

Mind Freedom Ghana/Concern Health Education/ Gender Violence Survivors Support Network/ Network of Women in Growth Ghana/ Amnesty International/ Community and Family Aid Foundation/ Women in the Lord's Vineyard/ Grace to Grace Foundation/ Society and Youth Foundation/ Relive Ghana/ The Light Foundation Ghana (TLF)/ One Love Initiative Foundation/ Community Outreach Alliance/ Patient Friend Foundation (PFF)/ Community Youth Development Foundation (CYDEF)/ POS Foundation/ KASA Initiative – JOINT UPR SUBMISSION – 2017

GHANA

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(Under the Ghana Human Rights NGOs Forum)

Joint Stakeholders' Report

United Nations

Third Universal Periodic Review Ghana

UPR Submission, Ghana, March 2017

Introduction and Methodology

1. This report by the above list of civil society organizations focuses on the right to health in Ghana. The submission focuses on mental health, reproductive health, maternal health, and HIV/AIDS. The information presented in this submission is based on interviews conducted by a committee of working groups in health who are members of the Ghana Human Rights NGO Forum. The information was further discussed at a pre-UPR submission workshop on 21st and 22nd March, 2017 which was attended by more than 70 civil society organizations in Accra, and validated by same on 28th March, 2017.
2. The submission is prepared in line with Information and Guidelines for Relevant Stakeholders on the Universal Periodic Review Mechanism [as of 2 August 2016]. It covers the methodology for the preparation of the submission and measures undertaken by Ghana to preserve and implement the right to health which has implications for human rights. The human right to health means that everyone has the right to the highest attainable standard of physical and mental health, which includes access to all medical services, sanitation, adequate food, decent housing, healthy working conditions, and a clean environment. The information was further discussed at a pre-UPR submission workshop organised by Ghana Human Rights NGOs Forum (POS Foundation-Secretariat), KASA Initiative and UPR-Info Africa Office, Kenya on 21st and 22nd March, 2017 which was attended by more than 70 civil society organizations in Accra, and validated by same on 28th March, 2017. The submission subsequently highlights specific developments and follow-up measures by Ghana in relation to the summary prepared by the Office of the High Commissioner for Human Rights in accordance with paragraph 5 of the annex to Human Rights Council resolution (16/21A/HRC/WG.6/14/GHA/3).
3. Ghana is a state party to several instruments on the Human Right to Health, which places an obligation on Ghana to promote and respect these obligations. Some of these instruments include the Convention on the Elimination of all forms of Discrimination against Women (CEDAW), the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention against Torture (CAT), the African Charter on Human and Peoples' Rights (ACHPR), the Protocol on the Rights of Women in Africa (Maputo Protocol), Convention on the Rights of the Child, the Universal Declaration of Human Rights, and the Convention on the Rights of Persons with Disabilities.
4. Ghana's domestic legal foundation is provided by the 1992 Constitution. Chapter 5 of the Constitution promotes and ensures the protection of the human rights of the citizenry.

➤ Mental Health

5. In the UPR report 2012, Recommendation 125.67, it was recommended that Ghana “continue[s] efforts to improve the mental health sector and combat maternal mortality”. In 2012, Ghana enacted the Mental Health Act 2012 (Act 846), which was supposed to inter alia, provide for monitoring activities in prayer camps, ensure sustained statutory funding for mental health care nationally, strengthen the rights of persons with mental disorders and the establishment of an individual complaint system for persons with mental disabilities to review and challenge prolonged detention before a judge. However, none of these improvements have been effected due in large part to the non-passage of a Legislative Instrument by Parliament, which is also attributed to a delay by the Government to submit the draft to Parliament.
6. Obligation: Per the above mentioned international instruments, Ghana is obligated to ensure that the right to health of persons in Ghana is respected, protected and respected.
7. Recommendations
8. The State Party should:
 - I. Ensure that Parliament passes the Legislative Instrument to the Mental Health Act to foster the regulation of the activities of prayer camp operators and other faith based healers to effectively protect the rights of persons to health.
 - Human Rights Abuses of Persons with Mental Disorders in Prayer Camps
9. In the UPR 2012 report, it was recommended in 125.90 that Ghana “Roll[s] out the necessary measures for the oversight of activities of prayer camps in conformity with CRPD”. Although Ghana has since been taking steps to address this issue, challenges remain as mentally ill persons continue to be physically abused in some of the hundreds of prayer camps that are located mainly in the southern regions of Ghana. While some maintain that the abusive treatment practices in prayer camps are justified by religious beliefs, adding that mental illness is rooted in one’s spiritual demons or turmoil and can only be treated by spiritual leaders and practices rather than that of medicine and doctors, the UN Special Rapporteur on Torture said that culture and tradition could not be invoked to justify harmful practices to individuals¹. The prayer camps currently operate under little to no State regulation, although some level of oversight exists through the office of the Ghana Pentecostal and Charismatic Council, a non-governmental “umbrella body for 122 churches and evangelical associations in the country.”²
10. Some prayer camps are particularly notorious for inhumane practices and applying force restraints on patients. For instance, although the Council prohibits the chaining and fasting of any patient at the camps; however, such acts remain in several prayer camps. This group found

¹ www.ohchr.org/EN/HRBodies/HRC/RegularSessions/.../A-HRC-25-60-Add-1_en.do

² <https://www.hrw.org/report/2012/10/02/death-sentence/abuses-against-persons-mental-disabilities-ghana>

during a visit to the “Edumfa” Prayer Camp in the Central Region of Ghana in March, 2017, that the camp, which has 16 concrete cells, had about 10 individuals chained to the floor in shackles. Two of these individuals were children whom, our team observed, likely suffered from skin diseases that required immediate treatment and medication. While the overseers of the camps claimed such restraints were only for temporary purposes to control or detain aggressive patients, it was observed that often the restraints were used on individuals for months. Apart from what our team found, there have been several media reports about these abuses in several prayer camps. In one publication, an 11-year old girl was reported to have been chained to a tree for days, with cuts on her legs, and malnourished at the Jesus Divine Temple³ and with cuts on her legs.

11. Obligations: Per the above mentioned international instruments, including the Convention on the Rights of the Child, and the Convention on the Rights of Persons with Disabilities, Ghana is obligated to ensure that the right to health of persons in Ghana is respected, protected and respected.

12. Recommendations

13. The State Party should:

- I. Ensure that Parliament passes the Legislative Instrument to the Mental Health Act to foster the regulation of the activities of prayer camp operators and other faith based healers to effectively protect the rights of persons to health.

➤ Psychiatric Facilities

14. In the UPR 2012 report, it was recommended in 125.45 that Ghana “Intensifies her efforts against harmful traditional practices and in favour of living conditions in prisons and psychiatric hospitals”. It was further recommended in 125.90 that Ghana “Rolls out the necessary measures for the oversight of activities of psychiatric hospitals and prayer camps in conformity with CRPD”.

15. Due to inadequate funding by Government to procure the basic medications and logistics such as gloves, employ adequate number of nurses, among other things, the Accra Psychiatric Hospital, in October 2016, embarked on a sit down strike for about two weeks.⁴ This sad situation resulted in some of the patients then on admission to be discharged although their conditions had not

³ See <http://gbmnews.com/wp/archives/7049>. Part of the report said “An 11-year-old girl sits beneath a tree on a bed of bamboo. She cannot move because her ankles are chained to the tree, leaving cuts on her legs. Malnourished and unwashed, she pleads with passers-by for money to buy water and food. The girl has lived at Jesus Divine Temple Prayer Camp in Nyankumasi, a town in Ghana’s Central region, for nearly a year. Her mother, Ama, says she brought her daughter there so that the camp’s prophet could heal her from a mental condition. Some people have attested to the fact that the prophet can cure these illnesses,” says Ama, referring to the camp’s director. Ama does not know what type of mental disability her daughter has. She declined to give her surname or her daughter’s name to avoid stigma attached to mental disability in Ghana.

⁴ <http://www.myjoyonline.com/news/2016/october-31st/accra-psychiatric-nurses-being-indefinite-strike-over-dangerous-working-environment.php>

improved. No new cases were accepted at the facility, thereby depriving affected citizens their right to health. Poor working conditions for medical staff, inadequate logistics and facilities, including insufficient running water, electricity, among others are common in the major psychiatric hospitals.

16. Obligations: Per the above mentioned international instruments, including the Convention on the Rights of the Child, and the Convention on the Rights of Persons with Disabilities, Ghana is obligated to ensure that the right to health of persons in Ghana is respected, protected and respected.

17. Recommendations

18. The State Party should:

- I. Government must provide the statutory funding and resources to the Mental Health Authority to perform its work as mandated under the Mental Health Act.
- II. Ensure that Parliament passes the Legislative Instrument to the Mental Health Act to foster the regulation of the activities of prayer camp operators and other faith based healers to effectively protect the rights of persons to health.

➤ Female Genital Mutilation (FGM) and Reproductive Health

19. Referenced to Recommendations 125.34 and 125.36 UPR 2012, it was recommended to Ghana to “Continue to fight against female genital mutilation” and “Step up efforts to fight female genital mutilation”. According to UNICEF, Ghana has one of the lowest rates of female genital mutilation in Africa (4%), and most (93%) of Ghanaian girls and women are not in favor of the practice.⁵ Since FGM was banned in 1994, several perpetrators have been successfully prosecuted.⁶ In 2007, Parliament further strengthened the law against FGM by increasing the maximum penalty from 5 years to 10 years of imprisonment and extending the range of persons who can be prosecuted for involvement in an act of FGM.

20. Officials at all levels of government, including the President, have also publicly condemned FGM as an inhumane act. However, pockets remain in some rural hard to reach communities of Ghana where innocent female children undergo this inhumane practices, efforts need to be strengthened to completely eradicate FGM in the country. This group found

⁵ https://www.unicef.org/media/files/FGCM_Brochure_Hi_res.pdf

⁶ <https://www.opendemocracy.net/5050/yakin-erturk/women-at-war-in-country-in-peace-ghana>

that pockets of the FGM practice are mainly found in the Upper West, Upper East and the Northern Volta Regions of Ghana.

21. Obligations: Per the above mentioned international instruments, including the Convention on the Elimination of all forms of Discrimination against Women (CEDAW), the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention against Torture (CAT), the African Charter on Human and Peoples' Rights (ACHPR), and the Protocol on the Rights of Women in Africa (Maputo Protocol), Ghana is obligated to ensure that the right to health of persons in Ghana is respected, protected, and respected.

22. Recommendation

23. The State Party should:

I. Enforce the law of the arrest and detention of all perpetrators of FGM in the pocket areas in Ghana and increase the promotion of child welfare health advocacy campaigns and services to protect and safeguard the reproductive health of females in Ghana.

➤ Maternal Health and Reproductive Health

24. In the 2012 UPR, it was recommended in 125.67 that Ghana “Continue[s] efforts to improve the mental health sector and combat maternal mortality”. This recommendation was supported by Ghana. Consequently, with reference to Recommendation 125.61 on birth registration Ghana continues the effort to improve the birth registration figures, having in mind that considerable improvement has already been achieved, as birth registration increased from around 30 per cent in 2000 to over 60 per cent in 2010. Ghana has also launched a new automated birth registration system so as to make registration of new babies quick and easy.⁷

25. Again, in UPR 2012 Recommendation 125.68, Ghana supported the UPR 2012 review to “continue efforts to provide access to health care to all the population under a health insurance system at the national level”.

26. As a component to the Universal Health Coverage and access to health care particularly, pregnant mothers remain a topical health concern to many CSOs in Ghana. More often delivery complications arising out of delayed birth and premature babies lead to death of pregnant mothers.

⁷ https://www.unicef.org/ghana/media_10281.html

27. The 2014 Ghana Demographic and Health Survey⁸ states that “Proper care during pregnancy and delivery is important for the health of both the mother and the baby. This was linked to the then MDG 5 (Millennium Development Goal (MDG) and today the sustainable development goals”. Pre-natal and Post-natal services are the measure of health systems to ensure the development and safety of all pregnant mothers. Many of the decentralized community health centers in Ghana called the “Community Base Health Planning Services” (CHPS)⁹ are not completely stocked with the needed logistics and basic primary health care tools. Also the poor cold chain maintenance of the expanded program on immunization, vaccine shortages are some of the impeding problems to Universal Health Coverage. All pregnant mothers however are required to receive pre and post natal care for their most recent live births including receiving tetanus toxoid injections while pregnant. These neglect of rights impede on mothers to safe delivery and sometimes severe complications due to the weak infrastructure challenges at the CHPS and other levels of healthcare delivery in Ghana.
28. Access to maternal health care is still a challenge in Ghana especially in rural communities. This has contributed to the increasing prevalence rate in maternal and infant mortality in Ghana. Another challenge that impedes access to healthcare is the poor referral system which usually results from the small number of functional ambulances. This is also linked to the poor road network which hinders accessibility to a good number of inhabitants to seek health care.¹⁰
29. Again, the practices of family planning choices are quite often misunderstood by consenting married adults or are neglected. According to the “Ghana’s Demographic and Health Survey 2014 Edition page 16 “Among unmarried sexually active women, 42 percent have an unmet need for family planning and 45 percent are currently using a contraceptive method. The total demand for family planning among unmarried sexually active women is 87 percent, and only 51 percent of the potential demand for family planning is currently being satisfied. If all of the unmarried sexually active women who have an unmet need for family planning were to use contraceptive methods, the percentage would increase from 45 percent to 87 percent”. Planned Parenthood organisations are also mechanisms for ensuring maternal health.
30. There have been efforts to create awareness on adolescent reproductive health rights and sexuality, however there is increasing rate of teenage pregnancies in schools and the communities.

⁸ <http://www.statsghana.gov.gh/docfiles/publications/2014%20GDHS%20%20Report.pdf>

⁹ <http://www.ghana.gov.gh/index.php/media-center/features/1022-the-way-forward-for-the-chps-programme>

¹⁰ <https://www.ghanabusinessnews.com/2016/04/23/ghanas-free-maternal-healthcare-policy-not-working-research/>

31. Obligations: Ghana remains a signatory to many of the World Health Organisation's instruments, best practices and protocols. Ghana's constitution also obligates the right to quality health to safeguard and protect all persons per Chapter 5 of the 1992 Constitution of Ghana.

32. Recommendations

- I. Ghana must ensure that all Community-Based Health Planning Services (CHPs) compounds are resourced and functional to address the health emergencies and maternal health concerns and deliveries;
- II. Ghana must ensure the full implementation of Family Planning Costed Implementation 2015, a document developed by Ghana Health Service and also ensure that the provision of Family Planning services are covered under the National Health Insurance Scheme (NHIS);
- III. Ghana's National Health Insurance Scheme must be financially sustained to be able to provide basic healthcare to mothers, babies and the aged.
- IV. Ghana must include Comprehensive Sexual Education (CSE) in schools as complementary handbooks. Health facilities must have well-resourced Adolescent-Friendly Corners by March, 2018, which are financed by internally generated funds.

➤ HIV and AIDS including TB Challenges to Reproductive Health Rights in Ghana

33. In the 2012 UPR, it was recommended in 125.69 that Ghana "Continue[s] to implement programs and measures to prevent and combat HIV/AIDS". Also per 2012 UPR 125.70, Ghana "Continue[s] to implement the HIV/AIDS prevention, care and treatment programmes to further reduce the prevalence." Again the 2012 UPR 125.73 indicated that Ghana "Avails itself of additional funds for HIV/AIDS programmes, thereby encouraging the international community to match the funds in the fight against the HIV/AIDS epidemic."

34. The prevalence of HIV has drastically reduced in Ghana¹¹ however incidence levels among Men having sex with Men (MSM) and female sex workers are on the rise.¹²

35. Though the treatment of Tuberculosis (TB) in Ghana is free¹³, many Ghanaians are unaware of this. The global fund however needs to collectively work with government and CSOs to reduce the prevalence levels of HIV among MSMs and Female commercial sex workers.

¹¹ <http://www.ghananewsagency.org/health/ghana-s-hiv-aids-prevalence-rate-declines--89493>

¹² <http://ccmghana.net/index.php/hiv-aids>

¹³ <http://www.myjoyonline.com/news/2017/March-24th/ghana-records-increasing-multi-resistant-tuberculosis-cases.php>

Access to Antiretroviral and PMTC are critical concerns of the Ghanaian community in the area of HIV.¹⁴ Prevalence of TB in communities of Ghana equally requires greater attention from all stakeholders. Currently, very few CSOs are engaged in TB/HIV campaigns and a lot more is required for this to be improved.

36. Knowledge levels among younger persons as compared to adults are disproportionately low. Adult population seems to have more protection understanding of HIV knowledge more than the younger population.¹⁵

37. Obligations: The Global Fund to support HIV/AIDS, TB and Malaria are international development funding portfolios earmarked for the treatment of TB AND HIV/AIDS. Ghana has remained a beneficiary for the last decade, however the Government of Ghana under the president must also dedicate itself to eradicate HIV/AIDS and TB among its citizens.

38. Recommendations:

- I. Ghana must ensure that HIV and TB are collectively integrated in the fight as the two are co-infections (an HIV positive person is highly a TB positive person also).
- II. Government must ensure readily available anti-retroviral drugs and stock pile of all TB and HIV treatment systems available at all hospitals and clinics in Ghana , in order to regulate shortages and other redirection of drugs meant for PLWHIV AND TB clients a strong system must be in place to control medicine theft and high pricing of stocks.

¹⁴ <http://thebftonline.com/world/africa/16320/children-lagging-behind-in-access-to-hiv-and-aids-services-unicef.html>

¹⁵ <http://www.statsghana.gov.gh/docfiles/publications/2014%20GDHS%20%20Report.pdf>