



EVIDENCE BRIEF

UNDERSTANDING THE IMPLEMENTATION COST OF PRIORITY ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH INTERVENTIONS IN GHANA:

August 2023

EcASARH PROJECT

BACKGROUND

Unmet sexual and reproductive health (SRH) needs of adolescents threaten their smooth transition into adulthood and limit their rights and freedom. Without effective interventions, vulnerable adolescents in Ghana may be entrapped in behaviours that expose them to unwanted pregnancies, sexually transmitted infections (STI), child marriage, violence, injuries, and others. Unfortunately, many adolescent health interventions in Ghana remain underfunded like many other low- and middle-income countries (LMICs). This is exacerbated by the recent global economic shocks caused by the COVID-19 pandemic and the growing impact of climate change. It is crucial to understand the cost of implementing priority adolescent sexual and reproductive health (ASRH) interventions to stimulate resource mobilisation efforts by governments and other stakeholders towards addressing contemporary ASRH challenges. The priority ASRH interventions focused on in this brief were identified through a consensus with key stakeholders using a set of criteria.

IMPLICATIONS OF NO ACTION

What are we up against?

Published evidence suggests that Ghana has slowly progressed in reducing adolescent pregnancies. This slow progress exposes many adolescents to the risk of death. The prevalence of adolescent pregnancies in Ghana for girls aged 15-19 decreased from 23.6% to 16.1% between 1988 and 2019, yet it remains high. This prevalence is significantly higher among rural inhabitants and out-of-school adolescents who cannot read or write. These groups of out-of-school adolescents and residents in rural areas need significant interventions, which may increase the costs

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of delivering the interventions because of substantial difficulties in reaching them compared to adolescents in schools or dwelling in urban locations.

About 40% of adolescents in Ghana aged 10-19 are sexually active, yet access to and use of contraceptives remains low. This should be a significant concern for policymakers as it can potentially increase the risks of multiple adverse events like STIs, unintended pregnancy and unsafe abortion attributable to unprotected sex. Without interventions, Ghana may not achieve universal health coverage, an essential goal as part of the sustainable development goals. This evidence brief presents the cost of implementing four priority ASRH interventions using available data to facilitate funding discussions and mobilisation to address ASRH needs in Ghana.

What did we do to ascertain the cost?

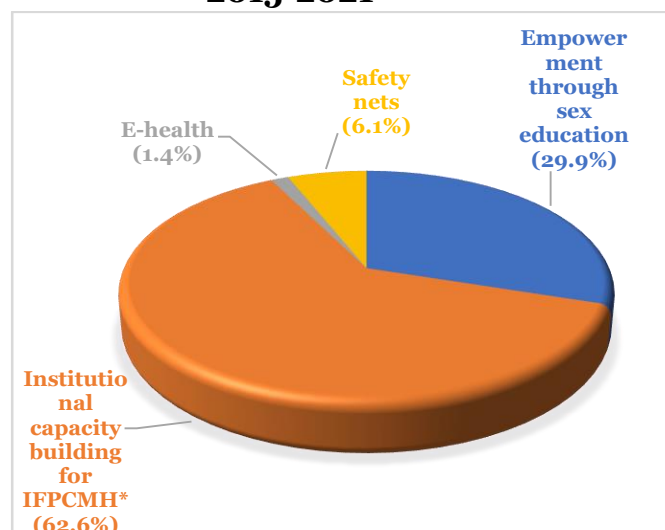
The study quantified all expenditures related to priority ASRH interventions in Ghana. Cost data were obtained from implementing institutions, including the Ministry of Health and other development partners. Cost components vary by intervention design and include expenses on commodities and supplies, training and capacity building,

outreach/information dissemination costs, administrative expenses and other essential cost items.

How much expenses go into ASRH interventions in Ghana?

About US\$ 46.1 million was spent on Ghana's four priority ASRH interventions between 2015 and 2021. Approximately 63% of the total costs went into institutional capacity building for implementing integrated family planning and comprehensive maternal health (IFPCMH) services for adolescents, while about 30% was spent on adolescent sex education programs. Safety net and e-health programs received the least funding (Figure 2).

Figure 2. Distribution of expenses on ASRH interventions 2015-2021



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Annual expenditure and implications

Figure 3 shows the annual expenditures on ASRH interventions in Ghana and indicates that funding to mitigate ASRH problems remains inconsistent. Again, the indirect costs, defined as the total expenses on travel, conferences and miscellaneous, were high in most years, but have no direct impact on addressing ASRH problems (Figure 4).

Figure 3. Annual expenditures on ASRH interventions in Ghana

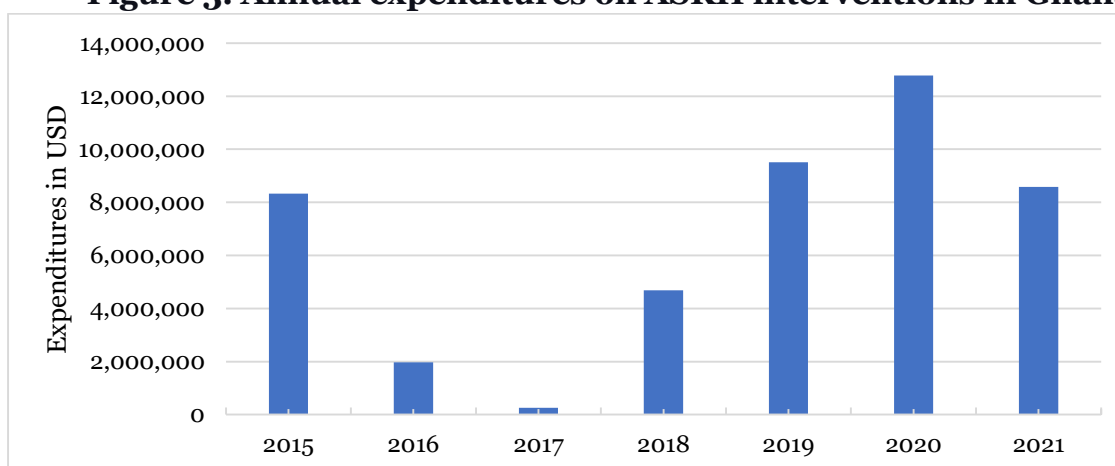
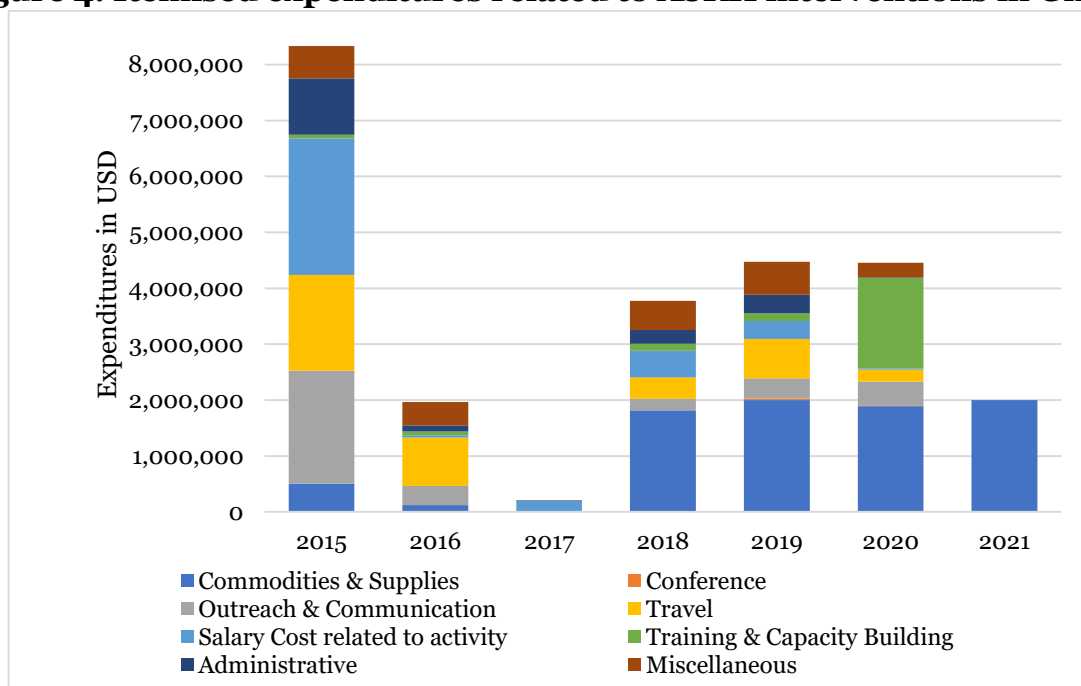


Figure 4. Itemised expenditures related to ASRH interventions in Ghana





Key points for policymaking considerations

Using the World Health Organization's estimate of USD 9 per capita annual requirement, we argue that a minimum of USD10 million is needed to implement only one priority ASRH intervention in Ghana for 2023 alone, equivalent to USD 40 million annual cost for all four priority ASRH interventions considered in this brief. Therefore, the estimated mean annual expenditures of about USD 6.6 million between 2015 and 2021 indicate a significant funding gap for ASRH interventions. The inconsistent funding, depicted in the annual expenses on interventions, compounds the situation and shows that dedicated sustainable domestic resource mobilisation strategies may be a good solution as proposed by key informants from stakeholder institutions, i.e., public, private, non-governmental organisations, civil society, and development partner institutions. As we have described elsewhere (unpublished), central government commitment to budgeted interventions by the Ghana Health Service remains very low. Additionally, as funding for most interventions comes from health aid and grants, we agree with others that external funding sources are equally inadequate and unreliable. Also, the government's free basic and secondary education policy in keeping most adolescents in the classroom, leading to delayed early marriage and prevention of other social vices, is good.

However, as the trend in adolescent pregnancy shows, more effort should be targeted at out-of-school adolescents who are recording a

significant number of early pregnancies. Overall, gender-sensitive ASRH interventions are recommended with equal attention to male adolescents. We believe that this brief provides insight for policymaking considerations and further discussions about where to prioritise more investments to mitigate ASRH problems.

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