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How Africa Can Build a Future Free from Hunger and Malnutrition



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GHANA



CASE STUDY



In 2008, Ghana was ranked among the 36 countries in the world with the highest burden of chronic childhood undernutrition.¹ However, the reduction of undernutrition levels since then has been substantial compared to other countries in West Africa. In 2006, Ghana was the first African country to achieve the target of cutting the proportion of the population living in extreme poverty by half, and by 2015 had halved the number of hungry people. This is backed up by the GHI score, which decreased from 30 to 14 between 2000 and 2016. Ghana also made significant progress in reducing the proportion of stunted, wasted, and underweight children during the same time.²

INSTITUTIONAL REFORMS

In Ghana, nutrition is well-integrated in the government's policy agenda, led through the Ministry of Health. However, instead of a national-level coordinating body specific to nutrition providing leadership on tackling malnutrition, it was the National Development Planning Commission (NDPC)—a body with oversight of all facets of development in Ghana—that ensured successful implementation and monitoring and evaluation of the National Nutrition Policy. From 2000, under President Kufuor, several health policies and regulations related to nutrition, including the Breastfeeding Promotion Regulation (L11667), Food and Drugs Law (Public Health Act 851 of 2012), Vitamin A Policy, Anemia Strategy, and Infant and Young Child Feeding Strategy have been enforced.³

POLICY AND PROGRAMMATIC INTERVENTIONS

Nutrition is well-integrated in government programs⁴ and clearly highlighted in human development objectives under government policy frameworks such as the Ghana Poverty Reduction Strategy (GPRS I) issued in 2003, the Growth and Poverty Reduction Strategy (GPRS II) for the period 2006–2009, and the Ghana Shared Growth and Development Agenda (GSGDA) for 2010–2013. Although the policies have been largely donor-driven, the government has provided policy backing, personnel, facilities, and logistical support for their implementation. Based on strategic recommendations from the pilot programs, the government, in collaboration with development partners, scaled up interventions to other parts of the country. In 2011, Ghana joined the SUN Movement.

A multisectoral approach bringing together the Ministries of Health, Education, and Agriculture has been shown to be successful in malnutrition reduction.⁵ In 2008, a five-year Integrated Malnutrition, HIV/AIDS and Tuberculosis (TB) Prevention and Control project to reduce childhood illness and death was implemented in central and northern Ghana. The project's goals were to improve household food security and diet quality for children and families, access to quality health services, and a healthy environment and to support communities and institutions implementing programs to address malnutrition. Between 2009 and 2012, stunting rates decreased from 43 to 25 percent, exclusive breastfeeding increased from

63 to 75 percent, consumption of animal-source foods among young children increased from 43 to almost 60 percent, iodized-salt intake increased from 48 to 53 percent, and among pregnant women there was an increase in iron supplement consumption from 77 to 99 percent.

Another project, Nutrition Links,⁶ aims at improving the health and economic well-being of vulnerable rural populations in the Upper Manya Krobo district (Eastern Region) of Ghana. The project develops small poultry businesses for egg production, home gardens, and weekly group meetings promoting nutrition and health education among women and their children. Technical assistance is available each week to address concerns about poultry health, productivity, and egg marketing as well as the community gardens. Before the program started, only 16 percent of all children had consumed eggs in the previous 24 hours; after the intervention, 27 percent of children had consumed eggs in the previous 24 hours.

A positive change in egg consumption over time was more common among children of project beneficiaries (24 percent) compared to those of non-beneficiaries (12 percent). The project highlights that integrated financial, agriculture, and education interventions can improve young children's diets by increasing maternal income from small businesses, which can be used to purchase nutrient-rich foods, and expanding access to home-raised animal-source food products, such as eggs and milk.

In 2009, under a program called KOKO Plus,⁷ a food supplement containing amino acids was added to koko—a porridge made from fermented corn—during cooking, providing additional nutrients for children. Koko is a traditional complementary food in Ghana. However, the levels of protein and micronutrients in traditional koko do not meet WHO's nutrient requirements and dietary recommendations. Results of a pilot study have shown that KOKO Plus was effective in preventing stunting. Moreover, a comparison of hemoglobin levels between children who received the product and ones who did not revealed that KOKO Plus is also effective in preventing anemia.

These interventions show that Ghana can substantially reduce undernutrition by improving the quality of diets for children and families and facilitating access to improved education on health and nutrition. The multisectoral approach involving the agriculture, health, and education sectors should be sustained and the private sector more actively involved. However, spending on agriculture does not yet meet the government commitment of 10 percent set out in the Malabo Declaration and weak access to improved sanitation facilities continues to obstruct better nutrition outcomes.¹

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¹ Black et al., "Maternal and Child Undernutrition: Global and Regional Exposures and Health Consequences."

² United Nations in Ghana, MDG 1: Eradicate extreme poverty & hunger, accessed 11 July 2017, <http://gh.one.un.org/content/unct/ghana/en/home/global-agen-da-in-ghana/millennium-development-goals/mdg-1-eradicate-extreme-poverty-and-hunger.html>.

³ A. B. Ghartey, "Nutrition Policy and Programs in Ghana: The Limitation of a Single Sector Approach," Health, Nutrition and Population Discussion Paper no. 69370. World Bank, Washington, DC, 2010.

⁴ National Nutrition Policy 2014–2017, accessed 10 June 2017, <https://extranet.who.int/nutrition/gina/sites/default/files/GHA%202013%20National%20Nutrition%20Policy.pdf>.

⁵ World Vision, "Working Together for Healthy Mothers and Children in Ghana," Impact Ghana (2014), <http://www.wvi.org/sites/default/files/GhanaReport%20final%20print.pdf>.

⁶ G. S Marquis, et al., "Improving Children's Diet and Nutritional Status through an Agriculture Intervention with Nutrition Education in Upper Manya Krobo District of Ghana," The FASEB Journal 31, no. 1 Supplement 455.8 (2017).

⁷ Ajinomoto Group Nutrition Improvement Project, accessed on June 10, 2017, https://www.ajinomoto.com/en/activity/csr/pdf/aji_ghana_en.pdf.