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IDRC GRANT / SUBVENTION DU CRDI : - THE ECONOMICS OF INTERVENTIONS TO IMPROVE ADOLESCENT AND REPRODUCTIVE HEALTH INTERVENTIONS IN SELECTED WEST AFRICAN COUNTRIES

African Health Economics and Policy Association

Association Africaine d'Economie et Politique de la Santé

ECONOMICS OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH INTERVENTIONS (ECASARH), GHANA

Stakeholders Workshop: The Economics Of Adolescent Sexual And Reproductive Health Interventions

Joint AfHEA-OOAS Workshop

12th September 2023

Outline

- Introduction
- Project Overview
- Overall project progress
- Results
  - Priority areas selected
  - Costing
  - Financing strategies
- Conclusion

ADOLESCENT

- An adolescent is a person from age10-19 years, a transition from childhood to adulthood

- Healthy adolescents are a key asset and resource, with great potential to contribute to family, community and the nation

- Adolescent Population Global **1.3 billion** (UNICEF, 2022)

- Ghana **6.9 million** (UNICEF, 2017)

- **22%** of Ghana's population are adolescents

- **Adolescence is a very complex stage in life** associated with growth spurts and considerable development in all areas of life including
  - Physical
  - Psychological
  - Cognitive

- This stage is thought of as the healthiest period of life, yet with significant number of injuries, illnesses and death.

- This is also the stage where they are most vulnerable; half of all mental health disorders in adulthood begin by age **14** but go undetected

- The onset of adolescence also brings new susceptibilities to human rights abuses, particularly in the domains of **sexuality, marriage and childbearing**.

ASRH CHALLENGES

Adolescents face numerous challenges in meeting their Sexual Reproductive Health (SRH) needs globally (UNICEF, 2021)

- Early and unplanned pregnancies
- High risk of STIs including HIV/AIDS, HPV etc.
- Unsafe Abortion
- Unprotected sex
- Sexual harassment

These SRH challenges have wider socio-economic implications

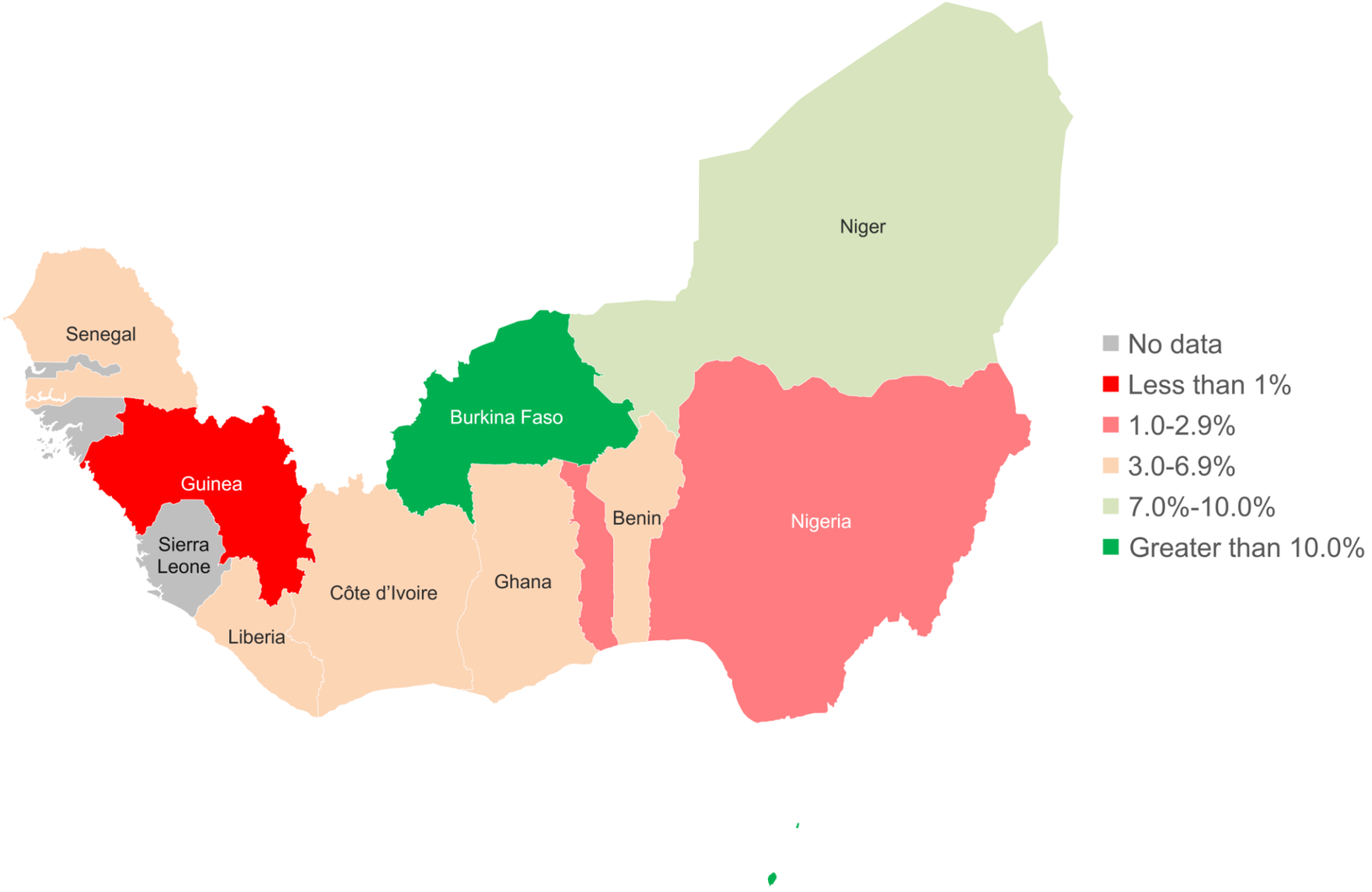
Rationale

- Pregnancy and delivery complications among adolescents and young girls
  - Contribute significantly to mortality in the ECOWAS region

- A strong desire to address the SRH challenges and needs of adolescents, especially girls
  - Costing existing interventions that have great potentials for improving ASRH and well-being is critical, among other things.

Domestic Government expenditure on reproductive health, ECOWAS (2018)

Benin	3.25%
Burkina Faso	10.03%
Cabo Verde	21.29%
Côte d'Ivoire	6.87%
Gambia	No data
Ghana	3.36%
Guinea	0.85%
Guinea-Bissau	No data
Liberia	6.17%
Niger	7.51%
Nigeria	1.18%
Sao Tome and Principe	11.77%
Senegal	3.53%
Sierra Leone	No data
Togo	1.06%



http://apps.who.int/nha/database/ViewData/Indicators/en

Project Overview

1. A significant challenge to the advancement of adolescent health is the availability and accessibility of health services to adolescents.
2. There is a dearth of studies documenting priority or effective interventions in the African context and little or no information exists on costing of these interventions.
3. There is also little or no information on the resource gap or the requirements for scaling up these interventions..
4. Given that government health budgets in Africa remain low, it is important to understand effective ways to mobilize equitable and sustainable domestic resources to finance ASRH interventions in Africa.

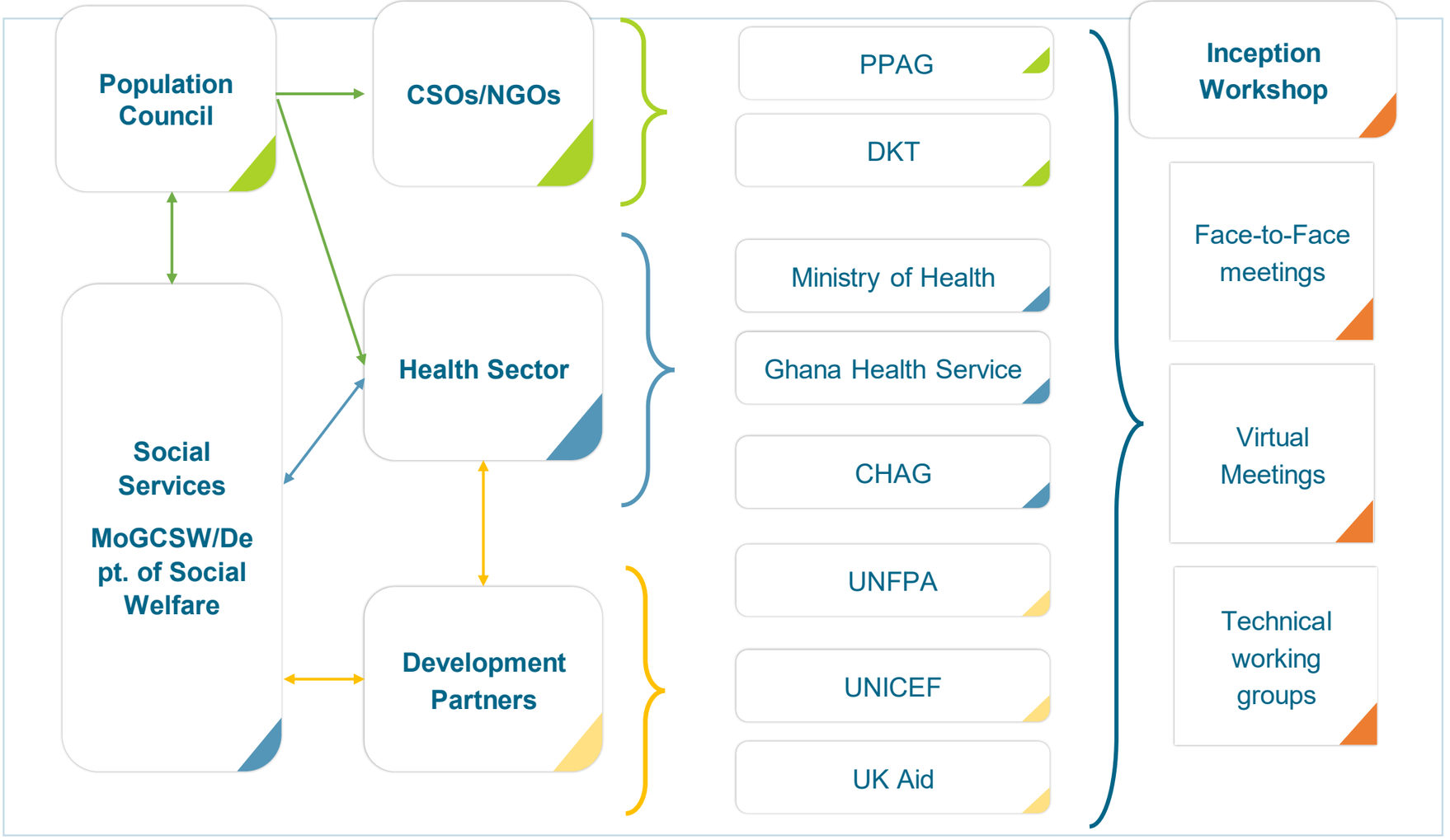
- The project aims to:
  - Identify the components of “priority” interventions with concrete and detailed implementation requirements to achieve improved ASRH
  - Cost interventions identified as ‘priority’ or effective for addressing adolescent health
  - Assess resource needs, funding gaps and identify financing strategies to implement priority ASRH interventions using a multicomponent and multisectoral approach

Study Design and Methods

- A multilayer stakeholder engagement and consultative approach.
- A three-tier architectural structure design is adopted for the work.

1. A core research team: responsible for drafting and production of documents and reports for the project.
2. A technical working group: responsible for assisting the core research team with relevant information and data as well as making key input to the draft reports and documents.

3. Stakeholder mapping: all actors concerned with ASRH activities (Ghana)



Objective 1: Identify the priority interventions with concrete and detailed implementation requirements to achieve improved ASRH in Ghana

Specific Objectives	Output/Deliverable	Progress
• 1.1 A situation analysis based on desk reviews, government documents, information drawn from various websites and quantitative data analysis • 1.2 Analysis of existing or planned national government strategies and policies including funding strategies and allocation mechanisms for adolescent health, especially ASRH • 1.3 Constitution of a working group comprising key stakeholders • 1.4 Identification of key interventions to be costed in Ghana through a collaborative process with key stakeholders	• Integrated situational analysis report including a synthesis (external) for Ghana, containing, a set of criteria for identifying priority interventions has been completed and validated.	• Many of key stakeholders were convened during the inception meeting in Accra in June 2019 • Delay in ethics approval meant implementation could only begin after December 2019. • Due to the lockdown, engagements with key stakeholders to identify the priority interventions to be costed began in the last quarter of 2020 • Individual meetings have been conducted either by face-to face meetings or Zoom meetings to gather data for analysis • The team used snowballing technique to identify new stakeholders and have approached them for information

Objective 2: Cost interventions identified as priority interventions for addressing adolescent health in Ghana

Specific Objectives

- 2.1 A very detailed costing exercise, using gender transformative approaches, for the selected sets of priority interventions in Ghana and Senegal
- 2.2 Analysis of the cost of scaling up the intervention(s)
- 2.3 Drafting policy briefs, presenting results/findings in international conferences, regional and international organizations meetings etc

Output/Deliverable

- Costing ASRH interventions in including the cost of scaling up interventions Report completed. Costing data has been provided by some agencies and this exercise is currently completed
- Publishable research paper completed and accepted
- Disseminated results/findings (policy briefs, engagement of stakeholders and governments/regional and international organizations
- The team has identified the **Adolescent Technical Working Group** which meets every year as a possible dissemination entry point.

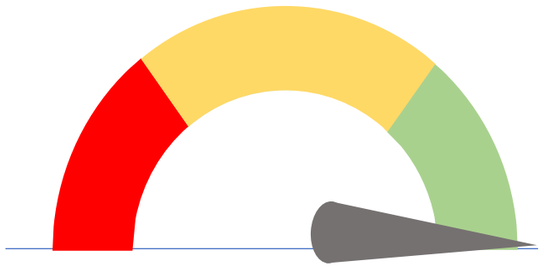
Progress & challenges

- Costing information was collected from as many of our key stakeholders identified from previous workshops.
- The process has not been smooth as the provision of costing data requires that more time to collate.
- Lack of disaggregated data on ASRH. Stakeholders have data that either are lumped together in some broad areas such as maternal and child health or are incomplete.
- Difficulty in extracting Adolescent specific interventions from broader sectoral interventions eg. WASH, RMNCH
- From funders: Unable to link specific expenditures to specific programmatic areas?

Overall project progress

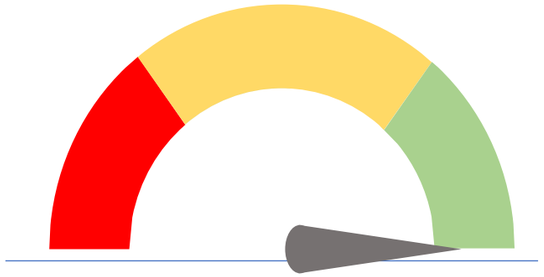
Objective 1

- Complete situational analysis
- Constitute detailed working groups
- Identify “priority” ASRH interventions



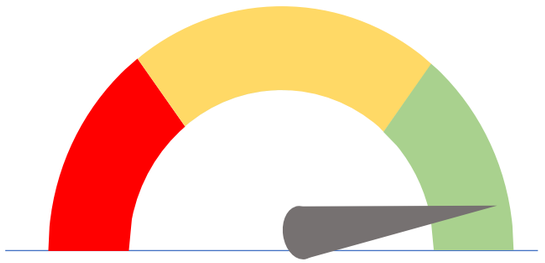
Objective 2

- Costed priority intervention(s)
- Cost of scaling up intervention(s)



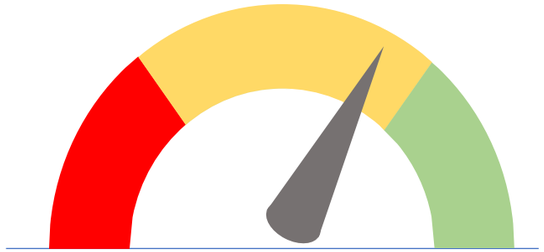
Objective 3

- Identify resource needs
- Identify funding gaps
- Develop funding strategies



Objective 4

- Identify innovative resource mobilization strategies
- Develop sustainable strategies for resource mobilization



Objective 1: Results

Criteria for Identifying Priority interventions or strategies to address ASRH challenges in Ghana

i. Targeting social determinants

- Education in general, especially secondary education
- Promoting and strengthening legal or policy measures with the participation of adolescents and youth.
- Promoting the economic "empowerment" of girls.
- Wide dissemination of information through communities, schools, traditional and new media

ii. Targeting proximal social determinants (community support)

- Promoting parental/guardian commitment and communication between parents and children
- At community level:
  - Mobilisation of adults and community leaders
  - Sensitisation of boys and men for the promotion of norms of equity and gender

iii. Targeting knowledge, behaviour and lifestyle

- Creation of safe environments for girls (establishing trust, promoting communication and dialogue)
- Adolescent and youth-friendly centres adequately established
- Peer education implemented within programmes
- Promoting parental/guardian commitment and communication

iv. Targeting adolescents and youth health problems

- Combination:
  - Training of service providers
  - Improving appropriate service facilities
  - Wide dissemination of information through communities, schools and traditional and new media

- Establishment of adolescent and youth-friendly health centres
- Development of standards of quality services for adolescents and youth
- Access to contraception
- Focused antenatal care for pregnant adolescents

Source: Adapted from West African Health Organization (2016)

No.	Intervention	Targeting social determinants	Targeting proximal social determinants (community support)	Targeting knowledge, behaviour and lifestyle	Targeting adolescents and youth health problems	Key Implementers and Funding Agencies
1	Adolescent Clubs	Peer education and mentorship	Program engages schools and the communities	Health promotion Youth empowerment through participation Positive peer pressure	Improved access and use of adolescent and youth-friendly health services Young people are trained and mentored by health service providers to be Health Ambassadors who promote health and development in their schools and communities using all available channels to engage their peers and other stakeholders. Roll out is across the country.	UNICEF, UNFPA Marie-Stopes International (MSI)
2	Safety Net program	Ensure universal education for girls so that pregnant adolescents return to school, and ensure that policies and legislation enable adolescent girls to give consent for tests and treatment. Offer life skills and livelihood skills to lift adolescents out of poverty.	Provide social support for pregnant adolescents, especially those who are very young.	Provide information about rights and choices for adolescents, including sexuality education for all adolescents.	The GHS designed the “Safety net” programme to provide a comprehensive plan of care for adolescent pregnant girls and is being piloted in the Tolon, Kpandai, North Dayi, Krachi East and Ketu South districts. Make pregnancy, childbirth and post delivery services more accessible to adolescents and more responsive to their needs (adolescent friendly). Restricted to 8 districts in 2 regions	UNICEF, UNFPA and others
3	Ghana Adolescent Reproductive Health (ARH) Programme	To increase the number of girls who transition to senior secondary school	Program uses adolescent–parent dialogue meetings as an effective fora for mobilising communal action	To reduce the teenage pregnancy rate	To strengthen reproductive health in Ghana, with a focus on adolescents Increase uptake of postpartum family planning services among adolescent mothers Service delivery and operational research: this component delivers ASRH services in 27 districts of Brong Ahafo Region Restricted to 1 region in Ghana and needs to be scaled up to other regions	DFID with the implementing partners being NPC, GES and FHD of GHS

No.	Intervention	Targeting social determinants	Targeting proximal social determinants (community support)	Targeting knowledge, behaviour and lifestyle	Targeting adolescents and youth health problems	Key Implementers and Funding Agencies
4	Nutrition Program – Girls' Iron-Folate Tablet Supplementation programme (GIFTS)	To provide adolescent girls with weekly iron and folic acid tablets free of charge to help prevent anaemia	Program engages actively with parents, family and community members, teachers and health workers	Improve knowledge of adolescent girls and women on the causes and prevention of anaemia	All adolescent girls in Junior High School (JHS) and Senior High (SHS) School, Technical Vocational Education and Training (TVET) Institutions Out-of-school adolescent girls 10 to 19 years Micronutrient supplementation for children, adolescent girls and women of child-bearing age*	Ghana Health Service and Ghana Education Service with funding and technical support from UNICEF and KOICA
5	Strengthened national capacity in delivering high-quality integrated family planning and comprehensive maternal health services		Program engages with adolescents and youth-centered NGOs, CSOs, the private sector, Faith-Based Organizations (FBOs)	Improving access to family planning and contraceptives	For adolescents and youth, including in humanitarian settings Programming in the following areas: Maternal Health (Emergency maternal and Newborn Care (EmONC), Midwifery, Family Planning and Obstetric Fistula contribute to achieving this output.	UNFPA, PPAG, Marie-Stopes International (MSI)
6	Empowering Adolescent Girls Through Comprehensive Sexuality Education	Focusing on adolescent girls' health, education and well-being	UNFPA employed a multi-sectoral approach with the government, CSOs, traditional authorities, faith-based organizations, academia, the private sector and the media at the national and decentralized levels	Mentoring, school clubs, safe spaces and social media activities served as entry points for empowering the adolescent girls and facilitating their meaningful participation in promoting girls' access to CSE and ASRH services.	Facilitate adolescent girls' access to gender-responsive comprehensive sexuality education and youth-friendly sexual and reproductive health services, including contraception. The programme targets adolescent girls between 10 -19 years, in and out of school, married and unmarried as primary beneficiaries; and girls aged 20-24 years as secondary beneficiaries; with special focus on migrant girls (Kayayei), girls with disabilities and girls in humanitarian situations across 36 selected districts in 8 regions	A UNFPA-UNICEF joint programme, with funding support from the Canadian Government

No.	Intervention	Targeting social determinants	Targeting proximal social determinants (community support)	Targeting knowledge, behaviour and lifestyle	Targeting adolescents and youth health problems	Key Implementers and Funding Agencies
7	**Data to Address Inequalities and Achieve SDGs**		System strengthening for enhanced data collection and information management capacities; evidence generation to fill data gaps on emerging issues - adolescents, especially adolescent girls, children 6-10 years, stigma on HIV and uptake of PMTCT services; and advocacy to publicize health scorecards for community engagement and social accountability	Integrated population and health information platform for the formulation of evidence-based Maternal and Child Health (MCH) programmes and improved maternal and child health in Ghana	To understand the demographics of the young population and implement youth-centred policies, UNFPA is supporting the country develop the 2019 Youth Development Index which will measure the progress of youth development in the country. UNFPA is supporting the roll out of the 2020 Population Census to ensure data generated is of high quality.	UNFPA UNICEF

CROSS-CUTTING CRITERIA

1

- Target the overall country response
- Clear alignment of interventions on the needs and priorities of adolescents

2

- Coordinate with other stakeholders and embrace a multidisciplinary approach

3

- Sustainability of the priority interventions must be clearly stated including funding mechanism to ensure continuity of program or intervention

4

- Measures to provide disaggregated data on adolescents and young people to ensure proper monitoring of progress and impact evaluation

Technical Workshop Highlights

1. The workshop took place at Airport West Hotel, Accra on the 8th of June, 2021 with representation from all the key stakeholders
2. The overall objective of the workshop is to discuss and validate the situational analysis report on adolescent sexual & reproductive health (ASRH) interventions in Ghana and provide the next steps for costing on selected priority intervention
3. Opening remarks were given by the MOH, NPC, UNFPA; presentations provided by Family Health Division (GHS) on ASRH interventions and other presentations provided by the project
4. Criteria for selecting the interventions was updated and validated by TWG
5. **List of ASRH interventions were updated and ranked and the first 4 to be costed agreed by the TWG**
6. Recommendations:
   - Alternative sources of funding within the country as the foreign support is significantly being cut down
   - Conduct an impact analysis that would help inform on what the situation would be without the ASRH interventions
   - This calls for a comprehensive **Needs Assessment to bridge the inequality gap**

	Prioritised Interventions
1	Adolescent Clubs
2	Empowering Adolescent Girls Through Comprehensive Sexuality Education
3	Strengthened national capacity in delivering high-quality integrated family planning and comprehensive maternal health services
4	E-Health (Digital platforms)

Conclusion

- Overall, the programmes identified are in line with the strategies within the country's response. The involvement of key stakeholders as funders and implementers ensures that several facets of activities that will benefit the adolescents are addressed.

- However, the downside is the over concentration of stakeholders in one particular area. For instance, a number of agencies are noted to be working in the area **of improving adolescent access to ASHR information and services.**

- **Sustainable funding remains a key challenge** for a number of these interventions.

  - The review shows that most are interventions that begin as pilots and are not scaled across the country for lack of resources or capacity of key players.

  - The continuity of the interventions often remains in a balance with insufficient funding, especially from government resources.

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Specific Objectives

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Progress & challenges

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- The process has not been smooth as the provision of costing data requires that more time to collate.
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- From funders: Unable to link specific expenditures to specific programmatic areas?

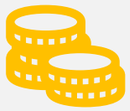
Materials and Methods

The costing analysis follows widely used guidelines in estimating the costs of interventions.

Uses an activity-based costing approach

However, the analysis does not include cost to the adolescents in assessing the interventions or the broader societal cost of the intervention.

All activities associated with the delivery of the interventions were identified and costed individually and aggregated using an excel-based tool developed specifically for this purpose



Data on inputs and assumptions were agreed upon by the study team.

Key informant interviews within the respective stakeholders were conducted for additional information, as needed, to inform the analysis.

Duration: September 2021 to June 2022.

The analysis estimates costs for a seven-year time frame (2015–2021).

Cost components

All activities identified for costing were grouped into key categories of delivering services.

These include the procurement of commodities and supplies, training, communications, community outreaches, administrative and travel expenses, and other associated costs.

Financial costs do not include costs of resources already paid for or owned by the government such as health workers' salaries.

Costing template covers the ff:

Type of service
Target Group
Duration
Funding Source(s)
Amount budgeted
Total received
Total Expenditure
Commodities and supplies
Conference/Events
Outreach, communication and information dissemination
Travel expenses
Salary cost related to project
Training and Capacity Building
Equipment/Vehicle
Logistics Management
Infrastructure
Information systems
Website Development
Maintenance
Administrative and overhead costs specifically related to the project
Miscellaneous expenses integral to the project

To estimate the cost of the priority interventions identified, we developed an excel based instrumented to collect data.

This involved a critical analysis of each intervention and the potential cost components or centres underpinning the intervention.

The micro activities cost components were then further classified into major cost categories or centres consistent with activity costing practice and procedures.

The tool was shared widely with the wider research team and stakeholders for inputs and validation for the data collection.

Spending categories and assumptions (1)

Spending Category	
Commodities and supplies	Costs associated with the cost of the commodities, shipping, and distribution of the supplies were considered.
Conference/Events	Costs comprised of venue rentals, conference packages, per diems for participants and facilitators, and other supplies.
Outreach, communication, and information dissemination	These activities included briefing and orientation meetings for media personnel, professional groups, political and community leaders, and other stakeholders. Communications included the costs of printing communications materials such as posters, job aides, and leaflets, as well as mass media broadcast materials.
Travel expenses	Travel costs incurred in carrying out the interventions.

Spending categories and assumptions (2)

Spending Category	
Salary cost related to project	This component includes costs associated with human resources for the delivering of the interventions.
Training and Capacity Building	Trainings for staff included a range of activities by institutions delivering the services, such as refresher trainings for health workers already in the service, and planning meetings and material development workshops.
Equipment/Vehicle	Cost of equipment such as printers, vehicles and other equipment used for the delivery of the service.
Logistics Management	Cost incurred for the planning, control and movement and storage of related information, goods and services from origin to destination.

Spending categories and assumptions (3)

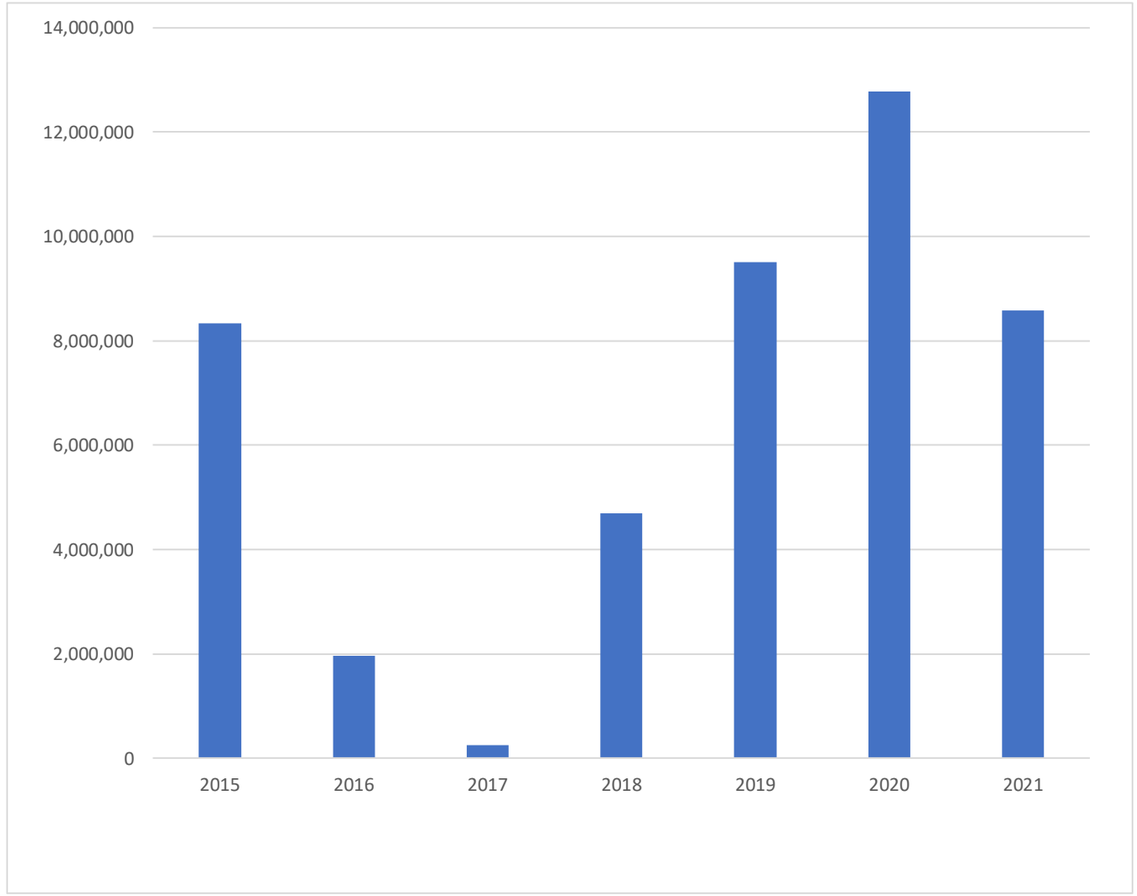
Spending Category	
Infrastructure	Consists of both construction costs and any related land or property acquisition costs.
Information systems	Cost of information system support
Website Development	Cost of related cost associated with the development of a web site.
Maintenance	Maintenance costs related to maintaining company facilities, property, vehicles or equipment
Administrative and overhead costs specifically related to the project	Salaries and bonuses of personnel performing staff functions, professional fees, office supplies, etc.
Miscellaneous expenses integral to the project	

Results

Total costs (for 7 years) and cost share estimates (USD)

Name of Intervention	2015	2016	2017	2018	2019	2020	2021
Adolescent Clubs							
Empowering Adolescent Girls through Comprehensive Sexuality Education			51,409	565,184	4,697,540	8,158,539	345,519
Strengthened national capacity in delivering high-quality integrated family planning and comprehensive maternal health services	8,333,956	1,966,561	202,981	4,121,682	4,809,827	4,624,050	4,802,230
E-Health (Digital platforms)							627,050
Safety Net Program							2,802,230
Total	**8,333,956**	**1,966,561**	**254,390**	**4,686,866**	**9,507,367**	**12,782,589**	**8,577,029**

Total costs, 2015-2021



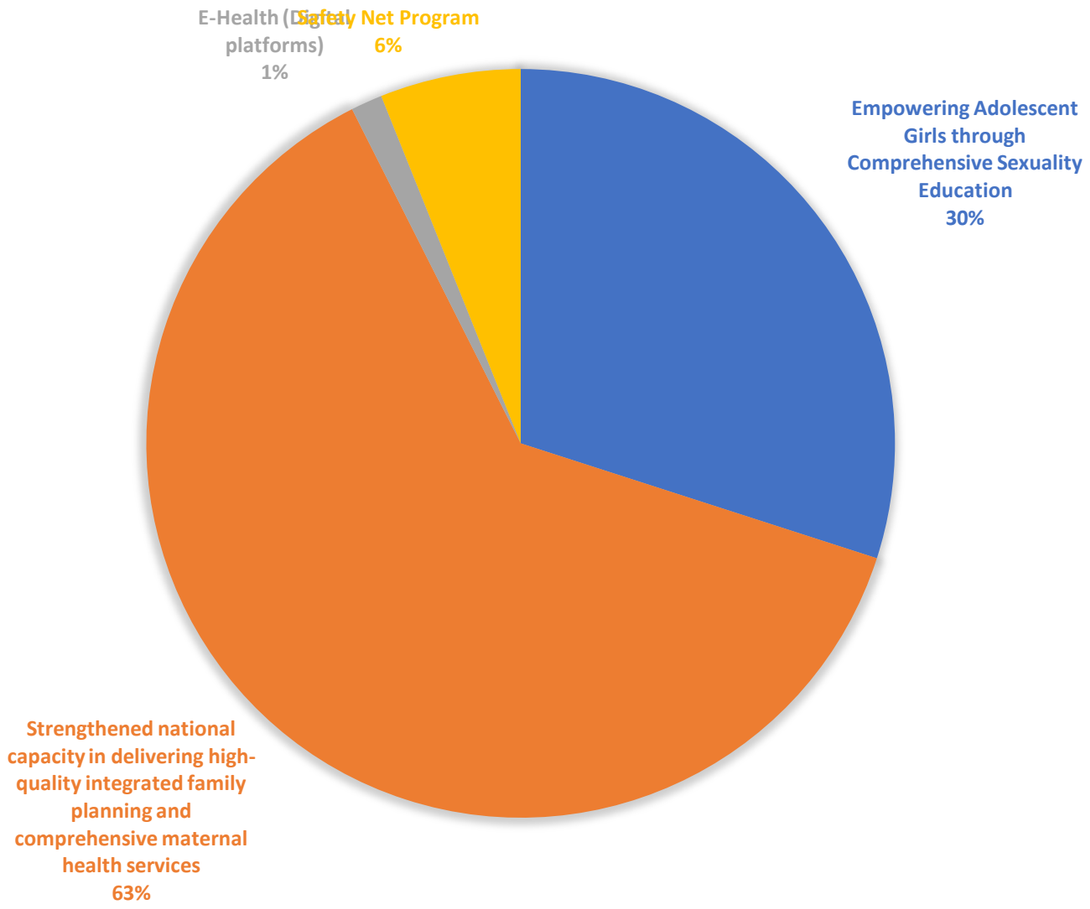
The cost estimates of the four priority interventions show that funding for ASRH fluctuates over the years.

This points unsteadiness in the funding of ASRH activities in the country perhaps reflecting fact that ASRH funding in Ghana is highly donor dependent.

The decline in ASRH funding in 2021 may be as a result of the impact of the Covid-19 pandemic which caused general resource re-allocation across the world.

* The costs estimated is also based on the availability of data, therefore we are cautious to attribute the shortfall to the Covid-19 pandemic. Eg, 2017 suffered from severe lack of data.

Cost share estimates by Priority Intervention , 2015-2021

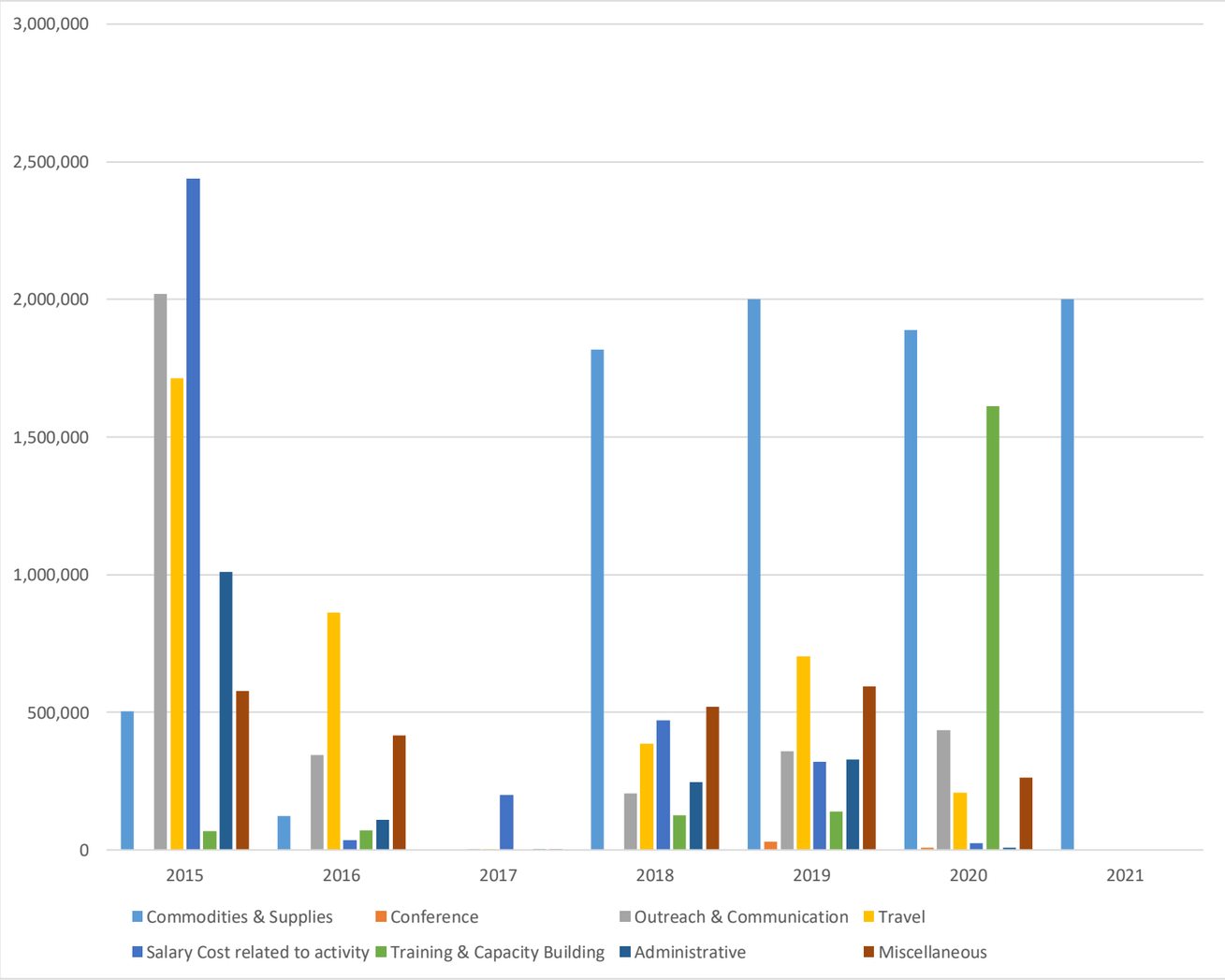


Between 2015 and 2021, funding was concentrated around the strengthened of national capacity in delivering high-quality integrated family planning and comprehensive maternal health services (63%).

Empowering Adolescent Girls through Comprehensive Sexuality Education intervention received about 30% of the total ASRH funding for the period.

Noted that until 2021 strengthening of national capacity and adolescent empowerment through comprehensive sexuality education were the major interventions that received ASRH funding in Ghana.

Cost Components of ASRH Interventions in Ghana



Based on the categorization of the 8 major cost centers, the data show that across the years, there are emerging significant cost categories.

Prior to 2018, there were mixed results and generally low funding for interventions.

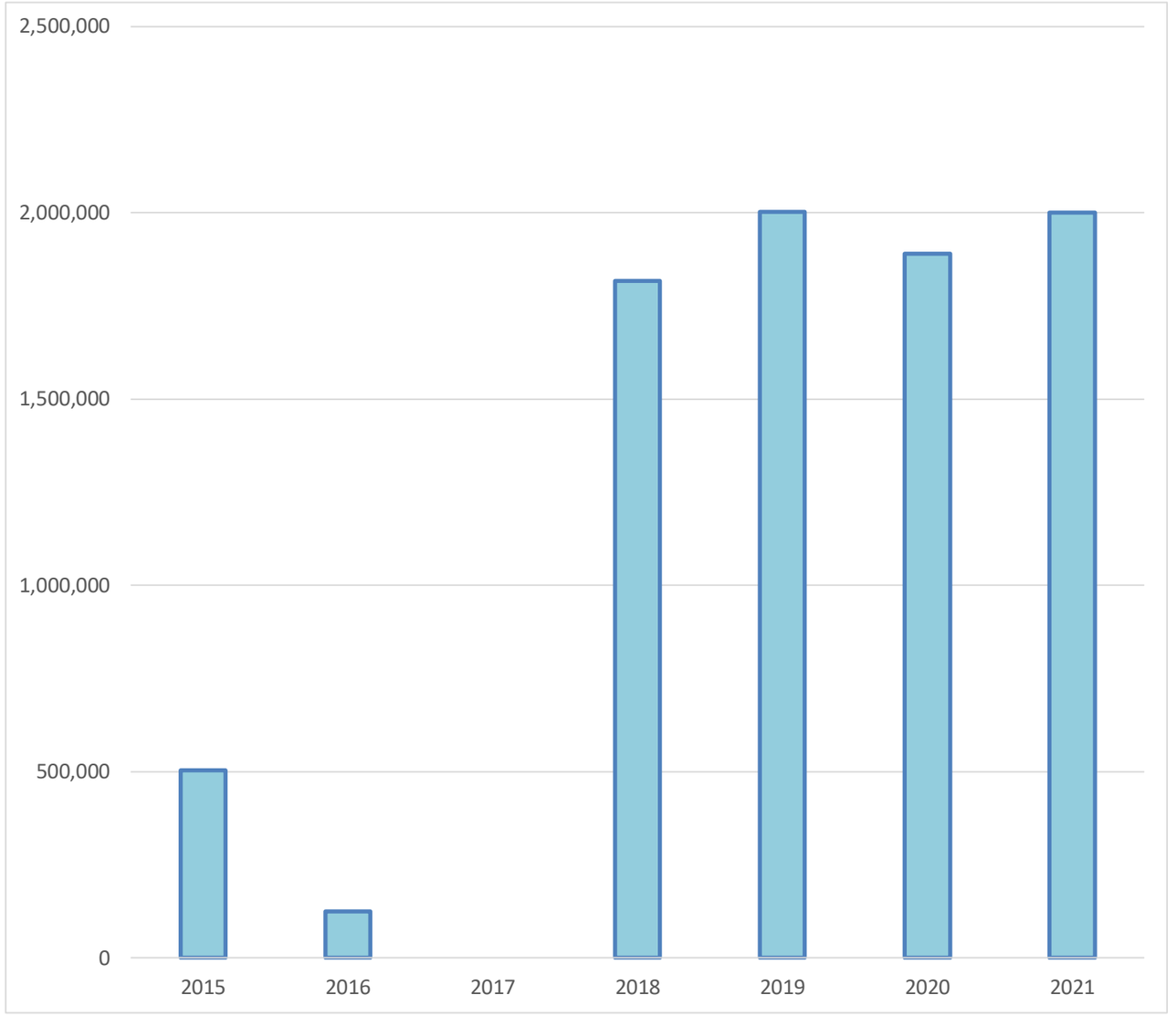
Salary cost related to activities and outreach and communication costs were high cost centers in 2015

In 2016, travel cost was the most significant cost center.

Commodities & Supplies from 2015 -2021

Commodities and supplies for example proved to be a major cost component of ARSH interventions in Ghana.

Between 2018 and 2021, commodities and supplies remains the dominant cost category for ASRH interventions in Ghana, costing between USD 1.8 million – 2 million over that period.



Conclusion

The cost estimates from the priority ASRH interventions in Ghana suggest instability in ASRH funding given the **erratic fluctuations in funding of interventions** over the years.

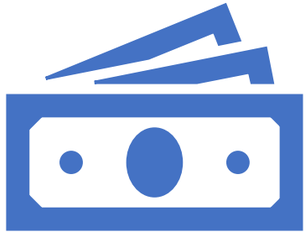
This further suggest that ASRH funding in Ghana is **susceptible to both external and internal shocks** given the limited internal financial support to core ASRH activities and the dominance of donor funded activities in the country.

Changes in international priorities could have dire consequences on funding of ASRH interventions, which could derail the gains made in providing ARSH services, and impact adversely on the country's UHC progress given that sexual and reproductive health and rights is a central component of UHC.

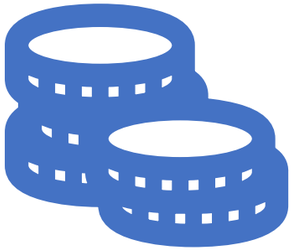
Stakeholder Perspectives on Funding Gaps and Resource Mobilisation Strategies for Adolescent Sexual and Reproductive Health Interventions in Ghana. Evidence from EcASaRH Project

Objective 3

Identify resource needs



Identify funding gaps



Develop funding strategies

Introduction (1)

- Generally, health aid is a major source of funding for ASRH interventions in resource constraint settings.

- However, as the world grapples to recover from the current economic recession, most donor countries and institutions may be compelled to renege on their aid promise to LMIC including Ghana (Schaferhoff *et al.,* 2019, Ssebunya et al 2022).

- For instance, it is estimated that due to COVID-19, the global financing facility (GFF) reported a **25% reduction** in life-saving health interventions for women, children, and adolescents.

- Consequently, reductions in aid support may **widen the funding gap for ASRH** in countries like Ghana where health aid targeting is very crucial for health policy planning, formulation, and implementation.

- Again, fiscal austerity and low government budgetary allocation to health in LMIC may aggravate the domestic resource mobilisation potential for ASRH (Schaferhoff *et al.,* 2019).

Introduction (2)

- However, in the context of Ghana, there is a lack of published scientific evidence regarding **the magnitude of the funding gap and innovative financing strategies** for ASRH interventions in Ghana.

- **How do stakeholders perceive the resource needs, funding gaps, and sustainable resource mobilisation and financing strategies to implement effective ASRH interventions in Ghana?**

Data Collection Methods

Several data collection methods were used, including in-
including in-person interviews, phone surveys, and
and online questionnaires.

Participants were asked about their experiences with
with ASRH interventions and their opinions on effective
effective strategies.

The data was then analyzed to identify common themes
themes and recommendations for future interventions.
interventions.

Sampling Strategy

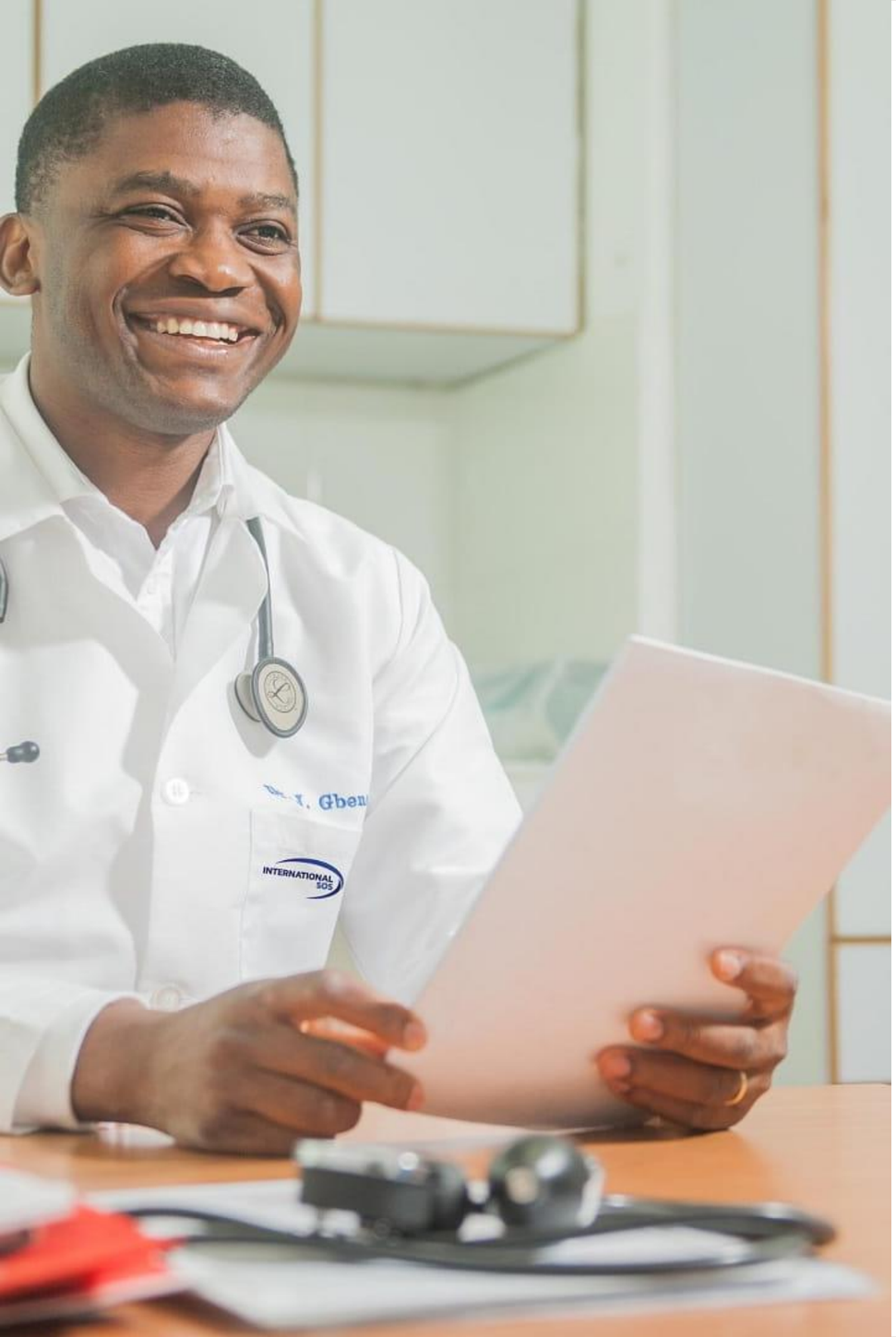
- A total of 30 key informants from 15 stakeholder institutions were invited for interviews from 19 December 2022 to 31 January 2023.

- Participants were identified from a stakeholder mapping exercise during a meeting organized in Accra by the African Health Economics and Policy Association (AfHEA) in September 2022.

- Thus, participants were selected because they were actors in promoting ASRH in Ghana through a myriad of ways including
    - Advocacy
    - Counselling
    - Education and empowerment of vulnerable adolescent girls and boys
    - Provision of adolescent healthcare needs
      Supporting other ASRH interventions.

Funding Sources and Strategies for ASRH Interventions in Ghana

Participant institution	The main sources of funding for ASRH interventions
Public Sector	
Ministry of Health	UNFPA, USAID, World Bank, Government
Ghana Health Service	UNFPA, USAID, DANIDA, Government
Ministry of Education	USAID, UNICEF
Ministry of Gender, Children and Social Protection	UNFPA, GoG
National Youth Authority	UNFPA, GoG
NGOs	
Alliance for Reproductive Health Right	UNFPA, French Embassy
DKT International Ghana	IGF
Plan International Ghana	Institutional, national, and individual volunteers/partners
Planned Parenthood Association of Ghana	UNFPA, UNAID
Marie Stopes International, Ghana	UKAID, USAID, DANIDA



Perspectives on ASRH Funding in Ghana

Ghana

Ten out of the eleven participants said there was **no specific national budget designated to finance ASRH interventions in Ghana**.

Some participants from the public sector said the practice of funding ASRH interventions in Ghana has been to **rely mostly on donations or grants from development partners**

Perspectives on ASRH Funding gap in Ghana (past 5 years)

The data collected revealed two main perspectives on the funding gap: one from the **public sector participants** and another from **NGO participants**.

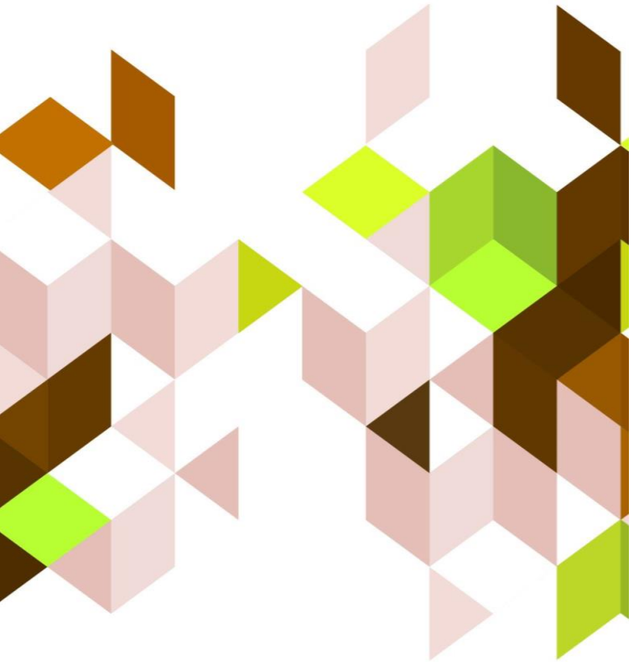
According to the **public sector participants**, the funding gap for national ASRH interventions in Ghana has increased significantly.

The annual funding gap exceeded 40% in 2018 and reached around 60% in 2022.

This trend can be attributed to a shift in fiscal allocation priorities, with the urgent need for economic recovery due to the global COVID-19 pandemic taking precedence.

The central government provided less than 30% financial commitment to budgeted ASRH programs from 2020 to 2022, and even the 30% commitment in 2020 was delayed for two years.

Perspectives on ASRH Funding gap in Ghana (past 5 years)



- **NGO participants** highlighted that they have historically operated within secured budgets funded by international development partners.

- Partners rarely withdraw committed funding for ASRH interventions.

- NGOs emphasize participatory development and community engagement.

- However, changes in funding priorities driven by global economic crises and energy problems in Europe could lead to a potential 50% reduction in donor funding for ASRH interventions.

- Access to international funding opportunities for humanitarian/charity works in Africa has already **declined by almost 30% between 2021 and 2022**, potentially worsening due to ongoing global economic crises related to COVID-19 and the Ukraine War.

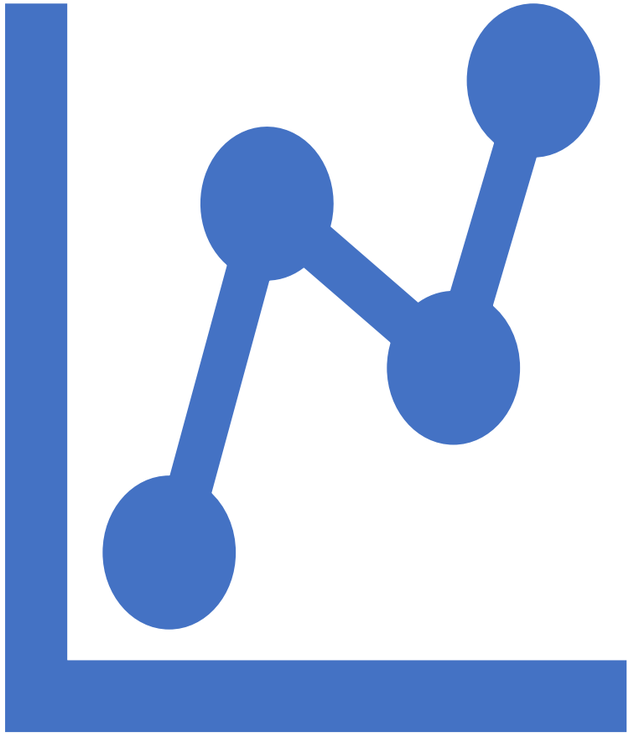
Perspectives on ASRH Funding gap in Ghana (past 5 years)

- Multiple participants reiterated the significant funding gap for ASRH interventions in Ghana, estimating it to be between 60% and 70% in 2022.

- They emphasized the enormous amount of work remaining to address ASRH issues and the **lack of data to present a compelling case for investment** from development partners and the government.

- Operational challenges, including a lack of co-creation of interventions, were also identified as contributing factors to the persistent need for funding.

- School-based interventions received more funding compared to non-school-based interventions like addressing domestic violence against adolescent girls.

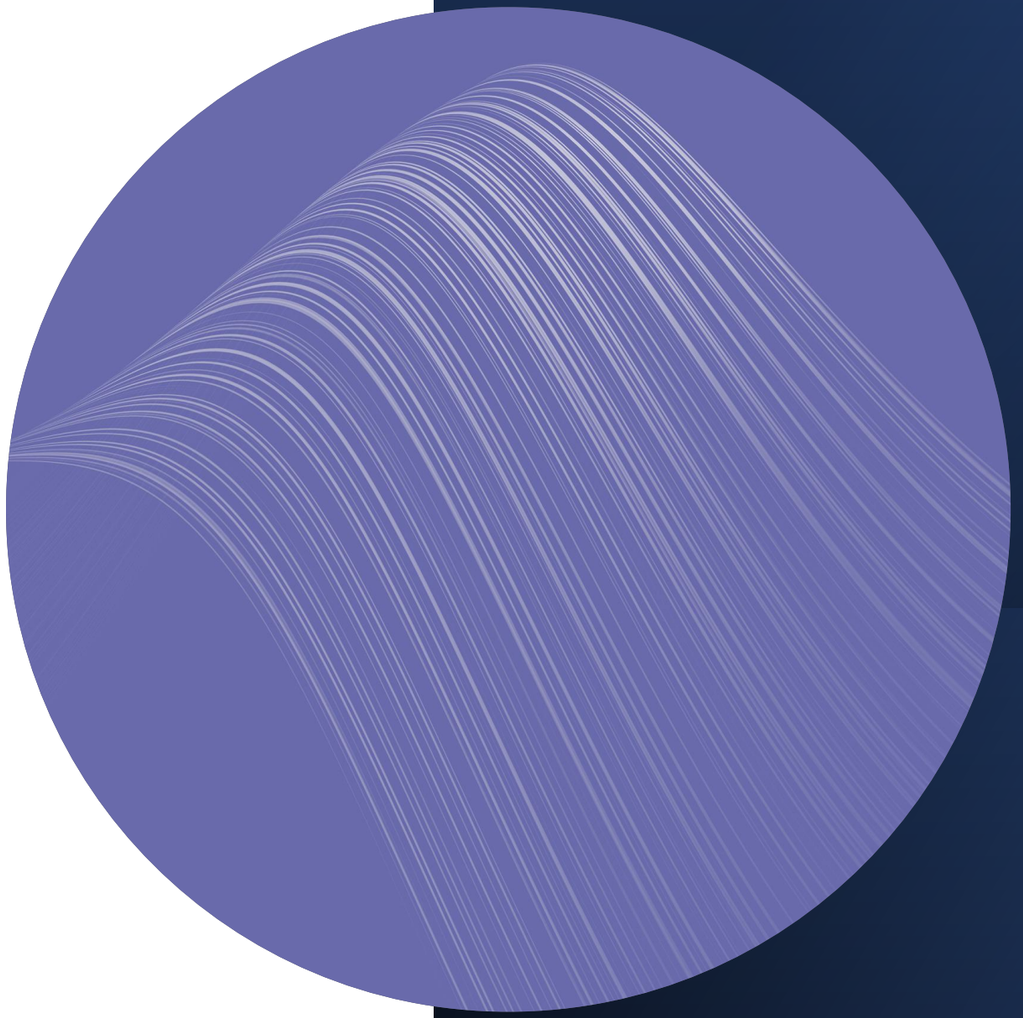


Strategies to Address ASRH Funding Gap in Ghana

Developing a long-term national financing strategy for ASRH	Co-creating interventions with beneficiaries to reduce costs and increase ownership	Conducting comprehensive cost-benefit evaluations to attract investment	Focusing on preventive interventions delivered digitally to bridge the funding gap.

Implementing these recommendations would help ensure sustainable funding and improve the health and well-being of vulnerable adolescents in Ghana.

NEXT STEPS



Identifying Innovative Strategies

Innovative and sustainable strategies for mobilising resources to finance priority or effective interventions will be identified and discussed.

What are the best practices on resource mobilisation and health service financing for ASRH interventions.

All key stakeholders will be engaged for cross-learning and experience sharing during this workshop.

Sustainable financing

The innovative and sustainable strategies will create a basis for national policy dialogue and for understanding lessons learnt around the effective approaches to advocate and develop domestic resource mobilisation strategies.

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Thank you!