RAPID
The Change We Seek

Ghana

National Population Council

Photo by Birgitta Seegers

Ghana RAPID

Effective Population Management for Better Quality of Life

M Presenter

Department

Organisation

National Population Council

Cover photos by Rita Willaert (left); Stig Nygaard (right top); Arne Hoel/The World Bank (right middle); and Birgitta Seegers

Outline

1 Introduction and objectives of RAPID analysis

2 Overview of Ghana's population

3 Contraceptive use and its relevance for national development

4 Relationship between population and various economic sectors

5 Managing population and demographic dividend

6 Policy response

Objectives

- Analyse the demographic implication of specific contraceptive prevalence rate goals

- Illustrate how an increase in contraceptive prevalence rate and a successful population management programme would provide significant economic and social benefits to the nation, thereby improving the quality of life for all Ghanaians, especially mothers and children

National Policy

On contraceptive prevalence

Achieving a contraceptive prevalence rate of 50 per cent by 2020

Photo by waterdotorg

Population

Population growth trend in Ghana
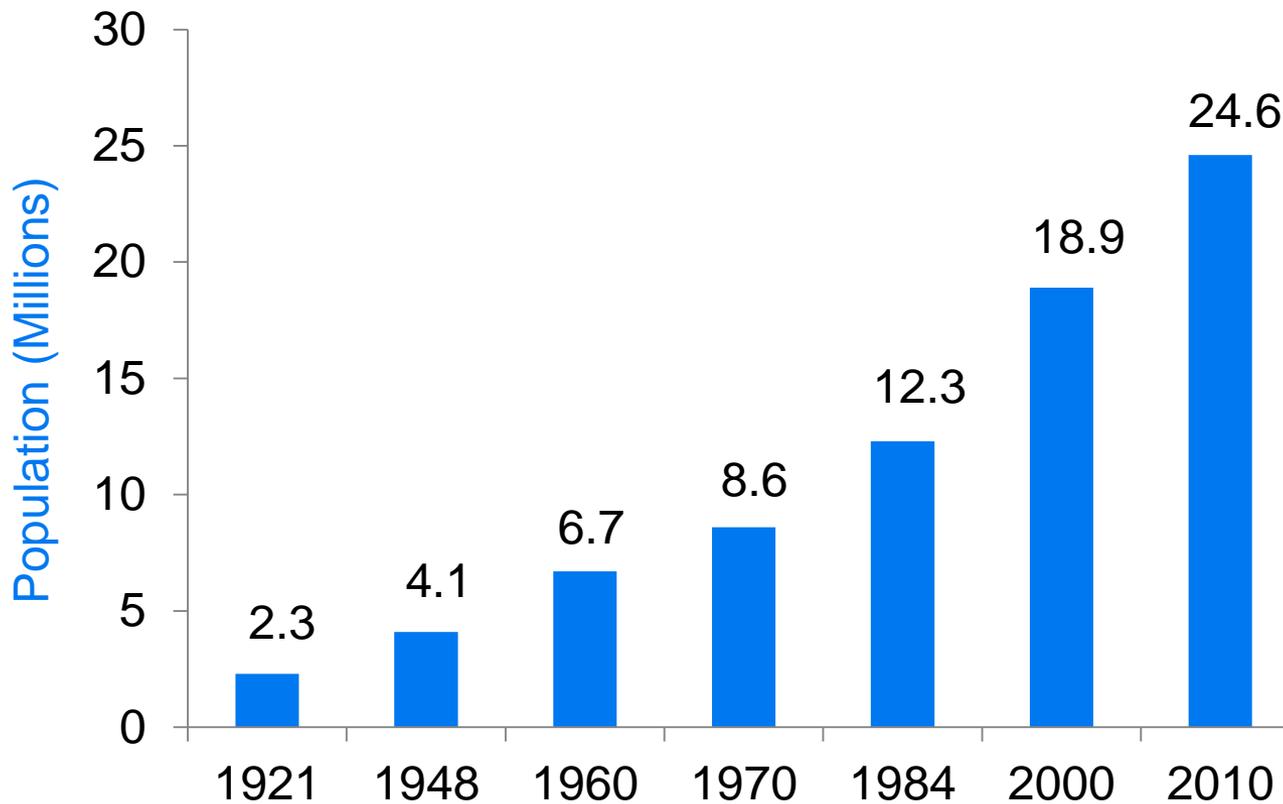
At the current growth rate, the population is expected to double in 28 years.

Childbearing

On average, the Ghanaian woman
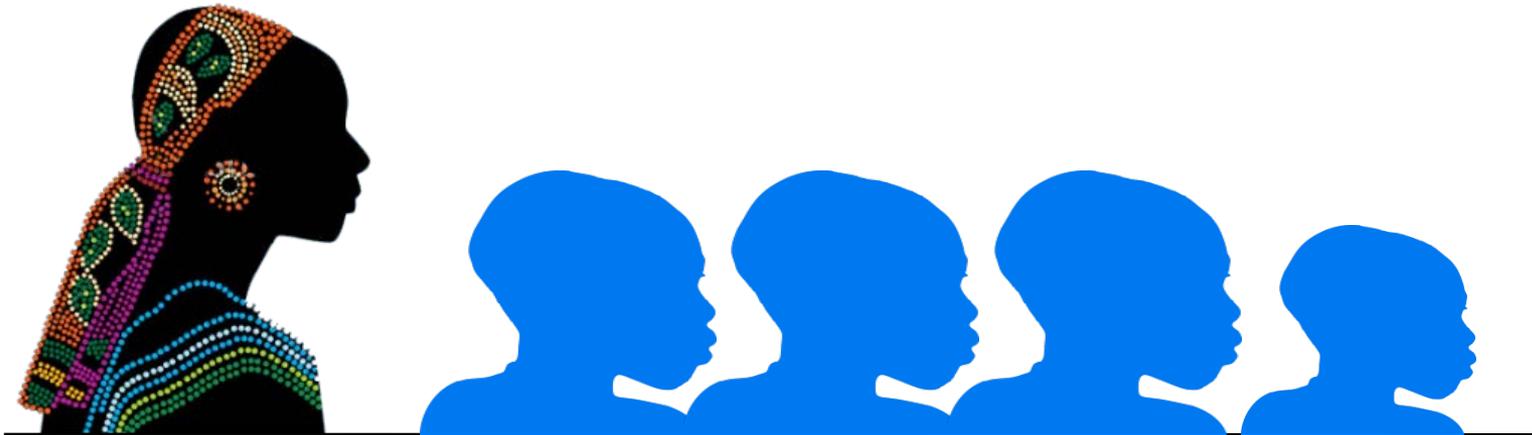
Gives birth to 3.8 children

Fertility

Trends in total fertility rate in Ghana
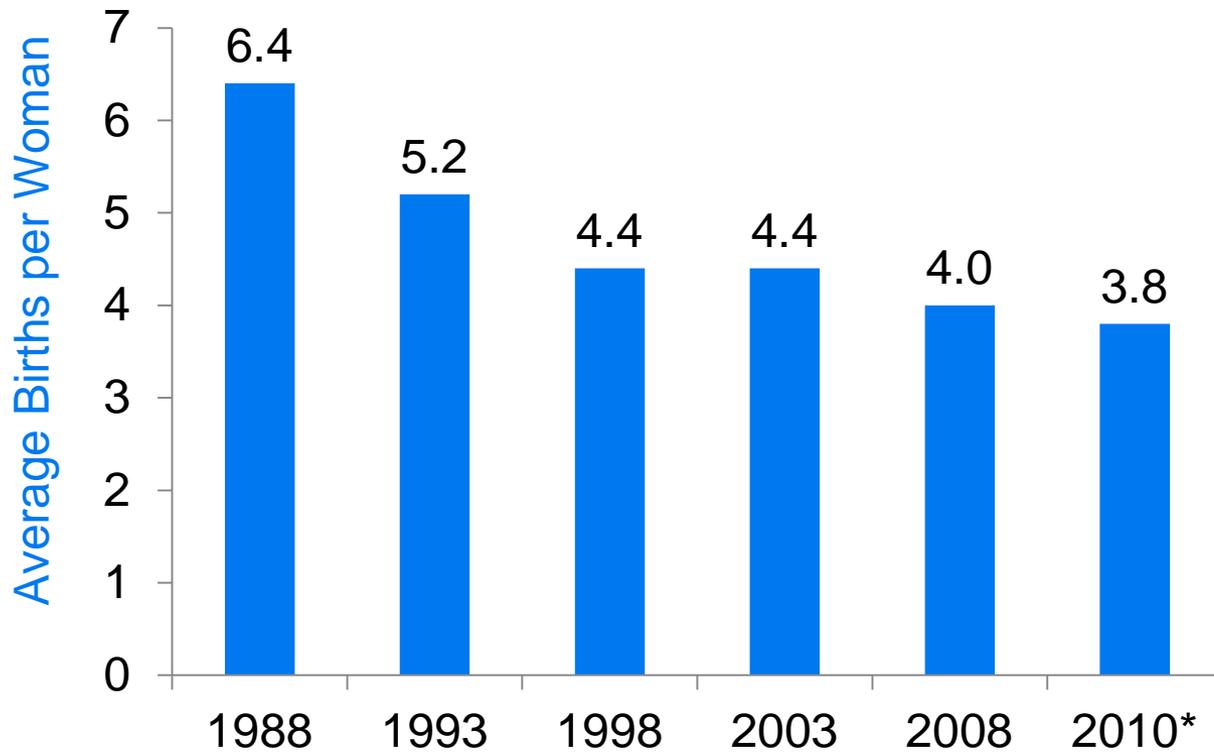

The average number of births per woman has been decreasing over the years, even though it stalled between 1998 and 2003.

Regional Variations in Fertility

Total fertility rates in Ghana regions, 2008

Source: GDHS, 2008
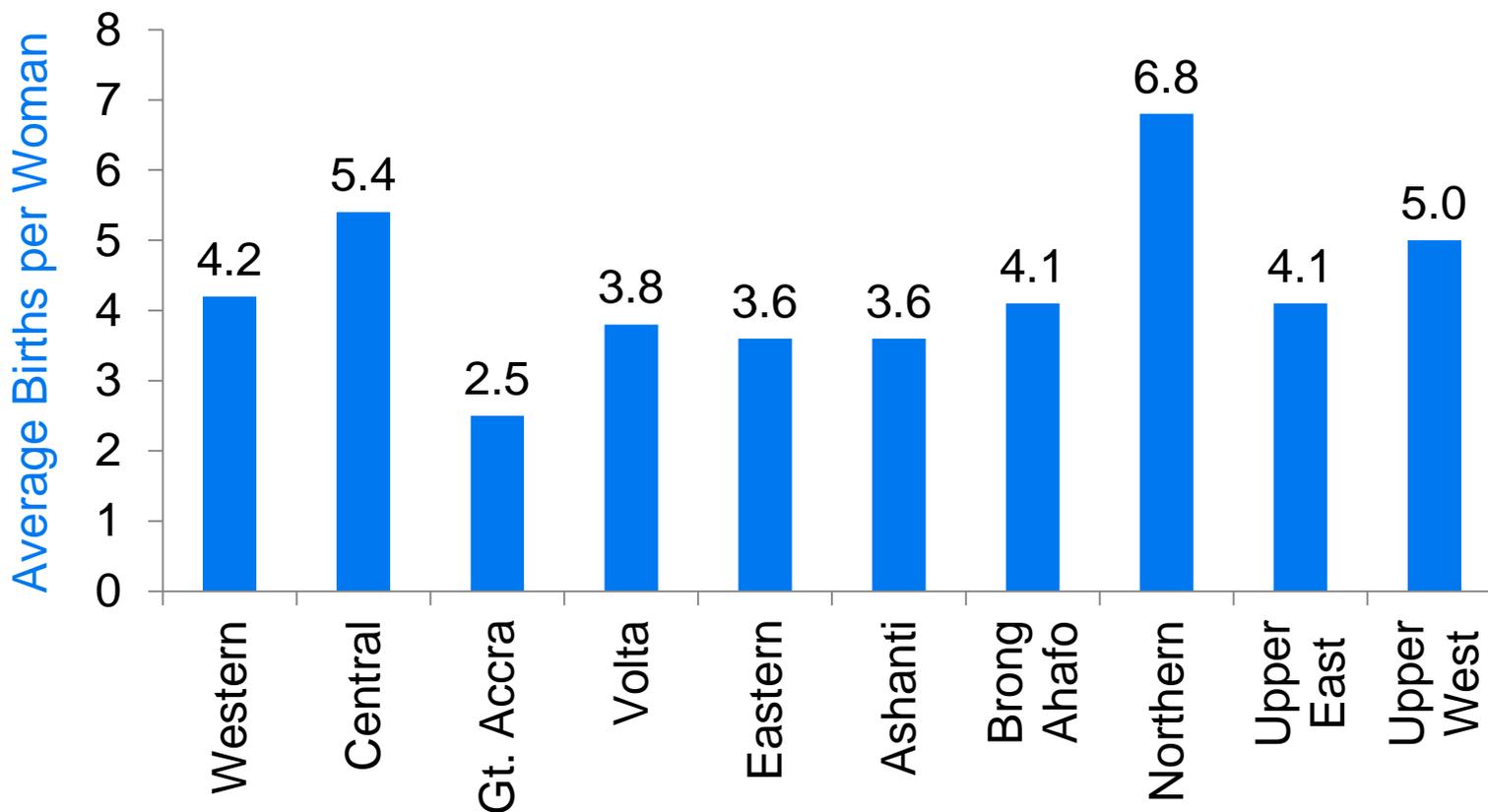
Fertility Comparison

Ghana and selected countries
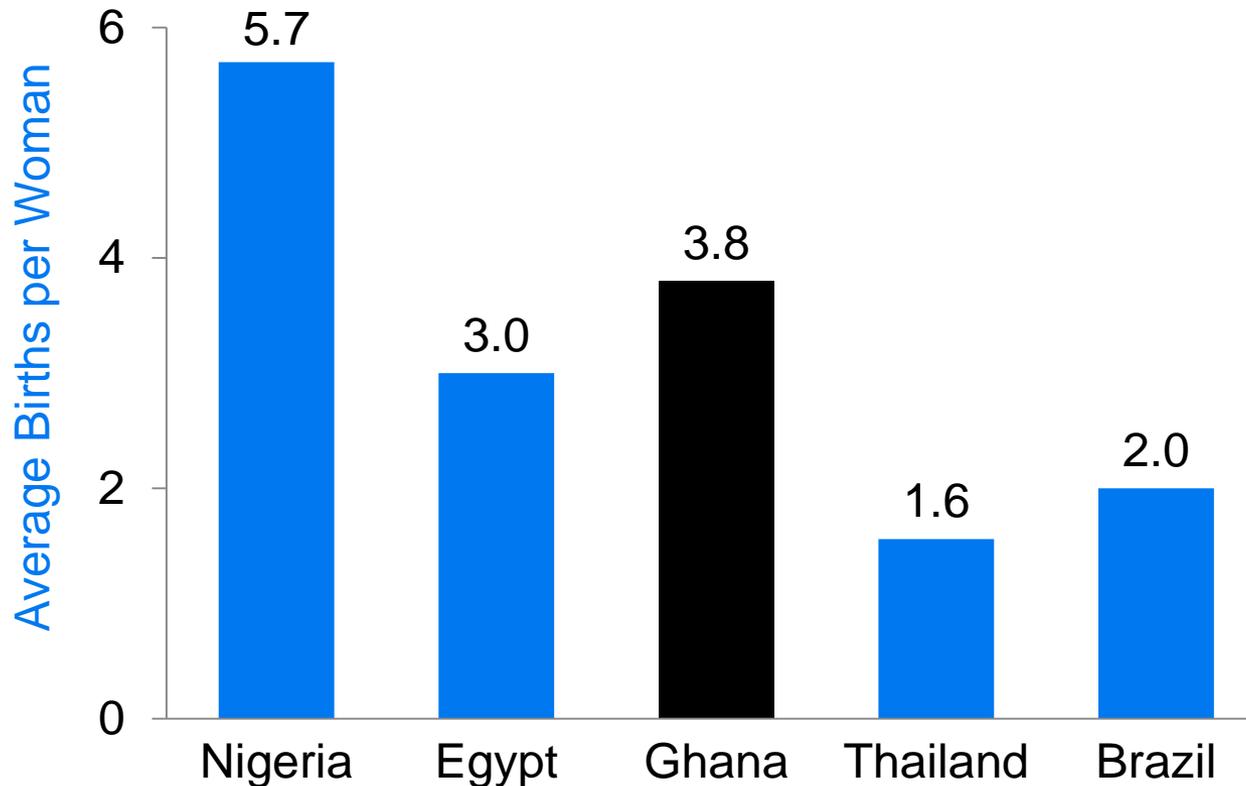
Although relatively low compared to Nigeria, Ghana's fertility is higher than that of other successful developing countries.

Trends in Contraceptive Use

Contraceptive prevalence rate for any modern method in Ghana

Modern Contraceptive Use

Fertility is high mainly because contraceptive use is low

Sources: GDHS, 2010; Population Reference Bureau World Population Data Sheet, 2010
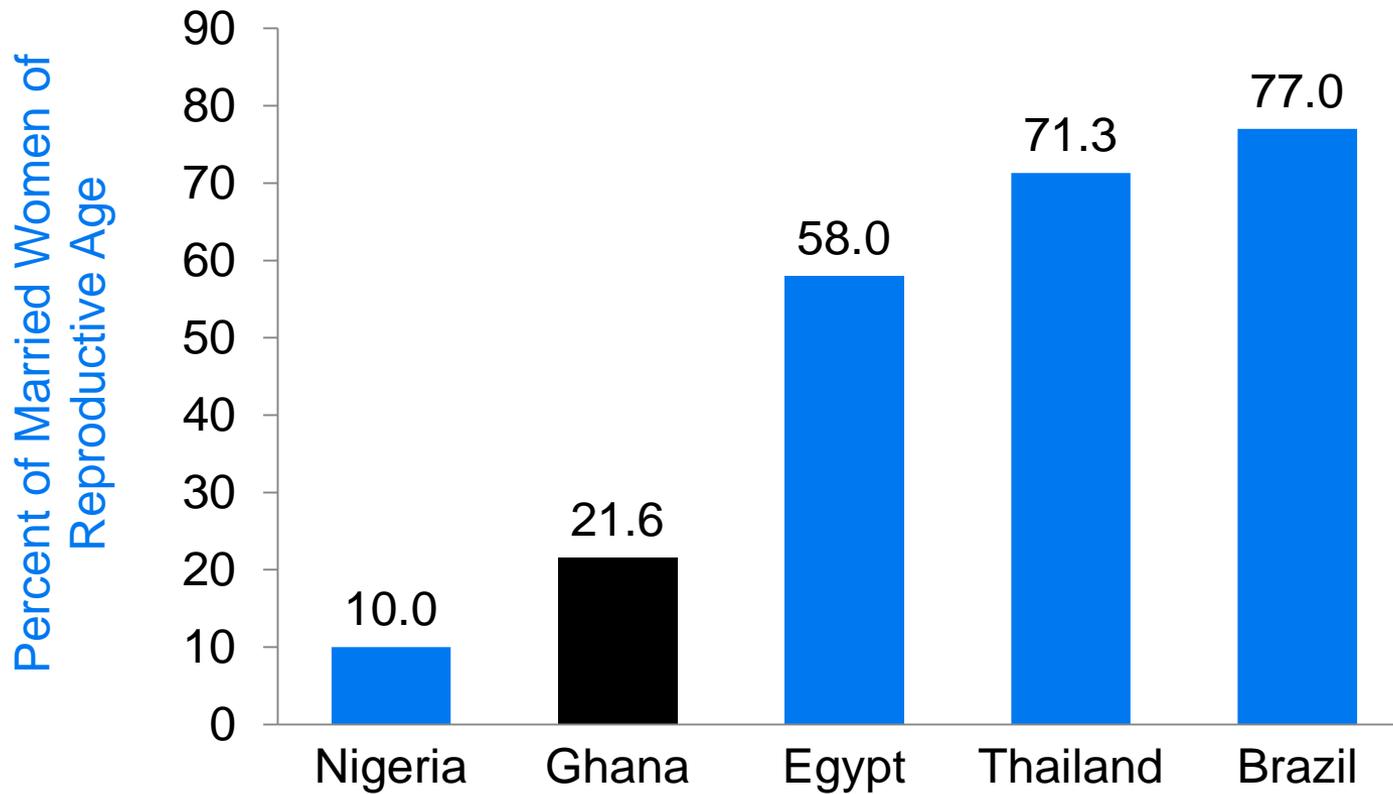
Regional Variations in Contraceptive Use

Contraceptive prevalence rates in Ghana regions, 2010
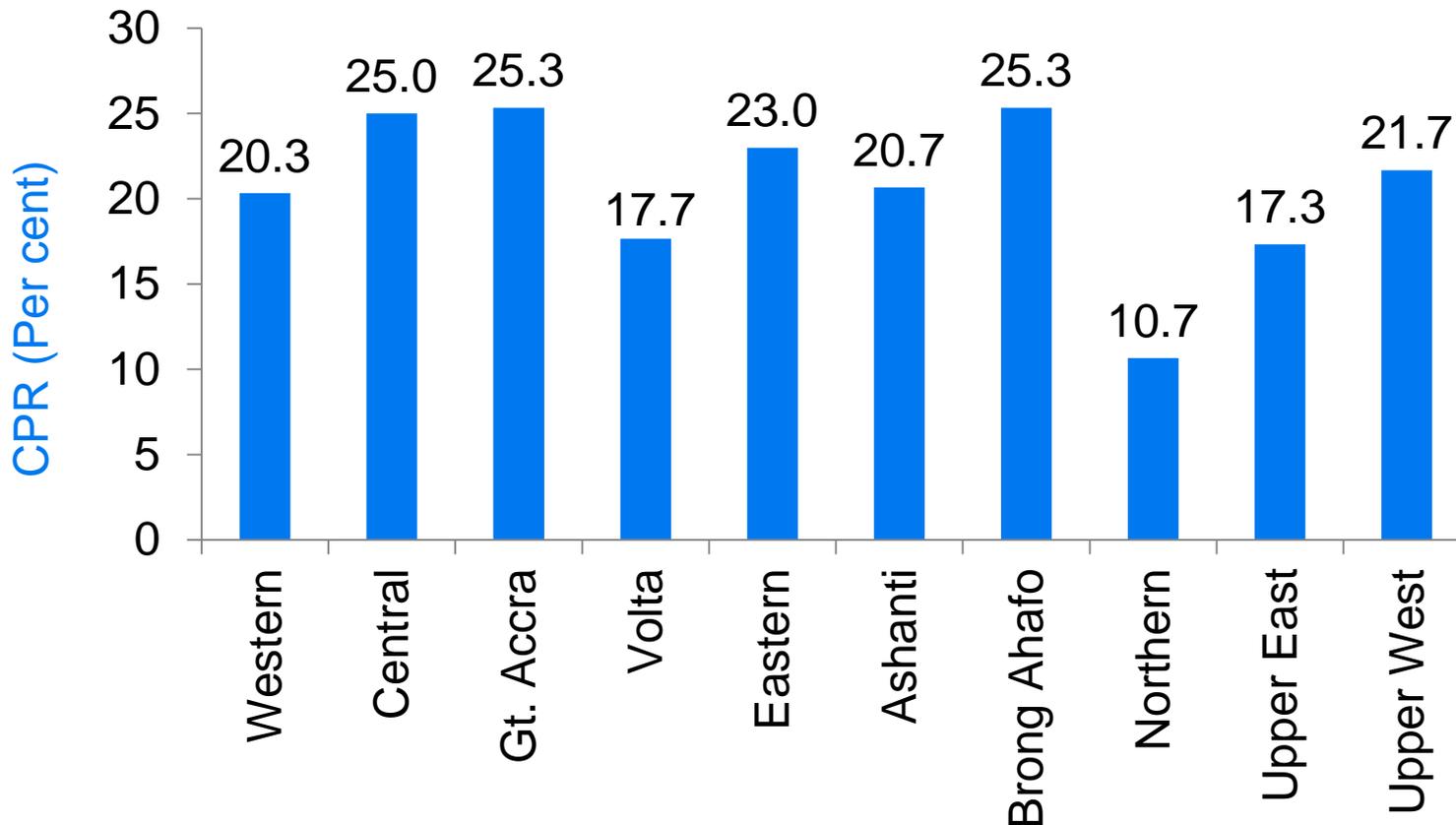
Source: Based on interpolation between GDHS, 2008, and MICS, 2011

Family Planning Use

Contraceptive prevalence rate among currently married women
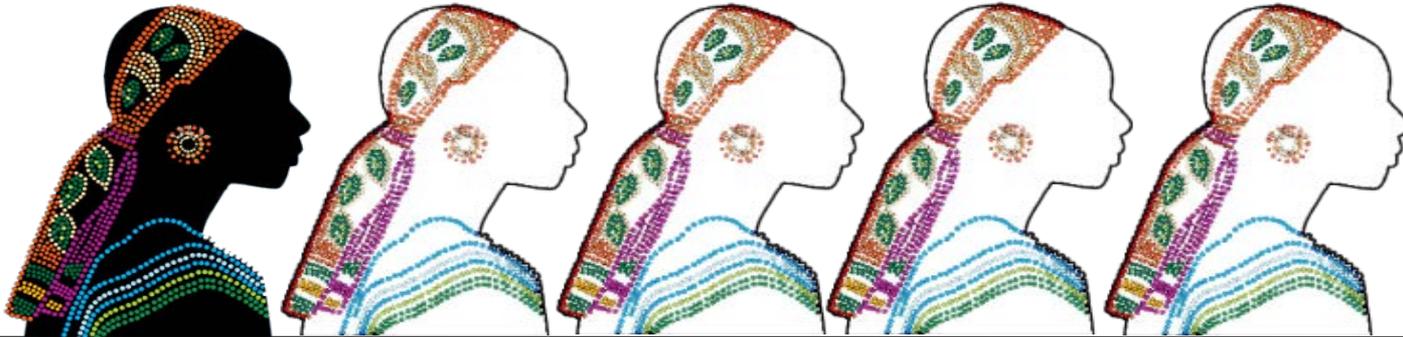
One out of five married women use any modern method of family planning

Unmet Need for Family Planning

Unmet need among currently married women in Ghana
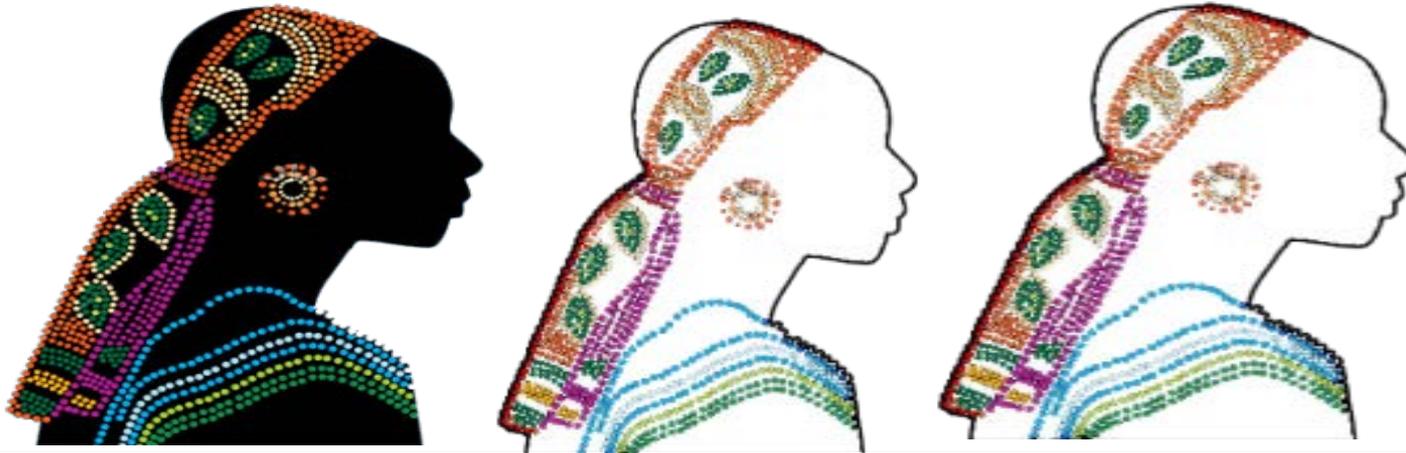
Among married women who want to space or limit the number of children they have, almost one out of three is not using any family planning method

Family Planning Saves Lives

Photo by Adam Jones, PhD

High-risk Births

- Too closely spaced (less than 24 months between births)

- Too young (mothers under 18 years of age)

- Too old (mothers over 35 years of age)

- Too many (mothers already have three or more children)

High-risk births / Safer births

Source: GDHS, 2008
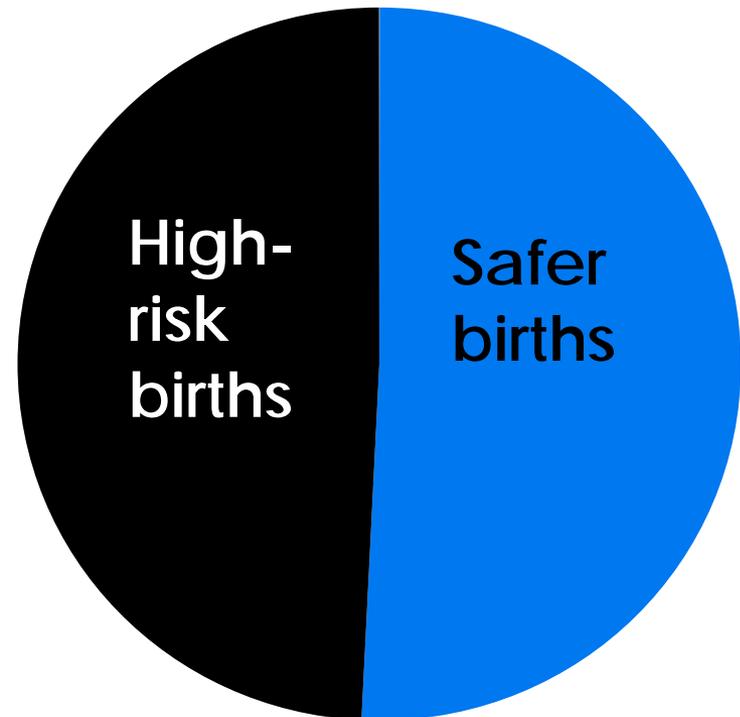
Birth Spacing Improves Health

Longer spacing leads to fewer child deaths

Spacing under 2 years is very unsafe.
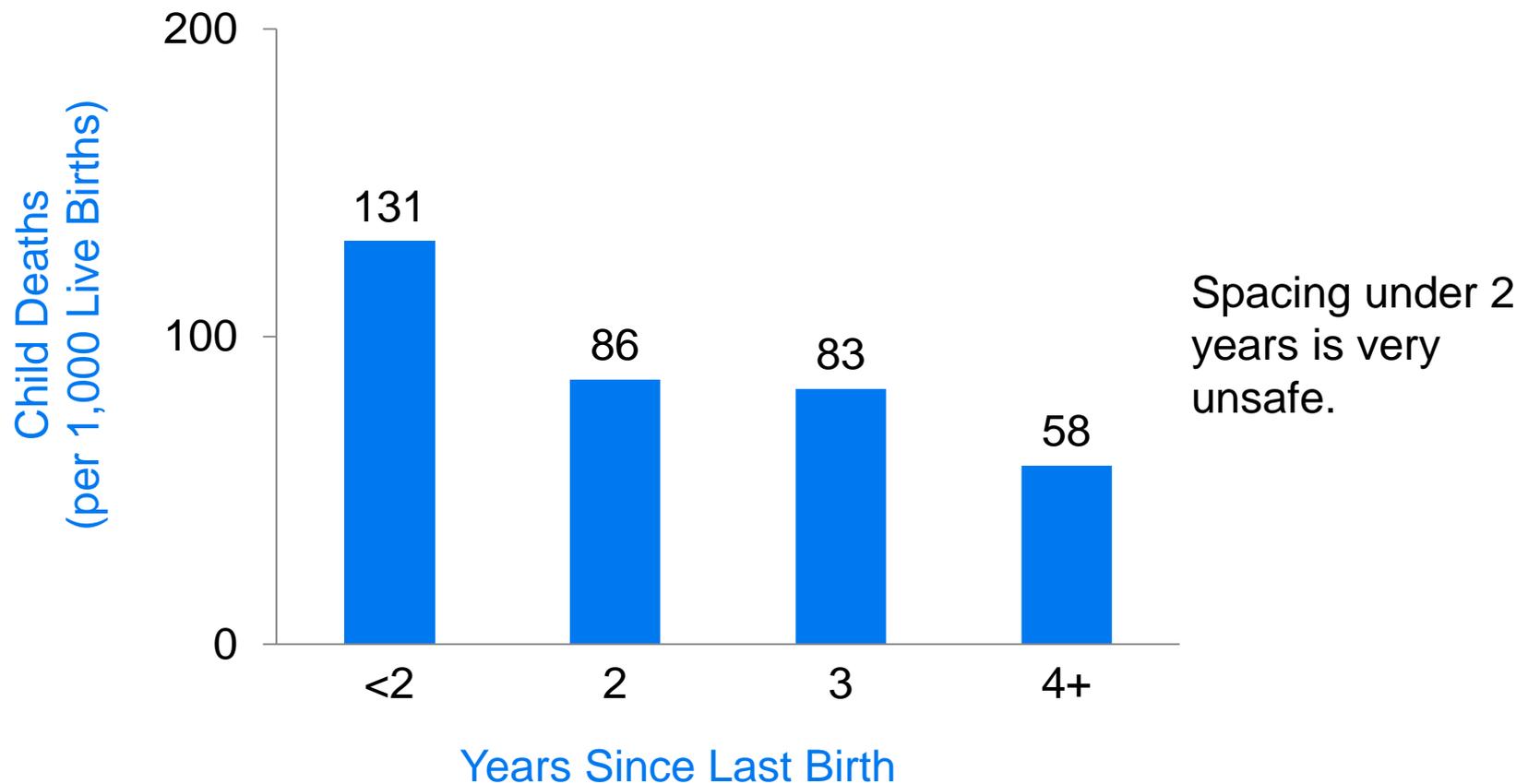
Source: GDHS, 2008

Child Mortality

Younger and older mothers' children are more likely to die
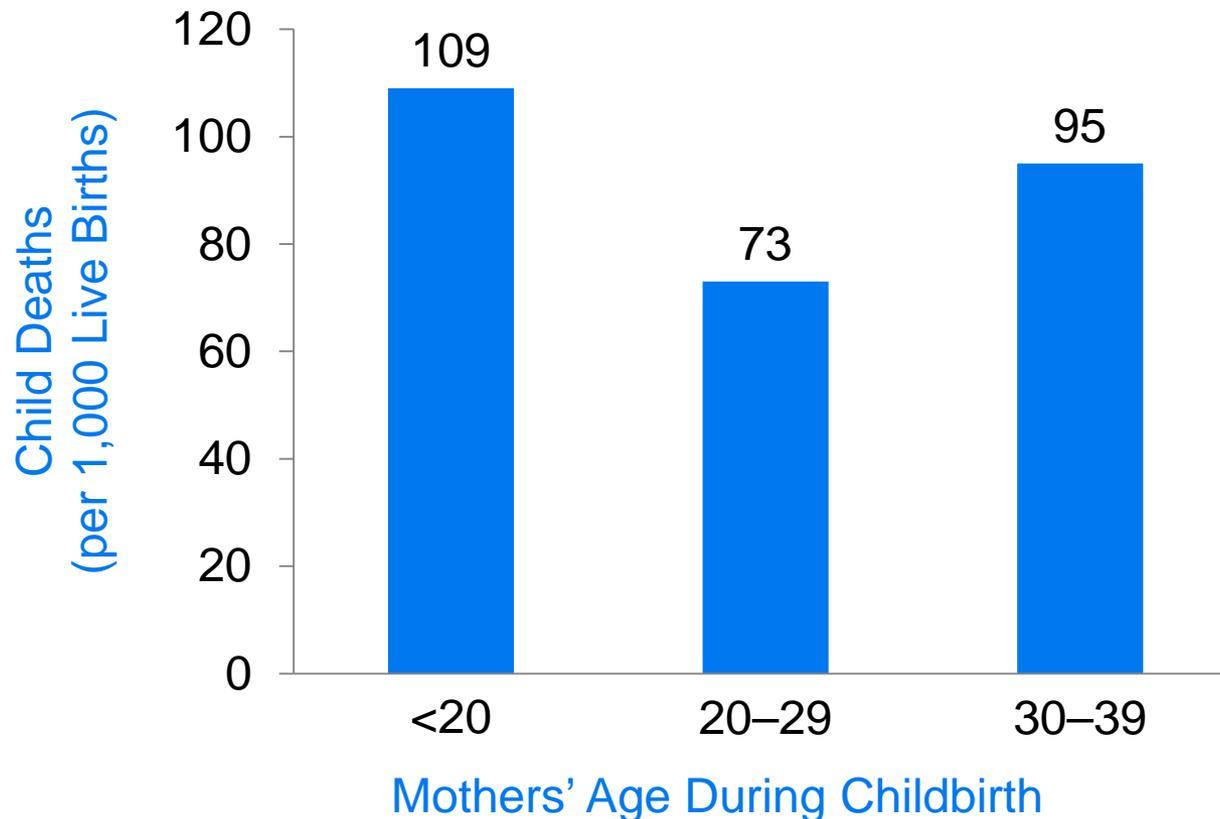
The younger the mother, the less likely the child's survival.

Source: GDHS, 2008

Teenage Girls Who Have Begun Childbearing

Regional variations

Region	Percentage
Upper West	12.5%
Upper East	10.6%
Northern	22.6%
Brong Ahafo	22.2%
Ashanti	11.0%
Eastern	8.0%
Volta	15.9%
Gt. Accra	6.6%
Central	23.2%
Western	6.5%

Ghana
13.3%

Source: GDHS, 2008

Photo by Adam Jones, PhD

Child Mortality

More children means higher mortality
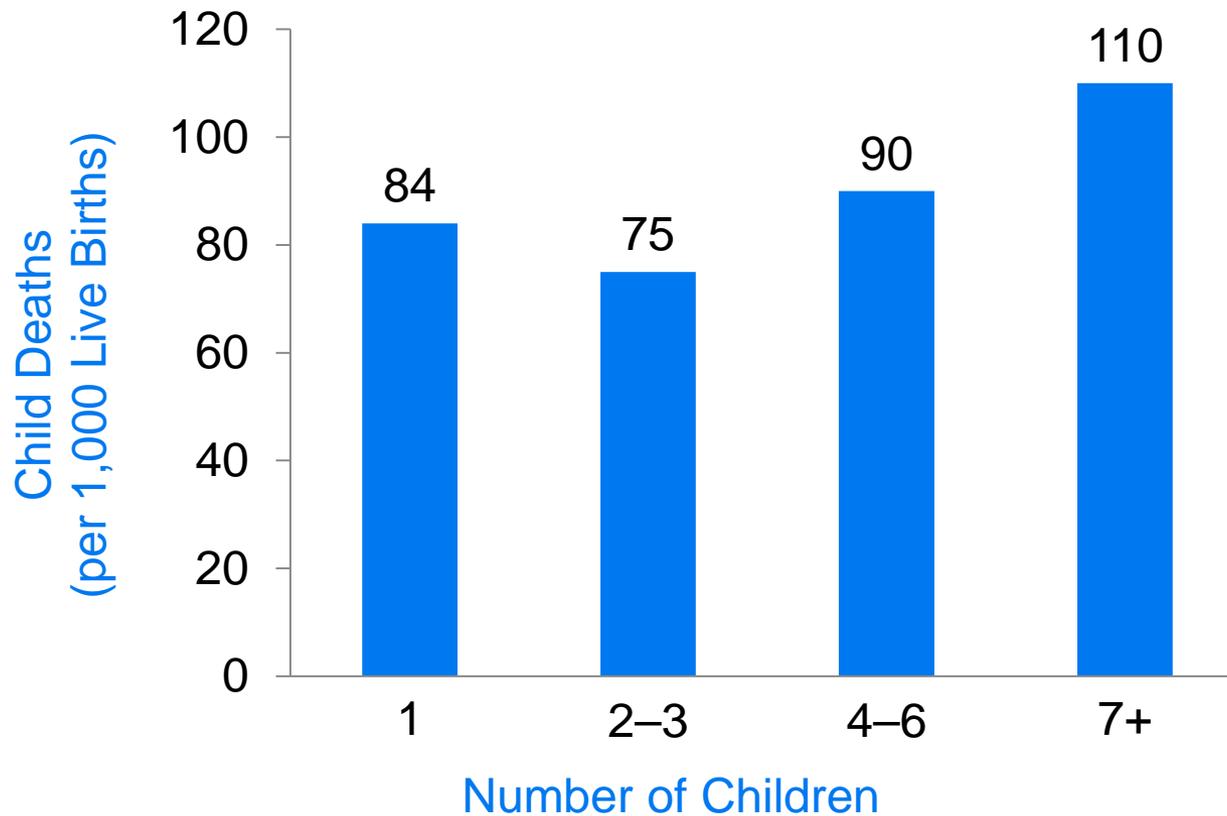
The more children a mother has, the greater chance of death for subsequent children.

Fewer Children,
# Lower Maternal Mortality

115 developing countries illustrate this point …
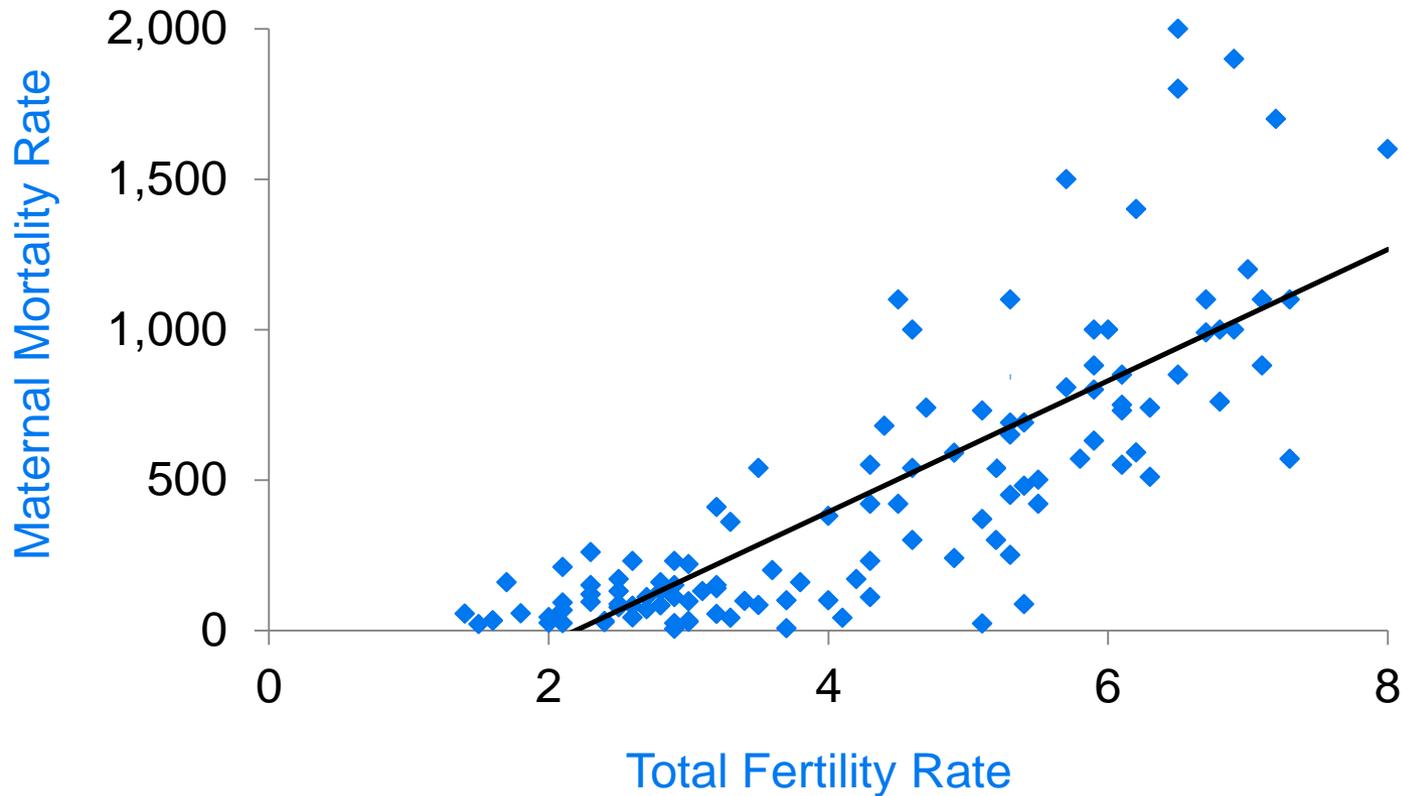
Family Planning Saves Lives

Greater Availability and Use of Family Planning Commodities and Services

Fewer High-risk Births

Fewer Maternal and Child Deaths

Ghana's Millennium Development Goals 4 and 5 Targets

- That under-five mortality is reduced by two-thirds by 2015

  ❖ Per this target, Ghana is expected to reach an under-five mortality ratio of 43 per 100,000 live births.

- That maternal mortality is reduced by three-quarters by 2015

  ❖ Per this target, Ghana is expected to reach a maternal mortality ratio of 184 per 100,000 live births.

Source: Millennium Development Goals Report, Ghana, 2006

Maternal Mortality
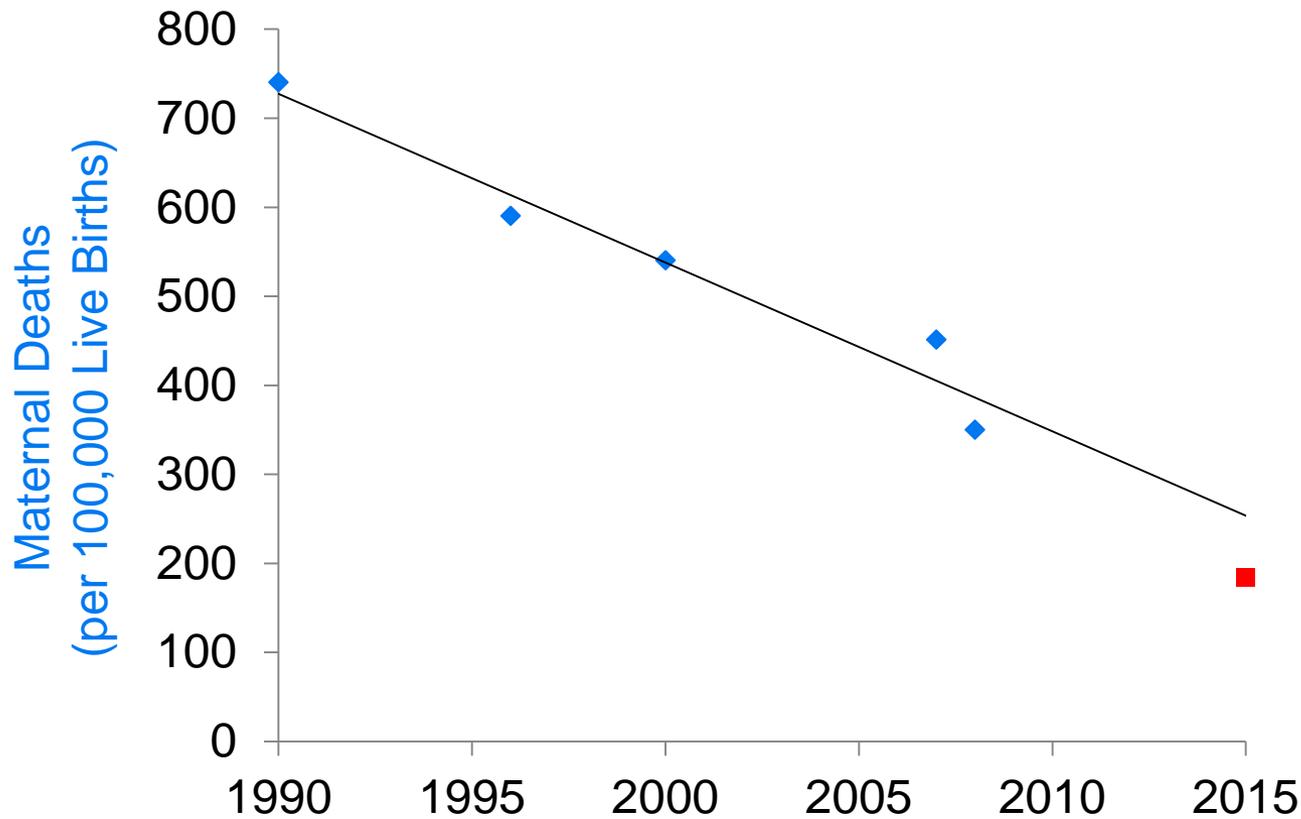
Ghana is not on track to meet its MDG Target on maternal mortality.

Child Mortality
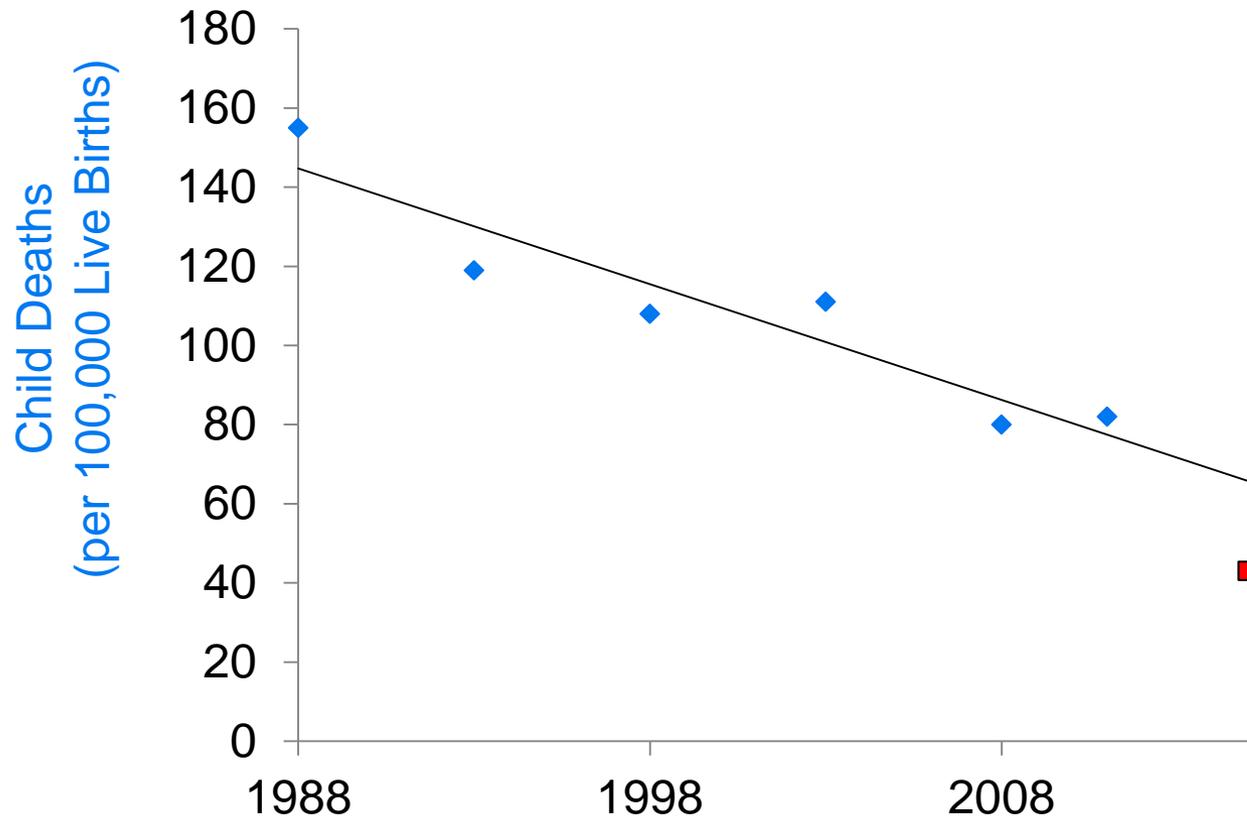
Ghana is not on track to meet its MDG Target on child mortality.

Source: GDHS, 2008; MICS, 2011

Regional Child Mortality Rates

Infant deaths per 1,000 live births

Region	Rate
Upper West	108
Upper East	98
Northern	124
Brong Ahafo	104
Ashanti	86
Eastern	61
Volta	89
Gt. Accra	56
Central	88
Western	67
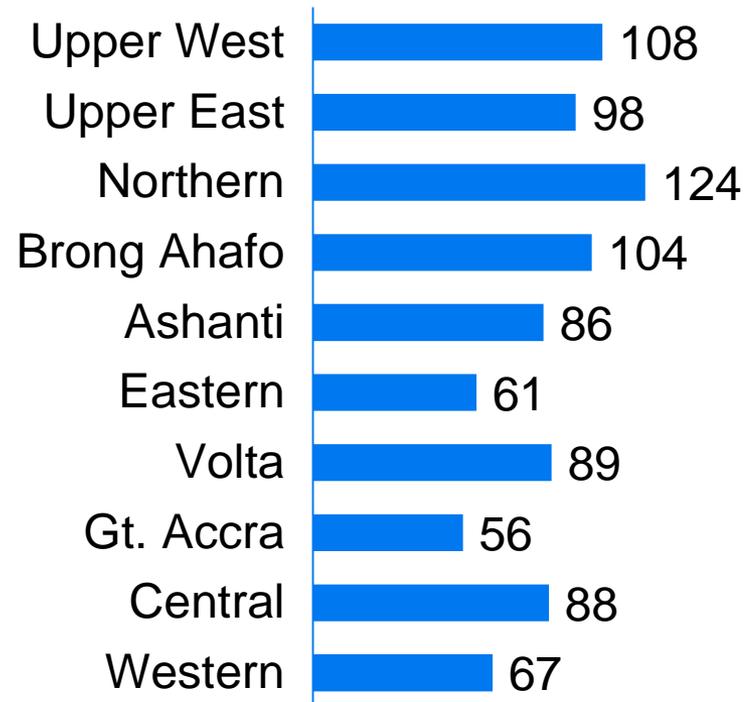
Photo by Rita Willaert

Source: GDHS, 2008

Two Paths

Future Contraceptive Prevalence Rate

High CPR: scenario where contraceptive prevalence increases more rapidly

Low CPR: scenario where contraceptive prevalence reflects the current trend in Ghana

Photo by Allison Stillwell

Photo by Arne Hoel

"Low CPR" Scenario:

Ghana's current path

Ghana will not meet its National Population Policy target of 50% CPR over the next 30 years.

"High CPR" Scenario:

Even in this scenario, the CPR target of 50% in the revised National Population Policy will not be achieved until 2029.

Photo by Adam Jones, PhD

Two Paths

Contraceptive prevalence projections under two scenarios

Source: Spectrum Model projections, 2013
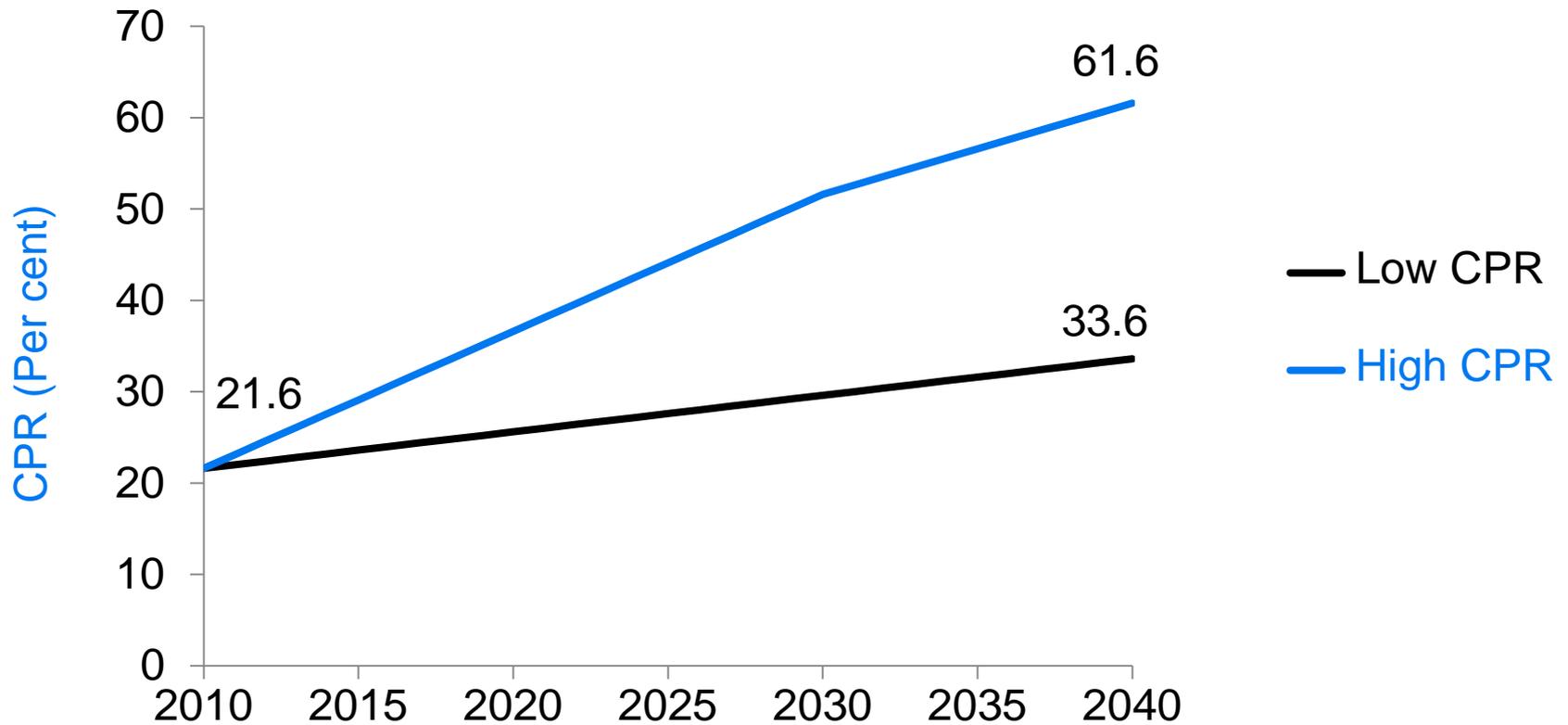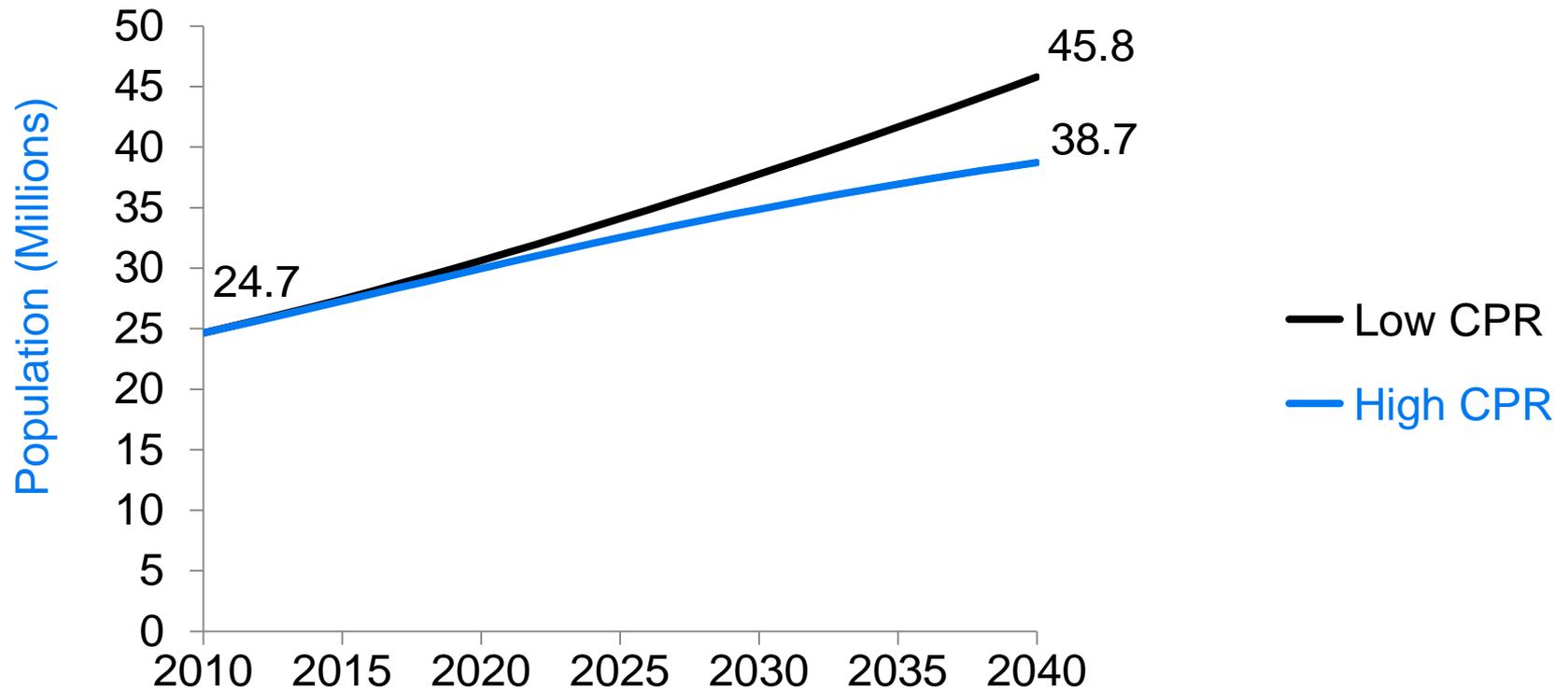
Population Growth

In both projections, total population increases. With a high CPR, there will be a difference of 7 million fewer people or 29% of the current population.

Interrelationships Between Population and Development

Rapid population growth slows development in that it makes investments in population quality more difficult and threatens the precious balance between natural resources and people. This makes it hard to manage the adjustments that accompany and promote economic and social change.

Development Sectors

Section One – Health

Section Two – Education

Section Three – Agriculture

Section Four – Urbanisation

Section Five – Economy

Health

Vision

Improving access to high-quality Maternal, Child, and Adolescent Health Services

Source: Ghana Shared Growth and Development Agenda, 2010–2013

Photo by George Perfect

Population with Specific Needs

Women of childbearing age and children under five
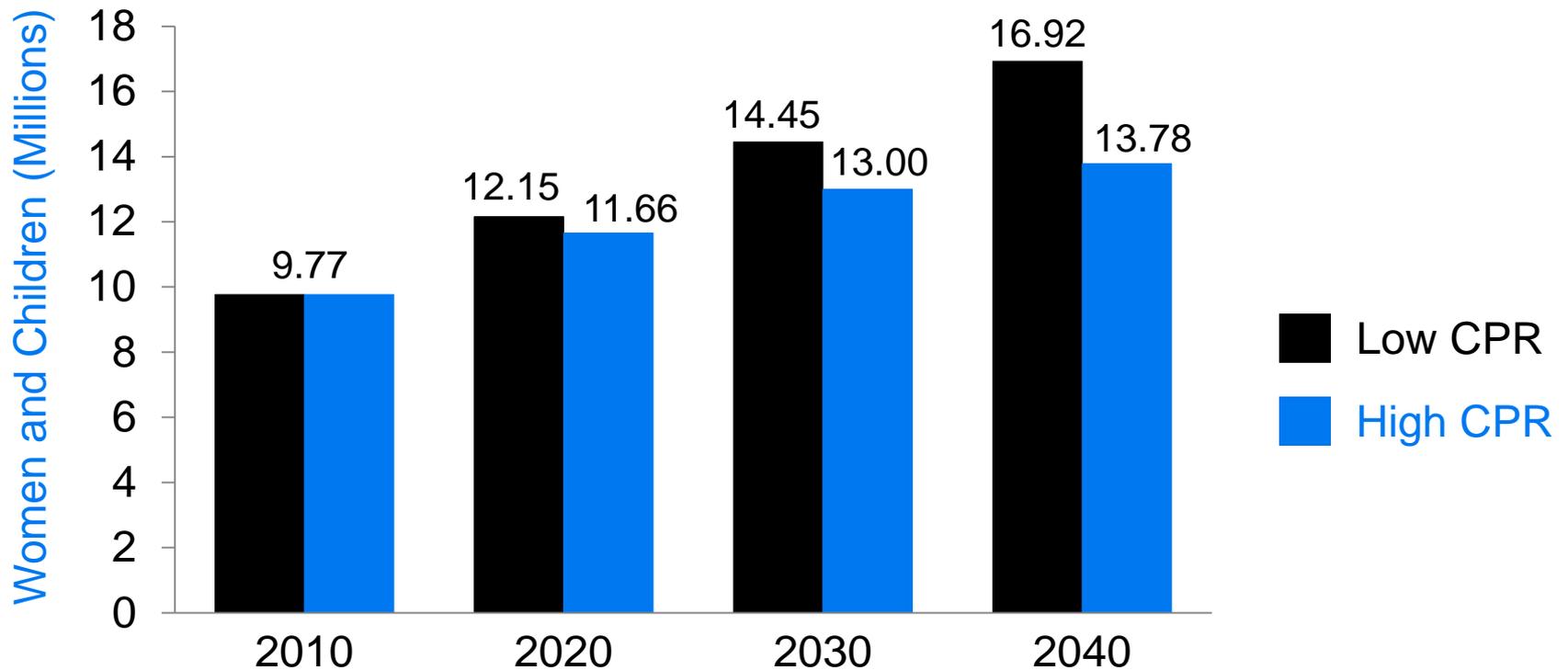
Doctors Required

Fewer births, less pressure on doctors
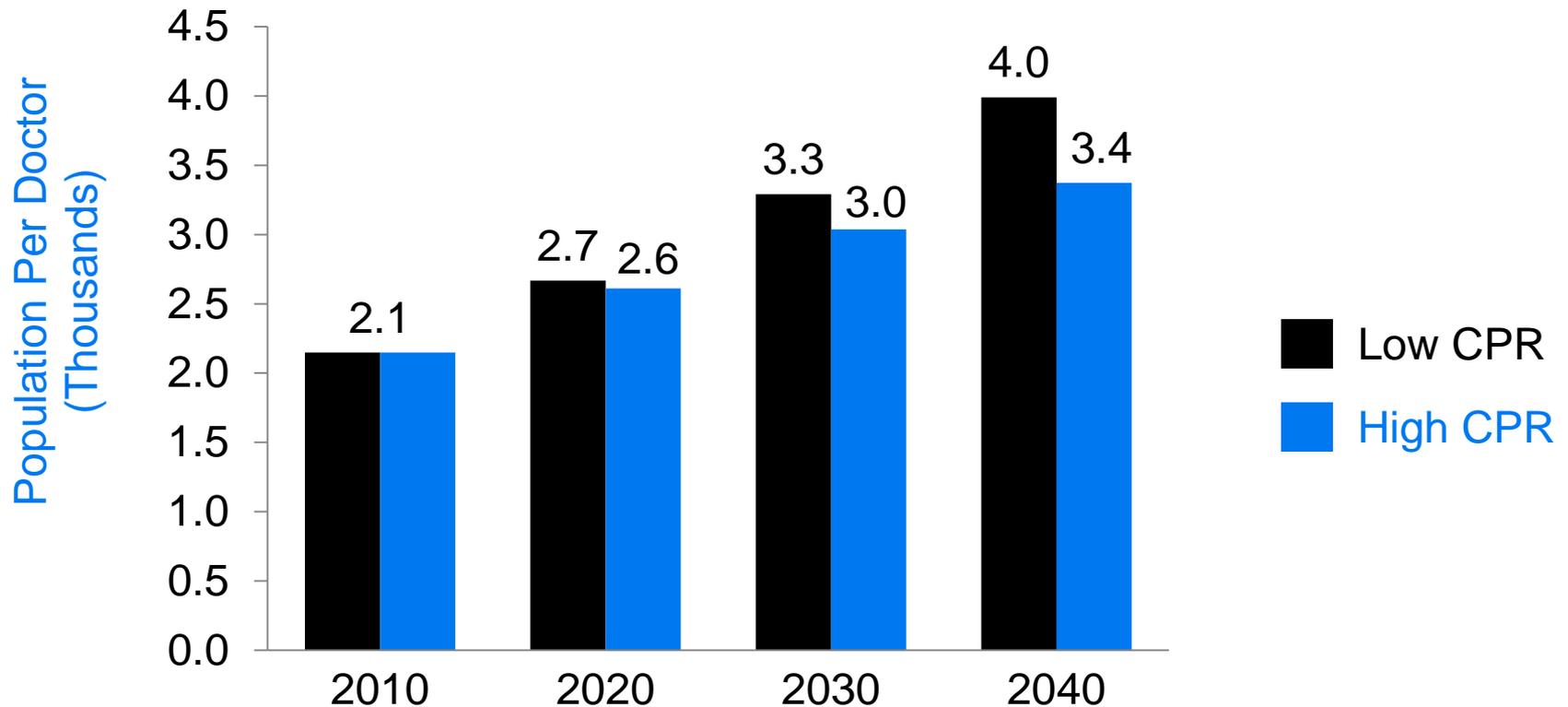
Lower population per doctor with a high CPR

Nurses Required

Less pressure on health providers
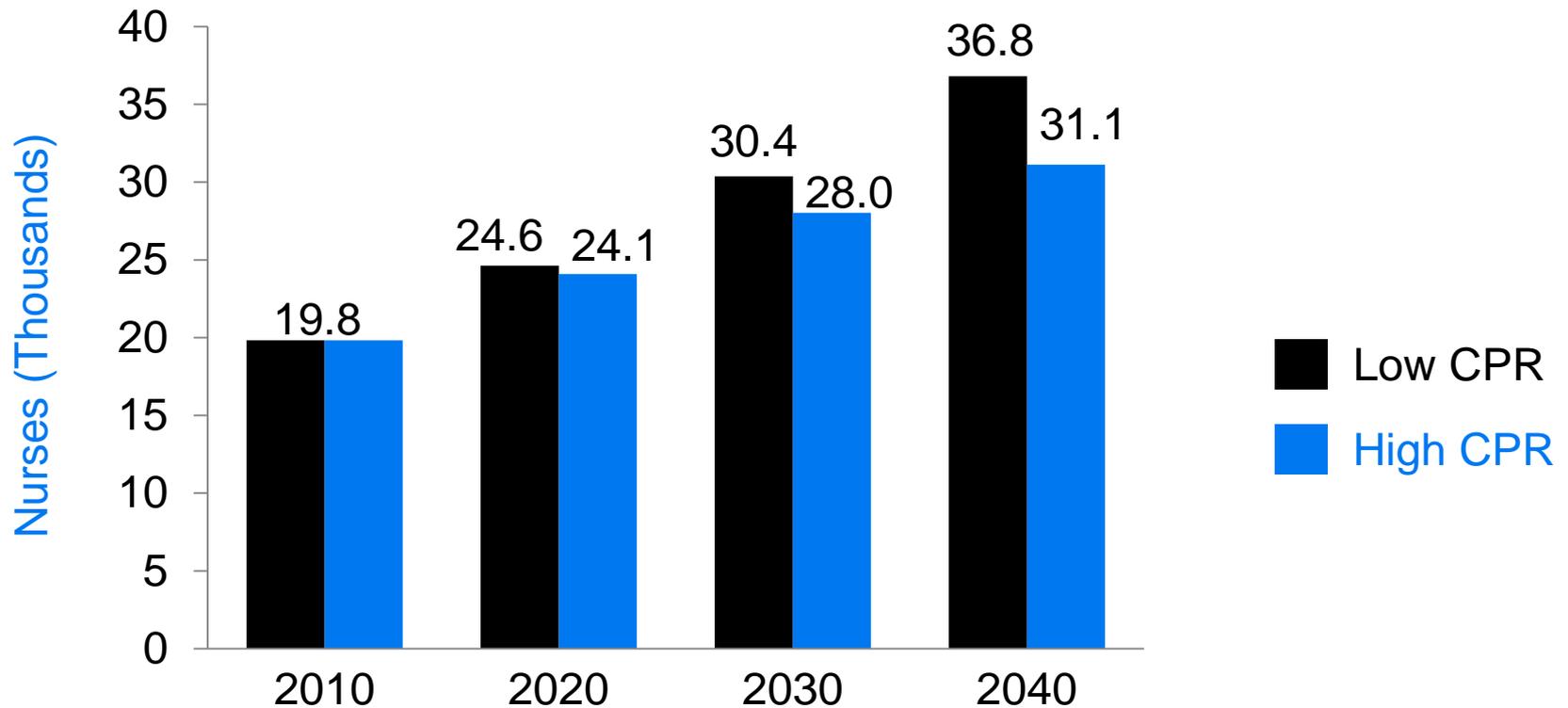
15% fewer nurses required by 2040 with high CPR

Projected Pregnancies

Fewer pregnancies with high CPR

Source: Spectrum Model projections, 2012
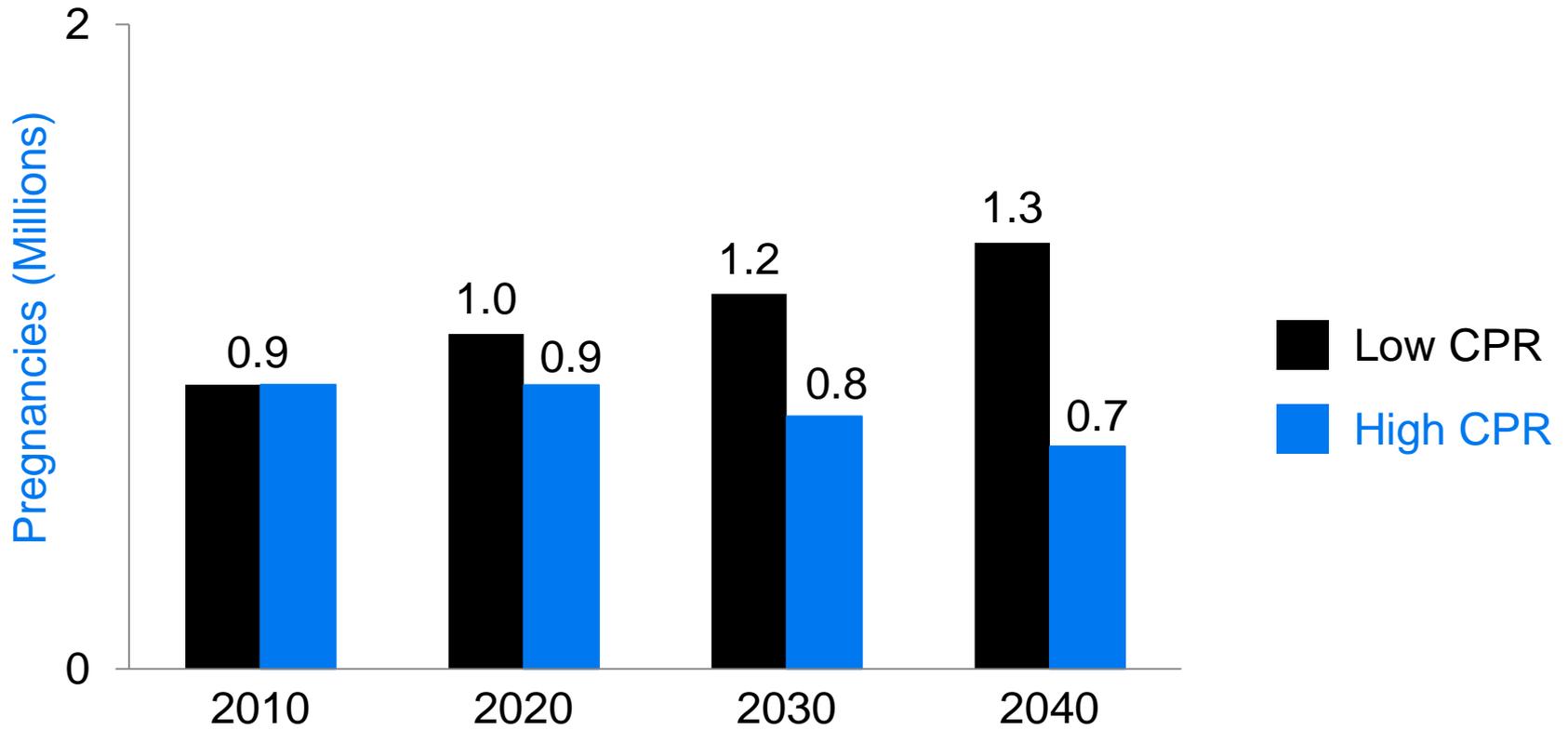
# Health Facilities Required
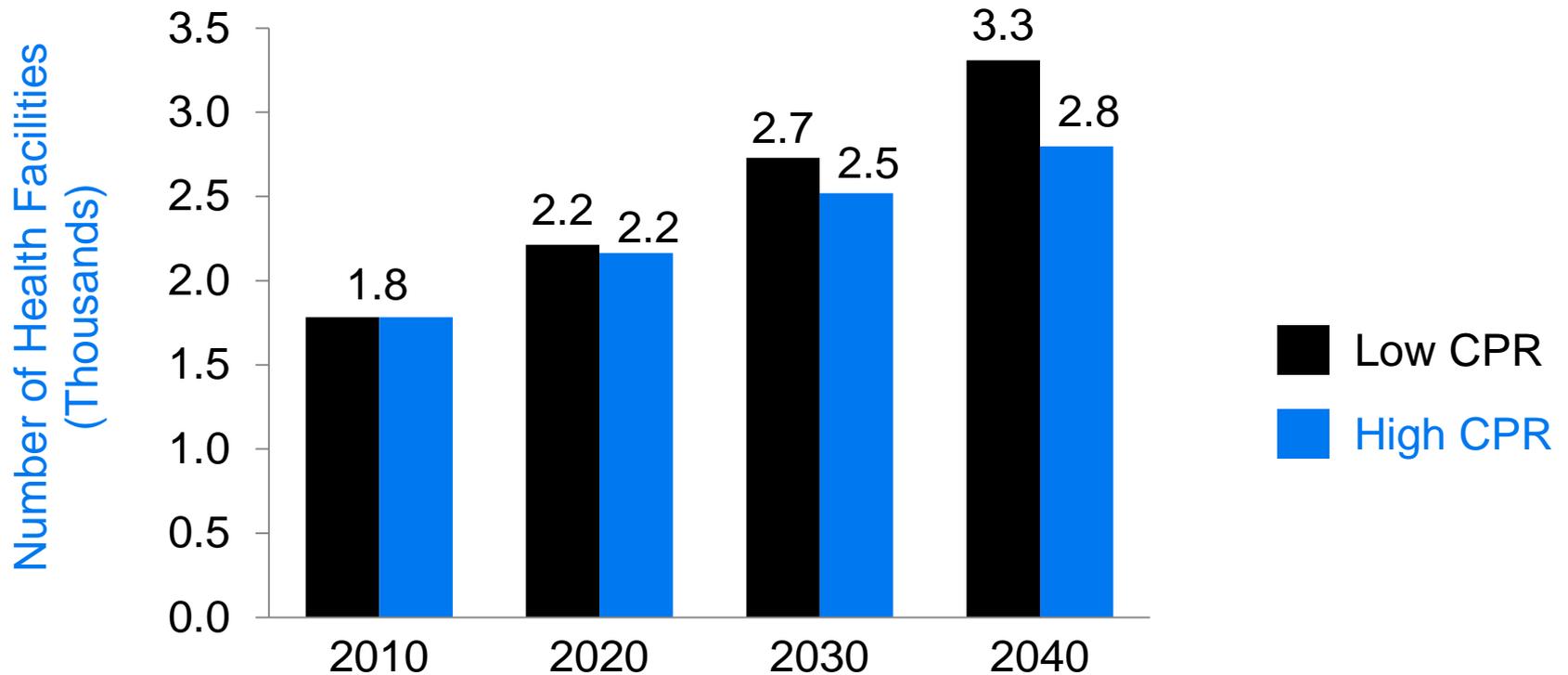
Fewer health centres required for high CPR; funds saved could be used to improve the quality of health

Hospital Beds Required


Chart: Number of Beds (Thousands) by year, comparing Low CPR and High CPR.

- 2010: Low CPR 16.9, High CPR 16.9
- 2020: Low CPR 21.0, High CPR 20.5
- 2030: Low CPR 25.9, High CPR 23.9
- 2040: Low CPR 31.3, High CPR 26.5

Legend: Low CPR, High CPR
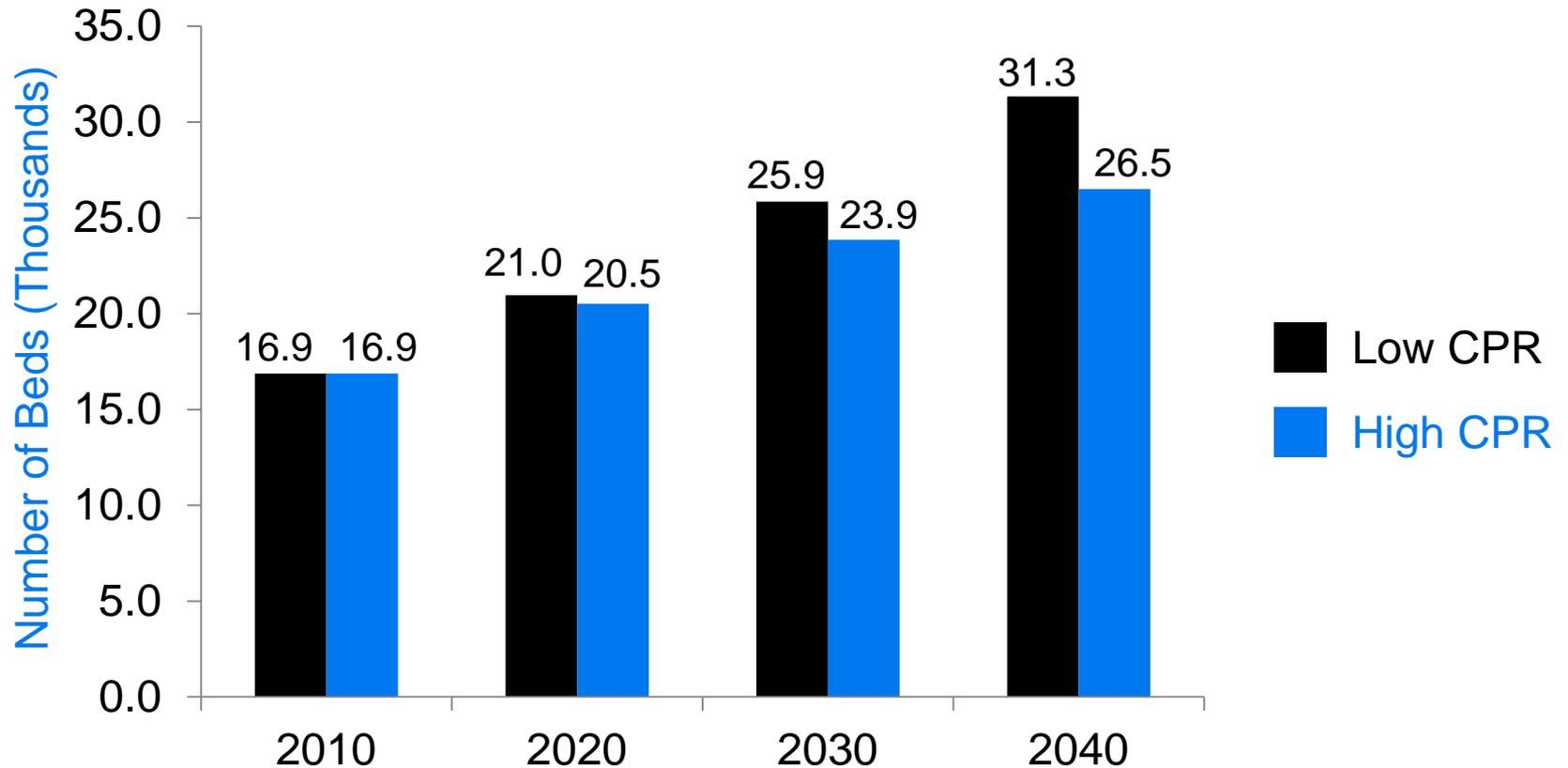
Health Expenditures

Fewer patients, less pressure on budgets

Cumulative Savings US$13.5 bn

Legend: ■ Low CPR ■ High CPR

Y-axis: Cumulative Currency (US$ Billions)
X-axis: Year

Year	Low CPR	High CPR
2010	1.6	
2020	30.1	29.9
2030	88.2	85.4
2040	183.7	170.2

Source: Spectrum Model projections, 2012
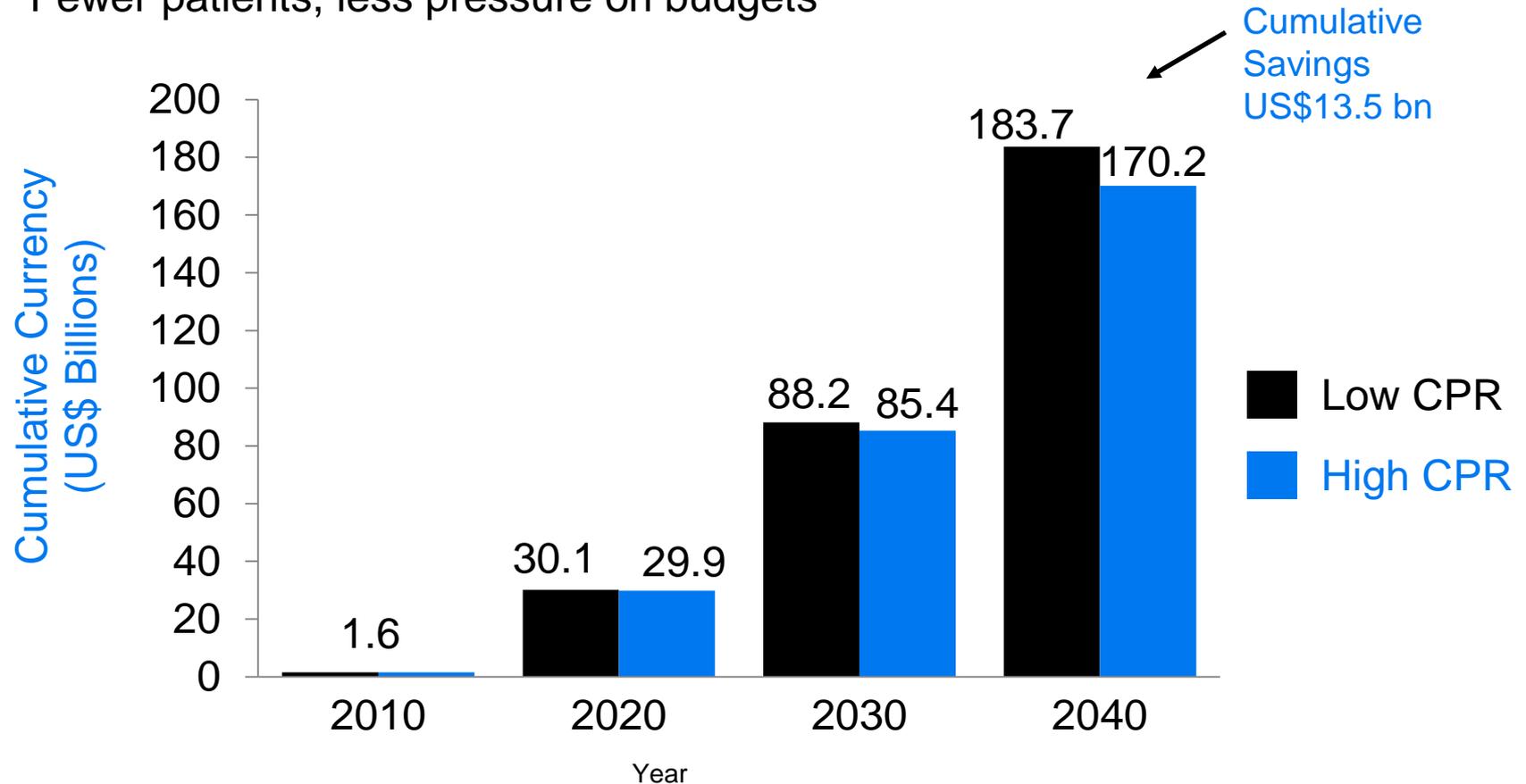
Annual Expenditures on Health

Fewer resources needed
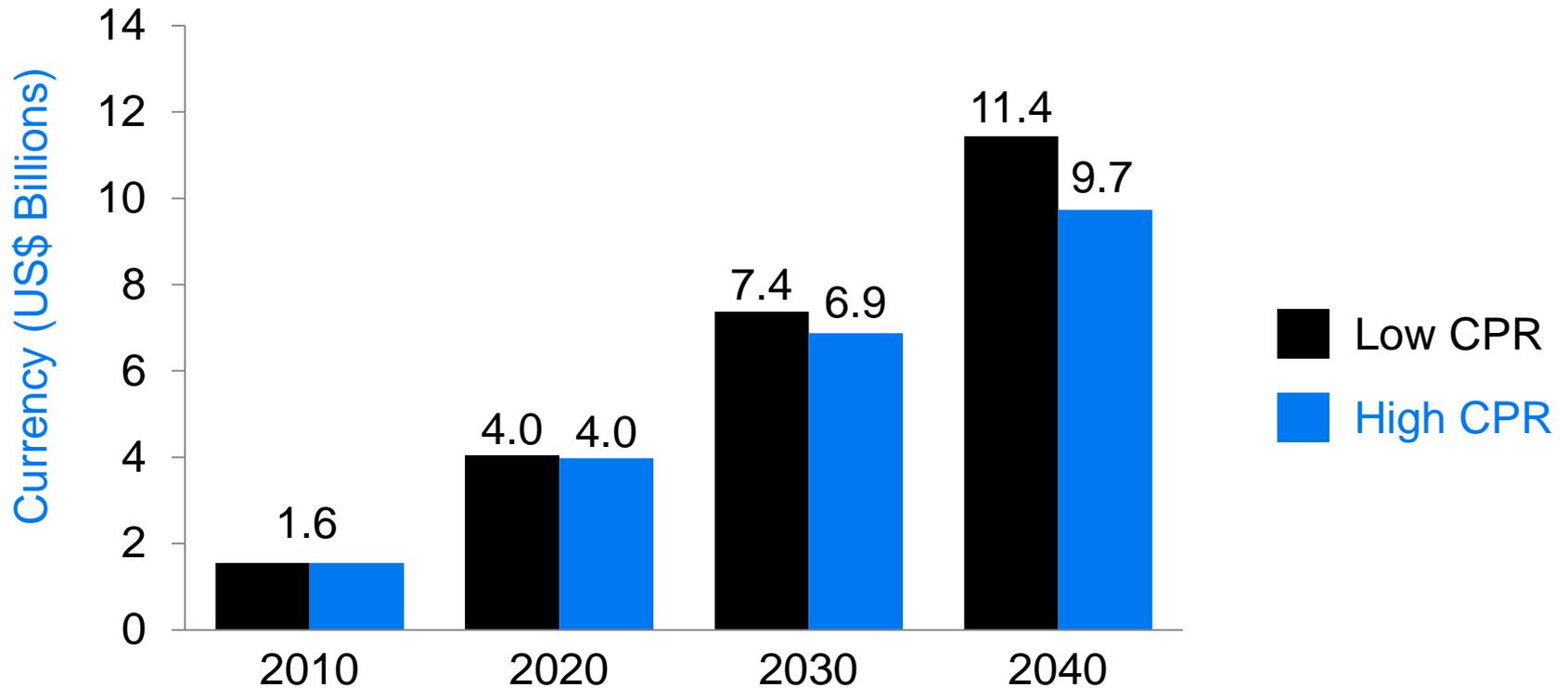
High CPR Averts Child Deaths

Over 30 years (2010–2040), meeting the CPR target prevents thousands of deaths

Child Deaths (Under Age 5, Thousands)

Low CPR: 1.8
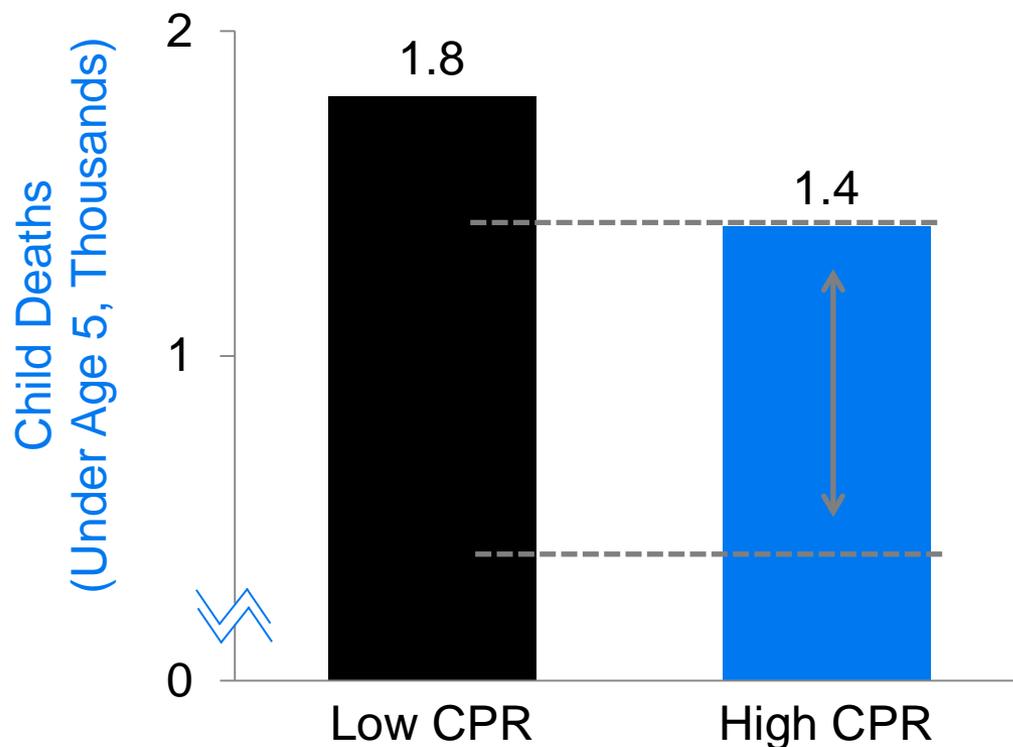
High CPR: 1.4

383,000 child deaths averted

Sources: Spectrum Model projections, 2012 and MDG Model projections

Photo by Adam Jones, PhD

Maternal Deaths Averted

Over 30 years (2010–2040), high CPR use will prevent thousands of maternal deaths

Thousands of Maternal Deaths

Low CPR	High CPR
133.37	99.74
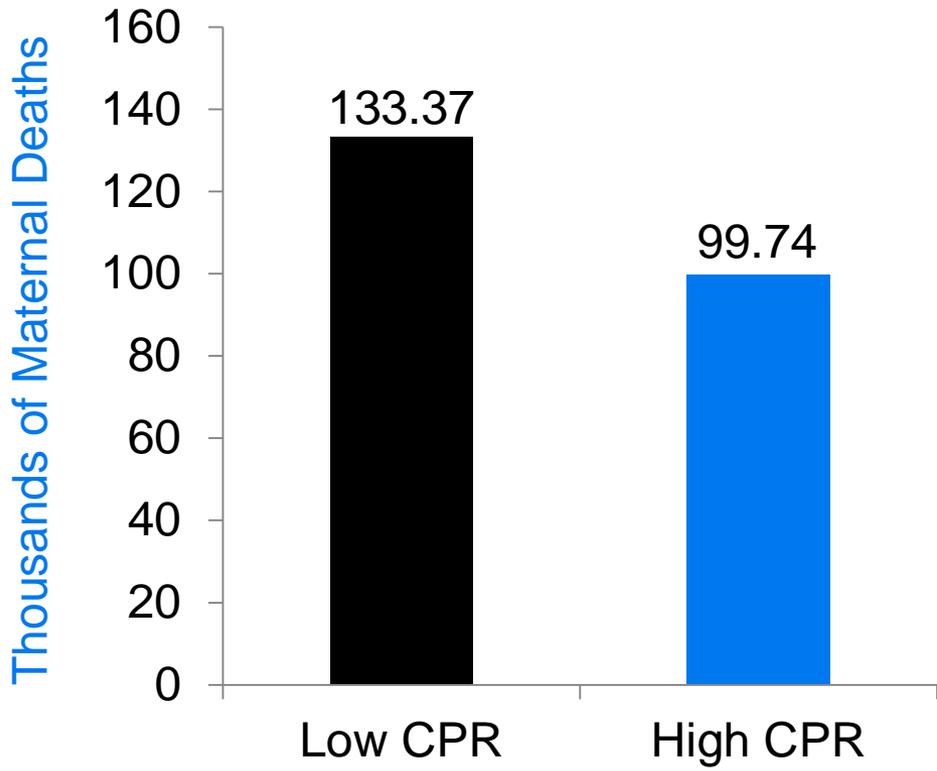
33,000 maternal deaths averted

Source: Spectrum Model projections, 2012

Photo by Allison Stillwell

Education

Vision/Policy Objective

Increasing Equitable Access to, and Participation in, High-Quality Education at All Levels

Photo by Huismus

Primary School Students

Fewer students, more resources per child

Source: Spectrum Model projections, 2012
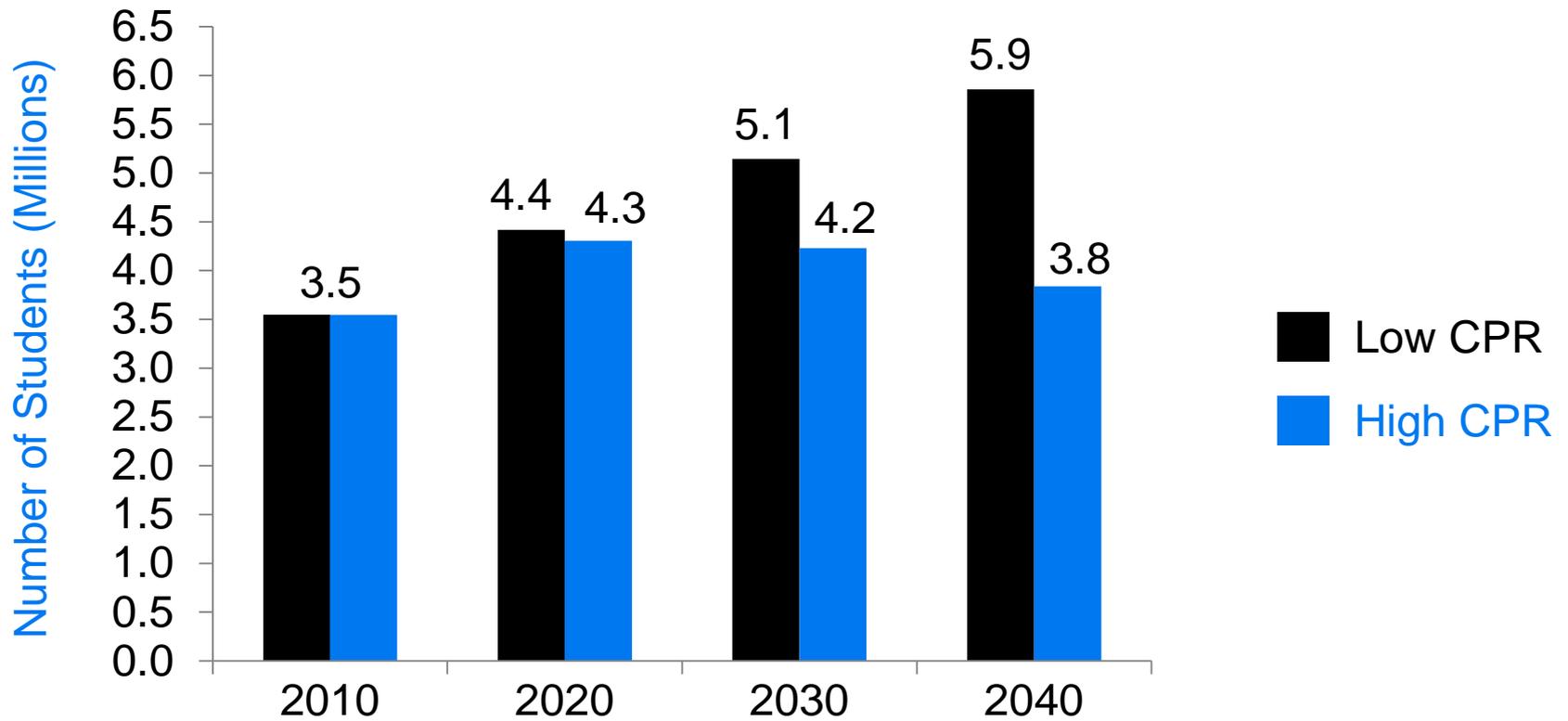
Primary School Teachers

Fewer students, less pressure on school resources

Source: Spectrum Model projections, 2012
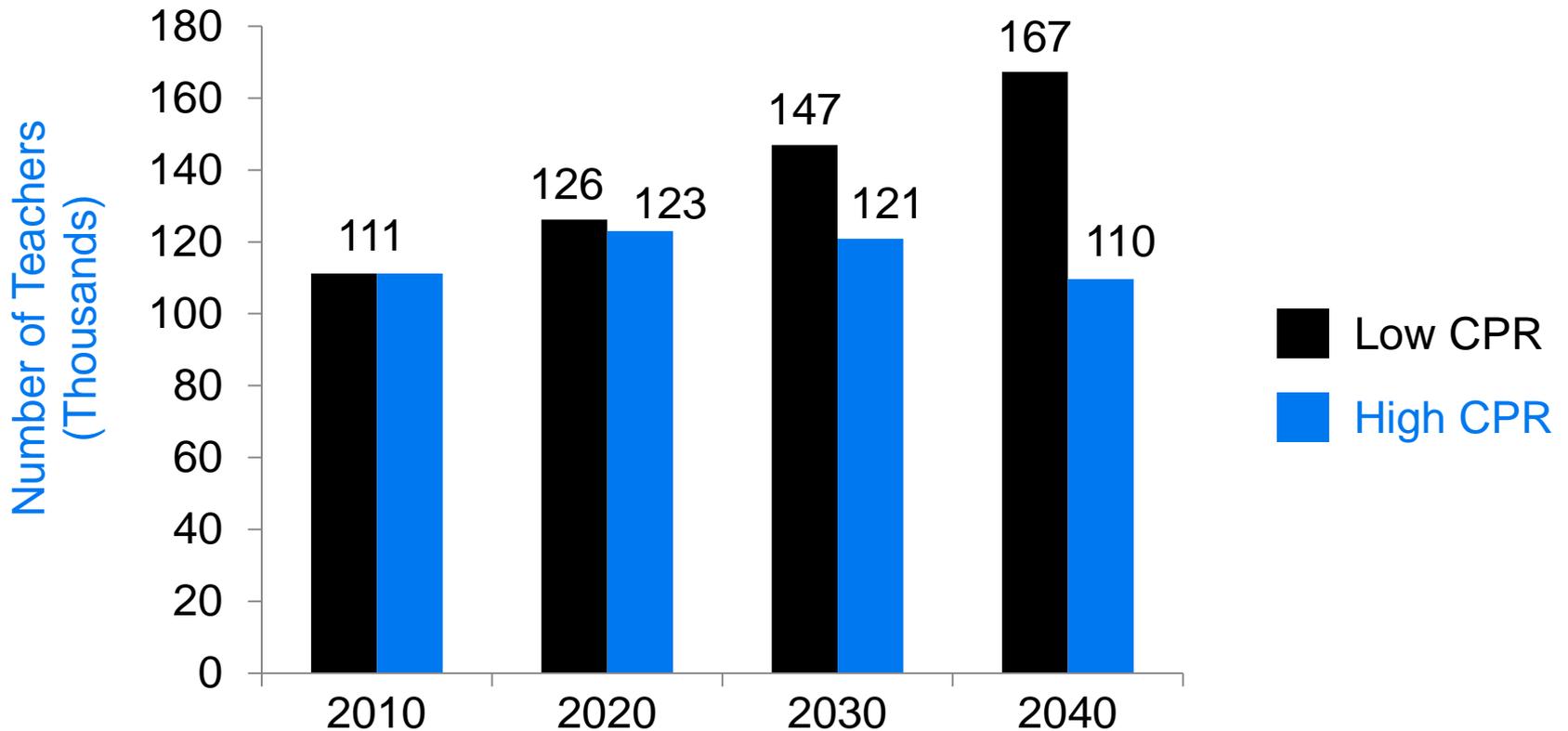
Primary Schools

Fewer students, less pressure to build new schools

Source: Spectrum Model projections, 2012
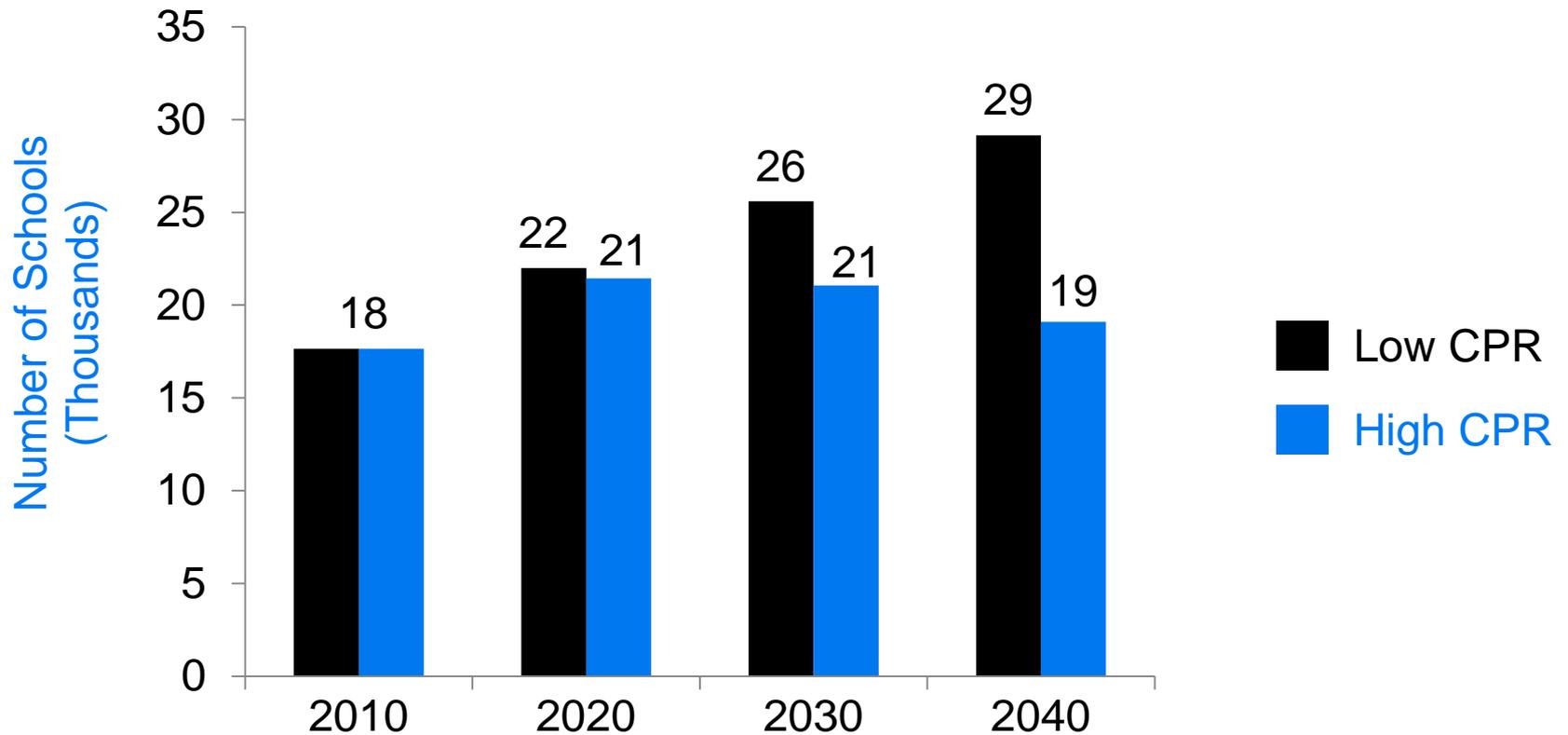
Expenditures on Primary Education

Fewer resources needed

Source: Spectrum Model projections, 2012
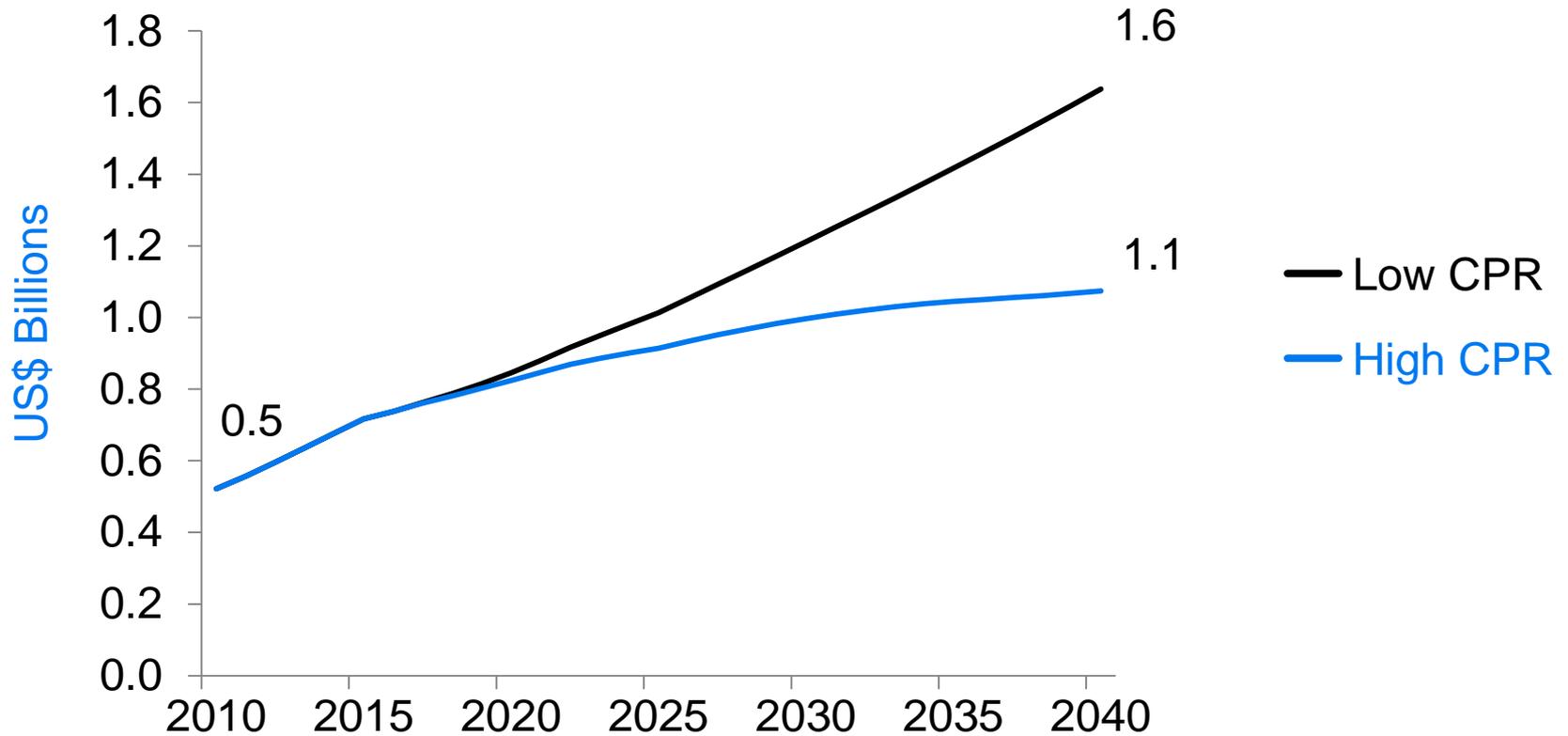
Improved education levels of girls lead to lower levels of fertility

Educated women have fewer children, on average
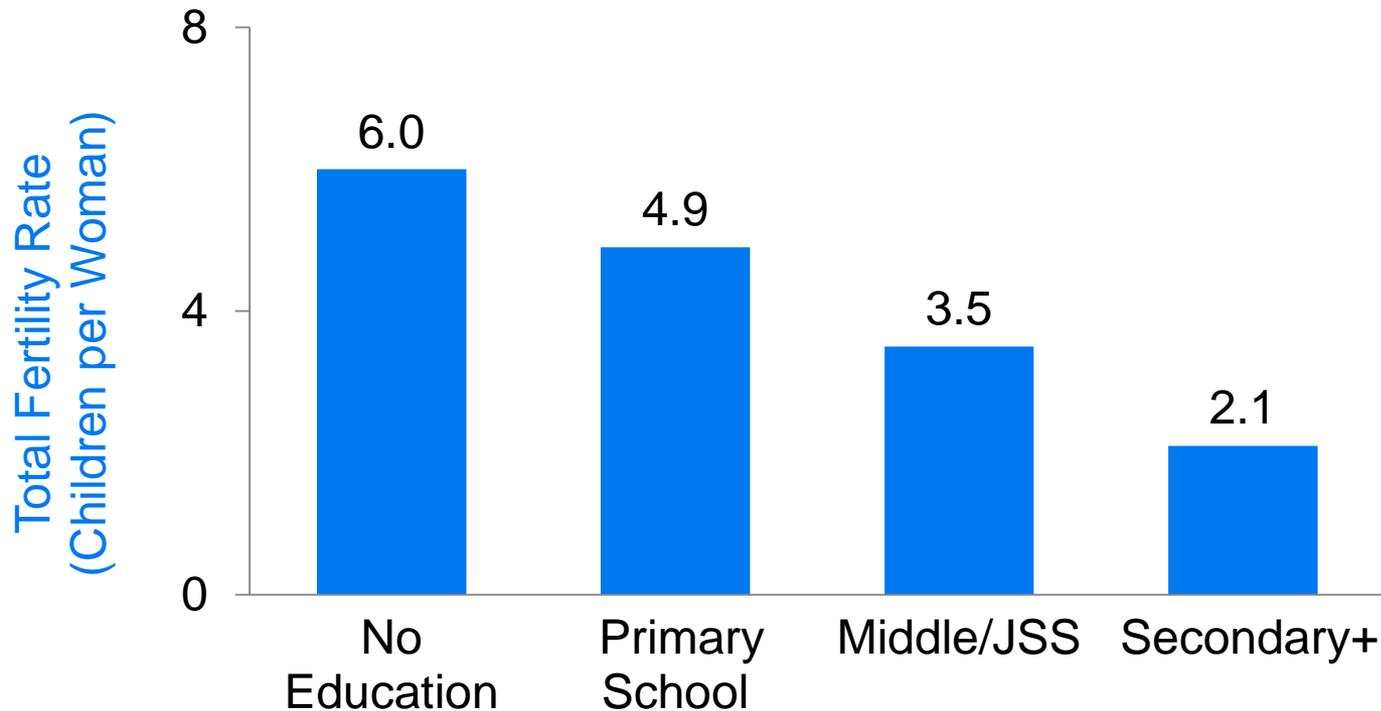
Agriculture (Food Security)

Vision/Policy Objective

Improve Agricultural Productivity

Source: Ghana Shared Growth and Development Agenda, 2010–2013

Food Security

Domestic production of food

Eliminate extreme poverty and hunger (MDG 1)

Photo by Arne Hoel

Cassava Requirements
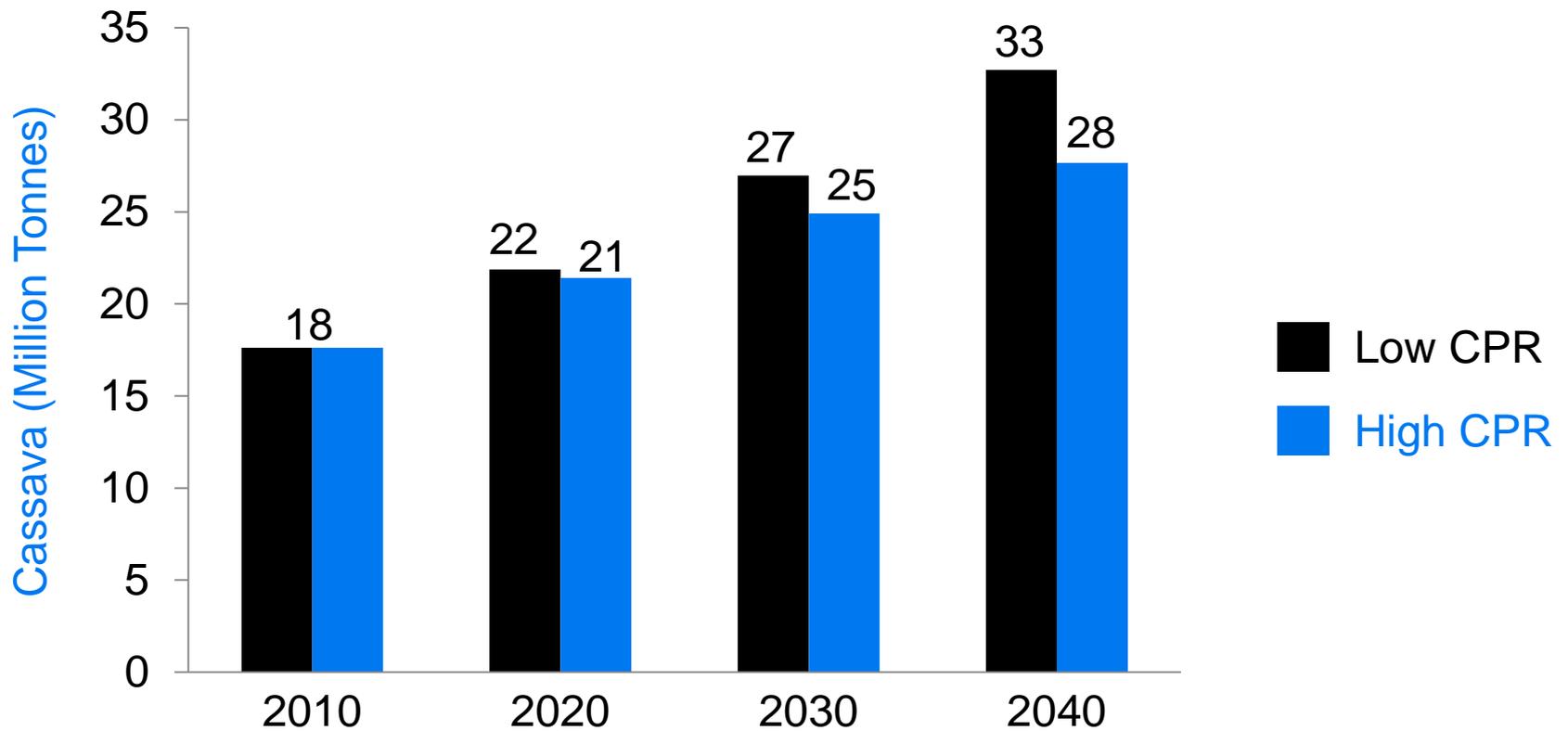
Source: Spectrum Model projections, 2012

Arable Land Per Capita

People per Hectare

1

2010	0.6	0.6
2020	0.5	0.5
2030	0.4	0.4
2040	0.3	0.4

■ Low CPR
■ High CPR

0

Source: Spectrum Model projections, 2012

Urbanisation
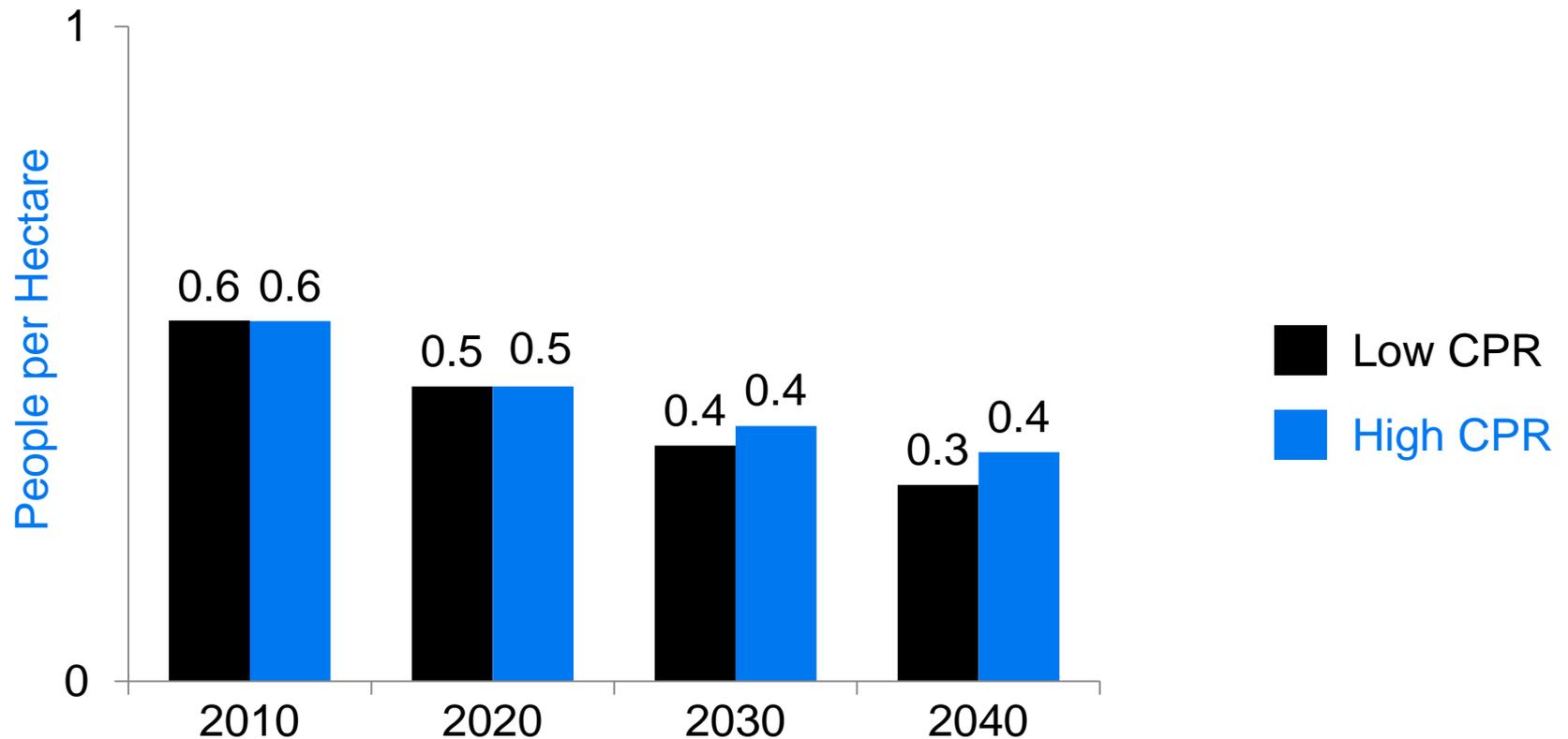
Total Urban Population

Source: Spectrum Model projections, 2012
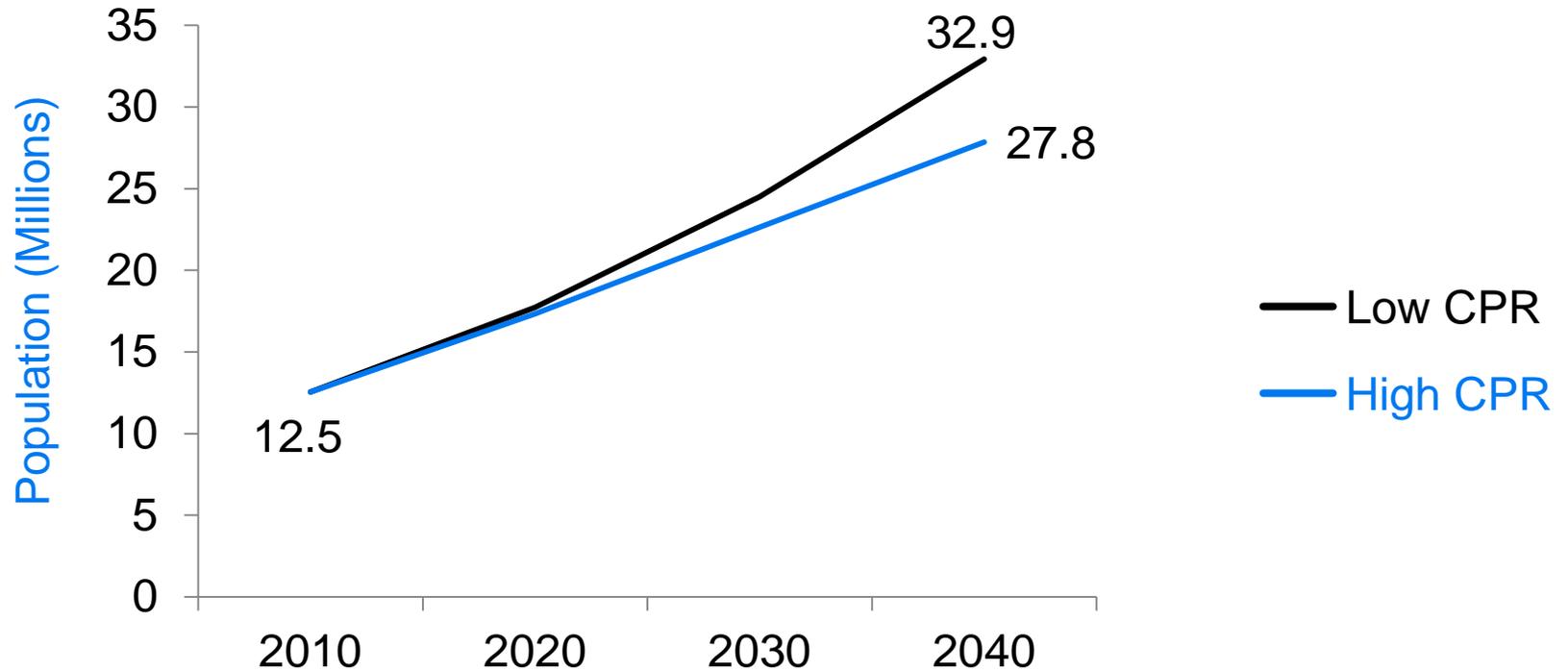
Total Number of Houses
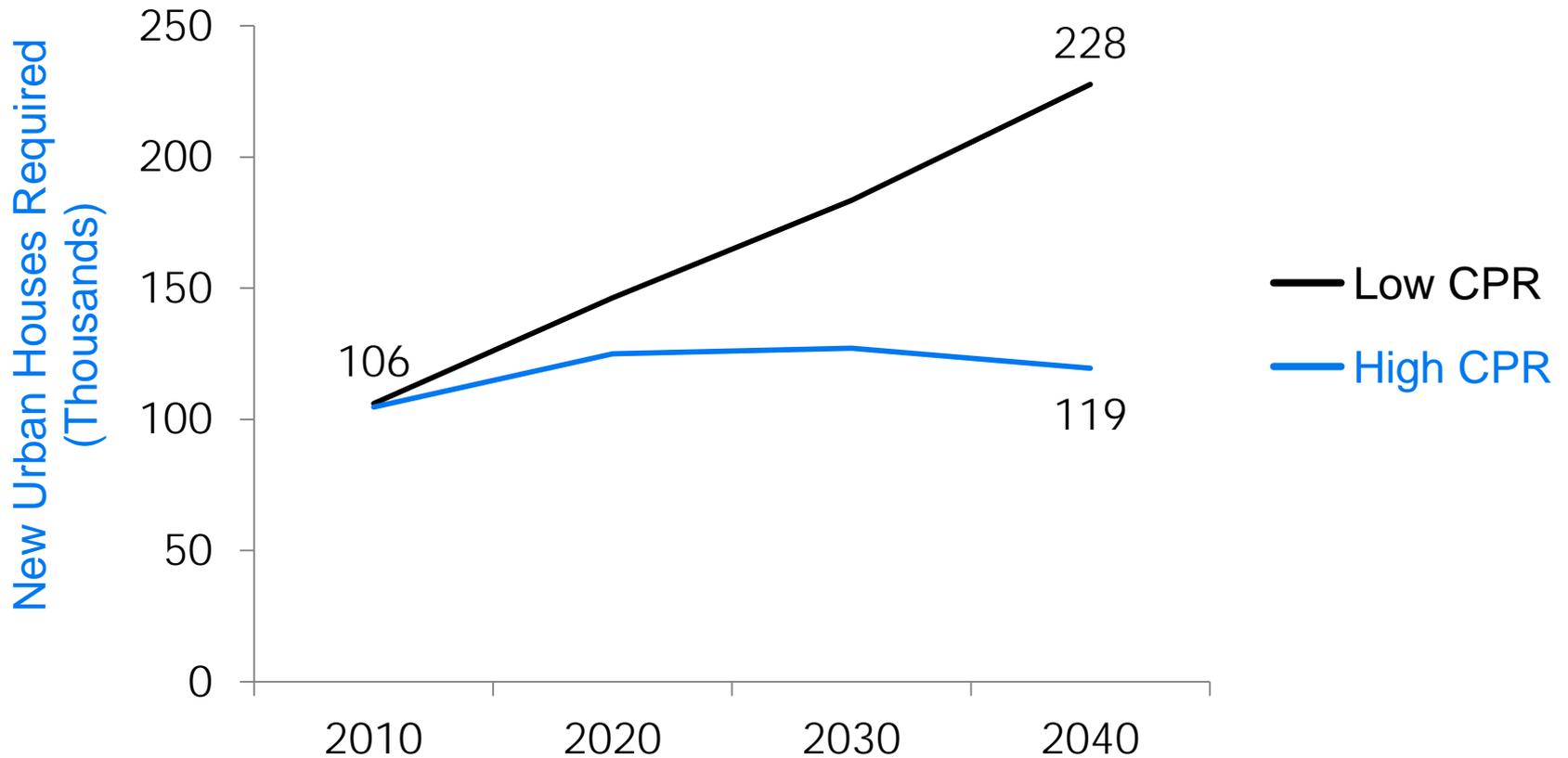
Source: Spectrum Model projections, 2012

Economy

Economic vision

To achieve and sustain economic stability while placing the economy on a path of higher growth in order to attain a per capita income of at least US$3,000 by 2020 while also achieving the MDGs.

Source: Ghana Shared Growth and Development Agenda 2010–2013

Photo by Arne Hoel

GDP Per Capita

Assumes 6% real GDP growth rate per annum
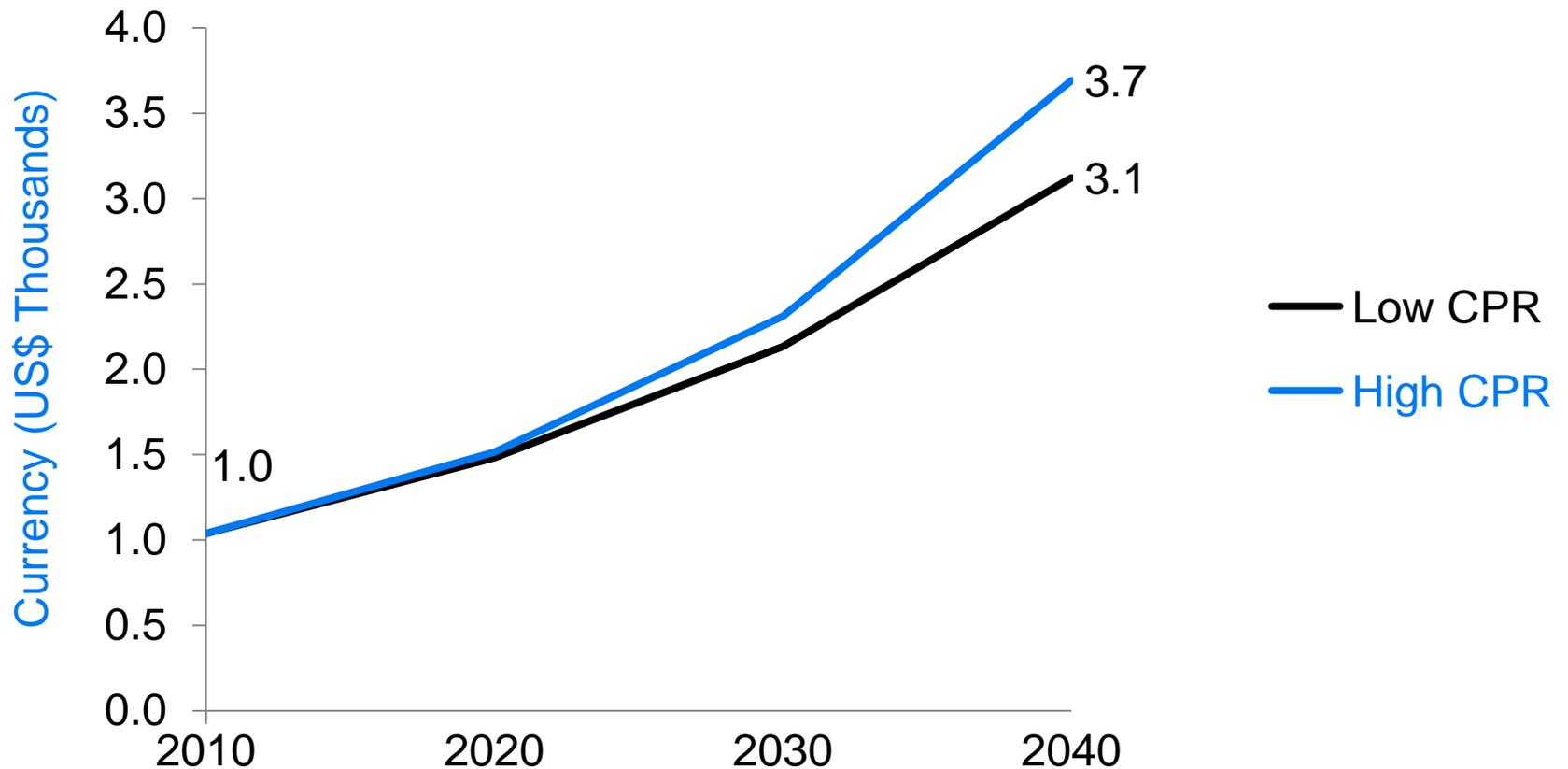
New Jobs Required

Fewer jobs needed with High CPR

Age Structure

Ghana population pyramid, 2010

Male

Female

Age (Years)

80+
75–79
70–74
65–69
60–64
55–59
50–54
45–49
40–44
35–39
30–34
25–29
20–24
15–19
10–14
5–9
0–4

20   10   0   10   20

Percent
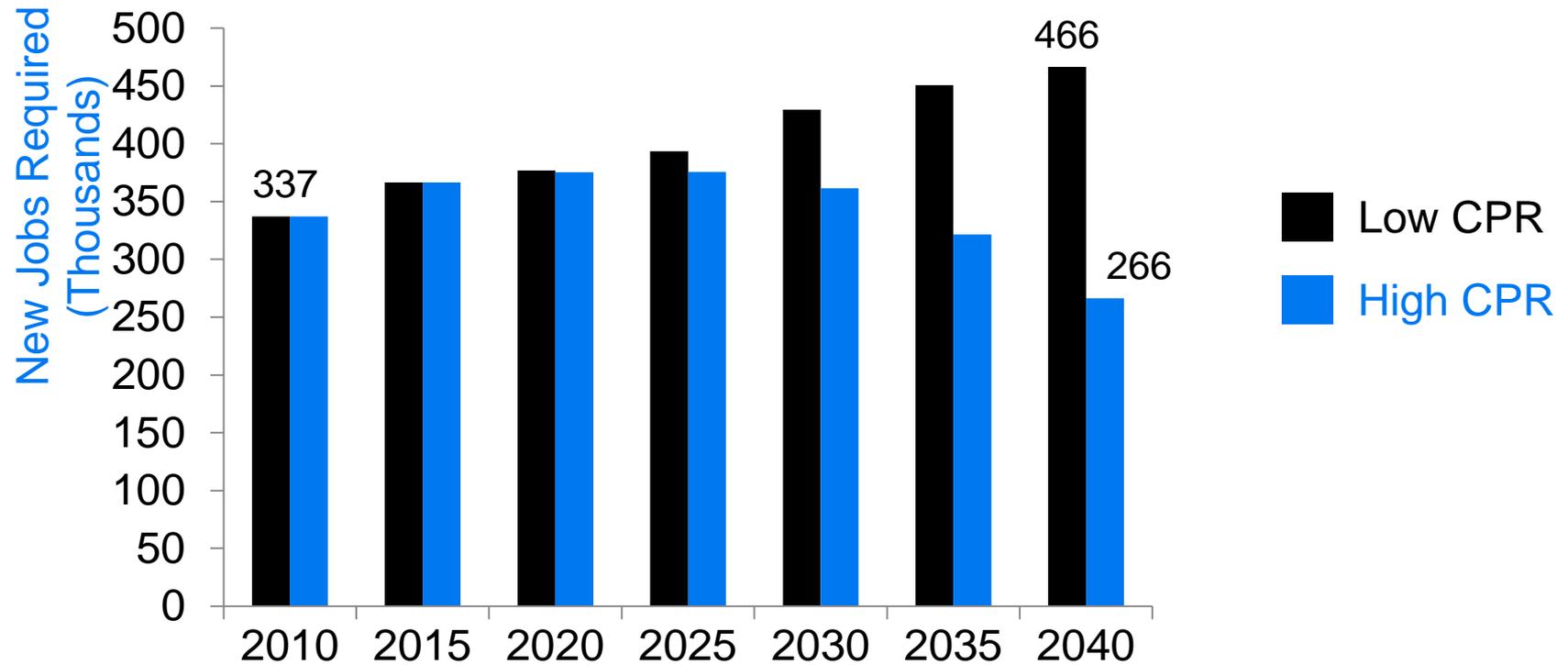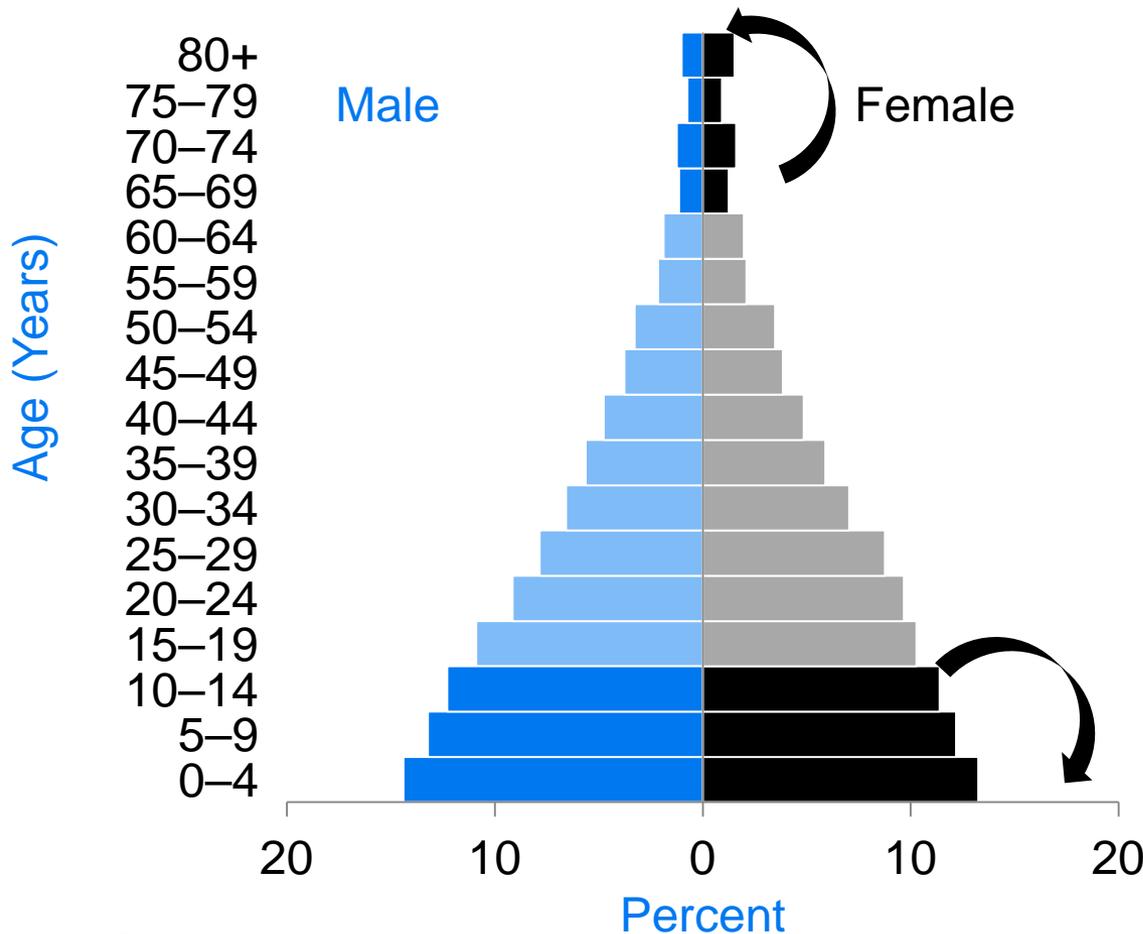
Working-age Ghanaians support younger and older dependents

Age Structure

Ghana population pyramid in 2040
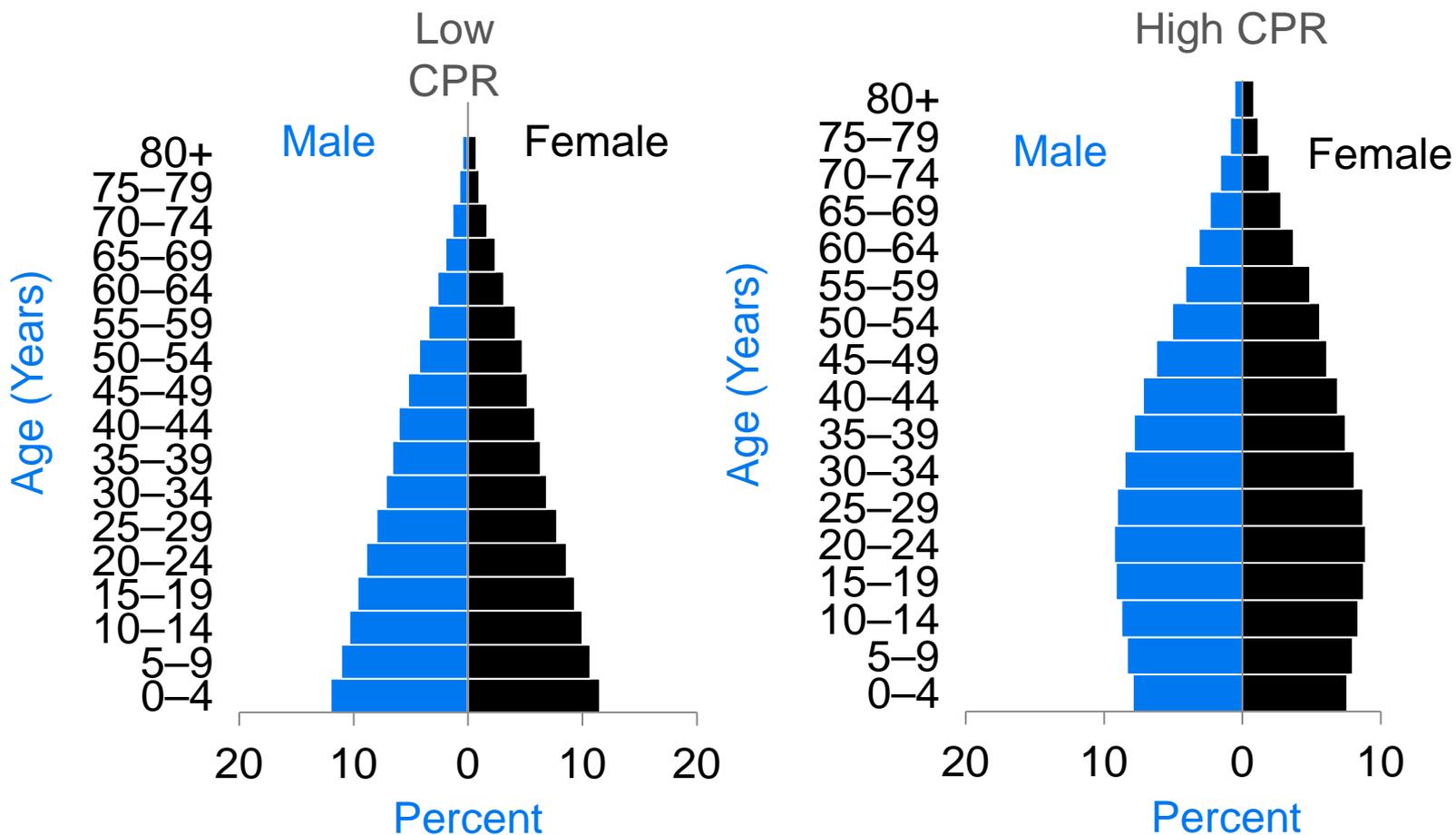
Source: Spectrum Model projections, 2012

Dependency

High CPR, fewer dependents per working-age person
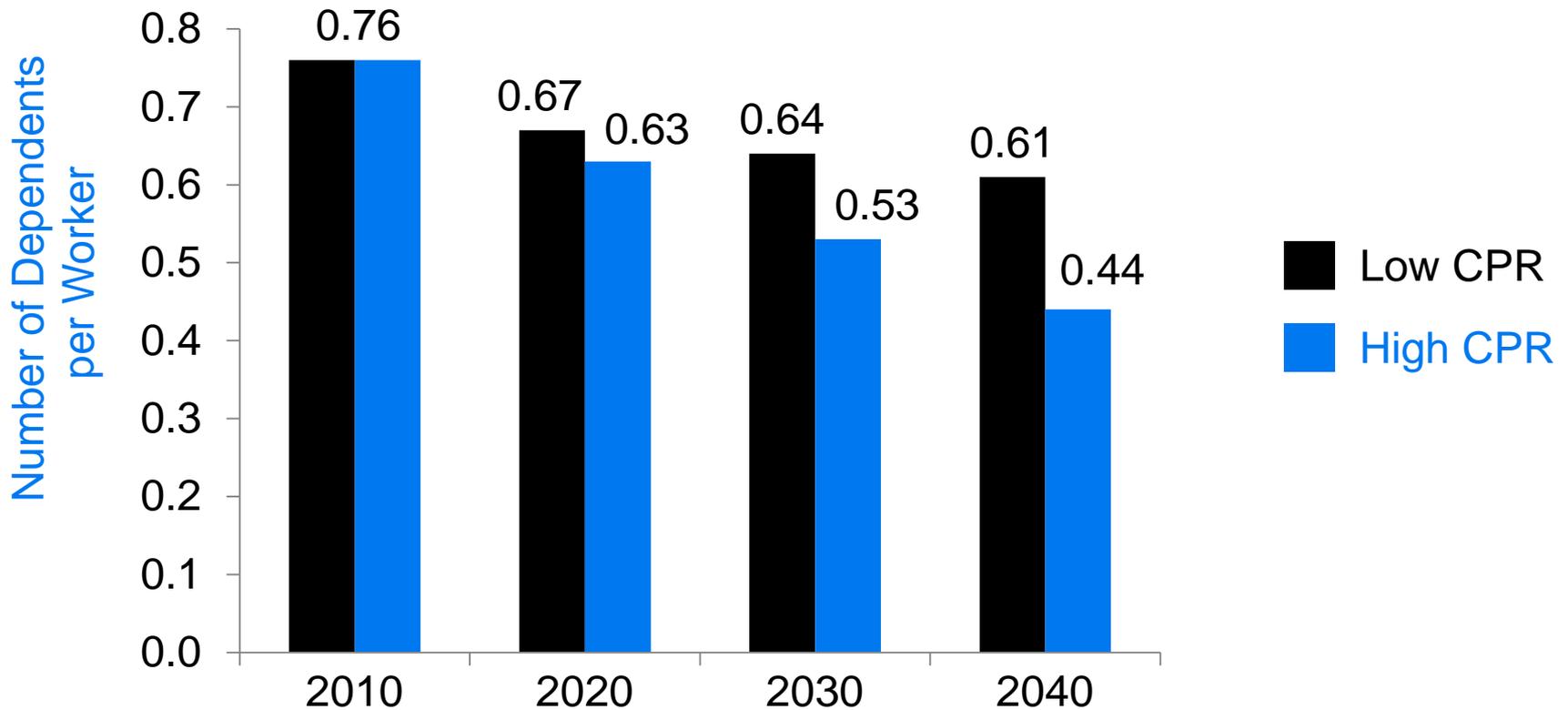
Demographic Dividend
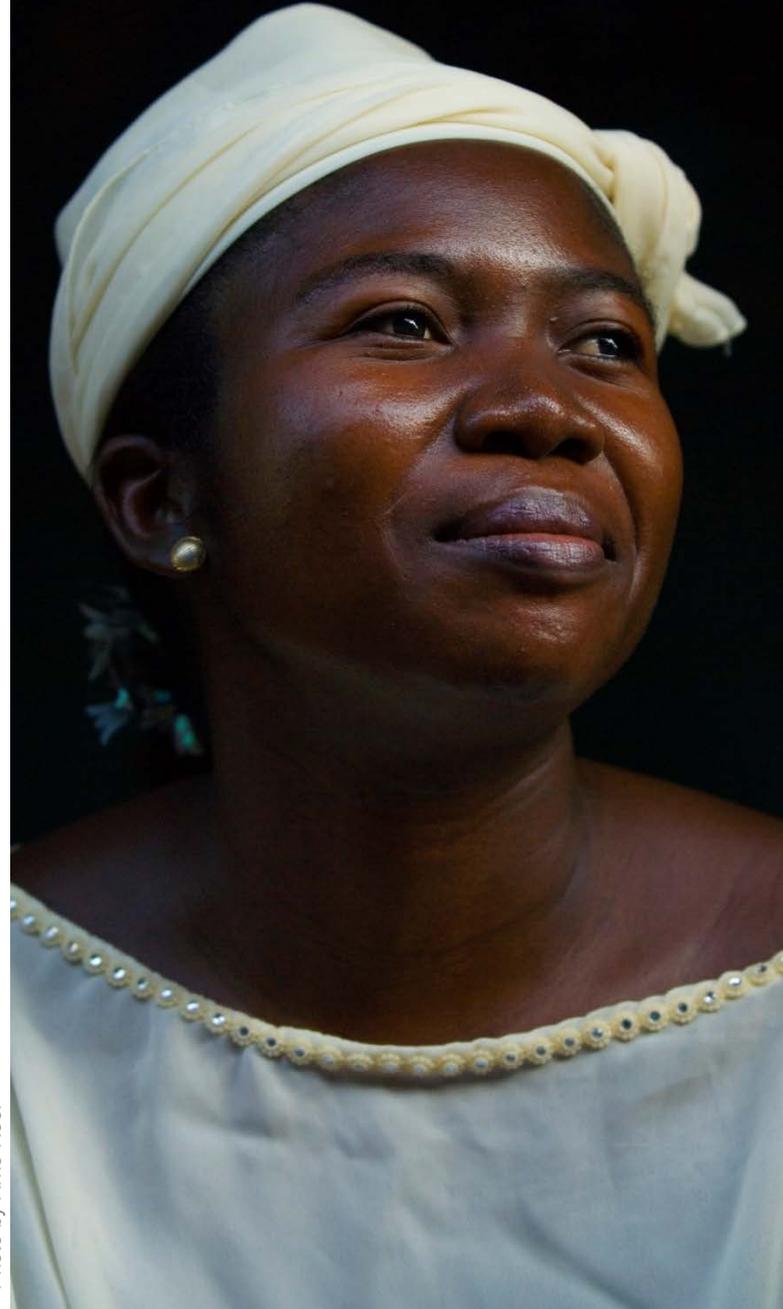
What Is the Demographic Dividend?

- A boost in economic growth promoted by a larger working-age population.

- It is promoted by the demographic transition: lower mortality and fertility rates.

- Demographic change opens an opportunity for a dividend.

- For the dividend to be realised, socioeconomic changes must also occur.

Demographic Dividend =

Population Change

+ Social and Economic Policies

The opportunity for Demographic Dividend opens up when…

The dependency ratio declines below 60 dependents per 100 working-age adults. This tends to occur once TFR is around 3.

100 working-age adults
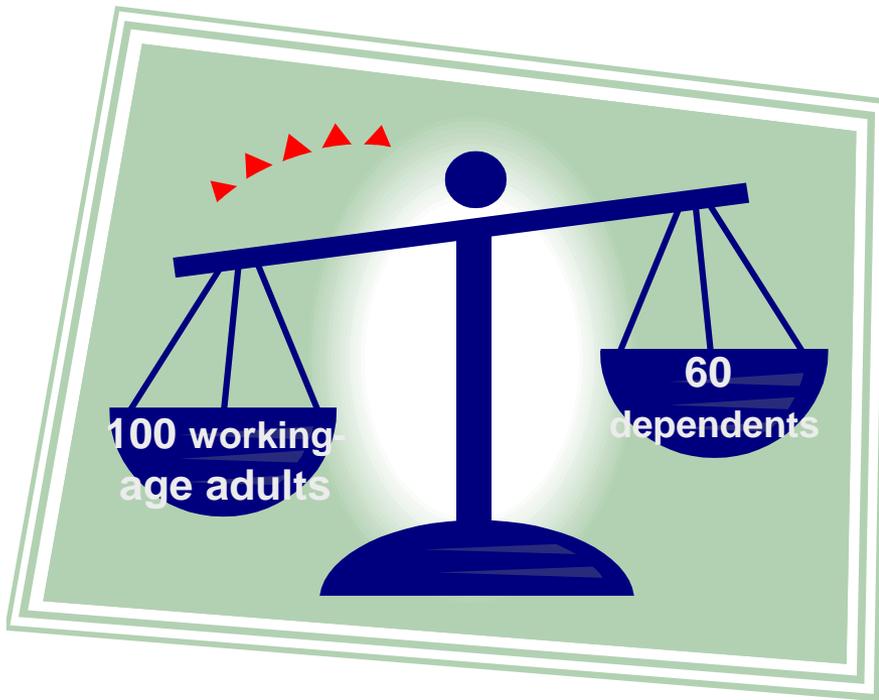
60 dependents

In Ghana, the dependency ratio is 76 dependents per 100 working-age adults.

Countries in sub-Saharan Africa (SSA) with TFR below 3: Botswana, Cape Verde, South Africa, Reunion, Mauritius

South Korea, 1965 to 1995

Two Diverging Paths

S. Korea's economy grew 6 percentage points faster than its population in the late 1980s/early 1990s

SSA's population growth has outstripped GDP per capita by an average of 0.4 percentage points over the past decade

GDP Per Capita

$24,000
$20,000
$16,000
$12,000
$8,000
$4,000
$0

1965 1970 1975 1980 1985 1990 1995 2000 2005 2010

— Ghana   — South Korea
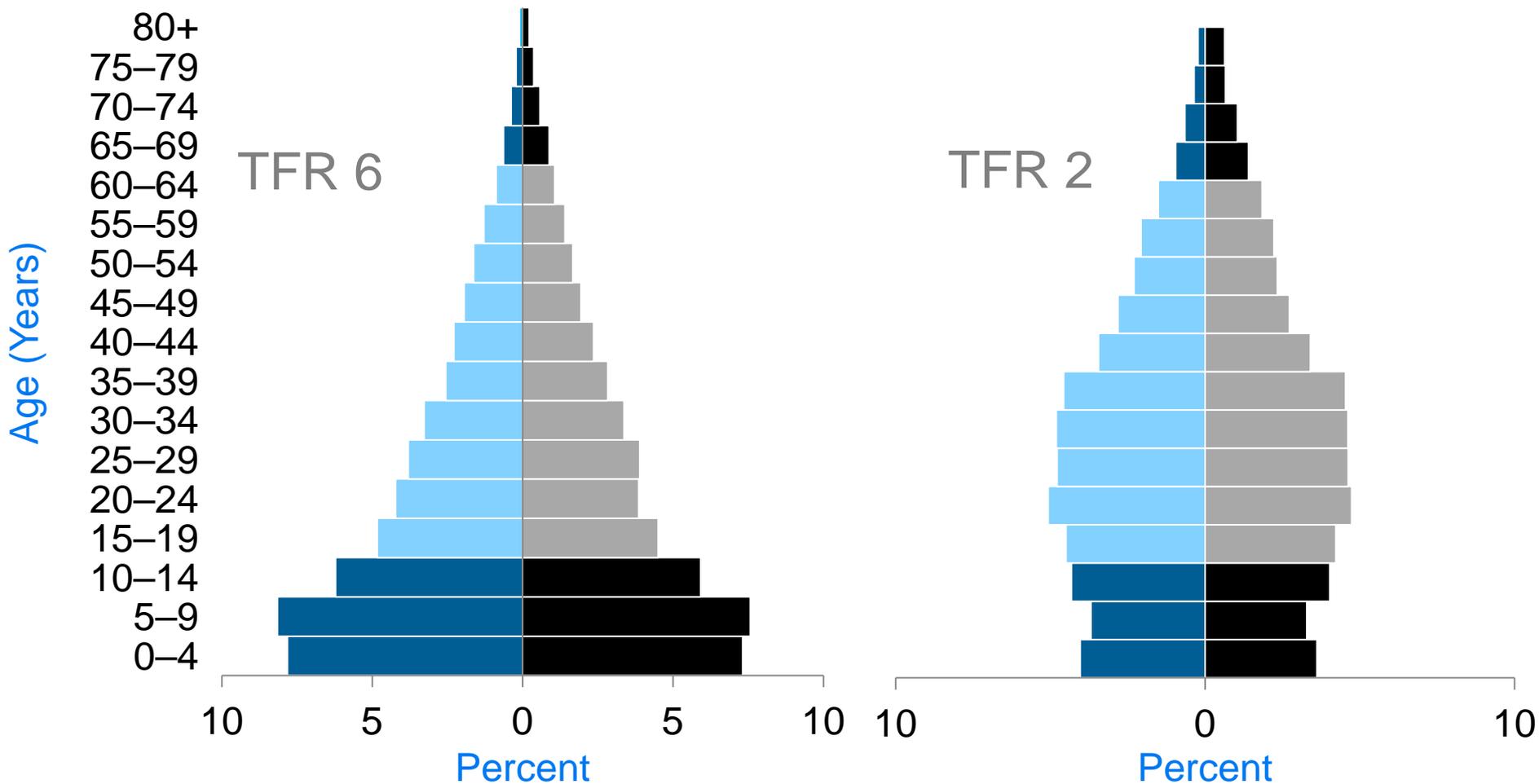
Source: United Nations, *World Population Prospects: The 2010 Revision;* World Bank. 2012. *World Development Indicators.* http://data.worldbank.org/data-catalog/world-development-indicators; accessed 13 November 2012.

Demographic Dividend =

Population Change +

Social and Economic Policies

What Worked in East Asia

- Emphasis on education (especially secondary+)

- High savings rates

- Secure financial system

- Openness to trade

- Flexible labour market

Social and economic policies are required to

- Build human capital

- Increase gender equity

- Stabilise the financial sector

- Improve transparency and governance

Governments such as Ghana's need to start investing in all of these policies—in addition to family planning—to be ready when the demographic window opens.

What Is Needed

- Review and strengthen the management and coordination of family planning programmes

- Develop a comprehensive strategy for improving access, quality, and utilisation of family planning services

- Improve messaging, making it more responsive to the fears and concerns of target groups and communities, and, in doing so, pay special attention to the needs of women, children, and adolescents

- Increase national ownership of family planning programmes

What Can You Do?

- What do we want target group to do?

- List calls to action

Ghana

Effective Population Management for Better Quality of Life

THANK YOU!

This presentation was developed with support from the Health Policy Project.