Reproductive health and development: Perspective from Ghana
Santé reproductive et développement : Perspective du Ghana

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Abstract: This paper is focused on Ghana's perspective on the provision of reproductive health services by the Ghana Health Service and other stakeholders, highlighting the relationship between the health and the wealth of a nation as stated in the theme: "*Creating Wealth through Health*" in the National Health Policy [1] and previous Health Sector medium-term Strategy. The article provides a description of the Health Delivery System and its organization, examples of health infrastructure issues and actions in support of Sexual & Reproductive Health in Ghana, Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) towards Universal Health Coverage. Ghana's progress with the MDGs, actions to accelerate attainment as in the MDG5 Acceleration Framework (MAF), the Newborn Care Strategy and others are stated. Examples of Implementation Researches on continuum of care and task-sharing, which led to policy changes and improved outcomes were observed. The pivotal role of family planning in Sexual and Reproductive Health and development as a whole and its relevance to all 8 MDGs as well as to SDGs and the modest achievements in family planning between 2008 and 2014, despite non-attainment of the MDGs 5 and 4 (for infant health) and the role of adolescent health and development are highlighted and concluded with recommendation to improve on current status.

Résumé : Ce document est centré sur la perspective du Ghana pour la fourniture de services de santé reproductive par le Ghana Health Service et d'autres parties prenantes, en soulignant la relation entre la santé et la richesse d'une nation comme indiqué dans le thème "Créer la richesse par la santé" dans la politique nationale de santé [1] et la précédente stratégie à moyen terme du secteur sanitaire. L'article fournit une description du système de prestation de soins de santé et de son organisation, des exemples de problèmes d'infrastructure de santé et d'actions à l'appui de la santé sexuelle et reproductive au Ghana, des Objectifs du Millénaire pour le Développement (OMD) et des Objectifs de Développement Durable (ODD) vers une couverture universelle de la santé. Les progrès réalisés par le Ghana dans la réalisation des OMD, les mesures visant à accélérer la réalisation des OMD, comme le Cadre d'accélération de l'OMD 5, la Stratégie pour les soins aux nouveau-nés et d'autres mesures sont énoncés. Des exemples de recherches de mise en œuvre sur le continuum des soins et le partage des tâches ont mené à des changements de politiques et à une amélioration des résultats. On met en évidence le rôle central de la planification familiale dans la santé sexuelle et reproductive et pour le développement dans son ensemble et sa pertinence pour l'ensemble des 8 OMD ainsi que pour les ODD; les résultats modestes obtenus en matière de planification familiale entre 2008 et 2014, malgré la non-réalisation des OMD 5 et 4 (pour la santé infantile) et le rôle de la santé

et du développement des adolescents, sont aussi mis en évidence et on conclut par une recommandation visant à améliorer la situation actuelle.

1 Background Information on Ghana

For some background information on Ghana, please see [2].

Since Ghana gained independence in 1957, all political administrations/governments have prioritized to increase access to health services implementing varied/different strategies and levels of achievement. The construction of health facilities have been carried out to improve geographical access by bringing facilities closer to people in their communities. Beyond the construction and maintenance of health facilities, creation and support of outreach services, introduction of facility user fee schemes, training and employment of health workers and the provision of inputs and materials for the smooth operation of health facilities are important aspects of infrastructure/health systems in efforts to improve financial and social access.

2 Ghana's Health System

Ghana's health system consists of five levels of care: Community, Sub-district, District, Regional and Tertiary levels (Figure 1).

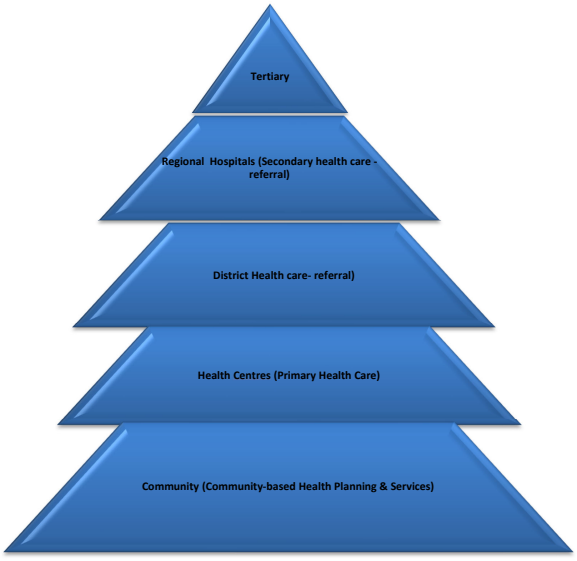


Figure 1 – Ghana's health system levels of care

At the Community level, Community-based Health Planning & Services (CHPS) are provided at CHPS compounds or at designated CHPS zones by Community Health Officers and Nurses providing clinical care for minor ailments at the Compounds and health promotion and preventive services during home visits; Health Centres at Sub-

district level provide Primary Health care services headed by Medical Assistants and Midwives; the District level provides primary health care referral services with doctors – Medical Officers, and Specialists when available, with the other staff; Second level referral services are provided at Regional Hospitals by Specialists and Medical Officers and the full complement of staff and the Tertiary level are the highest referral levels at Teaching Hospitals with all major specialties. Thus the array of Health facilities in the public sector consist of Community-Based Health Planning & Services Compounds; Clinics; Health Centres; Nutrition and Rehabilitation Centres; Polyclinics; District Hospitals; Regional Hospitals; Specialized Hospitals and Teaching Hospitals. Health facilities provide curative, preventive, health promotion and few mobile or non-static clinics providing outreach services mostly on an out-patient basis and are very regular or widely accessible to communities.

The District level is the referral level of primary health care services and is the level of implementation and fulcrum from which services are organized. There is supervision and feedback between community, sub-district and district levels and similarly between the Regional level, all of which have management teams and also linkages with the Tertiary level [3] and private providers. The Ministry of Health has the policy of establishing a good referral hospital in every district. This policy implies that where a mission hospital is the only public hospital in the district, the Ministry supports the refurbishment of that hospital so that it could provide good quality medical services and designates it as the referral hospital for the district. However, there are many districts without district hospitals (61 out of 216 in 2013) and with the creation of new districts, some health centres have been upgraded to serve as district hospitals as stop-gap measures.

Some innovations in health systems improvement include:

- Government's adoption of the CHPS Strategy for Primary Health Care and Universal Health Coverage (SDG3). Sub-districts outline CHPS zones by electoral areas – approximately 6,000 with about 4,000 currently functional and increased as resources (financial, human and material) permit. This is done in collaboration with District Assemblies, Community Leaders and widely supported by Development Partners;

- Ghana's National Health Insurance Scheme provides free registration for pregnant women to cover maternity care (Antenatal care, Delivery and Postnatal Care) and children care up to 18 years as a policy to improve financial access and the attainment of MDGs 4 & 5 since 2008. This replaced a number of previous exemption policies towards improving access to antenatal and delivery services;

- There has been an increase in the number of health cadres trained by increasing the number of institutions and increasing intake;

- Attempts to address the challenge of inequitable distribution of staff and inequities in health outcomes are on-going;

- Improving access to services through technology with examples of Ambulance service (local arrangements to complement inadequate National Ambulance service) in the Upper East Region as local ambulance systems "Motor King" powered by motor cycles with carriage, Communication systems, Tele-medicine and E–health

- Data Management & Accountability systems and

- Implementation Research, supporting local level innovation and National Policies.

3 Sexual and Reproductive Health and Development Goals

Specifically for Reproductive Health, the integrated Reproductive, Maternal, Newborn, Child and Adolescent approach including Sexual and Reproductive Rights are being implemented by multi-disciplinary and multi-sectoral stakeholders. Ghana has been signatory of several human rights international agreements and was also a keen signatory at the ground-breaking International Conference on Population and Development in Cairo, Egypt, in 1994 and has since adopted the concepts and the programmes of work and follow-ups. National Reproductive Health Policies & Standards covering all areas (including Sexual & Reproductive Rights) were developed with Multi-stakeholder engagement in 1996 and implemented by stakeholders with timely reviews (in 2004 & 2014); Reproductive Health Commodity Security strategies to ensure availability of Reproductive Health Commodities (including contraceptives) have been prioritized, developed and implemented since 2002 and Ghana has had representation at the Reproductive Health Supplies Coalition since 2009. In 2008, following the declaration of maternal mortality as a national disaster by the then Minister of Health at the Health Partners Summit, the President declared the free maternity care which is being implemented in the most sustainable means – through the National Health Insurance Scheme. In 2012, the MDG 5 Acceleration Framework was put together to accelerate progress towards the attainment of Ghana's MDG5 targets (2012 – 2015) with support from the European Union and adopted by all stakeholders. The priority areas were: Family Planning, Skilled Attendance (Antenatal care, Delivery and Postnatal Care) and Emergency Obstetric & Newborn Care with identified Crosscutting Issues (Human Resource, Social & Behavioural Change Communication, Finance & Procurement). Ghana made progress but did not attain MDGs 5&4 for infant mortality, mainly due to stagnation in neonatal deaths which persisted at approximately 30 per 1000 live births. In response, a Newborn Care Strategy was developed and is being rigorously implemented. It is worth noting that the two-thirds reduction in child mortality (1 to 4 years) target was attained. We are currently building on the momentum generated by MDG 5 Acceleration Framework to address MDGs 5 & 4 towards the attainment of the Sustainable Development Goals (SDGs) in establishing a transformative new agenda for maternal health towards **"ending preventable maternal mortality"** target 3.1 of SDG 3 – to reduce the global Maternal Mortality Ratio to less than 70 per 100 000 live births by 2030 as well as the under-fives mortality targets and others.

Several Implementation Researches informing policies and strategies have been carried out. Examples are:

The ***"EMBRACE"*** study (**E**nsuring **M**others and **B**abies **R**egular **A**ccess to **C**are) collaboration between Ghana's Health Service & University of Tokyo, Japan, has led to the adoption of the Continuum of Care sheet in the Maternal Health Record Books and the subsequent combination with Child Health Record Book into one "Mother & Child Health Record Book". Built on the continuum of care across the life cycle and health system, this ensures that pregnant women and their babies receive all the necessary services during pregnancy, delivery and post-natal and have pregnancy records for the health care of the child as has been a good practice in Japan, providing useful information on health beyond childhood.

Also task-sharing, in which non-midwives (mostly Community Health Nurses) were trained to successfully provide contraceptive implant services, has led to a policy change and an increase in access to implant services resulting in a significant increase in use, especially in rural Ghana, thus reversing the urban-rural trend in contraceptive use [1]. Other task-sharing are being carried out. Community Health Nurses are also being encouraged and supported to train in midwifery to increase access to maternity care at the community level.

Family Planning remains a pivotal service in sexual and reproductive health (SRH) and as well as development, was a means of attaining all the 8 MDG goals and remains relevant for the SDGs. Ghana recorded an increase in contraceptive prevalence rate from 17% in 2008 to 22% in 2014. There was also a decrease in unmet need for family planning from 35% to 30% an improvement leading to closing the gap and reversal of urban-rural trend in contraceptive use and unmet needs [1]. Also more intensive efforts at Reproductive Health Commodity Security, improved integration of services and efforts at addressing rumours, myths and misconceptions about family planning contributed significantly. There is however, more room for improvement in access to quality sexual and reproductive health services including integration.

The role of adolescents in SRH outcomes and the benefits of well-informed, healthy and productive youth cannot be overemphasized. Increased advocacy and efforts are on-going to improve adolescent health and development to optimize and tap on the demographic dividend in a multi-sectoral strategic plan launched by His Excellency the President. Inclusion of Adolescents and young people and gender sensitivity are increasingly appreciated.

Indeed Our Presidents, First and Second Ladies, other political figures, Traditional & Religious Leaders, Community Members, Development Partners, Private Sector (Civil Society Organizations) CSOs, Academia, the Media and users of health and other services have been of great help and need to be congratulated and their efforts further harnessed.

In Summary,

"The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are

not squarely addressed. And that means stronger efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning."

— United Nations Secretary-General Kofi Annan, 2002

In conclusion, Reproductive health is essential to the existence and development of the human race and has many ramifications which can contribute to development. Although much has been done and some progress made, there is the need to intensify efforts: to increase momentum of MDGs into SDGs; towards improved multi-sectoral collaboration, coordination and accountability systems, including CSOs & Private Sector; to move beyond coverage (access) to improve quality and equity; to sustain financial access; maintain and improve on various aspects of Health Systems and infrastructure; to move beyond national averages to local implementation of research and solutions with communities, facilities etc. and improve local engagement and empowerment of communities, women and their immediate families.

Acknowledgements and Contributions, including background information, Ghana Health Service Annual Reports and presentation materials by:

Dr. Gloria Quansah Asare (Deputy Director-General, Ghana Health Service) and

Dr. Koku Awoonor-Williams (Director, Policy, Planning, Monitoring & Evaluation Division, Ghana Health Service

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