

Japan's new "Global Health Strategy" Webinar|| Dialogue with Global Civil Society

Gender, Sexual and Reproductive Health and Rights & UHC

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Order of Presentation

About Planned Parenthood Association of
Ghana (PPAG)

Gender inequalities in Ghana

Gender Equality and Sexual and
Reproductive Health and Rights for UHC

Brief History

Founded in March 1967: 54years of operations. Affiliated to International Planned Parenthood Federation (IPPF) IN 1969

Mission: To provide comprehensive Sexual and Reproductive Health and Rights (SRHR) information and services to all people in Ghana especially the young and vulnerable towards enhancing quality of life.

SRHR Info: 202, 370

SRHR Services: 1,878,044

(Number of clients and young people served to be provided later.)



Gender inequalities remain despite development progress...

(1) Root causes

Socio cultural norms, expectations and systems have led to differences in everyday experiences and social status between women and men → gender inequality.

(2) Economic and social realities

Women are more likely to be:

- Poorer (only 6% of richest people are women) with fewer assets (only 4% of women owns house alone)
- With less decision-making freedom
- With less education opportunity (adult literacy rates are men 83.5% : women 74.5%)



(3) Barriers in accessing healthcare

Gender inequalities mean that women face greater **barriers in accessing healthcare**. These barriers include:

- Need for permission from husband, parents etc to seek care
- Lack of money for transport and health services/commodity
- Inadequate information about health and healthcare
- Lack of training and awareness among healthcare providers about women's specific health needs and challenges
- Limitations in coverage and registration of national health insurance



(4) Negative impact on women and young girls' health

Gender inequality has life threatening and negative impact on women's health:

- High unmet need for contraception (30%)
- High maternal mortality (319 per 100,000 live births)
- Child marriage (19% of women 20-24 were married before 18), teenage pregnancy (14% of women 15-19 are mothers or pregnant)
- Low rural skilled-delivery rates (Greater Accra 92% Northern region 59%)
- Women disproportionately affected by HIV 1.7% national prevalence (2.3% women, 1.1% men)
- Harmful practices (eg FGM 2.4% of women aged 15-49, Witch accusation etc)
- High violence experience (27.7% of women experienced domestic violence)
- High anaemia rates (46.4% of women of reproductive age)



Commitments towards UHC and SRHR

- Agenda 2063:
Aspiration 6
- 2016-2030
Maputo Plan of
Action: Goal
- 2016-2030 Africa
Health strategy:
Strategic
objective 1
- SDGs- Goal 3,
Target 3.7 and
3.8

Health Expenditure to GDP

2020 Government of Ghana (GoG) budget for the health sector reveals that approximately 70% of the health budget is still spent on Compensations, leaving less than 10% of the health budget for Capital Expenditure and only about 20% of the budget for the category of Goods and Services. All of this is **below the 15% commitment** to health sector from GoG budget. Meanwhile regional commitment of GDP to health sector is 5% which over the years hovers around **3-3.5%**.

National Health Insurance

The financial backbone of Ghana's Health delivery system.

Limited cover on SRHR issues, reduced citizen satisfaction etc



NO UHC without SRHR and Gender-Transformative approaches

SRHR is healthcare.

SRHR AS PROMISING INTERVENTION FOR BETTER HEALTH AND FINANCIAL OUTCOMES

SRHR interventions are health-promotive, preventive, inexpensive and highly cost-effective; investing in these interventions **saves lives as well as financial resources** that would otherwise have to be spent on higher-level care.

PRIORITIZE WOMEN'S HEEDS TO MAKE SURE NO WOMAN IS LEFT BEHIND

In order to achieve UHC, it is critical to address the social determinants of health, such as poverty, gender inequality, discrimination, and access to education, including **Comprehensive Sexuality Education (CSE)** which is a key component in the prevention of poor health outcomes

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TRANSFORM CURRENT GENDER BLIND HEALTH SYSTEM STRENGTHENING

Reorganize health system strengthening with gender lenses to transform the health system in Ghana. Training and awareness raising for health providers, promote women's leadership in health system and make sure of **gender preparedness and resilience plan** (e.g for pandemic) and to make sure of continuation of responding women's specific health needs

CRUCIAL TO INVEST IN THE FULL PACKAGE

In Ghana, maternal health and aspects of HIV, Cervical and breast cancers are the only SRHR services which are explicitly recognized in the health benefit packages, leading to **inequitable access to other critical SRHR services** e.g. FP, SGBV related services etc.

CSOs and Health

A healthy population for national development

UHC ROADMAP

In December 2020, Ghana finalized a UHC Roadmap committing the country to attaining at least 80% coverage, in terms of citizens' access to essential health services, by 2030. There is however, much work to do to ensure communities that are marginalized and discriminated against are not left behind.

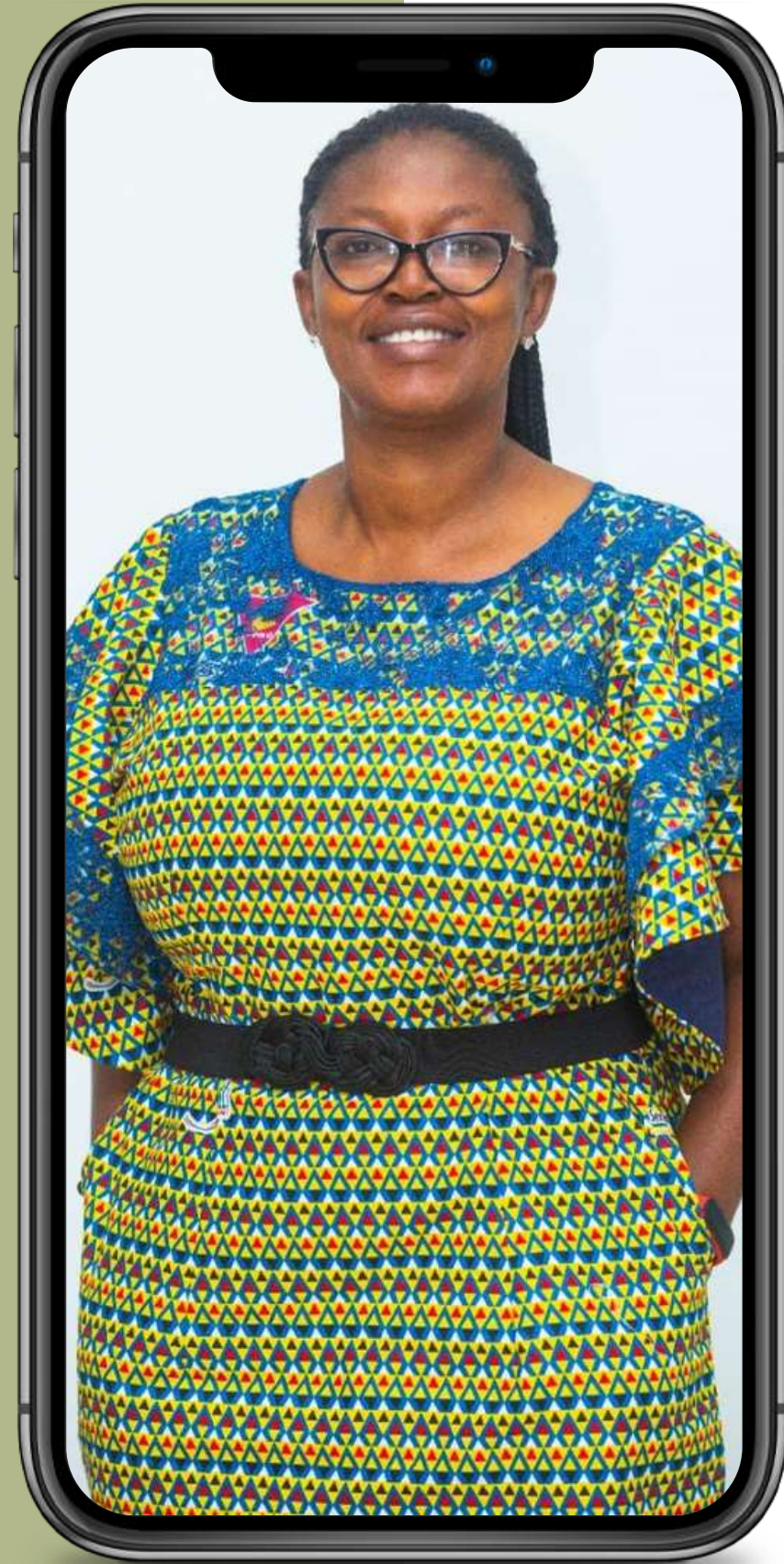
National Health Policy 2020-2030

This policy recognizes partnerships with non-state actors (CSOs, industry, development partners, FBOs, etc.) in all its forms towards delivering appropriate health and wellness interventions for the population

CSOs close to people and community to fill in a gap

CSOs are working in the areas of service delivery, advocacy, in watchdog roles, and as collaborative partners with government, engaged in research and planning related to national development. Particularly those working with women and in rural areas are a potential game-changer in Ghana.

THANK
YOU



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