



Ghana UHC Project Final Report

Presented by LaMont “Montee” Evans and John Eliasu Mahama

November 2021 – Advocacy Plans

The trainees were divided into four separate subgroups focusing on the follow health sectors:

- Group **A**: Accidents, Injury and Mental Health
- Group **B**: Non Communicable Diseases
- Group **C**: AIDS, TB and Malaria
- Group **D**: Reproductive, Maternal, Newborn, Child and Adolescent Health

Each of these groups were asked to develop ***Advocacy Next Steps, Factors Influencing Regional Trainings, and Training Gaps to be Covered in Additional Trainings.*** We have extracted these from the Ghana UHC Project Final Report submitted in November 2021.

Advocacy Next Steps

- Report back to constituents and sensitize them about Ghana UHC and need for training
- Use information from the public health Act. The Right to health, Ghana
- Introduction to NASA 2017 & 2018 doc with focus on Dist. Assembly Common Fund
- Share training plan developed (*adaptation of the plan used for Ghana Training*)
- Identity Allies/participants at Regional level and register them through Google Docs
- Review budget and seek funding
- Schedule training dates and venues with identified facilitators. Use the method of selection applied by the Master Trainers Hon. Montee and John
- Prepare and execute training (*Adult learning strategies*)

Factors Influencing Regional Training

- Availability of funds
- Commitment of participants
- Interest/commitment of stakeholders
- Relevance of issue to advocate on – HIV component of the District Assembly Common Fund

Training Gaps to be Covered in Additional Trainings

- Community mobilization for advocacy
- Effective Communication skills for advocacy
- Monitoring, Documenting and Dissemination of learning points and results
- Local fundraising
- Covid-19 and other issues such as vaccine hesitancy

Advocacy Next Steps:

- Engage and collaborate with SEND Ghana on budget formulation and analysis.
- Identify advocacy target groups for capacity building
- Identify the actors to be mobilized
- Identify duty bearers at the various levels
- Identify financing gaps in UHC with respect to CSO area of advocacy

Factors influencing Regional Training:

- Area of focus of the CSO
- Resource availability
- Capacity of Trainees

Training Gaps to be covered in Regional Training:

- Resources Mobilization on Advocacy
- Risks involved in Advocacy

Advocacy Next Steps:

- Stakeholder mapping
- Traditional Leaders
- Religious Leaders
- Media
- District Assembly
- Organized Group (*Hair-Dressers Association, Ghana Road Transport Union*)
- Minority or Vulnerable Group

Factors influencing Regional Training:

- Goal/Target of UHC
- Status of UHC roadmap in Ghana
- Realistic Resource need and mobilization
- Stakeholder Capacity
- Gender Consideration
- Location and Space
- Level of Collaboration with UHC related State agencies

Training Gaps to be covered in Regional Training:

- Knowledge on yearly Ghana Health Service facts and figures
 - Health worker distribution in Ghana
 - Human Resource for UHC
- Disease burden and cost of every disease
- Financial implication of UHC
- Health concept to accelerate UHC
- Reflection of (health in all policy) to achieve UHC and DHF
- Private sector role, responsibility, and contribution to UHC

Advocacy Next Steps:

- Conduct UHC needs assessment in target communities
- Focus:
 - Budget analysis of UHC
 - Awareness levels of UHC
 - Advocacy levels of UHC
 - Training needs analysis of UHC
- Conduct stakeholder engagement based on our needs and assessment
- Conduct training for identified stakeholders on budget; UHC, Advocacy techniques

Factors influencing Regional Training:

- Identify health needs and challenges
- Community/ Regional acceptance
- Available Resources

Training Gaps to be covered in Regional Training:

- Gender dimension of UHC i.e FGM, menstrual hygiene, SRH, Teenage pregnancy and unsafe abortions
- Right base approach to UHC on disability, mental health, key population and migrants