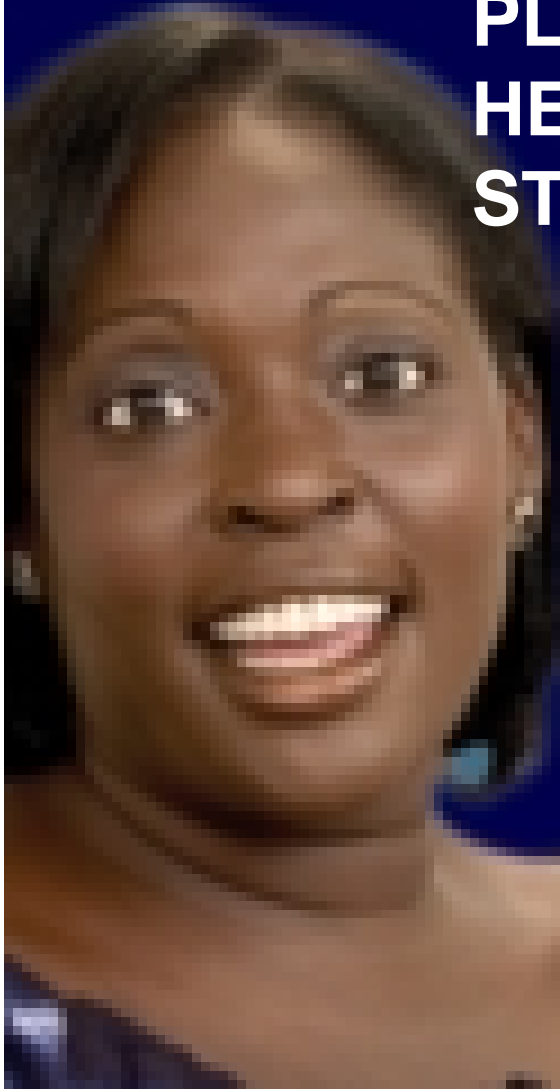




ADVOCACY FOR INCLUSION OF FAMILY PLANNING ON GHANA'S NATIONAL HEALTH INSURANCE SCHEME: A CASE STUDY OF THE ROLE OF CSOs

*Presented by PPAG, CEDEP, AWLN & ARHR
on behalf of
All Partners in Reproductive Health in Ghana
at
The Women Parliamentarians Meeting
on
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Kampala*



Outline

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- Current Situation
- Contraceptive Funding Situation in Ghana
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- Determining Advocacy Issues
- Advocacy Strategy & Roll Out
- Achievements
- Work with Champions & Sub Grantees
- Challenges
- Lessons Learnt
- Way Forward
- Conclusion

Background

- Substantial investments made in reproductive health by governments and development partners
- Shortages of RH Supplies (particularly, contraceptives) undermining progress towards health MDGs & ICPD Goals
- Health systems in place: maternal health units, family planning services, health professionals, policies and procedures, etc.
- Many women still fail to receive contraceptives and information they need

Current Situation

- Unmet need for contraceptives- 26.4% (MICS, 2011)
- CPR is 23% for modern methods (MICS, 2011)
- Maternal Mortality Rate - 350 per 100,000 live births- (WHO/UNFPA/WORLD BANK TRENDS IN MMR REPORT 2008)
- High under five deaths (80 per 1000 live births)
- Free health care for pregnant women (since July 2008) up to delivery has increased supervised delivery (68.3% - MICS, 2011) and neonatal care

Contraceptives Funding Situation in Ghana

- Ghana dependent on Development Partners (DPs) for implementing its FP programme since the 1970s
- Contraceptives provision under NHIS yet to be operationalized
- Contribution from DPs over the years exceeds that of Government of Ghana/Ministry of Health (GoG/MoH)

National Level Advocacy

- Advocacy began from 2007 and still ongoing
- Partners in Reproductive Health brought together

Partners in RH

- Planned Parenthood Association of Ghana (PPAG)
- Centre for the Development of People (CEDEP)
- Alliance for Reproductive Health Rights (ARHR)
- Ipas Ghana
- Human Rights Advocacy Centre (HRAC)
- Environmental Protection Association of Ghana (EPAG)
- Northern Sector Action on Awareness Centre (NORSAAC)
- Society for Women and AIDS Ghana (SWAA, Ghana)
- The ARK Foundation
- African Women Leaders Network (AWLN)
- Africa Women Lawyers Association (AWLA)
- Ghana Pentecostal Council
- Ahmadiyya Muslim Mission
- JSI/Deliver
- UNFPA
- Key RH Advocates accepted to be part – Dr. Arkutu, the Late Dr. R.B. Turkson, Dr. Cecilia Bentsi among others
- Ghana Health Service
- National Population Council

Rationale for the Advocacy

- Attention on Family Planning shifted to HIV and AIDS
- An expanded NHIS coverage for family planning could make the medical care costs of additional births zero for couples who avail themselves of the services
- Lack of NHIS coverage for family planning is providing a marginally negative incentive to delay or limit births

Goal of the Advocacy

It is to increase tangible financial and political commitment to sustainable reproductive health supplies, particularly contraceptives.

Objectives of the Advocacy

- To advocate inclusion of FP on the NHIS
- To get an explicit budget line for contraceptives in the National Budget
- To include contraceptives in the Essential Medicines List (EML)

Advocacy Strategy

The key strategy of the advocacy was to develop a holistic communication strategy document that spelt out the problem, identified all the relevant audiences and formulated key messages targeted at all such audiences

Launch of Advocacy Strategy titled “It is Time to Take Charge” on March 26th, 2010



Media Campaign

- Rigorous media campaign embarked on
- A lot of attention was given to issues of contraceptives in Ghana through the media campaign
- Press releases/articles sent to major media houses (both print and electronic)

Newspaper Clippings

The Chronicle
P.O. Box 10, Westwood, Accra, Ghana. Tel: 011 22 4 870 4471

FAMILY PLANNING MATERIALS SHOULD BE FREE UNDER NHIS

- PPAG suggests to gov't

By Chris Evans
THE PRESIDENT of the Planned Parenthood Association of Ghana (PPAG), Mrs. Bamba Bree Fletcher, has called on the government to make provision for both male and female condoms, pills, and other family planning methods such as injection and vasectomy services, to be free of charge under the National Health Insurance Scheme (NHIS).

Speaking at the launch of the Advocacy Strategy Document, developed by the PPAG and its partners in the reproductive health sector in Accra recently, she noted that family planning had literally been ignored as a public health priority in the country, and the programme is increasingly under-funded.

"Currently, family planning services are not covered as part of the NHIS, and therefore these services are excluded from the benefits package, since it was launched in 2003. Family planning is an 'essential good', just like immunisation, and should be offered free through the Ghana Health Service and its accredited clinics," Mrs. Fletcher added.

The advocacy drive by the PPAG is for the increase of financial and political commitment to reproductive health supplies in general, and contraceptives in particular, by the Family Division of the Ghana Health Service, the Inter-Agency Coordinating Committee on Contraceptive Security (IACC-CS), as well as non-governmental organisations, working in the area of reproductive health.

She further noted that the 2008 Ghana Demographic and Health Survey (GDHS) revealed that 13 per cent of adolescents had begun bearing children, which reflects the lack of quality family planning services to a very important and needy section of the population.

"Neo-natal mortality of 29 per cent contributes significantly to under five mortality, whilst induced abortion, due to unplanned and mis-timed pregnancies, contribute 11 per cent to maternal mortality, which is already high at 451 per 100,000 live births, according to the 2007 Ghana Maternal Health Survey," Mrs. Fletcher added.

She outlined the contradictions between the commitment level of the multinational donors which far exceeds that of the government of Ghana and Ministry of Health, noting, "Multinational donors provided US\$172 million worth of contraceptive supplies to the developing world in 1996. "Despite the rising need for contraceptives, by 1999 that number had dropped to US\$154 million.

"From the period 2003 to 2009 for example, whereas the total donor contribution for funding Family Planning, in terms of percentage, was 63.3, that of the government was just 16.7."

The Country Director of IPAS, Dr. John Kuma Appiah, on his part, said the usage of contraceptives had dropped from 19 to 14%.

He said the nation had failed to educate women on the use of contraceptives, which could have saved them from reckless abortions, causing the high rate of women dying at the hands of quack doctors performing such abortions.

"Abortion should be covered by NHIS, to the prevention of senseless deaths occurring in the country. If a woman cannot negotiate for safe sex in this country, we have failed as a nation in promoting that woman," Dr. Appiah noted.



Mr. Sylvester Adeniyi, C.F.E., National Health Insurance Authority

Newspaper Clippings Cont'd

Daily Graphic

THURSDAY, APRIL 6, 2012 NO. 18,212 PRICE: GH¢1.00

Funding reproductive health supplies

By William Quartey

Ownership

IN the few decades since it gained its independence, Ghana has enjoyed significant goodwill and has been a fortunate beneficiary of various forms of assistance from the international community.

Foreign donors have made investments in diverse areas such as infrastructure, education, and governance, and one segment of the society that has benefited immensely has been the health sector.

Development Partners have supported the training of health professionals, nationwide health awareness campaigns and the building of infrastructure such as hospitals and clinics.

In addition to this support, foreign donors have been instrumental in contributing to the provision of Reproductive Health supplies within our communities. These commodities include condoms for males and females, oral contraceptive pills, injectables and other resources which contribute to the reproductive health of the nation.

By providing such technical assistance, donor agencies have, for many years, helped our nation to avert catastrophic safety, curb the spread of HIV and other sexually transmitted diseases, improve the condition of maternal care and increase access to quality reproductive health services. With the help of Ghana's foreign benefactors, the structures and institutions necessary for the continued promotion and dissemination of Reproductive Health (RH) services have been built. There has been limited financial support from the government or from corporate organisations.

It is now time for Ghana to take responsibility for the reproductive health of its citizens. It is also now up to the government, as well as individuals and institutions from the private sector, to take charge of this critical developmental issue. The donor community is also reducing its funding to this area and calling for our nation to make the definitive transition from "donorship" to "ownership". Key foreign donors intend to further reduce their support for Reproductive Health supplies globally.

If Ghana is to take up this responsibility as it must, immediate changes must be made, for instance, to the government's annual budget. At present, the government's budget lines have remained the same over the years although costs for RH commodities keep increasing as a result of increasing population.

The implications of this are staggering. Given the imminent withdrawal of donor funds, the onus is on the state to begin making immediate provisions to finance the government and dissemination of Reproductive Health commodities. If the government should fail to step in and fill the vacuum created by the termination of donor programmes, the consequences on our nation will be long-lasting, widespread and extremely destructive.

Accountability

In its 2008 presidential campaign, the National Democratic Congress (NDC) campaigned on a four pillar platform that covered the Ghanaian people of its firm commitment to transparent and accountable governance, building a strong economy that provides employment, investing in people, and, finally, expanding infrastructure for economic growth.

The Reproductive Health of the people is intrinsically linked to the attainment of these pillars and therefore, deserves urgent attention by the government.

Accountability is fundamentally connected with responsibility. An administration is answerable to its people precisely because it takes upon itself the responsibility of providing the best socio-economic environment for their welfare.

The health of the Ghanaian people is a vital component of that welfare. If the government does not do all in its power to make Reproductive Health a priority and ensure that Reproductive Health supplies reach the people, the efforts – steep increases in unwanted pregnancies and therefore abortions, high rates of sexually transmitted infections and a surge in teenage pregnancy – will be terribly destructive to the health of the populace. Given its own calls for accountability, the administration will surely be called upon to answer for this failure.

Human Capital Development

Projecting the long-term effects of a lack of Reproductive Health supplies on the nation brings the issues of employment and human capital development to the fore. The nation's workforce is only as productive as its collective health allows; therefore, if jobs are created but individuals are not healthy enough to perform, productivity plummets, output suffers and development stagnates.

Reproductive Health also has implications for the development of people. A shortage of Reproductive Health supplies, the effect, will severely impede any contributions made towards human capital investment. Disease and illness will be prevalent; pregnant teenagers across the country will compromise their education; unwanted children will be born with limited or no prospects for their lives.

In addition to these effects, the nation will experience crippling overpopulation as the number of annual births steadily increases. The effects of these and other consequences on our communities will be overwhelming and are sure to inhibit development nationwide.

Infrastructure

Infrastructure is also fundamentally connected with the issue of Reproductive Health supplies, precisely because these materials are a proven means of population growth. The more the population grows, the greater the toll it takes on the nation's infrastructure.

New roads must be built, for example, to accommodate the increased volumes of traffic that will result, and old roads must be expanded and repaired at significant cost to the national budget. Demands on water supply and the national power grid are already stretched beyond capacity, resulting in the need to ration these utilities in certain parts of the country.

Our cities already suffer from overcrowding and the extreme challenges that accompany such conditions, including poor sanitation and shortage of accommodation and yet the rural-urban migration continues. The population growth that will occur if the supply of Reproductive Health materials is not assured will place unprecedented pressure on our society and its already strained infrastructure. This is guaranteed to have a negative effect on economic growth.

• Time to take charge

A Better Ghana

The first pillar objectives of the current administration – accountability, increased employment, investment in people and expanded infrastructure – therefore, hang in the balance. By implication so does the promise of the National Democratic Congress to "Build a Better Ghana".

In order to ensure that the decline of foreign financing for Reproductive Health supplies does not cripple Ghana's development, the government must take immediate action.

The second step is for the administration to include in the annual budget funding for Reproductive Health supplies. Third, an advocacy campaign must be launched to compel private individuals and institutions to supplement the government's efforts with additional funds. Given the far-reaching implications of this issue for Ghana's development, the government must act now and do so swiftly and decisively.

Interactions with Policy Makers and Government Aides

Partners had interactions with:

- Minister of Finance – Dr. Kwabena Duffuor
June 4, 2010
- Ministers for Women and Children's Affairs
– Hon. Akua Sena Dansua
- Parliamentary Caucus on Population and Health
- Chairman of the National Health Insurance Council – Hon. Edward Doe-Adjaho

Interactions with Policy Makers and Government Aides Cont'd

- Director for Policy at the Office of the President – Dr. Christine Amoako-Nuamah
- Meeting with Parliamentary Select Committee on Health to Review the NHIS on 1st July 2011
- Meeting with Board of the NHIA led by Hon. Nana Oye Lithur
- Meeting with Members of Parliament from the Women Caucus, Gender & Children's Caucus and the Health Select Committee

Partners interact with Finance Minister – Hon. Dr. Kwabena Duffuor



IEA EVENING ENCOUNTERS with PRESIDENTIAL HOPEFULS

- Partners engaged with Presidential Candidates at Institute of Economic Affairs' (IEA) Evening encounters for the 2012 Elections
- FP & Maternal Health were key during questioning of candidates

Creating Demand for FP through Champions & Sub-Grantees

Rationale:

- Mobilize grass root support for the national level advocacy
- Explore funding opportunities for contraceptives in the Districts such as the District Assembly Common Fund
- Initially worked with five sub grantees
- Their capacity has been built in advocacy and media relations

Work with Sub-Grantees & Champions Cont'd

- Sub-Grantees & Champions are undertaking local level advocacy for maternal health and family planning
- CEDEP, NORSAAC, ARHR, SWAA & EPAG
- Champions include Hon. Nana Oye Lithur, Maa Afia Konadu (Peace FM), Nana Ahwer – Gomoa Abodom, Nii Adjei Kraku II – Tema Mantse, Shamima Muslim (CITI FM), Rev. Eddie Cofie (Ghana Pentecostal Council, Rosemary Ardayfio (Graphic Communications), among others

Photos of Champions in Action



More Photos on Champions



Participation in ICC-CS Meetings

- Participation in the Inter-Agency Coordinating Committee on Contraceptive Security (ICC-CS) Meetings by CSOs
- Information hub
- Sharing of experiences and lessons
- Partnership Strengthened

Advocacy Tools

- 3 Documentaries produced and aired on major TV Networks – ‘It is Time to Take Charge...’ The Impact of contraceptive shortages: a case study of Kwahu Nteso, Eastern Region, Making Motherhood Matter (M3), Voices of Traditional Leaders on Family Planning aired on GTV
- Position Papers: The Case for Including FP on the NHIS & Increased Budgetary Allocation for Contraceptives by Government and Fact Sheets

Advocacy Tools Cont'd

- Position Paper: FP for Ghana's Socio-Economic Development: The Interplay of Food Security & Environmental Sustainability
- SMS Messaging to Parliamentarians
- Billboards
- Fact Sheets
- FP Souvenirs

In Ghana out of every **100,000**
live births **350** women **DIE**



It's Time to Take Charge of
Our Reproductive Health Supplies



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- **Several other NGOs have worked actively, either directly or indirectly for inclusion of FP on Ghana's NHIS**

AWLN's role in Support of FP Supplies Advocacy

- **First FP Week Launch** - AWWN supported this novel idea that started in 2011
- **Policy Dialogue** – with the Health and Finance Committees of Parliament on FP Funding
- **FP Sensitization for Parliamentary Candidates** for 2012 elections
- Support for MP's to make statements on FP

Hon. Della Sowah (MP, Kpando) [middle] delivered speech at 2013 FP Celebration



ARHR's Role

- MAMAYE Project - Evidence for Action Project – researching unmet need for FP to make case for increased funding for FP
- Operating a Website that shares research information on and promotes maternal health
- Advocating quality basic universal access to health care, including FP services that is free at the point of use
- Produced a documentary on Maternal Mortality in Ghana titled – *The lights have gone out Again*

Mamaye & UHCC Campaigns: Marching to Save Mothers & Babies



CEDEP's Role

- Engagement with District Level Authorities on FP
- Actively working and in collaboration with other Partners on FP inclusion on the NHIS
- Educating communities on the myths and misconceptions on FP
- Researching FP Stigmatization

Achievements of the Advocacy

- All contraceptives included on Ghana's EML
- Family Planning is now part of the benefits package of the NHIS - National Health Insurance Act, 2012 (Act 852, Section 30)
- Govt. allocates funds for FHD's programmes & activities per the 2014 Health Budget - 0.26%
- Political parties have integrated FP & Maternal in their Manifestos

Achievements Cont'd

- Costing of FP on the NHIS has been completed and submitted to the Minister of Health
- Costing was done at the request of the Parliamentary Select Committee on Health when Partners met them to defend why FP on NHIS was crucial

Challenges

- Change of Government and Administration
- Frequent change of Ministers of Health delaying process
- Legislative Instrument on Act 852 yet to be passed
- Time Constraints with development of Advocacy Strategy
- Decision making can be slow
- Oversight in the recognition of Partners can be costly

Lessons Learnt

- Budget mapping of health financing in Ghana was key
- Get political parties to commit to FP issues during the electioneering campaign
- Use less technical Advocacy Tools - e.g. Making Motherhood Matter Documentary, The Lights Have Gone Out Again
- Advocacy thrives on effective networking and partnerships
- Engage the services of consultants but involve technocrats also

Way Forward

- Follow up on Minister of Health to determine FP package under the benefits package of NHIS
- Follow up Government's commitments to FP2020 & other commitments – Documentary to be released next year
- Follow-up on commitments of the three (3) Parliamentary Groups and continue to advocate policy makers & Govt. Aides
- Build on work of Partners in RH

Way Forward Cont'd

- Continue work with our new FP Champion for FP2020 – Hon. Dr. Twum-Nuamah

Conclusion

Advocacy is expensive, time consuming and demanding. It requires a lot of tact and patience. A consistent review of strategies is therefore expedient for maintaining momentum and relevance for the realization of set goals and objectives.

THANK YOU FOR YOUR ATTENTION