

Watch

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Tracking expenditure as a measure of public accountability:

Where is money really being spent, and to what end?

The national budget is an important tool in measuring the Government of Ghana's (GOG) commitment to improving social, economic and political issues. Tracking health expenditure against promises is therefore one of the most powerful ways of keeping the Government accountable. By keeping informed of where, how and why money is being spent, citizens of Ghana can take matters into their own hands to ensure child and maternal health is a national priority. This article, which is based primarily on information published by UNICEF and ISODEC in 2011, highlights some concerning trends in health expenditure across Ghana.

The Government's health expenditure against the total budget in 2012 was 17.4%, a rise from 15.2% in 2011. Although this is a nominal increase, a breakdown of the GOG health budget for 2010 shows that over 94% was spent on wages and salaries, with only 2%, 1.8% and 1.7% allocated to health investment, services and administration respectively. Although much of this was compensated for by donor funds, which account for

approximately one fifth of budget allocation to the health sector, the failure of the GOG to provide sustainable funding solutions to health initiatives is worrying.

A 2010 independent health review of the Ministry of Health found that even though Ghana has seen a reduction in the under-five mortality rate nationwide, this has been significantly greater in the highest wealth quintile. For instance, in 2008 the lowest income earner groups in Ghana recorded 103 deaths out of 1000 live birth, compared to 60 deaths per 1000 in the highest quintile. Similarly, an analysis of the 2010 budget revealed that although funding for health centres was almost even across Ghana, hospital expenditure was regressive, favouring those in the upper quintiles who could afford payment for health care. The quality of care and services available to low income earners is thus much poorer than those in high income groups, creating a startling health inequity between socioeconomic groups in Ghana. (Story continued on Page 4)

From the Executive Director's Desk

Hello and welcome to ARHR's bi-annual newsletter, *Reproductive Health Watch*. In this edition, we focus on accountability in the reproductive health sector and the ways in which all Ghanaians - whether they be individuals, organizations, businesses, health providers or politicians - can play a role in improving health rights.

"We hope that this edition inspires you to take action and demand for your health rights"

Despite Government commitments and health policies, progress in sexual and reproductive health has been mixed, with Ghana lagging in efforts to meet the Millennium Development Goals by 2015. An analysis of expenditure across the health sector in our front page article provides insight into some of the issues continuing to plague Sexual Reproductive Health (SRH) rights. This highlights the need for rigorous tracking of health initiatives to make sure they are delivering the right outcomes.

Building on the theme of accountability, this newsletter also features an interview with the acting Director General of the Ghana Health Service, Dr Frank Nyonator.

"Get involved and get activating!"



In this interview, we ask Dr Nyonator about some of the issues raised in our budgetary analysis, as well as the future priorities of the health sector in the lead-up to the December election. We also check it with one of our partners, the *Young and Lonely Foundation*, whose programmes are helping adolescents understand and protect their rights to health information and services. We hope that this edition of *Reproductive Health Watch* inspires you to take action and demand for your health rights. Although there are many different bodies working in SRH, it is up to every individual to play their role in building a better Ghana. Get educated, get involved and get advocating!

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Executive Director, ARHR



Child and Maternal Health: Six months at a Glance

April

10th – ARHR, in collaboration with the Mission of Hope for Society Foundation and the Ghana Health Service, releases the results of 2011 research in the Bongo district indicating high rates of teenage pregnancy and illegal abortions

30th – The Young and Lonely Foundation (YLF) and ARHR hold a march through the streets of Agona Swedru for peaceful December elections and improvement to sexual reproductive health access in Ghana

May

4th – ARHR, in collaboration with the White Ribbon Alliance, the University of Southampton and other partners, launch the *Atlas of Birth*, a comprehensive guide on the national picture of maternal health

5th – International Day of the Midwife celebrates 20 years

15th – *Save Us*, a quarterly advocacy journal highlighting reproductive health issues in Ghana launched by the Media Action Team for Reproductive Health

June

8th – Maternal health provision in Upper East Region scales up from 31 per cent over the last five years to 70 per cent through the hard work of health professionals

10th – Greater Accra Region records an increase in maternal deaths, from 163 in 2010 to 242 in 2011, generally attributed to the lack of access to emergency obstetrics care

July

11th – The Akyempimhene, Oheneba Adusei Poku, expresses worry about the high incidence of maternal deaths in the Ashanti region, saying it is unacceptable to see women die in the cause of childbirth, given the advances in technology and modern health care

August

10th – The Minister of Health Alban Bagbin observes that the Ministry has seen a lot of infrastructural developments and improvements in child and maternal services during the tenure of the late President of Ghana, Prof. Evans Atta Mills

20th – As part of its safe motherhood strategy, the Ghana Health Service, with funding from Venture Strategies Innovations, conducts a nationwide pilot program to distribute Misoprostol to expectant mothers. The drug is expected to help with the Prevention of Postpartum Hemorrhage (PPH), the main cause of maternal mortality

September

4th – Ghana ranks 41st on the world mortality rate index, according to the CIA World Fact Book

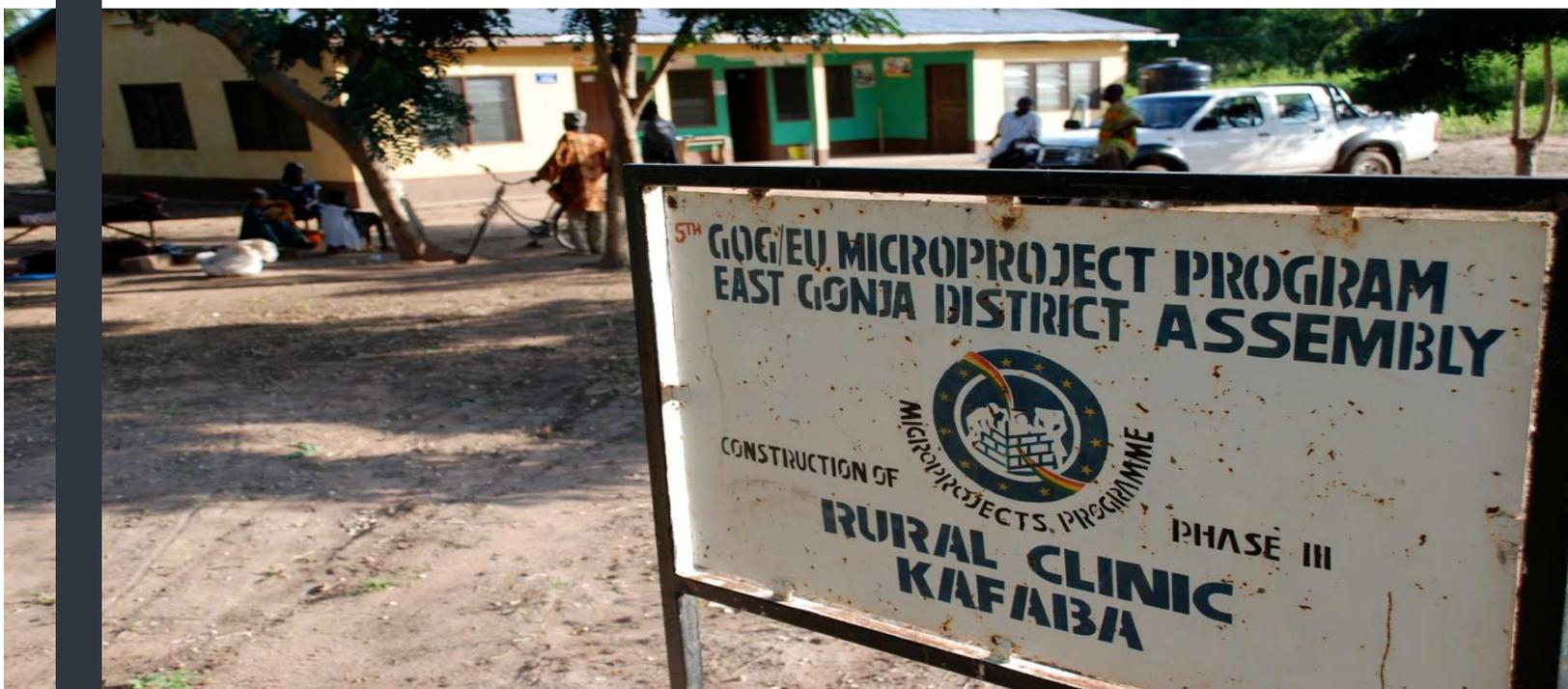
Tracking expenditure as a measure of public accountability...

For example, a 2010 Ministry of Health report found that the rate of skilled delivery in Greater Accra was quite high, at 84.3% of all births. However, when compared to the Northern Region, at 27.2%, it is clear that some areas of Ghana are afforded a much higher level of health care. Similarly, 43% of all medical doctors are centered in Greater Accra, with only 4% operating in the Northern, Upper East and Upper West Regions.

It is widely agreed that the National Health Insurance Scheme (NHIS) could be used to counter this growing division between Ghana's wealth quintiles. The scheme, however, has been met with challenges and much criticism. The most serious of these challenges is that the NHIS, whilst constituted by levies from all citizens, excludes lower income earners because of their inability to afford annual premiums. Under these circumstances, the poor are supporting the NHIS, yet are not able to access it.

If the NHIS is to be an effective strategy for reducing healthcare divisions in Ghana, measures need to be taken to ensure it is accessible and equal across all wealth quintiles.

Based on the information published by UNICEF and ISODEC (2011), it is clear that whilst the GOG has made a budgetary commitment to improving child and maternal health across Ghana, the way in which this money is being spent raises many questions. Further, alarming trends in the division between the upper and lower wealth quintiles reveal a serious need to address inadequacies in the NHIS. This responsibility, however, cannot be assumed by the GOG alone. Citizens must empower themselves with information that can be used to push from promises to action. It is according to this theme that the information presented in this article has been used as the basis for the Q&A with the Director-General of the Ghana Health Service on page seven of this newsletter.



Ghanaian NGO helping young people to find their voice



Established in 1999, the Young and Lonely Foundation (YLF) has been educating and empowering children, young adults, communities and schools on health issues across Ghana for over ten years. In collaboration with the ARHR, the Ghana Health Service (GHS), District and Municipal Assemblies and other stakeholders, the YLF is improving the health lifestyles of Ghanaians through a variety of youth-focused initiatives.

The Executive Director of the YLF, Mr. Gilbert Germain, says the key to building a healthier Ghana is educating children and adolescents on what basic health rights are and what steps they can take to protect them. He says the YLF has worked with over 10,000 young Ghanaians to increase their awareness on a range of health issues, including family planning, malaria, nutrition and good sanitation practices.

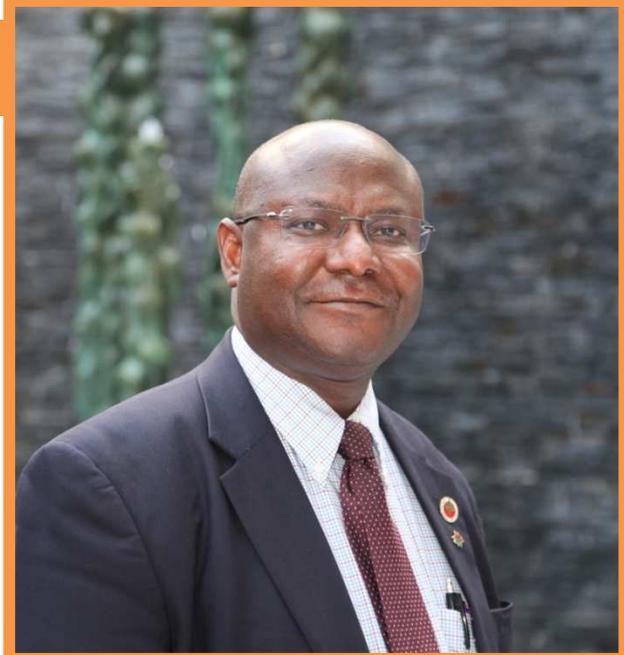
“The YLF has facilitated a series of support circles for adolescent peer educators, drama and puppetry groups, mothers, father and the wider community to address the gaps in adolescent health services”, Mr. Germain said. “Various platforms for community dialogue have also been organized to help young people demand their health rights from stakeholders, as well as call-in radio programmes on local community radio stations to help adolescents find their voice on health issues”.

Other achievements of the YLF include health festivals, education sessions with school children and community support measures for health minorities, such as those suffering from vision or hearing impairments.

“By helping young Ghanaians to adopt healthy lifestyle habits and understand the commitments that have been made to them, the YLF is helping future generations know their rights and how to protect them”, Mr. Germain said.

Although the work of the YLF has seen some impressive results, the Executive Director also said the Government’s commitment to maternal healthcare has not been encouraging. Due to population growth over the past few years, the national budget allocation has been in decline.

“The YLF is helping young people understand and advocate the need for investment in family planning, community health centres and CHPS compounds, as well as ensuring regular reviews and audits of health care services to generate evidence for pathways to improvement”, he said. “Events, programmes and support measures organized by the YLF help remind young people, their communities, the Government and stakeholders that health is the responsibility of all”.



One of the most important methods of accountability that individuals, organisations, NGOs, CSOs and businesses can adopt is tracking Government promises against the delivery of health outcomes. ARHR's Communications Officers, Archibald Adams and Holly Reid, conducted an interview with the Acting Director-General of the Ghana Health Service, Dr. Frank Nyonator, to make sure the Government of Ghana is on track to achieving its goals.

“What are the priorities of the Government with regards to the health sector in the lead up to the elections?”

Our priorities include improving access to healthcare, providing services that are equity based and targeting specific areas we do not seem to be doing very well in, including mental, maternal and child health and other diseases. Our priority is getting more geographical access to healthcare bridged for communities. Towards the election, we need to send services to the remotest parts of the country so we are focused, together with the local Government ministry, on rolling out service delivery. Many people thought the NHIS was going to be a solution to Ghana's health needs, but it looks like it has its own challenges.

“What is the Government doing to help strengthen resources and bridge the gap in access to and affordability of healthcare?”

The purpose of the NHIS was to make sure we bridged the financial gap in healthcare for those who needed it most, ensuring we provide them with a system where they did not pay at the point of contact. This is something we need to think through very well, but Ghana started the NHIS without a blueprint showing the modalities of the scheme. In a sense, we are learning by doing and we are bound to have some difficulties along the way. But we are trying hard to address these as they arise. For example, the initial stages of the NHIS roll out saw us expanding rapidly and getting a lot of people enrolled, including the dependent groups like children under 18 and the aged. But if we are going to take on all these dependents, and other people in society who cannot pay, somebody needs to. The idea is that we need to infuse a lot more government support into the scheme so as to support it. This is the dialogue we have initiated through Parliament, and we are trying to get the laws amended for us.

“What is the Government's policy on providing free Family Planning services under the NHIS?”

The Government's policy directive is that family planning services should be provided free of charge. We are currently considering whether it should be included in the NHIS or provided on its own, and we are discussing the modalities for this. We will engage with the NHIS and agree on how to go about it. This is a priority that the Government of Ghana is working towards as soon as possible.

Interview with Dr Frank Nyonator

“Do you think that the Government of Ghana is on track to achieve the health MDGs 4, 5 and 6 by the target date of 2015?”

For us in Ghana, MDGs 4, 5 and 6 are difficult to attain. Although MDG 4, reducing under 5 mortality, has been coming down, neonatal mortality is dancing between 40 to 45 per 100,000 live births. We are encouraging mothers to come and deliver in our health facilities but there is still a lot that we have to do in that area. We are making efforts to ensure that supervised delivery is very high on the agenda. Each year for the past three years, the Ghana Health Service signs an MOU of performance contract with the Ministry, targeting improved supervised delivery. It is improving. There is a lot of investment in the system. We first did an assessment of emergency maternal and child health care to show us exactly where the gaps are. With the support of DFID, we were able to purchase basic equipment for comprehensive care distributed to various facilities. We have stepped up the training of midwives to complement that process. We are aware

that we might not be able to attain the MDGs but we are putting a lot of effort to ensure that we get closer to the target and focusing many activities towards reaching this important goal.

“It seems that the current health budget is improving access to health care but not at an equal level across wealth quintiles. How will the government make sure that all people have equal health rights?”

The Government is aware of the fact that most people access health facilities in urban areas, but there are many issues compounding this problem.

Some of the difficulties we are facing are that people are migrating towards urban areas and not using facilities in hard to reach areas. It's a tough situation but our mandate is to bridge the equity gap and we have quite a lot of activities towards this. However, we can't do it alone, and we are dialoguing with other sectors to provide services in their various areas.



ARHR Project Summaries



TAP Project

The TAP project is sponsored by the 'Results for Development Institute' and is aimed at understanding why skilled delivery rates in Ghana remain so low despite the implementation of the free maternal healthcare initiative. To this end, the ARHR is executing research and advocacy programmes to improve the effectiveness of public spending and service delivery in the health sector through the use of a 'citizens report card'. Between May and June 2012, a data collection exercise was undertaken in communities in three regions: the Upper East (Bongo District), Western region (Juaboso District) and the Ashanti Region (Offinso municipality). Advocacy activities are scheduled to take place this month following the validation and dissemination of key findings of the data collection exercise.

Universal Access to Healthcare Campaign

The Universal Access to Healthcare Campaign's vision is a country with quality and accessible health services for all, free at the point of use. Launched in 2010, the campaign is driven by a network of local and international NGOs, including the ARHR, ISODEC, Essential Service Platform, SEND Ghana, the Coalition of NGOs in Health and Oxfam. The current focus of the campaign is making universal healthcare a key election issue in 2012 whilst searching for new sources of funding to support the Campaign's activities. The campaign is also promoting a national discourse on the need to abolish annual NHIS premiums, a national consensus on tax funding for the health sector, and for all Ghanaians to advocate for free health care in Ghana.



STAR Election

Promoting Health Rights & Accountability in a Peaceful & Fair 2012 Election is a STAR-Ghana funded project running between February 2012 and January 2013. The project aims at creating platforms for all Ghanaians to demand improved political and health rights and is being implemented by ARHR in five districts: Ashiedu Keteke, Agona East, Agona West, Komenda/Edina/Eguafo/Abirem and Juaboso. The ARHR is using innovative strategies such as organizing marches of pregnant women to demand peaceful elections and improved emergency obstetric and neonatal care services from politicians.

TOP project

The recently concluded TOP project, sponsored by Oxfam, undertook a variety of activities to improve access to maternal healthcare in Ghana, including a learning workshop for midwives and traditional birth attendants and conferences to encourage discussions between civil society and the Government. The project, which concluded in March this year, helped garner the support of policy makers, stakeholders and the community, especially amongst people living in poor, rural areas for the improved delivery of health care services to women and newborn children.



E4A

E4A, or 'Evidence 4 Action', is a five year project being implemented across Ghana, Ethiopia, Malawi, Nigeria, Sierra Leone and Tanzania. Running between 2012 and 2016, E4A is aimed at reducing maternal and newborn mortality by providing better evidence of where and why mothers and newborns are dying from preventable causes. The ARHR is the lead advocacy agency for Ghana and is working in collaboration with a team of health experts and practitioners from the School of Public Health, University of Ghana and the Ghana Health Service. The ARHR will roll-out programmes in the Greater Accra, Ashanti, Upper West and Volta regions, working with district based NGOs.

The ARHR: Who we are and what we do

Ensuring the Sexual Reproductive Health (SRH) rights of citizens are protected is vital to the social, cultural and economic stability of any given country. For many men, women and children in Ghana however, access to basic health care services can be difficult and expensive, leading to countless unnecessary deaths and disease.

A lack of health care facilities, trained doctors and midwives, the geographical dispersion of access to services and little education surrounding sexual reproductive health are just some of the issues facing Ghana in the twenty-first century. As we move toward the Millennium Development Goals deadline of 2015, much work remains to be done.

Established in 2004, the Alliance for Reproductive Health Rights (ARHR) is a Ghanaian NGO that promotes a rights-based approach to SRH. Through advocacy, capacity-building and research to protect the rights of the poor, young and disadvantaged, the ARHR helps to protect the interests of Ghanaians at a regional, national and international level. The ARHR has a multi-tier structure comprising of 35 implementing NGOs (LNGOs), three zonal coordinating NGOs and a Secretariat.

The LNGOs work at district and community levels, responsible for project design, implementation, monitoring and reporting, which is coordinated by the zonal NGOs. The zonal NGOs also work in partnership with the Ghana Health Service and facilitate programme management. The Secretariat oversees programme development, coordination and facilitation and reports back to partners, donors, policy-makers and local and international partners at the macro-level.

Activities of the ARHR are focused along the following goals: Increasing access to responsive ARH services and information in target communities, improving the capacity of target communities to understand and demand responsive, timely and accountable sexual and reproductive health services, and improving the capacity of Ghanaian NGOs and community-based organizations to deliver rights-based SRH services and information.

Through these goals, the Alliance - together with the Government, NGOs, private businesses, research facilities, citizens and International donors - is working hard to ensure global obligations to improve child and maternal health are reached and the health rights of every Ghanaian protected.

