

STATEMENT ON SEXUAL REPRODUCTIVE HEALTH RIGHTS IN GHANA

Mrs Chair and colleagues at the table, Distinguished delegates, especially the delegation of Ghana and Representatives from UN agencies, thank you for the opportunity.

It is an honour for me to deliver a statement on behalf of national coalitions of CSOs implementing Sexual Reproductive and Health Rights (SRHR) in Ghana at the 42nd pre-session of the UPR

Ladies and gentlemen, As Civil Society, we acknowledge Ghana for its efforts on Human Rights and SRHR. For instance, working to harmonise national SRHR policies and actions with relevant international and regional policies and standards Ghana has signed to such as ICPD, UHC, Beijing Platform for Action, FP2030, SDGs, and Maputo Protocol, among others. Yet, the country continues to face major challenges regarding the implementation of SRHR, particularly concerning women and girls, young people and those belonging to vulnerable groups such as LGBT+ persons. However, better implementation frameworks, regulation and supervision strategies are desirable.

Ladies and Gentlemen

Since the 3rd UPR cycle, the government of Ghana made some welcome progress in relation to safe abortions. These included

- *Revising the comprehensive abortion care standards and protocol,*
- *the list of healthcare cadres permitted to provide medical abortion services has been expanded.*
- *A secretariat has been established, to oversee programmes to integrate CAC services into routine service provisions.*
- *A national CAC training curriculum and training resources have also been developed for providers.*

However, the institutionalization of the Comprehensive Abortion Care (CAC) process by managers at some health facilities, particularly at the lower facility levels remains a challenge. Also, the integration between maternal health, family planning, and comprehensive abortion care services at the facility level due to stigma and resistance still exists. Also, many still do not know under which circumstances abortion is legal in Ghana leading to many unsafe abortions. In 2019, complications of abortion accounted for 9.2% of direct maternal deaths. A recent study on the incidence of abortion in Ghana showed that an estimated 71% of all abortions done in Ghana were illegal

In relation to this, we identify the urgent need for the government to intensify public education and sensitization on the law on abortion to reduce stigma and abortion-related deaths.

During the last UPR cycle, Comprehensive Sexuality Education (CSE) featured prominently however CSE experienced a severe backlash in Ghana in 2019 and the recommendation from

previous cycles have not been honoured. In the case of CSE, the following UPR recommendations were made:

- *Adopt a sexual and reproductive health policy for adolescents and develop a policy to protect the rights of pregnant teenagers, adolescent mothers and their children and combat discrimination against them.*
- *Scale up and expand youth-friendly and gender-sensitive programmes on comprehensive sexuality education and sexual reproductive health and rights*

Ghana stated that they noted the second recommendation on CSE as they preferred the language “*age-appropriate comprehensive sex education*”. We believe it is important that this recommendation is supported during this 4th cycle.

There was initial progress towards including CSE in the national curriculum. Guidelines were developed but the efforts were truncated in the backlash. Concretely, some conservative groups demonised the guidelines as “an attempt by the government to indoctrinate Ghanaian children with an ‘LGBTQIA+ agenda’”. In response to this criticism, the guidelines were reviewed and renamed the “*Reproductive Health Education (RHE) Guidelines*”.

Our field experience indicates that the absence of CSE coupled with negative traditional views on sexuality in Ghana has led to increased risk-taking behaviours leading to early pregnancies, unsafe abortion, and high STI and HIV prevalence among young people. In 2020, Girls between the ages of 10 and 14 accounted for 2,865 pregnancies while those 15-19 accounted for 107,023 pregnancies. Also, 5,211 of the 13,982 of HIV new infections occurred among the 15-24 age group. **In relation to CSE, we identify the urgent need to have CSE in the national curriculum.**

In conclusion, and based on the information previously provided, we would respectfully encourage all member states to consider to put forward the following recommendations to Ghana during its upcoming review:

- Scale up the ongoing efforts by the Ministry of Health on public education and sensitization on the law on abortion to reduce stigma and abortion-related deaths.
- Improve access to safe and affordable CAC services by integrating CAC into routine reproductive health services and further expand the cadre of providers for medical abortion according to the new WHO guidelines.
- Scale up and expand age-appropriate youth-friendly and gender-sensitive programmes on comprehensive sexuality education and sexual and reproductive health and rights.
- Finalise the revision and adopt the culturally sensitive, age-appropriate, information and adolescent-friendly CSE guidelines in line with the ICPD+25 agenda.

Thanks again to UPR-Info for giving us the floor today, and on behalf of the SRHR coalition in Ghana, I would like to thank all delegations attending, in particular to the Ghanaian Delegation, and to the public. We remain at your disposal for your questions and requests on the issues raised.

Thank you