The Government of Ghana is determined to move ahead with its child survival plans. It has examined its national policies, taken stock of its recent achievements and work in progress, and identified the opportunities that lie ahead. This has been translated in:

- New Health Policy and 5-Year Programme of Work (2007-2011)
- Independent Review of 2006 Programme of Work
- High Impact, Rapid Delivery (HIRD)
- Community Health Planning and Services (CHPS)

**Mortality reduction**

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Under-5 Mortality Rate (%)</th>
<th>Infant Mortality Rate (%)</th>
<th>Number of children's lives saved</th>
<th>Cost per life saved (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>25%</td>
<td>68</td>
<td>124</td>
<td>2,258</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>&lt; 5 years: 45%</td>
<td>21%</td>
<td>391</td>
<td>3,735</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>&lt; 5 years: 60%</td>
<td>30%</td>
<td>794</td>
<td>5,000</td>
</tr>
</tbody>
</table>

The interventions will be funded by the following sources which are Government as well as DBS, the Global funds, GFTAM, GAVI, and also by other partner from other specific sectors: bilateral cooperation, UN agencies, NGO, OOP and the private sector.

The vast majority of these deaths are directly caused by illness such as pneumonia, diarrhea and malaria. We note deep disparities between the north and the south in terms of 1HMR. These disparities are partly due to the lack of, and poor access to services.

The HIRD plans focus on poor performing areas and prioritize key interventions that will address bottlenecks, with an emphasis on the following areas:

- Community-based systems strengthening
- Higher priority to Safe Motherhood and Emergency Obstetric Care (MDG5 – maternal health)
- Promotion of Health and Nutrition interventions
- Strengthen inter-sectoral collaboration

**Health policy**

**Health status analysis**

**Ghana Profile Health indicators**

- Total population: 22.1 millions inhab.
- Under-5 mortality rate: 11%
- Under-5 mortality rate and under 5: 11%
- Infant mortality rate: 8/100 live: 11%
- Stunting prevalence: 20%
- Low birth weight incidence: 20%

Nearly a thousand women die in childbirth annually. The vast majority of these deaths are directly caused by illness such as pneumonia, diarrhea and malaria.

**Main causes of under five and maternal mortality**

**AIDS**

**Causes of under five mortality in Ghana**

- Neonatal Causes
  - Measles
    - 3%
  - Others
    - 0%
- Others
  - 0%
- Neonatal
  - 29%
- Severe infection
  - 29%
  - Tetanus
    - 2%
- Congenital
  - 8%
- Asphyxia
  - 27%
- Prematurity
  - 25%

**Causes of maternal mortality in Ghana**

- Hemorrhage
  - 18%
- Puerperal infection
  - 11%
- Ecclampsia
  - 20%
- Obstructed labour
  - 7%
- Malaria
  - 5%
- Anaemia
  - 13%
- Tetanus
  - 1%
- Non specific
  - 25%

**Management of illnesses at primary clinical level**

**Scale-up plans to achieve the MDGs on child survival and maternal health.**

The HIRD plans focus on poor performing areas and prioritizes key interventions that will address bottlenecks, with an emphasis on the following areas:

- Community-based systems strengthening
- Higher priority to Safe Motherhood and Emergency Obstetric Care (MDG5 – maternal health)
- Promotion of Health and Nutrition interventions
- Strengthen inter-sectoral collaboration

**Coverage objectives**

**Strategy to achieve the MDGs**

**Impacts and costs**

<table>
<thead>
<tr>
<th>Mortality reduction</th>
<th>Additional funds for economic policy (US$)</th>
<th>Additional economic cost required per capita (US$)</th>
<th>Number of children's lives saved</th>
<th>Cost per life saved (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>25%</td>
<td>124</td>
<td>1.7</td>
<td>19,375</td>
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<tr>
<td>II</td>
<td>&lt; 5 years: 45%</td>
<td>391</td>
<td>5.9</td>
<td>35,838</td>
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<td>&lt; 5 years: 60%</td>
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<td>10.5</td>
<td>48,167</td>
</tr>
</tbody>
</table>

**Harmonization for Health in Africa (HHA)**

UNICEF

Kakémono prepared in close collaboration with CESAG - UNICEF