GOVERNMENT OF GHANA

NATIONAL POPULATION POLICY

(REVISED EDITION, 2017)

NATIONAL POPULATION COUNCIL

PREFACE

The Government of Ghana adopted the first National Population Policy, entitled "Population Planning for National Progress and Prosperity: Ghana Population Policy" in March 1969. Twenty-five years after its adoption and implementation, the 1969 Population Policy was reviewed in line with emerging issues at the time. Accordingly, the National Population Policy (Revised Edition, 1994), was adopted. Twenty years after implementing the National Population Policy (Revised Edition, 1994) another review has become necessary to address emerging issues as well as implementation challenges.

While some progress has been made, such as decline in mortality and improvement in life expectancy, several challenges such as rapid population growth, and rapid urbanisation of the population have persisted. In addition, there are several new and emerging issues such as climate change, non- communicable diseases, sanitation and the changing age structure due to declines in fertility and mortality; and the need to harness the demographic dividend.

Significantly, the review of the 1994 Population Policy was undertaken in the midst of major national, regional and global occurrences. They include Ghana's attainment of a lower middle income status, the review of the Millennium Development Goals and the International Conference on Population and Development and its Programme of Action (PoA) and the adoption of the Sustainable Development Goals, the Paris Agreement on Climate Change (COP21), the Addis Ababa Declaration on Population and Development and the African Union Agenda 2063

The review of the 1994 Population Policy also provided the opportunity for the harmonization of the National Population Policy with several sector policies that were not in existence when the Population Policy was adopted in 1994. The revision therefore took into consideration the goals and objectives as well as targets of policies such as the 2010 National Ageing Policy, the 2010National Urban Policy and the 2011 National Youth Policy.

The 2018 Revised Population Policy was developed through a broad consultative process and therefore, represents the collective will of the people of Ghana. It is an expression of their commitment to the principle that an effectively managed population is a fundamental requirement for sustainable development. It is in this regard that I urge all the people of Ghana and implementing partners to work together to ensure the attainment of the goals, objectives and targets specified in this Policy.

On my own behalf and on behalf of the Government of Ghana, I pledge our unflinching support and commitment to the principles, goals and objectives of the revised National Population Policy, 2018. Once again, it is my privilege and honour to recommend this revised Population Policy to the people of Ghana.

ACKNOWLEDGEMENT

The National Population Council through its Executive, Dr. Leticia A. Appiah, wishes to express its profound gratitude to all institutions and individuals who contributed to the successful review of the National Population Policy, Revised Edition, 2014. We acknowledge the invaluable inputs of the National Steering Committee, Chaired by Prof. Andrew Aryee, which guided the review process. We are also grateful to the Technical Working Groups and stakeholders at the national and sub-national levels whose active participation in the review process and feedback contributed immensely to the successful review of the Policy.

We appreciate the technical support provided by the Regional Institute for Population Studies, University of Ghana, who were the consultants for the review of the Policy. We further appreciate the support provided by UNFPA Ghana and Futures Group towards the review of the Policy.

The National Population Council is hopeful that as the focus shifts to the implementation of the Revised Population Policy, stakeholders would continue to provide the needed support and commitment to the successful implementation and achievement of the goals and targets of the 2014 Revised National Population Policy.

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ACRONYMNS

ACCG	Association of Childless Couples of Ghana
ACT	Artemisinin-Based Combination Therapy
ANC	Ante Natal Clinic
ARTI	Acute Respiratory Tract Infection
BCC	Behaviour Change Communication
CHPS	Community Health Planning System
CPR	Contraceptive Prevalence Rate
CSO	Civic Society Organization
DACF	District Assembly Common Fund
DOT	Directly Observed Therapy
FBO	Faith Based Organisation
GDHS	Ghana Demographic and Health Survey
GLSS	Ghana Living Standard Survey
GPRS	Ghana Poverty Reduction Strategy
GSGDA	Ghana Shared Growth and Development Agenda
GSS	Ghana Statistical Service
GUPTA	Ghana Union of Private Traders Association
GYEEDA	Ghana Youth Employment and Entrepreneurial Development Agenda
ICPD	International Conference on Population and Development
ICT	Information and Communication Technology
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ISSER	Institute for Statistical, Social and Economic Research
ITN	Insecticide Treated Net
LEAP	Livelihood Empowerment Against Poverty
MDA	Ministries, Departments and Agencies
MDG	Millennium Development Goals
MMDA	Metropolitan, Municipal and District Assemblies
MMS	Maternal Mortality Survey

NACP	National AIDS Control Programme
NADMO	National Disaster Management Organisation
NCD	Non-Communicable Disease
NCPD	National Council for Persons with Disability
NDPC	National Development Planning Commission
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
NPC	National Population Council
NSDF	National Spatial Development Framework
NYA	National Youth Authority
PLHA	Persons Living with HIV and AIDS
PRO	Public Relations Officer
PWD	Person(s) With Disability
RTI	Respiratory Tract Infection
SDG	Sustainable Development Goals
TAC	Technical Advisory Committee
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1.0 GENERAL INTRODUCTION

1.1 The National Population Policy (Revised Edition, 1994) derived its strength from Article 37(4) of the 1992 Constitution of Ghana, which enjoins the State to maintain a population policy that is consistent with the aspirations and development needs and objectives of Ghana. The articulation of this mandate hinges on the interrelationships that exist between population dynamics and socio-economic development at a given point in time. Implied in this is the fact that population factors affect development while development processes also impact population growth, structure and distribution. Population policies are expected to be dynamic in order to address issues that emerge, as society develops in time and space.

1.2 It is within this context that the 1969 population policy, the first of its kind in Ghana, was revised in 1994, after more than two decades of implementation, in line with the country's resolve to align the policy implementation to the changing socio-economic challenges that were unanticipated in 1969. Similarly, for the past two decades that the National Population Policy (Revised Edition, 1994) has been implemented, a number of emerging issues, both at the global and national levels, have occasioned another review of the country's population policy in line with the changing times, while at the same time incorporating global best practices to achieve the policy goals within the shortest time possible.

1.3 Accordingly, the review of the 1994 revised population policy of Ghana is guided by three key principles: constitutional mandate, changing population variables, and emerging issues.

i. As stated earlier, the 1992 Constitution of Ghana provides a constitutional mandate to revise the population policy as and when the need arises.

ii. There have been changes in population variables over the last two decades. For example, total fertility rate reduced from 5.5 in 1993 to 4.2 in 2014; population growth rate reduced from 3.0 per cent in the 1990s to 2.5 per cent in the 2000-2010 period;

population density increased from 79.3 km^2 in 2000 to 103.4 km^2 in 2010; average life expectancy increased from 58 to 61 years, while the proportion of urban population increased from 43.8 per cent in 2000 to 50.9 per cent in 2010.

iii. In the resulting demographic transition, particularly in regard to Ghana's fertility transition, within the period, has emerged a youthful bulge, known as the demographic dividend, which can be harnessed for the benefit of the country. This calls for a repositioning of family planning as well as investment in education and skills training, employment creation, and promotion of a culture of savings. Related to this development are issues of ageing population, the upsurge of non-communicable diseases, disability challenges, migration and rapid urbanisation. These also call for strategic investment in the key sectors of health, education, the economy and governance, as well as an effective mechanism for addressing the challenges posed by climate change.

1.4 The scope of this 2014 review, consequently, not only looks at the state of issues raised in the 1994 edition but also at how to deal with new ones. For each issue discussed, there are specific objectives, set targets, and implementation strategies; attempts have been made to synchronise these with the goals, objectives and targets of other relevant sector policies in the country.

2.0 RATIONALE FOR A REVISED POPULATION POLICY

2.1 Globally, populations of countries have served as the main drivers of development. Population dynamics influence all aspects of socio-economic development. The main concern at the time of the adoption of the 1969 population policy was the rapid rate of population growth which was considered inimical to the socio-economic development of the country. After 25 years of operating the 1969 policy and 20 years of its 1994 revised edition, population growth rate is still a major concern. If, indeed, the population policy of Ghana is to serve as a guide for setting development targets in the country, there is the need to adopt new strategies to achieve the main objective of faster reduction of population growth rate to be in tandem with the rate of economic growth. This provides a rationale for another review of the population policy for the country.

2.2 Many of the factors that informed the targets that were set in the National Population Policy (Revised Edition, 1994) have changed since. For example, the steady decline in Ghana's fertility in recent times has combined with the further reduction in mortality, which started much earlier, to produce a population structure dominated by people in the working age range. This has helped to reduce the high dependency burden from 96 in 1984 to 76 in 2010. The country can thus benefit from the resulting demographic dividend, occasioned by the on-going fertility transition of the country. The realization of the benefit, however, depends on appropriate investments and economic reforms being undertaken to ensure that the surplus labour resulting from this demographic process is well educated, healthy, skilled and economically engaged under a system of good governance. The population policy for Ghana is, therefore, being revised to guide programme responses that will help minimize the negative effects of population dynamics and optimize the role of the population as a key development resource for the country.

2.3 Over the last two decades, development planning policies and frameworks have been implemented with the aim of maintaining a

standard of living for the population that is of high quality necessary for accelerated national socio-economic development. These interventions have ranged from the Economic Recovery Programme, the Structural Adjustment Programme, the Vision 2020, the HIPC Initiative and the Ghana Poverty Reduction Strategy.

Other programmes that have aimed at improving the well-being of the population include the National Health Insurance Scheme (NHIS), the Ghana Youth Employment and Entrepreneurial Development Agenda (GYEEDA), the Livelihood Empowerment Against Poverty (LEAP), the School Feeding Programme and the Capitation Grant. Recognising the key role population plays in achieving development, Government has, since 2010, initiated the Ghana Shared Growth and Development Agenda (GSGDA) as a medium-term development policy framework, a key focus of which is population management. Underpinning all these has been the implementation of some aspects of free education under all administrations, albeit at different degrees.

2.4 The current population structure of the country, a youthful population with a high but declining dependency ratio, has the potential to provide an extra boost to the economic growth of the country. The target of the population policy component of the GSGDA is to reduce the current population growth rate of 2.5 per cent to 2.0 per cent in the medium and long term, through a combination of policies focused on education, family planning and the integration of population targets into national development planning activities.

2.5 The progress that has been made over the last two decades in the area of population and development, coupled with current emerging population issues, not addressed in the 1994 review, have necessitated the current review of the policy. The achievement of the Millennium Development Goals (MDGs) by 2015, which Ghana has signed to, outlines targets pertaining to poverty, education, gender, infant, child and maternal health, HIV and AIDS, environment and global partnerships. Ghana became a lower middle-income country in 2011 (GSS, 2012) and has made significant progress in achieving Goals 1, 2, 3 and 7. Unfortunately, some of the targets, especially

maternal health, are far from being attained. In order to speed up the process towards the attainment of these goals, there is the urgent need for a population policy that provides appropriate strategies, within the context of the emerging issues, to address any and all remaining gaps towards the realization of these goals.

2.6 The policy will seek to sustain and reinforce the opportunities that have come up during the implementation of the 1994 revised population policy and related programmes, and to address the main challenges that were encountered. Among the challenges are weak coordination and advocacy for prioritization of population issues in all development discourse at policy, resource allocation and programme implementation levels in an atmosphere supported by a high level of political will and commitment. Other challenges include limited financial and technical resources for implementation of population programmes; insufficient use of data for development planning; dysfunctional Technical Advisory Committee (TAC) due to lack of funds and commitment of some members; and inadequate awareness of some MDA of the existence of the population policy and, therefore, weak mainstreaming of population dynamics into development planning and other relevant sectors. With this background, the primary purpose of this policy is to create an enabling policy and programme environment for the prioritization, coordination and implementation of population and development programmes, at both national and sub-national levels, to achieve targeted goals and objectives, based on realistic strategies.

2.7 The 1994 revised population policy took into account new emerging issues at the time, such as adolescent sexual and reproductive health, HIV and AIDS, and the environment. Since then, other new and emerging issues have gained currency, as the population has undergone changes. These emerging issues include climate change concerns, increasing prevalence of non-communicable diseases, the youth bulge or demographic dividend, with its associated opportunities and challenges, the challenge with urban poverty and migration, and the challenge of development as an opportunity for economic growth.

3.0 POPULATION PROFILE

3.1 Population Size

Ghana occupies a total land area of 238,537 km^2, consisting of ten administrative regions. The population of Ghana has grown from less than 6 million at independence in 1957 to an estimated 27 million people in 2014. Ghana's population has, therefore, grown more than four-fold since independence. Projections by the Ghana Statistical Service (GSS) indicate that the population is likely to reach over 34 million (34,403,655) in 2025 and about 42 million (41,584,986) in 2035.

3.2 Growth Rate of the Population

The inter-census population dynamics of Ghana, from 1948 to 2010, indicate an initial decline in the country's population growth rate that subsequently has virtually not changed. Between 1948 and the first post-independence census in 1960, the inter-census population growth rate was 4.1 per cent; the rate declined to 2.4 per cent between 1960 and 1970, and 2.6 per cent for the 1970-1984 period. The inter-census population growth rate was 2.7 per cent for the 1984-2000 period, and 2.5 per cent between 2000 and 2010. With current population growth rate of 2.5 per cent, the country's population of 24.6 million in 2010 is expected to double in the next 28 years (ie.2042).

3.3 Age and Sex Structure

The 2010 Population and Housing Census reported Ghana's population as 24.6 million, with 49.8 per cent male and 50.2 per cent females, and a sex ratio of 95.2 males per 100 females. The population has a youthful structure, with a broad base of under-15 years and a conical top of a small but steadily increasing number of elderly persons. The structure of the population has, however, undergone significant changes over the years, with the proportion under 15 years declining from 46.9 per cent in 1960 (47.6 per cent in 1970) to 38.3 per cent in 2010. The population aged 15-24 years constitutes 20 per cent

of the total population and this has great potential for socio-economic development of the country. The population aged 25-59 years increased from 30.6 per cent in 1970 through 33.1 per cent in 2000 to 35.0 per cent in 2010. The proportion of older persons (60 years and older) in the country also reflects a gradual increase from 4.9 per cent in 1960 to 7.2 per cent in 2000, but reduced slightly to 6.7 per cent in 2010. Generally, the youthful structure of the population is a potential resource for the country's social and economic development.

3.4 Fertility

The total fertility rate of the country has been declining steadily over the last two decades. Until the 1990s, the total fertility rate for Ghana remained stable at a little more than 6 children per woman. Indeed, by 1988, after nearly 20 years of implementation of the 1969 population policy, fertility was still high at 6.4. Thereafter, there were substantial declines in fertility (5.5 in 1993, 4.6 in 1998, 4.4 in 2003 and 4.2 in 2008), such that the target for 2010 was achieved in 2008. Since 2003, however, the total fertility rate has declined by only 0.2, as against the 1.1 for the 1993-2003 period. The total fertility rate of about 4.2 in 2014 is still high and there is the need to bring it down further for efficient population management and economic development. In addition to other social and economic interventions, such as female education up to the secondary level, bringing down the fertility level further will require a comprehensive family planning programme that will pay critical attention to the role of men in family planning.

3.5 Morbidity and Mortality

The levels of morbidity and mortality are important factors in determining the health of a population that is essential for socio-economic development. The life expectancy in the country has been increasing over the years (currently at about 62 years, as in 2010), as a result of improvement in health and nutrition. The crude death rate has also declined from around 25 per 1,000 in the 1950s to 7.4 in

2014. Infant mortality rate equally declined from 100 per 1,000 in the 1970s to 53 in 2014. Maternal mortality ratio however is still high in the country, with about 380 maternal deaths per 100,000 live births.

The pattern of morbidity has also changed over the last two decades. Although, the country still has challenges in addressing communicable diseases, the increasing trend of non-communicable diseases is having a major effect on the country's health system. Malaria is still a major health challenge in the country; so also are cholera and normal diarrhoeal diseases. These diseases are the result of poor environmental conditions and poor personal hygiene. In addition are the challenges with such non-communicable diseases as stroke, diabetes, hypertension and obesity, which are basically related to individual life style.

3.6 Migration

Migration, both internal and international, still plays a critical role in the growth, the structure and the distribution of the population of the country. Ghana receives a large number of international migrants into the country, while there is an equally large number of Ghanaians who migrate out of the country. On balance, however, Ghana sends out more migrants than it receives, thus making it a net emigration country. A critical assessment of the situation is needed, in view of the large number of skilled professionals (doctors, nurses, and engineers) who move out in search of 'greener pastures'. In recent times, however, the country has seen an increased number of trained professionals who have returned (brain circulation), a situation that has the potential to contribute to the country's advancement in development.

With regard to internal migration, large numbers of people are still attracted to the major cities of Accra, Kumasi and Sekondi-Takoradi. In recent times, Tamale has equally become a major place of destination for some significant numbers of internal migrants, particularly within the northern savanna zone. An emerging trend is that of young people moving to work in the mining sector, both formal and informal, with immense environmental implications for the country.

3.7 Spatial Distribution and Density of the Population

The population of Ghana was predominantly rural until 2010, when the population of urban areas crossed the 50 per cent mark, with its implications for Ghana's development. On one hand are the challenges associated with urbanisation, while on the other are the opportunities urbanisation provides for sustainable development. For instance, it is less costly to provide essential goods and services, including health and education, in urban areas than in rural areas. The distribution of the population in the country also is not balanced, because of the concentration of economic opportunities in the more developed parts of the country. The savannah regions, for instance, are sparsely populated, while the coastal areas are densely populated.

The Northern Region has the largest land area, almost a third (29.5%) of the total land area of Ghana, while Greater Accra occupies the least land area of 1.4 per cent. The crude population density for Ghana was 28.6 persons per square kilometre in 1960, but this increased to 103.4 in 2010. Northern and Greater Accra, the regions with the largest and lowest land areas, have recorded the lowest and the highest population densities in every post-independence census. The population density for Greater Accra Region increased from 167 in 1960 to 1,235.8 in 2010, a nearly eight-fold increase, while that of Northern Region increased marginally from 9 in 1960 to 35.2 in 2010.

The Central Region has consistently been the second most densely populated region over the years; the pattern with the other regions has not been as consistent. For instance, Eastern Region ranked third in terms of population density in 1960 and 1970 but fourth in 1984, 2000 and 2010; the third most densely populated region was Upper East in 1984 and Ashanti in 2000 and 2010. Among the three northern regions, Upper East has consistently recorded the highest population density and Northern Region the lowest. The changing pattern of population density reflects the trends in population movements and variations in birth rates in the country over the period.

3.8 Gender Issues

Females constitute about 51 per cent of the population and are an important human resource base for national economic development. Over the years, a number of measures have been put in place by governments to address gender based issues in the country. There are still some gender issues, however, such as the gap in education beyond the primary school level, maternity leave in both public and private institutions, paid incentives for mothers and high maternal mortality ratio, which require urgent attention from all stakeholders.

The proportion of girls 3 years and older who had received a primary education was 24.9 per cent, compared to 24.7 per cent for boys. At the post-primary level, however, 38.9 per cent of females have junior high school (JSS) or higher education, as against 47.5 per cent for males (GSS, 2012). In the area of political empowerment, there is the need to increase the proportion of women in decision-making political positions. There are also some socio-cultural issues that require urgent attention. The issue of same sex relationship is steadily becoming a critical social issue of concern in the country, although it is hardly visible in any public discourse.

4.0 POPULATION POLICY GOALS

The population factor, in its various dimensions, plays a critical role in determining the quality of life of any population, especially in a developing economy. Therefore, the ultimate goal of the National Population Policy (Revised Edition, 2014) shall be the enhancement of the quality of life of the Ghanaian population. This will be achieved through the following:

(i) Functional integration of population variables into the national development planning process of the country for sustainable development.

(ii) Promotion of sexual and reproductive health, including family planning, as organic components of national sustainable development planning activities in Ghana.

(iii) Realization of the benefits of the demographic dividend that the on-going demographic transition of the country offers, particularly in the areas of education, health, economy and governance.

(iv) Effective coordination of all ministries, departments and agencies (MDA), metropolitan, municipal and district assemblies (MMDA), the private sector and relevant stakeholders on population-related programmes and activities to ensure national ownership of the implementation of the revised population policy for sustainable development, based on effective monitoring and evaluation mechanisms.

(v) Effective mobilization of resources for the implementation of all population-related programmes and activities at the national, district and community levels for the benefit of the Ghanaian population.

5.0 MAIN POLICY ISSUES

5.1 Population Structure and Related Issues

5.1.1 Population Growth Rate

Between 2000 and 2010, the population of Ghana increased at a rate of 2.5 per cent. With a total fertility rate of 4.2 in 2014, Ghana's fertility can be described as reaching a plateau though still quite high, with implications for the annual population growth of the country. Due to this high level of fertility, coupled with the youthful nature of the population, the population growth rate in Ghana may not decline as rapidly as desired. This is especially the case when contraceptive prevalence rate has not risen appreciably to impact further fertility decline. Quite obviously, increased contraception use among sexually active persons would contribute immensely to achieving a further reduction in fertility, which would in turn, reduce the rate of population growth in the country. There is, therefore, the need to adopt appropriate strategies to ensure that the population growth rate is within economically sustainable levels.

I. Specific Objectives

i. To have population growth rate reduced to a sustainable level

ii. To have increased contraceptive prevalence rate to ensure further fertility decline

II. Targets

i. To reduce the current population growth rate of 2.5 per cent to 2.0 per cent by 2024 and to 1.5 per cent by 2034.

ii. To increase contraceptive prevalence rate (CPR) for modern methods among currently married women from 22 per cent 2014 to 35 per cent by 2024 and 50 per cent by 2034.

iii. To reduce the total fertility rate (TFR) from 4.2 in 2014 to 3.5 by 2024 and 3.0 by 2034.

III. Implementation Strategies

i. Reposition family planning through increased male involvement, increased contraceptives service points for young people and the introduction of new brands of contraceptive methods that may be more acceptable to the majority of the population.

ii. Provide education on family planning for policy makers and implementers at all levels on the need and how to integrate family planning into their programmes.

iii. Allocate resources for family planning programmes and integrate family planning into all sector programmes for sustainable economic growth.

5.1.2 Adolescents, Youth and the Demographic Dividend

The population of Ghana is largely youthful; adolescents and youth (10-24 years) constituted almost a third (31.8 per cent) of the total population of Ghana, and about 23 per cent of the economically active population, as per the 2010 Population and Housing Census. The youthful nature of the population constitutes both a potential benefit and a challenge for the country's development. Currently, the country is going through a demographic transition that is steadily altering the population structure, and thus opening an opportunity for the country to reap the benefits of the dividend that are associated with these changes. The current large youthful population could contribute to socio-economic development if their potential is properly harnessed through deliberate and targeted skill development investment.

It is worth noting that historically the youth within the 15-24 age group have constituted the highest proportion the unemployed population in the country. They accounted for 63.8 per cent of the unemployed in 1960; this increased to 74.5 per cent in 1984, before declining dramatically to 36.1 per cent in 2000, which is still quite high by global standards (ISSER, 2014). According to the World Development Database in 2012, Ghana's youth unemployment rate is now at a low

of 15.9 per cent. The youth need to be educated and trained to acquire the skills necessary for them to make a meaningful contribution to economic growth. This calls for providing the youth with regular employment opportunities, over time, so that they can not only work, but also save and invest part of their earnings, as the dependency rate falls. Depending on how Ghana positions itself to take advantage of the on-going demographic transition and its associated dividend, the country could turn the large youthful and adolescent population into a development benefit.

I. Specific Objectives

i. To have achieved increased and equitable access to, and participation in quality education at all levels

ii. To have adequate provision of improved technical, vocational and skills training, as well as scaled up youth apprenticeships and job creation frameworks in place nationwide

iii. To have more opportunities created for decent and productive employment for the youth

iv. To have increased involvement of the youth in active participation in governance

v. To have improved access to quality health services among adolescents and youth

II. Targets

i. To reduce the proportion of unemployed youth by 50 per cent by 2024 and 80 per cent by the year 2034.

ii. To reduce the contribution of older adolescents (15-19 years) to total fertility from 9.1 per cent in 2014 to 5.2 by 2024 and to 2.3 per cent by 2034.

III. Implementation Strategies

i. Increase opportunities for technical and entrepreneurship

training by incorporating these into educational curriculum at the basic, secondary and tertiary levels and provide the resources for the sustainability of these programmes.

ii. Establish a link between academia at the tertiary level and industry to offer the youth opportunities of internship/ apprenticeship.

iii. Create opportunities for south-south exchange of skilled professionals through bi-lateral negotiations with countries that may require these skills. This can be a well-organized skill migration that will benefit both the sending and the receiving countries.

iv. Provide the National Youth Authority with adequate resources for leadership training of the youth to equip them for active participation in governance.

v. Ensure the effective implementation of the National Youth Policy, including periodic reviews.

vi. Facilitate youth leadership capacity-building and utilization schemes to inure to the benefit of grassroots polity management in youth development.

vii. Integrate adolescent sexual and reproductive health needs into all aspects of the health delivery system.

5.1.3 Ageing and the Elderly Population

Globally, in 2000, the number of older people (60 years and older) was more than the number of children under the age of five (UNFPA and HelpAge International, 2014). The number of older persons is expected to double between 2013 and 2050 from 841 million to more than 2 billion (United Nations, 2013). The proportion of the population of Ghana aged 60 years and older is reported to have increased from 4.6 per cent in 1960 to 6.7 per cent in 2010 (Ghana Statistical Service, 2013). Although the proportion of the

elderly population in Ghana is currently low, it is likely to continue to increase as life expectancy increases and people live longer.

Ageing is often associated with degenerative health outcomes, such as depression, stress and dementia, in addition to infectious diseases. Also associated with ageing is the high incidence of non-communicable diseases, such as diabetes and hypertension. In addition, the process of ageing is affected by a higher probability of disability incidence. In spite of the increasing trend of these health outcomes, the health system is not structured to meet the growing demands of health care needs of older persons (WHO, 2013). Geriatric health care delivery is almost non-existent in Ghana and, where available, not fully integrated into the general health care system. The cost of health care is often beyond the incomes of the elderly people who mainly depend on their small pension allowances for their livelihood. Ageing, therefore, is to be considered as both a social protection and a health issue.

There is a high proportion of the elderly population without pension allowances, having worked in the informal sector, which provides no form of pension upon retirement. The elderly people have, therefore been dependent largely on the economically active population that can barely take care of themselves, let alone be able to provide financial support to the elderly. Furthermore, the extended family system that hitherto provided economic safety nets for older persons is weakened and no longer dependable. In 2012, the UNFPA emphasized the need for the global community to celebrate the increasing number of people attaining 'gold' age, while having concerns about the challenges.

The growing number of older persons therefore need to be supported to respond to the socio-economic and health-related challenges associated with ageing, to enable them age and live in dignity. Social interventions such as effective pension systems and proper health care systems need to be put in place to care for the needs of elderly people. A more recent perspective of ageing that suggests a functional classification of the elderly population into "young-old" (60- 74 years), "old-old" (75- 84 years) and "very-old" (85 years and older) proposes that the economic participation of the "young old" should

be given a critical interrogation and possibly harnessed for the benefit of national economies. Efforts should be made to integrate issues of ageing into all sectors of the economy to make them part of the national development agenda.

I. Specific Objectives

i. To have undertaken a demographic assessment to understand (a) how population ageing (together with a new spatial distribution of the population) will affect traditional intra-household support systems, and (b) how to design formal social protection systems that meet the changing needs of people in the next decades.

ii. To have achieved the societal recognition that population ageing is a triumph of development as well as a challenge, and that the opportunities that this phenomenon presents are as endless as the contributions that a socially and economically active, secure and healthy ageing population can bring to society.

iii. To have changed societal attitudes from one that depicts older persons simply as welfare beneficiaries to one of the elderly as active participants in the development process whose dignity and rights must be respected

iv. To have instituted functional social protection systems for the elderly population

v. To have instituted geriatric health care systems within the country's health delivery system

vi. To have had the scope of the benefit package of the NHIS extended to include illnesses and diseases that are aged-related among elderly persons

vii. To have advocated the review of the curriculum of medical, allied and nursing training to include specialized care for elderly persons

viii. To have achieved an increase in the number of personnel trained for specialized care for the elderly population

ix. To have promoted lifelong learning, including proper elderly-friendly nutrition

x. To have advocated the promotion of age-friendly environments, including housing and transportation and provision of easy access to public buildings

xi. To have addressed discrimination and abuse targeted at elderly persons

xii. To have promoted and/or provided support in regenerative health care to caregivers of elderly persons

xiii. To have promoted healthy lifestyles across the life course and encouraged active ageing to ensure a healthier adulthood and old age, as well as prevent risk of non-communicable diseases

II. Targets

i. To reduce the number of people without pension by 20 per cent by 2024 and 50 per cent by 2034

ii. To reduce the unemployment rate in the country by 25 per cent by 2024 and 50 per cent by 2034 to help increase the number of persons contributing to the pension scheme

iii. To increase the mandatory retirement age for the formal sector from 60 to 65 by 2024

iv. To reduce the minimum age of elderly persons who qualify for free NHIS from 70 to 65 years by 2024

v. To push for the establishment of elderly welfare clinics in each region in Ghana by 2024

vi. To establish a network of third-age (elderly) learning centres that can also serve as re-training facilities for adults 50 and older by 2024

vii. To roll out age-friendly housing and transportation services in all major cities and in 50 per cent of smaller cities and rural areas by 2024 and in 100 per cent of all towns by 2034

viii. To pass and enforce legislation to prohibit all forms of age discrimination by 2024

ix. To organize a network of training, re-training and support for caregivers of older persons at all levels by 2024

x. To support the elderly to establish social networks for older persons as a resource for information sharing and a means of communication at all levels by 2024

III. Implementation Strategies

i. Create public awareness of the positive aspects of ageing and dispel the stereotypes that make people see all older persons as frail, disabled and a burden to society

ii. Promote lifelong learning, healthy lifestyles and active ageing to delay onset of disability and enable older persons to age with dignity and security, actively participating in society

iii. Intensify public education to increase the number of contributors to the pension scheme to ensure adequate support and security for the elder population.

iv. Take deliberate measures to roll out special social protection programmes for older persons.

v. Create public awareness on ageing policies and legislation and the need to integrate these policies into all aspects of development planning activities.

vi. Build the capacity of health workers to provide specialized health care services for older people.

vii. Strengthen advocacy to ensure the provision of older persons-

friendly health services centres in each region in Ghana.

viii. Strengthen family ties and other traditional systems to offer care support for the elderly population, including the provision of nutritious meals appropriate for their age.

5.1.4 Persons with Disability

The 2010 Population and Housing Census reported a total of 737,743 persons (3.0 per cent of the population) with any of the following forms of disability: sight, hearing, speech, physical, intellectual and emotional (Ghana Statistical Service, 2013), with a high of 4.3 per cent in the Volta Region and a low of 2.3 per cent in Brong Ahafo Region. Of all persons with a disability, the greater proportion (54 per cent) were in rural areas, with the rest (46%) in urban areas. Compared to persons without disabilities, persons with some form of disabilities tend to have relatively lower education and are less likely to be employed. They are, therefore, more vulnerable financially and socially, necessitating appropriate measures to address their special needs in the country. It is noted that there is a provision of 3 per cent of the District Assembly Common Fund (DACF) set aside for the use of persons with disability. There is an urgent need however to address challenges associated with its implementation and/or releases. Special attention should, therefore, be paid to persons with any form of disability to enable them to enjoy their rights as citizens without any discrimination and stigmatization.

I. Specific Objectives

i. To have provided training and skills for persons with disability

ii. To have adequate and improved disability support services for who need such services

iii. To have facilitated the provision of increased opportunities in education, employment and economic development for persons with disabilities

iv. To have advocated and achieved an improved Built Environment (buildings, roads, public transport etc.) for easy accessibility to persons with disability.

v. To have ensured that social services were made accessible to persons with disability.

vi. To have assisted in eliminating harmful traditional practices that discriminate against persons with disability.

vii. To have ensured that all national information media are in such accessible format (braille, sign language translation, large font size, etc.) that meets the needs of persons with disability.

viii. To have encouraged and empowered the National Council for Persons with Disability (NCPD) to monitor the release and implementation of the 3 per cent allocation of the DACF for use of persons with disability.

II. Targets

i. To reduce the proportion of persons with disability that have never attended school from 40.1 per cent in 2010 to 25 per cent in 2024 and 15 per cent in 2034.

ii. To ensure that all new built environments provide accessibility to persons with disability by 2024 and all existing ones made disability-friendly by 2034.

iii. To integrate persons with disability fully into the development planning processes at all levels without discrimination and/or stigmatization by 2024.

III. Implementation Strategies

i. Institute deliberate measures to alleviate the special problems of persons with disability, with regard to low incomes and unemployment

ii. Effectively coordinate integrated programmes for the

rehabilitation and integration of persons with disability into society and to create opportunities for their full participation in development without discrimination

iii. Undertake campaigns to enhance public awareness about the special needs of persons with disability within the traditional family set up

iv. Provide assistance to organisations and agencies devoted to the well-being of persons with disability

v. Enforce the full implementation of the Persons with Disability Act (Act 715, 2006) at all levels of development planning to address the special needs of persons with disability

vi. Engage the NCPD to enforce the judicious use of the 3 per cent allocation of the DACF

vii. Develop Accessibility Standards in the Built Environment

viii. Develop a policy that would ensure that information (reports, books, speeches, Hansard etc.) is provided in an accessible format (braille, large font, and audio), and make sign language interpretation part of service delivery.

5.1.5 Population and Health

There has been some progress made in achieving good health in Ghana but there still remains a lot to be accomplished. For example, life expectancy has increased over the years from about 56 years in the 1990s to 62 years in 2010. The gains in life expectancy can be enhanced further, when resurging communicable diseases and emerging non-communicable disease conditions are prevented, effectively treated and well managed. Diseases associated with environmental and poor sanitary conditions, including cholera and diarrhoea still contribute to the health burden in the country. In order to sustain and promote good health, primary health care systems need to be strengthened; in addition, specialized health care needs, such as treatment facilities and trained health providers for non-communicable disease conditions,

such as cancer, should be provided, taking into account regional and rural-urban disparities.

I. Specific Objectives

i. To have achieved a significant increase in access to primary health care services and provision of specialized health care services to meet the health needs of the population

ii. To have more effectively integrated preventive health care into health delivery systems.

iii. To have achieved a more regional and rural-urban balance in health delivery systems.

II. Targets

i. To increase the percentage of fully immunized children, aged 12-23 months, from 77.3 per cent in 2014 to 90 per cent in 2024 and 100 per cent by 2034.

ii. To increase the life expectancy of the population from the 62 in 2010 to 68 by 2024 and 72 by 2034.

III. Implementation Strategies

i. Strengthen the integration of health policies and programmes into sectors, such as education, agriculture, employment, urban/rural and regional planning.

ii. Ensure equitable distribution of health facilities, services and personnel throughout Ghana

iii. Intensify the promotion of the development of traditional medicine and its integration into the health care delivery system

iv. Strengthen the decentralisation of health management to community levels and continuously promote planning, monitoring and evaluation of integrated health services at all levels

v. Strengthen the development of appropriate logistics support and supply systems to ensure adequate quantities of drugs and equipment for health services at all times

vi. Continue to review, revise and enact appropriate legislative measures and instruments for health, and strengthen inter-sector coordination and cooperation in health-related matters

vii. Advocate, educate and sensitise the general public on the need to engage in physical activities (walking and using the stairs, instead of the lift) at the work place, and healthy eating habits.

viii. Advocate and engage with Ministry of Health on the need to ensure a more balanced regional and rural-urban health care delivery system.

5.2 Urbanisation

For the first time in the history of Ghana, more than half of the population lived in urban areas in 2010; the percentage of the urban population has increased from about 23 per cent in 1960 to 50.9 per cent in 2010 (Ghana Statistical Service, 2013). Ghana's urbanisation ties in with the Goal 11 of the Sustainable Development Goals (SDGs), which stresses the need to build resilient, inclusive, productive and sustainable cities, with emphasis on rural-urban linkages. Ghana is therefore focusing on inter-sector phenomena involving all aspects of human society and the economy. This is due to the fact that no country in the industrial age has ever achieved significant economic growth without urbanisation. But first, it is necessary to deal with the challenges associated with urbanisation. For example, a feature of Ghana's rapid urbanisation is expansion in slum dwelling, particularly in the cities. The urban slum environment is associated with poor sanitation, high crime rate, lack of basic amenities including water, electricity, poor housing and drainage systems as well as reproductive health challenges.

Even as Ghana continues to urbanise at a rapid rate, efforts are being

made to surmount the challenges that are associated with urbanisation. This has been through the implementation, since 2012, of strategies with the accompanying investments that could leverage its benefits, as spelt out in the National Urban Policy. Based on policy and several urban development interventions, it is envisaged that the ongoing discussion on a national long term plan (40-Year Development Plan) would take into consideration urban issues, with the view to creating resilient and liveable cities in Ghana.

Similarly, cognisance is taken of the National Spatial Development Framework (NSDF) that should ensure that land use planning is taken seriously in the local authority areas to avoid the menace of urban sprawl, slums growth and haphazard development in our cities. The overall goal is to create livable cities and towns which are integrative, cohesive, compact, inclusive, and productive to improve the general well-being of the people. Thus, the focus must be to provide opportunities for the citizenry through effective delivery of services, in tandem with the National Urban Policy and other national policy frameworks.

5.2.1 Housing

Rapid urbanisation has contributed to worsening the housing situation, especially in the urban areas, and has also resulted in soaring rents, overcrowding, squatting and building of unauthorised structures. A key challenge of urbanisation is meeting the housing deficit needed to accommodate the increasing urban population. An enabling environment should be provided by city authorities to make it easy for urban dwellers to acquire decent housing. In the rural areas, the quality of housing is poor and has deteriorated further over time. There is, therefore, the need to provide the rural population with decent accommodation that could even encourage persons working in urban towns to live in their rural homes. It is also necessary to establish a sustainable housing process which will eventually enable all Ghanaians to secure housing with tenure, within a conducive and healthy environment.

I. Specific Objectives

i. To have easy access to adequate housing, with the needed water, electricity, and proper waste disposal facilities for people living in Ghana.

ii. To have introduced an integrated rural-urban plan that will incorporate all the social needs of a neighbourhood into it.

iii. To have all the conditions that could lead to slum development reduced.

II. Targets

i. To reduce the housing deficit in the country from the current estimated figure of 1.7 million housing units by 50 per cent by 2024 and by a further 25 per cent by 2034.

ii. To increase the proportion of the population in urban centres with access to improved drinking water from 93 per cent in 2008 to 100 per cent in 2024.

III. Implementation Strategies

i. Ensure the provision of basic household facilities and services, including accessibility standard design requirements, before permitting residential accommodation

ii. Ensure that the National Spatial Development Framework is followed to the letter to avoid the current challenges associated with urbanisation in Ghana.

iii. Ensure that all cities and towns are adhering to the Policy framework and targets set by NDPC in the GSGDA II.

5.2.2 <u>Water and Sanitation</u>

Provision of acceptable basic sanitation in Ghana is constrained by lack of funding, education, water, proper planning and

the unwillingness of rural and urban communities to incur a cost, and lack of funds to pay for user systems. These have led to the continued spread of water-borne diseases, such as bilharzia, schistosomiasis, guinea worm, yaws and high incidence of diarrhoea affecting mainly children in both rural and urban areas. Ghana has also been engaging in activities that make use of ionizing radiation, radiation sources and radioactive materials in medicine, industry, agriculture, research and teaching. The major challenges that face the country are the management of spent sources, orphan sources, and radioactive wastes generated from practices and radiation sources within practices. These radioactive wastes are more prevalent in the urban areas, and many people are exposed to them. There is the need to provide people living in urban areas with basic social services to facilitate proper management of all types of waste.

I. Specific Objectives

i. To have ensured an urban environment that is devoid of all types of waste (solid, liquid, hazardous and radioactive).

i. o provides increased access to water supply to all population living in urban areas by the year 2024 and to all population in the rural areas by 2034.

ii. To encourage that waste generated and properly disposed of (collected or dumped into a public container) should be increased from the current 38 per cent in 2014 to 75 per cent by 2024 and 90 per cent by 2034.

iii. To ensure that there is a fully funded comprehensive plan to manage all wastes by 2034.

III. Implementation Strategies

i. Properly enforce urban laws, particularly those related to the provision of housing and the management of hazardous waste, to bring sanity into the urban environment.

ii. Create awareness of all Ghanaians about the dangers of hazardous and radioactive wastes.

iii. Ensure that all programmes initiated to promote an environmentally sound management of hazardous, solid and radioactive waste, including treatment/recycling and proper disposal, are fully functional.

iv. Provide adequate funding, education and planning for the proper management of all types of waste (solid, liquid, hazardous and radioactive).

v. Ensure regular garbage collection by MMDA in urban areas

5.2.3 Infrastructural Planning and Development

A lasting solution to the problems of urbanisation hinges on proper infrastructural planning for the growing urban population. There is the need for adequate provision of hospitals, schools, roads, transportation and recreational facilities to meet the needs of the growing urban population. The problem of overcrowding, especially growing slum settlements in urban areas, with their attendant improper waste and sanitation systems, also needs to be addressed.

I. Specific Objectives

i. To have implemented a better plan for urban dwellers that meets the needs of the people.

ii. To have minimised the volume of rural-urban migration through balanced development.

iii. To have advocated and ensured that Ghanaian cities are 'green'.

II. Targets

i. To ensure that within the next 5 years, all cities with a

population of 500,000 or more undertake, or cause to be undertaken, a demographic assessment and, thereafter, every 5 years, to examine how their population will change.

ii. To reduce rural-urban migration by 20 per cent by 2024 and 40 per cent by 2034

III. Implementation Strategies

i. Sensitise all developers and citizens on population and urban laws.

ii. Build the capacities of development planners

iii. Promote the establishment of small-scale industries in rural areas to help stem migration into urban areas for employment.

iv. Encourage all MMDA authorities to undertake, or cause to be undertaken, demographic assessments to understand the trend and changes in population in their urban areas.

v. Improve living conditions in rural and peri-urban areas by creating opportunities for the population.

vi. Provide plans for proper management of cemeteries by the MMDA.

vii. Ensure the maintenance of existing parks and gardens and establish new ones in the developing areas of the cities.

5.2.4 Health Problems

Living in urban areas, particularly in deprived areas, is associated with problems of stress, crime and pollution. Poor sanitation in overcrowded and deprived urban areas also contributes to the incidence of diseases, such as malaria, diarrhoea and cholera. These health challenges need to be efficiently tackled, especially in slums where basic household facilities for solid and human waste disposal are poor.

I. Specific Objectives

i. To have reduced stress, crime and pollution in urban localities

ii. To have ensured healthy urban living conditions

iii. To have helped to reduce overcrowding in urban localities

II. Targets

i. To reduce the proportion of all sick children diagnosed as having malaria from the 40-50 per cent in 2013 to 20-30 per cent by 2024 and less than 10 per cent by 2034

ii. To ensure that up to 80 per cent of urban housing are fitted with facilities that ensure proper disposal of all types of waste by 2024 and 100 per cent by 2034.

III. Implementation Strategies

i. Institute stiffer punishment for persons who litter the urban environment

ii. Institute a programme to register all the population under the NHIS to improve access to health care

5.3 Population and Environment

Ghana is endowed with an abundance of natural resources, which have helped to advance the agriculture, industrial, economic and social development efforts of the country. The environment plays a critical role in national development and it is important as a country to continue with a sustainable development plan to protect the environment, given that rapid population growth could have an adverse effect on the environment. The increasing growth rate of the built environment has implications for the social, economic and health conditions of the population, as well as a negative impact on the climatic conditions of an area. The impacts of climate change and weather variability are beginning to manifest themselves in many

ways in the country. Periods of prolonged drought and flooding have become part of the environmental conditions in the country. There is need to move away from the reactive approach to addressing the impacts of climate change to ensuring sustainable programmes to mitigate and adapt to on-going changes.

The revised population policy takes cognisance of provisions in the national climate change adaptation strategy to ensure that the country's development is not unduly undermined by climate change. This is because climate change increases the population's economic and environmental vulnerability which, in turn, is likely to affect individual and special group livelihoods. The national growth and development agenda, GSGDA, emphasises the repositioning of family planning as a measure of population management and a means of attaining sustainable development. Key population and development issues that need to be addressed in achieving sustainable development include natural resource management, equitable resource distribution and allocation, land management, and the role of traditional leaders.

5.3.1 Natural Resource Management

Population growth exerts pressure on available natural resources, such as land, forest, water bodies and wildlife, in the face of poor management systems. Due to increasing population growth, these natural resources are being over exploited. Water as a resource has become a very critical issue, since the majority of the population does not have access to good drinking water. A number of water bodies in the country also have been polluted by illegal miners and/or domestic and commercial waste in urban areas, making it unsafe for human consumption. As the population of Ghana continues to grow, there is the need for effective management of natural resources to meet the needs of both the present and future generations.

I. Specific Objectives

i. To have ensured that all climate change mitigation and adaptation strategies, as well as disaster risk reduction

strategies, and decisions on land use and zoning are informed by assessments that match demographic change and environmental risks and vulnerabilities.

ii. To have ensured that forestry development strategies integrate the development, management and conservation of forest resources with those of land and water, energy, wildlife, ecosystems and genetic resources as well as with crop and livestock production.

iii. To have ensured that crop production and animal husbandry policies and programmes that will reduce pressure on fragile forest and woodlot ecosystems are pursued.

iv. To have climate change measures integrated into national policies and planning

v. To have ensured that measures that support sustainable mining practices are adopted.

vi. To have reclaimed all lands after mining

II. Targets

i. To reduce the proportion of the population without access to clean drinking water from the 14 per cent in 2010 to 7 per cent by 2024 and to zero per cent by 2034.

ii. To regain 30 per cent of the country's depleted forest by 2024 and 50 per cent by 2034.

iii. To reclaim 100 per cent of lands after mining by 2024

III. Implementation Strategies

i. Ensure that within 5 years all national strategies are based on a demographic assessment.

ii. Maintain and expand existing water supply infrastructure and build new ones to increase access to clean drinking water to the population.

iii. Promote a better understanding of sustainable development in all spheres of national endeavour and what it takes to achieve it.

iv. Pursue constant improvement in government's commitments to environmental sustainability.

v. Promote the preservation of urban tree cover

vi. Promote the preservation of water bodies, especially in urban areas

vii. Mainstream demographic indicators with all strategic actions of MDA, CSOs etc.

viii. Ensure the enforcement of existing laws on mining and forestry

ix. Embark on aggressive afforestation.

5.3.2 Waste Management

The growing population has implications for waste management; this is especially a challenging issue in urban areas, where waste generation outpaces its management. Issues of inadequate land-fill sites, improper disposal of solid and liquid waste, and improper handling of industrial waste need to be addressed. It is also critical to see waste as a resource to help in the proper management of waste in the country. Management of waste must minimise long periods of waste storage at the source, and avoid the creation of toxic and hazardous wastes. There is the need to encourage all metropolitan, municipal and district assemblies to practise recycling, separation at source, waste-energy practices and safe disposal of unavoidable waste.

I. Specific Objectives

i. To have an improved waste management system in the country to ensure quality and sustainable environment

ii. To have educated the population on waste separation, and to have laws on environmental management strictly enforced

iii. To have promoted the production and usage of bio-degradable packaging materials

II. Targets

i. To recycle 50 per cent of generated waste by 2024 and 80 per cent by 2034.

ii. To convert 30 per cent of waste generated into energy by 2024 and 50 per cent by 2034.

iii. To totally ban the production and use of non-biodegradable packaging materials by 2024.

III. Implementation Strategies

i. Educate and enforce laws on environmental management by allowing the law to deal with those who flout it, to serve as deterrent to other people.

ii. Advocate, educate and encourage waste management organisations to adopt innovative technologies that will help manage waste as a resource in the country.

iii. Educate and promote the separation of waste at all levels.

iv. Advocate behavioural change at all levels on issues pertaining to the environment.

5.3.3 Climate Change and Variability

Climate change and its impacts have become global concerns; poor countries, especially those in Africa, bear a higher burden of the impacts of climate change. Climate change affects health outcomes, such as the incidence and spread of malaria, onchocerciasis and cholera, agricultural production and livelihood strategies. In Ghana, climate change poses an increasingly recognisable threat to the livelihood and wellbeing of Ghanaians. The manifestation of climate change in the country includes floods, high temperature and rising sea level; these, in turn, negatively impact poverty and hunger, through low crop yield, poor nutrition, inadequate employment opportunities and uncertainties in income levels. There is the need for climate change adaptation options, such as irrigation, to help mitigate the effects on agricultural production. It is necessary, also, that the country adopts a comprehensive programme to address other effects of climate change, such as on health, migration, human security and the economy.

I. Specific Objectives

i. To have educated the general population on the need to conserve the environment and to have promoted environmental quality.

ii. To have educated the general population on the causes and effects of climate change and to have promoted some adaptation and mitigation programmes in both rural and urban areas

iii. To have educated the general population on the proper use of agro-chemicals.

iv. To have improved and/or replenished soil fertility of arable land through composting to ensure quality and sustainable environment.

II. Targets

i. To regain 30 per cent of the country's depleted forest by 2024

and 50 per cent by 2034.

ii. To develop and provide climate change resistant crops to 50 per cent of farmers by 2024 and 80 per cent by 2034.

III. Implementation Strategies

i. Continue with, but effectively monitor, programmes that will promote tree planting and natural regeneration in the country, especially in the savannah regions.

ii. Adopt a systematic programme to develop alternative sources of energy supply, especially for domestic use, such as solar energy, biogas from animal and human waste.

iii. Provide training and adequate resources to agricultural extension officers on new technologies that will enable farmers to adapt to the changing climatic conditions.

iv. Enhance the advocacy skills of extension agents to help farmers adapt to new technology.

v. Organise media educational programmes, targeting particularly farmers.

5.4 Population and Agriculture

Agriculture is a key to Ghana's development, as it provides the required food and nutrition for the mid-2014 estimated 27 million people in the country. In addition, agriculture contributes 24.5 per cent of the country's gross domestic product (GDP) and provides employment to about 44.7 per cent of the country's labour force. Over the years, however, the impact of climate change on agriculture, combined with lack of farming inputs and financial resources, have led to a gradual decline in agricultural productivity and production levels. This is one of the contributory factors to the continuous migration of the youthful population from the predominantly rural agricultural areas into the urban largely informal centres.

This trend of migration is a threat to food security in the country; protein for families has become a major concern in recent times, with the generally low fish catch resulting from, among other things, a depleted fish stock in the water bodies. The recent outbreak of zoonotic diseases, such as Ebola, is a wake-up call for the sector to critically pay attention to food items that are consumed by human beings.

I. Specific Objectives

i. To have promoted agri-business and made agriculture more attractive to the population, especially the youth, through the provision of technical and financial resources.

ii. To have the population educated and sensitised on food safety, nutrition and food hygiene, which have direct beneficial effects on their health and nutritional status.

iii. To have developed policy guidelines and support for the enforcement of regulations in the agricultural sector.

iv. To have promoted irrigation well enough to enhance agriculture production all year round

v. To have improved road networks to farming communities.

II. Targets

i. To increase the proportion of people, especially the youth, engaged in agri-business by 50 per cent in 2024 and 80 per cent by 2034

ii. To educate and sensitise 75 per cent of the population on food safety, nutrition and food hygiene by 2024 and by 100 per cent by 2034

iii. To develop policy guidelines for the enforcement of regulations for the agricultural sector to be fully functional by 2024.

iv. To revitalize and expand existing small scale irrigation, particularly in the semi-arid areas, by 2024 and develop major large scale irrigation schemes by 2034

v. To extend and improve 50 per cent of the road network to all farming communities by 2024 and 100 per cent by 2034.

III. Implementation Strategies

i. Strengthen, promote and sustain increased food production through the introduction of improved high-yielding, quick-maturing and disease-resistant plant strains and animal breeds in order to ensure national and household food security and enhance the nutritional status of the population

ii. Promote the use and integration of appropriate technology at all levels of production and post-production, such as harvesting and marketing.

iii. Encourage the use of innovative means to create better pricing and marketing for agriculture products, along the value chain, to serve as incentives for a number of people to go into large scale agriculture

iv. Integrate family life education into agriculture extension services, emphasizing food safety, nutrition and food hygiene

v. Promote modern farming practices, value chain infrastructure development, agriculture financing and insurance, improved appropriate agricultural technologies development, and dissemination.

vi. Extend improved credit facilities to small-holder farmers to boost their productivity and production levels

vii. Increase investments in irrigation schemes to ensure all year round production

viii. Promote modernization and strengthen research and advisory

services as critical means to increase agricultural productivity, and production.

ix. Educate and promote the enforcement of fishing regulations

5.5 Migration

Migration, both international and internal, is a key component of the demographic process which impacts Ghana's population dynamics and socio-economic development. Up to the 1960s, Ghana was largely a net immigration country in the West African sub-region, driven by its relative economic prosperity. In the early to mid-1980s, harsh economic conditions and political instability contributed to the exodus of skilled labour from Ghana to Western Europe, Libya and neighbouring West African countries, particularly Nigeria. As economic conditions in Ghana improved and immigration policies in the receiving countries became more restrictive, the majority of Ghanaians who emigrated returned home in the 1990s. Ghana has, therefore, been both a migrant-receiving and sending country, and this has alternated with periods of economic boom and recession. Currently, Ghana is a destination for many migrants, especially from within the West African sub-region, while many Ghanaians are emigrating to other countries, both within and outside Africa.

Emigration of skilled and trained Ghanaians continues to be a challenge for the country today. Unemployed youth use all means, both legal and illegal, to travel to other countries in search of better living conditions. Skilled personnel, such as trained medical officers, also migrate to other countries where there are better conditions of service and better remuneration. The outflow of skilled labour and human resources affects socio-economic development, as the skills and human resources that would have otherwise contributed to socio-economic development are lost. With time, however, this lost human capital could become a gain through remittances, increased skill acquisition and resource mobilization, which could be invested into the economy upon their return.

There is the need for a well-thought out migration management policy that will ensure that the country does not lose skilled labour and human resources. In many countries, the Philippines for example, the government exports skilled labour over a stipulated period of time and the emigrants in return pay taxes to the government, while they are away working. With this kind of controlled migration, unemployment rates are reduced, the government receives additional tax revenue, and the emigrants return to their country after a period of time, with more skills and experience to contribute to socio-economic development. Some other countries have bilateral agreements, where receiving countries invest in educational infrastructure and training, in exchange for skilled labour from the sending countries.

Internal migration is also important in Ghana's population dynamics and socio-economic development. Traditionally, internal migration has followed a north-south movement, dominated by male adults. In recent times, however, more and more independent young female migrants have been moving from the north to the towns and cities in the south. This has led to the evolving of what has come to be known as the "kayayei" phenomenon, which manifests itself in the form of young girls doing porterage in the cities and large towns.

The main stream of internal migration in Ghana is from rural to urban areas, though the urban-rural, urban-urban and rural-rural streams also do occur. Rural-urban migration has contributed to the growth of peripheral towns in urban centres, most of which are not properly planned. Informal and slum settlements, most of which are densely populated, are also rapidly growing. The concentration of people in urban centres exerts pressure on available resources, resulting in uneven resource distribution. Rural livelihoods, particularly agricultural production, are affected when people migrate from rural to urban areas. There is the need, therefore, to focus on resourcing and developing rural areas and decongesting urban areas, in order to achieve equitable socio-economic development.

There is a form of migration that is forced by natural and socio-political circumstances. Factors for such forced migration include natural disasters (famine, mudslides, flooding), civil war, political crises and/or disturbances. Families and individuals are forced to flee these unstable situations to safer neighbouring towns and/or countries. Those who find a haven in their own country are referred to as internally displaced persons (IDPs), while those who move across national borders to seek refuge are known as refugees or asylum seekers. While these forms of forced migration do not occur as regularly as voluntary migration, the discomfort and trauma that result from displacement of settlements call for policy intervention in such situations.

5.5.1 <u>Internal Migration</u>

The imbalance in social and economic environment between rural and urban Ghana is a major driver for internal migration, particularly rural-urban migration. Agriculture is the major backbone of the rural economy of Ghana; however, landlessness and other environmental determinants, including climate change, make agriculture unattractive and provide push factors for rural-urban migration. The hope of getting employment in the cities and other urban localities has fueled recent rural-urban migration, especially among the youth. The traditional north-south migration flow to the cities and large towns in the country has continued, especially among young females, resulting in an increase in vulnerability of many young people, especially the females, to some reproductive health challenges. Increased urban joblessness also provides fertile grounds for increased crime in the urban areas in the country.

I. Specific Objectives

i. To have minimised and managed all negative forms of internal migration

ii. To have ensured that education and employment opportunities

are expanded to provide competitive wages for the youth

iii. To have improved infrastructural and socio-economic development in the rural areas

II. Targets

i. To minimize the negative forms of internal migration by 2024 and beyond

ii. To create 10 per cent more jobs for the youth by 2024 and 30 per cent by 2034

iii. To increase infrastructural development in the rural areas by 20 per cent in 2024 and 50 per cent by 2034.

III. Implementation Strategies

i. Create an enabling environment for the establishment of industries in rural areas to provide employment for the rural population, in order to reduce rural-urban migration.

ii. Reduce landlessness and increase accessibility to arable land for the expansion of agricultural holdings

iii. Develop rural growth centres through agricultural mechanization and cottage industry.

5.5.2 International Migration

Ghana continues to serve as both sending and receiving country for international migrants. The country's relative political and economic stability within the West African sub-region is likely to continue to attract migrants from within and outside West Africa. At the same time, economic challenges relative to unemployment among the youth would provide fertile grounds for some Ghanaians to want to seek greener pastures outside Ghana. The 2010 Population and Housing Census reported that 1.0 per cent of the Ghanaian population

has migrated out of the country. Both emigration and immigration provide opportunities as well as challenges for national development. Remittances by Ghanaian emigrants constitute a significant proportion of household income and national revenue. The Bank of Ghana estimated the level of remittances in 2010 at US$2.14 billion, a four-fold increase over the 1999 estimate of US$479 million.

A relatively neglected area in the literature on migration is information on the role of second generation migrants in nation building through remittances (monetary and social). Remittances are not disaggregated by the status of emigrants according to generation. Since remittances are mainly results of ties of migrants with their families and other networks at their origin, second generation migrants (especially those born abroad), who may lack or have weak ties with their families in the home country of their parents, probably do not remit their extended families in Ghana. Meanwhile, second generation migrants may have equal employment opportunities as those of their parents, if not better, and can invest in Ghana or contribute in other ways to the economy. Their population is also far larger than that of their parents.

Accordingly, efforts must be made to harness the contribution of second generation migrants to the economy of Ghana. Cultural programmes and their participation in the celebration of Ghana's independence and republic days, and other important events and festivals, can enhance their Ghanaian identity and desire to contribute to the socio-economic development of Ghana. Planned chartered flights during summer holidays and volunteering during such visits in Ghana can help them build ties in Ghana and subsequently make them willing to become part of the Ghana society.

Some immigrants, especially the irregular ones, however pose a threat to the Ghanaian economy, in terms of competition for the few jobs and economic opportunities in the informal sector. The Ghana Union of Private Traders Association (GUPTA), for instance, has regularly expressed concern about immigrants taking over the retail trade from Ghanaians. Immigrants in the small scale mining industry also constitute a great concern among Ghanaians. While enforcing

the laws with regard to the entry of immigrants into these sectors, one needs to take cognisance of our international and legal obligations. These are challenges that require policy interventions.

I. Specific Objectives

i. To have ensured social protection of Ghanaian emigrants wherever they are

ii. To have eliminated barriers and reduced associated costs of direct remittances

iii. To have properly harnessed the socio-economic contribution of Ghanaians, including second generation migrants, in the diaspora for Ghana's development.

iv. To have instituted cultural programmes that target second generation migrants to identify with Ghana and to contribute to the economy eventually.

v. To have instituted strategic visits and volunteering programmes for Ghanaian second generation youth during school holidays.

vi. To have encouraged exchange programmes in Ghanaian universities for second generation youth to make Ghana attractive to them.

vii. To have launched consistent and sustained public education against irregular migration, which results in negative consequences for Ghanaians

viii. To have increased the benefits of migration for development and reduced its costs and negative consequences

II. Targets

i. To reduce irregular migration of Ghanaians seeking to leave the country by 50 per cent by 2024 and by 80 per cent by 2034

ii. To sign favourable bilateral agreements with the top 3 Ghanaian immigrant receiving countries by 2024

iii. To expand opportunities for Ghanaians abroad, including second generation migrants, to increase their investment in Ghana by 20 per cent by 2024 and 50 per cent by 2034

iv. To create a more enabling environment in Ghana to attract increased remittances from Ghanaians abroad by 20 per cent by 2024 and 50 per cent by 2034

III. Implementation Strategies

i. Implement a migration management policy through the signing of bilateral and multilateral agreements with major host countries of Ghanaian emigrants in a bid to enhance development.

ii. Implement measures that promote voluntary return and integration of highly skilled emigrants into the national economy.

iii. Eliminate barriers and all associated costs of direct remittances.

iv. Invest in selected strategic areas, with the view to overproducing highly skilled persons for overseas employment.

v. Engage the ministry responsible for higher education to encourage the universities to enter into collaborative exchange programmes with external universities for the youth of Ghanaian descent living abroad.

vi. Establish a second generation targeted programme unit in the Diaspora Affairs Bureau.

vii. Institute cultural-programme planned visits to Ghana for the

youth of Ghanaian descent living abroad.

viii. Engage the ministry responsible for tourism to encourage private tour operators to target second generation migrants in major destination countries for chartered flights to Ghana for volunteering tourism and other activities.

5.5.3 Labour Migration

Labour migration involves the movement of human capital/ resources within a country or across international borders for economic purposes. The pattern of labour migration in Ghana follows that of other developing countries, and takes place in its different dimensions of brain drain, brain circulation, brain gain, and brain waste. Ghana experiences all of these forms of labour migration, which present both opportunities and challenges for national development.

I. Specific Objectives

i. To have expanded education and employment opportunities for the youth in Ghana

ii. To have reduced or minimised the emigration of highly skilled individuals.

iii. To have harnessed the benefits of labour migration through international cooperation on emigration-immigration controls.

iv. To have facilitated the return of highly skilled Ghanaians

II. Targets

i. To create 10 per cent more jobs for the youth by 2024 and 30 per cent by 2034

ii. To reduce emigration of highly skilled Ghanaian professionals by 50 per cent by 2024 and 80 per cent by 2034.

iii. To sign international cooperation agreements with at least five (5) major countries of destination for Ghanaian emigrants by 2024 and 10 by 2034.

III. Implementation Strategies

i. Advocate the review of conditions of service of highly affected sectors of labour migration.

ii. Provide a framework for the financial contribution of emigrants towards national development.

iii. Create the enabling environment for the private sector to expand as the engine of growth of the economy to provide more jobs for the youth.

iv. Hold bilateral dialogue with major countries of destination for Ghanaian emigrants

5.5.4 Internally Displaced Persons

Internal displacement of persons and of settlements have been occasional features of Ghana's development from time immemorial. Ghana has witnessed several natural disasters, violent disputes and bloody conflicts, which have brought in their wake devastation of groups of people and, in some cases, the dislocation and even desolation of entire human settlements. Historically, conflicts have affected several parts of the country, but the three northern regions have remained the hot spots. National development projects, mainly the construction of dams, have also caused internal displacement and, sometimes, the forced resettlement of persons located in target development zones.

Families and individuals fleeing from these disaster areas often end up mainly in Accra and Kumasi and, to a lesser extent, other urban settlements, thereby increasing the population levels of these towns. While some of the conflicts have resulted in some Ghanaians fleeing

to neighbouring countries, the majority is displaced internally.

Over the years, the Government of Ghana has worked in collaboration with relevant institutions and agencies to adopt appropriate measures for preventing and managing the internal displacement of its population and will continue to do so.

I. Specific Objectives

i. To have promoted collaborative conflict resolution and prevention to achieve sustainable development.

ii. To have instituted national early warning mechanisms for internal human displacement.

iii. To have mitigated the situation and conditions of internally displaced persons (IDPs).

II. Targets

i. To set up a coordinating body responsible for conflict resolution at the national level by 2024 and with centres in all regions by 2034

ii. To institute a functioning early warning mechanism for internal displacement by 2024

iii. To adequately equip NADMO to serve as a rapid response team to provide basic necessities to IDPs by 2020

III. Implementation Strategies

i. Promote conflict prevention and non-violent dispute settlement.

ii. Intensify research and data gathering on environment-migration linkages.

iii. Strengthen institutions to monitor and enforce environmental standards.

iv. Mitigate the effects of internal displacement through enhanced government capacity building.

5.5.5. <u>Refugees and Asylum-Seekers</u>

Natural disasters, conflicts, political crises and economic collapse can force families and/or individuals to move spontaneously across national borders in search of safety and emergency assistance. Refugees, asylum seekers and other forced migrants who have moved across borders due to situations in their home-country that are beyond their control fall into this category. These individuals differ from internally displaced persons (IDPs) who are confined to the territory of their country of residence.

Refugee protection is a central aspect of international, sub-regional and national efforts to protect persons fleeing persecution. Ghana has had its fair share of refugees from the sub-region in the recent past. The management of refugees in Ghana is undertaken as a collaborative effort between Ministries, Departments and Agencies (MDA) and development partners, coordinated by the Ghana Refugee Board. A clear policy framework for managing refugees and asylum seekers, however, is still lacking. As a signatory to the UN 1951 Refugee Convention and the 1967 Protocol, and the 1969 OAU/ AU Convention on Refugees, there is a need to improve refugee management in Ghana.

I. Specific Objectives

i. To have ensured government compliance with international protection obligations.

ii. To have a national legislation enacted in line with international refugee instruments.

iii. To have assessed the situation of refugees and asylum seekers in Ghana.

iv. To have promoted bilateral cooperation and reciprocity agreements on refugees.

II. Targets

i. To set up institutional and logistics mechanisms for responding to forced migration flows, including refugees, by 2024

ii. To enact national legislations in line with international refugee instruments by 2024

iii. To establish a framework for the management of refugees by 2020

iv. To undertake a national assessment of refugees situation by 2020 and repeated in 2024

v. To develop bilateral agreements on refugees and asylum seekers by 2020 and to start to implement by 2024

III. Implementation Strategies

i. Enhance government capacity to respond to forced migration flows, including refugees.

ii. Develop a framework for the management of refugees and asylum seekers in the country.

iii. Facilitate the return of refugees to their countries of origin.

iv. Establish bi-lateral agreements on refugees and asylum seekers.

v. Increase research and data gathering on refugees and asylum seekers in Ghana.

5.5.6 Human Trafficking

Ghana has been recognised as a country of origin, transit,

and destination of individuals for the purposes of sexual exploitation, and domestic and commercial labour at the same time. As such, trafficking in persons has become a serious and growing concern for the Government of Ghana. Statistics on human trafficking are difficult to compile in Ghana due to its illicit nature, and estimates are based on reported cases and some arrests. Also of concern is the growing practice of internal child trafficking, especially from the Central, Western and Volta Regions, to fishing communities along Lake Volta, or for domestic labour in urban areas.

In fulfilment of its international obligations, Ghana enacted the Human Trafficking Act, 2005 (Act 694) and ratified, on 21 August 2012, the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime.

I. Specific Objectives

i. To have contributed to the prevention of human trafficking, through research, public awareness and government capacity building.

ii. To have ensured the protection of vulnerable groups, especially women and children.

iii. To have ensured the rescue, rehabilitation and reintegration of human trafficking victims.

iv. To have put in place mechanisms to discourage perpetrators of human trafficking and dismantle trafficking syndicates.

II. Targets

i. To institute a comprehensive and coordinated national anti-trafficking approach by 2024

ii. To establish mechanisms for streamlining and ensuring strict compliance with human trafficking laws by 2024

iii. To establish a programme to increase public awareness about the dangers of human trafficking and to promote informed migration decision making by 2024

iv. To reduce the incidence of human trafficking by 80 per cent by 2024 and to zero by 2034

v. To establish the framework for a national human trafficking database by 2020 and a comprehensive national study on human trafficking completed by 2024

III. Implementation Strategies

i. Establish a comprehensive and coordinated national anti-trafficking approach.

ii. Enforce and ensure strict compliance of the human trafficking law.

iii. Increase public awareness of the dangers of irregular migration to promote informed migration decision making.

iv. Create preventive measures against irregular migration.

v. Protect victims of trafficking and provide recovery assistance and specialised services.

vi. Promote regional and international policy dialogue on irregular migration.

vii. Intensify research and data gathering on human trafficking to establish a national human trafficking database.

5.5.7 <u>Tourism</u>

The tourism industry of Ghana is among the major sectors that drive the economic development of the country. The sector attracts both domestic and international visitors and stimulates

internal and international migration. Tourism as an aspect of human mobility has the potential to support socio-economic development through increased employment opportunities, trade and foreign currency flows. The sector also poses challenges to the socio-cultural values and heritage as a people due to negative behavioural impacts of tourists. With proper planning, however, tourism can be harnessed for the country's development advantage.

I. Specific Objectives

i. To have harnessed the benefits of tourism to promote development.

ii. To have minimised or mitigated the negative impacts of tourism on both the socio-cultural values of the country and the environment.

iii. To have developed the tourism sector by providing it with the needed infrastructure

II. Targets

i. To increase the volume of international tourists to Ghana by 25 per cent by 2024 and 50 per cent by 2034

ii. To develop and equip 50 per cent of the tourists sites with needed infrastructure by 2024 and 100 per cent by 2034.

iii. To increase the volume of domestic tourists by 25 per cent by 2024 and 50 per cent by 2034

III. Implementation Strategies

i. Intensify and promote domestic tourism in Ghana, through periodic showcasing of tourist sites

ii. Protect cultural and national heritage sites

iii. Enhance international tourism, through intensive marketing, including "back to your roots" cultural tourism for Ghanaians born abroad

iv. Improve and intensify security at the tourist sites

5.6. Health Issues

5.6.1 Maternal and Child Health

Maternal mortality relates to the prevalence of deaths resulting from pregnancy and childbearing in a population, and is reported as a ratio to total live births. The reported maternal mortality ratio (MMR) from the 2010 census was 485 per 100,000 live births (GSS, 2013). In 2007, however, the Maternal Health Survey had reported it at 451 per 100,000 live births, while the Ghana Health Service reports it currently at 380 per 100,000 live births. The pattern of maternal mortality indicates relatively high levels at very young and very old age groups: 566 for 12-19 years age group; 735 for 40-44 years age group; and 990 for 45-49 years age group. Abortion is considered an important factor for the high maternal mortality ratio among young girls, besides their immature physiological make-up. The level of general mortality in the country is reflected in the low life expectancy at birth (63.4 for females and 60.2 for males) reported in the 2010 Census (GSS, 2013), relative to the developed economies. The observed levels however show an increasing trend in life expectancy at birth over the past two decades, an indication of improvements in the well-being of the population.

I. Specific Objectives

i. To have improved on maternal, neonatal, infant and child health services in the country

ii. To have achieved a sustainable school health programme

iii. To have Community Health Planning Systems (CHPS) compounds well resourced

iv. To have improved the level of physical access to health facilities

II. Targets

i. To reduce the maternal mortality ratio from the 380 per 100,000 live births in 2014 to 100 per 100,000 live births in 2024 and 50 per 100,000 live births by 2034.

ii. To increase the proportion of facility delivery from 73.0 per cent in 2014 to 90 per cent by 2024 and 100 per cent by 2034.

iii. To increase the proportion of deliveries assisted by qualified health personnel from 74.0 in 2014 to 90 per cent in 2024 and 100 per cent in 2034

iv. To reduce neonatal mortality rate from 29 deaths per 1,000 live births in 2014 to 10 deaths per 1000 live births by 2024 and 5 deaths per 1,000 live births by 2034.

v. To reduce infant mortality rate from 41 deaths per 1,000 live births in 2014 to 20 deaths per 1000 live births by 2024 and 10 deaths per 1,000 live births by 2034.

vi. To decrease under-five mortality rate from 60 deaths per 1,000 live births in 2014 to 40 deaths per 1000 live births by 2024 and 10 deaths per 1,000 live births by 2034.

III. Implementation Strategies

i. Integrate maternal health into all sexual and reproductive health programmes.

ii. Implement maternal health policies and programmes as integral parts of a broad-based strategy of promoting reproductive health.

iii. Coordinate the collaboration of government with other relevant agencies (Ministry of Health, GHS, Nurses and Midwives Council, Ghana Registered Nurses Association) to ensure equitable distribution of trained health personnel, particularly midwives, to both rural and urban areas.

iv. Facilitate government steps to improve and sustain existing health insurance and free maternal health care policies to promote delivery of maternal and child health services.

v. Coordinate the effective collaboration of public health services with Civil Society Organisations (CSOs).

5.6.2 Fertility and Family Planning

The total fertility rate of Ghana declined from 5.5 in 1993 to 4.2 in 2014 (2014 GDHS), an indication that the steady decline observed up to 2008 is stalling. In addition, the modest achievement in fertility decline has not been consistent with contraceptive usage in the country. The 2014 contraceptive prevalence rate (CPR) for modern methods is 22 per cent among the currently married women population. This is a clear indication of a wide gap of unmet needs.

More can be done to increase contraceptive prevalence rate by improving access to family planning services. It is generally observed that when men are actively involved in decisions of contraceptive usage of their spouses, it makes a lot of difference. Any future improvement in the provision of family planning should not only look at accessibility to contraceptives but also the provision of a comprehensive package including care and management of women who encounter complications whiles using a method.

In Ghana, infertility has become a critical family planning issue, in the sense that it discourages contraception usage. Although not an accurate measure of infertility, analysis of available data from the 2010 Census indicates that 9.1 per cent of women aged 35 years and older in Ghana were childless. The emergence of various treatment procedures, including in-vitro fertilization, despite the high cost, is evidence of the lengths individuals and couples, who would like to have children, would go to cure their infertility. Family planning programmes should, therefore, have components that address infertility challenges among the population, alongside empowering those who would want to either space or limit childbearing.

I. Specific Objectives

i. To have provided affordable public fertility management programmes that will respond to the needs of those who want to manage their families and those who are childless.

ii. To have improved access and coverage of family planning services throughout the country.

II. Targets

i. To reduce TFR from 4.2 in 2014 to 3.5 by 2024 and 3.0 by 2034.

ii. To increase the percentage of currently married women who are using any method of contraception from 27 per cent in 2014 to 40 per cent by 2024 and 60 per cent by 2034.

iii. To reduce the proportion of women who marry before the age of 18 years by 80 per cent by 2024 and 90 per cent by 2034.

iv. To make family planning services available, accessible and affordable to at least 50 per cent of all sexually active women by 2024 and 80 per cent by 2034.

III. Implementation Strategies

i. Integrate family planning into all sectors of development planning.

ii. Coordinate government efforts to ensure the availability and accessibility of family planning services to all who seek such services and at affordable prices.

iii. Ensure that family planning services continues to include services targeting sterile and sub-fertile couples, as well as individuals who wish to have their own children.

iv. Encourage men to take part in reproductive health programmes by actively pursuing male-oriented family planning services.

v. Ensure that family planning programmes are made responsive to local and cultural values and individual needs.

5.6.3 Malaria

After many years of intervention, malaria continues to remain an endemic disease in the country. Malaria is a major contributor to morbidity and mortality, especially among pregnant women and under-five children; this has implications for Ghana's development and the attainment of MDG6. Prevention of malaria and other infectious diseases, such as diarrhoea and measles, is likely to be exacerbated by the impact of climate on the temperature and rainfall patterns that facilitate the breeding of the malaria vector. A two-pronged approach has been adopted in the control of malaria in Ghana. This includes prevention and treatment of malaria incidence. The main prevention approach includes the use of insecticide treated nets (ITNs), as a means of breaking the vector-host link, improved sanitation and environmental practices. To ensure easy accessibility to all the population, the importation of the nets is exempted from taxation while the supply is sometimes subsidised. The most vulnerable groups of the population, children and pregnant women, are targeted with the supply of ITNs.

Notwithstanding the increase in ownership of ITN over the years, only 68 per cent of households in Ghana owned mosquito nets in 2014 (2014 GDHS). Less than 50 per cent of children under five years in all households slept under a mosquito net (treated or untreated), the night before the survey. Both access to and use of ITN remain key challenges in the country. With regard to the treatment of malaria cases, the country has seen a change in medication, as a result of drug resistance. With the adoption of a new drug policy in place, the country adopted Artesunate-Amodiaquine, an Artemisinin-based Combination Therapy (ACT), in place of chloroquine in 2005. A prophylactic, such Sulphadoxine-pyrimethamine or Fansidar, is provided to pregnant women as intermittent preventive treatment (IPT), free of charge, and as directly observed therapy (DOT) at both

public and private antenatal services. Poor management of sanitation in the country is a major setback to the eradication of malaria in the country. Efforts must be intensified to address malaria from both the preventive and curative perspectives.

I. Specific Objectives

i. To have reduced the incidence of malaria morbidity and related mortality, especially among children and pregnant women.

ii. To have improved strategies in malaria control and increased coverage towards universal access to malaria treatment and prevention interventions.

iii. To have expanded the effective clinical care of malaria.

II. Targets

i. To achieve 100 per cent increase in household ownership and usage of at least one ITN by 2024

ii. To achieve a 100 percent attendance rate of antenatal clinic among pregnant women and provision of anti-malaria education and counselling to them by 2024.

iii. To reduce malaria morbidity and mortality among pregnant women by 50 per cent by 2024 and 100 per cent by 2034

iv. To reduce malaria morbidity and mortality among children by 50 per cent by 2024 and by 100 per cent by 2034.

III. Implementation Strategies

i. Intensify the promotion of ITN as a prevention of malaria strategy.

ii. Promote indoor residual spraying (IRS).

iii. Promote early and full antenatal attendance among pregnant women.

iv. Improve general sanitation and proper management of waste and sound environmental sanitation throughout the country.

v. Strengthen the resource base of all health facilities with malaria diagnostic facilities and provide effective anti-malarial drugs.

vi. To make available and accessible ITNs to all households in the country and sustain a sensitization campaign on its usage.

5.6.4 Morbidity and Double Burden of Disease

There has been an epidemiological shift in the recent past in Ghana. There has been a move away from the situation where non-communicable diseases were either undocumented or not considered a serious health challenge, to a situation where there is documented evidence of the co-existence of both communicable and non-communicable diseases. This phenomenon is referred to the as double burden of disease and has huge implications for the well-being and health delivery system of the country. The emergence of non-communicable diseases (NCDs), such as hypertension, diabetes, results from sedentary lifestyles, poor eating habits and increasing proportion of the elderly in the population. Loss of productivity and income, and the high cost of health care are associated with an increasing burden of non-communicable diseases. This is happening at a time when communicable diseases are still beyond control and continue to affect the population. Malaria continues to be number one on the out-patients list, followed by increasing levels of incidence of diarrhoea, cholera outbreaks and acute respiratory tract infection (ARTI).

Improvement in life expectancy at birth in the country has also increased the prevalence of ageing associated diseases, with a high burden on both households and the health system. Proportions of the

citizenry are unaware of their NCD condition, resulting in higher disease burden, when detected later at an advanced stage. Early screening services for, and detection of, chronic diseases such as hypertension, diabetes, obesity (body mass index), dyslipidaemia, renal dysfunction, mental health problem and cancer types (prostate cancer, breast cancer, cervical cancer) will curb the current trend of the double burden of disease in the country.

Chronic non-communicable diseases have not only become a public health concern, but also pose social and economic challenges. Such was the impact on the national development agenda that it resulted in the passage of the Mental Health Act (Act 846) in 2012 and the Policy for the Prevention and Control of Chronic Non-communicable Diseases in Ghana. The latter policy is to ensure that the burden of non-communicable diseases is reduced to the barest minimum in order to render it of little public health importance and an obstacle to socio-economic development.

I. Specific Objectives

i. To have effectively tackled communicable and non-communicable diseases
ii. To have effectively addressed emerging and resurging diseases.
iii. To have reduced disability and mortality related to non-communicable diseases.
iv. To have reduced exposure to the risk factors that contribute to non-communicable diseases.
v. To have reduced morbidity associated with non-communicable diseases.
vi. To have improved the overall quality of life in persons with non-communicable diseases.

II. Targets

vii. To reduce the rate of incidence of communicable and non-

communicable diseases by 50 per cent by 2024 and by 80 per cent by 2034.

viii. To reduce morbidity associated with non-communicable diseases by 50 per cent by 2024 and by 80 per cent by 2034

ix. To cut down on disability and mortality associated with non-communicable diseases by 50 per cent by 2024 and 80 per cent by 2034

III. Implementation Strategies

i. Promote and intensify primary prevention mechanisms against non-communicable diseases.

ii. Embark on early detection and provision of treatment and clinical care for non-communicable diseases.

iii. Strengthen the health system through restructuring and human resource capacity to accommodate emerging chronic diseases.

iv. Make provision for essential drugs and supplies, and update the NHIS drug list to reflect major non-communicable diseases challenges.

v. Integrate non-communicable diseases plans into wider health systems planning.

vi. Establish community-based non-communicable diseases monitoring systems to make it more accessible

vii. Intensify research into non-communicable diseases and their risk factors.

viii. Intensify health education programmes, especially on non-communicable diseases.

ix. Scale up collaboration among all relevant stakeholders, including MMDA, CSOs and NGOs involved in health education and promotion.

x. Intensify and promote early screening services to contribute to the reduction in non-communicable diseases disability, morbidity and mortality.

5.6.5 Nutrition

Good nutrition is essential for development and human health; the importance of food and nutrition is, therefore, widely recognized globally. All forms of malnutrition pose a heavy burden on all facets of human development, including physiological, mental, cultural, social, and economic, as well as attainment of human potential. Investing in nutrition contributes to reducing health care costs, and improving productivity, intellectual capacity and economic growth.

Available data from the 2014 Ghana Demographic Health Survey Preliminary Report indicate high chronic malnutrition among under-five children in Ghana (19 per cent stunted and 5 per cent wasted). Stunting increases in the second year when children are usually weaned, while wasting peaks around the seventh month of age. An emerging phenomenon of children's nutritional status in Ghana is overweight. Evidence shows that the percentage of children who are overweight has increased over the past two decades, from less than 1 per cent in 1988 to 5 per cent in 2008. Anaemia, among children in Ghana, also increased slightly between 2003 (76 per cent) and 2008 (78 per cent), but declined to 65.7 per cent in 2014. To curb nutritional problems among children, periodic Iron and Vitamin A supplementation is provided, in addition to consumption of foods rich in iron and vitamin. Among children age 6-59 months preceding the 2008 GDHS, only 28 per cent had received iron supplement, compared with 56 percent who received vitamin supplement. Nearly a third (30 per cent) of Ghanaian women were recorded to be overweight, while 9 percent were obese (GSS, 2009).

I. Specific Objectives

i. To have improved the nutrition status of children

ii. To have ensured that all children do not suffer from micro-nutrient deficiencies

iii. To have ensured that all children are protected from anaemia

II. Targets

i. To reduce the proportion of children under five who are stunted from 19 per cent in 2014 to 10 per cent by 2024 and to zero per cent by 2034.

ii. To reduce the proportion of children under five who are wasted from 5 per cent in 2014 to 2 per cent by 2024 and to zero per cent by 2034.

iii. To reduce the proportion of children under five who are underweight from the 11 per cent in 2014 to 5 per cent by 2024 and to zero per cent by 2034.

iv. To reduce the proportion of children under five who are overweight from the 5 per cent in 2014 to 2 per cent by 2024 and to zero per cent by 2034.

v. To reduce the 66 per cent of children under five with any anaemia by 50 per cent by 2024 and 80 per cent by 2034.

vi. To reduce the proportion of children with micro-nutrient deficiencies by 50 per cent by 2024 and 80 per cent by 2034

vii. To reduce the proportion of women (15-49 years) who are overweight or obese by 50 per cent by 2024 and 75 per cent by 2034.

III. Implementation strategies

i. Promote the development of appropriate programmes for reducing the incidence and prevalence of nutritional disorders.

ii. Intensify efforts to provide systematic education on food and

nutrition in all institutions of learning.

iii. Devote special attention to the nutritional needs of children, pregnant women, lactating mothers, the elderly and persons with disabilities.

iv. Evolve and implement a comprehensive food and nutrition policy that takes cognisance of the wide-ranging needs of various segments of the population, especially the poor.

v. Continue to provide micro-nutrient supplementation programmes e.g., administration of vitamin A to reduce micro-nutrient deficiency among children under-five.

5.6.6 Sexual and Reproductive Health

Sexual and reproductive health affect, and are affected by the broader context of personal lifestyle, the economic circumstances, education, employment, living conditions, family environment, social and gender relationships, and the traditional and legal structures in which individuals live. By implication, it is within the individual person's ability to have a satisfying and safe sex life, as well as the capability to reproduce and the freedom to decide if, when and how often to do so. Hence, the inclusion of four of the specific goals of the ICPD (1999 revision) which relate to:

i. reproductive health, including infant and under-five mortality;

ii. maternal mortality, with a specific focus on increasing skilled attendance at childbirth and the provision of essential obstetric care;

iii. unmet need for family planning and reproductive health services; and

iv. transmission of HIV and AIDS

The importance of these concerns for Ghana is reflected in their inclusion in the 1994 revised edition of the national population policy and the Ghana Poverty Reduction Strategy (GPRS I) of 2003. Although a summary review of sector wide initiatives indicates that substantial progress has been made in some priority areas of reproductive health, the pace of progress towards meeting targeted outcomes has slowed in several important intervention areas, including the following:

i. large unmet need for family planning services;
ii. slow pace of decline in total fertility rate, with little change demonstrated in the last ten-year period, and still marked differences in urban and rural fertility
iii. unavailability and/or inaccessibility of skilled attendants at childbirth and facility-based delivery to some groups and/or regions;
iv. unresolved true national maternal mortality rate and little evidence to support that the rate is being reduced, leading to speculation that it may be higher than best estimates;
v. slow pace of decline in overall infant mortality rate - neonatal mortality represents nearly two-thirds of infant deaths, and mortality rates considerably higher in rural areas;
vi. unacceptably high rates of certain adverse health conditions, such as anaemia in women and children remain;

vii. control of transmission of preventable communicable diseases, such as maternal-to-child transmission of HIV and AIDS, neonatal tetanus and malaria in pregnancy, remains a challenge

It is important, therefore, that the revised population policy fashions out strategies to meet the missed targets as well as new ones that have emerged

I. Specific Objectives

i. To have reduced maternal morbidity and mortality

ii. To have enhanced and promoted sexual and reproductive health

iii. To have increased contraceptive prevalence rate among all sexually active women

iv. To have ensured access to and quality of reproductive health services

v. To have promoted access to accurate data and information about sexual and reproductive health and care among adolescents

II. Targets

i. To reduce the proportion of adolescents who have begun childbearing by 19 years from 36.1 per cent in 2014 to 20 per cent by 2024 and 10 per cent by 2034

ii. To reduce the incidence of unsafe abortion practices by 50 per cent by 2024 and 100 per cent by 2034

iii. To increase modern contraceptive use among sexually active adolescents from 16.7 per cent in 2014 to 35 per cent in 2024 and 70 per cent by 2034

iv. To reduce unmet need for modern family planning among currently married women from 29.9 per cent in 2014 to 15 per cent in 2014 and zero per cent by 2034.

III. Implementation strategies

i. Provide high-quality services for family planning, including infertility services;
ii. Aggressively fight sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities;
iii. Promote sexual health at all levels of programme implementation.

iv. Make reproductive and sexual health an integral part of planning and budgeting;
v. Strengthen capacities of health systems to provide universal access to reproductive and sexual health care, particularly maternal and neonatal health, with the participation of communities and NGOs;
vi. Ensure that implementation benefits the poor and other marginalised groups, including adolescents and men;
vii. Include all aspects of reproductive and sexual health in national monitoring and reporting on progress toward the MDGs;
viii. Advocate and facilitate the integration of sexuality education in school curriculum.

5.6.7 HIV and AIDS

In Ghana, the main mode of HIV and AIDS transmission is through heterosexual intercourse. Current studies, however, indicate that an increasing number of people with different sexual orientations, such as men-who-have-sex-with-men, should be targeted for programming (GAC, 2011).HIV and AIDS prevalence has remained stable in Ghana in the recent past. Results from the 2014 GDHS (GSS, GHS and ICF International, 2014) indicate that the prevalence rate in 2014 for Ghanaian adults in the 15-49 age group is 2.0 per cent (from 2.2 % in 2003). The rate for women in this age group is 2.8 per cent (from 2.7% in 2003), while for men it is 1.1 per cent (from 1.5% in 2003). The median HIV prevalence from antenatal clinic (ANC) sentinel surveillance has also remained fairly stable around 3 per cent (varying between 2.3 and 3.6 per cent) since 1992, despite an increase in the number of sites from 8 to 40 and the rural-urban mix; the 2008 antenatal clinic sentinel surveillance rate of 2.2 per cent decreased to 1.6 per cent in 2014. The prevalence of HIV among young people aged 15-24, which is used as a marker for new cases, has decreased from 1.9 per cent in 2008 to less than one per cent, as per 2014 GDHS.

Ghana, by these indicators, is considered a low prevalence country.

UNAIDS statistics, however, suggest an increasing trend in new infections among the middle-income population in the country. The challenge, therefore, is to sustain the drive to continue to bring prevalence down so that eventually there will be zero infection in the country.

I. Specific Objectives

i. To have increased access to anti-retroviral treatment

ii. To have intensified public education against stigmatisation

iii. To have sustained the gains made at controlling the prevalence rate of HIV and AIDS in the country.

iv. To have provided increased care and support for people living with HIV and AIDS (PLHA) and AIDS orphans.

II. Targets

i. To reduce the HIV sentinel surveillance prevalence rate of 1.6 per cent in 2014 to 1.0 per cent by 2024 and 0.5 per cent by 2034

ii. To increase access to the best available treatment and care, including anti-retroviral drugs to all persons who have HIV by 2024.

iii. To attain 1.0 per cent new HIV infections by 2024 and zero per cent by 2034.

iv. To have 75 per cent of the private sector, NGOs and Faith Based Organisations (FBOs) engaged in the implementation of HIV and AIDS interventions by 2024 and 100 per cent by 2034.

III. Implementation strategies

i. Strengthen the health care system to provide and monitor

services for HIV and AIDS, including anti-retroviral treatment

ii. Support the participation of the private sector, NGOs and Faith-Based Organisations in the implementation of HIV and AIDS interventions

iii. Promote care and support efforts for people living with HIV and AIDS (PLHA) and AIDS orphans

5.7 Gender Equality and Women's Empowerment

The quest to achieve gender equality is prominent in the Millennium Development Goals (MDGs), as reflected in MDG 3, which focuses on gender equity and women's empowerment. This signals a positive recognition of gender equality and women's empowerment for sustainable development by the UN member states. The effort of Ghana in addressing gender-related inequalities in the country resulted in the creation of the then Ministry of Women and Children Affairs in 2001 and now the Ministry of Gender, Children and Social Protection. Ghana also adopted the MDGs as part of the country's medium to long-term development policy framework (GPRS I & II). The new national development policy framework (GSGDA II) again gives gender equity much prominence in all areas of the national development agenda.

Despite the country being a signatory to many international agreements and protocols affirming the rights of its population on all fronts, there are still gender disparities and inequalities in the country. According to the 2010 Census, more than half of the country's population (51.2 per cent) are females (GSS, 2012). This means that with a relatively higher proportion of the country's population being female, their interests should not be overlooked in all development planning and programming activities in the country. Yet, gender disparities are evident in all spheres of life in Ghana, especially in education, health, economic/employment opportunities, resource acquisition and allocation, governance and political participation.

5.7.1 <u>Educational Empowerment</u>

Evidence indicates that not much has been achieved in gender equity at the post-primary education level. The proportion of females 3 years and older with primary level education was 24.9 per cent, compared to 24.7 per cent for males. At the post-primary level, however, 38.9 per cent of females have junior high school (JSS) or higher education, as against 47.5 per cent for males (GSS, 2012). The inability to sustain the level of female school enrolment at the post-primary level creates gender inequality in the area of educational empowerment.

I. Specific Objectives

i. To have enhanced the educational status of women beyond the primary school level.

II. Targets

i. To increase the proportion of females in secondary and higher education from 14 per cent in 2014 to 30 per cent by 2024 and 56 per cent by 2034.

ii. To increase knowledge of women and men on gender equality outcomes by 70 per cent by 2024 and 100 per cent by 2034.

III. Implementation Strategies

i. Increase female enrolment and promote their retention at all levels of education.

ii. Improve and strengthen female participation in the non-formal education system.

iii. Create and sustain more career enhancement training programmes for women.

iv. Bridge the gender gap at higher levels of education by making conscious efforts to increase female school enrolment and

retention.

v. Provide gender-friendly facilities at both basic and secondary levels of education.

vi. Increase the awareness on human rights regarding gender equality.

5.7.2 <u>Economic Empowerment</u>

Empowering women to be economically and financially independent increases their potential to make independent decisions concerning their lives. The GSGDA I policy framework gave critical attention to the twin labour issues of unemployment and underemployment because of their importance in employment creation. To this end, a quarter (25.2 per cent) of the total estimated cost of implementation of the GSGDA I (US$ 23,981.46 million) was devoted to human development, employment and productivity. Policies that will ensure the utilisation of the oil revenue in the priority areas, poverty reduction, and provision of incentives to facilitate investments along the oil and gas value chain were the strategies advanced to increase employment creation in the country.

There is a greater proportion (90.9 per cent) of the economically active female population in the private informal sector than that of males (81.0 per cent). On the other hand, the public sector employs 4.5 per cent of the economically active female population, compared to 8.1 per cent of males. Because of the disparity in employment conditions (remuneration package, job security, and so on) between the formal and informal sectors of the economy, the pattern of male-female employment has the tendency to perpetuate gender disparity, thus making women economically disadvantaged.

I. Specific Objectives

i. To have enhanced the economic status of women.

ii. To have bridged the economic gender gap between the sexes

II. Targets

i. To adopt and institutionalise national maternity protection policy and benefits package by 2024.

ii. To ensure that 70 per cent of MDA's plans and budgets reflect gender equality outcomes by 2024 and 100 per cent by 2034

III. Implementation Strategies

i. Mainstream gender concerns in development plans and policies to increase economic opportunities and livelihood, particularly for women

ii. Create an environment conducive for various stakeholders to carry out advocacy activities on gender and population issues

iii. Increase training programmes for women in such ventures as domestic and village craft, agro-based and small-scale industries to foster women's economic development and to introduce them to the use of technological tools

iv. Strengthen affirmative action programmes to guarantee equal and equitable opportunities for both sexes in education, employment, housing and business

v. Codify and transform all negative socio-economic and cultural values and attitude that perpetuates gender inequality and equity

vi. Mainstream gender equality into all sector policies and plans.

5.7.3 Political Empowerment

The representation of women in higher level decision-making in the country over the past decades has seen some appreciable improvement. There is an increase in the number of women representation at the various political fronts at the community, local and national levels. Within the local government system (unit committee

and district/municipal assemblies), more women are representing their communities and districts. At the national level, a deliberate attempt is being made to reduce the gender disparity in the representation of women, through the appointment of more women into ministerial positions and also elected into Parliament. For example, 30 of the 275 members of the current Sixth Parliament under the Fourth Republic are women. There is, however, still the need to increase the proportion of women in political and higher administrative positions in the country.

I. Specific Objectives

i. To have enhanced the political status of women

II. Targets

i. To increase the proportion of women in both district assemblies and parliament to at least 20 per cent each by 2024 and 30 per cent by 2034

III. Implementation Strategies

i. Increase women participation and representation in decision-making processes and leadership at all levels

ii. Facilitate capacity building of women and promote their participation in politics and decision making at all levels

iii. Facilitate the mentoring of young women by women in decision-making positions to prepare them for political and administrative positions in the future

iv. Aggressively advocate and lobby for the increase in the proportion of women in higher level of decision-making in the country

v. Consciously create an opportunity for women to take up higher political positions in the country

5.7.4 Socio-Cultural Empowerment

The social and cultural environment creates a lot of gender concerns that are inimical to the development of men and women. There are still traditional gender stereotyped roles that restrict girls and women from accessing opportunities. There is also the issue of same sex relationship, which is steadily becoming a critical social issue of concern in the country although it is hardly visible in any public discourse.

I. Specific Objective

i. To have enhanced the socio-cultural status of women

II. Targets

i. To ensure that the National Maternity Policy is adopted by 2024

ii. To ensure that the maternity protection benefits package is developed, institutionalised and fully implemented by 2024

iii. To advocate, educate and engage traditional leaders towards reducing and eventual elimination of cultural practices that are harmful and/or demean status of women by 2024

III. Implementation Strategies

i. Advocate and facilitate the adoption and implementation of a national maternity protection policy and the development of maternity protection benefits package for women.

ii. Strengthen the capacity of implementing partners on maternity protection policy in the country

iii. Promote livelihood support for women in the informal sector

iv. Strengthen traditional and religious institutions to promote gender equality at all levels, and to curb practices that are

harmful and demeaning, and lead to gender inequality

v. Strengthen awareness creation and social mobilization, relative to health and human rights, for all persons without any distinction of any kind

5.8 Population, Advocacy and Behaviour Change Communication

5.8.1 Advocacy, Education and Information Technology

Advocacy, education and information are necessary for the effective dissemination of relevant information about the population policy; they therefore constitute an important component of the policy implementation strategy. Strong advocacy skills are required to facilitate the national ownership of the policy necessary for effective implementation. Similarly, effective information dissemination is an important tool for behaviour change, essential for achieving set targets, relative to fertility, contraceptive use and health. Thus, the integration of population variables into the development planning process calls for constant education, advocacy and information provision to influence change in attitudes and to promote behavioural change beyond mere awareness among the population.

Information on population issues, such as family planning, should be widely disseminated to the general population using various media channels, including both print and electronic. Messages should be simple, clear and specific and translated into the local languages for easy communication and wider acceptance, especially among the non-literate population. Since information, education and communication (IEC) activities are only effective when developed and implemented within a broader national programme, the new currency in the literature is behaviour change communication (BCC), which uses the essentials in IEC to strategically promote positive health outcomes, based on good practices of behaviour change. The social determinants include knowledge, attitudes, norms and cultural practices.

Advocacy, education and information dissemination should go hand-in-hand with audience segmentation analysis, message development

as well as provides an effective framework for monitoring and evaluation. BCC goes beyond the delivery of a simple message or slogan to encompass the full range of ways in which people individually and collectively communicate or convey meaning. It is in this context that social and behaviour change communication (SBCC) programmes are expected to use the most powerful and appropriate fundamental human interaction methods to positively influence all social dimensions of health and well-being.

Over the past decade, information and communication technology (ICT) has expanded in Ghana, following the introduction of mobile phone services in the country. Progress made in this area has also impacted greatly on the use of social media networks for communication and information provision, particularly among the youth. Currently, the use of the mobile phone is so common that it is used in even very remote rural communities in the country, even in the absence of electricity. It is anticipated that patronage of the social media, resulting from information and communication technology, would continue to expand. In spite of some negative effects of social media, it largely provides an easy medium to access and share information within relatively short moments of time. It further facilitates a quick process for educating a wider group of people at the same time.

Ownership and access to desktop/laptop computers at the household level, however, are low; only about 8 per cent of households owned either a desktop or laptop computer in 2010 (GSS, 2013); a similar proportion of the 12 years and older population was reported to use the internet. Considering the growing importance of ICT for information generation and sharing in all sectors of the country, there is the need to invest in ICT infrastructure, such as computer and internet facilities for easy access to and dissemination of information. The MDA and other stakeholders working in the population and development issues of concern need to be linked to a functional ICT system throughout the country, to facilitate the provision of relevant social services.

I. Specific Objectives

i. To have functionally integrated population variables into

development planning activities at all levels and in all sectors

ii. To have an improved population-related behaviour change and practices

iii. To have expanded ICT infrastructure in schools, hospitals and government offices

iv. To have expanded the use of social media for information sharing and dissemination on population-related issues in the country

II Targets

i. To ensure that 50 per cent of public media houses at the national and local levels dedicate space and air time, at least twice weekly by 2024 and 100 per cent by 2034, to discuss and/or disseminate population-related issues as part of their social commitment to Ghana.

ii. To encourage 50 per cent of private media houses, at all levels, to commit some space and air time weekly by 2024 and 75 per cent by 2034, to discuss and/or disseminate population-related issues as part of their social corporate responsibility to the people of Ghana.

iii. To advocate a dedicated budget line for population-related activities in the national financial and budget statement by 2024

iv. To increase the proportion of households with ownership of desktop/laptop computer from about 8 per cent in 2010 to 30 per cent in 2024 and 70 per cent by 2034

v. To increase the proportion of persons 12 years and older using the internet from about 8 per cent in 2010 to 30 per cent in 2024 and 70 per cent by 2034.

vi. To increase access to mobile phone and internet services to

30 per cent of persons 12 years and older by 2024 and to 70 per cent by 2034

III. Implementation Strategies

i. Establish an institutional framework to coordinate the advocacy and behaviour change communication of population-related programmes in the country

ii. Strengthen the capacity of non-governmental organisations (NGOs) and civil society organisations (CSOs) and other partners to actively participate in advocacy and information dissemination on population issues

iii. Improve the quality of advocacy and BCC interventions through effective capacity-building strategies, and develop culturally acceptable BCC materials

iv. Support the production of local movies to be used as channels of dissemination of relevant information

v. Use technically knowledgeable persons in planning, implementing, disseminating and monitoring accurate and appropriate information on the media landscape

vi. Create an enabling environment, including increased positive behaviour change towards reproductive health and family planning, to facilitate acceptance of population issues

vii. Coordinate population advocacy efforts of all institutions to ensure efficiency in the implementation of the revised National Population Policy.

viii. Promote debate on population issues among policy and decision-makers

ix. Promote, clarify and increase the knowledge and understanding among opinion leaders and the public at large of population issues and the implications of Ghana's population dynamics

for national development planning

x. Provide the public with the relevant information and education on the value of small family size within the context of sexual and reproductive health

xi. Educate the general public on the causes, consequences and prevention of infectious and non-communicable diseases among different segments of the population

xii. Empower and resource MMDA to generate, maintain and analyse population data to inform their development planning activities

xiii. Disseminate population-related information through social media outlets including Facebook, WhatsApp, Twitter, Instagram,

xiv. Strengthen the ICT Unit within the NPC Secretariat to facilitate social media dialogue to increase population information provision, particularly targeting the youth.

5.8.2 Resource Mobilization

The 1994 (revised) population policy acknowledged the role of financial and technical support from within and outside the country for a successful policy implementation. The policy, therefore, acknowledged that its implementation would compete with other sectors for limited resources available to the nation, and committed the government to make available to the NPC Secretariat the necessary resources to enable it to effectively discharge its mandate. Over the past two decades, however, government's commitment to resource allocation to the NPC Secretariat has faced challenges, to the extent that the NPC's work has been undermined by poor resource portfolio. It has also not been possible for sector ministries, departments and MMDA to incorporate in their annual budgetary estimates specific lines for dedicated population programmes at their levels.

The NPC Secretariats at the national and regional levels have, therefore, relied largely on development partners for financial support for their programme implementation, a situation that is steadily undermining the national ownership of the population programme implementation. In view of these challenges, there is the need to outline concrete measures to ensure that the elaborate institutional framework does not suffer from resource constraints in the implementation of the policy goals and objectives. This can be achieved when there is national ownership of the population policy implementation in the country through adequate state funding with very minimal reliance on development partners.

I. Specific Objectives

i. To have ensured that adequate resources are made available for the implementation of the population policy

ii. To have achieved timely releases of approved annual national budget allocations to the NPC Secretariat for population programme activities

II. Targets

i. To achieve financial sustainability of the implementation of the National Population Policy at national and regional levels up to 80 per cent by 2024 and 100 per cent by 2034.

ii. To have enough funding that meets 80 per cent effectiveness of coordination of population-related programmes throughout the country by 2024 and 100 per cent by 2034.

iii. To ensure that there is 80 per cent funding of other implementation agencies by 2024 and 100 per cent funding by 2034, to implement their part of the policy.

III. Implementation Strategies

i. Establish a national population fund through innovative means for the effective implementation of all aspects of the population policy.

ii. Strengthen advocacy among private sector organisations for resource mobilisation into the national population fund.

iii. Provide adequate resources through government for the effective functioning of the National Population Council (NPC) and all other stakeholders in population.

iv. Ensure that all sector MDA and MMDA shall have budget lines specifically dedicated to population-related programmes within their respective sectors.

v. Ensure that MMDA shall collaborate with communities to mobilise additional resources for population programmes and activities.

vi. Advocate and encourage the participation of private sector and civil society organisations to support population programmes and activities.

vii. Increase efforts to mobilise assistance for population programmes to ensure proper coordination and maximum utilisation of resources to enhance programme impact at national, sector and MMDA levels.

5.8.3 Capacity Building

Capacity building is critical for the smooth implementation of population policy. This can be done at the institutional level, including building the capacity of NPC Secretariat staff in policy coordination. It is also important to strengthen the capacity of population training centres in the country to continue to effectively provide training in the area of population and development. Generally, it is important to have trained personnel for all components of the population policy for its successful implementation.

I. Specific Objectives

i. To have well-trained staff of NPC and other partner agencies

on population-related issues

ii. To have received regular releases of funds from Government for the implementation of population-related programmes

iii. To have adequately equipped the NPC Secretariat to undertake its responsibilities.

II. Targets

i. To train 70 per cent of senior NPC professional staff on policy coordination, programme monitoring and evaluation by 2024 and 100 per cent by 2034

ii. To train at least 50 per cent of personnel from partner agencies on population-related issues by 2024 and 80 per cent by 2034.

iii. To increase current stock of office equipment and logistics by 50 per cent by 2024

III. Implementation Strategies

i. Collaborate with existing population-related training centres to sustain capacity building on population policy and programme implementation in the country

ii. Take advantage of Parliament and public functions to make statements on population issues as and when necessary and appropriate

iii. Facilitate the training of the media, peer educators, PROs in public institutions, regional and district information officers, CSOs, youth groups, etc., on population communication

iv. Intensify public education on the importance of reporting of vital demographic events, including births, deaths and marriages

v. Advocate and aggressively lobby Parliament to establish a

Committee for population related issues or have an existing Committee reconstituted/renamed to reflect the taking up of an additional duty for population issues.

vi. Make adequate budgetary provision for equipment and logistics needed for effective coordination and implementation of the population policy.

5.9. Data Collection, Analysis, Dissemination, Research, Monitoring and Evaluation

Accurate, comprehensive and timely statistical data are critical for improving the targeting of existing resources, to spur new economic opportunities for socio-economic development of the country, towards better living standards and well-being of the population. Availability of data on the dynamics of the population is critical, because factoring population variables into development planning is essential for such targeting. Without accurate data, policymakers would grope in the dark, so to say, and any investment decisions would be uninformed and strictly on the try-and-error basis. The NPC and other stakeholders working on population-related issues rely on demographic data to do their work. The availability of such data at the right time is critical for planning purposes as well as for monitoring and evaluation of investments in projects. Planners need this information for all kinds of development work, including assessing demographic trends; analysing socio-economic conditions; designing evidence-based poverty-reduction strategies; monitoring and evaluating the effectiveness of policies; and tracking progress toward national and internationally agreed development goals.

Since the adoption of the National Population Policy (Revised Edition, 1994), the GSS has conducted two population and housing censuses (2000, 2010) and several national sample surveys, including four demographic and health surveys (1998, 2003, 2008, 2014), two Multiple Indicator Cluster Surveys (2006, 2011), three Living Standard Surveys (1998/99, 2005/06, 2012/13) and one Maternal Mortality Survey (2007). From these censuses and surveys, demographic and health indicators, critical for tracking progress on targets set in the

population and other development-related policies, were obtained. In addition, there are institutional data that should provide critical information on population issues, such as vital registration system and migration data. The NPC shall be empowered to have access to these data and make them openly available to other stakeholders working on population-related issues in the country.

Over the years, getting adequate, reliable and timely data for development planning has faced a number of challenges. Resources allocated for purposes of data collection and management have always been inadequate, thereby perpetuating the data problem. Most of the important surveys and censuses rely on external funding, thereby limiting the collection, processing, analysis and dissemination of timely policy-oriented statistical indicators for decision-making. Surveys and other research activities, which are necessary for generating data for planning, are often starved of resources. In some cases, researches that are conducted are neither properly coordinated nor their findings adequately documented and disseminated.

I. Specific Objectives

i. To have addressed existing gaps by sourcing for new investments and reinforced capacities

ii. To have ensured that timely, accessible, accurate and reliable data are provided

iii. To have developed and adequately maintained a database of demographic and socio-economic indicators

iv. To have ensured that data are utilized at the level of which planning and accountability reside (district/municipality level)

v. To have instituted a system to ensure periodic monitoring and evaluation of progress of set targets

vi. To have encouraged and ensured the integration of

demographic and socio-economic data into all aspects of development planning at all levels

vii. To have promoted research into emerging issues at all levels to inform the planning process and also to ensure that it is in line with national standards

viii. To have ensured an effective and efficient periodic dissemination of demographic and socio-economic data/ information

II. Targets

i. To create a population fund by 2024, fully supported by the central government, for the purpose of collecting, collating, analysing, disseminating and utilizing population and other related data

ii. To review and strengthen existing mechanisms for monitoring and evaluation of progress of set targets to be effectively functional by 2024

iii. To consider new ways of managing data to combine different data sources in one information system, by 2024, to shed light on population issues, such as the population and housing census, demographic and health surveys, civil registration and vital statistics

iv. To develop, by 2024, Ghana-specific models for integrating demographic and socio-economic data into development planning and to become the blueprints for the country's development planning by 2034.

v. To develop and adopt, by 2024, a medium-term plan for periodic dissemination and utilization of demographic and socio-economic data/information and a long-term one by 2034

III. Implementation Strategies

i. Conduct an assessment on the scale of necessary investments, capacity development and technology transfer required

ii. Strengthen the capacity of GSS, Births and Deaths Registry, training and research institutions, NPC Secretariat, MDA, MMDA and other documentation centres to collect, analyse and disseminate population and other relevant statistical data;

iii. Train more personnel in research, including data collection and analysis, to upgrade the national research capability in population and development;

iv. Facilitate in-service training in techniques of integrated population and development planning, through seminars and workshops for planners and implementers;

v. Maintain an effective forum for population data producer-user communication;

vi. Engage in south-south collaboration to engage in wide network and share experiences

vii. Review, enact and enforce laws governing the registration of vital events, especially marriages, divorces, births and deaths, provide the necessary logistics and establish data collection centres at MMDA levels;

viii. Establish a management information network system, including a data bank, to support all population activities;

ix. Ensure data quality and protection, so that data collected and disseminated are done within the context of the law.

x. Consider opening data sources to other stakeholders and the public to advance research in the areas of population and development, health, and other issues.

xi. Create mechanisms through which technology and innovation can be shared and used for the common good.

5.10 ROLES AND FUNCTIONS OF THE NATIONAL POPULATION COUNCIL

The National Population Council has four main roles and functions, which is Coordination, Advocacy, Research, Monitoring and Evaluation and Capacity Building. However, most of the programmes and activities are on Coordination and Advocacy.

COORDINATION

The National Population Council coordinates the implementation of the policy and programmes, fosters functional linkages and harmonises population issues among sectoral ministries, institutions and agencies at the national, regional and district levels. The Council also serves as the national public relations agency on population issues affecting the country and provides background materials on the population to agencies that need them. Multi-sectoral Regional Population and Advisory Committees (RPAC) made up of key partners at the regional level have also been established in all ten regions of the country.

The RPACs also facilitate the NPC's mandate to coordinate population programmes in the region and foster closer linkages among partners at that level. There are also District Population Advisory Committees (DPACs) in some districts performing similar functions as the RPACs at the district level. The National Population Council will need funding to coordinate activities at all levels (National, Regional and District). Adequate funding should be allocated to the Council to support activities of the RPAC and DPAC at the regional and district levels. This action will enable the institution to effectively and efficiently coordinate population programmes in the country.

ADVOCACY

The NPC has a strong advocacy role to promote the goals and objectives of the National Population Policy, the Growth and Poverty Reduction Strategy (GPRS II) and the ICPD Programme of Action. Many populations related issues still need to be fully understood, promoted and adopted at the community and national levels, especially issues of access to reproductive health services including family planning services, gender-based violence, male involvement, and the utilisation of population data in development planning. The NPC undertakes regular identification and tracking of population issues, facts and figures through the production and publication of documents such as Facts Sheets, Policy Briefs, Articles, The State of Ghana Population Reports and Newsletters etc.

5.11 FOCUS AREAS

The National Population Council focus area is Quality of Life, through Fertility Management and Integration of Population Variables into Development Plan.

Fertility Management

In recognition of the interrelationships between fertility management and socio-economic development, the National Population Policy (Revised Edition, 1994), stressed the need for regulation of population growth and distribution. The importance of family planning in national development and its impact on maternal and child health and women's education, incomes, human rights and autonomy, as well as the annual population growth rate, affects the quality of life of the people.. Other processes and procedures in Fertility Management include:

- Reducing the four demographic risks of too early pregnancies, too late pregnancies, too close and too many pregnancies
- The promotion of Safe Motherhood services (antenatal,

labour and postnatal);

- Provision of post-abortion services;
- Prevention and management of Reproductive Tract Infections (RTIs) including Sexually Transmitted Infections (STIs) and HIV/AIDS as well as the management of infertility and cancers of the reproductive system;
- Prevention and management of harmful traditional reproductive health practices; and
- Responding to concerns about menopause.

These issues are managed through comprehensive Fertility Management programmes which provide access to effective preventive and curative care , including contraceptives, medical intervention and meeting the social needs of clients.

Integration of Population Variables into Development Planning

The National Population Policy (Revised Edition, 1994) identified the interrelationship between population, sustained economic growth and sustainable development as a critical issue that requires attention. This realization is in line with the tenets and objectives of the Programme of Action adopted at the International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994. In response to this, the National Population Council took steps to ensure that population concerns are high on the national agenda by building the capacity of policy makers and planners to appreciate and utilise population data in development planning. To assist the District Assemblies to integrate population variables into development planning, training workshops are organised to improve the human resource capacity of district officials to effectively utilize population data for planning purposes. Fifteen training modules have

been developed by the Department of Planning of Kwame Nkrumah University of Science at the request of the National Population Council (NPC) for this purpose. NPC collaborates with academic institutions including the Regional Institute of Population Studies and the Institute of Local Government Studies and the Department of Planning at Kwame Nkrumah University of Science and Technology (KNUST) to incorporate the training modules into their mainstream curricula.

6.0 Framework of Implementation of the Policy

6.1 Institutional Framework

The National Population Policy (Revised Edition, 1994) had an elaborate institutional framework, with the National Population Council (NPC) as the main body responsible for the coordination of all population-related activities in the country. The NPC is also the highest body set up to advise the government on population-related issues in the country. The membership of the Council is made up of prominent individuals in the country and representatives of relevant institutions and faith-based organizations with rich knowledge in population and related issues.

The activities of the Council are implemented by the National Population Council Secretariat, which is also responsible for the coordination of population programmes in the country. The framework also sets up technical advisory committees that are expected to assist the Secretariat with technical expertise in population-related issues. It further identifies a number of institutions that are expected to work with the Secretariat in the implementation of population programmes. Despite the well-formulated institutional framework, the National Population Policy (Revised Edition, 1994) faced some implementation challenges.

For various reasons, the laid down plan for coordinating population programmes in the country did not achieve the objectives for which it was set up to do. Generally, there was no clearly defined mechanism for collaboration between NPC and the partner implementing agencies. There was no formal institutional structure of linkages and reporting system or mechanism that would compel partner agencies to periodically report to NPC on their population-related programmes. The roles and responsibilities of the agencies listed in the institutional framework were not well defined, and this made it difficult for most of the agencies, first, to identify with their role in the policy framework and, second, to report to the NPC. Worse still, the NPC suffered from financial inadequacy for the coordination of population programmes in the country. This weakened the capacity of the NPC to coordinate

the population programmes, thus creating a lot of problems for the effective implementation of the policy. In view of this, the following measures are recommended:

i. Empower NPC to effectively coordinate population programmes in the country by making resources available to the Secretariat and also build capacity of the staff on effective ways to coordinate population programmes in the country

ii. There is need for a laid down plan for coordination of population programmes in the country, which can also serve as a monitoring tool for the Secretariat

iii. There is the need to define the roles of all the institutions that will work with the NPC in the implementation of the population policy.

There are many institutions that are involved in the implementation of population programmes in the country. The National Population Council and the national/regional secretariats are responsible for the coordination of population programmes in the country. In that regard, the National Population Council is expected to collaborate with other institutions in the implementation and coordination of population programmes in the country. Appendix Table 1 summarizes the implementing institutions responsible for each policy thematic area, while Appendix Table 2 specifies the roles for each implementing agency.

Appendix Table 1: Policy Thematic Area by Responsible Implementing Agencies

Policy Thematic Area	Applicable Sub-Themes	Implementing MDA/Organisations
Institutional Framework	!!	National Population Council; National Population Council Secretariat; Ministry of Finance
Data Collection, Analysis, Dissemination, Research, Monitoring and Evaluation		Ghana Statistical Service; National Development Planning Commission; Centre for Migration Studies; Institute for Statistical, Social and Economic Research; Regional Institute for Population Studies;
Population and Development	Adolescents, Youth and the Demographic Dividend	National Population Council; Ghana AIDS Commission; Ministry of Health; Ghana Health Service; Planned Parenthood Association of Ghana; Ministry of Gender Children and Social Protection; Population Council; Ministry of Youth and Sports; National Youth Authority; United Nations Population Fund; United Nations Children's Fund;
	Population Growth Rate	National Population Council, Ministry of Health; Ghana Health Service; Ghana AIDS Commission; Population Council; Ghana Statistical Service; Births and Deaths Registry; Ghana Immigration Service
	Ageing and the Elderly Population	National Population Council, Help Age Ghana; Ministry of Health; Department of Social Welfare, Ministry of Gender, Children and Social Protection
Urbanisation	Housing	National Population Council, Ministry of Lands and Natural Resources; Ministry of Energy; Ministry of Water Resources, Works and Housing; Environmental Protection Agency; Ministry of Roads and Highways; Town and Country Planning
	Water	National Population Council, Ministry of Lands and Natural Resources; Ministry of Energy; Ministry of Water Resources, Works and Housing; Environmental

		Protection Agency; Town and Country Planning
	Sanitation	National Population Council, Ministry of Lands and Natural Resources; Ministry of Energy; Ministry of Water Resources, Works and Housing; Environmental Protection Agency; Town and Country Planning, Ministry of Local Government and Rural Development
	Infrastructural Development	National Population Council, Ministry of Lands and Natural Resources; Ministry of Energy; Ministry of Water Resources; Works and Housing; Environmental Protection Agency; Ministry of Roads and Highways; Town and Country Planning
Population and Environment	Natural Resource Management	Ministry of Fisheries and Aquaculture Development; Ministry of Local Government and Rural Development; Ministry of Environment Science, Technology and Innovation
	Waste Management	National Population Council, Ministry of Fisheries and Aquaculture Development; Ministry of Local Government and Rural Development; Ministry of Environment Science, Technology and Innovation; Environmental Protection Agency; MMDA
!!	Climate Change and Variability	National Population Council, Ministry of Environment Science, Technology and Innovation; Environmental Protection Agency
Population and Agriculture		National Population Council, Ministry of Food and Agriculture; Ministry of Lands and Natural Resources; Ministry of Finance; Ministry of Fisheries and Aquaculture Development; Environmental Protection Agency; Ministry of Water Resources, Works and Housing

Migration		National Population Council, Ghana National Commission on Migration, Center for Migration Studies; Ministry of Foreign Affairs and Regional Integration; Ghana Immigration Service, Ministry of Interior
Health Issues	Maternal and Child Health	National Population Council, Ghana Health Service; Ministry of Health; Population Council; Ghana Registered Nurses Association; Nurses and Midwives Council, Ghana Registered Midwives Association, Ghana Statistical Service
	Fertility and Family Planning	National Population Council, Ghana Health Service; Ministry of Health; Population Council; Planned Parenthood Association of Ghana; Ghana AIDS Commission
	Malaria	National Population Council, Ghana Health Service; Ministry of Health; Ghana Malaria Control Programme
	Morbidity and Burden of Disease	National Population Council, Ministry of Health; Ghana Health Service;
	Nutrition	National Population Council, Ministry of Health; Ministry of Fisheries and Aquaculture Development
	HIV and AIDS	National Population Council, Ghana AIDS Commission, Ghana Health Service; Ministry of Gender, Children and Social Protection; Social Welfare Department
Gender Equality and Women's Empowerment		National Population Council, Ministry of Gender, Children and Social Protection; Ministry of Empowerment and Labour Relations
Population, Advocacy, and Behaviour Change Communication	Advocacy, Education and Information Technology	National Population Council Secretariat; Ministry of Communication; Information Services Department
	Resource Mobilisation	National Population Council, Ministry of Finance, UNFPA, USAID, MMDA, MDA
	Capacity Building	National Population Council, Ministry of Finance, NPC Secretariat

Appendix Table 2: Identified Implementation Agencies by Population Thematic Areas

Implementing Agencies	Policy Thematic Area A	pplicable Sub-Themes
National Population Council/NPC Secretariat	Institutional Framework	
	Population and Development	Population Growth Rate
		Adolescents, Youth and the Demographic Dividend
		Aging and the Elderly Population
	Urbanisation H	ousing
		Water
		Sanitation
		Infrastructure Development
	Population and Environment	Waste Management
		Climate Change and Variability
	Population and Agriculture	
	Migration	
	Health Issues	
	Gender Equality and Women's Empowerment	
	Population, Advocacy and Behaviour Change Communication	
Ministry of Finance	Institutional Framework	
	Population and Agriculture	
	Population, Advocacy and Behaviour Change Communication	Resource Mobilisation
		Capacity Building
Ghana Statistical Service	Data Collection, Analysis, Dissemination, Research and Evaluation	
	Population and Development	Population Growth Rate
	Health Issues M	aternal and Child Health
National Development Planning Commission	Data Collection, Analysis, Dissemination, Research and Evaluation	
Centre for Migration Studies	Data Collection, Analysis, Dissemination, Research and Evaluation	
	Migration	

Institute of Statistical, Social and Economic Research	Data Collection, Analysis, Dissemination, Research and Evaluation	
Regional Institute for Population Studies	Data Collection, Analysis, Dissemination, Research and Evaluation	
Ghana National Commission on Migration	Migration	
Ghana AIDS Commission	Population and Development	Population Growth Rate
		Adolescents, Youth and the Demographic Dividend
	Health Issues F	ertility and Family Planning
		HIV and AIDS
Ministry of Health	Population and Development	Population Growth Rate
		Adolescents, Youth and the Demographic Dividend
		Aging and the Elderly Population
	Health Issues M	aternal and Child Health
		Fertility and Family Planning
		Malaria
		Morbidity and Burden of Disease
		Nutrition
Ghana Health Service	Population and Development	Population Growth Rate
		Adolescents, Youth and the Demographic Dividend
	Health Issues M	aternal and Child Health
		Fertility and Family Planning
		Malaria
		Morbidity and Burden of Disease
		HIV and AIDS
Planned Parenthood Association of Ghana	Population and Development	Adolescents, Youth and the Demographic Dividend
	Health Issues F	ertility and Family Planning
Ministry of Gender, Children and Social Protection	Population and Development	Adolescents, Youth and the Demographic Dividend
		Aging and the Elderly Population
	Health Issues H	IV and AIDS
	Gender Equality and Women's Empowerment	

Population Council	Population and Development	Population Growth Rate
		Adolescents, Youth and the Demographic Dividend
	Health Issues F	ertility and Family Planning
Ministry of Youth and Sports	Population and Development	Adolescents, Youth and the Demographic Dividend
National Youth Authority	Population and Development	Adolescents, Youth and the Demographic Dividend
United National Population Fund (UNFPA)	Population and Development	Adolescents, Youth and the Demographic Dividend
	Population, Advocacy, Information, Education and Communication	Resource Mobilisation
United Nations Children's Fund (UNICEF)	Population and Development	Adolescents, Youth and the Demographic Dividend
United States Agency for International Assistance (USAID)	Population, Advocacy and Behaviour Change Communication	Resource Mobilisation
Births and Deaths Registry	Population and Development	Population Growth Rate
Ghana Immigration Service	Population and Development	Population Growth Rate
	Migration	
HelpAge Ghana	Population and Development	Aging and the Elderly Population
Social Welfare Department	Population and Development	Aging and the Elderly Population
	Health Issues H	ICV and AIDS
Ghana Registered Nurses Association	Health Issues!	Maternal and Child Health
Ghana Registered Midwives Association	Health Issues	Maternal and Child Health
Nurses and Midwives Council	Health Issues	Maternal and Child Health
Ghana Malaria Control Programme	Health Issues M	alaria
Ministry of Lands and Natural Resources	Urbanisation	
	Population and Agriculture	
Ministry of Energy	Urbanisation	
Ministry of Water Resources, Works and Housing	Urbanisation	
	Population and Agriculture	
Ministry of Roads and Highways	Urbanisation	Housing
		Infrastructural Development

Environmental Protection Agency	Urbanisation	
	Population and Environment	Waste Management
		Climate Change and Variability
	Population and Agriculture	
Town and Country Planning	Urbanisation	
Ministry of Local Government and Rural Development	Population and Environment	Natural Resources
		Waste Management
Ministry of Fisheries and Aquaculture Development	Population and Environment	Natural Resources
		Waste Management
	Population and Agriculture	
	Health Issues N	utrition
Ministry of Environment Science, Technology and Innovation	Population and Environment	
Ministry of Food and Agriculture	Population and Agriculture	
Ministry of Foreign Affairs and Regional Integration	Migration	
Ministry of Interior	Migration	
Ministry of Empowerment and Labour Relations	Gender Equality and Women's Empowerment	
Ministry of Communication	Population, Advocacy and Behaviour Change Communication	Advocacy, Education and Information Technology
Information Services Department	Population, Advocacy and Behaviour Change Communication	Advocacy, Education and Information Technology
Metropolitan, Municipal and District Assemblies	Population and Environment	Waste Management
	Population, Advocacy and Behaviour Change Communication	Resource Mobilisation
Ministries, Departments and Agencies	Population, Advocacy and Behaviour Change Communication	Resource Mobilisation