

GHANA



The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity, toward the long-term goal of elimination.

Country Context

As one of the most stable democracies in the West African region, Ghana is urbanizing rapidly with more than 50 percent of the population living in urban areas. The national health system comprises the Ministry of Health, responsible for policy formulation and oversight, and the Ghana Health Service, responsible for health service delivery. The National Malaria Control Program (NMCP), a division within the Ghana Health Service, coordinates malaria programming in the country. The country boasts an updated electronic District Health Information Management System (DHIMS), which has greatly improved malaria data quality, timely reporting, and completeness.

AT A GLANCE

Population (2017):
28.8 million¹

Population at risk of malaria (2016): **100%²**

Malaria incidence/1,000 population at risk (2015):
266.4³

Under-five mortality rate (2014):
60/1,000 live births⁴

1 World Bank, Population Estimates & Projections 2017
2 WHO, World Malaria Report 2017
3 WHO, World Health Statistics 2017
4 Demographic Health Survey (DHS) 2014

Malaria is endemic and perennial in all parts of Ghana with seasonal variations more pronounced in the north. The Plasmodium falciparum parasite accounts for over 95 percent of malaria infections. The entire population is at risk of malaria infection however, transmission is markedly less intense in large urban centers compared to rural areas. Between 2014 and 2016, confirmed malaria cases seen by health facility outpatient departments have increased by 40 percent. Though the number of reported malaria cases has increased, this is largely due to improved access to healthcare, laboratory testing, and surveillance. Laboratory confirmation has improved significantly with 77 percent of malaria outpatient department cases confirmed in 2016.

Ghana has also achieved the highest rate of intermittent preventive treatment for pregnant women (IPTp2) in sub-Saharan Africa (78 percent), and made improvements in the rate of at least 3 doses (60 percent). The institutional case fatality rate among children under five years of age declined from 14.1 percent in 2000 to just 0.32 percent in 2016. The national parasitemia prevalence among children under five years of age has decreased from 27.5 to 20.6 percent between 2011 and 2016. In light of the inter-regional and urban/rural difference in malaria burden, efforts are being made to adapt interventions based on the respective needs of different localities.

Progress to Date

The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Ghana.

Ghana Malaria Indicators	PMI Baseline (MICS 2006)*	DHS 2008	MICS 2011	DHS 2014	MIS 2016
All-cause under-five mortality rate	111/1,000	80/1,000	82/1,000	60/1,000	-
Proportion of households with at least one ITN	19%	33%	49%	68%	73%
Proportion of children under five years old who slept under an ITN the previous night	22%	28%	39%	47%	52%
Proportion of pregnant women who slept under an ITN the previous night	3% (DHS 2003)	20%	33%	43%	50%
Proportion of women who received two or more doses of intermittent preventive treatment for pregnant women (IPTp) during their last pregnancy in the last 2 years	25%	44%	65%	68%	78%

* MICS - Multiple Indicator Cluster Survey

PMI Contributions Summary

Ghana is in its eleventh year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2017 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2017	CUMULATIVE
Insecticide-treated Nets		ITNs procured	3,000,000	15,489,023
		ITNs distributed	1,599,129	13,324,248
		ITNs procured by other donors and distributed with PMI support	0	8,315,989
Indoor Residual Spraying		Houses sprayed	304,648	n/a ²
		Residents protected	840,438	n/a ²
Rapid Diagnostic Tests		RDTs procured	2,500,000	23,407,600
		RDTs distributed	5,013,350	17,257,325
Artemisinin-based Combination Therapy		ACTs procured	0	15,467,789
		ACTs distributed	1,609,750	14,925,389
		ACTs procured by other donors and distributed with PMI support	13,746	13,746
Sulfadoxine-pyrimethamine		SP treatments procured	0	4,825,000
		SP treatments distributed	1,338,700	3,717,467
Health Workers		Health workers trained in treatment with ACTs	14,012	n/a ³
		Health workers trained in malaria diagnosis	15,118	n/a ³
		Health workers trained in IPTp	14,245	n/a ³

1 The data reported in this table are up-to-date as of September 30, 2017. Please refer to Appendix 2 of the [PMI Annual Report](#) for year-by-year breakdowns of PMI contributions.

2 A cumulative count of the number of houses sprayed and residents protected is not provided since many areas were sprayed on more than one occasion.

3 A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2018 PMI activities in Ghana, please see the [Ghana Malaria Operational Plan](#).



USAID
FROM THE AMERICAN PEOPLE



U.S. President's Malaria Initiative