**OHCHR STUDY ON CHILDREN’S RIGHT TO HEALTH-HUMAN RIGHTS COUNCIL RESOLUTION 19/37**

1. **Please provide information on the main health challenges related to children in your country.**

Ghana has adopted the WHO definition for health, which defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The 1992 Constitution of Ghana prioritizes children’s rights. Article 28(5) of the 1992 Constitution defines a child as a person below the age of eighteen (18) years. Article 28(4) provides: “No child shall be deprived by any other person of medical treatment education or any other social or economic benefits by reason only of religious or other beliefs”.

The health and developmental needs of children differ at different stages in life, even though some of these needs may overlap. For this reason, challenges faced by children in Ghana will be categorized into under fives (birth to 5 years); school health (5 to 15 years); and adolescent health and development (10 to 19 years).

Infants and children are vulnerable, and prone to illnesses such as malaria, anemia, malnutrition and dehydration, and severe diarrhea which are major causes of childhood mortality in Ghana[[1]](#footnote-1). Morbidity and mortality rates among young children remain high in Ghana, despite the show of a decrease by Ghana Demographic and Health Survey (GDHS) from 1988 to 2008. According to the 2008 Ghana Millennium Development Goals Report, although evidence shows that there has been significant reduction in both infant and under-five mortality rates in recent times, it is unlikely that the 2015 target of reducing the child mortality rates will be achieved unless there is an effort to scale-up and sustain the recent child survival interventions which have brought about the current improvement.

The main health concern of children between ages of 5 and 15 years, who are mostly in school is poor health. Many Ghanaian children have poor nutrition, worm infestation, accidents, injuries, poor vision, hearing problems, etc. 28% of Ghanaian children are stunted. These and also non-use of iodated salt, do not only affect the physical development of Ghanaian children but also their educational achievement since they lead to absenteeism and a reduction in active learning capacity.

Despite the notion that most adolescents are healthy because they show low levels of illnesses and deaths as compared to younger children and adults, the GDHS and other studies have revealed a magnitude of sexual and reproductive health problems of young people. Besides the issue of reproductive health, children between 10-19 also face the challenges of use narcotics and psychotropic substances as well as cigarette smoking and alcohol, poor nutrition, endemic diseases mainly malaria.

1. **Please provide information on national policies, strategies and plans of action for addressing the priority concerns and challenges identified in question 1.please include information as to whether the child’s right to health, including the right to health care, is explicitly referred to in existing policies, strategies and plans of action.**

Policies, programmes and projects in Ghana are often expressed in the form of national development policy frameworks or plans around which national and development partners’ efforts are coordinated. The most recent underlining frame work from which various interventions have been implemented over the years to improve child survival and development is Medium-Term National Development Policy Framework: Ghana Shared Growth and Development Agenda (GSGDA), 2010-2013. Apart from the GSGDA there are other policies and programmes developed to protect and promote children’s right to health. These include the Early Childhood Care and Development Policy, National Health Insurance Scheme, Expanded Programme on Immunization in Ghana, Reproductive Health Strategic Plan,Adolescent Reproductive Health, HIV/AIDS and Mother to Child Transmission, Integrated Management of Childhood Illness Strategy, and Ghana School Feeding Programme among others.

Children’s rights issues including the right to health care have been outlined in these policies and strategies measures are designed to tackle them.

1. **Please indicate what role schools have in promoting children’s right to health. Is health promotion included in the school curricula?**

In 1992, the Ministry of Health (MoH) and Ministry of Education (MoEdn) jointly initiated the School Health Education Programme (SHEP). MoEdn was given the lead role with MoH providing technical support. The goals of SHEP, based on policy Goals for education delivery in Ghana[[2]](#footnote-2) were to:

1. “Promote and inculcate the values of good health and environmental sanitation in schools and institutions of higher learning” (Goal 4);
2. “Identify and promote educational programmes that will assist in the prevention and management of HIV/AIDS” (Goal 9).

This was in recognition of the central role schools must play in ensuring that children are healthy and that good health increases enrolment, reduces absenteeism and brings more of the poorest and most disadvantaged children to school[[3]](#footnote-3)

Schools under these goals are broadly expected to provide skills-based health education, school health services, water, sanitation and HIV/AIDS preventive education. Specifically, students and pupils gain knowledge and skills through the basic school curriculum and co-curricular activities to make informed choices for healthy living.

Health personnel, teachers and other stakeholders provide screening. De-worming, promotion of the use of iodized salt in schools as well as training for school food vendors in food hygiene and nutrition are available for basic school children.

Other facilities are: provision of potable water and water harvesting facilities, institutional latrines/toilets and hand washing facilities for schools; and the provision of one hot nutritious meal to primary school children in targeted deprived communities using locally grown foodstuffs under the Ghana School Feeding Programme (GSFP). Despite these provisions to targeted public schools, CHRAJ monitoring visits over the years have revealed that these facilities are inadequate owing to the large size of student populations in the public schools.

Poor sanitation poses a major challenge to the health of the students. Annual monitoring by the Commission revealed that, only a few schools are in good sanitary conditions. Some schools without toilet facilities use public toilets nearby. These are unhygienic thereby forcing some students and teachers to ease themselves in bushes around thier school compound.

Lack of health facilities were noted in most schools. First aid boxes are available in almost all schools but are not well stocked. Furthermore, very few schools had regular nurses attending to the students while majority use the public health facilities.

Under SHEP health issues covered in the curriculum include: personal hygiene, environmental sanitation, the nutritional needs of individuals, avoiding diseases associated with contaminated food, food hygiene, water-borne diseases, adolescent sexual reproductive health, STD, HIV/AIDS, adolescent pregnancy, abortion, female genital mutilation, pre-marital sex, drug and substance use and abuse, rape and sexual abuse, good grooming, accidents in the home and the school and child labour[[4]](#footnote-4).

The coverage of these health topics by some schools according to research[[5]](#footnote-5) was less than required by the national policy guidelines. Reasons for this shortfall included inadequate materials, especially instructional materials, and the variations in the knowledge and competence of health promoters at local schools due to training.

1. **Please provide examples of good practices undertaken to protect and promote children’s right to health, particularly in relation to children in especially difficult circumstances.**

CHRAJ in its annual State of Human Rights Report,2010 noted the implementation of the High Impact Rapid Delivery (HIRD) by the Health sector focusing interventions on safe motherhood, child survival and malaria, HIV/AIDS control as some of the measures directly impacting positively on children’s right to health in Ghana.

Other national strategies including the Ghana strategic Plan in Health and Development of Adolescent and Young People 2009 -2015, under 5 children health Strategy and the Guidelines for the provision of school health services have been effective in improving awareness of infant and maternal health.

Health institutions across the country regularly embark on community based public education including daily interactions on health tips with patients at OPD of hospitals and polyclinics. Although these interventions have made significant difference, current levels of maternal and infant deaths in the country continue to be relatively high.

1. **Please indicate what the main barriers are when trying in implement policies on children’s right to health.**

Lack of resources and logistics are some of the main constraints when implementing policies on children’s right to health. Socio-cultural factors and religious beliefs have also caused a few parents to resist immunization of their children.

1. The Health Sector in Ghana Facts and Figures 2010 access date 26-07-2012, http:/www.moh-ghana.org/Uploadfiles/Publications/GH%20and%20 Figures%2020\_22APR2012.pdf [↑](#footnote-ref-1)
2. National Action Plan Education For All: Ghana 2003-2015 [↑](#footnote-ref-2)
3. Vol.18 No. 2 July 2003 Journal of Social Development In Africa, Schools and health: a district-level evaluation of school health education in Ghana, Samuel Adu-Mireku [↑](#footnote-ref-3)
4. ibid [↑](#footnote-ref-4)
5. Ibid [↑](#footnote-ref-5)