



Alliance for
Reproductive
Health Rights



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PHC LEGACY

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Alliance for Reproductive Health Rights
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ACRONYMS AND ABBREVIATIONS

ARHR	Alliance for Reproductive Health Rights
CHPS	Community-Based Planning and Services
CSEM	Civil Society Engagement Mechanism
CSOs	Civil Society Organizations
EHSP	Essential Health Service Package
GFF	Global Financing Facility
GHS	Ghana Health Service
GoG	Government of Ghana
HSMTDP	Health Sector Medium Term Development Plan
JLN	Join Learning Network
MoF	Ministry of Finance
MoH	Ministry of Health
MPs	Members of Parliament
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
PHC	Primary Healthcare
PHCPI	Primary Healthcare Performance Initiative
PHCSG	Primary Healthcare Strategic Group
RMNCAH	Reproductive, Maternal, Newborn, Children, and Adolescents Health
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage
WNCWA	Women, Newborn, Children, and Adolescence Wellbeing

TABLE OF CONTENTS

Acronyms and Abbreviations	1
Introduction	3
Overview Of ARHR's PHC Advocacy	3
Our Key Asks	4
Successful Advocacy Strategies	4
Achievements	6
Lessons Learned from our PHC Advocacy	7
Challenges	9
Going Forward	10
Overview Of ARHR	11

INTRODUCTION

This legacy document is a collation of the Alliance for Reproductive Health's (ARHR's) experience from advocacy for primary healthcare (PHC).

The report highlights the organization's advocacy strategies, outcomes, key achievements, emerging lessons, and their implications for future advocacy work toward health systems strengthening and financing.

This document is produced as part of ARHR's PHC advocacy and is intended to contribute to knowledge on PHC advocacy in Ghana— serving as a repository of knowledge and a quick reference resource to the PHC community of practice. The legacy document is further expected to serve as reference material for CSOs and other stakeholders seeking to strengthen their PHC advocacy.



OVERVIEW OF ARHR'S PHC ADVOCACY

The Alliance for Reproductive Health Rights (ARHR) prior to partnership with PAI engaged in advocacy for Reproductive, Maternal, Newborn, Children, and Adolescent Health (RMNCAH). Partnership with PAI in 2016 enabled ARHR to reflect the core of SDG 3 target of universal health coverage (UHC) to perceive RMNCAH outcomes as a function of strengthened health systems. We, therefore, conceptualized improvements in RMNCAH outcomes from a systems perspective. In this regard, we recognize PHC as a strategic pathway to strengthening health systems to achieve UHC in Ghana.

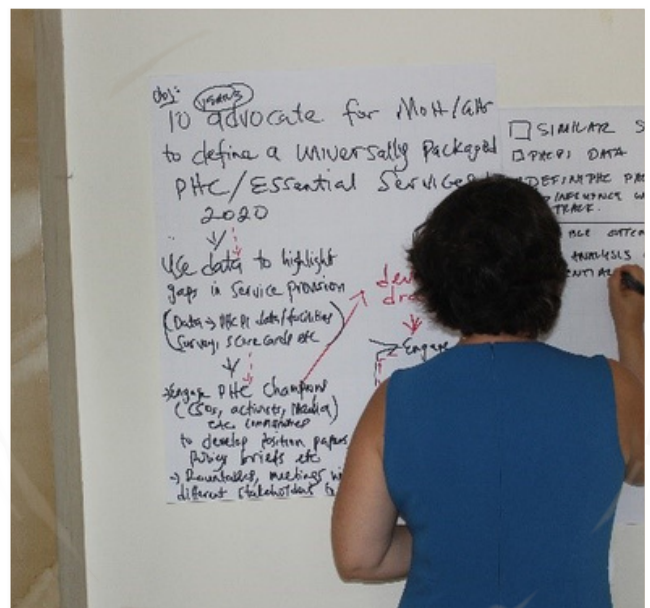
This new direction saw a successful transition of the organization from a national CSO advocating for responsive RMNCAH to an organization that advocates for health systems strengthening and financing and within that a stronger primary healthcare (PHC) system. Veering out of our focus on RMNCHA, we applied our three-pronged approach of highlighting gaps between policy and practice, community engagement to increase demand for better services, evidence-based advocacy for increased investments in primary healthcare and towards better health outcomes.

ARHR has since 2016 convened a PHC advocacy coalition and strengthened capacity of advocates from civil society to advocate for strengthened health systems and financing for increased access to quality and equitable health towards UHC. ARHR mobilized CSO partners to make critical inputs into the development of the 2020-2030 UHC Roadmap and the Primary Care Package of Services through structured and unstructured engagements with the Ministry of Health and other relevant stakeholders such as development of policy briefs and memos, conferences including health summit and one-on-one engagements.

ARHR engaged in budget analysis, documentation of evidence on PHC gaps and conducted national and regional dissemination of the evidence to key stakeholders including state and non-state actors to inform decision-making. We also facilitated state and non-state actors' responses to addressing strategic gaps in PHC e.g., collaborated with Ghana Health Service (GHS) to disseminate the first and second COVID 19 Frontline assessment reports.

OUR KEY ASKS

- Increased investments in PHC;
- A comprehensive essential health services package (EHSP) which guarantees health services for people defined by government;
- Enhanced data use for improvements in quality PHC delivery at national; and subnational levels. e.g. utilizing data from the Vital Signs Profile to promote improvements in quality primary healthcare delivery in Ghana



SUCCESSFUL ADVOCACY STRATEGIES AND PROCESSES

Coalition building for advocacy

ARHR recognized that building a coalition of engaged CSO activists would be essential to our advocacy. We, therefore, mobilized a coalition of civil society partners to advocate for primary healthcare as the foundation of Ghana's health system. Together, we explored the PHC landscape in Ghana, engaged actors from the Ghana Health Service and CSOs to scan the policy space and government's strategy for delivering primary healthcare services in Ghana. Strategic processes we accomplished in this regard included:

- Mapping of relevant stakeholders - media advocates and CSOs to drive an in-country PHC agenda
- Establishing a rationale for PHC which is considered critical for Ghana's attainment of UHC under the SDGs
- Creating awareness of PHC through stakeholder forums to establish linkages between PHC, UHC and SDGs. By this, ARHR is leaving behind a cadre of CSOs knowledgeable on the foundations of effective and resilient health systems founded on primary healthcare; CSOs that have the skills and competence to hold government accountable for equitable and accessible quality healthcare that leaves no one behind. These CSOs have mainstreamed PHC advocacy within their scope of work and are actively engaged in advocacy for primary healthcare especially, at sub-national level
- Engaging with media to facilitate public awareness on PHC and to increase discussion and media publications of PHC and processes
- Setting up and maintaining virtual communication platforms (i.e., Facebook and Twitter) to facilitate updates between global and Ghana PHC advocacy efforts to reinforce and strengthen country-led initiatives

Strengthening stakeholders' capacity to work collaboratively (CSOs and Media capacity building)

- Recognizing the value of advocacy skills in successful PHC advocacy, ARHR funded some CSOs to undertake research and advocacy around PHC governance, provision of services, and community perspectives. The media after training increased documentation and advocacy for systems strengthening. ARHR also provides its PHC advocacy partners and the media with national budget analysis and other evidence pieces to facilitate their participation in policy and budget advocacy. We created a media platform to garner public support and interest in national processes toward achieving UHC through a PHC lens. This has facilitated the spread of information and helped mobilize Ghanaians to increase demand for government to adopt a holistic approach to healthcare in Ghana and to increase funding for PHC.

High level multi-stakeholder policy convening

- Convening key actors from the health and financing sectors to discuss and find solutions to pressing health financing and service delivery gaps such as inequity in healthcare access, inadequate medicines, and inequitable distribution of health personnel has yielded considerable results. These include increased budgetary allocations to the health sector, defining and costing an Essential Health Service Package for PHC and formulation and reform of policies such as the UHC Roadmap and the expansion of the NHIS to include all clinical family planning methods in the scheme's benefit package. Key policymakers regularly engaged include the Ministry of Health (MoH), Ghana Health Service (GHS), National Health Insurance Authority (NHIA) and the Parliamentary Select Committees on Health.

Using data and evidence communication for advocacy for PHC improvements

- Our use of social accountability approaches such as the community scorecard has had significant impact in numerous ways and at different levels—stimulating community engagement and action, empowering individuals and communities, shared ownership, multi-sector, and multi-level accountability and prompting decision makers into concrete actions
- In addition, packaging of evidence/data into different formats such as policy briefs, fact sheets, position papers, and opinion pieces have been useful in interfacing with parliamentarians, CSOs, media, government, policy and decision-makers to demand redress of gaps in Ghana's PHC health system and the development of an Essential Health Service Package. Similarly, evidence from PHCPI's vital signs profile has helped to bring attention to gaps in the systems

Analyzing annual national budgets highlighting changes in PHC budget allocation and its implications for PHC

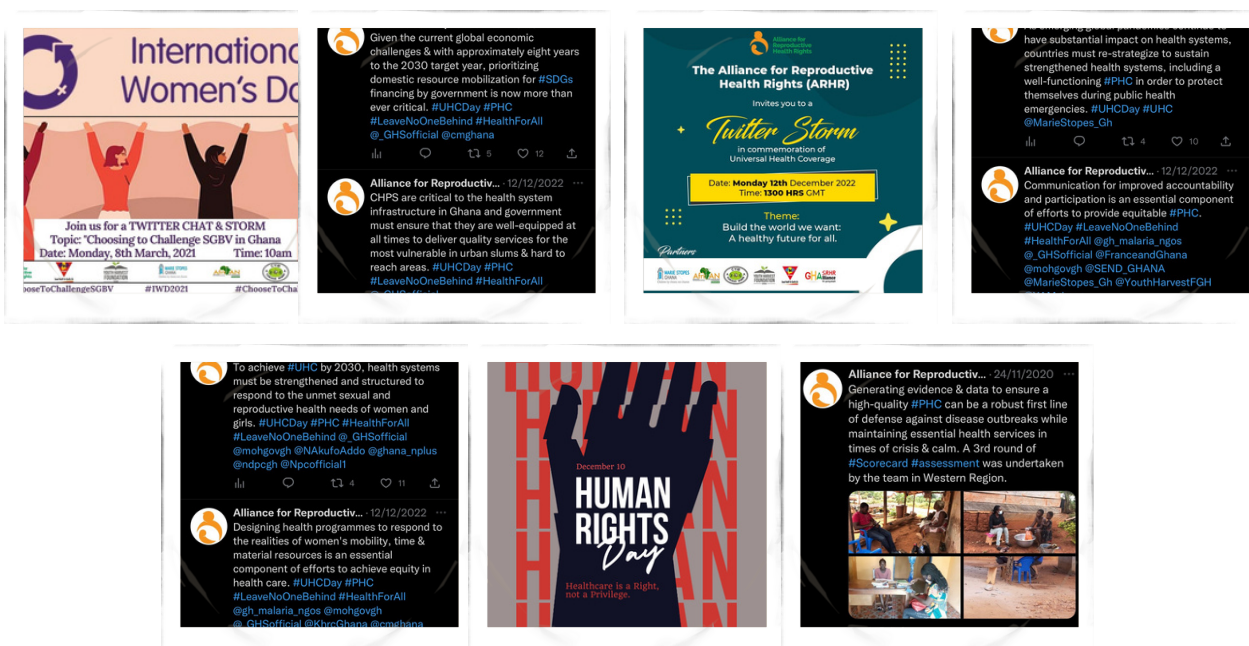
- A critical piece of evidence needed to strengthen our PHC advocacy as a strategy for ensuring that no one is left behind was knowledge and understanding of resource allocations to PHC and expenditure patterns. ARHR contributed in this regard through analysis of the national budget annually. Lessons learned suggest that budget advocacy remains one of the effective means of influencing policy in Ghana presently since the national budget and its expenditure allocations remain an important decider of prioritized policies and those kept on the back-burner. Five and Six-Year trend analysis of the annual budget reviews we conducted enabled ARHR engage in financial advocacy to increase government investment in and financing of the health sector and getting the government to allocate 15% of national budget to the health sector. Several consultations with the

Parliamentary Select Committee on Health were held to support the engagement of the Select Committee in budget review processes in Parliament.

- Similarly, a number of CSOs have also had their understanding of budget analysis and use of the data strengthened to engage at various forums to galvanize public support and interest in PHC to increase demand for PHC policy and financing reforms. In a resource-constrained economy with attendant pressures on budgets, continuous efforts in this regard will be fostered by ARHR with members of the advocacy coalition.

Leveraging social media

- We recognized existing opportunities within the digital space and leveraged our social media platforms to amplify our advocacy efforts. This was done through regular update of our timelines with key messages that call attention to lapses in PHC delivery and financing while making recommendations. ARHR and partners further engaged in Twitter storms to commemorate international day celebrations such as UHC Day to highlight persistent gaps in the health sector and the urgent need to address them. Key policymakers frequently tagged in these posts for the necessary actions include the Ministry of Health, Ghana Health Service and the National Health Insurance Authority. CSOs we have collaborated with over the years include the Planned Parenthood Ghana (PPAG), Marie Stopes Ghana, Ghana Sexual and Reproductive Health and Rights Alliance (GH SRHR Alliance), Youth Harvest Foundation, Youth Advocate Ghana, Ghana Federation of Disability Organizations and SEND Ghana.



OUTPUTS/ACHIEVEMENTS

Our key advocacy wins in-country include:

- Increased public awareness and support for the development of an essential package of health services for primary healthcare in Ghana by the Ministry of Health
- Mobilised CSOs to engage with development of the UHC Roadmap (2020-2030) and the PHC strategic implementation plan that provide a framework for the realisation of UHC in Ghana
- Development of a Strategic Plan for the Implementation of PHC by the Ghana Health Service which recognizes and emphasizes PHC as a pathway to achieve UHC.
- Emergence of civic spaces and recognition of ARHR and civil society organizations as partners in strengthening Ghana's efforts towards achievement of UHC
- Invitation to ARHR to represent CSOs on Ghana's GFF processes and development of an Investment Case which has been incorporated in Ghana's Health Sector Medium Term Development Plan 2022 – 2025. ARHR in this regard, led the thematic group on further strengthening RMNCH+ nutrition and mental health and NCDs.
- Political commitment demonstrated by political parties in their manifestos prior to the 2016 elections in Ghana; political will and recognition of PHC as key to health for all. Manifestoes of political parties explicitly addressed PHC – CHPS and NHIS
- Use of evidence pieces, policy briefs and position papers developed by ARHR and partners by the Parliamentary Select Committee of Health in their review of budgets presented by the Finance Ministry.

Other advocacy wins include:

- Access to global health platforms through affiliation with the PHC Strategy Group and processes enabled joint advocacy at UN high-level meetings. ARHR continues to take advantage of global and international events and meetings such as UHC Day, UN High-level Meetings, and International Women's Day, among others to re-emphasise the necessity of PHC as a tool to achieve UHC
- By aligning our advocacy with global movements, ARHR was part of various platforms and participated in high-level UHC meetings. These platforms included the Joint Learning Network (JLN), Alliance for Improving PHC and the Civil Society Engagement Mechanism (CSEM). ARHR participated in the 2016 Joint Learning Network Global meeting for UHC as part of a PAI delegation to Putrajaya, Malaysia where member countries shared best practices and experiences in building stronger systems to achieve UHC. ARHR had the opportunity to demonstrate the impact of its PHC advocacy using the CHPS concept

- Under CSEM, ARHR participated in the UN High-level Meeting (UN HLM) in New York, where key strategies to accelerate UHC in Ghana were identified. We also formed part of civil society representatives that made input into civil society priority actions for the UN HLM on UHC in 2019 that called for Member States to make concrete, measurable commitments to build health systems that are comprehensive, accessible to all, integrated, human rights-based, gender-transformative, non-discriminatory and people-centered to achieve UHC
- ARHR has also collaborated with CHESTRAD, a Nigerian-based NGO, to identify cross-cutting PHC concerns and develop strategies that would be effective in both countries. A robust PHC campaign “Re-Imagine” that advocates for strong PHC as a foundation for UHC was borne out of this partnership
- We also participated in the Global UHC forum in Japan in 2017 where there was a call for countries, particularly Lower-and-Middle-Income countries to allocate 5% of their GDP to the health sector to achieve UHC. ARHR through a robust partnership with CHESTRAD pushed against this and instead pressed for government to allocate 15% of national budget to health per the Abuja Declaration.
- This formed the basis for ARHR-CHESTRAD No to 5% GDP campaign which advocated that health financing should not be subject to global politics but rather should take into account the realities, experiences, and unique situations of each country if interventions are to be effective. Although the 15% target has not been met, Ghana’s health sector in the past eight years (2016-2023) has received an allocation of between 7–8% of the national budget which is appreciable progress.

New programmes facilitated by new focus on PHC systems strengthening to achieve UHC

- Our shift in focus toward addressing RMNCH issues from a systems perspective and through a PHC lens continue to be evident in new programmes. ARHR’s projects and interventions over the last few years have been facilitated by our focus on PHC systems strengthening to achieve universal health coverage. We have implemented project in malaria, RMNCAH and gender using PHC systems change approach. ARHR’s current gender project, which is funded by Co-impact Gender Fund was informed by lessons learned from our PHC advocacy project. The project aims to improve PHC delivery by addressing the gender deficits in the delivery of Community Health Planning Services (CHPS) and National Health Insurance Scheme (NHIS) services to achieve more gender equitable outcomes.

LESSONS LEARNED FROM OUR PHC ADVOCACY

Emerging lessons from our PHC advocacy efforts include:

Getting buy-in from CSOs and media important in garnering public interest and support for a strengthened PHC system

- Working with partner CSOs and the media has been an important part of our learning. As a strategy, it has increased ARHR's advocacy efforts credibility. It has also provided us an opportunity to present a unified voice in advocacy for government to increase funding to the health sector and strengthening PHC systems and increasing public support for this.

Evidence (data) key in policy advocacy

- Using evidence packaged in different formats was a useful advocacy strategy. For example, ARHR's analysis of annual and mid-year government budgets as well as the packaging of evidence/data it into different formats such as policy briefs, fact sheets have been useful in interface with parliamentarians, CSOs, media, government, policy and decision makers to demand redress of gaps in Ghana's PHC health system. Similarly, evidence from PHCPI's vital signs profile has helped to bring attention to gaps in the system.

Expanding the advocacy coalition to include more youth representation, views, and perspectives

- ARHR acknowledges the transformational potential of young people to drive progress towards UHC and a strengthened PHC and therefore facilitated participatory leadership that would allow for more youth inputs.

ARHR and the advocacy coalition should be modest in their expectation of what government should do to promote PHC in Ghana

- We have noted in the past years that objectives that fall outside the purview of ARHR are sometimes difficult to realize. Over the years, government has not shown full commitment to implementing various health related international, African and national goals and policies. For instance, although budgetary allocations to the health sector has seen an upward trend in the last few years (between 7-8%), Ghana has yet to meet the 15% of national budget allocation to health as stipulated in the Abuja Declaration. Additionally, although the NHIS benefit package has been expanded to include all modern clinical family planning methods, its roll out has been slow. Health facilities still lack essential medicines and equipment to deliver quality health services.

Generating alternative evidence provides other perspectives to the PHC narrative

- ARHR has observed over the years that generating alternative evidence on gaps in PHC service delivery to complement government's findings has been useful. This has primarily been done through the use of our social accountability approaches particularly, the community scorecard which brings to fore issues affecting communities access to healthcare; making room for community voices to be heard as well as providing pictorial evidence in terms of scoring, some of the gaps persistent at health facilities that hinder PHC delivery.

Advocacy for increased funding for health must begin by getting stakeholders such as the Ministry of Finance and other policy and decision-makers to understand that health is an investment

- Increasing resources for financing health is hugely dependent on political will and commitment to implementation of promises and pledges made at both global and national levels. Advocacy for increased resources therefore is probably best by employing strategies hinged on securing alliances and actors with leverage to support advocacy. As well, it is important to broaden engaged stakeholders to include the MoF and other policy makers and decision-makers to appreciate benefits to be derived when health is correctly perceived an investment. By highlighting how ill-health adversely affects productivity and human capital development, the MoF can be made to appreciate that without the right investment in health, government investments into other sectors may not result in desirable outcomes and long-term visions. This is achievable with the right level of commitment at the highest level of decision-making.

Successful outcomes can only be reached if advocacy efforts are linked to national priorities, policies and programmes

- It is prudent to ensure that advocacy efforts are cognizant of national priorities, policies and programs. ARHR realized from its initial engagements with key decision-makers in the national health that a consolidated EHSP would hit a roadblock. It was not immediately apparent that government was moving in that direction. We appreciated the minimal benefits to be derived from pursuing that trajectory and sought opportunities presented by the development of a UHC Roadmap and development of an actuarial model at the NHIA to cost all services (including new ones) under the NHIS to address issues of access, quality and equity in healthcare.

Civic engagement is a beacon for PHC

- The uptake of social accountability mechanisms such the use of community scorecards into communities has helped to (1) empower communities to demand for their health needs, not just in health (2) improve client- subnational leadership rapport and (3) encourage community ownership.



CHALLENGES

ARHR needed to assess its capacity in relation to PHC policy and budget advocacy and continuously build its capacity

We realized at the onset of our advocacy that we needed to strengthen our capacity in PHC policies and budget advocacy to achieve our desired advocacy outcomes. We increased our capacity through the review of reports and other documents on PHC, including strategies adopted by other counties for strengthened PHC and budget implications for PHC. We also deepen our understanding of PHC approaches to fully understand the importance of a holistic approach to health.

COVID-19

The COVID-19 pandemic and the subsequent restrictions on movement and public gatherings led to delayed implementation of some activities, particularly those involving in-person engagements. Key policy discussions and formulations stalled somewhat as a result of competing national priorities e.g. management of the pandemic in Ghana. Examples include finalization of the UHC Roadmap and decisions related to the NHIA Benefits Package. Delay in constitution of the Select Committees of Parliament on health and finance also hindered participation of MPs in advocacy efforts. However, the pandemic has provided strong justification for our advocacy work to strengthen primary healthcare systems in Ghana as a foundation for UHC.



GOING FORWARD

We are excited about our modest achievements and will continue to seek opportunities to engage in effective advocacy grounded in human rights and evidence to accelerate health reforms within Ghana's PHC system that will deliver quality, access, and equity for all without leaving anyone behind.

ARHR remains committed to sustaining the PHC momentum by further exploring advocacy opportunities with the PHC Strategy Group to hone in on systems strengthening while reinforcing strategies that have yielded the most results, including budget analysis to demand increased financing for PHC at the sub-national level for example, where huge gaps continue to exist. ARHR has partnered CHESTRAD and other organizations to launch the Re-Imagine Campaign which is committed to a world where secure and equitable national health systems are based on the primary healthcare approach, finance from public budget and more i.e. blended financing linked to health security and global diplomacy.

ARHR is most grateful to PAI, the PHC Coalition, PHC Strategy Group, the Ghana Health Service, Ministry of Health, Ministry of Finance, the media and every institution that has contributed to the success of our PHC advocacy over the years.

We look forward to a continued partnership and collaboration with all to ensure the attainment of UHC by 2030 and strengthened PHC systems and financing.



OVERVIEW OF ARHR

The Alliance for Reproductive Health Rights is a Ghanaian Non-Governmental Organization (NGO) established in 2004 by a network of NGOs to promote rights based approaches to reproductive, maternal, newborn, child, and adolescent health (RMNCAH) through services, advocacy, capacity building and research. With its evolution, the focus of ARHR has shifted towards advocacy for strengthened health systems and financing and within that a stronger primary healthcare system towards increased access to equitable and quality healthcare which is an ultimate goal of Universal Health Coverage (UHC).

ARHR acts as a lead Civil Society Organization (CSO) convening agent of a coalition of in-country partners working collaboratively to advocate for primary healthcare (PHC) as a pathway to achieve UHC in Ghana.

The membership of ARHR comprises three national NGOs (ZNGOs) and over 35 local NGOs (LNGOs), coordinated by a Secretariat and overseen by an Advisory Board. Aligning the interests of independent bodies working in the RMNCAH sphere; which in themselves could be limited in capacity, geographical reach, and political presence, ARHR creates larger, bigger and more credible platforms through which their voices can be heard.

Our three (3) pronged approach focuses on advocacy, capacity-building, and evidence generation with funding from national and international organizations or partners. Programmes are implemented and monitored by each tier of ARHR- from the policy to the grassroots level, to ensure that real impacts are achieved in underserved areas.

Mission

ARHR works to promote, defend and protect the rights of women and their newborns, and adolescents to access the best quality of reproductive and maternal healthcare through evidence-based advocacy on gaps between policy and practice in Ghana's health system. We also seek to empower communities to hold government accountable for responsive and equitable healthcare delivery and system.

Vision

Our vision is a society in which the sexual and reproductive health and rights of all people – especially vulnerable groups such as the poor, marginalized, and women of reproductive age - are protected and fulfilled irrespective of their sex, age, religion, ethnicity or socio-economic status.

Core Values

ARHR believes in sexual and reproductive health and rights (SRHR) for all and works to achieve them under the core values of gender equality, mutual respect, equal participation, consensus building, equity, transparency, accountability, community sovereignty, and empowerment.

Thematic Areas

ARHR continues to work to contribute to the attainment of SDG 3: Ensure healthy lives and promote well-being for all at all ages; SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; SDG 5: Achieve gender equality and empower all women and girls; and SDG 10: Reduce inequality within and among countries.



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APPENDICES

<https://arhr.org.gh/wp-content/uploads/2020/10/Essential-Health-Service-Package-for-PHC-in-Ghana.pdf>

<https://arhr.org.gh/wp-content/uploads/2020/10/2019-BUDGET-ANALYSIS-IMPLICATIONS-FOR-PHC-IN-GHANA.pdf>

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