

ALLIANCE FOR REPRODUCTIVE HEALTH RIGHTS (ARHR)



END OF YEAR REPORT 2016

ACRONYMNS AND ABBREVIATIONS

ALBA	Accountability Loop Budget Advocacy ARHR
ARHR	Alliance for Reproductive Health Rights
CSOs	Civil Society Organizations
EmONC	Emergency Obstetric and Newborn Care
LNGOs	Local Non-Governmental Organizations
MoH	Ministry of Health
MPs	Members of Parliament
NGOs	Non-Governmental Organizations
NHIS	National Health Insurance Scheme
SDGs	Sustainable Development Goals
PHC	Primary Healthcare
UAHCC	Universal Access to Healthcare Campaign
UHC	Universal Healthcare Coverage
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
SEND	Social Enterprise Development Foundation of West Africa
GNA	Ghana News Agency
MAF	Millennium Development Goals Accelerated Framework

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FROM THE EXECUTIVE DIRECTOR

On behalf of the Advisory Board and staff of the Alliance for Reproductive Health Rights (ARHR), I present to you highlights of the organization's projects and activities for the year 2016.

In line with ARHR's commitment to the ICPD and the SDGs, our new strategic plan (2016-2019) was finalised to reflect the ICPD Programme of Action 2030 agenda for sustainable development.

Under the ALBA Project, members of the project led by ARHR engaged with Parliamentarians from the 10 deprived districts and advocated for MPs the provision of basic emergency obstetric equipment or supply to deprived districts. A total of 8 MPs from both the select committee on health and those in whose districts the EmONC assessment was undertaken signed pledge forms to ring fence part of their NHIS fund to provide at least one basic equipment or supply for maternal and newborn care in a health facility within their constituencies.

Under the Universal Access to Healthcare Campaign (UAHCC), ARHR continued to advance its cause of contributing to universal healthcare coverage in Ghana. In 2016, the UAHCC submitted a Proposal to the NHIS Technical Review Committee that reviewed the NHIS and used the CSOs Health Manifesto to engage with Representatives of Political Parties towards the 2016 General Elections. The Campaign also commemorated World UHC Day in four regions.

ARHR participated in the Joint Learning Network for Universal Health Coverage meeting in Putrajaya, Malaysia under the theme "building strong systems to achieve universal health coverage where we gained new insights from countries which have strengthened their health systems by emphasising PHC.

ARHR is grateful to its management, staff, members of the Alliance and its numerous partners for their support during 2016.

Signed

Vicky T. Okine

ABOUT ARHR

Alliance for Reproductive Health Rights (ARHR) is a Ghanaian NGO promoting rights-based approaches (RBA) and gender equity approaches to Sexual and Reproductive Health (SRH). The ARHR is made up of various groups and organizations engaged in SRH rights in Ghana. The ARHR has a multi-tier structure comprising of over 40 implementing NGOs (LNGOs), 3(three) Zonal coordinating NGOs and a Secretariat. By adopting a three-pronged approach (advocacy, capacity-building and research) ARHR works to protect the interests of Ghanaian people, especially women and young girls, at regional, national and international levels.

Our Mission

ARHR works to promote, defend and protect rights of women and their newborns, and adolescents to the best quality of health care through evidence based advocacy on gaps between policy and practice in the Ghanaian health system. ARHR also seeks to empower communities to hold government accountable for responsive and equitable health care delivery (or health system).

Vision

Our vision is a society in which the sexual reproductive health rights of all people - especially vulnerable groups such as the poor, marginalized and women of reproductive age - are protected and fulfilled irrespective of socioeconomic status, gender or race

Our Core Values

ARHR believes in SRHR equality for all, particularly women and young girls and work to achieve them under the core values of gender equality, mutual respect, equal participation, consensus building, equity, transparency and accountability, community sovereignty and empowerment

ENSURING EQUITY IN ACCESS TO HEALTHCARE SERVICES

Universal Access To Healthcare Campaign (UAHCC)

Following the end of the first phase of its implementation (2011-2015), the Universal Access to Health Care Campaign (UAHCC) was relaunched in 2016 with the overall goal to advocate for legislation and commitment on quality and accessible universal healthcare for all by 2030. The campaign is committed to achieving universal health coverage in Ghana under the Sustainable Development Goal (SDG) 3. It is supported by Oxfam Ghana and has a combined national reach of over 500 health-related organizations extended through the 10 regions in Ghana. The Alliance for Reproductive Health Rights (ARHR) is the host organisation working with a network of local NGOs, including, the Coalition of NGOs in Health, ISODEC and SEND Ghana. During the period under review the ARHR undertook a number of activities.

Submitted a Proposal to NHIS Technical Review Committee that reviewed the NHIS in 2016

The campaign was invited by the NHIS Technical Review Committee to submit a proposal on our recommendations for an improved, financially sustainable NHIS. The campaign received some support from Oxfam Ghana, to organise a forum to validate and make inputs into the initial research that the campaign put together. The forum was also used to celebrate World Universal Health Coverage (UHC) day. The celebration also took place in Elminia (Central Region), Wa (Upper East) and Takoradi (Western Region).

Developed, Launched and Engaged with Representatives of Political Parties

The campaign during the year under review developed and engaged representatives of political parties to sign pledge cards ahead of the 2016 General Elections. The following political parties were engaged: Convention People's Party (CPP), National Democratic Party (NDP), People's National Convention (PNC), and Progressive People's Party (PPP). Effort to meet the National Democratic Congress (NDC) and the New Patriotic Party (NPP) was not possible as different dates were fixed but they were not available to meet us.

The Campaign produced the Health Manifesto, Manifesto Pledge Cards, Stickers, Campaign Review Report and Policy Briefs. These materials were disseminated across the regions where

the campaign marked the international day for UHC. Knowledge of UHC has increased and there is media recognition of UHC as the campaign is called upon to respond to health issues especially concerning the NHIA.

World UHC Day Greater Accra: Highlighting health financing in Ghana

In December 2016, a roundtable forum discussion was organised by the coordinating core agencies. The coverage and viability of the NHIS as a health financing scheme aimed to achieve universal access, was interrogated. Among other things, the Campaign Coordinator, Archibald Adams petitioned the government of Ghana to address issues concerning funds owed to the National Health Insurance Authority (NHIA) and its failure to cede NHIA levy funds into National Health Insurance Fund (NHIF). The team advocated for government to increase its budgetary allocation to the NHIS and prioritise primary healthcare delivery in Ghana by equipping CHPS compounds with the requisite resources. Requests were also made to localise the Sustainable Development Goal three (3) and five (5) into Ghana's mid-term development frameworks (2017-2018) and costing plans of all metropolitan, municipal and district assemblies (MMDAs).

World UHC Day Upper East: Route March highlighting relevance of UHC

In December 2016, the UAHCC supported the Upper East Coalition of NGOs, to organise a route march to commemorate UHC Day 2016. Among the fifty (50) participants that marched, were men and women, including community members, farmers, traders, students, artisans and the market women. After the march, the Regional Coordinator of the Campaign, Mr. Abagmbire Thomas, commented on the value of the NHIS to Universal Health Care in Ghana. He urged the government of Ghana to establish pragmatic measures to make the NHIS more efficient. The event was attended by the Chief Director of the Upper East Coordinating Council, Alhaji Abdulai Bukari, who keenly expressed an interest and commitment to share the concerns raised with the new Regional Minister and the Health Minister.

Western Region: Screening Exercise to commemorate UHC Day 2016

In collaboration with the UAHCC, the African Women International (AFWI) organised the 2016 UHC Day event in the Western Region. The aim of the event was to empower and educate women to take their health seriously and be proactive in the management of their health issues. A

screening camp for HIV&AIDS, diabetes, blood pressure and malaria was opened to the public. Two hundred (200) women and men from 20 districts benefited from the screening. Major cases were referred to health facilities in Takoradi, the Regional Capital. The Executive Director of the AFWI, Mrs Victoria Araba Dennis encouraged female participants to regularly visit health facilities for routine check-ups.

Media engagement

During the period under review, the team pursued active media engagement. Two (2) television interviews and six (6) radio interviews were successfully organised between October 2016 and November 2017 to discuss issues raised in the Health Manifesto and how Ghana can achieve UHC. Some media organisations engaged included: TV3, GTV, Uniq FM and Starr FM. Furthermore, the team pursued regular publication to Daily Graphic and The Chronicle.

ACCOUNTABILITY LOOP BUDGET ADVOCACY (ALBA) PROJECT

In January 2015, the World Health Organisation (WHO) constituted a Ghana Country team to participate in an Accountability Loop Budget Advocacy (ALBA) project. The Ghana team comprised representatives of the Parliamentary Select Committees on Finance and Health, the country office of WHO, Ministry of Finance, Ministry of Health, Ghana Health Service, the Media (GNA) and two civil society organisations – SEND Ghana and ARHR. The project advocated for MPs to ring fence a percentage of their National Health Insurance Scheme allocation to support maternal and newborn health.

To provide the evidence-base for our advocacy, an assessment was conducted in a main health facility (one that receives the highest number of clients for maternal and child healthcare) in each of the 10 deprived districts selected for the project. The purpose of the assessment was to identify gaps in the provision of quality maternal and newborn health care, including emergency care.

The ALBA team organized a meeting with a section of members of Ghana's parliament (MPs) to discuss and share findings of the EmONC assessment undertaken in the 10 project districts and secure their support in addressing gaps identified during the assessment. The parliamentarians invited comprised those in whose districts the ALBA team had conducted the assessment as well

as those who were members of the Parliamentary Select Committee on Health. A total of 18 MPs honored the invitation. Representatives of the ALBA member organizations were also present. The Parliamentary Press Corp was also present to cover the event. The meeting was held at Ghana's Parliament House and chaired by the honorable chairperson of the Parliamentary Select Committee on Health, Hon Joseph Yileh Chireh.

Some MPs the ALBA team engaged responded positively to use part of their NHIS fund to provide needed equipment or supply for a facility located in a deprived district in Ghana. A total of 8 MPs from both the select committee on health and those in whose districts the EmONC assessment was undertaken signed pledge forms to ring fence part of their NHIS fund to provide at least one basic equipment or supply for maternal and newborn care in a health facility within their constituencies.

ENHANCING ACCESS TO EQUITABLE AND QUALITY PRIMARY HEALTH CARE

ARHR entered into a partnership with PAI in 2016 to act as lead CSO convening agent of a coalition of in-country partners working collaboratively to advocate for primary health care in Ghana. During the period under review, ARHR undertook three major project inception activities towards advocating for increased access to equitable and quality primary healthcare services in Ghana.

Stakeholder engagements on Primary health care

ARHR convened a meeting with key stakeholders in health to discuss and share lessons and experiences on PHC advocacy in Ghana. It brought together seasoned health experts from the Ghana Health Service, the School of Public Health and CSOs. Ghana's appreciation and understanding of PHC in the health policy environment and how it is applied in health delivery was also explored. Also discussed were issues to be considered in advocating for strengthening primary healthcare in Ghana towards improving access, quality and equity.

Stakeholder mapping and analysis was conducted to identify a core group of CSOs and media partners to support the advocacy objectives and activities. This was followed by an In-Country meeting of core group of CSOs and media partners to develop a CSO PHC advocacy strategy. The meeting offered ARHR an opportunity to solicit commitment from partners on advocacy for

PHC as well as developed and agreed on an advocacy framework with a monitoring and evaluation strategy for implementation by CSOs.

Building strong Systems to Achieve Universal Health Coverage

ARHR participated in the Joint Learning Network for Universal Health Coverage meeting in Putrajaya, Malaysia under the theme “building strong systems to achieve universal health coverage. The Global meeting was designed to build a network of sharing and creating opportunities for learning around the successes and challenges of implementing health financing and service delivery to expand coverage and promote primary health care oriented service delivery.

Overall, the Joint Learning Network meeting was a useful learning experience. ARHR gained new insights from countries which have strengthened their health systems by emphasizing PHC. Malaysia for example shared on how they were spending less on healthcare and hospital care now because the country was investing more in PHC. Ethiopia also shared similar experiences. Other useful learnings learnt included:

- Working in partnership with others is key accessing more resources. In Nigeria for example, formation of an inter-sectoral group around universal health coverage led to an increase in the budget for the sector.
- In Uganda, the core agenda for UHC is driven by good leadership and inclusivity.
- Turkey is implementing a Family Medicine scheme and a community health care centres approach which is responsible for environmental and community health which provides preventive and primary care to populations. The model is based on a contractual relationship between Family Medicine and the Ministry of Health. It is results focused and involves performance based payments for family physicians. There are lessons for Ghana from Turkey’s emphasis on performance based payments.
- Primary health care systems in most countries are weak and suffer from interlinked failures. These failures include numerous and fragmented public and private actors with weak coordination mechanisms and little accountability and leadership provided by government for PHC.

- PHC is chronically under resourced and not prioritized in many countries although strengthening PHC systems can lead to a cost effective and equitable healthcare system in most countries.
- Monitoring and evaluation systems for primary health care are weak in most countries.