment. A high proportion of workers in vulnerable employment points to an extensive informal sector typically offering limited or no protections, low incomes, and poor working conditions.

Water sources: improved and unimproved

An improved drinking water source is one that, by the nature of its construction and when properly used, adequately protects the source from contamination, particularly by faecal matter.

- *Improved drinking water sources* include: piped water into dwelling, plot or yard; public tap/standpipe; tube

Measure

Definition

well/borehole; protected dug well; protected spring; and rainwater collection.

- *Unimproved drinking water sources* include: unprotected dug well; unprotected spring; cart with small tank/drum; bottled water; tanker/truck; and surface water (river, dam, lake, pond, stream, canal, irrigation channels).

Working
poverty rate

The working poor are defined as employed persons living in a household whose members are estimated to be below the national poverty line. The working poverty rate is the proportion of working poor in total employment.

Sources: Ghana Statistical Service; International Labour Organisation; UN; WHO/UNICEF; World Bank

CHAPTER 1: INTRODUCTION

1.1 The MDGs

The Millennium Development Goals (MDGs) emanated from the Millennium Declaration adopted by world leaders at the Millennium Summit of the United Nations in 2000. The Declaration captured the aspirations of the international community, united by common values and striving with renewed determination to achieve peace and a decent standard of living for every man, woman and child.

The MDGs sought to address some of the most critical development challenges at the turn of the millennium. In particular, they served to put poverty and other development priorities on the global agenda in a manner that was easy to understand and to track. The MDGs were endorsed by the 189 member states, including Ghana, at the UN General Assembly in September 2001.

The MDGs were formulated as eight goals to be achieved by 2015 for the most part.¹ The first goal focuses on eradication of extreme poverty and hunger; the second on achieving universal primary education; the third on the promotion of gender equality and women's empowerment; goals four, five and six enjoin countries to achieve better health outcome for their citizenry. In particular, the fourth and fifth goals aim to reduce child mortality and improve maternal health respectively while goal six seeks to combat HIV/AIDS, malaria and other diseases. The focus of the seventh goal is to ensure environmental sustainability and goal eight focuses on developing a global partnership for development.



Goal 1: Eradicate Extreme Hunger and Poverty



Goal 2: Achieve Universal Primary Education



Goal 3: Promote Gender Equality and Empower Women



Goal 4: Reduce Child Mortality



Goal 5: Improve Maternal Health



Goal 6: Combat HIV/AIDS, Malaria and other diseases



Goal 7: Ensure Environmental Sustainability



Goal 8: Develop a Global Partnership for Development

1.2 Operationalisation of the MDGs in Ghana

Ghana committed to the tenets of the MDGs in September 2001 and, to ensure full implementation, went on to mainstream them in its key public policy and strategy documents. Progress towards the attainment of the MDGs has been recorded since 2002 in Annual Progress Reports (APR) on the implementation of Ghana's medium-term development frameworks, namely, the GPRS I, GPRS II and the GSGDA I.² In addition, special MDG reports have been prepared on a biennial basis to examine trends and to assess the supporting environment and resource needs for the achievement of the goals. In all, five such reports (2002, 2004, 2006, 2008 and 2010) have been prepared by

¹ The MDGs originally had 18 targets and 48 indicators. Following from intergovernmental agreements at the 2005 World Summit, in 2006 three new targets were added and one was revised. Thus, the MDGs now have 21 targets and 60 indicators. See <http://mdgs.un.org/unsd/mdg/Host.aspx?Content=indicators/officialist.htm>. Some goals did not have quantitative targets while a few others had target dates of 2010 and 2020.

² Ghana Poverty Reduction Strategy (GPRS I), 2003-2005; Growth and Poverty Reduction Strategy (GPRS II), 2006-2009; Ghana Shared Growth and Development Agenda (GSGDA I), 2010-2013; and GSGDA II, 2014-2017.

the National Development Planning Commission with support from UNDP. The 2015 Ghana MDG report is the sixth and final one in the lead up to the adoption of the Post-2015 Development Agenda (known as the 2030 Agenda for Sustainable Development).

1.3 The Ghana 2015 MDG Report

This report seeks to capture Ghana's progress towards attainment of the MDGs as of 2014. At the global level, progress towards the eight MDGs is measured on the basis of 21 targets and 60 official indicators. Ghana, however, looks at a more nationally relevant set of 17 targets and 36 indicators.

The methodology adopted in the report preparation included a desk review of relevant policy documents and of the five previous Ghana MDG reports. This was complemented by a trend analysis for the indicators. The main sources of data for the analysis are the Ghana Living Standards Surveys (GLSS), Ghana Demographic and Health Surveys (GDHS), and institutional data from the various ministries, departments and agencies (MDAs). An addition to the indicators used in the 2010 Ghana MDG Report is growth of GDP per person employed, which approximates progress in labour productivity.

The report has four chapters. The Introduction provides a background to the MDGs. Chapter Two discusses progress at global and national levels. Chapter Three analyses progress towards the goals and the related indicators. Chapter Four concludes the report with a summary of progress and the outlook for the Post-2015 Development Agenda.

This report is the result of a collaboration between the National Development Planning Commission (NDPC) and the United Nations Development Programme (UNDP). To enhance national ownership, a consultative approach was adopted, involving relevant state institutions, civil society organisations (CSOs), the private sector and development partners.

CHAPTER 2: GLOBAL PROGRESS

2.1 Overview

The world has seen remarkable progress since the adoption of the MDGs about a decade and a half ago. Hundreds of millions of people have been lifted out of extreme poverty and immense gains recorded in key indicators of social development. In addition, scores of developing countries have used the global framework to coordinate national efforts in a more systematic manner and expand policy and fiscal space for national development.

However, progress on the MDGs has been mixed across time and space. In sub-Saharan Africa (SSA) and Southern Asia in particular, performance in the attainment of most MDG targets is viewed as being weak even though considerable progress might have been made on individual targets in different countries, especially as defined by their own national strategies. Countries had different levels of infrastructure, human resource capabilities, and fiscal space to address poverty and socio-economic disparities. Further, some countries suffered more setbacks on account of internal or external conflicts, difficult recoveries and natural disasters, and may have been more or less susceptible to the impact of external shocks, such as the 2008 global economic and financial crisis, which undermined their progress on the MDGs.

2.1.1 Poverty, Employment and Hunger

The global target of halving extreme poverty has been achieved ahead of time

At the global level, the incidence of extreme poverty (population living below \$1.25 a day) was halved by 2010, ahead of the 2015 deadline. In developing regions, the proportion of extremely poor people is estimated to have fallen from 47 percent in 1990 to 14 percent by 2011 (UN, 2015). However, there is considerable disparity across regions and countries. All regions except SSA were able to reduce the incidence of extreme poverty between 1990 and 2011 by 50 percent or more. The incidence of extreme poverty in SSA declined over a period of two decades from 56 percent in 1990 to 48 percent in 2010. In Southern Asia, poverty reduction accelerated after 2008 and extreme poverty declined from 51 percent to 17 percent by 2011 (UN, 2015). Nigeria and the Democratic Republic of Congo (DRC) are among the five countries (along with India, China and Bangladesh) in the world with the largest share of extremely poor people in the world in 2010, and accounted for 13.5 percent of the total.

Globally, the proportion of workers in vulnerable employment has been falling, yet 45 percent of employed people are still working in vulnerable conditions

Southern Asia and sub-Saharan Africa (SSA) account for more than half of the world's vulnerable employment, with three out of four workers falling into this category. The rate of vulnerable employment in SSA declined by 1.7 percentage points over 2003-2008 and slowed down even further after the 2008 financial crisis. Women were more likely to be engaged in vulnerable employment in all regions. In 2013, an estimated 85 percent of women in SSA were in vulnerable employment compared to 70 percent of men.

Hunger continues to decline at global level but more effort is required for the global hunger target to be achieved in 2015.

The proportion of undernourished people³ in developing regions has declined continuously, from 23.6 percent in 1990-1992 to 14.3 percent in 2011-2013. The global target of 11.8 percent for the prevalence of undernourished people by 2015 has almost been met.⁴ In the case of SSA, the proportion of undernourished people declined from 33 percent in 1990 to 25 percent in 2013. North, Southern and West Africa have already met or are close to meeting the target but in Central Africa, rapid population growth, environmental fragility and economic and political upheaval have taken a toll.

Globally, one in seven children under 5 years (i.e., 99 million) is underweight while one in every four was stunted in 2012. In SSA, 30 percent of children under 5 years were underweight in 2012 as against 50 percent in 1990, leaving the region 5 percentage points off the global target.

2.1.2 Universal Primary Education

Considerable progress has been made towards achieving universal primary education in developing regions

Substantial progress towards universal primary education has been made in developing regions of the world. The net enrolment rate (NER) in primary education increased from 83 percent in 2000 to 90 percent in 2012. SSA has made the greatest progress in primary school enrolment among all developing regions, its enrolment rate rising from 52 percent in 1990 to 78 percent in 2012, even with rapid growth of the population of school-going age.

Globally, in 2012, an estimated 33 million children of primary school age were out of school, of which 56 percent were girls. The number of illiterates remains high in spite of rising literacy rates. It is estimated that 781 million adults and 126 million youth worldwide lack basic literacy skills; over 60 percent of these are women.

2.1.3 Gender Equality and Women's Empowerment

Substantial progress has been made towards gender parity in primary education and the participation of women in political activities in developing regions but progress towards improving gender equality in the labour market remains slow

Most developing regions were close to achieving gender parity in primary education as of 2012. On average, developing regions recorded a gender parity index (GPI) in education⁵ of 0.97 in

³ People not able to obtain enough food regularly to conduct an active and healthy life.

⁴ The UN Food and Agriculture Organisation (FAO, 2015) notes that the MDG 1c target of halving the percentage of hungry people, has been almost met at global level and 72 of the 129 countries monitored for progress have in fact reached the MDG target.

⁵ The gender parity index in education is defined as the ratio of female enrolment to that of males at all levels of education.

primary education compared with 0.86 in 1990. SSA came out lowest, with an index of 0.92, compared with 0.96 in northern Africa. Furthermore, gender disparity was found to increase at higher levels of education for SSA in contrast to northern Africa. GPIs of 0.84 and 0.64 in secondary and tertiary education respectively were recorded in SSA as against 0.99 in secondary and 1.12 in tertiary in northern Africa in 2012.

There has been some improvement in women's status in employment but gender disparities still exist. Since 1990, the pace at which women have been able to secure paid employment in non-agricultural sectors has been slow globally, although SSA registered impressive gains. The share of women in non-agricultural paid employment increased by 5 percentage points globally (from 35 percent to 40 percent) between 1990 and 2012 compared with a 10 percentage point increase in SSA (from 23 percent to 33 percent). Northern Africa remains the region with the lowest percentage of women in non-agricultural paid employment (19 percent); there has been virtually no improvement since 1990.

Women's participation in political activities has improved. Worldwide, the proportion of women holding seats in parliament increased from 14 percent to 22 percent between 2000 and 2014. The proportion rose from 12 percent to 21 percent in developing regions. Northern Africa recorded the highest increase, from 3 percent to 24 percent, while the proportion in SSA rose from 13 percent to 23 percent over the same period.

2.1.4 Child Mortality

Halving under-5 mortality in North Africa has been achieved ahead of 2015 while SSA is yet to achieve the target

Child mortality in developing regions declined from 99 per 1,000 live births in 1990 to 53 per 1,000 live births in 2012, about 7 percentage points away from halving it by 2015. SSA had the highest under-5 mortality rate – 98 per 1,000 live births in 2012 – although it has witnessed the largest absolute decline, from 177 per 1,000 births in 1990. The region is about 10 per 1,000 live births points away from achieving the target of halving the rate by 2015. Globally, four out of every five deaths of children under age 5 continue to occur in SSA and South Asia.

2.1.5 Maternal Mortality

Despite progress in reducing maternal mortality, the target is unachievable by 2015 in almost all developing regions

The global maternal mortality ratio dropped from 380 deaths per 100,000 live births in 1990 to 210 deaths per 100,000 live births in 2013, short of the three-quarter reduction target of 95 deaths per 100,000 live births by 2015.

The UN estimates that two regions, SSA and South Asia, accounted for 86 percent of maternal deaths worldwide.⁶ The ratio of 510 maternal deaths per 100,000 live births in SSA (62 percent of all maternal deaths worldwide) was more than twice that of all developing regions.

2.1.6 HIV/AIDS, Malaria and Other Diseases

SSA continues to bear the brunt of HIV infection and malaria, with Southern Africa reporting the highest incidence in 2012

The incidence of HIV at the global level declined by 40 percent between 2001 and 2013. The rate is higher in Southern Africa at 1.02 followed by Central and Eastern Africa at 0.29 and 0.21 respectively in 2012. West Africa is the fourth highest globally with incidence rate of 0.16 while North Africa recorded the least rate in Africa at 0.01.⁷

Malaria mortality rates fell by 42 percent globally between 2000 and 2012 due mainly to the substantial expansion of malaria interventions. In 2012, about 207 million cases of malaria occurred around the world with 627,000 deaths, 80 percent of them children under age 5. The disease remains highly concentrated in 17 countries, two of which are from SSA (DRC and Nigeria) accounting for 40 percent of malaria mortality worldwide.

2.1.7 Environmental Sustainability

Targets for access to improved sources of drinking water and improvements in the lives of slum dwellers have been met but sanitation and deforestation are lagging

The proportion of the world's population with access to an improved drinking water source rose from 76 percent in 1990 to 89 percent in 2012, indicating that over 2.3 billion more people gained access to an improved source of drinking water over the period. About 64 percent of the population in SSA in 2012 had access to an improved drinking water source, leaving the region 10 percentage points away from the MDG target.

In spite of the fact that the MDG target of achieving a significant improvement in the lives of at least 100 million slum dwellers has been met, the absolute numbers living in slums continue to grow. SSA continues to have the highest prevalence of all regions, with 55 percent of urban dwellers living in slum conditions in 2014.

⁶ See UNICEF: <http://data.unicef.org/maternal-health/maternal-mortality#sthash.tVtayHNG.dpuf>

⁷ According to the Global 2015 MDG Report, in 2013, almost half the new infections in SSA occurred in three countries – Nigeria, South Africa and Uganda. South Africa, the country with the largest number of people living with HIV, recorded the largest absolute decline in the absolute number of new infections

2.1.8 Global Partnership for Development

A significant improvement has been recorded in ODA, the debt burden of developing countries has fallen dramatically and there have been substantial increases in internet access worldwide

Official development assistance (ODA) reached its highest level in 2013 with net ODA to developing countries rising by 6.1 percent in real terms over the 2012 figure after two years of falling volumes. However, aid is reported to be shifting away from the poorest countries. In 2012, the aid of Development Assistance Committee (DAC) donors to LDCs amounted to 0.09 percent of their combined gross national income, its lowest ratio since 2008. Net bilateral aid to Africa fell by 5.6 percent in 2013 to US\$28.9 billion in real terms (UN, 2014).

Developing countries have seen considerable improvement in their ratio of external debt service-to-export revenue from 12.0 percent in 2000 to 3.1 percent in 2013. The falling burden of debt service resulted from better debt management, expansion of trade and substantial debt relief for the poorest countries.

The use of information and communications technology (ICT) continues to grow worldwide, with almost 3 billion people online and 7 billion mobile-cellular subscriptions. The number of internet users in developing regions doubled between 2009 and 2014, making the region account for two-thirds of the world's internet users. In Africa, about 20 percent of the population in 2014 is online compared with 10 percent in 2010.

2.2 National Context

Ghana is a tropical country on the west coast of Africa, with an estimated population of 26.6 million in 2013 based on the Sixth Round of the Ghana Living Standards Survey (GLSS 6), (GSS, 2014) with females accounting for 51.7 percent and males 48.3 percent. Life expectancy is estimated at about 61 years and the adult literacy rate (age 15 and above) at 56.3 percent. The country has 10 administrative regions and 216 districts and is administered by a democratically elected executive President with an elected Parliament and independent judiciary. Estimates from GLSS 6 indicate that Christianity is the dominant religion. Christians constitute about 74 percent of the total population followed by Muslims, representing 18.5 percent. Other religions including traditional religion account for the remaining 7.5 percent.

Ghana's economy, which until 2006 was dominated by agriculture, is now led by services (49.5 percent), followed by industry (28.5 percent) and agriculture (22.0 percent). Gold and cocoa were the leading export earners until 2011 with the commencement of substantial oil exports. Ghana's economic growth performance has been acknowledged as one of the best in the SSA region, particularly from the early 1980s. However, the expansion of the economy has not translated into productive and decent employment and eradication of income inequality (NDPC, 2014). The informal sector accounts for about 88 percent of total employment.

2.2.1 Policy Context

Ghana's medium-term development policy frameworks set the context for planning, monitoring and evaluation. Since the adoption of the MDGs, Ghana has mainstreamed them into its successive development policy frameworks, namely the Ghana Poverty Reduction Strategy (GPRS I), 2003-2005; Growth and Poverty Reduction Strategy (GPRS II), 2006-2009; Ghana Shared Growth and Development Agenda (GSGDA I), 2010-2013, and GSGDA II (2014-2017). The MDGs have been aligned to the relevant thematic areas, policy objectives and strategies of the national development policy frameworks and implemented at national and sub-national levels through the development plans of MDAs and the metropolitan, municipal and district assemblies (MMDAs). Implementation of the MDGs has been monitored through annual national and sector progress reports as well as biennial MDG Reports.

During the period of implementation of GPRS I and GPRS II, Ghana benefited from the Heavily Indebted Poor Countries (HIPC) initiative, Multilateral Debt Relief Initiative (MDRI), Multi-Donor Budget Support (MDBS) and the United States-funded Millennium Challenge Account programme, among others.

Initially, fiscal and policy space for poverty reduction was enhanced and in addition to direct poverty reduction expenditures, government outlays were also directed at growth-inducing policies and programmes that had high potential to support wealth and job creation and sustainable poverty reduction, with positive implications for achieving MDG 1 in particular.

However, fiscal space has been significantly constrained, affecting expenditure relevant to the MDGs. The public sector wage bill and allocations for arrears and interest payments absorbed almost the entire non-earmarked budget, leaving very little for actual programme expenditure.

Over time, total poverty reduction expenditure as a percentage of total government spending declined – i.e., from 34.6 percent in 2006 to 22.3 percent in 2008 and fell further to 21.3 percent in 2010. In 2013, about GH¢5.37 billion was allocated to poverty reduction activities and some of the areas benefited from the allocation were education, primary health care, poverty-focused agriculture, provision of water and housing, construction of feeder roads and rural electrification. Other poverty-related activities covered by the budget allocation include social welfare, public safety, drainage, human rights, environmental protection, rural housing and legal aid. Spending on these activities helps sustain the gains made in some of the MDG targets and brings on track those that have drifted away from the 2015 target. Furthermore, it should be noted that with Ghana being classified as a lower middle-income country (LMIC) in 2010 on the basis of the rebasing of its GDP, ODA has begun to decline.

2.3 Summary of Ghana's MDG Progress

Goal 1: Eradicate extreme poverty and hunger – **LARGELY ACHIEVED**

- Ghana broadly halved the proportion of people living in extreme poverty in 2006, ahead of target.
- On average, this was achieved in both urban and rural areas, and in seven regions.
- Prospects have improved for the three northern regions to meet the target following a revision of the poverty line, which resulted in a substantial drop in national extreme poverty incidence,
- However, the prevalence of low-quality employment and considerable numbers of working poor remain causes for concern.

Table I: Poverty Status of Poverty-Challenged Regions, 2006-2013

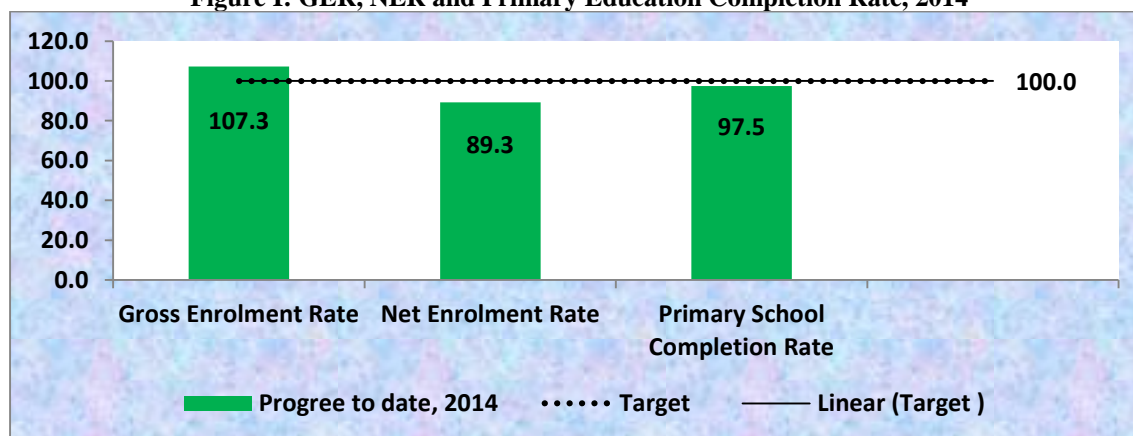
Indicator	Area	2006	2013	Change 2006-2013 (%)
Extreme Poverty	Upper West**	76.0	45.1	-40.7
	Upper East*	56.9	21.3	-62.6
	Northern**	36.1	22.8	-36.8
	Rural**	23.4	15.0	-35.9
	National*	16.5	8.4	-49.1
	Urban*	5.1	1.9	-62.7
Vulnerable employment	National	75.4	68.6	-13.5
Extreme working poverty rate	National	---	7.6	---
Upper working poverty rate	National	---	22.3	---

* Achieved ** On Course

Goal 2: Achieve universal primary education – **LARGELY ACHIEVED**

- Ghana exceeded the gross enrolment and completion target but net enrolment is a challenge.
- Gross enrolment reached 107 percent in 2013/2014 while net enrolment made slow progress from 88.5 percent in 2008/09 to 89.3 percent in 2013/14.
- The completion rate at primary level exceeded the target by 12.4 percentage points.

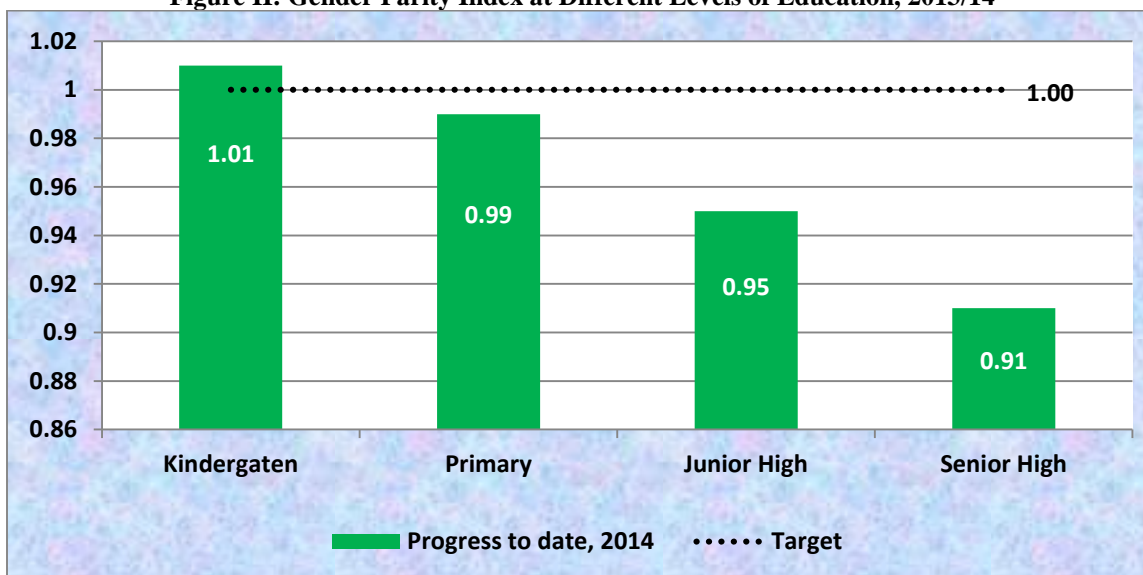
Figure I: GER, NER and Primary Education Completion Rate, 2014



Goal 3: Promote gender equality and empower women – NOT ACHIEVED BUT SIGNIFICANT PROGRESS

- Gender parity has been achieved in kindergarten, and is on track at primary, junior and senior high school levels and in private tertiary institutions.
- The proportion of women Members of Parliament rose marginally from 8.3 percent in the 2008 elections to 10.9 percent in 2012.
- Women’s access to wage employment in non-agricultural sectors rose from 25.4 percent in 2006 to 30.5 percent in 2013.

Figure II: Gender Parity Index at Different Levels of Education, 2013/14



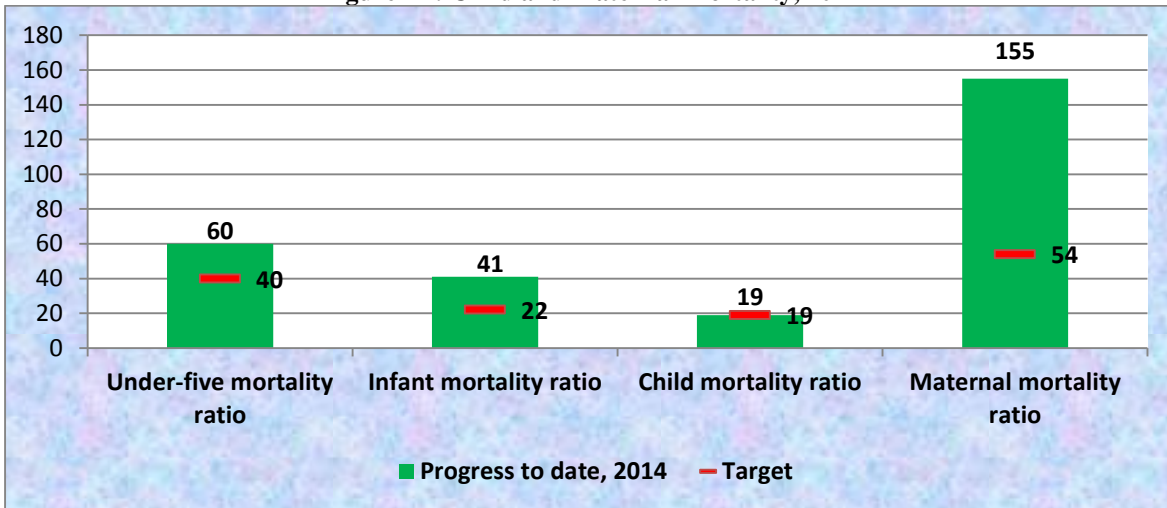
Goal 4: Reduce child mortality – LARGELY ACHIEVED

- In spite of a considerable gains made in child health since 1990, the targets for infant and under-5 mortality are unlikely to be met and signal the need for accelerated progress.
- The under-5 mortality rate improved from 122 per 1,000 live births in 1990 to 82 per 1,000 live births in 2012 but this was well short of the MDG target of 40 per 1,000 live births.
- Infant mortality fell marginally from 57 to 53 per 1,000 live births between 1994 and 2012 but was short of the target of 22 deaths per 1,000 live births.

Goal 5: Improve maternal health – NOT ACHIEVED

- The institutional maternal mortality ratio fell from 216 per 100,000 live births in 1990 to 144 per 100,000 live births in 2014, short of the global target of 54 per 100,000 live births in 2015.
- Overall maternal mortality is thought to be higher, when non-institutional maternal deaths are considered. An official survey in 2008 reported an average maternal mortality ratio of 451 deaths per 100,000 live births for the seven preceding years.

Figure III: Child and Maternal Mortality, 2014



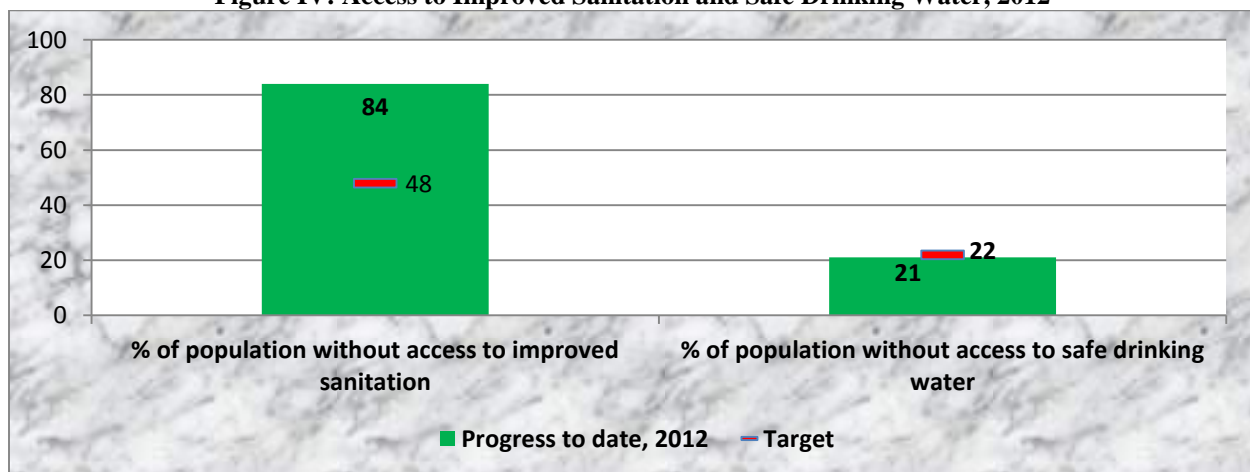
Goal 6: Combat HIV/AIDS, malaria and other diseases – NOT ACHIEVED BUT SIGNIFICANT PROGRESS

- National HIV and AIDS prevalence has fallen from 3.6 percent in 2007 to 1.3 percent by 2013 but regional disparities persist.
- Expanded access to antiretroviral therapy (ART) has contributed greatly to fewer HIV and AIDS-related deaths and mother-to-child transmission.
- Malaria remains a public health concern as the leading cause of mortality and morbidity in Ghana, especially among children under 5 years and pregnant women. It is a leading cause of poverty and low productivity, accounting for about 32.5 percent of all outpatient attendance and 48.8 percent of under-5 admissions.

Goal 7: Ensure environmental sustainability – NOT ACHIEVED

- The target of halving the proportion of the population without access to safe water has been achieved, but poor sanitation remains pervasive. Critical challenges also exist with regard to reversing the loss of environmental resources and reducing the proportion of population living in slums in urban areas.

Figure IV: Access to Improved Sanitation and Safe Drinking Water, 2012



Goal 8: Develop a global partnership for development – *LARGELY ACHIEVED*

- Aid inflows have fallen since 2009 while public debt has been rising, with implications for debt sustainability. However, aid flows fell from 6.09 percent of GDP in 2009 to 2.8 percent of GDP in 2014, following the designation of Ghana as a lower middle-income country.
- Public debt as a percentage of GDP was 36.3 percent in 2009, rising to 67.2 percent in 2014, mostly owed to external creditors. Debt service-to-domestic revenue surged from 13.8 percent in 2010 to 31.4 percent in 2014, cutting into development spending.
- Mobile phone and internet usage has risen steeply over the past decade. Mobile-cellular phone subscriptions accelerated from about 1.26 per 100 inhabitants in 2001 to 114.8 per 100 inhabitants in 2014. Internet subscribers have in turn risen from 0.15 percent of the population in 2000 to 18.9 percent in 2014.

CHAPTER 3: ANALYSIS OF PROGRESS ON THE MDGs

GOAL 1: ERADICATION OF EXTREME POVERTY AND HUNGER

Target 1A: Halve Extreme Poverty by 2015

1. STATUS AND TRENDS

Indicator 1.1: Proportion of people below the national poverty line

Extreme poverty target achieved ahead of time

As pointed out in the 2010 MDG Report, the target of halving extreme poverty was met in 2006 ahead of the 2015 deadline. The population living below the national lower poverty line (i.e. extreme poverty) dropped from 36.5 percent in 1991 to 18.2 percent in 2006. This trend is consistent with the new measures of poverty used in the 2012/13 Ghana Living Standards Survey (GSS, 2014). Using the new lower poverty line of GH¢792.05, extreme poverty declined further from 17 percent to 8 percent between 2006 and 2013 (Figure 1.1).

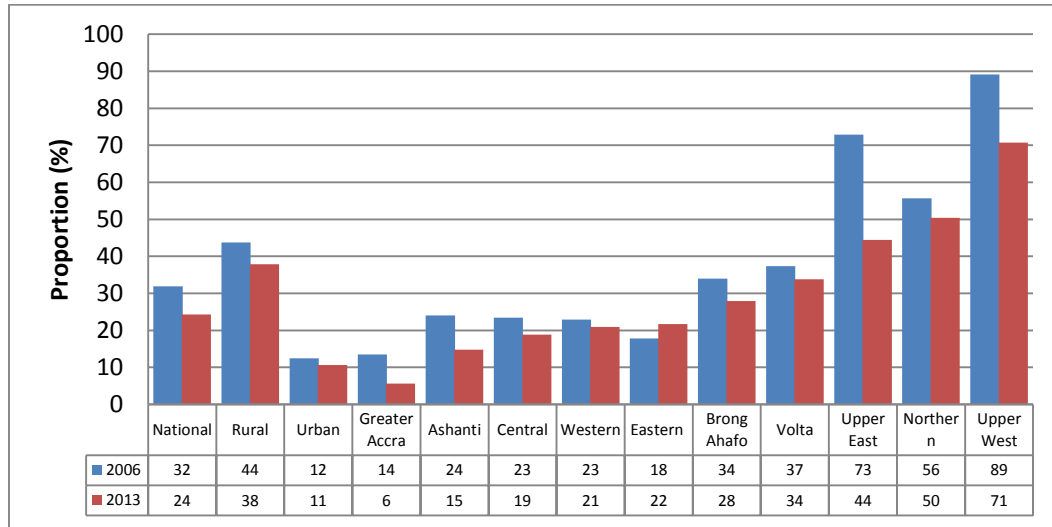
The proportion of the population living below the national ‘upper poverty line’⁸ declined from 51.7 percent in 1991 to 28.5 percent in 2006, just 2.6 percentage points away from the MDG target. However, using the new measure for the upper poverty line of GH¢1,314 in 2012/13 overall poverty declined from 32 percent to 24 percent over the 2006-2013 period reinforcing the fact that Target 1A has clearly been met. Ghana is one of the few sub-Saharan African countries to achieve this. However, at the sub-national level, progress was found to vary significantly across regions and rural-urban locations. While the country managed to halve the incidence of extreme poverty and almost met the target for upper poverty in 2006, rural poverty was quite a distance away from the target (Appendix Table A2).

Between 2006 and 2013, the population living below the new ‘lower poverty line’ in urban areas dropped from 5.1 percent to 1.9 percent while the proportion living below the new ‘upper poverty line’ declined from 12 percent to 11 percent. Whereas in rural areas the extreme poverty incidence fell from 23 percent to 15 percent, the upper poverty incidence fell from 44 percent to 38 percent over the same period.

As of 2006, seven of Ghana’s 10 regions had met the extreme poverty target. However, the Volta region and the three northern regions were distant from the upper poverty target. Between 2006 and 2013, nine of the 10 regions recorded a decline in upper and extreme poverty incidence. Only the Eastern Region experienced an increase, in both the upper poverty incidence (from 18 percent to 22 percent) and that of extreme poverty (by 0.2 percentage points). The Upper East Region made significant gains: it had the biggest drop in upper poverty incidence (29 percent) and extreme poverty (36 percent). The Western Region experienced the lowest drop (2 percentage points) in incidence of upper poverty.

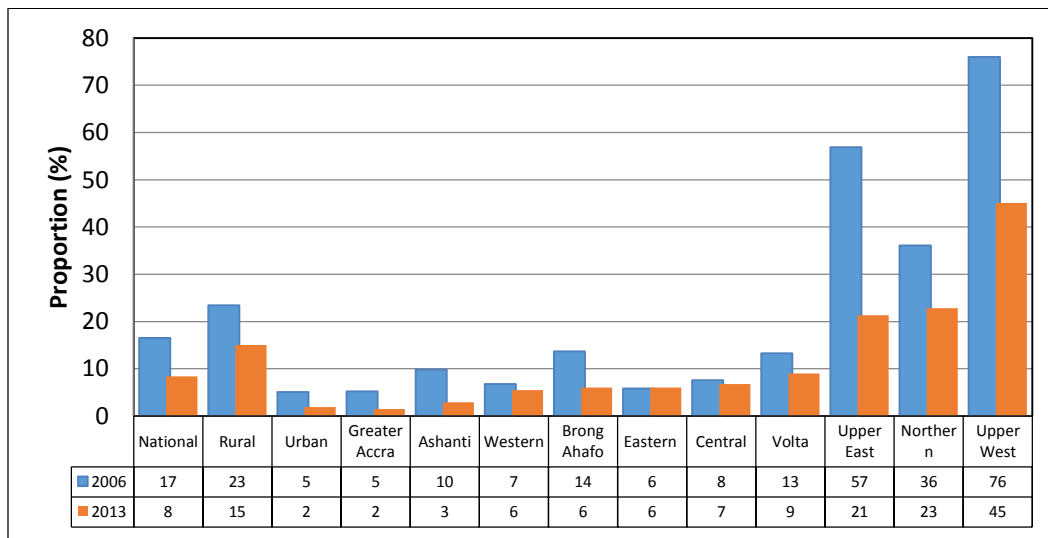
⁸ This is based on the new upper and lower poverty lines of GH¢1,314 and GH¢792.05

Figure 1.1A: Incidence of Upper Poverty, by Locality and Region, 2006 and 2013 (%)



Source: Ghana Statistical Service 2014

Figure 1.1B: Incidence of Extreme Poverty, by Locality and Region, 2006 and 2013 (%)



Source: Ghana Statistical Service 2014

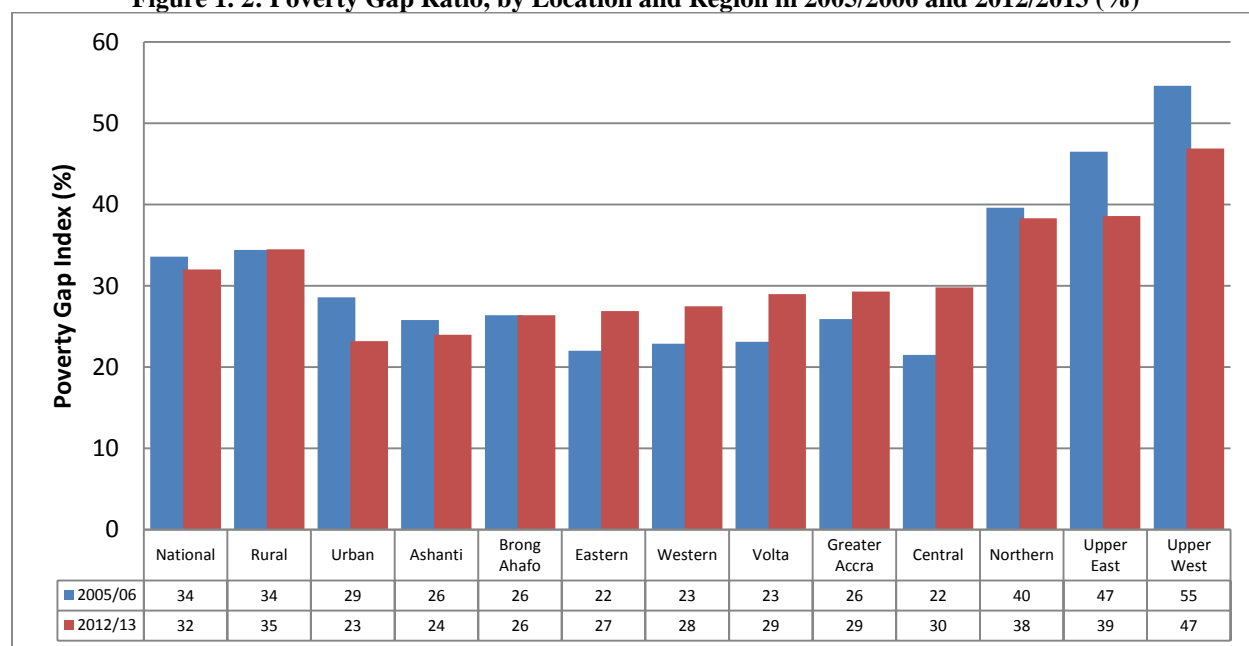
In 2006, Ghana was on track to achieve the extreme poverty incidence target in rural areas but this was not the case in the three northern regions. A rebasing of the poverty line in 2012/2013 that adjusted upper poverty incidence at the national level in 2006 from 18.2 percent to 16.5 percent caused a break in the series, thereby making it difficult to carry out trend analysis from 1991/92. However, a substantial drop in the incidence of extreme poverty gives an indication that the target is reachable in these areas, and indeed, in every part of the country. The incidence of extreme poverty in the Upper East Region dropped by about 63 percentage points (i.e. more than half) while Upper West and Northern regions saw their extreme poverty incidence decline by 41 and 37 percentage points based on the new poverty line between 2006 and 2013. The incidence of extreme poverty fell by 36 percentage points in rural areas over the same period.

Indicator 1.2: Poverty gap ratio

There is deep poverty in rural areas and the three northern regions

A high poverty gap ratio was reported in the three northern regions and in rural areas, implying deeper poverty in these areas. A considerable proportion of the poor in these areas are far away from escaping poverty (Figure 1.2). The highest poverty gap ratio in 2013 was recorded in the Upper West Region (47.1 percent) while the Ashanti Region (23.6 percent) experienced the least depth of poverty. The trend of the depth of poverty in Ghana showed continuous decline at the national level and in rural areas between 1991 and 2006, the reverse being the case in urban areas (Appendix Table A3). The indication is that while poverty incidence in urban areas declined substantially over the period, those who are poor are becoming poorer. The poverty gap ratio dropped by 2 percentage points and 6 percentage points at the national level and in urban areas respectively and there was a marginal increase (1 percentage point) in rural areas between 2006 and 2013 (Figure 1.2).

Figure 1. 2: Poverty Gap Ratio, by Location and Region in 2005/2006 and 2012/2013 (%)



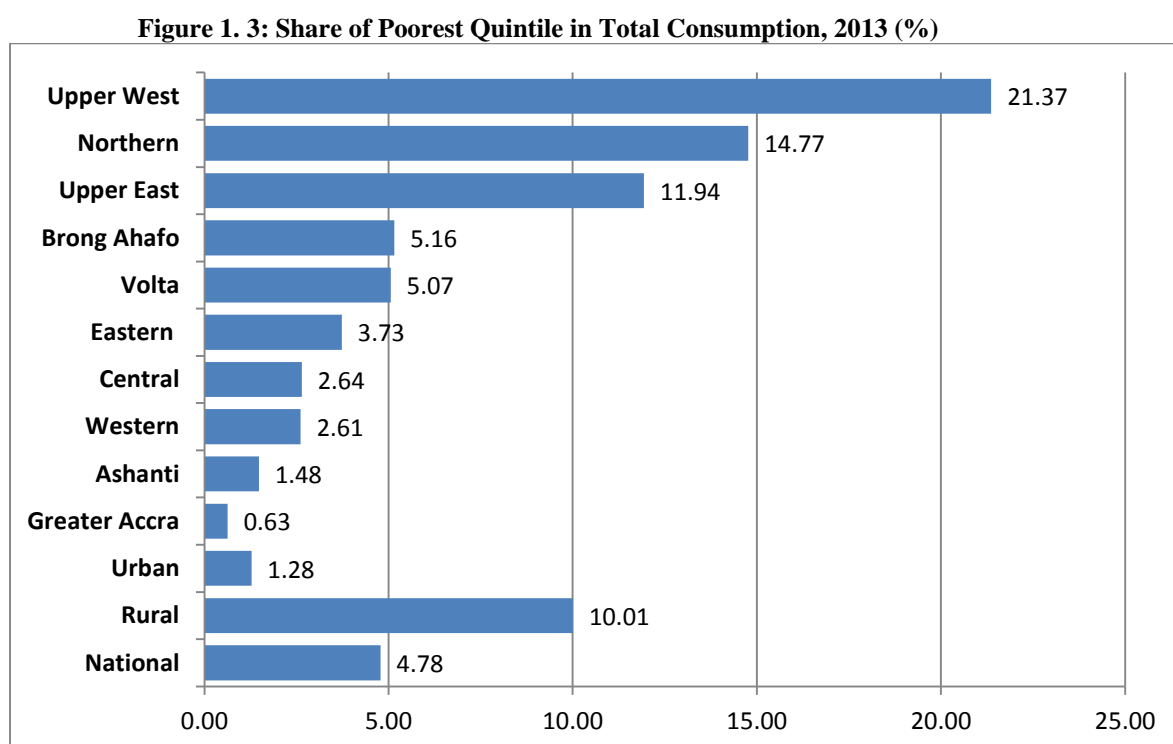
Source: Ghana Statistical Service, GLSS 6, 2014

At the regional level, the depth of poverty is still highest in the three northern regions, with a poverty gap ratio of 38 percent in the Northern, 39 percent in the Upper East and 47 percent in the Upper West regions (Figure 1.2). This suggests that not only do these regions suffer high poverty incidence but they also have a greater depth of poverty. The remaining seven regions have lower poverty gap ratios than the national average of 32 percent.

Indicator 1.3: Share of poorest quintile in national consumption

Higher levels of inequality⁹ are observed in urban than in rural areas, with Greater Accra reporting the highest level of inequality. Lowest income inequality is observed in the three northern regions

While poverty has been declining, inequality has been rising for the most part when analysed across a number of different dimensions.



Source: Computed from GSS, 2014, GLSS 6,

Figure 1.3 points to higher inequality in urban than in rural areas, based on the share of the poorest quintile of 1.28 percent for urban and 10.0 percent for rural areas. The three northern regions recorded lower levels of relative inequality with the highest share of the poorest quintile in total consumption between 11.9 in the Upper East Region and 21.4 in the Upper West Region. In 2013, the lowest share of the poorest quintile in total consumption of 0.6 percent was recorded in the Greater Accra Region followed by the Ashanti Region with about 1.5 percent share of poorest quintile in total consumption, suggesting higher inequality in these regions than in the others.

2. KEY FACTORS CONTRIBUTING TO PROGRESS

⁹ The inequality indicator measures the income that accrues to the poorest fifth of the population. It is a measure of “relative inequality” since the consumption (or income) of the poorest fifth is expressed as a percentage of total household consumption (or income). The measure can remain unchanged if the absolute consumption of the poorest fifth increases but the share in total consumption remains the same; decline (if the total goes up by larger proportion) or increase (if the total goes up by a smaller proportion). Values can range between 0 and 20 with smaller values indicating higher inequality particularly when compared to consumption or income of the wealthiest quintile.

As suggested in the 2008 and 2010 Ghana MDG Reports, poverty reduction in the country since the 1990s appears to have been driven by the high GDP growth rates in recent years, supported by increased government development expenditures, debt relief and increased foreign investment outlays. The government continued with the implementation of poverty-related expenditures, and has also introduced special social intervention programmes aimed at increasing public expenditure on initiatives targeted at the poor and the vulnerable. Public expenditure financed by the Heavily Indebted Poor Countries (HIPC) initiative, Multilateral Debt Relief Initiative (MDRI) and other external sources as a percentage of total expenditure increased from 15 percent in 2008 to 23 percent in 2009 but dropped to 18 percent in 2010. In 2013, allocations to poverty-reduction activities as a percentage of the total budget (excluding tax expenditures and foreign capital expenditure) amounted to 23.1 percent.

Considering the high poverty incidence and geographical disparities in depth of poverty, the following specific interventions have helped in addressing the poverty situations across the country:

- Strong growth of performance of the country that pushed the country from lower income to middle income status in 2010;
- Targeted social intervention programmes particularly the Livelihood Empowerment against Poverty (LEAP), which provided grants to a total of 73,042 households.
- Improved infrastructure development particularly road networks in areas that are not well accessible.
- Establishment of special purpose vehicles, including Millennium Development Authority (MIDA) and Savannah Accelerated Development Authority (SADA), to reduce spatial and income inequality across the country and among different socio-economic groups.
- Microfinance and Small Loans Centres (MASLOC) to provide credit to poor people in various sectors as well as business advisory services, training and capacity building for small- and medium-scale enterprises.
- Introduction of National Health Insurance Scheme (NHIS) for universal access to health services, especially for the poor.
Introduction of Local Economic Development (LED) initiative focusing on mobilising resources for local development.
- Scaling up and mainstreaming the district-based micro- and small-scale enterprise support system into the Rural Enterprise Development Programme (REDP) to improve livelihoods and incomes of rural poor entrepreneurs.
- Implementation of the Capitation Grant scheme in public basic schools to reduce financial barriers in access to education, especially for poor households, and improve overall enrolment.
- Introduction of National Fertiliser Subsidy Programme for enhanced food production and food security.
- Sustaining productivity of cocoa farms through cocoa mass spraying.

3. KEY CHALLENGES

In spite of the improvement in the poverty situation at the national level, high incidence and depth of poverty remains a challenge in the three northern regions. Some of the key challenges that require urgent attention include:

- *Limited inclusiveness of growth:* Despite the strong economic growth performance averaging about 8% over 2006-2013, the source of growth tends to be biased in favour of extractive sector and capital-intensive sectors which do not have direct poverty reducing effect while agriculture sector keeps crawling
- *Low productivity, especially in agriculture:* the continuing reliance on rain-fed agriculture with low levels of mechanisation and limited adoption of modern agricultural techniques is a major constraint on productivity growth in agriculture.
- *Limited support for food crop farmers:* food crop farmers often face the problem of marketing and price instability regarding their farm produce. The absence of guaranteed prices creates instability in the incomes of farmers, making them vulnerable to adverse external shocks; and
- *Infrastructural constraint:* poverty endemic areas are often constrained by basic infrastructure such as feeder roads that link their economic activity, mostly farming, to urban market centres;

Box 1: Social protection as a tool to fight extreme poverty

The government of Ghana has in the past few years launched a number of social protection programmes such as the NHIS, the school feeding programme, capitation grant and the LEAP all of which are part of a broader National Social Protection Strategy to tackle extreme poverty in Ghana. The Livelihood Empowerment against Poverty (LEAP) cash transfer programme, administered by the Ministry of Gender, Children and Social Protection, aims at providing a safety net for the poorest and most marginalised groups in Ghana. Cash transfers are provided on a bi-monthly basis with the dual purpose of reducing poverty in the short term and focusing on long-term human development with a focus on health and education linking beneficiaries to complementary services in their communities.

Since its inception, the coverage of the programme has grown significantly from an initial pilot of 1,654 beneficiaries in 21 districts in 2008 to 74,000 household beneficiaries in December 2013 (70% of whom were female beneficiaries). Studies have shown that the LEAP cash transfer programme has had a significant impact both on beneficiaries and their families, especially in relation to food security, health, education, savings and investments, as well as on their wider communities particularly in terms of community development and economic growth.

As a complement the social assistance of LEAP, the Labour Intensive Public Works (LIPW) project under the Ministry of Local Government and Rural Development provides temporary employment opportunities to poor, rural households during the agricultural off-season. The labour-intensive projects not only put cash in the hands of the poor, but they are develop rural infrastructure such as feeder roads, to lift the local economy. The LIPW project was operating in 49 districts by the end of 2013. A recent study has confirmed that not only does LIPW increase employment earnings of the poor, but it raises households out of poverty and improves good security.

Government of Ghana

Target 1B: Productive Employment and Decent Work

1. STATUS AND TRENDS

Indicator 1.4: Growth of GDP per person employed

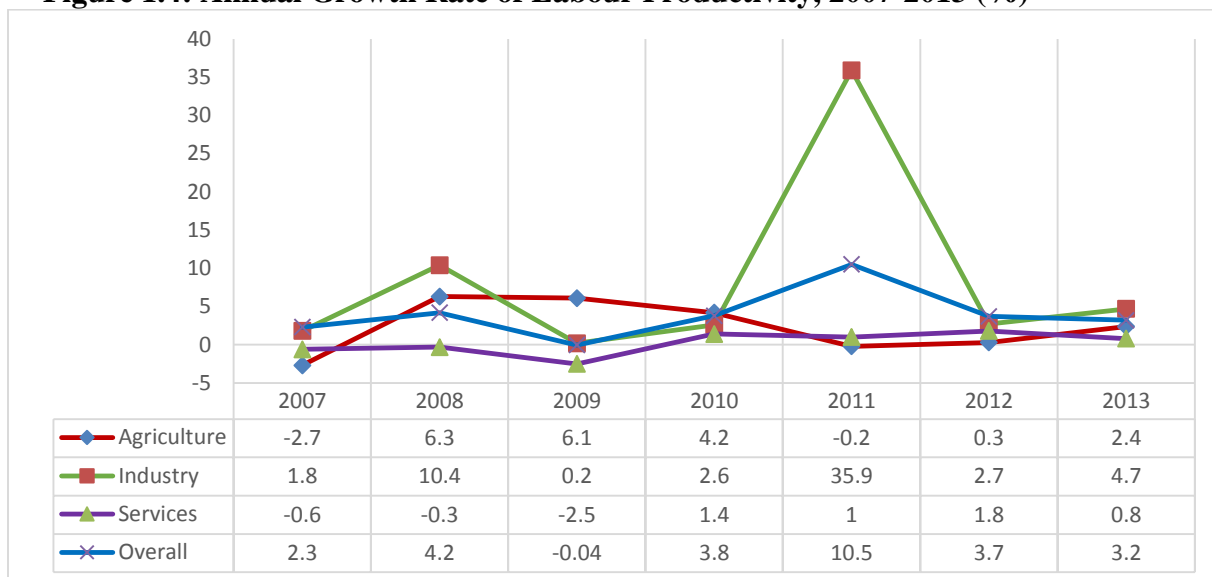
Growth of GDP per person employed has been very high in industry since 2011 as a result of strong growth driven by oil extraction, with agriculture recording the lowest growth of labour productivity.

Figure 1.4 presents the growth rate of labour productivity based on the assumption of a constant annual employment growth rate between GLSS5 of 2005/06 and GLSS6 of 2012/13. The pattern of overall growth of labour productivity has been quite erratic between 2007 and 2013 averaging about 4.0 percent. The lowest growth rate was recorded in 2009 at -0.04 percent while 2011 witnessed the highest labour productivity growth of 10.5 percent on the back of oil-driven 15 percent GDP growth.

At the sectoral level, agriculture recorded an average annual labour productivity growth of 2.3 percent as against 8.3 percent in industry and 0.2 percent in the services sector. The higher rate of employment growth relative to growth of GDP accounted for the lower annual average growth of labour productivity while the reverse is the case for agriculture.

The commercial production of oil since 2011 which propelled GDP growth to its highest level since the introduction of Ghana’s economic reforms in the early 1980s, largely explains the strong labour productivity growth in industry. Indeed, the overall labour productivity growth of 10.5 percent and 35.9 percent in industry in 2011 is directly linked to the strong growth experienced that year as a result of the commencement of commercial production of oil.

Figure 1.4: Annual Growth Rate of Labour Productivity, 2007-2013 (%)



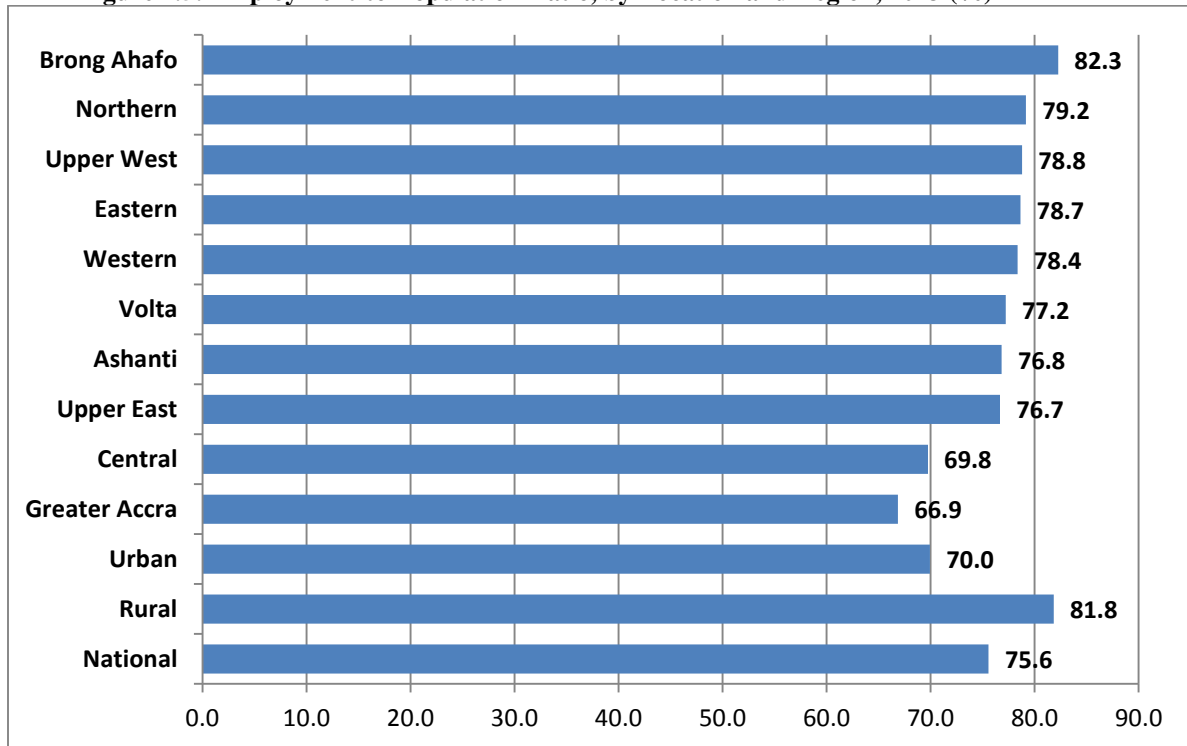
Source: Computed from GSS, 2014, and National Accounts

Indicator 1.5: Employment-to-population ratio

Ghana has a high employment-to-population ratio, implying high job-creation ability but mostly low-quality jobs

The employment-to-population ratio declined from 75.1 percent to 67.3 percent between 1991 and 2006 and accelerated substantially to the 1991 level at 75.6 percent (Appendix Table A4). Similar trends have been observed in both rural and urban areas as well as in all the 10 regions. The rise in the ratio between 2006 and 2013 after a continuous drop from 1991 could suggest that more people in the working age population are increasingly engaging in economic activities.

Figure 1.5: Employment-to-Population Ratio, by Location and Region, 2013 (%)



Source: Computed from GSS, 2014

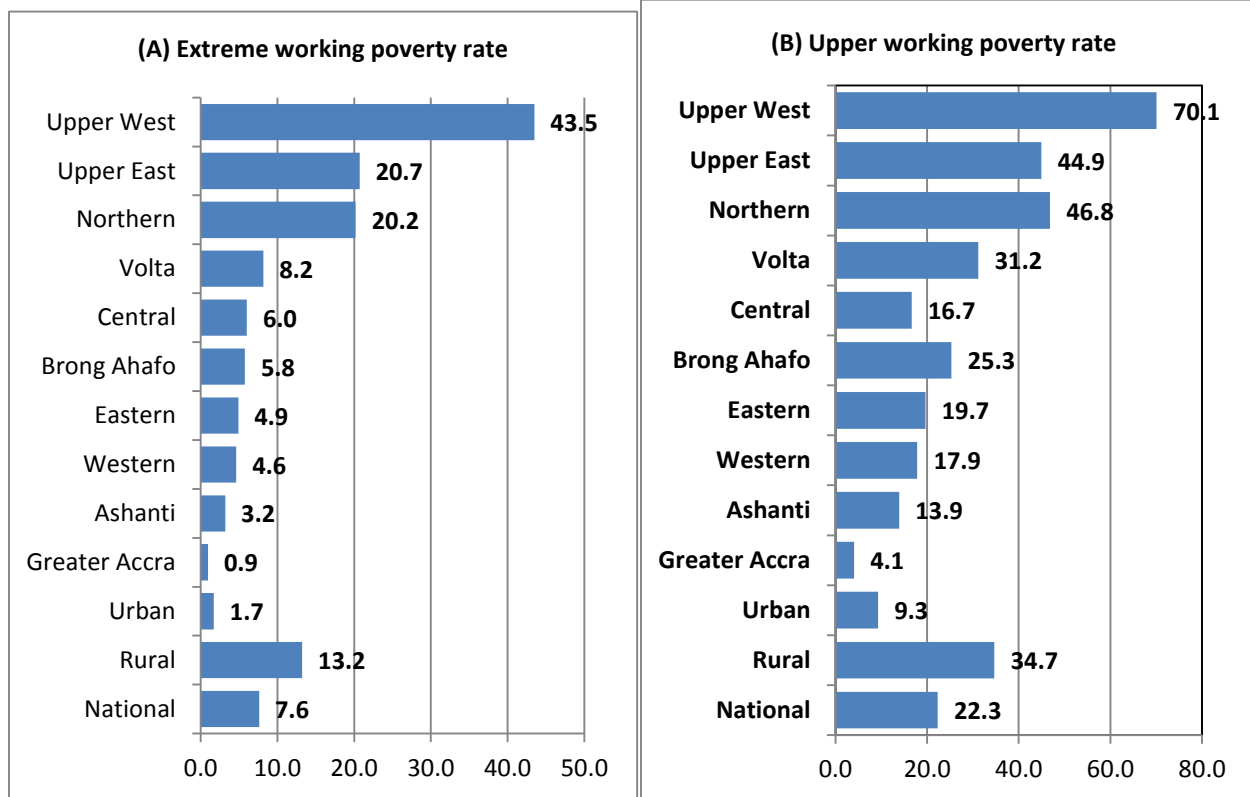
At national level, three-quarters of the working-age population are employed. The ratio is lower in urban than in rural areas. In terms of regional disparity, Brong Ahafo reported the highest ratio of 82.3 percent followed by the Northern and Upper West regions with ratios of 79.2 percent and 78.8 percent respectively. Greater Accra, which is largely an urban region, reported the lowest ratio of 66.9 percent (Figure 1.5).

Indicator 1.6: Proportion of employed people living in extreme poverty

The working poverty rate remains high in the three northern regions

The declining poverty incidence in Ghana since 1991 has translated into a declining incidence of working poverty. The upper working poverty rate declined consistently from 48.7 percent in 1991/92 to 25.6 percent in 2005/06 while the extreme working poverty rate also dropped from 33.9 percent to 16.1 percent over the same period (Appendix Table A5). As of 2013, about 22 percent of employed people were living in households that were poor while 8 percent of the employed belonged to extremely poor households (Figure 1.6). Working poverty rates are higher in rural areas than in urban areas. The rates are also higher in the three northern regions than in the other regions, reflecting the rural-urban and north-south disparities in overall poverty incidence. The Upper West Region recorded the highest upper and extreme working poverty rates of 70.1 percent and 43.5 percent respectively while Greater Accra reported the lowest upper and extreme working poverty rates of 4.1 percent and 3.8 percent respectively (Figure 1.6).

Figure 1. 6: Working Poverty Rate, by Location and Region, 2013 (%)



Source: Computed from GSS, 2014

Indicator 1.7: Proportion of own account and contributing family workers in total employment

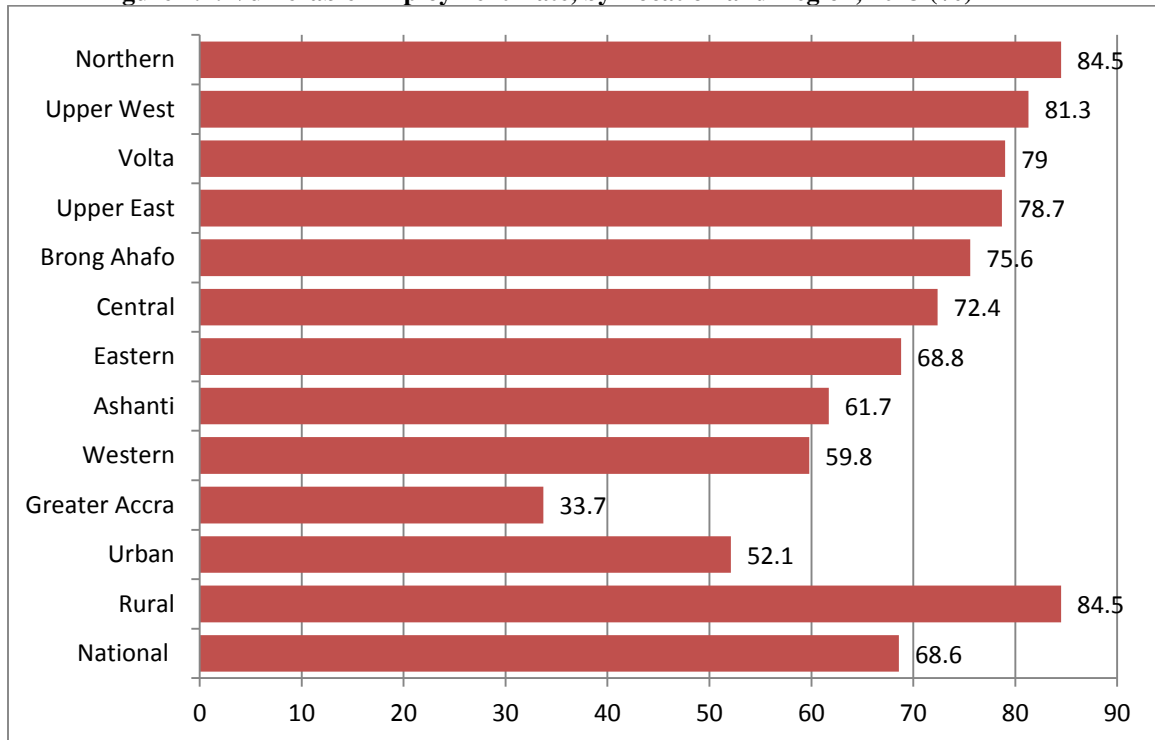
Vulnerable employment¹⁰ in Ghana remains high – two of every three working people are engaged in economic activity considered to be vulnerable

Vulnerable employment is high at 68.6 percent, an indication of a decent work deficit. Two out of three people in employment are considered vulnerable, with rural areas reporting a rate of 84.5 percent compared with the urban 52.1 percent (Figure 1.7). The vulnerable employment rate is also higher in the three northern regions and the Volta Region (each of them above 78 percent) than in the other six regions. The Greater Accra Region has the lowest rate of vulnerable employment (33.7 percent), while the highest (84.5 percent) is in the Northern Region.

The vulnerable employment rate declined at national level from 82.5 percent in 1991 to 65.2 percent in 2013, suggesting some improvement in the quality of employment (Appendix Table A5). A similar trend was observed in both rural and urban areas and in all 10 regions. Given the impressive growth of the economy, the low pace of decline in vulnerable employment raises concerns about the quality of growth in relation to the creation of decent and productive jobs.

¹⁰ Comprises own account and contributing family work

Figure 1.7: Vulnerable Employment Rate, by Location and Region, 2013 (%)



Source: Computed from GLSS data (GSS, 2014)

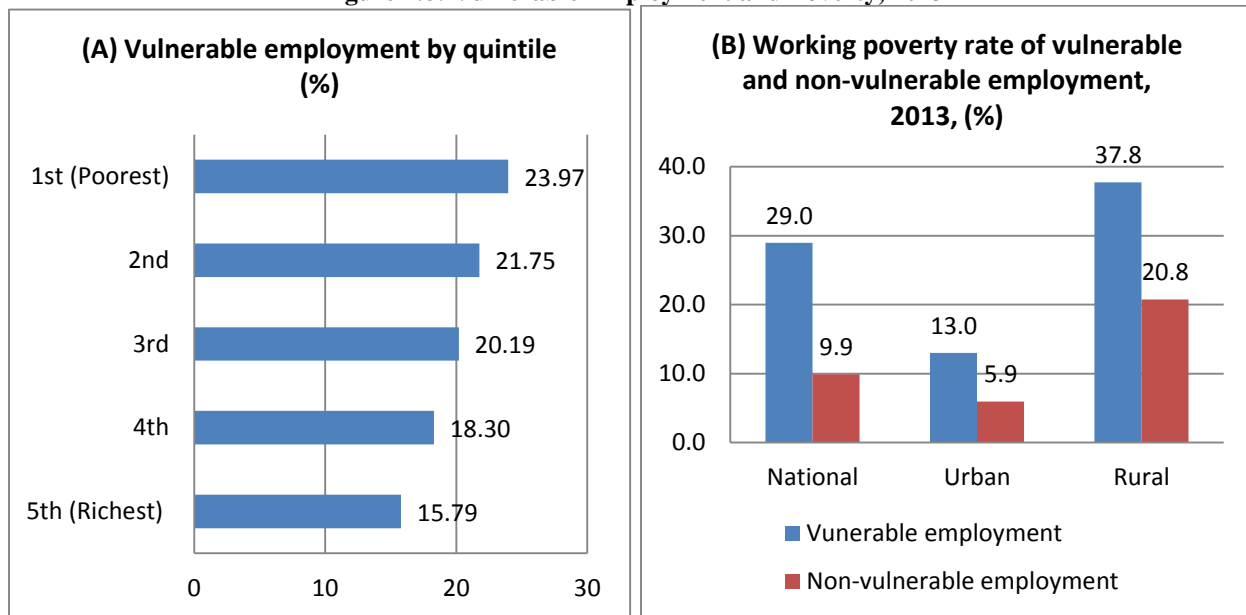
Vulnerable employment and poverty

There is a clear relationship between vulnerable employment and poverty in Ghana such that poverty eradication could be achieved through conscious efforts to improve the quality of employment and, by extension, reduce the rate of vulnerable employment. Figure 1.8A shows a decreasing share of vulnerable employment by wealth quintile.

The highest share of vulnerable employment (24 percent) is reported in the poorest quintile and the lowest share (16 percent) in the richest quintile. In Figure 1.8B, the working poverty rate is observed to be higher among people in vulnerable employment than those in non-vulnerable employment.

At national level, about 29 percent of people in vulnerable employment are estimated to be working poor, compared with 10 percent among those in non-vulnerable employment. A similar pattern is reported in urban and rural areas. Therefore, it stands to reason that poverty incidence could best be eradicated if policy attention is directed to reducing the rate of vulnerable employment.

Figure 1.8: Vulnerable Employment and Poverty, 2013



Source: Computed from GSS, 2014 data

2. KEY FACTORS CONTRIBUTING TO PROGRESS

Some of the key factors contributing to progress under this indicator include:

- High GDP growth propelled by commercial oil production from 2011.
- The increasing number of new job-market entrants, particularly the youth, largely explains the surge in the employment-to-population ratio between 2006 and 2013.
- An increased proportion of people in productive employment.
- Improved wages of many groups of workers due to shifts from low-paying jobs to better paying jobs (in industry and services).

3. KEY CHALLENGES

Although some progress has been made in productive and decent employment generation, many challenges persist. These include:

- **Weak inclusiveness of growth:** Ghana's impressive growth, particularly in recent times, has been driven by the low labour-absorption sectors of mining and oil, with labour-intensive manufacturing and agriculture lagging behind.
- **Low level of education of the workforce:** Estimates from GLSS 6 indicate that only 19 percent of Ghana's working-age population have had secondary education or better, while about 48 percent had completed basic education in 2013. This restricts access to highly skilled and better remunerated jobs.

Box 2: Decent Work and the MDGs

Decent work involves opportunities to engage in productive economic activities that offer fair income, security at the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives, and equality of opportunity and treatment for all women and men. This generally represents the aspiration of working people in their working lives. Productive employment and decent work are key elements in achieving fair globalization and the reduction of poverty. The ILO has developed an agenda for decent work to be achieved through four strategic pillars - job creation, rights at work, social protection and social dialogue – with gender equality as a crosscutting objective.

Recognition that decent and productive work for all is key to addressing poverty and hunger resulted in the introduction of a new MDG Target (1B) in 2008, which seeks to ensure the achievement of full and productive employment and decent work for all, including women and young people.

International Labour Organisation (ILO)

Target 1C: Food security and Hunger

Indicator 1.8: Food security and prevalence of underweight, stunted and wasted children

1. STATUS AND TRENDS

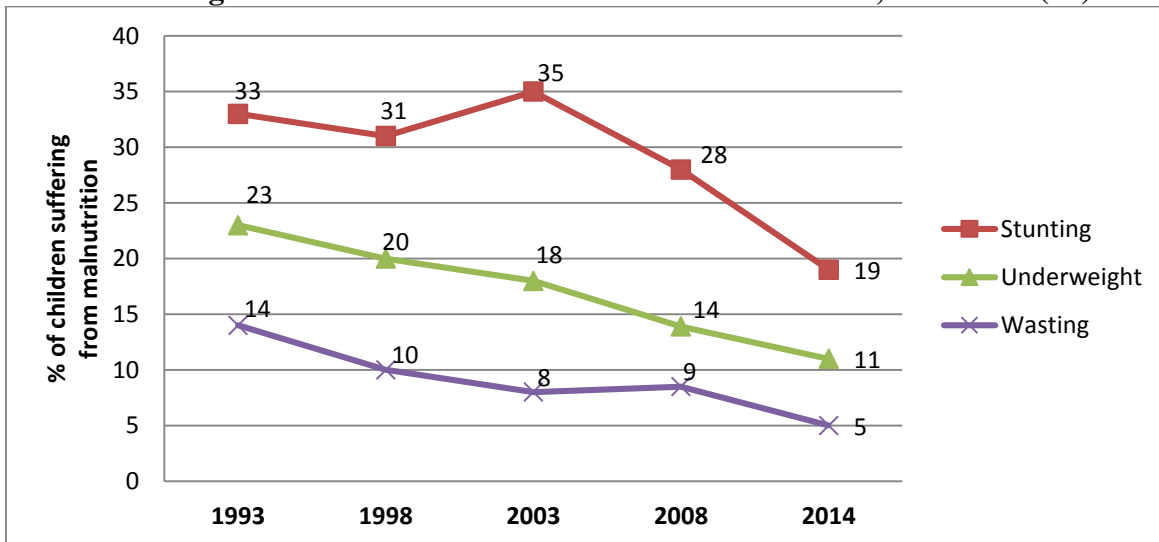
Ghana has made considerable progress in improving the nutritional status of children, surpassing the MDG targets for stunting, wasting and underweight

There has been a substantial decline in the prevalence of stunting, wasting and underweight children over the past two decades. The proportion of stunted children in the county declined from 14 percent in 1993 to 5 percent in 2014, compared to the MDG target of 7 percent (Figure 1.9). The prevalence rate of underweight children also declined, from 23 percent to 11 percent as against a target of 11.5 percent (Figure 1.9). The prevalence rate of wasting dropped by more than half from 14 percent in 1993 to 5 percent in 2014.

About 20 percent of male children and 17 percent of female children were estimated to be stunted in 2014. Stunting is higher among children in rural areas (22 percent) than in urban areas (15 percent). Stunting is lowest among children in the Greater Accra Region (10 percent), followed by the Upper East (14 percent), and highest in the Northern Region (33 percent). Wasting among children is highest in the Upper East Region (9.4 percent) and lowest in the Volta Region (2.5 percent). A higher prevalence rate of wasting is reported among rural (5.6 percent) than urban (3.7 percent) children and the rate is slightly higher (5.1 percent) for female children compared to 4.3 percent for male children (Appendix Table A6).

The Northern Region recorded the highest proportion of underweight children (20.0 percent) followed by the Central Region (13.9 percent) with Brong Ahafo recording the lowest underweight prevalence rate (5.9 percent). A higher proportion of rural children (12.9 percent) were underweight compared to their urban counterparts (9.3 percent). There is no significant difference between the prevalence rate of underweight among male (10.6 percent) and female children (11.6 percent) in 2014.

Figure 1.9: Trends in Child Malnutrition in Ghana, 1993-2014 (%)



Source: GSS, Ghana Demographic and Health Survey, various editions

There is an inverse relationship between household wealth and mother’s education on one hand and the prevalence of malnutrition among children on the other. Children are less likely to be malnourished when their mothers are educated (Appendix Table A6). Similarly, prevalence of stunting, wasting and underweight is highest among children of mothers with no education. In addition, nutritional status of children appears to be directly related to the wealth status of the household. The lowest prevalence rates of stunting and underweight children are reported among the wealthiest households and the highest prevalence rates reported among the poorest households. The prevalence rate of wasting is highest among children in the poorest households but lowest among children in the third quintile.

Ghana is food secure. Domestic production of selected staple food crops continues to exceed national demand. Production of almost all the selected domestic staples increased consistently between 2010 and 2012 (Appendix Table A7). Cassava and yam recorded the highest surplus, estimated at about 43 percent and 32 percent of supply respectively. However, demand for rice continues to exceed total production, creating a deficit. Thus, with the exception of rice, all domestic staples recorded surpluses, indicating food sufficiency and security in the country. The improvements in food supply are expected to help sustain the progress made in the reduction of the prevalence of wasting and underweight and address the challenge of stunting among children. The declining trend in child malnutrition is expected to continue, with the target highly likely to be reached if food supplies continue to improve.

2. KEY FACTORS CONTRIBUTING TO PROGRESS

Improvements in malnutrition indicators have largely emanated from the following:

- Increase in the number of food distribution outlets to ensure improved access to food by households.
- Implementation of the Root and Tuber Improvement and Marketing Programme (RTIMP) and West African Agricultural Productivity Project (WAAPP) to improve varieties and value chain management processes of cassava.
- Implementation of a Food Security and Emergency Preparedness Programme to reduce nutrition insecurity through modernised agriculture, management of national strategic stocks for emergencies and establishment of effective early warning systems.
- Continuous provision of fertiliser subsidies as part of efforts to increase both productivity and farm yield.
- Stock management by the National Food Buffer Stock company (NAFCO) that holds food security buffer stocks and intervenes in the market to ensure competitive prices at all times.
- Introduction of Scaling-up Nutrition interventions with a focus on children under 3.
- Intensification of the Exclusive Breastfeeding campaign.
- Expansion of the Ghana School Feeding Programme, especially in public basic schools.

3. KEY CHALLENGES

In spite of excess supply over demand for key staples, there are some challenges that could threaten food security. These include:

- Heavy reliance on rain-fed agriculture coupled with a limited number of irrigation dams continuing to constrain higher productivity in agriculture.
- Continuous application of traditional methods of farming that tends to undermine productivity-enhancing efforts in agriculture.
- Problems of marketing and unstable prices of food crops which do not encourage expansion of farmlands.
- Land degradation through mining activities depriving farmers of productive land for cultivation.
- Inadequate number of extension officers to provide advice to farmers.
- Perennial flooding of farmlands.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 2A: Complete Full Course of Primary Schooling by 2015

1. STATUS AND TRENDS

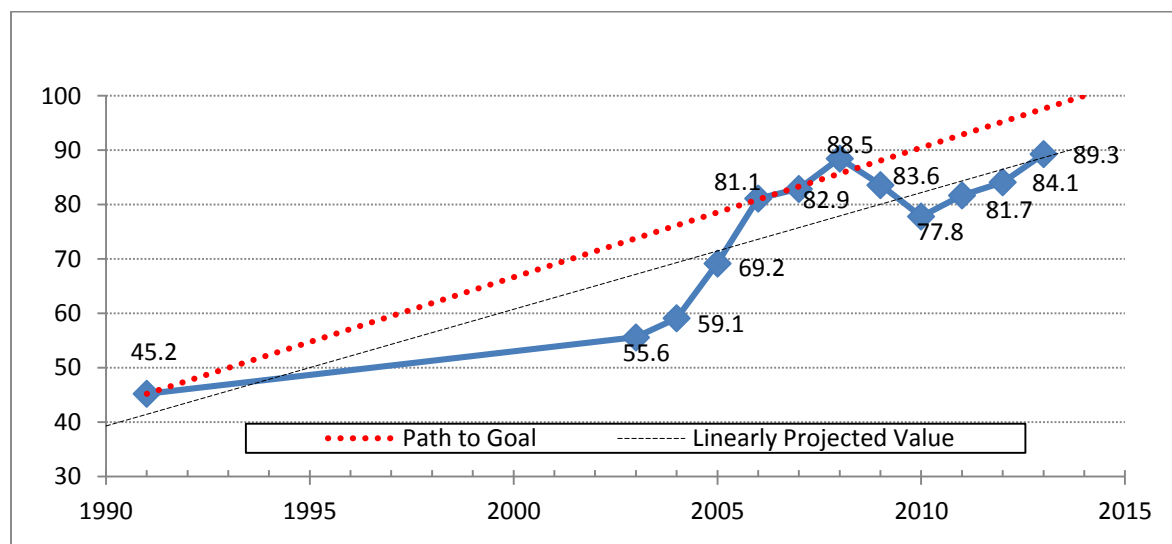
Indicator 2.1: Net and gross enrolment ratios in primary education

Gross enrolment rate target exceeded but net enrolment target not attained

Gross and net enrolment ratios are effective indicators of participation of children in the educational system. The net enrolment ratio (NER) measures the number of appropriately aged pupils enrolled in school as a proportion of the total number of children in the relevant age groups. The gross enrolment ratio (GER) measures the number of pupils/students at a given level of schooling, regardless of age, as a proportion of the number of children in the relevant age group.

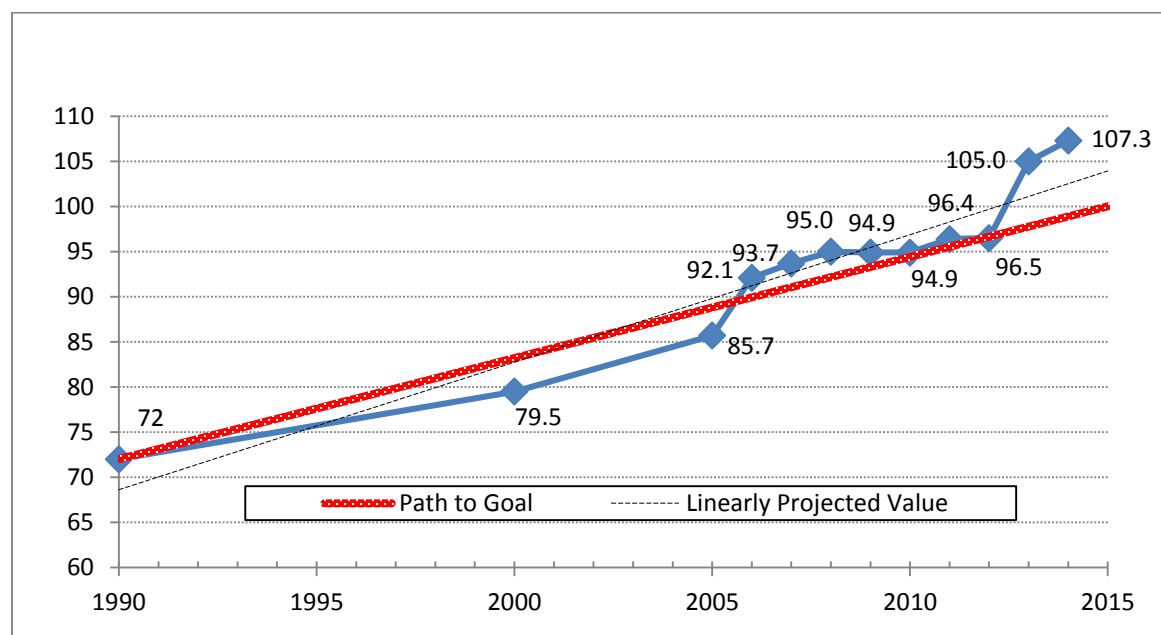
Significant progress has been made in terms of primary school enrolment since 2000 on account of interventions for improved access to education such as the school feeding programme, the capitation grant and free school uniforms. The NER in primary school at national level increased from 45.2 percent in the early 1990s to 88.5 percent in 2008/09 then dropped to 77.8 percent in 2010/11. The declining trend in NER was reversed, rising to 89.3 percent in 2013/14 (Figure 2.1A), well short of the 100 percent target for 2015. The national GER reached 94.9 percent in 2009/2010 from 72 percent in 1990 and further to 107.3 percent in 2013/14, exceeding the target of 100 percent (Figure 2.1B).

Figure 2.1A: Net Enrolment Ratio in Primary School, Actual and Desired Trends, 1990-2015 (%)



Source: EMIS, Ministry of Education, 2014

Figure 2.1B: Gross Enrolment Ratio in Primary School, Actual and Desired Trends, 1990-2015 (%)



Source: EMIS, Ministry of Education, 2014

There are, however, variations in GER across regions, with only the Greater Accra and Northern regions falling short of the 100 percent target (Appendix Table A8). The Western Region recorded the highest NER (97.9 percent) in 2013, followed by the Central (87.0 percent) and Upper East (86.3 percent) regions while the lowest ratio of 77.5 percent was reported in Greater Accra in 2012/13.

Indicator 2.2: Proportion of pupils starting grade 1 who reach last grade of primary

Primary completion rate target likely to be attained

To achieve universal primary education, children everywhere must complete a full cycle of primary schooling. The primary completion rate is measured as the gross intake ratio to the last grade of primary education. It is calculated by taking the total number of students in the last grade of primary school, minus the number of repeaters in that grade, divided by the total number of children of official graduation age. It can have values above 100 percent, which can be a symptom of late entry, grade repetition at earlier levels, or of an enrollment push at some point in the past, perhaps as a consequence of a school enrollment campaign. Ghana continues to record a rising primary school completion rate that has been slowing. The rate increased continuously from 86.3 percent in 2008/09 and 2009/10 to 112.4 percent in 2012/13 but fell to 97.5 percent in 2013/14 (Table 2.1). Thus, Ghana is 2.5 percentage points away from the target of 100 percent.

This indicator is also known as a survival rate, which is the proportion of pupils/students that stay and complete school after enrolment. At junior high school (JHS) level, there was a sharp decline in survival rate from 75 percent in 2008/09 to 69.0 percent in 2013/14. The rate is higher for boys

than girls at both primary and JHS level but the gap is wider in JHS largely due to a higher dropout rate among girls.

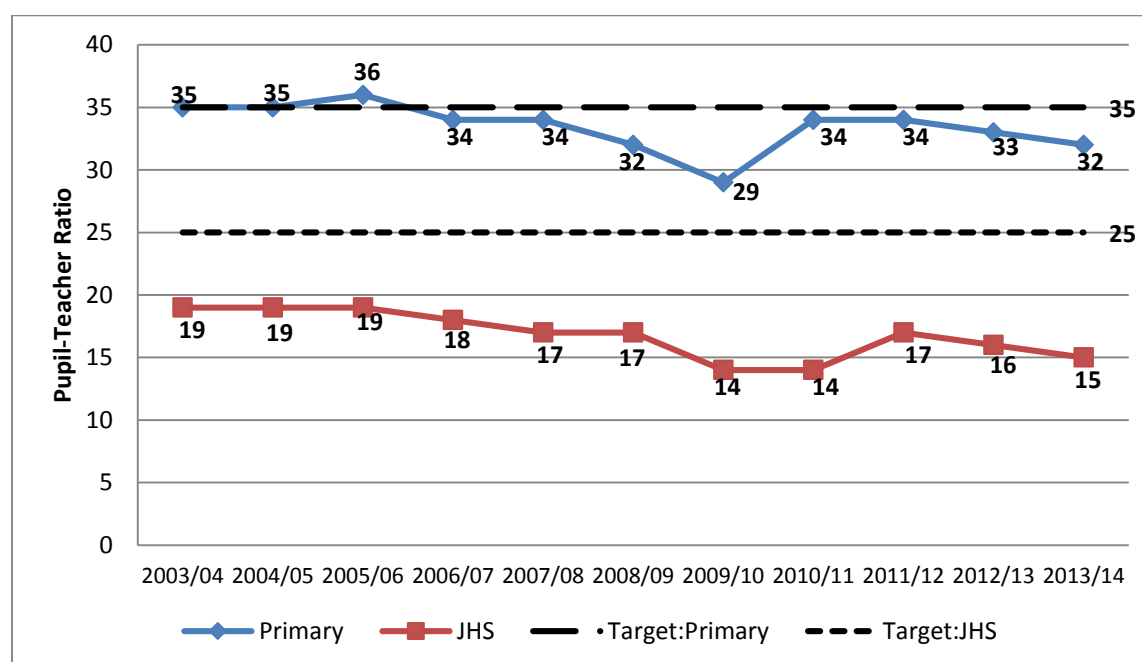
Table 2. 1: Trends in Basic Education Survival or Completion Rates, by Sex, 2008-2014

Level	Group	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Target 2015
Primary	All	86.3	86.3	91.6	93.7	112.4	97.5	100
	Boys	89.3	89.3	94.1	95.4	113.8	99.0	100
	Girls	83.2	83.2	89	91.9	111	95.9	100
JHS	All	75.0	66.0	66.9	66.8	70.1	69.0	100
	Boys	79.7	70.1	70.9	70.4	74.9	72.0	100
	Girls	70.1	61.8	62.8	63	65.3	65.8	100

Source: EMIS, Ministry of Education, 2014

Regional disparities continued to exist in the completion rate with the Western Region reporting the highest completion rate of 110.0 percent in 2013/14 while the Northern Region recorded the lowest rate of 80.5 percent (Appendix Table A9). In all, five regions – Ashanti, Brong Ahafo, Central, Upper East and Western – recorded a completion rate over 100 percent. The remaining five regions – Eastern, Greater Accra, Northern, Upper West and Volta – reported completion rates of between 80.5 percent and 96.1 percent.

Figure 2.2: Trends in Public School Pupil-Teacher Ratio, 2003-2014



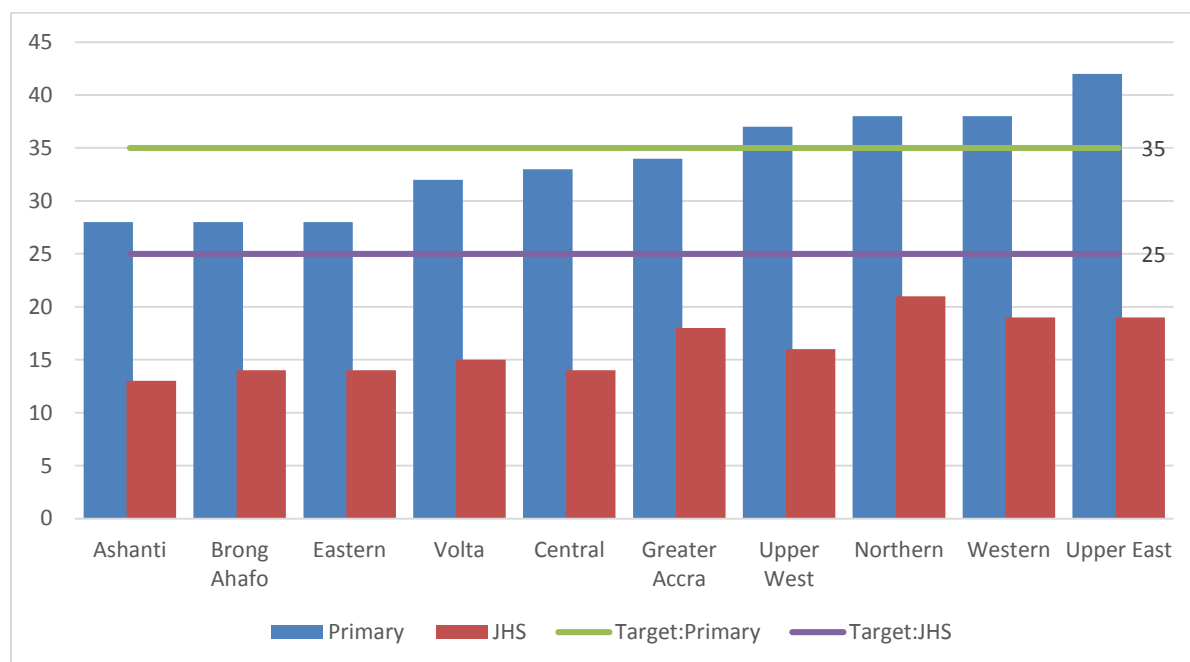
Source: EMIS, Ministry of Education, 2014

Education quality is also important in assessing a country's performance within the MDG framework. Quality of education depends largely on availability of highly skilled, motivated and committed teachers and basic tools and infrastructure. Figure 2.2 presents trends in the pupil-teacher ratio (PTR) as a proxy for measuring the quality of education. PTR at the primary level,

which deteriorated marginally from 35:1 in 2003/04 to about 36:1 in 2005/06, improved to 29:1 in 2009/10 before declining to 32:1 in 2013/14. A similar trend is also observed at JHS level with a PTR (15:1) half that of the primary level.

PTR varies across regions, with the lowest PTR (28:1) in primary occurring in Ashanti, Brong Ahafo and Eastern and the highest (42:1) in Upper West (Figure 2.3). At JHS level, the lowest ratio of 13:1 was reported in Ashanti Region while the northern regions reported the highest PTR rate of 21:1. Four regions – Upper West, Northern, Western, and Upper East – had a higher PTR in primary than the 35:1 target.

Figure 2.3: Pupil-Teacher Ratio in Public Primary and JHS, by Region, 2013/2014



Source: EMIS, Ministry of Education, 2014

Indicator 2.3: Literacy rate of 15-24 year olds, women and men

Youth literacy in Ghana has seen substantial and consistent improvement since 1991, but with better rates for males than for females

The proportion of young people who can read and write in English, which stood at 17 percent in 1991/92, improved to 56 percent in 1998/99 and reached 81 percent in 2012/13 (Table 2.2). The rate among young males increased from 18 percent in 1991/92 to 84 percent in 2012/13 while that of females accelerated from 16 percent to 77 percent over the same period. Significant improvements in literacy rates among the youth have occurred in both urban and rural areas. This is a result of a sustained effort by successive governments to provide education for all Ghanaians.

Table 2.2: Youth Literacy Rate, by Sex and Location, 1991-2013 (%)

Demographic Group	1991/92			1998/99			2005/06			2012/13		
	Urban	Rural	National	Urban	Rural	National	Urban	Rural	National	Urban	Rural	National
Male	23.3	15.0	18.0	78.2	55.4	63.5	84.5	59.9	69.9	92.9	76.1	84.4
Female	20.8	12.1	15.5	63.8	37.1	48	75.2	47	59.7	86.6	65.5	76.9
All	21.9	13.6	16.7	70.6	46.8	55.8	79.6	53.6	64.8	89.5	70.8	80.5

Source: Computed from GSS, GLSS 3, 4, 5 & 6

2. KEY FACTORS CONTRIBUTING TO PROGRESS

Ghana's commitment to achieving the MDG target for universal primary education is reflected in a number of policy measures implemented in the period under review including:

- Provision and rehabilitation of school infrastructure, especially to eliminate schools under trees;
- Strengthening the capitation grant;
- Expanding the coverage of the school feeding programme;
- Provision of free school uniforms and exercise books, among others.
- Motivation and retention of teachers through improved service conditions.
- In-service training particularly for science teachers; and
- Increased number of schools from basic to tertiary level.

3. KEY CHALLENGES

In spite of the noticeable achievement in enrolment and completion rates, quality of education remains a concern at all levels, particularly in public basic schools. The low PTR expected to reflect on the quality of teaching seems to have been negated by high absenteeism due to lack of adequate school supervision. There are also regional disparities in the quantity and quality of education outcomes, with the northern regions and rural areas being the worst affected. These challenges need to be addressed in order to ensure high quality education outcomes.

Other obvious challenges facing the education sector in terms of reaching the MDG targets include:

- Inadequate infrastructure and basic tools, equipment and materials for teaching and learning, which affect quality;
- High levels of absenteeism and lateness among teachers owing to weak supervision, particularly at basic level;
- Reluctance of teachers to accept postings to rural areas;
- Low retention of trained teachers;
- High and increasing cost of education, particularly at the tertiary level;

Generally, PTR in Ghana is quite satisfactory but quality of education is a persistent issue. Availability of teachers based on PTR is a necessary but not sufficient condition for ensuring quality. There has been public concern about the degree of absenteeism in schools across the

country, particularly in public schools, and this has been attributed to lack of supervision. Availability of teaching and learning materials and quality of infrastructural facilities are also critical inputs in promoting quality of education outcome. Even though the government continues to provide textbooks and other teaching and learning materials as well as decent classrooms, there are still some rural schools that lack these materials and facilities. It is therefore important to go beyond availability of teachers as a measure of quality to address the problems of teacher absenteeism, poor school infrastructure and lack of teaching and learning materials.

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWERMENT OF WOMEN

Target 3A: Eliminate gender disparity in primary and secondary education by 2015

1. STATUS AND TRENDS

Indicator 3.1: Ratio of girls-to-boys in primary, secondary and tertiary education

Ghana is likely to attain gender parity in enrolment in primary school but not in JHS

The gender parity index for kindergarten rose from 0.88 in 2008/09 in favour of boys to 1.01 in 2013/14, within the target range of 0.97 and 1.03. At primary level, the index which was relatively high in 2008/09 increased further to parity (0.99) in 2013/14. Enrolment of girls relative to boys at JHS level changed marginally with parity index of between 0.92 and 0.94 over the period 2008-2013, but improved in 2013/14 to 0.95.

Gender parity in enrolment at SHS level is the lowest among the four levels of basic and secondary education, with an index ranging between 0.84 and 0.87 between 2008 and 2013 before improving to 0.91 in 2013/14. At all levels, the index is slightly lower in deprived districts than the national average in 2012/13.

Table 3. 1: Gender Parity Index in Basic and Secondary Education, 2008-2014

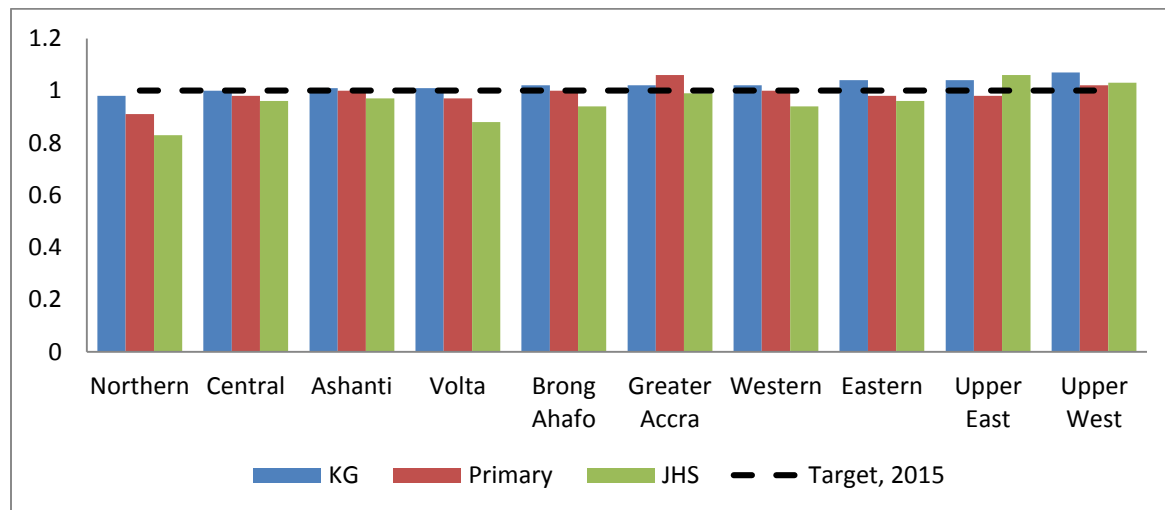
Level	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Deprived Districts 2014
Kindergarten	0.88	0.98	0.98	0.98	1.03	1.01	1.02
Primary	0.96	0.96	0.97	0.97	0.99	0.99	0.97
Junior High School	0.92	0.92	0.92	0.94	0.93	0.95	0.91
Senior High School	0.84	0.85	0.87	0.87	0.86	0.91	n/a

Source: EMIS, Ministry of Education, 2014

Regional disparities exist at all levels, with the GPI favouring girls in some regions and boys in others. For the Northern Region, GPI is lowest in favour of boys at all levels and it is unlikely to reach the target in primary and JHS (Figure 3.1). At kindergarten level, GPI is largely in favour of girls, ranging from 1.01 in the Ashanti and Volta regions to 1.07 in the Upper West Region and parity in the Central Region, with the Northern Region just below parity.

At primary level, enrolment of girls falls within the parity range for all regions except the Northern Region where boys exceed girls (0.91) and the Greater Accra Region where girls exceed boys (1.06). Gender disparity exists in both dimensions at the JHS level in all regions. The Upper East and Upper West regions had a GPI in favour of girls while the other regions had an index in favour of boys, with none of these eight regions likely to achieve parity by 2015 (Figure 3.1).

Figure 3.1: Gender Parity Index in Basic Education, by Region, 2013/14



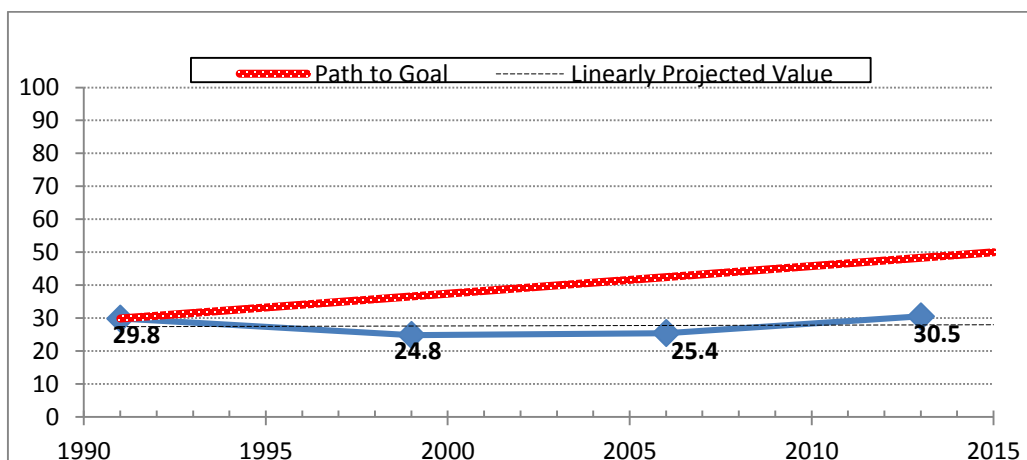
Source: EMIS, Ministry of Education, 2014

Indicator 3.2: Share of women in wage employment in non-agricultural sectors

Virtually no progress has been made towards achieving gender equality in productive employment

In 2013, three out of every 10 wage employees in non-agricultural sectors in Ghana were women, similar to the situation in 1991/92. This share declined by 5 percentage points to 24.8 percent in 1998/99 and increased marginally to 25.4 percent in 2005/06 (Figure 3.2). There is better access for urban women than rural women to non-agriculture wage employment with 31.4 percent of urban non-agriculture wage employees being women compared to 27.1 percent in rural areas (Appendix Table A10). The trend is more favourable for the youth (15-24 years) and those with secondary education or better. This indicates that greater educational attainment for women has the potential to improve their access to non-agriculture wage employment, raise their income levels and promote their empowerment.

Figure 3.2: Share of Women in Non-Agriculture Wage Employment, 1991-2015 (%)



Source: Computed from GSS data (GLSS 3, 4, 5 and 6)

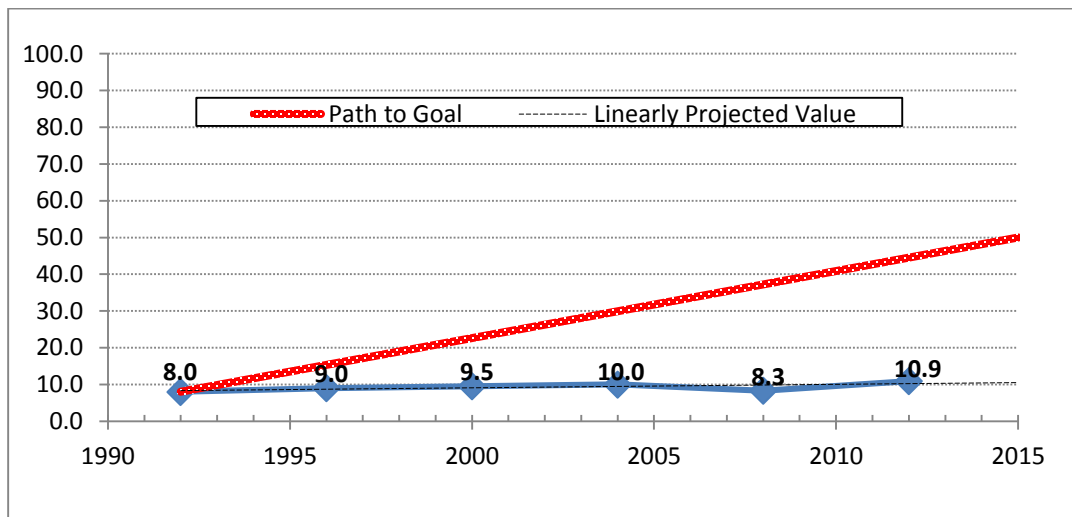
Indicator 3.3: Proportion of seats held by women in national parliament

Women's participation in decision making remains very low

Progress towards improving women's representation in Parliament suffered a setback in 2009 when their share of seats dropped to 8.3 percent from 10 percent in 2005 (Figure 3.3). Prior to the decline, women's seats in Parliament had been rising slowly from 8.0 percent in 1993 to 9.5 percent in 2001.

Similarly, the proportion of women elected as members of District Assemblies declined from 11 percent in 2008 to 7 percent in 2010, and the proportion of women appointees also fell substantially, from 28 percent in 2008 to 7 percent in 2009 (Table 3.3). Western, Northern, Upper East and Upper West have one woman each in Parliament, while the Greater Accra and Central regions have eight and five women MPs respectively, with four MPs each for the Ashanti and Volta regions. To significantly improve women's representation in Parliament, deliberate actions need to be taken by the state, political parties, communities and families. The situation is no better in local government, with only 19 (or 9.3 percent) of the 204 municipal or district chief executives (MCE/DCEs) being women (Appendix Table A11). At regional level, women's representation ranges from 0 percent in the Eastern Region to 25 percent in the Volta Region. The Greater Accra, Western, Northern, and Upper West regions each had one woman MCE/DCE.

Figure 3.3: Proportion of Seats held by Women in Parliament, 1990-2013 (%)



Source: Parliament of Ghana, 2014

Despite the appointment of women as Speaker of Parliament (2009-2012) and Chief Justice, the proportion of women in other key public offices remains low. Less than a quarter of ministerial appointments allocated to women, a moderate increase from 18.9 percent in 2010. Similarly, women represented 23.5 percent of Deputy Ministers in 2014 (Table 3.2).

In the Judicial Service, only 29 percent of Supreme Court judges were women in 2008-2010, rising to 30.8 percent in 2011-2013. At the High Court, women judges accounted for 25 percent in 2008 and 2010 and this declined to 12.8 percent in 2011-2013. In the civil service, only 24 percent of

Chief Directors were women in 2008-2010 and this dropped substantially to 8.3 percent in 2011 and has not changed since then (Table 3.2).

Table 3. 2: Share of Women in Key Political and Administrative Positions, 2008-2013 (%)

POSITION	2008	2009	2010	2011	2012	2013
Ministers	N/A	21.0	18.9	15.4	15.4	22.8
Deputy Ministers	N/A	20.0	20.0	20.0	20.0	23.5
Supreme Court Judges	29.0	29.0	29.0	30.8	30.8	30.8
High Court Judges	25.0	N/A	25.0	12.8	12.8	12.8
Chief Directors	24.0	24.0	24.0	8.3	8.3	8.3
Members of Parliament	9.0	8.7	8.3	8.3	10.9	10.9
Appointed District Assembly Members	28.0	7.3	N/A	N/A	N/A	N/A
Elected District Assembly members	11.0	11.0	6.8	7.0	7.0	7.0

Source: Government of Ghana official portal (www.gov.gh) accessed 26 September 2014

2. KEY FACTORS CONTRIBUTING TO PROGRESS

Some policy actions carried out by the government to promote gender equality and women empowerment include:

- Strengthening capacity of MDAs and MMDAs to enhance gender mainstreaming and gender-responsive budgeting. In 2013, 243 officials were trained in strategies to mainstream gender into planning, budgeting and monitoring.
- Compilation of data on potential women in leadership positions at MMDAs in order to monitor progress and better targeted policy interventions to improve women's participation in decision making.
- Scholarship schemes for brilliant but needy school girls.
- Rehabilitation of senior secondary school facilities, including the construction of female dormitories, to encourage female participation at that level.
- Support for JHS girls' clubs and deployment of female role models in schools and communities.
- Strong advocacy base of civil society organisations (CSOs) in gender empowerment.
- Gender analysis framework and planning template developed to guide District Planning Coordinating Units (DPCUs) on the inclusion of gender issues in planning processes.
- Affirmative Action Bill drafted to address women's concerns in national development.

3. KEY CHALLENGES

Constraints to the attainment of gender equality include the following:

- Low female enrolment at secondary and tertiary level.
- Socio-cultural practices, norms and societal attitudes that tend to discourage women from engaging in wage employment and in some occupations such as commercial driving, welding, and auto mechanics.
- Socio-cultural barriers inimical to the promotion of gender equality.

- Persistence of early marriages, customary fostering, puberty rites and other challenges facing the girl-child.
- Inadequacy of sex-disaggregated data.
- Low participation of women's groups and NGOs in local level planning.
- Inadequate funds for gender work at all levels.
- Limited knowledge and analytical capacity for gender work

GOAL 4: REDUCE CHILD MORTALITY

Target 4A: Reduce by two-thirds the under-5 mortality rate between 1990 and 2015

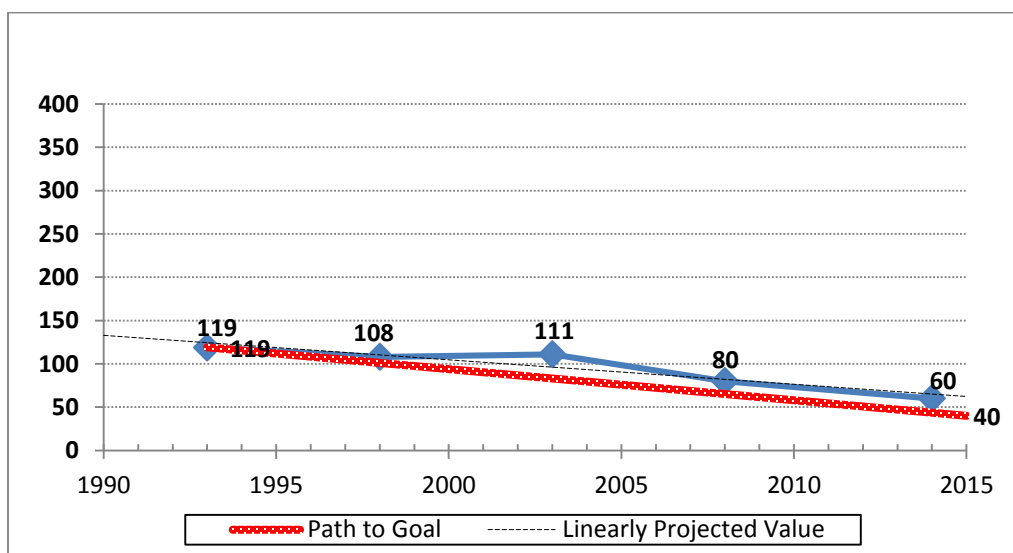
1. STATUS AND TRENDS

Indicator 4.1: Under-5 mortality rate

Under-5 mortality has declined but remains short of the target

Child mortality constitutes a major public health concern in Ghana, with infant and child mortality rates serving as basic indicators of a nation's socioeconomic situation and quality of life. The Ghana Demographic and Health Survey (GDHS) report of 2014 puts under-5 mortality at 60 deaths per 1,000 live births in 2014 compared to the 2015 target of 40 deaths per 1,000 live births (Figure 4.1). This represents a considerable improvement over the 2008 figure of 80 deaths per 1,000 live births. After declining from 119 deaths per 1,000 live births in 1993 to 108 deaths per 1,000 live births in 1998, the under-5 mortality rate rose marginally to 111 deaths per 1,000 live births in 2003 before declining sharply to 80 deaths per 1,000 in 2008 and further down to 60 deaths per 1,000 live births in 2014 (Figure 4.1). According to a Ghana Health Service report (2010), pneumonia is rated as one of the leading causes of under-5 morbidity and mortality in Ghana, accounting for 20 percent of deaths in this category.

Figure 4.1: Under-5 Mortality Rate, per 1,000 Live Births, 1993-2014



Source: GSS, GDHS 1993-2014

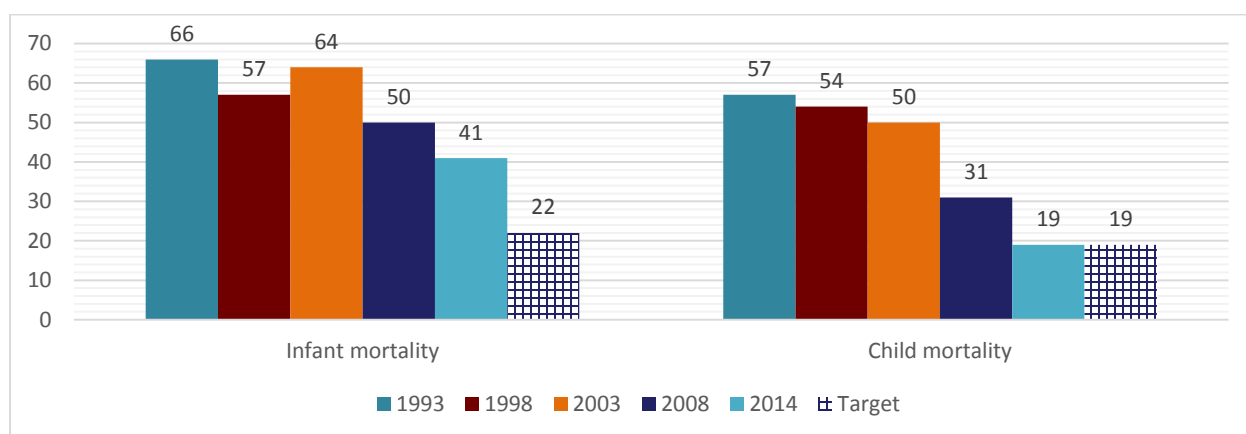
Indicator 4.2: Infant mortality rate

Infant and child mortality declined sufficiently to reach the target ahead of time

The infant mortality ratio, measured as the probability of an infant dying before the first birthday, expressed per 1,000 live births, has recorded a continuous decline over a decade, from 64 in 2003

to 41 in 2014 against a target figure of 22 by 2015. The ratio, which stood at 66 deaths per 1,000 live births in 1993, dropped to 57 deaths per 1,000 live births in 1998. It rose by 7 points to 64 deaths per 1,000 live births in 2003 before declining continuously for roughly the next decade (Figure 4.2). Child mortality, which measures the probability of the child dying between the first and the fifth birthday, expressed per 1,000 children surviving to age 12 months, experienced a continuous decline from 57 in 1993 to reach the target figure of 19 deaths in 2014 (Figure 4.2). Thus the country achieved the MDG target of reducing the child mortality rate by two-thirds ahead of the 2015 deadline. The pace of decline in the child mortality ratio was slower between 1993 and 2003, after which a substantial drop from 50 to 31 deaths was recorded between 2003 and 2008. A considerable drop in the ratio also occurred between 2008 and 2014, from 31 to 19 deaths.

Figure 4.2: Infant and Child Mortality Rate, 1993-2014



Source: GSS, GDHS 1993-2014

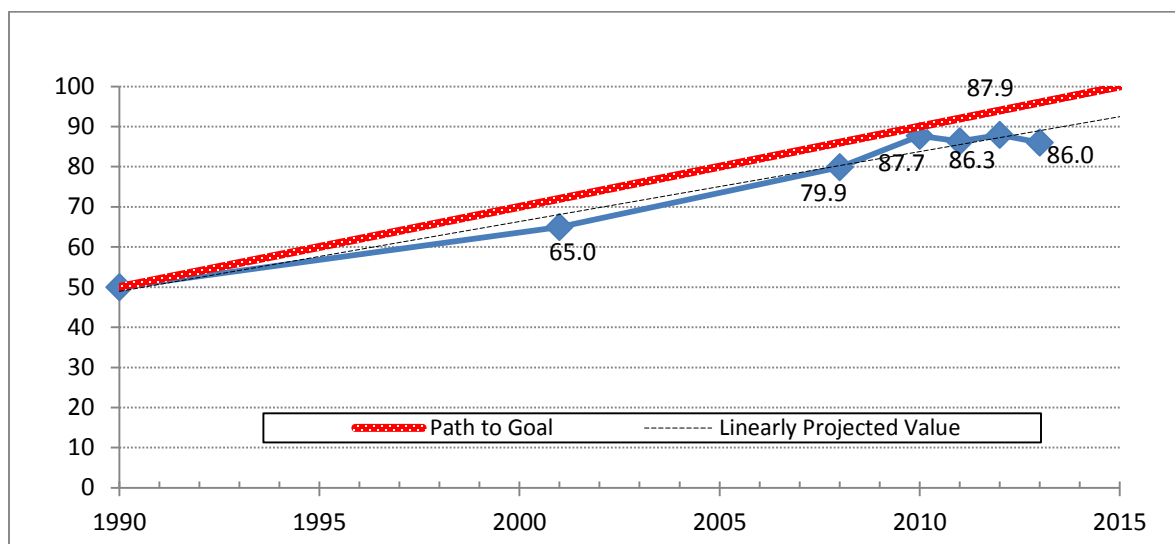
Indicator 4.3: Proportion of one-year old children immunised against measles

Still too many children have not received measles vaccinations by their first birthday

Immunisation of children against major childhood killer diseases is a key factor in the decline of infant mortality, child mortality and overall under-5 mortality in Ghana. Measles vaccination coverage of under 1-year-olds has improved from 50 percent in 1990 to 86 percent in 2013, leaving it 14 percentage points away from the 100 percent 2015 target (Figure 4.3).

Routine immunisation coverage (i.e. the proportion of children under the age of one year that received the first dose of pentavalent vaccine) improved between 2010 and 2012 (Appendix Table A13). At the national level, the coverage of Penta 3 immunisation rose from 85.9 percent in 2010 to 87.8 percent in 2012. Five regions – Western, Northern, Upper East, Upper West and Central – experienced various levels of decline in coverage while the remaining five regions recorded some improvements between 2010 and 2012. The most significant decline was in the Upper West Region, a 7.8 percentage point decline from 79.9 percent to 72.1 percent Penta 3 coverage. The Brong Ahafo and Volta regions had a substantial improvement in immunisation coverage – 14.1 and 12.1 percentage points respectively – over the period.

Figure 4.3: Trends in 1-year-old Children Immunised against Measles, Actual and Desired, 1990-2013 (%)



Source: GSS, 2008 and MOH, 2013

Poverty and Child Mortality

Generally, child mortality and poverty have some degree of relationship. Under-5 mortality is estimated to be higher among those in the lowest quintile and this has remained consistent since 2003. An estimated ratio of 106 deaths per 1,000 live births was reported among households in the lowest quintile compared to 52 deaths per 1,000 live births among those in the highest quintile. Similarly, the highest infant mortality rate of 61 deaths per 1,000 live births was reported among those in the lowest quintile as against 38 deaths per 1,000 births among those in the highest quintile in 2012 (Table 4.2).

Table 4.1: Under-5 Mortality, by Wealth Quintile

Wealth Quintile	Under-5 mortality rate			Infant mortality rate			
	2003	2008	2012	2003	2006	2008	2012
Lowest	128	103	106	61	75	59	61
Second	105	79	85	64	79	45	50
Middle	111	102	83	73	65	70	54
Fourth	108	68	86	66	65	45	52
Highest	88	60	52	58	64	46	38

Source: Holistic Assessment Report, 2012, MOH

2. KEY FACTORS CONTRIBUTING TO PROGRESS

Key policy interventions include:

- Implementation of the Child Health Policy and Child Health Strategy
- A comprehensive Antenatal Clinic Programme linked to Child Welfare Clinics in many districts.
- Sustaining the Expanded Programme on Immunisation (EPI) for children.

- Increased use of insecticide-treated nets (ITNs) and improved malaria case management in health facilities.
- Expansion of community-based health service delivery.
- Increased access to health services under the National Health Insurance Scheme.
- Decoupling children from their parents for NHIS coverage.
- Scaling up the Integrated Management of Childhood Illnesses (IMCI) programme.
- Working with District Assemblies to strengthen and increase the number of Community Health Planning Services (CHPS) compounds for improved delivery of maternal and child health care.

3. KEY CHALLENGES

In spite of some progress in infant and under-5 mortality rates since 2003, it is unlikely that the 2015 target of reducing the child mortality rates will be achieved, unless there is an effort to scale up and sustain the recent child survival interventions which have brought about the current improvement in these indicators. Key challenges include:

- Inadequate national data to provide complete and reliable information on child health.
- Lack of well-motivated personnel with adequate skills in the health system to improve the poor quality of care.
- Lack of adequate resources to support activities under EPI.
- Socio-economic and socio-cultural factors including low female literacy rates and low levels of women's empowerment.

GOAL 5: IMPROVE MATERNAL HEALTH

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

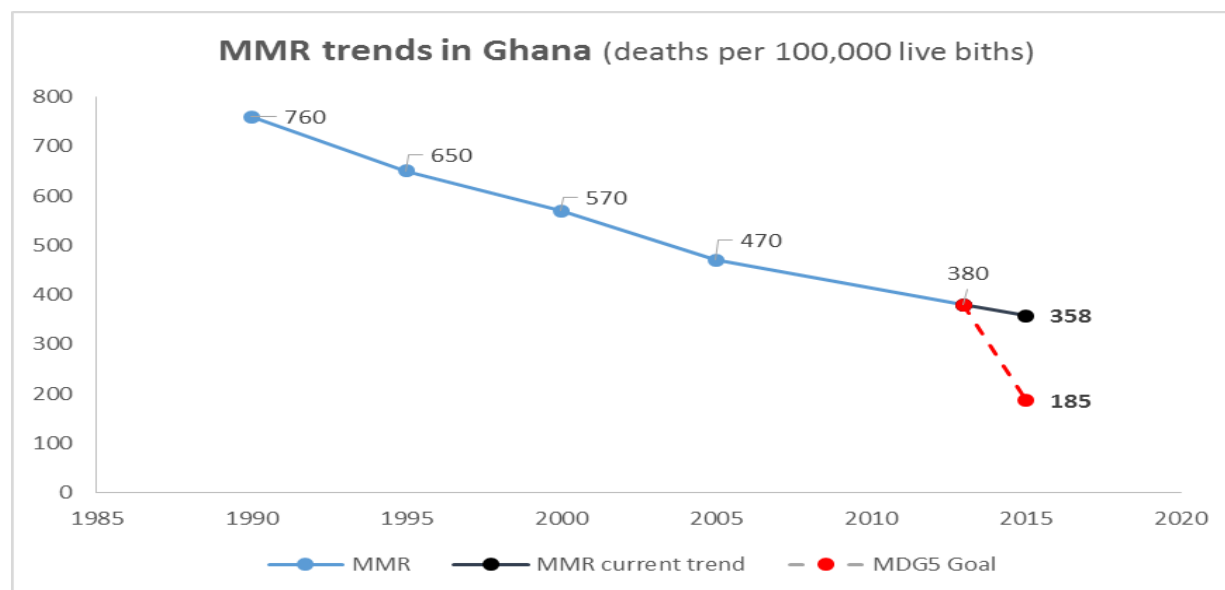
1. Status and Trend

Indicator 5.1: Maternal Mortality Ratio

Ghana has made significant progress but falls short of reaching the target in 2015

MDG 5 has two targets for assessing progress in maternal health and these are: reducing the maternal mortality ratio (MMR) by three-quarters between 1990 and 2015, and achieving universal access to reproductive health by 2015. Between 1990 and 2013, maternal mortality reduced from 760 to 380 maternal deaths per 100,000 live births. It is a significant achievement to have halved the MMR. According to projections based on current trends, maternal mortality in Ghana would be 358 deaths per 100,000 live births in 2015. However, this would still be considerably higher than the MMR of 190 deaths per 100,000 live births implied by the MDG 5.1 target.

Figure 5.1: Maternal Mortality Trends in Ghana, 1990-2015



Source: WHO, 2014

Maternal mortality in Ghana remains high in spite of several efforts and interventions by the government and development partners. A large number of women die annually as a result of pregnancy-related complications, which are considered preventable or at least reducible – such as severe bleeding (haemorrhage), hypertensive diseases, sepsis infections and unsafe abortions – and which account for close to 65 percent of maternal deaths.¹¹ Evidence suggests that

¹¹ See MAF, 2010 and Government of Ghana and UNFPA (2013) MDG 5: accelerating progress towards MDG 5

supervised delivery involving skilled birth attendants (SBA)¹² can reduce the risk of complications and sepsis infections during childbirth, thereby decreasing maternal mortality.

Indicator 5.2: Proportion of births attended by skilled health personnel

Professionally supervised deliveries are more prevalent in urban than in rural areas where most births occur bringing the national average below the target

Deliveries involving skilled birth attendants are increasing but a significant equity gap exists across regions and within regions (i.e. urban and rural disparities). The Holistic Assessment of the Health Sector Programme of Work 2013 Report (2014) found that skilled delivery coverage rose slightly from 55.0 percent in 2012 to 55.3 percent in 2013. However, seven out of 10 regions experienced a decline in the skilled delivery rate.

There are also clear regional differences in maternal health care. Greater Accra Region recorded the highest proportion (92.1 percent) of live births delivered by skilled birth attendants in 2014 followed by the Ashanti Region (86.3 percent) while the lowest proportion (36.4 percent) of live births assisted by SBAs was recorded for the Northern Region (Appendix Table A14).

Target 5B: Achieve universal access to reproductive health by 2015

Indicator 5.3: Contraceptive prevalence rate (CPR)

Contraceptive use among currently married women is equally low in urban and rural areas

The contraceptive prevalence rate (CPR) is defined as the proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a given point in time. Key findings from the GDHS (2014) indicate that close to 27 percent of married women use some method of contraception and that the patterns for rural and urban married women are similar – 26 percent and 27 percent respectively.

However, there are significant regional variations. The CPR among married women is highest in the Volta Region (32 percent) and lowest in the Northern Region (11 percent). Furthermore, the CPR was found to increase with the level of education. While 19 percent of married women with no education used contraception, 34 percent of married women with secondary education or higher did so. Among sexually active unmarried women, 45 percent were found to use a contraceptive method. Male condoms, the pill, and the rhythm method were the most commonly used methods of contraception.

¹²WHO defines an SBA as a person “trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns”.

Table 5.1: Contraceptive Prevalence Rate for Married Women (%)

Method	2008	2013*		
	National	National	Urban	Rural
Pill	4.7	6.54	6.54	6.54
Male Condom	2.4	2.41	3.05	1.79
Female Condom	0.1	0.14	0.21	0.07
IUD	0.2	0.95	0.95	0.95
Injection	6.2	7.92	7.16	8.69
Female Sterilisation	1.6	0.48	0.47	0.48
Male Sterilisation	n.a.	0.01	0.00	0.02
Implants	0.9	1.58	1.52	1.65
Foam/Jelly	0.2	0.07	0.07	0.06
Rhythm	4.7	4.76	5.36	4.16
Withdrawal	1.4	1.00	1.09	0.90
Folk method	0.8	n.a.	n.a.	n.a.
LAM	n.a.	0.89	0.86	0.91
Abstinence	n.a.	2.38	2.72	2.03
Other	n.a.	0.35	0.36	0.35
Any traditional method	6.9	n.a.	n.a.	n.a.
Any of the methods	n.a.	29.49	30.36	28.62

*Computed from GLSS 6, 2012/13

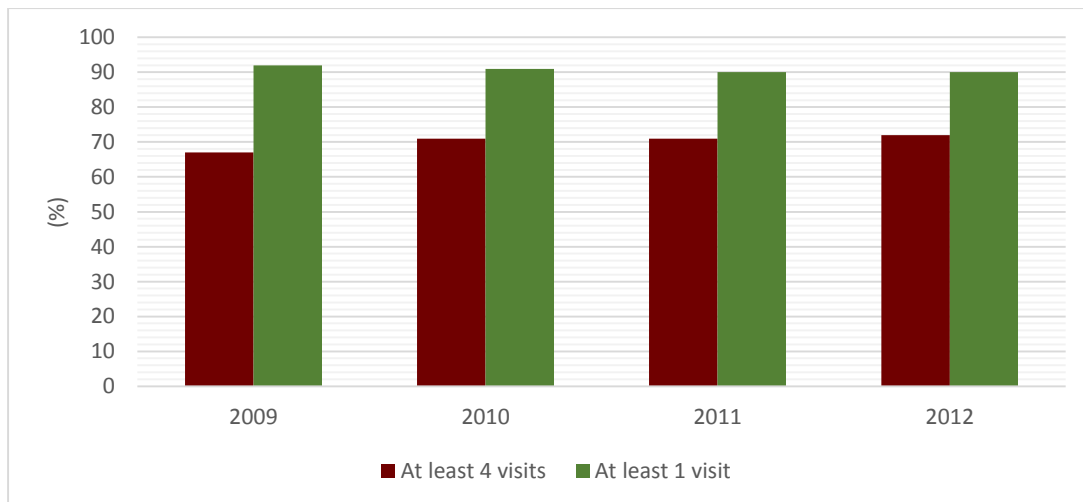
Source: GSS, GDHS, 2008 and GLSS 6

Indicator 5.5: Antenatal care coverage (at least one visit)

Antenatal care coverage has increased considerably but substantial regional variations persist

There is a rising trend in the percentage of women receiving antenatal care from a skilled provider, from 82 percent in 1988 to nearly 97 percent in 2014 (GSS, 2014). Survey results indicate that 97 percent of women who gave birth in the five years preceding the survey had antenatal care from a skilled provider at least once for their last birth, with 87 percent having made four or more ANC visits. Urban women were slightly more likely than rural women to have received ANC from a skilled provider.

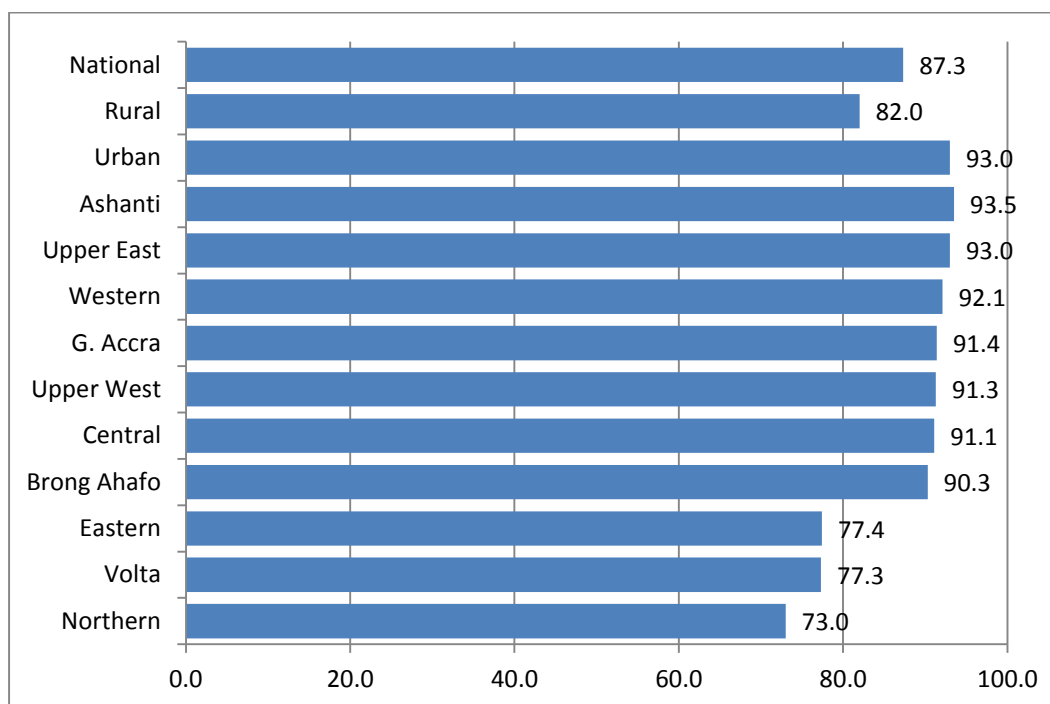
Figure 5.2: Pregnant Women with at least 1 and 4 Antenatal Visits, 2009-12 (%)



Source: GHS, 2013 and MOH, 2013

In 2014, about 87 percent of women with live births made at least four ANC visits, with urban areas recording a high rate of 93 percent compared to 82 percent in rural areas (Figure 5.5). The Northern Region recorded the lowest proportion (73 percent) while the Ashanti Region recorded the highest incidence of 93.5 percent (Figure 5.5). The Northern, Volta and Eastern regions recorded an incidence lower than the national average in 2014.

Figure 5.3: Women who had Live Births with 4+ ANC Visits, by Region, 2014 (%)



Source: GDHS, 2014

2. KEY FACTORS CONTRIBUTING TO PROGRESS

A number of interventions introduced by the government to improve maternal healthcare include the following:

- Implementation of free maternal health services, repositioning family planning and training.
- A comprehensive Antenatal Clinic Programme linked to Child Welfare Clinics in many districts.
- Specific training of midwives in the use of a partograph which promotes confidence, reducing prolonged labour, caesarean sections and intra-partum stillbirths.
- Training of health workers including midwives in safe motherhood skills, abortion care, lactation management, and Jadelle insertion and removal.
- Strengthening the MDG Accelerated Framework (MAF) initiative to boost activities related to the reduction of maternal mortality.
- Implementation of the Ghana VAST Survival Programme, Prevention of Maternal Mortality Programme (PMMP), and Safe Motherhood Initiative, Making Pregnancy Safer Initiative, Prevention and Management of Safe Abortion Programme, Maternal and Neonatal Health Programme, Roll Back Malaria Programme, and Intermittent Preventive Treatment (IPT).

- Implementation of Emergency Obstetric and Neonatal Care (EmONC) in all 10 regions.
- Ensuring care provided by skilled professionals during pregnancy and childbirth.

3. KEY CHALLENGES

Impediments to greater progress in achieving the MDG targets include:

- Inadequate data on maternal healthcare to facilitate regular and reliable assessment of maternal mortality issues;
- Limited deployment of skilled health workers, supply of equipment, logistics, staff accommodation, transportation and ambulance services;
- Slow scaling up of maternal health services, particularly at district level, as well as investments in Community Health Planning Services and related primary health care infrastructure and systems within the context of the Ouagadougou Declaration;
- Ineffective referral system nationwide, compounded by transport constraints (especially for women in labour).

GOAL 6: COMBAT HIV/AIDS AND OTHER DISEASES

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

1. STATUS AND TRENDS

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

Ghana has halted the rise in prevalence and is on track to reverse the spread of HIV/AIDS

The number of people living with HIV and AIDS was 235,982 in 2012 down from the peak of 267,069 in 2009. This was driven mainly by the continuous decline in new infections from 25,531 to 7,812 over the same period, a fall of close to 70 percent after a 13.3 percent increase between 2008 and 2009 (Table 6.1).

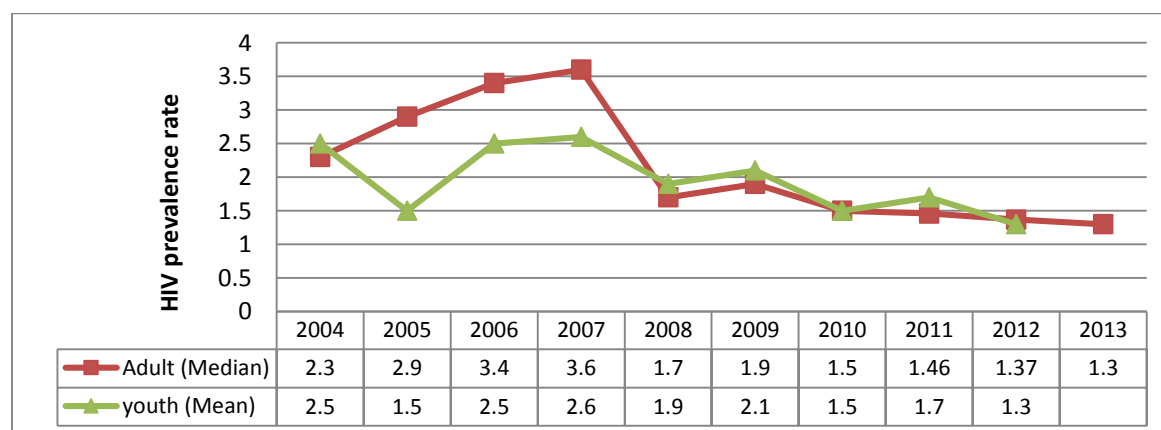
Table 6.1: Estimated Number of New HIV Infections, PLHIV and AIDS Deaths

Indicator	2008	2009	2010	2011	2012	2013
New HIV infections	22,541	25,531	12,890	12,077	7,991	7,812
Persons living with HIV/AIDS	236,151	267,069	221,941	217,428	235,982	224,488
Total AIDS deaths	18,082 (children 2,241)	20,313 (Children 2,566)	16,313 (Children 1,161)	14,330 (Children 2,029)	11,655 (Children 1,602)	10,074 (Children 2,248)

Source: MOH/NACP, various dates

HIV prevalence in Ghana has remained quite low among the youth (below 2 percent) since 2010. The average HIV prevalence, which was estimated at 2.6 percent in 2007, declined to 1.6 percent in 2014 (Figure 6.1). In the years preceding 2008, prevalence varied from a high of 2.6 percent in 2007 to a low of 1.5 percent in 2005.

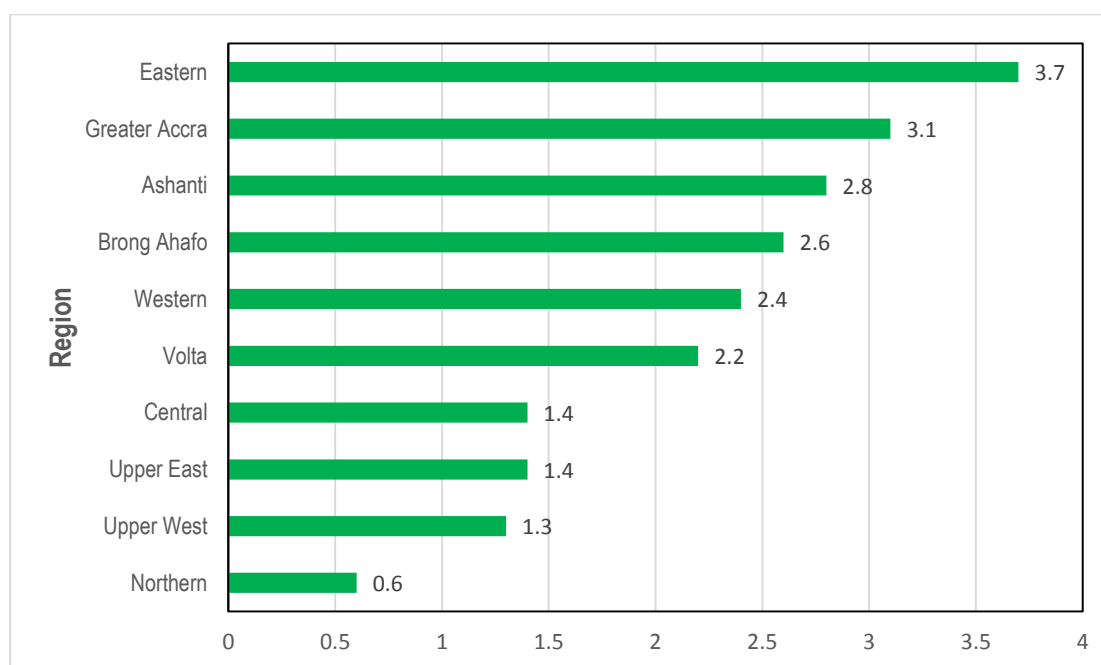
Figure 6.1: HIV/AIDS Prevalence among Adults and Youth, 2000-2014 (%)



Source: Ghana AIDS Commission, various years

The highest HIV prevalence of 3.7 percent in 2014 was recorded in the Eastern Region followed by 3.1 percent in the Greater Accra Region while Northern and Upper West regions recorded the lowest rates of 0.6 percent and 1.3 percent respectively (Figure 6.2). Four regions – Upper West, Central, Volta and Upper East – recorded HIV prevalence rates between 1.3 percent and 2.2 percent while the Brong Ahafo, Western and Ashanti regions had prevalence rates of between 2.4 percent and 2.8 percent.

Figure 6.2: HIV Prevalence, by Region, 2014 (%)



Source: Ghana AIDS Commission, various years

Prevalence among the age group 15-19 has decreased from 1.1 percent in 2011 to 0.9 percent in 2014. On the other hand, among the 35-39 age group, the prevalence rate increased from 2.8 percent in 2011 to 3.2 percent in 2014. While prevalence in the 45-49 age group was even higher (3.3 percent) in 2013, the rate fell drastically to 1.7 percent in 2014 (Table 6.2).

Table 6.2: HIV Prevalence, by Age Group, 2011-2014 (%)

Age Distribution	2011	2012	2013	2014
15-19	1.1	0.7	0.8	0.9
20-24	1.5	1.5		2.1
25-29	2.7	2.8		2.0
30-34	2.9	3.0		2.8
35-39	2.8	3.3	3.2	3.2
40-44	---	3.2		2.1
45-49	---	---	3.3	1.7
15-24	1.7	1.3		1.8
15-49		1.37	1.31	---

Source: Ghana AIDS Commission, various years

Target 6B: Achieve universal access to treatment by 2010

1. STATUS AND TRENDS

Indicator 6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs

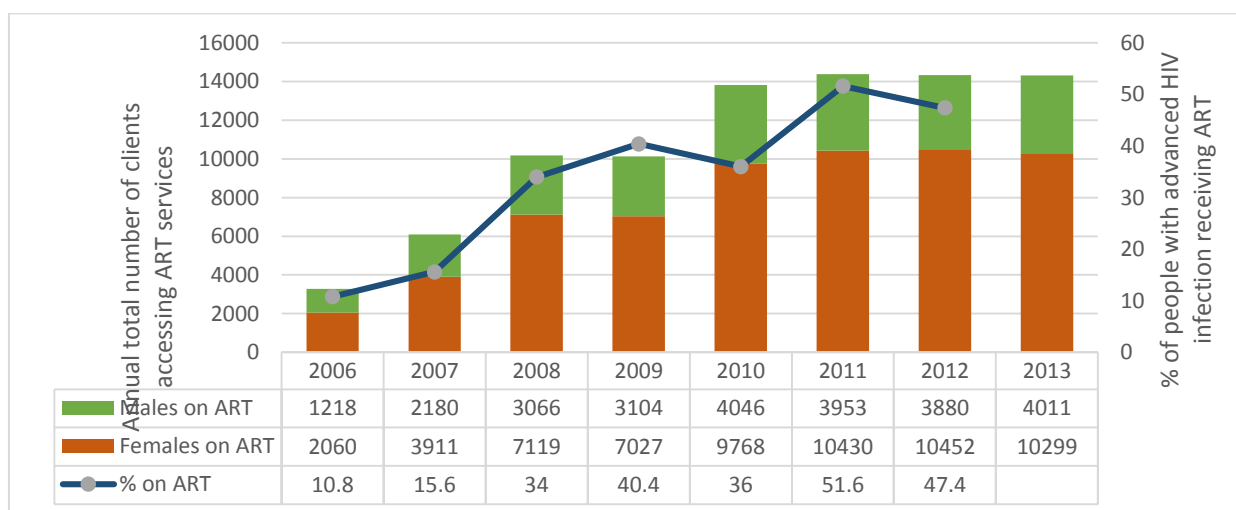
Access to antiretroviral drugs is not yet universal; it has improved for females overall but declined for pregnant women

Efforts to broaden access to antiretroviral therapy (ART) have yielded considerable improvements in the number of people living with HIV (PLHIV) in the last five years. The annual total number of patients accessing ART increased from 3,278 in 2006 to 14,310 in 2013 and the annual increase has been higher among females. The proportion of adults with advanced HIV on ART surged from 10.8 percent to 47.4 percent between 2006 and 2012 (Figure 6.3).

Importantly, the number of AIDS deaths fell from 20,313 in 2009 to 10,074 in 2013. This decline may be linked to increasing access of HIV patients to ART.

The proportion of HIV-positive pregnant women who received ARVs for prevention of mother-to-child transmission (PMTCT) declined to 66 percent in 2014 from 76 percent in 2013. PMTCT is by far the most common way that children become infected with HIV. Without treatment, the likelihood of HIV passing from mother to child is 15-45 percent. However, antiretroviral treatment can reduce this risk. The declining trend in the supply of ARVs for PMTCT is therefore worrying. In 2014, there was a substantial increase in the number of pregnant women diagnosed with HIV who therefore require ARVs for PMTCT. This could partly explain the reduction in the proportion of persons that are treated for PMTCT. The challenge of providing adequately for PMTCT could reflect a more generalised lack of ARVs in Ghana and should be analysed in more detail to address bottlenecks.

Figure 6. 1: Annual Number of Males and Females on ART and Proportion of Adults with Advanced HIV on ART, 2006-2013



Source: National AIDS Control Programme Annual Reports 2006-2013

2. KEY FACTORS CONTRIBUTING TO PROGRESS

Government continue to receive different forms of support from various bodies and institutions in the country and elsewhere in the fight against HIV and AIDS. These include the Global Fund (to Fight AIDS, Tuberculosis and Malaria), UN, USG PEPFAR and other bilateral partners, NGOs, and CSOs. Practicing safe sex, especially among the most vulnerable; reducing mother-to-child transmission; promoting voluntary counselling and testing; and increasing use of ART for PLHIV are some of the measures being undertaken by all stakeholders to halt the spread of the disease.

Specific initiatives that have been undertaken during the period under review include:

- Coordinated national response programme.
- HIV Testing and Counselling (HTC).
- Prevention of mother-to-child transmission.
- Condom promotion and distribution alongside education on abstinence.
- Monitoring, supervision and supporting sites providing ART services and also assessing potential sites for ART accreditation.
- Providing nutritional support for PLHIVs.
- Strengthening referrals and collaboration between facilities and communities to increase ART uptake and adherence.
- Global fund dedication to HIV serves as a rallying point for HIV programming and financing.
- Intensified campaign by UN, development partners, NGOs and CSOs against stigmatisation and discrimination.

3. KEY CHALLENGES

The main constraints to the reduction of HIV/AIDS prevalence include:

- Persistent stigmatisation and discrimination against people living with HIV and AIDS, coupled with misconceptions about the disease.
- Risky behaviour among young people.
- Power relations disadvantageous to women.
- Unstable supply of antiretroviral drugs.

Target 6C: Halt and reverse the incidence of malaria and other major diseases

1. STATUS AND TRENDS

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

Malaria remains a public health concern and a leading cause of mortality and morbidity

Malaria remains a public health concern, a major cause of mortality and morbidity, especially among children under 5 years and pregnant women, and a leading cause of poverty and low productivity. This is because malaria accounts for about 32.5 percent of all OPD attendances and 48.8 percent of under-5 admissions in the country (NMCP Annual Report, 2009). Under-5 malaria case fatality rate rose from 1.3 percent to 2.8 percent in 2011 and dropped substantially to 0.6 percent in 2012 (Table 6.3).

The general incidence of malaria increased from 79.7 per 1,000 in 2009 to 108.3 per 1,000 in 2010. Deaths associated with malaria rose from 3,378 deaths in 2009 to 3,859 deaths in 2010 (Table 6.3). Also, the percentage of pregnant women put on intermittent preventive treatment (IPT) fell from 81.0 percent in 2009 to 67.1 percent in 2010, even though the absolute number increased marginally. The proportion on IPT dropped further to 53.3 percent in 2011, rose in 2012 but fell back in 2013.

Table 6.3: Selected Indicators on Malaria Infection, 2009-2012

Indicator	2009	2010	2011	2012	2013
% of under-5s sleeping under ITN	---	---	39	41.5	46.6*
Incidence of malaria (per 1,000 of all ages)	79.7	108.3	---	---	---
Under-5 malaria case fatality rate (%)	1.2	1.3	2.8	0.6	0.6
Total number of pregnant women put on IPT (SP)	576,163	578,142	---	---	---
% of pregnant women put on IPT (SP)	81.0	67.1	53.3	58.3	53.2

* Data from GDHS, 2014

Source: Ghana Health Service, 2012; GSS, 2012

Prevention is the best way of addressing the high incidence of malaria. The use of ITN as a preventive measure has increased consistently. Survey data (GDHS and MICS) indicate a consistent increase in the use of ITN by children under 5 years and pregnant women between 2003 and 2011. Less than 5 percent of children under 5 years and pregnant women slept under ITN the previous night in 2003 compared to 39 percent and 33 percent in 2011 respectively (Table 6.4).

Although major advances have been made towards reducing malaria through national control programmes such as the promotion of the use of ITN over the past decade, the increasing high incidence of malaria makes attainment of this MDG target a significant challenge. One of the factors working against the preventive campaign is the fact that people who received the ITN were not using them for reasons such as difficulty in hanging them over their sleeping places.

Table 6.4: Malaria Indicators, 2003-2011 (%)

Indicator	2003 DHS	2006 MICS	2008 DHS	2011 MICS
Proportion of households with one or more ITN (%)	3	19	42	49
Proportion of children under 5 years old who slept under ITN the previous night (%)	4	22	39	39
Proportion of pregnant women who slept under ITN the previous night (%)	3	N/A	27	33
Proportion of women who received two or more doses of IPTP during their last pregnancy in the last two years (%)	0	28	44	65
Proportion of children under 5 years old with fever in last two weeks who received treatment with ACTs (%)	N/A	3	12	18

Source: GSS, various dates

2. KEY FACTORS CONTRIBUTING TO PROGRESS

As part of measures to control malaria and to ensure that a greater number of households not only own ITNs but also use them, a multi-pronged strategy has been developed by the National Malaria Control Programme (NMCP) of the Ghana Health Service. Among the measures is the adoption of a modified distribution strategy and campaign dubbed “Door-to-Door Hang Up”. With the support of partners and stakeholders, this innovative approach was initially implemented in the Northern Region targeting households with children under 5 years and pregnant women. Other specific interventions implemented by the NMCP to manage the disease included:

- Improving malaria case management in health facilities;
- Intensifying public education on malaria control and management as well as environmental sanitation;
- Increasing the Intermittent Preventive Treatment (IPT) to provide chemoprophylaxis for pregnant women;
- Local pharmaceutical companies producing quality generic anti-malaria drugs.
- Availability of over-the-counter malaria tests contributing to quick diagnosis and treatment of malaria.

3. KEY CHALLENGES

The major challenges include the following:

- Limited access of poor people to ITNs.
- Resource limitations, mostly financial, to scale up malaria control programmes.
- Poor sanitation habits of many city dwellers.
- Inadequate waste disposal nationwide, coupled with poor drainage systems in the cities.
- Weak coordination of waste management system which largely account for duplication and wastage of resources, especially by key implementation agencies.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

The seventh goal of the MDGs recognises the relevance of environmental sustainability for the wellbeing of citizens. There are four main targets under this goal. The first is to integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources. The second target focuses on achieving a significant reduction in the rate of loss of biodiversity while the third target is to halve the proportion of people without sustainable access to safe drinking water and basic sanitation, all by 2015. The fourth target under this goal aims to achieve a significant improvement in the lives of at least 100 million slum dwellers in the world by 2020. The report does not discuss progress on biodiversity loss because of lack of data.

Target 7A: Integrate sustainability principle into policies and reverse environmental resource loss

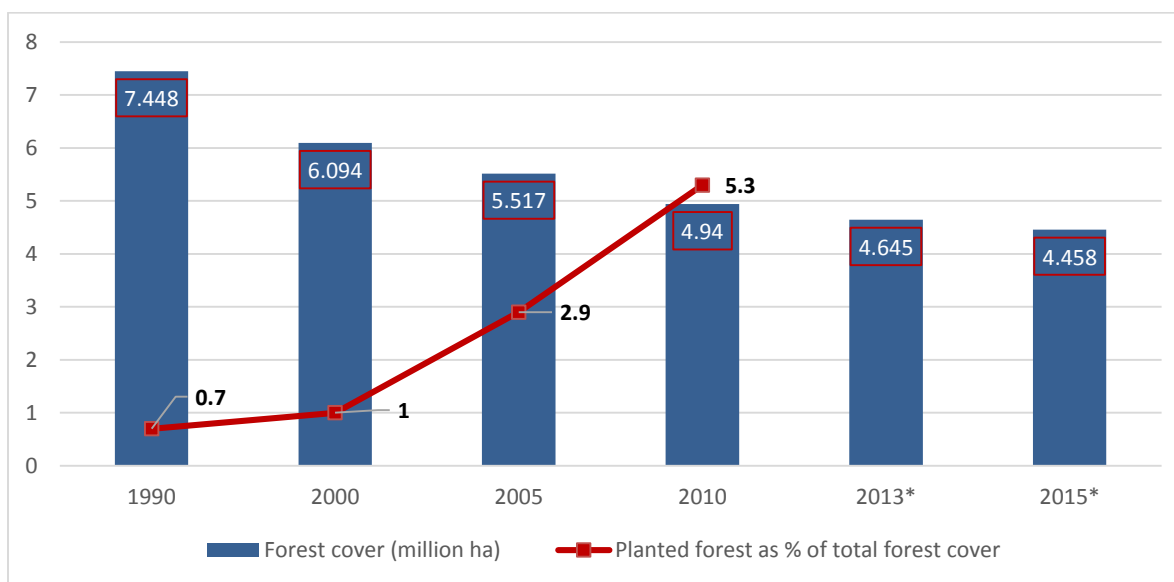
Indicator 7.1: Proportion of land area covered by forest

1. STATUS AND TRENDS

Depletion of forest cover continues at an alarming rate

Ghana has a total forest area of 9.2 million hectares made up of 1.79 million hectares of close forest and 7.4 million hectares of open forest (NDPC, 2014). Ghana lost about 2.51 million hectares (or 33.7 percent) of its forest cover between 1990 and 2010, representing a 2.03 percent average annual loss over the period (Figure 7.1).

Figure 7.1: Total Forest Cover and Planted Forest, 1990-2015 (%)



*Estimated from annual deforestation rate

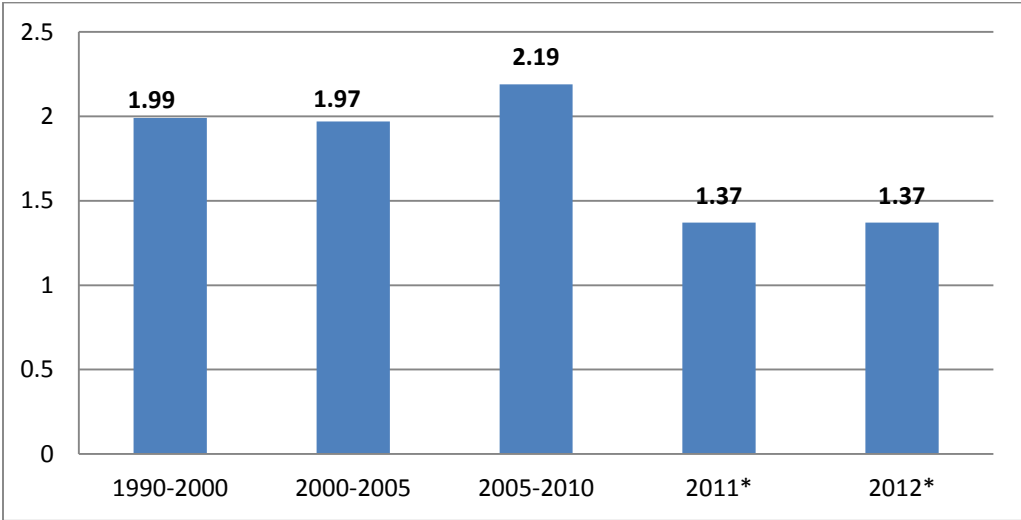
Source: Computed from Global Forest Reserve Assessment 2010

The rate of deforestation dropped marginally from 1.99 percent in 1990-2000 to 1.97 percent in 2000-2005 and subsequently rose significantly to 2.19 percent in 2005-2010. The estimated annual average deforestation rate for 2011 and 2012 was estimated at 1.37 percent (Figure 7.2A).

Meanwhile, the afforestation effort through tree planting has been very slow. In 1990, about 50,000 hectares were recorded, representing 0.7 percent of total forest cover and this increased to 60,000 hectares or 1.0 percent of total forest cover in 2000 (Figure 7.1).

The country stepped up the afforestation effort to record 160,000 hectares in 2005 and 260,000 hectares in 2010. This translated into an annual average increase in planted forest from 1.84 percent in 1990-2000 to 21.7 percent in 2000-2005 and 10.2 percent in 2005-2010 (Figure 7.2B).

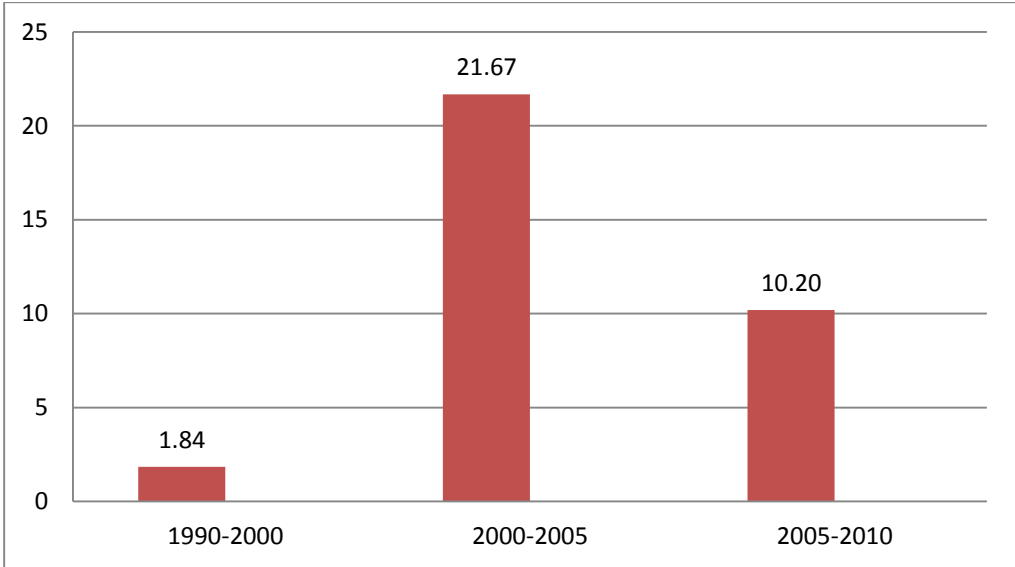
Figure 7. 1A: Annual Average Rate of Deforestation, 1990-2012* (%)



*Projections

Source: Computed from Global Forest Reserve Assessment 2010

Figure 7.2B: Annual Average Increase in Planted Forest, 1990-2010 (%)



Source: Computed from Global Forest Reserve Assessment 2010

2. KEY FACTORS CONTRIBUTING TO PROGRESS

A number of interventions have been carried out to slow down the rate of deforestation and eventually halt and reverse it. These include:

- Establishment of 168,910 hectares of forest plantation, mainly within degraded forest reserves, under the National Forest Plantation Development Programme 2002-2012.
- Operations of a Rapid Response Unit to stem the rampant encroachment of forest reserves and protected areas as well as to address illegal logging, mining and settlement.
- Ensuring compliance with regulations and laws that protect Ghana's natural resources;
- Passage of Resources (Legality Licensing) Regulations, 2012-2014 as part of efforts to enable implementation of the Legality Assurance System.
- Building capacity for monitoring and assessment of environmental degradation costs.

3. KEY CHALLENGES

Some of the specific challenges to fighting deforestation and degradation include:

- Weak enforcement of laws and regulations of forestry, wildlife and other natural resources.
- Inadequate community involvement in forest resource management.
- Inadequate human and financial resources to execute the afforestation programme, particularly at district level.
- Excessive logging, unsustainable agricultural practices, bushfires, cutting of fuelwood, mining and quarrying.
- Clash between national legislation and land ownership of at local level (families and chiefs) over the preservation of forests and other natural resources.
- Weak inter-agency coordination in forest and wildlife resource management.
- Inability to sustain implementation of interventions related to reforestation in environmental management.
- Excessive logging, unsustainable agricultural practices, bushfires, cutting of fuelwood, mining and quarrying.
- Increasing demand for forestry products due to population growth and urbanisation.

Target 7C: Halve the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicator 7.8: Proportion of population using improved drinking water sources

1. STATUS AND TRENDS

Significant gains have made in access to improved water sources

The proportion of households with access to improved water sources rose from 67 percent in 1993 to 84 percent in 2008 (GSS, 1993, 2008). The proportion of the urban population with access to

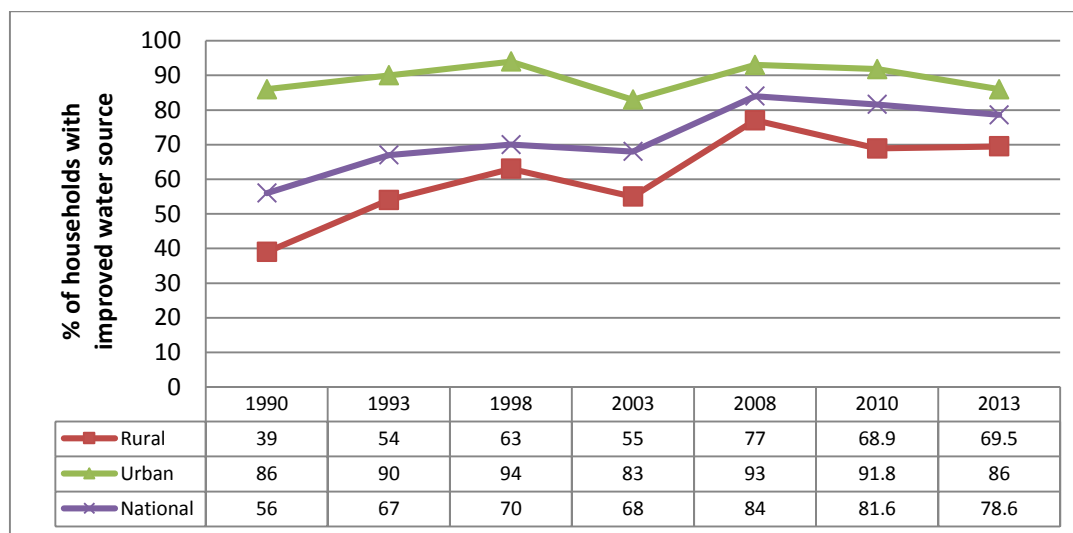
improved water sources increased from 90 percent in 1993 to 93 percent in 2008, while that of the rural population rose substantially from 54 percent in 1993 to 77 percent in 2008 (Figure 7.3). Based on the 2010 Population and Housing Census, the proportion of people with access to improved sources of water was estimated at 81.6 percent, while GLSS 6 estimated the proportion to be 78.6 percent in 2013. Although data sources are different, significant improvement has been recorded in access to improved water sources between 1990 and 2013.

Table 7.1: Classification of Improved and Unimproved Water Sources

Improved water source	Unimproved source
▪ Household connection	▪ Rivers or ponds
▪ Borehole	▪ Bucket
▪ Protected dug well	▪ Unprotected well
▪ Protected spring	▪ Unprotected spring
▪ Public Standpipe	▪ Vendor-provided water
	▪ Tanker truck water
	▪ Bottled (and sachet) water

Source: WHO/UNICEF Joint Monitoring Platform (JMP)

Figure 7.3: Access to Improved Water Sources, by Location, 1990-2013 (%)



Source: GSS, GDHS 1993-2008, 2010 Population and Housing Census and GLSS 6 of 2013

2. KEY FACTORS CONTRIBUTING TO PROGRESS

A number of policy interventions have been carried out in the last few years under the Urban and Rural Water Management Programme to improve access to safe drinking water in urban and rural areas. Specific interventions include:

- Rehabilitation and expansion of Barekese and the Kpong ATMA Rural Treatment Plant to improve water supply in Kumasi and Accra respectively by adding 15 million gallons to the existing 30.16 million gallons in 2012.

- Works and rehabilitation of Essakyir water supply, Mampong water treatment plant and construction of five water treatment plants in five towns in the Eastern Region to supply about 2 million gallons of water daily.
- Completion of Phase 1 of the Tongor-Kpalime Water Supply Project for 13 communities.
- Completion of over 1,000 boreholes under the government 20,000 Borehole project.
- Completion of five water treatment plants to produce a total of 1.5 million gallons per day (mgd) to serve communities around Kibi, Anyinam, Apedwa and Kwabeng.
- Teshie-Nungua Desalination Water Project to produce 13 mgd to serve about 500,000 people in Teshie, Nungua, Batsonaa, Sakumono and part of La-Dadekotopon.

3. KEY CHALLENGES

The key challenges include:

- Fast rate of urbanisation which comes with increasing demand for water for domestic, industrial and commercial consumption
- Pollution of water bodies by small-scale illegal miners, particularly in rural areas;
- Inadequate financial resources to carry out and maintain major water projects, against the backdrop of fiscal deficits and a rising debt burden.
- Unreliable supply of electricity to power and pump water to homes.

Indicator 7.9: Proportion of the population using an improved sanitation facility

1. STATUS AND TRENDS

Most households are without basic sanitation, particularly in rural areas

An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Thus, improved sanitation facilities are those that are not shared by multiple households (Table 7.2).

Table 7.2: Classification of sanitation facilities

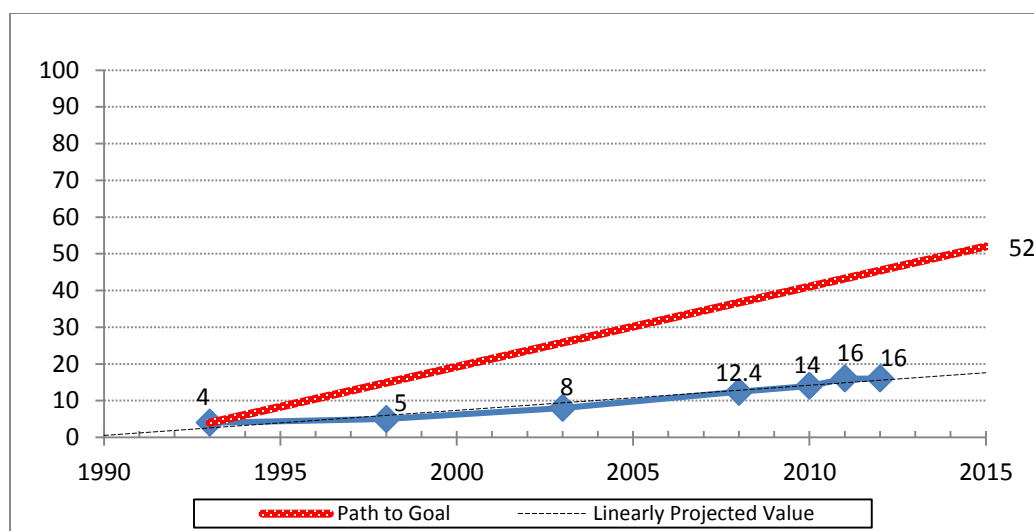
Improved	Unimproved
<ul style="list-style-type: none"> ▪ Flush or pour-flush to piped sewer system, piped sewer system and pit latrine 	<ul style="list-style-type: none"> ▪ No facilities or bush/field/open defecation
<ul style="list-style-type: none"> ▪ Ventilated improved pit latrine (VIP) 	<ul style="list-style-type: none"> ▪ Flush or pour-flush to elsewhere
<ul style="list-style-type: none"> ▪ Composting toilet 	<ul style="list-style-type: none"> ▪ Pit latrine without slab or open pit
	<ul style="list-style-type: none"> ▪ Bucket
	<ul style="list-style-type: none"> ▪ Hanging toilet or hanging latrine

Source: WHO/UNICEF Joint Monitoring Platform (JMP)

The proportion of people with access to improved basic sanitation increased from 4 percent in 1993 to 12.4 percent in 2008 which is far from the 52 percent target in 2015 (Figure 7.4). For the urban population, the proportion increased from 10 percent to 18 percent over the same period as against 1 percent to 8.2 percent in rural areas (GSS, 2008). Institutional estimates indicate that the

proportion of the population with access to improved sanitation increased from 14 percent in 2010 to 16 percent in 2011 and 2012 (Figure 7.4).

Figure 7.4: National Access to Improved Sanitation, 1993-2012 (%)



Source: GSS, various years; MLGRD, 2013

Access to basic sanitation remains a challenge, with only a quarter of the population using improved sanitation facilities in 2013 (GSS, 2014). Urban areas recorded 28.6 percent access to improved basic sanitation compared to 10.5 percent for the rural population in 2013.

Public toilets are the facility used by the highest proportion of households at national level in 2013, followed by defecation in bush/field/beach (Table 7.3). In urban areas, public toilets are the most used facility, followed by water closets (WC). Among rural households, however, defecation in bush/beach/field is the main practise, followed by public toilet and pit latrine. Only 2.3 percent of rural households used WC in 2013 compared with 23.3 percent in urban areas in the same year.

Table 7.3: Toilet Facilities used by Households, 2013 (%)

Indicator	2013 (GLSS 6)		
	Rural	Urban	National
WC	2.3	23.3	13.9
KVIP	8.2	15.3	12.1
Pit latrine	24.2	15.0	19.1
Bucket/Pan	0.1	0.3	0.2
Public toilet (KVIP/WC/Pit/Pan)	32.1	38.7	35.7
No facility/bush/beach/field	32.9	7.4	18.8
Other	0.2	0.1	0.1
Improved sanitation facility	10.5	28.6	26.0

Source: GSS, GLSS6 of 2012/13

2. KEY FACTORS CONTRIBUTING TO PROGRESS

In an effort to enhance access to improved basic sanitation, a number of interventions have been undertaken over the years, including:

- Construction of household lavatories in metropolitan areas on cost-sharing basis.
- Construction of 2,541 VIP latrines, 72 KVIPs, 232 instructional latrines and 7,194 household latrines.
- Finalisation of the revised Environmental Sanitation Action Plan and National Environmental Sanitation Policy.
- Completion of two newly engineered landfill sites in Tema and a specific treatment facility in Takoradi under the Urban Environmental Sanitation Project.
- Enhanced private sector and community participation in sanitation and waste management.
- Establishment of the Accra Composting and Recycling Plant, a 600 tonnes per day facility at Teshie through public-private partnership.
- Monthly National Sanitation Day campaign.
- Water, Sanitation and Hygiene (WASH) project.

3. KEY CHALLENGES

Challenges identified in improving sanitation still remain. The key challenges are as follows:

- Rapid urbanisation, population pressures;
- Unplanned expansion of settlements;
- Low investment in sanitation delivery;
- Weak environmental sanitation monitoring and enforcement systems;
- Unavailability of accurate and timely data on sanitation.

Target 7D: Achieve a significant improvement in the lives of at least 100 million slum dwellers

1. STATUS AND TRENDS

Indicator 7.10a: Proportion of population with access to secure housing

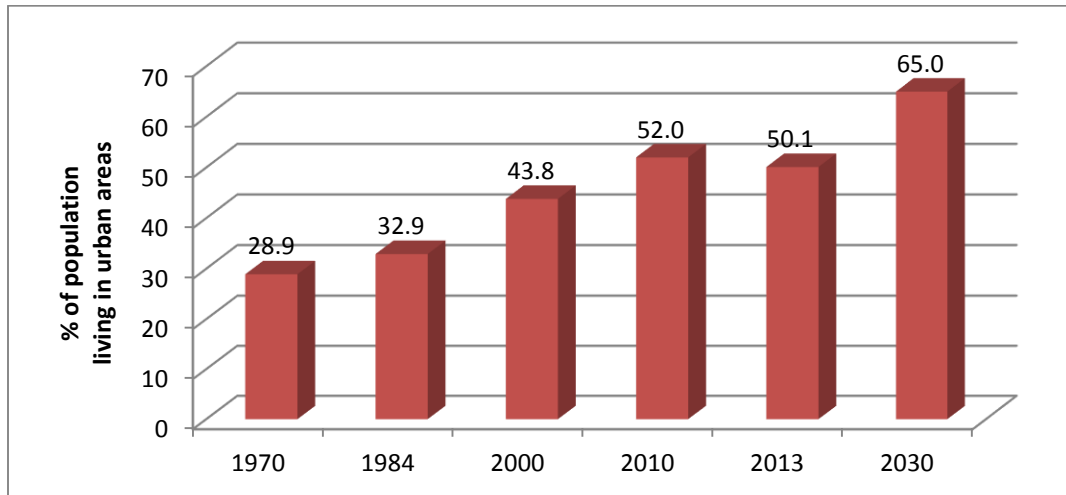
Indicator 7.10b: Proportion of urban population living in slums

A significant deficit in secure housing persists, along with the presence of urban slums

The total housing stock in the country was 3,392,745 in 2010, up from 2,181,979 in 2000, indicating 4.5 percent average annual growth in housing stock (GSS, 2012). This, however, is not enough to meet the increasing demand. Ghana continues to face a significant housing deficit, currently estimated at 1.6 million units.

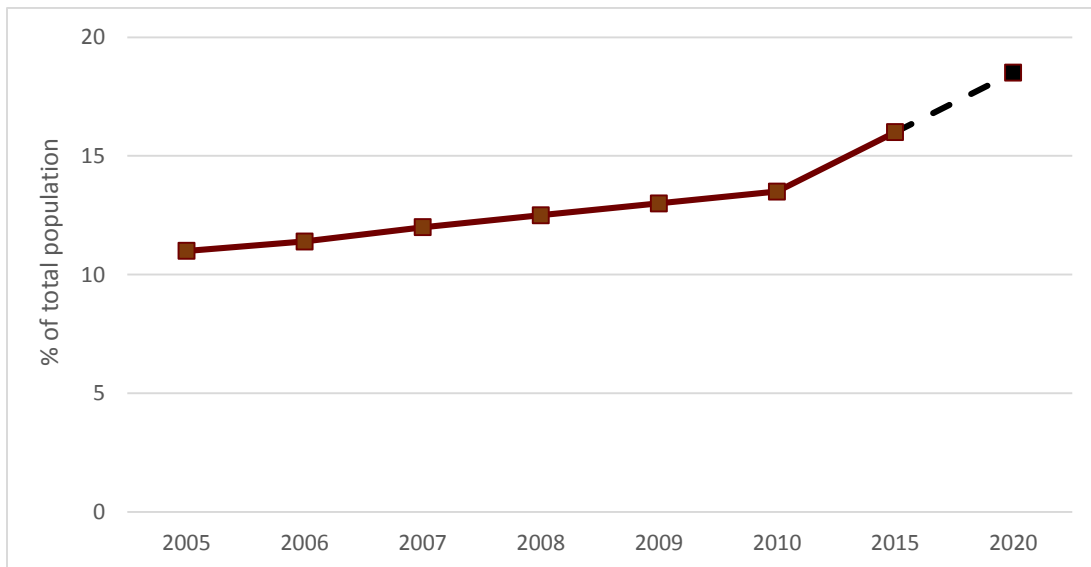
Out of about 5.82 million dwelling units recorded in 2010, less than 50 percent were classified as houses, while the rest were abodes constructed with poor-quality mud bricks and earth, mostly with thatched roofs and poor floor construction materials.¹³

Figure 7.5A: Urban Share of Total Population 1970-2030 (%)



Source: MWRWH, 2010 and GSS, 2012

Figure 7.5B: Total Population with Access to Secure Housing, 2005-2020* (%)



*Projection

Source: MWRWH, GSS 2010

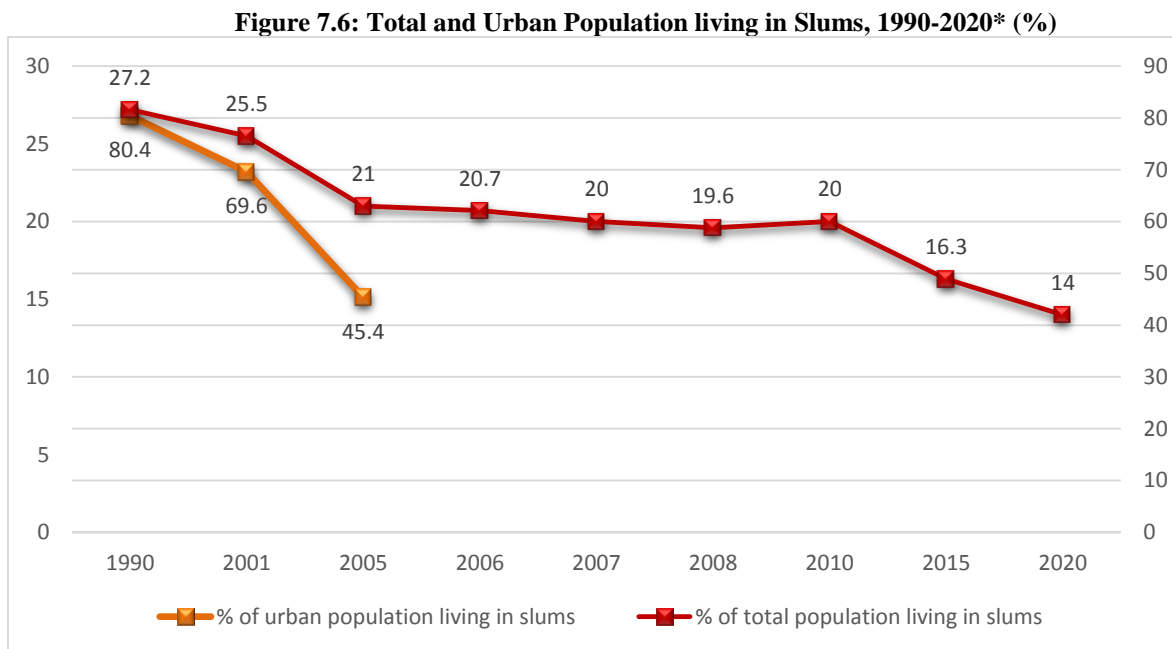
Increasing population growth, poverty and rural-urban migration have contributed to turning makeshift structures into places of abode for many households in rural and urban areas. Between 2000 and 2010, annual average urban growth was 4.24 percent (NDPC and MESTI, 2015). This

¹³A dwelling unit is broadly defined as a specific area or space occupied by a particular household and, therefore, need not necessarily be the same as a house.

urban population is expected to increase from about 52 percent of the total population in 2010 to around 65 percent by 2030 (Figure 7.5A). Meanwhile, the proportion of the total population with access to secure housing is just about 13 percent, and is projected to reach about 18.5 percent by the end of 2015 (Figure 7.5B).

Proportion of urban population living in slums

The rapid growth in urban population puts a strain on the limited social infrastructure, resulting in congestion, overcrowding and slums, with the attendant social vices. On average, an estimated 20 percent of the national population lived in slums in 2010, the percentage had been declining since and is projected to reach about 14 percent by 2020 (Figure 7.6).



**Projection*

Source: MWRWH, 2013

2. FACTORS CONTRIBUTING TO PROGRESS

Several interventions have been made to increase housing accessible to low- and middle-income groups and to reduce the slum situation through the Affordable Housing Programme and Slum Upgrading Facility. Notable among these initiatives are:

- Continued implementation of slum upgrading initiatives across the country by local and international NGOs.
- Continuation of Government of Ghana Affordable Housing Programme comprising 4.720 housing units.
- Implementation of housing policy to reduce the housing deficit, with private sector participation in delivery.
- Improving access to mortgage facilities.
- Continued implementation of the Cocoa Farmers Housing Scheme.

3. KEY CHALLENGES

The presence of slums in urban areas is attributed largely to rapid urbanisation, conflicts and the accompanying attractive pull factor for people from the rural areas to cities. Moreover, limited supply of land and regulatory frameworks to address the needs of the urban poor has also been identified as another major contributory factor. This has been attributed to the lack of a housing policy that addresses the shortage of housing units for the urban poor in particular and for low-income earners in general.

A number of challenges in expanding improved and affordable housing and upgrading of slum areas persist:

- Inadequate long-term finance for the housing sector.
- High cost and limited access to land with title that is free from disputes.
- Heavy reliance on expensive imported building materials while local building materials remain undeveloped.
- Weak capacity of government agencies, and unclear mandate particularly of metropolitan, municipal and district assemblies (MMDAs) and local authorities to facilitate adequate housing provision.
- Lack of well-planned residential and commercial areas.
- Weak enforcement of planning laws as well as weak legal framework (Act 462, Act 480) on slum development, slum upgrading and prevention.
- Lack of an appropriate land and regulatory framework to address the needs of the urban poor.

GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Target 8B: Address the special needs of the Least Developed Countries (LDCs)

1. STATUS AND TRENDS

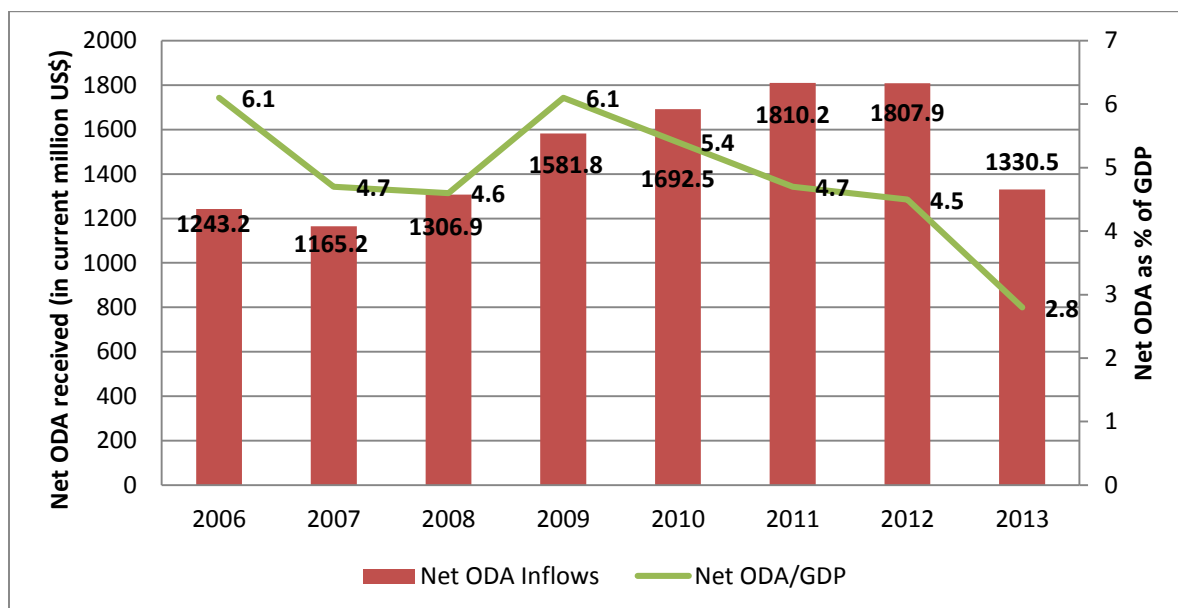
Indicator 8.1c: Official development assistance (ODA) receipts by the Government of Ghana as a percentage of GDP

Aid inflows have been falling since Ghana's reclassification to middle-income status

MDG 8 requires developed countries to increase ODA to developing countries to at least 0.7 percent of gross national income (GNI) by 2015. Many developed countries have not achieved this target. However, a few countries, such as Denmark, Luxembourg, the Netherlands, Norway and Sweden, have exceeded the target.

Since Ghana attained lower middle-income status in 2010, aid inflows have been dwindling. In nominal terms, net ODA inflows rose from US\$1.24 billion in 2006 to US\$1.81 billion in 2012, representing a 6.4 percent average annual increase over the period. However, inflows dropped by 26 percent to US\$1.3 billion in 2013. As a percentage of GDP, net ODA declined steadily from 6.1 percent in 2009 to 2.8 percent in 2013 (Figure 8.1).

Figure 8.1: Net ODA Inflows to Ghana in Nominal Terms and as % of GDP, 2006-2013



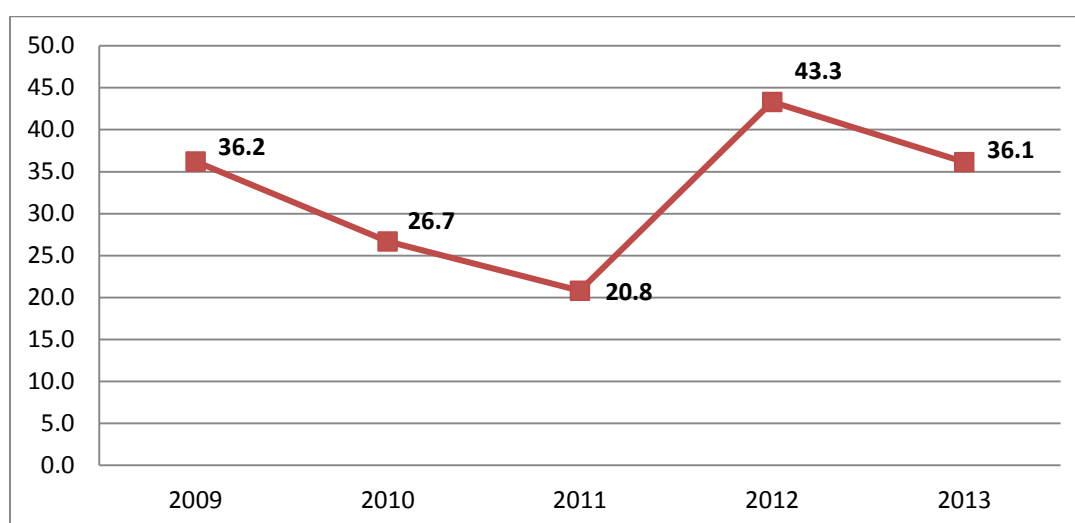
Source: World Bank, various years

Indicator 8.1d: Programme aid as a percentage of total ODA

Aid inflows are predominantly directed to funding projects as opposed to programmes

Aid inflows are almost equally distributed between project and programme aid, including debt relief, with project aid forming 50.3 percent of aid inflows between 2003 and 2010. The World Bank and European Union have generally been the major multilateral donors, while the Netherlands and the United Kingdom were the major bilateral donors. Programme aid (excluding debt relief) constituted 36.1 percent of total ODA to Ghana in 2013. In 2009, programme aid accounted for 32.6 percent of total ODA, but declined over two years before increasing to peak at 43.3 percent in 2012 (Figure 8.2).

Figure 8.2: Share of Programme Aid in Total ODA, 2009-2013 (%)



Source: Computed from Ministry of Finance and World Bank data, various years

2. KEY FACTORS CONTRIBUTING TO PROGRESS

The main factors contributing to continued ODA flows to Ghana in spite of its middle-income status include:

- Sustained political stability and improved democratic governance including strengthening of Parliament, protection of rights under the rule of law, a reasonable degree of public safety and security, empowering women and vulnerable groups, and improving domestic accountability.
- Confidence of development partners in the country's systems.
- Parliament, through the Public Accounts Committee, continues to exercise its statutory oversight responsibility over the budgetary process by holding public hearings on the Auditor-General's report on the use of public funds.
- Pursuant to the Paris Declaration, the government has maintained a forum for policy dialogue with development partners on strategic reforms that allows partners to commit resources to specific development results.
- Strengthened national ownership of the development process.

- Participatory process towards formulating a National Aid Policy initiated to strengthen aid administration.

3. KEY CHALLENGES

The key challenges for aid and development effectiveness are:

- Inadequate institutional and systems readiness for Ghana’s transition to middle-income country (MIC) status, with the attendant challenges for both development partners and the government of Ghana in aid delivery.
- Weakness in aid administration due to the absence of comprehensive guidelines and targets to facilitate effective aid delivery.
- Impact on aid flows of developments in the global financial, economic and political environment.

Target 8D: Deal comprehensively with the debt problems of developing countries

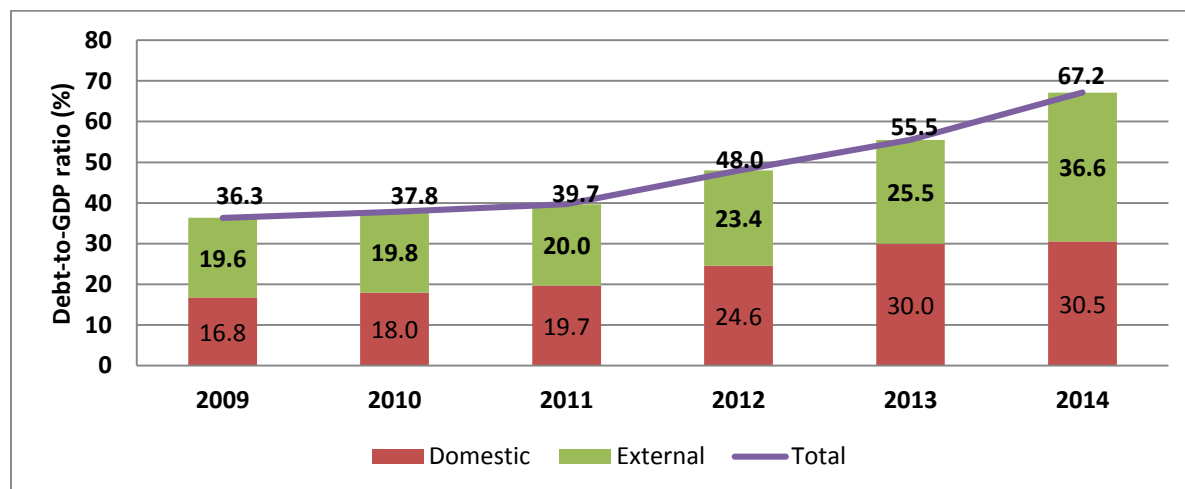
1. STATUS AND TRENDS

Indicator 8.12a: Public debt as a percentage of GDP

The public debt burden, from both domestic and foreign sources, has systematically increased

Ghana’s high debt stock led it to sign on to the Heavily Indebted Poor Countries (HIPC) initiative in 2001 to obtain debt relief. The country’s debt stock declined consistently from about 181.7 percent of GDP in 2000 to about 41.2 percent in 2006, with both external and domestic debt declining over the same period. However, with the recalibration of GDP in 2010, Ghana’s debt stock in 2006 was re-estimated at 28.3 percent of GDP, putting it well below the 60 percent debt sustainability threshold.

Figure 8.3: Public Debt-to-GDP, 2009-2014 (%)



Note: Ratios are based on the 2010 rebased GDP estimates

Source: Quarterly Bulletin of Bank of Ghana, Various Issues

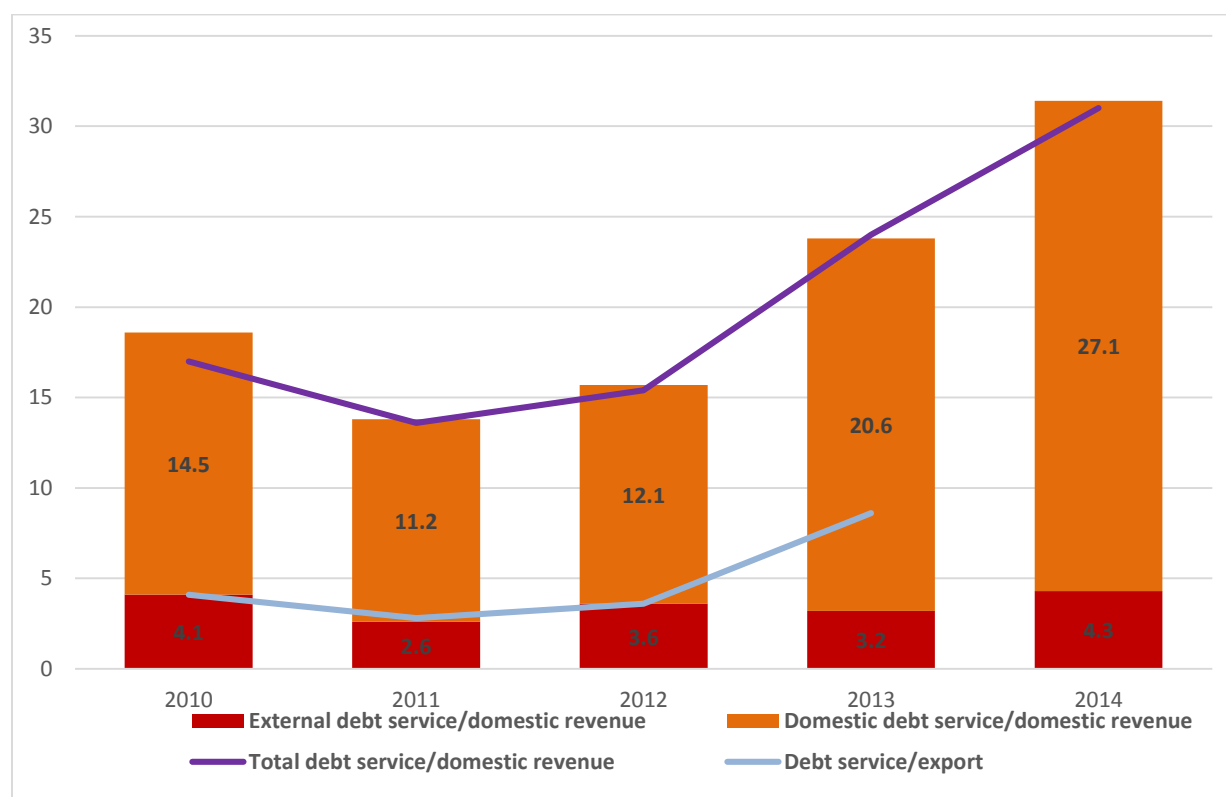
The increasing debt burden measured by the rising public debt-to-GDP ratio and debt servicing as a percentage of domestic revenue or exports continues to put pressure on government finances. Public debt resumed its upward trend, from 28.3 percent of GDP in 2006 to 36.3 percent of GDP in 2009, comprising 19.6 percent external and 16.8 percent domestic (Figure 8.3). At 67.2 percent of GDP in 2014, Ghana's debt stock exceeded the threshold. About 30.5 percent of debt stock is owed to domestic creditors, and 36.6 percent to external creditors.

Indicator 8.12b: Debt servicing as a percentage of exports of goods and services

Growth in domestic revenue has failed to keep pace with the growth in debt servicing

Debt servicing has been increasing since 2011 alongside the increasing public debt stock. Total debt servicing, which declined from 18.6 percent of domestic revenue in 2010 to 13.8 percent in 2011, rose to 31.4 percent in 2014 (Figure 8.4). Similarly, total debt servicing as a percentage of exports more than doubled from 3.2 percent to 7.9 percent between 2011 and 2013. The ratio of domestic debt service to domestic revenue reached 27.1 percent in 2014 from 11.2 percent in 2011. The ratio of external debt service to domestic revenue has in turn increased from 2.6 percent in 2011 to 4.3 percent in 2014.

Figure 8.4: Debt Servicing, 2010-2014 (%)



Source: Computed from African Development Bank and Ministry of Finance data, various years

2. KEY FACTORS CONTRIBUTING TO PROGRESS

Some of the key factors contributing the progress under this indicator are:

- Introduction of home-grown economic policies to put the government's fiscal consolidation objective back on track.
- Extension of maturity profile of domestic debt stock.
- Shift from heavy reliance of short-term domestic financing to longer term maturity bonds open to non-resident investors.
- Measures to minimise the cost of external borrowing, including the margin of risk on variable rate lending and the insurance premium on export credit facilities.
- Improving price mechanism for the issuance of debt in order to lower borrowing costs.

3. KEY CHALLENGES

Among the key challenges to debt sustainability are:

- Fiscal slippages, particularly during election years.
- Entry into lower middle-income status causing donor support to slowdown.
- Over-reliance on donor support in the face of unfavourable external shocks such as the global financial and economic crises that stifled aid flows and other donor support.
- Changes in the international economic environment and the need for effective and efficient debt management operations.
- The rising floating interest and exchange rates pose significant risks for commercial debt servicing.

Target 8F: Make available the benefits of new technologies in cooperation with the private sector

1. STATUS AND TRENDS

Indicator 8.14: Telephone lines per 100 population

Indicator 8.15: Cellular users per 100 population

Indicator 8.16: Internet users per 100 population

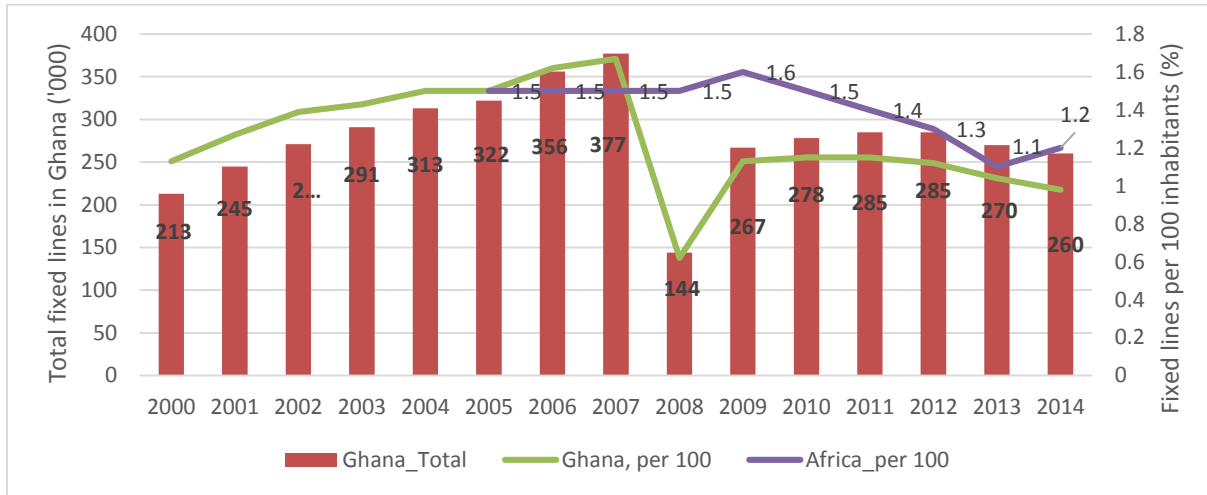
Fixed lines are in decline but mobile and cellular phone penetration has outstripped both Africa and world rates while internet subscription is almost at par with the average for Africa

Ghana has been very much involved in the global technological revolution centred on information and communications technology (ICT). In the 1990s, less than 0.5 percent of the population had access to any ICT services, e.g., mobile telephony or internet (NDPC, 2012). The situation has, however, changed. The contribution of ICT to GDP, which stood at 3.0 percent in 2010, increased to 3.43 percent in 2011 and further to 4.0 percent in 2012.

Fixed Telephone and Mobile Phone Usage

The emergence of mobile telephony has pushed fixed line telephone usage to near obscurity. Total fixed telephone lines in Ghana were about 213,000 in 2000, increasing to 377,000 in 2007 but dropped to 260,000 in 2014 (Figure 8.5). Fixed lines per 100 inhabitants rose from 1.13 in 2000 to 1.67 in 2007 and subsequently declined to 0.98 in 2014. This falls below Africa’s average at 1.2 in 2014 (Figure 8.5).

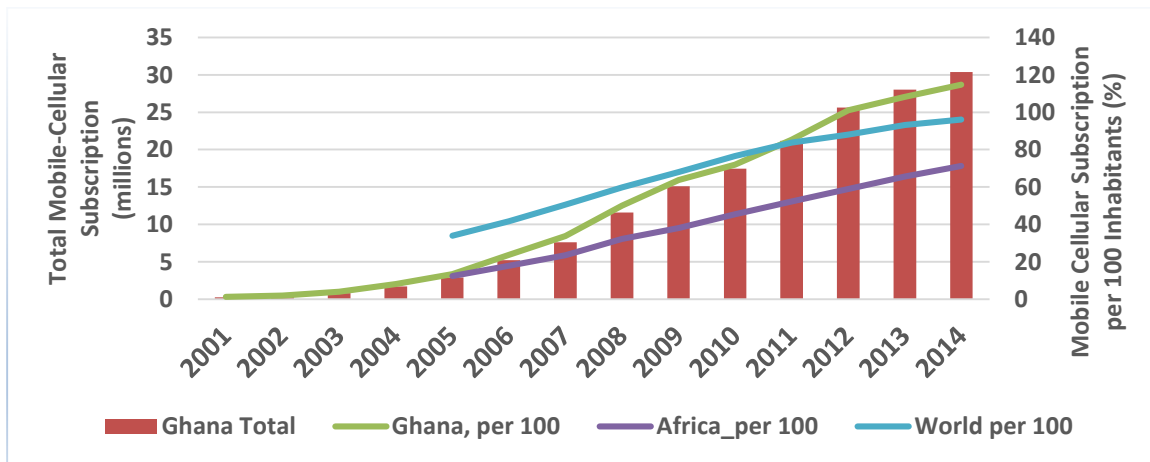
Figure 8.5: Fixed Telephone Line Penetration, 2000-2014



Source: International Telecommunications Union, various years

Ghana’s mobile phone subscription has increased from about 1.26 per 100 inhabitants in 2001 to about 115 per 100 inhabitants in 2014 (Figure 8.6). In 2014, mobile-cellular subscription per 100 inhabitants in Africa stood at 71.2 compared to 96.1 globally, putting Ghana’s average mobile-cellular usage above that of Africa and the world. Indeed, the total mobile telephony subscription rate in Ghana, which was 17.4 million at the end of 2010, increased to 30.4 million in 2014. This has been facilitated by the increase in the number of service providers and the expansion in network coverage across the country.

Figure 8.6: Mobile-Cellular Penetration, 2001-2014



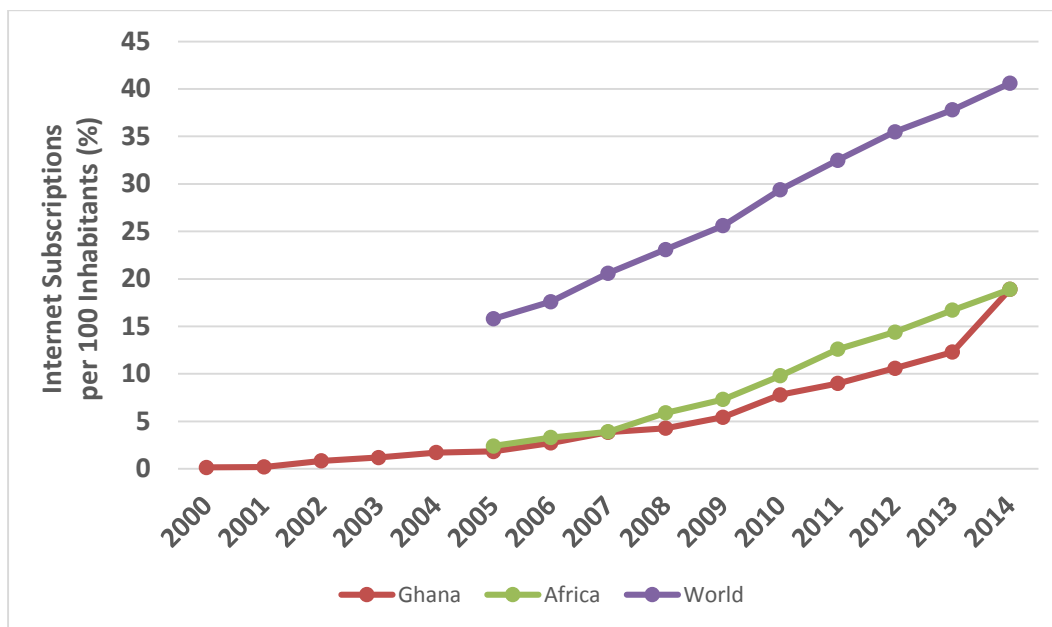
Source: International Telecommunications Union, various years

Internet Usage

Whereas internet access was extremely limited in 1995, access and usage increased to 10.6 percent of the population in 2012, relative to Africa's average of 14.4 percent (Figure 8.7). It surged to 18.9 percent in 2014, equalling Africa's average but still less than half the global average (40.6 percent).

There has been a sharp rise in the ownership of computers by households, but the proportion remains low at less than 7 percent in 2008. The number of schools with computers continued to improve in 2010.

Figure 8.7: Internet Usage in Ghana, Africa and World, 2000-2014 (%)



Source: International Telecommunications Union, various years

2. FACTORS CONTRIBUTING TO PROGRESS

A number of policy interventions were initiated by the government to improve access to ICT. These include:

- Strengthening of the institutional and regulatory framework for managing the ICT sector;
- Promotion of rapid development and deployment of ICT infrastructure and use of ICT in all sectors of the economy.
- Promulgation of the Electronic Communications (Amendment) Act, 2009 (Act 786) to check fraudulent termination of international telephone traffic and prevent price dumping.
- Completion of the construction of the Pilot Data Centre and the installation of all network and data communication equipment.
- The completion of a national portal by the National Information Technology Agency (NITA) to access e-service.

- Provision by the Ministry of Communication through the Ghana Investment Fund for Electronic Communications (GIFEC) of ICT equipment and internet connectivity to eight regional libraries and inauguration of 10 mobile libraries to enable deprived communities to have access to educational materials.
- Proliferation of Community Information Centres across the country.

3. KEY CHALLENGES

Major challenges in the ICT sector include:

- Poor service delivery by the providers;
- Low capacity of the National Communications Authority (NCA) to effectively guide the growth of the sector.
- Lack of internet services in many SHS and JSS across the country.
- Indiscriminate location of masts.

CHAPTER 4: CONCLUSION AND LOOKING BEYOND THE MDGs

4.1 Conclusion

Ghana's progress towards the MDGs has been impressive. The targets of halving extreme poverty (MDG1A) the proportion of people below the national poverty line (MDG1B); and halving the proportion of people without access to safe drinking water (MDG7B) were attained by 2010, well ahead of 2015. The target of gender parity in primary school (MDG3) was also achieved ahead of time, but not for some regions. Although the target was not met for universal primary education based on NER (MDG2A), there was substantial progress, as was the case for halting and reversing HIV prevalence (MDG6C), access to ICT (MDG8F) and proportion of people suffering from hunger (MDG1C).

Progress has been slow in terms of achieving full and productive employment (MDG1B), equal share of women in wage employment in non-agriculture sectors as well as women's involvement in governance (MDG3), child and maternal health (MDG 4 and 5) as well as reversing the loss of environmental resources and improving sanitation (MDG 7). Efforts to ensure debt sustainability continue in spite of recent economic challenges.

Ghana's transition into lower middle-income status coupled with poverty reducing and social protection interventions largely explain the progress made so far. The challenge, however, is how to sustain the progress made and advance towards the targets not likely to be met. Additionally, the relatively high incidence of extreme poverty and deeper depth of poverty in the three northern regions require particular policy attention. Relative inequality measured by the share of poorest quintile in total consumption cannot be ignored. Similarly, the high incidence of vulnerable employment and the considerable proportion of working people living in poor households need to engage the attention of policy makers so that economic growth generates much more decent employment. In spite of the substantial overall progress made in gender parity in education (which at the primary level has been achieved), women are still under-represented in wage employment and political decision-making processes. This indicates some distance to travel in terms of achieving gender equality and women's empowerment.

Ghana's difficulties with meeting key MDG targets in health raise social protection concerns. Different degrees of progress have been made towards the targets for child and maternal mortality and for HIV and other diseases, but none of them is likely to be met. This calls for a change of strategy during post-2015 era, which is expected to focus on sustainable development and to fast track progress on health-related goals and targets. While the attainment of the target of improved access to safe drinking water is commendable, overall progress towards environmental sustainability is undermined by weak performance in sanitation, coupled with the rapid degradation of the country's forest cover. Efforts should, therefore, be made to roll out MAF 7C (sanitation) and other interventions to improve the situation. These including encouraging attitudinal and behavioural change through extensive educational and awareness-creation programmes.

Progress towards MDG 8 (developing global partnership for development) has been mixed. Substantial progress has been made in improving access to ICT, but debt sustainability is under threat as public debt continues to rise in relation to GDP. Additionally, although net ODA inflows are increasing in nominal terms, the ratio of ODA to GDP has dropped since 2009.

4.2 Looking Beyond the MDGs

Following the adoption of the MDGs and targets, and of the indicators needed to monitor achievements, Ghana has systematically incorporated them into its national development policy frameworks, and corresponding monitoring and evaluation (M&E) plan. Thus, progress towards the MDGs and targets has been tracked as an integral part of the Annual Progress Report (APR), which serves as the main M&E tool for Ghana's planning system. A specific MDG report has also been produced every two years since 2002 to track progress, with comprise the analysis of a selection of indicators from the global list.

Important lessons can be learned for the national development system from the experience gained in implementation work, in the collection and compilation of relevant data, and in the preparation of these reports. They also provide the foundation for embarking on the successor global development agenda – Transforming our World: The 2030 Agenda for Sustainable Development – with its ambitious framework of 17 goals and 169 targets. These critical lessons involve:

- (a) National context and specificity.
- (b) Global and national partnerships for development.
- (c) Implications of the demographic transition and urbanisation.
- (d) Sub-national socio-economic disparities and inequalities.
- (e) Data, indicators and monitoring.

National context and specificity:

The goals and targets, while extremely relevant to Ghana, did not necessarily reflect the national context and the conditions prevailing at national level. Ghana was quick to mainstream the goals into its national planning frameworks right from the start and to report regularly. Mechanisms were maintained for inter-sector cooperation on the implementation of the Ghana Shared Growth and Development Agenda (GSGDA I, 2010-2013; GSDA II, 2014-2017), as well as the previous frameworks. However, the input of the MDGs could have been better exploited to strengthen overall inter-ministerial coordination and reporting mechanisms, and to better position the relevant social and environmental sustainability-related ministries in the budgeting process.

In preparation for the SDGs, steps being taken to improve coordination include setting up the High-Level Inter-Ministerial Committee and the Technical Committee on the SDGs.

Global and national partnerships for development:

The experience of emerging economies such as Ghana also highlights the importance of hitherto under-emphasised issues such as structural transformation, investment in and access to energy, and a focus on inequality.

It is clear that the challenges faced by new, lower middle-income countries such as Ghana, were not adequately recognised in the MDG framework. Fortunately, these challenges have been

recognised in the recent Third Financing for Development Conference. Ghana, as an emerging economy, has had to make significant investments in its physical infrastructure in a context of diminishing ODA and challenges posed by borrowing on commercial terms for debt sustainability and domestic resource mobilisation. Ghana's success in engaging the private sector, foundations and non-governmental organisations should, however, be noted.

Implications of the demographic transition and urbanisation:

The implications of the demographic transition underway in Ghana (as well as in other African countries) were also not factored into measuring progress on the MDGs.

Ghana has become rapidly more urbanised since 2000, with over 50 percent of its population now living in urban areas as a result of the growth of small towns and rural migration. This has implications for the provision and distribution of basic facilities such as housing, water, electricity, schools and hospitals across the country and for related MDG outcomes. Sanitation, urban planning and housing have been particularly challenging.

The demographic transition also has important implications for the labour force. Access to decent jobs by youth relative to adults and higher than adults cannot escape mention. Many young people, particularly young women, are migrating to urban areas in search of jobs in a period of low employment growth and higher unemployment among youth than among adults.

Sub-national socio-economic disparities and inequalities

Ghana has regularly tracked the extent of disparities at sub-national levels against the background of programmes for decentralisation and equitable development. However, further work is needed on financing mechanisms that can help align funding to local and regional governments based on both performance and disparities.

Internal and external migration patterns need to be factored into global and national development frameworks with a view to promoting spatial equity, reducing distress out-migration and instead focusing on more sustainable urbanisation and migration policies and initiatives.¹⁴

Ghana was one of the few sub-Saharan countries that was able to meet MDG 1 related to poverty reduction. However, it has seen an almost continuous increase in inequality, an issue that can potentially undermine the contribution of growth to poverty reduction. Thus, Ghana's experience foreshadows the importance that the SDGs and the 2030 Agenda for Sustainable Development assign to reducing poverty *and* tackling inequality.

¹⁴ For example, according to the 2010 Population and Housing Census, close to 4.6 million Ghanaians (19 percent of the total population) migrated from one place to another. The Greater Accra Region's net migration ratio (66.4 percent) is overstressing already scarce urban resources, with migrants themselves bearing the adverse consequences. While development is being promoted in the three impoverished northern regions, these regions are losing population (notably in the Upper West Region where net migration is -70.7 percent). Policy attention is also required for the different dimensions of migration such as age and gender.

The need to tackle gender-based inequalities in terms of access to assets, employment opportunities, political processes and representation are also important to highlight on the basis of Ghana's experience. The MDG agenda did not go far enough in helping countries address and focus attention on social norms and practices that underpin gender based disparities.

Data, indicators and monitoring

With regard to the indicators, Ghana tracked progress on a nationally relevant set of 17 targets and 36 indicators out of the global total of 21 targets and 60 indicators. In terms of statistics, the amount of data did not increase substantially, although the periodicity of the regular surveys was largely maintained. Ghana's 2000 and 2010 censuses were conducted as scheduled, and in the intervening period, the Multiple Indicator Cluster Survey (MICS) and the Ghana Demographic and Health Survey (GDHS) were conducted at the required five-year intervals. Although the Ghana Living Standards Survey (GLSS), the main source of poverty data, was conducted, the interval was longer than the programmed five years. The situation with administrative sources and registers remained virtually unchanged.

There are continuing challenges with regard to timely production and access to institutional data and reporting on outcomes. Birth registration remained at two-thirds of completeness and death registration less than a quarter. This meant drawing from MICS and GDHS the mortality indicators required for Goals 4 and 5, and to some extent Goal 6. Therefore, some of the analysis could not be done at sub-regional levels. Data on education were largely from administrative sources, but timely data particularly for Goal 7 – on environmental sustainability, particularly forest cover and biodiversity – has been challenging. Moreover, reliance on surveys and censuses for housing stock and related data constrained the analysis of trends.

Tracking progress for different groups and geographical levels cannot be done without developing a strong administrative statistics system, with the potential to generate statistics at short intervals.

Clearly, lessons learned from the one-and-half decade experience of implementing work towards the MDGs should be a point of reference in the execution of the post-2015 global agenda. Judging by the number of targets for the SDGs there are likely to be many more indicators, most of which would require stronger systems for administrative data.

APPENDICES

Table A1: Official List of MDG Targets and Indicators

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

All indicators should be disaggregated by sex and urban/rural as far as possible (Effective 15 January 2008)	
Millennium Development Goals (MDGs)	
Goals and Targets (from the Millennium Declaration)	Indicators for monitoring progress
	5.6 Unmet need for family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15–24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bednets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1 Proportion of land area covered by forest 7.2 CO2 emissions, total, per capita and per \$1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used 7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums
Goal 8: Develop a global partnership for development	
Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	<i>Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing states.</i>
Includes a commitment to good governance, development and poverty reduction—both nationally and internationally	Official development assistance (ODA) 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income 8.2 Proportion of total bilateral, sector-allocatable ODA of OECD/DAC donors to basic social services (basic

All indicators should be disaggregated by sex and urban/rural as far as possible (Effective 15 January 2008)	
Millennium Development Goals (MDGs)	
Goals and Targets (from the Millennium Declaration)	Indicators for monitoring progress
<p>Target 8.B: Address the special needs of the least developed countries</p> <p>Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p>	<p>education, primary health care, nutrition, safe water and sanitation)</p> <p>8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied</p> <p>8.4 ODA received in landlocked developing countries as a proportion of their gross national income</p> <p>8.5 ODA received in small island developing states as a proportion of their gross national income</p>
<p>Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p>	<p>Market access</p> <p>8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty</p> <p>8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p>8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product</p> <p>8.9 Proportion of ODA provided to help build trade capacity</p>
<p>Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	<p>Debt sustainability</p> <p>8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>8.11 Debt relief committed under HIPC and MDRI Initiatives</p> <p>8.12 Debt service as a percentage of exports of goods and services</p>
<p>Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>	<p>8.13 Proportion of population with access to affordable essential drugs on a sustainable basis</p>
<p>Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p>8.14 Telephone lines per 100 population</p> <p>8.15 Cellular subscribers per 100 population</p> <p>8.16 Internet users per 100 population</p>

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

Table A 1: Trends in Poverty Incidence by Region, 1991–2013 (%)

Region/Location	Upper Poverty GH¢370.89			Upper Poverty GH¢1,314		Lower Poverty Line GH¢288.47			Lower Poverty Line GH¢792.05	
	1991/92	1998/99	2005/06	2005/06	2012/13	1991/92	1998/99	2005/06	2005/06	2012/13
Western	60.0	27.3	18.4	22.9	20.9	42.0	13.6	7.9	6.8	5.5
Central	44.0	48.4	19.9	23.4	18.8	24.1	31.5	9.7	7.6	6.8
Greater Accra	26.0	5.2	11.8	13.5	5.6	13.4	2.4	6.2	5.2	1.5
Eastern	48.0	43.7	15.1	17.8	21.7	34.8	30.4	6.6	5.8	6.0
Volta	57.0	37.7	31.4	37.3	33.8	42.1	20.4	15.2	13.3	9.0
Ashanti	41.0	27.7	20.3	24.0	14.8	25.5	16.4	11.2	9.8	2.9
Brong-Ahafo	65.0	35.8	29.5	34.0	27.9	45.9	18.8	14.9	13.7	6.0
Northern	63.0	69.2	52.3	55.7	50.4	54.2	57.5	38.7	36.1	22.8
Upper East	67.0	88	70.4	72.9	44.4	53.5	79.6	60.1	56.9	21.3
Upper West	88.0	83.9	87.9	89.1	70.7	74.3	68.3	79.0	76.0	45.1
Rural	63.6	49.5	39.2	43.7	37.9	47.2	34.6	25.6	23.4	15.0
Urban	27.7	19.4	10.8	12.4	10.6	15.1	11.6	5.7	5.1	1.9
National	51.7	39.5	28.5	31.9	24.2	36.5	26.8	18.2	16.5	8.4

Source: Ghana Statistical Service, GLSS 4, 5 & 6

Table A 2: Depth of Poverty and Share of Poorest Quintile in National Consumption, 1991-2013 (%)

Region/Location	Poverty Gap Ratio (Poverty Line GH¢370.89)			Poverty Gap Ratio (Poverty Line GH¢1,314)		Share of Poorest Quintile (Poverty Line GH¢370.89)			Share of Poorest Quintile (Poverty Line GH¢1,314)
	1991/92	1998/99	2005/06	2005/06	2012/13	1991/92	1998/99	2005/06	2012/13
Western	23.0	25	34	23.6	27.3	8.4	8.2	7.5	2.61
Central	22.0	31	29	23.9	29.8	7.6	8.2	7.1	2.64
Greater Accra	26.0	20	25	27.4	28.6	7.5	8.6	6.1	0.63
Eastern	23.0	36	33	23.6	26.7	8.3	6.9	8.3	3.73
Volta	23.0	26	35	24.7	29.0	8.0	8.6	7.9	5.07
Ashanti	26.0	32	31	26.7	23.6	7.0	6.1	6.6	1.48
Brong-Ahafo	26.0	27	35	27.9	26.5	8.2	8.2	7.3	5.16
Northern	40.0	43	47	41.3	38.3	5.7	7.6	6.0	14.77
Upper East	46.0	50	43	48.4	38.7	7.3	8.8	6.2	11.94
Upper West	55.0	47	47	56.9	47.0	9.3	8.5	6.2	21.37
Rural	38	37	34	35.2	34.6	7.7	6.6	6.4	10.0
Urban	27	28	29	29.8	23.6	7.5	6.8	6.5	1.28
National	36	35	34	34.5	32.2	6.8	5.8	5.6	4.78

Source: Ghana Statistical Service, GLSS 3, 4, 5 & 6

Table A 3: Employment-to-Population Ratio and Proportion of Own-Account and Contributing Family Work in Total Employment, by Region, 1991-2013 (%)

Region/Location	Employment-to-Population Ratio				Proportion of Own-Account and Contributing Family Workers in Total Employment			
	1991/92	1998/99	2005/06	2012/13	1991/92	1998/99	2005/06	2012/13
Western	77.3	61.7	66.2	78.4	80.0	78.9	75.8	59.8
Central	78.9	71.0	67.4	69.8	84.7	86.6	74.9	72.4
Greater Accra	60.0	52.1	57.1	66.9	58.1	60.1	41.9	33.7
Eastern	73.0	68.5	72.0	78.7	84.5	86.7	74.0	68.8
Volta	75.6	59.3	69.8	77.2	85.4	86.9	86.8	79.0
Ashanti	72.9	59.4	67.3	76.8	80.7	79.5	73.1	61.7
Brong-Ahafo	78.9	67.1	70.7	82.3	87.8	87.6	83.8	75.6
Northern	79.3	61.2	75.0	79.2	86.2	94.6	90.8	84.5
Upper East	90.9	71.4	60.7	76.7	98.1	93.9	93.7	78.7
Upper West	85.0	40.1	66.9	78.8	93.0	86.0	93.1	81.3
Rural	81.8	65.2	73.0	81.8	90.6	89.0	87.0	84.5
Urban	62.7	54.6	59.1	70.0	62.9	69.5	54.7	52.1
National	75.1	61.4	67.3	75.6	82.5	82.8	75.4	68.6

Source: Ghana Statistical Service, GLSS 3, 4, 5 & 6

Table A 4: Extreme and Upper Working Poverty Rates, by Region, 1991-2013 (%)

Region/Location	Upper Working Poverty Rate				Extreme Working Poverty Rate			
	1991/92	1998/99	2005/06	2012/13*	1991/92	1998/99	2005/06	2012/13**
Western	54.0	24.2	15.7	17.9	36.1	12.1	6.6	4.6
Central	38.8	40.7	16.3	16.7	20.3	25.3	8.2	6.0
Greater Accra	21.1	3.1	7.8	4.1	10.7	1.6	3.8	0.9
Eastern	42.5	41.0	13.4	19.7	29.0	28.5	5.9	4.9
Volta	54.5	34.8	29.2	31.2	40.4	18.5	14.3	8.2
Ashanti	38.4	24.1	17.7	13.9	23.2	14.2	8.9	3.2
Brong-Ahafo	62.1	31.2	26.5	25.3	42.6	16.1	13.8	5.8
Northern	62.7	63.5	50.5	46.8	52.7	53.0	36.9	20.2
Upper East	63.4	86.9	65.3	44.9	51.0	77.2	54.8	20.7
Upper West	86.3	72.5	84.1	70.1	71.8	44.9	73.8	43.5
Rural	59.0	43.9	35.2	34.7	42.9	29.9	22.7	13.2
Urban	23.8	17.1	8.3	9.3	12.4	10.0	4.3	1.7
National	48.7	35.4	25.6	22.3	33.9	23.6	16.1	7.6

* Based on upper poverty line of GH¢1,314 and the years based on upper poverty line of GH¢370.89

** Based on lower poverty line of GH¢792.05 and the years based on upper poverty line of GH¢288.47

Source: Ghana Statistical Service, GLSS 3, 4, 5 and 6

Table A 5: Nutritional Status of Children, by Region and Socio-Economic Group, 2014 (%)

Region	Nutritional Status			Socioeconomic Group	Nutritional Status		
	Stunting	Underweight	Wasting		Stunting	Underweight	Wasting
Western	17.7	10.6	3.9	<i>Sex of Child</i>			
Central	22.0	13.9	7.7	Male	20.4	10.6	4.3
G. Accra	10.4	8.7	3.7	Female	17.0	11.6	5.1
Eastern	17.0	7.9	3.2	<i>Mother's educ.</i>			
Volta	19.3	10.5	2.5	No education	25.6	14.2	5.2
Ashanti	16.1	9.4	3.5	Primary	19.8	11.6	3.8
Brong Ahafo	17.2	5.9	4.5	Middle/JHS	16.1	9.7	4.5
Northern	33.1	20.0	6.3	Secondary+	3.6	4.6	5.0
Upper East	14.4	10.8	9.4	<i>Wealth quintile</i>			
Upper West	22.2	13.5	4.4	Poorest, Q1	24.8	15.7	6.2

<i>Rural</i>	22.3	12.9	5.6	2nd, Q2	24.9	13.1	3.7
<i>Urban</i>	14.9	9.3	3.7	3rd, Q3	18.5	7.2	2.3
				4th, Q4	14.0	11.5	6.8
National	18.8	11.0	4.7	Richest, Q5	8.7	6.5	4.4

Source: GSS, Ghana Demographic and Health Survey (GDHS), 2008

Table A 6: Domestic Production and Deficit/Surplus of Key Staples ('000 tonnes)

Staple Food Crop	Domestic Production				Deficit/Surplus			
	2010	2011	2012	2013	2010	2011	2012	2013
Cassava	13,550.0	14,240	14,540	15,989	5,731.0	6,176	6,299	7,223
Cocoyam	1,354.7	1,299	1,270	1,261	313	242	191	143
Cowpea	219.3	236.7	223.2	200.4	65	77	63	43
Groundnut	530.9	465.1	475.0	408.8	186	121	123	109
Maize	1,871.7	1,683	1,949	1,764	244	92	252	109
Millet	219.0	183.9	179.6	155.1	69	36	29	23
Plantain	3,537.70	3,619	3,556	3,675	943	973	869	779
Rice (Milled)	294.96	278.39	288.6	398.7	-328	-353	-359	-280
Sorghum	324.2	287.1	279.9	256.7	161	126	117	109
Soya bean	145.9	164.5	151.7	138.6	75	90	78	77
Yam	5,960.4	5,855	6,638	7,074	1,726.00	1,584	2,136	2,491

Source: Ministry of Food and Agriculture, 2013

Table A 7: Trends in Enrolment Ratio and Gender Parity Index in Primary Schools, 2009/10–2013/14

Region	Gross Enrolment Ratio					Net Enrolment Ratio					Gender Parity Index				
	2009/10	2010/11	2011/12	2012/13	2013/14	2009/10/	2010/11	2011/12	2012/13	2013/14	2009/10	2010/11	2011/12	2012/13	2013/14
Ashanti	92.3	90.4	95.5	105.6	108.2	82.9	75.8	83.0	84.3	89.5	0.98	0.98	0.99	1.00	1.00
Brong-Ahafo	101.0	98.6	103.6	109.6	114.5	88.2	80.2	86.1	85.4	92.9	0.97	0.97	0.97	1.00	1.00
Central	109.2	115.8	109.6	113.0	112.9	96.9	95.9	92.0	87.0	92.3	0.97	0.98	0.98	0.99	0.98
Eastern	90.1	88.0	88.1	101.1	101.0	80.2	72.3	73.9	78.3	81.5	0.97	0.97	0.98	1.00	0.98
Greater Accra	85.8	101.3	88.9	92.5	91.9	75.8	67.6	74.5	77.5	75.4	0.98	0.98	0.99	1.03	1.06
Northern	96.0	93.7	98.6	98.2	97.2	82.8	80.7	85.3	83.5	86.0	0.87	0.88	0.88	0.92	0.91
Upper East	93.8	94.6	95.4	114.8	127.7	81.1	73.5	76.9	86.3	--	1.00	1.00	1.01	1.00	0.98
Upper West	100.2	98.7	99.0	108.9	119.2	85.8	78.4	79.4	84.0	--	1.04	1.03	1.04	1.05	1.02
Volta	88.7	92.0	88.4	101.1	104.3	76.2	74.3	72.2	79.4	86.2	0.93	0.93	0.94	0.99	0.97
Western	100.3	98.5	102.5	118.1	123.1	98.8	84.2	90.8	97.9	--	0.97	0.97	0.98	0.99	1.00
National	94.9	96.4	96.5	105.0	107.3	83.6	77.8	81.7	84.1	89.3	0.96	0.97	0.97	0.99	0.99

Note: -- Not available

Source: Ministry of Education, 2014

Table A 8: Completion Rate of Primary Education, by Region and Gender, 2009/10-2013/14 (%)

Region	Boys					Girls					All				
	2009/10	2010/11	2011/12	2012/13	2013/14	2009/10	2010/11	2011/12	2012/13	2013/14	2009/10	2010/11	2011/12	2012/13	2013/14
Ashanti	88.7	88.1	94.4	108.3	102.0	82.3	83.5	90.5	106.4	100.0	85.5	85.8	92.4	107.4	101.0
Brong-Ahafo	92.2	94.0	100	116.5	103.5	85.2	86.7	94.6	113.1	99.9	88.7	90.4	97.3	114.8	101.7
Central	103.9	108.7	106.4	122.2	106.2	98.9	106.4	105.8	119.5	103.6	101.5	107.6	106.1	120.9	106.2
Eastern	80.5	81.6	82.2	105.0	91.6	77.5	77.7	80.7	102.9	89.3	79.0	79.7	81.5	104.0	90.5
Greater Accra	85.7	103.5	91.3	100.0	94.0	81.0	97.6	87.8	99.6	98.1	83.2	100.4	89.4	99.8	96.1
Northern	94.3	97.0	105.3	139.0	86.6	82.5	83.8	91.9	125.2	74.1	88.7	90.7	98.9	132.5	80.5
Upper East	83.9	92.1	93.4	118.7	107.5	87.3	96.9	101.9	128.6	104.0	85.5	94.3	97.4	123.3	105.8
Upper West	89.2	94.0	96.3	111.6	90.7	91.3	94.7	99.6	119.1	95.6	90.2	94.4	97.9	115.2	93.0
Volta	84.2	91.2	88.5	107.9	95.4	76.1	81.9	82.3	103.7	90.7	80.3	86.7	85.5	105.9	93.1
Western	96.3	97.1	101.4	124.3	111.7	92.5	93.2	99.2	121.4	108.6	94.4	95.2	100.3	122.9	110.2
National	89.3	94.1	95.4	113.8	99.0	83.2	89.0	91.9	111.0	95.9	86.3	91.6	93.7	112.4	97.5

Source: Ministry of Education, 2014

Table A 9: Share of Women in Non-Agricultural Wage Employment, 1991-2013 (%)

Demographic Group	1991/92	1998/99	2005/06	2012/13
All Adults (15+ years)	29.8	24.8	25.4	30.5
Youth (15–24 years)	40.2	39.8	40.3	42.6
Rural	20.5	21.1	17.6	27.1
Urban	35.5	27.5	28.6	31.4
Basic Education	NA	NA	19.7	25.2
Secondary+	NA	NA	30.1	34.0

Source: Computed from Ghana Statistical Service, GLSS 3, 4 and 5

Table A 10: Gender Distribution of DCEs/MCEs and MPs, by Region, 2013

Region	DCEs/MCEs			Women's Share (%)	Members of Parliament			Women's Share (%)
	Male	Female	All		Male	Female	All	
Ashanti	28	2	30	6.7	43	4	47	8.5
Brong-Ahafo	24	3	27	11.1	27	2	29	6.9
Central	16	2	20-2	11.1	18	5	23	21.7
Eastern	24	0	26-2	0.0	30	3	33	9.1
Greater Accra	13	1	16-2	7.1	26	8	34	23.5
Northern	22	1	26-3	4.3	30	1	31	3.2
Upper East	10	2	13-1	16.7	14	1	15	6.7
Upper West	10	1	11	9.1	10	1	11	9.1
Volta	18	6	26-2	25.0	22	4	26	15.4
Western	20	1	22-1	4.8	25	1	26	3.8
National	185	19	217-13	9.3	245	30	275	10.9

Source: Ghana Districts (<http://ghanadistricts.com>)

Table A 11: Infant and Maternal Mortality, by Region, 2003-2013

Region	Infant Mortality*				Institutional Maternal Mortality Ratio**			
	DHS 2003	MICS 2006	DHS 2008	MICS 2012	2010	2011	2012	2013
Ashanti	80	72	54	43	152	197	77	125
Brong-Ahafo	58	88	37	66	142	127	167	138
Central	50	69	73	55	149	124	113	122
Eastern	64	61	53	38	192	207	173	200
Greater Accra	45	60	36	37	207	242	205	198
Northern	69	83	70	66	140	171	212	174
Upper East	33	68	46	58	138	127	136	108
Upper West	105	114	97	67	158	160	146	193
Volta	75	57	37	68	219	201	174	161
Western	66	45	51	50	137	101	132	153
National	64	71	50	53	164	174	152	155

*Per 1,000 live births

** Per 100,000 live births

Source: MOH, Holistic Assessment of Programme of Work, 2012 and 2013

Table A 12:: Children fully Immunised by Age 1-Penta 3, by Region, 2010-2012 (%)

Region	2010	2011	2012	2010-2012 Difference
Ashanti	84.6	87.9	85.2	0.6
Brong Ahafo	83.3	94.3	97.4	14.1
Central	85.6	82.7	86.0	0.4
Eastern	86.9	86.8	90.3	3.4
Greater Accra	77.9	70.0	76.5	-1.4
Northern	110.4	105.3	107.8	-2.6
Upper East	87.3	87.4	87.1	-0.2
Upper West	79.9	78.3	72.1	-7.8
Volta	66.4	76.4	78.5	12.1
Western	96.3	98.4	94.4	-1.9

Source: Ministry of Health/Ghana Health Service

Table A 13: Maternal Health Care, by Region and Socio-Economic Group, 2014

Region/Socioeconomic Group	% of live births delivered by skilled provider	% of live births delivered in a health facility	% of women who had live births and received ANC from a skilled provider
<i>Region</i>			
Ashanti	86.2	85.6	98.8
Brong Ahafo	79.0	78.3	98.9
Central	72.0	70.3	98.0
Eastern	67.2	67.7	96.6
Greater Accra	92.1	92.5	98.5
Northern	36.4	35.4	92.0
Upper East	84.6	84.1	98.4
Upper West	63.7	63.4	98.3
Volta	66.3	65.3	93.9
Western	75.3	74.0	99.3
<i>Location/Residence</i>			
Rural	58.9	57.7	96.0
Urban	90.9	90.9	98.8
<i>Mother's education</i>			
No education	52.3	51.7	94.1
Primary	68.8	68.2	95.9
Middle/JHS	83.3	82.8	99.2
Secondary+	96.2	95.0	99.9
<i>Wealth Quintile</i>			
Lowest	46.9	46.0	94.0
Second	60.0	59.6	95.6
Middle	77.7	76.4	98.2
Fourth	94.0	93.8	99.4
Highest	96.5	96.2	99.7
Total/All/National	73.7	73.1	97.3

Source: GSS, GDHS, 2014

Table A 14: MDG Performance, Africa and Developing Regions

Indicator	SSA	N. Africa	Developing Region	
Extreme poverty incidence (\$1.25) , 2010	48	1	22	
Vulnerable employment, 2013	Men	70	27	54
	Women	85	48	60
Average annual growth in output per worker, 2008-13	1.3	0.8	4	
Proportion of undernourished people, 2011-2013	25	<5	14	
Children under 5 years underweight, 2012	21	5	n/a	
Net enrolment rate 2012	78	99	90	
Gender parity index, 2012	Primary	0.92	0.96	0.97
	Secondary	0.84	0.99	0.96
	Tertiary	0.64	1.12	0.99
Proportion of women in non-agriculture paid employment, 2012	33	19	n/a	
Proportion of seats held by women in national parliament, 2014	23	24	21	
Under-5 mortality rate (deaths per 1,000 live births), 2012	98	22	53	
Proportion of children in the appropriate age group who received at least one dose of measles-containing vaccine, 2012	72	95	n/a	
Maternal mortality ratio (maternal deaths per 100,000 live births, women aged 15-49), 2013	510	69	230	
Proportion of deliveries attended by skilled health personnel, 2012 (%)	53	83	68	
Proportion of women aged 15-49 attending antenatal checkup four or more times during pregnancy, 2012	50	n/a	52	
HIV incidence rate (estimated number of new HIV infections per year per 100 people aged 15-49), 2012	n/a	0.01	0.06	
Proportion of population living in malaria-risk areas sleeping under ITNs	36	n/a	n/a	
Annual depletion of forest cover (1,000 hectares per year) 2000-2010	1,879	1,535	n/a	
Proportion of population using an improved drinking water source, 2012 (%)	64	92	87	
Proportion of people living in slum conditions in urban areas (%), 2012	62	13	33	
External debt service payments as a proportion of export revenue (%), 2012	3.3	4.4	3.1	

Source: UN, 2014

Table A 15: MDGs Status at a Glance

GOALS	INDICATORS	STATUS		
		Achieved	Not Achieved, but Significant Progress	Not Achieved
Goal 1: Eradicate extreme poverty and hunger				
- Halve the proportion of people below the national poverty line by 2015	1. Proportion below extreme poverty (national basic food needs) line (%)	✓		
	2. Proportion in overall poverty (national basic food and non-food needs) line (%)	✓		
	3. Poverty gap ratio			✓
	4. Share of poorest quintile in national consumption			✓
- Achieve full and productive employment and decent work for all, including women and young people	1. Growth of GDP per person employed		✓	
	2. Employment-to-population ratio		✓	
	3. Proportion of employed people living in extreme poverty		✓	
	4. Proportion of own account and contributing family workers in total employment			✓
- Halve the proportion of people who suffer from hunger	1. Food security and prevalence of underweight, stunting and wasted children	✓		
Goal 2: Achieve universal primary education				
- Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	1. Net and gross enrolment ratios in primary education		✓	
	2. Proportion of pupils starting grade 1 who reach last grade of primary	✓		
	3. Literacy rate of 15-24 year olds, women and men		✓	
Goal 3: Promote gender equality and empower women				
- Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	1. Ratio of girls-to-boys in primary, secondary and tertiary education	✓		
	2. Share of women in wage employment in non-agricultural sector			✓
	3. Proportion of seats held by women in national parliament			✓
Goal 4: Reduce child mortality				
- Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	1. Under-5 mortality rate		✓	
	2. Infant mortality rate	✓		
	3. Proportion of one-year-old children immunised against measles		✓	
Goal 5: Improve maternal mortality				
- Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	1. Maternal mortality ratio			✓
	2. Proportion of births attended by skilled health personnel		✓	
- Achieve, by 2015, universal access to reproductive health	1. Contraceptive prevalence rate (CPR)		✓	
	2. Antenatal care coverage (at least one visit)		✓	
Goal 6: Combat HIV/AIDS, malaria and other diseases				

- Have halted by 2015 and begun to reverse the spread of HIV/AIDS	1. HIV prevalence among the population aged 15-24 years		✓	
- Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	1. Proportion of population with advanced HIV infection with access to antiretroviral drugs		✓	
- Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	1. Proportion of children under 5 sleeping under insecticide-treated bed nets		✓	
Goal 7: Ensure environmental sustainability				
- Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	1. Proportion of land area covered by forest			✓
- Halve, by 2015, the proportion of people without sustainable access to safe drinking water	1. Proportion of population using an improved drinking water sources	✓		
- Halve, by 2015, the proportion of people without sustainable access to basic sanitation	1. Proportion of the population using an improved sanitation facility			✓
- By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	1. Proportion of population with access to secure housing			✓
	2. Proportion of urban population living in slums			✓
Goal 8: Global partnership for development				
- Address the special needs of the Least Developed Countries (LDCs)	1. Official development assistance (ODA) Receipts by Government of Ghana as a percentage of GDP		✓	
	2. Programme aid as a percentage of total ODA		✓	
- Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	1. Public debt as a percentage of GDP		✓	
	2. Debt servicing as a percentage of exports of goods and services		✓	
- Make available the benefits of new technologies in cooperation with the private sector	1. Telephone lines per 100 population		✓	
	2. Cellular users per 100 population	✓		
	3. Internet users per 100 population		✓	

Table A 16: Quantifiable progress towards the MDGs

Goals	Targets	Indicator	Indicator Status										MDG Target
			1999	2001	2002	2003	2006	2008	2010	2011	2012	2013/14	2015
Goal 1: Eradicate extreme poverty and hunger	a. Halve the proportion of people below the extreme poverty line by 2015	% below upper poverty line	39.5	-	-	-	31.9	-	-	-	-	24.2	25.8
		% below lower poverty line (extreme poverty)	26.8	--	--	--	18.2	--	-	-	--	8.4	18.5
	b. Achieve full and productive employment and decent work for all, including women and young people	Proportion of adult working population in employment	61.4	-	-	-	67.3	--	-	-	-	75.6	-
		Proportion of employed people living in extreme poverty	23.5	-	-	-	16.1	-	-	-	-	7.6	-
		Proportion of own-account and contributing family workers in total employment	82.8	-	-	-	75.4	--	-	-	-	65.2	-
	c. Halve the proportion of people who suffer from hunger	% of children who are malnourished	31 (1988)	27.4 (1993)	25 (1988)	22.1	-	13.9	-	-	--	11	15.5
		- Underweight	30 (1988)	26 (1993)	30.5 (1988)	29.9	-	28.0	-	-	--	19	15
- Stunting		7.5 (1988)	11.4 (1993)	10.0 (1988)	7.1	-	85.0	-	-	--	5	3.8	
- Wasting													
Goal 2: Achieve Universal primary education	Completing a full course of primary schooling	- Gross Enrolment Ratio (%)	72.7 (1990)	79.5 (2000)	-	-	92.1	95.2	94.9	96.4	96.5	105.0	100
		- Net Primary Enrolment Ratio (%)	54 (1990)	61 (2000)	-	-	81.1	83.7	88.5	77.8	81.7	84.1	100
		- Primary Completion/ Survival Rate (%)	63 (1990)	63 (2000)	-	-	85.4	85.5	86.3	91.6	93.7	112.4	100

Goals	Targets	Indicator	Indicator Status										MDG Target	
			1999	2001	2002	2003	2006	2008	2010	2011	2012	2013/14	2015	
Goal 3: Promote Gender Equality and Empower Women	a. Eliminate gender disparity in primary and secondary education	Ratio of females to males in primary schools (%)	--	--	0.92	0.77	0.95	0.96	0.96	0.97	0.97	0.99	1.00	
		Ratio of females to males in junior secondary schools (%)	--	--	0.88	0.88	0.88	0.92	0.92	0.93	0.94	0.93	1.00	
		Percentage of female enrolment in SSS (%)	--	--	--	--	--	0.84	0.85	0.87	0.87	0.87	1.00	
		Share of women in wage employment in non-agricultural sectors	24.8	--	--	--	25.4	--	--	--	--	--	30.5	--
		Proportion of seats held by women in national parliament	9.0	9.5	9.5	9.5	10.0	8.3	8.3	8.3	10.9	10.9	--	--
Goal 4: Reduce child mortality	Under-5 mortality rate	- Under-5 mortality rate (per 1,000 live births)	122 (1990)	110 (1995)	109 (2000)	111	--	80	111	Na	80	60	53	
	Immunisation coverage (%)	- Immunisation coverage (%)	61 (1990)	70 (2000)	--	69	--	80	88	86	88	86.	100	
Goal 5: Improve Maternal Health	Reduce maternal mortality ratio by three-quarters by 2015	- Maternal mortality ratio (per 100,000 live births) (Survey)	740 (1990)	--	--	503	--	451	--	--	--	--	185	
		- Maternal mortality per 100,000 live births in health facilities (Institutional)	216 (1990)	260	204	205	197	201	164	174	152	155	54	
		- Births attended by skilled health personnel (%)	44 (1998)	--	--	47	48	59	--	--	--	--	100	
Goal 6: Combat HIV/AIDS & Malaria	a. Halt and reverse the spread of HIV/AIDS by 2015	National HIV prevalence rate (%)	15.0	2.9	3.4	3.6	3.4	1.7	1.5	1.5	1.4	1.3	≤1.5	
	b. Halt and reverse the incidence of malaria	Under-5 malaria case fatality (Institutional) (%)	--	--	2.9	2.8	2.1	1.24	1.32	2.8	0.6	--	--	

Goals	/Targets	Indicator	Indicator Status										MDG Target	
			1999	2001	2002	2003	2006	2008	2010	2011	2012	2013/14	2015	
Goal 7: Ensure Environmental Sustainability	a. Integrate the principles of sustainable dev. into the country policies and programmes and reverse the loss of environment resources	- Proportion of land area covered by forest (ha/annum)	6,229,400 (27.4% of total land area)	-	-	-	-	5,517,000 (24.3% of land area)	-	-	--	--	-	≥7,448,000ha
		- Annual rate of deforestation (%)	1.82 (135,400 ha)	1.89 (115,400 ha)	--	--	1.7 (93.79 ha)	-	-	--	--	--	-	≤1.82%
	b. Halve the proportion of people without access to safe drinking water and sanitation by 2015	Proportion of population with access to safe drinking water (%)	70 (1998)	--	-	69	-	84	82	-	--	79	78	
		- Urban	94 (1998)	--	--	83	-	93	92	-	--	86	93	
		- Rural	63 (1998)	--	--	55	-	77	69	-	--	70	69.5	
		Proportion of population with access to improved sanitation (%)	5 (1998)	--	-	8	-	12.4	25.9	-	--	26	52	
		- Urban	11 (1998)	--	-	15	-	17.8	37.7	-	--	28.6	55	
		- Rural	1 (1998)	--	--	2	-	8.2	10.8	-	--	10.5	50.5	
	Population with access to secure housing (%)	-	--	--	-	11.4	12.5	13.5	--	--	--	18.5 (2020)		
	Population living in slums (%)	27.2 (1990)	25.5	--	-	20.7	19.8	20.0	--	--	--	<13		

Goals	/Targets	Indicator	Indicator Status										MDG Target	
			1999	2001	2002	2003	2006	2008	2010	2011	2012	2013/14	2015	
Goal 8: Global partnership for development	Address the special needs of LDCs	ODA as % of GDP	---	4.6	3.9	4.1	6.1	4.6	5.4	4.7	4.6	--		
		Programme aid as % of total ODA	---	---	---	---	---	---	26.7	20.8	43.3	36.1		
	Deal comprehensively with debt and make debt sustainable in the long term	Public Debt Ratio (% of GDP)	-	-	-	-	28.3	33.6	37.8	39.7	48.0	55.5	-	
		- External	-	-	-	-	10.7	16.2	19.8	20.0	23.4	25.5	-	
		- Domestic	-	-	-	-	17.6	17.4	18.0	19.7	24.6	30.0	-	
		External debt service as a percentage of exports of goods & services (%)	--	--	--	--	3.2	3.6	3.3	3.2	3.3	7.9		
	Benefits of new technologies in cooperation the private sector	Telephones lines per 100 population	--	1.27	1.39	1.43	1.62	0.62	1.15	1.15	1.12	1.04	-	
		Cellular users per 100 population	--	1.26	1.95	3.92	8.14	50.07	71.87	85.27	100.99	108.19	-	
		Internet users per 100 population	--	0.2	0.83	1.19	2.72	4.27	5.44	7.80	14.11	12.30	--	

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