

BACKGROUND

“The Millennium Development Goals (MDGs) were adopted in September 2000 at the UN Millennium summit by all the world’s Government as a blueprint for building a better world in the 21st century”. (Kofi Annan)

The 4 health related Millennium Development Goals are : MDG 1 - to halve, by 2015, the number of people who suffer from hunger, relative to 1990 levels. For Ghana this means reducing the prevalence of under-5 children who are underweight to 14.7% from 29.4%.

MDG 4 - reduce under-5 mortality rate by 2/3 of 1990 levels by 2015. For Ghana this means reducing the rate to 40 deaths per 1000 deliveries from 119.

MDG 5 - reduce by 3/4 the maternal mortality rate, by 2015 relative to 1990 levels. These rates are unknown for Ghana (see discussion under MDG 5).

MDG 6 - halt and reverse the spread of HIV/AIDS, the incidence of malaria and other major diseases. For Ghana this means keeping the HIV prevalence level, among pregnant women aged 15 to 24 below 4% and maintaining a downward trend.

MDG 1 tackling hunger and nutritional deficiency

The health related target for MDG 1 is to ‘halve the number of people who suffer from hunger by 2015 relative to 1990 levels’. For Ghana this means reducing the prevalence of underweight children to 14.7% from 29.4%.

A recent estimate from the Multiple Indicator Cluster Survey (MICS) for 2006 gives an estimate of under-weight prevalence of 18%, showing a sharp decrease from 1990 and that’ Ghana is on target to meet the health related component of MDG1

MDG 4: Child Mortality Reduction ‘Reduce under-5 mortality rate by 2/3 of 1990 levels by 2015.’ For Ghana this means reducing the rate to 40 deaths per 1000 deliveries from 119 per 1000 births.

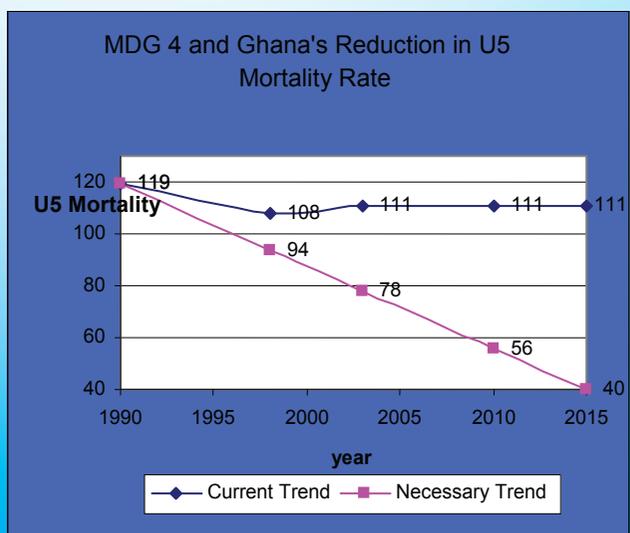
Key interventions aimed at achieving MDG 4 are:

- High Impact, Rapid Delivery program
- Nutrition including breast feeding and complementary feeding
- Expanded Program of Immunisation (EPI)
- Integrated Management of Childhood Illnesses

(IMCI) involves the management of severely sick children and antibiotics for diarrhoea and enteric fevers at clinical level.

Progress on MDG 4:

The graph below shows between 1990 and 1998 Ghana’s under-5 mortality rate fell at an encouraging rate from 119 to 108. However, the mortality rate has now reached a plateau. If this trend continues Ghana will not achieve MDG 4 by 2015. It is vital to scale up the interventions listed above in order to achieve the MDG target



MDG 5: Maternal Health Improvement

The target is to reduce maternal mortality rate (MMR) to 3/4 of the 1990 levels by 2015.’ MMR In Ghana is unknown, as \$2M is required to conduct a comprehensive survey to discover it. There are however a number of studies which indicate MDG 5 will not be met and therefore scale-up of the interventions below is indicative.

The key interventions aimed at achieving MDG 5 are:

- Advice on family planning
- Antenatal care at the health centre level, including prevention and treatment of iron deficiency anaemia in pregnancy
- Clean delivery by skilled personnel at all levels
- Antibiotics for Pre-term / Pre-labour rupture at clinical level
- Improved post-abortion care

MDG 6 is to halt and reverse HIV/AIDS, Malaria and other diseases.

HIV/AIDs

The target for Ghana is to keep HIV prevalence, among pregnant women aged 15 to 24, below 4% and maintain a downward trend. The rate has not risen above 4%, since records began in 1992, however a rise in prevalence was witnessed recently; from 2.7% in 2005 to 3.2% in 2006.

Interventions currently being carried out are:

- promotion of safe sex and use of condoms
- voluntary counselling
- Prevention of mother-to-child-transmission
- treatment of HIV using Highly Active Anti-Retroviral Therapy (HAART)