

EVALUATING GENDER SENSITIVITY AND INTERSECTIONALITY IN GHANA'S PHC POLICIES: INSIGHTS FROM A COMPREHENSIVE SCOPING REVIEW



INTRODUCTION

Primary health care (PHC) remains critical for achieving universal health coverage (UHC) by reducing healthcare inequalities, particularly in deprived and vulnerable populations. Despite international efforts and substantial scholarship on access to PHC, the gendered nature of these services remains a critical dimension.

In Ghana, PHC delivery is significant in citizens' well-being, especially in underserved communities. However, barriers such as inadequate resources, long travel distances, high service costs, and social constraints prevent many women and girls from accessing quality PHC. Addressing these barriers requires integrating gender sensitivity into service delivery processes, training, and policies, as highlighted by various WHO reports and frameworks. The United Nations' Sustainable Development Goals (SDGs), particularly SDG 5 on Gender Equality, further emphasize the need for gender-focused targets and investments in women's health services. These efforts underscore the importance of gender-responsive PHC systems in promoting equitable health outcomes.

ARHR'S CO-IMPACT-FUNDED INITIATIVE

It is against this backdrop and in recognition of the multiple and intersectional barriers women and girls encounter when accessing PHC that ARHR is implementing its Co-Impact funded initiative "Putting Women and Girls at the Centre of Primary Health Care System in Ghana: Achieving the Gender-Responsive Primary Health Care System of the Future." The project seeks to increase women and girls' utilization of health services, enhance their ability to negotiate resources for better health outcomes, and boost their participation in decision-making through PHC review, planning, and budgeting sessions.

SUMMARY OF RESEARCH

To implement this project effectively, ARHR saw as essential an assessment of the gender sensitivity and intersectionality of existing PHC services in Ghana. This includes understanding how factors such as ethnicity, socio-economic status, geographical location, age, disability, etc., intersect with gender to influence access to PHC.

By applying an intersectional gender analysis, the study sought to uncover the root causes of health inequities and develop targeted interventions to improve PHC accessibility and quality for women and girls in Ghana. ARHR conducted a scoping review of 9 key Health and PHC policies and strategic plans. Notable were the National Health Sector Gender Policy (2023), National Health Policy (2020), Ghana's Roadmap for Attaining UHC (2020 – 2030), and the Adolescent Health Service Policy and Strategy (2016-2020).

These documents were evaluated to ascertain the extent to which they consider gender and intersectional gender issues using three indicators: 1) whether the policy mentions/highlights gender issues in health burden, access, and outcomes; (2) whether the policy mentions/ highlights gender sensitivity/mainstreaming in policy/service development or implementation; and (3) whether the policy mentions/highlights intersectionality in understanding and addressing policy/service development or implementation challenges.

FINDINGS FROM ASSESSMENT

In general, all the nine (9) policies reviewed mention or highlight gender issues in health including gender differences in disease burden, gender differences in access to care, or gender differences in health outcomes. Similarly, most of the policies reviewed (7 out of 9) mentioned and/or highlighted gender sensitivity/mainstreaming in policy/service development, provision, or implementation.

However, there was a huge gap in considering intersectionality issues in understanding and addressing policy/service development or implementation challenges. Only the National Health Sector Gender Policy (2023, 2009) highlighted some aspects of intersectionality. Additionally, while gender sensitivity and intersectionality provide a framework for analyzing health problems and needs, no clear tools are available for such assessments in Ghana.

The findings indicate that most of Ghana's PHC and related health policies do not fully incorporate gender sensitivity and intersectionality. Evidence suggests that the organization and provision of PHC systems and services can limit or enhance different gender groups' access to healthcare information, support, and services. Therefore, prioritizing gender sensitivity throughout PHC policy formulation, execution, and service delivery is crucial. This is a key step towards Ghana's goal of achieving UHC by 2030.

Policy revision and advocacy are needed to ensure intersectional issues are thoroughly considered. The lack of gender sensitivity and intersectional considerations in PHC-related policies could result in services that are gender-insensitive or completely gender-blind, failing to recognize gender as a crucial determinant of life choices. With the Ministry of Health (MoH) currently revising the National Health Sector Gender Policy, it is an opportune moment for CSOs to contribute and ensure that intersectionality is fully incorporated and emphasized in the revised policy.

RECOMMENDATION

In practice, integrating gender sensitivity into policy development involves several key considerations.

Firstly, policies should be crafted with a keen understanding of how gender norms and roles impact health-seeking behaviors and healthcare utilization. This entails conducting gender analysis at every policy formulation stage to identify and address potential disparities.

Secondly, implementing gender-responsive strategies within healthcare service delivery is essential. This encompasses ensuring equitable access to services, tailoring interventions to address specific gender-related health needs, and fostering an inclusive and non-discriminatory healthcare environment. This also includes capacity building in how to undertake gender sensitivity assessment/evaluation of PHC policies, programmes, and services that are implemented across the different levels of the healthcare system using a framework that considers the core principles of intersectionality and the factors intersecting with gender affecting access to quality primary healthcare in Ghana.

Additionally, capacity building among healthcare providers is vital to enhance their awareness and competency in addressing gender-related issues sensitively. Training programs should encompass gender-responsive communication skills, cultural competency, and recognizing and mitigating gender-based biases in clinical practice. Likewise, leveraging community engagement and participatory approaches can enhance the relevance and effectiveness of healthcare interventions. By involving diverse gender groups in decision-making processes, healthcare initiatives can better reflect the needs and preferences of the populations they serve.

In essence, mainstreaming gender sensitivity in primary healthcare policy and practice is not just a moral imperative but a strategic necessity for achieving UHC. By acknowledging and addressing the intersecting influences of gender on health outcomes, Ghana can foster a more inclusive, equitable, and effective healthcare system that leaves no one behind on the path to universal health coverage.