Malaria

Malaria continues to be Ghana's main cause of mortality and morbidity. In 2006 15% of adult deaths, 33% of under 5 deaths and 5% of maternal deaths were a consequence of the disease.

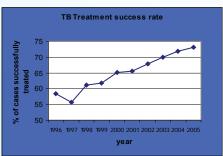
Interventions aimed at to halt and reverse malaria involve:

- Providing Insecticide Treated Nets (ITNs) for vulnerable groups
- Care management
- Intermittent Preventative Treatment (IPT) for pregnant women

Tuberculosis (TB)

MDG 6 also involves tackling the prevalence and death rates associated with TB and the number of TB cases detected and cured.

The graph above shows the number of TB cases successfully treated has risen steadily since 1997 from around 56% to 73%. However in 2006 case detection was 35%, falling short of the target of 40%; research is currently being conducted to explain this..



TB interventions currently being carried out are:

- DOTS quality expansion program and Private Public Mix approach to DOTS (the internation ally recommended control strategy)
- TB/HIV Collaborative activities
- Community Based TB Care
- Tackling TB in prisons

For more information please contact:-Director, PPME, MOH or Lindsey Craig, PPME

Additional Funding Required to achieve MDG Targets

The MOH, with support from UNICEF and the World Bank, undertook a comprehensive costing of the resources needed to achieve the health-related MDGs. The following is an overview of the three costing scenarios used and their relative impacts on MDG targets:

Scenario 1 funding would cost an additional \$50.6 million per year, or \$253 million over 5 years.

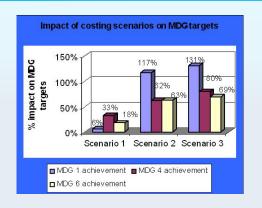
Scenario 2 funding would cost an additional \$189.3 million per year, or \$253 million over 5 years.

Scenario 3 funding would cost an additional \$334.5 million per year, or \$1672 million over 5 years.

The impact of scenario 1 on MDG 1 is marginal

For MDG 4 the costing estimates that under scenario 1 child mortality would fall from the current level of 111 deaths per 1000 births to 74, over the next five years. Scenario 2 would just miss the target of 40 decreasing the level to 42. Under scenario 3, mortality could be reduced to 22 greatly exceeding the target before 2015.

Under MDG 6 (combating HIV/AIDS, malaria and TB) scenario 1 funding means a fall in HIV prevalence from 3.2% to 2.6%, however scenarios 2 and 3 would see a more significant fall to 1.2% and 1% prevalence rates respectively.



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Policy Briefing Paper 003 April 2007