

ACKNOWLEDGEMENTS

Funding is from the European Commission Horizon 2020 programme (PERFORM2scale Proj.)



The political economy of health governance in a decentralized health system of Ghana

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Outline of presentation

- Introduction
- Study aim
- Methods
- Results
- Conclusion and key messages

Introduction

- Ghana is a democratic country based on a multi-party political system (ESID Briefing Note 16, 2016).
- State actors and other public sector health bureaucrats are central to the achievement of health goals (Brinkerhoff, 2004) .
- According to World Bank (2004 and 2007), these key actors are linked through governance relationships.
- Current UHC considerations confirm the central role of governance in improving health sector performance (Fryatt, Bennett & Soucat, 2017).
- Political system influence power distribution in the health sector (Gomez, 2006a).
- Study took place as part of the Ghana context analysis for the PERFORM2Scale project (P2S) (Martineau et al., 2018)

Theoretical framework:

Context: Collins et al.

Demographic and epidemiological change
Examples: percentage of elderly or young people in the population

Politics and the political regime
Examples: new government with new ways of doing, political instability

Processes of socio-economic change
Examples: conflicts, moves to free market economies

Economic and financial policy
Examples: restraint on government spending

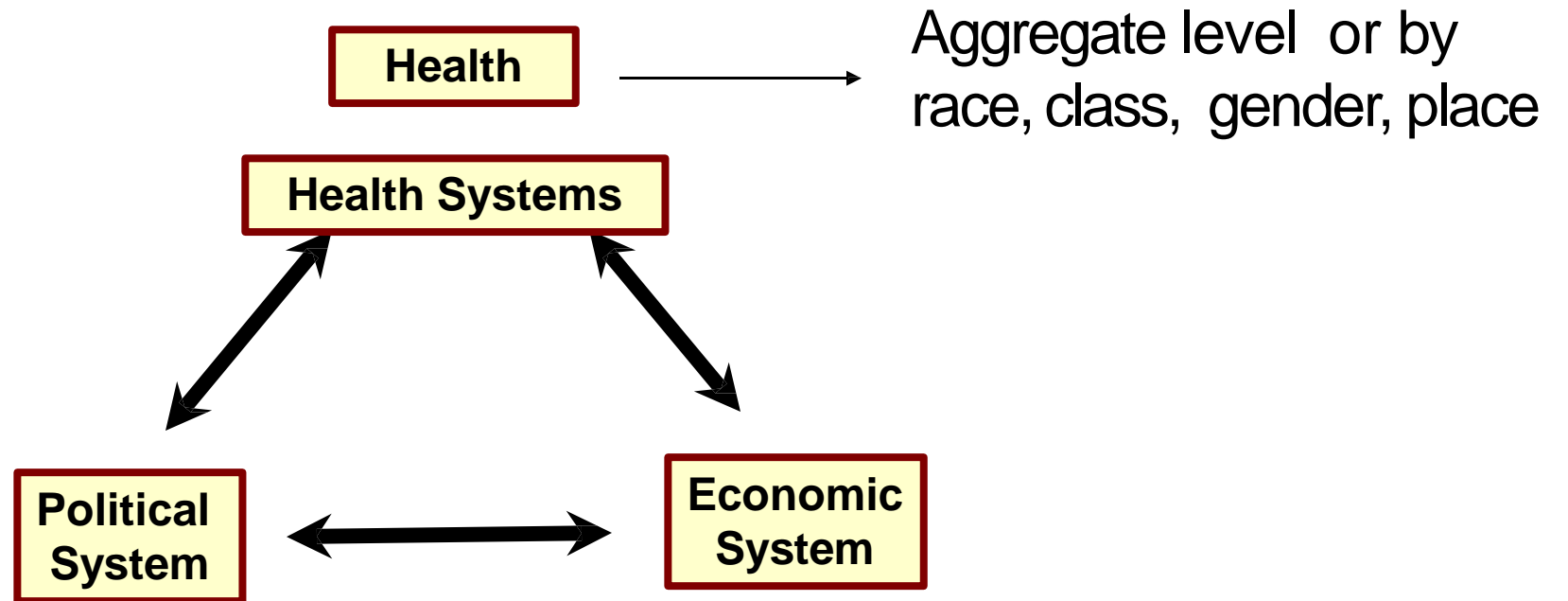
External factors
Examples: international organisations

Ideology, public policy and the public sector
Examples: free market orientation in social policy (e.g. user fees)

Collins, C., Green, A. and Hunter, D. (1999) Health sector reform and the interpretation of policy context. *Health Policy*, 47, 69-83

Politicaleconomy in health

Inter-relationships between political processes, economic systems and health/health systems



Study aim

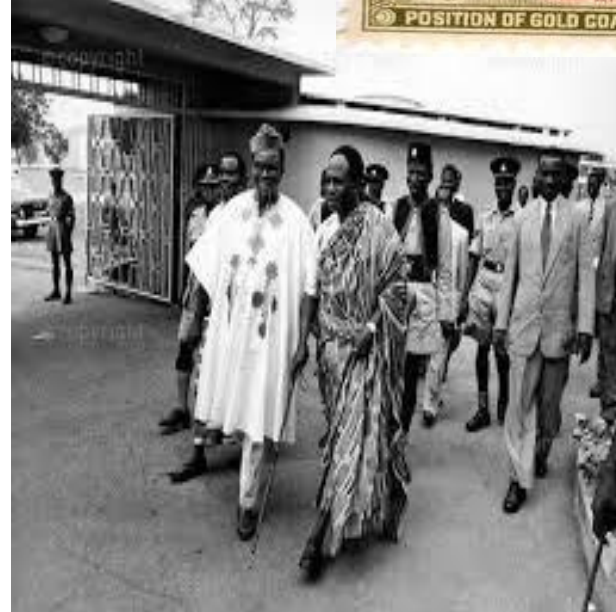
The study sought to assess power dynamics in the governance process of the Ghana health sector

Methods

- Two data sources used: (1) a desk review (n=111) and, (2) SSIs with key stakeholders (n=32)
- SSIs were anonymised, coded in NVIVO and analysed using thematic approach
- Document review findings were categorised according to pre-designed template developed by P2S project experts
- Ethical approval was sought from the Ethical Review Committee of the Ghana Health Service (Ethical Approval–ID No: GHS-ERC: 009/12/17)

Findings

Political & Economic Impact on Ghana's Health Governance



1957-1966: The Independence Era

Political Economy

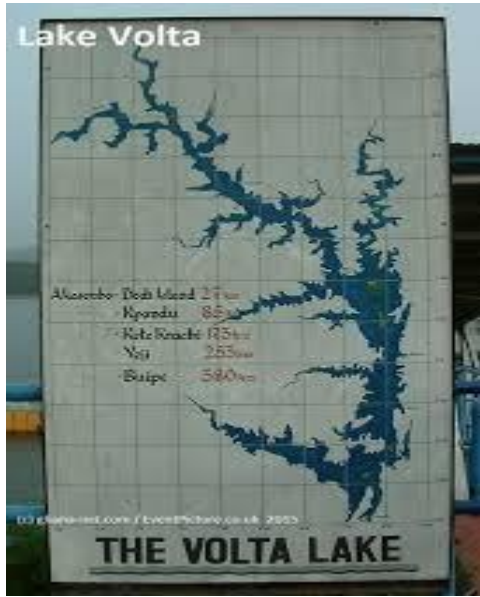
- 1957 - Independence → Self rule with nationalist commitments
- 7yrs development plan → infrastructure and social services industrialisation
 - Access to basic services such as health and education was free
- Government keen to address the social challenges facing the locals .
 - industrialisation to create jobs
- Country became one party state → autocracy, abuse, opposition crackdown, → coup d'état

Health System Development

- Comprehensive policy on the advancement of public healthcare
 - Plan focused on public health & financing
- Government Built
 - Health facilities, training institutions, universities, sanitation and environmental control units, maternal health services
 - The MOH was created
- Implication:
 - Socialist policies → Improved social services
 - National resources depleted



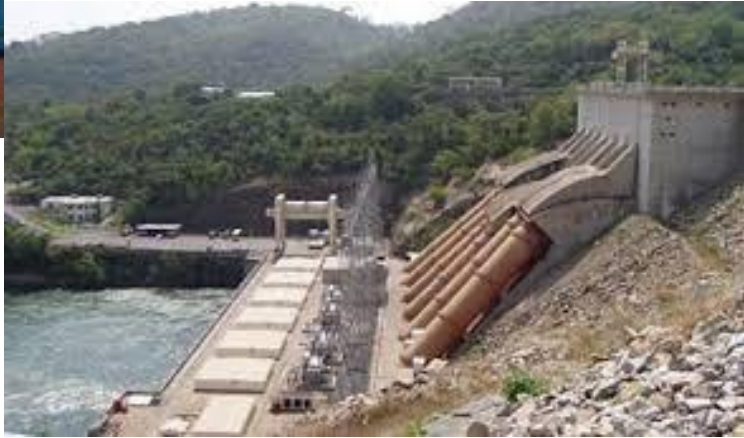
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1966 - 1981: The Era of Political Instabilities

Political Economy

- Ghana went through a series of 5 coup d'états and two republic with a constitution of 8 regimes.
- Political instability affected economic performance and national policies
- The economy was in financial crisis
- Various austerity measures were undertaken by the regimes.
- The 1976 global recession had a detrimental impact on foreign exchange

Health Implication

- Impossible to sustain the free socialist policies
- Wide Systemic Failure in the HS & lack of policies
 - No marked development in the health sector
 - Mass exodus of skilled labour to neighbouring countries and abroad
- A series of user fees payment reforms were initiated instituting austerity measures
- Global Health Influences: Alma Ata 1978 (PHC) turning into selective PHC



1982-2000: The Era of Political Stability

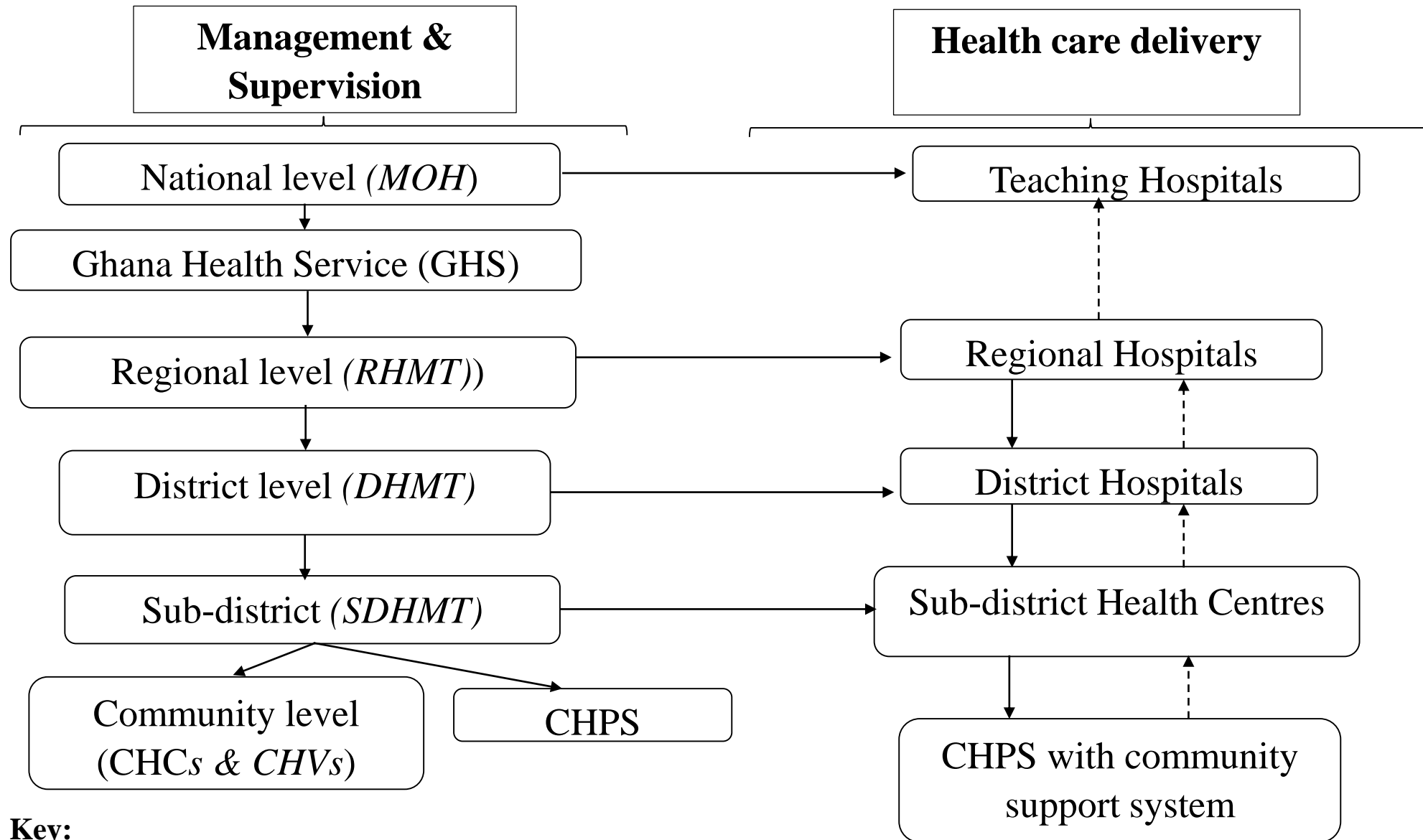
Political Economy

- Ghana had no capital or revenue
 - High inflation, halted manufacturing, unemployment, food shortage, drought and bushfires. Most of the Ghanaian expatriates in Nigeria were expelled.
 - Ghana adopted the SAP & Economic Recovery Programme
- Decentralisation of the public structures and the cost-effective public services
- International policies
 - Health for all by 21stC; Global Burden of Disease 2000; EPI; GOBI-FFF; global AIDs programme, etc.

Health Systems Developments

- Decentralisation of Ghana's healthcare and services
- Hospital Fee regulation 1985 – legalised fees of healthcare service
- Cash & Carry System resulting in CBHIS
 - 1992 first CBHIS was formed – by 2000, 50+ CBHIS
- Ultimately NHIS meant to remove financial barrier to health and promote equity

Decentralised structure of the Ghana Health System



2000 to Date: The Era of Political Stability

Political Economy

- Democratic government
- Poverty reduction and HIPC initiatives
- Meeting the MDG/SDG - Condition for MIC status and part debt cancellations
- Economic growth (5.0 - 7.5% annual growth) & PPP growths

Health System Development

- Universal Health Coverage (NHIS)
 - NHIS to be used to subsidize the poor
- PHC initiatives (CHPS compounds)
- Programmes and disease specific initiatives (e.g. Malaria, HIV, etc.)
- Sustainable Development Goals

Effect of Ghana's Political Arrangement on Health Governance -1

Leadership Politics: Political decision making

- Generally, Ghana's political settlement practices are considered 'competitive clientelist'



Effect of Ghana's Political Arrangement on Health Governance -2

Budget Politics: Budget allocation and expenditure

- Financial resources devoted to health sector development remain limited
- Mostly, prominent and well-resourced health interventions are either private sector led or funded by bilateral and multilateral partners

Bureaucracy Politics: Power relationship in health governance and policy formulation

- Ghana's health sector is politicised in a manner that technically undermines policy formulation and implementation
- One of the most salient socio-cultural factors found to be affecting health governance and policy formulation was gender
- GHS has created a Gender Unit.

Key stakeholders' comments

*“The **political appointment of heads of health agencies** should be minimal because the appointees are often **politically interested in activities outside core mandates that distort our work plan...**”(District Assembly member)*

*“The **political issues are always first addressed** because it is in line with the ruling government manifesto..., if not it will never see the light of day. Even before a policy is developed, it has to be in line with the **political agenda to win votes**” (GHS Officer)*

*“**Sometimes the policies are imposed on the lower structures** without doing due check on the structure and procedures there...**which brings about implementation problems**. Because the people who are going to implement those policies do not comprehend what it seeks to achieve” (DHMT member)*

Conclusion and Key Messages:

Ghana's HS governance is politically constructed

Political and economic forces shape Ghana's HS development

Competitive clientelism technically undermines Health policy formulation and implementation

Stagnation of decentralisation agenda affecting HS governance

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Thank you

