

**PAPER PRESENTED BY THE HON. DR. MRS. BERNICE  
HELOO, MP FOR HOHOE AND DEPUTY MINISTER FOR  
ENVIRONMENT, SCIENCE, TECHNOLOGY AND  
INNOVATION (MESTI), AT THE PARLIAMENTARY SEMINAR  
ON COMBATING EARLY AND FORCED MARRIAGE.**

**VENUE: LA PALM ROYAL BEACH HOTEL**

**DATE: 3<sup>RD</sup> MARCH, 2014**

**TIME: 3:00-4:00 PM**

**TOPIC: OVERCOMING CHALLENGES TO IMPROVING  
MATERNAL AND REPRODUCTIVE HEALTH.**

- Increasing the quality, information and education and access to reproductive healthcare
- Best practices, strategies and interventions used by colleagues in other parliaments.

**Madam Chairperson**

**Ministers present**

**Colleague MPs**

**Fellow Speakers**

**Distinguished experts**

**Participants**

**Ladies and Gentlemen,**

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It is my pleasure to be invited to present a paper on this august occasion of the parliamentary seminar on combating early and forced marriage. My sincere thanks goes to the leadership of parliament and the Parliamentarians for Global Action through whose collaboration we are here to share and to learn from one another today.

✓ ~~Mr.~~ <sup>Madam</sup> Madam Chairperson, Colleagues, the topic for my presentation:

“Overcoming Challenges to Improving Maternal and Reproductive

Health”, situated within the broader theme of “Combating Early Marriage and Forced Marriage”.

Madam Chair, Reproductive Health (RH) is recognized as a human right and a global development priority as articulated in Millennium Development Goal Five (5) (MDG 5) and other international conventions. Reproductive health is defined by the International Conference on Population and Development (ICPD) as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes”.

Madam Chair, the concept is centred on human needs and development throughout the entire life cycle, from the womb to the grave.

Reproductive health care covers a wide range of services: family planning counseling, information, education, communication and services; education and services for prenatal care, safe delivery and post-

natal care, and infant and women's health care; prevention and treatment of infertility; prevention and treatment of infections, sexually transmitted diseases, including HIV/AIDS; breast cancer and cancers of the reproductive system, and other reproductive health conditions; and active discouragement of harmful traditional practices, such as female genital mutilation, forced and early marriages which sometimes leads to fistula conditions. Estimates show that as many as 2 to 3 million women and girls worldwide and more than 50,000 new fistula cases are recorded each year in the developing world.

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② Maternal mortality is defined by the W.H.O as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration of the pregnancy, from any cause aggravated by the pregnancy or its management, but not from accidental or incidental causes”. In a recent WHO/UNICEF/UNFPA mortality rate estimation (2000), Ghana’s maternal mortality rate was estimated at 540 maternal deaths per 100,000 live births but it is gratifying to note that

Ghana's current maternal mortality ratio is 350 per 100,000 live births. In the area of HIV and AIDS, the 2012 HIV Sentinel Surveillance report, Ghana has also experienced a reduction in national adult HIV-prevalence from a high of 3.6% in 2003 to 1.37% in 2012/2013. This has positively impacted PMTCT and improving maternal health.

Ladies and Gentlemen, can we all imagine a family living along the Volta Lake somewhere around Akuse and all of a sudden there is a labour case. The husband carries the wife across the Lake but unfortunately the gate to the VRA facility which usually closes at 5pm is locked; by the time the gate was opened, we have lost mother and child.

This is how desperate the situations can be for improving maternal health.

*What should we do.*

We need to eliminate the three delays to maternal health: delay in seeking appropriate medical help, delay in reaching an appropriate facility for reasons of distance and delay in receiving adequate care when facility is reached in order to save lives.

Colleague MPs, in spite of the fact that Improving Maternal Health is MDG 5, this goal unfortunately has received the least attention from many people including MPs who concentrate on issues such as education, funerals and unemployment rather than RH. This situation was what compelled the UNFPA in 2008 to launch the Maternal Health Thematic Fund to accelerate progress towards making safe motherhood a reality in some of the poorest countries in the world. Addressing the issues of special groups such as Kayaye, sex workers as mentioned recently by the Minister for Gender, Children and Social Protection is a call in the right direction.

Ladies and Gentlemen, it is equally critical to mention that Ghana's Reproductive Health Strategic Plan is intended to improve reproductive health services its strategic objectives that are being pursued under various programmes and projects.

Participant's, Ladies and Gentlemen, Ghana has made significant progress regarding quality, information, education and access to reproductive healthcare all aimed at mitigating the challenges to maternal and reproductive health. For instance, the introduction of the of the Free Maternal Health Care Policy under the National Health Insurance Scheme allows women in Ghana to have access to healthcare during pregnancy, delivery and post-partum. This programme was however evaluated to have had positive impacts and the government has therefore decided to lend her continuous support to ensure that maternal health improves significantly.

Madam Chairperson, another milestone is the introduction of free family planning services for women and the training of health workers to adopt positive and caring attitude towards clients so as to improve the quality of service delivery.

Not only this but also, community health officers have had their skills upgraded to the level of that of Midwives to enable them give the best of

service in addition to government's commitment to funding more CHPS compounds in deprived communities to increase access. Again, many more health training institutions have been opened to first increase the number of skilled professionals and subsequently increase the access and boost the quality of service as well.

Colleagues, Ghana is one of four pilot countries under the Accelerated Child Survival and Development Strategy (ACSD) introduced in 2001. This programme is geared toward rapidly reducing mortality. This approach has since been adopted by the Ministry of Health under the name High Impact Rapid Delivery (HIRD).

Madam Chair, I will like to conclude by proffering the following as the ways forward best practices around the world:

- Advocacy emanating from women's caucuses in parliaments around the world with women leading the fight against gender-based violence.



- Ensuring that we use tricycles in the remote areas to transport pregnant women with some minimum first aid on board as found in Nigeria.
- MPs and local community people must lend their support to nurses in RH matters.
- Educating constituents on pieces of legislations relating to violations and reproductive health rights.
- Review or amend constitutions to make specific reference to reproductive health rights as found in the South African case instead of just mentioning it as a general right.
- Ensuring adherence to all legal foundations like the Cairo and Beijing documents of 1994 and 1995, the Universal Declaration of Human Rights; the International Covenant on Economic, Social and Cultural Rights; the Convention on the Elimination of All Forms of Discrimination Against Women; the International Covenant on Civil and Political Rights and the Convention on the Rights of the Child.