



PRIMARY
PROMISES:
ACCESS,
EQUITY
& QUALITY



Alliance for
Reproductive
Health Rights

CHAMPIONS
OF GLOBAL
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FOREWORD

Primary Health Care (PHC) is the cornerstone of every country's health system, with providers serving as the first source of care for individuals and families. They are the continuous connection between patients and an array of services people will need throughout their lives, from access to contraceptives, checkups during pregnancy and routine vaccines for children, to treating illness, managing chronic conditions and addressing end-of-life care.

Indeed, a strong PHC system is essential to ensuring that people stay healthy, which in turn contributes to creating productive, prosperous societies. PHC is most effective when it is able to deliver high quality, accessible and equitable care that focuses on patients' needs and expectations, and when providers cultivate a trusted, open environment among the families and communities they serve. Well-functioning primary care is also a first step toward achieving universal health coverage, where an entire population has access to reliable health services and products that are affordable. Evidence shows that a health system anchored by strong

primary care has better outcomes at a lower cost. Primary care services are also linked to longer life expectancy, lower infant mortality and fewer deaths of children under five in many low- and middle-income countries.

However, the reality is that PHC systems across the world — including in my home, Ghana — are in need of a booster shot.

Consider this: An estimated 400 million people worldwide still do not have access to quality services at this most basic level care. This is compounded by other inequities such as lack of access to sanitation and clean water. Despite the full range of interventions that PHC provides to promote good health, and despite government endorsements of such care, the system is often understaffed and underfunded. By not prioritizing primary care, this core link to countries' health systems weakens. It becomes fragmented. That has a multiplier effect: When families are unable to rely on public services, they are forced to seek unqualified providers, which can endanger their health and wellbeing. And when people — especially those struggling

economically — have to pay cash for health care, they are pushed deeper into poverty.

To address the deficiencies in primary care systems requires dedicated engagement from civil society organizations (CSOs). As a unifying force and liaison between a variety of stakeholders, CSOs are in a unique position to advance primary health care and ensure that the people's needs remain a top priority. That is why it is essential for civil society to continually press for improved PHC — in partnership with the communities in which they work and with governments — if we intend to achieve universal health coverage. Using their capacity to mobilize communities, foster connections among diverse actors and create platforms for dialogue, CSOs can help to fill the gaps in primary care service quality, equity and access. It is this kind of sustained advocacy that is required to guarantee a strong, fair and reliable primary health care system that the people of Ghana and beyond deserve.

FRED T. SAI, M.P.H.

PREFACE

Ensuring a woman's sexual and reproductive health and rights is key to unlocking her potential and improving her wellbeing. Fulfilling these rights for the world's women requires a commitment to understanding and responding to their health needs over the course of their lives. A strong primary health care system that offers integrated care and promotes individuals' overall wellbeing — instead of only treating specific diseases — is at the heart of attaining sustainable health coverage for all.

Achieving health for all requires partnerships across political, health, economic and other sectors. It requires global and country level advocacy. It requires a “both/and” mindset instead of “either/or.” PAI champions policies that put women in charge of their reproductive health as well as convenes health advocates from a range of issues, including child survival, HIV/AIDS, and family planning, among others, to raise awareness about and design strategies to drive progress for primary health care globally. Alliance for Reproductive Health Rights (ARHR) promotes a rights-based approach to reproductive, maternal, newborn and adolescent health in Ghana as well as convenes partners to build on existing primary health care successes. Building effective primary health care systems calls for family

planning champions to be a part of the solution. We are well suited to promoting principles of open access, equitable service and high-quality care.

Indeed, fulfilling women's rights will not be possible if low-quality care at clinical and structural levels persists. Women need and want to be able to access sexual and reproductive health information and care through their primary health care provider. Contraceptives and other reproductive health supplies should be covered under national insurance plans. We also must increase the numbers of community health workers and other health practitioners who are on the frontlines of care.

In Ghana, the focus of this publication, the health system is often regarded as one of the most successful in Africa. But it's not without challenges. Through compelling photography and storytelling, this book provides a window into some of the gaps and opportunities related to family planning and primary health care in the country's Volta region. These health care providers, advocates, patients, and community gatekeepers offer insight into the experiences of the people that primary health care touches and the variety of issues relating to equity, quality, and access.



We hope this book inspires advocates and policymakers alike, both in Ghana and around the world to continue to improve primary health care systems that offer **integrated, people-centered services**. There is remarkable momentum behind universal health coverage, enshrined in the sustainable development goals. If we are to achieve that goal of health for all, it must be on the foundation of primary health care. We must **decrease patients' out-of-pocket expenses** and ensure that family planning is embedded in primary health care services. We need stronger **partnerships between civil society and policymakers** to accelerate progress for primary health care.

PAI and ARHR are committed to educating communities and providers about primary health care and family planning, fostering dialogue among them, and encouraging shared responsibilities. Partnering with advocates and civil society organizations, we will continue to engage healthcare providers and policymakers in Ghana — and around the world — to address the gaps in primary health care equity, quality, and access. Together, all of us who believe in the importance of women's sexual and reproductive rights must continue to advocate for strong primary health care health systems.

VICKY OKINE

Executive Director

Alliance for Reproductive Health Rights

SUZANNE EHLERS

President, PAI





01

FULFILLING THE PROMISE OF PRIMARY HEALTH CARE

Primary health care undergirds every health care system. In fact, the vast majority of a community's health needs can be met by a well-functioning primary health care system. It is a critical pathway to achieving universal health coverage—recognized globally as a right as well as a precondition to achieving sustainable development.

In an ideal setting, a high-functioning primary health care system ensures a focus on equity, access, and quality of care. It offers care that is coordinated, comprehensive, people-centered, accessible, and continuous. When primary health care works, people are able to get the care they need to stay healthy.

The reality of primary health care in much of the world, however is much more complex. Despite its crucial importance, essential health services normally provided through primary health care are not available to 400 million people around the world. Primary health care is often the weakest link in a country's health system: underfunded, understaffed, and deprioritized.

Focusing on Ghana's Volta region as an illustrative example, this photobook, *Primary Promises: Access, Equity and Quality* provides a glimpse into this complexity. We show the human faces—the advocates, community members and policymakers—at the heart of primary health care.

When the promise of primary health care is fulfilled, people and families are connected with trusted health workers and supportive systems throughout their lives. But when primary health care is too expensive, too inaccessible, or cannot provide quality and respectful care, then the system has failed and improvements must be made. The call to action at the end of this book provides concrete steps that can be taken to improve primary health care systems to fulfill the promise of equity, access, and quality of care.

HERBAL CLINIC
HO MUNICIPAL HOSPITAL





Beatric Abiwu, Head Nurse at Ho Municipal Hospital.

A high-functioning primary health care system is part of a robust referral network. Most services are provided at community-level facilities—in Ghana, CHPS facilities—but patients can be referred to higher-level facilities such as the Ho Municipal Hospital for more complex care. The municipal hospital has maternity and pediatric services, diabetes and mental health services. It provides lab diagnostics, scans, and C-sections. As a referral facility, clients come from all over South Dayi District.



Quarshi Gloria and her infant daughter wait for the midwife at Wegbe Heath Center.



In an ideal setting, family planning—including contraception—is provided at the primary health care level.





02

ACCESSIBILITY

A high-performing primary health care system is accessible, and is offered within people's communities at a price they can afford. Unfortunately, inadequate funding and infrastructure barriers often make primary health care inaccessible and increase the burden of out-of-pocket costs—driving individuals into poverty or forcing them to choose between paying for healthcare over other essentials like education.

The need to travel long distances or other physical barriers to access can put primary health care out of reach. Ghana's Volta region is no different. In Wegbe and Peki, already pitted and furrowed dirt roads become impassable when it rains. In the overbank communities of Tongor-Tsanakpe, life revolves around the lake, whether for commerce, entertainment—or a trip to the health facility. That often requires traveling by boat for at least half an hour.

Ghana's Community-Based Health Planning and Services (CHPS) facilities established by the government are intended to bring quality primary care closer to communities. Since the inception of the CHPS program, progress has been made to increase accessibility and improve health outcomes. Some studies have shown that the establishment of the CHPS facilities has contributed to increasing access to skilled care at birth.¹

Even where high-quality care may be available at the community level, it may be incomplete. Insufficient funding may mean that not all tests or medications are offered. These challenges compound financial barriers community members already face. Sometimes, community health nurses like Marian Awu at the Tsatee CHPS compound will refer clients to other facilities for follow-up services. However, many of these clients can barely afford the cost of their medications, far less the additional expense of transportation.

Fulfilling the promise of primary health care requires addressing financial and infrastructure barriers.

¹ Fiifi Amoako Johnson, Faustina Frempong-Ainguah, Zoe Matthews, Andrew J. P. Harfoot, Philomena Nyarko, Angela Baschieri, Peter W. Gething, Jane Falkingham, and Peter M. Atkinson. (2015) Evaluating the Impact of the Community-Based Health Planning and Services Initiative on Uptake of Skilled Birth Care in Ghana. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4366226>



George works closely with Marian Awu, community health nurse at Tsatee CHPS compound. At the CHPS compound, Marian follows up with women and girls who have recently given birth to treat minor ailments, conduct postnatal care visits, and provide health education to students in the community.

Women and families are required to pay out-of-pocket for services not covered by health insurance, including scans and tests for hemoglobin levels. Marian notes how this reality impacts trust levels, **“When [patients] come to the hospital and the medicine is not available, they don’t feel comfortable coming to the health facility. They think it is better that they go to other places.”**





Marian cares for a population of about 1,060 and conducts on average 30 home visits a week. As many pregnant women and girls have difficulty reaching health facilities due to poor transportation, among other reasons, home-based care ensures a complete course of antenatal visits.





“The CHPS compound is built, but there’s nothing inside. No mosquito nets for. No antibiotics, and other medicines. Some facilities don’t have enough staff so they use untrained workers.”

Nana Kugbeadzor-Bakateyi II, CEO of Global Action for Women Empowerment (GLOWA).



A healthcare worker in a green uniform with white trim is standing and talking to two women seated in a clinic. The woman in the foreground is holding a baby wrapped in a white blanket. The background shows a table with medical supplies and posters on the wall.

Two women are seated in a clinic. The woman in the foreground is holding a baby wrapped in a white blanket. The woman behind her is wearing a white headscarf. They are both looking towards the healthcare worker.

Posters and notices are pinned to the wall in the background. One poster features a blue and white striped design, and another has a pink and white design. There are also some papers and a box on a table in the background.

A table covered with a patterned cloth holds various medical supplies, including boxes, bottles, and papers. The table is positioned in the background of the clinic.



Tongor-Tsanakpe, an overbank community in South Dayi, Ghana



Overbank communities do not have electricity, internet, access to safe drinking water, or road access. It can take over an hour to travel by car and boat ride to reach the nearest hospital. Many residents are unable to give birth in medical facilities due to barriers in access.





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03

STIGMA

Stigma can undermine equity, access, and quality in an otherwise high-functioning primary health care system. Even when primary health care services are physically accessible and there is broader community trust, key population groups have difficulty accessing services because of stigma—particularly when it comes to issues of sexual and reproductive health and rights. These include young people, people with disabilities, men who have sex with men and people living with HIV.

For example, young people seeking comprehensive sexual health information and contraceptives may face discrimination from healthcare providers or violations of their privacy. The results are high rates of adolescent pregnancy, STIs, and school dropout rates especially for young women.

For people living with HIV, services may be available but the lack of integration yields decreased quality of care because of stigma and privacy violations.

Fulfilling the promise of primary health care requires people-centered health care systems, quality as a right and supporting healthcare providers with the skills and funding needed to deliver on that right.

“Family planning should be for married people, not teenagers. We shouldn’t encourage teenagers to practice it.” – Frank Boamah (left), 42-year old father of four.







Sophia (right) is 16 years old and does not regularly access healthcare for herself or her children. She has an expired insurance card and can't afford a new one. She left an abusive relationship with the father of her two boys who took the children's insurance cards as retribution. She isn't eager to seek out health care as the nurses criticized her for having two pregnancies at a young age.







Ebenezer Datsomor (bottom right) has two children with two different girls. He has never used family planning, although he would like to prevent having more children. He's heard that family planning is only for married adults, not for adolescents. He and his friends agree.



ST FUNDED BY CIDA

Benedicta (left) and Kwaku Badasu with their son, Gabriel. Kwaku says the local health facility refuses to provide him services and discriminates against him because of his disability. Benedicta is wheelchair-bound and eight months pregnant. There are no community health nurses nearby. She relies on others to push her to the health facility. If she is unable to find transportation assistance, she must forgo the visit.



Akosua Nkuamah (left—name has been changed) is HIV positive. Every three months, she walks thirty minutes to the local hospital to receive medication. It's difficult to go to the facility when she doesn't have money. There is also a stigma attached to being seen in the outpatient area on the days when HIV patients collect their drugs. Some people go there just to see who is getting antiretroviral drugs.

George Dossah (right), an HIV and AIDS counselor, says **"It's a challenge to get patients to come for their drugs because of the stigma. Patients are supposed to come for drugs every month, but when they don't have money they don't come on time, or some get relocated and stop taking drugs."**



Ekua (name has been changed) is an LGBT peer educator. His clients want to go to a clinic where they feel safe and respected. He has a good relationship with one doctor who calls him if they have a referral to the program.

“The more they come to us, the more we open up.”

HEALTH CENTRE

GHANA HEALTH SERVICE

 **WEGBE-KPALIME**



04

MISTRUST, MISTREATMENT & MISINFORMATION

Complex traditions, institutions, and beliefs are interwoven into the fabric of every community and can either foster or hinder the uptake of primary health care. For example, long-established family relationships mean that women may feel more comfortable using a traditional birth attendant instead of visiting the local CHPS facility or hospital. This preference may be compounded by past experiences of disrespectful care or misperceptions of clinical care when the quality of primary health care is low.

Other times, myths about modern medicine or lack of knowledge about the costs of services drive individuals to seek care from local healers—which may be even more expensive than clinical care.

Fulfilling the promise of primary health care requires education and trust between community members and health care providers.





TISA
ROYAL
GARDENS

THE CHURCH OF PENTECOST
**WEGBE
ASSEMBLY**
WEGBE

Community elders discuss health needs for local residents and advise the Chief on priority issues. The Chief and the elders helped to secure funding for the Wegbe Health Center and continue to advocate for health education, facility equipment, and improved services.



Stella Atsui is a midwife at the Wegbe Health Center. Her advice for other midwives and nurses is to connect with the local Chiefs, Queen Mothers and elders in order to foster a good relationship with the community. **“Establish a very good rapport with the people. You should understand them and you should understand their culture.”**







George Enim is a traditional birth attendant. He started shadowing his father, also a traditional birth attendant, in 1968 as he made home visits. George counsels pregnant women and girls and helps them give birth at home. If there is a risk of any complications during delivery, he refers the individual to the nearest health facility, Peki government hospital. Despite his referrals, many women and girls in the community refuse to seek care in the health facility due to lack of funding for transportation or absence of available transportation options.

George (opposite page), with patient who recently gave birth.
Above, with his family at home.







Addo Benedicta is 15 years old and eight months pregnant. Even though the government hospital she visits each month for antenatal care is 20 minutes away, it takes Addo 2-3 hours due to malnutrition and pregnancy-induced fatigue. She hasn't used family planning because she heard rumors that removing an IUD can cause death.



Lastday (Kwaku) Wonderfulman is a traditional healer in Kpeve Tong village. Lastday claims spirits communicate diagnoses to him. He uses herbs to treat health conditions such as arthritis, swollen feet, gout, severe stomach pain, coughing, and tuberculosis.



Lastday trusts traditional healing over modern medicine. There are no modern health facilities nearby. Every disease has a different price—treating arthritis costs 1500 cedis (\$375). If patients can't afford treatment, Lastday will accept payment over time.



SOUTH DAYI DISTRICT ASSEMBLY
P.O. BOX 8, KPEVE

05

COMMUNITY LEADERSHIP & STRENGTH OF CIVIL SOCIETY

Community leadership and civil society-led advocacy can be positive drivers of high-functioning primary health care systems at the community level. These leaders and advocates provide invaluable technical expertise and serve as the voice of the community. They are also a bridge between policymakers and community members. By promoting a stronger primary health care system, advocates in Ghana help advance efforts to improve equity, access and quality.

Community leaders and advocates extend the reach of the government to ensure health care. Advocates such as Nana Kugbeadzor-Bakateyi II, CEO of Global Action for Women Empowerment (GLOWA) work to improve primary health care by providing reproductive health information to women and educating them about their rights. GLOWA also involves men and health workers on the same topics. In the Volta Region, local Chiefs and Queen Mothers help to ensure high quality primary health care. Not only do they advocate for more services and funding directly through local political structures like the community assembly, they also partner with civil society organizations in their advocacy to increase funding for and strengthen primary health care. At the same time, civil society organizations like ARHR, in partnership with policymakers, also play a key role in improving healthcare access, quality, and funding. Without the approval and collaboration of these gatekeepers, services can't be delivered effectively in their communities.

Fulfilling the promise of primary health care requires collaboration among civil society advocates, community leaders, health care providers, and policymakers to ensure that primary health services deliver on equity, accessibility and quality of care.





Local NGO Global Action for Women Empowerment (GLOWA) offers training to and partners with community leaders, like Mama Atrato, Queen Mother of Ho (right). Mama Atrato is part of the Queen Mother Association, which monitors the health of women and girls as well as the performance of midwives. Women feel comfortable speaking with her, and she encourages them to go to facilities for family planning counseling.



“I pledged to keep attention on our women and their care. We started involving Queen Mothers when we realized they have a role to play as traditional authorities.” - Nana Kugbeadzor-Bakateyi II (center), CEO of GLOWA, with her staff in Accra, Ghana.

Community elders of Wegbe







“If you want to achieve very good health care, the people themselves must be enlightened.” Wegbe Chief Togbui Adza Wiah Kwesi II coordinates health education sessions for community members, where health experts are invited to teach community members about antenatal and postnatal care, malaria, and communicable diseases.





“Every Ghanaian must have access to healthcare and the strategy must be clear, including how it will be financed. We are developing a 40-year development plan and the sustainable development goals are the guide.”

George Osie-Bimpeh, Country Director of Send Ghana



“We help to hold the government accountable to its promises, and we’re working to build a critical mass [for people to] understand their rights. We also have a responsibility to demand those rights and amplify through public visibility campaigns.”
Vicky Okine, Executive Director of Alliance for Reproductive Health Rights.





“We contact the stakeholders and meet with committees to determine which areas and projects have priority needs.” Maxwell Giyimah (left), Coordinating Director of the South Dayi District Assembly pictured with Gershom Kwadzo Tудоabur, Planning Officer and Kafui Semenu Bekui, Chief Executive Officer of South Dayi District Assembly. Engaging chiefs, community elders and assembly members all helps to maximize the outreach of the health facilities and minimize cost.



CALL TO ACTION

Improving primary health care has long been recognized as a key to achieving *health for all*. A strong primary health care system not only delivers high quality care and services, it builds trust with families and communities to promote health and wellbeing as well as treatment when necessary. When primary health care works, people are able to get the care they need to stay healthy. But as the stories in this book illustrate, the presence of a primary health care system is not enough. Financial barriers, infrastructure problems, stigma and mistrust can stand in the way. To address these issues and fulfill the promise of primary health care, we call on governments, donors, civil society partners, health care providers and community leaders to:

- 1. Ensure primary health care systems offer a comprehensive package of essential services, including reproductive health services and supplies:** A well-resourced primary healthcare system is community-based and provides the information, services and supplies women need to make their own reproductive health decisions. Policymakers and health providers must prioritize family planning as part of primary health care, and family planning advocates must recognize the importance of strengthening primary healthcare to fulfilling sexual and reproductive health and rights.
- 2. Remove the financial barriers to primary health care:** Out-of-pocket expenditures are a significant deterrent to accessing primary health care services. Policymakers, civil society advocates and health care providers must partner together to drive policy, programming and financing solutions to decrease out-of-pocket payments.

- 3. Promote dignified and respectful care for all people:** Stigma impedes health care delivery, including in primary health care settings. Health care providers need to be equipped with the skills to provide quality and equitable, people-centered care without bias or judgement.
- 4. Build bridges between traditional healers, community leaders and primary health care providers:** Primary health care providers need to build relationships with traditional healers and leaders to foster uptake and trust of primary health care services within their community.
- 5. Community leaders, advocates, policymakers and providers should unite around a shared primary health care agenda:** The combination of community leadership and civil society advocacy has proven to be a powerful voice in advancing primary health care services in Ghana. Policymakers and health care providers have access to the decision-making mechanisms for policy, programming and funding. Working together they can ensure that there is equitable, accessible and quality primary health care services for everyone.



ABOUT PAI

PAI champions policies that make it possible for every woman to have quality reproductive health care. We work with policymakers in the United States and our network of proven partners in the Global South to advance women's rights by removing barriers between women and the care they need.

ABOUT ARHR

The Alliance for Reproductive Health Rights (ARHR) is a network of Ghanaian Non-Government Organizations (NGOs) promoting a rights-based approach to reproductive, maternal, newborn and adolescent health.

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