

MOVING FROM COMMITMENT TO ACTION: STATEMENT BY CSOS IN GHANA ON OUR PERSPECTIVE ON GHANA'S MARKERS OF PROGRESS TOWARD UHC BY 2030



Alliance for
Reproductive
Health Rights

BACKGROUND

A multi-stakeholder stocktaking and momentum-building forum on universal health coverage (UHC), a high-level platform for nuanced dialogue among state and non-state actors, was convened by the Alliance for Reproductive Health Rights (ARHR), a lead CSO advocate for UHC in Ghana, in collaboration with the Ghana Civil Society Organizations (CSOs) Platform on the Sustainable Development Goals (SDGs) on Thursday, 7th September 2023 in Accra.

The forum, under the theme '**UHC; Moving Together to Build a Healthier Ghana**', brought together about 40 participants from the Ministry of Health (MoH), the National Health Insurance Authority (NHIA), the Private Sector, members of the CSOs Platform on the SDGs, academia, and the media.

Discussions centered on Ghana's progress on the roadmap for attaining UHC; the global political declaration and UHC Key Asks; and the linkages between gender and national strategies to achieve UHC.

INTRODUCTION

The renewal of global commitments to primary health care (PHC) placed UHC on the highest political agenda of the United Nations (UN) High-Level Meeting (HLM) in 2019 resulting in a comprehensive Political Declaration. Targets from this declaration included progressively covering 1 billion additional people with health coverage, and covering all people by 2030; reversing the trend of rising catastrophic out-of-pocket health expenditure; and eliminating impoverishment due to health-related expenses by 2030.

Despite these, evidence suggests that UHC targets were off-track before the COVID-19 pandemic struck. The COVID-19 pandemic further disrupted essential health service delivery and prevented many people from accessing services. According to a UN global monitoring report on UHC, the COVID-19 pandemic has weakened health systems and financial protection. The pre-COVID challenges, coupled with challenges from the pandemic and current global economic challenges bring an even greater urgency to the quest for UHC.

2023 is the SDGs' mid-point and critical to accelerating actions to achieve the promise of 'health for all'. A second UN HLM on UHC was convened in September 2023 to enable countries to recommit to UHC and take concrete actions to build resilient and equitable health systems toward achieving UHC by 2030.

Though progress has been made, Ghana's health indicators reveal that there are still numerous gaps in Ghana's health system. This means urgent and bold action needs to be implemented to ensure the availability and accessibility of healthcare to a lot more people, especially those in underserved and hard-to-reach communities in different parts of the country. The gender dimensions of the provision of healthcare and differential access must be prioritized. To realize UHC, it is critical to explore how gender and intersectionality impact access and uptake of services for these underserved, especially, those in hard-to-reach communities.

Since Ghana participated in this critical gathering of UHC stakeholders, the country must show greater political leadership and move from commitment to action. CSOs in Ghana, during the Ghana UHC Forum, as a prelude, to the UN HLM on UHC, highlighted gaps in Ghana's roadmap to UHC and proposed recommendations to facilitate the action drive and move from commitment to action.

KEY GAPS/ CHALLENGES IN GHANA'S UHC ROADMAP

The following gaps in Ghana's roadmap to UHC were identified:

1. Fragmentation in collaboration with other sectors to bridge the health gap

Clear evidence exists to show fragmentation in the collaboration of all health stakeholders in the development of the roadmap. The development of the roadmap appears to have been done in silos with little consultation and collaboration with other key health stakeholders.

2. The UHC Roadmap is silent on Non-Communicable diseases (NCDs)

No mention whatsoever has been made in the Roadmap on how the government intends to tackle NCDs. In Ghana, NCDs account for 43% of all-cause mortality, with major NCDs such as heart disease, stroke, diabetes, cancer, and respiratory disease becoming common in health facilities[1].

3. The Healthcare Provisions of the Disability Act are not reflected in the roadmap

The Roadmap lacks a comprehensive mention of the healthcare provisions of the disability act. If we are to reach the underserved and hard-to-reach populations and ensure no one is left behind, adequate capturing of the provisions in the disability act must be reflected in the Roadmap.

4. Fragmentation in the dissemination of information; the current method of information flow is poor and beneficial only to the elite or learned

The content of the Roadmap is not known to many. It appears the Roadmap is the

[1] <https://www.afro.who.int/countries/ghana/news/Beating-Noncommunicable-Diseases-Through-Primary-Healthcare#:~:text=IN%20GHANA%2C%20NCDs%20ACCOUNT%20FOR,BECOMING%20COMMON%20IN%20HEALTH%20>

purview of the elite or learned. Local communities or members may not have access to the Roadmap and will not know its provisions to demand their due.

5. Poor resource allocation and budget execution

The Roadmap does not provide a clear breakdown of the financial resources necessary for its implementation. The required amount of funding needed to execute the Roadmap remains undisclosed, which could pose challenges in ensuring its comprehensive and effective implementation.

6. Politicization of health policies, strategies, etc

When health policies and strategies become highly politicized, it can undermine substantial progress. Politicization involves making health-related decisions based on political interests, party agendas, or electoral considerations rather than prioritizing evidence-based, scientific, or public health-driven approaches. This brings about frequent changes, inconsistency, and a lack of long-term planning, which can ultimately undermine the effectiveness and impact of healthcare initiatives. Politicization encompasses aspects such as the construction of healthcare infrastructure, distribution of healthcare professionals, and collaborations with CSOs, the private sector, etc.

RECOMMENDATIONS

CSOs and other stakeholders recommended the following to address the gaps identified in Ghana's UHC Roadmap:

1. There is a need for inclusive and participatory approaches to health governance for UHC, including in the design, planning, and implementation of health policies and initiatives, with emphasis on women's involvement in all their diversity as a population group often left behind;
2. There must be explicit inclusion of palliative and rehabilitative services as part of essential services as they benefit all health disease-specific areas including people living with HIV, TB, Malaria, NCDs, NTDs, mental health, disabilities, etc;
3. There is an urgent need to include healthcare provisions of the disability act in the roadmap;
4. Transparent, timely, and accurate dissemination of information to all citizens, particularly during emergencies, is critical to equip citizens to adequately prepare and respond to health emergencies. Awareness creation and sensitization initiatives must be prioritized;
5. There is a need to set up a Health Emergency Preparedness Fund. This will help Ghana respond to Public Health Emergencies including reproductive health in a more coordinated way. The existing COVID-19 levy could be utilized for this purpose;

6. Initiatives to increase public trust in the NHIS and its current enrolment must be undertaken. Attention must be paid to the 'cash and carry' system that seems to be creeping back into the system;
7. The proposed Network of Practice (NoP) must translate into improved primary healthcare. CHPs must be resourced to provide timely and effective primary healthcare services;
8. Adequate efforts to ensure good governance of the Roadmap and linkage with social protection systems to realize UHC must be ensured;
9. There is a need to strengthen the collection and use of disaggregated data to ensure no one is left behind;
10. Recognize and remunerate unpaid and underpaid health and care workers including community health workers; and
11. Establish a country-level, multi-sectoral accountability framework to monitor progress towards achieving UHC 2030.

CONCLUSION

In conclusion, we call on the government to move from commitment to action to realize and attain UHC by 2030. Moving to action requires adequate and clear-cut budgeting and increased investments in healthcare. Strict accountability mechanisms must be put in place to ring-fence funds allocated to healthcare.

SIGNED:

Ghana CSOs Platform on the SDGs
Website: <http://ghanacsoplatformsdg.org>
Email: csoplatformsdg@gmail.com
Tel. No.: +233(0)302716830



Alliance for Reproductive Health Rights (ARHR)
Website: www.arhr.org.gh
Email: contact.us@arhr.org.gh
Tel. No.: +233(0) 302504468

