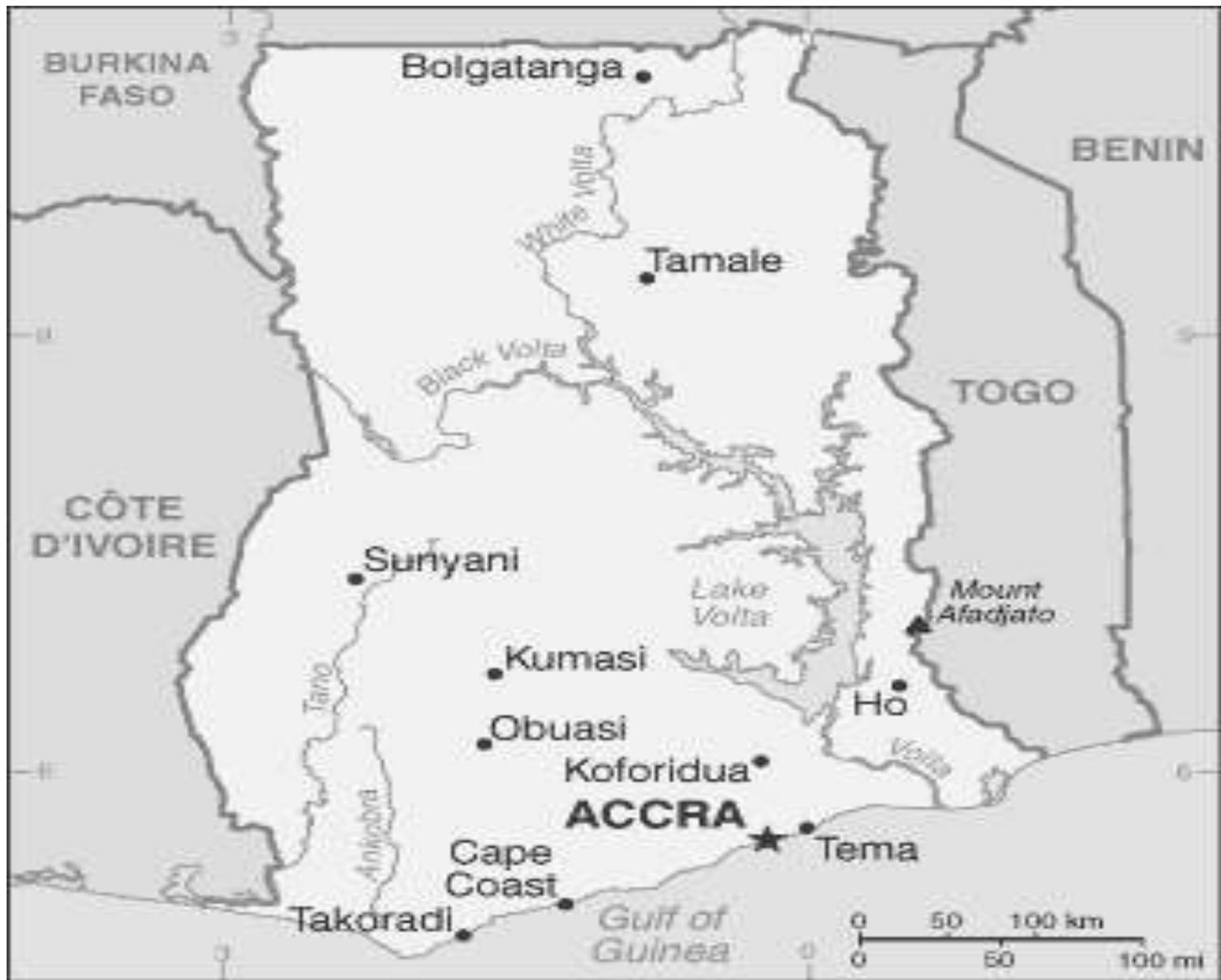


GHANA

Presentation on the Implementation of the
Maputo Plan of Action, PCC Africa
Regional Meeting, Dakar, Senegal, 28th
November 2011



General Background

- Population size – 24.223, 431 (2010) projected to 25m in 2011
- Population growth rate – 2.4 percent (2010)
- Life expectancy –57years males, 60 years females
- Contraceptive prevalence rate - 17 percent for modern methods (2008)
- Unmet need for FP – 35 percent (2008)

General Background

- Maternal mortality Ratio– 350 per 100,000 live births (2008)
- Under Five Mortality Rate– 80 per 1000 live births (2008)
- Infant Mortality Rate – 50 per 1000 live Births (2008)
- Births attended by skilled providers – 59 (2008)percent
- HIV Prevalence – 1.9 percent, WHO/UNAIDS 2010, ANC prevalence 2.9

General Policy Environment

- Global, and Regional Agreements and Conventions: Includes adoption and commitment to ICPD, MDGS, Maputo Plan of Action and Abuja etc.
- National Policies – National Population Policy, 1994, Reproductive Health Policy and Standards, (Revised, 2003) Repositioning Family Planning, 2006-2010 Millennium Acceleration Framework, 2010, National HIV & AIDS Strategic Plan 2011-2015, Roadmap for Maternal and New Born Health, 2008, Emergency Obstetric and Neonatal Care Needs Assessment, 2010

General Policy Environment

- National Development Policy Framework – Ghana Shared Growth and Development agenda (GSGDA) 2010-2013; Health – Improving access to quality maternal, child and adolescent health services
- Population – Repositioning FP as a priority in national development
- Sector and district development plans – Takes inspiration from the GSGDA, 2010 -2013, Health Sector Plan, Population Sector Plan
- Overall monitoring by NDPC also sector and district monitoring and evaluation plans

Integration of HIV/STI, Malaria and SRH Services into PHC

- Progress/achievement
- HIV testing and Counseling integrated into service delivery points in health facilities – ANC, ART, DOTS, SRH, STI-
- HIV prevalence from Antenatal Care Clinic (ANC) sentinel surveillance among youth aged 15-24, decreased from 3.2% in 2002 to 1.9 % in 2008. The reduction in the spread of HIV could be attributed to awareness creation, accessibility to anti-retroviral therapy (ART), counseling and testing.
- Capacity building for large numbers of health care providers
- Number of people counseled increased from

Integration of HIV/STI, Malaria, SRH, Services into PHC

- Progress/Achievement
- PMTCT site available in all districts – national, regional, district health centers – 408 in 2007 to 793 in 2009 The number of women counseled and tested also increased from 104,045 to 381,874 during the same period.
- Promotion of the use of Insecticide treated nets especially by pregnant women and children

Strengthening of Community based STI/HIV/AIDS and SRHR Services

- Progress/Achievement
- Community-Based Health Planning and Services (CHPS) programme initiated to provide community-based health service through partnerships with community leaders, and social groups.
- CHPS compounds are established in areas without health facilities with stationed community Health Officers to attend to the health needs of the people. Basic health care services are integrated with reproductive care services.

Strengthening of Community based STI/HIV/AIDS and SRHR Services

- Progress/Achievements
- With the introduction of free maternity services and the introduction of the CHPS compounds some barriers for accessing skilled maternity care have been removed. Fifty-seven (57percent) of deliveries occur in health facilities (48 percent in the public sector as against 9 percent in the private sector). Home births are much more common in rural areas (58 percent) than in the urban areas (17 percent).
- Community Programmes -Time with Grandma
- Partnership between GHS and Transport owners in the referral of pregnant women to health facilities

Family Planning as key Strategy for the Attainment of the MDGs

- Progress/Achievement
- Roadmap for repositioning family planning in Ghana became essential as expected targets in family planning fell behind reach and so issues on FP needed to be re-strategized.
- Development of the Ghana National reproductive Health Commodity Security Strategy 2011-2016 to make available, continuous supply and choice of quality contraceptives.

Family Planning as key Strategy for the Attainment of the MDGs

- Progress/Achievement
- First FP Awareness Week celebrated in September 2011 in Ghana to coincide with World Contraception Day

Youth Friendly Services positioned as key strategy for youth empowerment, development and well being

- Progress/Achievement
- 7-year (2009-2015) National Strategic Plan in health and development of adolescents and young people - rights to information and education, life and livelihood skills, leadership skills, youth friendly services and counseling, safe and supportive physical, psychological and social environment as well as opportunities to participate in programs that affect them

Youth Friendly Services positioned as key strategy for youth empowerment, development and well being

- Progress
- Youth corners and youth friendly services are being established nationwide by the GHS, CHAG and PPAG. 129 youth corners are functioning nationwide. Annual Adolescent Health Development Program (AHDP) 2009 shows that
- Several programmes being undertaken by stakeholders broad areas of education (school curriculum for basic education, and other informal settings), media campaigns, counseling, youth development, peer education and service provision.

Youth Friendly Services positioned as key strategy for youth empowerment, development and well being

- Progress/Achievement
- E.g.. Time with Grandma, Know Your HIV/AIDS Campaign, youth clubs etc.

Incidence of Unsafe Abortion

- Progress/Achievement
- There is little data on unsafe abortion in Ghana
- PAC - preventing unwanted pregnancies through FP counseling and services, provision of safe abortion services where permitted by law, managing and/or referring abortion complications, linking post abortion care to other related health care services, creating public awareness on the dangers of unsafe abortion and educating clients on the complications of abortion.

Access to Safe Motherhood and Child survival services increased

- Progress/achievement
- In 2009, 92.4% of expected pregnancies were registered for antenatal, an increase from 88.7% in 2005. About 82% of registrants made at least four visits in 2009. The current package of ANC services include:

Malaria prevention through (IPT) with Sulphadoxine – Pyrimethamine (SP) and promotion of the use of insecticide treated mosquito nets.

Access to Safe motherhood and Child Survival

- Progress/Achievement
- Health education including family planning, breastfeeding, care of the newborn and nutrition
- Iron and folic acid supplementation
- Tetanus immunization
- HIV counseling and testing for PMTCT
- The free maternal care services have improved access to maternal health services significantly.

Access to Safe Motherhood and Child survival services increased

- Progress/Achievement
- Infant and child mortality rates have declined
- Maternal health/death audit – Guidelines to monitor the standards of clients care and steps for clinical or death audit
- The following are some Integrated Maternal and Child Health Campaigns organized in the country and which have received encouraging results:
 - Polio immunization for children from birth to 5years
 - Vitamin A Supplementation for children aged 6months to 5years
 - Vitamin A Supplementation for lactating mothers within 8 weeks of delivery
 - Deworming for children aged 2years to 5years

Resources for SRHR Increased

- Progress/Achievement
- Lobbying for the inclusion of contraceptives in the NHIS
- Campaign for the increase in national budgetary allocation
- Financial and technical support from development partners for SRHR programmes

SRH Security Strategies

- Progress/Achievement
- The Ghana National Reproductive Health Commodity Security Strategy 2011-2016 developed

Monitoring and evaluation

- NDPC responsible for overall monitoring of development objectives and targets – Sector Annual reports submitted to NDPC
- Ghana Health Service/Ministry of Health is responsible for the monitoring and evaluation of implementation of Health sector programmes and targets

Constraints

- General – inadequate implementation and monitoring of programmes, resource constraints, cultural and religious constraints, leadership constraints
- Huge gap between awareness and practice -Misconceptions and barriers to FP maybe fertility related, opposition to use, lack of knowledge; Women's ability to access RH service is hampered by religious and cultural beliefs
- Low uptake of HTC partly due to stigma and discrimination against those testing positive
- Lack of adequate trained health workers and high staff turn over, info on availability of PMTCT not well disseminated
- Inability to site CHPS compounds in all rural areas

Recommendations

- Effective implementation and regular monitoring of plans and programmes and sharing of reports,
- Strong leadership for SRHR programmes at different levels
- Strengthen partnership between stakeholders in SRHR in the public and private sectors
- Strengthen strategies to overcome misconceptions about FP
- Training and continuous capacity building for service providers

Abuja Declaration

- Ghana has since 2004 complied with the Abuja Declaration.
- Between 14.5% in 2004 and 16.43% in 2010 of its national budget to health.
- There is no specific budget line for FP