



# Ghana



## General information

The Republic of Ghana, formerly the Gold Coast, is a West African country lying on the Gulf of Guinea. It is surrounded (clockwise, from the west) by Côte d'Ivoire, Burkina Faso and Togo. Ghana has ten regions: Greater Accra, Ashanti, Brong Ahafo, Central, Eastern, Northern, Upper East, Upper West, Volta and Western. After Greater Accra, Ashanti is the most populated region; Upper West, the least populated.

**Climate:** Tropical; warm and fairly dry in northern areas, hot and humid on the coastal belt. Temperatures usually range between 21°C and 32°C. Annual rainfall varies from 700 mm to 2,150 mm. In 2007, large parts of West Africa were subject to severe flooding. Ghana was the worst hit with more than 300,000 people made homeless.

**Environment:** The most significant environmental issues are deforestation; overgrazing; soil erosion; drought in the north; poaching and habitat destruction threatening wildlife populations; and water pollution and inadequate supplies of drinking water.

**Population:** 24,966,000 (2011); 52% lives in urban areas and 17% in urban agglomerations of more than 1 million people; growth 2.5% p.a. 1990–2011; birth rate 31 per 1,000 people (47 in 1970); life expectancy 64 years (49 in 1970).

The population is predominantly composed of African groups: Akan (45%) Mole-Dagbani (15%), Ewe (12%), Ga-Adangbe (7%), Guan (4%), Gurma (4%), Grusi (3%) (2000 census). There are very small minorities of other races.

**Economy:** Ghana is classified as a lower-middle-income economy by the World Bank.

## KEY FACTS

Joined Commonwealth:	<b>1957</b>
Population:	<b>24,966,000 (2011)</b>
GDP per capita growth:	<b>2.5% p.a. 1990–2011</b>
GNI per capita:	<b>US\$1,410 (2011)</b>
UN HDI 2011 ranking:	<b>135 out of 187 countries</b>
Life expectancy:	<b>64 years (2011)</b>
Under-five mortality rate (per 1,000 live births):	<b>78 (2011)</b>
Maternal mortality ratio – reported (per 100,000 live births):	<b>450 (2007–11)</b>
Maternal mortality ratio – adjusted (per 100,000 live births):	<b>350 (2010)</b>
Largest contribution to mortality:	<b>Communicable diseases, maternal, perinatal and nutritional conditions</b>
HIV prevalence rate for people aged 15–49 years:	<b>2% (2011)</b>
Government health expenditure:	<b>3% of GDP (2010)</b>

## Mental health

**Morbidity:** The most commonly diagnosed mental illnesses in Ghana are depression and mood disorders. Also present, although less common, are mental health conditions relating to psychoactive substance misuse. Neuropsychiatric disorders contributed an estimated 9% of the global burden of disease in 2008.

**Health systems:** The most recent act relating to mental health in Ghana is the 2012 Mental Health Act. Mental health policy was most recently revised in 1996, although mental health is not specifically mentioned in general health policy. The mental health plan was most recently revised in 2007. Although exact data is not available, it is estimated that mental health expenditure by the government accounts for 2% of the total health budget.

Mental health care is provided for by services in regional hospitals, limited community mental health services and specialised psychiatric hospitals – three government-owned and four private. With all of the hospitals based in the south of the country, services

# THE TRUST HOSPITAL



## Efficient and cost-effective quality healthcare



The Trust Hospital Company Ltd. currently has two hospitals, The Trust Hospital, Osu and Trust Specialist Hospital, Kuku Hill, Osu as well as five operational Trust Clinics, located at Tema, Sakumono, Adenta, Dome and SSNIT Head Office, Accra.

### Vision

To create model hospitals and clinics for the West African sub-region by playing a leading role in the provision of quality patient-focused services at reasonable cost.

### Mission

To be a leading player in healthcare delivery service through the provision of efficient and cost-effective quality healthcare services with state-of-the-art technology by very friendly and highly motivated staff within a clean and healthy environment, thus maintaining a good corporate image as well as maximising shareholders' net worth at all times.

### Clientele Base

The hospital currently has a wide range of clients:

- SSNIT employees and their dependents
- Corporate clients
- National Health Insurance clients
- Private Health Insurance clients
- Private individual clients

### Our Services

- General outpatient services (with fast track clinic for busy executives)
- General inpatient services, including executives rooms
- Automated laboratory investigations in all aspects
- Excellent diagnostic imaging including CT scan and mammography
- One-stop pharmacy with counselling and dispensing
- Electrocardiography (ECG)
- Reliable ambulance stand-by
- Comprehensive medical exams for all purposes, such as pre-employment checks and visa enrolment
- Quality canteen services for inpatients, staff and the public
- Preventive health services such as immunisation, antenatal care, postnatal care and family planning
- Dietetics
- Clinical Psychology
- General surgery
- Paediatrics
- Obstetrics and Gynaecology

- Radiology
- Public Health Physician
- Ophthalmology
- Physician Specialist
- Dental Care
- Physiotherapy
- Neurology
- Plastic Surgery
- Orthopaedic Surgery
- Urology
- Diagnostic Cardiology
- Ear, Nose & Throat (ENT) care

### Upcoming branches

- **Trust Mother and Child Hospital, Osu** – to be completed by September 2013
- **Trust Clinic, Dansoman** – to be completed by June 2013



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are difficult to access for much of the population. Informal community services based on cultural and religious beliefs, such as faith and traditional healers, continue to be used. Traditional understanding and social stigmatisation of mental health conditions have resulted in international concerns regarding the human rights of those affected. Several local and international advocacy organisations are working to improve services and build awareness of mental health.

There are 0.2 mental health outpatient facilities, 0.3 psychiatric beds in general hospitals, 0.02 psychiatric hospitals and 6.2 beds in psychiatric hospitals per 100,000 people (2011).

## Health

**Burden of disease:** Communicable diseases along with maternal, perinatal and nutritional conditions in Ghana accounted for an estimated 53% majority of all mortality in 2008. The prevalence of HIV in Ghana, as a percentage of population aged 15–49 years, stood at 2% in 2011. Over the period 1990–2010 there was an overall rise in HIV levels, which peaked in the early 2000s. Between 2004 and 2011 confirmed cases of malaria remained largely the same and there was a reduction in confirmed deaths from malaria between 2000 and 2011. Incidences of tuberculosis (TB) reduced significantly in the period 1990–2010, and estimated mortality (when mortality data excludes cases co-morbid with HIV) fell by over two-thirds. There were 1,164 cases of meningitis reported in 2009 and 623 reported cases of leprosy in 2010.

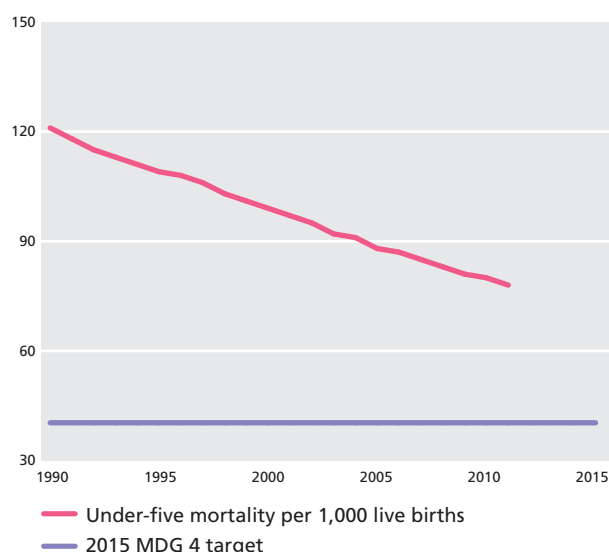
Non-communicable diseases (NCDs) in Ghana accounted for an estimated 39% of all mortality in 2008. In 2008 the most prevalent NCDs were cardiovascular diseases (18%). Cancers, non-communicable variants of respiratory diseases and diabetes contributed 6%, 5% and 1% to total mortality respectively (2008).

**Child and maternal health:** The rate of infant mortality in Ghana was 52 deaths per 1,000 live births in 2011, with an under-five mortality rate of 78 deaths per 1,000 live births. As shown in Graph 1, there has been a consistent decline in the under-five mortality rate since 1990. Despite this decline, under-five mortality rate has not yet reached the country's target of 40 deaths per 1,000 live births, as defined by Millennium Development Goal 4 (MDG 4). In 2010 the three most prominent causes of death for children below the age of five years were malaria (18%), pneumonia (13%) and prematurity (16%). Other contributory causes were birth asphyxia (11%), neonatal sepsis and congenital anomalies (both 7%). In the period 2007–11 Ghana had a reported maternal mortality ratio of 450 deaths per 100,000 live births (this figure was estimated at 350 deaths per 100,000 by UN agencies/World Bank in 2010).

**Health systems:** Ghana's public spending on health was 3% of GDP in 2010, equivalent to US\$67 per capita. In the most recent survey conducted between 1997 and 2010, there were nine doctors and 105 nurses and midwives per 100,000 people. Additionally, 68% of births are attended by qualified health staff (2007–12), and 91% of one-year-olds are immunised with one dose of measles (2011). In 2010, 86% of the country's population was using an improved drinking water source and 14% had access to adequate sanitation facilities. The most recent survey, conducted in the period 2000–11, reports that Ghana has seven pharmaceutical personnel per 100,000 people.

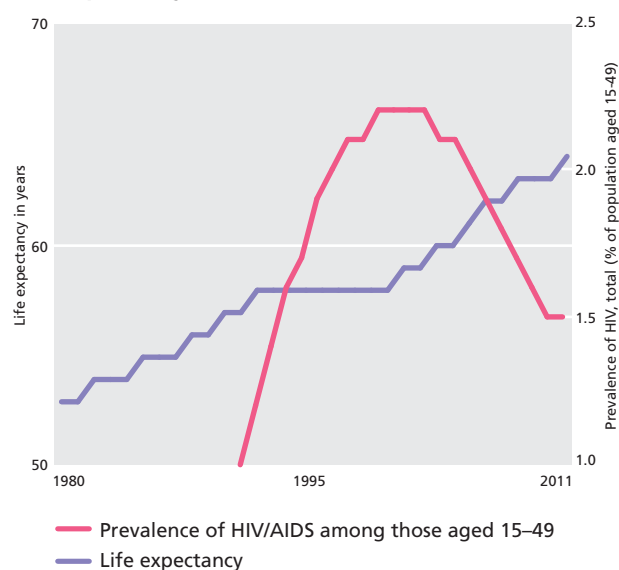
**GRAPH 1**

### Under-five mortality



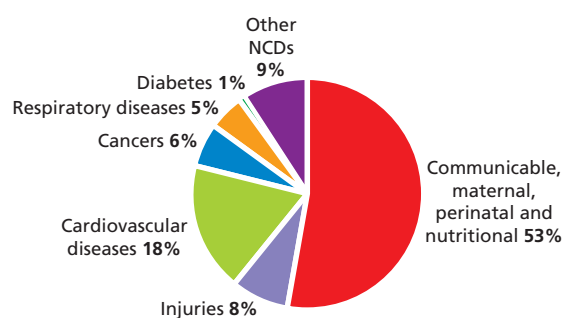
**GRAPH 2**

### Life expectancy and HIV/AIDS



**GRAPH 3**

### Mortality by cause of death (% of all deaths), 2008





# RABITO

## HEALTH SERVICES LIMITED

Leading private healthcare provider in Ghana

### 40<sup>th</sup> Anniversary Celebration

A number of activities including free medical care throughout Ghana, clean-up exercises, donations, workshops and seminars have been outlined for the celebration under the theme *40 Years of Healthcare Delivery: Prospects and Challenges* with its climax in July 2013.

### Our History

Rabito Health Services Limited has been a leading healthcare provider in Ghana and the sub-Saharan Africa region for the past 40 years.

**Formally known as Rabito Clinic, Rabito was established in 1974 under the visionary leader and founder, Professor Edmund N. Delle, after his sojourn in Italy to provide private healthcare in general medicine and Dermatology, to meet the total health needs of its clients at an affordable but competitive cost.**

Rabito presently has 27 branches spread throughout Ghana with about 300 staff members.

Over the years Rabito has been providing quality healthcare to notable organisations and institutions. Prominent amongst them are Anglo Gold Ashanti, Barclays Bank Ghana Limited, Newmont Ghana Limited, the Italian Embassy in Accra, Zenith Bank, Ghacem, Stanbic Bank Ghana Limited and Ghana Integrity Initiative.

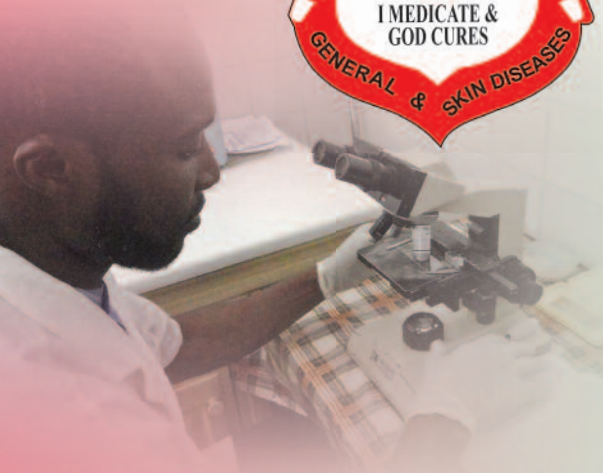
Rabito has also assisted a number of projects and individuals in the form of educational sponsorships and HIV/AIDS and human rights training.

In collaboration with Fondazione Donna a Milano Onlus, an Italian NGO, and with support from the Ghana Ministry of Health, Rabito has been running since 2010 a free cervical screening and treatment centre for women above the age of 18 years.

In a Memorandum of Understanding signed in 2012, for implementation in 2013, parties have agreed to extend the project to the Northern Regions of Ghana.

### Our Mission

- ▶ To develop well-trained and dedicated professional healthcare staff with specialisation in dermatology for the healthcare development of Ghana.
- ▶ To continue with the establishment of healthcare units in co-operation with the Ministry of Health for community healthcare thus participating in the delivery of preventive healthcare programmes.
- ▶ To establish a foundation to be used as a vehicle to channel the external resources into the development and support of an effective delivery of general and dermatological services especially in deprived communities of the country.
- ▶ To establish a drug administration procedure that incorporates best regimes in herbal healthcare practices in the country.





## Our Vision

To be the leading Private Healthcare Provider inside and outside the country through the provision of high quality health services which meets the total health needs of its clients in the global village at an affordable but competitive price.

## Our Medical Services

- ▶ We provide accurate and prompt diagnosis, so our clients spend a minimum number of hours at the clinic. We offer a 12-hour service throughout the week in Accra and at least eight-hour services in the regions on an outreach basis. At a time when staff healthcare bills keep rising, companies can rely on us to moderate their bills.
- ▶ We are flexible and negotiable on our terms of payment.
- ▶ The range of services provided by Rabito Health Services include general healthcare and emergencies, specialised care in Dermatology, sexually transmitted infections, anti-natal care, Obstetrics and Gynaecology, and care and support for people living with HIV/AIDS, torture and organised violence.
- ▶ We also provide other specialised services such as Dentistry, E.N.T, Neurology, Orthopaedics, and Ophthalmology, by appointment.
- ▶ We offer a variety of laboratory services, including:
  - ▶ Skin scrapings for superficial fungi
  - ▶ Skin snip-microfilaria
  - ▶ HIV 1 and 11 screening
  - ▶ Liver function test (LFTs)
  - ▶ STI tests



[www.rabitohealthservices.com](http://www.rabitohealthservices.com)



Prof. Dr Delle's desire to provide quality and affordable health services for Ghanaians compelled him to form a Health and Human Rights Organisation - the non-governmental organisation 'African Commission of Health and Human Rights Promoters' (CAPSDH).



CAPSDH disclosed that skin diseases now constitute one of the top five out-patient cases in most hospitals in Ghana. 'The humidity, vectors, ignorance, way of life of people and skin bleaching which now starts at an early age have compounded the situation and Ghana is gradually moving towards an epidemic stage.' *Dr Edmund N. Delle.*





# Medical Centre

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- ... and more than 30 different specialties

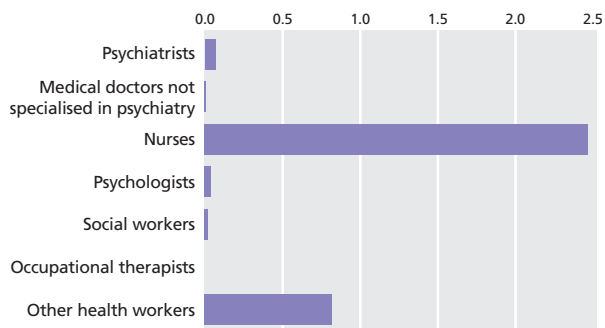
*A One Stop Shop for Health Service Delivery*

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**GRAPH 4**

### Health professionals working in the mental health sector per 100,000 of the population



Medical services in Ghana are provided by central government, local institutions, Christian missions (private non-profit agencies) and a relatively small number of private practitioners. Of the healthcare facilities in Ghana, around 50% are Ministry of Health institutions, 40% are private sector and 9% are Mission institutions. Medical facilities in Ghana are limited, particularly outside the capital city of Accra. A National Health Insurance Bill aims to provide universal access to basic healthcare. Drugs constitute about 60–80% of the cost of healthcare in Ghana. The pharmaceutical industry consists of importers, manufacturers, wholesalers and retailers. Locally produced products include anti-infectives, vitamins, painkillers, antacids and antibiotics. Local manufacturing meets up to 30% of local demand and the rest is imported.

**Progress towards the 2015 health MDGs:** Ghana is currently working towards achievement of the Millennium Development Goals. To achieve the targets for the reduction of child mortality, which forms MDG 4, Ghana should reduce under-five deaths per 1,000 live births to 40, and increase measles immunisation to 100% by 2015. In 2011 under-five mortality stood at 78 deaths per 1,000 live births, and measles immunisation at 91%. While progress has been made since 1990, Ghana is unlikely to achieve MDG 4 by 2015.



## Eshcol Safety and Health Consult Ltd

We provide training and consultancy services to our clients throughout Ghana on occupational health, safety and environmental management issues.

At Eshcol we believe that everyone deserves a safe working environment to maximise his or her potential.



### Vision

To be a company of choice in occupational safety, health and environment issues in Africa.

### Mission

Ensuring safe systems and clean environments for work through collaboration and teamwork

### Our Services

1. Health and Safety Audit Services
2. Health and Safety Management Training
3. Environmental Management
4. Supply of Personal Protective Equipment
5. Safety Management Systems Development
6. Advisory Services

### Our Training Programmes are Accredited by the Following Organisations:

1. Occupational Safety & Health Academy (OSHA), USA
2. Institute for Occupational Safety & Health (IOSH), UK
3. International Organization for Standardization (ISO)
4. National Examinations Board for Occupational Safety & Health (NEBOSH), UK

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*We Go the Extra Mile in Training,  
Adding Value and Enhancing Productivity*

The global MDG 5 target for maternal health is to reduce the number of women who die in pregnancy and childbirth by three-quarters between 1990 and 2015. When applying this target to Ghana, the maternal mortality should fall to 145 cases per 100,000 live births. In the period 2007–12 Ghana had a reported maternal mortality ratio of 450 deaths per 100,000 live births (this figure was estimated at 350 deaths per 100,000 by UN agencies/World Bank in 2010). As Ghana's maternal mortality rate is three times higher than the given target, it is unlikely to achieve MDG 5 by 2015. Part of the goal also stipulates that 100% of births must be attended by a skilled health professional. In the period 2007–11 this figure stood at 68%, so progress towards this target is also currently off track.

MDG 6 aims for a reduction in the prevalence of HIV, malaria and other diseases. While Ghana's HIV prevalence for the 15–49 age group has fallen since 2002, further progress is required to equal the HIV prevalence levels of 1990. The mortality arising as a result of malaria is still not showing a significant and sustained decline. The general decline in incidences of and mortality (when mortality data excludes cases co-morbid with HIV) from TB is encouraging. Some progress in these areas is required if the country is to achieve MDG 6.

For definitions, sources and explanations on the Millennium Development Goals see page 355.

### Further information

Ministry of Health: [www.ghana.gov.gh](http://www.ghana.gov.gh)

Commonwealth Health Online:  
[www.commonwealthhealth.org/health/africa/ghana](http://www.commonwealthhealth.org/health/africa/ghana)