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 30th September 2014 at the Speke Resort, Kampala
Outline

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- Conclusion
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)
FAMILY PLANNING MATERIALS SHOULD BE FREE UNDER NHIS

- PPAG suggests to gov’t

By Chris Tewa

THE PRESIDENT of the Planned Parenthood Association of Ghana (PPAG), Mrs. Beatriz Brew-Addo has called on the government to make provision for both male and female contraceptives, pills, and other family planning methods such as injections and vasectomy services, to be free of charge under the National Health Insurance Scheme (NHIS).

Speaking at the launch of the Advocacy Strategy Document, she described the NHIS and its partners in the reproductive health sector as a secret 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, even though the programme was launched in 2005. Family planning is an essential good. Just like the basic healthcare service, it should be free through the Ghana Health Service and its accredited clinics,” Mrs. Brew-Addo added.

The advocacy drive by the PPAG is in line with the increase of financial and political commitment with reproductive health supplies in general, and contraceptives in particular, by the Family Division of the Ghana Health Service, the Inter-Agency Committee on Contraceptives (IACCC), and other governmental organizations, working in the area of reproductive health. She further noted that the 2008 Ghana Demographic and Health Survey (GDSR) revealed that 12 per cent of adolescent girls had begun bearing children, which reflects the lack of quality family planning services to a very important component.

“Non-sterilization mortality of 20 per cent contributes significantly to under-five mortality, whilst induced abortion, due to unplanned and wantoned pregnancies, contribute 11 per cent to maternal mortality, which is already high at 452 per 100,000 live births, according to the 2007 Ghana Maternal Health Survey,” Mrs. Brew-Addo added.

She outlined the contradictions between the commitment level of the national government towards reproductive health, and the current situation in the country: “The government of Ghana and Ministry of Health, acting. Multinational companies spend US$7.5 million worth of contraception supplies to the developing world in 2009. Despite the rising need for contraception, by 1999 that number had dropped to US$3.5 million.”

“From the period 2003 to 2009, for example, whereas the total donor contribution for funding Family Planning, in terms of percentage, increased from 8.5% to 6.5% of the MDG,” she added.

The Country Director of PPAG, Dr. John Krome Attafu, on his part, said the use of contraceptives had dropped from 19 to 14%.

He added that there was a need to educate the public on the use of contraceptives, which could have saved them from unwanted abortions, causing the high rate of women dying at the hands of quack doctors performing such abortions.

“Abortion should be covered by NHIS, and the need for women to be properly protected and counselled needed to be met,” Mr. Attafu said.

Mr. Seth Boamah, CTU National Public Relations Officer, seconded the call.
**Funding reproductive health supplies**

**Ownership**

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 development issue. The donor community is also reducing its assistance in this area and calling for our nation to make the reproductive health system a “donorship” to “ownership”. Key foreign donors intend further to 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 at a rate of increasing population.

The implications of this are startling. Given the intermitent withdrawal of donor funds, the time is on the state to begin making immediate provisions to finance the procurement and distribution of Reproductive Health commodities. If the government should fail to act in time, and the whole country would suffer.

**Accountability**

In its 2008 presidential campaign, the National Democratic Congress (NDC) campaigned on a platform that promised to address the Ghanaian people’s enthusiasm for a transparent and accountable government. The government has in fact delivered on this promise.

**Time to take charge**

The presence of Reproductive Health supplies on the nation is relevant to the issues of foreign human capital development and the government’s continued development process. The nation’s workforce is in essence its collective health, therefore, if jobs are created but individuals are not healthy, the country’s development will be still-like.

**Human Capital Development**

In addition to the long-term effects of a lack of Reproductive Health supplies on the nation brings the issue of foreign human capital development to the fore. The nation’s workforce is in essence its collective health, therefore, if jobs are created but individuals are not healthy, the country’s development will be still-like.

**Infrastructure**

In addition, the issue of Reproductive Health supplies on the nation brings the issue of foreign human capital development to the fore. The nation’s workforce is in essence its collective health, therefore, if jobs are created but individuals are not healthy, the country’s development will be still-like.

The second step is for the administration to include in the annual budget funding for Reproductive Health supplies. A second step is for the administration to include in the annual budget funding for Reproductive Health supplies. A second step is for the administration to include in the annual budget funding for Reproductive Health supplies. A second step is for the administration to include in the annual budget funding for Reproductive Health supplies. A second step is for the administration to include in the annual budget funding for Reproductive Health supplies.
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
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
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** - AWLN 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
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
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
Continue work with our new FP Champion for FP2020 – Hon. Dr. Twum-Nuamah
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