

Health, Nutrition and Environment Statistics Report, 2005

The health, nutrition, and environment of any people are linked to the general state of development in the country. The Government of Ghana, for that matter, seeks to improve the health of all people living in Ghana regardless of age, sex, race, ethnic origin, religious conviction, political affiliation, or socio-economic standing. This is believed can only be achieved through strengthening the health system by improvement in its access, quality, efficiency and financing.

The structure of the health system consists of national, regional, district, sub-district and community health systems and is built on the Primary Health Care (PHC) System.

Services are provided by many partners including the private health care services, the religious bodies' health facilities, the parastatal health system and private clinics. Additionally, traditional herbal and spiritual centres provide services to many Ghanaians.

This report collects information from 2000 Population and Housing Census (PHC), periodic survey reports of the Ghana Statistical Service, as well as secondary data from Ghana Health Services (GHS) and other Ministries Departments and Agencies (MDAs) to describe trends in the health, nutrition and environmental sanitation at regional level.

The main results indicate a general increase in health facilities nationwide from 251 in 1991 to 286 in 2003 for hospitals and 1138 for health centres and clinics in 1991 to 1487 in 2003. These are increases of 13.9% and 30.7% respectively over a period of 12 years. The number of hospitals for Greater Accra region almost doubled within the period while those in Ashanti region increased by only 6.6%. On the other hand, the number of hospitals in the Central, Volta, Northern and Upper East regions decreased. With regards to health centres, however, substantial increases occurred in all the regions except Central and Greater Accra regions which experienced a fall in the number of health centres and clinics. One major concern is the equitable distribution of health resources. Regions in the northern part of the country have fewer health facilities and lower coverage in preventive health services resulting in high hospital admission rates per capita for the people in those regions.

Health manpower levels specifically for medical doctors and auxiliary nurses showed very little increase for Western and Central regions between 2002 and 2003 but with a fall for the other regions. However, apart from Eastern and Upper West regions all the other regions experienced very little increases in the level of professional nurses from 2002 to 2003.

Health care services provided to the people both as curative and as preventive services showed improvement. The per capita out-patient visits rose from 0.42

in 2000 to 0.52 in 2004. Hospitals admissions per 100 population also increased from 32.1 to 35.3 during the same period. Coverage of immunization has been increasing over the years and the yearly target for immunization of 85% has been exceeded in some of the regions.

The pattern of the incidence of diseases in the population has not shown any appreciable change. Malaria continues to top the list of disease managed at the out-patient departments of hospitals and clinics (44%), followed by upper respiratory track infections (7.2%), diarrhoeal diseases (4.3%), skin diseases (4.1%) and hypertension (2.7%). The major causes of morbidity and mortality in the country are preventable or communicable disease such as malaria, tuberculosis and HIV/AIDS

The trends in the prevalence of HIV/AIDS and tuberculosis are alarming. HIV/AIDS prevalence rate rose from 2.9% in 2001 to 3.1 in 2004. Tuberculosis detection rate per 100,000 population continued to fluctuate around 58.4% with a cure rate of 61% in 2003.

The means and facilities available for both solid and liquid waste need much attention as its implications on the environment is mostly hazardous. Only 4.8 percent of refuse was collected by local authorities and about 20% of the population still had no toilet facility in 2003.

It is recommended that monitoring of the health, nutrition, and the environmental sanitation be formularized to guide health policy to aim at the minimizing or better still, eradication morbidity arising from malnutrition, water related, and air borne diseases.