

# **UNITED NATIONS UNIVERSAL PERIODIC REVIEW OF GHANA**

**(Report on Right to Health)**

**Submitted to the UN Human Rights Council**

**By**

- Youth Harvest Foundation Ghana (YHFG),
- Planned Parenthood Association of Ghana (PPAG)
- Curious Minds Ghana
- Klikgold Association
- Divine Group International
- Concern Health Education Project
- Lost Talent Foundation Ghana

**Emil:**

- [concernhealthghana@yahoo.com](mailto:concernhealthghana@yahoo.com)
- [clikfoundation@yahoo.com](mailto:clikfoundation@yahoo.com)
- [board@yhfg.org](mailto:board@yhfg.org),
- [info@ppag-gh.com](mailto:info@ppag-gh.com),
- [info@cmghana.org](mailto:info@cmghana.org)
- [losttalentghana@gmail.com](mailto:losttalentghana@gmail.com)
- [divinegroupinternational@gmail.com](mailto:divinegroupinternational@gmail.com)

**Website:**

- [www.yhfg.com](http://www.yhfg.com)
- [www.ppag-gh.org](http://www.ppag-gh.org)
- [www.cmghana.org](http://www.cmghana.org)

## 1. Introduction

This report is submitted for the fourth cycle of the UPR by the Youth Harvest Foundation Ghana (YHFG), Planned Parenthood Association of Ghana (PPAG), Curious Minds, Concern Health Education Project, Clikgold Association, Divine Group International and Lost Talent Foundation Ghana.

**YHFG** is a non-profit organization committed to advocating for young people's sexual and reproductive health and rights, including expanding their access to evidence-based, age-appropriate comprehensive sexuality education.

**PPAG** focuses on providing comprehensive Sexual and Reproductive Health and Rights (SRHR) information and services to all people in Ghana, especially the young and vulnerable, to enhance their quality of life.

**Curious Minds** works to ensure that all children and youth are well informed and meaningfully participate in decision-making that affects their lives by advocating, generating knowledge, sharing information, building partnerships and training young activist at local, national and international levels

**Clikgold Association** is a national advocacy organization mobilizing communities for health and development in urban slums and rural communities in Ghana.

**Concern Health Education Project NGO (CHEP)** is a registered non-profit organization in Ghana promoting the importance of public health initiatives, good governance, community system strengthening, climate change, and environmental health impact.

**Divine Group International** a registered non-profit organization which focuses on advocating and providing a comprehensive healthcare service for deprived communities in Africa.

**Lost Talent Foundation** is an organisation committed to empowering and improving the lives of orphans and vulnerable children, marginalized women, men and youth in the rural communities in the Central region of Ghana.

The aforementioned organizations submit on the status of right to health and its thematic health themes adolescents and young people accessing Comprehensive sexuality education (CSE), the status of their access to healthcare and HIV and TB funding.

## 2. Methodology

The report has been prepared using information from consultative meetings with partners, information from partner CSOs and desk reviews. The document was further validated by partners on the 5<sup>th</sup> and 12<sup>th</sup> of July 2022 in two (2) separate meetings. The engagement was part of the consultative process of the UN UPR platform organised by the POS Foundation.

## 3. Ghana's International commitments

Ghana has also expressed commitment to the Programme of Action of the International Conference on Population and Development (ICPD), the Beijing Platform for Action and the Sustainable Development Goals (SDG). The country has also been active in giving and receiving recommendations during the Universal Periodic Review cycles. Yet, the country still faces major challenges for implementing international commitments related to Sexual and Reproductive

Health and Rights (SRHR), particularly concerning women and girls, young people and those belonging to vulnerable groups.

#### **4. National UPR Context**

At the 3<sup>rd</sup> UPR cycle, Ghana received and accepted 13 recommendations on the rights of citizens to health including access to sexual and reproductive health (146.176), to implement measures that strengthen the protection of the rights of children and protect them from sexual exploitation (146.177). Ghana however noted recommendation 147.39 from Canada to ‘Scale-up and expand youth-friendly and gender-sensitive programmes on comprehensive sexuality education and sexual reproductive health and rights. Other recommendations were under (Theme E41), Qatar (146.115), to continue its efforts to promote access to health services, including in local communities, Venezuela (146.117) Continue improving the access to and the use of health services in the most remote communities

#### **4.1 Comprehensive Sexuality Education (CSE)**

For the purpose of this report, CSE is defined as a rights-based approach that seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality—physically and emotionally, individually and in relationships.<sup>1</sup>

##### **4.1.1 Legal Provisions and Policies on CSE**

The curricula of Ghanaian schools presently have no CSE. Ghana however has signed several policies, conventions and treaties that mandate the provision of CSE. These include the Sexual and Reproductive Health Policy for Young People in Ghana<sup>2</sup>, National Strategic Framework on Ending Child Marriage<sup>3</sup>, the Five-year Strategic Plan to Address Adolescent Pregnancy in Ghana<sup>4</sup>, FP2030 Commitments<sup>5</sup>, Maputo Plan of Action<sup>6</sup> as well as the government’s commitment to the SDGs and ICPD+25 agenda<sup>7</sup>.

##### **4.1.2 Information about implementation level since 3rd Cycle**

Following recommendation 147.39, Ghana took steps to expand adolescents and young people’s access to sexual and reproductive health education. In 2018, the Ministry of Education (MoE) in collaboration with the National Population Council (NPC) with support from UNFPA Ghana, developed age-appropriate Guidelines for CSE. The guidelines aimed to help teachers and Community-Based Organizations to give age-appropriate, evidence-based education on sexual and reproductive health and rights to both in and out of school adolescents and young adults. A national Technical Working Group was constituted to develop a CSE programme content for basic and high schools. The National Youth Authority (NYA) was also tasked with leading the

<sup>1</sup> [https://www.gutmacher.org/sites/default/files/report\\_downloads/demystifying-data-handouts\\_0.pdf](https://www.gutmacher.org/sites/default/files/report_downloads/demystifying-data-handouts_0.pdf)

<sup>2</sup> <https://www.npc.gov.gh/news/sexual-and-reproductive-health-policy-for-young-people-in-ghana/>

<sup>3</sup> Ministry of Gender, Children and Social Protection (2016). National Strategic Framework on ending Child Marriage in Ghana 2017-2026

<sup>4</sup> Ministry of Gender, Children and Social Protection (2017). Five-year Strategic Plan to Address Adolescent Pregnancy in Ghana 2018-2022

<sup>5</sup> [HTTP://WWW.FAMILYPLANNING2020.ORG/GHANA](http://www.familyplanning2020.org/ghana)

<sup>6</sup> [https://addis.unfpa.org/sites/default/files/pub-pdf/MPOA%20English\\_A5\\_%20Version%205.pdf](https://addis.unfpa.org/sites/default/files/pub-pdf/MPOA%20English_A5_%20Version%205.pdf)

<sup>7</sup> [https://www.ippf.org/sites/default/files/2020-09/ICPD+25%20Nairobi%20Summit\\_Main%20Report\\_ENG.pdf](https://www.ippf.org/sites/default/files/2020-09/ICPD+25%20Nairobi%20Summit_Main%20Report_ENG.pdf)

processes of programme development for out-of-school young people.

However, the CSE guidelines and all processes towards its implementation were truncated in 2019 following a public outcry<sup>8</sup>. Anti-SRHR actors criticized the guidelines as an attempt by the government to indoctrinate Ghanaian children with LGBTQIA+ agenda<sup>9</sup>. In response to these criticisms, GES with support from UNESCO conducted nationwide stakeholder consultations in 2020 to review the guidelines. Following the review, the authors of this report are aware that the revised guidelines renamed the ‘Reproductive Health Education (RHE) Guidelines’ was subsequently submitted to the cabinet for adoption.

In 2021, the NYA with support from PPAG organized consultative meetings with stakeholders across the country to build a national consensus on ensuring access to Sexual and Reproductive Health for in and out of school young people. The outcomes of these consultative meetings are to be used by the NYA to develop context-specific and age-appropriate guidelines for out-of-school Reproductive Health Education in Ghana. The absence of standardised national RHE guidelines has created a situation where several non-Governmental actors are implementing heterogeneous interventions to address the challenges faced by adolescents regarding their sexual and reproductive health<sup>10</sup>.

The absence of CSE in the curriculum coupled with negative traditional views on sexuality has resulted in many young people being ill-prepared to navigate SRHR challenges associated with transitioning to adulthood successfully<sup>11</sup>. As a result, most sexually active young people are subjected to adverse reproductive health outcomes. In 2017, an estimated 40% of 15–19-year-olds and 88% of 20–24-year-old women had ever had sex<sup>12</sup>. In 2020, a total of 109,888 teen pregnancies were recorded among girls between 10-19 years old. Girls between the ages of 10 and 14 accounted for 2,865 pregnancies while those 15-19 accounted for 107,023 pregnancies<sup>13</sup>.

Standardized and harmonized national reproductive health education guidelines and programmes will ensure that young people receive the right information to make informed decisions regarding their sexual and reproductive health. It will also contribute to the country achieving the target of 3.7 under SDG 3<sup>14</sup>.

#### 4.1.3 Recommendations

- The Government must adopt the new reproductive health education guidelines and take administrative steps to integrate reproductive health education into the national school curricula for primary and high schools.

---

<sup>8</sup> <https://www.graphic.com.gh/news/general-news/ghanaians-divided-over-new-sexuality-education.html>

<sup>9</sup> <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/CSE-We-won-t-teach-pupils-homosexuality-GES-785004>

<sup>10</sup> Young Wise and Healthy’ the Reproductive Health Education and Services for young people (RHESY) by the YHFG and PPAG; SHE+ Helpline and the YENKASA, digital platforms which provide a right-based Reproductive Health and Rights (RHR) information<sup>10</sup> are examples of ongoing interventions.

<sup>11</sup> UNESCO (2018) “International Technical Guidance on Sexuality Education: An Evidence-Informed Approach.” <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>

<sup>12</sup> Ghana Statistical Service, Ghana Health Service, ICF. Ghana Maternal Health Survey 2017. Accra, Ghana: GSS, GHS, ICF, 2018.

<sup>13</sup> <https://www.gna.org.gh/1.21226667>.

<sup>14</sup> <https://www.un.org/development/desa/pd/data/sdg-indicator-371-contraceptive-use>

- The Government must finalize the development of the reproductive health guidelines for out-of-school adolescents and young people.
- The Government must take all administrative and financial measures to guarantee universal access to reproductive health education and include RHE in the teacher training curriculum.

## 4.2 Comprehensive Abortion Care

CAC can be defined as the provision of information, abortion management (including induced abortion and care related to pregnancy loss), and post-abortion care<sup>15</sup>.

### 4.2.1 Legal Provisions and Policies for CAC

In Ghana, Safe abortion is permitted by law (Criminal Code Amendment, PNDC Law 102, 1985) under a number of situations/conditions, now incorporated into the consolidated Criminal Code, 1960, Act 29, Section 58. These include: Where pregnancy is the result of rape or defilement of a female idiot or incest; where the continuance of the pregnancy would involve risk to the life of the pregnant woman or injury to her physical or mental health; Where there is a substantial risk that if the child were born it may suffer from or later develop a serious physical abnormality or disease.

That said, unsafe abortion is still a major cause of maternal deaths and disability in Ghana. In 2019, complications of abortion accounted for 9.2% of direct maternal deaths<sup>16</sup>. A recent study on the incidence of abortion in Ghana showed that an estimated 71% of all abortions done in Ghana were illegal. Even though the legal framework in Ghana on abortion services prescribes conditions under which a woman can have access to safe abortion services, the majority of the population still view abortion as illegal<sup>17</sup>.

This, coupled with the fact that most religious bodies disapprove of abortion, makes the environment for the provision of abortion services relatively hostile. Further, many health service providers, as well as the public, are unaware of the law permitting safe abortion<sup>18</sup>. Consequently, many health facilities either do not provide safe abortion services or do not capture service data in official records, making it challenging to obtain accurate information for program planning and advocacy<sup>19</sup>.

In its recent publication on Abortion guidelines, the WHO states that when abortion services are unavailable or legally restricted, women and girls' resort to the risk of unsafe abortion<sup>20</sup>. For women and girls that died of unsafe abortion complications, there are many who live with the short and long-term consequences such as infertility and chronic pelvic inflammatory disease.

<sup>15</sup> <https://apps.who.int/iris/rest/bitstreams/1394380/retrieve>

<sup>16</sup> GHS, FHD Annual Report 2019

<sup>17</sup> Keogh SC et al., Estimating the incidence of abortion: a comparison of five approaches in Ghana, *BMJ Global Health*, 2020

<sup>18</sup> Atakro, C.A., Addo, S.B., Aboagye, J.S. et al. Contributing factors to unsafe abortion practices among women of reproductive age at selected district hospitals in the Ashanti region of Ghana. *BMC Women's Health* 19, 60 (2019). <https://doi.org/10.1186/s12905-019-0759-5>

<sup>19</sup> James Akazili, Edmund Wedam Kanmiki, Dominic Anaseba, Veloshnee Govender, Georges Danhoundo & Augustina Koduah (2020) Challenges and facilitators to the provision of sexual, reproductive health and rights services in Ghana, *Sexual and Reproductive Health Matters*, 28:2, DOI: 10.1080/26410397.2020.1846247

<sup>20</sup> WHO Abortion Care Guidelines

#### **4.2.2 Implementation since 3<sup>rd</sup> Cycle**

Since the 3<sup>rd</sup> Cycle, Ghana has made progress in improving access to safe and affordable services. A secretariat has been established, under the office of the Director-General, to oversee a 3-year program to integrate comprehensive abortion care (CAC) services into routine service provisions in both public and private health facilities. The Comprehensive Abortion Care standards and protocols have been revised (June 2021) to reflect current evidence, best practices and operational realities in the national health system<sup>21</sup>.

The revised CAC standards and protocols have expanded the list of healthcare cadres permitted to provide medical abortion services. It also includes protocols for the provision of medical abortion self-care through telemedicine and guidelines for abortion care for persons with disability. After the publication of the new CAC standards and protocols, the Ghana Health Service has led the development and rollout of a national CAC training curriculum and training resources. A core team of CAC trainers has been trained in all 16 administrative regions and guidelines have been established for the downstream training of CAC service providers in public and private health facilities.

Nevertheless, there is still some resistance to the CAC institutionalisation process by managers at some health facilities, particularly at the lower facility levels. Challenges to integration between maternal health, family planning, and comprehensive abortion care services at the facility level due to stigma and resistance still exist.

#### **4.2.3 Recommendations**

- The Government through the Ministry of Health must intensify public education and sensitization on the law on abortion to reduce stigma. Decriminalize Safe Abortion Services in line with WHO guidelines.
- The Government through the Ministry of Health must further expand/Revise the cadre of providers for medication abortion according to the new WHO guidelines
- The Government through the Ministry of Health must reclassify medical abortion drugs from class A, prescription-only medicine to class B, and pharmacist-initiated products.
- The Ministry of Health must include CAC in the pre-service curriculum for relevant healthcare providers.
- The Ministry of Health must sustain efforts to integrate safe abortion care services into routine reproductive health services at the different levels across the health care system and service delivery.
- The National Health Insurance Authority must include legal safe abortion care services in the services package of the National Health Insurance Scheme.

### **4.3 Access to and use of healthcare in remote Communities**

Right to health is fundamental for the wellbeing and quality of life of every person and thus it is imperative for all governments to put in place systems that ensure that every person has access to health without any physical and financial barriers.

---

<sup>21</sup> Comprehensive Abortion Care Services Standards and Protocols 4th Edition (2021). Ministry of Health, Ghana Health Service

#### **4.3.1 Legal Provisions and Policies on Access to Healthcare**

Ghana's Universal Health Coverage roadmap indicates that every individual should have unfettered access to health and healthcare irrespective of one's location or financial means<sup>22</sup>. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

A lot of progress has been made by successive governments in Ghana regarding the promotion of the quality healthcare and services for all of Ghana's 31 million people. The health care provider per client/patient ratio is still low. In 2019, the UK government reported that there are only 1.1 doctors and 9.8 nurses and midwives for every 10,000 inhabitants of Ghana.

This falls short of the WHO's recommended minimum threshold of twenty-three doctors, nurses, and midwives per 10,000 population<sup>23</sup>. This has put a huge strain on the delivery of health care in the country. Compounding the issue, budget allocation to the health sector over the past years has remained below international standards. The government made an explicit commitment in the Medium-Term National Development Policy Framework (MTNDPF 2022–2025) to allocate 15% of health expenditure as a percentage of the GDP in the 2022 budget. However, analysis reveals that the projected health expenditure as a percentage of the GDP is only 2.19%. This not only shows a significant deviation from the set target but also falls far below the World Bank and WHO averages for Lower Middle-Income Countries.<sup>24</sup>

#### **4.3.2 Information about implementation level since the 3rd Cycle**

Ghana is among the original signatories of the Abuja Declaration in 2001. Other health financing indicators such as the Abuja Declaration (to allocate a minimum of 15% of its total expenditure to the health sector year on year) are evidence of the government's low prioritization of health financing. For nearly two decades, Ghana registered over 6% GDP per annum, but successive governments failed to meet the Abuja target. For example, in the past four years (2017 to 2020), the Ministry of Health's (MOH) share of the national budget was averaged at 7.7% just half of the Abuja Declaration<sup>25</sup>.

Primary health care facilities are for most citizens, the first point of contact with health services, yet they are the least developed and ill-prepared to cater for patients. A coherent national primary health care (PHC) policy will complement and strengthen the attainment of the Universal Health Coverage (UHC) Roadmap and also linked to the country's PHC strategic implementation plan<sup>26</sup>.

The current government has promised to invest in the health sector emphasizing infrastructure as well as the provision of incentive packages for health workers. The government has also committed to building 110 district hospitals across the country<sup>27</sup>.

The National Health Insurance Scheme is purposed to absorb the financial risks of poor persons and do away with the situation where people are compelled to make out-of-pocket payments at

<sup>22</sup> <https://www.moh.gov.gh/wp-content/uploads/2021/08/UHC-Roadmap-2020-2030.pdf>

<sup>23</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/812958/Ghana\\_-\\_Medical\\_and\\_Healthcare\\_-\\_CPIN\\_-\\_v1.0\\_GOV.UK\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812958/Ghana_-_Medical_and_Healthcare_-_CPIN_-_v1.0_GOV.UK_.pdf)

<sup>24</sup> <https://sendwestafrica.org/nu/gh/wp-content/uploads/sites/2/2022/01/SEND-GHANA-assesses-2022-budget-statement-and-economic-policy.pdf>

<sup>25</sup> SEND Ghana 2020 health budget analysis – data from budget statement and economic policy

<sup>26</sup> <https://www.ppag-gh.org/ppag/wp-content/uploads/2020/09/CSOs-Health-Manifesto-for-Election-2020.pdf>

<sup>27</sup> <https://www.moh.gov.gh/covid-19-government-to-begin-construction-of-88-district-hospitals-this-year-nanaaddo/> and

the point of need. This pro-poor scheme unfortunately has been saddled with a lot of challenges thereby making access to health difficult for the poor and most people in remote communities<sup>28</sup>. Key among these bottlenecks is the case of delayed payment for the Health Insurance Scheme to private health providers enrolled on the scheme. Furthermore, the current NHIS benefit package does not adequately address all the emerging and non-communicable diseases (NCDs).

### 4.3.3 Recommendations

- The Government must take all administrative and financial measures for guaranteeing universal access to health.
- Government must take steps to expand the current NHIS benefits to include emerging and non-communicable diseases (NCDs).
- The Government should increase and maintain its health sector budgetary allocation to 15 per cent or more as agreed in the Abuja Declaration.
- Government must ensure that the National Health Insurance levy is separated from the consolidated fund and released to the NHIA in a timely manner.

### 4.4 HIV and AIDS funding for education

Ghana received one recommendation (146.114) during the third UPR cycle to increase its spending on education in the fight against AIDS, tuberculosis and malaria. Available data from the Ghana AIDS Commission's National AIDS Spending Assessment (NASA) report for 2017 and 2018 indicated that total expenditure on HIV and AIDS activities in the country was estimated at US\$92,573,993 and US\$67,413,057, respectively, with 63 per cent of the funding from international sources. The report further indicated that the highest spending areas were care and treatment, programme management, administration, prevention and Human Resources. It is worth noting that PLHIV benefited the most from the fund<sup>29</sup>. However, spending within beneficiary groups showed a very low proportion of funds spent on prevention programmes by PLHIV.

Among the highlighted challenges reported were lack of coordination at the district and community levels, low funding for HIV programmes, limited availability of HIV test kits and drugs, and difficulty gaining access to the workplace. The dwindling of external funds to support HIV and AIDS programming in Ghana has resulted in the country's inability to fully undertake HIV and AIDS programming effectively.

#### 4.4.1 Legal Provisions and Policies

In 2016, the government through Parliament passed the Ghana AIDS Commission Act 2016, Act 938<sup>30</sup>. The law amongst other things seeks to provide protection for Persons Living with HIV (PLHIV). The law also makes room for a Fund to be established to coordinate HIV and AIDS response in the country. However, since the launch of the fund in 2021 by the President of Ghana, the Fund remains nonfunctional, the government has not allocated funds to the HIV and AIDS Fund. The government through its agency Ghana AIDS Commission has put together National HIV and AIDS Strategic Plan 2021-2025 to replace the outdated 2015-2020 National

<sup>28</sup> <https://sendwestafrica.org/nu/blog/covid-19-a-whole-ghana-approach/>

<sup>29</sup> <https://www.ghanais.com.gh/pages/validation-of-national-aids-spending-assessment-nasa-report#:~:text=Felix%20Asante%20the%20lead%20consultant,for%202017%20and%202018%20respectively>

<sup>30</sup> <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/100299/120295/F-891609736/GHA100299.pdf>



Strategic Plan<sup>31</sup>.

#### **4.4.2 Recommendations**

- Government must operationalise the AIDS Fund by creating the structure for mobilising resources for in-country work in HIV and AIDS.
- Government must release funds into the Ghana AIDS Fund to enable the Commission and its partners to undertake HIV and AIDS.

---

<sup>31</sup> national hiv & aids strategic plan 2021-2025, <https://www.ghanais.gov.gh> › madmin › Uploads