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POLICY BRIEF

INCREASED INVESTMENTS IN MATERNAL AND REPRODUCTIVE HEALTH SERVICES IN GHANA TO ACCELERATE PROGRESS TOWARDS ACHIEVING MDG5.

INTRODUCTION

Although Ghana ratified various International instruments aimed at improving reproductive health and reducing maternal mortality by 2015, reproductive health indicators in the nation reveal that much remains to be done. Ghana was among 193 United Nations member states that signed unto the International Conference on Population and Development (ICPD) in 1994 which translated into the Millennium Development Goals "(MDGs) in 2000. The MDGs, similar to the ICPD provide numerical and concrete benchmarks for tackling extreme poverty, to improve maternal health and achieve universal access to reproductive health as a measure of human development.

Among all the MDGs, however, MDG 5 on reducing Maternal Mortality by three-quarters is the lone goal that has seen the least progress worldwide. Indicators under MDG 5a and 5b namely, skilled delivery, contraceptive prevalence rate and unmet need for family planning have not seen significant improvement in Ghana.

Although MMR declined from 740 per 100000 live births in 1990, to 590 in 1996, and then to 540 in 2000, to 451 in 2005 and then finally to 350 in 2010, the reducing trend is at a rate of 3.3% per annum compared to 5.5% annual decline required to attain MDG target of 185 per 100,000 by 2015.

Skilled delivery is as low as 59%, Contraceptive Prevalence Rate (CPR) has remained below 20% for over a decade; CPR decreased from 19% in 2003 to 17% in 2008. Similarly, unmet need for family planning has remained at 5% (GDHS 2008).

This policy brief seeks to assess the recent trend of maternal and reproductive health indicators and resourcing in Ghana and to highlight gaps and challenges. It also seeks to justify the need for an increased investment and make recommendations for policy makers.

Importance of increased resources for reproductive and maternal health

Globally, it is widely acknowledged that there is a link between women's status, reproductive health and socio-economic development. It has also been established that women who plan the number and timing of births of their children enjoy improved health and attain higher educational opportunities. This enhances their socio-economic status, improve the well being of their families and promote national development. Increased investment in maternal and reproductive health services will ultimately ensure national development

There is ample evidence to show that controlling population growth through increase in provision of family planning services contributes greatly to reducing unintended pregnancies, unsafe abortions and maternal deaths. Unsafe abortions are the second largest cause of maternal deaths in Ghana.

There is a mountain of evidence that shows that uptake of skilled delivery is the number one solution to decreasing maternal deaths. Increase in skilled delivery can only be possible when there is sufficient investment in functional health care infrastructure including Community-Based Health Planning Services (CHPS) compounds, provision of emergency obstetric care services to communities within their reach and ensuring each health care centre is manned by trained health care personnel results. Provision of door step health care delivery to communities reduces the `three delays' that contribute to maternal and child mortality.

Making maternal health a national priority by increasing investment would help accelerate progress in achieving MDGs goal 4 and 5 while contributing to socio-economic development.

Current Situation Of Rh Support

Touting the need to improve reproductive and maternal health of Ghanaians by ratifying RH instruments without a demonstrable commitment evidenced by corresponding increase in investments for RH leaves much to be desired. This brief examines investments relating to health budget allocation, CHPS compounds, human resources for health and Family Planning.

Health Budget:

Budget allocations for maternal health improvement have not always matched required services. Percentage of national budget to health has ranged from 16.23% in 2006

to 14.6% in 2007 to 14.9% in 2008 to 12.76% in 2009. This reveals that Ghana has been inconsistent in meeting the Abuja target of allocating at least 15% of national budgets to health.

CHPS

The Community-based Health Planning and Services (CHPS), as a national Policy Initiative by the Ghana Health Service has helped to reduce geographical access barrier but the rate of reduction has been very slow. Most of the CHPS zones are ill-equipped and lack basic medical supplies such as equipment, family planning commodities, medicines and Community Health Officers. Many Community health officers and midwives still refuse postings to the CHPS compounds. The few who remain there are poorly supervised and underpaid. Large gaps still exist between demarcated CHPS zones and functional CHPS zones. For instance out of the 191 CHPS zones demarcated in 2010, only 96 were functioning leaving a shortage gap of 95. The 2012 national budget indicated that 50 CHPS will be constructed during the year. However, it was unclear whether there were specific budget lines aimed to achieving this target. Needless to state that the 50 CHPS compounds falls below the gap of 95 CHPS zones. Lack of basic health services including reproductive health services at the doorstep of hard to reach community greatly contributes to the large maternal mortality and morbidity rates recorded in the rural areas.

Year	2007	2008	2009	2010
CHPS zones Demarcated	186	186	187	191
Functional CHPS Zone	68	87	91	96
Gap	118	99	96	95

Source: GHS Annual Health Sector Program Review Report 2011

Human Resource For Health

Quality Healthcare cannot be administered without the availability of health workers. Reports from the Ghana Health Service and Ministry of Health Annual Report (2010) suggest that Ghana has a shortfall of about 3000 midwives. Exacerbating the problem is the inequitable distribution of available health workers. The doctor population ratio for Ghana as at 2010 stood at 1:10,423 with the Upper West Region having the lowest number of doctors. 17 doctors (Upper West Region) served 682,451 inhabitants. The doctor to population ratio was calculated at 1: 40,144 compared 1:5,073 in Greater Accra Region. 41% doctors were practicing in the Greater Accra Region compared to 4% for the three northern regions Out of the 10 doctors posted to the Upper East Region in 2009, only 1 assumed duty ((MoH review report, 2010). Existing CHPS compounds in certain demarcated zones are non-functional due to non-availability of health personnel.

Family Planinng

Since the 1970s, technical and financial support for family planning services has been the preserve of development partners such as DANIDA, UNFPA, World Bank, Engender Health, among others. The government of Ghana has provided very minimal support since 2005 as depicted in the table below.

SOURCE	2005	2006	2007	2008
DANIDA	N/A	N/A	N/A	0.6
DFID	0.9	0.5	0.3	0.1
UNFPA	N/A	0.4	1.8	1.0
USAID	1.1	3.2	3.2	2.0
GOG	1.9	1.0	1.0	1.7

POLICY RECOMMENDATIONS

Increase government funding for maternal health:

Inspite of government's commitment to maternal healthcare, her corresponding budgetary funding has not been encouraging. The percentage of national budget allocated to health has experience decrement over the past years. (From 16.23% in 2006, to 14.6% in 2007, to 14.9% in 2008, to 12.76% in 2009). Government should also increase its investment in providing the necessary tools to addressing shortages in family planning. Community Health Centres, CHPS zones and district hospitals should be strengthened to provide the needed care, especially for obstetric complications and adequately stocked with family planning commodities and medicines to meet the demands of health facilities.

Improving Accessibility to Quality Health: Every Ghanaian woman in her reproductive age, irrespective of the geographical location or socio-economic status should have access to skilled care during pregnancy, childbirth and postnatal periods. Achieving this demands an action oriented commitment from the government in increasing investment in basic healthcare and infrastructure, paying

attention to equity in access to Emergency Obstetric Services and ensuring regular updates of maternal mortality cases to generate evidence to inform policy decisions. There is the need for the creation of new and equipping of existing CHPS, Building New Hospitals and Health Centres whilst strengthening and equipping existing ones. Maternity waiting homes close to healthcare facilities should be established in underserved communities to bridge the gap between women and their utilization of maternal health facilities.

Increase Human Resources (HR) Base and ensure equitable distribution of HR: The Ghana Health Service and all relevant stakeholders need a concerted effort to increase the human resource base of the Health Sector. This will include the establishment of more health training colleges, training of more health professionals, the provision of good incentives package and ultimately ensure that each Ghanaian has access to a trained health professional at the point of need. There is the need to improve equitable distribution of health personnel across the nation to improve health outcomes of persons in under served areas.

QUICK GLANCE AT TREND IN GHANA'S MATERNAL HEALTH INDICATORS

NO	INDICATOR	INDICATOR YEAR					PLACE OF RESIDENCE	
		1988	1993	1998	2003	2008	Urban	Rural
1	Antenatal care	82	86	88	92	95	**98**	**94**
2	Supervised deliveries	40	44	44	47	59	**84**	**43**
3	Unmet need for contraception	35	39	23	34	35	**32**	**38**
4	Contraceptive Prevalence Rate	5%	10%	13%	19%	17%	**27**	**21**
5	Place of delivery(GDHS 2008)	**Health Facility**					**82**	**42**
		Home delivery					**17**	**58**
6	Maternal Mortality Ratio(Maternal Health Survey, 2008)	**1990**	**1996**	**2000**	**2007**	**2010**		
		740	590	540	451	350		

Source: GDHS Trend Report 2010* GDHS 2008 * Ghana Maternal Health Survey (2007)

Leadership and Commitment at all Levels: Leadership and commitment at all levels for improved maternal and reproductive health services in Ghana cannot be over-emphasized. Politicians, Religious, Traditional, Community and Opinion leaders must all move away from promises to actually taking concrete actions that will ensure increased investment in maternal and reproductive health services. Furthermore, all relevant stakeholders such as CSOs, NGOs, and FBOs must ensure that the government is held accountable for all funds allocated for health especially at the district levels.

Maternal death case reviews and audits:

Ghana is one of the few countries that have systematically introduced maternal death reviews. There is therefore the need for the government to intensify its effort in ensuring regular reviews and proper maternal death audit. This is to generate accurate and reliable evidence for determining interventions to help improve the quality of care and reduce the risk of maternal death.

Continuous Education

There is the need for stakeholders to intensify education and empower all Ghanaians with the right information on maternal and reproductive health. This will especially help to identify and address all pregnancy related complications and traditional beliefs' that hinder on a good maternal health practice. This should also be aimed at sensitizing women on how to recognize obstetric complications and when and where to seek health when the need arise. Males should be targeted to increase their support for reproductive health issues in homes and communities.

Conclusion

Clearly, Ghana's maternal health indicators are worrying. A zero tolerance for maternal death will require a shift from promises to action by all stakeholders. Increased commitment from the government is needed in increasing investment in basic healthcare and infrastructure, ensuring regular supply of family planning services and commodities, equipping health care centres and CHPS with basic Emergency Obstetric Services, especially in underserved communities and increased health human resources who are equitably distributed. Development partners, the private sector and CSOs must increase their support and advocacy to ensure these gaps are addressed in order to make meaningful progress towards achieving MDG 5.

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