

## Prioritising sexual and reproductive health in Ghana

Many countries are making major changes to their health sectors. But are populations' needs for sexual and reproductive health services being overlooked? In Ghana, curative health care policies are prioritised over longer term strategies to prevent ill health. There is a clear need for expert analysis and involvement to support effective resource allocation within Ghana's health sector.

The London School of Hygiene and Tropical Medicine, together with the Ghana Health Service, looked at how health reforms are being carried out in Ghana, and how these have affected sexual and reproductive health (SRH) services. The study took place at national level and in the Upper East region of Ghana which is predominantly poor and rural. 35 people were interviewed over a three month period in 2003. These included officials from the Ministry of Health (MoH), district and regional health managers, donors, and members of non-governmental organisations. The study also looked at official documents for the preceding 10 years in order to analyse the reform process. The study found that:

- Decisions on how to allocate resources were based primarily on mortality rates and the prevalence of certain illnesses such as diarrhoea and malaria.
- Preventative services, such as family planning, were neglected in system-wide planning and targets.
- An early health plan did not budget for condoms: crucial in preventing the spread of HIV as well as preventing unwanted pregnancies.
- Decision-making was not systematic and often depended on the enthusiasm and involvement of particular individuals.

At present funding is being targeted inappropriately. HIV treatment receives high priority despite its relatively low prevalence (four percent) in Ghana. Expensive drugs are available to treat people with AIDS although there are no tests available to discover whether they are HIV positive in the first place. Meanwhile, more pressing concerns, such as safe abortion, family planning and teenage sexual health, are comparatively neglected.

One reason why SRH has been overlooked by Ghana's MoH is because the country has a strong independent SRH programme funded by international donors. While this programme may appear beneficial in the short term, in the long run sexual and reproductive health services need to be an integral part of the health service. International funding for these services will not last forever.

The report suggests that:

- Decision-making must be based on a health system-wide approach with closer involvement from the SRH programme, as well as other specialist programmes.
- In the short term, policymakers should listen to the priorities set down by specialists in the field of sexual and reproductive health.
- Experts in sexual health need to be more proactively engaged in making crucial decisions about spending limited health care resources.
- The longer term benefits of investing in preventative health care policies should not be neglected for shorter term curative options.

Decisions based primarily on the prevalence of disease do not measure the benefits that investing in SRH prevention and care can bring. Meeting SRH service needs requires that SRH specialists are included in decision-making processes about allocations of resources and health systems functioning.

**Source(s):**

'Sexual and reproductive health: challenges for priority-setting in Ghana's health reforms', Health Policy and Planning 19(Suppl. 1): 50-61, by S.H. Mayhew and S. Adjei, 2004

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