PHM/GHANA, HSWU (TUC) AND CSO CIVIL SOCIETY CONSULTATION ON WHA 70, 2017

PHM/GHANA CIVIL SOCIETY POSITION PAPER ON THE 70TH SESSION OF THE WORLD HEALTH ASSEMBLY AGENDA.

5/17/2017

PHM/Ghana

Civil Society Consultation on WHA 70

Consolidated Position Paper

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1. Provisional WHA Agenda Item 16.3: Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health (A70/37)

IN FOCUS

This report is an updated version of the earlier version (EB. 140/34) noted at the EB in January 2017. Following the board's discussions, revisions have been made to paragraphs (5-10), (13-15) and (20-24). The World Health Assembly is invited to note the report.

BACKGROUND

The United Nations Secretary-General launched the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) in September 2015.

The strategy is based on the realization that Health and the human rights of women, children and adolescents form the cornerstone of the global development agenda. The strategy is informed by the following guiding principles: equity, universality, human rights, development effectiveness and sustainability. The Global Strategy has three objectives: survive, thrive and transform – to end preventable mortality, to promote health and well-being, and to expand enabling environments.

Subsequently, in May 2016, the Health Assembly adopted resolution WHA69.2 on Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health, and invited Member States to commit, in accordance with their national plans and priorities, to implementing the Global Strategy and strengthen accountability and follow-up.

The report also provides an update on the current state with regards to Women's, Children's and Adolescents' Health and that *"although progress has been made, women, children and adolescents worldwide continue to face challenges in accessing essential, good-quality health services. They often face violence and discrimination, are unable to participate fully in society, and encounter other barriers to realizing their health and human rights, especially sexual and reproductive health and rights*."

The report also highlights some of steps that have been taken to implement the strategy and what furthermore needs to be done.

KEY HIGHLIGHTS OF THE REPORT

The key highlights of the report are:

· The Status of Women's, Children's and Adolescents' Health – Monitoring Progress and

Promoting Accountability. The report base on the three objectives of the global strategy of the SDG of survival, thrive and transform. WHO in 2016 working with partner agencies following a consultative review process have elaborated 60 indicators for tracking progress on implementing the global strategy. The report highlights 16 key indicators for tracking the three objectives of the global strategy on latest available data in 2016 (page 2-30, para 5-8).

· On survival Objectives: the rate of maternal mortality (216 per 100000 live birth), underfive mortality (19 per 1000 live birth) and stillbirth rates (10.4 per 1000) as estimated in 2015 is still unacceptable following the principle of every mother and child count. The importance of data gathering cannot be over emphasized in understanding and dealing with newborn and health related conditions and emerging health problems. It is quite worrying that of the 86% that have adopted a policy on maternal death notification, only 46% of countries, territories and areas have functional mechanism to systematically report, review and respond to maternal death.

· On thrive: An estimated 156 million of the world's children are stunted (23%). Of much concern is low rate of exclusive breastfeeding among low- and-middle income countries. Ghana although have made gains in recent years (52%), it is still below the 2012 estimate of 68%).

· And on transform least developed countries recorded only 45% of children under five are registered with civil authority. The report also highlights the prevalence of physical and sexual violence among women and girls. The 2016 WHA69.5 endorsed the WHO global plan of action to strengthen the role of the health system within a multisectoral response to address interpersonal violence, in particular against women and girls and against children it is gratifying to note that many member states are complying.

· It is worrying that the high quality data are collected at country level only for few indicators on the Global strategy. The call for action in three areas of leadership, resource and institutional strengthening particularly around human resource for health is in the right direction.

· High-Level Working Group on Health and Human Rights of Women, Children and Adolescent Health. The report raises concern about the challenge faced by women in accessing essential, good quality health services and attribute the challenges and consequences to a greater extent the failure of governments to protect the human rights of their citizens. The group indicated the importance of addressing inequalities and injustice as key determinant for improving people's lives but specifically the ability of societies to create a new paradigm of dignity, and well-being for the next generation of women, children and adolescents. They cautioned the failure to protect the human rights of women, children and adolescence would be a major setback for the achievement of the 2030 Agenda. There is a call to all actors to reaffirm their commitment to universal values of health, dignity and human rights for all and to champion the cause of women's, children's and adolescent's health and rights through actions, advocacy and activism.

Special Theme: Adolescent Health – The New Frontier in Global Public Health

- Adolescents are central to all that the global strategy hopes to achieve. There is widespread realization that adolescents' health merit greater attention (see paragraph 17 of WHA70. Provisional agenda 16.3). The need for addressing adolescent issues is further justified by its economic implications (para, 19). The report acknowledges the commitment of member states expending their investment on adolescent health. Para 20 and 21 highlights efforts made by member states. It further highlight WHO's contributions in providing support in response to member state request at WHA68, May 2015 para 22-24. WHO's key contribution are the development of guidance on implementing global accelerated actions on adolescent health expected by WHA 70.

- Future Developments

The report acknowledges the importance of early childhood development in the implementation of the global strategy and calls of its attention in future session of the health assembly

Action by The Health Assembly: Note the report

Annex: Recommendations of The High-Level Working Group on Health and Human Rights

Our comments:

The document is generally good and the proposed interventions are commendable. However the implementation strategy does not touch on private partnerships for health financing. The recommendations (ANNEX) proposed is largely based on member states actions without timelines and concrete actions to monitor the progress of its implementation. The recommendations also leave out the economic and social determinants of health that would limit the realization of the global strategy. Although the report acknowledges the role of CSO and community leadership in this global strategy no recommendations were proposed for their engagement and actions. We applaud the efforts made by countries to expand investments in adolescent health. Countries such as Cameroon, Liberia and Uganda have included adolescent health in their investment cases for the Global Financing Facility. PHM Ghana encourages the Ghanaian government to do same.

Current Challenges in Ghana:

1. Inadequate investments in Reproductive, Maternal, Neonatal and Child Health
2. Early and forced child marriage
3. Teenage pregnancies

4. Sexual violence against women and children
5. Maternal deaths resulting from unsupervised deliveries, unsafe abortion
6. Laws are not enforced to protect vulnerable population
7. Cultural barriers
8. Inadequate implementation of School Health programme
9. Socio-economic determinants including poverty, corruption, poor education etc
10. Inadequate health facilities and health workers
11. Although there is an Adolescent Policy in Ghana, issues of SRH have not been integrated in education curriculum at all levels
12. Participation of beneficiaries in development of policies
13. High quality structured and current data to monitor progress

WHAT DO WE PROPOSE (PHM GHANA POSITION)

Based on the challenges in Ghana, we propose the following for consideration:

1. Need to specify periodicity of reporting on progress
2. The development of country specific strategies with timelines based on the recommendations of this report. .
3. The development of policies and action plans should factor in country-specific challenges
4. Adolescents, women and children should be consulted in the design of polices and implementation of actions
5. Milestones should be included to guide member countries to assess progress
6. Member countries should be compelled to earmark funds to support women, children, and adolescent health
7. Traditional leadership to be emphasized for upholding the right to health especially in sub-Saharan Africa.
8. Consider needs of persons with disability segment of women, children, and adolescents
9. Efforts should be made to ensure standardized data across countries to monitor progress
10. To ensure that, women, adolescents and girls benefit adequately from the health care provisions made under the Global Strategy. PHM is encouraging countries to assess and address environmental and economic concerns which have the potential of worsening gains made in healthcare. The health impact of illegal mining in Ghana which is negatively affecting access to potable water supply for instance could have adverse effect on women and adolescents since water provision and use at the household level is largely undertaken by women and young people.
11. Incorporate Family Planning in National Health Insurance Scheme in Ghana

2. Provisional WHA Agenda Item 15.5 Report of the Commission on Ending Childhood obesity: Implementation Plan

IN FOCUS

A70/31 presents to the Health Assembly the draft implementation plan for consideration. This draft implementation plan is developed following the recommendations of the Commission on Ending Childhood obesity established by the DG in 2014 in an effort to provide comprehensive response to childhood obesity. Decision WHA69(12) (2016), of the WHA69 decided to request the DG to develop, in consultation with Member States and relevant stakeholders, an implementation plan guiding further action on the recommendations of the commission and present its findings to the EB140. The EB140 considered an earlier vision of the report in January 2017 expressing broad support for the implementation plan.

BACKGROUND

Childhood obesity is increasing in all countries, especially in low- and middle-income countries (LMIC). Available data show increasing number of cases from 31 million in 1990 to 42 million in 2015. In the African Region alone over the same period, the number of overweight or obese children under 5 years of age increased from 4 million to 10 million. Childhood obesity is associated with several health complications, premature onset of illnesses such as diabetes and heart disease, continued obesity into adulthood and an increased risk of non-communicable diseases.

The WHO website has useful references on its obesity page including a description of the Commission, its work program and the commissioners.

For further background see the special issue of Obesity Reviews (October 2013) which reviews a wide range of policy options regarding the regulation of the food environment.

This implementation plan is developed following broad consultations of member states, review of existing evidence and online interactions.

Action by Health Assembly

The Health Assembly is invited to consider the draft implementation plan.

Our comments on the implementation plan

The draft implementation plan addresses comprehensively the issues of childhood obesity and we urge the Assembly to endorse in its entirety.

However, we would like to draw attention to the need for Ghana to consider the call for the adoption PAHO nutrient profiling guidelines which focuses on highly processed and ultra-processed foods and most importantly its design to support broad set of intervention aside the regulation of marketing.

We draw attention to the increasing control by transnational food companies of global food systems and its resultant increasing presence of highly processed and energy dense foods which contribute to increasingly obesogenic environments and Ghana is no exception.

We recognize the importance of the food sovereignty paradigm of value adding along the supply chain however, we would like to draw attention to its cost to nutrition security where profit clouds the responsibility of ensuring the production of energy dense foods.

There is the need for treaty status to protect regulatory strategies from corporate challenge. In Ghana we have recently witness a situation with the advertisement of alcoholic beverage.

Nutrient profiling, food labelling, the sugar tax and other regulatory strategies all need to be given treaty status globally to protect them from corporate challenge under trade agreements.

We strongly propose to delegates to call for Mandatory standards to guide the marketing of Marketing of Breast-milk Substitutes if we are to win the fight on obesity.

The rising significance of free trade agreements in shaping global food systems points towards the importance of robust standards which can constrain what is provided for in trade agreements and jurisprudence of dispute settlement. Provisions for investor state dispute settlement have been widely recognised as a threat to policy space in terms of regulating the food environment. Robust standards in a binding agreement would go a long way to protecting such policy space.

It is unfortunate that the reference in para 36 of the ECHO Report to the health and equity impacts of national and international economic agreements and policies has not made it to the Implementation Plan. In particular, the spread of investor state dispute settlement provisions (ISDS) which can penalise small countries for considering public health policies and can chill such consideration by other countries.

The Implementation Plan refers to the "significance of agriculture and trade policies and the globalization of the food system" in para 8(c) and to the need for cross portfolio policy coherence including trade in Table 1. PHM urges the inclusion of more explicit recommendations in the Implementation Plan advising member states to avoid ISDS provisions which might prevent effective public health regulation.

PHM urges member states to commit to the negotiation of a framework convention on nutrition under Article 19 of the WHO Constitution and for such a treaty to be negotiated within WHO. If it is referred to the Codex it is likely to be stalled, watered down or simply not enacted.

Nutrition is central to all the discussions on health however; it is given little attention in many member states. To win the war on NCDs and IDs there is the need to restructure the health governance of member states considering nutrition as pivotal. We call on member states to consider the establishment of Nutrition Councils in their respective countries and regions to oversee, regulate and foster the multistakeholder processes that would drive the course of the this plans implementation.

We call for clear guidelines on the engagement of professionals and CSOs in fighting this course

Issues Ghana must be considering

- Knowledge of choices on healthy foods and physical activity is missing in the system.
- Imposition of Sin-taxes on unhealthy foods
- Controlling of alcoholic products and beverages in the area of marketing and sale
- Restrict the importation of unhealthy foods into the country (the Denmark example)
- Intensify nutrition education for schools, mothers and adolescents with particular emphasis on local foods
- Determine the health risk of trans-fatty acid in the Ghanaian food chain
- Recommend the most suitable edible fats for food in Ghana taking into account the health, economic and practical implications

Recommendations

Nutrition is the embodiment of health. To win the war on NCDs and IDs as well as many health issues of the country, there is the need to reposition nutrition central in health governance in Ghana. We propose the urgent establishment by law the Ghana Nutrition Council which would place key role in regulating nutrition actions in Ghana as well as act as a pivot in fostering multistakeholder actions in addressing nutrition and food security as well as the health concerns of the country.

a. Outright ban by law of the sources of trans fatty acids from the food chain;
b. Ghana Health Service supported by the Ghana Education Service, Metropolitan, Municipal and District Assemblies and the press should carry out elaborate education and awareness creation on the sources of trans-fatty acids in the food chain Mandatory labeling of all products which use food items containing high levels of sugar and salt.
c. The Nutrition Department, in collaboration with Health Promotion Departments including the hospitals, of the Ghana Health Service should incorporate the usage of the appropriate fats in their health programmes.

In this regard it is further recommended that:

i. It should be mandatory for the schools feeding and other food related programmes to use the traditional foods in their feeding programmes
ii. Efforts should be made to increase the production of our traditional tropical saturated oils; to be led by the Ministries of Food and Agriculture and Trade and Industry
iii. Colour coding should be developed by the National Codex Alimentarius Committee to indicate the levels of sugar and salt in food products.

The essence of physical activity in NCD prevention has been well documented. More research on Physical Activity (PA) behavior and enabling environments is needed to inform policy and interventions in Ghana. We further recommend the following in respect of physical activity:

i. The Town and Country Planning Department to provide walk ways and parks in towns and cities which will encourage people to walk.
ii. It should be obligatory for schools to follow the physical education programme of their curricula and to ensure that children exercise when it is time for them to

do so. All schools should have playing fields. This should be one of the criteria for accrediting schools to operate.

iii. Keep fit clubs should be supported to increase their enrolment of people at the community levels. They should be made to serve as a vehicle for community based exercise programmes throughout the country. We also recommend that their growth and sustainability should be supported by government.

iv. There is a need for continuous research to support the role of exercises in NCDs reduction in Ghana. The Ministry of Health in collaboration with Ministry of Youth and Sports, Physical Education institutions and the private sector should be guided to undertake this assignment.

v. The Guideline on Diet and Physical Activity produced by the Ministry of Health and Ghana Health Service should be implemented in earnest.

i. Ministry of Education/Ghana Health Service to further strengthen its system of monitoring and evaluation at all public schools.

To combat the harms caused by the abuse of alcohol, the Ministry of Health has led in the development of a National Alcohol Policy which sets out guidelines for the marketing and sale of alcohol among others. In order to expedite action on key areas addressed in the policy, steps should be taken to develop a Legislative Instrument (LI) to regulate the production, distribution, marketing and sale of alcohol. The following areas should be of particular interest:

I. The legal purchase age for alcohol
II. There should be no adverts of alcoholic beverages in the electronic media before 10:00 pm
III. Local Government Authorities should be mandated to take care of the regulation of the informal alcohol industry sector operations
IV. National Alcohol Councils/Agencies should be set up as soon as possible

3. Provisional WHA Agenda Item 12.2: Surveillance and Preparedness for Antimicrobial Resistance (A70/12)

1. Background Information of Report from World Health Assembly (WHA)

IN FOCUS

The Assembly will consider the report A70/12 which provides an update on implementation of resolution WHA68.7 (2015) on the global action plan on antimicrobial resistance and the United Nations General Assembly resolution 71/3 from the High Level Political Declaration on antimicrobial resistance. The Executive Board at its 140th session in January 2017 noted an earlier version of this report. Member States are invited to note the report.

BACKGROUND

The current stream of discussion on AMR commenced with a side event at WHA66 which led to formal discussion at EB134 in Jan 2014 informed by EB134/37. In May2014 the Assembly adopted WHA67.25. In May 2015, in WHA68.7, the Assembly adopted the Global Action Plan on AMR. In Jan 2016 (EB138) the Board considered a Secretariat report (EB138/24) on options for a high level UNGA meeting. This meeting took place in Sept 2016 and adopted Resolution 71/3 and is reported on in in Jan 2016 (EB140/11).

EB140/11 reports on a number of streams of work relating to AMR:

- the implementation of the Global Action Plan, adopted in WHA68.7 (including in particular, the promotion of national action plans);
- the development of a Global Development and Stewardship Framework;
- the creation of an ad hoc interagency coordination group to address AMR;
- action within the Secretariat on drug resistance in HIV, TB and malaria.

KEY HIGHLIGHTS OF THE REPORT

a. The WHA calls on Governments, NGO's, CSO's and other multi-sectoral entities to support the development of a National Action Plan to counter antimicrobial resistance at national, regional and district levels
b. Calls on Governments to mobilize funds for monitoring of framework on the preservation and sustain awareness of knowledge about antimicrobial resistance among public and health professionals
c. WHA urges the 62 member states who have not yet completed and submitted their national action plan on antimicrobial resistance should do so

Since the adoption of a global action plan on antimicrobial resistance, the secretariat has expanded efforts to prevent and control drug resistance in HIV, tuberculosis and malaria. For instance, Multidrug resistance tuberculosis has already reached the level of public health crisis

in many countries, causing an estimated 250,000 deaths, 2015 worldwide.

CURRENT CONTEXT IN GHANA

a. There are set standards for monitoring resistance to drugs generally (except for specific conditions such as TB). It is hard for national authorities to fully address antimicrobial surveillance, without agreed standards for data collection to the stewardship framework.
b. Poor Government funding of research into Antimicrobial resistance
c. Surveillance system on AMR is inactive according to a research carried out by Prof. Mercy J. Newman, Dr. Japheth A. Opintan and Dr. Eric Sampane –Donkor in February 2012
d. Multidrug resistance tuberculosis has already reached the level of major challenges in many districts in Ghana being a source of death in many cases due to inadequate surveillance (According to the report by Ghana Health service in 2012). This is also due to budgetary constraints
e. Ghana has however begun the development of a national surveillance plan for antimicrobial resistance since 2010, but have not completed this process to be submitted for legislation as far back as October of 2016
f. There is no adequate sensitization program for the general public on the consequences of acquiring drugs without prescription
g. A national sampling of 5,000 persons by Ghana Health Service on antimicrobial resistance reveals the following;
    i. Tetracycline (82%) – High Resistance
    ii. Cotrimoxazole (73%) – High Resistance
    iii. Ampicillin (78%) – High Resistance

    Generally, the above antimicrobial resistances have become an important public health problem associated with serious consequences for the treatment of infection.

OUR RECOMMENDATIONS TO GOVERNMENT

Based on the challenges in Ghana, we propose the following for consideration:

a. The allocation of an adequate yearly budget for developing capacity of pharmaceutical and chemical sellers by government and NGOs
b. An implementable national plan that enforces implementation of regulation that could be tighter on the chemical and pharmaceutical shops who administer drugs without prescription. Hence the general public need to be sensitized on rationale use of medicines, and inparticular, that continued intake of drugs not prescribed could lead to

resistance.

c. The need for a regulation for medical practitioners to adhere to proper medical examination before prescription
d. For Government of Ghana (GoG) to allocate budget in the development and implementation of a digital mobile software system accessible to CSOs and the general public to monitor antimicrobial resistance at district level, thereby contributing to the reduction of the globally identified 6,500 million people at risk of antimicrobial resistance
e. PHM/Ghana recommends that strategic actions be taken in the reduction of HIV and Malaria drug resistance as in the case of MDR-TB;
f. All districts and regional hospitals must have functional microbiological laboratories, with capacity for culture and susceptibility testing;
g. Good quality regular and readily available laboratory material for culture and susceptibility testing is urgently needed

4. Provisional WHA Agenda Item 12.1: Human resources for health and implementation of the outcomes of the UN High-Level Commission on Health Employment and Economic Growth

BACKGROUND INFORMATION

The UN Secretary General launched the high-level commission on health and economic growth on March 2, 2016. The commission was tasked to make recommendations to stimulate at least 40 million new jobs in the health and social sector. This was to mitigate the effect of an anticipated 18 million shortfall in workforce in low and middle income countries. The commission concluded that when resources are wisely spent, and right policies are put in place, investment in the health sector will contribute to economic growth.

Recommendations of the commission included: educational reform, workforce innovation, technological transformation, health workforce for growth, prioritizing women, guaranteeing rights, transforming aid, international migration, humanitarian crisis, and information and accountability

The commission also advised 5 immediate actions which are:

- The adaptation of a five-year implementation plan
- Enhanced accountability
- Accelerated and progressive implementation of national health workforce accounts
- An international platform for health workforce mobility
- Massive scale of training of health workforce

The report focus on the following:

- The first substantive chapter of the Commission's report sets out the reasons why L&MICs countries should invest in their health systems,
- The second main part discusses health system development and health workforce education policies including support for,
- The third main part talks about policies which will enable the above changes,
- Finally the Commission lists five immediate implementation actions.

However, it is important to note at this point that;

1. Health systems around the world not only treat the sick and prevent future illness, they are also central to the effective functioning of a country's economy. Adults in good health are more productive; children in good health do better at school. This strengthens economic performance, and also makes economic growth more sustainable and inclusive.

2. The healthcare sector is also an important source of employment, and is likely to provide more jobs in the future. On average, health and social work activities constituted around 11% of total employment for OECD countries in 2014. Moreover, the percentage of workers employed in health and social work has steadily risen across much of the OECD over time. This growth is

likely to continue in the future.

3. Healthcare should therefore not be viewed solely as a cost driver, but also as an investment that can offer valuable returns to society. This does not mean more spending on health is automatically worthwhile. Rather, it requires critically assessing the investment case for different types of health spending, so that employment in the health sector achieves better health outcomes and increases the overall productivity of the healthcare sector.

Source: Chris James of the OECD

GAPS/CHALLENGES

1. Health workforce in humanitarian settings (natural disasters and conflicts)
    - ➢ Humanitarian crises are increasing globally. Moreover, between 2008 and 2014, 184 million people were displaced due to natural disasters
    - ➢ Many health and emergency aid workers in complex emergency settings have little or no training before their deployment. Approximately 8% of the 164 doctors in Sierra Leone had died within 10 months of the Ebola outbreak according to WHO estimate
2. Migration of skilled health professional: Africa is seeing doctors and nurses departing countries into OECD countries. 84% over the last decade and should do more to retain health workers by considering job satisfaction, salaries and working conditions and bilateral agreements to make African countries gain from the migration.
    - ➢ Proper information for migrants
3. Gender equality: expanded opportunity for women in leadership and unmet need for family planning. The need for a focus on unpaid work and paid leave especially maternal leave and workplace violence
4. Transformative technology: However there are many obstacles to overcome before fully realizing the potential of technology to fill the health workforce gap, including lack of Internet access and ICT infrastructure for two thirds of the world's population, costs of connectivity, lack of electricity supply, insufficient numbers of experts in health information technology, lack of computer literacy among health workers, resistance to change among existing educators and health system managers, and an absence of evidence that investments in technology deliver cost savings and productivity gains, let alone improved health outcomes.

POSITION

1. Our position is that government recognizes that for improved health outcomes and economic growth, health professional plays a vital role. It is for this reason that collective agreements between governments and health services workers unions were developed. PHM recognises the importance of the collective agreement to addressing

the above challenges that confront health workforce in developing countries and if properly implemented will go a long way to improve health outcomes and economic growth. We therefore call on government for the urgent implementation of these collective agreements.

2. Stress the importance to keep health care in the public sector: access for all to quality health care is a human right. The wellbeing of citizens and the workforce is too important to be outsourced but should be secured by the state for all its citizens. Evidence shows the failure of privatising health services, including Public Private partnerships

3. We demand that governments should implement the 15% budgetary allocation to health sector as proposed by the Abuja declaration. (2017 budgetary location of 7.5% is inadequate to address the major health challenges in Ghana). It is equally important that civil Society groups on health and health workers themselves represented through their trade unions can advise on the budget allocation. Crucial hereby is transparency on budget and allocation.

4. Policy on immigration
   We demand:
   a. A policy that mandates the foreign ministry to provide adequate information (existing health jobs in countries and health conditions).
   b. Policy on bilateral agreements between governments on health workforce migration to ensure the country benefits from migration of health workers.

5. Provisional WHA Agenda Item 14.1 Global Vaccine Action Plan (A70/25)

IN FOCUS

A70/25 presents a summary of the 2016 assessment of the Global Vaccine Action Plan (GVAP) by the Strategic Advisory Group of Experts (SAGE) on immunization.

BACKGROUND

In May 2012, the Sixty-fifth World Health Assembly adopted resolution WHA65.17, in which it endorsed the global vaccine action plan1 and requested the Director-General, inter alia, to monitor progress and report annually, through the Executive Board, to the Health Assembly, until the Seventy-first World Health Assembly, on progress towards achievement of global immunization targets, as a substantive agenda item, using the proposed accountability framework to guide discussions and future actions.

1. At the midpoint of the Global Vaccine Action Plan, or GVAP (2012–2020), the Strategic Advisory Group of Experts on Immunization (SAGE) remains gravely concerned that progress toward the goals to eradicate polio, eliminate measles and rubella, eliminate maternal and neonatal tetanus, and increase equitable access to lifesaving vaccines is too slow.
2. Despite improvements in individual countries and a strong global rate of new vaccine introduction, global average immunization coverage has increased by only 1% since 2010.
3. In 2015, 68 countries fell short of the target to achieve at least 90% national coverage with the third dose of diphtheria-tetanus-pertussis vaccine. Not only that, 26 countries reported no change in coverage levels and 25 countries reported a net decrease in coverage since 2010.
4. The 16 countries that have made measurable progress since 2010 are to be commended for reaching more people, especially vulnerable and marginalized members of society with immunization. Some of the countries with the highest numbers of unvaccinated people have made the most progress, including the Democratic Republic of the Congo, Ethiopia and India, and even though coverage targets have not been achieved in these countries, they are moving forward in the right direction.

BACKGROUND

The first update report on the implementation of GVAP was considered by the Assembly in May 2014 in A67/12. The debate is at A3 and A4. The SAGE report (A67/12) focused on:

- Data quality improvement
- Improving immunization coverage
- Accelerating efforts to achieve disease eradication or elimination,
- Enhancing country ownership of national immunization programmes.

PHM was critical of the SAGE report here because of it failed to address important elements of the GVAP nor did it comment on the proposed goals, objectives and indicators of the framework for monitoring, evaluation and accountability adopted in WHA66.

The positive features of the SAGE report include the insistence on accountability, naming names, including indicting regional committees for their failure to follow up immunization progress.

CURRENT CONTEXT IN GHANA

Currently in Ghana, there is low coverage of immunization in the country, for children under five years including children with disability. E.g. hard to reach communities.
Other challenges include:

- Motivation for immunization is also low.
- Cultural practices have affected low coverage of immunization.
- Lack of manpower: that is staff to deliver service to more communities and people
- Cultural beliefs and practices: immunization for kids is considered a haram in some Muslim communities
- Low domestic funding of vaccinations

OUR PROPOSALS TO GOVERNMENT

Ghana should strengthen and sustain their surveillance capacity by investing in disease detection and notifications, routine analysis and data reporting systems, stronger laboratory capacity; establish a clear process for investigating and confirming cases of vaccine preventable diseases; and responding to and preventing outbreaks.

- the recognition of the need to integrate immunization program development with general health system development and for donors to give greater priority to integrated health system development.
- The emphasis on geographic equity in access to immunization and the need for fine grained district and community data to monitor equity.
- Highlighting the 'transition challenges': including countries transitioning out of GAVI eligibility and those facing the threat of losing part of their immunization workforce post-polio.

- Ministers and officials should be highly involved in the immunization program
- Creating more satellite zones in the communities
- All stakeholder should be brought on board
- Engaging the community stakeholders.
- Engaging the MP, MCE, Assemblyman, queen mothers, Imams, traditional authorities, religious leaders, etc, to help achieve high Immunization levels
- EPI needs more support, eg: logistics
- There are suggestions that by 2022, external funding to Government of Ghana for vaccines will be stopped. Therefore, it is critical to mobilized domestic funding for vaccines and vaccination at country level.

List of participating organisation

1. Coalition of NGOs in Health
2. Coalition of NGO in WASH (CONIWAS)
3. Health Service Workers Unions
4. IPAS
5. Resource for Growth
6. Community and Family Aid Foundation
7. Hope For Future Generation
8. Theatre for change
9. Presby Health Service, North
10. Disease Christain FF
11. Youth Advocate Ghana
12. National Council For Civic Education
13. Society of Women Against Aids Africa (SWAA)
14. Network for Health Relief Foundation
15. Peoples Health Movement Ghana
16. Apple Project
17. Abibiman Foundation
18. Public Service International
19. Millennium Promise
20. Regent University
21. FFCWI
22. Media present
    - GTV
    - ATINKA (Radio and FM)
    - GNA