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Public Policy Making and Policy Change: Ghana's Local Governance, Education and Health Policies in Perspective

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Public Policy Making and Policy Change: Ghana's Local Governance, Education and Health Policies in Perspective

by

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ABSTRACT

This thesis, with the multiple streams framework (MSF) and the new institutionalism (NI) as theoretical

lenses, seeks to understand the factors that shape policy making and policy change in post-independence

Ghana. More specifically, it seeks to provide a better understanding of the factors that have led Ghana

after independence to achieve remarkable, path-departing, substantive change in its health and local

governance policies but marginal or incremental changes in its education policy. I argue that policy

entrepreneurs and government political will in the form of demonstrated credible intent and commitment

of the government culminating in partisan decisions greatly shaped the different policy outcomes and

differing magnitude of change in Ghana's local governance, health, and education policies at specific

moments in time. Institutions affect the efforts of policy entrepreneurs and the government to carry out

a proposed policy change.

Understanding public policy making and policy change is of vital importance because public

policies involve who gets what in politics. Thus, there is the need to examine the determinants of public

policies and the drivers of policy change. Yet, the analysis of policy making and policy change in Africa,

particularly Ghana, has been a neglected area of study. Hence, policy making and policy change in Africa

has not been sufficiently explored. Besides, comparative understanding of policy making and policy

change in Ghana is under researched. The study, therefore, helps to fill this gap by comparatively analysing

how political will and commitment of the government and policy entrepreneurs interact differently to

drive policy making and policy change at specific moments in time in Ghana. Relying on the MSF, while

paying attention to the impact of differing institutions on the streams, helps to provide a deeper

understanding of the policy making process and policy change. Methodologically, the comparative case

study method helps in identifying variations, patterns and commonalities in health, education, and local

governance policy making and policy change in Ghana. Theoretically, the study aims first, to extend the

applicability of the MSF in examining policy making to Ghana and second, to provide a deeper understanding by combining the MSF and the NI.

PREFACE

This thesis is original, unpublished, independent work by the author, Benjamin Adu Gyamfi. The analysis made and the conclusions drawn were covered by Ethics Certificate number REB17-0632_REN5 (original Ethics Certificate number REB17-0632), issued by the University of Calgary Conjoint Faculties Research Ethics Board (CFREB) for the project "Public Policy Making and Policy Change: Ghana's Local Governance, Education and Health Policies in Perspective" on May 15, 2022 (originally on May 16, 2017).

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"I can no other answer make, but, thanks, and thanks."

William Shakespeare

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DEDICATION

I dedicate this work to my family members and all my dear friends whose prayers, encouragement, advice,

sacrifice and consistent support have brought me this far.

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LIST OF ABBREVIATIONS

ADP	Accelerated Development Plan
ADPE	Accelerated Development Plan for Education
AFR	Agenda for Reform
AFRC	Armed Forces Revolutionary Council
AIDS	Acquired Immune Deficiency Syndrome
BESP	Basic Education Sector Improvement Project
BI	Bamako Initiative
CBHI	Community-Based Health Insurance
CBHIS	Community-Based Health Insurance Schemes
CDRs	Committee for the Defence of the Revolution
CFREB	Conjoint Faculties Research Ethics Boards
CHAG	Christian Health Association of Ghana
CHI	Community Health Insurance
CLGF	Commonwealth Local Government Forum
CMLC	City, Municipal and Local (and Urban) Councils
CPP	Convention People's Party
CSA	Civil Servants Association
DACF	District Assemblies' Common Fund
DANIDA	Danish International Development Assistance
DAs	District Assemblies
DCA	District Committees of Administration
DCs	District Councils
DCT/VAC	District Councils and Town, Village and Area Committees

DFID	Department for International Development
DWCHI	District-wide Community Health Insurance
DWDHDRC	Dangme West District Health Directorate & Research Centre
DWHIS	Dangme West District Health Insurance Scheme
EAUMF	Edward A. Ulzen Memorial Foundation
EFA	Education for All
EGLE Party	Every Ghanaian Living Everywhere Party
ERP	Economic Recovery Program
ERPs	Economic Recovery Programs
ERRC	Education Reform Review Committee
ESP	Education Strategic Plan
EU	European Union
FCUBE	Free Compulsory Universal Basic Education
FPD	Front for the Prevention of Dictatorship
FUPE	Free Universal Primary Education
GBA	Ghana Bar Association
GDP	Gross Domestic Product
GES	Ghana Education Service
GHS	Ghana Health Service
GMA	Ghana Medical Association
GNAT	Ghana National Association of Teachers
GNTA	Ghana National Teachers Association
GPRS	Growth and Poverty Reduction Strategy
GPRS I	Ghana Poverty Reduction Strategy I

GPRS II	Growth and Poverty Reduction Strategy II
GRNA	Ghana Registered Nurses Association
GSS	Ghana Statistical Service
HFA	Health For All
HI	Historical Institutionalism
HIPC	Highly Indebted Poor Country
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
IAD	Institutional Analysis and Development
ICT	Information and Communication Technology
IDEG	Institute for Democratic Governance
IFIs	International Financial Institutions
ILGS	Institute of Local Government Studies
IMF	International Monetary Fund
JHS	Junior High School
JSS	Junior Secondary School
JSWU	Judicial Services Workers Union
LCs	Local Councils
LGO	Local Government Ordinance
LGRD	Local Government and Rural Development
LGS	Local Government Service
LGSC	Local Government Service Commission
MCO	Municipal Council Ordinance

MDGs	Millennium Development Goals
MHO	Mutual Health Organizations
MOE	Ministry of Education
MOESS	Ministry of Education, Science and Sports
MOF	Ministry of Finance
MOH	Ministry of Health
MSF	Multiple Streams Framework
MSLC	Middle School Leaving Certificate
NA	National Assembly
NAB	National Accreditation Board
NACVET	National Council for Vocational Education and Training
NAO	Native Authority Ordnance
NCCA	National Council for Curriculum and Assessment
NCD	National Commission for Democracy
NCHE	National Council for Higher Education
NCP	National Convention Party
NCTE	National Council for Tertiary Education
NDC	National Democratic Congress
NDPC	National Development Planning Commission
NER	National Education Reform
NERIC	National Education Reform Implementation Committee
NERP	National Education Reform Program
NFED	Nonformal Education Division
NGOs	Non-Governmental Organizations

NHI   National Health Insurance

NHIA   National Health Insurance Act

NHIC   National Health Insurance Council

NHIF   National Health Insurance Fund

NHIL   National Health Insurance Levy

NHIS   National Health Insurance Scheme

NHIS   National Health Insurance System

NI   New Institutionalism

NIB   National Inspectorate Board

NJO   Native Jurisdiction Ordinance

NLC   National Liberation Council

NPP   New Patriotic Party

NRC   National Redemption Council

NRCD   National Redemption Council Decree

NTC   National Teaching Council

NTO   Native Treasuries Ordinance

NTTC   National Teacher Training Council

NUGS   National Union of Ghana Students

ODA   Overseas Development Administration

ODA/DFID   Overseas Development Administration/Department for International

               Development

OECD   Organization for Economic Corporation and Development

PAMSCAD   Program of Action to Mitigate the Social Costs of Adjustment

PCP   People's Convention Party

PDCs	People's Defence Committees
PFP	Popular Front Party
PHC	Population and Housing Census
PHC	Primary Health Care
PHR-plus	Partnership for Health Reforms plus
PMFJ	People's Movement for Freedom and Justice
PNC	People's National Convention
PNDC	Provisional National Defence Council
PNP	People's National Party
PP	Progress Party
PPME	Policy, Planning, Monitoring and Evaluation
PPS	Pilot Programmatic Scheme
PTA	Parent Teacher Association
RAs	Regional Assemblies
RCCs	Regional Coordinating Councils
RCI	Rational Choice Institutionalism
RCs	Regional Councils
SAP	Structural Adjustment Program
SAPs	Structural Adjustment Programs
SAPs/ERPs	Structural Adjustment Programs/ Economic Recovery Programs
SDGs	Sustainable Development Goals
SFAI	School Fee Abolition Initiative
SHI	Social Health Insurance
SHS	Senior High School

SI	Sociological Institutionalism
SMC I	Supreme Military Council I
SMC II	Supreme Military Council II
SMC	Supreme Military Council
SMDP	Single-Member District Plurality System
SPIP	School Performance Improvement Plan
SRC	Students' Representative Council
SSNIT	Social Security and National Insurance Trust
SSS	Senior Secondary School
STIs	Sexually Transmitted Infections
TUC	Trades Union Congress
UGCC	United Gold Coast Convention
UK	United Kingdom
UKDFID	United Kingdom Department for International Development
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNIGOV	Union Government
UNO	United Nations Organization
UNSDGs	United Nations' Sustainable Development Goals
USAID	United States Agency for International Development
VAT	Value Added Tax
WB	World Bank
WCEFA	World Conference on Education For All

WDCs	Workers' Defence Committees
WHO	World Health Organisation
WHO-AFRO	World Health Organisation Regional Office for Africa
WSD	Whole School Development
WSDP	Whole School Development programme

CHAPTER ONE

INTRODUCTION: THE BACKGROUND OF THE STUDY

1.1 Introduction

This thesis, with the multiple streams framework (MSF) and the new institutionalism as theoretical lenses, seeks to understand the factors that shape public policy making and policy change in post-independence Ghana. Precisely, it sets out to examine the factors that shape agenda setting, policy formulation, and policy adoption stages of the policy making process as well as policy change in Ghana since independence. More specifically, it seeks to gain a deeper understanding of the factors that have led Ghana after independence to achieve remarkable, path-departing, and substantive change in certain policy areas (such as health and local governance) but marginal or incremental change in others, for instance education. I argue that policy entrepreneurs and government political will, in the form of demonstrated credible intent and commitment of the government culminating in partisan decisions, greatly shaped the different policy outcomes and differing magnitude of change in Ghana's local governance, health, and education policies at specific moments in time. While economic conditions, institutions, ideas, and international financial institutions and donors have provided the context by opening an opportunity window, political will and policy entrepreneurs have been the most crucial factors that have shaped policy change in Ghana's health, education, and local governance. I demonstrate how political will of the government and policy entrepreneurs interact differently to drive change in Ghana's local government, education, and health policies.

Understanding policy making and policy change is very important because public policies involve who gets what in politics.[1] A policy involves conscious choice that leads to deliberate action or inaction[2] designed to induce changes in society.[3] That is, public policies are intentional or purposive courses of action[4] designed by the government to accomplish a specific goal or objective.[5] Thus, policies consist of "the actions, objectives, and

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[1] That is, public policies involve the allocation of resources (Dye 2011, iv).
[2] Anderson (2015, 7); Brooks and Miljan (2003, 4); Dye 2011 (1, 1); Smith and Larimer (2009, 3)
[3] Smith (1973, 200)
[4] Anderson (2015, 7); Smith and Larimer (2009, 3)
[5] Adolina and Blake (2001, 10); Ikelegbe (2006 cited in Ugwuanyi and Chukwuemeka 2013, 35); Ndah (2010, 3)

pronouncements of governments on particular matters, the steps they take (or fail to take) to implement them, and the explanations they give for what happens (or does not happen)."[6] Therefore, the decision of governments not to act in any given situation is in itself public policy.[7]

Since government policy is problem oriented[8] and broadly conduces to general societal welfare,[9] there is the need to describe, analyse, and examine not just what policies governments pursue, but also how and why they pursue such policies[10] and what causal factors drive change in existing policies. This entails studying the causes or determinants of public policies and the drivers of policy change.[11] This calls for a detailed and in-depth analysis of the agenda setting, policy formulation, and policy adoption stages of the policy making process and eventually policy change. Yet, the analysis of policy making and policy change of developing countries, particularly countries in Africa has been a neglected area of study.[12] Whereas generally much has been written about policy-making and policy change, the same cannot be said comparatively about Africa.[13]

The study, therefore, helps to fill this gap by analysing how political will of the government and policy entrepreneurs drive policy making and policy change at specific moments in time in Ghana. Relying on the multiple streams framework, while paying attention to the impact of differing institutions on the streams, helps to provide a better understanding of the policy making process and policy change. Institutions affect the efforts of policy entrepreneurs and the government to carry out a proposed change.[14] The analytical strength and robustness of the multiple streams framework lie in its conceptualisation of policy-making as a dynamic process – consisting of the interaction of the three independently operating streams – rather than as a linear process.[15] Besides, the framework is particularly useful in understanding first, how some policy proposals are able to catch

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[6] Smith and Larimer (2009, 3); Wilson (2006, 154)
[7] Brooks and Miljan (2003, 4); Imurana et al. (2014, 199)
[8] Adolina and Blake (2001, 10); Ndah (2010, 3); Thomas and Grindle (1990, 1163); Ugwuanyi and Chukwuemeka (2013, 35)
[9] Afegbua and Adejuwon (2012, 154)
[10] Dye (2011, iv)
[11] Dye (2011, 4)
[12] Ohemeng et al. (2012a; 2012b); Seddoh and Akor (2012); Walt and Gilson (1994)
[13] Ohemeng et al. (2012a; 2012b); Seddoh and Akor (2012); Walt and Gilson (1994)
[14] Gibson (1999); Howlett et al. (2009)
[15] Blankenau (2001, 38); Rossiter and Price (2013, 854); Sabatier (2007a; 2007b, 9); Zahariadis (2007, 67)

the attention of policy makers and eventually become policies and second, how and why radical changes become possible. However, the framework pays little attention to institutions[16] that profoundly shape the efforts of policy actors.[17] Thus, the thesis complements the MSF with the new institutionalism.

Theoretically, the study aims first, to extend the applicability of the MSF in understanding policy making beyond advanced countries to Ghana and second, to provide a deeper understanding by maximising the analytical leverage of the MSF and the new institutionalism by combining the two approaches. The remaining part of the chapter is structured into eight sections as follow: the general background of the study; the problem statement; the research question and objective; the main arguments of the study; the conceptualisation and operationalisation of political will; literature review, covering the overview of policy stability and policy change in general and in Ghana; the political and historical context of policy making and policy change in Ghana; the relevance of the study; the limitations of the study; and the plan of the study.

1.2 Background of the study

Ghana made a path-departing, substantive change in its local governance policy in 1988 under the then military government of the Provisional National Defence Council (PNDC) by adopting its current decentralisation programme. Earlier attempts at decentralisation by previous governments[18] prior to the PNDC era failed.[19] Though the reports of the several commissions and committees of inquiry appointed prior to and after independence to inquire into Ghana's administration[20] made very far reaching conclusive recommendations for the devolution of administrative authority by the central government to the local levels, all attempts at decentralisation before the PNDC era did not materialise.[21] These abortive attempts were as a result of lack of political will and unwillingness of those who were entrusted with power during this period to divest themselves

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[16] Sabatier (1996); Schalger (1999)
[17] Pierre et al. (2008); Steinmo and Watts (1995); Rosenau (1994); Maioni (1997); March and Olsen (2009a; 2009b; 2006; 1996; 1976); Blankenau (2001)
[18] Ghana (1991a, v)
[19] Adusei-Asante and Hancock (2012); Awortwi (2010; 2011); Egbenya (2010)
[20] Ahwoi (1991e, 21); Ghana (1991a, v)
[21] Ahwoi (1991e, 21); Ghana (1991a, v)

of part of their authority.[22] The practice during this period suggested that there was no genuine commitment to decentralisation.[23] Previous governments, unlike the PNDC, lacked the political will[24] to decentralise local governance because the centralised local government system served the interest of central government politicians,[25] it provided the mechanism through which the central government maintained its control over local government units.[26] Ghana's 1988 decentralisation programme, thus, aimed at promoting participatory decision-making[27] and self-reliance at the local level through popular mobilisation and participation.[28] The policy was therefore meant to involve the largest possible number of people in policy making decisions.[29]

Health care financing policy in Ghana, aimed at promoting healthcare delivery, equity, affordability, accessibility, and increasing utilisation[30] has undergone various stages: free tax-funded public health care prior to and immediately after independence; user fees through cost-sharing in the 1970s; and cost recovery in the 1980s – that gradually became full cost recovery in the 1990s – during the economic reforms, popularly known as the "cash and carry" system; and national health insurance in 2003.[31] The transition from a user fee (full cost recovery) system to the national health insurance scheme (NHIS) in 2003[32] constituted a path-departing, paradigmatic change in Ghana's health policy driven by the efforts of dedicated policy entrepreneurs and the commitment and political will of the government. The NHIS "is a social intervention program introduced by the government to provide financial access to quality health care for residents in Ghana."[33] It aimed at making health care accessible to the ordinary Ghanaian.[34]

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[22] Ahwoi (1991e, 21); Ghana (1991a)
[23] Ahwoi (1991o, 109; 1991q, 129)
[24] Ahwoi (1991e, 21); Ghana (1991a, v)
[25] Awortwi (2010, 628-31; 2011, 364).
[26] Awortwi (2010; 2011); Olowu (2003)
[27] Ghana (1987, 1-2); Leite et al. (2000, 2)
[28] Ahwoi (1991c, 10); Ayee (1994); Ghana (1987, 1-2); Issaka (1991, 87)
[29] Ghana (1987, 1-2); Leite et al. (2000, 2)
[30] Witter and Garshong (2009, 2); Kunibe and Dary (2012, 88)
[31] Agyepong and Adjei (2008, 150-160); Alatinga (2011, 45); Blanchet et al. (2012, 76); Dalinjong and Laar (2012, 2); Gobah and Liang (2011, 90); Seddoh and Arkoh (2012, 5-11); Sekyi and Domanban (2012, 41); Singleton (2006, 7)
[32] Ghana, Republic of. 2003. *National Health Insurance Act, 2003 (Act 650).* Accra, Ghana: Government Printer Assembly Press; National Health Insurance Scheme (NHIS) (2020) http://www.nhis.gov.gh/about.aspx
[33] National Health Insurance Scheme (2020) http://www.nhis.gov.gh/about.aspx
[34] Alatinga (2011)

On the contrary, Ghana's education policy has changed incrementally. While formal education in Ghana since its inception has had different goals, the most basic has been the provision of free universal education for all.[35] The idea of education for all in Ghana was conceived in 1951 by Kwame Nkrumah, who became the Leader of Government Business. The education system was urban based and largely served the interest of the British colonial administration, the Christian missionaries and European traders.[36] This is because the system "aimed at enhancing the activities of Christian missionaries, educating the children of European traders and sustaining the machinery of colonial government."[37] Thus, the few schools located in urban centres were inaccessible to the majority of Ghanaians and the education curriculum was not relevant to the daily life experience of the local people.[38] Therefore, access to formal education in Ghana was very limited.[39]

Nkrumah, a stanch socialist and Pan-Africanist[40] devoted to extensive welfare services, was driven by a high political commitment to increase access to all levels of education.[41] Nkrumah was imbued with nationalistic enthusiasm and his policies chiefly shaped by socialist and Pan-Africanist ideas.[42] Rawlings for instance explained that Nkrumah was a Pan Africanist, "who during Ghana's immediate post-independence period, invited many well-known African diasporans to assist with the project of nation building. These included Julian Bond, Martin Luther King Jr., George Padmore, Malcolm X, Maya Angelou, Richard Wright, Leslie Lacy, Muhammad Ali, and W.E.B. Du Bois."[43] Consequently, he was very committed to expanding social welfare services in Ghana and carried out extensive social welfare policies that prioritised, among others, equal access to education[44] for all

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[35] Little (2010, 1)
[36] Akyeampong et al. (2007); Takyi et al. (2019a)
[37] Akyeampong et al. (2007, 4 cited in Takyi et al. 2019a, 5)
[38] Fobih and Koomson (1998, 155)
[39] Little (2010, 7)
[40] Botwe-Asamoah (2005); Engmann (2021), Essien (2008); Gains (2006); Koduah et al. (2015); Ninsin (1989b); Senah (2001)
[41] Little (2010, 1)
[42] Koduah et al. (2015, 12); Senah (2001, 85)
[43] Engmann (2021, 728). See also Essien (2008) and Gains (2006)
[44] Senah (2001, 85)

irrespective of socioeconomic status. Accordingly, the Nkrumah-led government as the first step of bridging the colonial-induced access gap in Ghana's education system[45] introduced the policy of education for all in 1952.[46]

Nkrumah initiated a substantive policy towards universal education for all in 1961 by passing the *Ghana Education Act 1961 (ACT 87)*. The act substantiated Nkrumah's commitment towards the universal education for all policy. The *1961 Act (Act 87)* aimed at achieving Free Universal Primary Education to every child of school going age.[47] Thus, only primary, middle, and special education (referred to as elementary, and later basic, education) were made universally free and compulsory.[48] Later, Nkrumah also made senior secondary (high) school (SHS) education free but only in the Northern Region. The effort at universalising access to education was premised on the belief that education holds the key to and a panacea for national development.[49] Thus, Ghana's education policy and strategy reforms were "linked to broader development policies and practices."[50]

However, the idea of education for all did not receive any serious consideration and attention after the overthrow of Nkrumah in 1966. Most of the education policies after Nkrumah were characterised by severe lack of commitment and leadership on the part of the government and policy decision makers.[51] Nana Akufo Addo, the then flagbearer of the New Patriotic Party (NPP) during the 2008, 2012 and 2016 electoral campaigns promised to introduce a policy that would abolish senior high school fees.[52] Following his unprecedented victory in the 2016 elections, Akufo Addo, under the NPP government introduced the free education at the senior SHS level. The policy extended Ghana's existing free education policy at the basic to all senior high (secondary) education, thus, nationally scaling the free SHS beyond the Northern Region. Consequently, the history of education financing in Ghana is characterised by incremental changes resulting from the absence of a dedicated

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[45] Fobih and Koomson (1998, 158)
[46] Little (2010, 1)
[47] Ghana, Republic of. 1961. *Ghana Education Act 1961 (ACT 87).*
[48] Little (2010, 7)
[49] Akyeampong (2010a, 1); NPP (2008, 68); World Bank (2004a, 1; 2004b; 1989, 2)
[50] Ghana (2012b, 2)
[51] Fobih and Koomson (1998, 155)
[52] NPP (2016; 2012; 2008a; 2008b)

and committed policy entrepreneur and lack of political will and commitment of the government. Free universal education for all is achieved only at the basic[53] and senior secondary levels.[54]

Paradoxically, the major paradigmatic and radical recent change that occurred in the 2000s in Ghana's health policy – that is, the adoption of the NHIS – was practically and theoretically uncharacteristic of a developing country like Ghana. Universal coverage has been achieved mostly by wealthier nations over a long, rather than short, period of time.[55] Besides, it was generally believed for many years by international donors and policy scholars that extending social health protection into developing countries was premature since such countries were economically weak to deal with the political and financial burden associated with social security.[56] Besides, it was introduced by Kuffour's NPP government that belongs to the right wing of the political spectrum.[57] Moreover, the NPP is the only party since independence that has been able to expand the policy of free education beyond the basic level to the senior secondary school level. Yet, introduction of social policies is believed to be uncharacteristic of ideologically right political parties. Thus, it follows that the National Democratic Congress (NDC), which belongs to the left wing of the political spectrum and "remains deeply committed to the principles and values of social democracy,"[58] should be associated with such social interventions and welfare policies. But this, to a greater extent, is not the case; Ghana has seen fewer of such policy interventions under the NDC. Conversely, the PNDC government was a socially oriented populist government.[59] Thus, it was expected to support a centrally planned system of government, especially at the grassroots or local level. Nonetheless, interestingly, not only was the PNDC government able to adopt an aggressive decentralisation program in Ghana, but also it was the only government that made a substantive change in Ghana's decentralisation policy after successive failed attempts by previous governments since

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[53] Ajayi (2011, 5)
[54] World Bank (2019)
[55] Imurana et al. (2014, 200)
[56] International Labour Organisation (2008, 1; 2007, 1); Kalk (2008); Seddoh and Akor (2012, 2)
[57] Ayee (2011, 368; 2009, 12; 2008a, 193)
[58] NDC (2016, 6)
[59] Ray (1986, 17); Ohemeng and Ayee (2012, 27)

independence.[60] Most of the studies made on Ghana's local governance,[61] health,[62] and education[63] policies were carried out independently. Little has been done to understand the variations across the three policy areas. This study therefore aims at comparatively understanding how policy entrepreneurs and the political will and commitment of government provide the incentives and capacities that limit and/or drive change in Ghana's health, education, and local governance policies.

1.3 Problem Statement

Public policy, "whatever governments choose to do or not to do,"[64] is problem oriented[65] and, hence, shapes our daily lives and the welfare of our societies.[66] Public policies are primarily made in response to specific issues or problems confronting society.[67] Accordingly, African countries are concerned with policies that would address perceived needs or demands.[68] Ghana is no exception. Since independence, Ghana has carried out innumerable public policies to solve public problems of various kinds and change societal conditions to make life better for the citizenry.[69] However, as argued above, while Ghana has made major paradigmatic change in certain policy areas including health and local governance, the same cannot be said of others such as education that have seen incremental changes.

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[60] Ahwoi (1991s, 152); Ghana (1991, v)
[61] Adusei-Asante and Hancock (2012); Ahwoi (1993c); Awortwi (2010; 2011); Ayee (2004); Campfens (2019); Egbenya (2010); Ghana (1993; 1991a; 1991b); Koranteng (2011); Koranteng and Larbi (2008); Olowu (2003); Oquaye (2000; 1995; 1991)
[62] Addae (1997; 1996); Ampadu and Abdul-Hamid (2022); Arhinful (2003, 31); Atuoye et al. (2016); Bowdich (2014; 1819); Cashin (2016); Kisseih (1986, 205); Kusi-Ampofo et al. (2015); Opoku et al. (2015); Patterson (1981); Sayi Abdul Hamid (2016a); Twumasi (1981; 1975); Wireko et al. (2020); Wireko and Béland (2017; 2013); Wireko (2015)
[63] Allah-Mensah and Osei-Afful (2017); Ansah (2014); Dalyot (2015); Donkoh et al. (2020); Fredua-Kwarteng (2016a; 2016b; 2015); Gunu (2019); Mfum-Mensah (2017); Mfum-Mensah and Nyariro (2017); Mohammed (2020); Nudzor (2014)
[64] Dye (2011, 1)
[65] Adolina and Blake (2001); Brooks and Miljan (2003); Obamwonyi and Aibieyi (2014); Thomas and Grindle (1990); Ugwuanyi and Chukwuemeka (2013)
[66] Dye (2011); Ndah (2010)
[67] Adolina and Blake (2001); Brooks and Miljan (2003); Ndah (2010); Ridde (2009); Thomas and Grindle (1990).
[68] Imurana et al. (2014, 200); Lane and Ersson (2004, 1)
[69] Imurana et al. (2014, 197)

Since public policies involve who gets what in politics,[70] understanding how policies are made and change in Africa is both important and necessary.[71] Policy making and policy change is a complex interactive process that is influenced by diverse contextual factors.[72] Because the policy process can be thought of or understood as consisting of several sub-processes[73] and stages[74] – such as problem identification, issue framing, agenda setting, choice selection, policy formulation, and policy adoption – public policies are neither monolithic nor linear.[75] Policy making and policy change involve a dynamic, complex, difficult, and extended process[76] that is very unpredictable in nature.[77] Consequently, long-haul policy change involves a complex interaction of socio-economic, institutional, ideational, and political factors in often unforeseen ways.[78] Thus, to comprehend the underlying dynamics of the process policy and the drivers of change, understanding contextual factors is of paramount importance.

This notwithstanding, while much has been done over the last decade to understand policy making and policy change in Africa,[79] comparative policy research is relatively not sufficiently explored. Moreover, with the recent surge in policy-making and policy change,[80] there are still other areas such as the role of policy entrepreneurs and political will that could to be explored. Furthermore, the literature that focuses on policy

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[70] Dye (2011, iv)

[71] Ohemeng et al. (2012b, 1). See also Carroll et al. (2003); Conteh and Ohemeng (2009); and Horowitz (1989)

[72] Imurana et al. (2014, 199); Osman (2002, 38)

[73] Dror (1968); Ridde (2009). See also deLeon (1999)

[74] Ridde (2009). For a detailed analysis of the policy process see Kingdon (1984; 1995; 2014); Sabatier (2007a; 1999); and Howlett et al. (2009).

[75] Ridde (2009, 939); Ugwuanyi and Chukwuemeka (2013). See also Grindle and Thomas (1991).

[76] Brinkerhoff (1996, 1395); Crosby (1996, 1414); Dror (1968, 12); Imurana et al. (2014, 199); Ndah (2010, 3); Simmons et al. (1974, 459)

[77] Crosby (1996, 1404)

[78] Brinkerhoff (1996, 1395)

[79] Afegbua and Adejuwon (2012); Agyepong and Adjei (2008); Ahwoi (2000; 2011); Amoako-Tuffour (2008); Antwi et al. (2008); Ayee (1994; 2008); Béland et al. (2018a; 2018b); Boafo-Arthur (1999); Cheema and Rondilleni (1983); Chhokar et al. (2015; 2014); Colclough and Anuradha (2010); Criel (1998); Foli (2019); Foli and Béland (2014); Grindle (1980); Gunu (2019); Imurana et al. (2014); Kpessa and Béland (2013); Kpessa et al. (2011); Mensah et al. (2009; 2010a; 2010b); Olowu and Sako (2002); Sayi Abdul Hamid (2016a; 2016b); Seddoh and Akor (2012); Smith (1973); Ugwuanyi and Chukwuemeka (2013); Walt and Gilson (1994)

[80] For example, Agyepong and Adjei (2008); Ansah (2014); Awortwi (2010; 2011); Béland et al. (2018a; 2018b); Berman (1995); Brenya and Asare (2011); Chhokar et al. (2015; 2014); Foli and Ohemeng (2022); Foli (2019; 2016; 2015); Foli et al. (2018); Foli and Béland (2014); Juma and Clark (1995); Kalu (2004); Kpessa and Béland (2013); Kpessa et al. (2011); Kusi-Ampofo et al. (2015); Mockshell and Birner (2015); Mohammed (2020); Ohemeng et al. (2012a); Ohajunwa (2022); Ridde (2009); Sayi Abdul Hamid (2016a; 2016b); Seddoh and Akor (2012); Sutton (1999); Walt and Gilson (1994); Wireko et al. (2020); Wireko and Béland (2017; 2013); Wireko (2015)

content and implementation and policy evaluation[81] has been very enormous compared to policy-making and

policy change.[82] Less emphasis has been placed on the context within which policy is developed, the actors

involved in policy change, and the processes contingent on developing change.[83] This literature either ignores

the African policy-making process entirely or tends to treat the process as implicitly different from that of the

advanced countries, assuming that external aid agencies and donors largely set the policy agenda for Africa.[84]

However, though over the years African public policies have been developed under the directives and directions,

sometimes at the coercion, of international donors and financial institutions such as the International Monetary

Fund (IMF) and the World Bank,[85] some policies have also been formulated solely by African political leaders

with the aim of achieving radical and rapid improvement in the conditions of life after many years of colonial

rule.[86] Accordingly, how developing countries, especially African countries, carry out policy change as well as

who is likely to favour or resist such policies has received little attention.[87] Besides, focusing much attention on

policy content eventually shifts attention from understanding the political process and actors[88] that help to

understand why path-departing policy change is made in certain policy areas and yet only incremental change

occurs in others.

The same can be said about Ghana. Relatively, policy making and policy change in Ghana is under

researched. Comparative understanding of policy making and policy change in Ghana has not been significantly

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[81] Abdul-Rahaman et al. (2018); Adarkwah (2022); Adu-Gyamfi (2017); Adisah-Atta (2017); Agomor (2019); Akazili et al. (2011); Akufo-Addo (2022); Akweongo et al. (2021); Alam and Koranteng (2011); Alhassan et al. (2022); Anaafo (2018); Asamoah et al. (2022); Biitir et al. (2017); Boateng (2017); Butakor et al. (2020); Debrah (2012); Dizon-Ross et al. (2017); Essuman (2018); Essuman and Akyeampong (2011); Hickey and Hossain (2019); Honyenuga and Wutoh (2019); Komabu-Pomeyie (2020); Kuyini et al. (2020); Kwarkye (2021); Lamptey et al. (2015); Mohammed and Kuyini (2021); Mohammed (2020); Nudzor (2012); Nyarkoh and Intsiful (2018); Ocloo and Subbey (2008); Odeyemi and Nixon (2013); Ogawa and Nishimura (2015); Okoroh et al. (2020); Opoku et al. (2022); Opoku et al. (2021); Osei (2009); Pedrazzoli et al. (2018); Różalska (2016); Salha and Albadawi (2021); Salifu (2020); Seidu (2020); Umeh (2018); Wang et al. (2017); Witter et al. (2007); Yang and Guo (2020); Zsiga et al. (2014)

[82] Ohemeng et al. (2012b, 2)

[83] Seddoh and Akor (2012, 1); Walt and Gilson (1994, 353)

[84] Ohemeng et al. (2012b, 1-2); see also Grindle and Thomas (1989; 1991); Gulhati (1990); Schatz (1996)

[85] Abrahamsen (2000); Dolowitz and Marsh (1996); Larbi (1999)

[86] Batley (2004, 51); Foli and Ohemeng (2022); Grindle (1980, 22); Onyango (2022)

[87] Walt and Gilson (1994, 353)

[88] Seddoh and Akor (2012); Walt and Gilson (1994)

explored. While many studies employ theoretical lenses in their analysis,[89] much of the research has focused on policy making and policy change in general[90] or on a single policy area.[91] This research, therefore, focuses on comparative policy making – agenda setting, policy formulation and policy adoption – and policy change in Ghana. Specifically, using the multiple streams framework and the new institutionalism as theoretical lenses and with a comparative approach, it endeavours to understand why and how policies change in Ghana. With specific focus on Ghana's local governance, education, and health policies, the study will examine how policy entrepreneurs and government commitment and political will drive policy change in Ghana. Thus, focusing on Ghana's health, education, and local governance policies provides an opportunity for a systematic comparative analysis that seeks to understand the factors that precipitate the elements of change in Ghana's policy making. This will help to fill the gap in the existing literature on policy making and policy change in Ghana and add detail to the policy making and policy change literature that focusses on specific policy areas such as health,[92] education,[93] and local governance,[94] among others[95] with little comparison. [96]

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[89] Agyepong and Adjei (2008); Allah-Mensah and Osei-Afful (2017); Awortwi (2010; 2011); Chhokar et al. (2015; 2014); Donkoh et al. (2020); Foli and Ohemeng (2022); Foli (2019; 2016; 2015); Foli et al. (2018); Fredua-Kwarteng (2016a; 2016b; 2015); Gunu (2019); Mockshell and Birner (2015); Mohammed (2020); Nudzor (2014); Seddoh and Akor (2012); Wireko et al. (2020); Wireko and Béland (2017; 2013); Wireko (2015)

[90] Béland et al. (2018a); Foli (2019); Kpessa and Béland (2013); Kpessa et al. (2011); Mockshell and Birner (2015); Mohammed (2015; 2013)

[91] Agyepong and Adjei (2008); Ansah (2014); Atuoye et al. (2016); Awortwi (2010; 2011); Béland et al. (2018b); Cashin (2016); Chhokar et al. (2015; 2014); Dalyot (2015); Donkoh et al. (2020); Foli and Ohemeng (2022); Foli (2019; 2016; 2015); Foli et al. (2018); Fredua-Kwarteng (2016a; 2016b; 2015); Gunu (2019); Kpessa and Béland (2011); Kusi-Ampofo et al. (2015); Mockshell and Birner (2015); Mohammed (2020); Nudzor (2014); Mfum-Mensah (2017); Mfum-Mensah and Nyariro (2017); Sayi Abdul Hamid (2016a: 2016b); Seddoh and Akor (2012); Wireko and Béland (2017)

[92] Addae (1997; 1996); Ampadu and Abdul-Hamid (2022); Arhinful (2003, 31); Atuoye et al. (2016); Bowdich (2014; 1819); Cashin (2016); Foli and Ohemeng (2022); Kisseih (1986, 205); Kusi-Ampofo et al. (2015); Opoku et al. (2015); Patterson (1981); Sayi Abdul Hamid (2016a); Twumasi (1981; 1975); Wireko et al. (2020); Wireko and Béland (2017; 2013); Wireko (2015)

[93] Ansah (2014); Brenya and Asare (2011); Dalyot (2015); Donkoh et al. (2020); Fredua-Kwarteng (2016a; 2016b; 2015); Gunu (2019); Kosack (2014; 2012; 2008); Kpessa-Whyte and Tsekpo (2021); Mfum-Mensah (2017); Mfum-Mensah and Nyariro (2017); Mohammed (2020); Nudzor (2014); Ohajunwa (2022); Okine (2021); Tchoula (2020)

[94] Adusei-Asante and Hancock (2012); Ahwoi (1993c); Awortwi (2010; 2011); Campfens (2019); Egbenya (2010); Ghana (1993; 1991a 1991b); Koranteng (2011); Koranteng and Larbi (2008); Oquaye (2000; 1995; 1991)

[95] Acheampong (2017); Aidoo (2019); Ayanoore and Hickey (2022); Béland et al. (2018a; 2018b); Béland et al. (2018b); Chhokar et al. (2015; 2014); Farazmand (2019); Foli et al. (2018); Foli (2019; 2016; 2015); Frimpong et al. (2019); Ghana (2013); Kpessa and Béland (2013; 2011); Kpessa et al. (2011); Mockshell and Birner (2015); Ohemeng and Akonnor (2022); Ohemeng and Ayee (2016)

[96] Allah-Mensah and Osei-Afful (2017); Mohammed (2020)

1.4. Research Question and Purpose/Objective of the Study

As indicated above, this research sets out to provide a deeper understanding of policy making and policy change in Ghana. It examines how different contextual factors interact to drive agenda setting, policy formulation, policy adoption, and eventually policy change in Ghana at specific moments in time. The research question is: what factors shape public policy making and different magnitudes of change in different policy areas in post-independence Ghana? In this regard, the purpose of the study aims at understanding the key role played by policy entrepreneurs and political will and government commitment in policy making and policy change in Ghana. The research problem then translates into providing an in-depth and nuanced understanding of the factors that have led Ghana to carry out major change in its health and local governance policies at specific times but incremental change in its education policy.

Relatedly, the study aims to gain a greater understanding and thereby gain a theoretical insight into the policy making process and policy change in Ghana. Ghana is a paradigmatic country in Africa. Its post-independence political and socio-economic trajectory exemplify the development challenges of many African countries.[97] More importantly, in country after country, the debate over its policy responses to these challenges is replicated.[98] Accordingly, while focused on Ghana, the study hopes to provide useful lessons for other African countries.

This research objective is designed not to evaluate the effectiveness of Ghana's health, local governance, and education policies, but to develop a deeper understanding of the factors that impact policy making and policy change in different sectors in Ghana. Theoretically, the study further aims to achieve twofold goals: innovation and extension. It attempts a synthesis of the multiple streams framework and the new institutionalism and an extension of the multiple streams framework to Ghana's policy making.

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[97] Lofchie (2012, xiii)
[98] Lofchie (2012, xiii)

1.5 Main Arguments of the Study

The study mainly argues that political will and commitment of the government and the crucial role played by key policy entrepreneurs are the main factors that shaped the significant path-departing change Ghana has seen in its local governance and health policies and the incremental change in its education policy. Politics, institutions (type of regime or government, legislative control, executive dominance, and political instability), ideas, economic conditions, and international actors served as the context for change, these factors interacted differently to shape the policy-making process and the agenda for change. Policy entrepreneurs generated policy ideas and set the agenda for change. They persistently attached problems to their solutions (policy ideas) and found politicians receptive to their ideas. Receptive politicians were those who showed a strong political will and commitment toward the policy idea in question and the proposed change. The interplay of politics, institutions, ideational factors, economic conditions, and international actors created an environment conducive for change by propelling a window of opportunity to open. The policy entrepreneurs took advantage of the open window to initiate an action by pushing their pet solutions or pushing attention to their special problems that resulted in a major policy change.

1.6 Conceptualising and Operationalising Political Will

Since political will is a very complex phenomenon[99] that is under-defined and under-analysed in research[100] it is important to define and disaggregate it into meaningful and measurable components.[101] The study relies on the seminal work of Hammergren and other scholars such as Anderson et al., Brinkerhoff and Kulibaba, Brinkerhoff, Post et al, Rose and Greeley, and United Nations Development Programme (UNDP), among others to define and conceptualise political will. Political will refers to the demonstrated credible intent of political actors to resolve

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[99] Brinkerhoff (2010, 1; 2000, 241); Brinkerhoff and Kulibaba (1999, 3); Hammergren (1998); Post et al. (2010, 653)
[100] Brinkerhoff (2010; 2000); Evans (2000); Hammergren (1998); Malena (2009a); Woocher (2001)
[101] Brinkerhoff (2010); Woocher (2001)

an existing policy problem.[102] It is the commitment[103] of the government "to undertake actions to achieve a set of objectives"[104] and to "sustain the costs of those actions over time."[105] For the purpose of this study, the objective will be the adoption of a new policy or a change in an existing policy to resolve a perceived policy problem. Thus, political will is the sustained committed support of the government for a particular policy solution to a particular policy problem.[106] There must be an electoral or political incentive for the government to continually provide the committed support.[107] Political will therefore exists when government decision makers have a common understanding of a particular policy problem on the formal agenda[108] and are "committed to supporting a commonly perceived, potentially effective policy solution."[109] This sustained commitment is demonstrated by either elected or appointed political leaders[110] who explicitly indicate their intention to undertake an action to resolve the existing policy problem. Moreover, there should be commonality and convergence in speeches and statements of key government decision makers regarding the perceived policy problem and the proposed solution.[111] That is, they use similar frame and terminology[112] in describing the identified policy problem and perceived solution.

Political will can only be measured indirectly[113] because it reflects a multifaceted set of underlying factors.[114] Relying on the works of Brinkerhoff and Kulibaba, Brinkerhoff, Kpundeh and Hors, and Malena, the characteristics of political will are therefore specified in terms of a set of three indicators namely initiation or active support of the agenda for change, mobilisation of support, and continuity of effort and allocation of

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[102] Anderson et al. (2005, 5); Malena (2009b, 18); Kpundeh and Dininio (2006 41); Kpundeh (1998, 92); Kpundeh and Hors (1988); Stapenhurst et al. (2006); UNDP (2008, 230)
[103] Anderson et al. (2005); Brinkerhoff and Kulibaba (1999, 3); Post et al. (2010, 653); Rose and Greeley (2006, 5)
[104] Brinkerhoff (2010, 1)
[105] Brinkerhoff (2000, 242)
[106] Post et al. (2010, 659)
[107] Post et al. (2010, 660)
[108] Raile et al. (2021, 239)
[109] Post et al. (2010, 659)
[110] Brinkerhoff (2000, 242); Brinkerhoff and Kulibaba (1999, 3); Rose and Greeley (2006, 5)
[111] Post et al. (2010, 660)
[112] Post et al. (2010, 660)
[113] Brinkerhoff (2000, 241); Evans (2000); Brinkerhoff and Kulibaba (1999); Hammergren (1998); Malena (2009, 18); Woocher (2001)
[114] Brinkerhoff (2000, 241); Evans (2000); Hammergren (1998); Malena (2009, 18); Woocher (2001, 183)

resources. With the first indicator, the government needs to either initiate an action or actively support an agenda for policy change. This starts with the government publicly declaring its intention[115] of resolving a policy problem and taking concrete steps to put that intent into action. That is, it reveals publicly its policy preferences. This could take the form of setting up committee or commissions of inquiry, pilot projects, setting up technical committees to develop a proposed plan or drafting a bill and presenting it before parliament. That is, though an important first step, political will transcends the instances of the government publicly promising or claiming to resolve a policy problem. Such public "pronouncements alone are insufficient signals of the presence of political will absent a connection to some form of concrete action."[116] The government must demonstrate this intent beyond the lip service by putting in place practical steps to materialise the public declaration, speeches or promise made. Thus, while "political will may be expressed in spoken or written words (speeches, manifestos, legal documents, and so on), it is only manifested through action."[117] This is because the government can easily declare political will, without reflecting a credible intention of doing anything[118] to address the policy problem.

A second indicator of political will is mobilisation of support. With this, the government must be willing and able to identify and mobilise support[119] for the proposed policy change. That is, the government has developed a participative strategy that incorporates the interests of the various stakeholders[120] it perceives as important in effecting the proposed change. Hence, it marshals adequate and ongoing support to overcome resistance from those stakeholders whose interests are most threatened by the proposed policy change. The government must take the actions necessary to strengthen the position of supporters of the proposed change.

Continuity of effort and allocation of resources, the third indicator of political will, has to do with the government allocating ongoing effort and resources in support of the proposed policy change. This entails the government devoting the necessary energy and sustained effort to ensure that the proposed policy change is

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[115] Brinkerhoff (2010; 2000); Malena (2009a; 2009b)
[116] Brinkerhoff (2010, 1)
[117] Brinkerhoff (2010, 1)
[118] Kpundeh and Hors (1998)
[119] Brinkerhoff (2010; 2000); Brinkerhoff and Kulibaba (1999); Malena (2009a; 2009b)
[120] Brinkerhoff (2010; 2000); Brinkerhoff and Kulibaba (1999); Malena (2009a; 2009b)

ultimately carried out. Thus, the commitment of the government[121] towards the proposed change should not

be a one-shot endeavour or symbolic gesture.[122] Rather, it has to continually assign the appropriate human and

financial resources[123] to the proposed policy change announced to achieve the desired outcome.

1.7 Literature Review

1.7.1 Overview of Policy Stability and Policy Change

Public policies,[124] just like institutions,[125] are resistant to change. Public policies serve as a constraining

factor that shape political outcome because they "place extensive, legally binding constraints on behaviour."[126]

Public policies also tend to develop a relatively inherent stability over time that they become very difficult,

though not impossible, to change. The incentives and resources of political actors are fundamentally shaped by

extensive policy arrangements.[127] Public policies allocate political authority to particular actors.[128] This is

because if a policy is well grounded in law and backed by the coercive power of the state, it signals "to actors

what has to be done and what cannot be done."[129] Policies put in place "many of the rewards and penalties

associated with particular activities."[130] Thus, actors with vested interest in the status-quo use their political

authority to uphold "the rules of the game designed to enhance their power."[131]

Moreover, policies are mostly designed to be difficult to change so that "past decisions encourage policy

continuity."[132] The costs of changing norms, behaviours, and relationships tends to be very high leading to "a

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[121] Brinkerhoff (2010; 2000); Brinkerhoff and Kulibaba (1999); Hammergren (1998); Kpundeh (1998); Malena (2009a; 2009b); Post et al. (2010); Rose and Greeley (2006)

[122] Brinkerhoff (2010; 2000); Brinkerhoff and Kulibaba (1999)

[123] Brinkerhoff (2010; 2000); Brinkerhoff and Kulibaba (1999); Hammergren (1998); Kpundeh (1998); Malena (2009a; 2009b); Post et al. (2010)

[124] Howlett et al. (2009)

[125] Pierson (2000)

[126] Pierson (2000, 259)

[127] Pierson (2000, 259)

[128] Pierson (2000, 259)

[129] Pierson (2000, 259)

[130] Pierson (2000, 259)

[131] Pierson (2000, 259)

[132] Cerna (2013, 4); Pierson (2000, 262)

relatively stable set of arrangements."[133] Similarly, the cost of social actors exiting from established

arrangements generally rises dramatically because they make commitments based on existing institutions and

policies.[134] This empowers "the beneficiaries of established arrangements, creating obstacles for challengers,

and limiting the options for innovations."[135] Moreover, if policies do eventually change, they mostly do so

incrementally rather than paradigmatically. Consequently, significant change is mostly located "in convulsive

historic ruptures or openings."[136] Accordingly, public policies are remarkably durable: they persist "from one

administration or one decade to another."[137]

Notwithstanding the several studies on the policy making process, contemporary public policy making

is faced with the problem of a continually widening gap between what is known about policy making and how

policy is actually made.[138] Regarding policy change[139] – the incremental shifts in existing structures, or new and

innovative policies,[140] – very little is known about when, how, and why change occurs.[141] Many of the early

extant work on policy change mostly tend to either emphasise policy stability instead of change itself[142] or simply

describes policy change rather than examines it.[143] Others emphasised only incrementalism.[144] Interestingly,

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[133] Levi (2009, 120)
[134] Pierson (2000, 259)
[135] Weyland (2008, 282)
[136] Streeck and Thelen (2005a, 18)
[137] Pierson (2000, 259); Rose (1990, 263)
[138] Dror (1983, 3). See also Dror (1968).
[139] Although the literature frequently uses the terms policy change and policy reform interchangeably, there is a subtle difference that makes these terms distinct. Policy change refers to either relatively minor modifications to already existing policies and programs or the fundamental transformation of policy policies (Howlett et al. 2009, 202). It results in incremental shifts in existing structure, or new and innovative policies (Bennett and Howlett 1992, 275). Policy reform on the other hand "usually refers to a major policy change" (Cerna 2013, 4). It implies sustained, purposeful, and fundamental changes (Berman 1995, 13). As Berman (1995, 13) aptly explains, "while it is difficult to define precisely what constitutes a true reform, there is widespread consensus that reform is a process of change involving the what, who, and how" of policy sector action. However, a reform, regardless of how ambitious it may be, does not always lead to change, even if it takes the form of an intentional intervention through policy (Cerna 2013, 4; Fullan 2000). Thus, for simplicity, this study follows the trend in the literature and uses policy change and policy reform interchangeably. Whereas policy reform constitutes a complex package of significant changes, incremental changes in policy are fewer and simpler alterations (Reich 1995, 56).
[140] Bennett and Howlett (1992, 275)
[141] Cerna (2013, 3)
[142] Beland and Hacker (2004); Beland (2010); Brown (2010); Campbell (2004); Feder-Buis and Chinitz (2010); Hassenteufel, Smyrl, Genieys and Moreno-Fuentes (2010); Lindblom (1959); North (1990); Pierson (2000); Sitek (2010); Strake (2010)
[143] Beland (2010, 621-2)
[144] Baumgartner and Jones (1991, 1044); Howlett et al. (2009, 146-9)

however, rapid change in public policies often occurs.[145] Historically many public "policies go through long periods of stability and short periods of dramatic reversals".[146] That is, policy changes do occur "as an irregular, non-linear, or stepped function in which relatively long periods of policy stability are interspersed with infrequent periods of substantial change."[147]

Consequently, some scholars have recently began to draw attention to the possibility of path departing policy change.[148] These scholars highlight wide but not infinite kinds of change "that can meaningfully be distinguished and analytically compared."[149] While some are subtle and gradual, others are dramatic, abrupt and wholesale.[150] The assumption underlying this current literature is that while policies and institutions evolve over time, they can nevertheless result in path-breaking changes[151] that can be very "consequential for patterning human behaviour and for shaping substantive political outcomes."[152]

However, of what has been written on policy making and policy change, much has focused on advanced countries[153] while little has relatively been completed on developing countries, especially those in Africa.[154] Thus, policy making and policy change in Africa has not been sufficiently explored.[155] This has resulted in inadequate clearly specified models and theories of policy change in developing countries.[156] Thus, studies on developing countries rely primarily on Western theoretical models and concepts that are based primarily on the experiences of the developed countries.[157] However, though policy making within different environments tends to share some basic patterns, various features of policy making are specific to institutional settings, social

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[145] Baumgartner and Jones (1991, 1044); Cerna (2013, 6-7); Sabatier (1988, 134)
[146] Baumgartner and Jones (1991, 1044)
[147] Howlett et al. (2009, 207)
[148] Hall (1992; 1993); Héritier (2007); Jones and Baumgartner (2005); Kostakopoulou (2005); Sabatier (1988); Streeck and Thelen (2005b); Weishaupt (2011); Weyland (2008)
[149] Streeck and Thelen (2005a, 1)
[150] Jones and Baumgartner (2005); Hall (1992; 1993); Héritier (2007); Sabatier (1988); Streeck and Thelen (2005b); Weishaupt (2011); Weyland (2008)
[151] Weishaupt (2011, 24)
[152] Weishaupt (2011, 24)
[153] Jones and Baumgartner (2005); Hall (1992; 1993); Héritier (2007); Kostakopoulou (2005); Mahoney and Thelen (2010a; 2010b); Sabatier (1988); Streeck and Thelen (2005b); Weishaupt (2011); Weyland (2008)
[154] Grindle and Thomas (1989; 1991); Juma and Clark (1995); Ohemeng et. al (2012); Sutton (1999)
[155] Ohemeng et al. (2012b); Seddoh and Akor (2012); Walt and Gilson (1994)
[156] Ohemeng et. al (2012, 2); Steinberg (2003, 11)
[157] Ohemeng et. al (2012)

contexts, types of regimes, and given issues and context.[158] This is because the factors that constrain policy making and policy change varies across countries and regions.[159] This study therefore provides a deeper understanding of how policy entrepreneurs and government political will and commitment drive policy change in Africa by focusing on Ghana.

1.7.2 Overview of Policy Stability and Policy Change in Ghana

History matters[160] in policy making and policy change:[161] "social patterns and state institutions Ghana inherited from the past" shape policy change.[162] Yet, not every aspect of Ghana's past legacy matters, for Ghana's policy making exhibits some historical discontinuities as well.[163] Several sharp breaks have punctuated Ghana's history[164] that have had significant effects on its policy making and policy change.[165] Though Ghana's historical legacies of deep-seated social and institutional patterns of inequality, legislative control, and executive dominance that exert relatively constant influences on the way society and politics work are still relevant today, these patterns have manifested themselves in very different ways in different historical periods, and they have been modified in the process, producing a more complex and in some respects more hopeful context for contemporary change than what at first appears to be the case.[166] Further, the policy environment in Ghana improved after 1992 due to the introduction of increasingly fair and competitive democratic elections during the fourth republic[167] and the subsequent consolidation of its democracy.[168] The policy making process of Ghana for a long time since independence followed a bureaucratic model, which limits policy making to a few policy

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[158] Dror (1983)

[159] Adolino and Blake (2011, 21)

[160] History "matters not just because we can learn from the past, but because the present and the future are connected to the past by the continuity of a society's institutions" (North 1990). The past shapes today's and tomorrow's choices (North 1990). The past does not determine policy decisions, it influences the government's policy choices (Levi 2009, 119).

[161] Booth et al. (2005, 2); North (1990, vii); Pierson (2000, 252)

[162] Booth et al. (2005, 2)

[163] Foli (2015)

[164] Booth et al. (2005, 3)

[165] Foli (2015)

[166] Booth et al. (2005, 2)

[167] Booth et al. (2005, 1); Carroll and Ohemeng (2012, 349-50; 354); Foli (2015)

[168] Carroll and Ohemeng (2012, 349-54); Foli (2015)

actors: politicians, elites, and bureaucrats dominated the policy making process and, thus, excluded the

participation of other actors.[169] However, this changed under the fourth republic. The relative influence of non-

state actors has grown significantly.[170] For instance, the ability of organised interests[171] to influence policy

change in Ghana increased after the transition to democracy in the 1990s compared to when they were under

authoritarian rule.[172] These trajectories constrain policy making and policy change in Ghana.

Accordingly, there have been significant variations across policy areas in Ghana[173] such as local

governance,[174] health,[175] and education,[176] among others.[177]   As examined above, while Ghana has made

remarkable change in its local governance and health policies, it has seen incremental change in its education

policy. However, little has been done to understand why Ghana under the PNDC made a path-departing change

in its local governance policy in 1988 by introducing a decentralisation program after several failed or abortive

attempts by the previous governments.[178] Similarly, the paradigmatic change that occurred in Ghana's health

policy in 2003 when the NPP government adopted a national health insurance scheme to replace the existing

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[169] Carroll and Ohemeng (2012, 349-54); Ohemeng and Ayee (2012); Tsikata (2001, 62, 69). See also Rimmer (1992).

[170] Booth et al. (2005); Carroll and Ohemeng (2012)

[171] For instance, student groups such as National Union of Ghana Students (NUGS); professional associations such as the Ghana Bar Association (GBA) and Ghana National Association of Teachers (GNAT); and labour unions most notably Trades Union Congress (TUC) have been very vocal in articulating their interests (Interview with ABIBA of Institute of Local Government Studies, Nov 21, 2017, ACCRA; Interview with ARKUSIKA of Ministry of Local Government and Rural Development, Oct 23, 2017, ACCRA; Interview with BOLE-BAMBOI of Ministry of Local Government and Rural Development, Oct 25, 2017, ACCRA; Interview with FAYIZA of Institute of Local Government Studies, Nov 22, 2017, ACCRA; Interview with JASIKAN of Trade Union Congress, Dec 20, 2017, ACCRA; Interview with KAWOKUDI of Peace FM, Sept 3, 2019, Abeka; Interview with MUTARI of Peace FM, Aug 27, 2019, Abeka; Interview with OMAN of Statesman, Dec 20, 2017, ACCRA; Interview with SANDEMA of Insight, August 28, 2019, ACCRA)

[172] Mohammed (2013; 2015, 48); Trades Union Congress (2012). See also Buse et al. (2008), Ohemeng (2005), Amoako-Tuffour (2008), Boafo-Arthur (1999), Mohammed (2013), Frempong (2007), Gyimah-Boadi (2010a; 2010b), Institute for Democratic Governance (IDEG) (2007), Vordzorgbe and Caiquo (2001).

[173] Ohemeng et. al (2012)

[174] Adusei-Asante and Hancock (2012); Ahwoi (1993c); Awortwi (2010; 2011); Campfens (2019); Egbenya (2010); Ghana (1993; 1991a; 1991b); Koranteng (2011); Koranteng and Larbi (2008); Oquaye (2000; 1995; 1991)

[175] Addae (1997; 1996); Agyei (2019); Ampadu and Abdul-Hamid (2022); Arhinful (2003, 31); Atuoye et al. (2016); Bowdich (2014; 1819); Kisseih (1986, 205); Kusi-Ampofo et al. (2015); Patterson (1981); Sayi Abdul Hamid (2016a); Twumasi (1981; 1975); Wireko et al. (2020); Wireko and Béland (2017)

[176] Allah-Mensah and Osei-Afful (2017); Ansah (2014); Brenya and Asare (2011); Dalyot (2015); Donkoh et al. (2020); Fredua-Kwarteng (2016a; 2016b; 2015); Gunu (2019); Mohammed (2020); Nudzor (2014)

[177] Allah-Mensah and Osei-Afful (2017); Béland et al. (2018a; 2018b); Béland et al. (2018b); Chhokar et al. (2015; 2014); Ghana (2013); Farazmand (2019); Foli and Ohemeng (2022); Foli et al. (2018); Foli (2019; 2016; 2015); Frimpong et al. (2019); Kpessa and Béland (2013; 2011); Kpessa et al. (2011); Mockshell and Birner (2015); Mohammed (2020); Ohemeng and Akonnor (2022); Ohemeng and Ayee (2016);

[178] Ahwoi (1991e, 21); Ghana (1991, v)

user fees system is under researched. Ghana under the Kwame Nkrumah-led government in 1952 introduced the policy of "education for all"[179] which was substantiated by passing the *1961 Act (Act 87).* However, Ghana's education for all policy remained largely unchanged after the overthrow of Nkrumah until 2017 when the NPP government led by Nana Akufo-Addo extended free education beyond the basic school by scaling nationally the free senior high school policy. Yet, little has been done to better understand the factors that have led Ghana to make only incremental changes in its education policy unlike its local governance and health policies. Most of the research done on these policy areas have focused extensively on domestic actors,[180] transnational actors,[181] political factors,[182] cultural and ideational factors,[183] and institutional and economic factors.[184] However, it will be relevant to explore other potential factors, such as policy entrepreneurs and government political will, which are often lacking in the existing literature about Ghana.

Though economic conditions,[185] institutions, ideas, politics, and international financial institutions and donors have provided the context,[186] political will and policy entrepreneurs have been the most crucial factors and major triggers of policy change in Ghana's health, education, and local governance. For instance, lack of political will has often been cited as the key factor that mostly explains Ghana's development policies and pro-poor reform failures.[187] Politicians favour quick fixes to pay off political debts, and shy away from addressing long-term problems.[188] Consequently, most policy efforts tend to result in only incremental change or minor

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[179] Little (2010, 1)

[180] Gunu (2019); Koranteng and Larbi (2008); Okine (2021); Tchoula (2020); Wireko (2015)

[181] Asher (2018); Dalyot (2015); Wireko et al. (2020); Wireko and Béland (2017; 2013)

[182] Anyidoho and Anyidoho (2009); Atuoye et al. (2016); Aziabah (2018); Donkoh et al. (2020); Hickey and Hossain (2019); Koranteng and Larbi (2008); Kosack (2014; 2012; 2008); Kusi-Ampofo et al. (2015); Sayi Abdul Hamid (2016a)

[183] Agyei (2019); Allah-Mensah and Osei-Afful (2017); Arhinful (2003); Foli and Ohemeng (2022); Kpessa-Whyte and Tsekpo (2021); Murray and Allotey (2022); Ohajunwa (2022); Wireko et al. (2020); Wireko and Béland (2017; 2013); Wireko (2015)

[184] Adick (2020); Ampadu and Abdul-Hamid (2022); Ansah (2014); Awortwi (2010; 2011); Ayee (2004); Ball et al. (2017); Bowdich (2014; 1819); Brenya and Asare (2011); Cashin (2016); Foli and Ohemeng (2022); Fredua-Kwarteng (2016a; 2016b; 2015); Kisseih (1986); Mfum-Mensah (2017); Mfum-Mensah and Nyariro (2017); Mohammed (2020); Nudzor (2014); Olowu (2003); Opoku et al. (2015)

[185]For a general discussion of the economic history of Ghana, see Agyeman-Duah and Kelly (2008); Aidoo (2019); Busumtwi-Sam (1996); Darku (2012); Hansen and Ninsin (1989); Leite et al. (2000); and Tsikata (2001).

[186] Carroll and Ohemeng (2012, 349); Tsikata (2001, 47)

[187] Booth et al. (2005, 1)

[188] Booth et al. (2005, 1)

modifications to existing policies. As has been argued above, major policy changes that Ghana has seen have mostly been driven by a strong government political will and commitment, and key policy entrepreneurs.

1.7.3 The Policy Making Environment and the Drivers of Policy Change in Africa

Policy-making and policy change in Africa are shaped by the African policy environment[189] consisting of socio-economic, political and ideational factors, institutions, actors, and international donors and financial institutions that impose on African states the Economic Recovery Programs (ERPs) and the Structural Adjustment Programs (SAPs).[190] These factors adversely affect Africa's policy-making capacity and autonomy by undermining and complicating both the political and technical prerequisites for effective policy-making.[191] Though policy making within different environments tends to share some basic patterns, various features of policy making are specific to institutional settings, social contexts, types of regimes, and given issues and context as noted above.[192] Therefore, no single factor can fully provide a deeper understanding of the complexity of policy making and policy change in Africa. Thus, to offer an in-depth understanding, there is the need to consider the different political, institutional, ideational, and actor-centred factors that shape Africa's policy making and policy change. The remaining part of this section expatiates on these factors.

Political Factors

To begin with, political factors[193] (partisan politics and political will) greatly shape policy making and policy change in Africa[194] especially when significant changes are involved.[195] Public policy making and policy change

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[189] Ndah (2010, 3)
[190] Abrahamsen (2000; 2004)
[191] Ndah (2010, 6-9)
[192] Dror (1983)
[193] See Meier (1991a; 1991b); Haggard (1991); Ranis (1991); Findlay (1991); Bates et al. (1991); Bery (1990); Imurana et al. (2014); Seddoh and Akor (2012); Agyepong and Adjei (2008); Walt and Gilson (1994) for detailed analysis of the politics of policy making and policy change in Africa.
[194] Barker (1996); Batley (2004); Buse et al. (2008); Buse et al. (2009; 2007); Gilson et al. (2003); Grindle and Thomas (1991); Imurana et al. (2014); Meessen et al. (2011); Møgedal et al. (1995); Robinson (1993); Walt and Gilson (1994)
[195] Cerna (2013, 14); Reich (1995, 48)

in Africa are mostly the outcome of a political process[196] because it is based on political calculations,[197] that is, the amount of political capital the change is expected to generate for the ruling government.[198] Thus, policy making in many African countries are rarely evidence based and rational problem-solving[199] is significantly ignored.[200] Mostly, undesirable inputs – politically incongruent ideas and perspectives – from technical experts are sieved out by the use of the power of the politically powerful[201] as was the case of Ghana's 2003 NHIS.[202] Policy outputs are therefore determined by the stronger position of political actors to control and direct the policy-making process.[203]

Government Politicians

Mostly, policies serve to ensure the political survival of politicians and the perpetuation of party interests.[204] Government officials seek to protect their interests, as power-holders, in order to maintain power.[205] To gain political capital,[206] policies are also adopted in fulfilment of campaign promises.[207] Therefore, political actors in government control policy debates by defining the main policy issue for discussion and setting the context for political discourse.[208] They also use their institutionally-vested power of appointment to fill key political positions of authority with individuals who support their views and the proposed change.[209]

Since policy change is profoundly a political process and aims at changing "who gets valued goods in society,"[210] it requires a strong political will, commitment, and leadership.[211] Because policy change is inherently

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[196] Ndah (2010, 3)
[197] Reich (1995)
[198] Adolina and Blake (2001); Brooks and Miljan (2003); Haggard and Webb (1993); Miljan (2012; 2018)
[199] Ellis et al. (2015); Lewis (2007)
[200] Batley (2004, 31); Gilson et al. (2003, 35); Buse et al. (2008, 12-14). See generally Møgedal et al. (1995)
[201] Agyepong and Adjei (2008); Buse et al. (2008); Buse et al. (2009); Mohammed (2015)
[202] Agyepong and Adjei (2008); Rajkotia (2007)
[203] Agyepong and Adjei (2008, 158); Mohammed (2015, 48)
[204] Imurana et al. (2014; Meessen et al. (2011)
[205] Reich (1995, 58)
[206] Imurana et al. (2014)
[207] Meessen et al. (2011); Save the Children (2005); Yates (2009)
[208] Grindle (2004); Seddoh and Akor (2012)
[209] Grindle (2000; 2004)
[210] Reich (1995, 47)
[211] Cerna (2013); Mehta (2013); Reich (1995); World Bank (1993).

political,[212] it would be carried out – even if it is demonstrated that it is technically inefficient – if it is perceived as capable of generating political support for the ruling government. However, a government would either choose not to pursue a change if it is perceived to be unpopular – because it could potentially cause difficulties for the electorates – and likely to result in excruciating the government's existing support base and hence affect its electoral prospects[213] or pursue it when the next election is not close.[214] The removal of user fees on healthcare in Uganda, South Africa, and Ghana,[215] Ghana's education policy[216] and the institution of prepayment scheme in Zambia[217] in the 1990s are typical examples.

Policy Actors

Policy actors also affect policy making and policy change significantly in Africa.[218] Generally, the inherent struggle among individual and group actors who have stakes in the relevant policy under consideration[219] determines the extent to which a proposed policy change could be carried out.[220] Developed constituencies or beneficiaries – that is, actors with vested interests tied to the existing policy[221] strive to preserve the status quo[222] and obstruct path-departing policy change.[223]

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[212] Reich (1995, 48); Seddoh and Akor (2012, 2); Walt and Gilson (1994, 354)

[213] Walt and Gilson (1994, 354)

[214] Howlett et. al (2009, 95)

[215] Agyepong and Adjei (2008); Meessen et al. (2011); Save the Children (2005); Seddoh and Akor (2012); Yates (2009)

[216] Little (2010)

[217] Gilson et al (2003)

[218] African Union (2010); Agyepong and Adjei (2008); Crosby (1996); Findlay (1991); Grindle and Thomas (1991); Haggard (1991); Meessen et al. (2011); Meier (1991a; 1991b); Ranis (1991); Save the Children (2005); Seddoh and Akor (2012); Smith and Larimer (2009); Thomas and Gilson (2004; Yates 2009)

[219] Bleich (2002); Dye (2011); Grindle (1991); Immergut (1998; 1992); Maioni (1998); Meier (1991a; 1991b); Wilsford (1994)

[220] Meessen et al. (2011); Mohammed (2015)

[221] Buse et al. (2008, 2; 2009, 5); Crosby (1996, 1406); Grindle (1991, 45-8). See also Findlay (1991); Haggard (1991); Meier (1991a; 1991b); Ranis (1991); Robinson (1993).

[222] Buse et al. (2008; 2009); Grindle (1991); Grindle and Thomas (1991); Immergut (1992); Seddoh and Akor (2012). See generally Bleich (2002), Agyepong and Adjei (2008), Walt and Gilson (1994), Wilsford (1994), Mawere (2010; 1937), Buse et al. (2008), Buse et al. (2009), Buse et al. (2007), Cunningham et al (2008), and Russell et al. (1999).

[223] Grindle (1991); Seddoh and Akor (2012); Wilsford (1994). See also Immergut (1992), Maionni (1998), Marchildon and Schrijvers (2011) and Walt and Gilson (1994).

Policy Entrepreneurs

Policy entrepreneurs constitute one group of actors that play a unique role in policy change in Africa as it will be seen in the case of Ghana. Significant policy change occurs through the actions and strategies of policy entrepreneurs.[224] The role of policy entrepreneurs in the policy process goes beyond mere advocacy.[225] Policy entrepreneurs are the core agents or proponents of a policy change resulting from their choices, commitment, and strategic leadership. Policy entrepreneurs, who could either be individuals or corporate actors[226] are "advocates who are willing to invest their resources – time, energy, reputation, and money – to promote a position in return for anticipated future gain in the form of material, purposive, or solitary benefits."[227] They are goal-intending manipulators and power brokers who use information strategically to manipulate policy makers who have no clear preferences[228] for addressing a policy problem. Therefore, policy entrepreneurs must have their policy initiative ready when windows of opportunity open.[229] Consequently, the strategies of policy entrepreneurs, in terms of policy advocacy and brokerage, is greatly significant for policy change.[230] Accordingly, efforts of policy entrepreneurs to take advantage of sporadic policy windows helps to understand much of the movement in the policy process[231] and the occurrence of path-departing policy change.[232]

External Actors

Policy making and policy change in Africa is also shaped greatly by external actors,[233] mostly donors and international financial institutions such as the World Bank and the IMF.[234] They mainly influence domestic policies through their so-called 'expert advice'[235] in the form of provision of technical assistance and foreign aid

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[224] Kingdon (2003)
[225] Zahariadis (2007, 70-4)
[226] Zahariadis (2007, 74)
[227] Kingdon (2003, 179)
[228] Zahariadis (2007, 70-4)
[229] Kingdon (2003)
[230] Grindle (2000, 2004); Kingdon (2003)
[231] Rowlands (2007, 186)
[232] Grindle (2000, 2004)
[233] Brinkerhoff (1996); Grindle and Thomas (1991); Kalu (2004); Little (2010); Ndah (2010); Ridde (2009)
[234] Crosby (1996); Gordon (1996); Kalu (2015); Nelson (1996); Ridde (2009)
[235] Abrahamsen (2004; 2000)

coordination.[236] However, their role mostly extends beyond just advisory services[237] to the provision of financial assistance or sponsorship and policy prescriptions.[238] These policy prescriptions, driven by a political agenda,[239] are impositions under the guise of technical assistance and expert advice.[240] The impetus for policy change is sometimes even driven by these donor agencies as part of the whole framework of policy reforms embedded in the conditionality for financial assistance granted to recipient countries.[241] In attempt to improve policy-making in the continent,[242] they advocate priorities, exert pressures, and command resources.[243] This gives them greater leverage over policy making[244] that undermines the policy autonomy and policy capacity of African states to act.[245] Thus, African policies mostly reflect the vision of development of Western donors contained in aid conditionality.[246]

Institutions and Ideas

Institutions[247] also affect policy making and policy change in Africa considerably. Formal and informal institutions, diffusion of ideas, and policy legacies exert great impacts on policy stability (policy continuity) and policy change.[248] Institutions provide the context for policy making and policy change in Africa[249] because they

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[236] Batley (2004, 38-9); Meessen et al. (2011, ii25). See also Béland and Orenstein (2009) and Collins et al. (1999).

[237] Abrahamsen (2004; 2000); Batley (2004)

[238] Batley (2004); Crawford (2003)

[239] Abrahamsen (2000, 1); Batley (2004, 51)

[240] Abrahamsen (2004; 2000); Crawford (2003)

[241] Abrahamsen (2004; 2000); Crosby (1996); Gordon 1(996); Nelson (1996); Møgedal et al. (1995)

[242] Ndah (2010, 3)

[243] Brinkerhoff (1996, 1399)

[244] Batley (2004, 51)

[245] Abrahamsen (2007; 2004; 2003; 2000; 1997); Fowler (2000); Kalu (2004); Ndah (2010)

[246] Abrahamsen (2004, 1453)

[247] Institution is defined as "the rules of the game in a society" or, more formally, "the humanly devised constraints that shape human interaction" (North 1990, 3).

[248] Hall and Taylor (1996); Immergut (1992; 1998); Lane (1997); Lecours (2009; 2005b); North (1990); Peters (1999); Pierre et al. (2008); Pierson (1996; 2000); Steinmo (2008); Steinmo et al. (1992)

[249] Afegbua and Adejuwon (2012); Gibson (1999); Kalu (2015); Mohammed (2015)

tend to regulate the activities of political actors, including the very strategies they tend to employ in pursuing their interests.[250] Thus, policy change is dependent on the state's structural configuration.[251]

Africa's policy making and policy change is also affected by ideas.[252] Ideas are fundamental for policy-making and policy change in Africa[253] because ideas frame public policies[254] and set the agenda for policy change.[255] Ideas are the causal beliefs held by individuals that influence their attitudes and actions.[256] They are the "claims about descriptions of the world, causal relationships, or the normative legitimacy of certain actions."[257] They offer the policy blueprint that provides political actors with a model of reforms.[258] In general, ideas participate in the construction of reality through which actors make sense of their world.[259] Thus, ideas do not simply reflect policy relations, rather they actually affect them.[260] Public policy involves value choices articulated as priorities, needs or wants, and culminates in the choice of activities calculated to satisfy them.[261] These value choices, both implicit and explicit, order the priorities of governments.[262] Therefore, ideas shape problem definition, issue framing, agenda setting, policy formulation, and political legitimisation, and subsequently policy change.[263] Consequently, in Africa when new ideas form and change, they successfully find their way to government's policy agenda by becoming part of the existing political and policy discourse. This is

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[250] Gibson (1999, 9-10); Immergut (1992, 57); North (1990, 3); Thelen and steinmo (1992, 2). For detailed analysis see Clark C. Gibson. 1999. *Politicians and Poachers: The Political Economy of Wildlife Policy in Africa.* New York: Cambridge University Press. PP 9-10; Helen V. Milner. 1997. *Interests, Institutions, and Information: Domestic Politics and International Relations.* New Jersey: Princeton University Press; and Thomas Oatley. 2004. *International Political Economy: Interests and Institutions in the Global Economy.* New York: Pearson Longman.

[251] Afegbua and Adejuwon (2012); Dror (1968); Howlett et al. (2009); Immergut (1992); Miljan (2012); Mohammed (2015)

[252] For a general discussion of the role of ideas in policy making and policy change, see Béland (2010; 2005); Béland and Cox (2011); Campbell (2002; 2004); Hall (1993); Leiber et al. (2010); Mehta (2011; 2010); Padamsee (2009); Schmidt (2011); Starke (2010); Wincott (2011; 2010).

[253] Garba (2005); Harmer (2011); Kalu (2004; 2015); White (1990)

[254] Kalu (2015, 3-4)

[255] Beland and Cox (2011; 2010); Parsons (2002)

[256] Beland and Cox (2011, 3)

[257] Beland (2010, 622). See also Parsons (2002, 48; 2010, 83-87)

[258] Beland (2007, 3)

[259] Beland (2010, 622); Berger and Luckmann (1966); Parsons (2010, 83-87)

[260] Beland and Cox (2011); Beland (2010; 2005). See also Beland (2007); Bleich (2002), Campbell (2004), and Parsons (2007; 2010) for detailed analysis of the role of ideas in policy making and policy change.

[261] Dye (2011, 8); Simmons et al. (1974, 458)

[262] Simmons et al. (1974, 457)

[263] Béland (2005); Bhatia and Coleman (2003); Blyth (2002); Campbell (2002; 2004); Hall (1993); Kingdon (2014); Mehta (2011; 2010)

because policy changes in Africa are derived from preconceived ideas about how to correct perceived problems or enhance existing good in society.[264]

Now that we know how policy actors, politics, international financial institutions and donors, ideas, and institutions drive policy making and policy change in Africa, the next section identifies the specific factors that generally shape Ghana's policy making and change in the areas of health, education, and local governance.

1.7.4 The Policy Making Environment and the Drivers of Policy Change in Ghana

As explained above, there have been significant variations across the different policy areas in Ghana due to the different dynamics that shape its policy making and policy change.[265] This is because the context of policy making in Ghana varies across the different policy areas in the country. Several factors interact differently to shape policies in specific issue areas in Ghana as shown in table 1 below. As Adolino and Blake argue, since each policy area has its own particular dynamics and context, the specific nature of factors that influence policy decisions in a specific policy area will vary from one policy area to another within the same country.[266] As a result, the formal and informal rules governing a specific policy area, the actors involved, ideational factors, and socio-economic context distinctively play an important role.[267] Additionally, within a particular policy area, different contextual factors interact with each other to produce particular policy outcomes.[268] These factors combine differently to shape the processes that lead to different policy outcomes observed in different issue areas.[269]

Accordingly, various factors interacted differently to shape the observed outcomes in Ghana's education, health and local governance policies as shown in table 1 below. These factors provide a better understanding of why and how the observed policy outcomes occurred the way they did in these three policy areas.[270] As Ohemeng et. al explain in their structural contingency model, policy-specific contingency factors –

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[264] Kalu (2015, 4)
[265] Ohemeng et. al (2012)
[266] Adolino and Blake (2011, 45)
[267] Adolino and Blake (2011, 21)
[268] Adolino and Blake (2011); Dodds (2018); George and Bennett (2005); Howlett et al. (2009); Lodge (2007); Ragin (1987)
[269] Adolino and Blake (2011); Dodds (2018); George and Bennett (2005); Howlett et al. (2009); Lodge (2007); Ragin (1987)
[270] Ohemeng et. al (2012)

such as the system of government, actors, economic conditions, and external donors, among others – impose

environmental and institutional significant constraints across different policy areas.[271] That is, a policy is the

outcome of contingency factors that "constrain policy initiatives."[272] This thesis builds on Ohemeng et. al by

providing a thorough understanding of the specific contingency factors that interact differently to shape Ghana's

local governance, health, and education policies. Generally, dedicated policy entrepreneurs and their skilful

leadership; political will and high-level commitment of government; politics; actors; economic crises; policy

crises; the influence of international donors and financial institutions; and ideas are the factors that impact

policy change in Ghana's local governance, health, and education policies.[273]

Several factors shape Ghana's local governance policy as shown in table 1 below. These include colonial

legacy of centralised local government system that provides incentive to central government politicians to

maintain central control over local government units and local governance;[274] actors, institutions and political

structures;[275] politics;[276] ideas;[277] economic crises;[278] international financial institutions and donors.[279] As table

1 below shows, Ghana's health policy is impacted mainly by actors and institutions;[280] politics;[281] colonial

[271] Ohemeng et. al (2012)

[272] Ohemeng et. al (2012, 10)

[273] AfriMAP et al. (2007); Ahwoi 2000a; 2000b); Akyeampong et al. (2007; 2006); Arhin-Tenkorang (2001a; Arthur (2006); Assensoh and Wahab (2008); Atalinga (2011); Ayee (2008b; 1994; 1996b); Blanchet et al. (2012); Busumtwi-Sam (1996); Carbone (2011); Carroll and Ohemeng (2012); Conyers (1983); Crook (1994; 1999); Darvas and Balwanz (2013); Fobih and Koomson (1998); Gyimah-Boadi (1990); Haynes (1991); Koduah et al. (2015); Leite et al. (2000); LOGO South (2005); Mohan (1996); Nyendu (2012); Ohemeng and Ayee (2012); Oquaye (1995); Osei-Kwame and Taylor (1984); Ridde (2009); Senah (2001); Singleton (2006); Takyi et al. (2019a; 2019b); Thompson and Casely-Hayford (2008); Tsikata (2001); Waddington and Enyimayew (1989); World Bank (2010; 2004a; 2004c)

[274] Awortwi (2010; 2011); Olowu (2003)

[275] Awortwi (2010; 2011); Ayee (1994); Koranteng and Larbi (2008); LOGO South (2005); Makgetla (2009); Nsakorh (1964); Nyendu (2012)

[276] Busumtwi-Sam (1996); Crook (1994; 1999); Haynes (1991); Koranteng and Larbi (2008); Mohan (1996); Oquaye (1995)

[277] Brunsson and Sahlin-Anderson (2000); Crook (1994; 1999); Owusu (2009)

[278] Ayee (2008); Gyimah-Boadi (1990); Haynes (1991); Mohan 1996, Oquaye 1995)

[279] Abrahamsen (2000); Ayee (2008b); Busumtwi-Sam (1996); Crook (1994); Mohan (1996); Oquaye (1995; 2000)

[280] Agyepong and Adjei (2008); Alatinga (2011); Assensoh and Wahab (2008); Seddoh and Akor (2012); Trades Union Congress (2012)

[281] Agyepong and Adjei (2008); Assensoh and Wahab (2008); Atalinga (2011); MOH (2001); Seddoh and Akor (2012); Rajkotia (2007)

legacy[282] of urban-centred and biased health care system that served the interest of the wealthy;[283] economic crises;[284] policy crises;[285] international financial institutions and donors;[286] and ideas.[287] The factors that impact education policy in Ghana, as shown in table 1 below, include economic crises;[288] ideas;[289] international financial institutions and donors,[290] actors, institutions and political structures;[291]colonial legacy of urban-centred education system that provided limited access to the poor;[292] and politics. [293]

The next section examines how these factors play out specifically in the changes observed in Ghana's health, education, and local governance.

1.7.5 Understanding the observed Changes in Ghana's Local Governance, Health, and Education Policies.

While worsening economic conditions, institutions, ideas, and international actors (international financial institutions and donors) provide the context by shaping the problem, policy and political streams and opening an opportunity window, political will and policy entrepreneurs have been the most crucial factors that have shaped policy making and policy change in Ghana's health, education, and local governance. The contextual

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[282] The British colonial administration organised the health systems in Ghana to benefit primarily a small elite group of colonial officials and local supporting workers (Arhinful 2003, 49; McIntyre et al. 2008, 872; Twumasi 1981, 147). The provision of health care services therefore took place mainly through hospitals and health facilities located in the urban areas, with direct payment at the point of use (Arhinful 2003, 49; McIntyre et al. 2008, 872). The remaining Ghanaians relied on services from a range of health care providers, predominantly traditional healers, and missionary health centres (Brenya and Adu-Gyamfi 2014, 89; McIntyre et al. 2008, 872; Twumasi 1981, 147-8).

[283] Akazili (2010); Arhinful (2003); Arhin-Tenkorang (2000); McIntyre et al. (2008); Senah (2001); Twumasi (1981; 1975)

[284] Criel (1998); Imurana et al. (2014); Mensah et al. (2010a); Seddoh and Akor (2012); Walt and Gilson (1994)

[285] Agyepong and Adjei (2008); Blanchet et al. (2012); Dalinjong and Laar (2012); Imurana et al. (2014); Mensah et al. (2010a); Seddoh and Akor (2012); Singleton (2006); Waddington and Enyimayew (1989); Walt and Gilson (1994); Witter and Garshong (2009)

[286] Arhinful (2003); Arhin-Tenkorang (2001a;) Carbone (2011); Mensah et al. (2009); Mensah et al. (2010a); Odeyemi and Nixon (2013); Seddoh and Akor (2012); Sekyi and Domanban (2009); Sekyi and Domanban (2012); WHO/UNICEF (1978a; 1978b; WHO 1999)

[287] Brenya and Adu-Gyamfi (2014); Koduah et al. (2015); Osei-Akoto and Adamba (2011); Seddoh and Akor (2012); Senah (2001)

[288] Akyeampong et al. (2006); Darvas and Balwanz (2013); Fobih and Koomson (1998); Fredriksen (2009); Horn, Wright, and Prouty (2009); Lewin (2010); Little (2010); World Bank (2004a; 2004c)

[289] Koduah et al. (2015); Senah (2001)

[290] Fredriksen (2009); Lewin (2010); Little (2010); Nishimura, Ogawa, and Ampiah (2009); Thompson and Casely-Hayford (2008); World Bank (2010); World Bank (2004a; 2004c)

[291] Akyeampong et al. (2010); Fobih and Koomson (1998); Ghana (2012a; 1992a; 1992c); Koduah et al. (2015)

[292] Agyeman et al. (2000); Little (2010)

[293] NPP (2008a; 2008b; 2012; 2016)

factors are colonial legacy of strong control of the central government over local government units, the colonial legacy of urban-centred and European-biased healthcare system, and colonial legacy of social stratification in access to education. They also include political instability resulting from revolutionary military rule, legislative majority, worsening economic conditions, the economic policies in the 1970s through to the 1990s (that is, IMF and World Bank's brainchild SAPs and ERPs), and the Highly Indebted Poor Countries (HIPC) initiative in the early 2000s. The last set of contextual factors are Ghana's cultural and social norms – namely the traditional extended family system, the labour partnership system, and "susu." The different interaction of policy entrepreneurs and government commitment and political will with these different contextual factors help to better understand policy change in Ghana's local governance, health, and education policies.

Regarding local governance, the indispensable skilful entrepreneurship of Kwamena Ahwoi and the strong political commitment of the PNDC under Jerry John Rawlings led to the path-departing change in 1988. Ahwoi, the PNDC Secretary for Local Government and Rural Development, had a long-standing interest in the idea of decentralisation.[294] He was the main brain behind and the chief architect of the 1988 decentralisation policy.[295] Ahwoi as the policy entrepreneur, pushed the idea of decentralisation to the policy table through advocacy. He organised various workshops, public lectures, fora, seminars, and durbars to explain the importance of decentralisation in Ghana's development.[296] He was just waiting for an opportunity to translate his idea into policy output.

The PNDC government demonstrated a strong political will and bought into the idea of decentralisation because it provided a political incentive. The PNDC saw decentralisation as an effective mechanism through which it could translate its idea of power to the people[297] into a reality. It also saw it as an opportunity because it provided a means to regain both its domestic and international legitimacy as explained below. Rawlings, the

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[294] Nyendu (2012, 224)
[295] Awortwi (2010); Ayee (1994); Nyendu (2012)
[296] Makgetla (2009)
[297] Ahwoi (1993q, 125); Ayee (2004, 106); Essuman-Johnson (1991, 52); Ghana (1987, 1); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA); Interview with PIZARRO of NDC (Oct 19, 2017, Nkwatia); Mohan (1996, 79)

leader of the PNDC government, was the head of state of Ghana. He was strongly committed to a socialist ideology of popular democracy and the concept of grassroots participation understood respectively as a form of direct democracy and encouragement of community-based self-reliant development.[298] This idea, reflected in the populist slogan of "power to the people,"[299] sought to introduce a form of accountability and participation in public life[300] by shifting governance from a command to consultative process.[301] Rawlings therefore sought a mechanism through which he could materialise his long-standing political commitment of giving power to the people. Ahwoi proposed decentralisation as the framework within which all these ideas could be channelled and institutionalised. As a member of the PNDC, Ahwoi had greater access to the decision-making process. Ahwoi was able to garner the support of Justice D.F. Annan, PV Obeng, Kwesi Botchway, Captain (Rtd) Kojo Tsikata, and Obed Asamoah who were key members of the ruling council of the PNDC.[302]

The contextual factors that shaped the 1988 decentralisation policy were 1) worsening economic conditions; 2) colonial legacy of strong control of the central government over local government units; 3) the PNDC's revolutionary military rule; and 4) the SAPs and ERPs orchestrated by the IMF and World Bank. Worsening economic conditions compelled the PNDC government to seek financial support from the IMF and the World Bank, which eventually opened a policy window. The PNDC under the auspices of the IMF and World Bank adopted the SAPs and ERPs. However, the implementation of these programs led to public austerity that brought untold hardship on the ordinary Ghanaian, especially the poor leading to political unrest. Moreover, the period under the Rawlings-led PNDC's revolutionary military rule in Ghana was marked by the violent rule of defence committees, abuse of human rights, revolutionary justice, and the encapsulation (total control) of

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[298] Crook (1999, 118); Oquaye (1995, 210-12)
[299] Interview with PIZARRO of NDC (Oct 19, 2017, Nkwatia); Mohan (1996, 79)
[300] Ayee (1996b, 31); Crook (1994; 1999); Haynes (1991, 283); Mohan (1996); Oquaye (1995, 211)
[301] AfriMAP et al. (2007); Ahwoi (2000a; 2000b); Egbenya (2010)
[302] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with Adowa of Institute of Local Government Studies (Nov 17, 2017, ACCRA); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with ANPONYASE of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with BOLE-BAMBOI of Ministry of Local Government and Rural Development (Oct 25, 2017, ACCRA); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA), Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi)

civil society.[303] The extra-legal, overindulgence, brutal and abusive nature of the defence committees resulted in the distancing of the PNDC's key supporters and its failure to gain broad middle-class acceptance.[304]

Consequently, most people were highly disappointed in the military regime, most importantly the PNDC's own supporters. The PNDC government began to lose its legitimacy among its support base, particularly at the grassroots. Ghanaians that were raged by the economic and political crises mounted internal pressure on the PNDC to address the situation. Some demanded for a greater participation in decision making while others called for a return to democratic rule. The PNDC went back to the IMF and World Bank for support but the financial institutions had decentralisation as part of their conditionalities. Kwamena Ahwoi seeing that as an opportunity to materialise his pet solution pushed harder his idea of decentralisation. The PNDC government, particularly Rawlings, saw decentralisation as the best way to realise its political commitment to "power to the people" and at the same time satisfy the increasing demands of its domestic support base and international donors and regain its legitimacy. The system of decision making was highly centralised at the national level because the PNDC as a military government had no legislative body that served as a constraint on policy-making. The PNDC therefore had an absolute legislative and executive control over the decision-making process. Ahwoi's efforts came to fruition in 1988 when the PNDC government finally adopted the decentralisation programme in order to maintain its national and international legitimacy[305] and respond to the "changing political reality" of disappointment leading to a weakening of its support base.[306]

Similarly, the key entrepreneurial role played by John Agyekum Kufour and the strong political will and commitment of the NPP government accounted for the paradigmatic change that occurred in Ghana's health

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[303] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA); Interview with BOLE-BAMBOI of Ministry of Local Government and Rural Development (Oct 25, 2017, ACCRA); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA); Interview with Ikezolo of (2017); Interview with TEPA of Ghana Parliament (Dec 18, 2017, ACCRA); Oquaye (2000, 53); Interview with TEPA of Ghana Parliament (Dec 18, 2017, ACCRA)
[304] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA); Interview with Ikezolo of (2017); Interview with Koforidua (2017); Oquaye (1995, 210)
[305] Ahwoi (1991l, 78)
[306] Haynes (1991, 291)

policy – that is, the adoption of the NHIS – in 2003. Kufour was so passionate about the idea of national health insurance and made it one of his key campaign promises during the 2000 elections and argued extensively for it. Kufuor, while the NPP flagbearer during the 2000 elections, was able to sell the idea of NHIS to the NPP.[307] NHIS, thus, became one of the key campaign messages of the NPP. Secondly, after winning the elections, Kufuor had to first convince his cabinet ministers and, subsequently, the NPP members of parliament to buy into the idea of NHIS. Due to Article 104 (1) and other constitutional provisions,[308] as explained briefly in the next section in this chapter and in detail in chapter six, Kufuor needed a majority of MPs to get the NHIS passed into a law.[309] With the NPP having legislative majority, all Kufuor needed was to get the support of the NPP MPs. Besides, the majority of the cabinet ministers were also MPs[310] as required by Article 78 (1) of the 1992 Constitution.[311]

Subsequently, when Kufour was inaugurated into office as president after the 2000 general elections, the actualisation of the promised NHIS was the first task he assigned to his health minister.[312] Without the strong political will of the NPP government in general, the introduction of the NHIS would not have occurred. This is because the NPP is an ideologically right-wing government party that represents the interest of the richer sections of society.[313] Therefore, it was least expected that it would pursue ambitious social interventionist policies such as the NHIS. This is because rightist parties are more posed to pursuing market-based policies that are more "compatible with the interests and preferences of upper income and occupational status groups."[314] The NPP government demonstrated a strong political will and was politically committed to the idea of NHIS because it provided political and electoral incentives as explained below. To gain political advantage during the

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[307] Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia)

[308] Ghana (1992a)

[309] Ghana (1992a); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with ATUAHENE of Ghana Parliament (Nov 17, 2017, ACCRA); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia)

[310] Ayee (2012, 56; Ayee 1993, 3); Ghana (1992a)

[311] Ayee (2012, 54; 1993); Ghana (1992a)

[312] Osei-Akoto and Adamba (2017, 388)

[313] Hicks (2013, 208)

[314] Hibbs (1977, 1467)

2000 elections, the NPP capitalised on the unpopularity of the cash and carry system[315] and made the adoption

of the national health insurance scheme a salient political issue.[316] It presented NHIS as a more viable, equitable

and pro-poor health financing alternative.[317] The NPP saw NHIS as an opportunity to score electoral gains in the

2000 election.[318] Politically, when the NPP came into power it was bent on having the NHIS implemented before

the 2004 elections as it sought to maintain power and consolidate its rule. It therefore preferred a

comprehensive system of nationally scaled health insurance scheme, a highly visible scheme that could be

showcased when it seeks a new mandate in the 2004 elections.[319] Accordingly, the NHIS was a political priority

of the NPP and the executive was in a haste to get it done.

The contextual factors that shaped the 2003 NHIS policy were Ghanaian cultural and social norms –

namely the traditional extended family system, the labour partnership system, and "susu," – the economic

policies in the 1970s through to the 1990s (SAPs and ERPs) and early 2000s (the Highly Indebted Poor Countries

initiative), and the legislative majority of the NPP. Ideas served as a context for Ghana's adoption of the NHIS by

shaping how the issue was framed. Kufour and the NPP government appealed to Ghana's cultural and social

norms – namely the traditional extended family system,[320] the labour partnership system, and "susu" – that

supported the idea of health insurance. The NPP framed the debate around the idea of collective social

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[315] Alfers (2013, 6); Interview with BOLGA of NDC (August 21, 2019, Kokomlemle); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with KAWOKUDI of Peace FM (Sept 3, 2019, Abeka); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Interview with PIZARRO of NDC (Oct 19, 2017, Nkwatia); Interview with SANDEMA of Insight (August 28, 2019, ACCRA); Rajkotia (2007, 5)

[316] Agbeve (1997); Frempong (2012, 94); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with ATUAHENE of Ghana Parliament (Nov 17, 2017, ACCRA); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Mensa and Appia (2012); Rahman (2011); Singleton (2006, 8)

[317] Agyepong and Adjei (2008, 152); MOH (2002; 2004)

[318] Interview with ATUAHENE of Ghana Parliament (Nov 17, 2017, ACCRA); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia)

[319] Carbone (2011, 400)

[320] The extended family system is not peculiar to Ghana; it exists in most African countries (Aborampah and Sudarkasa 2011; Assim 2015; 2013; Dasré et al. 2019; Foster 2000; Mafumbate 2019; Miller et al. 2006; Phiri et al. 2005; Trinitapoli and Weinreb 2012).

responsibility. Ideologically, one of the main thrust of the NPP government for establishing a social health insurance in the country was that "Ghanaian social and cultural systems has a built in social insurance scheme through the extended family system whereby the family members have collective responsibility for the welfare of members of the family."[321] Through the extended family system assistance is provided by the lineage group to a needy member in common insecure situations such as old age and sickness, among others.[322] Thus, the focus of Ghana's search for an alternative and supplementary means for financing its healthcare on health insurance was greatly shaped by its traditional extended family structures and collectivist cultural norms and practices that emphasise social responsibilities. The labour partnership system is a collective self-help group that operates on reciprocity where members take turn in assisting "each other for a number of days in farming activities such as clearing bush, planting or harvesting crops, hunting…building a house or some marketing venture."[323] The susu is an old indigenous practice comprising of rotating credit savings and credit associations where a limited number of people, friends or professionals, contribute money daily, weekly or monthly through an arrangement for the use of one of the group members. Since it is based on reciprocity, "each member of the group is entitled in turn to the entire collection of the week or month."[324] The success of a health facility-based health insurance initiated between 1989 and 1993 by a Catholic Hospital known as St. Theresa's Hospital in Nkoranza also provided a positive feedback.[325] Ghanaians therefore bought into the idea of national health insurance because it was a laudable idea and it resonated well with them.

The window of opportunity began to open for Kufour to materialise his pet solution when he won the 2000 elections. Ghana's adoption of the national health insurance was made possible because of the coming of the NPP into office in 2001,[326] had there not been a change in government it wouldn't have happened in Ghana at the time it did (in 2003). The electoral victory provided Kufour and the NPP government[327] the veto

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[321] Addo et al. (1995 cited in Arhinful 2003, 48)
[322] Arhinful (2003, 80)
[323] Arhinful (2003, 84)
[324] Arhinful (2003, 84)
[325] Agyepong and Adjei (2008); Seddoh and Akor (2012)
[326] Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)
[327] Osei-Akoto and Adamba (2017, 388)

opportunities and venues that arise out of political power.[328] The electoral victory opened a 'critical juncture', or a phase during which the path-departing policy change took place. As the president, Kufour had the political resource to push his idea through. Institutionally, the NPP had a complete control over the decision-making process, it formed the executive and also had legislative majority. Moreover, the system of decision making was centralised at the national level. Accordingly, the NPP's legislative majority in the 2000 elections granted Kufuor unlimited access to the decision-making process. Kufuor gained the support of the NPP before becoming president and subsequently after assuming office the support of key cabinet members and was able to mobilise the NPP's members of parliament.[329] Besides, the NPP was able to overcome all the obstacles that could block the adoption of the NHIS. When the final version of the national health insurance bill was placed before parliament under a certificate of urgency to be passed into law, the minority party, the NDC walked out of parliament. There was also fierce opposition from other actors. In the face of all these oppositions, the NPP under president Kufuor adopted the NHIS, because it was politically committed to it and had the required numbers in parliament that is characterised by a very strong party discipline.

Worsening economic conditions in the 1980s and the 1990s led Ghana to adopt the SAPs and ERPs[330] which compelled Ghana to introduce the user fees system. [331] The full cost recovery affected health care provision and service delivery and had dire consequence on access to and utilisation of healthcare. This helped the NPP in framing Ghana's health care problem around the issue of access in the late 1990s and early 2000s. They took advantage of the perilous nature of the user fees system and drew attention to NHIS.[332] Economically, Ghana's joining of the Highly Indebted Poor Countries (HIPC) also helped in propelling the policy window. One of the main concerns (and a major criticism) of the idea of national health insurance was how to finance it.

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[328] Immergut (1992)

[329] Interview with FOSU of Ghana Health Service (Aug 27, 2017, Obuasi); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)

[330] Agyepong and Adjei (2008, 154); Koduah et al. (2015, 14)

[331] Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with TEPA of Ghana Parliament (Dec 18, 2017, ACCRA)

[332] Agyepong and Adjei (2008); Brenya and Adu-Gyamfi (2014); Osei-Akoto and Adamba (2011)

However, the NPP found its way out of this setback. Due to Ghana's extremely high external debt it sought for debt forgiveness by joining the HIPC program.[333] Through the HIPC initiative, Ghana was freed from its external debts. The NPP government decided to use part of the HIPC grant to finance the proposed NHIS. Therefore, the NPP argued that it had the financial resource to support the NHIS.

The legislative majority of the NPP shaped the development and adoption of the 2003 NHIS. During the policy development stage, the inputs from all other actors and stakeholders that were not consistent with the type of NHIS they envisaged were virtually ignored. Because the NPP had legislative majority, it dominated the decision-making process in parliament and overcame the stern opposition from other actors, particularly the NDC party and organised labour groups.

Thus, the adoption of the national health insurance scheme was the direct results of Kufour's commitment and the NPP's long-standing effort to capitalise on the unpopularity of the cash and carry system to evolve a more equitable healthcare financing system,[334] an opportunity that the 2000 election victory, funds from the HIPC initiative and legislative majority presented.

On the contrary, Ghana has made only incremental change to its education policy due to the absence of committed policy entrepreneurs and lack of government political will. While education in Ghana since its inception has had different goals, the most basic has been the provision of free universal education for all.[335] Successive governments in Ghana since independence have stressed the vital role played by education in the socio-economic development of the country. Education is seen as the key to and a panacea for national development.[336]

The British colonial administration laid a strong and solid foundation for formal education system in Ghana.[337] However, access to education was very limited. After Ghana gained an internal self-government in

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[333] Afrol News (2002); Fuseini (2015); Gocking (2005); Joy Online (2001); Osei and Quartey (2001); World Bank (2002; 2004d)
[334] Carbone (2011, 399)
[335] Little (2010, 1)
[336] Akyeampong (2010a, 1); New Patriotic Party (2008, 68); World Bank (2004a, 1; 1989, 2)
[337] Little (2010, 1)

1951,[338] Kwame Nkrumah – the first prime minister and later the first president of Ghana – realised that there was an already clear social stratification in access to education in Ghana.[339] Therefore, the Nkrumah-led Convention People's Party (CPP) government introduced the "education for all" policy in 1952[340] under the *Accelerated Development Plan for Education*.[341] He later passed the *1961 Education Act (Act 87)*[342] in furtherance of his universal education policy. The principal objective of the act was to increase access to basic education (referred to as elementary school) by providing free universal primary education for every child of school-going age.[343] Thus, not only were primary school (later renamed elementary school) fees abolished,[344] but also elementary education was made compulsory.[345] He later introduced free secondary education in the north.

However, until 2017 when the NPP government under Nana Akufo Addo extended free education to all senior high schools, the idea of free universal education for all in Ghana never moved past the basic level after the overthrow of Nkrumah's government in a coup d'état in 1966. This is because, apart from Nkrumah and Akufo Addo, there has not been a dedicated policy entrepreneur that could push the idea of free universal education for all beyond the current level. It is worth noting that it was Akufo Addo, as a policy entrepreneur, who only was able to extend the idea of free education beyond basic education shortly after he won the 2016 election and became president in early 2017. Though the 2017 change underscores the importance of highly placed policy entrepreneurs in Ghana's policy making, the thesis examines the period from Nkrumah up to Akufo Addo. Moreover, most of the education policies after Nkrumah were characterised by severe lack of commitment and leadership on the part of the government and policy decision makers.[346] Additionally, due to the perennial problem of political instability and weak economic base most changes proposed to change Ghana's education policy remained either unimplemented or partially implemented.[347] In sum, the whole

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[338] Jonah (1989, 96); Ninsin (1989a, 4)
[339] Little (2010, 7)
[340] Little (2010, 1)
[341] Darvas and Balwanz (2013, 41); Ghana (1951)
[342] Ghana, Republic of. 1961. *Ghana Education Act 1961 (ACT 87).*
[343] Darvas and Balwanz (2013, 41)
[344] Fredriksen (2009, 1)
[345] Fobih and Koomson (1998, 156); Little (2010, 7)
[346] Fobih and Koomson (1998, 155)
[347] Fobih and Koomson (1998, 155)

history of education financing in Ghana is characterised by incremental change resulting from the absence of a dedicated and committed policy entrepreneur and lack of political will and government commitment. Government political will and commitment is lacking because the post-Nkrumah governments did not find any political or electoral incentive to initiate an agenda for change, given the absence of a policy entrepreneur.

The contextual factors that have shaped Ghana's education policy are the colonial legacy of social stratification in access to education, Ghana's economic policies, and political instability. The colonial legacy of inequality in access to education has significantly shaped Ghana's post-independence education policy.[348] It necessitated the idea of education for all introduced by Kwame Nkrumah. The urban-based education system largely served the interest of the British colonial administration and European traders,[349] the majority of Ghanaians had limited access to education.[350] Nkrumah was therefore committed to providing all Ghanaians with equal access to all levels of education.[351]

Financial constraint emanating from the weak economic base of Ghana generally affected the policy proposals aimed at addressing Ghana's education problems.[352] Due to deteriorating economic conditions beginning in the late 1970s, the government reduced its education budgetary allocation[353] leading to the re-emergence of school fees (user fees).[354] This affected access to quality education.[355] The government did not

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[348] Fobih and Koomson (1998); Fredriksen (2009); Ghana (1968b; 1967); Gold Coast (1948); Interview with KAWOKUDI of Peace FM (Sept 3, 2019, Abeka); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Little (2010)

[349] Akyeampong et al. (2007); Fobih and Koomson (1998); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Little (2010); Takyi et al. (2019a; 2019b)

[350] Darvas and Balwanz (2013); Fobih and Koomson (1998); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Little (2010)

[351] Darvas and Balwanz (2013); Fobih and Koomson (1998); Ghana (1961); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Little (2010); Senah (2001)

[352] Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with SANDEMA of Insight (August 28, 2019, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA); Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA)

[353] Akyeampong et al. (2006); Darku (2012); Darvas and Balwanz (2013); Fobih and Koomson (1998); Fredriksen (2009); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA); World Bank (2004a; 2004c)

[354] Darku (2012); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA)

[355] Agyeman et al. (2000); Akyeampong (2007; 2010a); Akyeampong et al. (2006; 2007); Ahadzie (2000); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Darvas and Balwanz (2013); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA); Takyi et al. (2019a; 2019b); Thompson and Casely-Hayford (2008); World Bank (2004a; 2004c)

have the political will to continue with the education for all policy in the face of continued economic deterioration.[356] The austerity measures and government budget cuts on social policies especially after Ghana's adoption of the SAPs and ERPs in the 1980s and 1990s[357] severely affected the government's ability to fund its education polices.[358]

Further, the irregular alternation in power within a relatively short period after a government assuming office is the third contextual factor that shaped education policy in Ghana.[359] Frequent change in government leading to political instability significantly affected the continuity of the efforts made by previous government.[360] While commissions or committees of inquiry were set up by each government, their recommendations were set aside after the overthrow of the government.[361]

1.8 The Political and Historical Context of Policy Making and Policy Change in Ghana

Public policy-making and policy change in post-colonial Ghana is better understood within the trajectory of its socio-economic and political history and developments. Policy-making and policy change in post-colonial Ghana have been influenced, to a great extent, by the form and nature of socio-political structures and institutions existing at a particular point in time during the colonial and post-colonial eras. The form of the Ghanaian state from the pre-colonial to the colonial period, and thereafter the post-colonial period has undergone some form of transformation[362] that greatly shapes the context of policy making and policy change.[363] As Walt and Gilson

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[356] Darku (2012, 198); Horn, Wright, and Prouty (2009); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA)

[357] Abrahamsen (2000; 2004); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Lewin (2010); Little (2010)

[358] Carroll and Ohemeng (2012, 349); Darku (2012, 192); Hutchful (2002, 7); Lewin (2010); Little (2010); Tsikata (2001, 47)

[359] Interview with AMINA of Ghana Parliament (Nov 27, 2017, ACCRA); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA); Fobih and Koomson (1998); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Koduah et al. (2015); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)

[360] Interview with AMINA of Ghana Parliament (Nov 27, 2017, ACCRA); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA); Fobih and Koomson (1998); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)

[361] Fobih and Koomson (1998); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA)

[362] Ray (2003a, 84)

[363] As Ray (2003a, 87) explains that "the state in what is now Ghana can be seen being manifested in three different forms that accord with three different historical periods during the nineteenth, twentieth, and twenty-first centuries." Kimble (1963) also points out that there is a contrast between the Gold Coast's colonial territory and the independent nation, Ghana.

have argued, the context of policy making and policy change in any country is greatly affected by its historical experience. [364] Most importantly, colonialism had a remarkable impact on policy-making and policy change in post-colonial Ghana (formerly known as the Gold Coast)[365] in such a way that its influence still permeates Ghana's general policy framework.[366] It significantly shaped the post-colonial Ghanaian state not only in terms of political structures and institutional framework but also in terms of processes, both administrative (executive) and legislative. Colonialism bequeathed to Ghana a social pattern of inequality, weak economy and executive dominance that impacted policy development and change in Ghana.[367]

Colonialism created political and socio-economic ties that promote the interests of the colonializing country and the elite in society.[368] The colonial economy was characterised by a weak agricultural sector and a weaker industrial sector.[369] Colonial Britain historically structured and integrated the economy of Ghana into the global economic system in such a way that it negatively impacted Ghana's economic relations with the West even after independence.[370] Ghana was reduced to an exporter of primary products as the colonial state became the managing framework for the colonial economy.[371] Consequently, Ghana was placed at a disadvantaged position within the global political economy where it could only contribute to the development of the colonisers.[372] Besides, the policy interests of colonial Britain in Ghana were both strategic and commercial[373] aimed at expanding their control inland.[374] Most of the social amenities and development projects carried out – especially during the initial part of the colonial period where the British had absolute control – in Ghana, were aimed at serving the greater interest of the British. The British did not only trade, but also governed "for their

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[364] Walt and Gilson (1994)

[365] The British Gold Coast, according to (Ward 1948, 17), was composed of the Protectorate of the Northern Territories, two colonies – Gold Coast (the colony) and Ashanti, – and the British mandated Togoland, which was a narrow strip of the adjoining small German colony of Togoland that was assigned to the British after the 1914 war.

[366] Booth et al. (2005, 2)

[367] Booth et al. (2005, 2)

[368] Twumasi (1981; 1975)

[369] Malaquias (2009, 392)

[370] Hendrickson (2012)

[371] Kühnhardt (2014, 6)

[372] Malaquias (2009)

[373] The British sought primarily the export of gold and slaves, and later – apparently, after the slave trade was abolished – tropical agricultural products such as cocoa, rubber, palm oil, and timber, among others (Ray 1986, 9).

[374] Ray (1986, 9)

own benefit, the aspirations of [ordinary] Ghanaians were of secondary importance."[375] However, other two groups in Ghana particularly also benefited from the restructured economic activity: Ghanaians, usually the nobility or chiefs, who had control over land; and British firms controlling import-export trade and credit.[376]

For instance, only about a quarter of Ghanaians were literate in English, which was the official language, at independence notwithstanding the six years of joint rule by the British and Nkrumah-led CPP government.[377] Ghanaians who received formal education were chiefly those who either enhanced the activities of the Christian missionaries and sustained the machinery of colonial government or the children of the European traders.[378] Similarly, the British colonial administration instituted preventive health measures mainly aimed at improving the health environment of government officials.[379] Thus, they built clinics in cities and principal towns where they engaged in mining and commercial activities.[380] The British eventually granted access of modern medicine to local supporting clerical, technical, and domestic staff only when they gradually realised that the local people were carriers or possible carriers of infections.[381] Likewise, the railways that were built into the interior of Ghana were to facilitate trade.[382] The British did not extend the railway lines into the northern part of Ghana because they could not find any crop that was worth exporting from the north, thus, that part of Ghana remained very poor regarding income and services.[383] The northern part of Ghana lagged behind in terms of Western education.[384] Further, the British developed separate housing to protect the expatriates' health, bungalows were given to top government officials, merchants and officials of mining companies.[385] Moreover, a drainage system, sanitary disposal of sewerage and modern water supply (piped water) were concentrated in only a few places where the Europeans resided.[386]

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[375] Ray (1986, 10)
[376] Ray (1986, 9-10); Booth et al. (2005, 3-4)
[377] Ray (1986, 10)
[378] Akyeampong et al. (2007); Takyi et al. (2019a)
[379] Twumasi (1981, 147)
[380] Twumasi (1981, 147)
[381] Twumasi (1981, 147)
[382] Patterson (1981, 4-5); Ray (1986, 9)
[383] Patterson (1981, 6); Ray (1986, 10)
[384] Patterson (1981, 8)
[385] Twumasi (1981, 147)
[386] Senah (2001, 84); Twumasi (1981, 147)

Moreover, until the 1950s, shortly before independence, the executive was under the absolute control of the British Governor.[387] The effective control of internal policy in Ghana (then Gold Coast) did not fall in the hands of Africans until the election of the new Legislative Assembly that took its seat on February 20, 1951 in Accra.[388] Moreover, the orientation of the relatively weak inherited colonial bureaucracy was mainly towards law, the collection of tax, and primary product export.[389] For instance, as Ayee observed, how the bureaucracy has been involved in Ghana's policy making have been heavily shaped by the administrative practices and conventions of the British.[390]

Next, the post-independence politico-economic trajectory of Ghana continually shapes policy response of its political elites to the country's development challenges.[391] Prominent among the post-independence developments that shapes Ghana's policy dialogue are political instability resulting from the frequent military takeovers, economic crises, and the two-party system based on the two dominant political traditions, the Danquah-Busia and the Nkrumahist traditions. The social pattern of inequality, weak economy, and executive dominance Ghana inherited from colonialism shape its policy development and policy change.[392] The British at independence bequeathed to Ghana a highly centralised local government system.[393] Likewise, as Arhinful aptly argues, "Ghana's health services "developed directly from, and still to a large extent reflect, the character of the legacy bequeathed by colonial Britain."[394] Colonial Britain left in place a healthcare system that served the interest of the wealthy. It paid very little attention to the poor in society, and hence, did not strive for universality.[395] Also, the education system Ghana inherited was urban based as it served the interest of the British colonial administration, Christian missionaries, and European traders.[396] The system "aimed at enhancing the activities of Christian missionaries, educating the children of European traders and sustaining the machinery

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[387] Ray (1986, 11-2)
[388] Foster (1965, 179)
[389] Clements (2014, 252)
[390] Ayee (2012, 53-4). See also Adu (1964) and Nti (1978)
[391] Lofchie (2012)
[392] Booth et al. (2005, 2)
[393] Awortwi (2010; 2011); Ayee (1994); Nsakorh (1964)
[394] Arhinful (2003, 26)
[395] Arhinful (2003, 26); Twumasi (1981, 147)
[396] Akyeampong et al. (2007); Takyi et al. (2019a)

of colonial government."[397] The state after Ghana's independence maintained the colonial extractive, distributive, and regulatory character and symbolic functions of central authority.[398] These legacies of social inequality, executive dominance, and weak economy impact policy change in Ghana.

Moreover, the post-colonial state Ghana inherited at independence failed to improve the material wellbeing of its citizens as anticipated. As is the case for most African countries, Ghana inherited a politically and economically weak state[399] due to negative colonial dynamics such as undemocratic politics[400] and exploitative economies.[401] The structure of Ghana's economy after independence provided little optimism for a significant change because it was trapped in the modes of production imposed by colonialism.[402] Further, political and economic power concentrated heavily in the hands of the few state leaders.[403] Internally, the leaders helped in sustaining the inherently unstable colonial creations by transforming the post-colonial state into the main grantor of political, economic and social favours with variations of patrimonial politics.[404] Accordingly, the nationalist leaders that succeed the British failed to deliver equitable material improvements and economic prosperity, as they promised during the nationalist struggle and at independence.[405] Consequently, the aspiration of most Ghanaians for a better life after independence was frustrated by the inefficient management of the post-colonial state, corruption and desperate socio-economic conditions due to the hostile international economy.[406]

Political instability resulting from frequent military takeovers is the second post-independence politico-economic trajectory that impacted Ghana's policy making and policy change.[407] The economic disappointment

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[397] Akyeampong et al. (2007, 4 cited in Takyi et al. (2019a, 5)
[398] Malaquias (2009, 395)
[399] Clements (2014, 252); Moss (2007, 39)
[400] Until the 1950s, the British did not extend democratic rights to Ghanaians. Colonial rule was authoritarian and lacked the consent of Ghanaians in terms of the 'one-person, one vote' legitimacy formula (Ray 1986, 10).
[401] Malaquias (2009, 390); Mesfin (2014, 31)
[402] Malaquias (2009, 392)
[403] Malaquias (2009, 395)
[404] Malaquias (2009, 392)
[405] Dube and Masilela (2006, 27); Malaquias (2009, 389)
[406] Malaquias (2009, 408)
[407] There have been several disruptions of Ghana's democratic constitutional rule immediately after independence when the country became a republic through the Second and Third Republic until the Fourth Republic in 1992 where democracy

and the concentration of political and economic power in the hands of a few resulted in power struggles[408] that culminated in the frequent coups d'états[409] (for instance, see full speech of Rawlings for the 1979 and 1981 military takeovers in appendices 1 and 2 below respectively)[410] leading to political instability. Ghana after independence has therefore "run a whole gamut of systems of government – parliamentary, presidential and hybrid; single party as well as multiparty" and military regimes.[411] It thus had a variety of regimes, forms of governments, and leadership styles ranging from a charismatically led nationalist movement, one-party dictatorship, numerous military regimes, various brief and failed efforts at the restoration of multi-party democratic rule, and finally, a successful restoration of republican rule in 1992.[412] Since the different governments in Ghana have had their political bases in different social constituencies with significantly distinct economic interests such as the elite, middle class, and masses, the governments have shifted the policy framework of the country back and forth predominantly between statist (with some form of radical economic populism) and liberal economic policies.[413] More importantly, these policy swings have been uneven across sectors.[414]

Economic crisis is another post-independence politico-economic trajectory that influences Ghana's policy dialogue. Ghana's political elites and policy makers are increasingly faced with the problem of how the government of the relatively poor country, whose economy is primarily driven by agriculture can bring about socio-economic improvements in the society it governs.[415] Ghana's buoyant economy that it inherited at

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was restored and now consolidated. However, in all the periods where the country transitioned to democratic rule, two-party competitiveness has been the most apparent tendency in the electoral arena (Morrison and Hong 2006, 625).

[408] Ayee (1994); Inter-Parliamentary Union (2017); Jonah (1989); Malaquias (2009); Ninsin (1989a); Ray (1986); United States Department of State (1998)

[409] Malaquias (2009)

[410] The following are the links for the audios and text of the full speeches: https://www.youtube.com/watch?v=-GBfHi01R_4 and https://www.ghanaweb.com/GhanaHomePage/television/news/Flight-Lieutenant-Jerry-Rawlings-s-National-Radio-Broadcasts-Ghana-Military-Uprising-June-1979-116068

Links for the audio of the full speech: https://www.ghanaweb.com/GhanaHomePage/NewsArchive/The-infamous-coup-speeches-of-Rawlings-that-can-never-be-forgotten-1168858?jwsource=cl

[411] Frempong (2007, 2)

[412] Lofchie (2012)

[413] Ohemeng and Ayee (2012, 32-3)

[414] Lofchie (2012)

[415] Lofchie (2012)

independence in 1957 began to deteriorate in the 1970s when Ghana was ruled by military regimes. Massive inflation, worsening terms of trade, fiscal and balance of payments deficits, corruption, and other misguided policies led to the economic decline.[416] More importantly, Ghana's economy has been driven by gold-mining and agriculture,[417] specifically the cash crop of cocoa.[418] The price of cocoa is set externally in Europe and the US.[419] As the global price of cocoa and other export products declined, so did the Ghana government's ability to fund social and economic projects and policies.[420] This also coincided with the West's policy prescription in the form of austerity measures and government budget cut on social policies leading to the several military regimes. The state of economic collapse[421] resulting from the frequent regime change had a significant impact on policy making and policy change in Ghana: economic crises have been one of the major factors that impact the extent to which a proposed policy change is to be carried out.[422] As explained above, most policies in the various sectors from the 1970s to 1980s, including health,[423] education,[424] and local government[425] mainly emanated from reforms that were carried out in response to the economic crises of the post-independence era.[426]

Ghana's two-party system[427] based on the two dominant political traditions, the Danquah-Busia tradition and the Nkrumahist traditions that were established during decolonisation is one of the important post-independence politico-economic trajectory that shapes the country's policy making and policy change. Currently, Ghana virtually has a de facto two-party system that privileges its two major parties – the NDC and

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[416] Oquaye (1980, 27-28);   Tsikata (2001, 57-8)
[417] Darku (2012, 192); Hutchful (2002, 7); Ray (1986, 2)
[418] Hutchful (2002, 14)
[419] See Fitch and Oppenheimer (1966)
[420] Darku (2012, 192); Hutchful (2002, 7). See also Tsikata 2001.
[421] Tsikata (2001, 47)
[422] Carroll and Ohemeng (2012, 349); Tsikata (2001, 47)
[423] Agyepong and Adjei (2008); Criel (1998); Imurana et al. (2014); Koduah et al. (2015); Mensah et al. (2010a); Seddoh and Akor (2012); Walt and Gilson (1994)
[424] Lewin (2010); Little (2010)
[425] Ayee (2008b); Busumtwi-Sam (1996); Gyimah-Boadi (1990); Haynes (1991); Mohan1996; Oquaye (1995)
[426] Abrahamsen (2000; 2004)
[427] A party system refers to "a set of political parties operating within a nation in an organised pattern" (Morrison and Hong 2006, 625). A two-party system refers to the type of party system where only two parties can win political power through elections and form the government. Thus, in a two-party system, while many parties may exist only two major parties dominate, all the others have only minor political strength (Jackson and Jackson 2000, 350).

the NPP.[428] This has its roots in the two major partisan lines that developed in the colonial state during the immediate pre-independence era. The two-party system that emerged during the 1951 election and continuing in the subsequent 1954 and 1956 elections[429] that ushered Ghana into independence has endured hitherto. It is an artefact of the British type of single-member district plurality system (SMDP)[430] the country inherited in the few years prior to independence.[431] Also, Nkrumah was particularly influential. He realised that not only has India's independence "set in motion a process of gradual transfer of power in Britain's other colonies"[432] but also that "the basic principle of self-government was becoming the consensus."[433] However, he was decidedly dissatisfied with the staid and conservative nature of the existing nationalist grouping, the United Gold Coast Convention (UGCC) and their excessive ties with colonial business interests.[434] Thus, he took a radical approach towards the fight for independence and broke away from the UGCC to form the Convention People's Party (CPP).[435] At independence, the UGCC, an elitist organisation based on liberal-mercantilism and the CPP, a mass nationalist party, based on populism and state-interventionism[436] became two dominant parties. The UGCC later became known as the Danquah-Busia tradition and the CPP, the Nkrumahist tradition. These two traditions have shaped the trajectory of Ghana's political party development and policy making until now. In Ghanaian popular imagination, while the Nkrumahist tradition is seen as populist and left-wing, broad-based, and ethnically and

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[428] Morrison and Hong (2006, 623)

[429] The 1951, 1954, and 1956 tutelary elections constituted a phase of the whole process of decolonisation the British supervised to ensure that Ghana continued in the Westminster tradition it had introduced during the colonial state (Morrison and Hong 2006, 625). As a result of these pre-independence elections, the existing Legislative Assembly was turned into a type of parliamentary institution to represent the newly formed indigenous political parties (Morrison and Hong 2006, 625).

[430] This basic cleavage in Ghanaian politics began with the rife between the United Gold Coast Convention (UGCC) and Nkrumah's Convention People's Party (CPP). This cleavage was initiated by Nkrumah breaking away from the UGCC as its general secretary and forming his own party (the CPP) (Osei-Kwame and Taylor 1984, 579). However, the British arguably intensified this rife by first, effectively dividing the two main indigenous Ghanaian elite groups – the new educated political elite made up of intellectuals, lawyers, and old merchant families within the UGCC and the neo-traditional elite dominant in political positions under colonial rule until 1949 – and playing them off against each other to keep them from forming an alliance and second, by turning their support away from the UGCC towards the CPP and inviting Nkrumah whose party won only a handful of municipal elections in 1951 to form the government (Busia 1956 cited in Whitfield 2009a, 628).

[431] Morrison and Hong (2006, 624)

[432] As Yergin and Stanislaw (2002, 65) contend, "India's achievement of independence in 1947 stirred dreams of freedom for the other colonies."

[433] Yergin and Stanislaw (2002, 65)

[434] Yergin and Stanislaw (2002, 65)

[435] Osei-Kwame and Taylor (1984, 579)

[436] Morrison and Hong (2006, 626); Osei-Kwame and Taylor (1984, 579)

socially inclusive, the Danquah/Busia tradition on the other hand is viewed as liberal-democratic and right-wing, elitist, and ethnically exclusive.[437]

The two-party system has become "the only game in town", thus, sustaining the electoral dominance of the two traditional parties.[438] While party labels in Ghana have changed repeatedly, not only have the major political contests in the country remained between the Nkrumahist and Danquah/Busia traditions,[439] but also, parties' ideological images and political styles have been shaped greatly by these two political traditions.[440] The NDC belongs to the Nkrumahist tradition and renders itself statist and populist in profile.[441] The NPP, on the other hand, is the Danquah-Busia legatee.[442] Thus, both the NPP and NDC embody not only the political styles, but more importantly, also the ideological ideas of the Danquah-Busia and Nkrumahist traditions respectively.[443]

This central faction that has built in Ghanaian politics – generally shaped by centralist/statist and liberal ideas – affects Ghana's policy-making and policy change.[444] The different types of policies and changes undertaken by the various governments in Ghana are generally shaped by either of these ideas depending on the political leaning of the government in power regarding these two traditions. Since the political bases of the different post-colonial governments are rooted in different social constituencies with very different economic interests,[445] these two political traditions deeply underlie the swings in Ghana's policy framework in the post-independence era. The Nkrumahist tradition has traditionally leaned towards the developmentalist economic approach. This economic approach, driven by the belief that a state-led approach to development is the most effective mechanism to attain economic growth, advocates that the government should be more pro-active in the economy.[446] Accordingly, the policy approach of these governments within the Nkrumahist tradition has been traditionally statist. Contrary, the Danquah-Busia tradition has traditionally favoured the liberal (as well as

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[437] Koduah et al. (2015, 15); Whitfield (2009a, 629); Svanikier (2007)
[438] Morrison and Hong (2006, 624-5)
[439] Osei-Kwame and Taylor (1984, 579)
[440] Arhinful (2003, 46); Koduah et al. (2015, 15); Morrison and Hong (2006, 626); Whitfield (2009b, 627)
[441] Morrison and Hong (2006, 626)
[442] Koduah et al. (2015, 15); Morrison and Hong (2006, 626)
[443] Ayee (2011, 368); Svanikier (2007); Whitfield (2009a, 629)
[444] Ohemeng and Ayee (2012, 27); Osei-Kwame and Taylor (1984,580)
[445] Lofchie (2012)
[446] Lofchie (2012, xiii)

neo-liberal and classical) economic ideas. This economic approach advocates a minimalist government limited

to the provision of an enabling environment upon which the private sector would thrive.[447] The government

from the Danquah-Busia tradition has generally been policy minimalists. Their policy approach has generally

taken the form of structural adjustment or economic reform espoused by the international financial institutions,

principally, the World Bank and the IMF.[448] It is worth reiterating that though external financial institutions and

donors influence Ghana's policy agenda, especially in the 1980's and 1990's, some politically favourable policies

are adopted against the dictates of these external donors. For instance, during the introduction of the NHIS, the

NPP government rejected a community-based health insurance (CBHI) schemes championed by the

international financial donors[449] because it sought a nationally scaled health insurance scheme, a highly visible

scheme that is different from the CBHI piloted by the previous government that it could showcase when it seeks

a new mandate in the 2004 elections.[450]

The policy context in the Fourth Republic is largely shaped by the 1992 Constitution. The quasi-executive

presidential system of government – a mixed or hybrid presidential-parliamentary structure of government

where a majority of the appointed ministers of state must be members of parliament[451]– provided by Article 78

Clause (1) of the 1992 Constitution[452] greatly affects the dynamics of policy-making and policy change in Ghana.

The Constitution, by this system of government, has placed the power of policy-making in the hands of

politicians (that is, the executive and the legislature).

The president has the greatest influence in policy-making and policy change: the president is responsible

for the translation of the constitution and laws made under it into effect, thus, making him markedly attentive

to the policy of the laws and giving him the desire to influence policies.[453] Further, Article 67 of the Constitution

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[447] Lofchie (2012, xiii)
[448] Lofchie (2012, xiii)
[449] Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA)
[450] Carbone (2011, 400); Rajkotia (2007, 8)
[451] Ayee (2012, 54); Ghana (1992a)
[452] Ghana (1992a)
[453] Ayee (2012, 55; 1993, 2)

enjoins the president to deliver a message on the state of the nation to Parliament at the beginning of each session of Parliament and before the dissolution of Parliament.[454] In the state of the nation address, the president must outline the policies the government has put in place to address the socio-economic development challenges pointed out in the message.[455]

Besides, Article 76 (2) of the 1992 Constitution[456] confers upon the president the function of policy formulation, assisted by the cabinet.[457] Further, while Chapter 6 of the Constitution empowers the president as the chief implementer of the "Directive Principle of State Policy" as an enshrined provision, Article 34 (2) enjoins the president to appear before parliament at least once a year with a report of all the steps taken to ensure the realisation of the policy objectives contained in Chapter 6.[458] Article 106 (14) also provides that no bill drafted by the president should be delayed in any parliamentary committee for more than three months,[459] not only confirming the key role played by the president in policy-making and policy change, but also suggesting that, as Ayee notes, "important laws embodying national policy would emanate from the president."[460] These, thus, give the president the constitutional power to determine public policies and programs.

Moreover, Articles 108 and 177 of the 1992 Constitution places finance, the heart of public policy, under the express authority of the president: the president is empowered by the constitution to recommend to parliament measures that impose taxation; make charges on any public fund; authorise the payment of monies out of public funds; and authorises the cancellation of any debt owed to the government.[461] Added to the above, as a constitutional requirement, the national budget is prepared by the president, though subject to parliamentary approval.[462]

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[454] Ghana, Republic of. 1992a. *The Constitution of the Republic of Ghana*.
[455] (Ayee 2012, 55; 1993, 2)
[456] Article 76 (1) of the 1992 Constitution provides that the cabinet be made up of the president, the vice president, and not less than 10 and not more than 19 ministers of state (Ayee 2012, 56; 1993, 3; Ghana 1992a). Accordingly, not every minister of state is a cabinet member.
[457] Ghana (1992a)
[458] Ghana (1992a); Ayee (2012, 56)
[459] Ghana (1992a)
[460] Ayee (1993, 3; 2012, 56)
[461] Ghana (1992a; 1992b; 1992c)
[462] Ayee (2012, 55; 1993, 3)

Members of Parliament – the legislature – also have a constitutional role in public policy making. Laws made by the Members of Parliament become public policy.[463] This is evident in the fact that several Acts of Parliament and Legislative Instruments passed by Parliament under the Fourth Republic in the areas of education, local governance, agriculture, health, energy, and water, among others were directed towards the resolving of problems or regulating of activities in these various sectors.[464]

1.9 Relevance of the Study: Policy and Theoretical Implication

This study contributes both to the development of the multiple streams framework and subsequently a better understanding of the complexity of major policy change in Ghana. Policy wise, this study may have ramifications on policymaking in Ghana and remotely somewhere else in Africa. It will help to gain a better and deeper understanding of the policy making process and the context for policy change in Ghana. Accordingly, this would provide an in-depth understanding of the actions of policy makers in Ghana and the process of change in the areas of education, health, and local governance.

Theoretically, this study is relevant in two ways. First, it attempts at a theoretical innovation. It combines the analytical strengths of the multiple streams framework and the new institutionalism. Including the effect of political structure and institutions in the analysis provides a necessary refinement of the multiple streams framework to be used comparatively. This makes the theoretical framework of the study more robust, thus, expanding its analytical strength and leverage.[465] The drive towards the eclectic messy centre has an important implication for policy studies, particularly in an era characterised by the proliferation of and competition among policy theories that has necessitated the call for better theories[466] and a need for a synergy among different policy theories.[467] Mayer explains the importance of cumulative research and argues that the testing of existing

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[463] Ayee (2012, 56)
[464] Ayee (2012, 56)
[465] Sabatier (1999a; 1999b; 2007a; 2007b); Sabatier and Weible (2014); Weible (2014)
[466] Sabatier (2007b)
[467] Meier (2009)

theory is imperative "for expanding the corpus of what we can say that we know."[468] Second, the study seeks theoretical adaptation. Since the multiple streams framework was developed to study agenda setting and policy making in advanced countries,[469] particularly the United States of America, with recent exception,[470] the framework has rarely been used in Africa. This study, thus, seeks to expand the applicability of the framework to the Ghanaian context.

Methodologically, the comparative case study method helps in identifying variations, patterns and commonalities in health, education, and local governance policy making and policy change in Ghana. However, by situating the study within the larger context of Africa, and Ghana being an exemplar country in Africa, it is hoped that theoretical insight into the policy making process and the process of change in Africa would be gained. This goes a long way to provide a better and deeper understanding of the complex and nuanced processes – agenda setting, policy formulation and policy adoption – involved in policy making and policy change within this context.

In sum, the study has direct implications for efforts aimed at understanding education, health and local governance policies in the Ghanaian and ultimately African contexts because it addresses a set of fundamental research and policy questions. Though the multiple streams framework has been extensively applied to policy systems in developed countries,[471] this study delineates how it could also be employed to better understand policy change in developing countries and even in non-democratic states. It also highlights the utility in seeking analytical leverage through a theoretical synthesise (of the multiple streams framework and the new institutionalism) and employing the comparative method. It demonstrates how the multiple streams framework can be used to incorporate traditional theories into a more multifaceted understanding of policy making and policy change in Ghana.

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[468] Mayer (1989, 47)

[469] Ridde (2009, 938). See also Kingdon (2011; 2014); and Zahariadis (1999; 2007; 2014)

[470] Such as DeJaeghere et al. (2006); Kusi-Ampofo et al. (2015); Ridde (2009); Sayi Abdul Hamid (2016a)

[471] Zahariadis (2007, 65)

1.10 Limitations

The study would have been enriched by a comparative analysis of Ghana and other African countries. This would have enhanced the generalisability of the study to Africa's policy making and policy change. However, due to acute budgetary constraint and limited time, the country-based study focused only on Ghana. This is because while a significant amount of money is involved in studies of this nature, there is no funding available specifically for field study in Africa. Accordingly, by focusing on Ghana, this empirical study provides a depth of information on how government political will and policy entrepreneurs shape policy making and change in Ghana's education, health, and local governance policies. Ghana, as a single country, shares several similarities with many other African countries, such as the role of policy entrepreneurs and government political will on policy change, economic challenges, impact of external actors (international financial institutions and donors) on policy making and policy change, dependence on external support to fund development projects and policies and democratic governance. Ghana is, however, different in other aspects, such as party and electoral system, system of government, and state system, among others. Ghana is therefore not completely representative of Africa. This implies that by focusing on Ghana, a gap is left by this study that needs to be filled by further studies that are focused on other African countries. However, since Ghana is a paradigmatic country in Africa,[472] it is hoped that the study could provide useful lessons for other African countries.

1.11 Plan of the Dissertation

The study is structured into eight chapters as follow. Chapter one explained the general background of the study. The problem statement, the research question, purpose, and objective were explained. Finally, the main argument of the study was followed by conceptualisation and operationalisation of political will, a comprehensive literature review, relevance of the study, the limitations of the study and the plan of the dissertation.

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[472] Lofchie (2012)

Chapter two deals with the methodological considerations of the study. It explains why and how the qualitative research methods helps to gain an in-depth and deeper understanding[473] of Ghana's policy making and policy change. It further explains the data collection method and techniques; the issues of external and internal validity; ethical considerations; and the key challenges and difficulties encountered in the research process as well as how these challenges were surmounted.

Chapter three explains the theoretical framework of the study. It discusses the multiple streams framework and new institutionalism exploring their fundamental assumptions and major arguments. The chapter then explains the analytical insights the two theoretical frameworks provide in understanding Ghana's policy making and policy change.

Chapter four undertakes an overview of local governance, health, and education policies in Ghana and the processes involved. Consequently, it lays the background context of the drive towards and evolution of decentralisation, national health insurance, and education for all in Ghana.

Chapter five offers a deeper understanding of Ghana's adoption of its decentralisation programme in 1988. It examines how changes in the problem, policy, and politics streams in the 1980s as well as their coupling by key policy entrepreneurs and the strong political will on the part of the Provisional National Defence Council (PNDC) government to decentralise account for the major change in the local governance policy in Ghana in 1988.

Chapter six examines Ghana's adoption of the national health insurance scheme (NHIS) in 2003 under the New Patriotic Party (NPP) government. It expounds on how changes in the problem, policy, and politics streams in the 2000s and their coupling by a key policy entrepreneur and the NPP's strong political will and commitment account for Ghana's adoption of the NHIS in 2003.

Chapter seven examines Ghana's inability in making a major change in its education policy due to the absence of a key policy entrepreneur and the lack of government political will and commitment. It shows how the failure of Ghana to successfully couple changes in the problem, policy, and politics streams at critical

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[473] Snape and Spencer (2003)

junctures during opened windows due to the absence of a key policy entrepreneur account for Ghana's inability to extend the policy of free universal education at all levels beyond the basic school level.

Chapter eight concludes the study with a summary of the findings, the contribution made to the multiple streams framework and recommendations for further research. It attempts to answer the research question that underlies the study expounding on the main findings and the policy and theoretical implications resulting from it. It undertakes a comparative analysis of how policy entrepreneurs, government commitment and political will and institutions drive policy making and change in Ghana's local governance, health, and education policies. Specifically, it analyses how changes in the problem, policy, and politics streams of the three policy areas structured by institutions and their coupling by key policy entrepreneurs account for the different changes in Ghana's local governance, health, and education policies.

TABLE 1: Factors That Shape Policy Making and Change in Ghana's Local Governance, Health, and Education Policies.

Policy Area	Main Factors that Drive Policy Change		Contextual Factors Shaping the Problem, Policy, and Politics Streams and Propelling an Opportunity Window to Open				*Tye of Policy Change*
	Policy Entrepreneur	Government Political Will and Commitment	*Institutional*	*Ideational*	*Domestic Actors*	*External Actors*	
Local Governance	Kwamena Ahwoi.	PNDC in 1980s.	Military regime, worsening economic conditions leading to the SAPs and ERPs in the 1980s, political instability, colonial legacy of strong central government control.	Socialist ideology (power to the people).	CDRs, student unions, organised labour (labour unions), NCD, enraged PNDCs key supporters.	IMF, World Bank and other Western countries and develop-ment partners.	Major
Health	John Agyekum Kufuor.	NPP in the 2000s.	Worsening economic conditions leading to the SAPs and ERPs in the 1970s through the 1990s and HIPC in the 2000s), political instability, colonial legacy of urban- and European-biased healthcare system, 2000 electoral victory, and legislative majority.	Traditional institutions (traditional extended family structures and collectivist cultural norms and practices).	Ministerial health financing task force, NDC, organised labour (labour unions), St. Theresa's Catholic Church (Nkoranza Health Insurance Scheme), MHOs/ CBHIs.	IMF and World Bank.	Major
Education	None after Nkrumah (until 2008).	None after Nkrumah (until 2008).	Colonial legacy of urban-based and European-biased schools, worsening economic conditions leading to the SAPs and ERPs in the 1970s through to the 1990s, and political instability.	Socialist idea of education for all	Dzobo Education Review Committee and Anamuah-Mensah Committee.	UNICEF's Education for All goals (School Fee Abolition Initiative) and MDGs.	Incremental

CHAPTER TWO

METHODOLOGY: A QUALITATIVE APPROACH TO POLICY MAKING AND POLICY CHANGE IN GHANA

2.1 Introduction

In this chapter, I explain the methodological considerations of the study. Choosing the appropriate research design, method and techniques is of vital importance in every research project: it helps in deepening understanding and, hence, providing a deeper and better examination of the social phenomenon under study.[474] Accordingly, I employed the qualitative research method because it helped to gain an in-depth and deeper understanding[475] of Ghana's policy making and policy change. As will be explained in detail below, qualitative analysis uses a naturalistic approach in order to understand social phenomena in context-specific settings.[476] It places less emphasis on the natural science model and rather relies more on rich description, understanding, and emergent concepts and theories.[477] The study uses Ghana as a case study and undertakes a within-case comparative analysis of its education, health, and local governance policies. This is because the case-oriented comparative research approach, which entails a detailed examination of an aspect of a historical episode to develop historical explanation,[478] helped to provide an in-depth understanding of policy-making and change in Ghana's local governance, health, and education policies. Because the within-case strategy of causal assessment undertakes comparison of processes drawn from within a particular case to identify patterns,[479] I was able to uncover the drivers of change in the three policy areas under investigation.

In the following sections I will explain in detail the relevance of the qualitative research design to this study, describe the research site (Ghana), and explain the data collection methods and techniques and the justifications for the choice of the research design, methods, and techniques. I will further explain the issue of

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[474] Brady and Collier (2010); Hoepfl (1997); Patton (1990); Ritchie (2003); Ritchie and Lewis (2003a); Snape and Spencer (2003)

[475] Della Porta and Keating (2008); Snape and Spencer (2003)

[476] Hoepfl (1997, 47-8)

[477] Snape and Spencer (2003, 14)

[478] Della Porta (2008, 198); George and Bennett (2005, 5)

[479] Mahoney (2003, 338)

validity and ethical considerations; and the key challenges and difficulties encountered in the research process as well as how these challenges were dealt with.

2.2 The Qualitative Approach and Policy Making and Policy Change in Ghana

Qualitative research is the methodological framework through which the study is carried out. This is because it is a naturalistic, interpretative approach to understanding social phenomena through the meanings which social actors attach to these phenomena.[480] Consequently, a qualitative approach relies on unquantifiable research strategies[481] – such as interviews, focus groups, document reviews, observation, content analysis, discourse, and conversation analysis, among others – to explain social behaviour or phenomena. Accordingly, I was able to produce findings about policy making and change in Ghana's local governance, health and education policies that could not be arrived at by statistical procedures or other means of quantification.[482] The primary aim of the study is to provide an in-depth and interpreted understanding of the social world of the research participants by learning about their social and material circumstances, their experiences, perspectives, and histories.[483] The study therefore lends itself to interpretation and pays unique attention to contextual factors. Accordingly, I relied on the qualitative research design as it is a situated activity consisting of a set of interpretive, material practices that make the world visible.[484] Moreover, qualitative research is based on three central tenets that are relevant to the study: firstly, it is carried out in a rigorous manner, "with an explicit methodological base to inform its design and execution".[485] Second, qualitative research captures a reality in the form of diverse and multifaceted social constructs, beliefs, and behaviours. Lastly, wider inference about the social world is drawn from small-scale qualitative studies, "provided that there is appropriate adherence to the boundaries of qualitative research".[486] Since qualitative research performs, among other things, contextual and explanatory

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[480] Denzin and Lincoln (2005, 3); Snape and Spencer (2003, 3)
[481] Strauss and Corbin (1998, 11)
[482] Strauss and Corbin (1998, 10-11)
[483] Snape and Spencer (2003, 3)
[484] Denzin and Lincoln (2005, 3)
[485] Ritchie and Lewis (2003b, xiii)
[486] Ritchie and Lewis (2003b, xiv)

functions, I was able to identify and examine the context-specific factors that drive change in Ghana's local governance, health and education policies. That is, it describes the form or nature of what exists and examines the reasons for, or associations between, what exists, respectively. [487]

The main sources of qualitative data I relied on were interviews and documents. Through the open-ended questions and probes involved in the interviews I hoped to obtain in-depth responses about the participants' "experiences, perceptions, opinions, feelings, and knowledge"[488] about Ghana's local governance, health, and education policies. The data obtained from the interviews thus comprised of "verbatim quotations with sufficient context to be interpretable."[489] Documents consist of written materials and other documents from organisational, clinical, or programs records; memoranda and correspondence; official publications and reports; personal diaries, letters, artistic works, photographs, and memorabilia; and written responses to open-ended surveys.[490] Data collected consisted of excerpts from these documents captured in a way that records and preserves context.

To summarise, the qualitative research is the right approach for this study because it is most suitable for addressing research questions that seek to understand both social phenomena and their contexts.[491] Moreover, it considers the complex and dynamic quality of the social world under study.[492] Since no single, generally accepted way of doing qualitative research exists,[493] this study specifically employs three main qualitative research techniques: the case-oriented comparative research design, semi-structured in-depth interviews, and document review.

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[487] Ritchie (2003, 27)
[488] Patton (1990, 4)
[489] Patton (1990, 4)
[490] Patton (1990, 4)
[491] Snape and Spencer (2003, 5)
[492] Hoepfl (1997, 48)
[493] Ritchie and Lewis (2003b, xiv); Snape and Spencer (2003, 1)

2.3 The Case-oriented Comparative Research Design

The study employs the case-oriented comparative research design because it involves an in-depth – that is, a more exhaustive, thorough, and comprehensive – analysis taking into account the socio-political contextual factors of the phenomenon under study.[494] A case study is a research strategy that is "based on the in-depth empirical investigation of one, or a small number, of phenomena in order to explore the configuration of each case,[495] and to elucidate features of a larger class of (similar) phenomena, by developing and evaluating theoretical explanations."[496] A case study is best defined as an intensive study of a single unit or few units [a relatively bounded phenomenon] "with an aim to generalise across a larger set of units."[497] A unit is observed at discrete points in time, comprising cases.[498] A unit, Gerring explains, "connotes a spatially bounded phenomenon – e.g., a nation-state, revolution, political party, election, or person – observed at a single point in time or over some delimited period of time."[499] Thus, a case-oriented research design is both causally analytic and historically interpretive.[500] It combines causal analysis with interpretive analysis.

Accordingly, case study is the right research design for this study because it helps to capture the reality and complexity of Ghana's public policy making and the processes of policy change. With the case study research design, I was able to delineate the complexity of factors that interact to shape public policy making and change in Ghana's local governance, health and education policies. This helped to add detail to the limited existing research on policy making and policy change, which are mostly generalised on Africa as a whole.[501] Because the case study method is truly experimental,[502] it aided me in providing a detailed examination of aspects of the

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[494] George and Bennett (2005, 5); Gerring (2007, 172); Steinberg (2007, 185)

[495] A case refers to a unit within a sample drawn from a particular population. As Gerring (2004, 342) delineates, "a "population" is comprised of a "sample" (studied cases), as well as unstudied cases. A sample is comprised of several "units," and each unit is observed at discrete points in time, comprising "cases." A case is comprised of several relevant dimensions ("variables"), each of which is built upon an "observation" or observations." See also Gerring (2007) for a detailed explanation.

[496] Ragin (2000, 64–87 cited in Vennesson 2008, 226).

[497] Gerring (2004, 341).

[498] Gerring (2004, 342)

[499] Gerring (2004, 342)

[500] Ragin (2014, 35).

[501] Grindle and Thomas (1991); Ijeoma (2010); Kalu (2004; 2015); Meier (1991a; 1991b); Ndah (2010); Ridde (2009)

[502] Gerring (2007, 172)

historical episodes to develop generalisations about historical explanations[503] about Ghana's local governance, health and education policies. That is, because a case study attempts to satisfy the methodological criteria that define a well-designed experiment,[504] it offers a plausible and in-depth analysis of the chain of causality and mechanisms of correlation between a phenomenon and the contextual factors.[505] It relies on covariation demonstrated by a single unit or few units so as to illuminate features of a broader set of units.[506] Consequently, the case study approach enabled me to rely heavily on contextual evidence and deductive logic[507] to better understand Ghana's local governance, health and education policy making and policy change. Thus, because it is a quasi-experimental design,[508] through the case study method I was able to provide a more exhaustive, thorough, and comprehensive analysis of the factors[509] on policy making and change in Ghana. Further, employing a case study research design enabled me to examine multiple links and processes that could not be tested in a purely experimental design.[510]

Though, it is often argued that the case study method fails in the area of external validity and replicability in relation to its applicability of standardised observation across various cases,[511] it is the right research design method in this study because it involves an intensive study aimed at gaining a deeper understanding of a phenomenon.[512] It will be valuable in this study because of its precision, its conceptual validity, detailed exploration of mechanisms and assessing complex relations.[513]

Since "thinking without comparison is unthinkable,"[514] I undertook a within case comparative analysis of Ghana's local governance, health, and education policies and the various forms of changes that have occurred

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[503] George and Bennett (2005, 5)
[504] Gerring (2007, 172)
[505] Steinberg (2007, 185)
[506] Gerring (2004, 341)
[507] George and Bennett (2005, 19); Gerring (2007, 172)
[508] Gerring (2007, 172)
[509] George and Bennett (2005, 5)
[510] George and Bennett (2005, 20-22); Gerring (2007, 182)
[511] George and Bennett (2005, 19-36); Gerring (2007, 182-83); Steinberg (2007, 183)
[512] Gerring (2004, 342)
[513] George and Bennett (2005, 109-124); Gerring (2007, 182-83); Steinberg (2007, 185)
[514] Swanson (1971, 145 cited in Ragin 1987, 1)

in these three policy areas. Through the within-case strategy of examination,[515] I compared the processes drawn from within these three policy areas to make inference[516] about policy making and policy change in Ghana. This is because, within-case analysis involves the examination of multiple features of the case under study to identify mechanisms.[517] The comparative method is basically a case-oriented strategy of comparative research aimed at understanding or interpreting specific historical outcomes.[518] Therefore, through the comparative method, I offered a deeper investigation of a complex problem of differing magnitudes of change in the local governance, health and education policies in Ghana that some forms of logical reasoning and examination are necessary but cannot be done through a (natural) experimental design.[519] Because comparison offers "a basis for making statements about empirical regularities and for evaluating and interpreting cases,"[520] the comparative analysis did not only help in deepening understanding, but also it aided in identifying variations and patterns[521] about Ghana's policy making and change policy. Thus, by complementing the case study with a within-case comparative analysis, the validity of the interpretations[522] of Ghana's policy making and policy change as well as the value of the theoretical implications of the study[523] will be, hopefully, enhanced. Mostly, sectoral analyses of policy making and policy change in Ghana, including local governance, education, and health, are carried out individually or in isolation[524] without any systematic comparison of these policy areas. By juxtaposing these three policy areas in a comparative analysis, this study aims at helping to fill this lacuna.

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[515] Mahoney (2000, 389)

[516] Mahoney (2003, 360)

[517] Mahoney (2003, 360; 2000, 409)

[518] Ragin (2014, 16-7)

[519] Peters (1998, 2)

[520] Ragin (1987, 1)

[521] Hopkin (2010, 285)

[522] Hopkin (2010, 286-90)

[523] Hopkin (2010, 286-90)

[524] Agyeman et al. (2000); Agyepong and Adjei (2007); Agyepong et al. (2006); Ahwoi 2(000; 2011); Ajayi (2011); Akyeampong (2004; 2007; 2010a; 2010b; 2014); Akyeampong et al. (2006; 2007); Alatinga (2011); Assensoh and Wahab (2008); Ayee (1994; 1996a; 2008a; 2008b; 2012); Crook (1994; 1999); Darvas and Balwanz (2013); Fredriksen (2009); Haynes (1991); Imurana, Haruna and Kofi 2014; Little (2010); Mohan (1996); Ohemeng et al. (2012ab); Oquaye (1995); Osei (2003; 2004); Thompson and Casely-Hayford (2008)

2.4 Description of the Research Setting: Ghana

This research was undertaken in the Republic of Ghana. Ghana, which is currently a unitary presidential constitutional democracy, is a sub-Saharan country in West Africa. It gained independence from the British colonial rule on the 6th of March 1957.[525] Though Ghana became the pacesetter of African independence from colonial rule, it was not until the 1st of July 1960 when it became a republican state with Osagyefo Dr. Kwame Nkrumah as the first president: until then, the Queen of Britain was the Head of State with kwame Nkrumah as the Prime Minister under the Convention People's Party (CPP).[526] According to the 2010 population and housing census ( ), Ghana has a total population of about 24,658,823 out of which about 51.2% (12,633,978) are women and 48.8% (12,024,845) are men.[527] This number represents an increase of about 30.4% over the 2000 census population of 18,912,079.[528] Ghana's population was estimated to be about 29.6 million in 2018.[529]

Ghana at independence was a parliamentary democracy with a unitary, unicameral parliament and an executive responsible to parliament.[530] However, a newly adopted constitution, on July 1, 1960, changed Ghana from a parliamentary system with a prime minister to a republican form of government headed by an executive president. Ghana had a chequered and tremulous political history between 1960 and 1992: not only did Ghana become a one-party state in 1964,[531] the period thereafter was characterised by a number of coup d'états resulting in military and civilian regimes alternating political power. However, a stable democracy was restored in Ghana in 1992.

The period after Ghana's transition to liberal democracy in 1992 marks a significant turn in Ghana's public policy making: not only has Ghana made a conscious effort to sustain its democracy, but also, it has strived to improve human and political rights and the relative independence of various institutions of government such as the Electoral Commission and judiciary, and the independence and significant role played by the media and

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[525] Sowa (1989, 117)
[526] Ninsin (1989a, 1-3)
[527] Ghana Statistical Service (GSS) (2012, 1)
[528] Ghana Statistical Service (2012, 2)
[529] World Bank (2019)
[530] Ray (1986, 12-3)
[531] African Elections Project (2009); Biney (2011, 157); Ninsin 1989b, 15); Ray (1986, 13)

civil society organisations.[532] As the World Bank has observed, "Ghana consistently ranks in the top three countries in Africa for freedom of speech and press freedom, with strong broadcast media in particular, and radio the medium with the greatest reach. Factors such as these provide Ghana with solid social capital."[533] Moreover, Ghana has successfully had eight peaceful elections since 1992, out of which three led to the handing over of political power to an opposition party, thus, passing the test of two successive electoral turnovers and placing Ghana among the few African Countries that have consolidated their democracy.[534] Due to the consolidation of its democracy, Ghana's public policy making process has been shaped significantly and its policy environment greatly improved.[535]

Ghana, at the time of independence in 1957, had a relatively buoyant economy with one of the highest per capita incomes in Africa and had a respectable average economic growth of about 4% in the 1960s driven mainly by export trade, making it one of the continent's brightest stars.[536] However, hefty government intervention through socialist state-led planning, worsening terms of trade, fiscal and balance of payments deficits, corruption and other misguided policies, were to soon shatter Ghana's promising economy not long after independence.[537] For instance, due to the economic nosedive and decay, Ghana's gross domestic product (GDP) that at the time of independence was comparable to that of South Korea and Malaysia fell drastically[538] and inflation between 1972 and 1977 rose steeply from 9.6% to 77.2% when Ghana was ruled by a military government.[539]

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[532] Arthur (2010, 203). See World Bank (2019) http://www.worldbank.org/en/country/ghana/overview#
[533] World Bank (2019) http://www.worldbank.org/en/country/ghana/overview#
  World Bank (2019) http://www.worldbank.org/en/country/ghana/overview#
[534] Abdulai and Crawford (2010, 27); Arthur (2010, 203); Carroll and Ohemeng (2012, 354-5)
[535] Booth et al. (2005, 1); Carroll and Ohemeng (2012, 349-50; 354)
[536] Tsikata (2001, 57)
[537] Oquaye (1980, 27-28); Tsikata (2001, 57-8)
[538] Asare and Wong (1999); Mazrui (2006); Werlin (1994)
[539] Tsikata (2001, 58)

2.5 Rationale for Case Selection

2.5.1 Background of the Study

The study focused on Ghana's local governance, health, and education policies for several reasons. One of the primary motivations for this study is the reflexivity, an in-depth, experiential, and interpersonal reflection,[540] from my personal experiences in Ghana. Growing up as a child in Ghana, I encountered several instances that later shaped my interest in public policy and policy change. I remember when I was in class 5 (grade 5), there was a day when I got sick in school, and I was sent home by my teacher. My father was already admitted at the hospital for diarrhoea and my mother had gone to the market to trade. I was left in the house alone until one of our family friends came to visit my father and knocked on the door and no one responded but he heard someone crying in the room. He got concerned and called the neighbours (other tenants) in the house, they came into the room and found me lying down very weak. They put me in a taxi and rushed me to the hospital and because of my condition, the nurses rushed me to the emergency room. The nurses however could not commence treatment immediately because those who accompanied me to the hospital did not have enough money to pay the initial deposit that was requested. Had it not been the intervention of a Good Samaritan whose son was being treated, I do not know what would have happened. I also remember vividly the countless number of times in senior high (secondary) school when I was sacked from school during examination for outstanding school fees. Again, when I gained admission at the university for my undergraduate studies, all efforts by my parents to get the admission fee (tuition and general fees) proved futile. This compelled my dad to eventually sell his cocoa farm to put me into school. The public campaign for communal labour and several self-help projects my community embarked upon through the efforts of the assembly members, attempting to obtain assistance from the District Assembly, also deepened my interest in further understanding the role or functions of local government units (District Assemblies). These self-help projects included the community contributing to buying electricity poles and water pipes so as to get connected to the national grid of electricity and pipe borne water, digging the holes and trench for the electric poles and laying the pipes respectively,

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[540] Patton (2015, 70)

contributing money for cements and digging holes (trench) for gutters, just to name a few. Furthermore, I was originally a business (accounting) student. However, a local government in Ghana course I took during my undergraduate studies at the University of Ghana motivated me to switch my interest to public administration. All these reflexes served as primary motivations for carrying out this research and shaped my interest in focusing on local governance, health, and education. They shaped my interest in seeking a deeper understanding of the factors that shape policy making and policy change in Ghana. My own experiences were a driving force to understand further these topic areas.

2.5.2 Case Selection

Ghana was selected for this study because it is an exemplar country in Africa. Because Ghana was first country south of the Sahara to gain independence from colonial rule in the period of (African colonial independence), it became the beacon country in Africa.[541] Ghana's "political struggles shaped the struggle for the independence of most African countries."[542] This is because, "Ghana's route to independence became the model for the rest of the continent" such that over 30 African countries had gained independence by the mid-1960s, many of which had charismatic leaders, most notably Julius Nyerere in Tanzania, Jomo Kenyatta in Kenya, and Kenneth Kaunda in Zambia.[543] Again, as has been explained above, not only does its post-independence political and socio-economic trajectory exemplify the development challenges of many African countries, but also in country after country, the debate over its policy responses to these challenges is replicated.[544] Countries like Tanzania, Kenya, Zambia and Zimbabwe followed the economic development model adopted in Ghana by Kwame Nkrumah. Moreover, I focused on Ghana because I envisaged getting depth of understanding, which may not be possible if the study focuses on the whole of Africa.[545] However, some of the results may be applicable to other African

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[541] Yergin and Stanislaw (1998, 111; 2002, 64)
[542] Ohemeng and Ayee (2012, 19)
[543] Yergin and Stanislaw (2002, 66)
[544] Lofchie (2012, xiii)
[545] Creswell (2007)

countries, since the policy making process in Ghana typifies the experience of some of these countries.[546] Thus,

Ghana, as Africa's exemplar country could, to some extent, offer a valuable lesson for other African countries.

Since it has a unique position in Africa,[547] it is hoped that focusing on Ghana will provide useful theoretical

insight into policy making and the process of policy change in Africa.

I chose to focus on Ghana's local governance, health, and education policies for several reasons beside

my in-depth, experiential, and interpersonal reflection on these policy areas. These three policy areas are

acknowledged to be at the core of development.[548] Whiles previous studies have explored politics,[549] economic

conditions,[550] institutions,[551] ideas,[552] policy crises,[553] and actors (domestic and international financial

institutions and donors)[554] as the main factors that have shaped policy change in the three policy areas, it will

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[546] Lofchie (2012); Ohemeng and Ayee (2012); Yergin and Stanislaw (2002; 1998)

[547] Ohemeng and Ayee (2012, 19)

[548] Akyeampong (2010a, 1); Berman (1995, 13); Crook (1999, 118); Ghana (2012b, 2); Little (2010, 1); Makgetla (2009); Mohan (1996, 78); NPP (2008, 68); Oquaye (1995, 210-12); Seddoh and Akor (2012, 2); World Bank (1989, 2; 2004a, 1; 2004b)

[549] Agyepong and Adjei (2008); Anyidoho and Anyidoho (2009); Assensoh and Wahab (2008); Atalinga (2011); Atuoye et al. (2016); Aziabah (2018); Busumtwi-Sam (1996); Crook (1994; 1999); Donkoh et al. (2020); Haynes (1991); Hickey and Hossain (2019); Koranteng and Larbi (2008); Kosack (2014; 2012; 2008); Kusi-Ampofo et al. (2015); MOH (2001); Mohan (1996); NPP (2008a; 2008b; 2012; 2016); Oquaye (1995); Sayi Abdul Hamid (2016a); Seddoh and Akor (2012); Rajkotia (2007)

[550] Ayee (2008); Criel (1998); Gyimah-Boadi (1990); Haynes (1991); Imurana et al. (2014); Mensah et al. (2010a); Mohan 1996, Oquaye 1995 Seddoh and Akor (2012); Walt and Gilson (1994)

[551] Adick (2020); Agyeman et al. (2000); Agyepong and Adjei (2008); Akazili (2010); Akyeampong et al. (2010); Alatinga (2011); Ampadu and Abdul-Hamid (2022); Ansah (2014); Arhinful (2003); Arhin-Tenkorang (2000); Assensoh and Wahab (2008); Awortwi (2010; 2011); Ayee (2004; 1994); Ball et al. (2017); Bowdich (2014; 1819); Brenya and Adu-Gyamfi (2014); Brenya and Asare (2011); Cashin (2016); Fobih and Koomson (1998); Foli and Ohemeng (2022); Fredua-Kwarteng (2016a; 2016b; 2015); Ghana (2012a; 1992a; 1992c); Kisseih (1986); Koranteng and Larbi (2008); LOGO South (2005); Little (2010); McIntyre et al. (2008); Makgetla (2009); Nsakorh (1964); Nyendu (2012); Olowu (2003); Seddoh and Akor (2012); Trades Union Congress (2012); Twumasi (1981; 1975)

[552] Agyei (2019); Allah-Mensah and Osei-Afful (2017); Arhinful (2003); Brenya and Adu-Gyamfi (2014); Brunsson and Sahlin-Anderson (2000); Crook (1994; 1999); Foli and Ohemeng (2022); Koduah et al. (2015); Osei-Akoto and Adamba (2011) ; Kpessa-Whyte and Tsekpo (2021); Murray and Allotey (2022); Mfum-Mensah (2017); Mfum-Mensah and Nyariro (2017); Mohammed (2020); Nudzor (2014); Ohajunwa (2022); Olowu (2003); Opoku et al. (2015); Owusu (2009); Seddoh and Akor (2012); Senah (2001); Wireko et al. (2020); Wireko and Béland (2017; 2013); Wireko (2015)

[553] Agyepong and Adjei (2008); Akyeampong et al. (2006); Blanchet et al. (2012); Dalinjong and Laar (2012); Imurana et al. (2014); Mensah et al. (2010a); Seddoh and Akor (2012); Singleton (2006); Waddington and Enyimayew (1989); Darvas and Balwanz (2013); Fobih and Koomson (1998); Fredriksen (2009); Horn, Wright, and Prouty (2009); Lewin (2010); Little (2010); Walt and Gilson (1994); Witter and Garshong (2009); World Bank (2004a; 2004c)

[554] Abrahamsen (2000); Arhin-Tenkorang (2001a); Asher (2018); Ayee (2008b); Busumtwi-Sam (1996); Carbone (2011); Crook (1994); Dalyot (2015); Fredriksen (2009); Gunu (2019); Koranteng and Larbi (2008); Lewin (2010); Little (2010); Mensah et al. (2009); Mensah et al. (2010a); Mohan (1996); Nishimura, Okine (2021); Odeyemi and Nixon (2013); Ogawa, and Ampiah (2009); Oquaye (1995; 2000); Seddoh and Akor ((2012); Sekyi and Domanban (2012; 2009); Tchoula (2020); Thompson and Casely-Hayford (2008); Wireko et al. (2020); Wireko and Béland (2017; 2013); Wireko (2015) (2012); WHO/UNICEF (1978a; 1978b; WHO 1999); World Bank (2010); World Bank (2004a; 2004c)

be relevant to look at other potential factors, such as policy entrepreneurs and government political will, which are often lacking in the existing literature about Ghana as explained in chapter one. This research therefore seeks to rely on the role of policy entrepreneurs and government political will to provide a deeper understanding of policy change in Ghana's health, education and local governance policies.

The rationale for focusing on Ghana's local governance is that the 1988 decentralisation programme marked a significant turn in the history of local government reforms in Ghana[555] as discussed in chapter 1. The African continent as a whole has since the mid-1970s witnessed a renewed interest in and a drive towards decentralisation[556] as a "perennial tool for development"[557] and an instrument for efficient and participatory governance.[558] Ghana is no exception to this renewed interest in and drive towards decentralisation. Ghana, since independence, has implemented various local government reforms with a view to strengthening governance at the local or grassroots level. However, it was not until 1988 when Ghana under the PNDC was able to adopt a decentralisation programme notwithstanding the several efforts made by previous governments. This research therefore seeks to provide a deeper understanding of why and how the PNDC was able to achieve such a remarkable policy change.

The study will also include health policy in the within-case comparative analysis because the 2003 change also constituted a significant achievement in the history of healthcare financing in Ghana.[559] Health outcomes are considered to be the fundamental test of government success in most political jurisdictions in both developed and developing countries.[560] Universal social health protection – including equitable health insurance mechanisms – constitutes one of the critical ways of achieving the Millennium Development Goals

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[555] Adusei-Asante and Hancock (2012, 86); Ahwoi (2000a); Awortwi (2010, 620); Ayee (1994; 1996b, 31; 2008b, 237); Crawford (2009, 60); Crook (1994; 1999, 115); Egbenya (2010, 16); Ghana (1987, 1-2; 1992a; 1992b; 2003); Haynes (1991, 283); Koranteng (2011, 49); Leite et al. (2000, 2); LOGO South (2005, 7); Mohan (1996); Nsarkoh (1964); Nyendu (2012, 22);Oquaye (1995, 211); Owusu (2005, 6)

[556] Conyers (1983, 99); Crawford (2008, 235); Crook (1994, 339); Olowu (2003, 41)

[557] Mohan (1996, 78)

[558] Braun and Grote (2000, 2); see also Olowu and Wunsch (2004)

[559] Berman (1995, 13); GTZ (2005, 4); Imurana, Haruna and Kofi (2014, 197-200); International Labour Organisation (2008, 1; 2007, 1); Kalk (2008); Mensah et al. (2009, 4; 2010a, 5); Seddoh and Akor (2012, 2-5); Smith and Sulzbach (2008, 2461)

[560] Adolino and Blake (2011, 234)

(MDGs) and universal health coverage.[561] This is because health is increasingly included as an important goal of national development in that it can make development more sustainable.[562] However, due to the high cost of obtaining health care services, access to effective and affordable health services has been a rarity in most developing countries.[563] Ghana's NHIS was a remarkable policy change that occurred within a relatively short period of time. Yet, extending social health protection into developing countries was seen as premature since such countries are economically immature to deal with the political and financial burden associated with social security.[564] Thus, by introducing a comprehensive social health policy, like most developed countries, Ghana has played a leading role in Africa.[565]

The focus on Ghana's education policy helps significantly on the comparative analysis because unlike its health and local governance policies that have seen major paradigmatic changes, Ghana has made incremental changes in its education policy. While several efforts have been put in place to expand access to education in sub-Saharan Africa, the region today has the highest rates of educational exclusion in the world. For instance, according to the United Nations Educational, Scientific and Cultural Organization (UNESCO), more than 20% of children between the ages of about 6 and 11, one-third of youth of 12- to 14-year olds, and about 3 out of 5 young people aged 15 to 17 are not enrolled in school.[566] Africa is home to more than half of the world's out of school children of primary age, that is 6 to 11 years.[567] Yet, it is globally recognised that education is the bedrock for development.[568] The provision of quality education to the citizenry is touted as the hope of accelerated development[569] because it is identified as the surest path out of persistent poverty.[570] Equal access and opportunities to education helps in transforming lives, alleviating poverty and enhancing the quality of human

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[561] Seddoh and Akor (2012, 2)
[562] Berman (1995, 13)
[563] GTZ (2005, 4); Imurana, Haruna and Kofi (2014, 200); Mensah et al. (2009, 4; 2010a, 5); Smith and Sulzbach (2008, 2461)
[564] Seddoh and Akor (2012, 2)
[565] Imurana, Haruna and Kofi (2014, 206)
[566] UNESCO (2022)
[567] UNESCO (2016)
[568] Adarkwah (2022, 284); Guilherme (2016, 4); Onyefulu et al. (2014, 36-7); UNESCO (2015, 5; 2010)
[569] UNESCO (2010)
[570] Nyarkoh and Intsiful (2018, 43)

resources of the country.[571] For instance, according to the World Bank, "sustained poverty reduction requires a commitment to reduce inequality and improve access to opportunities for all citizens"[572] including education.

At independence, education was understood in Ghana as the main vehicle through which the skilled manpower needed to drive Ghana's developmental agenda could be produced.[573] Nkrumah after independence saw the importance of education to Ghana's national development and initiated the education for all policy to gradually make education accessible to all Ghanaians irrespective of socio-economic status. Nkrumah, in 1961, adopted the Education Act (1961) that made basic education free and compulsory.[574] Nkrumah's' education policy was to be the driver of the broader desire of modernising Ghana through industrialisation.[575] However, after the overthrow of Kwame Nkrumah, Ghana over the years has made slow progress to achieve the Education for All (EFA) goals. While Ghana's education policies after Nkrumah were directed towards increasing access to all levels of education,[576] most of its education financing policies have changed only incrementally: new policy initiatives resulted in minor modifications to existing one.[577] For instance, Little has observed that the history of educational policy in Ghana reveals that "each successive policy text owes much to the policy themes set out in earlier texts. Recurring policy themes include the provision of free education and the need for a practical, vocationally oriented education."[578]

Therefore, in order to better understand why Ghana has made significant changes in its health and local governance policies and yet only incremental change in its education policy, I rely on the comparative qualitative methods to examine the role of policy entrepreneurs and government political will and commitment across the three policy areas where the outcomes are different to some degree. I examine how the presence of policy

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[571] Guilherme (2016, 4); Mohammed and Kuyini (2020, 143); Onyefulu et al. (2014, 36-7); Takyi et al. (2019a, 1); Yang and Guo (2020, 611)

[572] Molini and Paci (2015)

[573] Nyarkoh and Intsiful (2018, 44)

[574] Ghana (1961)

[575] Nyarkoh and Intsiful (2018, 45)

[576] Little (2010, 1)

[577] Akyeampong (2010a, 1); Akyeampong et al. (2007); Akyeampong et al. (2007, 4 cited in Takyi et al. 2019a, 5); Fobih and Koomson (1998, 155-58); Ghana (1961; 2012b, 2); Koduah et al. (2015, 12); Little (2010, 1-7); NPP (2008a; 2008b; 2012; 2016); Senah (2001, 85); Takyi et al. (2019a); World Bank (1989, 2; 2004a, 1; 2004b)

[578] Little (2010, 1)

entrepreneurs and government political will and commitment led to major paradigmatic changes in Ghana's local governance and health policies and the absence of these factors account for the incremental change in Ghana's education policy. Employing the qualitative approach allowed me to get at the details of each policy area, thus, facilitating process tracing which reveals how these two factors shape policy change.

2.6 Data Collection Method and Research Instrument, and Ethical Considerations

This study is based on both primary and secondary data. The study focuses on particular policies; thus, I geared the selection of participants towards policy actors who were either part of or had immense knowledge in the changes that occurred in the local governance, health, and education policies. Therefore, the primary data was collected through a set of semi-structured, in-depth interviews of forty-seven selected key education, health, and local governance policy actors and other relevant policy actors in Ghana drawn from the main groups of stakeholders that were reportedly influential in the policy process. These actors consisted of three groups. The first group were twenty-seven political actors consisting of past and current cabinet ministers, parliamentarians, and political party leaders. Specifically, there were eighteen past and current cabinet ministers and members of parliament (MP). Because, Ghana has a hybrid system of government that requires majority of the ministers to be appointed from parliament,[579] all the cabinet ministers were also parliamentarians. All the members of parliament have served in various parliamentary select committees including local governance, health, and education. The cabinet ministers have also served as health, local government and rural development, education, and regional ministers and deputy ministers, and as ambassadors, among others. Two of the cabinet ministers are also educationalists who have worked extensively with the Ghana Education Service and various District Assemblies, one of which is experienced in educational planning and rural development. One of the MPs, a consultant, was a former liaison between parliament and the World Bank/IMF. Another MP was a former senior superintendent at the Ghana Education service and a lecturer at the University College of Education, a municipal (district) chief executive. Some of the MPs have also formerly served as chief whips, and as

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[579] Ghana (1992a)

constituency and national executives of their parties. There were nine past and current political party leaders, beside the MPs who have also served in this capacity. Two of them were Presiding Members and one a District Chief Executive.

The second group of actors included two key policy officials in the Ministries of Education, two from Health, and three from Local Government and Rural Development; two policy experts from the Ghana Health Service, one from the Ghana Education Service, and four from the Institute of Local Government Studies (ILGS). Two of the policy experts from the ILGS were heads of the National Development Planning Commission.

The last set of actors were two members from the civil society organisations (TUC and Education forum), and five prominent journalists from the media. Three of the journalists were managing editors of three renowned daily newspapers in Ghana and one was the host of a morning radio newspaper review show. All the journalists were also panellists of newspaper review shows on various radio stations.

The relevant participants were selected mainly through the stratified, purposive sampling techniques. The stratified purposive sampling technique enabled me, on the basis of salient criteria[580] such as participation in the policy development process directly or indirectly, to select participants across relevant groups on the same phenomenon (that is, Ghana's education, local governance, and health policies) with each group being homogenous enough.[581] This made it possible for meaningful cross-group comparisons to be made.[582] Through the document review, a range of documentary sources supplemented the data from the semi-structured interviews.

Specifically, I drew up an initial list of all the potential participants I identified in the literature as relevant policy actors and stakeholders who reportedly participated or were believed to have an influence and a stake in the three policy areas under consideration. I also noted areas that would be of interest for discussion during the interview sessions. I made a field trip to Ghana in August 2017 and conducted the interviews for four months. Upon arriving in Ghana, I went to the Policy, Planning, Monitoring and Evaluation units (research units)

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[580] Snape and Spencer (2003, 5)
[581] Bouma et al. (2012, 147); Ritchie et al. (2003, 79). See also Ritchie and Lewis (2003a)
[582] Bouma et al. (2012, 147); Ritchie et al. (2003, 79). See also Ritchie and Lewis (2003a)

of the Ministries of Education, Health, and Local Government and Rural Development for help in getting in touch

with the potential participants on the list. I also went to the Policy, Planning, Monitoring and Evaluation Division

(PPMED) of the Ghana Health Service (GHS), the office of the Director General of the Ghana Education Service,

and head of research at the Institute of Local Government Studies. I also contacted the office of the Speaker of

Parliament and research department of Ghana Parliament for the members of parliament, cabinet ministers

and other relevant actors I have listed as potential participants. Finally, I went to the relevant media houses and

the offices of the two main political parties, the NPP and NDC. Through these institutions, I was able to identify

and contact other relevant participants. I excluded the participants on the initial list and those I identified after

contacting the relevant institutions named above who were either dead or I could not contact because I was

not able to identify their where about.

The participants, except for six, were interviewed in their personal respective offices to keep the

discussions free from influence by their peers and confidential. Two out of the six participants were interviewed

over the phone, two in their homes and two at their hotels where they were attending a conference. With the

exception of eight, where the participants combined both Twi and English, all the interviews were conducted in

English. The interviews which generally lasted between 30 and 90 minutes, were recorded with the permission

of participants. The taping of the interviews was aimed at enhancing accuracy of information during analysis.

Detailed notes were taken during the interviews of two interviewees who were not comfortable with being

recorded. Notes were also taken during the interview sessions in addition to the tape recordings. This served as

a backup in case the whole or part of the recording was faulted. To allow the interview participants to express

themselves freely on the broad themes, the interviews were free-flowing. Interview participants were asked

questions about the policy process in Ghana, the factors that shaped the changes in Ghana's health, local

governance and education policies and the influential actors. The broad questions asked during the interview

are listed in appendix 3. Some leads or prompts and follow-up questions were used to focus the responses of

interviewers on the issues of interest in order to explore these broad questions. The transcription of some of

the recorded interviews took place in Ghana after the data collection and the rest in Calgary upon my return. The completed interview transcripts were returned to the participants for their review.

Some challenges were encountered during the process of collecting the data through the semi-structured interviews in Ghana. While I was able to interview some of the participants after the first or second contact, I was able to meet and interview other participants after several phone calls, text messages and/or physical visits to either their offices or houses, or even both in some cases. In some instances, I had to reschedule the meetings. This was mainly due to the busy schedules of those participants. Moreover, I could not get in contact with some of the people who were either identified in the literature or whose names were mentioned by some of the participants I had interviewed as reportedly playing a key role in the policies under study (education, local governance, and health policies). Some were not alive, for the others I was not able to identify their where abouts as explained above. Their contributions would have enriched the study. In the face of these difficulties and stresses, I was able to interview a significant number of individuals (forty-seven participants in total) within the limited time that I had at my disposal.

The documentary sources[583] comprised primarily of relevant published histories of health, education, and local governance in Ghana and the larger context. It also included research reports, official documents –

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[583] The documentary sources were obtained primarily from online sources, the University of Calgary library, STAR-Ghana, Institute of Local Government Studies, Ghana; Institute for Democratic Governance (IDEG), and Friedrich Ebert Stiftung Ghana. Others were obtained from international sources namely the Commonwealth Local Government Forum; UNESCO (United Nations Educational, Scientific and Cultural Organisation) digital library, African Union, UNESCO Institute for Statistics, World Bank, International Monetary Fund, United Nations Organisation, International Bank for Reconstruction and Development, United Nations Children's Fund (UNICEF), World Education Forum, and Overseas Development Institute. The documentary sources also include, among others: the Anamuah-Mensah Committee Report; *The 1992 Constitution of the Republic of Ghana*; *National Health Insurance Act, 2003*; *Education Act, 2008 (Act 778)*; Ghana's Vision 2020; New Patriotic Party Manifesto (for 1996, 2000, 2008, 2012 and 2016); National Democratic Congress (NDC) Manifestos (for 2004 and 2012 and 2016); Education Strategic Plan 2010 to 2020: Volume 1; Education Strategic Plan 2010 to 2020: ESP Volume 2; *The New Structure and Content of Education for Ghana*; *Constitution of the Fourth Republic of Ghana (Promulgation) Law, 1992 (PNDCL 282)*; Growth and Poverty Reduction Strategy (GPRS II); *The Legal Framework of Education in Ghana*; 1998 Technical Guidelines of the International Consultative Forum on Education For All (Education for All: The Year 2000 Assessment); Improving the Education Sector in Ghana's Development Agenda; National Review of Education Sector Analysis in Ghana; Ghana - Basic Education Sector Improvement Program Project; Books, Buildings and Learning Outcomes: An Impact Evaluation of World Bank Support to Basic Education in Ghana; The Dakar Framework For Action: Education For All: Meeting Our Collective Commitments (Including Six Regional Frameworks For Action); Ghana - Primary School Development Project; Ghana - Primary School Development, and Basic Education Sector Improvement Projects; and Education in Ghana: Improving Equity, Efficiency and Accountability of Education Service Delivery.

available policy documents, parliamentary hansards, commission and committee reports, – governments' speeches and press releases, reports of non-governmental organisations (NGOs), political party documents (manifestoes and constitutions), and reports from international organisations (World Bank, IMF, UNESCO, United Nations Organisation). Further, evaluation studies, archival materials, relevant scholarly writings – books, journals, and conference papers, – major Ghanaian newspapers (Ghanaweb, Modern Ghana and Myjoyonline), and other relevant publications collected using the unobtrusive or non-interactive data collection method were included in the documentary sources. The data obtained was analysed to identify important themes.

The triangulation of the primary source of data from the interviews and primary documents with the secondary data from the documentary sources helped to guard the study against the issue of validity: it ensured that my findings are trustworthy and increased the validity of the conclusion. The findings from the interviews were combined with the data obtained from the official documents and other public records and other documentary sources. More importantly, I ensured that participants cross-checked their answers and corrected any information I misconstrued from the interview by giving each interview participant for verification a copy of the information provided by each participant that I transcribed.

To address issues of ethics, I obtained ethics approval from the Conjoint Faculties Research Ethics Boards (CFREB) at the University of Calgary. To protect the confidentiality, anonymity, and the rights and freedoms of the research participants, all of them were guaranteed confidentiality. Besides, each of them was asked to select their own pseudonyms or I gave one to those who failed to provide their own. In addition, after explaining to each of them, I allowed participants to study and read the consent forms I give to them to make them aware of all the ethical considerations and implications involved in participating in the study.

2.7 Data Analysis

To help uncover meaning, develop understanding, and discover insights about Ghana's public policy making and policy change, the data collected for the study was analysed through documentary analysis and process-tracing technique. I broadly categorised the data generated that constituted the main basis of analysis in the empirical

chapters into primary and secondary data, focusing particularly on how policy entrepreneurs and government political will interacted with the policy development process and processes of change in the local governance, education, and health policies. The data I generated from the interviews, official statements, documents, research reports, policy documents, parliamentary hansards, commission and committee reports, and governments' speeches and press releases, political party and reports from international organisations documents constituted primary data. The data generated from existing empirical studies of the policies under consideration or other articles and publications, including newspaper material constituted secondary data.

The transcribed interviews were content analysed to determine the common themes or threads that emerged and to draw out other findings.[584] The interview transcripts were analysed to identify key factors that shape policy making and change in Ghana's local governance, health, and education policies. Since the policy process in Ghana, as a former British colony and a developing country, is subject to many factors, I subjected the data generated from the interviews, official documents, and secondary documents to thematic analysis. The primary aim of the thematic analysis was to generate all the important factors that shape policy change in Ghana's health, education, and local governance policies.

The thematic analysis involved analysing the coded and categorised data to capture its qualities. It also involved identifying all the configurations within the data towards in-depth understanding of education, health, and local government policy change in Ghana. Themes which reflected patterns within information, minimally described and organised, and at a maximum interpreted various features of Ghana education, health and local government policy change analysed.[585] The themes therefore captured "something important about the data in relation to the research question," and represented "some level of patterned response or meaning within the data set."[586]

The data collected through the semi-structured interview was analysed using the computer program NVivo. NVivo is a useful tool for qualitative research analysis that helps researchers in organising non-numerical

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[584] Strauss (1987); Strauss and Corbin (1998)
[585] Boyatzis (1998)
[586] Braun and Clarke (2006, 82)

or unstructured data through coding and graphing and, hence, establishing relationships in the data and storing the information generated through the process.[587] This was done by uploading the data I gathered from the audio recordings of the interviews into the NVivo software, transcribing it and running queries and word-frequencies. I also uploaded the relevant documents into the NVivo program. I came up with 139 codes, which were put into 24 categories and then generated 10 themes out of the categories from the information using NVivo, to reflect the concepts of interest for this study. I drew the codes from the key factors that I identified in the literature review as explained in chapter one. For example, particular instances where participants expressed thoughts that suggested the role played by policy actors (entrepreneurs or international donors), government political will, politics (electoral considerations), ideas, and institutional factors (constitution, colonial legacy, economic conditions), among others in shaping the policy process and policy change in the areas of health, education and local governance were coded as such. Thus, through the NVivo software, I coded the unstructured data and categorised into common themes identified in the next paragraph. The NVivo program was, thus, very valuable in generating the common themes from both participant's responses obtained during the interviews that I have transcribed into Microsoft word documents and that gathered through the documentary reviews.

The study relied on document analysis so as to tease out common themes that helped to gain a deeper understanding and better interpret the changes that have occurred in Ghana's health, local government, and education policies. Document analysis is a systematic procedure in qualitative research for reviewing or evaluating documents involving the examination and interpretation of data to elicit meaning and gain understanding as well as develop empirical knowledge.[588] As Ritchie observes, "documentary analysis is particularly useful where the history of events or experiences has relevance, in studies where written communications may be central to the enquiry (for example organisational research, studies of public awareness or information) and where 'private' as well as 'public' accounts are needed."[589] Accordingly, this

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[587] Bazeley and Jackson (2013)
[588] Bowen (2009, 27); O'Leary (2004, 9)
[589] Ritchie (2003, 35)

analytical method enabled me to identify common themes by studying the existing documents and data to gain an in-depth understanding[590] of the different magnitudes of change in Ghana's local governance, health and education policies.

Thus, the data from both the transcribed interviews and documentary sources were reviewed and evaluated systematically and common themes were identified. The three main themes were "government commitment," "political will," and "policy actors." Other themes that emerged include "domestic pressure," "constitution," "ideas," "institutions," "economy," and "international influence." The examination and interpretation of information gathered helped to illuminate deeper meanings[591] and gain a broadened understanding as well as develop empirical knowledge[592] about Ghana's education, health, and local governance policy making and policy change.

Process-tracing is the process in which the links between possible causes and observed outcomes are traced.[593] Since process tracing typically involves multiple links,[594] mechanisms and long chains, multiple types of evidence are employed to verify a single inference.[595] It is particularly useful in testing "whether the residual differences between two similar cases were influential in producing a difference in these cases' outcomes."[596] That is, it is the process that makes it possible for a researcher to examine histories, archival documents, interview transcripts, and other sources to identify the process evident in the sequence and presence of the factors in a case or cases.[597] This is because process tracing helps to locate the mechanism that helps to understand how the factors are linked to a particular outcome.[598] Thus, process-tracing can be used by researchers both to perform a heuristic function and also to identify causal processes on the basis of the sequences of events that are observed inductively in case studies.[599] Given the purpose of this study, process-

[590] Bowen (2009, 27-8); Elo and Kyngas (2008, 108); Ritchie and Lewis (2003a, 200)
[591] O'Leary (2004, 9); Ritchie (2003, 35)
[592] Bowen (2009, 27); O'Leary (2004, 9)
[593] George and Bennett (2005, 6)
[594] Gerring (2007, 181)
[595] Gerring (2007, 173)
[596] George and Bennett (2005, 6-7)
[597] George and Bennett (2005, 6)
[598] Mahoney (2003, 363; 2000, 409)
[599] George and Bennett (2005, 7); Campbell (2004 119)

tracing was particularly valuable in examining the relevant available documents on Ghana's health, local government, and education policies and the interview transcripts to identify the emerging themes and establishing relationships in the data.

Thus, by triangulating the documentary analysis with process-tracing, not only was I able to better understand and provide an in-depth examination and interpretation of Ghana's public policy making, but also, it helped me to identify and evaluate the significant roles played by policy entrepreneurs and government political will and commitment, the interaction of which shaped the patterns and different degrees of change in Ghana's local government, health, and education policies. This is because, the two techniques helped in discovering the sequence of processes, events, and activities that led to the differing degrees of change in specific moments in time in these three policy areas under study.

2.8 Conclusion

In this chapter I explained the research approach and strategy of the study. In order to provide a very comprehensive explanation and analysis of Ghana's public policy making and policy change, this study undertakes a qualitative case study of Ghana's policy making process and the drivers of policy change because qualitative analysis provides detailed understanding by taking into account the contextual factors of the phenomenon of study.[600] I argued that qualitative analysis takes full account of the numerous interaction effects that occur in social settings.[601] It pays serious attention to important effects that are not statistically significant.[602] That is, the qualitative research approach relies on strategies that are appropriate in addressing research questions or issues[603] that do not lend themselves to numerical answers.[604] Unlike quantitative inquiry that aims at causal determination, prediction, and generalisation of findings, qualitative analysis is directed at

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[600] Furlong and Marsh (2010, 186-190); Palys and Atchison 2008, 3-4; Peters (1998, 2); Snape and Spencer (2003, 5); Stoker and Marsh (2010, 9-12)
[601] Cronbach and Little (1975, 124); Hoepfl (1997, 48)
[602] Cronbach and Little (1975, 124); Hoepfl (1997, 48)
[603] Snape and Spencer (2003, 15)
[604] King et al. (1994, 3-4); O'Leary (2004, 11); Patton (1990, 13)

illumination, understanding, and extrapolation to similar situations.[605]Accordingly, qualitative research blends

empirical investigation with creative discovery[606] and it provides more in-depth and detailed information about

social phenomena that may be difficult to convey quantitatively.[607] Thus, qualitative inquiry leads to a very

different type of scientific knowledge than does quantitative analysis.[608]

Relying on the comparative case study research design enabled me to undertake a within-case

comparative analysis of Ghana's education, health, and local governance policies. This helped me to conduct a

detailed examination of the factors that shape policy-making and change in the three policy areas. Using the

NVivo software was very useful in organising data obtained from the interviews and documents. It helped in

coding the data by generating the common themes from both the responses of participants obtained during the

interviews and the documentary reviews.

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[605] Hoepfl (1997, 48); Patton (1990, 14)
[606] Ritchie and Lewis (2003b, xiv)
[607] Hoepfl (1997, 49)
[608] Hoepfl (1997, 48); Patton (1990, 14).

CHAPTER THREE

THE MULTIPLE STREAMS FRAMEWORK, THE NEW INSTITUTIONALISM AND POLICY CHANGE IN GHANA

3.1 Introduction

The theoretical frameworks of the study are the multiple streams framework (MSF) and the new institutionalism, which combined, provide a better understanding of Ghana's policy making and policy change. The multiple streams framework highlights three streams – problem, politics, and policy – that drive a policy's ascension on a government's agenda and alternative specification.[609] The framework also stresses that the efforts of policy entrepreneurs to take advantage of sporadic policy windows by coupling the three independently operating streams explain much of the movement in the policy process.[610] By paying close attention to the impact of differing institutions – policy ideas and policy legacies, strategic interactions between actors, structures, and cultural frames of meaning, scripts and symbols – on the streams, the multiple streams framework helps to offer a deeper understanding of why Ghana has been able to carry out radical changes in its local government and health policies and yet only incremental or minor changes in its education policy.

I used the multiple streams framework because it provides a parsimonious explanation on what it takes for a national government to pay attention to a specific policy issue and mobilise its resources to respond to it.[611] It explores firstly, how governments make sense of the ambiguous world; and secondly, the conditions under which policy entrepreneurs manipulate the policy-making process by providing meaning, clarification and identity to policy makers faced with problematic preference resulting from ambiguity.[612] As has been argued in chapter one, the framework conceptualises policy making as a dynamic process, which consists of the interaction of three independently operating streams, rather than as a linear process.[613] Moreover, the framework is valuable in understanding how some policy proposals are able to catch the attention of policy makers and eventually become policies. It examines "why people in and around government pay serious

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[609] Blankenau (2001, 38)
[610] Rowlands (2007, 186)
[611] (Zahariadis 2007, 87)
[612] (Zahariadis 2007, 87)
[613] Blankenau (2001, 38); Rossiter and Price (2013, 854); Sabatier (2007b, 9); Zahariadis (2007, 67)

attention to some alternatives at the expense of others."[614] Additionally, the multiple streams framework helps

to understand how and why radical changes become possible. However, the framework pays inadequate

attention to institutions[615] that profoundly shape the efforts of policy actors.[616] Institutions greatly affect the

ability of policy entrepreneurs and the government to carry out a proposed change.[617] Consequently, I

complement the multiple streams framework with the new institutionalism. While the multiple streams

framework enables me to explore the important role played by policy entrepreneurs and government political

will and commitment in public policy making and policy change in Ghana, the new institutionalism helps to

analyse how institutions provide the context that shapes the process of policy change in Ghana.

The remaining part of the chapter explains the theoretical consideration of the study and discusses the

multiple streams framework and new institutionalism exploring their fundamental assumptions and major

arguments.

3.2 Theoretical Consideration

This study aims at gaining knowledge of the policy process[618] in Ghana and thereby, to some extent, Africa by

examining how policies are made as well as change in Ghana. Public policy making and policy change constitute

a very complex process: it involves multiplicity of actors, a relatively long-time span, multiple programs,

technical policy debates (about problem, causes, and solution), and deeply held values or interests that interact

over time.[619] Buse et al. aptly delineate this complexity explaining that:

> Policy-making is not just about a particular decision made at a certain point in time, but
> more often understood as the ongoing interaction among institutions (the structures
> and rules which shape how decisions are made), interests (groups and individuals who
> stand to gain or lose from change) and ideas (including arguments and evidence) (John,

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[614] Kingdon (1995, 196)

[615] Sabatier (1996); Schalger (1999)

[616] Blankenau (2001); Maioni (1997); March and Olsen (2009a; 2009b; 2006; 1996; 1976); Pierre et al. (2008); Rosenau (1994); Steinmo and Watts (1995)

[617] Gibson (1999); Howlett et al. (2009)

[618] Generally, public policy scholars have studied public policy from broadly two perspectives: by exploring either knowledge *of* the policy process or knowledge *in* the policy process (Smith and Larimer 2009, 5-9; see also James and Jorgensen 2009; Lasswell 1971; 1951; Nowlin 2011). Whereas the former focuses on the "why" and "how" of policy making, the later tends to concentrate on policy evaluation and analysis (Lasswell 1971, 1; Smith and Larimer 2009, 6).

[619] Sabatier (2007b, 3-4)

1998). This means that the study of [a] policy needs to take into consideration factors such as the role of the state, the interests of various actors and the manner in which they wield power, the nature of political systems and their mechanisms for participation, and the rules of the game in so far as the informal and formal policy processes are concerned. Moreover, policy analysis must also examine the role of culture and values systems and how they are expressed as beliefs, ideas and argument, as well as international factors which are increasing inter-dependence between states and affecting state sovereignty over policy processes.[620]

Accordingly, policy making involves an interplay between ideas, interests, and institutions[621] with policy change constituting the outcome of the interaction among ideas, interests, and institutions.[622] Given the staggering complexity of the policy-making process and the multiplicity of factors that interact to shape it, a single theoretical approach cannot adequately help to better understand how public policies are made and eventually change in any country. It cannot fully capture the various dimensions of policy making and change – the timing (i.e., why the change happened at a point in time and not at another?), the scope (i.e., whether it was a radical change or an incremental one), the content of the change, and the processes involved.

As such, to fully underscore the complexity of public policy-making and the processes of change in Ghana, there is the need for a multi-theoretical approach as a single theoretical framework cannot adequately provide a full understanding of such a dynamic activity. Accordingly, this study will employ a multi-theoretical approach – it will draw theoretical insights from the multiple streams framework and the new institutionalism as has been indicated above. In this study I will, thus, follow the line of scholars such as Shanahan et al, Real-Dato, Schlager and Leifeld,[623] who in response to the call for better theories[624] and the need for a synergy among different policy theories,[625] have engaged in a synthesis of different policy frameworks to supplement the analytical weaknesses existing in any single theoretical lens.[626] Unlike other research that has solely focused on

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[620] Buse et al. (2009, 4-5). See also Buse et al. (2007, 1)
[621] John (1998 cited in Buse et al. 2008, 2)
[622] Buse et al. (2008, 2)
[623] Real-Dato (2009); Schlager (2007) and Leifeld (2013); Shanahan et al. (2011)
[624] Sabatier (2007b, 3-13)
[625] Meier (2009, 10); Sabatier (2007a)
[626] Other scholars such as McLendon (2003), Ness (2010), Warne (2008) and Weible et al. (2011) compare different theories of the policy process to one another across different policy or issue areas to test their analytical robustness.

either processes, actors, or context,[627] this study will focus on the processes, actors, and context involved in policy-making and the processes of change in Ghana.

3.3.0 The Multiple Streams Framework, the New Institutionalism and Policy-making and Policy Change in

Ghana

3.3.1 The Multiple Streams Framework and Policy-making and Policy Change in Ghana

The multiple-streams framework, developed by Kingdon,[628] constitutes an indispensable analytical framework[629] for understanding public policy agenda-setting, policy formulation and policy adoption as well as policy change within a given political system or set of institutional arrangements.[630] The framework, based on the "garbage can model"[631] of organisational behaviour,[632] examines how policy problems, policy expertise, and politics interact to shape public policy making and policy change. That is, it focuses on how particular issues become identified as problems that require policy responses, the various policy alternatives that political actors give preferences to, and the various stages under which a particular policy idea passes through to get adopted as an actual policy by policy makers.[633] Specifically, it examines how policies are made by national governments under conditions of ambiguity – due to fluid participation, problematic preferences, and unclear technology – by assuming a temporal order – that is, the adoption of specific alternatives depends on when policies are made

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[627] See, among others, Agyepong and Adjei (2008); Antwi et al. (2008); DeJaeghere et al. (2006); Kpessa (2011); Kpessa and Atuguba (2013); Kusi-Ampofo et al. (2015); Ridde (2009)

[628] Kingdon (1984; 1995; 2014)

[629] For the robustness and explanatory power (in terms of policy making and policy change) of the multiple streams framework, see Blankenau (2001); Kingdon (1984; 2014); McLendon (2003); Ness (2010); Rossiter and Price (2013); Rowland (2007); and Zahariadis (1999; 2007; 2014).

[630] Ridde (2009, 938); Sabatier (2007b, 9); Young et al. (2010, 3); Zahariadis (2007, 87).

[631] The garbage can model is a decision-making model that conceptualises choice as a garbage can into which participants dump largely unrelated problems and solutions (Sabatier 2007b, 9; Young et al. 2010, 3; Zahariadis 2007, 67). It views organisations as highly imperfect, not only are their preferences and processes unclear to their members, but more importantly, they operate without rules, hence, in a state of anarchy (Sabatier 2007b, 9; Young et al. 2010, 3; Zahariadis 2007, 67). The process of choice is not controlled by one person because participants constantly drift in and out of decisions leading to a frequent change of decision-makers (Sabatier 2007b, 9; Young et al. 2010, 3; Zahariadis 2007, 67). Consequently, the process of choice according to the model is highly interactive and dynamic because of fluctuating attendance, opportunities, and attention (Sabatier 2007b, 9; Young et al. 2010, 3; Zahariadis 2007, 67).

[632] Sabatier (2007b, 9); Young et al. (2010, 3); Zahariadis (2007, 67)

[633] Rossiter and Price (2013, 854); Young et al. (2010, 3-4)

– and proposing a theory of manipulation.[634] Collective choice, according to the framework is not merely derivative of individual efforts. Rather, it is the combined results of structural forces and cognitive and affective processes that are highly context specific.[635]

The multiple streams framework, according to Zahariadis, is premised on three main sets of assumptions.[636] First, regarding the processing capacity of decision makers, it assumes that individual attention or processing is serial, but systemic attention or processing is parallel. Biological and cognitive limitations, on one hand, allow individuals to only attend to one issue at a time. This not only limits the number of issues under the active consideration of policy makers at a time to a relatively small set, but also the number of pet projects any one policy entrepreneur could push to adopt during this time. On the other hand, due to division of labour, a government can attend to many issues simultaneously.[637] Second, the framework assumes that policy makers operate under significant time constraints. Thus, though many issues vie for policy-makers' attention, time constraint limits both the range and number of alternatives that they give serious attention to. Given the urgency with which policy makers would have to address an issue as they do not have the luxury of time to decide, they need to "strike while the iron is hot."[638] Finally, the framework identifies three parallel and independently operating streams – problem, policy, and politics streams – of actors and processes flowing through the policy system[639] as shown in figure 1 below. Each of the three largely separate streams is conceived as having a life on its own. Each has its own dynamics and rules.[640] Important to the model are ambiguity, problematic preference, unclear technology, and vague jurisdictional boundaries.

Ambiguity is conceptualised as ambivalence – a state of having many ways of reaction against rational choice – resulting from many different, mostly irreconcilable, ways of thinking about the same phenomena

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[634] Zahariadis (2007, 65-6). See generally Kingdon (2014)
[635] Zahariadis (2007, 66)
[636] Zahariadis (2007, 68-9)
[637] Zahariadis (2007, 68)
[638] Zahariadis (2007, 69)
[639] Blankenau (2001, 38); Rossiter and Price (2013, 854); Sabatier (2007b, 9); Zahariadis (2007, 67)
[640] Kingdon (1995, 118); Zahariadis (2007, 69)

FIGURE 1: The Diagram of the Multiple Streams Framework

PROBLEM STREAM
Indicators
Focusing events
Feedback
Load

POLICY WINDOW
Political Manipulation
Coupling Logic

Decision style
    - More Cautious
    - Less Cautious

POLICY
OUTPUT

POLITICS STREAM
National Mood
Pressure-group Campaigns
Administrative/legislative
Turnover

POLICY STREAM
Value Acceptability
Technical Feasibility
Integration
- Access
- Mode
- Size
- Capacity

POLICY ENTREPRENEURS
Access
Resources
Strategies
- Framing
- Salami Tactics
- Symbols
- Affecting Priming

Source: Adapted from Zahariadis (2007)

leading to vagueness, confusion and stress, which is not reduced by more information.[641] That is, it is a state created by multiple definitions and conceptualisations of a particular policy issue or problem. [642] Thus, the actual problem is unknown: its definition is vague and shifting.[643] Under this condition, it becomes extremely difficult to predict an event accurately.[644] This is because it becomes very challenging to differentiate relevant information from irrelevant ones leading to false or misinterpretation of facts.[645]

Ambiguity is different from uncertainty, the inability to accurately predict an event resulting mainly from ignorance or imprecision. Rather, ambiguity refers to ambivalence, conflict of ideas or attitudes resulting from the presence of opposing ideas, attitudes, or emotions at the same time.[646] Uncertainty could be reduced by more information but not ambiguity.[647] For example, more information can help ascertain how AIDS is spread but not if whether it is a political, health, moral, educational, or religious issue.[648]

Further, because ambiguity is rampant, organisations and governments are conceptualised as "organised anarchies."[649] Participation in these organised anarchies is very fluid[650] due to high administrative or legislative turnover and drift of participants from one decision to the next.[651] Organised anarchies are also characterised by problematic preferences, equivocal jurisdictional boundaries, and unclear technology.[652]

Problematic preference describes the situation where people do not know what they want. Participants have unclear goals.[653] That is, it is the situation where policy makers have not made up their mind yet.[654] Governments are also bewildered with equivocal jurisdictional boundaries, making battles between different

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[641] Zahariadis (2007, 66)
[642] Sabatier (2007b, 9); Young et al. (2010, 3); Zahariadis (2007, 67).
[643] Zahariadis (2007, 67)
[644] Zahariadis (2007, 66)
[645] Sabatier (2007b, 9); Young et al. (2010, 3); Zahariadis (2007, 67)
[646] Sabatier (2007b, 9); Young et al. (2010, 3); Zahariadis (2007, 67)
[647] Sabatier (2007b, 9); Young et al. (2010, 3); Zahariadis (2007, 67)
[648] Sabatier (2007b, 9); Young et al. (2010, 3); Zahariadis (2007, 67)
[649] Kingdon (1995, 84); Mucciaroni (1992, 460); Zahariadis (2007, 67)
[650] Kingdon (1995, 85)
[651] Kingdon (1995, 84); Zahariadis (2007, 67)
[652] Kingdon (1995, 84); Zahariadis (2007, 67)
[653] Zahariadis (2003a, 3)
[654] Sabatier (2007b, 9); Young et al. (2010, 3); Zahariadis (2007, 67)

government departments, ministries, and/or agencies very common. These turf battles resulting from blurred jurisdictional boundaries render "the process highly unstable and often incomprehensible."[655]

Organisational technology – an organisation's processes that turn inputs into products – is opaque.[656] Participants in organisations often display rudimentary knowledge of the whole organisational processes.[657] Because technology is blurred, members of an organised anarchy may be cognisant of their individual responsibilities but may be unclear as to how their jobs fit into the overall mission of the organisation.[658]

Due to ambiguity, problematic preferences, vague jurisdictional boundaries and unclear technology, the choice of an alternative is aimed at making sense of a partially comprehensible world rather than solving a specific problem. Thus, time is envisaged as a unique scarce irreplaceable resource – with totally inelastic supply – that constrains politicians to make decisions without having formulated precise preferences.[659] Accordingly, who pays attention to what and when is very critical in the policy-making process and successful policy change.[660] Therefore, actions are often guided by past experience, making trial-and-error procedures indispensable learning tools.[661]

3.3.1.1 Problem Stream

The problem stream consists of various conditions that policy makers and citizens want addressed. It encompasses how problems come to be recognised and how conditions come to be defined as problems.[662] It involves issues that are identified as problems and receive governmental or citizens' consideration for redress.[663] Conditions are portrayed as problems through indicators, focusing events, and feedbacks.[664] Indicators are used to assess the existence and magnitude of a condition and scope of change. Indicators abound in the political

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[655] Zahariadis (2008, 517)
[656] Zahariadis (2008, 517)
[657] Zahariadis (2008, 517; 2007, 67)
[658] Kingdon (1995, 84); Zahariadis (2007, 67)
[659] Kingdon (1995, 84); Zahariadis (2007, 67-68; 2003a, 3)
[660] Zahariadis (2007, 67)
[661] Zahariadis (2007, 67)
[662] Rowlands (2007, 190)
[663] Zahariadis (2007, 70)
[664] Rossiter and Price (2013, 855); Zahariadis (2007, 70-72). See also Kingdon (2014)

world because both nongovernmental and governmental agencies "routinely monitor various activities and events: highway deaths, disease rates, immunisation rates, consumer prices, commuter and intercity ridership, costs of entitlement programs, infant mortality rates, and many others."[665] Important people in government and around government such as ministers, legislators and other politicians and decision-makers look for changes in such indicators.[666] Focusing events draw attention to problematic conditions. Mostly, for problems to get the attention of people in and around government they need a little push. This is because problems are often not self-evident by the indicators.[667] Focusing events therefore direct attention to specific evaluative dimensions of problems. Attention is either fixed by the media or policy entrepreneurs. Feedbacks highlight successes and failures of previous programmes and policies, that is, what works and what may not.[668] Feedback often brings problems to the government's attention either formally in the form of systematic monitoring and evaluation studies or informally through complaints and casework.[669] Problem load refers to the number of difficult problems that occupy the attention of policy makers.[670] Attention is very scare because so many things vie for the attention of government. This compels policy makers to ration their attention among a very limited number of issues.[671] Accordingly, not everything or problem can be attended to by the government at once. Attention is therefore a function of what else preoccupies the minds of government or policy makers.[672]

3.3.1.2 Policy Stream

The policy stream refers to a variety of ideas competing to win acceptance within policy networks. It is envisaged as a "policy primeval soup" of ideas.[673] The policy stream is made up of various solutions that are generated, identified, and marketed by policy actors in policy communities as alternative proposals to the problems

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[665] Kingdon (1995, 90)
[666] Kingdon (1995, 91)
[667] Kingdon (1995, 94)
[668] Rossiter and Price (2013, 855); Zahariadis (2007, 70-72). See also Kingdon (2014)
[669] Kingdon (1995, 101)
[670] Zahariadis (2007, 72)
[671] Zahariadis (2007, 75)
[672] Zahariadis (2007, 75)
[673] Kingdon (1995, 116); Rowlands (2007, 187)

identified in the issue area.[674] Policies or solutions refer to the products of people that are usually generated in

narrow policy communities as answers to questions, they may not be produced only when needed.[675] A policy

community refers to a network of experts – such as policy analysts, specialists in a given policy area, bureaucrats,

politicians, congressional staff members, academics, and researchers – who share a common concern in a single

policy area.[676]

While various policy ideas are generated and marketed by specialists in the narrow policy communities

and are considered in various forums and forms, only few receive serious consideration as solutions on the basis

of technical feasibility, value acceptability, future ramifications of the idea, and budgetary constraints.[677]

Technical feasibility refers to the easy with which a proposed solution can be implemented. That is, the extent

to which the solution is doable.[678] Value acceptability refers to the extent to which a proposed solution falls

within the constraints of values of the policy system.[679] Policy proposals that appear to be easy to implement

have a higher chance of rising to prominence. Similarly, policy proposals that conform to the values of policy

makers are more likely to be considered for adoption.[680] That is, solutions are often progenitors of problems

and not necessarily developed as a response to an existing policy problem and must have value acceptability

and technical feasibility to be viable.[681]

Integration, which refers to linkages among participants within the policy network, is distinguished by

variation in four dimensions, namely size, capacity, access, and mode. Networks are classified as less or more

integrated based on these four dimensions. More integrated networks are smaller in size and have a more

restricted access, higher administrative capacity, and consensual mode. On the Contrary, less integrated

networks are larger in size and have less restricted access, lower administrative capacity, and a competitive

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[674] Blankenau (2001, 38); Rowlands (2007, 187)
[675] Zahariadis (2007, 69)
[676] Kingdon (1995, 117)
[677] Blankenau (2001, 38-39); Parsons (1995, 193); Zahariadis (2007, 70)
[678] Blankenau (2001, 39); Zahariadis (2007, 72)
[679] Blankenau (2001, 39)
[680] Zahariadis (2007, 72)
[681] Blankenau (2001, 38-39)

mode.[682] The level of integration of policy networks greatly affects the mode and tempo of ideas, that is, how ideas germinate in the policy stream and how fast they rise to prominence.[683]

3.3.1.3 Politics Stream

The politics stream "refers to the broader political discourse within which policy is made."[684] It is composed of three elements: the national mood, administrative or legislative turnover, and pressure-group campaigns.[685] The national mood involves the perception that people generally hold about a particular policy issue, which swings from time to time[686] in discernible ways.[687] That is, it refers to the notion that a fairly large number of individuals in a given country think along common lines about a particular policy issue.[688] Legislative and administrative turnover – which "frequently affects choice in quite dramatic ways"[689] by propelling a policy window to either open or close – refers to the rate at which people come and leave office.[690] Support or opposition of interest groups are used by politicians as indicators of consensus or dissents in the broad political arena regarding a particular policy idea or proposal.[691]

3.3.1.4 Policy entrepreneurs

Policy entrepreneurs are skilled individuals or corporate actors who attempt to couple the three streams at critical junctures[692] – fortuitous moments in time – by 'selling' their package of problem and policy to a receptive political audience.[693] This is because whether a policy solution is "good enough" is determined not by

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[682] Zahariadis (2007, 72-3)
[683] Zahariadis (2007, 72)
[684] Zahariadis (2007, 69)
[685] Blankenau (2001, 38-39); Sabatier (2007b, 9); Zahariadis (2007, 70-73)
[686] Blankenau (2001, 39); Kingdon (1995, 146); Zahariadis (2007,73)
[687] Kingdon (1995, 146)
[688] Kingdon (1995, 146); Sabatier (2007b, 9); Young et al. (2010, 3); Zahariadis (2007, 67)
[689] Zahariadis (2007, 73)
[690] Blankenau (2001, 39); Zahariadis (2007, 73)
[691] Kingdon (1995, 150); Zahariadis (2007, 73)
[692] Zahariadis (2007, 74)
[693] Zahariadis (2008, 517)

entrepreneurs but politically by policy makers.[694] As has been explained in chapter one, the role of policy entrepreneurs in the policy process goes beyond mere policy advocacy.[695] They are the core agents or proponents of a policy change resulting from their choices, commitment, and strategic leadership. Policy entrepreneurs, who could either be individuals or corporate actors[696] are "advocates who are willing to invest their resources – time, energy, reputation, and money – to promote a position in return for anticipated future gain in the form of material, purposive, or solitary benefits."[697] Thus, policy entrepreneurs are goal-intending manipulators and power brokers who use information strategically to manipulate policy makers who have no clear preferences.[698]

Political manipulation refers to the effort by policy entrepreneurs to control ambiguity and involves a political struggle to create winners and losers as well as provide meaning, clarification and identity to policy makers faced with problematic preferences – inability to formulate interests – and to pursue self-interest.[699] Policy entrepreneurs manipulate policy makers rather than persuade them. This is because policy makers have not made up their mind yet to be changed.[700] Information, which is not value-neutral, is key: it is mostly manipulated strategically to serve different aims for different elements in the policy process.[701]

3.3.1.5 Policy Window

In a critical time, a window of opportunity is opened, and the three separate streams converge. A policy window is defined as the opportunity for action on a given initiative.[702] It is the opportunity that opens up for advancing policy proposals or conceptions of problem.[703] Policy windows are critical moments – politically opportune

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[694] Zahariadis (2007, 70)
[695] Zahariadis (2007, 70-4)
[696] Zahariadis (2007, 74)
[697] Kingdon (2003, 179)
[698] Zahariadis (2007, 70-4)
[699] Zahariadis (2007, 69-70)
[700] Zahariadis (2007, 70)
[701] Zahariadis (2007, 70)
[702] Kingdon (1995, 166)
[703] Kingdon (1995, 20)

moments[704] – in time serving as fleeting opportunities for advocates of proposals to push their pet solutions, or to push attention to their special problems.[705] Coupling – combining or joining all the three streams into a single package – by policy entrepreneurs takes place during open windows when certain policy makers happen to be in power.[706] The chances that a particular policy proposal will be adopted increase when all the three streams are coupled together.[707] Coupling depends on the decision-making style – that is, the amount of information needed before a decision can be made – of policy entrepreneurs as well as their manipulation strategies and tactics.[708] More cautious decision making style increases the dissipation of information and results in a higher predictive capacity of the final choice.[709]

If the entrepreneurs are successful, the result is a major policy change.[710] Not all entrepreneurs always succeed: their successfulness depends on their access to the decision-making process, resources, and strategies.[711] Entrepreneurs who have greater access to policy makers are more successful. Moreover, entrepreneurs with more resources in the form of the ability to spend more time, energy, and money to push their policy proposal have a greater chance of succeeding. Finally, to accomplish their goals of coupling the three streams, policy entrepreneurs employ manipulating strategies such as framing, salami tactics, symbols, and affecting priming.[712] The success or failure of policy entrepreneurs is largely determined by their access to policy/decision makers, the resources at their disposal (time, money, and energy), and manipulation strategies.[713]

Policy windows are of a short duration and are opened by compelling problems or events in the problem or politics streams.[714] A change of administration is "probably the most obvious window in the policy system."[715]

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[704] Zahariadis (2008, 517)
[705] Kingdon (1995, 165); Zahariadis (2007, 73)
[706] Zahariadis (2007, 74)
[707] Zahariadis (2008, 517)
[708] Zahariadis (2007, 74)
[709] Zahariadis (2007, 74)
[710] Sabatier (2007b, 9)
[711] Zahariadis (2007, 74)
[712] Zahariadis (2007, 74)
[713] Zahariadis (2007, 74).
[714] Kingdon (1995, 168); Zahariadis (2007, 74)
[715] Kingdon (1995, 168)

As explained by Kingdon "advocates lie in wait in and around government with their solutions at hand, waiting for problems to float by to which they can attach their solutions, waiting for a development in the political stream they can use to their advantage."[716] Accordingly, policy entrepreneurs must act swiftly to seize the opportunity during the opened window to initiate an action or else they would have to wait until another window opens.[717] Therefore, "policy entrepreneurs must be prepared, their pet proposal at the ready, their special problem well-documented, lest the opportunity pass them by."[718] Hence, at critical points in time, termed policy windows, policy entrepreneurs who are manipulators of problematic preferences and unclear technology, couple all three streams which results in the adoption of a specific policy or a major policy change.[719] Thus, the role of policy entrepreneurs in the policy process is very important, they are the individuals with the resources and skills for both coupling of the three streams as well as manipulation.[720]

The multiple streams framework has been particularly valuable in this study because it provided important factors that were very useful in offering a better and in-depth understanding of the variations in Ghana's education, local governance, and health policies. The analytical strength and robustness of the framework lie in its conceptualisation of policy making as a dynamic process – consisting of the interaction of the three independently operating streams, rather than as a linear process.[721] The framework is particularly useful in understanding first, how some policy proposals get to the attention of policy makers and second, the factors that make radical policy changes possible. That is, the multiple streams framework helps in understanding "why some subjects rise on governmental agendas while other subjects are neglected, and why people in and around government pay serious attention to some alternatives at the expense of others."[722] It provides a deeper understanding of the important role played by participants that results in some alternatives

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[716] Kingdon (1995, 165)
[717] Kingdon (1995, 78); Zahariadis (2007, 73-4)
[718] Kingdon (1995, 165)
[719] Zahariadis (2007, 70-4)
[720] Zahariadis (2007, 70-4)
[721] Blankenau (2001, 38); Rossiter and Price 2013, 854; Sabatier 2007b, 9; Zahariadis 2007, 67). See also Kingdon (1984; 1995; 2003; 2014).
[722] Kingdon (1995, 196)

receiving more attention than others.[723] The study will specifically employ the three main factors from the framework: the three streams – problem, policy, and politics streams; policy entrepreneur; and policy window to examine why Ghana made remarkable path-departing changes in its local governance and health policies in 1988 and 2003 respectively and yet have seen only incremental changes in its education policy.

The multiply streams framework has some shortcomings that limit its ability in fully understanding Ghana's public policy making and policy change. While it adequately provides an understanding of why some policy ideas get to the agenda-setting stage by catching the attention of policy makers and eventually becoming policy, it fails to examine why others never do. That is, it fails to predict what kinds of problems are likely to be coupled with what kinds of solutions as well as what kinds of political conditions that make it more likely for them to get on the agenda.[724] The framework, according to Mucciaroni, "is ultimately too indeterminate to provide fully satisfactory explanations for why some problems receive serious consideration by government while others do not."[725] As Kingdon explains, one always encounters some element of chance in attempting to understand why some policy initiatives get the attention of policy makers while other policy initiatives die prematurely.[726] Further, the framework maintains that instead of problem solving, "advocates first generate their pet solutions and then look for problems coming along to which to attach their proposals."[727] However, it becomes difficult to differentiate between the condition when a policy solution is looking for a problem and the condition when a problem is rather looking for a solution.[728] The framework's assumption of three separate streams that operate independently of each other, while all three are necessary for successful policy adoption and which must be coupled when a policy window opens for policy change to occur – have been criticised.[729]

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[723] Kingdon (1995, 196)
[724] Mucciaroni (1992, 464-5)
[725] Mucciaroni (1992, 459)
[726] Kingdon (1995; 2014)
[727] Kingdon (1995, 18)
[728] Mucciaroni (1992, 48)
[729] Mucciaroni (1992, 460). See also (Bendor 2001); Kingdon (2014)

Finally, one of the multiple streams framework's major criticism is its failure to pay adequate attention to institutions,[730] though these shape policy outcomes profoundly.[731] Specifically, the framework does not fully examine the impact of historical and institutional constraints on policy change.[732] Yet, institutional conditions greatly shape agenda setting and policy change.[733] Similarly, historical factors constrain policy making and policy change significantly.[734] Agenda changes reflect broad historical regularities – while the past does not determine the future, it does make certain outcomes more likely and others less so.[735]

To overcome these limitations, the study complements the multiple streams framework with the new institutionalism by examining the impact of ideas, interests, and structure on the three streams and the efforts of policy entrepreneurs in Ghana's policy making and policy change. That is, the study combines the common analytical themes – interests (actors), institutions (structures) and ideas – that emerge from the institutional perspective[736] with the multiple streams framework.

3.3.2 New institutionalism and Policy-making and Policy Change in Ghana

The new institutionalism is a distinct theoretical research approach in political science which seeks to elucidate the impact of institutions on determination of political and social behaviour.[737] It posits that institutions – structures, formal and informal rules, political standards, norms, and guides – that shape political life empower and constrain actors differently and make them more or less capable to act appropriately according to prescriptive rules.[738] That is, institutions matter because they shape social behaviour and political outcome.[739] The new institutionalism moved beyond the deductive study of formal structures of political institutions that

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[730] Sabatier (1996); Schalger (1999)
[731] Blankenau (2001); Maioni (1997); March and Olsen (2009a; 2009b; 2006; 1996; 1976); Pierre et al. (2008); Rosenau 1994; Steinmo and Watts (1995)
[732] Mucciaroni (1992, 463)
[733] Mucciaroni (1992); Steinmo and Watts (1995)
[734] Mucciaroni (1992, 470-2)
[735] Mucciaroni (1992, 470)
[736] Lecours (2005a, 29)
[737] Hall and Taylor (1996, 936); Katznelson and Weingast (2005, 16); Lowndes (2010a, 90; 2010b, 61)
[738] March and Olsen (2006, 3)
[739] Knight (1992, xi); Lowndes and Roberts (2013, 1-2)

characterised old institutionalism[740] to the inductive study of the impact of both formal and informal institutions on individuals and their interactions.[741] Institutions are defined as "a relatively enduring collection of rules and organised practices, embedded in structures of meaning [that explain and justify behaviour] and resources [that make action possible] that are relatively invariant in the face of turnover of individuals and relatively resilient to the ideocratic preferences and expectations of individuals and changing external circumstances."[742] They are the constitutive rules and practices that prescribe appropriate behaviour for specific actors in specific situations.[743] As North explains, "institutions are the rules of the game in a society or, more formally, are the humanly devised constraints that shape human interaction. In consequence, they structure incentives in human exchange, whether political, social, or economic. Institutional change shapes the way societies evolve through time and hence is the key to understanding historical change." [744]

The three main variants of the new institutionalism are rational choice, historical, and sociological institutionalism.

3.3.2.1 Rational choice

Rational choice falls under the institutional analysis and development framework (IAD) [745] which posits individual material self-interest (utility maximisation) as the main motivation that shapes political behaviour. It argues that relevant political actors have their own well-ordered fixed set of preferences and behave entirely instrumentally so as to maximise the attainment of these preferences in a highly strategic manner that presumes extensive

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[740] Institutionalism connotes a general approach to the study of political institutions, a set of theoretical ideas and hypotheses concerning the relation between institutional characteristics and political agency, performance, and change (March and Olsen 2006, 4).

[741] Hall and Taylor (1996, 936); Lecours (2009, 2005a, 3); Lowndes (2010a, 90-91); March and Olsen (2006, 4); McNabb 2010, 20-21)

[742] March and Olsen (2009a, 480)

[743] March and Olsen (2009b, 159).

[744] North (1990, 3)

[745] The institutional analysis and development framework (IAD) encompasses a "general language about how rules, physical and material conditions, and the attributes of community affect the structure of action arenas, the incentives that individuals face, and the resulting outcomes" (Ostrom 2007, 46; see also Ostrom 2009). Rules represent shared prescriptions that are predictably enforced in particular situations by agents responsible for monitoring conduct and for imposing sanctions (Ostrom 2007, 36; Smidt-Jensen 2007, 7).

calculation.[746] Thus, political outcomes are determined by the strategic interaction between actors, structured by institutions, which provide information about others' likely future behaviour and the incentives attached to different courses of action. Institutions are seen as purposeful human constructions[747] consisting of systems or arrangements of rules and incentives that induce behaviour[748] designed to realise actors' selfish-interests.[749] The policy process is conceived as consisting of a variety of political actors that engage in competitive rent-seeking behaviour.[750] Consequently, public policies and policy change result from the strategic interactions among actors. However, the multiple streams framework under specifies the role of interest groups and other policy actors other than policy entrepreneurs as well as the interaction between actors. As Rozbicka and Spohr have pointed out, although interests have a central place in the multiple streams framework, interest groups have played only a minor role.[751] While organised interests is a key variable in the politics stream, they are absent in the other streams.

3.3.2.2 Historical Institutionalism

Historical institutionalism relying on the concept of path dependence[752] postulates that initial policy and structural choice made about institutions in the past persistently shapes its behaviour and the future decision-making of individuals during its entire existence, thus, becoming "path dependent."[753] The meaning of institutions here transcends organisations to encompass formal and informal rules, procedures, norms, and

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[746] Hall and Taylor (1996, 944-56); Peters (2008, 3); Ward (2010, 68)
[747] Lowndes (2010a, 96)
[748] Peters (1999, 19; 2008, 3)
[749] Hall and Taylor (1996)
[750] Howlett et al. (2009, 33)
[751] Rozbicka and Spohr (2016, 55)
[752] Pierson (2000)
Path dependence stresses "the causal relevance of preceding stages in a temporal sequence" (Pierson 2000, 252), implying that "events in the distant past can initiate particular chains of causation that have effects in the present" (Levi 2009, 119). Thus "what happened at an earlier point in time will affect the possible outcomes of a sequence of events occurring at a later point in time" (Sewell 1996, 262-3 cited in Pierson 2000, 252). Accordingly, "once a country or region has started down a track, the costs of reversal are very high. There will be other choice points, but the entrenchments of certain institutional arrangements obstruct an easy reversal of the initial choice" (Levi 1997, 28).
[753] Lowndes (2010a, 95); Peters (1999, 19-65; 2008, 3)

conventions embedded in the organisational structure of the polity.[754] Pierson outlines the key claims of recent scholarship in historical institutionalism as follow:

> Specific patterns of timing and sequence matter;[755] a wide range of social outcomes may be possible; large consequences may result from relatively small or contingent events; particular courses of action, once introduced, can be almost impossible to reverse; and consequently, political development is punctuated by critical moments or junctures that shape the basic contours of social life.[756]

The proponents of historical institutionalism maintain that because institutions tend to be sticky and actors protect the status quo, it is generally difficult to change policies (even if it is suboptimal).[757] Therefore, according to Hansen "path dependence is established only when it can be shown that policy change was considered and rejected for reasons that cannot be explained without reference to the structure of costs and incentives created by the original policy choice."[758] Thus, policy-makers who aim at introducing a major policy change, would have to wait for a critical juncture[759] or "a window of exceptional opportunity"[760] referred to as conjuncture.[761] Historical institutionalism therefore stresses the role of ideas and policy legacies – past policy choices constraining future choices – on policy making and policy change.[762]

3.3.2.3 Sociological Institutionalism

Sociological institutionalism, which posits institutional forms and procedures to be culturally-specific practices, stresses the central role of values and symbols in defining an institution and in guiding the behaviour of its members.[763] It broadens institutions beyond formal rules, procedures and norms to include symbol systems,

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[754] Hall and Taylor (1996, 938)

[755] Sequencing is critical in that "earlier events matter much more than later ones, and hence different sequences may produce different outcomes" (Pierson 2000, 252). Consequently, history matters (Pierson 2000, 253).

[756] Pierson (2000, 251). See also Collier and Collier (1991); Ikenberry (1994); and Krasner (1988).

[757] Greener (2002)

[758] Hansen (2002, 271)

[759] Capoccia and Kelemen (2007, 348); Cerna (2013, 4)
Critical junctures refer to "relatively short periods of time during which there is a substantially heightened probability that agents' choices will affect the outcome of interest" (Capoccia and Kelemen 2007, 348).

[760] Wilsford (1994 252)

[761] Wilsford (1994 252); Cerna (2013, 4)

[762] Hall and Taylor (1996, 941); Peters (1999, 66)

[763] Hall and Taylor (1996, 946); Peters (1999, 101)

cognitive scripts, and moral templates that provide the frame of meaning guiding human actions that are tightly bound up with interpretation.[764] Thus, relying on the logic of appropriateness, it postulates the relationship between institutions and individual actions to be highly-interactive and mutually-constructive as individuals seek to define and express their identity in socially appropriate ways.[765] The policy process, according to sociological institutionalism, is shaped by frames of meaning, scripts, and symbols that emerge from processes of interpretation and contentions.[766] Ideas therefore play a vital role in the policy-making process and policy change. The set of ideas and knowledge held by actors inform policy deliberations and actions.[767] Moreover, ideas and knowledge shape actors' understanding of policy problems and the appropriateness of the potential solutions to address these problems.[768] This notwithstanding, the role of ideas in policy making and policy change is underspecified in the framework. As stressed by ideationalists, ideas do not merely reflect policy relations, they actually affect them.[769]

I combine the theoretical insights drawn from the new institutionalism with the multiples streams framework because it helps to better understand the extent of change possible within an institutional setting.[770] The new institutionalism highlights the socio-political, ideational, and institutional contextual factors[771] that shape policy making and policy change.[772] As actors, ideas, and structures form the common grounds where all the major perspectives of the new institutionalism converge,[773] I combine them with the factors of the multiple streams framework to account for the changes in Ghana's local governance, health, and education policies. Precisely, I draw on the distinctive conceptual tools of (1) policy ideas and policy legacies from historical

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[764] Hall and Taylor (1996, 947-949)
[765] Hall and Taylor (1996, 947-949)
[766] Hall and Taylor (1996, 954)
[767] Howlett, et al (2009, 2)
[768] Howlett, et al (2009, 7)
[769] Beland (2005, 1); Beland and Cox (2011, 5). See also Beland (2010)
[770] Lowndes (2010a, 107); Peters (1999, 23; 2008, 1)
[771] Adolino and Blake (2011, 45); Howlett et al (2009, 48); Katznelson and Weingast (2005, 1); Lecours (2005a, 19-29); Peters (1999, 2); Stewart et al. (2008, 37)
[772] Hall and Taylor (1996, 957); Howlett et al. (2009, 48); Katznelson and Weingast (2005, 1); Lecours (2005a, 19); Lowndes (2010a, 107); Peters (1999, 2)
[773] Howlett, et al (2009, 331-47); Lecours (2005a, 29)

institutionalism,[774] strategic interactions between actors, structured by institutions from rational choice institutionalism,[775] and (3) cultural frames of meaning, scripts, and symbols from sociological institutionalism.[776]

3.4 Conclusion

In this chapter I put forward the theoretical approach of the study. I explained the analytical insights the multiple streams framework and the new institutionalism provide to better understand Ghana's policy making and policy change. The thrust of the argument is that the multiple streams framework is particularly invaluable in understanding how some policy proposals are able to catch the attention of policy makers and why radical changes become possible. Three streams – problem, politics, and policy – drive the ascension of a policy on government's agenda and alternative specification.[777] Much of the movement in the policy process is understood by the efforts of policy entrepreneurs to take advantage of sporadic policy windows by coupling the three independently operating streams.[778] However, the multiple streams framework pays inadequate attention to institutions.[779] Yet, the impact of institutions on policy making and policy change is profound.[780] Institutions considerably affect the ability of policy entrepreneurs and the government to carry out a proposed change.[781] Institutions provide the context for policy making and policy change:[782] institutions regulate the activities of political actors, including the very strategies they tend to employ in pursuing their interests.[783] The institutionalist perspective argues that underlying the key to resolving public economic and political problems are individuals, their preferences, and the institutional contexts in which public policies are made. Precisely, I draw on the distinctive conceptual tools of policy ideas and policy legacies, strategic interactions between

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[774] Hall and Taylor (1996, 941); Lowndes (2010a, 95); Peters (1999, 19-65, 66; 2008, 3)
[775] Hall and Taylor (1996, 950-52); Peters (1999, 19; 2008, 3); Ward (2010, 68)
[776] Hall and Taylor (1996, 954); Peters (1999, 101)
[777] Blankenau (2001, 38)
[778] Rowlands (2007, 186)
[779] Sabatier (1996); Schalger (1999)
[780] Hall and Taylor (1996); Immergut (1992; 1998); Lane (1997); North (1990); Pierre et al. (2008); Steinmo 2008; Steinmo, Thelen and Longstreth (1992)
[781] Gibson (1999); Howlett et al. (2009)
[782] Kalu (2015, 3). See also Milner (1997) and Oatley (2004)
[783] Immergut (1992, 57); Thelen and steinmo (1992, 2)

actors, structures, and cultural frames of meaning, scripts, and symbols from the new institutionalism. Therefore, by paying close attention to the impact of differing institutions on the streams, the multiple streams framework helps to better understand why Ghana has been able to carry out radical changes in its local government and health policies and yet has seen only incremental or minor changes in its education policy.

In conclusion, policy outputs and policy change "are neither exclusively rational nor solely a function of institutional design; rather they depend heavily on a complex interaction between problems, solutions, and politics during fleeting open windows of opportunity."[784] This interaction is shaped profoundly by institutions.

The next chapter provides an overview of local governance, health, and education policies in Ghana and the processes involved. I lay the background context of the drive towards and evolution of decentralisation, national health insurance, and education for all in Ghana.

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[784] Zahariadis (2008, 515)

CHAPTER FOUR

THE BACKGROUND CONTEXT OF LOCAL GOVERNANCE, HEALTH, AND EDUCATION POLICIES IN GHANA

4.1 Introduction

In this chapter I undertake an overview of local governance, health, and education policies in Ghana and the processes involved. Consequently, I lay the historical, socio-economic, political, and institutional background context of the drive towards and evolution of decentralisation, national health insurance, and education for all policies in Ghana. Ghana's socio-economic and political past greatly shaped the dynamics of its post-independence health, education, and local governance policies. The remaining part of the chapter is structured into four parts as follow: the first section examines the evolution of Ghana's local government system and abortive attempts at decentralisation prior to 1988 that serve as the background context for the current local government system and decentralisation programme in Ghana. The second section provides the background context of Ghana's healthcare financing system. It traces the development of Ghana's healthcare system and the search for a sustainable and equitable health financing mechanism until the coming into power of the New Patriotic Party (NPP) in 2001. This provides the context for Ghana's 2003 national health insurance scheme. The third section provides the background context of Ghana's educational system. It traces the development of the education financing system and the evolution of "education for all' policy in Ghana up to the NPP's era in 2017. The final section concludes the chapter.

4.2 The Evolution of the Local Government System and Decentralisation in Ghana

4.2.1 Ghana's Drive Towards Decentralisation: The Background Context

Decentralisation and local government reform in Ghana has had a very long and chequered history. Notwithstanding the important role of the public sector in providing social services – which are neglected by the private sector – crucial in achieving accelerated growth and sustainable development, it is marred with various managerial, economic, technical, and financial inefficiencies. These inefficiencies, resulting partly from over-expanded activities and political interference, have necessitated various reforms including local government

restructuring. Among the various public sector reforms in Ghana is decentralisation (mainly administrative, fiscal, and political) of government to sub-national levels and non-governmental (parastatal) organisations.[785] The various local government reforms Ghana has implemented since independence aimed at strengthening governance at the local or grassroots level[786] and enhancing local government administration.[787] Decentralisation at the local government level has been primarily used as one of the tools for national development[788] and as a mechanism for ensuring better management of rural development.[789]

However, prior to the 1988 decentralisation policy under the Provisional National Defence Council (PNDC) government, successive governments after independence tried, but to no avail, to decentralise local administration in Ghana.[790] This is evidenced by the numerous commissions and committees of enquiry set up to enquire into decentralisation in Ghana[791] as well as the various local government legislations and decrees enacted to effect reforms in the system and structure of local government between 1957 and 1988.[792] Though the reports of these bodies (commissions and committees) made very far reaching conclusive recommendations (that were accepted in most cases) for the devolution of administrative authority by the central government to the local levels, all attempts at decentralisation before the PNDC era were abortive or did not materialised.[793] This is due to lack of political will and unwillingness of those who were entrusted with power during this period to divest themselves of part of their authority[794] as explained in chapter one. Decentralisation is very difficult to implement because it is "least liked by those who wield all power"[795] within the state and given that it "involves the willing of the centre to give up power."[796] The history of local government reform in Ghana is therefore

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[785] Ayee (2008b, 233)
[786] Ayee (1994, 47)
[787] Nyendu (2012, 221)
[788] Oquaye (1995, 209)
[789] Ayee (2008b, 234); Conyers (1983, 99; 1984, 187-89); Nyendu (2012, 47); Oquaye (1995, 232; 2000, 65)
[790] Ayee (1994, 3; 1998, 25); Interview with Adowa of Institute of Local Government Studies (Nov 17, 2017, ACCRA); LOGO South (2005, 7).
[791] Ahwoi (1991e, 20); Ghana (1991, v)
[792] Ayee (1988, 25; 1994, 3; 2008, 233); LOGO South (2005, 7)
[793] Ahwoi (1991e, 21); Ghana (1991, v)
[794] Ahwoi (1991e, 21; 1991r, 133)
[795] Ahwoi (1991o, 105)
[796] Ahwoi (1991o, 105)

characterised by failed attempts at decentralisation.[797] This is because the centralised local government system that Ghana inherited from the British colonial administration served the interest of central government politicians.[798] As has been previously stated in chapter one, the colonial legacy provided the mechanism through which the central government maintained its control over local government units in the midst of purported decentralisation. Hence, the governments prior to the PNDC lacked the political will to decentralise local governance. The next section examines this in detail.

4.2.2 Overview of Local Government and Ghana's Attempt at Decentralisation Programme Before 1988

Government on a local basis (local government)[799] and the idea of decentralisation in Ghana were not British innovations because these systems have long been part of precolonial state's[800] administrative system.[801] Some

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[797] Ghana (1991, v)

[798] Awortwi (2010; 2011)

[799] Nsarkoh (1964, 13) notes that a local government system is an institution that characterises all primitive societies and, in some cases, even preceded central government, thus, should not be considered as existing in only modern and advanced states. In modern times, it is founded upon certain principles which are highlighted in aspects of the structure of local authorities and the system of central government control of the country.

[800] The pre-colonial state refers to the state (or political entity) that was rooted in political legitimacies that were particular to their special histories which existed before they were in one way or another absorbed by the then European empires (Ray 2003b, 3). Involved in such absorption is the creation of the colonial state by which the colonialist ruled the newly subjugated and/or subordinated colony into which the pre-colonial state and polity – which was then processed into several parts of the colonial state – was drawn (Ray 2003b, 3). At the beginning of the nineteenth century, prior to European colonial control, a constellation of African states and other more centralised political entities including those in Ghana had long existed, some of which could trace back their historical roots and existence to several more centuries earlier (Ray 2003a, 87). For instance, in what is now Ghana there existed numerous pre-colonial indigenous states and political entities – such as the Gonja, Ewe, Asante Confederacy, Dagomba, Ga, Nanumba, Fante, Mamprusi, and Nzima – with the ideological cohesion of their power structure depended, among other things, on ethnicity (Ray 1986, 5). Though little is known about the early history of the Gold Coast nations, their present-day tribal organisation most likely took form in the sixteenth or early seventeenth century (Ward 1948, 38). The economic and social basis for the rise of these distinct states during the eleventh to the mid-fifteenth centuries was laid (Anquandah 1982 cited in Ray 1986, 7) by Ghanaian people's migrations, their land settlement, agricultural development, metal technologies, long-distance trade, and the growth of urban and village life (Ray 1986, 7). More importantly, the military and financial capabilities of the various pre-colonial Ghanaian indigenous states were greatly enhanced by the slave and gold trades (Ray 1986, 7). Thus, the inhabitants of modern-day Ghana, to a large extent, were not isolated from the rest of the world before the discovery of the Europeans (Arhinful 2003, 27). For instance, Ward (1948, 29) explains that from very early times has West Africa's gold been known to the ancient world and that there is no doubt "some of the gold that went across the desert from the district vaguely known as Wangara came from Ashanti or other parts of the Gold Coast". Again, Arhinful (2003, 27) recounts that "some accounts have it that as far back as the AD 1200, Western Sudan Mande gold traders started to penetrate the country to establish small commercial colonies. Contacts with Hausa merchants through trade in cola nuts also date back to the mid fifteenth centuries." Not only did these political entities increasingly gain access to firearms and gunpowder through these trades, but more importantly, these helped the balances of power between the indigenous states to be altered (Ray 1986, 7).

[801] Adjei et al. (2017); Ayee (1998, 27); Nsarkoh (1964, 4)

form of decentralised local governance system predated British colonial rule in Ghana (then, the Gold Coast).

There existed systems of local governance in the pre-colonial era[802] and have been part of the system of

administration of ancient indigenous institutions of chieftaincy[803] and bureaucratic administration in pre-

colonial Ghana for many years.[804] Further, there existed many authorities of varying autonomy headed by chiefs

who participated in the local administration of their respective areas of jurisdiction before the arrival of the first

Europeans.[805] Since the pre-colonial forms of local government operated through the indigenous institution of

chieftaincy, they were founded upon ethnocentric native states[806] consisting of traditional tribal authorities,[807]

the chiefs and their state councils.[808] However, there was no single central government that united all the

diverse ethnic groups[809] and political entities[810] – such as the Asante kingdom, the Denkyira state, Fante mini-

republics, Nzima and Ewe mini-states, Gonja, Nanumba and Dagomba kingdoms – into one cohesive and holistic

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[802] Ayee (1994, 43); Ward (1963, 351)

[803] Generally, the leadership of the pre-colonial state was assumed by the chieftaincy institution represented by the traditional authorities including such leaders as "kings, other aristocrats holding offices, heads of extended families, and office holders in decentralised polities" (Ray 2003b, 3), whose offices were rooted in the pre-colonial state and other political entities (Ray 2003a, 84).

[804] Ayee (1994, 7, 34); LOGO South (2005, 7); Nsarkoh (1964, 1); Owusu (2005, 2); Ward (1963, 351)

[805] Ayee (1994)

[806] Yankson (2000, 160)

[807] Ray (2003b, 2-3) defines traditional authority/leadership as "those political, socio-political and politico-religious structures that are rooted in the pre-colonial period rather than in the creations of the colonial and post-colonial states". Accordingly, its claims to legitimacy and sovereignty pre-date the existence of both the colonial and post-colonial state (Ray 2003a, 84). Thus, traditional leaders include "those monarchs, other nobles holding offices, heads of extended families, and office holders of decentralised polities whose offices were rooted in the pre-colonial period" (Ray and Eizlini 2011, 36).

[808] Ward (1963, 351)

[809] As Ray (1986, 7) explains, there were more than twenty Fante mini-republics and Nzima states. Similarly, about one hundred and twenty mini-states were developed by the Ewe (Greene 1981; Ray 1986, 7).

[810] Like the European states' experience, these pre-colonial indigenous states and political entities likewise underwent the processes of "growth, ascendency, hegemony, decline, and incorporation into other states" (Ray 2003a, 87). As Ward (1948, 38) explains, there is clear evidence of widespread recent migrations, invasions, conquests, and fusions in the Gold Coast around the sixteenth or early seventeenth century. Thus, the sixteenth to eighteenth centuries in Ghana were "the period of the birth, growth, destruction and consolidation of states," as in Europe (Boahene 1966 cited in Ray 1986, 7). For instance, Ray (1986, 5) opines that "given another century without European competition, perhaps the Asante Confederacy would have conquered and assimilated all the remaining independent political units in what are now Ghana, Ivory Coast, Burkina Faso and Togo." Prior to the British colonial imposition, the Denkyira state, Fante mini-republics, Nzima and Ewe mini-states, Gonja, Nanumba and Dagomba kingdoms came under the control and influence of the Asanti empire (Ray 1986, 7-8). However, these pre-colonial political and ethnic relationships were soon to be rendered a thing of the past by colonialism, they were fossilised by the imposition of imperial rule (Ray 1986, 5). That is, British rule put to an end the process of forcible nation-state building, so typical of Europe and North America, that broke the pre-colonial states' own monopolies of violence (Ray 1986, 5), adopted through the adoption of their policy of divided and rule (Rahman 2007, 145), after which, they introduced elements of indirect rule (Ray 1986, 5).

modern state.[811] These authorities performed judicial and purely administrative functions such as maintenance of law and order and the administration of community services.[812] The chiefs served as a channel of communication between the government and the people[813] after the establishment of a central government by the British authorities in the Gold Coast because they were unable to separate it from the colonial local government system.[814] Thus, the chiefs had powers to preside over civil and criminal processes in the areas under their individual purview and the authority to tax the people.[815] Evidence suggests that theses pre-colonial indigenous administrative organisations were decentralised bureaucratic organisations.[816] During the pre-colonial era, higher chiefs delegated authority[817] to chiefs under them to perform certain functions within a hierarchical administration.[818] The smaller chiefs had a certain degree of autonomy in administering the areas under their purview, which implied some form of administrative decentralisation.[819] Thus, chieftaincy in Ghana had a well-established organisational, reporting and authority structure.[820]

However, the present shape of local government dates back to the latter part of the 19th century,[821] from the time when, under British colonial rule, the conception of a comprehensive system of locally elected councils to manage various basic services provided for the benefit of the community was first incorporated in

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[811] Owusu (2005, 2)

[812] Yankson (2000, 160)

[813] Nsarkoh (1964, 1)

[814] Ward (1963, 351)

[815] Nsarkoh (1964, 1)

[816] Ayee (1994, 7)

[817] Owusu (1986, 76) notes that "the nature of the pre-colonial government, the responsibilities and duties of rulers, as well as the manner of their choice, and the obligations of subjects towards them, were embodied in deeply entrenched customary law principles, of trusts and succession for which people were – and still are – ready to fight, shed blood, and die." Rattray (1969, 406), with reference to the Akan constitution, also explains that "a 'Paramount Chief' who endeavoured to centralise too much in olden times generally paid with his life for his folly in having allowed his ambitions to override his knowledge of his own Constitution."

[818] The queenmothers took part in local government and administration (Owusu-Sarpong 2011, 201; Rattray ([1923] 1969, 81). See also Busia (1951; 1958; 2018) and Rattray ([1923] 1969). There existed a parallel structure of decentralised administrative system for the queenmothers within the chieftaincy institution. The queenmothers also wielded power and authority Owusu-Sarpong (2011, 201). While chiefs and queenmothers served alongside in an established hierarchy and organisational structure, the chiefs retained more power and authority in their communities than the queenmothers. However, they were expected to maintain good relations and complement each other's efforts at governance (Brown 2011, 154).

[819] Ayee (1994)

[820] Brown (2011, 153)

[821] LOGO South (2005, 7); Owusu (2005, 2)

statutory law.[822] The British colonial necessity to establish statutory force over the colony[823] brought about a highly centralised form of local government[824] that permeated Ghana's post-independence local government reforms.[825]

The first step towards the expansion of administrative control in the Gold Coast began with the indirect rule system in 1878 when the *Native Jurisdiction Ordinance* was passed empowering divisional chiefs to enact by-laws, which were as valid as laws and ordinances enacted by the colonial government and to form tribunals to try breaches of the by-laws and exercise civil and criminal jurisdiction.[826] Thus, under the British colonial administration the pre-colonial administration, which was diffused, remained the same under the indirect rule policy.[827] The policy relied heavily on the chiefs as the main local government authorities at the grassroots level.[828] Therefore, the indirect rule aimed at providing a statutory basis for the exercise of local government functions by the chiefs.[829] A further step towards a more advanced local government was made with the legislation of the *Native Treasuries (Northern Territories) Ordinance in 1932*[830] and *Native Treasuries Ordinance in 1936*, which legalised the imposition of levies and compelled the establishment of treasuries by each local authority and drawing up of budgets.[831] The *Native Authority Ordinance of 1944* provided for the first time that a native authority and a state council need not be one and the same thing. The latter was appointed by the

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[822] Ayee (1988, 27); Nsarkoh (1964, 2)

[823] The British exercised their control over Ghana when they signed the Bond of 1844 with the coastal chiefs of the Gold Coast. That is, the Bond of 1844 marked the beginning of the official control of the British over the Gold Coast (Ayee 1994, 19). In 1850, a legislative council was established to give taxpayers representation in decision making and make laws for the colony. Native authorities were set up as local government units and were given the power to pass by-laws relating to local matters and raise funds to promote development. In 1859 a municipal ordinance, which established municipalities in the Gold Coast, was passed (Ayee 1994, 19). Thereafter, several statutes, statutory laws and ordinances were passed to 1) regulate the position and powers of native authorities and 2) to give legal backing to the chief to exercise state power and authority under the indirect rule system (Ayee 1988, 27; 1994, 7-19; LOGO South 2005, 7; Nsarkoh 1964, 4-7; Owusu 2005, 3; Yankson 1999, 160).

[824] Nsarkoh (1964, 6-7)

[825] Awortwi (2010; 2011)

[826] Nsarkoh (1964, 7)

[827] Ayee (1994, 7); LOGO South (2005, 7); Owusu (2005, 3)

[828] Owusu (2005, 3)

[829] Ayee (1994, 14)

[830] Gold Coast (1932)

[831] Ayee (1988, 27-8); Gold Coast (1939, 25); Nsarkoh (1964, 7-8)

governor for administrative purposes and the former was based on customary law and traditions of the area.[832] This intensified central government control over local government units.

From the 1940s onwards, the evolution of a modern local government and the search for an effective and viable local government system in Ghana emerged.[833] The *1944 Native Authority Ordinance* eroded the powers of the chiefs in local administration and changed the process from a chieftaincy-based local government towards a democratically elected government.[834] The ultimate aim was to modernise the traditional native system of local administration.[835] Subsequently, the chiefs were completely excluded from local government in the late 1950s in the transition to independence by the Convention People's Party (CPP) government. Though their position was reaffirmed after 1966 by the military government that overthrew the CPP government in the various local government decrees and acts, they had no formal representation[836] from December 1982[837] after the overthrow of President Lima by the PNDC.

The *Local Government Ordinance (Cap 64)* was passed in 1951 to provide for a single comprehensive framework for local government in the Gold Coast through the establishment of a two-tier structure of local government at the local and district levels.[838] The 1951 ordinance replaced native administration units with elected bodies and distributed functions to individuals rather than classes of local authorities.[839] However, a *Municipal Council Ordinance* passed in 1953 empowered the local government minister to appoint the president of the council, thus, discarding the practice of nomination of the president.[840]

The *1957 Independence Constitution of Ghana* brought some reform into the structure of local government. It introduced a measure of decentralised authority by devolving a limited form of autonomy to elected Regional Assemblies (RAs) but this was dismantled soon after independence by Kwame Nkrumah,

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[832] Nsarkoh (1964, 8)
[833] Ayee (1988, 27; 1994, 21); EAUMF (2017a; 2017b); Rahman (2007, 145); The Round Table (1951, 327)
[834] Owusu (2005, 3)
[835] Ayee (1988, 28)
[836] This notwithstanding, it is worth noting that not only have traditional leaders, including chiefs, survived but more importantly have recently been reinventing themselves and emerging as "development agents" (Ray and Eizlini 2011, 35).
[837] Owusu (2005, 3)
[838] Ayee (1994, 37, 53); Gold Coast (1953a, 23)
[839] Nsarkoh (1964, 10)
[840] Gold Coast (1953b, 23); Nsarkoh (1964, 10)

Ghana's first president (1957 to 1966).[841] Though Nkrumah regarded the local government units as a way of enhancing efficiency and effectiveness, he tried to manipulate and use the system to achieve his political ambitions and goals. To maintain effective control over local government units, Nkrumah passed the *Regional Assemblies Act of 1958 (RAs Act)* that reduced the functions of the RAs from consultative, deliberative and certain executive functions to those of merely advising the central ministries.[842] The free election to the local council was ceased in 1959.[843] The RAs were legislated out of existence in March 1959 by an act of parliament – the *Constitution (Amendment) Act (RAs)*.[844] An attempt was made to centralise the decision-making process through the *1960 Republican Constitution* by placing a number of additional governmental agencies under the direct authority of the president.[845] The city, municipal and local (and urban) councils had no mandatory functions except those given to them by the Minister of Local Government, in his own discretion.[846] Local government under Nkrumah was not organised on a village basis but local authorities were imposed on the local people.[847] Consequently, the system of local government under Nkrumah was highly centralised and virtually under central government control. Local government units under Nkrumah were fragmented with virtually central government appointed councillors and local government in general was anything but ineffective.[848]

Local government arrangement remained highly centralised under the National Liberation Council (NLC) (1966 to 1969) that replaced the CPP government.[849] As a military government, the NLC sought to effectively maintain its political control at the grassroots level. It therefore created district committees of administration responsible for the maintenance of law and order and the coordination of the work of the other government departments in the districts.[850] All three commissions of inquiry – the *Mills-Odoi Commission Report (1967),* the *Akuffo-Addo Commission Report (1968)* and the *Siriboe Commission Report (1968)* – set up by the NLC to

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[841] Ayee (1994, 69)
[842] Ayee (1994, 70)
[843] Ayee (1994, 70)
[844] Ayee (1994, 71)
[845] (Asibuo 1993, 5; Ayee 1994, 71); Ghana (1960)
[846] Ayee (1994, 52)
[847] Ayee (1994, 66)
[848] Asibuo (1993, 7); Ayee (1988, 29; 1994, 56-57 & 72; 2000, 136)
[849] Ayee (1994, 81-2)
[850] Ayee (1994, 76)

respectively examine the public service, local government, and the constitution recommended the need for effective decentralisation of state functions[851] to improve efficiency and decision-making.[852] Therefore, the *Second Republican Constitution of 1969* provided for the establishment of the Regional Councils (RCs), District Councils (DCs) and Local Councils (LCs). Regional heads of ministries were made ex-officio members of the RCs. It restored the principle of individual elections to the RCs. The basic local government units, the districts, were to have two-thirds (2/3) elected members and one-third (1/3) members chosen by the traditional authorities. However, the highly centralised local government system continued under the Progress Party (PP) government (1969 to 1972) led by Dr. A.K. Busia that replaced the NLC in 1969. This is because the proposed changes the PP regime sought to make did not materialise,[853] it was ousted out of office in a military uprising.

The military governments, National Redemption Council (NRC) (1972 to 1975) – later renamed Supreme Military Council (SMC) I (1975 to 1978) – and the Supreme Military Council (SMC) II (1978 to 1979), succeeding the PP government maintained the strong central government control over local government units. The military government following the recommendations of the three post 1966 coup commissions adopted a four-tier local government structure, consisting of Regional Councils (responsible for development planning and programming for the regions); District Councils; Municipal, Urban, Local Councils; and Town and Village Development Councils.[854] However, the membership of the district council was on a purely non-elective basis, comprising two-thirds (2/3) central government nominees and one-third (1/3) traditional chiefs.[855] The main aim was to use the local government system as a means to increase political control at the grassroots.[856] The centrally controlled four-tier local government structure remained the same under the Armed Forces Revolutionary Council (AFRC) government (June to September 1979) that seized power from the SMC II.[857]

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[851] Ahwoi (1991e, 21); Ayee (1998, 28; 1994, 76)
[852] Ahwoi (1991e, 22)
[853] Ayee (1994, 89)
[854] Ayee (1994, 91; 2000, 138)
[855] Ayee (1988, 29; 1994, 91-93); Yankson (2000, 138-139)
[856] Ayee (1994, 90)
[857] Ayee (1988, 29; 1994, 99-102); Ayee and Amponsah (2003, 51)

The People's National Party (PNP) proposed a three-tier structure of local government consisting of RCs, DCl?|"88s and Town, Village and Area Committees in accordance with the *1979 Constitution* that ushered Ghana into the Third Republic and the *Local Government (Amendment) Act, (Act 403).*[858] The PNP sought to strengthen its political control over local government units.[859] However, the PNP government was overthrown in a military takeover on December 31, 1981 by the PNDC government before it could implement the proposed change.[860] When the PNP government was overthrown, the system of local government was highly centralised.[861] Thus, all the efforts made at decentralising the machinery of local government proved futile until 1988 when the PNDC (1981 to 1993) made changes. Local government systems during this period remained highly centralised with their activities carried out by central direction and control.[862] While elaborate functions were transferred to the local government units, there was no simultaneous transfer of corresponding power and means, which are sine qua non to effective decentralisation.[863] Thus, the local government units only functioned as service providers without any functions relating to planning, production, budget, and development.[864]

In summary, local government reforms in Ghana until the PNDC's government were greatly influenced by the highly centralised structure of local government that existed under the colonial rule. The initial path of centralisation created by colonialism served the interest of post-independence central government politicians leading to local government political disempowerment.[865] More importantly, these post-independence governments lacked the political will to decentralise the system of local governance. In the words of Kwamena Ahwoi, "successive governments since independence have recognised the fact that decentralisation is sine qua non for effective national development. And yet until the PNDC came into power, no government has had the political courage and commitment to implement the pragmatic recommendations of the various government

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[858] Ayee (1994, 103-4); Ghana (1980)
[859] Ayee (1994, 104)
[860] Ayee (1994, 106)
[861] Ahwoi (1991j, 58; 1991k, 67)
[862] Ayee (1998, 25)
[863] Ahwoi (1991o, 108; 1991q, 128)
[864] Ahwoi (1991p, 116)
[865] Ahwoi (1991o); Awortwi (2010; 2011)

commissioned studies and committees on the issue, ministries, departments…to respond to the will of the people."[866] There were no dedicated policy entrepreneurs that could push the idea of decentralisation onto government agenda. Consequently, no effective political authority was established during this period of abortive attempts at the district level to oversee the structure.[867] These attempts at decentralisation failed because "efforts were not made to install strong, virile and effective local government bodies accountable to the people and responsible to the central government."[868] Hence, "the rhetoric of decentralisation was not manifested in the practice of decentralisation."[869] Thus, Ghana's local government system "remained trapped in the ill-fitted and the pro-colonial…administrative system" it inherited.[870] It is within this context that the PNDC's 1988 decentralisation policy emerged.

4.3 The Evolution of the Healthcare System and the Search for a Comprehensive Healthcare Financing Mechanism in Ghana

4.3.1 The Background Context

Ghana's post-independence healthcare system and policies were greatly shaped by its colonial past. As has been argued in chapter one, not only did Ghana's health services develop directly from the colonial healthcare system,[871] but more importantly it also reflected "the character of the legacy bequeathed by colonial Britain."[872] The main objective of the British health policy in the pre-independence period focused on the effective delivery of healthcare to the Europeans rather than healthcare financing.[873] The preventive health system the British established was principally aimed at improving the health environment of government

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[866] Ahwoi (1991o, 105)
[867] Ahwoi (1991o, 108; 1991q, 128)
[868] Ahwoi (1991o, 108). See also Ahwoi (1991q, 126)
[869] Ahwoi (1991o, 108). See also Ahwoi (1991, 128q)
[870] Ahwoi (1991s, 154)
[871] Patterson (1981, 11); Twumasi (1981, 147)
[872] Arhinful (2003, 26)
[873] Brenya and Adu-Gyamfi (2014, 88)

officials and other Europeans.[874] Accordingly, universal access was of little concern to the colonial administration. Therefore, the healthcare system left in place by colonial Britain was biased and discriminatory, it served the interest of the wealthy[875] and Europeans.[876] It paid very little attention to the poor in society, and hence, did not strive for universality.[877]

Consequently, the goal of establishing a comprehensive universal healthcare system to provide equal access to the population has been a major goal of most governments in Ghana since independence. During the period right from the post-independence era prior to the 2000s, Ghana struggled to establish a form of healthcare financing system that could best serve the health needs of the ordinary Ghanaian.[878] The main aim of health policies during this era was to put in place a healthcare financing mechanism that is both sustainable and at the same time will not jeopardise universal coverage aims such as access and utilisation. This effort was reflected in the paradigm shifts in health care financing policies, the most notable been an alteration between a tax-based social health insurance (publicly funded) system and a fee-for-service (user-fee) system. The next section examines this in detail.

4.3.2 The Development of Ghana's Healthcare System and the Search for a Sustainable Healthcare

Financing Mechanism

An effective health policy as well as the establishment and formal institutionalisation of modern preventive and curative medicine[879] in Ghana (then Gold Coast) could be traced to the creation of the colonial medical service[880] that resulted in the building of hospitals and dispensaries by the British Colonial administration.[881] However, the

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[874] Addae (1997; 1996, 16); Adu-Oppong et al. (2010, 325); Nkwam (1988, 19); Twumasi (1981, 147)

[875] Arhinful (2003, 26); Twumasi (1981, 147)

[876] Brenya and Adu-Gyamfi (2014, 88); Senah (2001, 84); Twumasi (1981, 147)

[877] Arhinful (2003, 26); Twumasi (1981, 147)

[878] Brenya and Adu-Gyamfi (2014, 88)

[879] Prior to this, the early European settlers in Ghana such as the Portuguese had introduced Western medicine that catered for their health and the enslaved people and children (Addae 1997, 14; 1996, 13-14; Bowdich 2014; 1819).

[880] Ampadu and Abdul-Hamid (2022, 2); Arhinful (2003, 31); Patterson (1981, 11); Twumasi (1981, 147). See also Addae (1997; 1996).

[881] Ampadu and Abdul-Hamid (2022, 2); Kisseih (1986, 205); Twumasi (1981, 147). See also Addae (1997; 1996).

pre-independence healthcare system developed by the British colonial administration[882] was, to a large extent, to serve their interest[883] rather than the people of the Gold Coast.[884] The health of Ghanaians during this period was not a priority of the colonial government. For instance, as Patton noted, "in northern Ghana, for example, river blindness (onchocerciasis) had a long history,[885] but colonial officials did little to eradicate it until 1950."[886] Similarly, Patterson, in his discussion of the 1918 influenza outbreak in Ghana, notes that "the colonial government did little to inform the population about the epidemic or to give advice on the care of influenza victims. At the request of the authorities the newspapers of the Colony did print a short, belated, and erroneous announcement that the disease was relatively mild. The experience of one prominent chief was typical; he did not get any information on preventive measures or nursing care until after he and many of his people were sick."[887] The health services in Ghana until 1923 when the Gold Coast Hospital (renamed the Korle Bu Teaching Hospital) was opened were solely for the Europeans.[888] The initial colonial health policy (1878-1913) was "the concentration of the affordable resources on the European population, all health facilities were located only at centres of European population."[889] Thus, the health service they set up was aimed at protecting the health of European officials and merchants, hence, enhancing their status and interests.[890] This is because, the disease environment that characterised the West Coast was extremely dangerous and inhospitable for the Europeans[891] leading to high morbidity and mortality rates.[892] Thus, the British formed the African Company of Merchants in

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[882] Arhinful (2003, 31)

[883] Cole (2015, 239) provides evidence to show that the provision of health services in former British West Africa "before 1914 was largely designed to meet the needs of the white, expatriate community." He argues that general welfare of Africans mattered less in the calculations of officialdom (Cole 2015, 243).

[884] Addae (1997, 23-24; 1996, 26)

[885] River blindness, or onchocerciasis, "decimated whole populations in the districts of Wa, Lawra (Lorha), Tumu, Navrongo (Navarra), Zuarungu, and Bawku (now the upper region of Ghana) in the northern territories of the Gold Coast, until the late B. B. Waddy, a British colonial doctor, finally convinced the British medical establishment of the serious nature of this disease in 1948 or 1949" (Patton 1996, 17). Cole (2015, 238) also highlights a peculiar apathy exhibited by Colonial Office officials in Sierra Leone between 1895 and 1922, even in the midst of a smallpox epidemic and the world-ravaging influenza pandemic. See also Patterson (1978); Patterson and Hartwig (1978)

[886] Patton (1996, 2)

[887] Patterson (1983, 492)

[888] Addae (1997; 1996, 16); Adu-Oppong et al. (2010, 325); Nkwam (1988, 19); Patterson (1981, 17)

[889] Addae (1996, 26)

[890] Arhinful (2003, 49); Patterson (1981, 12)

[891] Addae (1997, 10; 1996, 10); Rankin (2015, 35); Twumasi (1981, 147)

[892] Addae (1997, 11; 1996, 10-11); Dumett (1968, 155); Rankin (2015, 35)

1750 to help find a cure to these pernicious maladies.[893] Subsequently, the British Colonial Administration built

civil medical infrastructure[894] and established the Gold Coast Medical Department headed by a physician, the

Principal Medical Officer.[895] Further, British Medical Officers were sent to the colony to help with the

development of the Gold Coast Medical Department and Services.[896] Thus, formal medical work in Ghana started

at Accra in 1878[897] with the building of the first civil hospital in Accra.[898] Only European physicians who treated

only Europeans existed.[899] As was the case in other British West Africa[900] the medical service became a white

preserve or occupation[901] because all applicants were to "be of European parentage" to qualify for

employment.[902] African physicians were considered as men of the secondary professional classes[903] and had to

take on less desirable positions.[904] African doctors due to imperial power, notions about black sexuality, racist

ideology, and social stratification within the medical ranks were marginalised and subjected to "differential

rates in salaries in the changing dynamics of power relations and had to contend with a lower status in the

professional ranks."[905] Therefore, apart from the consolidation of British power,[906] the British colonial health

policy aimed specifically at finding adequate means to control, if not eradicate, the epidemic diseases –

predominantly malaria, dysentery, cholera, and yellow fever – that existed along the West Coast of Africa[907]

earning it the reputation of "white man's grave."[908]

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[893] Dumett (1968, 155); Twumasi (1981, 147)

[894] Arhinful (2003, 31); Twumasi (1981, 147)

[895] Arhinful (2003, 31-2); Patterson (1981, 11)

[896] Twumasi (1981, 147)

[897] Kisseih (1986, 205)

[898] Addae (1997, 17; 1996, 16)

[899] Adu-Oppong et al. (2010, 325); Rankin (2015, 54)

[900] Cole (2015, 238); Johnson (2010b, 419); Patton (1996, 20)

[901] Patterson (1981, 13)

[902] Cole (2015, 249); Johnson (2010a, 237; 2010b, 420); Patterson (1981, 13); The British Medical Journal (1902, 344)

[903] The West African Medical Staff (WAMS) created by the British Colonial Office in 1901 did not only exclude African doctors from membership but also placed them on a separate roster with lower salaries than the British doctors (Cole 2015, 249; Dumett 1968, 194; Johnson 2010a, 237; 2010b, 419; Patterson 1981, 12; Patton 1996, 20). African physicians were assumed to lack the professional expertise of British practitioners (Cole 2015, 249).

[904] Cole (2015, 249); Johnson (2010a, 237); Patton (1996, 13-4)

[905] Patton (1996, 15)

[906] Arhinful (2003, 31)

[907] Addae (1997, 10-11; 1996,10); Bindloss (1898, 57); Bindloss and Pinnock (1968, 57); Patterson (1981, 2); Twumasi (1981, 147)

[908] Addae (1996, 37); Arhinful (2003, 27); Johnson (2010, 237a, 2010b, 420); Patton (1996, 20); Rankin (2015, 2)

Since the British were mainly concerned with their health, with little or no direct interest of the Gold Coasters in mind, civil medical infrastructure was established in commercial and administrative centres.[909] As Twumasi aptly recounts,

> For economic and practical reasons, the colonial administrators developed modern health technology to protect their citizens against tropical diseases. Because the expatriate population was mainly located in the cities and large towns, an urban centre health service was created. It would have been almost impossible to exploit the resources in the Gold Coast without taking measures to improve the health conditions in the country.[910]

Thus, since the location of health facilities was determined by the political and commercial importance of a town,[911] the British located the hospitals and clinics in cities and principal towns where the colonists engaged in commercial and mining activities. This marked "the beginning of an urban-centred health service" in Ghana.[912]

The extension of medical services by the British colonial administration to the indigenous people was driven principally by egocentric reasons. Medical coverage was only granted later by the colonial administration to supporting domestic, technical and clerical staff as well as those in the colonial civil and military service[913] when there were clear indications that "they were carriers or possible carriers of infection" and that, that was the only way to prevent epidemic diseases.[914] As Senah explains, "it soon dawned on the Europeans that their health could no longer be guaranteed unless the health needs of the local population were also met."[915] As a result, the British colonial administration allowed a selected group of the local people of the Gold Coast to benefit from the new technology of modern medicine.[916] Consequently, because the British colonial health policy in Ghana ultimately served their own interest, it emphasised European health. The tropical medicine was thus an important first step "for making Britain's West African possessions healthier and more profitable regions of the empire" as the tropical colonies were increasingly tethered to the future security and prosperity of

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[909] Addae (1996, 26); Arhinful (2003, 31); Nkwam (1988, 19); Twumasi (1981, 147)
[910] Twumasi (1981, 150)
[911] Addae (1996, 50)
[912] Twumasi (1981, 147)
[913] Addae (1996, 27-9); Nkwam (1988, xiii); Patterson (1981, 12-3); Senah (2001, 84); Twumasi (1981, 147)
[914] Twumasi (1981, 147)
[915] Senah (2001, 84)
[916] Twumasi (1981, 147)

Greater Britain.[917] Generally, colonial medicine[918] was an integrated system of medicine that attempted to reorder the lives of subject people employing medical discourses that affirmed the colonizers' own medical, cultural, and racial superiority. [919] Thus, medicine, closely associated with the ruling elite,[920] was used, to an extent, as a "tool of empire"[921] in Ghana and other British West Africa.[922]

It is worth mentioning that the Christian missionaries[923] also played a significant role in the development of the healthcare system and services in Ghana. Since they were, to a large extent, driven chiefly by sympathy for the poor and the rural people, they located their hospitals and clinics in the rural areas of the Gold Coast[924] that were wittingly neglected by the colonial administration.[925] For instance, medical missionaries were introduced by the Catholic Mission and the Basel Mission in rural centres[926] to "penetrate into the heart of Africa to convert" the pagans they were assisting to Christianity.[927] In terms of infrastructural development, they contributed immensely. The Christian missionary societies took part in the building of health care facilities. To illustrate, the Agogo hospital was established in 1931 by the Basel Mission in Asante Akim. The Catholic Missionaries also established the Catholic hospital in 1943 at Breman Asikuma and two more at Jirapa (maternity centre) and Worawora by 1951.[928]

The focus of British health policy in Ghana in the later part of colonial rule however shifted from healthcare provision to utilisation. As was the case in other African countries, Western medicine confronted a wide range of different healing practices.[929] With the expansion of medical coverage by the British colonial

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[917] Johnson (2010b, 419)

[918] Beginning in 1927 and by the 1940s Colonial Medical Service in Africa grew from the private enterprise of missions and West African trading companies (Browne 1979; Eddy 1983; MacLeod 1988b).

[919] Rankin (2015, 5)

[920] Rankin (2015, 5)

[921] Johnson (2010b); MacLeod (1988a; 1988b); MacLeod and Lewis (1988)

[922] Brown (2004); Johnson (2010b, 420)

[923] In many tropical countries the medical missionaries were historically the pioneers in introducing Western medicine (Browne 1979, 357).

[924] Addae (1997, 15; 1996, 14); Nkwam (1988, 24)

[925] Twumasi (1981, 147)

[926] Addae (1996, 15); Twumasi (1981, 147)

[927] Kingsley (1899, 24 cited in Twumasi 1981, 147); Kisseih (1968, 205)

[928] Arhinful (2003, 42)

[929] Vaughan (1991, 24)

administration to their supporting indigenous staff, increasing utilisation became a major issue of concern in

Ghana. Prior to the establishment and formal institutionalisation of modern curative medicine in the Gold Coast,

healthcare management in the pre-colonial period centred around interventionism.[930] With interventionism,

healthcare providers such as rulers, traditional priests and priestesses, and herbalists in diverse ways intervened

to influence the provision of healthcare by taking measures to manage healthcare in an effort to curtail the

harm associated with diseases.[931] This entailed the use of indigenous therapies provided by indigenous healers

to managed diseases.[932] This is because the traditional social structure and culture that existed during that era

gave credence to spiritual and social theories of the causation of disease.[933] Diseases were portrayed as

"unnatural occurrences resulting from the wrath of God, ancestors or deities due to sin or immoral behaviour,

or the actions of spiritual or mystical demons."[934] Thus, supernatural powers were invoked into barks of trees,

herbs, amulets, and concoctions, among others by the gods through the traditional priests or herbalists to make

them efficacious for curing specific diseases. Hence, interventions based on magico-religious beliefs on healings

were considered the right therapies to manage diseases[935] with the herbs, amulets, barks of trees, and

concoctions as the right medicine.[936]

On the other hand, the colonial administration's healthcare management focused mainly on scientific

therapy[937] based on modern curative medicine.[938] They rejected the traditional ideas that ascribed disease to

immutable supernatural laws,[939] mystical actions of demons and the wrath of deities as non-scientific.[940] Rather,

they cited biological and environmental factors as the causes of diseases.[941] However, the indigenous people

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[930] Brenya and Adu-Gyamfi (2014, 88)

[931] Brenya and Adu-Gyamfi 2014, 88); Twumasi (1975)

[932] Addae (1997. 12-13; 1996, 11-12)

[933] Addae (1996, 12); Patterson (1981, 28); Rankin (2015, 85); Twumasi (1981, 147)

[934] Brenya and Adu-Gyamfi (2014, 89)

[935] Addae (1996, 12); Twumasi 1975 cited in Brenya and Adu-Gyamfi (2014, 89)

[936] Brenya and Adu-Gyamfi (2014, 89)

[937] Brenya and Adu-Gyamfi (2014, 88); Vaughan (1991, 5)

[938] Twumasi (1981, 147)

[939] Rankin (2015, 85); Twumasi (1981, 147)

[940] Brenya and Adu-Gyamfi (2014, 89)

[941] Brenya and Adu-Gyamfi (2014, 89); Rankin (2015, 85); Vaughan (1991, 5)

deeply imbued with traditional cosmology rejected the scientific conceptions of disease[942] and the modernised medicine associated with it. Thus, "scientific explanation and experimentation in laboratories were not understood, and seemed irrelevant because immutable supernatural laws were known to cause illnesses."[943] Accordingly, because of the belief in supernatural causes of diseases[944] and the deeply inbred suspicion of European institutionalised medicine, the local people were reluctant to seek medical attention from these health facilities when stricken by illness.[945] Moreover, the alternative (traditional) medicine prevalent at the time was very strong.[946] Consequently, the indigenous Ghanaian people hardly could relate to the methods of healing associated with the allopathic health system.

This had a great impact on the colonial administration's health policy. The British colonial health administrators had to deal with the "problems of how to control epidemic diseases, how to treat high fevers, how to prevent cross-infection, and how to immunise people against the deadly tropical diseases."[947] The British sought a means to increase the utilisation of modernised medicine and health services. Since the discovery and neutralisation of causative organism were seen as the only way to uproot epidemic diseases, the British colonial administration regarded cultural isolation as an ineffective preventive measure, thus, the need to confront the indigenous system and neutralise the influence of the traditional healers.[948] Thus, it passed the Native Customs Regulation Ordinance that banned traditional healing and all other indigenous practices.[949] Further, the colonial government failed to recognise the practice of traditional healing, constantly discrediting traditional healers as ignorant and insincere.[950] It also ordered that all cases of infectious diseases be reported to their doctors to treat them scientifically.[951] The colonial administration accepted only health certificates issued by authorised

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[942] Twumasi (1981, 147)
[943] Twumasi (1981, 147)
[944] Brenya and Adu-Gyamfi (2014, 89)
[945] Dumett (1968, 154)
[946] Arhinful (2003, 31)
[947] Twumasi (1981, 148)
[948] Twumasi (1981, 148)
[949] Senah (2001, 84)
[950] Twumasi (1981, 148)
[951] Brenya and Adu-Gyamfi (2014, 89)

government medical officers to a sick worker or an official who was unable to attend work as authentic.[952]

Accordingly, indigenous people in the colonial civil service were forced to obtain a certificate of disability from

only the colonial medical officers.[953] All these policy measures were put in place to counteract the influence of

the traditional healing system and thereby increase the utilisation of the colonial medical system.

There was therefore a growing sense of medical responsibility towards the African population[954] and,

hence, the need to compile health legislations to protect the health of the people.[955] There was an awareness

of local health conditions and advances in knowledge of science as well as an improvement in the medical

department.[956] Intensive vaccination as well as preventive and curative campaigns were also carried out for over

a decade.[957] Besides, the Gold Coast Hospital that was opened in Accra in 1923 enjoyed "the reputation of being

the best equipped hospital in tropical Africa."[958] There were seven European hospitals situated at Accra, Axim,

Cape Coast, Kumasi, Tamale, Takoradi and Winneba.[959] African hospitals and dispensaries were also found at

Ada, Akuse, Axim, Bawku, Bekwai, Bole, Dunkwa, Cape Coast, Elmina, Enchi, Gambaga, Ho, Keta, Keti Krachi,

Kibi, Kumasi, Koforidua, Lawra, Mpraeso, Navrongo, Nsawam, Salaga, Saltpond, Sekondi, Sunyani, Tamale,

Takoradi, Tarkwa, Wa, Winneba, Wioso, Yendi and Zuarungu.[960] There were also leper settlements in Ho, Accra

and Kumasi.[961] Contagious diseases hospitals, central mental Asylum in Accra and hospitals attached to mines

and a field hospital for trypanosomiasis at Nakpandure in Mamprussi were also established.[962] Medical officers

were "stationed at all the more important centres of population" and their services were "available for all

sections of the community."[963] This led to improvement in the health conditions in Ghana. The health of both

the Ghanaians and Europeans continued on its upward trend such that plague was "absent from the Colony for

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[952] Twumasi (1981, 148)
[953] Senah (2001, 84)
[954] Patterson (1981, 16); Rankin (2015, 1)
[955] Gold Coast (1937, 134)
[956] Patterson (1981, 11)
[957] Addae (1996, 29); Gold Coast (1937, 138)
[958] Gold Coast (1937, 140)
[959] Gold Coast (1937, 140)
[960] Gold Coast (1937, 140)
[961] Gold Coast (1937, 139)
[962] Gold Coast (1937, 140)
[963] Gold Coast (1937, 139-40)

nearly ten years, although outbreaks of more or less serious proportions continue[d] to occur in other parts of West Africa."[964] For instance, the incidence of smallpox showed a diminution, and also local yaws, a chronic skin infection,[965] "almost disappeared from many of the townships in the Colony where specific treatment has been given at hospitals[966] and welfare centres."[967] Saving of lives, therefore, undoubtedly became a sensitive index of health conditions in the Gold Coast.[968] Consequently, the old days when the "mortality rate of the indigenous population was very high and when more than half the number of infants born died before attaining one year of age" disappeared.[969] Thus, while the British administration improved "the level of health among the people of Gold Coast (Ghanaians) because of their self-interest,"[970] the Western preventive and curative medicine undoubtedly had a significant impact on the health of Ghanaians.[971]

Therefore, the main healthcare challenge in the later part of the colonial period in Ghana evolved around the issue of the actual causes of disease and the appropriate means or measures to manage healthcare. As a result, the colonial government was preoccupied with the establishment of modernised curative medicine as the appropriate way of providing healthcare. These developments in the health sector shifted the attention of the British health care policy in Ghana from provision to increasing utilisation of modernised medical and healthcare services. The new medical system thus made a slow but real progress in Ghana.[972]

The system of health care financing in Ghana prior to independence was based mainly on out-of-pocket payments at the point of service use.[973] Patients paid charges for hospital services.[974] Apart from paupers[975] and

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[964] Gold Coast (1937, 138)
[965] Addae (1996, 29-30)
[966] The Hospitals service included "a Dental department in charge of a dental surgeon who travels to the larger out stations, a Venereal Diseases clinic, a Maternity Hospital for the training of midwives and an up-to-date X-Ray department in charge of a radiographer and assistant" as well as laboratory service (Gold Coast 1937, 140-1).
[967] Gold Coast (1937, 138-9)
[968] Gold Coast (1937, 138)
[969] Gold Coast (1937, 133)
[970] Patterson (1981)
[971] Opoku et al. (2015, 22); Patterson (1981, 11)
[972] Patterson (1981, 11)
[973] Agyepong and Adjei (2008, 154); Akazili (2010, 25); Arhinful (2003); Koduah et al (2015, 5)
[974] Koduah et al. (2015, 5). See also Konotey-Ahulu et al. (1970)
[975] Konotey-Ahulu (1973, 1-2 cited in Arhinful 2003, 33)

civil and public services workers such as the police who were given free health care,[976] Gold Coasters (Ghanaians) who utilised the colonial modern health care services paid for it.[977] This took the form of user charges and cost recovery for drugs. The introduction of user fees was necessitated by the failure of the Poll Tax, a colonial head tax policy introduced to make healthcare free of charge.[978] The user fees charged were, thus, meant to cover the cost of hospital services. This however made financial access to modern healthcare in Ghana very limited, as only the few wealthy Ghanaians with the ability to pay could patronise these health facilities. Less than 10 percent of the local population had access to allopathic care even at the height of the colonial medical service.[979] The ordinary Ghanaian could ill afford the fees charged.[980]

The work of the Maude Commission greatly shaped the British health policy[981] during the latter part of the colonial era when Ghana achieved formal home rule and Kwame Nkrumah was appointed the Leader of Government Business. The Maude Commission[982] was established by Sir Charles Noble Arden-Clarke, the then Governor and Commander-in-Chief of the Gold Coast on February 9, 1952 to enquiry into the health needs of the Gold Coast.[983] The commission's terms of reference were set out as follow:[984]

(i) to review the measures taken and projected in the Gold Coast, either by Government or by private enterprise –

   (a) for the development of preventive and social medicine, including health education,

   (b) for the development of curative medicine, including provision of hospitals, health centres and dressing stations and the training of personnel,

   (c) for medical research;

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[976] Arhinful (2003, 31)
[977] Arhinful (2003, 31)
[978] Addae (1997, 16-17; 1996, 16); Arhinful (2003, 29-33)
[979] Senah (2001, 84)
[980] Addae (1997, 17; 1996, 16)
[981] Addae (1996, 30)
[982] The commission was chaired by Sir John Maude, a former permanent Secretary of the Ministry of Health in the United Kingdom (Arhinful 2003, 40).
[983] Maude (1952, 1)
[984] Maude (1952, 1)

(ii)   to examine the adequacy of the administrative structure and organisation of the Medical

Department in relation to such development; and

(iii)   to make recommendations.

The commission held an extensive nationwide enquiry involving both private and public hearings in

about forty-five places. As stated in its report:

> We decided at the outset to spend much of our time in seeing different parts of the Gold
> Coast and as will be found from the statement of our itinerary in Appendix B we have
> visited, sometimes together and sometimes in separate parties, some 45 places from Accra
> in the south to Bawku and Nandom in the north and from Takoradi in the west to Keta in
> the east. We realise that the places visited represent no more than a small, though we hope
> a fairly representative, sample of the country as a whole. [985]

The commission requested the media to publicise and invite the general public to its sessions, a publicity that

attracted a large volume of letters and memoranda.[986]

It recommended, among others, the abolition of hospital fees and all charges[987] and the building of more

health centres and dressing stations with hospitals and health centres under the control of the central

government and the dressing stations and maternity homes under the control and responsibility of the local

government. It also recommended expanding the medical field units and improving hospital facilities and that

large municipalities should employ their own staff in the Ministry of Health (MOH) and operate school health

services.[988] Thus, all in-patient and out-patient treatments in hospitals were to be entirely free of charge.

However, because the Maude Commission did not provide any mechanism through which the government could

raise money to finance the health care system in Ghana, the abolition of the hospital fees could not be

implemented.[989] This is because it would place "successive governments in great difficulty in terms of raising

revenue to finance the health sector" and create "a perpetual problem for the financing of healthcare in

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[985] Maude (1952, 2)
[986] Maude (1952, 2)
[987] Prior to 1954 when the recommendation was made, medical charges comprising a private professional fee, a statutory
dispensary fee, and the cost of any prescribed medication were levied throughout the colonial period (Arhinful 2003, 41).
[988] Arhinful (2003, 40); Maude (1952, 55-8)
[989] Agyepong and Adjei (2008, 154); Akazili (2010, 25); Arhinful (2003); Koduah et al (2015, 5)

Ghana.[990] In a nut shell, while the colonial health policy initially focused mainly on the European population, Ghanaians began to benefit from modern medicine.[991] Africans generally "gained much more from the extension of European hospital-based medicine to West Africa"[992] as they "used Western medicine to their own advantages."[993]

The health system Ghana inherited from the British was thus both urban and European biased.[994] It discriminated against the indigenous people and was woefully inadequate and significantly underdeveloped.[995] Thus, the focus of healthcare policy during the era of Kwame Nkrumah shifted to healthcare financing.[996] In order to address the limited access to healthcare, Nkrumah under the Convention Peoples Party (CPP) government immediately after independence replaced the existing out-of-pocket payments at point of service use with a tax-based healthcare financing system that made all health services free.[997] The main aim of this free health care policy was to make healthcare accessible to all Ghanaians irrespective of socio-economic background by eliminating all barriers to access to health care.[998] Moreover, Nkrumah was very committed to addressing the challenge of disparity in the distribution of health care facilities and services in Ghana. Generally, Nkrumah, imbued with nationalistic enthusiasm and driven primarily by socialist and Pan-Africanist ideas, was very committed to expanding social welfare services in Ghana.[999] Accordingly, he pursued extensive social welfare policies that prioritised, among others, health care. Nkrumah's health policy agenda is summarised in one of his declarations: "we shall measure our progress by the improvement in the health of our people … The welfare of our people is our chief pride and it is by this that my government will ask to be judged."[1000] Nkrumah's

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[990] Arhinful (2003, 41-2)
[991] Addae (1996, 31)
[992] Rankin (2015, 4)
[993] Rankin (2015, 8)
[994] Twumasi (1981, 148)
[995] Arhinful (2003); Twumasi (1981)
[996] Brenya and Adu-Gyamfi (2014, 88)
[997] Agyepong and Adjei (2008, 154); Rajkotia (2007, 5)
[998] Akazili (2010, 25)
[999] Senah (2001, 85)
[1000] Nkrumah (1969, 51 cited in Senah 2001, 85)

free healthcare policy immediately after independence therefore emanated from Ghana's efforts at asserting statehood and nationhood as well as increasing health care access to all Ghanaians.

Full free healthcare was not fully realised as envisioned by the ideology of Kwame Nkrumah after the overthrow of the CPP government.[1001] Because the focus of Busia's healthcare management shifted to sustainability, the Progress Party (PP) government introduced the payment of small user fees towards healthcare in 1971[1002] through the *Hospital Fees Act, 1971 (Act 387)*.[1003] The National Redemption Council (NRC) maintained the hospital fees that were instituted by the PP government under Busia.[1004] This notwithstanding, Ghana's healthcare system largely remained free financed by the state.

However, the tax-based healthcare financing system was short-lived and free health care eventually became a myth. By the 1970s Ghana started experiencing acute economic decline and the tax-based healthcare financing system became unsustainable.[1005] It could not be supported by Ghana's general tax revenue,[1006] thus, leading to the gradual phase-in of user charges.[1007] This was the general trend in the whole of Africa, the political goal of free health care for all rapidly proved an illusion.[1008] As a precautionary measure, a low out-of-pocket fees at point of service use were introduced in 1972 in the public sector to discourage frivolous and flippant use of health care facilities or services.[1009]

The Ghanaian economy continued to deteriorate, and this had a great impact on the quality of health care in the country. The worsening economic situation led to prevalent shortages of essential medicines, medical supplies, and equipment in the health sector, which translated into poor quality of care.[1010] Thus, the primary health care strategy, momentous milestone in Ghana's health policy, that the country adopted in the 1970s as

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[1001] Koduah et al. (2015, 12)
[1002] Brenya and Adu-Gyamfi (2014, 88)
[1003] Ghana (1971, 4); Koduah et al. (2015, 13)
[1004] Arhinful (2003, 46)
[1005] Imurana, Haruna and Kofi (2014, 197); Mensah et al. (2010a, 7); Seddoh and Akor (2012, 5); Walt and Gilson (1994, 353)
[1006] Agyepong and Adjei (2008, 154)
[1007] Rajkotia (2007, 5)
[1008] Criel (1998, 1)
[1009] Agyepong and Adjei (2008, 154)
[1010] Agyepong and Adjei (2008, 154); Ministry of Health (2001, 53)

the mechanism through which it could achieve the vision of 'Health For All' by the year 2000 became virtually a mirage.[1011] The issue of inadequacies in drug and medical supply intensified during the PNDC era. The increase in the fees for hospital services and the introduction of surcharges on imported hospital equipment and drugs did not help.[1012] The situation became unbearable that in addition to scavenging for their drugs from private sources, patients "had to carry their bedding, food requirements and sometimes even stationary with them when attending some public facilities."[1013]

To resuscitate the declining Ghanaian economy and further deterioration of the health care system, the PNDC government became much concerned with macroeconomic stability[1014] and it resorted to more pragmatic measures. In 1983 under the pressure of the Bretton Woods institutions – the International Monetary Fund (IMF) and World Bank – it adopted the ERPs and SAPs.[1015] These brainchild policies of the IMF and World Bank aimed at cutting back on government expenditure so that foreign debt could be paid.[1016] The health sector was not spared. As part of the structural adjustment programme, the public sector out-of-pocket fees at point of service use (user fees) for health care – which became popularly known in Ghanaian parlance as the "cash and carry" system – were increased substantially in 1985.[1017] These user fees in public health care facilities, institutionalised by Legislative Instrument 1313, the *Hospitals Fees Regulations (1985)*,[1018] were intended to help recover at least 15% of recurrent expenditure in order to improve the quality of healthcare services.[1019] As a self-financing mechanism,[1020] all the proceeds were kept by the healthcare facilities in a revolving drug fund.

Because the focus was on the adequate supply of drugs and medical logistics, the issue of access was subordinated to efficiency. Questions of equity were not given much consideration.[1021] The economic distress

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[1011] Arhinful (2003, 46)
[1012] Arhinful (2003, 46)
[1013] Arhinful (2003, 46)
[1014] Aryeetey and Goldstein (2000a, 21; 2000b)
[1015] Agyepong and Adjei (2008, 154); Koduah et al. (2015, 14)
[1016] Abrahamsen (1997; 2000; 2003; 2004; 2007); Dolowitz and Marsh (1996; Fowler 2000, 2)
[1017] Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with TEPA of Ghana Parliament (Dec 18, 2017, ACCRA)
[1018] Ghana (1985); Nyonator (2002)
[1019] Asenso-Okyere et al. (1997, 224)
[1020] Arhinful (2003, 46)
[1021] Aryeetey and Goldstein (2000a, 21)

became so acute that by the late 1990s Ghana introduced a system of full cost recovery healthcare system that required users to pay for "the full procurement cost for drugs" and were also charged "a partial cost for most services."[1022] Later, the user fees were sharply increased under the ERPs and "patients were expected to pay for everything except vaccinations and treatment for some diseases.[1023]" In all these, specific and effective efforts to target the poor in Ghana were not part of the reform strategy the country adopted. This is because the twin key governing principles of restructuring set up by the IMF and World Bank were budget streamlining and cost-effectiveness.[1024]

The full cost recovery system led to inequities in financial access to essential and basic health care services in the country, especially rural utilisation.[1025] The utilisation of health services reduced dramatically[1026] because low-income patients, indigents, and paupers could not afford health costs.[1027] Consequently, an attempt at a national health insurance system of healthcare financing was made by the PNDC and later its successor, the National Democrat Congress (NDC) government. Following the proposal of a commission of inquiry in 1985[1028] it experimented with a community-based health insurance (CBHI) scheme that was rising as a burgeoning movement. It established several CBHI schemes in some parts of the country as part of its pilot projects aimed at studying the effects as well as "the optimal design of CBHI as a means of equalising risk across populations."[1029] However, the NDC government's CBHI projects never moved past the pilot stage. This is mainly because, the NDC lacked the political will necessary for expanding the CBHI to the national level. This is evident by their failure to scale up their pilot projects nationally after several years of experimentation as well as their strong opposition to the national health insurance scheme (NHIS) proposed by the NPP.[1030] Besides, there was no committed policy entrepreneur to push the idea forward.

[1022] Rajkotia (2007, 5). See also Nyonator and Kutzin (1999)
[1023] Aryeetey and Goldstein (2000a, 24)
[1024] Aryeetey and Goldstein (2000a, 24)
[1025] Agyepong and Adjei (2008, 154); Waddington and Enyimayew (1989; 1990)
[1026] Rajkotia (2007, 5); Waddington and Enyimayew (1990); Waddington and Enyimayew (1989)
[1027] Arhinful (2003, 48); Aryeetey and Goldstein (2000a, 24)
[1028] Osei-Akoto and Adamba (2017, 386)
[1029] Rajkotia (2007, 5)
[1030] Rajkotia (2007, 7)

To summarise, because the prime aim of the colonial health policy was the health of the Europeans, affordable medical resources were only provided at "centres where there was an appreciable concentration of Europeans, while purely African towns had none."[1031] The central mission of the colonial medical services "was first and foremost to protect the health of European officials and then other Europeans. Their next duty was to look after African civil servants, the military and police, inmates of gaols and asylums."[1032] Thus, the health care system in Ghana inherited at independence was biased, it provided healthcare services to only the small elite group of colonial administrators and their assistants.[1033] Hence, the British colonial administration set up a self-serving, discriminatory health system such that its "legacy became an urban biased health care service"[1034] characterised by limited access. During the period right from the post-independence era prior to the 2000s, Ghana struggled to establish a form of healthcare financing system that could best serve the health needs of the ordinary Ghanaian. To provide a more equitable and pro-poor health financing policy, Kwame Nkrumah introduced a tax-based social health insurance (publicly funded) system. Worsening economic conditions made the free healthcare unsustainable leading to the gradual introduction of a fee-for-service (user-fee) system. This developed later into a full cost recovery system that increased the financial barriers to health care, leading to inequity and health-related poverty.[1035] As described by *The Statesman*, a Ghanaian mainstream private newspaper, in an editorial, cash and carry became a cruel system "that turned Ghana's hospitals into typical death chambers that bore the mark of Adolf Hitler."[1036] The precarious nature of the user fees system necessitated Ghana's drive towards national health insurance.[1037]

[1031] Arhinful (2003, 32)

[1032] Arhinful (2003, 32)

[1033] Akazili (2010, 25); Arhin-Tenkorang (2000)

[1034] Arhinful (2003, 49).

[1035] Agyepong and Adjei (2008, 150-60); Blanchet et al. (2012, 76); Seddoh and Akor (2012, 6); Witter and Garshong (2009)

[1036] The Statesman (2006, cited in Ofori-Birikorang 2009, 17)

[1037] Agyepong and Adjei (2008); Brenya and Adu-Gyamfi (2014); Osei-Akoto and Adamba (2011)

4.4 The Evolution of Ghana's Educational System and Education Financing

4.4.1 Background to Ghana's Educational System

Ghana's education has over the years had several goals. However, as indicated in chapter one, the provision of free universal education for all has been the most basic goal.[1038] Successive governments in Ghana have since independence noted the vital role played by education in the socio-economic development of the country. This has been demonstrated through the implementation of policies directed towards the making of education more accessible to all Ghanaians. Generally, most of these governments made fee-free, compulsory basic education to every child of school-going age one of their policy priorities.[1039] By enshrining the right to free and compulsory education in its *1992 Fourth Republican Constitution*,[1040] Ghana gave its drive towards universal education for all a constitutional mandate in the Fourth Republic. The Ministry of Education is tasked by the 1992 Constitution "to ensure that all Ghanaian children of school-going age are provided with quality formal education and training through effective and efficient resource management that will facilitate the making of education delivery relevant to the manpower and social needs of the nation."[1041] This effort at universalising access is premised on the belief that education holds the key to and is a panacea for national development.[1042]

[1038] Little (2010, 1)

[1039] Darvas and Balwanz (2013, 41)

[1040] Article 25 of Ghana's Constitution (1992) provides that basic education become free, compulsory, and available to all Ghanaians of school going age. It also provides that secondary education in its different forms, including technical and vocational education, and higher education be made generally available and equally accessible to all Ghanaians by the state by progressively introducing free education (Ghana 1992c, 24). Moreover, Article 38 of the 1992 Constitution specifically directes that:

   a.   the State shall provide educational facilities at all levels in all the Regions of Ghana, and shall, to the greatest extent feasible, make those facilities available to all citizens;

   b.   the Government shall, within two years after Parliament first meets after coming into force of this Constitution, draw up a programme for implementation within the following ten years for the provision of free, compulsory and universal basic education;

   c.   the State shall, subject to the availability of resources, provide equal and balanced access to secondary and other appropriate pre-university or equivalent education with emphasis on science and technology; a free adult literacy programme, and a free vocational training, rehabilitation, and resettlement of disabled persons; and life-long education (Ghana 1992c; Ghana Schools net 2011).

[1041] Fredriksen (2009, 100). See generally Articles 25, 28(4), 38 and 39 of the 1992 Constitution.

[1042] Akyeampong (2010a, 1); New Patriotic Party (2008, 68); World Bank (1989, 2; 2004a, 1)

That is, education is used as the main conduit for national development.[1043] Education is considered to be the mindset of the economy, school is the instrument of transformation.[1044]

This notwithstanding, the education system Ghana inherited at independence from colonialism provided limited access to Ghanaians because it was largely urban-based and European-biased.[1045] For example, the Watson Commission "found no African who seriously suggested that there was as yet a sufficient number of Africans with the education or experience capable of filling an appreciable number of posts in the branches of the public service in the Gold Coast."[1046] It ultimately served the interest of the British colonial administration, the Christian missionaries, and European traders[1047] as already argued above. This is illustrated by the complaint of Ghanaians against the British as reported by the Watson Commission as follows: "you have not provided us with sufficient opportunity to learn. In case where we have learned you have not given us the opportunity to show our capacity."[1048] Kwame Nkrumah upon becoming the Leader of Government Business in 1952 introduced the education for all policy to address the inequality in access to education in Ghana.[1049] The policy provided free universal elementary education to every child of school-going age. He also introduced free senior secondary (high) education in the Northern Region. While some of the subsequent governments after Nkrumah maintained the free elementary education, others introduced user fees. Accordingly, until 2017 when the New Patriotic Party (NPP) under President Nana Addo Danquah Akufo Addo extended the free education policy to the senior high school level by scaling it nationally, Ghana's policy efforts towards education for all has since independence focused largely on basic education. The next section examines the evolution of Ghana's educational system and financing mechanism.

[1043] Fobih and Koomson (1998, 169).
[1044] Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA)
[1045] Akyeampong et al. (2007); Takyi et al. (2019a)
[1046] Gold Coast (1948, 30)
[1047] Akyeampong et al. (2007); Takyi et al. (2019a)
[1048] Gold Coast (1948, 30)
[1049] Fobih and Koomson (1998, 155); Little (2010, 1)

4.4.2 The Evolution of Ghana's Educational System and "Education for All Policy"

A strong solid foundation for education in Ghana was laid prior to its independence in 1957. The evolution of Ghana's education system could be traced to the fifteenth century where some Portuguese merchants introduced formal education to the shores of Ghana.[1050] These European merchants trained some Ghanaians in the castles to facilitate their trading activities.[1051] According to the Gold Coast colonial government report:

> In the early stages of European settlement in the Gold Coast some of the Dutch, English and Danish trading communities had schools at their respective headquarters. These schools, however, appear to have been used to educate the settlers' own children born in or brought into the country and also to give a few natives of the Gold Coast sufficient training to be of assistance in business.[1052]

Later, the provision of education was taken over first by the Christian missionaries to help in the propagation of the gospel.[1053] The Christian missions made a considerable effort to expand education by opening more schools in the country. This is because they saw education as necessary for their missionary activity in Ghana, as was the case in other sub-Saharan African countries,[1054] such that by 1881 there were 139 mission schools with about 5000 enrolled pupils.[1055] The contribution of the missions to education was emphasised by the Watson Commission as follows:

> Nothing impressed us more than the interest of the peoples of the Gold Coast in education. Practically every African, who sent in a Memorandum or appeared in person before sooner or later started to discuss Education. This interest, in our opinion, is as deep-rooted as it is widespread. It does not spring solely from any mercenary assessment of material benefits but from some genuine desire for learning. The initial impetus was provided by the Missions and Missionary schools. The seeds which they have sown have produced a crop that must have far exceeded their expectations – a crop which is not without its embarrassments for those who have to meet today's demands.[1056]

[1050] Fobih and Koomson (1998, 155)
[1051] Akyeampong et al. (2007, 4); Blakemore and Cooksey (2017; 1981; 1980); Blakemore (1975); Bledsoe (1992); Mfum-Mensah (2017, 3); Pinto (2019)
[1052] Gold Coast (1937, 110)
[1053] Akyeampong et al. (2007); Berman (1975; 1971); Foster (1965); King (1969); Mfum-Mensah (2017, 3); Takyi et al. (2019a)
[1054] Berman (1975); Blakemore and Cooksey (2017; 1981; 1980); Blakemore (1975); Bledsoe (1992); Chidester (1996); Hoel (2016); Jammeh (2012); Kibera and Kimokoti (2007); Kitaev (1999); Mfum-Mensah (2017); Nunn (2011); Pinto (2019)
[1055] Akyeampong et al. (2007, 4); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)
[1056] Gold Coast (1948, 62)

The colonial government also noted the following in its handbook:

> It is generally considered, however, that the most notable missionary pioneers of this period were those sent out by the Society for the Propagation of the Gospel at the request of the Royal African Company. The first of these missionaries was the Rev. Thomas Thompson, who landed at Cape Coast in 1751 and established a school, which, after many vicissitudes, was taken over by the Government. As the Government Boys' School, Cape Coast, it is to-day one of the largest educational institutions in the Gold Coast…By 1881 there were 139 schools in the country with an enrolment exceeding 5,000 pupils. Of these one at Cape Coast and two at Accra were managed by Government. The Basel Mission had 47; the Methodist 84; the Bremen 4; and the Roman Catholic 1. The system of management adopted by the various missions differed so widely that in 1882 the Government drew up the first ordinance for the promotion and assistance of education in the Gold Coast. It provided for the establishment of a general Board of Education and for local Boards, the duties of which were to include reporting on the advisability or otherwise of establishing schools in their areas, the certification of teachers and ensuring the fulfilment of the conditions on which grants were to be awarded to schools…The Inspector of Schools made two reports during the period 1883-87. He estimated the cost of Education at £5,000 per annum, of which sum Government contributed £425.[1057]

The Watson Commission again noted the following:

> In concluding our observations on education, two matters, we feel, call for special mention. We do not think that the pioneer work of the Churches and Missions has been fully appreciated by the African. The Churches and Missions have been mainly responsible for inculcating the desire for education; they made it possible the rapid development to the present stage. The progress now envisaged must affect to some extent the autonomy of their schools and teacher-training colleges; it must not be easy for many to limit denominational interests in favour of purely educational aims or to accept an intrusion of technical and vocational training into a more literary curriculum. But, from the views that were expressed to us by various leaders, we are hopeful that these difficulties will be bridged and that the co-operation of the Missions will continue as successfully as in the past.[1058]

Thus, early educational effort in Ghana "was largely the result of mission enterprise."[1059] Since 1890 there was a continuous expansion of work by the old established missions.[1060] Additional missions such as the African Methodist Episcopal Zion (1898); the White Fathers (Northern Territories, 1906); the English Church Mission (1906), and the Ahmadiyya Movement (1921) entered the educational field.[1061]

[1057] Gold Coast (1937, 110-1)
[1058] Gold Coast (1948, 67)
[1059] Gold Coast (1937, 110)
[1060] Gold Coast (1937, 111)
[1061] Gold Coast (1937, 111)

The Ordinance of 1882 was found to be almost unworkable in view of the great differences between the educational systems of the various missions. Consequently, a new ordinance was passed in 1887; it remained in force until 1925. As in 1881, a Board of Education was established. The appointment of Inspector of Schools was maintained and provision was made for the payment of grants-in-aid to primary schools and teacher-training institutions subject to compliance with regulations for the efficient management of schools, the employment of satisfactory staffs and the giving of instruction according to a prescribed curriculum…From the outset the Inspector of Schools had insufficient time to carry out his duties in the Gambia, Sierra Leone and Lagos, in addition to the Gold Coast, and in 1890 a Director of Education was appointed for the Gold Coast alone.[1062]

Subsequently the British colonial administrators took over the provision of education in Ghana as they sought some indigenous people for administrative purposes[1063] and finally by Dr. Kwame Nkrumah, the then first Ghanaian Leader of Government Business in 1952. Initially, the colonial governments only took oversight of schools in the colonies.[1064] Later, when they engaged in the direct provision of education,[1065] they had fewer schools.[1066] Because they initially did not have the interest in making full financial investments in education, they supported the Christian missions in the provision of education through the provision of grants-in-aids to the mission schools.[1067] Thus, imperialistic frameworks and proselytisation mission coalesced and cemented the provision of formal education[1068] as the Christian missions and the colonial governments were driven by proselytising and civilising agendas and economic rationalisation respectively.[1069]

[1062] Gold Coast (1937, 111)
[1063] Akyeampong et al. (2007); Foster (1965); King (1969); Takyi et al. (2019a); Mfum-Mensah (2017)
[1064] Berman (1975; 1971); Foster (1965); Mfum-Mensah (2017); Ward (1953)
[1065] Berman (1975; 1971); King (1969); Foster (1965); Mfum-Mensah (2017); Ward (1953); White (1996)
[1066] Mfum-Mensah (2017)
[1067] Mfum-Mensah (2017); Steiner-Khamsi and Quist (2000)
[1068] Berman (1975; 1971); Foster (1965); Harris (1946); Jammeh (2012); Jones (1922); Mfum-Mensah (2017); Steiner-Khamsi and Quist (2000); VanderPloeg (1977); Vavrus (2002); Ward (1953); White (1996)
[1069] Mfum-Mensah (2017, 5)

Since political agenda underlain the transfer of educational models[1070] in the colonial era, the aim of the colonial government was to create a comprehensive elite educational institution that would respond to the industrial and educational needs of Ghana.[1071] The Achimota School was established in 1927 as the first British educational institution in colonial Africa.[1072] It had kindergarten, primary, secondary, college, teacher-training and university departments[1073] complemented by a first-rate educational research centre.[1074] It was divided into a school and a college and the college had good laboratories, agricultural teaching equipped with a demonstration farm, special buildings for music and for arts and handicrafts, both African and European, and a fine Engineering School, well equipped with machinery, which enabled the college to teach up to the B.Sc. Engineering Examination.[1075] By 1929 it became the largest boarding school in the whole of West Africa.[1076] Other technical and vocational as well as secondary schools – whose curriculum was based upon the requirements of the Cambridge School Certificate[1077] – were also established.[1078] External examinations that could be taken within the Colony included: 1) The Matriculation and Degree examinations of the University of London; 2) The Matriculation examination of the University of Durham; 3) The Junior and School Certificate examinations of the University of Cambridge; 4) The Intermediate examinations of the City and Guilds of London Institute, the London Association of Certified Accountants, and the London Chamber of Commerce; and 5) The

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[1070] Finegold et al. (1993); Halpin and Troyna (1995); Philips (1993); Robertson and Waltman (1993); Steiner-Khamsi and Quist (2000); Yates (1984)

[1071] Berman (1971); Foster (1965, 166); Steiner-Khamsi and Quist (2000, 278-9)

[1072] Gold Coast (1937, 113); Steiner-Khamsi and Quist (2000, 272). See Agbodeka (1977)

[1073] Gold Coast (1937, 113-4); Steiner-Khamsi and Quist (2000, 279)

[1074] Steiner-Khamsi and Quist (2000, 279)

[1075] Agbodeka (1977, 57–73); Foster (1965, 166-7); Gold Coast (1937, 114)

[1076] Gold Coast (1937, 114)

[1077] Gold Coast (1937, 115)

[1078] For instance, the Government Technical School was opened in Accra in 1909 to provide secondary vocational training in Mechanical Engineering, Building Construction, Carpentry, and Joinery leading to the Intermediate Examination of the City and Guilds of London Institute (Gold Coast 1937, 115). Vocational training in masonry, carpentry and metal work was also given in the three Government Middle Boarding Schools at Kibi and Asuansi, and at Mampong in Ashanti (Gold Coast 1937, 115). The Department of Agriculture conducted a training centre at Kumasi for the training of junior African officers for the staff of the Departments of Agriculture and Forestry (Gold Coast 1937, 115). A veterinary training centre was conducted at Tamale in the Northern Territories by the Veterinary Department (Gold Coast 1937, 115). Secondary Education that led to the Cambridge School Certificate was also provided at Achimota, and at Mfantsipim (Methodist Mission), St. Nicholas' Grammar School (English Church Mission) at Cape Coast and a Roman Catholic Secondary School in Cape Coast (Gold Coast 1937, 114-5; Steiner-Khamsi and Quist 2000, 278-9). The University education led to the London examinations in Intermediate Arts, Science and Engineering, and an Engineering degree (Gold Coast 1937, 114).

Associate examination of the College of Preceptors.[1079] The King Edward VII. Memorial Fund[1080] was established to provide scholarships "for the encouragement of education, study and training, more particularly of a technical, agricultural and scientific nature."[1081] Achimota School "was intended as a showcase of what education in the Gold Coast and the rest of colonial Africa should become."[1082] Thus, designed to become the masterpiece of the colonial government, Achimota School emphasised manual labour and agricultural education[1083] that will promote British interest in the colony.[1084] This was strongly criticised by the educated elite in the Gold Coast[1085] as equalling inferior education for Africans.[1086] They argued that the Achimota School aimed at "training generations of individuals to remain in the rural areas forever, that is, to be prepared for a life of servitude to the colonial master and for confinement to tribal life."[1087] Mostly, the primary motive for colonial education was calculated and strategic socially and economically that was meant to benefit the colonial government.[1088] The educational interest of the colonial governments was usually in the very few indigenous Africans who could fill the administrative and clerical positions in the colonial administration to curb the high expenses associated with colonial governments bringing expatriates to occupy those positions.[1089] The Colonial Office looked for people that they could build to serve the colonial system.[1090] Thus, while the British left behind a good educational system and education, briefly and incompletely, exposed hundreds of thousands of Ghanaians to Western ideas, "most Ghanaians remained unschooled even in the last years of British rule."[1091]

[1079] Gold Coast (1937, 115-6)
[1080] The fund was administered by a committee that considered applications for assistance in continuing education, study and training and awarded scholarships in deserving cases on suitable conditions. Scholarships were not restricted to any particular institution, but were assignable for education, study and training in any institution throughout the world which the Committee considered suitable and with which satisfactory arrangements could be made (Gold Coast 1937, 118).
[1081] Gold Coast (1937, 118)
[1082] Steiner-Khamsi and Quist (2000, 276)
[1083] Buell (1928, 2: 848); Foster (1965, 166); Gold Coast (1937, 118); Steiner-Khamsi and Quist (2000, 276)
[1084] Akyeampong et al. (2007); Takyi et al. (2019a); Steiner-Khamsi and Quist (2000)
[1085] Agbodeka (1977); Steiner-Khamsi and Quist (2000)
[1086] Gold Coast Leader (1924 cited in Steiner-Khamsi and Quist 2000, 281)
[1087] Steiner-Khamsi and Quist (2000, 280)
[1088] Mfum-Mensah (2017, 5)
[1089] Banya (1993); Chege and Sifuna (2006); Mfum-Mensah (2017)
[1090] Rankin (2015, 3)
[1091] Patterson (1981, 8)

Thus, prior to 1951, Ghana's educational system chiefly "aimed at enhancing the activities of Christian missionaries, educating the children of European traders, and sustaining the machinery of colonial government."[1092] Moreover, since the benefits of colonial education were limited and the costs were prohibitive, many households were unwilling to enrol their children in school[1093] and investments in education were not justified by the returns to education as unemployment of school leavers was a major social problem in Ghana throughout the colonial era.[1094] Accordingly, the education system currently in Ghana has its roots in its political past.[1095]

After independence, the education system was modelled on the British system. While the British had laid a strong and solid foundation for the formal education system that was the envy of much of the rest of sub-Saharan Africa,[1096] access to it was very limited.[1097] To illustrate, the Watson Commission in its report noted the following:

> (a) Educational facilities are too few and the rate of increase is too slow. (b) The development has been ill-balanced. (c) The curricula are not adapted to the needs of the country. (d) The method of teaching is not as effective as it might be. It is, of course, true that the educational facilities are inadequate in relation to the number of children to be educated and we are told that the full development of universal primary education would take at least twenty years to achieve if finance and other factors are taken into consideration. This, however, appears to us to represent a minimum time, since at the end of only ten years there are expected to be at least 750,000 children of primary school age (450,000 children of infant-junior age and 300,000 of senior primary age). It took twenty years for the school [population to double itself between 1906 and 1926, and another twenty years almost to treble itself between 1926 and 1946. Can it more than quadruple itself in the next twenty years and yet maintain even the present standards?[1098]

[1092] Akyeampong et al. (2007, 4 cited in Takyi et al. 2019a, 5)

[1093] Aboagye (2021, 367)

[1094] Aboagye (2021, 367)

[1095] Akyeampong et al. (2007, 4); Takyi et al. (2019a, 5)

[1096] Until its education standards begun to fall in the mid-1970s, Ghana's established education system was considered as one of the best systems in Africa (Akyeampong 2004, 4; World Bank 2004a, 1; 2004c, 1). Again, by 1966 Ghana's educational system from international perspective was the most highly developed in West Africa (Fobih and Koomson 1998, 158).

[1097] Akyeampong (2004, 4); Fobih and Koomson (1998, 158); Little (2010, 1); Gold Coast (1948, 26); World Bank (2004a, 1; 2004c, 1)

[1098] Gold Coast (1948, 64)

Moreover, by the early 1960s there was an already clear social stratification in access to education in Ghana.[1099]

Besides, the few urban-based schools were inaccessible to the majority of Ghanaians[1100] and, as noted above,

served the interest of the British colonial administration, the Christian missionaries, and European traders.[1101]

Dr. Kwame Nkrumah, after assuming office as the Leader of Government Business following the CPP's victory in

the 1951 legislative election, introduced a policy, the *Accelerated Development Plan (ADP) for Education*[1102] that

made primary education fee-free in Ghana in 1952.[1103] It was stated in the ADP that:

> It is the policy of the Government to give Free Primary Education throughout the country. The extension of universal free education so as to include secondary education belongs to a later stage which will be kept in view as the goal. The immediate intention, therefore, is to accelerate the pace of primary education and thereby to make the basic course available to all children of school-going age within a comparatively short space of time. The acceleration of the programme for the spread of the basic course will, it is thought, involve a corresponding acceleration of the provision of middle and secondary schools to ensure at least that a high proportion of children from the basic course enter the Middle and Secondary course. It is indeed probable that articulate public opinion is more interested in increasing the proportion of the present children who pass from the basic to the middle and secondary school courses than in increasing provision of the former. The ratio at which the Development Plan aims is that at least one child out of every two shall pass on to the Middle and Secondary courses.[1104]

The development plan emphasised the enlightenment philosophy and formations on modernity[1105] and, hence,

the usage of education as a main vehicle to accelerate the implementation of government programs and policies

towards economic stability.[1106] Accordingly, school fees were to be abolished at the primary school level.[1107]

Nkrumah's education policy was also driven by his socialist ideological commitment to extensive social

welfare policies, nationalistic enthusiasm[1108] and Pan-Africanist ideas. It took a great deal of economic sacrifice

and commitment. This is because it was a strain on the fragile and weak Ghanaian economy. As the Watson

Commission report highlighted:

[1099] Little (2010, 7)
[1100] Fobih and Koomson (1998, 155)
[1101] Akyeampong et al. (2007); Takyi et al. (2019a)
[1102] Akyeampong et al. (2007, 4); Gold Coast (1951)
[1103] Darvas and Balwanz (2013, 41); Gold Coast (1951, 17)
[1104] Gold Coast (1951, 17)
[1105] Gold Coast (1951, 17); Takyi et al. (2019a, 5)
[1106] Agyeman et al. (2000, 9); Gold Coast (1951, 17); Takyi et al. (2019a, 5)
[1107] Gold Coast (1951, 17); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)
[1108] Senah (2001, 85)

Do trends in the national wealth and public revenue and the economic prospects of the country want such optimism? We feel that it would be more realistic, so far as primary education is concerned, to base plans for the future on a long period than twenty years. The pushing ahead of too ambitious schemes for the rapid expansion of primary education at the expense of secondary and higher education may do incalculable harm both to the structure of the whole educational system and to the economy of the country as a whole…We fully appreciate the pressure that has emanated from the indigenous desire for mass literacy; but if the peoples of the Gold Coast wish to achieve a progressively greater measure of self-government within a reasonably short time and if they wish to model its economic organisation on those of the more industrialised and commercial countries of the world, it must be achieved only by a soundly balanced system of education. If the materials are limited, the alternatives are to build a narrower ladder that, while tapering, reaches the objective, or to build so broad a ladder that it fails to reach anywhere. The former seems to us to be the only possible alternative.[1109]

Nkrumah's principal aim of introducing the free primary education in Ghana therefore was to bridge the access gap in the educational system in Ghana[1110] created by the British colonial system.[1111] Nkrumah also sought to build the human capital base of Ghana by expanding the pool of highly skilled, qualified labour force that would serve the manpower and social needs of the country. Accordingly, he invested massively in Ghana's formal education to drive the country towards an accelerated socio-economic development.[1112] To demonstrate, the ADP highlighted this stating:

The economic development of the Gold Coast will be accompanied by a big demand for technically skilled men and women and this aspect of education is of the first importance. A greater variety of trade and technical education is needed which will cater for women as well as men and give training at various levels in trade, technology, vocations, and domestic and kindred crafts. At present, vocational secondary education and technical teacher-training courses are provided at the Government Technical School at Tarkoradi and full time trade courses are give at the Trade Training Centres at Asuansi and Mampong (Ashanti). It is proposed that the programmes of development should include the establishment of three secondary (technical) boarding schools, one of which would be at the existing school at Tarkoradi; the continuation of the Trade Training Centres with the addition of another centre at Tamale; the establishment of technical institutes in the main urban areas and the provision of mobile training units. The secondary technical schools will act as "feeders" to the College of Arts, Science and technology. The technical institutes will be non-boarding and will provide whole or part-time courses in a wide variety of trades and vocations. The purpose of the mobile training units will be the improvement of artisan standards in areas away from the main centres of population. The capital expenditure on technical education will be about £1,200,000. The Government is aware of the fact that availability of skilled personnel is limited and that the

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[1109] Gold Coast (1948, 64)
[1110] Fobih and Koomson (1998, 158)
[1111] Interview with KAWOKUDI of Peace FM (Sept 3, 2019, Abeka)
[1112] Takyi et al. (2019a, 5)

process of development which would require more and more skilled men may intensify the shortage.[1113]

The overall vision of development of education in Ghana under Nkrumah reflected in his policies and strategies was aimed essentially at achieving three goals: "first, it was to be used as a tool for producing a scientifically literate population. Secondly, for tackling mainly the environmental causes of low productivity; and thirdly, for producing knowledge to harness Ghana's economic potential."[1114] Thus, to develop the human resource base of the country, there was the need to introduce education for all and, hence, Nkrumah made education one of his policy priorities.[1115] As an illustration, the ADP highlighted the following:

> For the past years the standard of education in this country has been the primary concern of the government. Efforts have also been made to extend this all important service to all parts of the Gold Coast. However, upon critical scrutiny, it has been found possible to accelerate progress towards this objective. To this end, it is now the aim of the Government to encourage the opening of new schools by the people themselves through local self-help. The Government's contribution will be in the form of grant-in-aid, the training of teachers, and the exercise of supervision. In addition, the Government will make a grant of £120,000 to the Library Board for the expansion of library services in the Gold Coast…The efficient way of achieving both aims of accelerating plans for Primary, Middle and Secondary Education and increasing the facilities for teacher training, is of course, by duplicating existing institutions where feasible, by expediting the opening of new institutions and by establishing emergency institutions. The capital cost of the duplication of six existing Teacher Training Colleges and five additional new colleges will be £3 million. It is also estimated that the total of the recurrent expenditure, i.e. salaries, equipment and maintenance for the first five years will be £7$\frac{1}{4}$ million.[1116]

The policy led to a tremendous increase in primary school enrolment, and the number of teachers[1117] through the introduction of emergency teacher training.[1118] It also led to an expansion of middle, secondary, and technical schools' facilities. These educational provisions continued under Nkrumah until and after Ghana achieved independence in 1957. Nkrumah's CPP government established several secondary schools and

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[1113] Gold Coast (1951, 17)
[1114] Akyeampong (2010a, 1)
[1115] Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA)
[1116] Gold Coast (1951, 17)
[1117] Pupil teachers with basic level education – that is, possessing Middle School Leaving Certificate (MSLC) – were employed to teach in the primary schools (Fobih and Koomson 1998, 157).
[1118] The CPP government later instituted six-week and 2-year teacher training programs for pupil teachers aimed at equipping them with basic teaching skills required for effective teaching at least at the primary level of education (Fobih and Koomson 1998, 157).

technical institutions after independence to absorb the increased number in middle school leavers.[1119] To demonstrate, there was an increase in the number of primary schools from 3,571 in 1957 to 3713 in 1959. The number of middle schools also increased from 1311 in 1957 to 1394 in 1959. Furthermore, by 1960 Ghana was able to boast of 59 secondary schools compared to the 38 that existed in 1957.[1120]

Nkrumah's government was also very committed to improving teaching and learning. In order to have adequate teachers to handle the resultant expansion in basic education, the training of teachers established in the early 1940s were expanded. Specifically, the government in the 1950s introduced a two-year Certificate B teacher training. This was followed by a Certificate A teacher training.[1121] Several training colleges were established between 1951 and 1966 to train more qualified teachers that would replace the pupil teachers by providing 4-year and 2-year training for post-middle and post-secondary graduates, respectively.[1122] To see to the interest of teachers, the government established the National Teacher Training Council in 1958. Further, in 1962 it re-introduced the four-year training program for middle school leavers.[1123] To attract middle and secondary school leavers to the teaching profession[1124] and, hence, increase the number of qualified teachers, it introduced allowances (stipends) at the various Teacher Training Colleges for the teacher trainees[1125] as the teaching profession in the country at the time had a low image.[1126]

To provide students with skills in practical subjects, the government established vocational institutes and technical institutes – first, converted into polytechnics after the passage of the *Polytechnic Law of 1992*[1127] which was replaced by *the Polytechnics Law in 2007*,[1128] and later into technical universities after the passage of the *Technical Universities Act, 2016 Act 992* on 31st August 2016[1129] – throughout the country.[1130] Due to the

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[1119] Fobih and Koomson (1998, 157)
[1120] Fobih and Koomson (1998, 157)
[1121] Fobih and Koomson (1998, 157)
[1122] Fobih and Koomson (1998, 157)
[1123] Currently, there are 38 teacher training colleges training teachers for basic schools in Ghana.
[1124] Fobih and Koomson (1998, 157)
[1125] Darvas and Balwanz (2013, 42)
[1126] Fobih and Koomson (1998, 157)
[1127] Ghana (1992d)
[1128] Ghana (2007a)
[1129] Ghana (2016)
[1130] Ghana currently has about 23 Technical Institutes and 29 National Vocational and Training Institutes.

inability of the public universities to absorb all the students produced by the various secondary schools following the massive expansion in secondary education, the government allowed privately run university education in Ghana in the 1970s.

The CPP government adopted the *Education Act (1961)* that further strengthened Ghana's fee-free education at the primary level[1131] by establishing the policy of free-compulsory primary and middle school education for all Ghanaian children of school-going age.[1132] The Act was the first to have abolish primary school fees in the country. He also introduced free secondary education in Northern Ghana as a special incentive to encourage children there to enrol in school.[1133] As the Northern part of Ghana was by then "the most deprived area in the country"[1134] in terms of income,[1135] the free secondary education policy was a social intervention that sought to eliminate the effects of economic and spatial barriers on access to formal education.[1136] Not only did Nkrumah institute a scholarship scheme for the Northerners, people were forced to attend school.[1137] To ensure adequate supply of teaching and learning materials, the government in 1963 commenced the provision of free textbooks to primary and middle schools as well as to all assisted secondary schools. The free supply of textbooks was, however, stopped in 1966 after the overthrow of Nkrumah, parents were made by the NLC to contribute towards the cost of textbooks and stationery.

However, due to economic deterioration – resulting from drastic fall in the price of cocoa, Ghana's main source of foreign exchange – coupled with institutional mismanagement by military governments in the late 1970s,[1138] Ghana's budgetary allocation towards its education system fell considerably.[1139] Attention consequently shifted from access to effective and efficient delivery of education. The government did not have

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[1131] Darvas and Balwanz (2013, 41); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA); Ghana (1961, 4)
[1132] Akyeampong et al. (2007, 4); Fobih and Koomson (1998, 156); Ghana (1961, 4)
[1133] Akyeampong et al. (2007, 4); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)
[1134] Akyeampong et al. (2007, 4)
[1135] Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Ray (1986, 10)
[1136] Akyeampong et al. (2007, 4); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia)
[1137] Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)
[1138] Akyeampong et al. (2006); Fobih and Koomson (1998, 155); Lewin (2010); Little (2010); Lofchie (2012); Oquaye (1980, 27-28); Tsikata (2001, 57-8)
[1139] World Bank (2004a, 7; 2004c, 1)

the political will to continue the education for all policy and the free basic education was abolished in 1971.[1140] The lack of financial sustainability significantly undermined the gains made from the school fee abolition policy.[1141] Not only did this lead to the deterioration and dilapidation of school infrastructure but also it enormously affected the supply of basic teaching and learning materials such as textbooks,[1142] chalk, and other facilities like chairs and desks.[1143] Thus, the "physical quality of basic education facilities was very poor"[1144] and school enrolment fell noticeably.[1145] The quality of education also fell. Most Ghanaian teachers left the country in search of better economic opportunities in other countries, mostly Nigeria. The quality of education further deteriorated due to ineffective management of schools and poor supervision. The situation kept on worsening unabatedly that by 1985 "the state of Ghana's education system was aptly described as clinically dead."[1146]

The Provisional National Defence Council (PNDC) government amended the *Education Act of 1961* by passing the *PNDC Law 42* in 1983. Based on the Dzobo Committee report's recommendations, the PNDC further undertook another education reform in 1987 in a broader attempt of both stabilising and growing the provision of education following a long period of decline.[1147] These reforms led to a reduction of the length of pre-tertiary education to 12 years (comprised of 6 years of primary school, 3 years of junior secondary school, and 3 years of senior secondary school) from the initial 17 years.[1148] Primary and the junior secondary school collectively formed the basic education.[1149] The government, in an attempt to improve access, significantly increased its financial allocation to the education sector and the supply of material inputs.[1150]

[1140] Darku (2012, 198)
[1141] Fredriksen (2009, 5)
[1142] Akyeampong et al. (2006); World Bank (2004c, 7)
[1143] World Bank (2004a, 7)
[1144] World Bank (2004a, 7)
[1145] World Bank (2004c, 1)
[1146] Fobih and Koomson (1998, 166)
[1147] Darvas and Balwanz (2013, 42); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)
[1148] Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA)
[1149] Darvas and Balwanz (2013, 42); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)
[1150] Darvas and Balwanz (2013, 42)

International actors, particularly, external funding agencies markedly influenced the 1987 education reform:[1151] they were largely involved in education sector financing and reform projects.[1152] The reform was part of the activities undertaken under the wider ERPs that was spearheaded by the IMF and the World Bank in 1983. Through the World Bank, more resources were contributed by external agencies to basic education in Ghana.[1153] The reform was not entirely a government initiative, it emanated partly out of the agitation from civil society organisations and the influence of the international community. It was a World Bank conditionality imposed on Ghana[1154] and was linked to the MDGs and the Sustainable Development Goals (SDGs) aimed at sustainable development[1155] and the objectives of the World Conference on Education for All held in 1990 in Jomtien, Thailand.[1156] Thus, the reform was partly shaped by international policy focus and direction.[1157]

The NDC government introduced another reform, the *Free Compulsory Universal Basic Education (FCUBE)* initiative in 1995 and launched it in 1996. The main aim of the initiative was to provide free and compulsory quality primary education to all school-age children by 2005. The FCUBE policy was greatly influenced predominantly by the *1992 Constitution*.[1158] Article 25 of the constitution provides that "all persons shall have the right to equal educational opportunities" and that "basic education shall be free, compulsory and available to all."[1159] Thus, FCUBE was required to be provided "for every Ghanaian child over a 10-year period following the return to civilian rule in 1993."[1160] As a constitutional provision, the FCUBE is seen as a fundamental

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[1151] Interview with BENTUM of Ghana Parliament (Nov 29, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)

[1152] Darvas and Balwanz (2013, 42)

[1153] Thompson and Casely-Hayford (2008); World Bank (2010)

[1154] Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA)

[1155] Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA)

[1156] Gwanfogbe (2011); Mfum-Mensah (2017); Nishimura, Ogawa, and Ampiah (2009); Nsamenang (2011); Okilwa (2015)

[1157] Interview with TEPA of Ghana Parliament (Dec 18, 2017, ACCRA)

[1158] Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with KAWOKUDI of Peace FM (Sept 3, 2019, Abeka); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA); Interview with TEPA of Ghana Parliament (Dec 18, 2017, ACCRA); Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA); Interview with YENDI of New Crusading Guide (Dec 20, 2017, ACCRA)

[1159] Ghana, Republic of. 1992a. *The Constitution of the Republic of Ghana*.

[1160] Darvas and Balwanz (2013, 43)

human right[1161] aimed at having functional citizens.[1162] The FCUBE was also shaped by international agreements and international actors who provided funds for its implementation.[1163] For instance, Kejebi (an education expert at the Ghana Education Service) during an interview clarified that:

> The FCUBE policy was shaped first, by the Education For All framework that emanated from the international commitments on education in the form of the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs) aimed at sustainable development, and second, by the 1992 Constitution of Ghana.[1164]

To see to the successful implementation of the FCUBE program, the Ministry of Education, with funding from the United Kingdom (UK) Department for International Development (DFID), adopted a large-scale Whole School Development (WSD) programme that devolved control of education to districts, communities, and schools. Moreover, the Education Strategic Plan (ESP) (2003–15) was developed in 2003 – in consistence with and in support of Ghana's Growth and Poverty Reduction Strategy (GPRS) – to guide Ghana's education sector development.[1165] As a long-term strategic plan, the ESP served as the framework through which Ghana met its commitment to achieving the Millennium Development Goals (MDGs) — namely, gender parity in primary schooling by 2005 and universal primary completion by 2015 — and other international development goals on education.[1166] Primary education has been designated within the ESP as a sector priority serving as a means of facilitating the achievement of these targets.[1167]

To increase enrolment, the government in 2005 introduced the capitation grant[1168] as a pro-poor strategy.[1169] The main goal of the capitation grant scheme strategy was to enhance the FCUBE initiative.[1170] Its implementation was initiated as part of the strategies of the Pilot Programmatic Scheme formulated under the

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[1161] Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA)

[1162] Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA)

[1163] Ajayi (2011), Darvas and Balwanz (2013); Fredriksen (2009); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Little (2010); Nishimura et. al (2009); World Bank (2004c).

[1164] Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA)

[1165] Fredriksen (2009, 93); Ghana (2003)

[1166] Fredriksen (2009, 93); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA)

[1167] Fredriksen (2009, 93)

[1168] Darvas and Balwanz (2013, 44); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA)

[1169] Fredriksen (2009, 117)

[1170] Fredriksen (2009, 93); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA)

World Bank's Education Sector Project aimed at addressing the low rates of enrolment in the most deprived districts in Ghana.[1171] One of the central objectives of the strategy was the abolition of basic school fees and levies by the 2004/05 academic year and replacing these with a per capita allocation to every basic school in accordance with the School Performance Improvement Plan (SPIP).[1172] To demonstrate, the total enrolment in public schools in the pilot districts increased by 14.6 percent after the first year of implementation (from 1,013,287 in 2003/04 academic year to 1,160,922 in 2004/05).[1173] Moreover, substantial increases in enrolment were seen across all the public schools in the country.[1174] The capitation grant scheme that first started as a pilot project in deprived districts in Ghana[1175] was scaled-up to the national level to include all schools in Ghana in the 2005/06 academic year.[1176]

The NPP government, following the recommendation of the Anamuah-Mensah Committee embarked on another educational reform in 2007. The Anamuah-Mensah Committee was an education review committee set up by the NPP government in 2002 chaired by Professor Josephus Anamuah-Mensah to review the content and structure of Ghana's education. Other policy initiatives such as the National Education Reform Program (2007), the *2008 Education Act (Act 778),* and the Education Strategic Plan 2010–20 were implemented by the NPP and NDC governments respectively to reform Ghana's education system.[1177] The *2008 Education Act* was influenced by the report of the Education Reform Review Committee (ERRC) that led to a government white paper (the Report of the Education Reform Review Committee) issued in 2004 by the NPP, the National Education Reform Implementation Committee (NERIC) in 2007, and the National Education Reform Program (NERP) in 2007.[1178] To serve as the terminal point of entry into work or tertiary education, second cycle

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[1171] Fredriksen (2009, 102)
[1172] Fredriksen (2009, 102)
[1173] Fredriksen (2009, 107)
[1174] Fredriksen (2009, 113)
[1175] Fredriksen (2009, 93)
[1176] Fredriksen (2009, 111); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA)
[1177] Ghana (2007b; 2008; 2012a; 2012b)
[1178] Darvas and Balwanz (2013, 44-5)

education under the 2007 education reforms was extended to four years from the previous three years.[1179] It was planned to make second cycle education[1180] universal by 2020.[1181]

The *2008 Education Act* further reinforced the FCUBE program and reiterated the responsibility and commitment of the state in ensuring its full implementation.[1182] It also provided for two years of Kindergarten education to be incorporated into the basic level (education) and the senior high school extended from three years to four years.[1183] It also allowed for the provision for non-formal and life-long education as well as distance education.[1184] Thus, basic level of education consisted of two years of Kindergarten education, six years of primary education, and three years of junior high school education.[1185] The second cycle education also comprised of "four years of senior high school education, technical, vocational, business and agricultural education, or appropriate apprenticeship training of not less than one year."[1186] The tertiary education was made up of university, polytechnic or college education established by an Act of Parliament or accredited by the National Accreditation Board.[1187] The *2008 Education Act* further decentralised the provision, finance, and infrastructure for basic education to the District Assemblies and District Education Oversight Committees. The act established three institutions, the National Teaching Council (NTC), the National Inspectorate Board (NIB), and the National Council for Curriculum and Assessment (NCCA)[1188] as a mechanism that will help improve quality, efficiency, and better management of the new education system.[1189]

The Education Strategic Plan (ESP) 2010–20 was a policy initiative introduced by the NDC government to provide "strategic objectives, outline strategies, and a financing plan for meeting education sector goals."[1190] The key policy goals for the ESP 2010-20 – just as the four previous ESPs – were, among others, access, equity

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[1179] Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA); Fredriksen (2009, 94)
[1180] Second cycle education refers to senior high school, equivalent to the Canadian Grade 10-12.
[1181] Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA); Fredriksen (2009, 94)
[1182] Ghana (2008, 4)
[1183] Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA)
[1184] Ghana (2008, 4); Ghana (2012a, 14)
[1185] Ghana (2008, 3); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA)
[1186] Ghana (2008, 4)
[1187] Ghana (2008, 4)
[1188] Ghana (2008)
[1189] Darvas and Balwanz (2013, 45)
[1190] Darvas and Balwanz (2013, 45)

and quality in education.[1191] The ESP 2010 – 2020 was guided primarily by the policy initiatives that emerged out of the May 2003 ESP, "most notably the National Education Reform (NERIC, 2007) and the ensuing *2008 Education Act*, both of which were guided by the revised Growth and Poverty Reduction Strategy, 2006-09 (GPRS II)."[1192] Regarding education, the GPRS II had the following as part of its policy objectives and priorities: increase access to and participation in education and training; bridge gender gap in access to education; and improve quality and efficiency in delivery of education service.[1193] These policy objectives largely informed the three main thematic areas of access, participation, and quality that underlie the Education Strategic Plan.[1194] Thus, the central pillar of the ESP was the principle of free basic education for all children of school going age (FCUBE).[1195]

The NPP government under Akufo Addo scaled-up free secondary education to all senior high schools in Ghana in 2017.[1196] The policy of free secondary education abolished all forms of school fees: no admission fees, no sports fees, no utility fees, no entertainment fees, no science centre fees, no library fees, no PTA dues, no computer fees, no laboratory fees, no Students Representative Council (SRC) fees, and no examination fees were to be paid by students.[1197] Though this policy is in fulfilment of the NPP's campaign promise to deliver free secondary education for children across the country,[1198] it is in line with the 1992 Constitution.[1199] Article 25 (1) of the constitution provides that "secondary education in its different forms, including technical and vocational education, shall be made generally available and accessible to all, by every appropriate means, and in particular, by the progressive introduction of free education."[1200] The expansion of free education to the senior high (secondary) school level in Ghana was to increase access to secondary education through the removal of cost barriers to education. That is, the free universal senior high school policy was introduced to provide opportunity

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[1191] Ghana (2012a, 6)
[1192] Ghana (2012a, 14)
[1193] Ghana (2005 cited in Fredriksen 2009, 93-4)
[1194] Fredriksen (2009, 94)
[1195] Ghana (2012a, 14)
[1196] Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)
[1197] Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA)
[1198] NPP (2008a; 2008b; 2012; 2016)
[1199] Ghana, Republic of. 1992a. *The Constitution of the Republic of Ghana*.
[1200] Ghana, Republic of. 1992a. *The Constitution of the Republic of Ghana*.

to the poor or less privileged people to access education[1201] as the issue of affordability limited access to education.[1202] Consequently, the NPP's introduction of the free universal senior high school was greatly shaped by the constitutional provision that secondary education in Ghana should be made progressively free.[1203]

Thus, after more than sixty years of its introduction (in 1951), the idea of universal education for all has been achieved only at the basic and secondary levels of education.

4.5 Conclusion.

In this chapter I provided an overview of local governance, health, and education policies in Ghana and the processes involved. I laid the historical, socio-economic, political, and institutional background context of the drive towards and evolution of decentralisation, national health insurance, and education for all policies in Ghana. Ghana's post-independence education, local governance, and healthcare system and policies have been greatly shaped by its colonial past. Most of the social amenities including health, education and the local government system developed by the British in Ghana during the colonial period were aimed at serving their greater interest. The British did govern "for their own benefit, the aspirations of [ordinary] Ghanaians were of secondary importance."[1204] The British colonial administration established a highly centralised local government system that provided the mechanism through which the central government maintained its control over local government units. Because the centralised local government system bequeathed to Ghana served the interest of central government politicians, the post-independence governments, except the PNDC,[1205] lacked the political will to decentralise the system of local governance. Moreover, no dedicated policy entrepreneur existed to push the idea of decentralisation onto government agenda.

[1201] Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA); Interview with YENDI of New Crusading Guide (Dec 20, 2017, ACCRA); Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA)

[1202] Interview with YENDI of New Crusading Guide (Dec 20, 2017, ACCRA)

[1203] Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with KAWOKUDI of Peace FM (Sept 3, 2019, Abeka); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Interview with MAMPONG of Ghana Parliament (Dec 18, 2017, ACCRA)

[1204] Ray (1986, 10)

[1205] Ghana (1991a, v)

Similarly, the British established an urban-based and European-biased healthcare system that primarily served their interest. It provided healthcare services to government officials and other Europeans.[1206] Accordingly, universal access was of little concern to the colonial administration. Since independence until the 2000s, Ghana struggled to establish a form of healthcare financing system that could best serve the health needs of the ordinary Ghanaian. The Nkrumah-led CPP government immediately after independence introduced a tax-based healthcare financing system that made all health services free to all Ghanaians. However, deteriorating economic conditions rendered the free healthcare unsustainable. This initially led to the establishment of a user-fee system in the 1980s and subsequently a full cost recovery system in the 1990s. The full cost recovery system created financial inequities and limited access to essential and basic health care services to the poor. This notwithstanding, due to lack of political will, the PNDC (and later the NDC) government could not scale up nationally the community-based health insurance (CBHI) scheme it experimented in the 1980s.

Likewise, the urban-based education system established during the British colonial administration enhance the activities of Christian missionaries, educate the children of European traders and sustain the machinery of the colonial government.[1207] It was inaccessible to the majority of Ghanaians. Therefore, the CPP government under Nkrumah introduced the education for all policy in 1952 and substantiated it with the passing of the *1961 Education Act (Act 87).* Nkrumah also introduced free secondary education in Northern Ghana as a social intervention policy to eliminate the effects of economic and spatial barriers on access to formal education. However, owing to falling standard and quality of education and the dilapidation of infrastructure and other education facilities resulting from economic decline in the 1970s, the education for all policy was abolished and school fees reintroduced. The PNDC government introduced the *Free Compulsory Universal Basic Education (FCUBE)* policy in 1995 aimed at providing free and compulsory quality primary education to all school-age children by 2005. The NPP government in 2017 scaled-up the free secondary education beyond the Northern

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[1206] Twumasi (1981, 147)
[1207] Akyeampong et al. (2007, 4 cited in Takyi et al. 2019a, 5)

Region to all senior high schools in Ghana. Consequently, since its inception in 1951, the policy of universal education for all has not been extended beyond the secondary level of education.

In the next three chapters I provide a comparative analysis of how policy entrepreneurs and government commitment and political will drive change in Ghana's local governance, health, and education policies. I examine how changes in the problem, policy, and politics streams of the three policy areas and their coupling by key policy entrepreneurs account for the different changes in Ghana's local governance, health, and education policies.

CHAPTER FIVE

THE MULTIPLE STREAMS FRAMEWORK, THE NEW INSTITUTIONALISM, AND GHANA'S 1988

DECENTRALISATION POLICY: UNDERSTANDING THE 1988 PATH-DEPARTING, SUBSTANTIVE CHANGE.

5.1 Introduction

In this chapter I use the multiple streams framework (MSF) and the new institutionalism as theoretical lenses to examine why Ghana was able to achieve path-departing, substantive change in its local governance policy in 1988. I examine how the important role played by key policy entrepreneurs and government political will and commitment of Jerry John Rawlings and the PNDC led to this major change in 1988. I mainly argue that the indispensable skilful entrepreneurship of Kwamena Ahwoi and PNDC's strong political will and commitment led to the path-departing change in Ghana's local governance policy in 1988. The PNDC government showed a strong political will and bought into the idea of decentralisation because it provided a political incentive. The PNDC saw decentralisation as an effective mechanism through which it could translate its idea of power to the people[1208] into a reality. It also saw it as an opportunity because it provided a means to regain both its domestic and international legitimacy as would be examined later in this chapter. Rawlings in particular sought a means to involve the ordinary people in the decision-making process and development at the grassroots level. Ahwoi took advantage of this opportunity and provided decentralisation as the best mechanism to achieve an effective grassroots participation and a tool for national development. The institutional factors that shaped the policy change by forging the problem, policy, and politics streams were 1) the colonial legacy of strong control of the central government over local government units; 2) the political system (revolutionary military rule) during the PNDC era and the form of grassroots participation, mobilisation (and organisation) the military government adopted; and 3) the populist ideology and the economic policies of the PNDC (the SAPs and ERPs orchestrated by the IMF and World Bank). These contextual factors provided the context by shaping the problem, policy and political streams and opening an opportunity window that led to the 1988 decentralisation policy. The data

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[1208] Ahwoi (1993q, 125); Ayee (2004, 106); Essuman-Johnson (1991, 52); Ghana (1987, 1); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA); Mohan (1996, 79)

collected from the interviews and official government documents are the primary sources I used in this chapter to test or substantiate this argument.

Ghana under the PNDC government led by Flight Lieutenant Jerry John Rawlings in 1988 undertook a path-departing local government reform that culminated in the adoption of a decentralisation programme. The PNDC's adoption of the decentralisation programme was ideologically oriented[1209] and politically driven.[1210] The PNDC came to power under the chairmanship of Rawlings after overthrowing the People's National Party (PNP) government led by Dr. Hilla Limann through a military uprising on 31st December 1981.[1211] The PNDC blamed the PNP government (see full speech in appendix 2 below)[1212] for economic decline resulting from corruption and incompetent administration.[1213] It also considered Ghana's centralised system of government as partly responsible for the country's underdevelopment. Ahwoi stressed this stating "from our analysis, it is clear that the centralised form of government that has been practiced in the pre and post independence eras, had been largely responsible for this gross distributive injustice. It is this situation that the PNDC is determined to reverse positively through the decentralisation programme."[1214]

The PNDC, therefore, adopted populist policies, based on populist sentiments against Western investments, devaluation and trade liberalisation, and an advocacy of self-reliance through popular mobilisation and participation in order to bring the economy back on track.[1215] It attacked imperialism and the exploiting classes.[1216] One cardinal objective of the revolution, according to Rawlings, was the total transformation of the Ghanaian society.[1217] As reiterated in *The Guidelines for People's Defence Committees, the* 1981 coup was

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[1209] Hynes (1991, 291)
[1210] Rawlings (1999). See Ghana (1987, 1)
[1211] Crook and Manor (1995, 309); Oquaye (1995, 209)
[1212] Link for the audio of the full speech: https://www.youtube.com/watch?v=iE0aVnq0U7Q.
See also 31st December 1981 Coup - Upfront on JoyNews (1-1-20) – interview with Sargent Daniel A Akata-Pore
https://www.youtube.com/watch?v=R2bukAC7a5k
[1213] Ayee (1994, 106); GhanaWeb (2021)
[1214] Ahwoi (1991o, 106). See also Ahwoi (1993o, 97; 1993q, 129)
[1215] Ahwoi (1993e, 10; 1993h, 20; 1993p, 112); Ayee (1994, 106); Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Kraus (1985, 164)
[1216] Owusu (1986, 86).
[1217] Rawlings (1991d, 150)

conceived as a social revolution aimed at a complete and radical change of both the existing socio-political and economic structures.[1218] The vision of the PNDC since 1981 therefore envisaged "a progressive nation, capable of meeting its responsibilities to the people, and the creation of a favourable environment within which each citizen can develop to his or her fullest potential."[1219] The PNDC thus initially committed itself to "grassroots democracy,"[1220] "popular democracy"[1221] or "direct democracy" through people's participation in decision-making at all levels[1222] but could not achieve it.[1223] It subsequently embarked on a task of reform of Ghana's local government system so as to make units of local government the principal agents of change in Ghana.[1224] This was based on the principle of self-administration through the active participation of all Ghanaians in decision-making.[1225] The PNDC sought through its decentralisation program to establish a foundation for the development of Ghana.[1226] The PNDC considered decentralisation "as a process by which government is made more meaningful, more democratic, and more efficient by transferring functions to local authorities which are best performed at the local levels."[1227]

Consequently, in July 1987 the PNDC launched a document called the "Blue Book" which presented decentralisation as the critical building block for the construction of true democracy in Ghana.[1228] A year later, in October 1988 it translated the idea of decentralisation into a reality by promulgating the Local Government Law of 1988 (*PNDC Law 207*)[1229] which aimed at creating an opening for real democracy.[1230] That is, the essence

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[1218] Ghana (1982d Cited in Owusu 1986, 86)

[1219] Ahwoi (1993o, 97). See also Ahwoi (1993o; 1993p; 1993q) and Rawlings' speech during the third anniversary celebrations of the 31 December 1981 revolution reported in Ghana News 14 on 2 February 1985, p1.

[1220] Rawlings (1999, 2)

[1221] Ahwoi (1991a, 2)

[1222] Ahwoi (1991d, 12); Ghana (1993; 1991a; 1991b; 1982a; 1982b; 1982c); Rawlings (1991a, 100)

[1223] Ahwoi (2000, 15); Ayee (1994, 107); Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Leite et al. (2000, 2); Rawlings (1991d, 148)

[1224] Ahwoi (1993l, 78); Ghana (1993; 1991a; 1991b; 1982a; 1982b; 1982c); Iddrisu (1993, 67)

[1225] Ahwoi (1993l, 81)

[1226] Ahwoi (1993k, 52)

[1227] Ahwoi (1991q, 127)

[1228] Ahwoi (2000, 15); Asibuo (2000, 27); Ayee (1994, 109; 1996b, 143); Haynes (1991, 291); Leite et al. (2000, 2)

[1229] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Ghana (1988); Leite et al. (2000, 2)

[1230] Ahwoi (1991e, 22); Ghana (1987, 1; 1993, v)

of the decentralisation programme as pursued by the PNDC was "to democratise state power and advance participatory and collective decision-making at the grassroots."[1231] This will provide the ordinary Ghanaian the opportunity to fully participate in making decisions that affect their welfare[1232] and development at the local level.[1233] The PNDCL 207 was therefore the boldest attempt in Ghana to ensure effective decentralisation.[1234] The PNDC pointed out that there was the need for a decentralised political and administrative authority with elected representatives of the people that would exercise state power as the people's local government.[1235] As Rawlings explained, the aim of the decentralisation programme was to promote "dialogue and participation in development decision-making and implementation."[1236] Decentralisation represented "a constitutional and democratic order to make all Ghanaians beneficiaries of decentralised state power and authority."[1237] The PNDC argued that "a commitment to decentralisation as a component of the content of democracy" was inevitable in Ghana's future political system.[1238] This is because it the best and more effective way to achieve democracy in Ghana is democracy: "development is a necessary ingredient of democracy, especially development that promotes the welfare of the citizens."[1239] Ahwoi summarises the broad context of the PNDC's decentralisation program as follows:

> The local government sector reform programme encompassing a district expansion programme, a democratisation programme and a decentralisation programme must not be viewed in isolation. It must be located within the larger context of the PNDC's political, social, economic and infrastructural transformation and reform programmes which have seen virtually every sector of national endeavour being transformed and reformed. It must also be located within the further context of the council's commitment to grassroots democracy and participation of the people in decision-making.[1240]

[1231] Ghana (1987, 1). See also Ahwoi (1991d, 13; 1991g, 35; 1991o, 106); Ghana (1988); Rawlings (1991b, 54; 1991c, 63; 1991d, 148)
[1232] Ahwoi (1993q, 125)
[1233] Ahwoi (1991b, 6; 1991c, 10); Ghana (1988); Rawlings (1999, 2)
[1234] Ahwoi (1991o, 127)
[1235] Ahwoi (1991s, 152); Ghana (1987, 1)
[1236] Rawlings (1999, 1)
[1237] Rawlings (1999, 2)
[1238] Ahwoi (1991q, 126)
[1239] Ahwoi (1993q, 125)
[1240] Ahwoi (1993r, 139)

The local government reform of the PNDC in 1988, therefore, contained a strong participatory element to make local government a more effective tool for local development.[1241] The programme of decentralisation of the machinery of government and democratisation of decision-making sought to "institutionalise the rights of the people to exercise authority over the management of their affairs in a manner that brings progress and prosperity to them."[1242] It provided "fora for the exchange of ideas and practices in local level development and policy debates."[1243] Accordingly, the district assembles were authorities established to provide the means for actualising the process of power-sharing in Ghana: they served as a means of bringing government to the doorsteps of the people.[1244] Two-thirds of the District Assembly (DA) membership was to be elected by the people, by universal adult suffrage, to be their local representatives in local governance and the remaining one-third appointed by the government.[1245] The objective of the elections was for a system of local government of the people by the people and for the people.[1246] The PNDC's decentralisation program, according to Ahwoi, was therefore a testimony of its avowed "desire of sharing power and enhancing popular participation"[1247] through the building of a participatory and development-oriented local government system.[1248] The democratisation of state power "manifested itself structurally in the establishment of the district assemblies."[1249] It was based on "the principles of grassroot participatory democracy."[1250]

The 1988 policy constituted a significant and remarkable change carried out in the history of local government reform in Ghana.[1251] This is because the 1988 decentralisation programme constituted a

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[1241] Ahwoi (1991b, 6); Issaka (1991, 87-8); Thomi, Yankson and Zanu (2000, vii)

[1242] Iddrisu (1993, 69)

[1243] Rawlings (1999, 2)

[1243] Ahwoi (1991e, 24)

[1243] Rawlings (1991b, 54)

[1243] Adusei-Asante and Hancock (2012, 86); Awortwi (2010, 620); Egbenya (2010, 16); LOGO South (2005, 7)

[1243] Ayee (2008b, 237)

[1244] Ahwoi (1991o, 127)

[1245] Ayee (1994, 116)

[1246] Ahwoi (1991a, 2; 1991e, 22)

[1247] Ahwoi (1991e, 24)

[1248] Ahwoi (1993o, 98)

[1249] Ahwoi (1993o, 97). See also Ahwoi (1993o; 1993p; 1993q)

[1250] Rawlings (1991b, 54)

[1251] Adusei-Asante and Hancock (2012, 86); Ahwoi (1991o; 1991p); Awortwi (2010, 620); Egbenya (2010, 16); Ghana (1991a); LOGO South (2005, 7)

benchmark in the history of Ghana's decentralisation attempts[1252] since it marked a comprehensive[1253] and the most sustained effort to decentralise development decision-making to local levels in Ghana.[1254] The decentralisation programme was initiated on the grounds that political participation at the grassroots is a necessary condition for both effective and rapid democratisation and development in Ghana.[1255] The aim was that decentralisation would empower the ordinary people to become the focal point for development.[1256] This is because through decentralisation, most of the people would be involved in the decision-making process at various levels in the local government system.[1257] Decentralisation was meant to make grassroot democracy a political and administrative reality in Ghana[1258] by becoming "the way of life for Ghanaians in the real sense."[1259] Consequently, the District Assemblies were established as the highest political authority[1260] at the grassroots level with deliberative, legislative, executive and administrative powers[1261] to promote popular participation in the planning and implementation of development policies and programmes in the districts.[1262] It sought to empower the less privileged, low income groups and rural communities to participate in the identification, planning, implementation and evaluation of development projects directed towards their standard of living.[1263] According to P.V. Obeng (a PNDC Cabinet member and Chairman of the Committee of Secretaries),[1264] Ghana's decentralisation programme "aimed at providing the people at the grassroots, and mainly in the rural areas with the machinery to address the issues of their poverty and under-development."[1265] The main purpose of creating

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[1252] Ayee (2008b, 237); Crawford (2009, 60); Crook (1999, 115); Koranteng (2011, 49); LOGO South (2005, 7); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA); Nyendu 2012, 22); Owusu (2005, 6)

[1253] Oquaye (2000, 65); Rawlings (1991b, 54)

[1254] Ahwoi (1991i, 50); Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Kufuor (2005, 1); Mensah (2005, 246); Oquaye (1995, 215-6).

[1255] Ahwoi (1991t, 164; Ahwoi (1993o, 105); Issaka (1991, 87-8); Rawlings (1991c, 63)

[1256] Ahwoi (1991m, 89); Oquaye (1995, 209)

[1257] Ayee (1991, 84); Leite et al. (2000, 2); Oquaye (1995, 209)

[1258] Ahwoi (1991j, 58; 1991n, 96; 1993i, 27)

[1259] Ahwoi (1991j, 58). See also Ahwoi (1991n, 96)

[1260] Ahwoi (1991f, 33; 1993b, 4); Ghana (1988, 6); Rawlings (1991b, 54)

[1261] Ahwoi (1991o, 110); Ghana (1988, 7); Oquaye (1995, 212)

[1262] Ahwoi (1991b; 6; 1991h, 46; 1993q, 132); Ayee (1991, 84); Issaka (1991, 87-8)

[1263] Ahwoi (1991d, 12); Abankwa (1999, 108)

[1264] Ahwoi (1993p, 112); Ghana (1991, i)

[1265] Ghana (1991, i)

the district assemblies as the highest political authorities in the district[1266] was to deal with the problem of central government's political supervision and control at the district level[1267] that characterised the previous local government systems. The ultimate aim was to make the people responsible for their own development and serve as the basis for a new national democratic system.[1268] The thrust of the programme is that people must participate in political, economic and social decision making that affects them[1269] because in the past decisions were made from the centre for the people at the lower levels.[1270] First time in the history of decentralisation in Ghana, specific duties were imposed on assemblymembers under section 17 of *PNDC Law 207*.[1271] Thus, the underlying assumption was to make the DAs responsible for the overall development of the districts.[1272]

Accordingly, the establishment of the district assemblies was "an important step in the P.N.D.C.'s programme of evolving political authority through democratic process."[1273] The district assembly provided the framework within which the people would articulate their views and aspirations on matters that affect them and which would enable the people to develop their communities by planning and implementing development projects and programmes designed by themselves.[1274] It is the effective implementation of the functions assigned to the DAs, according to the PNDC, "that will remove poverty, hunger and diseases and embolden Ghanaians to make dynamic contributions to decision-making and development."[1275] To the PNDC, since the decentralisation programme sought to "transfer power to the grassroots and enhance its participation in development and good governance,"[1276] the local government system was to give Ghanaians the power to make

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[1266] Ahwoi (1993b, 4)

[1267] Ahwoi (1991o, 110; 1991p, 119; 1991q, 129)

[1268] Ahwoi (1993c, 6); Conyers (1983, 97); Crook (1999, 118); Haynes (1991, 283; Oquaye (1995, 210; 2000, 65)

[1269] Ahwoi (1993c, 6; 1993f, 12); Ayee (1991, 84)

[1270] Interview with BOLE-BAMBOI of Ministry of Local Government and Rural Development (Oct 25, 2017, ACCRA); Oquaye (1995, 210)

[1271] Ahwoi (1991o; 1991p; 1991q, 128); Ghana (1988, 12-3)

[1272] Ahwoi (1991f, 31); Ghana (1988, 7)

[1273] Ghana (1987, 2)

[1274] Ahwoi (1993o, 97; 1993q, 129)

[1275] Ahwoi (1993q, 125)

[1276] Ahwoi (1993k, 52)

Ghana once again the "Black Star of Africa."[1277] The district assemblies and the decentralisation policy therefore constitute the key to Ghana's whole enterprise of democratisation of governance and development of Ghana: "they provide the basis for political stability and economic viability of Ghana."[1278]

Why was the PNDC, unlike the previous governments, able to carry out such a major, paradigmatic change in Ghana's local governance policy in 1988? The multiple streams framework and the new institutionalism help to better understand why this path-departing change occurred in Ghana's local governance policy. A careful analysis of the period under the PNDC from 1981 until 1988 points to: 1) the converging of the three streams; 2) the role of key policy entrepreneurs; 3) favourable political conditions; and 4) institutional factors. As the next sections will show, changes in the problem, policy, and politics streams of Ghana's local governance policy as well as their coupling by key policy entrepreneurs – when a policy window was opened by favourable political, socio-economic, and institutional conditions in the 1980s – and the strong political will on the part of the PNDC government to decentralise government machinery and local administration account for the major change in the decentralisation programme in Ghana in 1988.

According to the multiple streams framework, the three streams – problem, politics, and policy – drive the ascension of a policy onto the government's agenda and alternative specification.[1279] The efforts of policy entrepreneurs to take advantage of sporadic policy windows to couple the three streams provide much understanding of the movement in the policy process[1280] and the occurrence of path-departing policy change.[1281] As discussed in the previous chapter, institutions greatly affect the ability of policy entrepreneurs and the government to carry out a proposed change.[1282] Precisely, institutions provide the context for policy making and policy change[1283] by regulating the activities of political actors, such as the very strategies they use

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[1277] Ahwoi (1993q, 125)
[1278] Ahwoi (1993q, 125)
[1279] Blankenau (2001, 38)
[1280] Rowlands (2007, 186)
[1281] Grindle (2000, 2004)
[1282] Gibson (1999); Howlett et al. (2009)
[1283] Kalu (2015, 3). See also Milner (1997) and Oatley (2004)

to pursue their interests.[1284] Thus, paying a close attention to the impact of institutions – policy ideas and policy legacies, strategic interactions between actors, structures, and cultural frames of meaning, scripts and symbols – on the three streams helps to provide a comprehensive and holistic account of why Ghana made the substantive change in its local governance policy by decentralising the local government system in 1988. The next section and the subsequent ones examine how and why the three streams drove the ascension of decentralisation onto the government's agenda in the 1980s leading to the observed policy change. The final section concludes the chapter.

5.2 The Problem Stream

To reiterate, the multiple streams framework identifies the problem stream as encompassing how problems come to be recognised and how conditions come to be defined as problems.[1285] It consists of various conditions that policy makers and citizens want to address. Thus, it involves issues that are identified as problems and receive governmental or citizens' consideration for redress.[1286] The problem stream, as postulated by the framework is driven by indicators, focusing events, and feedbacks.[1287] The worsening state of local government in Ghana served as the indicators that were used by the PNDC, especially Ahwoi and Rawlings to show or portray the existence and magnitude of the condition of Ghana's local governance. The deteriorating economy and the indignation and anger of most Ghanaians resulting from the activities of the People's Defence Committees (PDCs), Workers' Defence Committees (WDCs) and the other extra-judicial bodies the PNDC established to increase grassroots participation in development decision making were the focusing events. These two factors drew the government's attention to the problematic conditions of Ghana's local governance. The local government policies of the previous governments provided the policy feedback, highlighting what works and

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[1284] Immergut (1992, 57); Thelen and steinmo (1992, 2)
[1285] Rowlands (2007, 190)
[1286] Zahariadis (2007, 70)
[1287] Blankenau (2001, 41); Zahariadis (2007, 70)

what may not. The successes and failures of previous programmes and policies guided the decisions of the PNDC government.

Immediately after independence evidence was building for worsening local government conditions in Ghana. Generally, it was commonly held among both African scholars and international donors that underlying the litany of Africa's development problems was a crisis of governance.[1288] Hence, bad governance was touted as one of the root causes of all evil in African countries[1289] and Ghana was no exception. Since independence, Ghana's developmental problems were linked to bad governance and framed in economic and political terms.[1290] Thus, successive governments were preoccupied with adopting policies that would ensure sustainable economic growth and development.[1291] Almost all the coup d'états,[1292] including that of 1981 that brought the PNDC into office,[1293] were justified on the grounds of economic decline resulting from bad governance, corruption, and incompetent administration due to overcentralisation of the machinery of government[1294] and over-reliance on international donors.[1295]

The mode of governance proposed to resuscitate the collapsing Ghanaian economy were predominantly in favour of a strong state intervention and strengthening of the public sector and local government units to carry out their functions as the fulcrum of development.[1296] Hence, the state-led approach to economic development, which relies greatly on the public sector, was mostly preferred to the liberal mode of governance.[1297] Accordingly, decentralisation was seen mainly as a tool for meaningful national development

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[1288] Abrahamsen (2000; 2004; 2007)
[1289] Ayee (1996a, 139); Jeffries (1993, 20-1)
[1290] Busumtwi-Sam (1996, 175)
[1291] Mensah and Nyadu-Addo (2012, 77)
[1292] For instance, Lieutenant General J. A. Ankrah, chairman of the National Liberation Council, in a nation-wide broadcast on 28 February 1966 gave the following as the main reasons for the very first successful coup in Ghana: "in taking this bold step, the Ghana Armed Forces and the Ghana Police Service acted in accord with the oldest and most treasured tradition of the people of Ghana, the tradition that a leader who loses the confidence and support of his people and resorts to the arbitrary use of power should be deposed. No one can doubt that Kwame Nkrumah has completely lost the trust and confidence of the people of this country through his capricious use of power and the draconian measures he resorted to at the expense of our national institutions" (Ghana Today [Accra], 10, 2, 23 March 1966, p. 1 Cited in Owusu 1986, 76).
[1293] Boafo-Arthur (1989, 151); Graham (1989, 43); Rothchild (1991, 3); Tsikata (1989, 73),
[1294] Ahwoi (1991c, 9; 1991g, 35; 1991k, 66; 1991o, 106; 1993a, 1; 1993b, 4)
[1295] Ahwoi (1991c, 9; 1991g, 35; 1991k, 66; 1991o, 106); Ayee (1994, 74, 106); Jonah (1989, 94); Ninsin (1989a, 9)
[1296] Busumtwi-Sam (1996, 175-85)
[1297] Adams (2011, 237); Mensah and Nyadu-Addo (2012, 76-77); Steel and Webster (1992, 425)

with local government units primarily as the fulcrum of service delivery at the grassroots.[1298] To Ghana, "the issues of development, democracy and local government are inseparable."[1299] Thus, for any economic development framework to be relevant and authentic in the Ghanaian context, it must necessarily be modelled on the Ghanaian culture or tradition of communality, which recognises and allocates roles to individuals, the family and the state.[1300] This tradition effectively integrates the people into the processes of development.[1301] Decentralisation was therefore seen as a solution to the development of Ghana, especially the rural areas[1302] given that the greater proportion of Ghana's population (about 69% in 1980s) lived in the rural areas.[1303] Thus, the districts became the vehicles for accelerated development of the rural areas and hinterlands.[1304] As Ahwoi explained:

> Local government has a tremendous impact on national development. This is because the structure of national level government is always supported at the base by a system of local government. Therefore, local government forms part and parcel of the national administrative machinery and development planning. The success of national level government therefore depends largely on what kind of system you have at the base.[1305]

The reliance on decentralisation was greatly influenced by the British indirect rule system which relied primarily on the pre-colonial Ghanaian indigenous structures at the grassroots, that is, the chieftaincy institutions.[1306] To gain effective control over the colony,[1307] the colonial government modernised the traditional native system of local administration[1308] as a way of giving the people at the grassroots a limited opportunity of learning to administer their own affairs and, hence, participate in their own development since the 1948 Watson Commission's report pointed out the remoteness of the government from the people as the significant cause of

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[1298] Ahwoi (1991f, 27; 1991o, 105; 1993r, 140); Oquaye (1995, 209); Thomi, Yankson and Zanu (2000, vii)
[1299] Ahwoi (1993j, 79)
[1300] Ahwoi (1993j, 79)
[1301] Ahwoi (1993j, 79)
[1302] Ahwoi (1991c, 9); Ghana (1991a; 1991b)
[1303] Ahwoi (1991o, 105)
[1304] Ahwoi (1993o, 98).
[1305] Ahwoi (1993n, 90-91)
[1306] Gold Coast (1948, 25)
[1307] Ahwoi (1993b, 4; 1993f, 12)
[1308] Ahwoi (1993b, 4). See also Ayee (1994); EAUMF (2017a; 2017b); LOGO South (2005); Nsarkoh (1964); Owusu (2005) Rahman (2007); The Round Table (1951)

the political instability that occurred in 1948.[1309] For instance, the report identified one of the proximate political causes of the disturbance as "a feeling of political frustration among the educated Africans who saw no prospect of ever experiencing political power under existing conditions and who regarded the 1946 Constitution as mere window-dressing designed to cover but not advance their natural aspirations."[1310] As Ahwoi also emphasised, other alternatives of local government systems in the past failed because of the remoteness of government from the people and the powerlessness of the ordinary people to influence government decisions and actions in matters that directly affected them.[1311]

Ghana chose not to go the state-led growth route of Japan, South Korea, and Singapore etc that had shown significant results by that time within a broader liberal economic framework and across both democratic (Japan) and authoritarian (South Korea under military dictatorship until 1988) systems. This is because Kwame Nkrumah, Ghana's first prime minister was a stanch socialist and Pan-Africanist[1312] and radically statist[1313] whose ideas were rooted in a high sense of nationalism.[1314] He preferred a strong state characterised by massive industrialisation rather than the colonial-bequeathed liberal approach to development that primarily served colonial interests.[1315] Nkrumah was very pessimistic about markets arguing that capitalism was "too complicated a system for a newly independent nation" like Ghana and thus advocated "African socialism" that could somehow combine modern growth and traditional values.[1316] He therefore significantly enlarged the role of the public sector on both the productive and distributive sides and increasingly carried out more dirigiste policies.[1317] Accordingly, Ghana under Nkrumah embarked on hefty government intervention through socialist state-led planning[1318] which was to a large extent perpetuated by the subsequent governments after Nkrumah's

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[1309] Gold Coast (1948); Ayee (1994, 31); Arhinful-Mensah (2020)
[1310] Gold Coast (1948, 7)
[1311] Ahwoi (1993o, 97; 1993q, 129)
[1312] Botwe-Asamoah (2005, 16); Koduah et al. (2015, 12); Ninsin (1989b, 15); Senah (2001, 85)
[1313] African Elections Project (2009); Biney (2011, 157); Lofchie (2012, xv); Ohemeng and Ayee (2012, 27); Osei-Kwame and Taylor (1984, 579); Ray (1986, 13-14)
[1314] Austin (1964, 1); Koduah et al. (2015, 12); Ninsin (1989b, 15); Senah (2001, 85)
[1315] Yergin and Stanislaw (2002)
[1316] Yergin and Stanislaw (2002, 2-3)
[1317] Tsikata (2001, 58-9)
[1318] (Tsikata 2001, 59)

overthrow. For most of its post-independence political history, the economic policies of Ghana have been predominately the state-led or public directed approach to economic development with the pursuit of redistributive economic policies.[1319]

Consequently, the problem with Ghana's local governance (local government system), was framed and defined primarily in terms of efficiency.[1320] There was a major concern regarding the effectiveness of the local government system in Ghana in service delivery and ensuring development at the local level, in particular and the country at large.[1321] The framing and definition of Ghana's local governance problem as efficiency actually began in the colonial era with the British colonial administration.[1322] This framing was based on the reports of the Watson Commission of 1948 – a commission chaired by Aiken Watson that was set up to investigate the causes of the 1948 riots[1323] – and the Greenwood Commission of 1956 (Commissioner for Local Government Inquiries) and the recommendations of the Coussey Committee of 1949 that was appointed to examine the details for constitutional reform.[1324] Accordingly, the efforts of the various governments during this period were directed at restructuring the local government system in Ghana. The aim was to improve the effectiveness of the local government units in carrying out their functions efficiently.[1325] This is because the whole concept of government in Ghana was predicated on the classical colonist theory that assumed a sharp and clear distinction between central government and local government institutions[1326] which led to two different types of administrative machinery in Ghana.[1327] Based on this principle, local government bodies vested with authority especially for local matters were set up and grew side by side with central government agencies – with less clearly defined powers in terms of local responsibilities but having much better presence because of their de

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[1319] Mensah and Nyadu-Addo (2012, 77)
[1320] Ayee (1994, 48-53); Nsakorh (1964, 8-20)
[1321] Ahwoi (1991s, 152); Ayee (1994, 48-53); Nsakorh (1964, 8-20)
[1322] Ayee (1994, 31-35)
[1323] Arhinful-Mensah (2020); Gold Coast (1948, 5); Ghana (1991); Manu (1991, 4); Rahman (2007, 143); The Round Table (1951, 327)
[1324] Ayee (1994, 31-35); Gold Coast (1949); Haynes (1991, 284-88); Nsakorh (1964, 20)
[1325] Ahwoi (1991t, 166); Ayee (1994, 7, 44); LOGO South (2005, 7)
[1326] Ahwoi (1991p, 117-8; 1991s, 152); Ghana (1974 cited in Ahwoi 1991o, 106)
[1327] Ahwoi (1991o, 106; 1991p, 118)

facto position as central government agencies – that operated at the local level.[1328] Consequently, the various commissions of enquiry set up to identify the ills of Ghana's local governance system were targeted at administrative decentralisation.[1329] These commissions and committees and the other ones set up after Nkrumah strongly recommended conclusively decentralisation of state administration in order to improve efficiency and decision making.[1330]

However, there was a significant shift in the framing of Ghana's local government problems from efficiency to participation.[1331] Though several problems compete to catch the attention of government, only few make it to the governmental agenda at any one time. Which problem makes it onto governmental agenda and, thus, receive serious government attention or consideration depends on how it is defined and is driven by indicators, focusing events and feedbacks.[1332] Policy entrepreneurs play an important role in issue identification and problem definition. Their efforts are mainly directed at making sure problems get recognised and in defining conditions as problem. Rawlings and Ahwoi changed the narrative to the issue of participation. As Ahowi noted, the PNDC was of the conviction that "it is only those who contribute to the development of society who can justly lay claim to participation in the political institution through which society determines its course and takes decision that affect its well-being."[1333] This is because the ordinary citizens were alienated at once from the whole local government system.[1334]

Focusing events that shape the problem stream by drawing attention to problematic conditions or directing attention to specific evaluative dimensions of problems[1335] were evident in Ghana. The deteriorating economy[1336] and the indignation and anger of most Ghanaians aroused by the activities of the PDCs, WDCs and the other extra-judicial bodies established by the PNDC as the instruments for popular participation and

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[1328] Ahwoi (1991o, 107; 1991p, 118; 1991s, 152)
[1329] Ayee (1994, 7, 44); LOGO South (2005, 7)
[1330] Ahwoi (1991e, 22)
[1331] Ahwoi (1991s, 152); Ayee (1994, 106)
[1332] Blankenau (2001, 41); Zahariadis (2007, 70)
[1333] Ahwoi (1993k, 52)
[1334] Ahwoi (1991o, 108; 1991p, 119)
[1335] Rossiter and Price (2013, 855); Zahariadis (2007, 70-72). See also Kingdon (2014)
[1336] Arthur (2006, 32); Haynes (1991, 288); Mensah and Nyadu-Addo (2012, 77); Steel and Webster (1992, 427); Tangri (1992, 97)

mobilisation,[1337] served as the focusing events that drove the problem stream in the 1980s. The PNDC blamed the PNP government for the deteriorating state of affairs and attributed the failing economy[1338] to state expansion and its dominance over society and the economy in the 1980s,[1339] corruption,[1340] and economic mismanagement.[1341] The populist attacks of Rawlings on the corruption and oppression of post-independence political elites in Ghana emphasised the need for "the construction of new forms of direct democracy and community-based, self-reliant development."[1342] The military regime consistently explained that the traumatic events that brought it into power did not constitute a *coup d'état*[1343] but a revolution or a holy war[1344] "that would lead to the total transformation of society, politics, economy and administration."[1345] Rawlings in a radio broadcast on January 5, 1982 at the Ghana Broadcasting Corporation's newsroom to inaugurate the "second coming," stated:

> Fellow Ghanaians, as you will notice, we are not playing the national anthem. In other words, this is not a coup. I ask for nothing less than a revolution – something that will transform the social and economic order of this country. Fellow citizens, it is now left to you to decide how this country is going to go from today. We are asking for nothing more than popular democracy. We are asking for nothing more than the power to organise this country in such a way that nothing will be done from the Castle without the consent and authority of the people. In other words, the people, the farmers, the police, the soldiers, the workers—you, the guardians—rich or poor, should be part of the decision-making process of this country.[1346]

[1337] Ayee (1994, 106); Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Essuman-Johnson (1991, 61)

[1338] The budget of People's National Party (PNP) led by Dr. Hilla Limann to Parliament in July 1981 was for the first time in the short history of independent Ghana defeated (Tsikata 2001, 58).

[1339] Awortwi (2010, 624; 2011, 359-360); Busumtwi-Sam (1996, 174); Nyendu (2012, 224)

[1340] Jonah (1989, 94); Ninsin (1989a, 9)

[1341] Ayee (1994); Ray (1986, 15)

[1342] Crook (1999, 115).

[1343] Rawlings (1981)

[1344] Berry (1995, 49); Engmann (2021, 724)

[1345] Oquaye (1995, 209)

[1346] Ghanaweb (2021), General News of Monday, 1 February 2021
https://www.ghanaweb.com/GhanaHomePage/NewsArchive/The-infamous-coup-speeches-of-Rawlings-that-can-never-be-forgotten-1168858

See also Engmann (2021);Landlord (2021) in ModernGhana News on December 27, 2021:
https://www.modernghana.com/news/1128556/our-political-lives-are-nothing-without-ideals.html and Shillington (1992, 80); Kukubor (2017), ModernGhana News on December 29, 2017:
https://www.modernghana.com/news/825440/a-revolution-in-ghana-celebrating-36th-anniversa.html

It "wanted a chance for the people, farmers, workers, soldiers, the rich and the poor, to be part of the decision-making process."[1347] However, the economy kept on deteriorating. According to Arthur, the economic conditions in Ghana were so deplorable that the "economy was on the brink of collapse."[1348] Pressured by the failure of its populist policies to help ameliorate the deterioration of the Ghanaian economy, the PNDC was forced to justify its populist stance and legitimise its rule.[1349] Busumtwi-Sam, in explaining how bad the situation was and its impact on the functioning of the state, stated that the "institutions of black Africa's first post-colonial state [Ghana] were on the verge of collapse" as almost every social indicator of development had taken a turn for the worse.[1350]

Due to its stress on lack of participation, it sought to pursue populist policies of a new form of "people's democracy," "participatory democracy" or "power to the people."[1351] Thus, it advocated self-reliance through popular mobilisation and grassroots participation as the best measure to ameliorate the deteriorating economy. The cardinal principle was to ensure that power was exercised by the people from the grassroots.[1352] Accordingly, the People's/Workers' Defence Committees (PDCs/WDCs) – subsequently renamed Committees for the Defence of the Revolution (CDRs)[1353] – that were established by the PNDC as governing coalitions[1354] and the first mechanisms of power to the people were viewed by the PNDC and most Ghanaians as the manifestation of people's power.[1355] The CDRs were political organisations that served as activators and defenders of the revolution and exercised administrative, political, and judicial powers. Though these revolutionary organs

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[1347] Berry (1995, 49)
[1348] Arthur (2006, 32)
[1349] Ayee (1994, 108)
[1350] Busumtwi-Sam (1996, 176)
[1351] Ayee (2004, 106); Essuman-Johnson (1991, 52); Ghana (1987, 1); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA)
[1352] Ahwoi (1993j, 36; 1993k, 52)
[1353] The PNDC also created the National Investigation Committee (NIC) tasked with the rooting out of corruption and other economic offenses in the country; the anonymous Citizens' Vetting Committee (CVC) that had the punishing of tax evasion as its mandate; and the Public Tribunals that were entrusted with the trial of various crimes alongside it (Essuman-Johnson 1991, 61; Ghana 1984, 64; United States Department of State 1998, 3). Other important structures were the Regional Defence Committees (RDCs), National Defence Committees (NDCs), National Youth Organising Commission, the Student Task Force, the 31st December Women's Movement, National Investigations Committee (NIC), Economic Crimes Bureau militias, and mobisquads (Berry 1995, 50; Essuman-Johnson 1991, 61-2; Pepera 1991, 75).
[1354] Berry (1995, 50)
[1355] Essuman-Johnson (1991, 61); Ninsin (1991, 26); Oquaye (1995, 209); United States Department of State (1998, 4)

served as instruments of mobilisation, their primary aim was to help in realising the PNDC's objective of promoting dialogue and participation in development decision-making and implementation and governance in Ghana.[1356] As explained by Explo Nani-Kofi, the Regional Coordinator of the Defence Committees in the Volta Region and the Regional Political Coordinator of the National Youth Organising Commission:

> After the 31 December 1981 coup d'etat, the People's and Workers Defence Committees were established as organs of popular power. Chris Atim, under whom I worked in the students' movement, became a member of the ruling Provisional National Defence Council (PNDC) and national coordinator of defence committees. He appointed me the Regional Coordinator of the defence committees in the Volta Region. A former editor of the NUGS, Zaya Yeebo, was appointed PNDC Secretary for Youth and Sports, I was also appointed the Regional Political Coordinator of the National Youth Organising Commission. Being responsible for the defence committees and the youth movement made me the main contact with mass organisations in the region…With the help of the committees, we organised the Defence Committees as units of community and workplace decision making...They were also a forum for political discussion where national and international issues could be raised by ordinary people.[1357]

The PNDC sought "to give concrete expression to the government's commitment to ensure that the power which rightly belongs to the people is exercised by them through their own institutions."[1358] This according to Rawlings is because "every Ghanaian has the right and must be given the opportunity to be a constructive part of the solution to the economic, political and social development problems" of Ghana.[1359] As Justice D.F. Annan (a senior member of the PNDC and later the first Speaker of Parliament of the fourth republic) explained, it was "the conviction of the Government that if people [were] properly involved in the decision-making process, and [were] given the opportunity to discuss issues that affect their lives at both the district and national levels, they would show greater commitment to the national transformation efforts."[1360] The thrust of the PNDC's argument was that the past political systems in Ghana were neo-colonial institutions and "have never expressed the popular will of the people."[1361] For instance, the PNDC in a news article by the Ghana News (Accra) on 1st January 1985   stated that:

[1356] Ahwoi (1993p, 106); Rawlings (1999, 1)
[1357] Nani-Kofi (2016) https://roape.net/2016/12/01/odds-rawlings-radical-change-ghana/
[1358] Ahwoi (1993m, 83)
[1359] Rawlings (1999, 2)
[1360] Ghana (1991a, ii)
[1361] Ahwoi (1991a, 2)

> the new P.N.D.C. conception of participatory democracy is expected to replace the old alien system in which the ballot box was used merely 'to ensure that politicians got elected into power after which communication between the electorate and politicians completely broke down...The P.N.D.C. was determined to make the ballot box the beginning of the electoral process and not the end of it as existed before'."[1362]

Since the PNDC aimed to "place power in the hands of the people and to ensure their genuine participation in the decision-making processes,"[1363] these revolutionary organs were made part of the decision-making process, carried out the policies of the PNDC and perpetuated its rule.[1364] The PNDC thought it necessary to establish a machinery "for the proper administration of the Republic of Ghana and for the due establishment of true democracy."[1365] It pointed out that the "state machinery imposed by imperialism, and its methods of operation, [were] inherently undemocratic"[1366] and practically alien.[1367] Therefore, the PNDC planned a "3-faceted programme of district expansion, democratisation[1368] and decentralisation."[1369] The PNDC saw development, democracy and effective and efficient local government as inseparable triplets, "Siamese triplets sharing one stomach".[1370] A genuinely decentralised system would promote balanced development of Ghana; economic viability, political equality of all Ghanaians, political stability of Ghana.[1371] Thus, the committees operated as national organisations and their presence was felt in virtually every sector of the Ghanaian society,[1372] with a strong presence on the ground in the rural areas.[1373] They operated at workplaces and localities:[1374] "they supervised production in industries, set up farms, evacuated cocoa with the assistance of students and patrolled borders to ward off smugglers and dissidents."[1375] Accordingly, the PDCs and WDCs were

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[1362] Ghana News (1985,2-3 cited in Owusu 1986, 77).

[1363] Ahwoi (1991a, 2). See also Ahwoi (1991h)

[1364] Essuman-Johnson (1991, 61); Gocking (2005, 190)

[1365] Ghana (1987, 1). Also see Ahwoi (1991a, 1); Ghana (1981)

[1366] Ahwoi (1991a, 2)

[1367] Ahwoi (1993f, 12)

[1368] The democratisation "involved the establishment of the district level political authorities, ie, the district assemblies" with the primary aim of removing the previous obstacles to participation (1991o, 105; 1993d, 7).

[1369] Ahwoi (1991o, 104). See also Ahwoi (1991g, 40; 1991j, 61; 1991l, 80; 1991o, 129)

[1370] Ahwoi (1993q, 125-126)

[1371] Ahwoi (1993q, 125)

[1372] Ahwoi (1993b); Crook (1999, 131)

[1373] Crook (1999, 131).

[1374] Ahwoi (1993g)

[1375] Oquaye (1995, 209-10)

seen as the appropriate representative institutions.[1376] They became the institutions of radical change and "instruments for popular participation, political education, channels of communication to and from the leadership, and political control."[1377] This was confirmed during an interview with Adowa (a local government expert at the Institute of Local Government):

> Then come...1979 and then 1981...we have this military government, led by Flight Lieutenant Jerry John Rawlings. When he came his ideology was premised on…the Communist principle or socialist principle of power to the people. So, then what he did was he started creating what we called militias in various communities. And he created what we call PDCs and Worker's Defence Committees... His understanding is that power belongs to the people. So, it is only the people who can give him the power though he is the head of state, and he passed a law, which we call the PNDC Law 207 to regulate that particular local governance system.[1378]

However, the excesses of the PDCs and WDCs (later CDRs) alienated the people and they became a source of embarrassment to the PNDC regime.[1379] As Nani-Kofi explained, "the way we did things was different from how the bureaucracy wanted things to be done – our involvement directly radicalised the government."[1380] Their activities continually became so brutal and abusive that they compelled most Ghanaians (especially the significant and informed segment of the Ghanaian populace such as intellectuals and university students) to question the alienation of the elites from local governance.[1381] For instance, Amnesty International reported that political trials and executions were commonplace at the time.[1382] This drew the attention of Ghanaians to participation in local government[1383] that gradually helped solidify the framing of Ghana's local government problem as participation.

[1376] Ayee (1994, 107); Crook (1999, 117)

[1377] Essuman-Johnson (1991, 61-2)

[1378] Interview with Adowa of Institute of Local Government Studies (Nov 17, 2017, ACCRA)

[1379] Oquaye (1995, 210)

[1380] Nani-Kofi (2016)

[1381] Ayee (1994, 107); Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Oquaye (1995, 210)

[1382] Amnesty International (1984, 43-53)

[1383] Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA); Interview with BOLE-BAMBOI of Ministry of Local Government and Rural Development (Oct 25, 2017, ACCRA); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)

Regarding indicators shaping the problem stream, the PNDC, unlike the previous governments, did not set up a commission of inquiry or committee on local government reform. Rather, it promulgated PNDC (Establishment) Proclamation in 1981,[1384] which established the National Commission for Democracy (NCD)[1385] that shaped the problem stream.[1386] In 1982 the PNDC entrusted the NCD with three tasks, inter alia: first, it was to disseminate within society awareness among Ghanaians of the objectives of the revolutionary transformation of society being embarked upon by the PNDC in the interest of real democracy. Second, it was to assess for the information of government the limitations to the achievement of true democracy arising from the existing inequalities between different strata of the population and make recommendations for redressing these inequalities. Finally, it was to formulate for the consideration of government a programme for a more effective realisation of a true democracy in Ghana.[1387] It also published a document, *Decentralisation in Ghana*, in 1983 with the aim of searching for the best form of local government structure that ensures direct democracy through people's participation in decision-making.[1388] The PNDC saw the type of democracy as well as the democratic process in the country by then as defective. Rawlings was "particularly hostile to 'Western' forms of representative, parliamentary and electoral democracy, which he saw as having failed utterly in Ghana."[1389] According to Bingo (a local government expert) in an interview:

> It [decentralisation] was a placation. They [the PNDC] thought democracy has failed we, [so] the PNDC came to remove a democratic government, it doesn't work, it is just elections and people don't care about the government until the next election, yeah. That's all this interpretation.[1390]

Crucial information gathered from the nation-wide deliberations organised by the NCD gave a clear indication that the problem confronting Ghana's local government units was lack of participation. Thus, attention of the PNDC was primarily fixed on finding a mechanism that could move service to the grassroots and

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[1384] Ghana (1981)
[1385] Ghana (1981; 1982)
[1386] Ayee (1996c, 120; 1996d, 434); Boafo-Arthur (1991, 41); Crook (1994, 345; 1999, 116-9)
[1387] Ghana (1982, 19). See also Ayee (1996c, 120; 1996d, 434)
[1388] Ahwoi (1991a, 2); Ayee (1994, 107); Ghana (1983); Haynes (1991, 289)
[1389] Crook (1999, 115-6)
[1390] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)

bring governance closer to the people[1391] by giving power to the people[1392] through increased popular participation.[1393] It sought to establish a system that will make regions responsible for efficient administrative operations by distributing resources and moving service close to the people at the local level, and ensure rapid economic and social growth of the country through collaboration and healthy competition among regions.[1394] Therefore, decentralisation was seen as a good mechanism to bring governance to the doorstep of the people[1395] to better serve their needs.[1396]

Feedback from previous programs is important in the problem stream because it highlights what works and what may not.[1397] The whole history of local government in Ghana was seen as an unsuccessful attempt to find the right kind of balance between democracy and efficiency.[1398] As Ahwoi explained, there has been a "perennial confusion between forms of democracy and the substance of democracy. The call has been made for district assemblies to be entirely elected because that is democratic" but no effort is made to find out what functions the assemblymembers ought to perform.[1399] Therefore, the message was that to ensure democratic control over local government units through popular participation, efficiency was to be sacrificed. The outcome of the nation-wide discussions organised by the NCD also served as policy feedback that shaped the problem stream because it revealed that the previous attempts at decentralisation failed[1400] due to the inability of local government units to serve as fora for popular participation in the decision-making process.[1401] Thus, there was

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[1391] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)

[1392] Ayee (2004, 106); Essuman-Johnson (1991, 52); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)

[1393] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)

[1394] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA)

[1395] Ahwoi (1993c, 6; 1993d, 7); Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA)

[1396] Ahwoi (1993c, 6); Interview with BENTUM of Ghana Parliament (Nov 29, 2017, ACCRA)

[1397] Zahariadis (2007, 72)

[1398] Ayee (1994, 111)

[1399] Ahwoi (1991q, 126-7)

[1400] Ghana (1991a, v)

[1401] Ayee (1994, 109; 1996c, 120; 1996d, 435); Hayne (1991, 291)

the need to bring governance closer to the people – service down to the people[1402] so as to enable the people

to feel governance at the local level.[1403] This will ensure the effective fiscal management of financial resources

at the grassroots.[1404] Ahwoi, the chief architect of the decentralisation program, explaining the main thrust that

drove the PNDC to adopt its decentralisation program explained that:

> One major concern was that people wanted to represent themselves. They did not want the previous kind of representation, especially the urban elite to continue speaking for the countryside. So, we got the message very loud and clear that whatever we did, we should make sure that they—the people that lived in the rural areas, in the deprived areas, who suffered the deprivations—were the best persons to speak for themselves. We should make sure that in whatever we designed there would be no kind of artificial representation; they wanted their own people to represent them in the assemblies so that they could articulate their concerns with more passion than any urban elite could do for them. So…that forced us to come back and think about what things had previously been obstacles to the participation of local people, or rural people, etcetera. So, in the revised document by the end of the day what we made, which is what we have now, was a program that allowed to a very large extent for the people to represent themselves. One of the things we did as a result of these consultations, for example, was that we removed the requirement of literacy in English as criteria for contesting local government elections.[1405]

Thus, the driving force was the PNDC's commitment to citizenship participation, involving people in the decision-

making process and service delivery.[1406]

Two main institutional factors shaped the forging of the problem stream. These were first, the colonial

legacy of strong control of the central government over local government units and second, the political system

during the PNDC era and form of grassroots mobilisation (and organisation) the military government adopted.

The system of local government in Ghana inherited form the British after independence was highly

centralised.[1407] This is because the British used local government units as the main mechanism through which

they effectively maintained central control at the local level in the colony.[1408] The post-independence

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[1402] Ahwoi (1993c, 6); Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA); Interview with NSIANA of Ghana Parliament (Dec 5, 2017, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA)

[1403] Ahwoi (1993c, 6); Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA)

[1404] Interview with MAMPONG of Ghana Parliament (Dec 18, 2017, ACCRA)

[1405] Makgetla (2009, 3-4)

[1406] Interview with ANPONYASE of National Development Planning Commission (Nov 30, 2017, ACCRA)

[1407] Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA)

[1408] Ahwoi (1993b, 4); Awortwi (2010; 2011); Ayee (1998, 27); Nsarkoh (1964, 2) Olowu (2003)

government maintained the status quo because they also sought to maintain effective control over local government units.[1409] However, over-expanded activities and political interference rendered the local government units ineffective in the provision of services.[1410] They were marred with various managerial, economic, technical, and financial inefficiencies. The failure of the centralised public sector management, particularly local governance necessitated the search for new paradigms of governance.[1411] This consequently led to the framing and definition of the problem with the local governance (government) system in Ghana as an issue of efficiency and later as participation.

The period under the Rawlings-led PNDC's revolutionary military rule in Ghana was marked by the violent rule of defence committees, abuse of human rights, revolutionary justice, and the encapsulation (total control) of civil society.[1412] Being a military regime, the PNDC government suspended Ghana's constitution and overturned all its laws when it usurped power in 1981.[1413] The military regime also dissolved all elected institutions[1414] – including local government.[1415] Subsequently, the PDCs/WDCs (later CDRs) and other quasi-judicial bodies became the PNDC's main revolutionary organs for political, economic and social organisation and mobilisation. With these organs in place, "not only was national political direction to be unassailable from popular control but such popular administrative control as was envisaged was to be directed by the PNDC's political allies."[1416] Consequently, these organisations controlled grassroots political structures as well as the direction and policies of the decentralised ministries placed under them.[1417] However, the extra-legal, overindulgence, brutal and abusive nature of the CDRs resulted in the alienation of the PNDC's key supporters

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[1409] Awortwi (2010; 2011); Ayee (1998, 27; 1994, 70); Nsarkoh (1964, 2) Olowu (2003)

[1410] Ahwoi (1991s, 152); Rondinelli and Nellis (1986)

[1411] Ahwoi (1991s, 152); Olowu (2003, 43)

[1412] Oquaye (2000, 53)

[1413] Awortwi (2011, 358); Oquaye (2000, 53); United States Department of State (1998, 4).

[1414] Ayee (2008a, 186; 2009, 4); Oquaye (2000, 53); United States Department of State (1998, 4)

[1415] Regarding decentralisation as the most important effort at structural reform, democratisation and efficiency, the PNDC passed PNDC Law 14 in June 1982 to formally dissolve the District Councils elected in November 1978, replacing the councillors with District Secretaries (Ayee and Amponsah 2003; Gyimah-Boadi and Rothchild 1990). It then launched a decentralisation plan to make a fundamental restructuring of Ghana's local government machinery on December 2, 1982 proposing a three-tier system of local government to replace the four-tier system established in 1978 (Asibuo 2000; Ayee 1988; 1989). The decentralisation plan nonetheless did not achieve its intended objective.

[1416] Hynes (1991, 291)

[1417] Hynes (1991, 291)

and its failure to gain broad middle-class acceptance.[1418] This helped in the gradual shift in the framing and definition of Ghana's local government problem from efficiency to participation.[1419]

All these factors helped in forging the problem stream for the local governance policy in the 1980s under the PNDC era.

5.3 The Policy Stream

The policy stream is envisaged as a "policy primeval soup"[1420] consisting of policy ideas generated by specialists in policy communities that compete to win acceptance within policy networks.[1421] The soup of ideas is made up of various solutions that are generated, identified, and marketed by policy actors in policy communities such as politicians, analysts and specialists in a given policy area, and academic researchers as alternative proposals to the problems identified in the issue-area.[1422] Policies or solutions refer to the products of people that are usually generated in narrow policy communities as answers to questions, but they may not be produced only when needed.[1423] That is, solutions are often progenitors of problems and not necessarily developed as a response to an existing policy problem.[1424]

Except for the Van Lare Commission, the recommendations and policy proposals provided by the various commissions of inquiry and the various committees – 1949 Coussey Constitutional Reform Committee, the Phillipson Commission of 1951, and the Greenwood Commission of 1956 – set up prior to independence and legislations such as the 1951 Local Government Ordinance and Local Government Act of 1961[1425] did not expressly have decentralisation as an option. This is mainly because the problem with Ghana's local governance

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[1418] Oquaye (1995, 210)

[1419] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA); Interview with BOLE-BAMBOI of Ministry of Local Government and Rural Development (Oct 25, 2017, ACCRA); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)

[1420] Rowlands (2007, 187)

[1421] Blankenau (2001, 39); Rowlands (2007, 192); Zahariadis (2007, 65)

[1422] Blankenau (2001, 38); Rowlands (2007, 187)

[1423] Zahariadis (2007, 69)

[1424] Blankenau (2001, 38-39)

[1425] Ayee (1994; 2000), Gold Coast (1948; 1949); Nsakorh (1964)

(local government) system was then defined primarily in terms of efficiency. The focus was, thus, on the effectiveness of the local government system in Ghana in service delivery and ensuring development at the local level.[1426] These governments therefore preferred "good government" to representation or participation. Thus, the principle of local participation was conceded at all levels and in the local government arrangement.[1427]

Other legislations after Nkrumah such as the Local Administration Act of 1971[1428] and reports of commissions of inquiry and committees such as the Mills-Odoi Commission Report (1967), the Akuffo-Addo Commission Report (1968), and the Siriboe Commission Report (1968) set up by the National Liberation Council (NLC), the Okoh Commission of 1974/76, and the Constitutional Commission of 1979 proposed effective decentralisation of state functions and recommended a system of decentralised administration.[1429] Yet, the idea of decentralisation either did not receive serious consideration of the government or the policy proposals did not materialise, the government in power got ousted out of office in military uprising before it could put its plans into effect.[1430]

Regarding integration – linkages among participants within the policy network – in the case of local government reform, the policy community[1431] was modest in size and had a more restricted access because of the volatile political conditions and authoritative nature of the decision-making process at the time. All party politics were banned[1432] – existing political parties of both the left and right[1433] were proscribed and political party activity prohibited[1434] – and dissent was stifled by political repression.[1435] Since the PNDC was an authoritarian regime and with Ghana's constitution suspended and all its laws annulled,[1436] people were killed

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[1426] Asibuo (1993); Ayee (1994, 48-53); Nsakorh (1964, 8-20)

[1427] Ayee (1994, 78-82)

[1428] Ayee (1994, 89-90)

[1429] Ayee (1988;1994; 2000); Ayee and Amponsah (2003); Ghana (1968); Yankson (2000)

[1430] Asibuo (1993); Ayee (1994); Ayee and Amponsah (2003); Yankson (2000)

[1431] A policy community refers to a network of experts who share a common concern in a single policy area and includes policy analysts, specialists in a given policy area, bureaucrats, politicians, congressional staff members, academics, and researchers.[1431]

[1432] Haynes (1991, 290)

[1433] Ninsin (1991, 26)

[1434] Ayee (2008a, 186; 2009, 4); United States Department of State (1998, 4)

[1435] Boafo-Arthur (1991, 47); Busumtwi-Sam (1996, 187)

[1436] Awortwi (2011, 358)

and others were arrested[1437] and detained in the interest of national security under the *Preventive Custody Law, 1982 (PNDCL 4).*[1438] Also, Ghanaians were gagged by obnoxious (extremely unpleasant) laws such as the *Newspaper Licensing Law, 1989, (PNDCL 211).*[1439] The local civil society groups were therefore inactive. Thus, there was initially no formal representation of interest groups, civil society organisations and political parties who could exert some form of influence on the decision-making process.[1440]

Besides, there were limited specialists that were interested in the decentralisation policy area given their preoccupation with the fight for a return to constitutional rule and the bad economic conditions. Accordingly, there was limited access for policy networks as the only avenue available was the NCD through the organised symposia, durbar,[1441] seminar and invitation for papers and memoranda that were subjected, invariably, to the scrutiny of the NCD officials.[1442] Consequently, the policy community was more integrated. As a result, the only proposal that came to the policy table was decentralisation. The District Assemblies constituting the fulcrum of the PNDC's decentralisation programme were the first fruit of the work of the

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[1437] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Boafo-Arthur (1991, 47)

[1438] Boafo-Arthur (1991, 47)

[1439] Boafo-Arthur (1991, 47)

[1440] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with Adowa of Institute of Local Government Studies (Nov 17, 2017, ACCRA); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Oquaye (2000, 53)

[1441] Durbar (an Indo-Persian term for "ruler's court") is an event where "Ghanaian traditional rulers sit in state and meet their people. To the accompaniment of music and dance, ceremonies honour their ancestors, rekindle their bond to the people, revive unity, cleanse the society, and pray for the fruitfulness of the land and the welfare of the people. Beautifully adorned kings, queens, chiefs, and their elders appear in public procession amidst intensive drumming, singing, and dancing. At their destination king and queen sit in state flanked by chiefs and elders, as sound and motion continue around them: drum languages articulate praises; special guests extend greetings and pay homage; gifts are presented…More than just a social gathering, a durbar revives and reinforces loyalty and strengthens the ties and the sense of belonging that bind a people together" (Ofori-Ansa and Pipim 1997, 41-2). "In colonial Ghana, ceremonial durbars created a ritualised public sphere that affirmed oppositional relations among colonial masters, chiefs, and their followers. Today, durbars have been popularised as a cultural idiom used to celebrate Ghanaian and, more recently, Pan-African identity" (Apter 2005, 167 cited in Adrover 2010). In customary durbar fashion, the ceremony facilitates a meeting among distinct players: local chiefs, state dignitaries, and special guests. Durbar also serves as a platform for communities to discuss and implement developmental projects (see https://www.iapb.org/news/using-a-community-durbar-in-ghana-to-raise-community-awareness-of-eye-health/). For instance, "community durbars remain a major tool used by Community-based Health Planning and Services (CHPS) to dialogue with community members. When a durbar is organised in a community, every member of that community is a participant including the chief and the elders. They usually are accompanied by traditional music and dancing that makes the program more exciting" (Azasi, Schmitt and Stone 2011, 1).

[1442] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Crook (1999, 116); Jonah (1991, 79)

NCD.[1443] In a government-controlled, yet public, debate and deliberations,[1444] the NCD between 1984 and 1987

invited the public to submit memoranda on the future form of government for the country. It held seminars,

symposia, and durbars to discuss with the public the effective realisation of a true democracy[1445] as noted above.

The nationwide consultation and discussion led to the launching of the *Blue Book on District Political Authority*

and the Future of Local Government in Ghana produced by the NCD on 1st July 1987.[1446] As argued above, the

"Blue Book" endorsed decentralisation as the critical building blocks for the construction of true democracy and

it set out proposals for the reform of local government in Ghana.[1447]It stated that:

> It is necessary that machinery should be established for the proper administration of the
> Republic of Ghana and for the due establishment of true democracy. Such true democracy,
> involving as it does the need to safeguard the destiny of Ghana and prevent a descent into
> chaos and disintegration, necessities bringing into being, institutions which will become
> pillars upon which the peoples' power will be erected… In order to democratise state power
> and advance participatory democracy and collective decision-making at the grassroots, there
> is need to set up decentralised political and administrative authorities with elected
> representatives of the people. The decentralised authorities will be the bodies exercising
> state power as the people's local-government.[1448]

The blue book thus sought to concretise the theoretical commitment the PNDC made in 1982.[1449] The proposals

contained the structure, functions, and composition – which was an elected local assembly system[1450] – of local

government[1451] and were subjected to nation-wide discussion between the late 1987 and middle of 1988[1452]

organised by the NCD.[1453]

According to the multiple streams framework, the selection of a particular idea proposed as a solution

depends on its value acceptability and technical feasibility.[1454] That is, a proposed solution must have value

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[1443] Crook (1994, 345)
[1444] Haynes (1991, 283); Jonah (1991, 82)
[1445] Ayee (1996d, 435); Ghana (1991b, ix-x)
[1446] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Ghana (1987); Iddrisu (1993, 69). See also Ayee (1994, 107; 1996c, 120); Haynes (1991, 291); Leite et al. (2000, 2)
[1447] Ghana (1987). See also Ahwoi (2000, 15); Asibuo (2000, 27); Ayee (1994, 109; 1996b, 143); Haynes (1991, 291); Leite et al. (2000, 2)
[1448] Ghana (1987, 1)
[1449] Ahwoi (1991a, 2)
[1450] Leite et al. (2000, 2)
[1451] Ghana (1987)
[1452] Ayee (1994, 108-9); Crook (1999, 116); Haynes (1991, 283)
[1453] Ghana (1981, 1; 1982b, 19; 1985a, 10-11). See also Ahwoi (1993c; 1993e; 1993f; 1991h, 47; 1993i; 1993j)
[1454] Blankenau (2001, 39); Zahariadis (2007, 72)

acceptability and technical feasibility to be viable.[1455] The debate about local government reform at the time was not centred on whether decentralisation guarantees the realisation of true democracy but rather on the form of decentralisation that leads to people's democracy given the failed previous governments' attempts[1456] at decentralisation.[1457] Ghana, since independence, in principle has always acknowledged and accepted decentralisation as a form of governance that allows for greater participation of the citizenry in development.[1458] Moreover, the idea of decentralisation has been a solution in Ghana since independence[1459] waiting for a "fleeting opportunity."

The PNDC, in particular, since 1982 declared its socialist ideological commitment to people's power, true democracy or grassroots democracy and good governance.[1460] It emphasised that openness and involvement of the people in the process of decision-making are the most effective ways of enforcing accountability.[1461] The PNDC stated in its *Policy Guidelines* issued in May 1982 that there was:

> The urgent need for participatory democracy to ensure that the bane of remote government that had afflicted Ghanaians since independence is done away with effectively, to render government truly responsive and accountable to the governed; the assumption of power by the people cannot be complete unless a truly decentralised government system is introduced, that is the manifestations, should empower local government councils to initiate, co-ordinate, manage and execute policies in all matters affecting them within their localities.[1462]

The government's "Blue Book" demonstrated a strong and renewed interest in decentralisation, as it was presented as the critical building blocks for the construction of true democracy, an ideal form of government the PNDC sought to establish in Ghana. This was reflected in its populist slogan of "power to the people."[1463] It therefore sought to put the idea of participatory decision-making into practice.[1464] The PNDC however initially failed to implement its local government reforms in 1983,[1465] in spite of the publication of the document,

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[1455] Blankenau (2001, 38-39)
[1456] Ghana (1991a, v)
[1457] Ayee (1994, 111); Haynes (1991, 283)
[1458] Haynes (1991, 288)
[1459] Ayee (1994, 5); Haynes (1991, 283)
[1460] Ahwoi (1991d, 12; 1991q, 130); Ayee (1994, 109)
[1461] Ayee (1994, 109)
[1462] Ghana (1982 cited in Ahwoi 1991r, 133)
[1463] Crook (1999, 118); Mohan (1996, 79); Oquaye (1995, 210-12)
[1464] Leite et al. (2000, 2)
[1465] Ahwoi (1991q, 130)

Decentralisation in Ghana.[1466] This is because it was confused over the precise form decentralisation should take

and the notion of popular participation it was advocating.[1467] The PNDC wanted to establish "a workable system

of democracy built from the local level upwards which did not necessarily involve multi-party political

elections."[1468] Thus, the issue was about technical feasibility and not value acceptability as the PNDC was

determined to introduce a form of decentralisation that would not only promote development but "give the

people their fair due in terms of a voice in making political, economic and social decisions that affect them."[1469]

The main concern was a balance between participation (direct or participatory democracy) and

efficiency because the PNDC sought to both decentralise and democratise decision-making,[1470] administration

and the politics of Ghana.[1471] Moreover, most people raised serious issues about the proposed non-partisan

nature of the District Assembly elections. Technical feasibility was particularly an issue also because of the past

precedence of successive failed attempts[1472] at decentralisation set by previous governments.[1473] However,

since no other idea was proposed within the policy networks, by 1988 decentralisation rose up on the policy

arena as a solution waiting for a window of opportunity to open for it to be translated into a policy. Through

decentralisation the PNDC aimed at concretising its commitment to "power to the people" where state

functions would be devolved on the DAs.[1474] Thus, the launching of the "Blue Book" and the establishment of

the NCD served as the watershed events that shaped the policy stream. This is evident from the fact that the

Local Government Law (PNDC Law 207) that was promulgated by the PNDC[1475] on 11 November 1988 to finally

implement its decentralisation programme, to a large extent, embodied the proposals and concretised the

ideals enshrined in the "Blue Book" with a slight revision based on the nation-wide discussions organised by the

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[1466] Ghana (1982) cited in Ayee (1994, 109)
[1467] Ayee (1994, 109); Haynes (1991, 283)
[1468] Haynes (1991, 283)
[1469] Oquaye (1995, 211)
[1470] Ahwoi (1991d, 13; 1991g, 39; 1991o, 106); Ghana (1988; 1987, 1)
[1471] Ahwoi (1991g); Ghana (1988); Haynes (1991, 283)
[1472] Ahwoi (1991e, 21); Ghana (1991a, v)
[1473] Ayee (1994, 3; 1998, 25); Hynes (1991, 289); LOGO South (2005, 7)
[1474] Ahwoi (1991a, 3)
[1475] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)

NCD.[1476] It sought to establish a local government system in which the theory of decentralisation is reflected in the practice of it.[1477]

As is the case for the problem stream, Ghana's political system during the PNDC era was the main institutional factor that shaped the forging of the policy stream. This greatly affected the kind of policy proposal that was developed as a solution to Ghana's local governance problem. As already discussed above, the political system in Ghana during the PNDC era was a revolutionary military regime marked by revolutionary justice, the violent rule of defence committees, abuse of human rights, and the encapsulation of civil society.[1478] The volatile political conditions characterised by political repression,[1479] the authoritative nature of the decision-making process,[1480] inactive civil society groups and no formal representation of interest groups, civil society organisations and political parties[1481] at the time dramatically reduced the prospect of alternative policy development. The PNDC deliberately restricted the debates to "individuals and groups that espoused the official positions on the future system of governance as purveyed."[1482] People with dissenting views were suppressed.[1483] That is, the PNDC consciously placed obstacles in the way of those suspected to have views about the future system of government contrary to those of the PNDC.[1484] To illustrate, while addressing officers and men of the Ghana army the Army Commander, Brigadier Akafia made the following intimidating statement: "the transformation process (embarked upon by the PNDC) has a vision and the armed forces, as part of the security services, the bedrock of the process are prepared to defend it…Any provocations and temptations of the PNDC are provocations and temptations of the Armed Forces."[1485] In addition, the PNDC policed the forum

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[1476] Ayee (1994, 109-10; 1996c, 120); Crook (1994, 345; 1999, 116)

[1477] Ahwoi (1991q, 130)

[1478] Oquaye (2000, 53)

[1479] Busumtwi-Sam (1996, 187)

[1480] Ayee (2008a, 186; 2009, 4); Oquaye (2000, 53); United States Department of State (1998, 4)

[1481] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with Adowa of Institute of Local Government Studies (Nov 17, 2017, ACCRA); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Oquaye (2000, 53)

[1482] Boafo-Arthur (1991, 46)

[1483] Busumtwi-Sam (1996, 187)

[1484] Boafo-Arthur (1991, 46)

[1485] Boafo-Arthur (1991, 47)

in such a way as to intimidate non-government supporters, presentations of distrustful elements were either prevented or edited in some cases.[1486] For instance, Professor Adu Boahen (the founder of the Movement for Freedom and Justice and later the New Patriotic Party's presidential candidate in the 1992 elections) describing the political environment at the time in his famous 1988 Dr. J.B. Danquah Memorial lectures stated: "I am afraid that I do not agree with Rawlings' explanation of the passivity of Ghanaians. We have not protested or staged riots not because we trust the PNDC but because we fear the PNDC. We are afraid of being detained, liquidated or dragged before the CVC or NIC or being subjected to all sorts of molestation."[1487] Similarly, the Central Intelligence Agency (CIA) noted:

> On September 24, 1989, two days after Rawlings had assumed direct command of the armed forces, the government announced that it had foiled yet another attempted coup. The attempt was led by Major Courage Quarshigah, a popular officer in the Ghanaian armed forces, former commandant of the Ghana Military Academy, and a former close ally of Rawlings. Quarshigah and four other army officers were arrested. They were accused of planning to assassinate Rawlings as part of the coup, but several of the accused allegedly favoured a return to constitutional rule under a civilian government.[1488]

The proscription of alternative political organisations by the PNDC ultimately meant "denying people the right to express alternative viewpoints and engage in open debate, the right of dissent and opposition."[1489] Consequently, no viable policy option, if generated, was propagated by the policy community beside the idea of decentralisation put forward by policy experts and specialists through the government-controlled NCD.

Besides, the NCD did not have a completely free hand to engage in a thorough and lengthy consultation with the people as it had intended: it had to operate with certain political assumptions and parameters set by the regime.[1490] The main assumption set by the PNDC was that, "in the light of Ghana's disastrous post-independence experiences of various forms of government, serious thought should be given to what a truly Ghanaian form of democracy might look like, one which took into account 'our tradition, history and

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[1486] Boafo-Arthur (1991, 46)
[1487] Boahen (1989, 51). See also Boahen (1992)
[1488] Library of Congress and CIA World Factbook (1994, 274-6)
[1489] Ninsin (1991, 26)
[1490] Crook (1999, 116).

culture'".[1491] Through the notion of grassroots democracy preached by the government, the PNDC attempted to define a particular way of understanding politics and social development in Ghana.[1492] As the theme for the nation-wide seminars – 'The District Assemblies and the Evolving Democratic Process' – suggests, the NCD directed the discussion towards finding the place and proper role of the DAs in Ghana's democratic process.[1493] The seminars were used as a mechanism for evaluating the relevance of the DAs to grassroots governance.[1494] The pro-democracy groups such as the Ghana Bar Association, the National Union of Ghana Students (NUGS), the Catholic Bishop Conference and the Christian Council argued in favour of restoration of multi-party democracy and civilian rule in Ghana and called for "proper open" national debate.[1495] To illustrate, Boahen argued that the future system of government should be decided "through a genuine national debate culminating in a national referendum organised by an independent body"[1496] The PNDC however fended off all calls to return Ghana to constitutional rule with the rhetorical question, "hand over to whom?"[1497] For instance, when asked at a press conference by a member of the press as to when the PNDC will return Ghana to constitutional rule, the first Chief of Defence Staff, Brigadier J. Nunoo-Mensah replied: "Hand over to whom?"[1498] Moreover, not only did PNDC strongmen (officials and sympathisers) often preside over the public debates, but also the debates were packed with "PNDC partisans who, for the most part, used the fora to canvass positions known to be favoured by the government."[1499] More importantly, the PNDC used the NCD as "a platform to attack the evils of the multi- party system, the failure of past politicians and the sanctity of the coups of 4 June 1979 and 31 December 1981."[1500] All these also limited the number of policy options the NCD could consider in the nation-wide deliberations and recommend to the PNDC government.

[1491] Crook (1999, 116)
[1492] Essuman-Johnson (1991, 62); Ninsin (1991, 26)
[1493] Boafo-Arthur (1991, 45)
[1494] Boafo-Arthur (1991, 46)
[1495] Ayee (1996c, 436)
[1496] The Pioneer (1 August, 1991)
[1497] Gyimah-Boadi (1991, 36). Also see Ayee (1996c, 435)
[1498] Ghanaian Times (4 April 1982)
[1499] Gyimah-Boadi (1991, 36). Also see Ayee (1996c, 435)
[1500] Ayee (1996c, 435)

5.4 The Politics (Political) Stream

The politics stream "refers to the broader political discourse within which policy is made."[1501] Though the problem and the policy streams of Ghana's local governance policy were effectively shaped, the politics stream was yet to be forged. The period after Nkrumah until the PNDC came to power in 1981 saw no major forging of the political stream due to irregular alternation in power within a relatively short period after a government assumed office. The period was characterised by tumultuous and, in most cases, violent change of government. The politics stream, as described by the multiple streams framework, consists of political variables narrowly defined as national mood, interest group activities (pressure-group campaigns), and turnover in government (legislative or administrative turnover).[1502] Though administrative turnover and interest group activities played a role, the national mood was the most influential element that forged the politics stream of Ghana's local governance policy system in the 1980s.

The national mood, according to the framework, refers to public perception about an existing issue within the country. That is, it involves the perception that people generally hold about a particular policy issue, which swings from time to time.[1503] The PNDC government assumed power against the background of Ghana's debilitating and unenviable economic indicators.[1504] As indicated above, due to the devastating nature of the Ghanaian economy at the time, the military regime declared a revolution that would lead to the total transformation of society, politics, economy and administration.[1505] Consequently, the majority of Ghanaians, especially the ordinary masses, wholehearted embraced the military uprising[1506] though it usurped power from a democratically elected government of the PNP.

[1501] Zahariadis (2007, 69)
[1502] Blankenau (2001, 39); Rowlands (2007, 187); Sabatier (2007b, 9); Zahariadis (2007, 70-73)
[1503] Blankenau (2001, 39); Zahariadis (2007,73)
[1504] Ahwoi (1991d, 12); Ayee (1994, 106); Haynes (1991, 288-9)
[1505] Ahwoi (1991e, 22); Crook and Manor (1995, 313); Oquaye (1995, 209)
[1506] Haynes (1991, 289)

The populist stance of "direct democracy" or "true democracy" that was to bestow "power to the people" propagated by the PNDC[1507] won the heart of many Ghanaians[1508] who "greeted the coming to power of the PNDC with enthusiasm"[1509] (see figures 2, 3 and 4 below). "There was a popular song, 'J.J. Do something before you die!'" Rawlings recounts.[1510] For instance, Rawlings noted that "during the 31st December revolution, young and able-bodied Ghanaians, for the most part, students from the various universities in the country travelled to the hinterlands to help transport cocoa onto trucks and trains destined to the ports for export. The driving force behind the revolution was this desire to die for Ghana. It represented the spirit of patriotism, the love of one's country."[1511] Similarly, Nani-Kofi recounts some of the groups that were in support of the PNDC stating:

> From June 1979 to September 1979, the Armed Forces Revolutionary Council (AFRC), under the chairmanship of Flt. Lt. J. J. Rawlings which was a populist regime and reduced prices, executed military officers for supposed corruption and was very popular with the radical forces. This presented a very difficult situation for the successor civilian regime as the shops had been emptied. The experience under the AFRC raised the expectations of the Ghanaian population which could not be met under civilian constitutional rule, conditions which were totally different from the populist military. The situation worked to the advantage of the Rawlings regime as people developed a sort of euphoria for the AFRC days and therefore Rawlings became increasingly popular…There were a number of groups sympathetic to Rawlings – like June 4 Movement, New Democratic Movement, Movement On National Affairs, Pan African Youth Movement, People's Revolutionary League of Ghana – the majority of these groups became sympathetic with Rawlings with only the Movement On National Affairs (MONAS) coming out openly against Rawlings. MONAS supported a call for a probe of the AFRC and also stressed the anti-communist statements of the AFRC as well as his attacks on Kwame Nkrumah and support for the overthrow of the Kwame Nkrumah regime. I was close with groups on both sides with some of my closest friends[…]were in MONAS.[1512]

Zaya Yeebo (a leading member of the PNDC) also narrated that:

> The 31 December [1981] revolution in Ghana was a political upheaval that promised and had the potential to deliver a Castro/Sankara type social and political revolution…The events of post 31 December 1981 are subject to various interpretations…Following the

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[1507] Ahwoi (2000, 15); Asibuo (2000, 27); Ayee (1994, 109; 1996b, 143); Haynes (1991, 291); Leite et al. (2000, 2)

[1508] These include the June 4th Movement, the Kwame Nkrumah Revolutionary Guards, the Pan-African Youth Movement, the Peace and Solidarity Committee, and the New Democratic Movement led by Captain Kojo Tsikata, a Marxist-Leninist in charge of state security (Owusu 1986, 86). See also Kraus (1985).

[1509] Ghana (1984, 64); Haynes (1991, 289)

[1510] Engmann (2021, 725)

[1511] Engmann (2021, 726)

[1512] Nani-Kofi (2016)

"revolution" millions of Ghanaian workers, farmers and indeed [the] poor moved cautiously to support the need for change. The students who volunteered to cart cocoa from the rural interior, the women whom we mobilised to start the 31st December Women's Movement, the youth we mobilised into the "Democratic Youth League and Ghana", as a successor movement to Kwame Nkrumah's Young Pioneer Movement, and the dispossessed who saw some hopes. Going further, the thousands, indeed millions of workers, famers, soldiers, policemen and women, market women who were mobilised into the Peoples and Workers Defence Committees. Supporting these efforts were pre-revolution mass movements like the Movement on National Affairs (MONAS), the People's Revolutionary League of Ghana (PRLG), the New Democratic Movement (NDM), Pan African Youth Movement (PANYMO) and several others.[1513]

Figure 2: Popular Support of the 1981 Coup: 'No more kalabule,[1514] let the rich grow lean'. (Courtesy of the Rawlings Archival Collection).[1515]

To achieve its aim of placing power in the hands of the ordinary people and involving them in the decision

making process at all levels through participatory or grassroots people's democracy,[1516] as already noted above,

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[1513] Yeebo (2018)

[1514] Kalabule is the Ghanaian own local term for corruption.

[1515] Engmann (2021, 725)

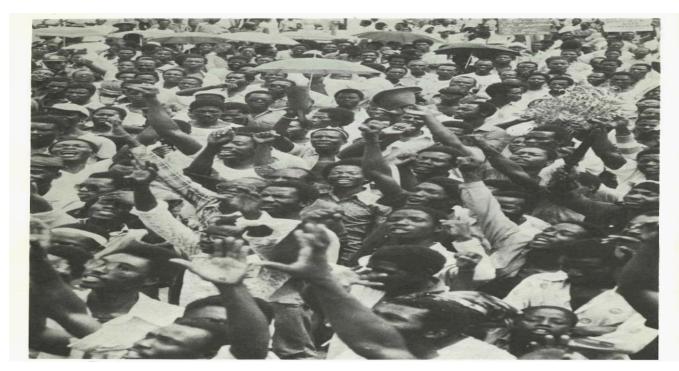[1516] Ayee (1994, 106); Oquaye (1995, 209)

Figure 3: The dawn of a new era and a new hope for Ghana – crowds in Accra hail the Revolution.[1517]

Figure 4: Workers' rallies in Accra and around the country have attracted massive enthusiastic participation.[1518]

[1517] Ghana (1984, 4)
[1518] Ghana (1984, 15)

the PNDC created the PDCs and WDCs (later CDRs).[1519] Because these organisations were seen as institutions for nation building and the manifestation of people's power, they were given political, administrative and judicial powers to enable them function as the medium of popular participation in decision making.[1520] As Ahwoi explains, the CDRs were part of the political structures of the revolution on the ground called the Committees that the PNDC worked with at the time to translate the idea of decentralisation into a reality.[1521]

According to the multiple streams framework, interest group activity mostly affects the policy process through an oppositional role, that is, blocking legislation or not promoting it.[1522] Thus, support for or opposition of interest groups to a particular policy idea or proposal is used by politicians as an indicator of consensus or dissents in the broad political arena.[1523] Due to the initial support the military regime enjoyed and its ban on party politics, the PNDC completely ruled out the possibility of any political opposition.[1524] However, the populism advocated by the PNDC turned to outright rebellion and insubordination. There was a nationwide outcry against the activities of the CDRs and the other extra judicial bodies which resulted predominantly in personal vendettas, brutalities, and abuses of power.[1525] For example, expressing the concern and sentiment of the time, the Daily Graphic, the state-owned newspaper stated in its editorial "reports of molestation, harassment and intimidation of the already oppressed people by some armed personnel in some villages, towns and cities."[1526] These excesses by the revolutionary zealots alienated the people, making most of them cynical and apathetic.[1527] It created a widespread backlash to the extent that people began to withdraw themselves from the PNDC government: the middle and upper classes and professionals did not feel wanted, the chiefs were alienated, and even the students – who were supposedly the backbone of the revolution – started to attack the PNDC.[1528] More importantly, the excesses aroused the indignation and anger of many intellectuals

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[1519] Ayee (1994, 107); Oquaye (1995, 209)
[1520] Ayee (1994, 106-7); Oquaye (1995, 209-10)
[1521] Makgetla (2009, 3)
[1522] Blankenau (2001, 39); Kingdon (1995, 42)
[1523] Zahariadis (2007, 73)
[1524] Haynes (1991, 290)
[1525] Ayee (1994, 107)
[1526] Daily Graphic (1982, p1)
[1527] People's Daily Graphic (1987, 6). See also Owusu (1986, 86)
[1528] Agyeman-Duah (1987, 620)

and some of those deemed ideological and political allies of the PNDC.[1529] Thus, the anarchy and insubordination created by the PDCs, WDCs and later CDRs led to the resentment of many Ghanaians,[1530] including erstwhile supporters of the regime.[1531]

Consequently, there was a significant shift in the national mood against the idea of "direct", "real" or "grassroots" democracy. The people were strongly craving for more participation other than and outside what was happening under the revolutionary organs, for local knowledge, and for ownership to ensure quality of service at the local level.[1532] As Ahwoi explained at a press briefing, there was a "persistent widespread call for a decentralised local administration in which grassroot participation would be paramount."[1533] Similarly, Rawlings explained the call of Ghanaians for increased participation as follows:

> In every hamlet, district and town in Ghana, the clarion call continues to be centred on the need for participation in the decision-making process and the bottom-up approach to the planning and budgeting process. There is the realisation that for effective mobilisation of resources for national development, the people should be involved in decision-making at all levels.[1534]

These political forces shaped the political stream because it forced the PNDC to be moderate in its political approach and search for alternative avenues to democratic politics as it lost its popularity and support base.[1535] It was obvious that "people were fed up with the PNDC government at that time."[1536] This forced the PNDC to rely on decentralisation as a means of providing an avenue for its support base at the grassroots. Bingo explained:

> Again, we should also know that the PNDC government came as a socialist government with a socialist...more or less ideology. At the time the World Bank and IMF came in many of their supporters who came from the socialist...from the socialist point of view and dimension or ideology were disappointed because the so-called grassroots elements were no more there, they were following the IMF and the World Bank. So, decentralisation gave them an opportunity to show to their people that hey, we're still dealing with the people at the grassroots. We still have assembly persons who are elected at the local level, will still have

[1529] Ayee (1994, 107); Oquaye (1995, 210)
[1530] Ayee (1994, 107)
[1531] Haynes (1991, 291)
[1532] Interview with ANPONYASE of National Development Planning Commission (Nov 30, 2017, ACCRA)
[1533] Ahwoi (1991b, 6)
[1534] Ghana (1993, v)
[1535] Ayee (1994, 107)
[1536] Interview with Adowa of Institute of Local Government Studies (Nov 17, 2017, ACCRA)

these chief executives who have legitimacy of the people at the local level. So that became a veritable opportunity to show to…their people that they are still a socialist government, they are still embarking upon the socialist ideology. And then they had, first the appointment of District Chief Executives, and first sort of election of assemblypersons to represent the people. So that representation gave legitimacy to the government.[1537]

Bingo continues by saying:

> The other thing which also came again which is very very important, again, was that they had all these streams of institutions which they have…established, the CDRs, PWDs, PDCs and all those things. They [also] trained what we call cadres. Many of them were sent to Cuba and Russia to be trained and they were back but within the…system, they don't have any space for them. But there isn't any structure, a reporting structure which linked them up. Okay, they had Regional Coordinators, PNDC regional coordinators, all these, but all these things were institutions for their establishment. Now that they've been established…what are the use of these institutions? They finished with the populism and the popular side of it. Now they are moving into a real administrative process. How do we legitimise these institutions, how do we give them the new role? So many of the people who formed these PDCs, WDCs, and other things, found themselves contesting for these assembly positions. And they became the new cream of political elites within the communities where they are. So, the district concept, the decentralisation concept became a veritable space where these people could feature. So, it was a very good smooth transition from these populism from these groups into these streams. So, they realise that the first batch of assembly persons who were elected were basically these people…And in order to get these people in, they even went so low as you don't need to even read and write to become an assembly person. All these things were…to make room for these people who were their supporters. So that is a key to the political side…So, the policy wasn't just on paper, there were personnel…there was a political legitimacy, there was a space created for them, there was also a political platform, the district.[1538]

Thus, as a result of the political climate created by the swing in the national mood and the resentment of most erstwhile supporters and ideological and political allies of the PNDC, decentralisation obviously became a suitable policy option available to the PNDC that could be used to fill the "vacuum in popular participation and mobilisation" left by the de-emphasising of the CDRs.[1539]

Legislative (and administrative) turnover, according to the multiple streams framework, frequently affects choice in quite dramatic ways by propelling a policy window to either open or close. It refers to the rate at which people come and leave office.[1540] Due to fluid participation in organised anarchies, decision-makers

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[1537] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)
[1538] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)
[1539] Oquaye (1995, 210)
[1540] Zahariadis (2007, 73); Blankenau (2001, 39)

come and leave office frequently, and change is likely when certain actors happen to be in power.[1541] This is

because new perspectives on a particular policy issue and an opportunity window for policy entrepreneurs to

operate are brought about by a new executive in government and legislative majority.[1542] As would be examined

in the next section, the appointment of Ahowi as Secretary for Local Government and Rural Development was

very instrumental in shaping the politics stream.

Similarly, Ghana's political system during the PNDC era was the main institutional factor that shaped

the forging of the political stream. As a military government, the PNDC sought to revolutionise and totally

transform the Ghanaian society, politics, economy, and administration through the PDCs, WDCs and later CDRs.

These revolutionary organs were created for the defence of the revolution and legitimisation of the PNDCs rule.

However, the abuses of power and excesses of these organs created a political climate that led to a swing in the

national mood as examined above.

All these factors helped in effectively shaping and forging the politics stream of Ghana's local

governance policy.

5.5 Opening of the Opportunity Window and Coupling of the Three Streams

The multiple streams framework conceptualises that the problem, policy and political streams work

independently of each other and they are only coupled at critical points in time by policy entrepreneurs when a

window of opportunity is opened.[1543] So, the confluence of the three streams opens an opportunity window for

action for policy entrepreneurs.[1544] Coupling by policy entrepreneurs takes place during open windows when

certain policy makers happen to be in power.[1545] This is because policy windows are of short duration and are

opened by compelling problems or events in the problem or politics streams.[1546] For that reason, a major policy

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[1541] Blankenau (2001, 42)
[1542] Blankenau (2001, 39)
[1543] Sabatier (2007b, 9); Zahariadis (2007, 65)
[1544] Zahariadis (2007, 74)
[1545] Sabatier (2007b, 9); Zahariadis (2007, 74)
[1546] Zahariadis (2007, 74)

change occurs only when policy entrepreneurs successfully take advantage of an opened window of opportunity and couple all the three streams.[1547] In the case of Ghana's 1988 decentralisation programme, the policy entrepreneurs was Kwamena Ahwoi, supported by Jerry John Rawlings.[1548]

Though the successful movement in the policy process depends greatly on the efforts of policy entrepreneurs to take advantage of sporadic policy windows by coupling the three independently operating streams,[1549] political will on the part of those in power and favourable political, institutional, and socio-economic conditions play a key role in both the successful adoption of a particular idea or proposal into a new policy and major change in an existing policy. As will be demonstrated below, the window of opportunity was opened by two main sequential events. The first factor was external pressure mounted by international financial donors on the PNDC to adopt decentralisation as conditionality for financial aid.[1550] These external donors pressured the PNDC to restore democracy in the country. The second was the internal pressure resulting from disenchantment that sprung up in response to the economic and political crises resulting from Ghana's implementation of the SAPs and ERPs.[1551]

Though the PNDC inherited an economy that was on the verge of collapse,[1552] as already noted above, it initially adopted populist policies based on populist sentiments against Western investments, devaluation and trade liberalisation (see figure 5 below).[1553] However, it had to turn to Western donors for financial support because the populist policies failed to arrest the persistent economic decline[1554] and its legitimacy initially enjoyed from the people began to wane.[1555] Rawlings explained the severity of the situation at the time as follows:

> Let me tell you about the economic, political, and social climate in Ghana at that time. After the revolution, we were faced with an economy that was approaching bankruptcy. Foreign

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[1547] Sabatier (2007b, 9); Zahariadis (2007, 65)
[1548] Awortwi (2010, 625; 2011, 359-360); Ayee (1994, 108); Nyendu (2012, 224)
[1549] Rowlands (2007, 186)
[1550] Ayee (2008b, 235; 1996c, 441); Conyers (1983, 97); Crook (1994, 343-4); Haynes (1991, 283); Mohan (1996); Oquaye (1995; 2000, 65)
[1551] Ayee (2008b, 234); Gyimah-Boadi (1990, 328-33); Haynes (1991, 283-91); Mohan (1996, 82); Oquaye (1995, 210)
[1552] Arthur (2006, 32); Busumtwi-Sam (1996, 176); Haynes (1991, 289)
[1553] Ayee (1994, 106)
[1554] Ayee (1994, 107)
[1555] Oquaye (1995, 210)

exchange was low. The cost of goods and services was rapidly escalating in an unprecedented manner. All economic indicators were negative. This situation was exacerbated by a severe drought, petrol shortages, and consequently increasing petrol prices, and the sudden expulsion of millions of Ghanaians from Nigeria, that propelled Ghana into a state of crisis. There were limited employment opportunities for our country's increasing population. There were also food shortages; Ghanaians had to queue for basic essential commodities, such as bread and maize, in order to make ends meet. There was no medication in the hospitals or clinics, indeed, not even in the country. Still, in spite of all this, it did not break down our people's resolve. We needed money to provide the basic necessities for our people. None of the eastern bloc countries—Cuba, Eastern Europe, and the Soviet Union—would help us. As for Africa, even though Libya had supported us during the revolution by donating rice, flour, and milk, initially, not even Muammar Gaddafi would help at that time. Later, they assisted by supplying crude oil on free credit for a year and then interest-free repayments after that. Perhaps it was because the neocolonialist presence in Ghana at the time was too strong, and so any such attempt to assist Ghana would risk eastern investment in the country. The situation was complicated. Let me give you an example: Mengistu Mariam [the President of Ethiopia from 1987 to 1991] had just fallen from power, and he was hoping to send his daughter to Ghana. But I told him, 'You are safer where you are. I can't guarantee the political climate in a progressive inclination.' So, Mengistu's daughter did not come to this country. On another occasion, Minister Louis Farrakhan [Nation of Islam] visited Ghana. We were engaged in conversation one evening, and I explained to him that Ghana, as a people and as a country, we loved the United States. However, we also had to be extremely careful with regard to how to manage anti-West subjects.[1556]

Therefore, the PNDC reconsidered its anti-Western stance and, in partnership with the World Bank and IMF, adopted the SAPs and ERPs.[1557] According to Rawlings:

1982 and 1983 were hard years. We needed to obtain foreign aid. So, with the World Bank/International Monetary Fund-sponsored Economic Recovery Program, along with the Structural Adjustment Program, Financial Adjustment Program, and the introduction of the Value Added Tax—these were tough but bold decisions—the Provisional National Defense Council (PNDC) which later evolved into the National Democratic Congress (NDC) were able to offer the country the much-needed turnaround in the areas of economic and infrastructural development. Between 1982 and 1992 the economy recovered significantly.[1558]

These international financial agencies and donors attached decentralisation as a conditionality for financial aid to Ghana.[1559] Most of the respondents confirmed this during the interview.[1560] For instance, Bingo expounded that:

[1556] Engmann (2021, 726)
[1557] (Ahwoi (1993c; 1993e); Ayee (1994, 108); Haynes (1991, 289)
[1558] Engmann (2021, 726)
[1559] Ayee (2008b, 235); Conyers (1983, 97); Crook (1994, 343-4); Haynes (1991, 283); Mohan (1996); Oquaye (1995)
[1560] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with Adowa of Institute of Local Government Studies (Nov 17, 2017, ACCRA); Interview with ANPONYASE of National Development

> We made so many attempts in the past but failed and in 1986 it came to the point where some success somehow was chopped. Why? Why because principally the PNDC government was looking for legitimacy...The other governments who did that, which made the attempt did not need that legitimacy, okay, but the PNDC government needed it. Why? Because Ghana was in dire economic situation. In the early 1980s, at the time they took over by...1986 it was clear that moving forward, they had to rely on the World Bank and the IMF. The IMF and the World Bank questioned the legitimacy of the government. Because if they are providing support for them, if they are giving them grants and loans, to what extent are the people of Ghana supporting that kind of government, because it is not a democratically elected government. So, they needed legitimacy. And the way to build the legitimacy is to make sure that they had the support of the people. And they had a system of a sort which provided a pseudo legitimacy for that government, okay. And hence, they were able...to support the government to put resources to back the...poor, that was...PNDC Law...207 at that time.[1561]

Thus, the foreign development partners, by and large, were quite impactful on the PNDCs decentralisation program because the Ghanaian economy was then in their hands and they were having a lot of control over some of Ghana's policies and programs.[1562] Decentralisation was part of the conditions attached to the support these international financial institutions provided to the PNDC government by then.[1563]

This began to gradually open the window of opportunity for the main policy entrepreneur, Ahwoi, whose unrestricted access to the decision-making process and rhetorical skills were very critical in the successful adoption of the decentralisation programme. Ahwoi, by virtue of his position in government, had the time and money which were important resources necessary to push his proposal forward. Fortunately, Ahwoi had the political commitment and support of Rawlings and other key members of the PNDC government. They were truly committed to the idea of grassroots participation.[1564]

Planning Commission (Nov 30, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with BOLE-BAMBOI of Ministry of Local Government and Rural Development (Oct 25, 2017, ACCRA); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA)

[1561] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)

[1562] Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA)

[1563] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with Adowa of Institute of Local Government Studies (Nov 17, 2017, ACCRA); Interview with ANPONYASE of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with BOLE-BAMBOI of Ministry of Local Government and Rural Development (Oct 25, 2017, ACCRA); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA)

[1564] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with ANPONYASE of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA)

Figure 5: Rawlings with placard stating, 'Don't mind foreign intervention'. Courtesy of the Rawlings Archival Collection.[1565]

Ahwoi was the chief architect of the decentralisation program or policy adopted in 1988.[1566] As he explained at a forum, he indeed hoped to see that "the issue of decentralisation became one of the non-negotiable policy option to be included in any future democratic arrangements" in Ghana.[1567] As the then PNDC Secretary for Local Government and Rural Development, he therefore organised many workshops, public lectures, fora, seminars, and durbars to explain the importance of decentralisation in the development of

[1565]Engmann (2021, 727)
[1566] Nyendu (2012, 224)
[1567] Ahwoi (1991q, 126)

Ghana.[1568] His contribution is better captured by Kotey's opening statements of a newspaper article on Modern

Ghana News online:

> The history of decentralisation in Ghana cannot be told without mentioning the immense contribution of Professor Kwamena Ahwoi. In fact, he is the master architect behind the concept, and the first Minister appointed by former President Rawlings, to lead the implementation of the policy, that has brought governance to the doorsteps of ordinary people in the country.[1569]

Ahwoi narrates the commitment of the PNDC to the idea of decentralisation and the key role he

played in the adoption of the program as follow:

> After the coup d'état of 1982, the Ruling Council made a commitment to decentralisation very early on. This was in May 1982. Between then and 1987, very little had happened by way of translating that commitment into actuality. A path of consultation that had been going on with respect to the re-demarcation of district boundaries. So, in 1987 I was part of a political committee that was put together to fashion out a blueprint to personalise decentralisation. When that work was finished, I was part of a team that went around the country to discuss the draft policy with the citizens…Once it was felt that the citizens had bought into the idea, I was then appointed the Minister of Local Government to implement that policy. So, the first major challenge that I faced was in 1988, translating the policy proposals for decentralisation into operational legislation. This was because we were completely changing the framework for local government and local administration…As I said, first of all, a group of about thirty of us constituted a kind of political committee to put together the proposals for local government reforms. The document we came out with in 1987 was referred to by the media as the bluebook because the cover was blue; but the book itself was called District Political Authority and Modalities for District Level Elections. When we finished the work, then we got in touch—. And when I was given the assignment of getting the citizenry to buy into it, the agency that we used was at the time called the National Commission for Democracy, NCD.[1570]

Ahwoi's unique contribution to the development of the decentralisation program was also confirmed during the

interview.[1571] Notably, Bingo expatiated on this saying:

> So, all these culminated is supporting the process and the PNDC government also saw it…it was the major change in their policy, major, major policy implied, you

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[1568] Ghana (1991a, 1991b)

[1569] Ghanaian Chronicles (March 18, 2003)

[1570] Makgetla (2009, 2)

[1571] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA); Interview with ANPONYASE of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA); Koforidua (2017); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA)

know, led by Kwamena Ahwoi, who devoted his whole time, so there was a dedicated [effort]…he became the longest serving minister in PNDC. So, it tells you there was a whole history of regime experience building and all these things all through. So, that also supported [decentralisation], there was consistency…in policy development, consistency in the drive and he was also a very senior person in the cabinet at that time. So, he could influence change. He could instruct other ministers when they go outside…So, the strategists there, the real strategists who…built the whole thing [decentralisation], Awhoi…decided let's go the grassroots.[1572]

Besides Rawlings, Ahwoi was able to get other key members of the ruling council of the PNDC such as Justice D.F. Annan, Obed Yao Asamoah, Kwesi Botchway, PV Obeng, and Captain (Rtd) Kojo Tsikata, among others to the support the idea of decentralisation.[1573] Annan was appointed the chairman of the Press Freedom and Complaints Committee of the Ghana Press Commission in 1980, chairman of the Ghana Police Council in 1984, chairman of the National Economic Commission in 1984 and chairman of National Commission for Democracy in 1984.[1574] P.V. Obeng was a cabinet member and the coordinating secretary of the PNDC,[1575] "a title equivalent to Prime Minster."[1576] He chaired the cabinet meetings[1577] and was a member of the Interim Co-ordinating Committee that was established to coordinate the PDCs activities.[1578] He was also appointed the chairman of the Committee of Secretaries and the vice chairman of the National Economic Commission.[1579] Obed Yao Asamoah was a cabinet member of the PNDC[1580] and the Secretary for Foreign Affairs since 1982.[1581] He was at "the centre of the transformational period of Rawlings' years in office."[1582] As the head of national

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[1572] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)

[1573] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with Adowa (2017,); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with ANPONYASE of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with BOLE-BAMBOI of Ministry of Local Government and Rural Development (Oct 25, 2017, ACCRA); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA), Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi)

[1574] Asamoah (2014, 300, 342); Ghana (1991a, i; 1991c, 151, 193); Ghanaweb (2022); Quansah (2016)

[1575] Asamoah (2014, 296); Ghana (1991c, 193; 1984, 12); Opoku (2008); United States Joint Publications Research Service (1984, 34)

[1576] Asamoah (2014, 296)

[1577] Asamoah (2014, 301)

[1578] Asamoah (2014, 308)

[1579] Ahwoi (1993p, 112); Asamoah (2014, 342); Ghana (1991a, i)

[1580] Asamoah (2014, 296)

[1581] Asamoah (2014); Ghana (1991c, 193; 1984, 67-72)

[1582] Asamoah (2014, xiv)

security, Captain (Rtd) Kojo Tsikata was the security chief[1583] and the special advisor to the PNDC.[1584] He was also the PNDC Member responsible for Foreign Affairs.[1585] Kwesi Botchway was the PNDC Secretary for Finance and Economic Planning.[1586] He was also a member of the the Interim Co-ordinating Committee[1587] and National Economic Commission.[1588] They all yielded their support for the idea and provided a level of credibility to the decentralisation policy proposed by Ahwoi.[1589]

Rawlings, who was the head of state of Ghana and the leader of the PNDC, had publicly declared, with passion and symbolic effect, his personal commitment to and longstanding interest in the idea of grassroots democracy expressed in the slogans "real democracy," "participatory democracy," "popular participation" and "power to the people" at various fora, meetings and other public addresses.[1590] To illustrate, Rawlings in his post December 31, 1981 coup speech stated that:

> To many of us, democracy does not just mean paper guarantees of abstract liberties. It involves, above all, food, clothing, and shelter in the absence of which life is not worth living. Fellow Ghanaians, the time has come for us to restructure this society in a real and meaningful democratic manner so as to ensure the involvement and active participation of the people in the decision-making process.[1591]

Relatedly, he stated that "one of the basic tenets of the Revolution [is] to involve the people in the decision-making process, especially at the grassroots. In fact, grassroots consultation and participation constitute the democratisation of state power which is the essence of the district assembly concept."[1592] Rawlings on another occasion explained that:

[1583] Asamoah (2014, 317-27); Ghana (1991c, 193); Gocking (2005, 204); Institute of Commonwealth Studies (2015)
[1584] Asamoah (2014, 295-6); Gocking (2005, 204); Institute of Commonwealth Studies (2015)
[1585] Asamoah (2014, 635); Ghana (1991c, 201); Gocking (2005, 204);
[1586] Ghana (1984, 66-7)
[1587] Asamoah (2014, 308)
[1588] Asamoah (2014, 300)
[1589] Interview with Adowa (2017,); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with ANPONYASE of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with BOLE-BAMBOI of Ministry of Local Government and Rural Development (Oct 25, 2017, ACCRA); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA), Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi)
[1590] Ayee (1994, 108); Crook (1994, 344; 1999, 115); Mohan (1996, 80); Oquaye (1995, 212)
[1591] Ghanaweb (2021), General News of Monday, 1 February 2021
[1592] Rawlings (1991c, 63)

Since 31st December 1981, the PNDC has proceeded from the strong belief that we need to evolve a system that is deeply inspired by our time-honoured traditional and communal way of life as Ghanaians and which is also based on the definite democratic principles…In the early days of the revolution, the PNDC made an initial commitment to democratise state power and with your permission I quote paragraph 1.4 of the Blue Book which has been the working document of the new structure: "in order to democratise state power and advance participatory democracy and collective decision-making at the grassroots there is need to set up decentralised political and administrative authorities with elected representatives of the people. The decentralised authorities will be the bodies exercising state power as the people's local government." The government has pursued the basic principles of grassroots participatory democracy.[1593]

In explaining the rationale underlying the decentralisation program, Rawlings stated the following: "the district assembly concept which we have embarked upon is a major institutional reform of our local government system which is derived from our commitment to the democratisation of state power."[1594] Also, in a radio broadcast to the nation Rawlings declared "let the world know that Ghanaians are determined to make democracy really work for the ordinary man not just for small groups of people to exploit them and ride over their misery."[1595] He therefore championed the idea of grassroots democracy to the latter:[1596] He exhibited a strong political will, not political gimmick.[1597]

Therefore, the adoption of Ghana's decentralisation programme would not have been successful without the effort of Rawlings, the Head of State and Ahwoi, the Minister in Charge and the continual support of the key PNDC members. Rawlings provided the political impetus while Ahwoi dealt with the administrative aspect. As Bingo explained:

> Let me say…Rawlings per se did not understand decentralisation as at that time…What he was committed to was grassroots participation. That was his concept. Whatever that thing is, he calls it grassroots participation. How do I get the people down there to be part of the system? Not to be quiet, to voice out their feelings, to decide where resources should be put, to decide the kind of projects they want, and also to use their energies to build the country? This has been his ideology all the time. Kwamena Ahwoi provided the framework within which all these ideas could be channelled into and institutionalised. That was it. So, these were the two partners, okay, who worked around the whole thing. And in addition is

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[1593] Rawlings (1991b, 54)
[1594] Rawlings (1991d, 148)
[1595] Ghana (1991a, vi)
[1596] Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA)
[1597] Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA)

also PV Obeng…PV was also thinking through a channel to grow the private sector. So, somebody was thinking about the channel to grow the private sector, one person [Rawlings] was thinking about the political aspect of grassroots participation. Another person [Ahwoi] was thinking about the administrative aspects, creating an institutional process within which these could be contained. Ahwoi was the administrative [architect] and Rawlings was the political [architect].[1598]

As discussed in chapter one, the PNDC government demonstrated a strong political will and bought into the idea of decentralisation because it provided a political incentive. The PNDC saw decentralisation as an effective means through which it could translate its idea of power to the people[1599] into a reality. This is because decentralisation transfers power to the grassroots and enhances its participation in development decision making and good governance.[1600] The cardinal principle of the PNDC's revolutionary take-over of government was to ensure that power was exercised by the people from the grassroots.[1601] It therefore viewed decentralisation as a viable institutional arrangement to achieve this objective. It could concretise its commitment to "power to the people" through decentralisation where state functions would be devolved on the DAs.[1602] The PNDC also saw it as an opportunity because it provided a valuable mechanism to regain both its domestic and international legitimacy as examined in chapter one and below in this chapter.

[1598] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)

[1599] Ahwoi (1993c, 6; 1993q, 125); Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA); Ayee (2004, 106); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Interview with BENTUM of Ghana Parliament (Nov 29, 2017, ACCRA); Essuman-Johnson (1991, 52-61); Ghana (1987, 1); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA); Mohan (1996, 79); Ninsin (1991, 26); Oquaye (1995, 209); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA); United States Department of State (1998, 4); Ahwoi (2000, 15; 1993c, 6; 1993q, 125); Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA); Asibuo (2000, 27); Ayee (2004, 106; 1994, 109; 1996b, 143); Interview with BENTUM of Ghana Parliament (Nov 29, 2017, ACCRA); Crook (1999, 118); Essuman-Johnson (1991, 52-61); Ghana (1987, 1); Haynes (1991, 291); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Leite et al. (2000, 2); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA); Mohan (1996, 79); Ninsin (1991, 26); Oquaye (1995, 209-12); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA); United States Department of State (1998, 4)

[1600] Ahwoi (1993c, 6; 1993d, 7; 1993k, 52; 1993q, 125); Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA); Ayee (2004, 106); Essuman-Johnson (1991, 52); Ghana (1987, 1); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA); Mohan (1996, 79); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)

[1601] Ahwoi (1993j, 36; 1993k, 52)

[1602] Ahwoi (1991a, 3), Interview with Adowa of Institute of Local Government Studies (Nov 17, 2017, ACCRA); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with ANPONYASE of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with ARKUSIKA of Ministry of Local Government and Rural

The PNDC demonstrated all the three indicators of political will – active support of the agenda for change, mobilisation of support, and continuity of effort and allocation of resources – indicative of the government's commitment to the decentralisation policy. To show its support of the idea of decentralisation, the PNDC government publicly declared its commitment to providing the grassroots the opportunity to participate in development decision making. [1603] Key members of the PNDC such as Rawlings, Annan and Obeng openly presented decentralisation as the only mechanism through which the grassroots could contribute to the development of society.[1604] It argued that decentralisation gives the people the opportunity to exercise power that rightly belongs to them through their own institutions.[1605] The PNDC explained that with the district assemblies as the highest political authorities in the district,[1606] the people at the local areas could better address the issues of their poverty and underdevelopment.[1607] A balanced development of Ghana in the form of economic viability, political equality of all Ghanaians, and political stability could only be achieved through a genuinely decentralised system.[1608] To concretise its commitment, the PNDC in 1982 established the National Commission for Democracy (NCD)[1609] to publicly educate Ghanaians about the prospects of decentralisation for real democracy and propose an institutional arrangement for a more effective realisation of true democracy in

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Development (Oct 23, 2017, ACCRA); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA)

[1603] Ahwoi (1993k, 52; 1991o, 108; 1991p, 119); Interview with Adowa of Institute of Local Government Studies (Nov 17, 2017, ACCRA); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with ANPONYASE of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with BOLE-BAMBOI of Ministry of Local Government and Rural Development (Oct 25, 2017, ACCRA); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA), Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi)

[1604] Ahwoi (1993p, 112); Ghana (1991, i); Interview with Adowa of Institute of Local Government Studies (Nov 17, 2017, ACCRA); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with BOLE-BAMBOI of Ministry of Local Government and Rural Development (Oct 25, 2017, ACCRA); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA)

[1605] Ahwoi (1993m, 83; 1993p, 112); Ghana (1991, ii); Ghana News (1985,2-3 cited in Owusu 1986, 77); Rawlings (1999, 2)

[1606] Ahwoi (1993b, 4)

[1607] Ahwoi (1993c, 6; 1993f, 12; 1993p, 112; 1991o, 110; 1991p, 119; 1991q, 129); Ayee (1991, 84); Interview with BOLE-BAMBOI of Ministry of Local Government and Rural Development (Oct 25, 2017, ACCRA); Conyers (1983, 97); Crook (1999, 118); Ghana (1991, i); Haynes (1991, 283; Oquaye (1995, 210; 2000, 65)

[1608] Ahwoi (1993q, 125)

[1609] Ayee (1996c, 120; 1996d, 434); Boafo-Arthur (1991, 41); Crook (1994, 345; 1999, 116-9); Ghana (1981; 1982)

Ghana.[1610] It passed *PNDC Law 14* in June 1982 that replaced the elected District Councils councillors with PNDC appointed District Secretaries.[1611] The PNDC augmented its support for the decentralisation program[1612] in 1983 with the publication of the *Decentralisation in Ghana* document. This aimed at searching for the best form of local government structure that would promote the people's participation in development decision-making.[1613]

To mobilise support for the proposed policy change, the PNDC through the NCD organised seminars, fora, workshops, public lectures, symposia, and durbars.[1614] It also invited the public to submit papers and memoranda to solicit ideas about the future form of government.[1615] However, the suggestions and recommendations were scrutinised by the NCD officials to prevent any idea of participatory democracy that were incongruous to the decentralisation proposed by the PNDC.[1616] Thus, to marshal adequate and ongoing support to overcome resistance from those stakeholders whose interests are most threatened by the proposed change, the PNDC government controlled the public debates and deliberations that the NCD organised between 1984 and 1987[1617]as examined above.

[1610] Ayee (1996c, 120; 1996d, 434); Ghana (1982, 19)

[1611] Ayee and Amponsah (2003); Gyimah-Boadi and Rothchild (1990)

[1612] Asibuo (2000); Ayee (1988; 1989)

[1613] Ahwoi (1991a, 2); Ayee (1994, 107); Crook (1999); Ghana (1983); Haynes (1991, 289)

[1614] Interview with BENTUM of Ghana Parliament (Nov 29, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Crook (1999, 116); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Jonah (1991, 79); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)

[1615] Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Crook (1999, 116); Jonah (1991, 79); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)

[1616] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Crook (1999, 116); Jonah (1991, 79)

[1617] Haynes (1991, 283); Jonah (1991, 82)

The PNDC continually funded the NCD to organise nation-wide seminars, symposia, and durbars[1618] to deliberate on the form of decentralised system[1619] that would bring governance closer to the people[1620] and make local government more responsive to the needs of the local people. [1621] The continuity of effort and allocation of resources of the PNDC towards the proposed decentralisation program resulted in the NCD launching of the *Blue Book on District Political Authority and the Future of Local Government in Ghana* in 1987[1622] that presented decentralisation as the critical building blocks for the construction of true democracy[1623] with the District Assemblies as the fulcrum of the decentralisation programme.[1624] As examined above, the Blue Book solidified the commitment of the PNDC to the decentralisation idea[1625] by outlining the structure, functions, and composition of local government. [1626] As Ahwoi puts it, "successive governments of post-independence Ghana have always recognised the urgent necessity and the need to decentralise the machinery of government but have lacked either the political will, or time, or both to pursue the same and that the PNDC has had the time,

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[1618] Ayee (2004; 1996d, 435; 1994); Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA); Interview with BENTUM of Ghana Parliament (Nov 29, 2017, ACCRA); Ghana (1991a; 1991b); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)

[1619] Ahwoi (1993c; 1993e; 1993f; 1991h); Ghana (1981, 1; 1982b, 19; 1985a, 10-11)

[1620] Ahwoi (1993c, 6; 1993d, 7); Interview with ARKUSIKA of Ministry of Local Government and Rural Development (Oct 23, 2017, ACCRA); Interview with BENTUM of Ghana Parliament (Nov 29, 2017, ACCRA); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA)

[1621] Ayee (2004, 106); Interview with ANPONYASE of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with BENTUM of Ghana Parliament (Nov 29, 2017, ACCRA); Essuman-Johnson (1991, 52); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MAMPONG of Ghana Parliament (Dec 18, 2017, ACCRA); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA); Interview with NSIANA of Ghana Parliament (Dec 5, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)

[1622] Ayee (1994, 107; 1996c, 120); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Ghana (1987); Haynes (1991, 291); Iddrisu (1993, 69); Leite et al. (2000, 2)

[1623] Ahwoi (2000, 15); Asibuo (2000, 27); Ayee (1994, 109; 1996b, 143); Ghana (1987); Haynes (1991, 291); Leite et al. (2000, 2)

[1624] Crook (1994, 345)

[1625] Ahwoi (1993c; 1993e; 1991a; 1991h); Ayee (1994, 108-9)

[1626] Ahwoi (1993c; 1993e; 1991h, 47); Ayee (1994, 108-9); Crook (1999, 116); Ghana (1981, 1; 1982b, 19; 1985a, 10-11; 1987); Haynes (1991, 283); Leite et al. (2000, 2)

has the political will and is determined to pursue the decentralisation exercise, has therefore placed substantial resources in pursuit of the policy, and is concerned that proper persuasions and measures are taken to ensure that decentralisation does not become a nine-day wonder but a definite and permanent feature of the administration of Ghana."[1627]

There was therefore a strong desire by the then PNDC leadership to open the system.[1628] As explained by the PNDC itself, "what galvanised the PNDC government into tackling the decentralisation policy seriously was its commitment to making the people part and parcel of the decision-making process,"[1629] thus, it entered into an area "where the Angels fear to tread."[1630] Rawlings sought an institutional structure that will enhance the involvement of the people in decision-making and development[1631] and Ahwoi provided decentralisation as the solution. Rawlings had the ear, the thinking head of most of the technocrats around him, mainly Ahwoi. Ahwoi was very forceful in advocating the position of the technocrats.[1632] With the changing political conditions in the 1980s, Ahwoi and Rawlings were waiting for a fleeting opportunity in order to couple the three streams to see their proposal adopted into a policy, which truly occurred in 1988.

The policy window was finally opened in 1988 by domestic pressure mounted on the PNDC government. The PNDC regime was continuously faced with serious problems of legitimacy and authority[1633] because it was torn by ideological conflicts and plagued by excesses of the CDRs.[1634] There was internal pressure mounted on the PNDC by the disenchantments that sprung up in response to the economic and political crises resulting from Ghana's implementation of the SAPs and ERPs[1635] and as has been discussed above, by the abuse of power, revolutionary justice and repressive activities of the CDRs.[1636] The public austerity embarked upon by the PNDC, as part of the unpopular economic programmes (SAPs and ERPs) in the effort to rebuild the failing economy,

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[1627] Ahwoi (1989, ix)
[1628] Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA)
[1629] Ghana (1991a, v)
[1630] Ghana (1991a, v)
[1631] Ahwoi (1991s, 154; 1991t, 164)
[1632] Koforidua (2017)
[1633] Oquaye (1995, 210)
[1634] Oquaye (1995, 209-10)
[1635] Ayee (2008b, 234); Gyimah-Boadi (1990, 328-33); Haynes (1991, 283); Mohan (1996, 82); Oquaye (1995, 210)
[1636] Ayee (1994, 107); Oquaye (1995, 210; 2000, 53)

incurred the enmity of the political salient groups. These groups of people were erstwhile supporters and ideological and political allies of the PNDC such as left-wing political radicals, low-paid urban workers, rank-and-file soldiers, and university students which had welcomed the coming to power of the PNDC's military regime with zeal.[1637]

The bid by the PNDC to resolve the legitimacy[1638] and stability crises it faced served as one of the main impetus for its decentralisation programme.[1639] The economic reform, linked to the political reform of structural adjustment, placed the PNDC government under intense pressure[1640] because it also led to an ideological spilt within the PNDC[1641] that seriously eroded its "original support base."[1642] The PNDC was torn between two different set of groups. First, there was an ideological split over Ghana's implementation of the IMF/World Bank's SAPs and ERPs[1643] between Rawlings on one hand and his left-wing political allies, such as Chris Atim and Sergeant Daniel Alolga Akata-Pore, whose powerbase was the PDCs on the other hand. These left-wing political allies and erstwhile supporters of the regime were discontent with the introduction of these programmes.[1644] As Nani-Kofi explained:

> Contradictions in the regime and with its support base became intolerable. This and other issues led to a total breakdown and misunderstanding within the ruling council on 28 October 1982 and Rawlings felt that he and the two members of the council most active in the defence committees, Chris Atim and Alolga Akata Pore, had to go their separate ways but the exact details were not known to the public, including…organisers like me. After that conflict, Chris Atim addressed a public rally in Ho where I was based. When there was a coup attempt to overthrow the PNDC on 23 November 1982 which failed, Rawlings took advantage of the situation to frame those he considered to be his enemies. In our naivety, many of us didn't know that we had been declared enemies. So on 24 November, Rawlings descended on the official residence of the PNDC Secretary for Youth and Sports with a helicopter and a fully armed platoon of soldiers. I was there at the time. He insisted that all of us he found there kneel down in public with guns cocked at our heads. After that, he declared two of our colleagues – Nicholas Atampugre and Taata Ofosu – were under arrest and directed the soldiers to take them away to be detained. Later, on 7 December I was invited to a meeting at the barracks and when I got there I was arrested and told that the Army Commander has

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[1637] Haynes (1991, 289)
[1638] Ahwoi (1991l, 78)
[1639] Oquaye (1995, 210)
[1640] Gyimah-Boadi, 1990, 331-33)
[1641] Haynes (1991, 289)
[1642] Gyimah-Boadi (1990, 333)
[1643] Haynes (1991, 283)
[1644] Haynes (1991, 291)

directed that Kwame Adjimah and I were to be arrested and detained by the military. With the division in the ruling council, things started taking regional and ethnic lines. My closeness with Chris Atim, who is from the North, was interpreted to mean that I was an obstacle to Rawlings.[1645]

Likewise, Yeebo narrated the following:

The June Four Movement (JFM) which had, against all better judgement, invited Rawlings into its ranks, suffered the most as Rawlings saw this as an impediment to his neo-liberal, pro-International Monetary Fund (IMF), pro-Western, corrupt, "state capture" type regime based on patronage and corruption. All these movements were trampled under the boots of Rawlings and his cohorts, who having used radical left-wing movements to support and consolidate his rule, pandered to the whims and caprices of Western nations under the leadership of the United States, to not only ban, but crush these emerging mass movements in return for aid from Western donor nations. Could Rawlings have achieved his goal of implementing the structural adjustment programme (SAP) with the left in government? Of course not. The JFM and some sections of the NDM and trade unions had stated their objections to a SAP led economic transformation. To make the regime attractive to imperialism, Rawlings first had to deal with three main forces: Firstly, the trade unions, secondly, the radical left movements, and thirdly, the two leading elements who represented progressive politics in the Provisional National Defence Council (PNDC) Sgt Allolga Akata-Pore and Chris Atim, the leading ideologue of the "revolution." Some have suggested that it was also about consolidating power of the coup regime and realigning class forces for what subsequently happened. [1646]

Yeebo continued to say that:

However, the tensions produced as a result of [the]…(b) fierce debates about economic policy direction and (c) the rising influence of the peoples and workers defence committees – centres of people's power, led to some resignations from the government. Notable among these were PNDC members Chris Atim and brigadier Nunoo Mensah, the late Dr. Emmanuel Hansen, secretary to the PNDC, John Agyekum Kufuor (later to become President), and myself then PNDC Secretary for youth and sports resigned from the government. These [gave] way for Rawlings to dismantle all organs of peoples' power; leading cadres from the district and regional coordinating committees of the Workers and Peoples Defence Committees were arrested, imprisoned and some were tortured without trial for no reason except that they wanted to see a better Ghana. In 1983, the PNDC regime brutalised Ghanaian workers and people into acquiescing to the SAP led by radicals turned neo-liberal adherents and cheerleaders for neo-colonialism in Ghana. They led the implementation of one of the most retrogressive, hard hitting, anti-people economic policy programmes in Ghana's post-independence history. By mid-1983 onwards, any slight sign of dissent either by deed or thought was violently crushed in summary executions. In some cases, during the numerous "search and destroy" missions organised by the regime, many young soldiers, political activists, journalists and chiefs became victims. [1647]

[1645] Nani-Kofi (2016)
[1646] Yeebo (2018)
[1647] Yeebo (2018)

Rawlings was also torn between two groups – socialists who were not in support of the introduction of multi-party democracy (such as Zahor and Tsatu Tsikata) at the time and a pro-democracy group (such as Ahwoi, PV Obeng, and Kwesi Botchway). The revolutionary guard and the real socialists such as Atim and his group Zaaya Yeebo and Akoto Ampaw did not support this form of democracy because it had not worked in the past.[1648] They saw this as a capitulation of the PNDC because Rawlings had earlier on openly indicated that he saw no point in going the democratic way. He himself expressed openly that he did not believe in particularly partisan democracy.[1649] The other team such as Botchwey, Ahwoi and Obeng however thought multi-party democracy could work.[1650] Accordingly, Rawlings had to sacrifice those who did not support the introduction of democracy. Whichever way he decided to go he was going to lose some people, so he chose democratic rule. He saw decentralisation as the first step towards democracy.[1651]

Externally, international financial agencies and donors – mainly the IMF and the World Bank – that attached decentralisation as a conditionality for financial aid to Ghana, began to intensify the demand on the Ghanaian political leadership to decentralise and restore democratic rule in the country. As was confirmed during the interview,[1652] the World Bank consistently demanded for good governance as a condition for funding.[1653] For Rawlings to capitulate and turn around and accept to democratise shows that there were a lot of other pressures on him, some of them were coming from development partners, particularly Western countries, the European Union (EU), United States, the UNDP, the World Bank and the IMF.[1654] To illustrate, Rawlings recounted that:

[1648] Gyimah-Boadi (1990); Haynes (1991); Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); [1648] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA); Oquaye (1995; 2000)

[1649] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA)

[1650] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)

[1651] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)

[1652] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with Adowa of Institute of Local Government Studies (Nov 17, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA)

[1653] Oquaye (1995, 210)

[1654] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA)

Despite these Western-backed economic recovery programs, the United States Central Intelligence Agency (CIA) still continued subversive activities against the PNDC—and myself. For instance, when I came back the second time [1981], President Carter wrote to his agent Bazinki, from the United States' security department, that he should keep an eye on Ghana because of me. Carter also advised Farakkhan to stay away from me. Then, we had the 'Michael Soussoudis experience.' [Michael Agbotui Soussoudis was an intelligence officer with the PNDC. He obtained classified CIA information through a relationship with Sharon Marie Scranage, an agent posted in Ghana. This included the identities of eight Ghanaians spying for the CIA as well as plans for a coup against the Ghana government]. Even Reagan tried to get me out of office. You know, when people try to get you out of office and fail, then they try to befriend you. Reagan once invited a number of African leaders to the United States and when I refused to go, he invited the Asantehene (as if he was Head of State). The United States was concerned about what Ghana represented in terms of African nationalism and Pan-Africanism. The Ghana revolution had been about the struggle against the effects of neocolonialism of our people.[1655]

Such a pressure that could possibly compelled Rawlings and his military regime to accept what it had vehemently condemned publicly must have been very intense. The IMF and the World Bank sought an opportunity to reach out directly to the local people, especially the poor and those at the periphery of economic development.[1656] They therefore saw decentralisation as a channel for reaching peripheral communities and they were able to mobilise other development partners, particularly the United Nations (UN), EU, UNDP, and Danish International Development Agency (DANIDA), to support them. This period was the peak of decentralisation globally.

Though there was mounting external pressure by Western countries, international organisations such as the UN and the EU, and financial institutions, particularly the World Bank, on the PNDC government to return the country to democratic rule, the PNDC did not find it likely to democratise. Given its stance against democracy and the public declaration it made that democracy is ineffective and alien to Ghana, the PNDC found it very difficult to turn around one day and embrace democracy.[1657] However, the World Bank, IMF and the Western countries strengthened the pressure on the PNDC to return Ghana to democracy because Ghana was seen as the Star of Africa. As Bingo explained, Ghana was seen as the pacesetter of coup d'état in Africa: Ghana started it and it jumped to other African countries such as Burkina Faso, Togo, and Nigeria, among other.[1658] So, the

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[1655] Engmann (2021, 726-8)
[1656] Ahwoi (1993h, 20); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)
[1657] Ahwoi (1991a, 2; 1993f, 12); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)
[1658] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)

international actors wanted a way to bring Ghana back on track and there was so much pressure. To respond to this external pressure, the PNDC claimed that democracy can work at the grassroots in a way, not at the national level. It therefore sought to use the decentralised local government system as the cornerstone of the system of government to be evolved at the national level.[1659] The local government system was to be used as "the foundation upon which to build national political and economic superstructures for the constitutional order."[1660] The coup makers used this as an excuse to gradually transition from an autocratic rule to democracy. The PNDC therefore seriously considered decentralisation as the system that provided the channel for grassroots democracy.[1661] This necessitated reformulating the PNDC's decentralisation programme to take account of changing political realities.[1662] The time was just perfect for Ahwoi to push his idea of decentralisation through. According to Akwatia (a former deputy minister for Local Government and Rural Development) in an interview with him:

> There was that desire, yeah, strong desire to open…things up. It was the time. The time…was good, ripe for it to happen. You see, you get to a point where there's nothing you can do, but to change to the time. You see, so at that time, there was very little we could do if we have refused to change because they have choked the system. So, it was a time that we needed to change and decentralise.[1663]

Thus, the internal pressure created by the disappointment with the SAPs' (and ERPs') induced economic and political crises, the abuses of power and excesses of the revolutionary organs and the external pressure to decentralise and democratise[1664] created a legitimacy crisis for the PNDC regime[1665] as it was "squeezed between donors and key sections of the Ghanaian society."[1666] It had to satisfy the demands of international donors and at the same time regain its legitimacy. The efforts of Rawlings and Ahwoi came to fruition in 1988

[1659] Ahwoi (1993l, 81)
[1660] Ahwoi (1993l, 81)
[1661] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)
[1662] Haynes (1991, 291)
[1663] Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA)
[1664] Interview with ABIBA of Institute of Local Government Studies (Nov 21, 2017, ACCRA); Interview with Adowa of Institute of Local Government Studies (Nov 17, 2017, ACCRA); Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA); Gyimah-Boadi (1990); Haynes (1991); Oquaye (2000; 1995)
[1665] Ayee (1994, 108); Mohan (1996, 79)
[1666] Mohan (1996, 82)

when the PNDC government finally introduce the decentralisation programme in order to maintain its national and international legitimacy and arrest the changing political reality of disappointment leading to a weakening of its support base.[1667] They took advantage of the opened window and coupled the three streams in 1988 when Ghana, under the auspices of the World Bank and IMF, was compelled to undertake decentralisation that was linked to "good government" as part of its SAPs and ERPs[1668] aimed at resuscitating the economy, which was on the verge of collapse.[1669] According to Bingo, Ghana's adoption of decentralisation:[1670]

> Was strategic. Decentralisation was a step to the party…rule, they decided in 1986, but kept it to themselves, and then progressed through decentralisation. The PNDC saw decentralisation as a means to buy time to reorganise itself as a political party for democratic rule. Decentralisation was a placation of the PNDC, a way of satisfying the domestic and international pressures to democratise.

The nature of the political system, the type of regime and the economic policies of the PNDC served as the main institutional factors that shaped the political stream. For instance, as iterated above, the bid to resolve the legitimacy and stability crises faced by the PNDC compelled it to decentralise. Notably, the limited form of political decentralisation the PNDC set in motion as early as 1983 was part of the ERPs. The IMF and the World Bank in the 1980s increasingly linked aid to political reforms.[1671] Decentralisation was a new political conditionality attached to aid programmes (SAPs and ERPs) because decentralisation was linked to "good government" as the meaning of governance broadened to include institutional performance.[1672] The aim was to decentralise a few government ministries by removing certain responsibilities from the centre to the grassroots and making the local people participate in local government and administration.[1673]

In a nutshell, the PNDC's decentralisation programme was both ideologically oriented and politically driven. The PNDC regime implemented the decentralisation programme because it was politically committed to popular mobilisation and grassroots participation in decision-making and real democracy couched in the

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[1667] Haynes (1991, 291).
[1668] Crook (1994); Mohan (1996); Oquaye (1995)
[1669] Arthur (2006, 32); Busumtwi-Sam (1996, 176); Haynes (1991, 289)
[1670] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)
[1671] Haynes (1991, 283)
[1672] Crook and Manor (1995, 309)
[1673] Oquaye (1995, 210)

populist slogans of "people's democracy," "participatory democracy" and "power to the people."[1674] It was very keen in giving power to the people and saw decentralisation as an opportunity to translate its ideas into a reality. Thus, the PNDC's decentralisation policy was for the achievement of development through decentralised administration.[1675] Moreover, it had a dedicated policy entrepreneur in the person of Ahwoi and the support of Rawlings who were politically committed to the idea of decentralisation and people's democracy, repectively. More importantly, due to their respective positions as the Secretary for Local Government and Rural Development and Head of State of Ghana and leader of the PNDC, Ahwoi and Rawlings had unlimited access to the decision-making process.

In terms of contextual factors, the PNDC's decentralisation program was largely in response to the legitimacy crises that gripped it stemming from the "alienation of its key supporters and its failure to gain broad middle-class acceptance"[1676] and, to some extent, to "satisfy donor demands for good governance"[1677] and pressure from international financial institutions to decentralise.[1678] The PNDC needed political legitimacy because of financial needs. It started as a socialist government with socialist ideology, but it disappointed the grassroots because it sought help from the IMF and the World Bank to arrest the declining Ghanaian economy. It created many revolutionary organs such as the PDCs and PWDs (CDRs) for the defence of the revolution and legitimisation of its rule but there were no formal structural arrangements that linked them officially to the government. Since in the quest for legitimacy there is the strong temptation to establish other vehicles of political participation,[1679] Rawlings and Ahwoi saw decentralisation as an opportunity for the PNDC to resolve the legitimacy[1680] crisis inherent in military regimes.[1681] Consequently, the PNDC used decentralisation as the

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[1674] Ayee (2004, 106); Essuman-Johnson (1991, 52); Interview with MANKESSIM of Ministry of Local Government and Rural Development (Dec 4, 2017, ACCRA)

[1675] Ahwoi (1993k, 52)

[1676] Gyimah-Boadi (1990, 333)

[1677] Oquaye (2000, 65)

[1678] Interview with BINGO of National Development Planning Commission (Nov 30, 2017, ACCRA)

[1679] Oquaye (1991, 11)

[1680] Ahwoi (1991l, 78); Oquaye (1995, 210; 1993, 173)

[1681] Oquaye (1995, 210; 1993, 173)

channel. Amidst internal and international pressure that opened an opportunity window, the PNDC used decentralisation as an excuse to postpone the calls for transition from military rule to democracy.

5.6 Conclusion

In this chapter, using the multiple streams framework and the new institutionalism as the theoretical lenses, I set out to better understand why Ghana under the Provisional National Defence Council in 1988 carried out a major path-departing change in its local governance policy by adopting its decentralisation programme. I argued that the major change that occurred in Ghana's local governance policy in 1988 was because of the important role played by policy entrepreneurs and government political will and commitment. I examined how changes in the problem, policy, and politics streams in the 1980s were driven by favourable political and institutional factors such as strong political will and commitment of government, the presence of Kwamena Ahwoi as the dedicated policy entrepreneur, the support of Jerry John Rawlings and their unlimited access to the decision-making process. I also examined how external and domestic pressures on the PNDC to democratise, opened a window of opportunity for Ahwoi and Rawlings to couple the three streams that led to the adoption of the decentralisation programme in 1988. Since their primary emphasis was on grassroots participation in decision making and development, the PNDC consistently linked decentralisation to democratisation.[1682] The decentralisation programme (and district assembly concept) the PNDC embarked upon was a major institutional reform of Ghana's local government system that was derived from the PNDC's commitment to the democratisation of state power.[1683] Decentralisation provided the medium through which the people exercise their power and right of participation in running of the affairs of Ghana.[1684]

In the next chapter I seek to better understand the role played by policy entrepreneurs and government political will and commitment in Ghana's adoption of the national health insurance scheme in 2003 under the

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[1682] Ahwoi (1991o; 1991p; 1991q; Ghana (1991a; 1991b; 1999); Rawlings (1991; 1999)
[1683] Ahwoi (1991s, 152); Rawlings (1991d, 148)
[1684] Ahwoi (1991s, 152); Rawlings (1991d, 148)

New Patriotic Party (NPP) government. I expound on how changes in the problem, policy, and politics streams

in the 2000s and their coupling by key policy entrepreneurs account for Ghana's adoption of the National Health

Insurance Scheme (NHIS) in 2003.

CHAPTER SIX

THE MULTIPLE STREAMS FRAMEWORK, THE NEW INSTITUTIONALISM, AND GHANA'S NATIONAL HEALTH

INSURANCE SCHEME: UNDERSTANDING THE 2003 PARADIGMATIC MAJOR CHANGE

6.1 Introduction

In this chapter I seek to examine why Ghana was able to achieve a paradigmatic substantial change in its health

policy in 2003. I examine how the important role played by a key policy entrepreneur and government political

will and commitment resulted in the path-departing major change in 2003. I mainly argue that Ghana's ability

to make such a significant change in its health policy in 2003 rests on the crucial role played by a key policy

entrepreneur as well as the political will and a high-level commitment of the ruling government at the time. The

NPP government showed a strong political will and was committed to the idea of national health insurance

scheme (NHIS) politically because it provided electoral and political incentives as will later be examined in this

chapter. The NPP NHIS saw as an opportunity to score electoral gains in the 2000 elections.[1685] To gain political

advantage during the 2000 elections, the NPP made the adoption of the NHIS a salient political issue.[1686]

Capitalising on the unpopularity of the cash and carry system,[1687] the NPP therefore presented NHIS as a more

viable, equitable and pro-poor health financing alternative.[1688] As the next sections will show, changes in the

problem, policy, and politics streams and their coupling by a key policy entrepreneur account for Ghana's

adoption of the NHIS in 2003. A policy window opened when the New Patriotic Party (NPP) won the 2000

[1685] Interview with ATUAHENE of Ghana Parliament (Nov 17, 2017, ACCRA); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia)

[1686] Agbeve (1997); Frempong (2012, 94); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with ATUAHENE of Ghana Parliament (Nov 17, 2017, ACCRA); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Mensa and Appia (2012); Rahman (2011); Singleton (2006, 8)

[1687] Alfers (2013, 6); Interview with BOLGA of NDC (August 21, 2019, Kokomlemle); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with KAWOKUDI of Peace FM (Sept 3, 2019, Abeka); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Interview with PIZARRO of NDC (Oct 19, 2017, Nkwatia); Interview with SANDEMA of Insight (August 28, 2019, ACCRA); Rajkotia (2007, 5)

[1688] Agyepong and Adjei (2008, 152); MOH (2002; 2004)

elections. Since replacing the cash and carry system with a NHIS was the NPP's popular election promise[1689] and the government by then had a strong political commitment towards NHIS, John Agyekum Kufuor, who was the main policy entrepreneur took advantage of the opened window and coupled the three streams together which resulted in the adoption of the NHIS policy in 2003. Five institutional factors shaped the policy change by forging the problem, policy, and politics streams: 1) the colonial legacy of urban-centred and European-biased healthcare system; 2) the economic policies in the 1970s through to the 1990s (SAPs and ERPs) and 2000s (the Highly Indebted Poor Countries initiative); 3) Ghana's political system; 4) the NPP's legislative majority in the 2000 elections; and 5) Ghanaian cultural and social norms – namely the traditional extended family system, the labour partnership system, and "susu." The contextual factors provided the context by shaping the problem, policy and political streams and opening an opportunity window that led to the NHIS policy. The data collected from the interviews and official government documents are the primary sources I used in this chapter to test or substantiate this argument.

Healthcare financing policies in Ghana, aimed at promoting healthcare delivery, equity, affordability, accessibility, and increasing utilisation,[1690] have had a much-chequered history. Though "Ghana's health-care system at independence was founded on the basis of the 'free health care' model,"[1691] it could not be sustained. As I examined in chapter one, it has undergone various stages: free tax-funded public health care prior to and immediately after independence; user fees through cost-sharing in the 1970s and full cost recovery in the 1990s[1692] during the economic reforms; and national health insurance in 2003 hitherto.[1693] Ghana's drive towards national health insurance was necessitated by the precarious nature of the user fees system,[1694] popularly known in Ghanaian parlance as the "cash and carry" system.[1695]

[1689] Agyepong and Adjei (2008, 153); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA)
[1690] Kunibe and Dary (2012, 88); Witter and Garshong (2009 2)
[1691] Durairaj, D'Almeida and Kirigia (2010, 3)
[1692] Rajkotia (2007, 5)
[1693] Agyepong and Adjei (2008, 150-60); Atalinga (2011, 45); Blanchet et al. (2012, 76); Dalinjong and Laar (2012, 2); Gobah and Liang (2011, 90); Seddoh and Arkoh (2012, 5-11); Singleton (2006, 7)
[1694] Agyepong and Adjei (2008, 153)
[1695] The "cash and carry" system was a full cost recovery policy for drugs in public health facilities that required health costs to be paid up front before health care services were administered. It was "a system whereby a beneficiary of healthcare

The NHIS "is a social intervention program introduced by the government to provide financial access to quality health care for residents in Ghana."[1696] In spite of its pragmatic and laudable objective, the effects of the cash and carry system, as will be demonstrated later in this chapter, were undesirable and detrimental to the Ghanaian social fabric as it worsened access to healthcare for the poor and dramatically deteriorated the number of people utilising healthcare services.[1697] Thus, those without the means to pay were left without access to any form of healthcare services. This is because the cash and carry system was poorly regulated and inconsistently implemented.[1698] Accordingly, the NHIS was introduced in 2003 to address the perilous problems of the cash and carry system. It aimed at reducing financial barriers to health care, inequity and health-related poverty in order to increase accessibility, equity, affordability, and utilisation of drugs and healthcare services, in general and among the poor and most vulnerable population, in particular.[1699] Thus, the national health insurance scheme came into being ostensibly as one of the biggest social protection mechanisms in Ghana.[1700]

Ghana's development and introduction of the NHIS in the 2000s was politically driven.[1701] As Carbone explains, the user fees policy proved a great political opportunity to the NPP rather than a constraint, as it "developed a strong interest in challenging the cash-and-carry system and proposing new options."[1702] The NPP, committed to assuring affordable healthcare and equal access to basic clinical services for all Ghanaians regardless of ability to pay, in the 1996 and 2000 elections[1703] made the replacement of out-of-pocket fees at point of service use (cash and carry system) with national health insurance (NHI) as one of their foremost

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paid for the drugs and some medical consumables, at the point of receiving treatment while the government covered the cost of consultation, salaries and emoluments for doctors, nurses and other healthcare workers in government hospitals" (Brenya and Adu-Gyamfi 2014, 88). That is, it was a full cost recovery system that functioned on a pay-for-access basis (Osei-Akoto and Adamba 2011, 2).

[1696] National Health Insurance Scheme (2020)

[1697] Singleton (2006); Waddington and Enyimayew (1989; 1990)

[1698] Blanchet et al. (2012)

[1699] Agyepong and Adjei (2008, 150-60); Blanchet et al. (2012, 76); Seddoh and Akor (2012, 6); Witter and Garshong (2009)

[1700] Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)

[1701] Baltussen et al. (2006, 654); Criel et al. (2004, 1042); Baltussen et al. (2006, 654); Rajkotia (2007, xi)

[1702] Carbone (2011, 399)

[1703] NPP (1996; 2000)

election campaign promises.[1704] Upon winning the 2000 elections, it took practical steps to translate its NHI policy ideas into policy output. It was politically committed to the abolition of payments at the point of service delivery under the cash and carry system.[1705] The Minister for Health in March 2001 established a seven-member ministerial health financing task force chaired by the Director for Policy, Planning, Monitoring and Evaluation (PPME) in the MOH.[1706] The task force was initially composed of experts with technical knowledge in NHI and health financing and other key stakeholders drawn from the Ghana Health Service (GHS), MOH, the Ghana Health Care Company, the Dangme West District Health Directorate and Research Centre, and the Trades Union Congress (TUC).[1707] The task force had as its terms of reference and main mandate "to support and advise the MOH on the development of a NHIS, the building up of systems and capacity for regulation of health insurance in Ghana, the development of appropriate health insurance legislation, and the mobilisation of extra resources to support national health insurance."[1708] Ghana, in 2003, passed the National Health Insurance Act (NHIA 2004)[1709] and the National Health Insurance Regulations in 2004[1710] to start the full implementation of NHIS.

The 2003 NHIS under the NPP marked a significant turn in the history of health care reform in Ghana. Though successive governments since independence have made several attempts at implementing universal health care, it was only successful in 2003. The goal of establishing a comprehensive national health insurance scheme to provide a universal access to the population has been a major goal of most governments in Ghana since independence. Yet, it was not until 2003 that it was materialised. During the period right from the post-independence era prior to the 2000s, Ghana struggled to establish a form of healthcare financing system that could best serve the health needs of the ordinary Ghanaian.[1711] This effort was reflected in the paradigm shifts in health care financing policies, the most notable being an alteration between a tax-based social health

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[1704] Agyepong and Adjei (2008, 153); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); MOH (2001, 1); Rajkotia (2007, xi)

[1705] MOH (2001)

[1706] Agyepong and Adjei (2008, 154); Osei-Akoto and Adamba (2017, 388)

[1707] Agyepong and Adjei (2008, 154-5); Osei-Akoto and Adamba (2017, 388)

[1708] Agyepong and Adjei (2008, 155)

[1709] National Health Insurance Act 650 (2003); Baltussen et al. (2006, 654)

[1710] National Health Insurance Regulations (2004); Baltussen et al. (2006, 654)

[1711] Brenya and Adu-Gyamfi (2014, 88)

insurance (publicly funded) system and a fee-for-service (user-fee) system. The main aim was to put in place a healthcare financing mechanism that is both sustainable and at the same time will not jeopardise universal coverage aims such as access and utilisation. In all these efforts, national health insurance (NHI), though at critical points in time got to the policy agenda through several policy venues, never received any serious consideration by authoritative decision makers or the government. It was not until the early 2000s that Ghana began to seriously investigate the NHIS as a viable, "more equitable and pro-poor health financing policy"[1712] alternative to replace the existing out-of-pocket fees at point of service use that was criticised as detrimental to Ghanaians. The ultimate objective for introducing the NHIS as stipulated in the national health insurance policy framework for Ghana "is to assure equitable and universal access for all residents of Ghana to an acceptable quality package of essential healthcare."[1713] The policy aimed at providing adequate coverage under the health insurance scheme[1714] for every resident of Ghana "against the need to pay out of pocket at the point of service use in order to obtain access to a defined package of acceptable quality of health service."[1715] Thus, the NHIS covers outpatient doctor visits, hospitalisations, basic laboratory testing and certain medications.[1716]

Moreover, as examined in the introductory chapter, the adoption of the NHIS was practically and theoretically uncharacteristic of a developing country like Ghana. Universal coverage has been achieved mostly by wealthier nations over a long, rather than short, period of time.[1717] Besides, it was generally believed for many years by international donors and policy scholars that extending social health protection into developing countries was premature since such countries are economically weak to deal with the political and financial burden associated with social security.[1718] Furthermore, it was introduced by Kufuor's NPP government that belongs to the right wing of the political spectrum.[1719] Yet, introduction of social policies is believed to be

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[1712] Agyepong and Adjei (2008, 152)
[1713] MOH (2002; 2004);
[1714] Agyepong and Adjei (2008, 152)
[1715] MOH (2002; 2004)
[1716] Drislane et al. (2014, 324)
[1717] Imurana et al. (2014, 200)
[1718] International Labour Organisation (2008, 1; 2007, 1); Kalk (2008); Seddoh and Akor (2012, 2)
[1719] Ayee (2008a, 193; 2009, 12; 2011, 368)

uncharacteristic of ideologically right political parties[1720] that are more posed to pursuing market-based policies that are more "compatible with the interests and preferences of upper income and occupational status groups."[1721]

Why then did Ghana, under the Kufuor-led NPP government, eventually adopt a NHIS in 2003? The multiple streams framework and the new institutionalism help to account for why such a remarkable path-departing change occurred in Ghana's health policy in the 2000s. A careful analysis points to the converging of the three streams (problems, policy, and politics), the role of a dedicated policy entrepreneur, favourable political conditions, and institutional factors (the impact of institutions on the streams).

6.2 The Problem Stream

The problem stream of Ghana's health care system prior to the 2000s has been largely divided. During the 19th century under the British colonial rule enough evidence was mounting for worsening health conditions in Ghana. The problem with Ghana's pre-independence healthcare system at its inception in the colonial era was initially defined primarily in terms of provision. Thus, the politics of healthcare during this period focused mainly on the manner of providing healthcare.[1722] During this period, the issue of access or accessibility as well as equity, efficiency and affordability was not considered as a problem. Consequently, the problem with Ghana's healthcare system during the colonial period was defined in terms of the provision of healthcare to control or eradicate the epidemic diseases that threatened the Europeans in Ghana. The main healthcare challenge evolved around the issue of the effectual means of adequately eradicating, or at least controlling, extremely dangerous and inhospitable epidemic diseases that threatened the lives of the Europeans in Ghana. Therefore, the colonial government was preoccupied with the establishment of modernised curative medicine as the

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[1720] Hibbs (1977); Hicks (2013, 208)
[1721] Hibbs (1977, 1467)
[1722] Brenya and Adu-Gyamfi (2014, 88)

effective means of disease control and, hence, eradication. The colonial heritage[1723] thus left "an urban-oriented health care system in the Gold Coast"[1724] and a system that was "oriented to curative medicine"[1725] with limited accessibility to the indigenous people.

However, the politics in Ghana's health care system in the post-independence period encapsulated healthcare financing.[1726] The system of health care financing in Ghana prior to independence was based mainly on out-of-pocket payments at the point of service use.[1727] Apart from paupers[1728] and civil and public service workers such as the police who were given free healthcare,[1729] Gold Coasters (Ghanaians) who utilised the colonial modern healthcare services paid for it.[1730] As explained by Koduah et al. "prior to independence in March 1957, patients paid charges for hospital services. The existing health law[1731] – Hospital Fees Ordinance, Regulation Number 56 of 1942 – stipulated schedules of fees for hospital services."[1732] This took the form of user charges and cost recovery for drugs. The introduction of user fees, as pointed out in chapter four, was necessitated by the failure of the Poll Tax, a colonial head tax policy introduced to make healthcare free of charge.[1733] The user fees charged were, thus, meant to cover the cost of hospital services.

This however made financial access to modern health care in Ghana very limited, as only the few wealthy Ghanaians with the ability to pay could patronise these health facilities. As noted out in chapter four,

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[1723] According to Senah (2001, 84) Ghana at independence in 1957 inherited a colonial health care system characterised by "the principle of cost-sharing" with a "largely curative and urban orientation" that had the central government as the largest health care provider; the "subordination of indigenous healing systems to allopathy"; and "a disadvantaged north in the provision of health and other infrastructural services or facilities."

[1724] Twumasi (1981, 148)

[1725] Twumasi (1981, 148)

[1726] Brenya and Adu-Gyamfi (2014, 88)

[1727] Agyepong and Adjei (2008, 154); Akazili (2010, 25); Arhinful (2003); Koduah et al (2015, 5)

[1728] Konotey-Ahulu (1973, 1-2 cited in Arhinful 2003, 33)

[1729] Arhinful (2003, 31)

[1730] Arhinful (2003, 31)

[1731] The main principle that drove the hospital fees policy during that period was equity: "higher income workers were expected to pay more when they exceeded their limit within which free care was provided… *The General Orders of the Gold Coast Colony 1907 – revised up to 31st December, 1907*… stated that that Government Officers with salaries of 250 pounds and over and their wives and children were charged 3 shillings and 6 pence while those with salaries under 50 pounds were charged 6 pence per diem on native wards. For persons not in the Government Service, natives other than labourers and paupers such as clerks, auctioneers, goldsmiths and their wives and children paid a per diem of 2 shillings and 6 pence while labourers and their families paid 1 shilling for the same facility" (Arhinful 2003, 32-3).

[1732] Konotey-Ahulu et al. (1970 cited in Koduah et al. 2015, 5)

[1733] Arhinful (2003, 29-33)

less than 10 percent of the local population had access to allopathic care even at the height of the colonial medical service.[1734] Moreover, the system was urban biased: "hospitals and clinics were located in cities" and, hence, the rural areas were without modern health facilities.[1735] In addition, the colonial healthcare system was European-biased that discriminated against the indigenous people, woefully inadequate, and significantly underdeveloped.[1736] Upon Ghana attaining independence, Nkrumah therefore sought "to eliminate all barriers to access to health care and to ensure that everyone had access to health care irrespective of their socio-economic background."[1737] Koduah et al. aptly note that "in the context of political emancipation and the euphoria that marked independence, it was evident that charging of fees for services was at odds with the political ideology of free health and education – the Nkrumahism social philosophy [Rimmer 1992] – promoted by the first head of state, Dr Kwame Nkrumah [Daily Graphic 1957, 1]."[1738] Nkrumah was very committed to addressing the challenge of disparity in the distribution of colonial health care facilities and services in Ghana. Thus, the focus of healthcare management during the era of Kwame Nkrumah shifted to healthcare financing.[1739] Accordingly, the healthcare problem in Ghana during Nkrumah's era became defined in terms of access.

However, the focus of Ghana's healthcare management under the Busia-led Progress Party (PP) government shifted to sustainability.[1740] This shift was more ideologically driven. The PP, shaped by liberal-capitalist ideas, adopted market-based economic policies.[1741] There was a further shift in the definition of Ghana's health care policy problems in the early 1970s. Due to worsening economic conditions it became framed as quality. Because Ghana's economic deterioration became acute in the 1970s,[1742] the tax-based

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[1734] Senah (2001, 84)

[1735] (Twumasi 1981, 148)

[1736] Arhinful (2003); Twumasi (1981)

[1737] Akazili (2010, 25)

[1738] Koduah et al. (2015, 5)

[1739] Brenya and Adu-Gyamfi (2014, 88)

[1740] Arhinful (2003, 46); Brenya and Adu-Gyamfi (2014, 88); Koduah et al. (2015, 13)

[1741] Lofchie (2012, xv); Ohemeng and Ayee (2012, 27); Osei-Kwame and Taylor (1984, 579)

[1742] Imurana, Haruna and Kofi (2014, 197); Mensah et al. (2010a, 7); Seddoh and Akor (2012, 5); Walt and Gilson (1994, 353)

healthcare financing system could no longer be supported by Ghana's general tax revenue[1743] as discussed in the chapter four. Hence, the free tax-funded public healthcare financing system became increasingly unsustainable.[1744] With an increasing healthcare bill and reducing government revenue in the 1970s it became so obvious that free health service was not the way to go[1745] and an urgent search for alternative financing mechanisms became very necessary. Therefore, among the recommendations of the Konotey-Ahulu committee was the idea that Ghana could not have a health service without fees been charged to patients.[1746] The financial constraints therefore forced the introduction of user fees to replace the existing free tax-funded public healthcare in the 1970s.

The Ghanaian economy continued to further deteriorate in the late 1970s. As iterated in the previous chapter, the impact of the worsening economic situation on the quality of health care in Ghana became enormous. It resulted in rampant shortages of medical supplies, essential medicines, and equipment in the health sector. These translated into poor quality of care.[1747] The issue of inadequacies in drug and medical supplies were intensified in the 1980s during the PNDC era. The unbearable nature of the situation led to the scavenging of drugs from private sources and patients having "to carry their bedding, food requirements and sometimes even stationary with them when attending some public facilities"[1748] as discussed in chapter four. Given the intensity of the worsening economic situation, the PNDC was much concerned with macroeconomic stability.[1749] There was therefore another shift in the definition of the problem of Ghana's health care from quality to efficiency.

Consequently, the prime aim of the post-Nkrumah governments was to improve the efficiency of the health system and the quality of care. Thus, the problem of Ghana's health care system was defined initially in

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[1743] Agyepong and Adjei (2008, 154); Rajkotia (2007, 5)
[1744] Imurana, Haruna and Kofi (2014, 197); Mensah et al. (2010a, 7); Seddoh and Akor (2012, 5); Walt and Gilson (1994, 353)
[1745] Koduah et al. (2015, 13)
[1746] Koduah et al. (2015, 13)
[1747] Agyepong and Adjei (2008, 154); Arhinful (2003, 46); MOH (2001, 53)
[1748] Arhinful (2003, 46)
[1749] Aryeetey and Goldstein (2000a, 21; 2000b)

terms of quality and later as efficiency. The definition of Ghana's health problem after the overthrow of Nkrumah in terms of quality and efficiency continued under the successive governments in the post-Nkrumah era until the 2000s when the NPP took over office under Kufuor. As such, government efforts during this period were directed at financially sustaining the health care system in Ghana.

However, the definition of Ghana's health policy problem begun to shift from of efficiency to access. Several indicators shaped the problem stream. The economic situation kept on worsening in the 1980s through the 1990s even with the introduction of user fees and full cost recovery. Ghana was facing an increasingly rising cost of healthcare service delivery whereas its economy was declining unabatedly.[1750] The political instability resulting from the frequent change in government[1751] during this violent period brought with it Ghana moving from economic decline to disaster, the country's gross domestic product per capita fell to US$180 in 1983 from US$281 recorded in 1970.[1752] The inequities in financial access to essential and basic health care services[1753] that the full cost recovery created, considerably reduced the utilisation of health services in the country.[1754] Moreover, medical professionals were so acute that they could not cater for patients at the various health facilities.[1755] Findings by the Konotey-Ahulu Committee and other national and international organisations and groups including the World Health Organisation, European Union, Ghana Medical Association and Trade Union Congress revealed that most patients eligible for exemption under the user fee system were not exempted, leading to inequality, inaccessibility and a drop in healthcare utilisation highlighting the need for a viable alternative to address these problems.[1756]

Manso (a Member of Parliament and a former member of the Poverty Reduction Strategy Committee) commenting on the magnitude of the situation at the time narrated that:

[1750] Koduah et al. (2015, 13)
[1751] Agyei-Mensah and de-Graft Aikins (2010)
[1752] Carbone (2011, 387); Koduah et al. (2015, 13)
[1753] Agyepong and Adjei (2008, 154); Waddington and Enyimayew (1989; 1990)
[1754] Aryeetey and Goldstein (2000a, 24); Rajkotia (2007, 5); Waddington and Enyimayew (1989; 1990)
[1755] Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)
[1756] Interview with FOSU of Ghana Health Service (Aug 27, 2017, OBUASI); kwarteng (2011, 23); Seddoh and Akor (2012, 5)

> From the beginning in the late 1990s things were very tough in this country…People fell sick…and people were just dying like that because of lack of proper health care…therefore mortality rate was so high, people were dying from sicknesses that shouldn't have killed them until 2003, that the government of the day thought it wise and said look, we have to change, there must be a serious paradigm shift in our health delivery systems.[1757]

Thus, access due to cost became a serious problem[1758] as the issue of high cost under the cash and carry system affected the poor.[1759] Due to the acute financing constraints the healthcare system was facing and the accompanying deterioration of health care conditions and falling utilisation of health services by then, the urgent search for alternative financing mechanisms became very necessary. This continued through to the late 1990s and the need for alternatives in resolving the problem became conspicuous. All these served as indicators that drove the problem stream and helped in framing the problem of Ghana's health policy as access.

A focusing event in the form of public outcry calling for the abolition of the cash and carry system because of its negative consequences directed attention towards the issue of NHI.[1760] The persistent fall in the utilisation of and access to healthcare in the country resulting from the precarious and inimical nature of the cash and carry system served as a focusing event that drew attention of Ghanaians to the need for an alternative healthcare financing mechanism. Under the cash and carry system access to healthcare services was so expensive that Ghanaians who could not pay for medical bills were unfortunately denied access to healthcare services.[1761] As explained by Oman (a journalist who extensively covered the cash and carry system and the policy debates leading to the NHIS):

> The national health insurance...scheme was conceived because it was very dehumanising to see your fellow human being...falling sick and because he's not having the means some people could just stay [home] and die. Meanwhile, there are potentials in them that could also be tapped by the country. So, I think that is...the reason that motivated a capitalist...political party so to speak, to adopt...that program for the people, policies are all about the wellbeing of the masses…and

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[1757] Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA)

[1758] Interview with FOSU of Ghana Health Service (Aug 27, 2017, OBUASI); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA)

[1759] Interview with BOLGA of NDC (August 21, 2019, Kokomlemle); Interview with FOSU of Ghana Health Service (Aug 27, 2017, OBUASI)

[1760] Agbeve (1997); Rajkotia (2007)

[1761] Aryeetey and Goldstein (2000a, 24); Interview with FOSU of Ghana Health Service (Aug 27, 2017, OBUASI); kwarteng (2011, 23); Osei-Akoto and Adamba (2017, 388); Rajkotia (2007, 5); Seddoh and Akor (2012, 5); Waddington and Enyimayew (1989; 1990)

> because of the poverty level in our country, I think it was a good time to make sure that at least the people will be able to have basic healthcare. And I think that is what prompted the national health insurance scheme. So, it was at first, because people couldn't afford.[1762]

People were hiding or keeping their sicknesses to themselves because they could not access medical attention as they could not pay upfront for healthcare cost. Others who sought medical attention but could not foot their bills were running away from hospitals.[1763] For instance, an interview of a medical officer lamenting about the inimical nature of the cash and carry system was reported by the *New Internationalist* as follows:

> The system is stinking and dehumanising because patients who do not have the ability to pay for medical services are turned away from hospitals only for them to die at home. The poor, the disabled, and the accident victims are being asked to pay on the spot before receiving any medical attention. The system has no human face. Our health service is in confusion.[1764]

In an article by AllAfrica, in narrating how she lost her eleven-year-old son because of the cash and carry system, a market woman selling tomato at Makola stated the following:

> My son was bitten by a snake and was taken to the hospital by friends. The doctors and nurses refused to attend to my son because they had not deposited any money. So the children left my son at the hospital and rushed to the market to call me. By the time I got to the hospital, my son had passed away just some seconds earlier.[1765]

Thus, focusing events directing attention to specific evaluative dimensions of the problem in the form of access to healthcare and the continued fall in health service utilisation helped pushed the idea of national health insurance to the policy agenda. Policy feedbacks from previous programs which highlight what works and what may not[1766] were also present. First, the Nkoranza Health Insurance Scheme, established in February 1992 as a private (mission) health facility by the St. Theresa's Catholic Mission Hospital in Nkoranza provided, an important policy feedback on the idea of national health insurance in Ghana.[1767] Secondly, the Ministry of Health

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[1762] Interview with OMAN of Statesman (Dec 20, 2017, ACCRA)
[1763] Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA)
[1764] Brande (1997)
[1765] Laari (2006)
[1766] Zahariadis (2007, 72)
[1767] Agyepong and Adjei (2008, 154); Arhinful (2003, 56); Arhin-Tenkorang (2001b, 26); Atim and Madjiguene (2000); Interview with FOSU of Ghana Health Service (Aug 27, 2017, OBUASI); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA)

created a unit to establish pilot health insurance schemes as an alternative to the cash and carry system.[1768] A national health insurance system, rather than a community based one, proved to be successful.[1769] Other various health insurance schemes that started gradually ensured some form of financial risk protection for their members. People were able to access care through private mutual health insurance.[1770] Since these health insurance schemes were seen to be working well and helping the population in the areas where they were done, there was the indication that national health insurance might also work. The success of the mutual health insurance schemes that existed, especially the one experimented by the Catholic Church in Nkoranza provided the basis for a national health insurance scheme. Kokomba (a member of the task force that drafted the NHIS) in the interview confirmed the important policy feedback the Nkoranza scheme provided recounting that:

> One of the key stakeholders was the Christian leadership [Association]...of Ghana. They in actual fact, started a mutual insurance scheme somewhere in Nkoranza in the Brong Ahafo Region... And so, they tested it for some time and they realised it is good and so they actually opened the eyes of the population and leadership into the potential of a [national health insurance] …The Nkoranza Christian Association of Ghana was there, showing that it can be done. The patient groups served as a pressure group, of course, the civil society organisations, and the non-state actors were also there to serve as a pressure group on the government to look at the health of the population...So those were the evidence.... and the government of the day provided the political leadership…For me…from where I see it, I will say that Nkoranza Christian Health Association... of Ghana actually played a major role in making other actors believe that it can be done. Because they practicalised it virtually and so the politicians also picked on it, the ministry then provided the strategic framework. But somebody did it for people to see that they can happen, it can be done.[1771]

Thus, the success of the Nkoranza Health Insurance Scheme established by the Catholic Church and the other private and government-piloted mutual health insurance schemes that sprung up served as the policy feedback that highlighted that the idea of national health insurance scheme is a financing mechanism that works and could be implemented in Ghana.

[1768] Agyepong and Adjei (2008)

[1769] Agyepong and Adjei (2008, 150-60); Seddoh and Akor (2012, 5); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA)

[1770] Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA)

[1771] Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)

Two main institutional factors shaped the problem stream: the colonial legacy of urban-centred and European-biased healthcare system and the economic policies in the 1970s through to the 1990s. As it was discussed in chapter four, an effective health policy as well as the establishment and formal institutionalisation of modern curative medicine in Ghana[1772] was necessitated by the need to protect the health of European officials and merchants[1773] against the existing pernicious maladies.[1774] Because the disease environment that characterised the West Coast was extremely dangerous and inhospitable for the Europeans,[1775] there was a very high morbidity rate leading to high mortality rates.[1776] Consequently, the British colonial health policy initially was specifically directed at finding adequate means to control, if not eradicate, the epidemic diseases – more predominantly malaria, dysentery, cholera, and yellow fever – that existed along the West Coast of Africa[1777] that earned it the reputation of the "white man's grave."[1778] As a result, the health of the Gold Coasters[1779] was primarily of little or no direct interest to the British colonial administration[1780] though the Christian missionaries driven largely by sympathy for the poor and the rural people contributed immensely to the development of healthcare system and services and infrastructural expansion in Ghana by locating their hospitals and clinics in the rural areas of the Gold Coast that were wittingly neglected by the colonial administration.[1781] Hence, the British established an urban-based preventive health system primarily to improve the health environment of government officials.[1782] Since the healthcare system the British bequeathed to Ghana at independence was

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[1772] Arhinful (2003, 31); Dumett (1968, 155); Kisseih (1986, 205); Twumasi (1981, 147)
[1773] Arhinful (2003, 49); Senah (2001, 84)
[1774] Twumasi (1981, 147)
[1775] Twumasi (1981, 147)
[1776] Dumett (1968, 155)
[1777] Arhinful (2003, 31); Bindloss (1898, 57); Bindloss and Pinnock (1968, 57); Twumasi (1981, 147)
[1778] Arhinful (2003, 27)
[1779] As discussed in chapter four, the health care system in Ghana during the colonial era was discriminatory as it provided healthcare services to only the small elite group of colonial administrators and their assistants (Arhin-Tenkorang 2000; Akazili 2010, 25). Affordable medical resources were only provided at "centres where there was an appreciable concentration of Europeans, while purely African towns had none" (Arhinful 2003, 32). This is because the colonial health policy principally aimed at the health of the Europeans (Arhinful 2003, 32). Thus, clinics and health facilities were located in the cities and principal towns where the colonists engaged in commercial and mining activities (Twumasi 1981, 147).
[1780] Akazili (2010, 25); Arhinful (2003, 32); Arhin-Tenkorang (2000); Senah (2001, 84); Twumasi (1981, 147).
[1781] Arhinful (2003, 42); Kisseih (1968, 205); Kingsley (1899, 24 cited in Twumasi 1981, 147); Twumasi (1981, 147)
[1782] Arhinful (2003, 49); Twumasi (1981, 147)

both urban- and European-biased,[1783] it served the interest of the wealthy[1784] and discriminated against the indigenous people.[1785] While it predominantly provided healthcare services to only the small elite group of colonial administrators and their assistants, it limited access to the ordinary Ghanaian.[1786] The self-serving, discriminatory health system shaped the definition of Ghana's health problem immediately after independence, it was framed in terms of access. The emphasis was how to make health care accessible to all Ghanaians irrespective of economic status.

Secondly, the shift in the framing of the problem of Ghana's health policy from access to quality in the 1970s, efficiency in the 1980s and access in the 1990s and early 2000s was driven by the worsening economic conditions. Ghana, under the PNDC government, resorted to more pragmatic measures and adopted the Bretton Woods institutions' (IMF and World Bank) brainchild policies in the form of Economic Recovery Programmes (ERPs) and Structural Adjustment Programmes (SAPs).[1787] These policies led to cuts in government expenditure on social policies including that of the health sector which affected health care provision and service delivery significantly. This drew attention to the quality of care. As part of the SAPs and ERPs the public sector out-of-pocket fees at point of service use (user fees) for healthcare were increased substantially in 1985. As was also confirmed during the interview, cash and carry was largely the position of the IMF and World Bank that were bent on cost recovery. In relation to the health sector, the ERPs under the PNDC were aimed at cost recovery in healthcare.[1788] This subsequently led to the introduction of the user fees system (cost sharing and later full cost recovery) which had dire consequence on access to and utilisation of healthcare. The perilous nature of the user fees system necessitated Ghana's drive towards national health insurance.[1789]

[1783] Arhinful (2003, 49); Twumasi (1981, 148)
[1784] Akazili (2010); Arhinful (2003); Arhin-Tenkorang (2000); McIntyre et al. (2008); Senah (2001); Twumasi (1981)
[1785] Arhinful (2003); Twumasi (1981)
[1786] Akazili (2010, 25); Arhin-Tenkorang (2000)
[1787] Agyepong and Adjei (2008, 154); Koduah et al. (2015, 14)
[1788] Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with TEPA of Ghana Parliament (Dec 18, 2017, ACCRA)
[1789] Agyepong and Adjei (2008); Brenya and Adu-Gyamfi (2014); Osei-Akoto and Adamba (2011)

6.3 The Policy Stream

Three main factors shaped the policy stream: the reports of committees and commissions of enquiry, international financial donors, and private mutual health insurance schemes and government pilot projects. While several committees and commissions of enquiry (such as the Maude Commission, Easmon Committee, and the Konotey-Ahulu Committee) were influential in shaping the development of Ghana's healthcare policy, the work of the 2001 seven-member ministerial health financing task force as would be discussed later in this section was paramount in pushing the idea of NHIS to government agenda. The Maude Commission was established during the latter part of the colonial era on February 9, 1952 to enquire into the health needs of the Gold Coast.[1790] It recommended, among others, the abolition of hospital fees and all charges,[1791] thus, making all in-patient and out-patient treatments in hospitals entirely free.[1792] However, because the Maude Commission did not provide any mechanism through which the government could raise money to finance Ghana's healthcare system, the abolition of the hospital fees "placed successive governments in great difficulty in terms of raising revenue to finance the health sector" which created a perpetual problem for the financing of healthcare in Ghana.[1793] The reports of the Easmon and Konotey-Ahulu Committees greatly influenced the introduction of user fees after Nkrumah's overthrow.[1794]

Ghana prior to 2003 made several failed attempts at implementing a national health insurance policy. As far back as the mid-1980s, under the PNDC government, the precursor of the National Democratic Congress (NDC) government, Ghana initially considered the concept of health insurance[1795] with great hope and enthusiasm.[1796] However, as will be demonstrated below, despite the several consultancies, actuarial studies and research projects that were commissioned by the government to assist with the development of a national

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[1790] Arhinful (2003, 40); (Maude 1952, 1)
[1791] Prior to 1954 when the recommendation was made, medical charges comprising a private professional fee, a statutory dispensary fee, and the cost of any prescribed medication were levied throughout the colonial period (Arhinful 2003, 41).
[1792] Arhinful (2003, 40); Maude (1952, 55-8)
[1793] Arhinful (2003, 41-2)
[1794] Arhinful (2003, 45); Hospital Fees Act (1971); Konotey-Ahulu et al. (1970 cited in Koduah et al. 2015, 12)
[1795] Osei-Akoto and Adamba (2017, 387)
[1796] Arhinful (2003, 48)

health insurance scheme, no concrete efforts were made to translate the idea into a reality due to lack of government political will and the absence of a committed policy entrepreneur.

As discussed in the previous section, the idea of health insurance was first put into practice (materialised) in Ghana in 1992 by a private (mission) health facility, the St. Theresa's Catholic Mission Hospital in Nkoranza, rather than by the government. The health facility successfully established the Nkoranza Health Insurance Scheme in February 1992,[1797] which was the first community health insurance (CHI) scheme in Ghana.[1798] The scheme was necessitated by the issue of rising costs and unpaid medical bills particularly in relation to in-patient bills that was experienced by the Nkoranza hospital following the introduction of user fees in 1985 at health facilities by the Ghanaian government.[1799] The situation led to a considerable fall in the revenue accruing to the hospital as many people could not afford the services of the facility. It also resulted in a substantial rise in reported deaths from treatable clinical conditions because people reported too late for treatment when sick.[1800] Thus, the Nkoranza hospital in conjunction with the Catholic Church represented by the Catholic Diocesan Health Administration at Sunyani instituted the Nkoranza Community Health Insurance Scheme as an alternative healthcare financing mechanism.[1801] The success of the Nkoranza scheme proved that national health insurance was a feasible and a more desirable alternative to the existing cash and carry system and, hence, served as the reference point for those who advocated the scrapping of the out-of-pocket fees at point of service use system.

To test the feasibility and sustainability of health insurance at the national level, the Ministry of Health (MOH) in the mid-1990s created a unit (Directorate for Health Insurance), the Ghana Health Company and a task force to establish a pilot national health insurance as an alternative to the cash and carry system. The unit undertook consultancies and actuarial and feasibility studies directed at a pilot social health insurance (SHI)

[1797] Arhinful (2003, 56); Arhin-Tenkorang (2001b, 26)
[1798] Agyepong and Adjei (2008, 154); Atim and Madjiguene (2000)
[1799] Arhinful (2003, 53)
[1800] Arhinful (2003, 53)
[1801] Arhinful (2003, 53)

scheme that was established in 1997 for the formal sector in the Eastern Region[1802] and other organised groups in the region such as cocoa farmers.[1803] The pilot project was a trial scheme that would aid the Ministry of Health in the formulation of a policy on "rural-based community-financed schemes meant to cover all the members of the rural community" in Ghana.[1804] However, due to several technical and managerial inefficiencies such as lack of leadership, consensus, centralised decision-making and direction in the MOH regarding the way forward, and the failure to sufficiently evaluate the difficulties involved in the implementation of a centralised social health insurance in a low-income developing country,[1805] the proposed Eastern Region SHI pilot died prematurely by 1999 without insuring anyone.[1806]

Another attempt at establishing a centralised health insurance scheme was made by the Social Security and National Insurance Trust (SSNIT).[1807] Though resources were devoted to the personnel, feasibility studies and software for the scheme and the Ghana Health Care Company was tasked with its management, the scheme never got implemented. This is because the system was unable to provide effective governance and oversight structures that will not necessarily create any layer of bureaucracy.[1808] Additionally, there was disagreement over the issue of who would regulate the NHIS, Ministry of Health, or SSNIT.[1809] Organised labour[1810] also had a keen interest in national health insurance. For instance, in the Ashanti region the civil servants medical refund scheme was converted by the Civil Servants Association (CSA) into a Mutual Health Organisations (MHO). Other CSAs in the Greater Accra and other regions were also planning and organising an MHO.[1811] All these schemes helped shaped the idea of NHI.

[1802] Four districts in the Eastern Region, namely the Kwahu South (Mpraeso), New Juabeng (Koforidua), Suhum Kraboa Coaltar and Birim South District (Akim Oda) District, were selected by the MOH for the pilot initiative (Arhinful 2003, 60).

[1803] Agyepong and Adjei (2008, 154); Arhinful (2003, 60); Seddoh and Arkoh (2012, 6); Osei-Akoto and Adamba (2017, 387)

[1804] Addo et al. (1995, viii); Arhinful (2003, 60); Osei-Akoto and Adamba (2017, 387)

[1805] Agyepong and Adjei (2008, 154); Arhinful (2003, 62-4); Atim et al. (2001)

[1806] Agyepong and Adjei (2008, 154); Osei-Akoto and Adamba (2017, 387)

[1807] Osei-Akoto and Adamba (2017, 387)

[1808] Osei-Akoto and Adamba (2017, 388)

[1809] Osei-Akoto and Adamba (2017, 388)

[1810] Organised labour in Ghana was comprised of the CSA and allied groups such as the TUC, the Judicial Services Workers Union, and Ghana Registered Nurses Association and Ghana National Teachers Association, among others.

[1811] Agyepong and Adjei (2008, 154)

The Ministry of Health in collaboration with the EU began the development of a district-wide pilot CHI project in the district.[1812] This was following the evidence of high level of enthusiasm shown among community members for the concept of community health insurance gathered from an exploratory research funded by United Nations Children's Fund (UNICEF) in 1993 "on the feasibility of a district-wide community health insurance (CHI) for the non-formal sector in Dangme West."[1813] After several years of fieldwork, the Dangme West District Health Insurance Project was actually launched at Dodowa in October 2000 "to make modern health care accessible to the rural poor through prepayment community health insurance schemes."[1814] The MOH was financially responsible for the scheme's design and implementation while the EU took the financial responsibility for its monitoring and evaluation.[1815]

It is worth noting that the Dangme West pilot district-wide CHI project was master-minded by the Director of Medical Services of the MOH, Dr. Moses Adibo[1816] who had a special interest in the idea of community health insurance.[1817] Thus, the interest and support of the MOH in the project died out completely upon the retirement of the Director of Medical Services. The MOH's financial contributions towards the project ceased, so also was the grant from the EU for the evaluation of the project after the initial instalment. However, with the continued commitment and joint effort of the district health directorate and research centre, the district assembly (local government) and communities at the local level, the design of the pilot district CHI scheme was successfully completed and the registration of beneficiaries as well as the delivery of benefits commenced in October 2000.[1818] The start-up funding was provided by World Health Organisation Regional Office for Africa (WHO-AFRO) and DANIDA, while community mobilisation and household register development were supported by part of the district assembly's UNDP poverty reduction fund.[1819] There after the Ghana Health

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[1812] Agyepong and Adjei (2008, 154); Osei-Akoto and Adamba (2017, 387)
[1813] Arhin (1995 cited in Agyepong and Adjei 2008, 154); Osei-Akoto and Adamba (2017, 387)
[1814] Arhinful (2003, 64)
[1815] Community based prepayment and health insurance in rural Burkina Faso and Ghana, EC Number IC 18CT 96–0131 (cited in Agyepong and Adjei 2008, 154)
[1816] Arhinful (2003, 64); Osei-Akoto and Adamba (2017, 387)
[1817] Agyepong and Adjei (2008, 154); Osei-Akoto and Adamba (2017, 387)
[1818] Agyepong and Adjei (2008, 154); Osei-Akoto and Adamba (2017, 387)
[1819] Agyepong and Adjei (2008, 154)

Service (GHS) and the MOH provided the financing to continue the implementation and evaluation of the pilot project.[1820]

Ghana also saw the establishment of a number of other CHI schemes, commonly known as Mutual Health Organisations (MHOs)[1821] many of which were based in the Brong Ahafo and Eastern region.[1822] Faith-based organisations and development partners such as the United States Agency for International Development (USAID) funded PHR-plus (Partnership for Health Reforms plus) and DANIDA sponsored many of these MHO, which developed and grew exponentially at an accelerated rate after 2001.[1823] Beginning in the early 1990s with only few schemes, there were about 168 schemes in 2003.[1824] Most of the MHOs were established in the Brong Ahafo and Eastern region because the Christian Health Association of Ghana (CHAG) – mainly represented by the Catholic Church – that had many mission facilities in these two regions "actively supported the growth of MHO around its facilities."[1825]

However, notwithstanding the idea of a national health insurance catching the attention of government and the country actually piloting two different community-based health insurance (CBHI) projects, the efforts of establishing a national health insurance scheme in Ghana never came into fruition until the 2000s under the Kufuor-led NPP government due to lack of government political will and a dedicated policy entrepreneur.

Calls for policy proposals in the 2000s were necessitated by the health challenges posed by the discredited cash and carry system. As given by the Multiple Streams Framework, policy proposals or solutions receive serious government attention on the basis of technical feasibility and value acceptability.[1826]National health insurance was the only proposal that came to the policy table[1827] because the idea of national health insurance had technical feasibility and met the value acceptability of the NPP government. This was based on

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[1820] Agyepong et al. (2006); Agyepong and Adjei (2008, 154); DWHIS (2002; 2003 cited in Agyepong and Adjei 2008, 154)
[1821] Mutual Health Organisations (MHO), also known as Community Health Insurance (CHI), refer generally to voluntary health insurance schemes that are organised at the community level (Atim1999; Criel et al. 2004, 1041).
[1822] Agyepong and Adjei (2008, 154)
[1823] Agyepong and Adjei (2008, 154); Atim 2000, xi); Baltussen et al. (2006)
[1824] Atim, Grey, and Apoya (2003); Rajkotia (2007, 5)
[1825] Agyepong and Adjei (2008, 154)
[1826] Blankenau (2001, 39); Zahariadis (2007, 72)
[1827] Seddoh and Akor (2012)

the feedback provided by the government-initiated studies into alternative means of financing healthcare,[1828] the Catholic Church's scheme in Nkoranza, and other private schemes.[1829]

The work done by the seven-member ministerial health financing task force formed in March 2001 by the Minister for Health was particularly important in NHIS rising to prominence. Because the experts and other key stakeholders that composed the task force were mostly technocrats[1830] drawn from the GHS, MOH, the Ghana Health Care company, Dangme West District Health Directorate & Research Centre, and the Trades Union Congress, it had a very broad base.[1831] The main mandate of the ministerial task force was to develop a national health insurance system for the country.[1832] It was recommended by the task force that the NHIS should be built on the platform of the already growing CBHI schemes by the government offering them support, rather than controlling them. For the schemes to be effective at the national level, the government should continue with the piloting of the CBHI schemes and learn from their experiences before they were nationally scaled up as the CBHI schemes were still in their nascent stage.[1833]

While the proposed policy recommended by the task force was technically feasible, it failed on the grounds of value acceptability. It did not align with the political aim as well as policy priorities of the NPP government, it did not meet the type of NHIS it had envisaged. The NPP preferred a comprehensive system of nationally scaled health insurance scheme, something the continuation of the CBHI on a pilot basis could not offer.[1834] It was in quest of a highly visible scheme that could be showcased when they sought a new mandate in the 2004 elections.[1835] Thus, failing to meet its value acceptability, the NPP government rejected the recommendation of the task force. Due to political considerations, the health minister also vehemently rejected the MHO as a viable policy option in favour of a centralised single payer social health insurance scheme that he

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[1828] Kwarteng (2011, 23)
[1829] Agyepong and Adjei (2008, 150-60); Seddoh and Akor (2012, 5-11)
[1830] Rajkotia (2007, 7)
[1831] Agyepong and Adjei (2008, 154-5); Osei-Akoto and Adamba (2017, 388)
[1832] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with KPANDO of Ghana Health Service (Dec 5, 2017, ACCRA); Osei-Akoto and Adamba (2017, 388); Rajkotia (2007, 7)
[1833] Carbone (2011, 400); Rajkotia (2007, 8)
[1834] Carbone (2011, 400); Rajkotia (2007, 8)
[1835] Carbone (2011, 400)

keenly advocated.[1836] This did not go down well with many of the task force members who were primarily concerned with technical feasibility and design, especially its chair who disagreed with the health minister. Because policy is politics[1837] and the development of the NHIS involved a lot of interests,[1838] there was a stern debate between the technocrats and the politicians representing the NPP government.[1839] Given the large nature of the non-formal sector in Ghana, these task force members did not see how any policy that made no room for the MHO would be able to achieve the policy objectives.[1840] They were particularly concerned about the technical feasibility of a centralised single payer health insurance scheme in Ghana as the policy feedback from the pilot projects in the Eastern Region raised doubts as to whether it was something doable. One of the main reasons why the Eastern Region pilot failed was the difficulty involved in the implementation of the centralised single payer health insurance scheme it adopted.[1841] This disagreement between the minister and the task force chairman over technical feasibility of a centralised single payer health insurance scheme and other issues escalated in a conflict that built up to a level to make the chair to disengage from the process, hence, greatly hindering the work of the task force.[1842]

The director of PPME was replaced by the Minister for Health with a trusted associate.[1843] The new director of PPME aimed at gradually introducing his own trusted associates onto the task force. This was done to ensure that the composition of the task force better reflected "the political priorities and the haste of the executive" in getting the NHIS completed as no time could be wasted on technical details as happened in the past.[1844] Since the prime motive was to help with the development of a policy alternative that would be more politically acceptable,[1845] the selection of these trusted associates onto the committee was sometimes based on political links rather than on their technical knowledge and expertise on the challenges involved in the

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[1836] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 155)
[1837] Cerna (2013); Ndah (2010); Reich (1995)
[1838] Agyepong and Adjei (2008); Rajkotia (2007)
[1839] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA)
[1840] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 155)
[1841] Agyepong and Adjei (2008, 155)
[1842] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); (Agyepong and Adjei (2008, 155)
[1843] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA)
[1844] Carbone (2011, 400)
[1845] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Rajkotia (2007, 9)

implementation of a NHIS in Ghana.[1846] This had serious ramification on the work of the task force as differences in opinion about technical proposals brought an increasing tension between some new members and the old ones on the task force.[1847] The original members of the task force became increasingly powerless, the trusted close political associates that were later brought onto the task force more and more dominated the policy and programme development process.[1848] Moreover, those who made inconvenient comments, suggestions and critiques were branded as foes of the NPP[1849] and they felt that such views by them were ignored rather than analysed[1850] by these political associates.

All these developments left no other option to the original members of the task force than to resign or quietly drop off as they felt that was better than acting as rubber stamps and endorsing proposals they thought could face implementation difficulties.[1851] This trend continued to the point that only one original member of the ministerial task force[1852] by the end of 2002 "remained involved in the 'policy elite' group taking the final decisions on the NHIS in the MOH."[1853] Thus, the policy development process became very vulnerable and susceptible to rent-seeking behaviour[1854] as party loyalists were highly empowered while policy actors and other stakeholders who had politically incongruent ideas and perspectives were marginalised.[1855]

The newly composed ministerial task force recommended a centrally regulated district health insurance scheme. The task force argued that through a scheme based on a community initiative, the government could

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[1846] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 155); Carbone (2011, 400); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with KPANDO of Ghana Health Service (Dec 5, 2017, ACCRA)

[1847] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 155); Rajkotia (2007, 9)

[1848] Carbone (2011, 400)

[1849] Rajkotia (2007, 10)

[1850] Agyepong and Adjei (2008, 155)

[1851] Agyepong and Adjei (2008, 155); Rajkotia (2007, 10)

[1852] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA)

[1853] Agyepong and Adjei (2008, 155)

[1854] The politically connected actors who were highly influential in the policy development process were financially motivated. They were consultants who helped the NPP party to develop a campaign strategy that allowed it to reach the rural population during the 2000 elections. Empowered with political support, these actors had profit motive to set up schemes favourable to their course (Rajkotia 2007, 6-7).

[1855] Rajkotia (2007, xi)

better reach the rural population than a scheme built on a central-only initiative.[1856] The already existing insurance schemes were to be given two main options: either they merge into the new district health insurance scheme that were to be established or they pay large fees and remain private insurance schemes. In the second option, these schemes were not only required to maintain the same design as the district schemes, but also, they were to be regulated by a central authority.[1857] While the original members of the task force strongly disagreed with the proposal on technical and ideological grounds, the NPP government was politically satisfied with the proposal of the task force and, therefore, lent its support because it allowed for immediate national scale-up within the political timeframe of the NPP government by leveraging community infrastructure and yet maintaining central control.[1858]

To move past this impasse and dilemma, the task force came to a compromise; they put forward a hybrid scheme that combined features of a classical single payer scheme with a multiple payer semi-autonomous MHO. While the former scheme was targeted at the organised formal sector, the later was to help with the challenges posed by the non-formal sector.[1859] The task force made room for a private commercial health insurance to be patronised by people who preferred it and felt they could afford it. In all these, the task force did take into consideration how to ensure that the principles of equity, re-distribution, and cross-subsidisation between the multiple funds would be maintained. To deal with these issues, the task force recommended legislation, a central coordination mechanism in the form of a national health insurance council, and a national health insurance fund.[1860] The NHIS was to be governed by the National Health Insurance Council (NHIC) whose main objective was "to secure the implementation of a national health insurance policy that

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[1856] Rajkotia (2007, 9)
[1857] Rajkotia (2007, 9)
[1858] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with KPANDO of Ghana Health Service (Dec 5, 2017, ACCRA); Rajkotia (2007, 9)
[1859] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 155); Alfers (2013); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with KPANDO of Ghana Health Service (Dec 5, 2017, ACCRA)
[1860] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 155); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with KPANDO of Ghana Health Service (Dec 5, 2017, ACCRA)

ensures access to basic health care services to all residents"[1861] It had among its responsibilities the registration, licensing and regulation of health insurance schemes, as well as the supervision of the operations of the health insurance schemes. It also had the responsibility of granting accreditation to health care providers, monitoring the performance of these health care providers, and ensuring that good quality health care services are rendered to beneficiaries.[1862] The health minister was satisfied with the four-page policy framework developed by the task force that delineated the above arrangements and, hence, endorsed it in June 2001.[1863]

The proposed policy required the enrolment of both the formal and the non-formal sectors together in a government-sponsored district MHO. Though the district MHO were to have automatic government sponsorship, it was not tied clearly to the criteria of efficiency, policy effectiveness, and responsiveness.[1864] All other non-district-wide government-sponsored (public) MHOs were classified as private. These private MHOs were recognised as not-for-profit solidarity organisations and were legally entitled to operate. However, they were not to receive any financial support from the National Health Insurance Fund or any of the subsidies to cover groups such as the elderly and the poor that were exempted from payment of premiums.[1865]

The NHIS was to be financed by individual premium payments that would be supplemented by a 2.5% National Health Insurance Levy that would be collected using the already existing mechanisms used for the 12.5% Value Added Tax (VAT).[1866] Formal sector workers would not pay their premiums directly, a monthly two and a half per cent (2.5%) were to be transferred automatically from their contributions to the Social Security

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[1861] Interview with BOLGA of NDC (August 21, 2019, Kokomlemle); Republic of Ghana (2003, 6)

[1862] Agyepong and Adjei (2008, 155); Republic of Ghana (2003, 6)

[1863] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 155); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with KPANDO of Ghana Health Service (Dec 5, 2017, ACCRA)

[1864] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 156); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with KPANDO of Ghana Health Service (Dec 5, 2017, ACCRA)

[1865] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 156); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with KPANDO of Ghana Health Service (Dec 5, 2017, ACCRA)

[1866] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 165); Interview with BOLGA of NDC (August 21, 2019, Kokomlemle); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)

and SSNIT towards retirement benefits to the National Health Insurance Fund.[1867] Thus, the proposed NHIS was to be based on a mixture of public funding and private contributions in the form of premiums.

A stakeholder consultation to present this draft policy for further debate before it was finalised was scheduled for June 2001. However, the Minister for Health originally involved in the process was moved to another ministry through a cabinet reshuffle.[1868] The former minister was replaced because of the delay in getting the national health insurance done.[1869] The first stakeholder forums at both national and sub-national levels were however held under the new Minister for Health in late 2001 and early 2002.[1870] The main mandate of the new minister was also to see to it that a national health insurance scheme was completed quickly and in a timely manner.[1871] This was exemplified in the commitment shown by him.[1872] As narrated by Kokomba during an interview, the "minister of health was key, showing the leadership" required to get the policy through.[1873]

Other stake holders, notably the opposition NDC party, organised labour, and other vested medical interests such as the existing private MHOs and international donors also shaped the policy stream. Under a certificate of urgency, the final version of the national health insurance bill (the National Health Insurance Act) (NHIA) was presented before parliament in July 2003, just a week before it was due to go on recess, to be passed

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[1867] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 156); Interview with BOLGA of NDC (August 21, 2019, Kokomlemle); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)
[1868] Ghana News Agency (2003d)
[1869] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with MUSTAG of Ghana Parliament (Nov 24, 2017, ACCRA); Interview with NSIANA of Ghana Parliament (Dec 5, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Osei-Akoto and Adamba (2017, 388)
[1870] Agyepong and Adjei (2008, 155)
[1871] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Osei-Akoto and Adamba (2017, 388)
[1872] For instance, the MOH in February 2003 allocated funds out of the money earmarked for the projects for poverty reduction and economic growth under the Highly Indebted Poor Country (HIPC) initiative to support the creation of government sponsored MHO in all districts that had none. The MOH appointed the trusted political associates as implementation consultants to provide the needed help the district assemblies need to utilise the allocated funds to set up MHOs (Interview with AFIENYA of Ministry of Health Nov 18, 2017, ACCRA; Agyepong and Adjei 2008, 155; Koduah et al. 2015, 15; Interview with KOKOMBA of Ministry of Health Nov 24, 2017, ACCRA).
[1873] Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)

into law.[1874] The NPP was very committed to the NHIS,[1875] it was very determined in abolishing the NDC's cash and carry system that required payment at the point of service delivery. Parliament was given a period of one week for deliberation and the passage of the bill into an act.[1876] The NPP government was posed to get the bill passed as quickly as they could and so wanted as limited debate on it as possible, because they had the numbers at parliament to get the bill passed. The general public, through advertisements in the national dailies, were requested to provide comments on the bill before parliament as only few people outside the task force made up mainly of trusted political associates had access to the full text of the bill that was finally presented to parliament.[1877]

However, parliament could not pass the bill before it went on recess. The NDC party, the then minority in parliament strongly opposed the bill and raised serious concerns about it. First, the NDC opposed it on principle.[1878] They strongly rejected the national scale-up proposed by the NHIS bill as too rapid and too radical a reform supported with only limited evidence and, thus, proposed a gradual implementation.[1879] Second, they strongly objected to the proposal of the NPP to introduce a 2.5% National Health Insurance Levy as it would mean a rise in VAT to 15% from 12.5%, which they considered to be an extremely high tax burden on ordinary Ghanaians.[1880] They also argued that the 2.5% levy lacked any adequate accountability controls.[1881] The NDC was particularly surprised with the NPP's introduction of the 2.5% increase in VAT because of the National Health Insurance Levy given the strong opposition of the NPP to the NDC's initial introduction of VAT: the NPP was the minority in parliament by then and vehemently opposed the VAT rate as an excessive tax burden and

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[1874] Agyepong and Adjei (2008, 155); Rajkotia (2007, 10)

[1875] Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with MUSTAG of Ghana Parliament (Nov 24, 2017, ACCRA); Interview with NSIANA of Ghana Parliament (Dec 5, 2017, ACCRA); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA)

[1876] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 155); Kokomba (2017); Rajkotia (2007, 10)

[1877] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 155); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)

[1878] Tepa (2017)

[1879] Rajkotia (2007, 7)

[1880] Agyepong and Adjei (2008, 156)

[1881] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Rajkotia (2007, 7)

actually organised several mass street protests against its introduction. The NDC also complained about the 2.5% SSNIT deductions and the long-term viability of the social security fund.[1882] Thus, they called for a deeper technical analysis of the NHIS[1883] before getting parliamentary approval.

Organised labour made up of the CSA and allied groups such as the Trades Union Congress, the Ghana National Teachers Association, Judicial Services Workers Union and Ghana Registered Nurses Association also made significant input into the bill.[1884] The Civil Servants Association, TUC and other groups kicked against certain provisions of the bill and called for a review of some portions.[1885] After studying the bill, the leadership of the CSA and allied groups submitted a formal resolution to parliament to protest not only the rushed passage[1886] of the bill but more importantly aspects of its content.[1887] First, they raised issue with the 2.5% automatic monthly transfer from their SSNIT contributions into the National Health Insurance Fund.[1888] For instance, the Executive Secretary of the Civil Servants Association, Smart Chigabatia, "questioned the tax regime being proposed by the bill as a source of funding" arguing that "the government was not the only employer and did not also own workers' contributions to SSNIT and, therefore, had no right to take any monies from SSNIT for the insurance scheme."[1889] Similarly, Wilson Tei, an official of the Ghana Insurers Association, speaking in Accra at a stakeholders' workshop[1890] on the bill explained that:

[1882] Abbey (2003); Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 156); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)

[1883] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Rajkotia (2007, 7); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)

[1884] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with FOSU of Ghana Health Service (Aug 27, 2017, OBUASI); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with KPANDO of Ghana Health Service (Dec 5, 2017, ACCRA)

[1885] Ghana News Agency (2003a); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA)

[1886] For example, both Kwasi Adu-Amankwa, the TUC Secretary-General and Chigabatia of the CSA publicly deplored the haste with which the NPP sent the bill to parliament and the lack of broad consultation (Ghana News Agency 2003a).

[1887] Ghana News Agency (2003a); Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 155); Interview with FOSU of Ghana Health Service (Aug 27, 2017, OBUASI); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with KPANDO of Ghana Health Service (Dec 5, 2017, ACCRA)

[1888] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Rajkotia (2007, 10)

[1889] Ghana News Agency (2003a)

[1890] The workshop was organised by the Legal Resources Centre, a non-governmental organisation and PHRplus, an insurance organisation that was then engaged in establishing mutual insurance organisation in Ghana (Ghana News Agency 2003a).

The bill proposes two and half per cent deductions from the Social Security and National Insurance Trust (SSNIT) in addition to levies or taxes. This source of funding, he noted, would further place a burden on the formal sector in the face of inequalities in taxation between the formal and informal sector. The SSNIT funds belong to only about one million Ghanaians, who invariably already enjoy employer sponsored health delivery. Over the long-term the reductions of SSNIT contributions will compromise the solvency of SSNIT.[1891]

The TUC, led by its General Secretary, Kwasi Adu Amankwa also argued that the SSNIT contributions are for workers and not for the government.[1892] The TUC therefore threatened a court action against the government if it went ahead with the 2.5 percent deduction from workers' contributions to SSNIT.[1893]

The CSA and allied groups therefore preferred a separate social health insurance funded by a different form of payroll deductions as they were primarily concerned that the long-term viability of the social security fund and pension payments would be affected by the 2.5% deductions.[1894] They also argued that the administration of the NHIS should not be the duty of the Health Ministry but rather the Ministry of Finance (MOF). To them, since the delivery of health insurance is a financial service, it is a fundamental flaw to make the MOH the implementing agency.[1895] Thus, they proposed that the National Health Insurance Council (NHIC) that the bill made provision for its establishment to license, regulate and supervise the operations of all health insurance schemes in Ghana was to be placed under the MOF and not the MOH as is being proposed by the draft bill.[1896]

Besides, the CSA and allied groups were sceptical whether the broad and sweeping functions of the NHIC that could result in an expensive and unwieldy bureaucracy would lead to a corresponding improvement in Ghana's NHIS. Finally, they were also worried about the implications of government subsidies to the district MHO without considering their performance.[1897] They therefore requested that the passage of the bill be

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[1891] Ghana News Agency (2003a)
[1892] Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Kusi-Ampofo et al. (2015, 208)
[1893] Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Kusi-Ampofo et al. (2015, 208)
[1894] Abbey (2003); Agyepong and Adjei (2008, 156)
[1895] Ghana News Agency (2003a)
[1896] Ghana News Agency (2003a)
[1897] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 156); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Rajkotia (2007, 7)

deferred and called for deeper consultations and amendments. Consequently, the debate of the bill as well as its subsequent passage was deferred to the next session of parliament in response to the concerns raised by the various actors.[1898] The pressure mounted on the NPP government by the labour unions led to some compromise, workers contributing to SSNIT and their dependents were exempted from the payment of premiums.[1899]

The bill also faced a strong opposition from vested medical interests who disagreed with key features of the design of the NHIS. For instance, the Ghana Insurers Association argued that the NHIS bill did not seek "to promote private health insurance business" but it sought "to kill already existing health insurance schemes."[1900] The already existing private MHO were ineligible under Act 650 for any government support or subsidy as they were classified by the Act as 'private'.[1901] They were to convert into government-sponsored district MHO from independent organisations if they were to survive.[1902] The Civil Servants Association proposed to the government to build on the health insurance schemes it has already started.[1903] To them, it was wrong for the government to evolve a new scheme without reference to the ones already in existence. Thus, the CBHI schemes that were already existing felt very threatened by the bill as it would greatly compromise their autonomy.[1904] Thus, they raised serious concerns about the proposed NHIS contained in the bill.

Some external donors with financial leverage and technical knowledge also registered their displeasure with the NHIS. They sought to protect their own interest.[1905] The international financial actors were influential

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[1898] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 155); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)

[1899] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Rajkotia (2007, 10)

[1900] Ghana News Agency (2003a)

[1901] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 155); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with KPANDO of Ghana Health Service (Dec 5, 2017, ACCRA); Republic of Ghana (2003, 6)

[1902] Republic of Ghana (2003)

[1903] Ghana News Agency (2003a)

[1904] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with KPANDO of Ghana Health Service (Dec 5, 2017, ACCRA); Rajkotia (2007, 7)

[1905] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA)

because the government sought their financial support to implement its policies.[1906] There was therefore the

fear that the government more or less may be relying on them for financial support because a national health

insurance scheme is a very massive program that without careful analysis is difficult to sustain.[1907] They opposed

the policy draft on the grounds that it lacked technical soundness, and that its development was rushed and so

more time was needed to thoroughly deliberate on alternative options.[1908] Given that health insurance systems

have not worked in other jurisdictions[1909] such as Lesotho, Kenya, Rwanda and Uganda,[1910] they also took issue

with the centralised approach adopted in its development.[1911] They preferred a community-based health

insurance (CBHI) schemes that could be gradually scaled up nationally. They were therefore displeased with the

approach taken by the NPP government. However, the NPP government was very determined to implement a

national health insurance scheme.[1912] Consequently, though the international financial donors supported a CBHI

scheme and actually tried to influence the policy development process,[1913] the NPP still maintained the national

health insurance scheme they all along envisioned since their inception of the idea.

[1906] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with NSIANA of Ghana Parliament (Dec 5, 2017, ACCRA); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA); Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA)

[1907] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with NSIANA of Ghana Parliament (Dec 5, 2017, ACCRA); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA); Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA)

[1908] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with NSIANA of Ghana Parliament (Dec 5, 2017, ACCRA); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA); Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA)

[1909] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA); Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA)

[1910] Carrin et. al (2008, 7); Mathauer et. al (2011); Spaan et al. (2012)

[1911] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Rajkotia (2007, 7)

[1912] Carbone (2011, 400); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA); Rajkotia (2007, 8); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA); Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA)

[1913] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with NSIANA of Ghana Parliament (Dec 5, 2017, ACCRA); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA); Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA)

This notwithstanding, when parliament was recalled in August 2003, a month later, when the bill was once more laid before it for a vote, it was essentially the same as it was in July before the recess. This led to dissension over the bill and acrimonious debates[1914] degenerating into politically motivated accusations and counter accusations[1915] aimed at damaging the ruling government.[1916] The TUC orgainsed several demonstartions against the government in protest of the SSNIT deduction for the NHIS.[1917] Though the minority NDC party and organised labour groups protested over the failure of the government to address their concerns, their appeal was ignored.[1918] Through a publicity campaign the NPP branded all those who were opposed to the bill as enemies of affordable health care and obstructionists driven by self-interest and opposing political agenda.[1919] The strong opposition to the NHIS bill did not distract Kufuor and his NPP government from sticking to their original idea of NHIS.

As is the case for the problem stream, the main institutional factor that shaped the forging of the policy stream was the political system in Ghana at the time. This greatly affected the kind of policy proposal that was developed as a solution to Ghana's health problem. As already discussed in chapter one, though the quasi-executive presidential system of government as provided by the constitution has placed the power of policy-making in the hands of the executive and the legislature, the president has the greatest influence in policy-making and policy change. Article 76 (2) of the Constitution confers upon the president the function of policy

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Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA)

[1913] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA)

[1914] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)

[1915] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)

[1916] Agyepong and Adjei (2008, 155)

[1917] Ghana News Agency (2003b; 2003c); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA)

[1918] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Agyepong and Adjei (2008, 155); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)

[1919] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KAWOKUDI of Peace FM, Sept 3, 2019, Abeka; Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MUTARI of Peace FM, Aug 27, 2019, Abeka; Interview with OMAN of Statesman, Dec 20, 2017, ACCRA; Interview with SANDEMA of Insight, August 28, 2019, ACCRA); Rajkotia (2007, 10)

formulation, assisted by the cabinet. As the chief implementer of the "Directive Principle of State Policy," Kufour had total control over the development of the national health insurance scheme: the appointment and dismissal of the Minister(s) of Health and the chair(s) of the ministerial health financing task force (the Director for the PPME) and the composition of the task. Moreover, Kuffour relied on the legislative majority of the NPP to virtually ignore the inputs form all other actors and stakeholders that were inconsistent with the type of NHIS he proposed. Thus, the contributions of these actors were to a large extent very minimal. As demonstrated above, all these institutional provisions significantly shaped the final NHIS bill that was put before parliament.

6.4 The Politics Stream, the Opening of Opportunity Window and Coupling of the Three Streams

The element that was especially influential in forging the politics stream was legislative (or administrative) turnover. Kwame Nkrumah an unyielding socialist who had keen interest in social health insurance, acted as a dedicated policy entrepreneur who pushed the idea of free healthcare to the policy agenda immediately after independence and, hence, received serious government consideration. The period after Nkrumah until the NPP came to power in 2000 saw no major forging of the political stream due to irregular alternation in power within a relatively short period and worsening economic conditions.[1920] Accordingly, the only available option that received serious government consideration was the user fees system. In spite of the serious challenges Ghana's health care system was facing in terms of access and utilisation after the gradual introduction of the user fees system in the 1970s and later blown into a full cost recovery system in the 1990s, health insurance was not seriously considered a viable health financing alternate to the user fee system.[1921] It was only in the early 2000s that Ghana began to seriously look into implementing the idea of a NHIS at the national level.

Though most past governments until the 2000s and other relevant non-state actors envisaged social insurance as an effective means of dealing with the health financing challenge facing the country and that its adoption would free-up considerable resources from government revenue to fund preventive services,[1922] none

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[1920] Koduah et al. (2015, 13)
[1921] MOH (2001, 53)
[1922] Arhinful (2003, 48)

of these governments apart from the NDC made any attempt at establishing a NHIS. Even though the NDC, on

two different occasions, established a pilot national health insurance scheme – the 1997 Eastern Region pilot

and the 2000 Dangme West pilot district-wide CHI project – as an alternative to the cash and carry system, there

was no policy entrepreneur to push it onto the institutional agenda for serious consideration. Besides, the

PNDC/NDC governments did not show any strong political will and commitment to the idea of health insurance.

Since affordability for health care was a major challenge for the people, discussions about the need for another

mode of healthcare delivery took place. The issue of quality health care delivery which emanated from the

United Nations' Sustainable Development Goals (SDGs) was also discussed.[1923] Even with the stakeholder forum

that was held in 1990s strongly proposing the abolition of cash and carry and seeking another healthcare

financing mechanism because of the popular discontent by the people about it and Ghanaians really wanted it

been changed,[1924] the NDC did not scale up the pilot projects nationally. As Carbone aptly summarises:

> The leadership of the NDC, in particular, appeared to be most constrained by the legacy of a policy that had been introduced, back in the 1980s, by the Provisional National Defence Council (PNDC), that is, the military regime's top organ from which the NDC leadership, acronym and organisation drew their origins. Despite supposedly being Ghana's major left-of-centre, socially oriented political force, and despite having unchallenged control of executive and parliamentary institutions for two consecutive mandates (1992-2000), Rawlings' party failed to replace the unpopular cash-and-carry system with some alternative arrangement. A content analysis of the NDC's election manifestos reveals this political slowness.[1925]

Carbone again explained that:

> In the mid-1990s, the insurance schemes option was being explored by the party, but the latter remained cautious about it: 'feasibility studies on the proposed Health Insurance Scheme have been completed, and the scheme will be tested on a pilot basis. If successful, it will be introduced on a national scale' [as part of the NDC's health policy] (NDC 1996). A new strategy was then announced on the eve of the 2000 election, but the 'mix of insurance schemes' proposed by the party was meant to work side-by-side with a 'reviewed' and 'improved' cash-and-carry system, rather than fully replacing it (NDC 2000). Ultimately, a party that had yet to experience an electoral defeat and loss of power proved unable to react and respond to the intense demands for a health policy change. It was only after the NDC was forced into opposition that it tried to catch up with the NHIS reform adopted by the NPP government. In 2004, the party manifesto espoused the notion that 'one of the most effective ways of keeping the cost of health care to a

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[1923] Interview with BOLGA of NDC (August 21, 2019, Kokomlemle)
[1924] Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA)
[1925] Carbone (2011, 387)

minimum is through a Health Insurance Scheme'. It suggested that, were the NDC to win back power, it would abolish both the use of pension contributions and the health levy, while limiting the premium to a one-off registration fee – thus moving closer to a tax financed system – and transforming the NHIS into a 'Universal Health Insurance Scheme' that would no longer be district-based (NDC 2004, 2008).[1926]

Thus, because of the lack of political will and a strong commitment on the part of the government as well as the absence of a dedicated policy entrepreneur, Ghana failed to translate the idea of national health insurance mooted during the NDC regime into an actual policy output. This is reflected in the NDC's manifesto for the 2000 elections. The NDC government failed to scale up nationally the two pilot national health insurance schemes it established, though it purported to be a populist left-wing government committed to socialism.[1927] The lack of political will and commitment was confirmed by Kokomba, Oman, Afienya and others in the interview.[1928]

All the elements, national mood, legislative and administrative turnover, and pressure-group campaigns were influential, they forged the politics stream in the 2000s and compelled the policy window to open. The cash and carry system, as already discussed above, constituted a strong barrier to the utilisation of health services and prevented adherence to long term treatment among poor and vulnerable groups leading to unnecessary suffering and death, detentions of defaulting patients, and deteriorating healthcare delivery.[1929] Since the user fees system became a full-recovery mechanism put in place to financially sustain the healthcare system, the issue of access was subordinated to efficiency. As Aryeetey and Goldstein aptly reiterate, the IMF- and World Bank-led ERP that the PNDC embarked on gave little attention to "questions of equity or the effective targeting of resources to vulnerable groups."[1930]

[1926] Carbone (2011, 387)

[1927] Hutchful (2002)

[1928] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA)

[1929] Dalinjong and Laar (2012, 2); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with NSIANA of Ghana Parliament (Dec 5, 2017, ACCRA)

[1930] Aryeetey and Goldstein (2000a, 21)

Therefore, though the introduction of the user fees did achieve its financial aims[1931] by helping to improve upon the shortages of essential medicines, supplies, and equipment,[1932] it led to inequities in financial access to healthcare in Ghana.[1933] Moreover, availability and affordability for low-income patients, indigents, paupers and emergency treatments were significantly affected.[1934] The implementation of the cost recovery program therefore became inhumane and undignified.[1935] As a consequence, the majority of Ghanaians "resorted to self-medication, herbal or traditional medicine, or healing crusades or prayers or resigned themselves to their fate not by choice but purely because they cannot afford health care."[1936] When commenting on the severe impact of the cash and carry system on access to and utilisation of healthcare services, Manso recounted that:

> Until 2003, Ghana had a health delivery system that we used to call cash and carry. The 'cash and carry' was simply this…if you don't have money, you don't get health care. That was what we call cash and carry. And depending on the depth of your pocket, then you get commensurate treatments. So, if you have small money in your pocket, you got diagnosis haphazard, and the prescription haphazard. They give you the generic medicines and you go. So, most people resorted to traditional medicine, herbal medicine, and they were dire consequences. A lot more…people got complications from ailments that could have been treated easily in our orthodox medical systems. But people fell sick and... therefore mortality rate was so high, people were dying from sicknesses that shouldn't have killed them.[1937]

Access was therefore a very big challenge facing Ghana's healthcare system at the time due to the cash and carry system. Moreover, the quality of care in terms of receiving value-for-money was also affected.[1938]

[1931] However, some scholars such as Alfers (2013), Aryeetey and Goldstein (2000a; 200b), Asenso-Okyere et al. (1997) and Waddington and Enyimayew (1989) are skeptical about the success of the user fees policy regarding its revenue mobilisation goal and improvement in the quality of care. For instance, Aryeetey and Goldstein (2000a, 24) argue that at the initial stage of the introduction of user charges, there was a growing concern that health services were deteriorating rapidly, which made it difficult to justify the payment of fees. In addition, Asenso-Okyere et al. (1997, 224) are of the view that the cost recovery system was unable to meet its revenue targets, it could not achieve the 15% revenue mobilisation in the healthcare facilities. Alfers (2013, 4) also adds that "the cash and carry system was neither a social nor financial success. It did not result in the intended level of costs recovery, user fees resulted in a major decrease in the number of people utilising health services, particularly amongst the poor, and population health indicators plummeted."

[1932] Agyepong and Adjei (2008, 154); MOH (2001, 54)

[1933] Agyepong and Adjei (2008, 154); Aryeetey and Goldstein (2000a, 24); Rajkotia (2007, 5); Waddington and Enyimayew (1989; 1990)

[1934] Arhinful (2003, 48)

[1935] Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA)

[1936] Akosa (2001, 19 cited in Arhinful 2003, 48)

[1937] Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA)

[1938] Waddington and Enyimayew (1990, 287)

Consequently, some patients only utilised government health facilities when their health conditions were critical as the worsening healthcare services discouraged the general public from using public health facilities.[1939] As Kokomba confirmed during the interview, most people had to wait until at the terminal stage before going to the hospital but then it was too late.[1940] The health of the nation was deteriorating. Some key health indicators were not really improving, they were actually getting worse.[1941]

Besides, there were unfortunate situations where patients who were unable to pay their medical bills were detained by the hospitals and other health facilities until they settled their debt.[1942] Thus, insurance mechanisms were developed by most service providers as a way of mitigating against non-payment by patients.[1943] Oman, explaining the effect of the cash and carry system on health care in Ghana during an interview, also echoed a similar view on this unfortunate situation stating that:

> Because before that program [national health insurance scheme] was introduced, it was an eyesore often going to a hospital, when you see an... expectant mother having delivered and detained at the hospital. I don't think this thing should happen. But after the introduction of the national health insurance and...one of its components was...the free maternal health care delivery and these problems .... became a thing of the past.[1944]

The health care system was therefore ramshackled. A lot of people, especially the poor were dying. All the hospitals became so dilapidated that no rich person wanted to attend hospital in the country.[1945]

The precarious nature of the cash and carry system impacted every Ghanaian in that not only the poorest in society felt the pinch of out-of-pocket fees but also the middle- and higher-income groups.[1946] Since Ghana's traditional extended family structures and social responsibilities were still strong, even people with higher incomes were also equally affected by the cash and carry system. Members of the extended family who were higher income earners were "socially obliged and pressured to provide the safety net for poorer members

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[1939] Koduah et al. (2015, 13)
[1940] Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)
[1941] Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)
[1942] Rajkotia (2007, 5)
[1943] Rajkotia (2007, 5)
[1944] Interview with OMAN of Statesman (Dec 20, 2017, ACCRA)
[1945] Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA)
[1946] Agyepong and Adjei (2008, 153)

in financial crisis, such as exposure to sudden unplanned catastrophic health expenditure."[1947] Thus, "the self-interest to cater for themselves and their immediate relatives"[1948] was the primary motivation for people advocating the national health insurance scheme.[1949] Asenso-Okyere et al. summarise the peculiar problems the user fee policy posed to Ghanaians as follow:

> Apart from being unable to meet its revenue targets, the cost recovery has had a detrimental effect on consumers, especially the poor and it has also induced different types of behaviour in them. These behaviours include delays in reporting sickness to health care providers, consultation at drug stores, partial purchase of prescription drugs and sharing of prescription drugs with other household members. In some cases, prescribers write prescriptions according to ability to purchase the drugs and the implementation of the exemption policy for paupers and others has not been easy because of problems of identification and lack of clear guidelines as to who would pick up the bill...Even for those who are relatively wealthy, the high cost of health care creates transitory access problems when a serious illness afflicts a household member.[1950]

In sum, the full cost recovery system led to inequities in financial access to essential and basic health care services in the country, especially rural utilisation.[1951] The utilisation of health services reduced dramatically,[1952] low-income patients, indigents, and paupers could not afford the high health costs.[1953]

These unbearable conditions changed the national mood and generated public outcry from the media[1954] and civil society organisations for the cash and carry system to be replaced, thus, making it a salient political issue.[1955] The user charges became deeply unpopular[1956] and turned to a key national and political issue by the late 1990s.[1957] The draconian full cost recovery system was criticised because it affected the poorest in society and also it challenged the underlying tenets of equity within the healthcare system.[1958] Notably, the

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[1947] Agyepong and Adjei (2008, 154)
[1948] Arhinful (2003, 124)
[1949] Agyepong and Adjei (2008, 154)
[1950] Asenso-Okyere et al. (1997, 224)
[1951] Agyepong and Adjei (2008, 154); Waddington and Enyimayew (1989; 1990)
[1952] Aryeetey and Goldstein (2000a, 24); Rajkotia (2007, 5); Waddington and Enyimayew (1989; 1990)
[1953] Arhinful (2003, 48); Aryeetey and Goldstein (2000a, 24)
[1954] Ofori-Birikorang (2009)
[1955] Agbeve (1997); Frempong (2012, 94); Mensa and Appia (2012); Rahman (2011); Singleton (2006, 8)
[1956] Alfers (2013, 6)
[1957] Rajkotia (2007, 5)
[1958] Agyepong and Adjei (2008); Odeyemi and Nixon (2013)

detaining of patients by health facilities until they were able to pay received serious backlash from the public.[1959] As the call for the abolition of the cash and carry system that significantly limited access grew louder, the need for an alternative health care financing policy to replace it became very inevitable. The key policy challenge regarding Ghana's health care system at the time was therefore "the obtainment of additional resources for the financing of health care without deterring the poor and vulnerable from seeking care when they need it."[1960] There was the need to improve both the quality of care and access to healthcare and the efficient management of resources.[1961] The NPP government therefore took advantage of the situation. It presented health insurance as a viable alternative that could effectively put an end to the untold hardship brought by the cash and carry system to Ghanaians. Health insurance therefore became the obvious choice given the chequered history of Ghana's healthcare financing mechanism and the precarious nature of its healthcare system at large.

Fortunately, the idea of national health insurance resonated well with Ghanaians. The focus of Ghana's search for an alternative and supplementary means for financing its healthcare on health insurance was greatly shaped by its traditional extended family[1962] structures and collectivist cultural norms and practices that emphasise social responsibilities. As Addo et al. succinctly put it "the main thrust of the government for a social health insurance in Ghana is that Ghanaian social and cultural systems have a built-in social insurance scheme through the extended family system whereby the family members have collective responsibility for the welfare of members of the family."[1963] The forms and principles of traditional social security support in Ghanaian society is centred on the kinship-based family system.[1964] Due to the complex web of ties that link kin, the traditional system operates on the basis of reciprocities, an obligation that enjoins "both the family and the individual to

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[1959] Interview with KAWOKUDI of Peace FM, Sept 3, 2019, Abeka; Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MUTARI of Peace FM, Aug 27, 2019, Abeka; Interview with OMAN of Statesman, Dec 20, 2017, ACCRA; Interview with SANDEMA of Insight, August 28, 2019, ACCRA)
[1960] Arhinful (2003, 48)
[1961] Arhinful (2003, 48)
[1962] The family, based on kinship, is the basic unit of social organisation around which traditional social security revolves (Arhinful 2003, 77).
[1963] Addo et al. (1995 cited in Arhinful 2003, 48)
[1964] Arhinful (2003, 77); Shaw and Griffin (1995, 55)

work together and cooperate to ensure the welfare of the family and its members."[1965] Members of the kinsfolk therefore help themselves in times of poverty or plenty, success or failure and health or sickness.

Since traditionally the aged are revered as an integral part of the family unit that hold definite and high-ranking position in it, there is some form of an informal support for them: "members of the family assumed collective responsibility through children and grandchildren."[1966] Thus, traditional social security for older members of society is maintained through the kinship-based family system. Similarly, the traditional extended family system takes care of the sick in Ghana, as in most African countries.[1967] Whenever any member of the family falls sick, the whole family collectively takes responsibility and supports the person both emotionally and financially throughout because a disease is the concern of the entire family. This entails the kinsfolk of the sick person appointing one member of theirs when the patient is treated by a healer to act as the supporter or representative who is enjoined by custom to discuss "the details of the treatment with the healer" and "take responsibility for any fees to be paid or for procuring any supplies the healer would require."[1968] Accordingly, as Busia aptly explains "everyone looked to his kinsfolk for support and security" in times of trouble and insecure situations.[1969]

Thus, assistance is provided by the lineage group to a needy member in common insecure situations such as old age and sickness, among others.[1970] However, in most recent times with socio-economic transformations of society limiting the traditional social security system in several respects, there has been an increasing shift of the responsibility for health care and the aged towards the nuclear family and immediate family members.[1971]

[1965] Arhinful (2003, 79)
[1966] Arhinful (2003, 80)
[1967] Aborampah and Sudarkasa (2011); Assim (2015; 2013); Dasré et al. (2019); Foster (2000); Mafumbate (2019); Miller et al. (2006); Phiri et al. (2005); Trinitapoli and Weinreb (2012)
[1968] Arhinful (2003, 82).
[1969] Busia (1962, 14 cited in Arhinful 2003, 82)
[1970] Arhinful (2003, 80)
[1971] Arhinful (2003, 84)

Besides, Ghanaian society has produced other cooperative mechanisms or welfare systems that assist the individual in need when the traditional family support mechanisms based on family is exhausted or dysfunctional. The most common of these are a labour partnership system and *susu,* an assistance mutual financing.[1972] The labour partnership system is a collective self-help group that operates on reciprocity where members take turn in assisting "each other for a number of days in farming activities such as clearing bush, planting or harvesting crops, hunting...building a house or some marketing venture."[1973] The *susu* is an old indigenous practice comprising of rotating credit savings and credit associations where a limited number of people, friends or professionals, contribute money daily, weekly or monthly through an arrangement for the use of one of the group members. Since it is based on reciprocity, "each member of the group is entitled in turn to the entire collection of the week or month."[1974]

All these traditional institutions and practices greatly shaped the idea of national health insurance in Ghana. This is because the NHIS "attempted a kind of social reform through which the most vulnerable in the society are empowered through the principles of equity, solidarity, risk sharing, cross-subsidisation, reinsurance, client and community ownership, value for money, good governance, and transparency in the health-care delivery."[1975] Thus, Ghana's cultural and social norms supported the idea of health insurance making it a laudable idea.

The transition to a national health insurance scheme in Ghana occurred under the NPP, an ideologically right-wing government. Generally, ideologically right-wing parties represent the interest of the richer sections of society[1976] and are more posed to pursuing market-based policies that are more "compatible with the interests and preferences of upper income and occupational status groups"[1977] as discussed in chapter one.Thus, the NPP government was expected to be more marketised and less interventionist in their healthcare policies.

[1972] Arhinful (2003, 84)
[1973] Arhinful (2003, 84)
[1974] Arhinful (2003, 84)
[1975] Durairaj, D'Almeida and Kirigia (2010, 5)
[1976] Hicks (2013, 208)
[1977] Hibbs (1977, 1467)

However, the NPP was very committed politically to translating the idea of national health insurance that it had promised Ghanaians during the 2000 elections into a reality.[1978] As a conservative party, the NPP appeared to have modified its right-wing views because it supported traditional Ghanaian collectivist kinship values. National health insurance became one of its key policy priorities after assuming office.[1979] Because the NPP sought to maintain power and consolidate its rule, it was bent on having the national health insurance scheme implemented before the 2004 elections. The NPP while in opposition openly criticised the cash and carry system in it manifestoes for the 1996 and 2000 elections as notoriously callous and inhuman[1980] and was in a haste to replace it with a NHIS.[1981] Thus, capitalising on the unpopularity of the cash and carry system, they sought an opportunity to introduce another form of healthcare financing mechanism.

The multiple streams framework assumes that the problem, policy, and political streams work independently of each other and they are only coupled at critical points in time by policy entrepreneurs when a window of opportunity is opened.[1982] Therefore, a major policy change occurs only when policy entrepreneurs successfully take advantage of the opened window and couple all the three streams.[1983] Kufuor, the presidential candidate of the NPP was the main policy entrepreneur in the case of Ghana's adoption of the NHIS. Upon assuming office in 2001, President Kufuor, who was very passionate about the national health insurance, zealously championed the idea.[1984] Though the NPP had the policy idea in its manifesto, it was Kufuor as its flagbearer that actually championed it, he was unquestionably very committed to it.[1985]

[1978] Interview with MAMPONG of Ghana Parliament (Dec 18, 2017, ACCRA); Osei-Akoto and Adamba (2017, 388); Interview with SANDEMA of Insight (August 28, 2019, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA)

[1979] Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with MUSTAG of Ghana Parliament (Nov 24, 2017, ACCRA); Interview with NSIANA of Ghana Parliament (Dec 5, 2017, ACCRA); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA)

[1980] Assensoh and Wahab (2008, 302); Carbone (2011, 399-400)

[1981] Carbone (2011, 399-400)

[1982] Sabatier (2007b, 9); Zahariadis (2007, 65)

[1983] Sabatier (2007b, 9); Zahariadis (2007, 65-7)

[1984] Interview with MUSTAG of Ghana Parliament (Nov 24, 2017, ACCRA); Tamale 2017); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA)

[1985] Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA)

Aside from the indispensable entrepreneur role of Kufuor, the NPP showed a very high political commitment to the idea of national health insurance. As discussed in chapter one, Kufuor was able to sell the idea of NHIS to the NPP while he was still the NPP flagbearer during the 2000 elections.[1986] The NPP presented NHIS as one of its main campaign messages.[1987] The NPP in the 1996 and 2000 elections argued that every citizen has the right to access healthcare that has been commodified by the government.[1988] Kufuor therefore gained the support of the NPP before becoming president.[1989] For instance, the NPP's 1996 manifesto stated that:

> The system of financing health care services will be thoroughly overhauled and the cash and carry system reviewed with a view to evolving a more equitable system including health insurance and other repayment schemes. This should provide for humane treatment of illness, particularly of accidents and other emergencies and avoid any payment at the point of service in these situations. Under the NPP government, the following categories of patients will be absolutely exempted from any operation of the cash and carry system:
> >   i. All paediatric emergencies
> >   ii. All obstetric emergencies
> >   iii. Victims of road traffic accidents
> >   iv. Genuine paupers
> >   v. Patients over 70 years who are indigent.
> Free medical attention will also be given for the prevention and management of diseases of particular public health significance, such as cholera, tuberculosis, leprosy and AIDS above all our health policy.[1990]

Similarly, in its 2000 manifesto, the NPP promised the following:

> Recognising that the major causes of diseases and premature death in Ghana result from deficiencies or defects in our social, cultural and economic environment, the NPP government will vigorously pursue the removal of these handicaps as prescribed in other parts of this Manifesto. Its health policy will be devoted to health promotion and disease

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[1986] Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Interview with (2017)

[1987] NPP (2000). Also Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Interview with (2017)

[1988] NPP (2000; 1996). Also Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Interview with SANDEMA of Insight (August 28, 2019, ACCRA)

[1989] Interview with FOSU of Ghana Health Service (Aug 27, 2017, OBUASI); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)

[1990] NPP (1996)

prevention as a priority. In addition, the care of the sick will be pursued on an equitable basis so that the needs of the sick are addressed according to their circumstances rather than their ability to pay or nearness to visible high-level resources…A special institution will be created for supervising health insurance. That institution shall be managed independently of Government. SSNIT shall concentrate on administering the national pension scheme…[The] NPP Government shall abolish the iniquitous `cash and carry" system of NDC. Under NPP administration, nobody in Ghana will be denied medical attention because of his or her inability to pay. Emergencies shall be treated promptly in all public hospital.[1991]

Subsequently after winning the 2000 elections and assuming office in January 2001, Kufuor garnered the support of key cabinet members and was able to mobilise the NPP's members of parliament.[1992] Article 104 (1) and other constitutional provisions compelled Kufuor to firstly, convince his cabinet ministers and, afterwards, the NPP members of parliament to buy into the idea of NHIS.[1993] Article 76 (2) requires the cabinet to "assist the president in the determination of general policy of the government."[1994] Moreover, as required by Article 78 (1) of the 1992 Constitution[1995] a majority of the cabinet ministers were also MPs.[1996] Because Article 111 requires that "the vice-president, or a minister or deputy minister who is not a member of Parliament, shall be entitled to participate in the proceedings of parliament and shall be accorded all the privileges of a member of parliament except that he is not entitled to vote or to hold an office in parliament,"[1997] Kufuor needed the support of key members of the cabinet, particularly those who were either MPs or were directly involved in the development of the NHIS to defend the bill in parliament. He therefore sought and gained the full support of the Minister of Health, Richard Anane, Kwaku Afriyie (who replaced Anane as the minister of health on 1st April 2003),[1998] Yaw Osafo-Marfo the then minister of finance, Joseph Henry Mensah, Minister and Leader of Government Business, Mrs Gladys Asmah Minister for Women and Children's Affairs, and Kwadwo Baah Wiredu

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[1991] NPP (2000, 31)

[1992] Interview with FOSU of Ghana Health Service (Aug 27, 2017, OBUASI); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)

[1993] Ghana (1992a)

[1994] Ghana (1992a)

[1995] Ayee (2012, 54; 1993); Ghana (1992a)

[1996] Ayee (2012, 56; Ayee 1993, 3); Ghana (1992a)

[1997] Ghana (1992a)

[1998] Ghana News Agency (2003d)

Minister for Local Government and Rural Development. He also garnered the support of other ministers such as Felix Owusu-Adjapong, Minister for Parliamentary Affairs, Elizabeth Ohene Minister of State (for media relations) and Jake Obetsebi Lamptey, and Minister for Information among others.[1999] Prominent among them was the health minister, who Kufour needed his support to introduce, debate and defend the NHIS bill in parliament. Next was the Minister of finance who during the parliamentary debates provided hope and optimism regarding the availability of funds to kick start and sustain the NHIS.[2000]

Further, the legislative power of Ghana is vested in parliament by Article 93 Clause (2) of the constitution.[2001] As provided by Article 106 (1), "the power of parliament to make laws shall be exercised by bills passed by parliament."[2002] In addition, according to Article 102 "a quorum of parliament, apart from the person presiding, shall be one-third of all the members of parliament."[2003] Again, Article 104 (1) provides that "except as otherwise provided in this Constitution, matters in Parliament shall be determined by the votes of the majority of members present and voting, with at least half of all the members of Parliament present."[2004] The parliamentary committee system was also significant. Clauses (4), (5) and (6) of Article 106 of the Constitution stipulate that:

> (4) Whenever a bill is read the first time in Parliament, it shall be referred to the appropriate committee appointed under article 103[2005] of this Constitution which shall examine the bill

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[1999] Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Interview with SANDEMA of Insight (August 28, 2019, ACCRA); Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)

[2000] Also Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Interview with SANDEMA of Insight (August 28, 2019, ACCRA)

[2001] Ghana (1992a)

[2002] Ghana (1992a)

[2003] Ghana (1992a)

[2004] Ghana (1992a)

[2005] The provisions of Article 103 are as follow: (1) Parliament shall appoint standing committees and other committees as may be necessary for the effective discharge of its functions. (2) The standing committees shall be appointed at the first meeting of Parliament after the election of the Speaker and the Deputy Speakers. (3) Committees of Parliament shall be charged with such functions, including the investigation and inquiry into the activities and administration of ministries and departments as parliament may determine; and such investigation and inquiries may extend to proposals for legislation. (4) Every Member of Parliament shall be a member of at least one of the standing committees. (5) The composition of the

in detail and make all such inquiries in relation to it as the committee considers expedient or necessary.

(5) Where a bill has been deliberated upon by the appropriate committee, it shall be reported to Parliament.

(6) The report of the committee, together with the explanatory memorandum to the bill, shall form the basis for a full debate on the bill for its passage, with or without amendments, or its rejection, by Parliament.[2006]

Due to these constitutional provisions, Kufour needed a majority of MPs to get the NHIS passed into a law.[2007]

With the NPP having legislative majority, Kufuor having the full support of all the NPP MPs became very crucial, it was both a necessary condition and sufficient condition to get the bill passed.

The NPP government demonstrated a strong political will and was politically committed to the idea of NHIS because it provided political and electoral incentives as examined below. Some Ghanaians were skeptical about the proposed replacement of the cash-and-carry system, a World Bank-IMF construction[2008] based on governing principles of restructuring, budget streamlining and cost-effectiveness.[2009] Because it was the brainchild of the IMF and the World Bank economic recovery program,[2010] some saw it as not amenable to change.[2011] Further, since the NPP's right-wing political ideology[2012] favoured market-driven policies,[2013] some Ghanaians viewed the proposed NHIS as a mere political rhetoric.[2014] Therefore, to gain political advantage

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committees shall, as much as possible, reflect the different shades of opinion in Parliament. (6) A committee appointed under this article shall have the powers, rights and privileges of the High Court or a Justice of the High Court at a trial for - (a) enforcing the attendance of witnesses and examining them on oath, affirmation or otherwise; (b) compelling the production of documents; and (c) issuing a commission or request to examine witnesses abroad (Ghana 1992a).

[2006] Ghana (1992a)

[2007] Ghana (1992a); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with ATUAHENE of Ghana Parliament (Nov 17, 2017, ACCRA); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia)

[2008] Abrahamsen (1997; 2000; 2003; 2004; 2007); Agyepong and Adjei (2008, 154); Dolowitz and Marsh (1996); Fowler (2000); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Koduah et al. (2015, 14); Kusi-Ampofo et al. (2015, 203); Larbi (1999); Interview with TEPA of Ghana Parliament (Dec 18, 2017, ACCRA)

[2009] Abrahamsen (1997; 2000; 2003; 2004; 2007); Aryeetey and Goldstein (2000a); Dolowitz and Marsh (1996); Fowler (2000); Larbi (1999); Nyonator and Kutzin (1999); Rajkotia (2007)

[2010] Abrahamsen (1997; 2000; 2003; 2004; 2007); Dolowitz and Marsh (1996); Fowler (2000); Kusi-Ampofo et al. (2015, 203); Larbi (1999)

[2011] Kusi-Ampofo et al. (2015, 203)

[2012] Ayee (2008a, 193; 2009, 12; 2011, 368); Koduah et al. (2015, 15); Whitfield (2009a, 629); Svanikier (2007)

[2013] Hibbs (1977, 1467); Hicks (2013, 208); Kusi-Ampofo et al. (2015, 203)

[2014] Kusi-Ampofo et al. (2015, 203)

during the 2000 elections, the NPP capitalised on the unpopularity of the cash and carry system[2015] and made the adoption of the NHIS a salient political issue.[2016] It presented NHIS as a more viable, equitable and pro-poor health financing alternative.[2017] The NPP saw NHIS as an opportunity to make electoral gains in the 2000 election.[2018] Politically, the NPP when came into power was therefore bent on having the national health insurance scheme implemented before the 2004 elections as it sought to maintain power and consolidate its rule. Because the NPP used the NHIS as a political bait during the 2000 elections to woo voters, it was bent on rushing the it through[2019] as discussed earlier in this chapter. Thus, the NPP made the NHIS a government priority[2020] because it was mindful of its promise knowing fully the dire consequence if it failed to abolish the cash-and-carry system before the 2004 general election.[2021] It wanted to showcase NHIS when it seeks a new mandate in the 2004 elections.[2022] For instance, according to a news article by the Modern Ghana, the Civil Servants Association, Trades Union Congress and other groups "questioned the lack of consultation and haste with which the [b]ill was laid before [p]arliament in its present state, which they said was flawed."[2023] The NHIS therefore provided a great political opportunity to the NPP. [2024]

[2015] Alfers (2013, 6); Interview with BOLGA of NDC (August 21, 2019, Kokomlemle); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with KAWOKUDI of Peace FM (Sept 3, 2019, Abeka); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Interview with SANDEMA of Insight (August 28, 2019, ACCRA); Rajkotia (2007, 5)

[2016] Agbeve (1997); Frempong (2012, 94); Interview with AKWATIA of Ghana Parliament (Nov 11, 2017, ACCRA); Interview with ATUAHENE of Ghana Parliament (Nov 17, 2017, ACCRA); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Mensa and Appia (2012); Rahman (2011); Singleton (2006, 8)

[2017] Agyepong and Adjei (2008, 152); MOH (2002; 2004)

[2018] Interview with ATUAHENE of Ghana Parliament (Nov 17, 2017, ACCRA); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia)

[2019] Abbey (2003)

[2020] Interview with ATUAHENE of Ghana Parliament (Nov 17, 2017, ACCRA); Interview with KANYAGO of Ghana Parliament (Nov 17, 2017, ACCRA); Interview with MUSTAG of Ghana Parliament (Nov 24, 2017, ACCRA); Interview with NSIANA of Ghana Parliament (Dec 5, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia)

[2021] Kusi-Ampofo et al. (2015, 207)

[2022] Carbone (2011, 400)

[2023] Ghana News Agency (2003a)

[2024] Carbone (2011, 399)

The NPP demonstrated all the three set of indicators of political will – namely, active support of the agenda for change, mobilisation of support, and continuity of effort and allocation of resources – which indicated the government's political commitment to the idea of NHIS. The NPP strongly supported the agenda for change. As examined above, the NPP since 1996 did not only publicly declared its support of the NHIS but also made it one of its foremost election campaign promises in the 2000 election.[2025] In spite of losing the 1996 presidential elections, the NPP still lent its political support to the idea of NHIS.[2026] In the 2000 elections, it included NHIS in its manifesto[2027] and campaigned vigorously for it.[2028] The NPP developed a very strong interest in challenging the problematic, ineffective, and discriminatory cash-and-carry system and proposing the NHIS as a better alternative.[2029] Because the NPP was politically committed to replacing the cash and carry system with NHIS,[2030] upon assuming office in January 2001 it established the seven-member ministerial health financing task force[2031] to support and advise the MOH on the development of a NHIS.[2032] This was a practical step the NPP took to translate the idea of NHIS into a policy.[2033]

Besides, the NPP intensely mobilised support for the agenda for change. The NPP government was politically willing and able to identify and mobilise the needed support for the proposed NHIS. It developed a participative strategy by including in the ministerial taskforce the interests of the various stakeholders – such as

[2025] Agyepong and Adjei (2008, 153); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); MOH (2001, 1); NPP (1996; 2000); Rajkotia (2007, xi)
[2026] Baltussen et al. (2006, 654); Criel et al. (2004, 1042); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Interview with SANDEMA of Insight (August 28, 2019, ACCRA); Interview with Interview with TANGO of Ghana Parliament (Nov 30, 2017, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA); Rajkotia (2007, xi)
[2027] NPP (2000)
[2028] Also Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with FOSU of Ghana Health Service (Aug 27, 2017, OBUASI); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Interview with SANDEMA of Insight (August 28, 2019, ACCRA)
[2029] Carbone (2011, 399); Kusi-Ampofo et al. (2015, 207)
[2030] Atalinga (2011, 48); Baltussen et al. (2006, 654); Criel et al. (2004, 1042); MOH (2001); Rajkotia (2007, xi)
[2031] Agyepong and Adjei (2008, 154); Osei-Akoto and Adamba (2017, 388)
[2032] Agyepong and Adjei (2008, 155)
[2033] Also Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with IKEZOLO of the NPP (Oct 19, 2017, Abetifi); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with OPEIMU of the NPP (Oct 19, 2017, Nkwatia); Interview with SANDEMA of Insight (August 28, 2019, ACCRA)

the GHS, MOH, the Ghana Health Care Company, the Dangme West District Health Directorate and Research Centre, and the TUC[2034] – that it perceived as important in developing the NHIS. However, to marshal adequate and ongoing support to overcome the resistance from experts with technical knowledge in NHI and health financing and the TUC,[2035] the NPP replaced the director of the PPME who chaired the ministerial taskforce with a trusted associate.[2036] To strengthen the position of supporters of the proposed change, the NPP introduced party loyalists and trusted close political associates onto the taskforce.[2037] Thus, the composition of the taskforce reflected the political priorities of the NPP and its haste in getting the NHIS done in a timely manner.[2038] All those who were opposed to the bill or made inconvenient comments, suggestions and critiques were branded by the NPP through a publicity campaign as enemies of affordable health care and obstructionists driven by self-interest and opposing political agendas.[2039] For instance, the NPP government played the general public against the TUC[2040] and branded it as anti-progress.[2041] In response, David Dorkenoo the head of the TUC's education department stated that it was ''wrong to vilify the TUC and allied labour unions when all they were doing was to ensure a health insurance scheme that would not jeopardise the interest of workers.''[2042] The government ignored and marginalised the stakeholders who had politically incongruent ideas and perspectives.[2043]

[2034] Agyepong and Adjei (2008, 154-5); Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA); Osei-Akoto and Adamba (2017, 388)

[2035] Agyepong and Adjei (2008); Carbone (2011); Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Rajkotia (2007)

[2036] Agyepong and Adjei (2008); Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA)

[2037] Carbone (2011); Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Rajkotia (2007)

[2038] Agyepong and Adjei (2008); Carbone (2011); Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Interview with KPANDO of Ghana Health Service (Dec 5, 2017, ACCRA); Rajkotia (2007)

[2039] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with KOKOMBA of Ministry of Health (Nov 24, 2017, ACCRA); Rajkotia (2007, 10)

[2040] Ghana News Agency (2003e); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Kusi-Ampofo et al. (2015, 207)

[2041] Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with KAWOKUDI of Peace FM (Sept 3, 2019, Abeka) Interview with OMAN of Statesman (Dec 20, 2017, ACCRA); Interview with SANDEMA of Insight (August 28, 2019, ACCRA); Kusi-Ampofo et al. (2015, 208)

[2042] Ghana News Agency (2003e)

[2043] Rajkotia (2007, xi)

Furthermore, the NPP government showed continuity of effort and allocation of resources in support of the proposed policy change. As discussed above, the NPP while in opposition continually committed its resources towards the idea of NHIS. When it came into power, it unrelentingly demonstrated its political will for the agenda for change. For three years, the government continued to allocate ongoing effort and resources towards the NHIS until it became a reality. For instance, Afriyie, the health minister reconstituted the Joint Parliamentary Committee on Health and Finance and financed it to visit all the then ten regions in Ghana to solicit fresh inputs and ideas from the public.[2044]

Thus, the NPP was politically committed to the NHIS because it saw it as an opportunity for electoral success. The NHIS was to minimise the impact of the cash and carry system that was part of Ghana's neoliberal policies[2045] and serve as a cushion to the people for basic health care.[2046] Accordingly, the success story of Ghana's adoption of the national health insurance could not be told without mentioning the important role played by the NPP, particularly, Kufuor.

As given by the multiple streams framework, due to fluid participation in organised anarchies, decision-makers come and leave office frequently and change is likely when certain actors happen to be in power.[2047] This is because veto opportunities and venues that arise out of political power are very crucial to what policies get implemented at a specific point in time.[2048] In terms of the political factors, the NPP's victory in the 2000 elections was very crucial to Ghana's adoption of the national health insurance scheme. The window was opened by NPP's winning of the keenly contested 2000 presidential and parliamentary elections, which was seen as a test of democracy in Ghana and historic moment where the reins of power changed through the ballot.[2049] Ghana's adoption of the national health insurance was therefore made possible because of the

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[2044] Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA); Kusi-Ampofo et al. (2015, 208)
[2045] Interview with SANDEMA of Insight (August 28, 2019, ACCRA)
[2046] Interview with KAWOKUDI of Peace FM (Sept 3, 2019, Abeka)
[2047] Blankenau (2001, 42)
[2048] Immergut (1992); Osei-Akoto and Adamba (2017, 388)
[2049] Debrah (2005); Nungent (2001)

assumption of office of the NPP in 2001,[2050] had there not been a change in government it would not have happened in Ghana at the time it did (that is, in 2003). As Kingdon argued, a change of administration is "probably the most obvious window in the policy system."[2051] The NPP's "2000 election victory was thus a crucial event, opening a 'critical juncture', or a phase during which key policy changes would take place. Had the NDC carried another election, the user fees policy, at least in the medium term, would probably have been prolonged."[2052]

Because Kufuor under the NPP had made the replacement of the discredited cash and carry system with a national health insurance a key campaign message,[2053] the electoral victory provided him with a unique opportunity to translate his long-desired pet solution into reality. Kufuor, in fulfilment of his campaign promise,[2054] took advantage of the opened window propelled by the 2000 election victory[2055] and coupled the three streams to effect change in Ghana's health policy resulting in the NHIS.[2056] Upon assuming office, he appointed a health minister to make sure NHIS was adopted.[2057] As detailed above, the health minister hurriedly set up a seven-member health ministerial taskforce to support and advise the health ministry on the development of the NHIS.[2058] The minister together with the taskforce presented a report that resulted in a draft bill which was tabled in parliament.

In protest of the national health insurance bill and to abstain from its passage, the minority NDC party walked out of parliament.[2059] However, this did not prevent the NPP from passing the bill, having the majority of the parliamentary seats, they had the numbers parliament required under the 1992 constitution to get the bill passed.[2060] This incurred the displeasure of organised labour groups such that it compelled them to take to

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[2050] Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)

[2051] Kingdon (1995, 168)

[2052] Carbone (2011, 399)

[2053] NPP (1996; 2000)

[2054] Atalinga (2011, 48)

[2055] Carbone (2011, 399)

[2056] Assensoh and Wahab (2008, 301-2)

[2057] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Osei-Akoto and Adamba (2017, 388)

[2058] Agyepong and Adjei (2008, 154-5)

[2059] Interview with AFIENYA of Ministry of Health (Nov 15, 2017, ACCRA); Interview with PIZARRO of NDC (Oct 19, 2017, Nkwatia); Rajkotia (2007, 10)

[2060] Agyepong and Adjei (2008, 155); Ghana (1992a; 1992b; 1992c); Rajkotia (2007, 10)

the streets to demonstrate in protest of the NPP going ahead with the passage of the bill into law (the *National Health Insurance Act of 2003*)[2061] without addressing their concerns.[2062] This notwithstanding, the NPP government driven by a strong political will and high-level commitment,[2063] continued to push their national health insurance policy draft through the process. Despite discontent from the minority party and organised groups, the bill was successfully passed into law in 2003 establishing the NHIS.[2064]

Two main institutional factors shaped the politics stream. The first factor was the NPP's legislative majority in the 2000 elections. The NPP had a complete control over the decision-making process, it formed the executive and had the majority of seats in the legislature. Despite the NDC walking out of parliament and all the fierce opposition from other actors, the NPP still maintained its commitment and adopted the NHIS rather than a community-based scheme. This is because President Kufuor was highly confident that he could get the policy approved as he had the required numbers in parliament.

The second important institutional factor was the economic policy of the government. The transition to the NHIS occurred at a time when Ghana's external debt was so high that it sought debt forgiveness by joining the Highly Indebted Poor Countries (HIPC) program.[2065] Paradoxically, the NPP government, rather than maintaining the status quo of user-fees healthcare financing system which was market-based, it replaced it with a social interventionist policy, but one that reflected Ghanaian cultural values. Since Ghana's joining of HIPC freed it from its debts[2066] the NPP government used part of the HIPC grant to finance Ghana's healthcare. To demonstrate, about 27 billion cedis (US$ 3.1 million) from the HIPC grant was devoted to the expansion of the existing maternal fee exemption policy to include delivery and postnatal services in 2004.[2067] The transition to

[2061] Republic of Ghana (2003)
[2062] Agyepong and Adjei (2008, 155); Rajkotia (2007, 7)
[2063] Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA); Interview with MAMPONG of Ghana Parliament (Dec 18, 2017, ACCRA); Interview with NUNANA of Ghana Parliament (Dec 15, 2017, ACCRA)
[2064] Agyepong and Adjei (2008, 150-160); Alatinga (2011, 49); Blanchet et al. (2012, 77); Gobah and Liang (2011, 92); Seddoh and Arkoh (2011, 8).
[2065] Afrol News (2002); Fuseini (2015); Gocking (2005); Joy Online (2001); Osei and Quartey (2001); World Bank (2002; 2004d)
[2066] Tamale (2017)
[2067] Koduah et al. (2015, 15)

the national health insurance scheme constituted an aggressive policy reform that led to a paradigmatic path-departing policy change.

6.5 Conclusion

In this chapter, with the Multiple Streams Framework (MSF) and the new institutionalism as theoretical lenses, I aimed at better understanding why Ghana under the New Patriotic Party made a paradigmatic major change in its health policy in 2003 by adopting its national health insurance scheme (NHIS). I demonstrated how changes in the problem, policy and politics streams and their coupling by Kufuor, the main policy entrepreneur, account for Ghana's adoption of the NHIS. I maintained that though favourable political, socio-economic, ideational, and institutional conditions played a role in shaping the three streams, Kufuor's leadership role as the key policy entrepreneur and the political will and commitment of the NPP government were the main factors that shaped Ghana's adoption of the NHIS in 2003. Several policy actors played significant roles in the policy process. However, those who were particularly highly influential of these actors were the proponents of the idea of NHIS, particularly consultants and the new chair of the design process appointed by the MOH. These consultants were politically connected to the ruling NPP government, they helped the NPP government to "develop a campaign apparatus that allowed the party to reach rural populations."[2068] The two main political resources commanded by them were their political loyalty to the NPP government and their perceived technical ability.

A policy window opened when the NPP won the 2000 parliamentary and presidential elections. Kuffour, initially the main candidate of the NPP and later president of Ghana, took advantage of the opened window and coupled the three streams together which resulted in the adoption of the NHIS in 2003. A policy issue in the manifesto of political parties do not necessarily translate into public polices once that party wins the election and forms the government. Rather, it needs a high-level political commitment from the ruling government. This is exactly what happened in the case of the NHIS.

[2068] Rajkotia (2007, 6)

In the next chapter I seek to better understand why Ghana has not been able to make major changes in its education policy due to the absence of a key policy entrepreneur and the lack of government political will and commitment. I show how the failure of Ghana to couple changes in the problem, policy, and politics streams at critical junctures during opened windows due to the absence of a key policy entrepreneur account for Ghana's inability to extend the policy of free universal education for all beyond the secondary school level.

CHAPTER SEVEN

THE MULTIPLE STREAMS FRAMEWORK, THE NEW INSTITUTIONALISM, AND GHANA'S EDUCATION POLICY:

UNDERSTANDING THE INCREMENTAL CHANGE

7.1 Introduction

In this chapter I examine why Ghana has made only incremental changes in its education policy. I examine how the absence of a key policy entrepreneur and government political will and commitment has led to the incremental changes in education policy in Ghana. Unlike its health and local governance policies that have seen path-departing changes at specific moments in time, Ghana has made only incremental changes in its education financing policy. I argue that Ghana's inability in making a significant paradigmatic change in its education policy at a specific moment in time is because of the absence of key policy entrepreneurs and the lack of government political will and commitment. Successive governments after Nkrumah did not show political will to the idea of education for all because it did not provide any political or electoral incentive. I therefore maintain that the failure of Ghana to successfully couple changes in the problem, policy, and politics streams at critical junctures during opened windows due to absence of a key policy entrepreneur and government political will accounts for the incremental changes in Ghana's education policy. Most of the previous education policies since 1951 were characterised by severe lack of commitment and leadership on the part of the government and policy decision makers.[2069] The main problem with Ghana's policy making generally is the issue of continuity in policy implementation. Since independence, all successive governments due to lack of political will and commitment tend to abandon or discontinue the implementation of policy initiatives of their predecessors. Those policies of the previous government that survive are partially implemented.[2070] The policies of previous governments mostly were cancelled by the new government and new ones adopted in their stead.[2071] Thus, there has been a corresponding frequent change of the goals and objectives of Ghana's education policy[2072] of the post-

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[2069] Fobih and Koomson (1998, 155)
[2070] Fobih and Koomson (1998, 156)
[2071] Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA)
[2072] Fobih and Koomson (1998, 165)

independence governments. Similarly, due to the perennial problem of political instability and a weak economic base most reforms proposed to restructure Ghana's educational system also remained either unimplemented or partially implemented.[2073] Therefore, Ghana's free education was flip flopped because of changes in government, a political factor of governance instability.[2074] Hence, as the next sections will demonstrate, the development and introduction of free education under the broad goal of universal education for all in Ghana since independence has been politically driven and punctuated by periods of political tumult.

The three institutional factors that shaped the problem, policy, and politics streams were 1) the colonial legacy of social stratification in access to education; 2) political instability; and 3) Ghana's economic policies (weak economic base). These contextual factors provided the context by shaping the problem, policy and political streams and opening an opportunity window conducive to a policy change. The data collected from the interviews and official government documents are the primary sources I used in this chapter to test or substantiate this argument.

The provision of free universal education for all has been the most basic goal of Ghana's education policy.[2075] Consequently, successive governments have, since independence, adopted several policies aimed at making education more accessible to all Ghanaians. These policies have mostly prioritised fee-free, compulsory basic education to every child of school-going age.[2076] The education system has also undergone a series of reforms with the view of increasing access to all levels of education.[2077] Besides, the 1992 Fourth Republican Constitution also guaranteed the idea of universal education for all.[2078] The constitution provides that all Ghanaian children of school-going age are provided with accessible quality formal education and training.[2079]

This notwithstanding, until 2017 when the NPP under Akufo Addo scaled up free education at the senior high school nationally, Ghana's policy efforts towards education for all has, since independence, focused

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[2073] Fobih and Koomson (1998, 155); Koduah et al. (2015, 13)
[2074] Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)
[2075] Little (2010, 1)
[2076] Darvas and Balwanz (2013, 41)
[2077] Little (2010, 1)
[2078] Fredriksen (2009, 100); Ghana (1992c)
[2079] Fredriksen (2009, 100); Ghana (1992c)

primarily on basic education. Ghana is yet to achieve the goal of free universal education for all at all levels. Currently, the structure of education in Ghana consists of nine years of basic education (made up of six years of primary education and three years of junior high school), three years of senior high (secondary) school, and four years of university education (or other tertiary education with varying lengths of study). Of these, in only basic education (primary and junior secondary education comprising of the first nine years), and just recently senior high school, has Ghana been able to achieve the goal of free universal education for all. Under the policy of Free Compulsory Universal Basic Education (FCUBE), primary and junior secondary education are both free and compulsory.[2080] The free senior high school policy in 2017 extended free education in Ghana beyond the basic school to include senior high (secondary) school education. Before then free senior high education existed only in the northern regions of Ghana since Kwame Nkrumah introduced it as a special incentive to encourage children there to enrol in school.[2081]

Ghana's education policy has therefore seen only incremental changes since independence. Moreover, Ghana has not been able to adopt a policy of free universal education at all levels. The multiple streams framework and the new institutionalism help to understand why this is so.

7.2 The "Education For All" Policy and Ghana's Education Financing Mechanism

The principle of free basic level education for all children of school-going age has, to a great extent, guided the development of education in Ghana.[2082] The free basic education policy became common in the 1960s in developing countries as these countries sought to build capacity after gaining independence.[2083] Though the policy led to a massive expansion of the education systems in these countries, it was later abandoned due to economic decline.[2084] Through the SAPs, a brainchild policy of the World Bank and the IMF, user fees were

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[2080] Ajayi (2011, 5); Little (2010, 1, 22-3)
[2081] Akyeampong et al. (2007, 4); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with OBUASI of [Ghana Parliament (Dec 15, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)
[2082] Ghana (2012a, 14)
[2083] Horn, Wright, and Prouty (2009, xi)
[2084] Horn, Wright, and Prouty (2009, xi)

introduced by these countries in the 1980s as a viable alternative to the tax-based (public) financing of education.[2085] However, the introduction of user fees had dire consequences on access to education, especially by the poor.[2086]

Ghana's current education for all policy was–shaped by the School Fee Abolition Initiative (SFAI). This initiative, introduced in 2005 by the World Bank and the United Nations Children's Fund (UNICEF) as part of its Education for All (EFA) goals and the Millennium Development Goals, was aimed at providing quality education to all children through the removal of cost barriers to education access that prevents parents from enrolling and maintaining their children at school.[2087] Thus, its main goal was to ensure that "no child is prevented access to education because of inability to pay school fees."[2088] The impact of economic barriers to schooling on the poor has, therefore, been the main thrust that drove the policy initiative that was aimed at attaining the right to education for all by 2015.[2089]

The adoption and implementation of the FCUBE program in Ghana that aimed at facilitating the right to education[2090] was done "in line with the 1992 Constitution, national poverty reduction strategies and the Millennium Development Goals."[2091] As noted earlier in this chapter, Article 38 (2) of Ghana's 1992 Constitution provides that the Government of Ghana shall, within two years after Parliament first meets after coming into force of the Constitution, draw up a program for implementation within the following ten years, for the provision of free, compulsory and universal basic education.[2092]

Tuition in all basic schools in the public system was made free under the FCUBE program. Textbooks were supplied by the government freely to basic schools in the public system and in the private sector.[2093] The

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[2085] Horn, Wright, and Prouty (2009, xi)
[2086] Horn, Wright, and Prouty (2009, xi)
[2087] Fredriksen (2009, 1); Mfum-Mensah (2017, ix). See Gwanfogbe (2011); Nishimura, Ogawa, and Ampiah (2009); Nsamenang (2011); Okilwa (2015)
[2088] Fredriksen (2009, 15)
[2089] Horn, Wright, and Prouty (2009)
[2090] Horn, Wright, and Prouty (2009, xi)
[2091] Ghana (2012a, 14)
[2092] Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA); Ghana (1992a; 1992b; 1992c); Fredriksen (2009, 100)
[2093] Fredriksen (2009, 101); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA)

free textbook supply was, however, limited to pupils in grades 1–6, those in 7–9 were charged textbook-user fees, which were set at not more than 10 percent of the average total cost of textbooks supplied to one pupil in basic schools.[2094] The government also provided free equipment and tools to all the basic schools in the public system.[2095]

As discussed above, the NPP government's introduction of free education at the senior high school in Ghana in 2017 aimed at making senior high school education generally available and accessible to all by removing cost barriers to education.[2096] This policy, however, does not constitute a major paradigmatic change from the status quo: it is a nationwide progression and expansion of the existing free basic education (FCUBE) to the secondary education level. Besides, as noted earlier, free senior high education had existed in the northern regions of Ghana since independence. It was only scaled up nationally by the NPP government. It was a modification to already existing policy that resulted in incremental shift in the existing structure rather than a new and innovative policy.[2097] Accordingly, the education policy in Ghana has seen only incremental changes.

Thus, while the idea of education for all has received serious consideration in Ghana since 1951,[2098] even prior to the country's independence, it is yet to fully materialise. Consequently, the changes in Ghana's education policy have been incremental. The next three sections provide detailed explanation.

7.3 The Problem Stream

Framing plays a very important role in how problems come to be recognised and how conditions come to be defined as problems.[2099] The problem stream regarding education policy in Ghana has been largely divided since

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[2094] Fredriksen (2009, 101)

[2095] Fredriksen (2009, 101); discussed

[2096] Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA); Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA); Interview with YENDI of New Crusading Guide (Dec 20, 2017, ACCRA)

[2097] Howlett et al. (2009, 202), Bennett and Howlett (1992, 275).

[2098] Akyeampong (2010a; 2010b); Darvas and Balwanz (2013); Fobih and Koomson (1998); Fredriksen (2009); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Little (2010); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA)

[2099] Rowlands (2007, 190)

independence hitherto. Unlike the case of local governance and health policy, there has not been a single definition of Ghana's education policy at a particular point in time. In the late 1940s evidence suggested the worsening education conditions in Ghana particularly with respect to equity and access. To illustrate, the Watson Commission report indicated that there was "a universal feeling that Africanisation was merely a promise and not a driving force in government policy"[2100] and the suspicion that "education has been slowed up and directed in such a way to impede Africanisation."[2101] One of the proximate social causes of the 1948 disturbance identified by the Watson Commission in its report was "the alleged slow development of educational facilities in spite of growing demands, and the almost complete failure to provide any technical or vocational training."[2102]

Education in Ghana in the immediate post-independence era was tied to national development. This was reflected in the vision, aspirations and goals of its political leader, Kwame Nkrumah. To demonstrate, in his address two days before the declaration of independence delivered at the Legislative Assembly, Nkrumah laid out his vision and objectives for education as follow:

> We must seek an African view to the problems of Africa. This does not mean that Western techniques and methods are not applicable to Africa. It does mean, however, that in Ghana we must look at every problem from the African point of view … Our whole educational system must be geared to producing a scientifically-technically minded people. Because of the limitations placed on us, we have to produce, of necessity, a higher standard of technical education than is necessary in many of the most advanced countries of the Western world … I believe that one of the most important services which Ghana can perform for Africa is to devise a system of education based at its university level on concrete studies of the problems of the tropical world. The University will be the co-ordinating body for education research, and we hope that it will eventually be associated with Research Institutes dealing with agriculture, biology, and the physical and chemical sciences which we hope to establish … today in a country of five million inhabitants nearly half a million children enjoy primary education. We must, however, provide further outlets for these children and give them an opportunity to learn something of engineering, tropical agriculture and of the problems of tropical medicine and hygiene. Only with a population so educated can we hope to face the tremendous problems which confront any country attempting to raise the standard of life in a tropical zone.[2103]

[2100] Gold Coast (1948, 7)
[2101] Gold Coast (1948, 7)
[2102] Gold Coast (1948, 8)
[2103] McWilliam and Kwamena-Poh (1975, 94 cited in Akyeampong et al., 2010, 2)

Thus, Nkrumah saw education as the panacea for accelerating Ghana's social economic development and the total transformation of the country as well as that of Africa as a whole. Consequently, Nkrumah's projects were driven by his long-term vision on how to resolve Africa's problems.[2104] He envisaged that it was only through education that Ghana could fast track its economic growth and development.

However, it was realised by the early 1960s that there was a clear social stratification in access to education in Ghana[2105] as noted in chapter four. There existed perpetual and significant inequities in access to school as well as the allocation of vital education inputs and the distribution of learning outcomes across different groups in Ghana.[2106] Some Ghanaian children of school-going age were denied access to education due to the inability of their parents to pay for their fees. Education was thus "a privilege for a few."[2107] As Darvas and Balwanz aptly noted, inequality in learning achievements has been "the central challenge facing basic education in Ghana and the contribution of basic education to furthering national development."[2108] This had its roots in the colonial past of Ghana. It was realised even before Ghana attained colonial independence that "the type and quality of education system inherited from the colonial era did not address the country's needs and critical problems of development and equity."[2109] The colonial policy objective did not have the interest of Ghana at heart. The purpose of education in Ghana during the colonial era was not for jobs. The colonial masters were concerned basically about language, how to read and write[2110] to break the language barrier (English).[2111] Therefore, the "educated Ghanaians were alienated from their societies and had little or no skills for any meaningful or productive contribution towards the overall development of the Ghanaian society."[2112] Thus,

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[2104] Interview with AMINA of Ghana Parliament (Nov 27, 2017, ACCRA)
[2105] Little (2010, 7)
[2106] Darvas and Balwanz (2013, 1); Interview with KAWOKUDI of Peace FM (Sept 3, 2019, Abeka); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA)
[2107] Gold Coast (1948, 67)
[2108] Darvas and Balwanz (2013, 1)
[2109] Agyeman et al. (2000, 9)
[2110] Ahwoi (1993c, 6); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA)
[2111] Ahwoi (1993c, 6); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)
[2112] Ahwoi (1993c, 6)

immediately after independence, equitable access to education stood out as one of the key policy objectives in meeting the aim of economic stability.[2113]

Accordingly, access and equity became the main frames with which Ghana's education problem was portrayed at the period immediately following its independence. Consequently, during this period serious attention was paid by the government to the expansion of education, both in terms of enrolment and infrastructure, in the country. This culminated in the provision of educational infrastructure and teaching and learning aids. Consequently, principles of fairness and justice were the foundation upon which the promotion of equity was based at that time.[2114] The problem of Ghana's education was therefore defined in terms of both access and equity.

This framing persisted after the overthrow of Nkrumah in 1966 through to the 1970s. However, the definition of the problem of Ghana's education policy was expanded. Due to economic deterioration coupled with institutional mismanagement in the late 1970s,[2115] Ghana's budgetary allocation towards its education system fell considerably[2116] making free education largely unsustainable.[2117] A government white paper, *The New Structure and Content of Education for Ghana* issued in 1974 pointed out that the ongoing policy debates within the Ghanaian public arena were predominately over the issues of equity, quality and efficiency.[2118] Increasing access necessitated a sacrifice in quality. As will be demonstrated below, while infrastructure and recruitment of pupils into primary and secondary education expanded rapidly in the 1960s through to the 1990s, the standard of education in Ghana deteriorated woefully.[2119] Consequently, Ghana's education policy gradually began to be framed mainly in terms of quality, access, equity, and cost at the same time.

[2113] Takyi et al. (2019a, 5)
[2114] Darvas and Balwanz (2013, 1)
[2115] Akyeampong et al. (2006)
[2116] World Bank (2004a, 7; 2004c, 1)
[2117] Darku (2012, 198)
[2118] Darvas and Balwanz (2013, 42); Ministry of Education (1974)
[2119] Akyeampong et al. (2006; 2007); Akyeampong (2007; 2010a); Takyi et al. (2019a).

The problem stream, according to the MSF, is driven by indicators, focusing events and feedbacks.[2120] Commonly reported indicators, focusing events in the form of crises, and policy feedback have all been present in driving the problem stream of Ghana's education system since independence. In the late 1960s through to the early 1980s all these factors were obvious in Ghana: evidence was mounting that the conditions of education in Ghana were worsening, mainly with respect to cost, quality, equity, and access to education.

Regarding indicators shaping the problem stream, the CPP governments under Kwame Nkrumah, unlike its successors, did not set up a commission of inquiry or committee on education reform. Rather, as the leader of Government Business, Nkrumah introduced the *Accelerated Development Plan for Education* in 1951[2121] that shaped the problem stream. The colonial educational system prior to 1952 was characterised by an inherent problem of accessibility:[2122] the few urban-based schools were inaccessible to the majority of people and the curriculum was not relevant to the daily life experience of Ghanaians.[2123] The content of education in the schools was too "bookish" and the books on which it was based was, for the most part, written for use in countries that were very different from the Gold Coast.[2124] To demonstrate, the Watson Commission stated in its report that:

> Turning now to the criticism that the curricula are not adapted to the needs of the country, the general complaint appears to be that the education provided in the schools actively discourages pupils from turning to the trades and crafts. It is possibly true that in the past there was a tendency on the part of the Africans to decry technical and craft training but certainly this tendency has disappeared: there was everywhere a demand for education of the hands as well as of the head. It is realised that literary education alone is doing great harm to the Gold Coast. It is creating a gulf between town and country. It is producing a youthful hooligan clement in the towns as boys emerged from schools to find a glut of clerks and to find themselves disinterested in, or not equipped for, other occupations. It is creating a false sense of values in which the dignity of labour is lost sight of. There must be an immediate expansion of craft, technical and vocational training practically throughout the entire structure. The method of education also came in for criticism. It is said that there are problems with the method of question and answer and of exercise which involves deduction from, and application of, principles learned. There is undue reliance on memorisation. We ourselves observed among the younger people a tendency to repetition and a lack of critical thought. This is a menace to the pupils themselves as well as to the community, for the literate man so educated is susceptible to propaganda and rumour of the crudest absurdity. Bearing in mind

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[2120] Blankenau (2001, 41); Zahariadis (2007, 70)
[2121] Darvas and Balwanz (2013, 42)
[2122] Dannyboy (2017)
[2123] Fobih and Koomson (1998, 155)
[2124] Gold Coast (1948, 66)

all the difficulties which we have identified, we suggest certain modifications and alterations in the present system which we think would meet some of the valid criticisms.[2125]

Moreover, the time available to the average student was woefully short in relation to what there was to learn.[2126] These indicators helped in framing Ghana's education policy problem at the time as access and equity.

The various committees – the Kwapong Review Committee, the government's White Paper on the Education Review Committee, the Amisssah Education Committee, the Dzobo Education Review Committee, the Education Reform Review Committee, Anamuah-Mensah Committee, and the Education Reform Review Committee – setup since the overthrow of Nkrumah to review Ghana's education system played a significantly influential role in providing information that would eventually have a great effect on the problem stream. The reports of these committees and government's White Paper[2127] all drew attention to the fact that persistent social stratification in access to education in Ghana[2128] and declining rates of school enrolment[2129] have been the main indicators that shaped the problem stream. Moreover, these committees highlighted how continuous economic decline among other factors led to a fall in the quality of Ghana's education in the 1970s.[2130] Of these committees, the Dzobo Education Review Committee appointed by the Acheampong government had the greatest impact. The committee identified that disadvantaged students in Ghana were disproportionately denied access to secondary school education.[2131] Consequently, rather than enhancing social mobility, Ghana's education system structure served as a tool with which social inequality was reproduced.[2132] Thus, access, equity, cost and quality now became the major frames with which the problem of Ghana's education was portrayed, and the findings of these committees were instrumental in pushing education onto the institutional agenda.

[2125] Gold Coast (1948, 64-5)
[2126] Gold Coast (1948, 67)
[2127] Ghana (1968b; 1967)
[2128] Little (2010, 7)
[2129] Fredriksen (2009, 5)
[2130] Darvas and Balwanz (2013, 41)
[2131] Agyeman et al. (2000); Akyeampong (2004; 2007; 2010); Akyeampong et al. (2006; 2007); Takyi et al. (2019a)
[2132] Foster (1965); Weis (1979)

Focusing events that shape the problem stream by drawing attention to problematic conditions were also evident in Ghana. Falling quality and standard of education as well as stagnation in primary school enrolment between 1965 and 1990s resulting from the worsening economic conditions served as focusing events that also drove the problem stream. The deteriorating economy led to a decline in government's financial allocation to education[2133] especially after Ghana's adoption of the SAPs and ERPs in the 1980s and 1990s.[2134] This resulted in the shortage of very basic and indispensable teaching and learning materials such as stationary and textbooks,[2135] a dilapidated state of equipment, furniture, and infrastructure coupled with the absence of statistical information necessary for planning.[2136] Not only were non-salary recurrent expenditures squeezed out, but also real wages fell and payments were frequently late.[2137] All these served as focusing events that also drove the problem stream in the post-Nkrumah era.

The education system, especially the teaching force, experienced an overall demoralisation due to the prevailing factors and conditions[2138] which affected the morale of teachers, school management, and quality of education. Moreover, there was a massive influx of untrained teachers that replaced the well-trained qualified teachers[2139] who left the country in search of greener pastures in other countries, most notably Nigeria.[2140] Consequently, the majority of graduates produced by the primary schools were illiterate. The falling quality and quantity drew attention to the intensity of the problematic conditions bedevilling the education sector.

Feedback from previous programs is very important in shaping the problem stream because it highlights what works and what may not.[2141] The whole history of educational development in Ghana is seen as an

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[2133] Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Darvas and Balwanz (2013, 41); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)
[2134] Abrahamsen (2000; 2004); Lewin (2010); Little (2010)
[2135] Many of the schools had no more than one textbook to a class (World Bank 2004c, 1).
[2136] Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Darvas and Balwanz (2013, 41); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA); World Bank (2004c, 1)
[2137] World Bank (2004a, 1)
[2138] World Bank (2004a, 1)
[2139] Agyeman et al. (2000, 9); Ahadzie (2000, 20); Darvas and Balwanz (2013, 41); Thompson and Casely-Hayford (2008, 10)
[2140] Akyeampong et al. (2006, 158)
[2141] Zahariadis (2007, 72)

unsuccessful attempt to find the right kind of balance between relevance and quality on one hand and access on the other.[2142] Thus, the present education landscape in Ghana is the outcome of successive educational reform policies aimed at making quality education accessible to all irrespective of social-economic status and making school curriculum relevant to national development. The *Accelerated Development Plan* – that primarily aimed at providing equal opportunity in education by abolishing tuition fees and the *1961 Education Act* that made basic level of education fee-free and compulsory for all children,[2143] provided important policy feedback in the post-Nkrumah era. The significant increase in school enrolment resulting from these fee abolition policies directed toward the goal of universal education served as an important policy feedback that portrayed free education as a viable policy solution to address the issue of access and equity in Ghana's education system.

For instance, as a result of the introduction of fee-free education under the *1951 Accelerated Development Plan* and the *1961 Education Act*, the number of schools and enrolment increased exceedingly to 10,421 schools with 1,404,929 pupils in 1966 from 1,592 schools with 204,262 pupils in 1950.[2144] With this, enrolment at Grade 1 in the first year increased to 231,000 from 139,000. The total enrolment at the primary school as a whole increased to 455,740 in 1958[2145] and from 664,332 in 1960 to 1,413,517 in 1965, representing 113 percent increase within five years (about 16.2 percent per year).[2146] At the secondary level, the number of students enrolled in secondary schools increased from 2,776 in 1951 to 9,860 in 1958.[2147] Looking at pre-tertiary education (primary, middle, and secondary education) as a whole, a total number of 224,568 students were enrolled in 1,635 schools in 1951 but by 1966 the number of students had increased tremendously to 1,447,040 in about 10,526 schools.[2148] The substantial surge in enrolment access emanating from the abolition of school

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[2142] Agyeman et al. (2000, 9); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Takyi et al. (2019a, 5); Interview with TEPA of Ghana Parliament (Dec 18, 2017, ACCRA)

[2143] Darvas and Balwanz (2013, 41-2); Fobih and Koomson (1998, 156); Little (2010, 7)

[2144] Fobih and Koomson (1998, 157)

[2145] Fobih and Koomson (1998, 157)

[2146] Fredriksen (2009, 5)

[2147] Fobih and Koomson (1998, 157)

[2148] Akyeampong (2010a, 4); Fredriksen (2009, 96)

fees clearly showed that cost was a major barrier to access.[2149] Thus, a policy that abolishes tuition fees was proven to be very effective in addressing the issue of access and equality in Ghana's education system.

Moreover, the reversal of the previously made gains from the fee abolition policy[2150] – in the form of declining school enrolment and falling quality of education between the late 1960s through to the early 2000s due to the reduction in education budgetary allocation and the re-emergence of school fees (user fees)[2151] resulting from deteriorating economic conditions[2152] – highlighted the negative impact of economic barriers to education. It also revealed the importance of fee-free education policies in providing equal, universal access to the poor and vulnerable and disadvantaged children who were virtually excluded from the education system in Ghana. The records reveal that the introduction of user fees had dire consequence on access to education, especially by the poor.[2153] Consequently, fee abolition was an indispensable tool for achieving the goal of free universal education for all. It helped in getting rid of the financial barrier to equal access to education.

Thus, while consensus had existed generally since independence that Ghana's education system had many problems and conceivably is in a state of crisis, the problem stream has been divided hitherto. Cost, access, equity, and quality became the main frames with which Ghana's education was portrayed. Ghana has not been consistent in defining and framing its education policy problem at any one particular point in time. Therefore, the main policy goals of Ghana's education system have been centred on access, equity, cost, and quality in education.[2154] However, due to financial constraints on one hand and lack of political will or commitment on the other, almost all policies aimed at any of these goals have historically resulted in forgoing the others. For instance, in an attempt to increase access to basic education in the immediate post-independence era, quality of education fell. Similarly, efforts to improve upon the quality of education were made at the detriment of

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[2149] Fredriksen (2009, 15)

[2150] Fredriksen (2009, 5)

[2151] The government did not have the political will to continue the education for all policy in the face of continued economic deterioration and the free basic education was abolished in 1971 (Darku 2012, 198).

[2152] Akyeampong et al. (2006); Darku (2012, 198); Fobih and Koomson (1998, 166); Fredriksen (2009, 5); World Bank (2004a, 7; 2004c, 1)

[2153] Horn, Wright, and Prouty (2009, xi)

[2154] Ghana (2012a, 6); World Bank (2004a, 7; 2004c, 1)

access as already examined above. Accordingly, there has always been a trade-off between the goals of quality and cost on one hand and equity and access on the other hand.

In terms of institutional factors that shaped the problem stream, as discussed above, Ghana's economic policies and colonial legacy of social stratification in access to education have been paramount. As illustration, the Watson Commission noted in its report that "the moral justification for Britain remaining in the Gold Coast lies in this: out of a population of approximately four and a half million Africans, on a fair assessment, barley ten percent is literate. We have no reason to suppose that power in the hands of a small literate minority would not tend to be used to exploit the illiterate majority."[2155] The inequality in access to education significantly shaped the definition of the problem with Ghana's education and the path Kwame Nkrumah took that shaped the policy direction of the country.[2156] Also, austerity measures and government budget cuts on social policies severely affected the government's ability to fund its education polices.[2157]

7.4 The Policy Stream

According to the multiple streams framework the policy stream is regarded as a soup of ideas generated by specialists in policy communities that compete to win acceptance in policy networks.[2158] The selection of a particular policy idea proposed as a solution to an identified policy problem depends on its value acceptability and technical feasibility.[2159] Finding a sustained consensus in the policy stream regarding education financing in Ghana, education for all in particular, has proved to be unattainable. While the policy idea of "education for all" has mostly met the criteria of value acceptability of most ruling governments and the political elite, the same cannot be said about technical feasibility. Technical feasibility has precluded the expansion of the policy of

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[2155] Gold Coast (1948, 26)
[2156] Gold Coast (1948, 7)
[2157] Carroll and Ohemeng (2012, 349); Darku (2012, 192); Hutchful (2002, 7); Lewin (2010); Little (2010); Tsikata (2001, 47)
[2158] Blankenau (2001, 39); Rowlands (2007, 192); Zahariadis (2007, 65).
[2159] Blankenau (2001, 39); Zahariadis (2007, 72)

"education for all" at all levels due to financial constraint,[2160] political instability resulting from the frequent tumultuous change in government,[2161] and more importantly, lack of political will and government commitment.[2162] For instance, as discussed in chapter four the CPP government centred its education expansion project on local self-help.[2163] The *Accelerated Development Plan* indicated that the accelerated programme of opening new middle and secondary schools, on existing plans, and estimated capital expenditure of £5,030,00 on the primary, middle and secondary schools had to be met largely from local resources.[2164] Again, the capital cost of the duplication of six existing Teacher Training Colleges and five additional new colleges of £3 million and the estimated total recurrent expenditure, i.e. salaries, equipment and maintenance for the first five years of £7$\frac{1}{4}$ million also had to be met largely from local resources.[2165] Similarly, in the post-Nkrumah era, especially in the 1970s through to the 1990s, due to the decline of the price of cocoa, government maladministration and political instability, among others budgetary allocation for education was very limited.[2166] Consequently, government policy on education financing aimed at universal education for all in Ghana has focused predominantly on basic education. It was not until 2017 when the NPP government under Akufo Addo introduced the free senior high school policy that scrapped fees at the secondary school level. The policy of education for all is yet to be expanded to the tertiary level and other post-secondary education. Instead, to cut

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[2160] Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with SANDEMA of Insight (August 28, 2019, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA); Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA)

[2161] Interview with AMINA of Ghana Parliament (Nov 27, 2017, ACCRA); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA); Fobih and Koomson (1998, 155); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)

[2162] Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA); Fobih and Koomson (1998, 155); Horn, Wright, and Prouty (2009, xi) Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with NSIANA of Ghana Parliament (Dec 5, 2017, ACCRA); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA)

[2163] Gold Coast (1951, 17)

[2164] Gold Coast (1951, 17)

[2165] Gold Coast (1951, 17)

[2166] Fobih and Koomson (1998, 155); Lewin (2010); Little (2010); Lofchie (2012); Oquaye (1980, 27-28); Tsikata (2001, 57-8)

down education expenditure and make university and other tertiary education more accessible to all Ghanaians, given the high cost of education, the government introduced a loan scheme for students.[2167]

Regarding integration, in the case of education policy, the policy community has been very modest in size because of the top-down approach to the development of educational reforms undertaken by political leaders and decision-makers since independence. There has been very low community participation in the formulation of education policies in Ghana since independence.[2168] The issue of educational reform has been a matter left for specialists and experts to sort out. Furthermore, due to economic constraints and the turbulent nature of Ghana's political history characterised by frequent alternation between civilian and military governments, the policy community had been composed predominantly of the various committees and commissions of inquiries set up by the government. Thus, the active and effective participation of policy networks of specialists and experts in education policy development have been very minimal. Their involvement in Ghana's education policy has most often than not been seen in their expert advice and opinions provided to the government appointed committees and commissions. Accordingly, they have played a rather limited role in shaping the policy stream.

The government white paper, *The New Structure and Content of Education for Ghana,* issued in February 1974 by the Ministry of Education[2169] was very influential in shaping the policy stream. This white paper was based on the recommendations of the Dzobo[2170] Committee set up by the National Redemption Council (NRC) government under Acheampong in 1972[2171] with the aim of reversing the educational decline that resulted from the overthrow of Nkrumah's government in 1966. The committee was "to address the perennial problems that had plagued education in earlier years" in the country, the educational system by then proved dysfunctional.[2172]

[2167] Interview with NSIANA of Ghana Parliament (Dec 5, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)
[2168] Fobih and Koomson (1998, 155)
[2169] Ministry of Education (1974)
[2170] N.K. Dzobo was the then Dean of the Faculty of Education at the University of Cape Coast in Ghana (Darvas and Balwanz 2013, 42; Fobih and Koomson 1998, 161).
[2171] Fobih and Koomson (1998, 161)
[2172] Fobih and Koomson (1998, 161)

It highlighted the ongoing policy debates in the Ghanaian public arena over the issue of equity, quality and efficiency in Ghana's education system.[2173] The Committee sought the input of the general public, more especially, education specialists on the proposal made by the Ministry of Education in 1972 for the introduction of junior secondary schools (JSS). The Ministry of Education's proposal stressed the significance of education for all, the importance of streamlining Ghana's education system to make it relevant to the economic need of Ghana and the vital role of scientific and technological education to national development.

The Dzobo Committee released its report in 1973 and it identified the need for an overhauling of Ghana's educational establishment. The committee recommended, among others, a nine-year system of basic education after which pupils would sit for the basic education certificate examination. Thus, the committee proposed the shortening of the structure of pre-tertiary education from 17 years to 12–13 years in order to align Ghana's education system with international norms.[2174] Specifically, it proposed a new shortened education structure of nine-year basic education – consisting of six years of primary school and three years of junior secondary school – and three years of senior secondary school.[2175] This is because the number of years spent in school was so long that it got people agitated.[2176] A lot of people were dropping out of the education system.[2177] Thus, the 6,4,7 school system was to be replaced with a 6,3,3 system. The committee also recommended as part of the 1987 educational reform the extension of school hours and the introduction of a policy to gradually phase out untrained teachers as a means of improvement of the quality of teaching and learning.[2178]

However, the policy proposals of the Dzobo committee were not technically feasible – resulting from concerns regarding its financial sustainability – and lacked value acceptability of the political leadership. The report did not explicitly address the issue of free education for all, it focused extensively on the quality of

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[2173] Darvas and Balwanz (2013, 42)

[2174] Darvas and Balwanz (2013, 42); Fobih and Koomson (1998, 161); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)

[2175] Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA); Takyi et al. (2019a, 6)

[2176] Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)

[2177] Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)

[2178] Fobih and Koomson (1998, 163-4)

education, not access. Thus, due to sustained economic decline and changes that occurred in national leadership,[2179] the recommendations of the committee were implemented only partially.[2180] It is worth noting that while the policy proposals of the Dzobo committee did not see full implementation, the structure of the reforms that were later carried out in 1987 by the PNDC government were influenced significantly by the recommendations from the report.[2181] The 1987 education reform was part of the IMF– and World Bank-led reforms that Ghana undertook under the national economic recovery plan that began with a restructuring of the school system,[2182] a process validated and accelerated by the global agenda of Education For All following the Jomtien Conference in 1990.[2183]

The work of the Anfom Education Commission was also influential in shaping the policy stream. As an advisory body, the commission was constituted by the PNDC to replace the Ghana Education Service Council that was abolished in the 1980s by PNDC Law 42.[2184] It was tasked to review the state of Ghana's educational system. Notable among its recommendations, which were very similar to that of the Dzobo committee, was the proposed 6.3.3.4 education cycle: 12-year structure of basic education – comprising of a 9-year basic education (6 years of primary and 3 years of junior secondary schooling) and a 3-year senior secondary school – and a 4-year university education. Thus, the Anfom Education Commission endorsed, emphasised, and amplified the proposals of the Dzobo committee.[2185]

As an education review committee, the Anamuah-Mensah Committee was set up by the NPP government in 2002 chaired by Professor Josephus Anamuah-Mensah to review the content and structure of

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[2179] Acheampong's Supreme Military Council I government was removed from office by the Akuffo-led Supreme Military Council II in 1978 following the rejection of his Union Government (UNIGOV) concept in a referendum (Fobih and Koomson 1998, 165; Osei-Kwame and Taylor 1984, 579; Tsikata 2001, 58-9).

[2180] Darvas and Balwanz (2013, 42); Fobih and Koomson (1998, 165)

[2181] Fobih and Koomson (1998)

[2182] Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA); Interview with TEPA of Ghana Parliament (Dec 18, 2017, ACCRA)

[2183] Gwanfogbe (2011); Mfum-Mensah (2017); Nishimura, Ogawa, and Ampiah (2009); Nsamenang (2011); Okilwa (2015)

[2184] Fobih and Koomson (1998, 167)

[2185] Fobih and Koomson (1998, 168)

Ghana's education.[2186] The committee's main finding was that the junior secondary school is one of the weakest links within the reform process due to:[2187]

- Poor quality teaching by teachers who are poorly prepared to teach at this level.

- Lack of effective guidance and counselling system in the schools.

- High pupil/teacher ratios especially in some rural and sub-urban areas; ineffective use of contact hours.

- Overemphasis on the grammar (general) education to the neglect of technical and vocational education.

- Inability to strengthen pupil's basic academic skills (reading and writing) as some JSS graduates can neither read nor write.

- Inability of the system to predispose them to the world of work.

- Absence of performance standards or benchmarks to guide teaching and learning at all levels.

- Poor linkage between the junior secondary school (JSS) and the senior secondary school (SSS) curriculum.

These findings resonated well with the problems identified by the Dzobo Committee in the 1970s and the Anfom Education Commission in the late 1980s.[2188] The Anamuah-Mensah Committee also identified multi-faceted factors responsible for the low quality of education at the senior secondary school level, which were:[2189]

- Lack of adequate teaching and learning facilities.

- Poor infrastructural facilities.

- Lack of well-motivated and committed teachers.

- Absence of proper guidance and counselling services.

- Poor management and supervision.

- Inadequately prepared JSS leavers.

- Absence of performance standards for each subject.

[2186] Ghana (2002)
[2187] Ghana (2002, 112)
[2188] Darvas and Balwanz (2013); Fobih and Koomson (1998)
[2189] Ghana (2002, 29)

In light of the above findings and in an attempt to ease the associated problems and cost involved in the extension for parents and the government, the Anamuah-Mensah Committee recommended that the previous 3-year programme at the SSS be retained.[2190] The committee further recommended the strengthening of teaching and learning situations in primary school and JSS through the provision of qualified, committed and well-motivated teachers as well as the necessary teaching and learning materials and facilities.[2191] The aim was to well-equip the graduates produced by the junior secondary schools with a solid foundation that will enable them to do the 3-year SSS programme.[2192] For a successful implementation of the education reforms, the Anamuah-Mensah Committee further recommended the availability of adequate quality teachers.[2193]

The NPP government, however, did not retain the 3-year SSS system as recommended by the Anamuah-Mensah Committee. It did not meet its value acceptability. During the 2000 elections, the NPP made the extension of the secondary school education to four years as one of its campaign promises in its manifesto.[2194] It was therefore bent on fulfilling that promise and recommendation of the committee did not align with what the NPP sought to do. Rather, a government white paper on the reform issued by the Ministry of Education, Science and Sports (MOESS) in 2004 provided that the senior secondary school structure be change to 4-years from the 3-years so that teachers and students would have enough time to complete their syllabi. Accordingly, the new structure of pre-tertiary education that was established under the new reform in the 2007/2008 academic year consisted of 2 years of Kindergarten, 6 years of primary education, 3 years of junior high school, and 4 years of senior high school. Tertiary education remained the same years under the reform.[2195]

As the above analysis reveals, all the policy reforms by the governments following the overthrow of Nkrumah focused primarily on the structure and content of Ghana's education system. No direct reference was made by these reforms to nor was any emphasis placed on education financing in Ghana, particularly the

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[2190] Ghana (2002, 29)
[2191] Ghana (2002, 131)
[2192] Ghana (2002, 131)
[2193] Ghana (2002, 206)
[2194] NPP (2000)
[2195] Ghana (2002, 21)

education for all policy that was pursued in Ghana by the Nkrumah regime right before independence. Apart from Nkrumah who showed a keen interest in and political commitment to the idea of education for all, no dedicated policy entrepreneur nor government (with the needed political will) emerged until 2008 to push the idea forward. Hence, the idea of education for all at the tertiary level never caught the attention of government, it focused on only the primary level until 2017 when the NPP government led by Akufo Addo extended it to the senior secondary school level.

Two main institutional factors that shaped the policy stream are economic constraints and political instability. As argued above, financial constraint emanating from the weak economic base of Ghana largely affected the policy proposals developed as solutions to Ghana's education problems. It shaped the discussion on the issue of technical feasibility of expanding the policy of "education for all" at all levels.[2196] Secondly, political instability resulting from the frequent change in government led to discontinuity in the efforts made by the previous government.[2197] Each government set up a commission or committee of inquiry. However, their recommendations were set aside after the overthrow of the government as examined above.

7.5 The Political Stream and a Closed Window.

While the problem and the policy streams were effectively shaped, the politics stream was yet to be forged. This results from the irregular alternation in power within a relatively short period after assuming office as well as worsening economic conditions.[2198] The politics stream consists of the three elements namely national mood, pressure-group campaigns, and administrative (or legislative) turnover.[2199] The role of interest group campaign on education policy in Ghana, as examined in the previous section, has been very minimal. Due to low

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[2196] Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with SANDEMA of Insight (August 28, 2019, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA); Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA)

[2197] Interview with AMINA of Ghana Parliament (Nov 27, 2017, ACCRA); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA); Fobih and Koomson (1998, 155); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)

[2198] Interview with AMINA of Ghana Parliament (Nov 27, 2017, ACCRA); Interview with ELIMINA of Ghana Parliament (Dec 21, 2017, ACCRA); Fobih and Koomson (1998, 155); Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA); Koduah et al. (2015, 13); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)

[2199] Zahariadis (2007, 73)

community participation in education policy development in Ghana,[2200] the national mood has not been influential either. The element that has played a role in forging the politics stream is administrative (or legislative) turnover.

The successful movement of a policy idea in the policy process depends greatly on the efforts of policy entrepreneurs to take advantage of sporadic policy windows by coupling the three separately operating streams.[2201] Yet, political will on the part of those in power and favourable political conditions play a key role in both the successful adoption of a particular idea into a new policy and carrying out of major change in an existing policy. Since participation in organised anarchies is fluid and decision-makers come and leave office frequently,[2202] change is likely when certain actors happen to be in power.[2203] Prior to 2008, Nkrumah had been the only policy actor that was dedicated to the idea of education for all.

Nkrumah, as noted earlier, was imbued with nationalistic enthusiasm, and chiefly driven by socialist and Pan-Africanist ideas.[2204] Consequently, he was very committed to expanding social welfare services in Ghana and carried out extensive social welfare policies that prioritised, among others, equal access to education[2205] for all irrespective of socioeconomic status. Thus, when Nkrumah became the leader of Government Business in 1952, thereafter the first Prime Minister of Ghana upon the attainment of independence in 1957, and subsequently the first president in 1960, indicated that the political stream might be responsive to coupling. Nkrumah despite has renewed interest in education for all, was overthrown in a military coup before he could push forward this policy beyond the primary level of education. Subsequently, there was no clearly identified policy entrepreneur who was willing to push this idea of education for all at all levels to the policy agenda and, hence, receive serious government consideration after Nkrumah's overthrow until 2008 when, through the entrepreneurial efforts of Akufo Addo, the idea of free education resurfaced on the policy agenda.

[2200] Fobih and Koomson (1998, 155)
[2201] Rowlands (2007, 186)
[2202] Kingdon (1995, 84); Mucciaroni (1992, 460); Zahariadis (2007, 67)
[2203] Blankenau (2001, 42)
[2204] Koduah et al. (2015, 12); Senah (2001, 85)
[2205] Senah (2001, 85)

Because Akufo Addo was very passionate about and committed to the idea of free education for all, he championed it.[2206] He showed a high level of political will to it as far back as 2008 when he became the NPP's presidential candidate for the 2008 elections.[2207] He campaigned enthusiastically and passionately for the introduction of free education at the senior high (secondary) school level during the 2008, 2012 and 2016 elections[2208] which culminated in the scaling up nationally of the free senior high education in 2017.[2209]

The multiple streams framework conceptualises that the problem, policy, and political streams work independently of each other and they are only coupled at critical points in time by policy entrepreneurs when a window of opportunity is opened.[2210] For a major policy change to occur policy entrepreneurs must successfully take advantage of an opened opportunity window in order to couple all the three streams. [2211] According to Fredriksen "when fee abolition is a major departure from current policies, strong political leadership at the highest level is a prerequisite for successful implementation."[2212] However, as discussed above, in the case of Ghana's education policy, there has not been a key policy entrepreneur who could push the idea of education for all at all levels beyond the junior high education level to the policy agenda. Ghana's policy making framework tends to be the views of the ruling government. Within the policy making process, there is a lot of partisanship. Therefore, it depends on the government in power to determine the direction that the country takes policy wise.[2213]

[2206] Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA)

[2207] Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA); Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA); Interview with YENDI of New Crusading Guide (Dec 20, 2017, ACCRA)

[2208] NPP (2012; 2016)

[2209] Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA); Interview with JASIKAN of Trade Union Congress (Dec 20, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); NPP (2008a; 2008b); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA)

[2210] Sabatier (2007b, 9); Zahariadis (2007, 65)

[2211] Sabatier (2007b, 9); Zahariadis (2007, 65)

[2212] Fredriksen (2009, 22)

[2213] Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA)

Moreover, the governments in Ghana after the overthrow of Nkrumah did not find any political or electoral incentive to continue with the idea of education for all. As demonstrated above, none of these governments did demonstrate all the three indicators of political will – active support of the agenda for change, mobilisation of support, and continuity of effort and allocation of resources – indicative of the absence of government's commitment to the idea of education for all.[2214] None of the committees or commissions of inquiry set up by these governments after Nkrumah had education for all as part of its terms of reference as examined above.

Three critical junctures in the history of education reform in Ghana provided the opportunity for Ghana to introduce a policy of free education at all levels. The first occurred during the immediate post-independence era. The window of opportunity was opened by two main sequential events: Ghana gaining independence in 1957 with Nkrumah as the first prime minister in 1957 and second, Ghana becoming a republic and Nkrumah elected as the first president of Ghana. Nkrumah abolished only primary school fees – and later made elementary education (primary, middle, and special education) free and compulsory[2215] – and made senior secondary (high) education free only in the northern regions of Ghana.[2216]

The second critical juncture was during the late 1980s when the PNDC government of Ghana embarked on the comprehensive educational reform in the history of Ghana in 1987.[2217] It was an all-embracing reform focused on all levels of education, from basic to tertiary: it encompassed the whole spectrum of the education system of Ghana.[2218]The window of opportunity was opened by the woeful deteriorating standard and quality of education in Ghana resulting from the sequential events associated with previous education policies.

[2214] Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with FAYIZA of Institute of Local Government Studies (Nov 22, 2017, ACCRA); Fobih and Koomson (1998, 155); Horn, Wright, and Prouty (2009, xi) Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with NSIANA of Ghana Parliament (Dec 5, 2017, ACCRA); Interview with OMAN of Statesman (Dec 20, 2017, ACCRA)
[2215] Darvas and Balwanz (2013, 41); Fobih and Koomson (1998, 156); Fredriksen (2009, 1); Little (2010, 7)
[2216] Akyeampong et al. (2007, 4); Interview with DANNYBOY of the NPP (Nov 6, 2017, Nkwatia); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA)
[2217] Fobih and Koomson (1998, 155)
[2218] Fobih and Koomson (1998, 155)

However, the reform focused principally on the structure and content of the education system in Ghana.[2219] No reference was made whatsoever to the issue of access and education financing in Ghana. It was not on the policy agenda of the PNDC government.

The third critical juncture (which is outside the scope of this study) that opened a policy window was the NPP unprecedented victory in the 2016 elections and the subsequent attempt at abolishing fees at all senior secondary schools. The NPP's electoral promise to introduce a policy that would abolish senior high school fees received a strong broad support at the highest political level in Ghana. However, the NPP's focus was on only secondary school education.[2220]

While happenings in the political and problem streams provided the immediate impetus for the opening of a window of opportunity,[2221] the foundation for change rests on first, activities in the politics stream, especially, political campaigns of interest groups and administrative turnover, and second, the skilful leadership of policy entrepreneurs to push the idea of education for all at all levels through the government agenda. National level decision makers use their power sources in the form of legal and structural authority, access to authority by way of political influence, control over and access to resources (mainly financial), access to evidence and knowledge as tools of negotiation to frame issues and design policies and programmes.[2222] Thus, with the presence of a policy entrepreneur committed to free education at the post-secondary level during these critical junctures, the idea of education for all at all levels would have received serious consideration. Policy windows are of short duration and are opened by compelling problems or events in the problem or politics streams.[2223] Accordingly, since Ghana did not have any policy entrepreneur who could act swiftly to seize the opportunity

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[2219] Darvas and Balwanz (2013); Fobih and Koomson (1998); Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Lewin (2010); Little (2010); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Osei (2004); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA); Thompson and Casely-Hayford (2008); World Bank (1989; 2004; 2010)

[2220] Interview with KEJEBI of Ghana Education Service (Dec 5, 2017, ACCRA); Interview with MANSO of Ghana Parliament (Nov 21, 2017, ACCRA); Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka); Interview with OBUASI of Ghana Parliament (Dec 15, 2017, ACCRA); Interview with SITSOPE of Ghana Parliament (Nov 29, 2017, ACCRA); Interview with TECHIMAN of Ghana Parliament (Dec 20, 2017, ACCRA); Interview with TIMOTHY of Ghana Parliament (Nov 30, 2017, ACCRA); Interview with YENDI of New Crusading Guide (Dec 20, 2017, ACCRA)

[2221] Zahariadis (2007, 74)

[2222] Koduah, Agyepong, and van Dijk (2016, 79)

[2223] Zahariadis (2007, 74)

during the three critical junctures in the history of education reform in Ghana that opened a policy window to initiate an action, it has to wait until another window opens before it could see the coming into fruition the idea of education for all at all levels.

7.6 Conclusion

With the multiple streams framework and the new institutionalism as theoretical lenses in this chapter, I examined why Ghana has seen only incremental changes in its education policy. I examined how Ghana has not been able to adopt a universal education for all at all levels of education due to the absence of a key policy entrepreneur and lack of government political will and commitment. It has been able to make only incremental changes in its education financing policy. I maintained that the failure of key policy entrepreneurs to successfully couple changes in the problem, policy, and politics streams at critical junctures during opened windows and lack of government political will account for the incremental changes in Ghana's education policy. As I demonstrated above, the development and introduction of the free education under the broad goal of universal education for all in Ghana since independence has been politically driven and punctuated by periods of political tumult. The issue of continuity in policy implementation has generally been the main problem with Ghana's policy making. Most of Ghana's education policies since the post-Nkrumah era are characterised by severe lack of commitment and leadership on the part of the government and policy decision makers.[2224] Due to lack of political will and commitment successive governments since independence tend to abandon or discontinue the implementation of policy initiatives of their predecessors. Those policies of the previous government that survive are partially implemented.[2225] The policies of previous governments mostly are cancelled by the new government and new ones adopted in their stead.[2226] Thus, there has been a corresponding frequent change of the goals and objectives of Ghana's education policy[2227] of the post-independence governments. Similarly, due to the

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[2224] Fobih and Koomson (1998, 155)
[2225] Fobih and Koomson (1998, 156)
[2226] Interview with KINTAMPO of Ghana Parliament (Dec 2, 2017, ACCRA)
[2227] Fobih and Koomson (1998, 165)

perennial problem of political instability and a weak economic base most reforms proposed to restructure Ghana's educational system also remained either unimplemented or partially implemented.[2228] Therefore, Ghana's free education was dismantled due to changes in government, a political factor of governance instability.[2229]

In the concluding chapter that follows I undertake a comparative analysis of the different changes in the three policy areas – that is, local governance, health, and education.

[2228] Fobih and Koomson (1998, 155); Koduah et al. (2015, 13)
[2229] Interview with MUTARI of Peace FM (Aug 27, 2019, Abeka)

CHAPTER EIGHT

CONCLUSIONS

8.1 Introduction: Study Objective and Summary of Arguments

This thesis aimed to understand the factors that shape public policy making and policy change in post-independence Ghana. Specifically, by using the multiple streams framework (MSF) and the new institutionalism as theoretical lenses, I examined the factors that have shaped post-independence Ghana's paradigmatic, path-departing, substantive change in its local governance and health policies in 1988 and 2003, respectively and the incremental changes in its education policy. The research objective therefore was designed not to evaluate the effectiveness of Ghana's health, local governance, and education policies, but to better understand the factors that impact policy making and policy change in these different sectors in Ghana. After a qualitative comparative analysis of the differing changes in Ghana's local governance, health, and education policies, this thesis has shown how policy entrepreneurs and government political will in the form of demonstrated credible intent and sustained commitment shaped the different policy outcomes and differing magnitude of change in Ghana's local governance, health, and education policies. While focused on Ghana, an exemplar country in Africa, it is hoped that the study could provide useful lessons for other African countries.

The analysis has shown that changes in the problem, policy, and politics streams of the three policy areas and their coupling by key policy entrepreneurs structured by institutions greatly shaped the different changes in local governance, education, and health policies in Ghana. I therefore demonstrated how political will and commitment of the government and policy entrepreneurship interact differently to drive change in these three policy areas in Ghana. I further examined precisely how this interaction is shaped by the impact of institutions on the problem, policy, and political streams. While the interplay of politics, institutions, ideational factors, economic conditions, and international actors created an environment conducive for change by propelling a window of opportunity to open, the key role played by policy entrepreneurs and political have been the most crucial factors that have shaped policy change in Ghana's health, education, and local governance.

In the next sections I summarise and reflect on the research, emphasise the contributions of the research to policy making in Ghana, and make recommendations for future research.

8.2 Summary of Findings and Reflection on the Research

To provide a very comprehensive understanding of Ghana's public policy making and policy change, I undertook a qualitative case study of Ghana's policy making process and the drivers of policy change because qualitative analysis provides detailed understanding by taking into account the contextual factors of the phenomenon of study.[2230] I argued that qualitative analysis takes full account of the numerous interaction effects that occur in Ghana's social settings.[2231] Thus, I was able to delineate the important effects of policy entrepreneurs and government political will and commitment on Ghana's policy making that are not statistically significant.[2232] That is, the qualitative research approach relies on strategies that are appropriate in addressing the research question or issues[2233] of this study that do not lend themselves to numerical answers.[2234] Unlike quantitative inquiry that aims at causal determination, prediction, and generalisation of findings, qualitative analysis is directed at illumination and understanding.[2235] Accordingly, through the qualitative research I was able to blend empirical investigation with creative discovery[2236] and provided more in-depth and detailed information about Ghana's local governance, health and education policy-making that would have been difficult to convey quantitatively.[2237] Thus, since qualitative inquiry leads to a very different type of scientific knowledge than does quantitative analysis,[2238] I was able to examine how policy entrepreneurs, government political will and commitment interacted differently to lead to the observed outcome. Specifically, I relied on three main

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[2230] Furlong and Marsh (2010, 186-190); Palys and Atchison (2008, 3-4); Peters (1998, 2); Snape and Spencer (2003, 5); Stoker and Marsh (2010, 9-12).
[2231] Cronbach and Little (1975, 124); Hoepfl (1997, 48)
[2232] Cronbach and Little (1975, 124); Hoepfl (1997, 48)
[2233] Snape and Spencer (2003, 15)
[2234] King et al. (1994, 3-4); O'Leary (2004, 11); Patton (1990, 13)
[2235] Hoepfl (1997, 48); Patton (1990, 14)
[2236] Ritchie and Lewis (2003b, xiv)
[2237] Hoepfl (1997, 49)
[2238] Hoepfl (1997, 48); Patton (1990, 14).

qualitative research techniques: the case study method, semi-structured, in-depth interviews, and document review.

As argued above, the central role played by policy entrepreneurs and government political will and commitment are the two most crucial factors that help to better understand Ghana's path-departing, substantive changes in its local governance and health policies and incremental changes in its education policy in the post-independence era. Political will and commitment of the government and policy entrepreneur interacted differently to drive the different policy outcomes and differing magnitude of change in local governance, education, and health policies in Ghana. Backed by a strong government political will and commitment, policy entrepreneurs took advantage of the changes in the problem, policy, and politics streams of Ghana's local governance and health policies – brought about by favourable contextual factors – by finding receptive politicians in government and coupled the three streams to bring about the major changes in the two policy areas. The then ruling governments supported the agenda for change because the proposed policy changes provided electoral or/and political incentives for the governments. On the contrary, due to the lack of political will and commitment of the government and the absence of a key policy entrepreneur Ghana could not take advantage of the changes in the problem, policy, and politics streams at critical junctures during opened windows leading to incremental changes in its education policy. Successive governments after Nkrumah showed no political will because they did not find any electoral and/or political incentive to politically commit to the idea of education for all.

While worsening economic conditions, institutions, ideas, and international actors (international financial institutions and donors) served as the context for change by shaping the problem, policy and political streams and propelling an opportunity window to open, government political will and policy entrepreneurs have been the most crucial factors that have impacted policy making and the main drivers of change in Ghana's health, education, and local governance policies as shown in table 1 below. [2239] The contextual factors were the colonial legacy of urban-centred and European-biased healthcare system, colonial legacy of strong control of

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[2239] For easy reference, table 1 in the introductory chapter is repeated in this chapter.

the central government over local government units, colonial legacy of social stratification in access to education, political instability resulting from revolutionary military rule, and legislative majority. Worsening economic conditions leading to the SAPs and ERPs – the IMF and World Bank's brainchild economic policies – in the 1970s through to the 1990s and the Highly Indebted Poor Countries (HIPC) initiative in the early 2000s, and Ghana's cultural and social norms – namely the labour partnership system, the traditional extended family system, and "susu" also served as contextual factors. Policy entrepreneurs generated policy ideas and set the agenda for change. They persistently attached problems to their solutions (policy ideas) and found politicians receptive to their ideas. Receptive politicians were those who showed a strong political will and commitment toward the policy idea in question and the proposed change. The interplay of politics, institutions, ideational factors, economic conditions, and international actors created an environment conducive for change by propelling a window of opportunity to open. The policy entrepreneurs took advantage of the opened window to initiate an action by pushing their pet solutions or pushing attention to their special problems that resulted in a major policy change.

All the three policy areas – local governance, health, and education – equally had sufficient political, socio-economic, and institutional contextual factors that provided the conducive environment for change as argued earlier in chapters five, six and seven above. Type of regime and political system, economic policies (mostly SAPs and ERPs), colonial legacy, ideology and cultural norms in different ways shaped the problem, policy, and politics streams of the three policy areas. While policy entrepreneurs and government political will and commitment existed for the local governance and health policies, these two factors were not seen in the case of the education policy as show in table 1 below. Kwamena Ahwoi and John Agyekum Kufuor were respectively the policy entrepreneurs for the local governance and health policies. However, there was no policy entrepreneur for education policy after Kwame Nkrumah until 2008. While the PNDC in 1980s and the NPP in the 2000s provided the political commitment that led to the changes in the local governance and health policies, none existed for the education policy after Nkrumah until 2008.

TABLE 1: Factors That Shape Policy Making and Change in Ghana's Local Governance, Health, and Education Policies.

Policy Area	Main Factors that Drive Policy Change		Contextual Factors Shaping the Problem, Policy, and Politics Streams and Propelling an Opportunity Window to Open				*Tye of Policy Change*
	Policy Entrepreneur	Government Political Will and Commitment	*Institutional*	*Ideational*	*Domestic Actors*	*External Actors*	
Local Governance	Kwamena Ahwoi.	PNDC in 1980s.	Military regime, worsening economic conditions leading to the SAPs and ERPs in the 1980s, political instability, colonial legacy of strong central government control.	Socialist ideology (power to the people).	CDRs, student unions, organised labour (labour unions), NCD, enraged PNDCs key supporters.	IMF, World Bank and other Western countries and develop-ment partners.	Major
Health	John Agyekum Kufuor.	NPP in the 2000s.	Worsening economic conditions leading to the SAPs and ERPs in the 1970s through the 1990s and HIPC in the 2000s), political instability, colonial legacy of urban- and European-biased healthcare system, 2000 electoral victory, and legislative majority.	Traditional institutions (traditional extended family structures and collectivist cultural norms and practices).	Ministerial health financing task force, NDC, organised labour (labour unions), St. Theresa's Catholic Church (Nkoranza Health Insurance Scheme), MHOs/ CBHIs.	IMF and World Bank.	Major
Education	None after Nkrumah (until 2008).	None after Nkrumah (until 2008).	Colonial legacy of urban-based and European-biased schools, worsening economic conditions leading to the SAPs and ERPs in the 1970s through to the 1990s, and political instability.	Socialist idea of education for all	Dzobo Education Review Committee and Anamuah-Mensah Committee.	UNICEF's Education for All goals (School Fee Abolition Initiative) and MDGs.	Incremental

As shown in table 1 above, while clearly identified committed policy entrepreneurs were present for the local governance (Ahwoi) and health (Kufour) policy areas in the post-Nkrumah era, none was present for the education policy to push forward the policy idea. In the case of local governance, Ahwoi developed the idea of decentralisation as a viable solution to address the problem of participation inherent in Ghana's local governance system. The Rawlings-led PNDC on the other hand, as already discussed in chapter five, sought a mechanism through which it could translate its socialist idea of "power to the people" into reality. The PNDC under Rawlings was receptive to the idea of decentralisation sold by Ahwoi. Rawlings saw it as a good policy solution that would help in placing power in the hands of the ordinary people and involve them in the decision-making process at all levels. The PNDC government showed a strong political will and commitment to the idea of decentralisation. Decentralisation provided the PNDC an effective mechanism through which it could translate its idea of power to the people into a reality. Besides, it viewed decentralisation as an opportunity to resolve the legitimacy and stability crises it was facing as discussed extensively in chapter five. Worsening economic conditions, colonial legacy of strong control of the central government over local government units and PNDC's revolutionary military rule, and the SAPs and ERPs orchestrated by the IMF and World Bank shaped the problem, policy and politics streams as examined in chapters one and five. The combined effect of these institutional, economic, political, and ideational factors helped in moving the idea of decentralisation onto the government agenda and the activities of the domestic and international actors propelled an opportunity window to open as shown in table 1 above. Ahwoi took advantage of it and initiated an action which resulted in Ghana's adoption of the 1988 decentralisation program.

Similarly, Kufuor happened to be the committed policy entrepreneur that set the agenda for change in Ghana's health policy leading to the 2003 NHIS as shown in table 1 above. While still the presidential candidate (flagbearer) of the NPP in the 2000 elections, Kufour developed the idea of NHIS. Because of his strong passion for the idea of national health insurance and the NPPs unyielding support for it, NHIS became one of the NPP's key campaign promises during the 2000 elections. Fortunately, Kufour had unmatched access to the decision-making process when he became the president of Ghana after the 2000 general elections. The NPP government

showed a strong political will and was highly committed politically to the idea of NHIS because it provided political and electoral incentives. The NPP capitalised on the unpopularity of the cash and carry system to gain political advantage during the 2000 elections. It therefore made the adoption of the national health insurance scheme a salient political issue. Because it saw NHIS as an opportunity to score electoral gains in the 2000 elections, the NPP presented it as a more viable, equitable and pro-poor health financing alternative. Upon assuming office, the NPP was politically bent on having the national health insurance scheme implemented before the 2004 elections as argued in chapter six above. This is because it sought to maintain power and consolidate its rule.

Accordingly, the NHIS became a political priority of the NPP and the Kufuor-led executive was in a haste to get it done at all costs before the 2004 elections. The precarious nature of the discredited cash and carry system, colonial legacy of urban- and European-biased healthcare system, the Nkoranza Health Insurance Scheme established by the St. Theresa's Catholic Church, the existing MHOs/CBHIs and traditional institutions (the traditional extended family structures and collectivist cultural norms and practices) in distinct ways helped the NHIS in rising into prominence and getting onto the institutional agenda in the late 1990s and early 2000s as explained in chapter six and shown in table 1 above. The work of the ministerial health financing task force, and the activities of the Catholic Church's Nkoranza Health Insurance Scheme, existing MHOs/CBHIs, the NDC, organised labour (labour unions), IMF, and the World Bank shaped the development of the NHIS policy in different ways. While the 2000 electoral victory opened a policy window, the NPPs legislative majority and HIPC made the decision-making process easier for the NPP government. Kufuor acted swiftly to take advantage of the opportunity and initiated an action which culminated in Ghana's adoption of the NHIS in 2003.

Quite the opposite, Ghana's education for all policy has not seen any dedicated policy entrepreneur nor any government commitment and political will after the overthrow of Nkrumah as shown in table 1 above. From table 1 above, Nkrumah is the only policy entrepreneur who before and immediately after Ghana's independence showed a strong commitment to providing equal access to education to all Ghanaian children regardless of socio-economic background. Moved by the social stratification and discriminatory nature of the

urban-based and European-biased schools bequeathed to Ghana by the British colonial administration, Nkrumah developed the idea of "education for all" and introduced the policy of free compulsory education nationwide at the basic level and free senior (high) secondary education in the northern regions of Ghana. However, after the overthrow of Nkrumah the idea of education for all did not receive any serious consideration until Akuffo Addo became the NPPs flagbearer in the 2008 elections. A critical juncture in the history of education reform in Ghana in the 1980s provided Ghana with an opportunity to introduce a policy of free education at all levels, yet Ghana missed the opportunity because of the absence of a dedicated policy entrepreneur. Moreover, government political will and commitment has been lacking. Just as is the case of Ghana's local governance and health policies, the IMF and World Bank's SAPs and ERPs, political instability, the 1992 Constitution, committee reports – the Dzobo Education Review Committee and Anamuah-Mensah Committee, – the UNICEF's 'Education For All' goals (School Fee Abolition Initiative) and the MDGs have collectively shaped Ghana's education policy and propelled a window of opportunity to open as shown in table 1 above. This notwithstanding, Ghana has only made incremental changes in its education policy since the overthrow of Nkrumah unlike its local governance and health policies that have seen major changes.

To sum up, government political will and commitment and policy entrepreneurs have been the main drivers of policy change in Ghana. These two factors provide a better understanding of post-independence Ghana's path-departing, paradigmatic change in its local governance and health policies and the incremental change in its education policy. Policy entrepreneurs played an important role by setting the agenda for change. First, they generated the policy ideas which are presented as viable solutions. Then they propagated and marketed/sold their policy solutions to a receptive political audience, that is, policy makers who politically determine how good a policy solution is in addressing the existing problem. The policy entrepreneurs repeatedly attached problems to their solutions (policy ideas) until they found politicians receptive to their ideas. These receptive politicians showed a strong political will and commitment toward the policy idea in question and the proposed change. As noted by White, large-scale policy innovations and change occur when political will is

present.[2240] When the interplay of politics, institutions, ideational factors, economic conditions, and international actors created an environment conducive for change by propelling windows of opportunity to open for local governance and health polices in the 1980s and 2000s respectively, the skilful policy entrepreneurs took advantage of them to initiate an action by pushing their pet solutions or pushing attention to their special problems that resulted in a major policy change. However, since no dedicated policy entrepreneur existed for education policy to take advantage of the window of opportunity that opened in the 1980s, no major change occurred. There was no policy entrepreneur available who was prepared, with a pet proposal ready and a special problem well-documented to initiate an action. Therefore, the opportunity passed by.

8.3 Contribution to the Multiple Streams Framework and Policy Making in Ghana

This research contributes both to the development of the multiple streams framework and subsequently to a better understanding of the complexity of policy change in Ghana. Policy wise, this study has ramifications on policymaking in Ghana. It has helped to gain a better and deeper understanding of the policy making process and the context for policy change in Ghana. By showing how government political will and commitment and policy entrepreneur interact differently to drive policy change, the study provides an in-depth understanding of the actions of policy makers in Ghana and the process of policy change, especially, in the areas of education, health, and local governance.

To start with, this research has provided a greater understanding of public policy making in Ghana. As discussed in the introductory chapter, the analysis of policy making and policy change of developing countries, particularly countries in Africa has been a neglected area of study.[2241] Whereas generally much has been written about policy-making and policy change, the same cannot be said comparatively about Africa.[2242] Since public

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[2240] White (2020, 43)
[2241] Ohemeng et al. (2012b); Seddoh and Akor (2012); Walt and Gilson (1994)
[2242] Ohemeng et al. (2012b); Seddoh and Akor (2012); Walt and Gilson (1994)

policy making and policy change in Africa has not been sufficiently explored,[2243] there are inadequate clearly

specified models and theories of policy change in Africa.[2244] Thus, studies on African countries rely primarily on

Western theoretical models and concepts that are based primarily on the experiences of the developed

countries.[2245] However, as this research has shown, the factors that constrain policy making and policy change

varies across countries and regions.[2246] While policy making within different environments tends to share some

basic patterns, various features of policy making are specific to institutional settings, social contexts, types of

regimes, and given issues and context.[2247]

Over the last decade much has been done to understand policy making and policy change in Africa.[2248]

Yet, comparative policy research is relatively not sufficiently explored. Additionally, the literature focusing on

policy content, implementation and policy evaluation[2249] is comparatively very huge relative to that on policy-

making and policy change.[2250] By focusing much attention on policy content, attention is eventually shifted from

the context within which policy is developed, the actors involved in policy change, and the processes contingent

on developing change.[2251] Yet, the political process and actors[2252] help to better understand why path-departing

policy change is made in certain policy areas and yet only incremental change occurs in others. Furthermore, in

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[2243] Ohemeng et al. (2012b); Seddoh and Akor (2012); Walt and Gilson (1994)

[2244] Ohemeng et. al (2012, 2); Steinberg (2003, 11)

[2245] Ohemeng et. al (2012)

[2246] Adolino and Blake (2011, 21)

[2247] Dror (1983)

[2248] Afegbua and Adejuwon (2012); Agyepong and Adjei (2008); Ahwoi (2000; 2011); Amoako-Tuffour (2008); Antwi et al. (2008); Ayee (1994; 2008); Béland et al. (2018a; 2018b); Boafo-Arthur (1999); Cheema and Rondilleni (1983); Chhokar et al. (2015; 2014); Colclough and Anuradha (2010); Criel (1998); Foli (2019); Foli and Béland (2014); Grindle (1980); Gunu (2019); Imurana et al. (2014); Kpessa and Béland (2013); Kpessa et al. (2011); Mamdani (1995); Mensah et al. (2009; 2010a; 2010b); Olowu and Sako (2002); Sayi Abdul Hamid (2016a; 2016b); Seddoh and Akor (2012); Smith (1973); Ugwuanyi and Chukwuemeka (2013); Walt and Gilson (1994)

[2249] Abdul-Rahaman et al. (2018); Adarkwah (2022); Adu-Gyamfi (2017); Adisah-Atta (2017); Agomor (2019); Akazili et al. (2011); Akufo-Addo (2022); Akweongo et al. (2021); Alam and Koranteng (2011); Alhassan et al. (2022); Anaafo (2018); Asamoah et al. (2022); Biitir et al. (2017); Boateng (2017); Butakor et al. (2020); Debrah (2012); Dizon-Ross et al. (2017); Essuman and Akyeampong (2011); Essuman (2018); Hickey and Hossain (2019); Honyenuga and Wutoh (2019); Komabu-Pomeyie (2020); Kuyini et al. (2020); Kwarkye (2021); Lamptey et al. (2015); Mohammed and Kuyini (2021); Mohammed (2020); Nudzor (2012); Nyarkoh and Intsiful (2018); Ocloo and Subbey (2008); Odeyemi and Nixon (2013); Ogawa and Nishimura (2015); Okoroh et al. (2020); Opoku et al. (2022); Opoku et al. (2021); Osei (2009); Pedrazzoli et al. (2018); Różalska (2016); Salha and Albadawi (2021); Salifu (2020); Seidu (2020); Umeh (2018); Wang et al. (2017); Witter et al. (2007); Yang and Guo (2020); Zsiga et al. (2014)

[2250] Ohemeng et al. (2012b, 2)

[2251] Seddoh and Akor (2012, 1); Walt and Gilson (1994, 353)

[2252] Seddoh and Akor (2012); Walt and Gilson (1994)

spite of the recent surge in policy-making and policy change,[2253] there are still other areas such as the role of policy entrepreneurs and political will that could to be explored.

As is the case for other African countries, little has been done to comparatively understand why Ghana has made remarkable path-departing change in certain policy areas and yet has seen only marginal change in others. Much of the research has focused on a single policy area[2254] or on policy making and policy change in general[2255] though many studies employ theoretical lenses in their analysis.[2256] Consequently, comparative understanding of policy making and policy change in Ghana is under researched.

This study, therefore, has helped to fill this gap in the existing literature on policy making and policy change in Ghana by examining how and why government political will and commitment and policy entrepreneurs drive policy making and policy change at specific moments in time in Ghana. This research has shed light on the main factors that shape policy change across the three policy areas studied and, hence, added detail to Ghana's policy making and policy change literature that focusses on specific policy areas with little comparison. Methodologically, the comparative case study method helped in identifying the patterns and commonalities in health, education, and local governance policy making and policy change in Ghana. However, Ghana being an exemplar country in Africa, it is hoped that theoretical insight into the policy making process and the process of change in Africa would be gained. This goes a long way to provide a better and deeper

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[2253] For example, Agyepong and Adjei (2008); Ansah (2014); Awortwi (2010; 2011); Béland et al. (2018a; 2018b); Berman (1995); Brenya and Asare (2011); Chhokar et al. (2015; 2014); Foli and Ohemeng (2022); Foli (2019; 2016; 2015); Foli et al. (2018); Foli and Béland (2014); Juma and Clark (1995); Kalu (2004); Kpessa and Béland (2013); Kpessa et al. (2011); Kusi-Ampofo et al. (2015); Mockshell and Birner (2015); Mohammed (2020); Ohemeng et al. (2012a); Ohajunwa (2022); Ridde (2009); Sayi Abdul Hamid (2016a; 2016b); Seddoh and Akor (2012); Sutton (1999); Walt and Gilson (1994); Wireko et al. (2020); Wireko and Béland (2017; 2013); Wireko (2015)

[2254] Agyepong and Adjei (2008); Ansah (2014); Atuoye et al. (2016); Awortwi (2010; 2011); Béland et al. (2018b); Cashin (2016); Chhokar et al. (2015; 2014); Dalyot (2015); Donkoh et al. (2020); Foli and Ohemeng (2022); Foli (2019; 2016; 2015); Foli et al. (2018); Fredua-Kwarteng (2016a; 2016b; 2015); Gunu (2019); Kpessa and Béland (2011); Kusi-Ampofo et al. (2015); Mockshell and Birner (2015); Mohammed (2020); Nudzor (2014); Mfum-Mensah (2017); Mfum-Mensah and Nyariro (2017); Sayi Abdul Hamid (2016a: 2016b); Seddoh and Akor (2012); Wireko and Béland (2017)

[2255] Béland et al. (2018a); Foli (2019); Kpessa and Béland (2013); Kpessa et al. (2011); Mockshell and Birner (2015); Mohammed (2015; 2013)

[2256] Agyepong and Adjei (2008); Allah-Mensah and Osei-Afful (2017); Awortwi (2010; 2011); Chhokar et al. (2015; 2014); Donkoh et al. (2020); Foli and Ohemeng (2022); Foli (2019; 2016; 2015); Foli et al. (2018); Fredua-Kwarteng (2016a; 2016b; 2015); Gunu (2019); Mockshell and Birner (2015); Mohammed (2020); Nudzor (2014); Seddoh and Akor (2012); Wireko et al. (2020); Wireko and Béland (2017; 2013); Wireko (2015)

understanding of the complex and nuanced processes – agenda setting, policy formulation and policy adoption or decision-making – involved in policy making and policy change within this context. Since Ghana has a unique position in Africa,[2257] focusing on Ghana would, to a limited extent, provide valuable theoretical insight into policy making and the process of policy change in some countries in Africa.

Relying on the multiple streams framework while paying attention to the impact of differing institutions on the three streams I provided a more in-depth understanding of Ghana's policy making process and policy change. Institutions significantly impact the efforts of policy entrepreneurs and the government to carry out a proposed change.[2258] As demonstrated in this study, the analytical strength of the multiple streams framework lay in its conceptualisation of policy-making as a dynamic process – that consists of the interaction of the three independently operating streams – rather than as a linear process.[2259] Furthermore, the framework was especially valuable in understanding first, how some policy proposals are able to catch the attention of policy makers and eventually become policies and second, how and why radical changes become possible. As I have examined in detail in chapters five, six and seven as well as in the previous section in this chapter, the local governance and health policy ideas generated by policy entrepreneurs that found favour with politicians got to the policy table. Whether a policy solution was good enough or not was determined politically by the policy makers, not the entrepreneurs. At fortuitous moments in time, the skilled actors or policy entrepreneurs coupled the three streams together by 'selling' their package of problem and policy to the receptive political audience. Because the agenda for change these entrepreneurs set was supported by committed politicians, it resulted in a major policy change.

However, the framework pays little attention to institutions[2260] that profoundly shape the efforts of policy actors.[2261] Thus, I complemented the MSF with the new institutionalism. I showed how and why Ghana's

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[2257] Ohemeng and Ayee (2012, 19)

[2258] Gibson (1999); Howlett et al. (2009)

[2259] Blankenau (2001, 38); Rossiter and Price (2013, 854); Sabatier (2007b, 9); Zahariadis (2007, 67)

[2260] Sabatier (1996); Schalger (1999)

[2261] Pierre et al. (2008); Steinmo and Watts (1995); Rosenau (1994); Maioni (1997); March and Olsen (2009a; 2009b; 2006; 1996; 1976); Blankenau (2001)

colonial legacy, political system, political instability, international financial institutions and donors and economic crises shaped the forging of the three streams in each of the three policy areas. As I demonstrated in chapters five, six and seven, the contextual factors created an environment conducive for change by propelling a window of opportunity to open. The policy entrepreneurs for Ghana's health and local governance seized the opportunity by taking advantage of the open window to initiate an action by pushing their pet solutions or pushing attention to their special problems that resulted in a major policy change as already discussed above.

The study further makes two major theoretical contributions: theoretical innovation and adaptation. Firstly, I innovatively combined the analytical strengths of the multiple streams framework and the new institutionalism. The study made a necessary refinement to the multiple streams framework to be used comparatively by including the effect of political structures and institutions in the analysis. This strengthened the theoretical framework of the study, thus, expanding its analytical strength.[2262] This is a major contribution to the multiple streams framework that has an important implication for policy studies, particularly in an era characterised by the proliferation of and competition among policy theories that has necessitated the call for better theories[2263] and a need for a synergy among different policy theories.[2264]

Secondly, I expanded the applicability of the multiple streams framework in understanding policy-making and policy change to Ghana. Since the multiple streams framework was developed to study agenda setting and policy making in advanced countries,[2265] particularly the United States of America, with recent exception,[2266] the framework has rarely been used in Africa. Though the framework has been extensively applied to policy systems in advanced democracies, this research has shown that it could also be employed to better understand policy making and policy change in developing countries and even in non-democratic states.

In a nutshell, this research has direct implications for efforts aimed at understanding education, health, and local governance policies in the Ghanaian context because it addresses a set of fundamental research and

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[2262] Sabatier (1999a; 1999b; 2007a; 2007b); Sabatier and Weible (2014); Weible (2014)
[2263] Sabatier (2007b)
[2264] Meier (2009)
[2265] Ridde (2009, 938). See also Kingdon (2011; 2014); and Zahariadis (1999; 2007; 2014)
[2266] Such as DeJaeghere et al. (2006); Kusi-Ampofo et al. (2015); Ridde (2009)

policy questions. Though the multiple streams framework has been extensively applied to policy systems in developed countries,[2267] this study delineates how it could also be employed to better understand policy change in developing countries and even in non-democratic states. It also highlights the utility in seeking a theoretical synthesise – of the multiple streams framework and the new institutionalism – and employing the comparative method. It demonstrates how the multiple streams framework can be used to incorporate traditional theories into a more multifaceted understanding of policy making and policy change in Ghana.

8.4 Limitations and Recommendations for Further Research

While the study would have been enriched and its generalisability to Africa's policy making and policy change enhanced by a comparative analysis of Ghana and other African countries, the country-based study focused only on Ghana due to limited time and acute budgetary constraint since a significant amount of money is involved in studies of this nature. As discussed in chapter one, this empirical study provides a depth of information on how political will and policy entrepreneurs shape policy making and change in Ghana's education, health, and local governance policies by focusing on Ghana. As a single country, Ghana shares several similarities with many other African countries, such as role of policy entrepreneurs and government political will on policy change, economic challenges, impact of external actors (international financial institutions and donors) on policy making and policy change, dependence on external support to fund development projects and policies and democratic governance. This notwithstanding, due to its peculiar features such as party and electoral systems, system of government, and state system, among others Ghana is different. Therefore, Ghana is not completely representative of Africa. This implies that by focusing on Ghana, a gap is left by this study that needs to be filled by further studies that are focused on other African countries. However, since Ghana is a paradigmatic country in Africa,[2268] it is hoped that the study could provide useful lessons for other African countries.

[2267] Zahariadis (2007, 65)
[2268] Lofchie (2012)

In addition, as pointed out above, the multiple streams framework was developed to study policy formation at the agenda setting and decision-making stages in developed countries, particularly the United States. However, this research clearly shows that the multiple streams framework complemented by the new institutionalism offers useful analytical tools that provide a promising understanding of how ideas come to the policy agenda as policy proposals and finally adopted into policies. The framework also shows how policy entrepreneurs set the agenda for change and garner the support of receptive politicians to get the desired policy outcomes. In the light of this, there is the need for policy scholars to research further into the extent to which the framework is applicable to other developing countries and emerging democracies as well as non-democratic political systems. Moreover, since comparison offers "a basis for making statements about empirical regularities and for evaluating and interpreting cases,"[2269] future studies could undertake a comparative analysis of policy change in other policy areas in Ghana. This will help to better understand the implications of these results.

[2269] Ragin (1987, 1)

APPENDICES

Appendix 1: Rawlings Post June 4, 1979 Coup Speech

Countrymen, it is nearly one month now since, by the spontaneous action of the junior officers and men of the Ghana Armed Forces, the government of the Supreme Military Council were overthrown and the Ghana Armed Forces Revolutionary Council was established. That action represented a revolt of the ordinary Ghanaian against social injustice, against economic hardship and against the cancer of corruption that had eaten deep into the fabric of our society.

I've come to the studio today, to brief you on the latest state of the revolution and to share with you, our thoughts on the future of our dear nation. I do this in the conviction that there can be no revolution, unless the people, all of us really understand what it is all about, and springing from that understanding, genuinely commit our support to it. Let me remind you again of the stated aim of the revolution.

The action taken by the junior officers and other ranks of the Ghana Armed Forces, was motivated by a desire to bring justice, social, economic and political, to all citizens of Ghana.

After 7 years in office, the army was going back to barracks, without any steps having been taken to punish those who had tarnished the name of the Armed Forces. This situation posed a threat to the continued existence of the armed forces and the stability of the country, hence the spontaneous action of June 4, to pre-empt a coup, immediately after the handover to a civilian administration.

We have all heard from every political party, say how corrupt the country has become. But from past experience, we know, that none of them will do a thorough job of eradicating corruption, once they came into office.

Since the future belongs to the young, it was felt that we must safeguard the supreme national interest and bring social justice into the body politic.

The main purpose of the exercise is to ensure, that the gap between the haves and the have-nots, the rich and the poor, is breached. This is a limited objective which would help the incoming administration to take all the necessary long-term measures for bringing stability to the nation. I know that there are many Ghanaians and many friends of Ghanaians abroad, who have been distressed by some recent developments.

We have also been made aware, of the depth of feeling, both at home and abroad, about the turn of events in Ghana.

Ghana has had a long tolerance and respect for the rule of law and internationally accepted principles of justice. The fear, both within and outside Ghana is that, we may now be abandoning tradition in favour of some arbitrary conception of instant justice.

This fear, though understandable, is not well founded, as a better appreciation of the circumstances will reveal. Let me tell you in simple language. The people of Ghana have endured hunger for far too long. There is not a single worker who could make ends meet, and the miracle is that, the people, have been able to endure this for so long. You may say that this has been possible because of our excellent tradition of tolerance and patience

but patience and tolerance can be dangerous because they allow a buildup of anger to such an extent that when the bubble finally bursts, there can hardly be a way of containment.

Country men and friends of Ghana, we must thank God, that this pent-up anger, did not erupt as it might have. The threat to the unity of the nation was real. If we had not acted the way we did, the nation could have faced total disintegration. In the circumstances, we have exacted the supreme price in the conviction that it was the only way to save the situation and to leave a lasting legacy for Ghanaians yet unborn, and that when one attains the highest office of state, one should learn to serve the people and not lord it over them and be prepared at all times to account for their stewardship. Countrymen and friends of Ghana, let me assure you, that Ghana will not abandon her traditions of respect for the rule of law and the principles of justice.

We have not abandoned, and will not abandon our respect for human rights, and we are fully aware of our obligations under the United Nations declaration of human rights.

Nonetheless, the laws of Ghana will still be operative, and those found guilty from now on will be dispatched to panel farms and their properties confiscated.

To ensure that the properties confiscated are not returned to the deprived owners by any successor government, all such properties will be vested in the state.

The fears entertained that properties, once confiscated, will revert to the dispossessed, are no longer valid. This is because the Armed Forces Revolutionary Council has safeguarded against this by making specific provisions in the transitional provisions of the promulgated constitution.

The top methods that the revolutionary forces are using and will continue to use in grappling with the situation, cannot endure them to everyone. There are signs that some elements in our society are engaged in activities that may sow seeds of discord and create disaffection for the Armed Forces Revolutionary Council.

These include unauthorised actions of uniformed personnel, some businessmen who may be using their influence and wealth, and even some supporters of the revolution, who in their zeal, encourage excesses in the various exercises we have embarked upon. The total sum of these activities constitute a challenge of threat to the security of the country.

To combat this, we must strengthen the solidarity of the forces, strengthen discipline, and reinforce combat readiness. The Armed Forces Revolutionary Council has set about this task and we assure the nation that we are ready to deal with any threat to the nation.

In this connection, the Armed Forces Revolutionary Council wishes to issue a serious warning, to all those who may wish to take the law into their own hands.

The maintenance of law and order, is a paramount objective of the Armed Forces Revolutionary Council, and it will ensure this with all the vigor and zeal at its command.

Fellow countrymen, through the efforts of the Armed Forces Revolutionary Council and with the cooperation of the nation, we have achieved some success in forcing prices down to more tolerable levels. We intend to maintain the momentum, so that the ordinary man, will reap the full benefits of our concerted actions.

But our ability to do this will depend not only on the cooperation of all, but also on hard work and increased productivity.

Additionally, we of the armed forces and the police must regenerate in the people. Let them feel that we are their protectors and not their oppressors. Our farmers in particular must be encouraged and made to feel that they will be assisted and not harassed, when they bring their food to the market places. We as the AFRC, regard this as a pledge to them. Questions have been asked about the future, let me make our position clear again. When we decided to reappoint the civilian commissioners as opposed and to entrust them with the administration of the government machinery, that did not mean that everything was alright in the civilian sector. All aspects of the house cleaning exercise are well in hand.

More than this, we did not want to interfere with the process towards civilian rule. This has been underscored, by the holding of the general elections on schedule and by our various consultations with the political parties, aimed at ensuring a smooth transition to civilian rule.

Finally, let me address and appeal to you all, citizens and friends of Ghana, wherever you may be. Our nation is passing through the most crucial period of her history. There is the need for understanding and sympathy of our problems. While we seek to redress the wrongs of the past, we remain committed to the ideals of human dignity that Ghana has subscribed to since independence.

In this connection, we assure the law abiding foreign nationals in our midst, that they will enjoy the same protection and rights within the law as Ghanaians. This protection however will not be extended to foreign nationals who insult the dignity of the Ghanaian.

Foreign nationals who treat their workers with contempt, will be kicked out. We have taken note of the appeals for restrain from the world community, especially those from our sister African states. We wish to assure them, that in the spirit of brotherhood and African unity, we would heed their advice. In the same spirit, we expect our friends to make a close and sincere study of the peculiar problems that face us today, and to be a little more accommodating.

Let us close our ranks and together, strive to achieve these noble aims and prepare the ground for a better tomorrow.

Countrymen, you are either a part of the problem or a part of the solution, thank you.

Source: GhanaWeb[2270]

[2270] https://doc-08-a0-apps-viewer.googleusercontent.com/viewer/secure/pdf/3nb9bdfcv3e2h2k1cmql0ee9cvc5lole/i7rgkqs9tepg9ba6h4umhkjj2a1647fc/1641321075000/drive/*/ACFrOgDxZx-7trITSwrhsjBepYLvjZe7Yxtp59K46pshgl4kr5cLab5yLuxCGYRM-2quXJdpB5S-wPnG1s0hfgvqm-K3dm450LA-4iA31awXPyFj1LeiYj4eG0v1G2VIcVj4a-Pi4Jx5gKdoelb9?print=true

https://www.ghanaweb.com/GhanaHomePage/NewsArchive/The-infamous-coup-speeches-of-Rawlings-that-can-never-be-forgotten-1168858

Appendix 2: Rawlings Post December 31, 1981 Coup Speech

Good evening, fellow countrymen. The attempt to justify the action of 31 December, 1981, would not presuppose that we Ghanaians do not know and feel what had been going on since September 24, 1979.

Briefly, it has been nothing short of a clear denial of our fundamental rights as a people to enjoy the wealth of our labour.

This has been the most disgraceful government in the history of our country. It is the only one in recent times that criminals and such others like them have become respectable in our society.

They have turned our hospitals into graveyards and our clinics into death transit camps where men, women and children die daily because of lack of drugs and basic equipment.

To many of us, democracy does not just mean paper guarantees of abstract liberties. It involves, above all, food, clothing, and shelter in the absence of which life is not worth living.

Fellow Ghanaians, the time has come for us to restructure this society in a real and meaningful democratic manner so as to ensure the involvement and active participation of the people in the decision-making process.

Source: GhanaWeb [2271]

[2271] https://doc-0c-a0-apps-viewer.googleusercontent.com/viewer/secure/pdf/3nb9bdfcv3e2h2k1cmql0ee9cvc5lole/46lcmfvo0vf8pvnlv99ctgntf3670pc5/1641321450000/drive/*/ACFrOgDSn6yO4FnWWVKTg4_tb2v9izbelrDfGqMlQmLFeYWRgcg1E_fQ6WhGnabIgDLEws20NG66kP5R7QlJ-K6MlfmrTcyaJ-PgwUycnm6c9HvlmStcMrJA0jp40miiW0h2Z5twNukPULExs4rC?print=true

https://www.ghanaweb.com/GhanaHomePage/NewsArchive/The-infamous-coup-speeches-of-Rawlings-that-can-never-be-forgotten-1168858

Appendix 3: The Broad Questions Asked During the Interview.

1. There have been several changes in Ghana's health policy, which of them would you like to talk about today?

2. There have been several changes in Ghana's local governance policy, which of them would you like to talk about today?

3. There have been several changes in Ghana's education policy, which of them would you like to talk about today?

4. In your view, how is Ghana's policy process structured?

5. What do you think are the factors that generally shape policy-making and policy change in Ghana?

6. Which of these factors are more relevant in shaping the changes that have occurred in Ghana's health (education/local government) policy that you just talked about?

7. Who do you think decides what issues are included in the policy agenda in Ghana?

8. In your own assessment, who do you think can participate, and to what extent, can they participate in policy-making in Ghana?

9. In your view, how and why do Ghana's policy-makers choose between competing values?

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