



**Alliance for
Reproductive
Health Rights**

2022 ANNUAL REPORT

**A YEAR OF
GROWTH & REFLECTION**

ACRONYMS AND ABBREVIATION

ARHR	Alliance for Reproductive Health Rights
AHEP	Adolescent Health Empowerment Project
AIDS	Acquired immunodeficiency syndrome
AISP	Public Health Association of Cote d'Ivoire
ASRHR	Adolescent Sexual and Reproductive Health Rights
CENCOSAD	Centre for Community Studies, Action and Development
CHPS	Community-based Health Planning and Services
CSO	Civil Society Organization
EHSP	Essential Health Service Package
FP	Family Planning
HAYTAFORD	Harnessing Youthful Talents for Rural Development
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
IEC	Information, Education, and Communication
LNGOs	Local Non-Governmental Organizations
NGOs	Non-Governmental Organizations
PCs	Parent Champions
PEYORG	Progressive Excellence Youth Organization
PHC	Primary Health Care
PHCPI	Primary Healthcare Performance Initiative
RHESY	Reproductive Health Education and Services for the Youth
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RRIG	Rights and Responsibilities Initiative, Ghana
SDG	Sustainable Development Goals
SGBV	Sexual and Gender-based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STIs	Sexually Transmitted Infections
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
VEREF	Volta Educational Renaissance Foundation
WHO	World Health Organization
WNCWA	Women, Newborn, Children, and Adolescents Wellbeing
WOMEC	Women, Media, and Change

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MESSAGE FROM THE EXECUTIVE DIRECTOR



The year 2022 was an exciting year of growth and reflection for ARHR. We made significant strides toward realizing our vision of ensuring a society where universal health coverage (UHC) is achieved and drew on our strength as a network organization to learn, adapt, and grow.

With increasing calls for countries to build resilient, robust health systems for effective pandemic prevention, preparedness, response, and recovery following the COVID-19 pandemic; ARHR's work in 2022 focused greatly on advocacy for increased health financing and adequate health service delivery through a PHC lens, and strengthening partnerships with key government stakeholders, the media and other civil society organizations, both locally and globally.

Our work translated to real improvements on the ground. Our advocacy efforts contributed significantly to the prioritization of PHC in the 2023 Budget Statement and Economic Policy of Ghana. We also made substantial contributions to the review and development of key health sector policies and strategy documents, including Ghana's Health Sector Medium Term Development Plan (HMTDP 2022-2025) and Health Security policy.

At the global level, ARHR participated in the 7th Global Symposium for Health Systems Research in Columbia where we shared the importance of data in advancing PHC in Ghana and the need to rethink international cooperation and diplomacy to secure health and social protection systems against future pandemics and save lives.

Our shift in focus toward addressing RMNCAH issues from a systems perspective and through a PHC lens continued to shape the development of new initiatives and programmes. We entered a partnership with Co-Impact Gender Fund to implement a three-year (2022-2025) project. The initiative is an exciting opportunity for ARHR and partners to delve deeper into the root causes of the failings of the current PHC from a gender, intersectional, and political economy perspective and co-create an intervention that will shift PHC systems to deliver a more gender-inclusive and equitable health outcome for women and girls.

We are excited about our achievements and look forward to new opportunities in the year 2023 to strengthen partnerships at the global, regional, national, and sub-national levels to consolidate the gains and further the agenda for more gender-responsive and inclusive PHC systems.

ARHR is grateful to its Advisory Board, staff, CSO partners, state actors, project communities, media, and donors for their enormous contribution towards a successful 2022. We look forward to continued partnership and collaboration in the year ahead.

Vicky T. Okine

1.0 WHO WE ARE

The Alliance for Reproductive Health Rights (ARHR), established in 2004, is a network of Ghanaian Non-Governmental Organizations (NGOs) promoting a rights-based approach to reproductive, maternal, newborn, child, and adolescent health (RMNCAH) through advocacy, research and capacity building. With its evolution, the focus of ARHR has shifted to perceive RMNCAH outcomes as a function of strengthened health systems. We, therefore, conceptualize improvements in RMNCAH outcomes from a system perspective and recognize PHC as a strategic pathway to strengthening health systems to achieve UHC in Ghana.

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

The membership of ARHR comprises over 35 local NGOs, coordinated by a Secretariat and overseen by an Advisory Board. Aligning the interests of independent bodies working in the RMNCAH and PHC 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.

Together with state and non-state actors, ARHR works to demand for better and improved health systems. 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.

1.11 Mission: ARHR works to realize the rights of women, children and adolescents to responsive and equitable healthcare delivery.

1.12 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.

1.13 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.

1.14 Thematic Areas: ARHR continues to advocate for improved primary health care (PHC) and strengthened health systems towards the attainment of universal health coverage (UHC) and consequently, Sustainable Development Goals (SDGs) 3 (Good Health and Well-being); 4 (Quality Education); 5 (Gender Equality); and 10 (Reducing inequality within and among countries).

2.0 HIGHLIGHTS OF PROJECT ACTIVITIES

2.1 PRIMARY HEALTH CARE PERFORMANCE INITIATIVE (PHCPI) ADVOCACY PROJECT

"NEED FOR STRENGTHENED CROSS-SECTORAL COLLABORATION BETWEEN THE MINISTRY OF HEALTH (MOH) AND OTHER MINISTRIES TO ADDRESS PHC CHALLENGES PARTICULARLY PREVENTIVE AND PROMOTIVE HEALTH CARE."



Under the PHCPI advocacy project, ARHR analyzed Ghana's progress toward achieving PHC as a key foundation for UHC and health security, with an emphasis on health financing and service delivery. Findings were shared with partner CSOs and the media in a series of forums to galvanized support for increased domestic funding for PHC within Ghana's 2023 National Budget. Significantly, ARHR strengthened the capacity of CSOs across all levels to effectively leverage data to engage in national budget processes. Major activities carried out included:

2.11 Dissemination of Results of a Seven-Year Health Budget Trend Analysis

ARHR held a virtual forum to disseminate findings of a seven-year (2016-2022) budget trend analysis of Ghana's health sector to partners. Findings of the analysis revealed that although allocations to the health sector have seen an upward trend over the years, Ghana still falls short of the Abuja Declaration of 15% of national budget to the health sector. The analysis also showed that (1) throughout the seven (7) years, the compensation category has been the highest recipient of Government of Ghana's (GoG) allocations as against Goods & Services and Capital Expenditure (CAPEX), (2) consistently; total releases to the NHIS are lower than the total budget allocated. Action-oriented policy recommendations from the forum included a need for the government to:

- Ensure allocation for goods and services and CAPEX in the health budget is increased, released timely, and in full, with greater allocation for community-based health planning and services (CHPS) to improve the quality of primary health care.
- Increase incrementally budget allocation to health to enable the country to accelerate progress towards universal health coverage, and particularly in key health indicators such as maternal and child health.
- Ensure sustainable healthcare financing through innovative domestic resource mobilization and efficient use of resources.
- Ensure that NHIA's dedicated revenue streams are released in full and without delay.

2.12 Media Forum on Increasing PHC Advocacy in Ghana

The need for an active media role and collaboration for improved health systems and PHC delivery in Ghana necessitated the media forum to discuss how best the media can contribute to increasing advocacy on PHC and related issues. A total of 20 media personnel were engaged in the forum. A key outcome from the meeting was the need for strengthened cross-sectoral collaboration between the Ministry of Health (MoH) and other ministries to address PHC challenges particularly preventive and promotive health care.

2.13 CSOs Forum on PHC and Health Systems Improvement in Ghana

Civil society organizations (CSOs) working in health in the northern and southern sectors of Ghana were engaged in a forum on PHC and health systems improvement. An in-depth briefing on the current state of PHC delivery in Ghana was shared with participants as well as ARHR's seven-year health budget trend analysis. A holistic assessment of the health sector report was equally shared with participants. Key recommendations and outcomes from the meeting included:

- Need for Government to ensure sustainable funding for the health sector by building partnerships with the private sector.
- CSOs to venture into social enterprises to generate funds for PHC advocacy; and also leverage modern technology and digital tools to advance PHC advocacy.
- A communique clearly providing justification for increased allocation to the health sector was submitted to the Ministry of Finance (MoF), Ghana Health Service (GHS), and the Ministry of Health (MoH) for consideration in the 2023 budget.

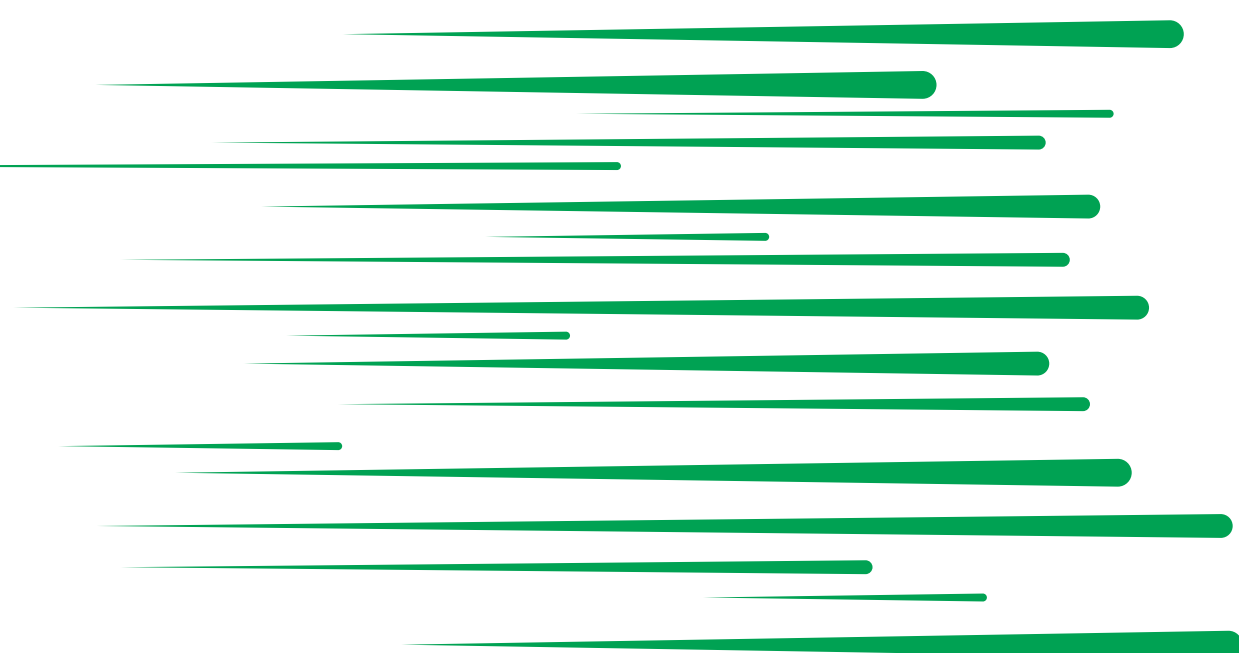
2.2 ADOVACY IN MOTION (AIM) PROJECT

"IT HAS BECOME INCREASINGLY CRITICAL THAT WE ADDRESS THE GENDER AND INTERSECTIONAL GAPS IN POLICIES RELATED TO PRIMARY HEALTH CARE TO REALIZE IMPROVED HEALTH OUTCOMES FOR WOMEN AND GIRLS. ."

With funding from Global Health Council (GHC), ARHR together with partner CSOs in a series of fora developed an advocacy strategy aimed at making gender equity central to the delivery of PHC in Ghana. It has become increasingly critical that we address the gender and intersectional gaps in policies related to primary health care to realize improved health outcomes for women and girls.



The AIM grant offered ARHR an opportunity to undertake a deep-dive problem analysis of the current primary healthcare system to have a fuller and more holistic understanding of the challenges from a gender and intersectionality perspective and to design an advocacy plan for gender inclusive systems change.



2.3 SUPPORTING IMPLEMENTATION OF THE ROLL-OUT OF THE WHO ACCESS TO COVID-19 TOOLS ACCELERATOR (ACT-A) PLAN FOR GHANA

"ASSESS COMMUNITY NEEDS, PERCEPTIONS, DEMAND AND BARRIERS TO SEEKING CRITICAL HEALTH SERVICES."

In line with our commitment to advocate for strengthened PHC in Ghana, ARHR partnered with the World Health Organization (WHO) in October 2021 to support the dissemination of the Ghana Frontline Health Service Assessment; a nationwide assessment of health care facilities carried out by the Ghana Health Service (GHS) with funding from WHO



The aim was to assess and understand firstly, readiness of facilities and their case management capacity for COVID-19 and the continuity of essential health services in the context of the COVID-19. Secondly, it was to assess community needs, perceptions, demand and barriers to seeking critical health services.

Collaborating with the GHS, a one-day dissemination meeting for state actors working at both national and sub-national levels in the southern belt of Ghana was organized to facilitate the proactive response of decision-makers in redressing gaps impeding access to essential health services, including management and treatment of COVID-19 cases. Some key recommendations to gaps included:

- Need for the GHS to strengthen M&E systems of PPE distribution
- Need for the GHS, MOH, and Regional Health Directorate to engage stakeholders and partners to support the provision of oxygen plants, ventilators, and ICU beds for district hospitals and;
- The need for the GHS to train all staff at lower-level health facilities in early diagnosis and referral

2.4 ADOLESCENT HEALTH WEST AFRICA RESEARCH PROJECT (ADOWA-GTR)

"...ENHANCING GENDER TRANSFORMATIVE AND RESPONSIVE HEALTH SYSTEMS TO ADDRESS UNMET ADOLESCENT MENTAL, SEXUAL, AND REPRODUCTIVE HEALTH NEEDS..."

The ongoing AdoWA-GTR project focuses on enhancing gender transformative and responsive health systems to address unmet adolescent mental, sexual, and reproductive health needs in Ghana, Niger and Burkina Faso. ARHR is facilitating the research uptake efforts of the project and coordinating the engagement of CSO partners in Niger and Burkina Faso in consultation with the senior lead investigators in each of these countries. As part of the process, ARHR is:

- Undertaking a mapping of stakeholders at the district level including policymakers, families, communities, and local government
- Conducting a stakeholder's analysis to understand their values, beliefs, perspectives, needs, and possible solutions to improve the health and well-being of adolescents nationally as well as at the sub-national level.



2.5 LEVERAGING SOCIAL MEDIA TO PROMOTE SRH EDUCATION THROUGH CREATIVE ADOLESCENT-LED DRAMA AND DANCE

"...CREATE AWARENESS OF SEXUAL AND REPRODUCTIVE HEALTH ISSUES AND INCREASE THE UPTAKE OF SRH SERVICES AMONG GIRLS..."

ARHR received funding from the KGL Foundation to implement an adolescent sexual and reproductive health project in the Ashiedu Keteke Sub-Metro in Greater Accra. The project seeks to create awareness of sexual and reproductive health issues and increase the uptake of SRH services among girls in project communities. Activities undertaken include:



2.51 Drama Sessions

Three drama sessions were held in three communities (Ngleshie, Kinka, and Korle-Worko) for adolescents, parents, and other community members. The drama activities were preceded by health talks and interactive sessions where young people were given the opportunity to ask questions and seek clarification on issues that affect them. The drama session covered issues spanning benefits of abstinence, forms of contraception, consequences of early childbearing including STIs, fistulae, school drop-out, unsafe abortion, preventing SGBV, and effects of drug and substance use.

- In all 1,523 people were reached during the drama sessions and 2,856 adolescent accounting for online engagements

2.52 Health Talks

We also partnered with the Ghana Health Service to organize community demand generation activities where health workers from Usher Polyclinic provided health talks to community members including adolescents, offered SRH counselling services, and referred adolescents who needed services to health facilities.

- In total, 466 adolescents were reached. Out of this number 31 adolescent girls were referred to health facilities for reasons including contraceptive use and menstrual challenges

2.53 SRH Education

ARHR leveraged the school health club at Sacred Health Senior Technical to educate first-year students on SRH and life skills. The session included discussions on building critical life skills for adolescents including assertiveness, leadership, communication, negotiation, etc.

- In total, 312 adolescents were reached with SRHR information to enable them to make informed decisions about their sexual and reproductive health and life.

2.6 REPRODUCTIVE HEALTH EDUCATION AND SERVICES FOR THE YOUTH (RHESY)

"...EMPOWER ADOLESCENT GIRLS THROUGH IMPROVED ACCESS TO REPRODUCTIVE HEALTH EDUCATION AND RESPONSIVE REPRODUCTIVE HEALTH SERVICES..."

In 2022, we continued to implement the RHESY project, a UNFPA funded initiative to empower adolescent girls through improved access to reproductive health education and responsive reproductive health services across six regions in Ghana—Bosome Freho in the Ashanti Region, Jirapa in the Upper West Region, Asheidu Keteke in the Greater Accra Region, Nzema East in Western Region, South Dayi in Volta Region, and Komenda, Edina, Aguafu, Abrem (KEEA) district in the Central Region. Major activities undertaken in the year included:



2.61 Capacity Building of Community-Based Partners & Community Facilitators

The capacities of our community-based partners (CBOs) and community facilitators were built in a workshop organized in Kumasi in the Ashanti Region. The workshop served as a platform for ARHR to discuss project implementation issues with partners across the various project districts. It also served as a forum to meet and plan the implementation of year 2022 project activities. Participants were provided insight into the new Reproductive Health Education and Services for Youth manual, developed for out-of-school adolescents in 2021. Participants also discussed issues related to gaps in implementation in the previous year and the need to develop more human-interest stories to capture success stories.

The ARHR also discussed with its partners the need for proper documentation to ensure data validation and verification. Other sessions discussed with participants included Gender issues, including sexual and gender-based violence; storytelling for advocacy, Digital Communication etc. Participants were further taken through ARHR's data collection and reporting processes for adolescent health champions, community facilitators, and CBOs. The meeting also allowed participants to interact and share lessons from the implementation of the previous year's activities across the various project districts. An interactive participatory learning approach was utilized throughout the workshop.

2.62 Refresher Trainings for Adolescent Health Champions (AHCs)

ARHR organized three-day residential refresher training workshops for 75 district-based adolescent health champions from three of the project districts - KEEA Municipal, Bosome Freho

and Ashiedu Keteke. Each district was represented by twenty-five adolescent health champions who were all girls. During the workshop, participants were provided and equipped with knowledge of the Reproductive Health Education and Services for Youth (RHESY) manual and provided skills to undertake one-on-one and small group engagement activities with their peers. The facilitators used participatory learning approaches such as brainstorming, role plays, dance, and games to educate adolescents on issues related to sexual and reproductive health rights, STIs (including HIV/ AIDS), negotiation skills, assertiveness, sexual and gender-based violence, personal hygiene, etc.

2.63 Adolescent Health Fairs

Together with our CBO partners, health fairs were organized across all six (6) project districts to provide out-of-school adolescents with information and services on SRHR, and SGBV. ARHR and partners employed a combined approach of entertainment and education to influence behavior change while building adolescents' capacities to exercise their agency. In all six (6) districts, health fairs were organized in collaboration with health providers from various public health facilities in the project districts. Topics discussed during these sessions included the prevention of unwanted pregnancies, STIs, and HIV, cultivation of values, self-respect, and dignity, overcoming and preventing sexual and gender-based including sexual abuse in relationships, etc. Health providers during the health fairs provided HIV testing and counseling services to adolescents while also checking their status for other health conditions.

- Six hundred and fifty-two (652) adolescents were reached during the health fairs in all six districts. Of this number six hundred and thirty-one (631) of the participants were females while twenty-four (24) were adolescent boys. Among the adolescent girls, two hundred and eighty-nine (289) were between the ages of 10-14 years while three hundred and fifty-seven (342) were between the ages of 15-19 years.
- Among the participants reached were one hundred and thirty-five (135) adolescents with disabilities. Disabilities recorded were physical and intellectual disability, vision and hearing impairment, autism, and albinism.

2.64 Peer-Network Meetings

ARHR and its partners across the project district during the year under review held a number of peer-network meetings. The meetings served as platforms for adolescent boys and girls to discuss issues related to their SRH rights and to be empowered to exercise their agencies. Topics such as personal hygiene, personal development, SGBV, values, STIs, self-esteem, adolescence and pregnancy, negotiation skills and assertiveness, and contraceptive usage were all discussed during these peer network meetings. Meetings were mostly interactive with various participatory learning skills employed by facilitators. These skills were employed to stimulate thinking among adolescents and included approaches such as role plays, song singing, demonstration/practice, jokes, and stories. ARHR's district-based partners engaged the services of health providers and influential people of good standing in the project communities to support the education of adolescents during these meetings.

- A hundred and forty-four (144) peer network meetings were organized in total across the project districts. A total of five thousand three-hundred and ninety-seven (5,397) adolescents were reached through these peer network meetings. Of this number, 4,675 were females while 722 were males.
- Out of the 5,397, 3,698 participants were between ages 10-14 years while 1,699 were between ages 15-19 years. Forty-three (43) of the adolescent girls reached were with various forms of

disability.

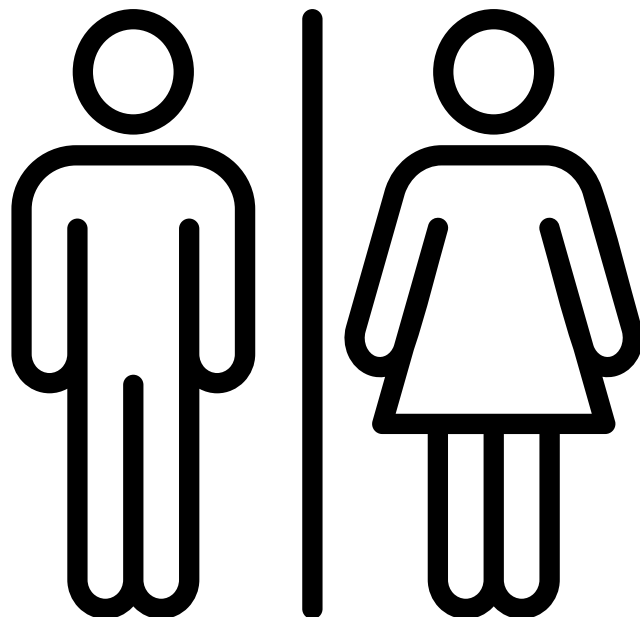
- Adolescent health champions (AHCs) working across the six districts also reached in total of 10,915 adolescents with RHEsy information. Among adolescents between ages 10-14 years, 265 were males while 5,590 were females. A total of 5,855 were thus reached for adolescents between ages 10-14 years. For adolescents between ages 15-19 years, a total of 5,060 were reached. This comprised 371 males and 4,689 females.



2.70 PUTTING WOMEN AT THE CENTER OF PRIMARY HEALTH CARE IN GHANA

"...IMPROVE PRIMARY HEALTHCARE (PHC) BY ADDRESSING THE GENDER DEFICIT IN THE DELIVERY OF CHPS AND NHIS..."

In December 2022, ARHR entered a partnership with Co-Impact to implement a three-year project that aims to improve primary healthcare (PHC) by addressing the gender deficit in the delivery of CHPS and NHIS. More specifically, the project seeks to put women at the center of CHPS and NHIS services to achieve more gender-equitable health outcomes. During the first year of the project, ARHR will focus on the development of a Vision and Strategy for Systems Change that will ensure that PHC in Ghana is inclusive and gender sensitive.



2.80 OTHER NOTEWORTHY ACTIVITIES CARRIED OUT IN THE YEAR

2.81 Virtual Forum to Highlight Innovations by CSOs in Reducing Malaria

In commemoration of the 2022 World Malaria Day, under the global theme '*Harness Innovation to Reduce the Malaria Disease Burden and Save Lives*', ARHR held a virtual forum with some CSOs and partners to highlight innovations towards reducing malaria in Ghana. Key lessons, best practices, and other interventions related to malaria prevention, control, and management were shared during the forum as part of efforts to scale up and improve malaria outcomes in Ghana and consequently, the delivery of quality health care services, particularly to vulnerable groups. ARHR's Photobook on its malaria intervention was launched at the forum and a documentary on the intervention was broadcasted.



2.82 The 7th Global Symposium for Health Systems Research

ARHR participated in the 7th Global Symposium for Health Systems Research in Columbia where the Executive Director shared on the power of sub-national measurement to advance PHC in Ghana. She discussed among other issues, the importance of data in advancing PHC at the local level and the need to rethink international cooperation and diplomacy to secure health and social protection systems against future pandemics and save lives.

2.83 Re-Imagine Global Health and PHC in a post-COVI-19 World

ARHR and partners hosted a virtual post-77th United Nations General Assembly (UNGA) conversation to examine decisions of the UNGA meeting amidst several global tsunamis, including COVID-19 responses that will impact health, wellbeing, and the development of human capital in Africa. A key outcome of the event was the need for more and better investments in PHC and measurement for stronger PHC to achieve UHC by 2030. The Executive Director delivered a call to action that called for: (1) developing PHC systems that are resilient to shocks and can deliver health services from a right perspective; and (2) integrating health security into global diplomacy (sustainable financing for health security), (3) promote self-reliance as key to addressing equity issues in PHC, and (4) adopting technology in pandemic preparedness.

3.0 KEY ACHIEVEMENTS

We strengthened the capacity of over 40 CSOs and 20 journalists across the country to engage in national budget processes and dialogues, PHC advocacy and enhanced their involvement in decision-making

ARHR's advocacy efforts significantly contributed to the prioritization of PHC in the 2023 Budget Statement and Economic Policy of Ghana

ARHR made concrete inputs and influenced health policies on health systems strengthening and health security through our engagement with relevant government stakeholders

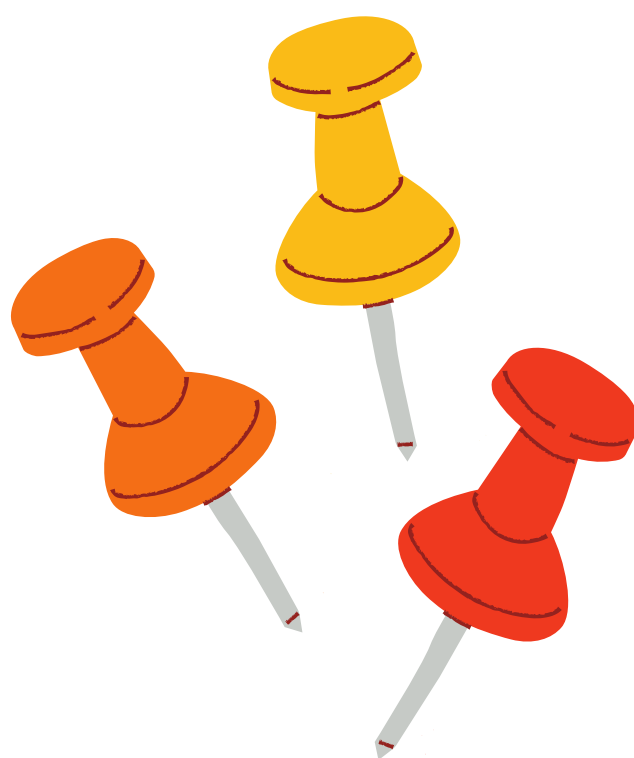
- We mobilized civil society input into key national health policies such as HSMTDP (2022-2025) and the Health Security Policy**

Our engagements and activities cumulatively contributed to the 2023 health sector budget increase from GHC 10,996,595,000 in the 2022 fiscal year to GHC 15,284,915,255.00 in 2023 – accounting for a nominal increase of GHC 5 billion



LESSONS LEARNED

- Engagement with the media is an invaluable tool for advocacy. Capacitating media to understand primary health care issues, universal health care, and other global health goals makes them allies in the journey towards attaining health for all. We have learnt that this engagement must be ongoing to foster good relationships with the media and ensure a timely response when their support is needed.
- Civic engagement is a beacon for PHC. The uptake of social accountability mechanisms into communities has helped to empower communities to demand all their needs and not just health; improve client-subnational leadership rapport and encourage community ownership.
- Multi-professional multi-stakeholder networks involving the public sector, CSO, and, media yields positive engagements within and between countries.
- Providing adolescents and young people with accurate age-appropriate information and quality adolescent friendly health services is one of the most effective strategies to improve health outcomes.
- Providing livelihood skills to out-of-school girls can contribute to improved health outcomes.
- Community members must continue to work with the health workforce to positively influence the political agenda and effect the desired changes towards an improved health care system



5.0 CONCLUSION



In all, 2022 was a year with great gains and lessons learnt. We continued to manage existing partnerships and develop new ones both in-country and that at the national and global levels.

Most of our expectations were met and gains made will be consolidated in the coming years.

ARHR remains steadfast in its advocacy efforts for strengthened primary health care as the strategic pathway to realise UHC by 2030 and ensure that no one is left behind.



Alliance for Reproductive Health Rights

9, Apple Street, East Legon
P. O. Box KD 1012, Kanda, Accra
Tel No: +233 243690339 / +233 302504468
Email: contact.us@arhr.org.gh
website: www.arhr.org.gh

Facebook: Alliance for Reproductive Health Rights
LinkedIn: Alliance for Reproductive Health Rights
Twitter: @arhrghana
Instagram: @arhrghana
TikTok: @arhrghana