



**Development  
Progress**

## **Case Study Report**

*Political voice, health  
and education*



# **GHANA, THE RISING STAR**

**Progress in  
political voice,  
health and  
education**

**Amanda Lenhardt, Alina Rocha Menocal  
and Jakob Engel**

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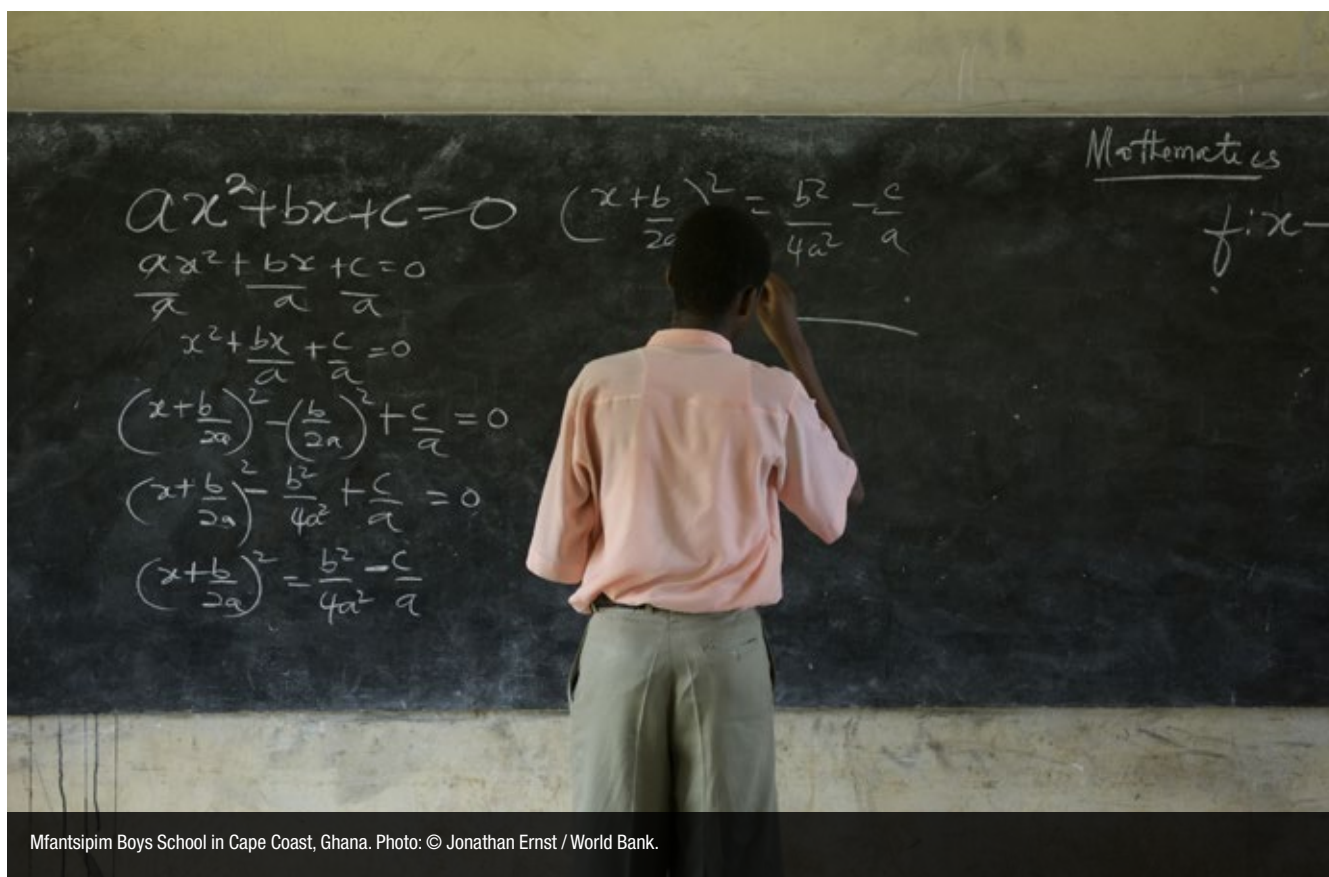
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## Abbreviations and acronyms

<b>ACBF</b>	African Capacity Building Foundation	<b>MoE</b>	Ministry of Education
<b>CBHI</b>	Community-based health insurance	<b>MHO</b>	Mutual health organisation
<b>CHPS</b>	Community health planning and services	<b>MIC</b>	Middle-income country
<b>CPP</b>	Convention People’s Party	<b>MoH</b>	Ministry of Health
<b>CSO</b>	Civil society organisation	<b>MPI</b>	Multidimensional Poverty Index
<b>DHS</b>	Demographic and Health Survey	<b>NDC</b>	National Democratic Congress
<b>DLP</b>	Development Leadership Program	<b>NGO</b>	Non-governmental organisation
<b>EIU</b>	Economist Intelligence Unit	<b>NHIS</b>	National Health Insurance Scheme
<b>FCUBE</b>	Free, Compulsory and Universal Education by 2005 Programme	<b>NPP</b>	New Patriotic Party
<b>FDI</b>	Foreign direct investment	<b>ODA</b>	Official development assistance
<b>GDP</b>	Gross domestic product	<b>ODI</b>	Overseas Development Institute
<b>GHS</b>	Ghana Health Service	<b>OPHI</b>	Oxford University Poverty & Human Development Initiative
<b>GNI</b>	Gross national income	<b>PNDC</b>	Provisional National Defence Council
<b>HDI</b>	Human Development Index	<b>TIMSS</b>	Trends in International Mathematics and Science Study
<b>HIPC</b>	Heavily Indebted Poor Countries Initiative	<b>UNDP</b>	United Nations Development Programme
<b>LIC</b>	Low-income country	<b>WGI</b>	Worldwide Governance Indicators (World Bank)
<b>LMIC</b>	Lower-middle income country	<b>WHO</b>	World Health Organization
<b>MDGs</b>	Millennium Development Goals		

# Abstract



Mfantispim Boys School in Cape Coast, Ghana. Photo: © Jonathan Ernst / World Bank.

Ghana has achieved remarkable progress in human development over the past 20 years while undergoing one of the most successful transitions to multi-party democracy in sub-Saharan Africa. As such, it provides a compelling example to explore the factors that have contributed to progress in both the provision of basic services (notably in health and education) and greater political voice for citizens.

Since the 1990s, Ghana has experienced a 'golden age' of political voice as it emerged from more than 30 years of alternating military and civilian rule. The space for political debate and expression has increased, and this has included a framework of formal rights, largely peaceful elections with two alternations in political power, and the rapid growth of civil society.

Ghana has caught up with, and is now outpacing, far wealthier countries in terms of health provision, with high immunisation rates, major declines in child stunting, and the halving of malaria deaths among children between 2001 and 2013. Ghana is also one of only a handful of non-OECD countries that has universal health insurance,

and while service access remains a challenge in rural areas, concerted efforts have been made to improve health infrastructure in remote parts of the country.

Progress in education has also taken off. The number of years children spend in school (school life expectancy) has increased dramatically, surpassing the average for middle-income countries. Although quality remains a concern, marginal improvements have been made alongside increasing enrolment.

The acceleration of human development in Ghana over the last 10 years also suggests that increased voice can indeed contribute to improved provision of health and education services. Although the country still faces major challenges, including limited improvements in the quality of basic services and rising inequalities, its progress across multiple dimensions of well-being has been outstanding. And while Ghana may appear to be an exceptional 'rising star', its experience provides key lessons that transcend context and can inform efforts to secure widespread and lasting human development in other countries and settings.

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# 1. Introduction

## 1.1 Why explore progress in Ghana?

Ghana has emerged as one of the best-known examples of progress in the developing world in general and in sub-Saharan Africa in particular. Over the past 20 years, the country has made sustained political, economic and social progress. Ghana today is a functioning, multi-ethnic democracy that has also made remarkable progress in human development, especially in terms of health and education.

Ghana has had one of the world's most successful and stable transitions from authoritarian rule to democracy, especially in a multi-ethnic setting, and is often cited as a prime example of how democratic governance can take root in Africa, with regular and peaceful alternations of power coupled with the representation of popular interests.

The country also stands out for its achievements in education and health in recent years. It is one of only a handful of non-OECD countries that provides universal health insurance, and is showing standout improvements in child health in particular. Ghana also surpasses the middle-income country (MIC) average for primary school enrolment (and did so even before achieving MIC status). As a result of such progress, Ghana ranks among the highest-performing countries in human development in sub-Saharan Africa.

Since the 1980s, Ghana has also made impressive progress on poverty reduction. According to the Multidimensional Poverty Index<sup>1</sup>, Ghana has witnessed one of the most significant reductions in multidimensional poverty in the past 10 years, with an annual reduction of 3.4 percentage points between 2003 and 2008 (Alkire et al., 2013). At national level, the poverty rate fell from 52% in 1991 to 29% in 2006. There was an equally impressive decline in poverty in rural areas, falling from nearly 65% in 1991 to 39% in 2006. While this reduction is unquestionably connected to the broader process of economic development in recent decades, much of the improvement in rural areas can be attributed more specifically to progress made in agriculture. As another case study on Ghana carried out during the first phase of the Development Progress project suggests, since the 1990s, Ghana has been one of the top five agricultural performers in the world, and this productivity in the agricultural sector significantly contributed to these major reductions in poverty (as well as malnutrition) (Letorque and Wiggins, 2010).

The experience of Ghana, therefore, offers a compelling case to analyse progress across a variety of dimensions.

While the first Development Progress case study focused on economic development, this case study complements that analysis by focusing on the political and social spheres. Specifically, it looks at progress in political voice and the delivery of health and education services. We explore how progress occurred simultaneously across all three of these dimensions and investigate the reinforcing relationships that exist between political voice and service provision.

## 1.2 Multidimensional progress in Ghana

### 1.2.1 Why multidimensional progress?

This case study aims to enhance understanding of the factors that have enabled 'multidimensional progress' in Ghana in political voice, health and education.

There is widespread recognition that 'development' means much more than simply economic growth and higher incomes. As attested by the Millennium Development Goals (MDGs), and amid ongoing discussions about what a post-2015 development framework should look like, there is consensus that well-being itself has many different dimensions. It is made up of complex linkages and relationships that span a variety of arenas, including the social, economic, political and environmental (Stiglitz et al., 2009; Alkire, 2012).

The Human Development Index (HDI) adopted by the United Nations in 1990 was a first attempt to capture the multidimensional nature of well-being by considering health and education alongside income to determine whether countries were fostering the human capabilities of their people. In 2010, the Multidimensional Poverty Index (MPI) introduced by the Oxford University Poverty & Human Development Initiative (OPHI) and the United Nations Development Programme (UNDP) expanded this measure to include 10 indicators (grouped under the categories of health, education and living standards) and to study the extent of deprivation across multiple dimensions of well-being for individual households.

Much thinking has been devoted to the analysis and measurement of the challenges of development – disparities that overlap and that lead to deeper deprivations in well-being (see for example Alkire and Foster, 2011; Collier, 2007). However, the positive stories – multidimensional progress – have received far less attention.

Current debates on development tend to focus either on easy assumptions that 'all good things' go naturally

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1 The Multidimensional Poverty Index (MPI) was developed in 2010 by Oxford Poverty & Human Development Initiative and the United Nations Development Programme (UNDP). It is an international measure of acute poverty that covers over 100 developing countries. It complements traditional income-based poverty measures by capturing the severe deprivations in education, health and living standards that each person faces at the same time. For more information see: <http://www.ophi.org.uk/multidimensional-poverty-index/>

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together, or on tensions or zero-sum trade-offs between different development objectives, such as those between environmental sustainability and economic growth. However there is a great deal left to be learned from a more nuanced understanding of the positive linkages between progress in different sectors and how this can be built on to improve developmental outcomes, and we hope Ghana's positive experience over the past two decades can contribute to this ongoing debate.

We analyse multidimensional progress in Ghana through a two-folded approach that explores the gains the country has made in terms of:

- The simultaneous progress that has been made in these three dimensions of well-being: political voice, health and education.
- The way in which this progress across the three dimensions has been mutually reinforcing, looking specifically at how political voice has contributed to improvements in health and education.

### 1.2.2 Political voice: understanding key concepts and assumed linkages

Following Verba et al. (1995, p. 38) we understand political voice as any activity undertaken by individuals and organisations 'that has the intent or effect of influencing government action – either directly by affecting the making or implementation of public policy or indirectly by influencing the selection of people who make those policies.' Political voice is expressed through a variety of channels that includes elections, but also other activities by individuals and organisations to influence government action, be it through the media, political parties, civil-society organisations (CSOs) and think-tanks and community-based organisations, as well as action on the part of individual citizens.<sup>2</sup>

While not exclusive to democratic systems, political voice is an essential element of democracy. In principle, democracy cannot exist without voice: as many scholars have noted, democracy is intended to give people voice and choice. According to Schlozman et al. (2007), for example, 'The exercise of political voice goes to the heart of democracy. In fact, it is difficult to imagine democracy on a national scale without the right of citizens to take part freely in politics.'

Political voice has both intrinsic and instrumental value, as highlighted in the report of the High Level Panel on the post-2015 development agenda (United Nations, 2013b). In principle, political voice enables people to pursue the goals and aspirations that they value, and to seek redress when they see injustice (Sen, 1999; Stiglitz et al., 2009). In particular, as Amartya Sen has argued, the importance of participation in one's development through open and non-discriminatory processes, to have a say without fear, and

to speak up against perceived injustice are fundamental freedoms that are integral to one's well-being and quality of life (Sen, 1999; Stiglitz et al., 2009). In addition, it is often argued that voice has a critical role to play in improving the quality of governance.

The global expansion – or even explosion – of political voice over the past two decades has generated real enthusiasm about the potential of social mobilisation and popular participation to hold those in power to account (Gaventa and Barrett, 2010; Rocha Menocal, 2014). The thinking behind this enthusiasm is that people are more likely to hold their representatives to account when they are more engaged in political processes and better informed about their rights and obligations, as well as the policies and decisions that they care about. This, in turn, can improve the quality of governance and the nature of state-society relations and, ultimately, yield better development outcomes. Box 1 outlines the assumed links between political voice and development outcomes.

### 1.2.3 The history of multidimensional progress in the Ghanaian context

It is important to remember that Ghana's progress on citizen voice and its achievements in service delivery since the 1990s are rooted in deeper historical factors and processes. This has been facilitated, in part, by the country's socioeconomic transformation over the past three decades and more. But it is also grounded more fundamentally in the country's state- and nation-building trajectory and the evolution of its state-society relations over time.

One important aspect has been the nature of political competition in Ghana, which is rooted in a long-term culture of tolerance and accommodation. Even though it is a multi-ethnic and diverse country, Ghana has not experienced the kind of acute and often destructive social fragmentation along ethnic lines that has characterised many other countries in West Africa, and across sub-Saharan Africa more generally.

While ethnicity and family ties are important (and may be becoming more salient according to some observers), neither have been strong enough on their own to determine people's allegiances or the nature of political competition (Lindberg and Morrison, 2008; Whitfield, 2009, among others). This has been vital for the nurturing of a shared sense of collective identity that transcends more narrow identities and that encompasses Ghana as a whole. In other words, Ghanaians share an identity that has helped to foster unity across an otherwise diverse nation.

Likewise, a long-standing (elite) commitment to the provision of universal health and education has been embedded in Ghana's public discourse since independence and perhaps even earlier (education in particular had been prominent on the list of nationalist demands since the

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2 The Development Progress project has developed a series of products and publications that seek to explain what political voice is and why it matters. See <http://www.developmentprogress.org/what-political-voice-why-does-it-matter-and-how-can-it-bring-about-change>



### Box 1: Links between political voice and development outcomes

The assumed causal chain that links voice and development, whether implicit or explicit, is generally outlined as follows:

Increasing space for the voice of citizens to be heard will make public institutions more responsive to citizens' needs and demands and thereby more accountable for their actions. This combination of voice and accountability will in turn ...

... contribute directly to broad developmental outcomes, including the provision of basic services like health and education, as shown here:

Voice → accountability → improved developmental outcomes (e.g. poverty reduction; meeting other MDGs)

or ...

... will have considerable influence on other (intermediate) factors that are believed to have an impact on poverty reduction and other broad development objectives as shown here:

Voice → accountability → intermediate variables (e.g. improved governance; stronger institutions) → improved developmental outcomes

Source: Rocha Menocal and Sharma (2009).

beginning of the 20th century). Such historic commitment has been crucial not only in steering policymakers towards the delivery of basic services, but also in spurring demand for these services. The obligation of the Ghanaian state to provide basic services is not, therefore, a recent development, though the ability to deliver on that obligation more effectively may well be.

While Ghana's historical trajectory has been essential in promoting progress in both political voice and the delivery of services, our analysis also finds that, more recently, political voice has made significant contributions to both the quality of governance in Ghana and more effective service delivery in line with the links outlined in Box 1. The expansion of political voice has included:

- Elections
- Increased mobilisation and organisation of civil society
- The development of vibrant and independent media outlets
- Increased participation and influence in decision- and policy-making processes.

### 1.3 Methodology and structure of the report

The Development Progress project is carrying out three case studies on how multidimensional progress has been achieved in different country contexts. Ghana is being examined because of its progress in health, education and political voice. Ethiopia's progress in poverty reduction, employment and education is being studied, and Ahmedabad, Gujarat in India is being studied in terms of its progress in urban poverty, water and sanitation and political voice.

To track progress across multiple dimensions over time, the Development Progress project has used a deviation-from-fit method. This measures countries' performance

across eight dimensions of well-being to determine which countries have 'deviated' from their starting points in 1990 to achieve a higher rate of progress than might have been expected (see Samman, 2012). These dimensions are: health, education, political voice, environment, security, social cohesion, employment and material well-being.

By this measure, Ghana has made considerable progress and is among the top 20 countries in six of these dimensions: political voice, material well-being, health, environment, employment and social cohesion. It is ahead of the sub-Saharan African (SSA) average for many indicators, and in line with (or in some areas ahead of) the average for MICs (a category Ghana only joined in 2010).

The selection of Ghana as a multidimensional case study was reinforced by a longitudinal study conducted by OPHI. This found that Ghana's decline in multidimensional poverty was second only to that of Nepal (Alkire and Roche, 2013).

A team of researchers based in the UK and in Ghana carried out an extensive literature review, analysed quantitative and qualitative data and held interviews with more than 60 experts in Ghana, including former and current policymakers, academics, civil society and media representatives, and international organisations. Two research teams also visited the Central and Northern regions of Ghana where local leaders, parent-teacher associations, health centre users and regional organisations were also interviewed and focus groups were conducted with community members.

The report is structured in five sections. Following this introductory section, Section 2 explores the nature of Ghana's progress in political voice, health and education over the past two decades. Section 3 analyses some of the key factors, processes and synergies that have contributed to progress in each of these dimensions. Section 4

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explores the causal relationship between political voice and improved human development, asking if increased voice, especially since the 1990s, has contributed to improvements in the provision of basic services. Section 5 looks at some of the future challenges to political voice,

health and education in Ghana. Finally, Section 6 considers what lessons emerging democracies can learn from Ghana's experience in scaling up progress on human development while confronting the challenges of deepening the quality of democratic governance and delivering for development.



Young man with radio. Photo: © Terrie Schweitzer.

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## 2. What progress has been achieved?

Ghana has made impressive progress on all three of the key dimensions of well-being that are reviewed in this case study: political voice, health and education.

At the time of independence in 1957, Ghana set out high ambitions for health and education. Building on nationalist demands that pre-dated independence, Ghana's post-colonial leadership was quick to establish publicly-funded health services and free primary education from the outset. However, over subsequent decades Ghana had to contend with various political and economic, and it is only much more recently that the country has been able to act on its early ambitions. While Ghana is known today as one of the most successful and vibrant democracies in the developing world and has made important development gains, its trajectory has been far from linear or straightforward.

This section begins by looking at the significant progress that Ghana has made in political voice and then turn to the country's achievements in health and education.

### 2.1 Ghana's 'golden age' of political voice

Ghana has experienced a remarkable transition from an authoritarian and repressive military dictatorship to a democratic system, making it one of the few countries in the developing world where democracy has taken root – an achievement that has proven challenging in many multi-ethnic settings.

Although progress in political voice is particularly difficult to measure, given its multifaceted and process-based nature, Ghana's notable performance across a range of indices is a testament to its progress.<sup>3</sup> The country was once among the lowest 40% of countries in terms of 'voice and accountability' according to the World Bank's Worldwide Governance Indicators (WGI), but has moved up to join the countries in the top 40% (see Figure 1, overleaf). This marks one of the largest improvements achieved in this area worldwide. The Democracy Index

from the Economist Intelligence Unit (EIU), which evaluates countries' overall democratic performance, ranks Ghana 68th out of 167 countries, making it one of the better-performing countries in sub-Saharan Africa. Ghana is also one of the top 20 countries making considerable progress in the Polity IV Index, a data set that is used in social science research that measures the level of democracy for countries with more than 500,000 people worldwide.

Ghana has held six presidential elections since 1992 and, with the exception of the first election, these have been assessed as free and fair. Ghana has also held district assembly elections every four years. Although the New Patriotic Party (NPP) – one of the two major political parties in the country – boycotted the first election in 1992, it has been an active participant in the five elections that followed. There have been two transfers of power between the two dominant parties – the National Democratic Congress (NDC) and the NPP – in 2001 and 2009, both of which were peaceful and saw smooth transitions of power.

Citizens have tried to use the ballot box during elections to improve accountability and to make it clear to the politicians that they will vote for or against them depending on how well they respond to their needs and priorities. This is what one of our interviewees referred to as 'the power of the thumb' (Lindberg, 2010, also see Section 3 for a more in-depth discussion).

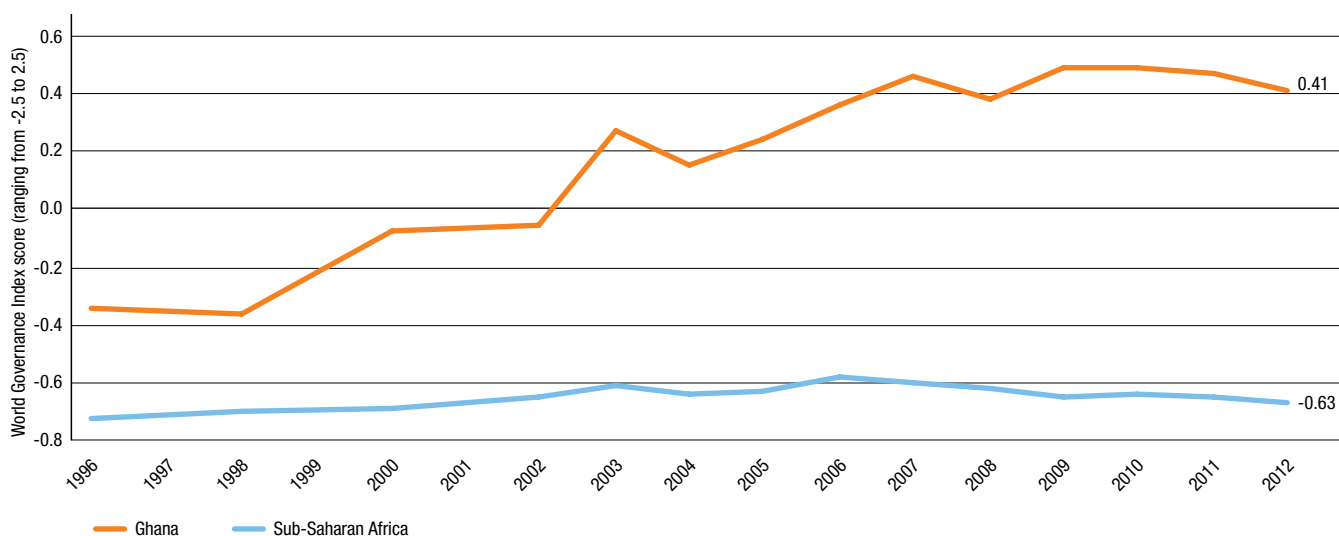
Voter turnout in the latest national elections, held in December 2012, was impressively high at around 71%. Such a rate is markedly higher than in many democracies in the developed world, and as Jackman (1987) demonstrates through a comparative study of 'industrialised' countries, voter turnout rates reflect, at least in part, the incentives provided by formal institutions to encourage citizens to engage. Jackman shows that higher voter turnout rates can signal more 'participatory political democracy'.

**'There is evidence of citizen engagement at all levels. Presidential debates, constituency and town hall meetings have taken place where people are asking when politicians will act on the promises they have made, holding them to account' – Civil society representative**

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<sup>3</sup> Progress in political voice is more of a process of ongoing engagement and bargaining between state and society than a specific outcome. It does not, therefore, translate as neatly into indicators as some other dimensions of human development.

**Figure 1: World Governance Indicators (WGIs) – Ghana and sub-Saharan Africa**



Source: World Bank (2013).

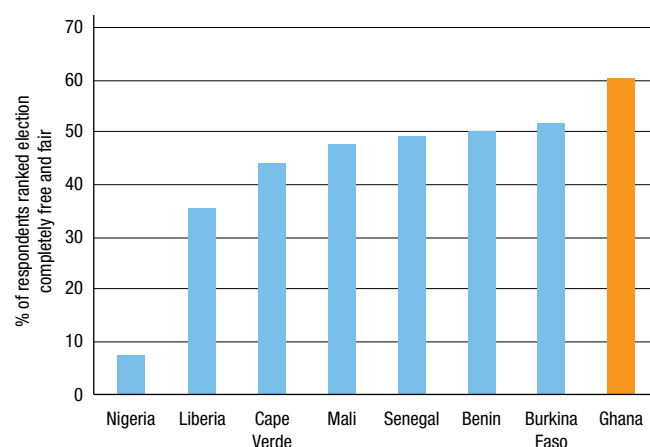
Ghana has had its share of tense political moments, including the closely contested presidential elections of 2008 and 2012, the death in office of President John Atta Mills, and the legal grievances alleging electoral fraud filed by NPP following the 2012 elections. However, all of these situations were resolved peacefully through adherence to the proper democratic institutions and mechanisms.

When asked whether they felt the 2008 election overall was free and fair, 60% of Ghanaians agreed that it was completely free and fair, and a further 20% stated that it was free and fair with minor problems (Afrobarometer, 2012). This is one of the highest approval ratings for elections in sub-Saharan Africa and the highest in West Africa (Figure 2). The judiciary, in particular, gained widespread acclaim in 2012 for its independence in resolving the claims of voter fraud.

Taken together, these episodes demonstrate the resilience of the political system in Ghana in the face of challenging circumstances. In effect, according to the Afrobarometer survey (2012), 74% of Ghanaians consider themselves satisfied with the state of democracy in the country, the second-highest proportion in Africa, after Tanzania.<sup>4</sup> Ghana has also had the second-highest share of respondents who classify their country's political system as a democracy, behind only Mauritius.<sup>5</sup>

Political voice has enabled greater citizen awareness of and engagement with a variety of issues, including education and health (both perennial concerns on the public agenda), as well as corruption, children's rights,

**Figure 2: How would you rate the freeness and fairness of the last national election?**



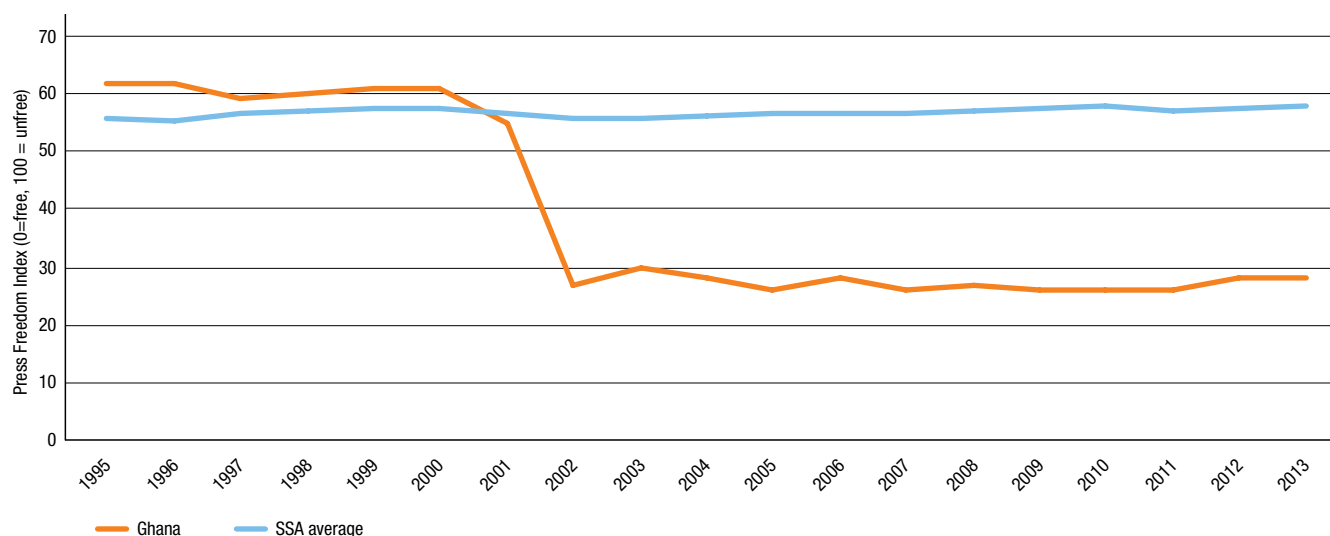
Source: Afrobarometer (2012), Round 5.

women's rights, and rights for people with disabilities, and accountability for service delivery. In fact, pressures from below have often ensured that issues are placed onto the national agenda or remain visibly there. According to the African Capacity Building Foundation (ACBF), the enabling environment for civil society in Ghana has been regarded as the most developed in sub-Saharan Africa. Ghana is the only country to fall within the Foundation's

<sup>4</sup> This includes those who responded that they were 'very satisfied' and those who responded 'fairly satisfied'.

<sup>5</sup> 52% of respondents classified Ghana as a democracy with minor problems, and only 1% found Ghana to be undemocratic.

**Figure 3: Freedom House Press Freedom Index 1995-2013**



Source: Freedom House (2013).

‘high capacity’ category (ACBF, 2012)<sup>6</sup> and has been at the top of this category since the index was created in 2011.

Another example of the way in which enhanced political voice has coalesced to expand civic engagement are ‘coalitions for action’. These have emerged at important moments in the country’s recent history and have shaped both its political trajectory and the quality of its democratic governance. Perhaps the most notable example are the ‘peace councils’ that were organised throughout the electoral process of 2012-2013 and that, according to a number of interviewees, played a key role in tackling possible conflicts and in ensuring peace and stability regardless of the electoral outcomes. These councils brought together a broad set of stakeholders, including politicians from the NDC and NPP, religious leaders, chiefs and civil society organisations who made joint appeals for peaceful politics and stability during the transitional period.

The media in Ghana has also blossomed under political liberalisation since 1992. With over 3,000 newspapers and 150 private FM radio stations, all covering political content, the country’s media is now widely regarded as one of the most vibrant and most free in Africa (EIU, 2013; Reporters Without Borders, 2013). As Figure 3 on the Press Freedom Index shows, Ghana’s progress in this area sets it apart from the average in Sub-Saharan Africa. According to the Reporters Without Borders 2013 Press Freedom Index, Ghana ranked third overall in Africa, improving its global rank from 67th in

2002 to 30th out of a total of 170 countries (Reporters Without Borders, 2013).

The protection of press freedom enshrined in Ghana’s 1992 Constitution, the establishment of the Ghana Media Commission in 1993 and the repeal of the libel laws that limited press freedom in 2001 have all contributed to this progress.

Ghana’s liberal environment has enabled the media to act as a watchdog and to monitor the political system. In particular, the media has been effective in holding government officials and elected representatives accountable for their actions on a whole range of issues from corruption to service provision and on the linkages between the two. As a recent survey from Accra shows, the media is often the preferred route that citizens take to voice complaints followed by traditional or religious leaders and assembly members (Selormey, 2012, p. 9). This issue is discussed in further detail in Section 3.

In sum, Ghana’s political transition from authoritarian rule to democracy has resulted in the broader consolidation and institutionalisation of political voice, and the greater incorporation of a broader set of stakeholders, ranging from political parties and different branches of government, to organised civil society and the media, in decision-making processes. According to Hughes (cited in Ohemeng, 2013, p. 89), one of the most significant changes in the Ghanaian political system as a result of the opening up of political space ‘has been a shift away from autocratic and technocratic policy design and enforcement, towards an ethos and practice of

<sup>6</sup> This index accounts for the policy environment, processes for implementation and development results at a national level, and capacity is defined broadly by the index as ‘the capacity for individuals, organizations and societies to set goals and achieve them; to budget resources and use them for agreed purposes; and to manage the complex processes and interactions that typify a working political and economic system’ (ACBF, 2012).

consultation and consensus.’ As one of the key informants interviewed for this report put it, since the 1990s Ghana ‘has moved away from a ‘culture of silence’ to a culture of public disputation and active civic engagement.’

As such, the country has experienced a ‘golden age’ of political voice, which has helped to improve the quality of its broader governance processes more generally. Some have expressed concerns about the quality of political voice in Ghana and how polarised, partisan, and even shallow it has become. But as another of our interviewees noted, ‘there is nothing about democratic debate that says it needs to be pretty. What is important is that different voices are heard – even if one doesn’t agree with all of them.’ Even so, it is important to understand whose voices are being heard in decision-making processes, and whose voices have little impact, as this affects the quality of representation (Sections 4 and 5 examine inequities in political voice).

## 2.2 Ghana’s progress on health

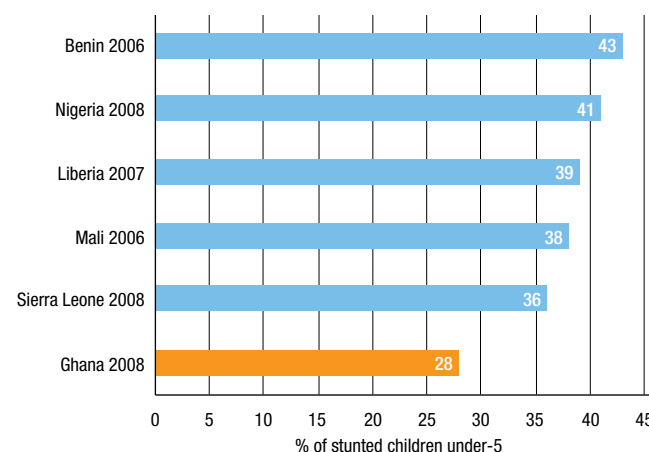
### 2.2.1 Child health

Ghana stands out in the region – and indeed among lower-middle income countries worldwide – for its progress on health, and particularly for its progress in the health of its children.

Child nutrition outcomes have improved consistently, and Ghana outperforms other countries in the region on most nutrition-related indicators. For example, it ranks 13th out of 51 countries for reductions in child stunting measured by deviation-from-fit (World Bank, 2013). The prevalence of stunting among children under 5 decreased from 35% in 2003 to 28% in 2008 and is significantly lower than in other countries in West Africa (see Figure 4). Nearly every child in Ghana is breastfed, in line with the guidelines set down by the World Health Organization (WHO) and UNICEF, while Demographic and Health Surveys (DHSs) have found that 81% of children in Ghana had eaten vitamin A enriched food in the last 24 hours and 75% had eaten iron-enriched foods (Ghana Statistical Service et al., 2009).

There has also been impressive progress on immunisation, which has been a priority under the strategy of the Ministry of Health (MoH) to enhance preventative health care (personal interview, 2013). Ghana ranked 7th out of 153 countries by deviation-from-fit in terms of progress on measles immunisations between 1990 and 2010 (World Bank, 2013). Between 1998 and 2008, child immunisation rates increased dramatically, from 19% to 70% (Ghana Statistical Service, 2009). By 2008, Ghana’s measles-vaccination rate stood at 91% – well above the regional average of 75% – and there had been no death from measles in the country for seven years (Ghana Statistical Service et al., 2009). This progress has been supported by national

**Figure 4: Prevalence of stunting in the West Africa region (percentage of children under five)**



Source: ICF Macro (2010).

outreach campaigns such as the Expanded Programme on Immunization and National Immunization Development Days have both contributed to these high rates.

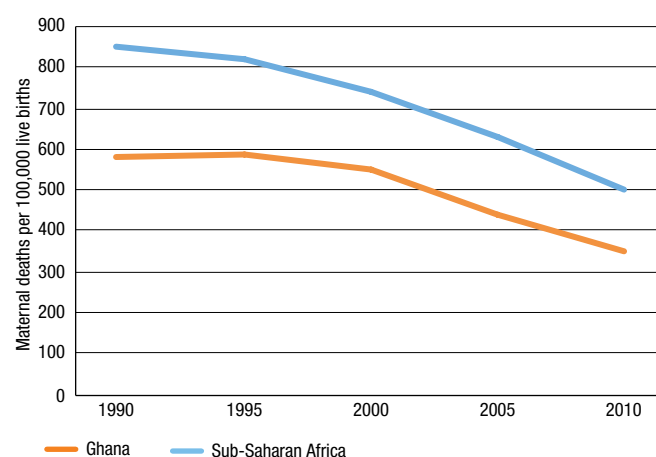
Ghana was also the first country in Africa to simultaneously introduce the pneumococcal and rotavirus vaccines to tackle pneumonia and diarrhoea, two of the biggest killers of children in the country (WHO, 2012). These vaccines were made available from every health clinic and the efficiency of this campaign and its effective outreach strategy have been highly regarded, offering insights for other countries in the region (see Logan, 2012, for more details on this initiative).

Ghana’s child mortality rate does, however, remain relatively high at 78.4 deaths for every 1,000 live births. While this is lower than the sub-Saharan African average of 92 deaths per 1,000 (2013), it remains higher than the lower-middle income country (LMIC) average of 59 death per 1,000 (2013). Persistent inequalities in children’s access to health services and remaining deficiencies in the quality of the health services provided, particularly in more remote areas, have been holding back Ghana’s progress in reducing child mortality (Save the Children, 2012).

### 2.2.2 Maternal Health

Progress in maternal health in Ghana has been slower than in other areas of health. Nevertheless, Ghana remains one of the better-performing countries in sub-Saharan Africa, where maternal health has been neglected until only recently: the region is far from achieving the MDG target of reducing maternal deaths by three-quarters (United Nations, 2013a). In 1990, Ghana’s maternal mortality rate stood at 580 for every 100,000 live births, and this figure had declined to 350 by 2010. This compares to the sub-Saharan African average of 500 deaths per 100,000 live births in 2010 (see Figure 5 on trends in maternal mortality).

**Figure 5: Trends in maternal mortality, 1990-2010**



Source: MMEIG (2013).

There have been recent efforts to accelerate Ghana's progress in maternal health, and one senior health official interviewed for this case study stated that the MoH is conscious of its shortcomings in this area and confirmed that this is a key priority for the Ghana Health Service (GHS). In 2008 Ghana declared maternal mortality a national health emergency, and in 2011 the GHS agreed a MDG acceleration framework with its development partners. Three priority interventions areas were identified under this agreement: family planning, skilled delivery and emergency obstetric and new-born care (see Ministry of Health, 2011).

### 2.2.3 National health insurance

A major achievement in the health sector in Ghana has been the creation of a country-wide national health-insurance scheme. Ghana is one of only a handful of countries worldwide with established universal health coverage and is among the very few non-OECD countries to have such a scheme. The National Health Insurance Scheme (NHIS) was introduced in 2003 to replace a 'cash-and-carry' system in which patients were required to pay a user fee with a new approach based on low premiums and exemptions for vulnerable populations.

Many interviewees for this case study credited the introduction of this scheme with having had the biggest impact on health-service access of any policy, and the accompanying increase in health infrastructure and trained medical staff to accommodate more patients and cover remote areas has been instrumental in translating this policy into improved health outcomes.

The introduction of the NHIS has also had an equalising effect on access to health services through its fee exemptions for vulnerable groups and the expansion of health clinics into more remote rural areas. To ensure the affordability of care, the NHIS provides heavy subsidies for vulnerable populations. It also set up accreditation to ensure an improvement in quality

standards. The benefits package covered by the NHIS is also quite comprehensive; as a result, claims have increased substantially (Saleh, 2013).

## 2.3 Ghana's progress on education

Ghana has also seen impressive achievements in increased access to education at pre-primary, primary and secondary levels. Here, Ghana stands out not only among sub-Saharan countries, but also among MICs worldwide, a commendable achievement considering how recently Ghana joined this income group. While Ghana has made outstanding strides in access of education, the quality of basic education is very low, despite improvements in recent years. This is Ghana's next educational hurdle and is discussed further in Section 5.

### 2.3.1 Pre-primary and primary education

Pre-primary education has perhaps seen the most significant change. The number of kindergartens more than doubled from 6,321 to 13,263 between 2001/02 and 2010/11. In 1980, just 28% of children were enrolled in pre-primary education, and despite a fair amount of fluctuation, this percentage gradually increased to 50% by 2000. It is in the past decade, however, that the most massive jumps in pre-primary enrolment have been seen, and universal pre-primary enrolment was achieved in 2011 (World Bank, 2013). This achievement has been driven by Ghana's decision to make pre-primary education compulsory – the first country in sub-Saharan African country to do so. Legislation in 2007/08 reduced the starting age for compulsory education to 4 and extended both capitation grants from primary school to include kindergartens and the necessary teacher training programmes (UNESCO, 2012).

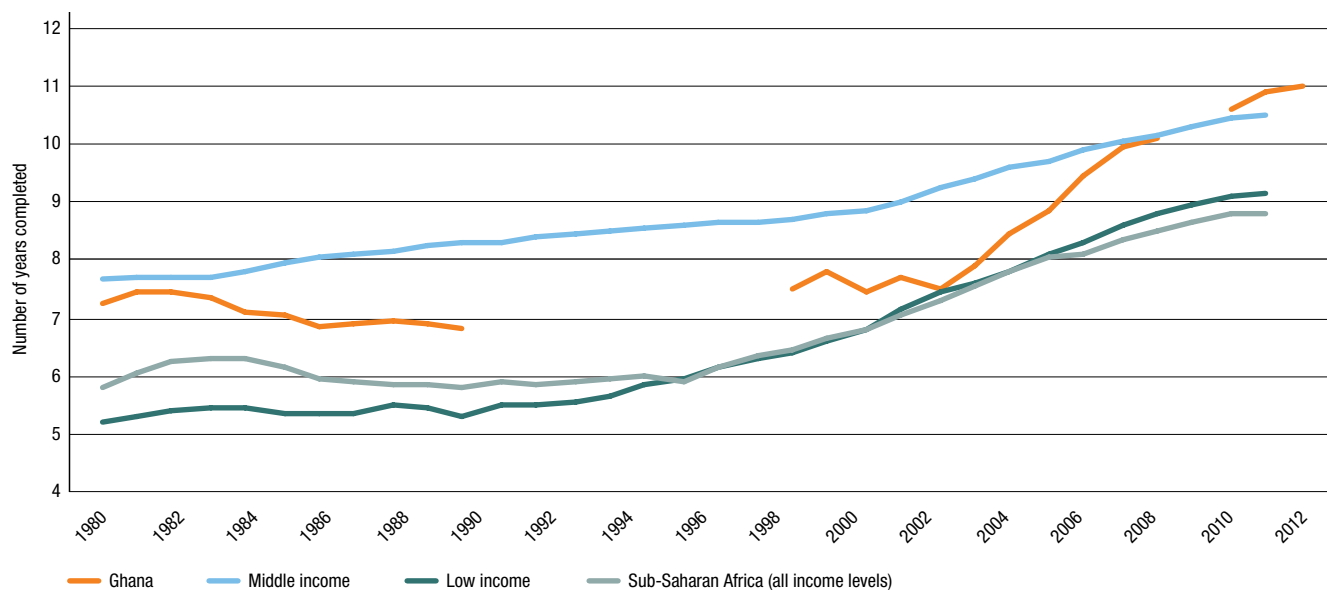
While efforts to improve access to primary education in Ghana have been underway since the late 1980s, real progress in this area has only been evident within the last few years. After peaking in 1982 at 79%, the gross primary enrolment rate had dropped to 70% by 1988. Primary enrolment only began to make up the lost ground in 1991 and hovered at around 80% until 2005, after which point the rate started to gain momentum, moving gradually from 90% towards achieving and maintaining universal enrolment since 2007 (World Bank, 2013).

### 2.3.2 Secondary education and beyond

A similar picture can be seen for secondary education, with enrolment rates that stagnated at just below 40% throughout the 1980s and 1990s. Again, it wasn't until around 2005 that enrolment gradually increased, rising to 61% of secondary-age children in 2012 (World Bank, 2013).

Overall school life expectancy – the number of years a child will, on average, spend in school – has increased from an average of 7.5 to 11 years between 1999 and

**Figure 6: School life expectancy (primary and secondary), Ghana and comparators**



Source: World Bank (2014).

2013. Ghana has moved beyond the sub-Saharan Africa and low-income country (LIC) averages and is now on a par with MICs around the world in terms of gross enrolment, and is actually surpassing the MIC average for school life expectancy as shown in Figure 6 (World Bank, 2013). The fact that Ghana has achieved this in just 10 years makes its progress all the more impressive.

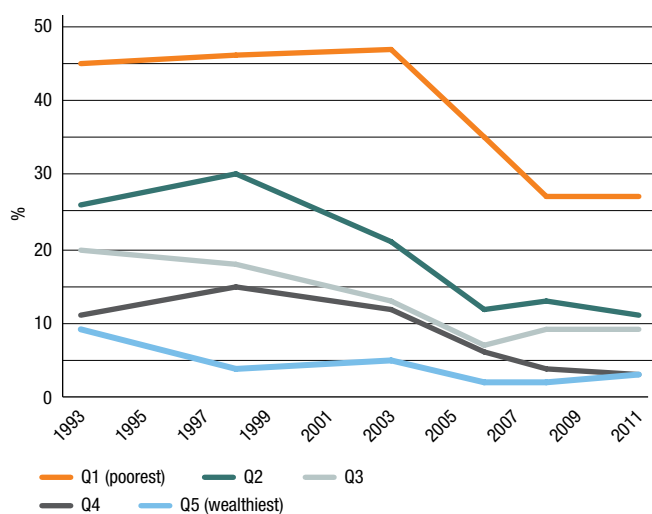
### 2.3.3 Equitable access

Progress in equitable access to education has also been encouraging. Gender parity for the primary net enrolment rate has been at or close to 1 since the early 2000s, and although disparities remain when disaggregating data for children aged 7 to 12 who have never been to school by region and wealth, these disparities have been narrowing since 1998, as shown in Figure 7 and Figure 8. It should be noted, however, that progress on inequalities seems to have stagnated and that disparities have even worsened in some areas since the mid-2000s. Clearly, renewed efforts are needed to tackle the issue of inequality head on.

Similar efforts are needed to address geographic disparities. Opportunities for post-primary education have been limited to towns and cities, while secondary schools in rural areas are poorly resourced. As a result, there is a large demand for places in the country's few elite and well-resourced senior secondary schools (Higgins, 2009). To address this disparity, the Government of Ghana established 'model secondary schools' in each district to ensure that each one had a school that could be compared favourably with the best in the country. This policy has been criticised as demonstrating Ghana's tendency to distribute public services equally between districts, rather than targeting the most disadvantaged areas and marginalised populations (Higgins, 2009, p. 5) Concerns have also emerged about the reinforcement of class divisions at district level as a result of such an approach.

However, Higgins (2009) notes that while the policy does not address underlying structural inequalities in the short term, it does give students in rural areas the chance to access a good quality secondary education and reduces the existing urban bias in this area.

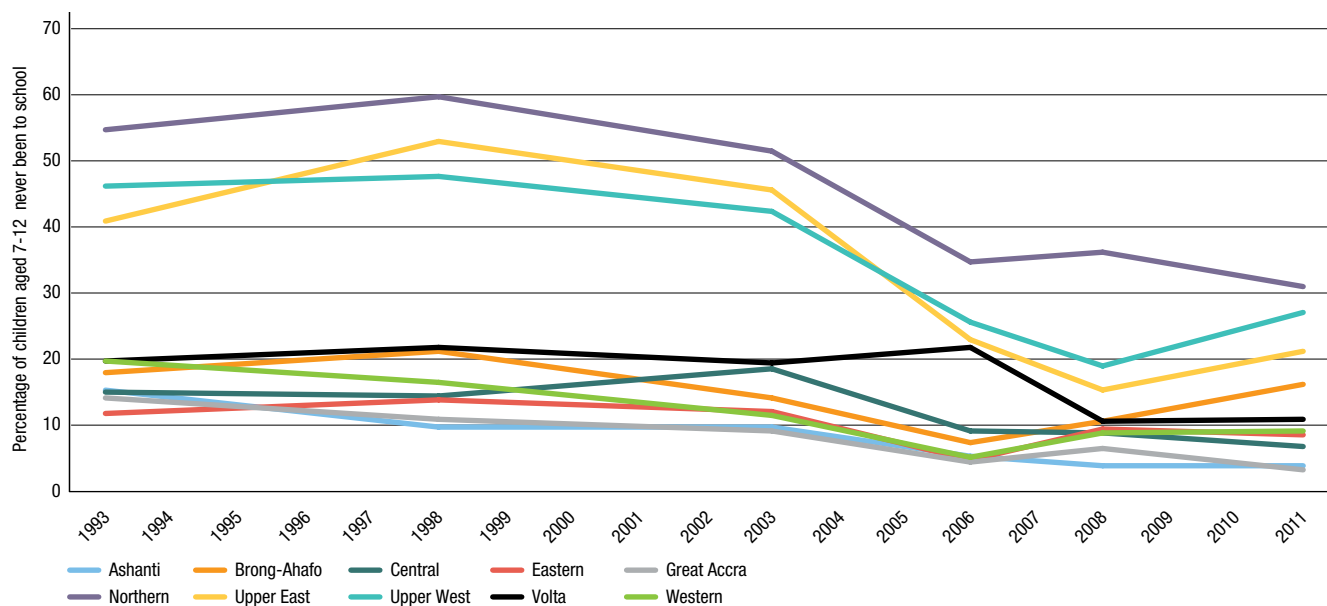
**Figure 7: Percentage of children aged 7-12 who have never been to school by wealth quintile**



Source: WIDE (2014).



**Figure 8: Percentage of children aged 7-12 who have never been to school by region**



Source: WIDE (2014).

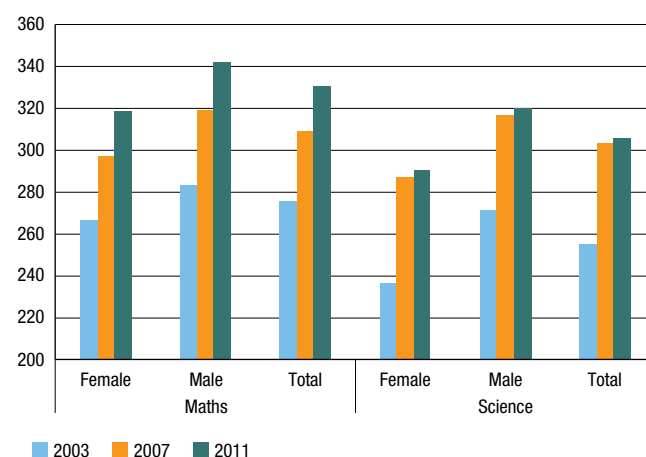
### 2.3.4 Quality of basic education

Ghana has taken part in the last three rounds of the Trends in International Mathematics and Science Study (TIMSS) which measures learning outcomes in maths and science. For 8<sup>th</sup> grade students, Ghana is still at the bottom of the charts for both maths and science when compared with the other 42 countries participating (Mullis et al., 2012; Martin et al., 2012). However Ghana is also one of the poorest countries taking part in TIMSS and its performance has improved in every round of TIMSS since 2003 for both boys and girls (Figure 9). This is impressive, given the simultaneous rapid expansion in the numbers of children accessing education – an expansion that has often been accompanied in other countries by a drop in the quality of education as the system struggles to cope with increased numbers.

### 2.3.5 Public and private provision of education

There is concern about the increasingly large role played by the private sector in the provision of basic education in Ghana, and the impact this is having on equity in general, and on girls’ access to schooling in rural areas in particular. This concern has been highlighted by the UN Committee on the Elimination of Discrimination against Women (CEDAW) (PERI, 2014). CEDAW argues that private schooling is not affordable to the poorest people and that parents are now prioritising boys over girls if they are faced with a tough choice about which child to send to private school.

**Figure 9: Ghana’s 8th grade maths and science results (TIMSS)**



Source: World Bank (2014).



## Political voice: ranking

Ghana has made one of the largest improvements on political voice worldwide.

In 1996, Ghana was ranked in the bottom 40% of countries worldwide.

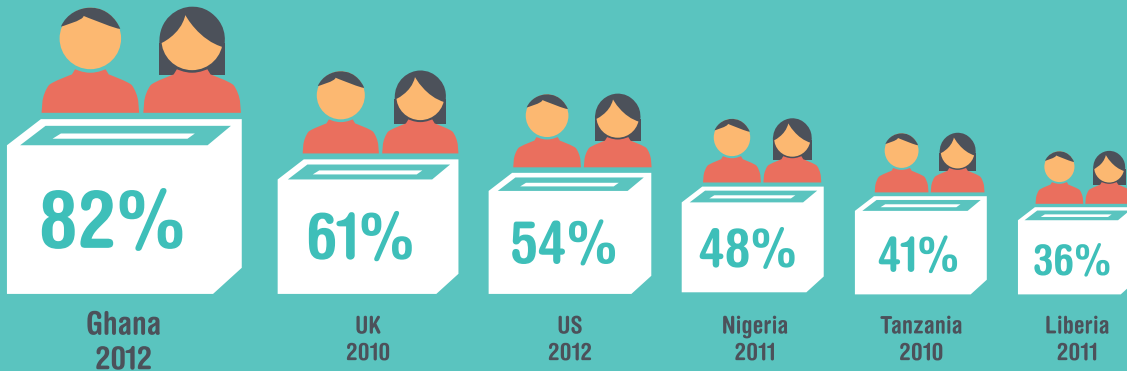


In 2013 it featured in the top 40%.



## Vote

Voter turnout in Ghana is remarkably high compared to both other emerging democracies in Africa and well-established democracies\*.



\* Voter turnout for the latest electoral contest for the head of government in each country.

## Democracy

74%

of citizens in Ghana are satisfied with the state of democracy, the second highest rating in the region, after Tanzania.



Compared to countries in Africa:

59%

Liberia

50%

Burkina Faso

32%

Nigeria

Compared to US and UK:

70%

US

64%

UK

1. Source: World Bank Governance Indicators [www.info.worldbank.org/governance/wgi/index.aspx#home](http://www.info.worldbank.org/governance/wgi/index.aspx#home)  
 2. Source: VAP Voter turnout (The voter turnout defined as the percentage of the voting age population (VAP) that actually voted) [www.idea.int](http://www.idea.int)  
 3. Source: Afrobarometer [www.afrobarometer.org/files/documents/policy\\_brief/ab\\_r5\\_policypaperno11.pdf](http://www.afrobarometer.org/files/documents/policy_brief/ab_r5_policypaperno11.pdf)  
 Source: Office for National Statistics [www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/governance--2014/art-governance.html](http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/governance--2014/art-governance.html)  
 Source: Gallup [www.gallup.com/poll/9574/americans-assess-democracy-us.aspx](http://www.gallup.com/poll/9574/americans-assess-democracy-us.aspx)

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# 3. What are the drivers of progress on political voice, health and education in Ghana?

## 3.1 Drivers of progress on political voice

The advent of democracy in Ghana in 1992 and the state's ability to provide basic services like health and education more effectively need to be understood in the context of the ongoing centralisation of power and the economic crisis of the 1980s.

### 3.1.1 Ghana after independence: political crisis and the need to open up political space

The loss of the legitimacy of the state in the eyes of the population led to a political crisis and to growing domestic pressures (including pressure from an organised civil society) to open up political space (Whitfield, 2011). As the first country in sub-Saharan Africa to gain its independence from colonial rule, many had high hopes for Ghana's future. However, such hopes were soon dashed.

Under the Nkrumah government (1961-1966), power was centralised significantly. All political parties except Nkrumah's Convention People's Party (CPP) were banned, and Nkrumah became President for Life of both party and country. Civil liberties were also curtailed, with restrictions on the freedom of assembly, a ban on industrial action and strikes, and the unlawful detention of political opponents. In this early era, it was the ruling CPP that determined whether a citizen had access to the political system or not (Agbele, 2011).

Over the decades that followed, the Ghanaian political system was characterised by coups and counter-coups and a series of authoritarian regimes that became ever more repressive. With the exception of the First Republic under Nkrumah, the interludes of civilian governments under the Second (1969-72) and Third (1979-81) Republics were short-lived. According to Gyimah-Boadi (2008), Ghana during this period was 'a poster child of a failing African state, cursed with incompetent, corrupt and repressive governments presiding over instability, a stagnant economy, broken down infrastructure and decaying society.'

Flight Colonel J.J. Rawlings, who came to power through a military coup in 1979, initially handed power over to a civilian government, but took back control of the country

at the end of 1981, as the Chairman of the Provisional National Defence Council (PNDC). By the late 1980s, after nearly a decade of quasi-military rule under the PNDC, strong internal pressures on the Government, from within and beyond Ghana, led to important reforms. Rawlings introduced and oversaw the creation of partially elected district assemblies in the late 1980s. In 1992, Rawlings resigned from the Armed Forces and founded the NDC. A liberal Constitution came into force in 1993, inaugurating multi-party democracy. And in the same year, Rawlings became the first President under the Fourth Republic.

This transition towards democracy was a politically calculated move by Rawlings to bolster his rule (Whitfield, 2011). As Gyimah-Boadi (1991) and others have noted, Rawlings was not only under international pressure (Box 2, overleaf) but was also increasingly challenged from within to undertake reforms. According to this Ghanaian scholar, domestic elites in Ghana tend to see military rule as an aberration – even if expedient at times – and they perceived the PNDC as broadly 'illegitimate'. Embarking on a democratisation process thus made Rawlings and the PNDC more palatable to many in the political establishment, some of whom became stalwarts in the elected Rawlings administrations. In addition, Rawlings also sought to expand his basis of support among the rural poor, which led to a transition towards more inclusive (if not less populist) politics (Whitfield, 2011; Gyimah-Boadi and Rothchild, 1989).

### 3.1.2 Economic reform and public finance

The major political changes since the 1980s in Ghana coincided with significant improvements in the country's economy. Under Rawlings, the country saw sweeping economic reforms that allowed the country to recover from decades of economic decline and mismanagement and pull back 'from the brink of disaster' (Killick, 2005, p.3). These reforms were strongly influenced by conditions set by the Bretton Woods institutions and included the deregulation of cocoa sector (Ghana's largest agricultural sector – see

## Box 2: International factors in Ghana's progress in political voice

International pressure for greater political voice in Ghana helped to bolster the country's domestic processes of change. International funding to support political voice, but perhaps more importantly, international influence, worked in ways that were mutually reinforcing, helping to end formal authoritarian rule and supporting the emergence and eventual consolidation of competitive politics within a democratic system.

International factors were crucial in influencing Rawlings's move towards greater political freedom. The end of the Cold War and the onset of the so-called Third Wave of democratisation that spread across Africa in the 1990s created an environment that favoured greater democracy in Ghana and beyond. This resulted in increased international incentives and pressure on the domestic leadership to open up. Rawlings was not immune to external calls to install democracy and hold elections (as well as to restructure the economy), tied as they became to continued international financial and development support. Under Rawlings, foreign aid had become increasingly important source of financing for the state and for propping up the economy (and therefore for ensuring the minimum level of economic viability).

Support from the international community has continued to have an impact since the advent of democracy, making financially viable some of the key channels whereby citizens can exercise voice and influence, including civil society and the media. According to Gyimah-Boadi and Yakah (2012), aid in general, and democracy assistance in particular, has been 'an indirect catalyst of transition to democracy', and 'has been extremely helpful in keeping Ghanaian democracy on track.' Many of the people we interviewed for this case study have suggested that much of the growth in political voice in Ghana would have been impossible without sustained donor funding.

Box 3, overleaf), efforts to control inflation through public-sector spending cuts and a tightening of monetary policy, the abolition of price controls, the opening of capital markets, reductions in import tariffs and the privatisation of many state-owned enterprises (Kolavalli et al., 2012; Sandefur, 2010). As such, Lindberg (2010, p. 132) argues, Ghana became the 'poster-child for economic reform in the 1980s.'

These reforms kick-started strong and sustained economic growth, with GDP per capita almost doubling between 1990 and 2012. This growth had important implications for both the health and education sectors, providing a foundation for renewed efforts and policies to improve access to services and to respond to growing demands made on the state (although these have not always been equity-enhancing, as we will discuss further below and in Section 5.2).

Despite the increasing importance of the service industry to the economy, growth remains largely driven by cocoa, gold and, most recently, oil. However, the cocoa sector's long-term trends are not promising, with poor levels of soil fertility, little innovation and significant supply-side barriers to the cocoa trade (Thrupp, 2011).

Ghana has become less aid-dependent in recent decades: sustained economic growth, the release of funds under the Heavily Indebted Poor Countries (HIPC) Initiative (reducing the amount Ghana spends on servicing debt)<sup>7</sup> and a series of infrastructural loans<sup>8</sup> have reduced the need for official development assistance (ODA). The composition of foreign financing has also changed, with inflows of foreign direct investment (FDI) now accounting

for a larger share of national income than aid (Figure 10). Ghana's ability to borrow at low rates on international markets has also improved, and has been enhanced by the country's oil wealth in terms of providing foreign currency and as collateral for loans.

Tax collection has increased in recent years as a share of GDP, although this is, in part, the result of the rapid growth of national income. However, the growing share of revenues that is buttressed by the increase in natural resource rents has meant that government reserves have increased significantly in recent years (Figure 11). This has also increased Ghana's ability to invest increasing volumes and shares of its total budget in the social sectors.

### 3.1.3 Shared identity and committed developmental leadership

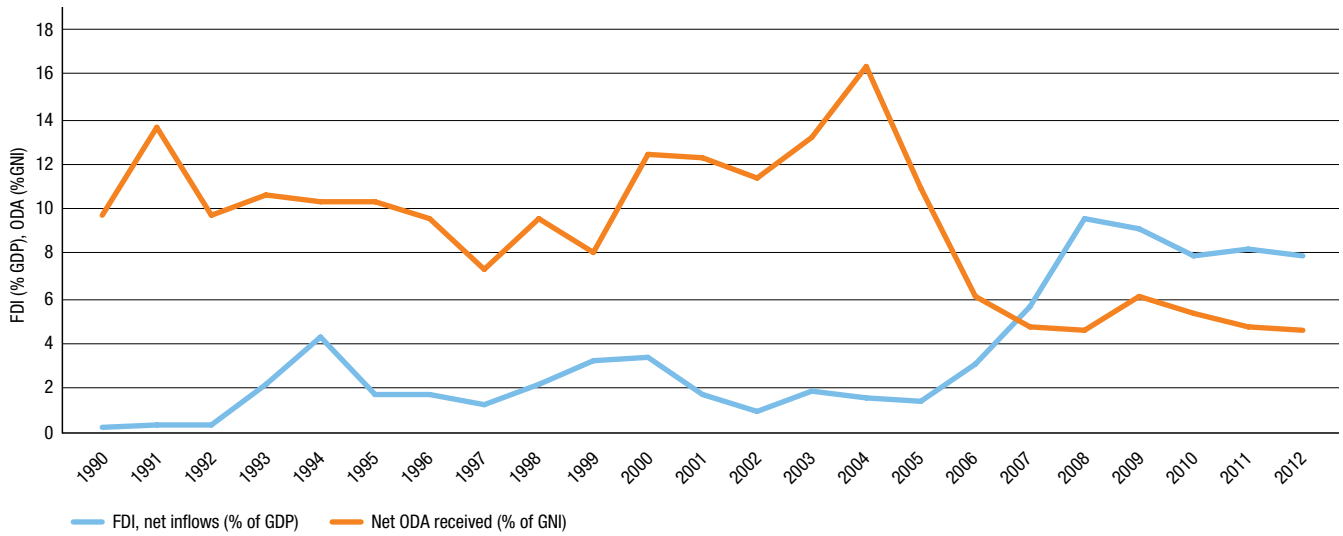
Different factors have been important in developing a wider and more unified sense of a 'Ghanaian identity'. Ghana's progress in both increased citizen voice (including the opening of political space and the sturdiness of the country's democratic system) and its achievements in service delivery have been grounded in the country's state- and nation-building trajectory and the evolution of state-society relations over time. In particular, the universal provision of health and education was embedded as part of Ghana's state-building trajectory and the elite agreements and understandings that underpinned that trajectory from the outset.

The role of leaders and developmental elites who have looked beyond narrow identities to promote a shared sense of the national project, coupled with the resulting social cohesion, emerge as essential building blocks that

7 While interest payments used to make up 1.5-2% of GNI, this is now below 0.5%.

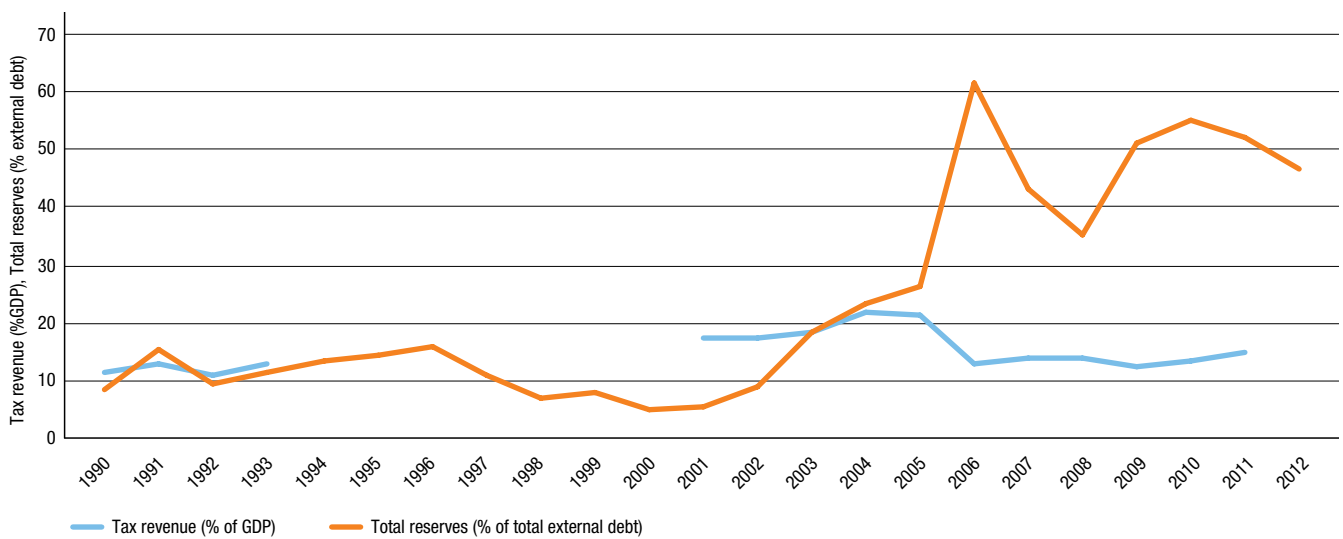
8 The country's road network almost tripled in terms of the number of kilometres of road between 1990 and 2010.

**Figure 10: Net FDI inflows as share of GDP and net ODA as share of GNI**



Source: World Bank (2013).

**Figure 11: Tax revenue (as a % of GDP) and reserves as a share of total debt**



Source: World Bank (2013).

have underpinned, sustained and strengthened Ghana’s democratic system since it emerged in the 1990s. The influence of powerful individuals and leaders within each party has been crucial in moderating political discourse and building bridges across divides.

Explicit institutions, both formal and informal, have been in place to promote political, social and economic inclusion. For example, with the advent of competitive electoral politics, it has been possible to avoid the fragmentation of the political space through specific electoral mechanisms and arrangements to ensure that

political parties have a presence throughout Ghana if they are to be allowed to compete for an election. Admittedly, as some observers have noted, this has helped to entrench a two-party system and has made it very difficult for smaller parties to compete. However, such criteria for inclusion in elections have also been fundamental in ensuring that political parties establish a national presence and cast a wide net when appealing to voters.

In reality, two political traditions on the role the state should play in the economy – interventionist and left-of-centre versus laissez faire and right-of-centre – have

### Box 3: Poverty alleviation through agricultural support

Poverty is concentrated in rural areas in Ghana. Even though most people (52%) live in urban areas, urban poverty stood at just over 10% in 2008, while rural poverty stood at 39.2%. The economy remains heavily dependent on agriculture, which accounts for 55% of employment and 40% of GDP, and much of this involves smallholder farming. With a large share of the population dependent on agriculture for their livelihoods, improvements to agricultural output and productivity have had a profound impact on poverty alleviation in the country.

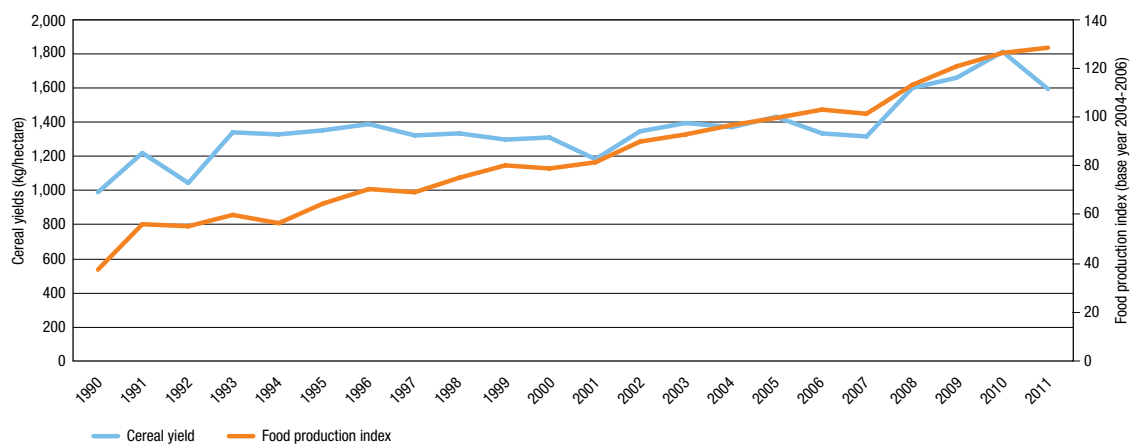
Agricultural production has grown rapidly – by an average of 5% per year for the past 25 years, placing Ghana among the top five countries in the world in terms of its agricultural performance. The agricultural value-added per worker (in constant 2005 US\$) increased from \$630 in 1990 to over \$800 in 2012, while cereal yields and food production which have been steadily increasing (Letorque and Wiggins, 2010; see Figure 12).

These improvements to production are evident in both the goods for export and those for domestic consumption. On the one hand, agricultural exports experienced profound growth in response to the improved business climate and macroeconomic reforms enacted since 1983. For example, Ghana was the world leader in the production of cocoa at independence, and the cocoa sector has now bounced back from its lacklustre performance in the 1970s and 1980s. The country has also successfully established a foothold in new export crops, such as pineapple, mango, nuts and other horticultural products. On the domestic front, rapid economic growth in urban areas has supported an increased demand for high-value foods and agricultural products. The production of staple foods has also improved since the 1990s, and Ghana is now broadly self-sufficient in most staple crops, particularly roots and tubers.

These developments have had a clear and tangible impact on rural incomes. Since the late 1990s, rural incomes have increased dramatically, as has labour productivity in agriculture. In addition, the share of agriculture in total rural incomes has also grown significantly over this period, demonstrating a strong connection between agricultural growth and poverty reduction in Ghana.

Source: Letorque and Wiggins (2010).

Figure 12: Food production index and cereal yields



Source: World Bank (2013).

been instrumental to party institutionalisation and the consolidation of a two-party system. The two leading parties in Ghana that are meant to embody these traditions, the NDC and the NPP, are not sharply differentiated along ideological lines. There is a gap between their ideological images and the actual policies they pursue when in government, and their respective policies since the 1990s have not differed in any significant manner.

The deep-rooted sense of a Ghanaian identity can be seen in the reaction to the first election in Ghana's transition to a formal democracy. The elections, which Rawlings won by a significant margin, were seen as deeply flawed by the opposition. However, while there were threats of violence, the opposition leaders opted for peaceful civil disobedience (such as boycotting the parliamentary elections and the publication of a book, *The Stolen Verdict* (NPP, 1993), documenting their electoral

grievances), rather than resorting to armed conflict, as was to happen elsewhere in Africa, including in Côte d'Ivoire and Sierra Leone. This kind of responsible leadership was also evident in 2000, during Ghana's first alternation of power between the main parties. As Gyimah-Boadi (2008) has noted, 'Above all, it was supreme act of statesmanship on the part of President Rawlings and his NDC colleagues in resisting the temptation to tamper with the two-term limit the 1992 Constitution imposes on presidential tenure – despite genuine fears of revenge against Rawlings/PNDC/NDC in the post-Rawlings/NDC/PNDC era. It was also a major credit to the NDC's candidate, Professor John Atta Mills, that he conceded defeat.'

### 3.1.4 Socioeconomic transformation and the rise of a middle class

The progress that Ghana has achieved in terms of both political voice and social development since the 1990s also needs to be understood in relation to the profound changes in the country's socioeconomic structure over recent decades – changes that echo much of the modernisation theory of development. The country's economic development has helped to bring about the gradual transformation of the class structure, in particular the emergence and growth of a more urban and educated middle class that has developed increasingly tolerant and democratic values. This middle class was actively engaged in political processes before the advent of formal democracy in Ghana, with organised middle-class groups (including lawyers and other professionals) at the forefront of domestic pressures for change when Rawlings first came to power in 1981 and when he was compelled to open up the political system and start the transition to formal democracy. According to many of those interviewed for this case study, members of the middle class are very proud of Ghana's evolving democratic system. They have played a key role in fostering, cementing and protecting its democratic values, and they have grown to expect increased services and responsiveness from the state in return.

Recent research from the Development Leadership Program (DLP) (Jones et al., 2014) underlines the centrality of secondary and higher education in enabling the kind of leadership and a commitment to nation-building that has been seen. Since the days of Nkrumah's rule in the 1950s, good quality higher-education boarding schools and universities have been instrumental in bringing together young adults from different ethnic and social backgrounds from all over the country to study and live together. It

seems that support for secondary and higher education has been particularly effective in encouraging integration and a sense of national identity among networks of emerging leaders (Box 4, overleaf).

## 3.2 Drivers of progress on health

### 3.2.1 The early goal of universal health care

As noted, universal health provision was an early goal for Ghana's post-independence leaders and was, therefore, an essential component of state- and nation-building. However, political and economic obstacles blocked progress towards this goal for many years. While indicators of human development rose during the 1960s and 1970s, these trends reversed towards the end of the 1980s and early 1990s, largely as a result of the introduction of user fees under the economic restructuring and financing strategies of the structural adjustment era. Since then, however, major gains have been made, with change enabled by outspoken public demand for public services, bringing Ghana closer to its early goal of universal health care.

From independence onwards, Ghana had a health service that was free at the point of delivery, funded through taxation. This was seen as a core component of the country's development strategy led by Prime Minister Nkrumah. However in the early 1970s low user fees were established for hospital services to discourage unnecessary use, recover costs locally and generate incentives for provider performance (Blanchet et al., 2012). A continuing decline in health spending led to a gradual decline in service quality and a lack of supplies. User fees increased and the system evolved into a 'cash and carry' system, a pattern mirrored in a number of other African countries.

While the 'cash and carry' system improved operating revenues for some facilities, cost recovery was poorly regulated, inconsistently implemented and resulted in reduced access to health care for poor people (Blanchet et al., 2012). In the rural areas of Ashanti-Akim district, for example, the use of clinics fell by between 75% and 83% following the introduction of user fees. Utilisation dropped by half in the rural areas of the Volta region. At the national level, utilisation dropped by more than half (Apoya and Marriott, 2011).

### 3.2.2 Health insurance schemes

From the early 1990s, and against a background of high user fees for health care, inability to pay, and exemptions

**'People are now better able to prioritise and demand results. There has been a shift from citizens waiting until one month before an election to receive t-shirts and flyers'**  
– Civil society representative

#### Box 4: The role of higher education in supporting committed leadership and nation-building

Research by the Development Leadership Program in Ghana has analysed the trajectories of more than 100 outstanding leaders, and has found that these leaders have helped to bring about major democratic, economic and media reforms in the country over the past three decades.

According to the leaders that were interviewed, a good quality senior-secondary and higher education have been vital in developing the skills, values and networks needed for change. Elite boarding schools (the most prominent being Achimota) have built on the tradition of good quality secondary education established by British missionaries back in the 19th century. The schools have drawn students from all over the country, and on the basis of merit. The children of the richest families have traditionally boarded with children whose parents were illiterate.

The 22 leaders that were asked about their social background were evenly split between agricultural poor, working class, lower middle class, professional class and the wealthy. When asked about where and when their leadership skills emerged, it seems that going to secondary school was the critical factor, rather than who their parents were, in predicting whether or not they would become part of the developmental elite.

In the words of Elizabeth Ohene, a graduate of Achimota School in the 1960s, journalist and former Minister of Information: 'It was my first exposure to people who were really poor – a defining thing for me.'

Source: Jones et al. (2014).

failure, some stakeholders began to explore alternative financing models in the form of community-based health insurance (CBHI). Following the inclusion of the right to 'good health care' in the new 1992 constitution, the MoH also began to pilot insurance schemes in 1993. A common feature of these schemes was that they were all initiated, directly operated and most often owned by health care providers. In 1997, the MoH went further, launching a pilot scheme for a National Health Insurance Scheme (NHIS) in four districts of Ghana's Eastern Region. The objective was to pilot various features of the proposed NHIS and then roll this out nationally at a later stage, but implementation stalled in subsequent years (Apoya and Marriott, 2011).

A turning point came when a new model of CBHI, the mutual health organisation (MHO), was introduced in around 1999. The model was based on the principles of social solidarity as well as community ownership and democratic control (as opposed to provider management) and was inspired, in part, by experience in Francophone Africa. Thanks to assistance provided by the GHS and external development partners, the MHO model took hold very quickly and the number of schemes across the country grew from 3 in 1999 to 258 by 2003 when the NHIS was introduced (Apoya and Marriott, 2011). Pressure for health insurance reform emerged from domestic interests rather than external development partners, who were initially sceptical of the Government's reform plans and

only gradually became more supportive after the health insurance law was enacted. Ghana is now one of the few African nations within reach of achieving the Abuja commitment to allocate a minimum of 15% of government resources to health (Apoya and Marriott, 2011)

#### 3.2.3 Investments in rural health care

One significant barrier to health service access in Ghana has always been the spatial distribution of health centres throughout the country. Transportation constraints, particularly in very remote areas, are among the most significant challenges for many of the poorest people in accessing health care. In addition, the wide variation in access and outcomes signal both inequalities in resource allocation and a lack of standards and transparent criteria for budget allocation, despite existing formulas (Couttolenc, 2012).<sup>9</sup>

However, Ghana has responded to this spatial inequality in health service provision with significant investment for the building of health centres and satellite clinics throughout the country, funded by both the central government and non-profit initiatives. At the community level, Ghana has scaled up its CBHIs to reach rural and remote areas, and community health planning and services (CHPS) initiatives grew from a mere 15 in 2005 to 376 in 2009, but this is still far below the target of 1,162 (GHS, 2009).<sup>10</sup>

9 This is compounded by the fact that public monies do not appear to be allocated equitably; the Northern region has the worst health outcomes, but also receives the lowest public expenditures for health per capita. No equalisation fund or equity-based allocation formula is available for the use of central government resources (Saleh, 2013). The observed variation does not seem related to population or poverty levels, but appears to be strongly influenced by existing health infrastructure.

10 The greatest density of CHPS was evident in the Upper East and Upper West; in contrast, there were few CHPS in Ashanti, Northern, and Brong Ahafo regions. However, the greatest growth of CHPS was reported in the Northern region (95 new CHPS between 2005 and 2009). At the sub-district level, Ghana still lags behind in meeting its targets for health centres and health clinics. In 2009, Ghana had 869 CHPS zones, which provide an important first level of care, but several sub-districts did not have a full-fledged health centre or health clinic. In 2009, 15% of the population had access to CHPS across all regions (GHS, 2009).



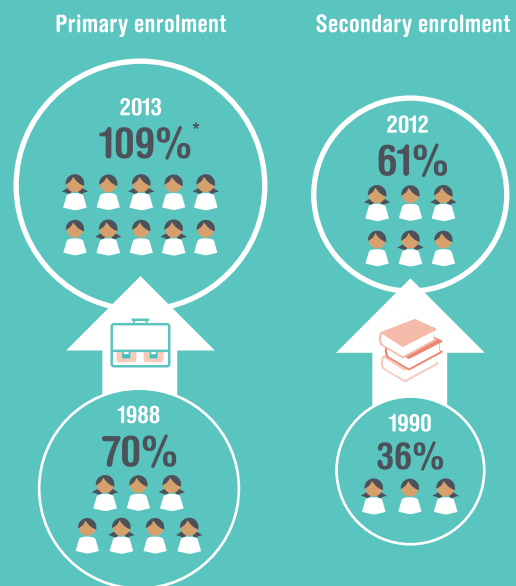


## Health



## Education

School enrollment has risen substantially in Ghana



\* The gross enrollment ratio can be greater than 100% due to grade repetition and entry at ages younger or older than the typical age at that grade level.

1. Source: Schieber, G., Cashin, C., Saleh, K., Lavado, R. (2012). Health Financing in Ghana, Washington D.C.: World Bank Publications  
2. Source: World Development Indicators 2014: data.worldbank.org/topic/education

### 3.2.4 Policy continuity

While policies have been instrumental in the progress made on service delivery, that progress has also been driven by bureaucratic consistency and institutional capacity. In Ghana, top-down reforms and policies in both the education and health sectors have enjoyed a significant degree of continuity despite changes in political leadership and alternations of power. This has provided policy planning and programme implementation with considerable internal coherence and predictability. With the help of such policy consistency over time, Ghana has often been one of the first African countries to take up international conventions on the rights to education and health. This consistency in health and education policy-making seems to be rooted in the firm commitment to universalism that has been a long-standing feature of the

country's political landscape and has been the basis of a social contract that links state and society.

One interviewee for this case study confirmed this consistency for the health sector. While there are some challenges associated with alternations in power in Ghana, our key informant emphasised that these do not seem to have altered the bureaucratic structure dramatically, nor have key policies in health and education been undone (Interview with health civil society organisation representative). Quite the reverse, in fact, if one takes into account policies such as the ongoing maintenance of the health insurance scheme since 2003. Despite financial constraints in sustaining the system (see Section 5 on the challenges) and the massive administrative capacity it requires, successive governments have not only kept the scheme, but have added to the services it covers and have continued to recruit more people into the system.

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## 3.3 Drivers of progress on education

### 3.3.1 Key policies and legal commitments to free education

Since the late 1980s, one of the most significant factors driving progress in access to education has been the passage of key education policies. Major reforms were first initiated in 1987/88 and drew heavily on the Dzobo Commission report of the early 1970s which proposed an overhaul of Ghana's educational system, including the extension of the basic education cycle and a reorientation of the curriculum towards vocational skills (Little, 2010). In 1992, the new Ghanaian Constitution enshrined access to free education as a right for all citizens. This, in turn led to the Free, Compulsory and Universal Education by 2005 Programme (FCUBE), launched in 1996. FCUBE increased the years of compulsory education from six to nine years and installed a cost-sharing system, whereby the Government would provide free tuition as well as textbooks and other materials while parents would pay for meals, uniforms, school bags, stationary and transport (Adamu-Issah et al., 2007).

The 1992 Constitution calls for free, compulsory and universal basic education administered by local governments. To implement this, the central Ministry of Education (MoE) and the Ghana Education Service had to devolve responsibilities to the district level. However even after the FCUBE programme was launched, many districts continued to charge student fees to fund building maintenance or cultural and sporting events (Maikish, 2008).

### 3.3.2 Public and external finance for education

As a result of growing awareness that fees were hindering progress towards universal education, the MoE introduced a capitation grant in 2005. Originally piloted in 40 disadvantaged districts, the programme was expanded throughout the country and now allocates \$6 per student per year to all basic public schools (kindergarten through junior secondary school) to replace lost fee revenues (Akyeampong, 2011). Schools are permitted to use the grant for teaching and learning materials, school management, support to needy pupils, minor repairs and the payment of sports and culture levies. Staff salaries are funded separately and are paid directly by the central level.

A study on the impact of the capitation grant on enrolment found a large initial impact, with a substantial reduction in the difference in enrolment between deprived and non-deprived regions,<sup>11</sup> but that these gains were not sustained. Furthermore, some regions were more successful at increasing enrolment and seemed to use the funds more efficiently than others, which was attributed to varying levels of capacity across regions. It was also found that there were long delays in getting the funds to the schools (Maikish, 2008). These limiting factors have had profound impacts on education quality, as will be explored in Section 5 on the remaining challenges.

The Government's Education Strategic Plan of 2003 was designed in line with the UNESCO Education for All (EFA) and MDG agreements and helped to secure additional Education for All Fast-Track Initiative resources, together with \$14.2 million in budget support from the World Bank and the UK Department for International Development (DFID) among other donors (World Bank, 2014).

Ghana devotes a large share of its own public spending to education – an average of just over 20%, according to the World Bank's WDI, with a large share of this going to primary education (35%). However it has been suggested that there is insufficient funding to implement the current Education Sector Plan in full within its 10-year timeframe (2010-2020), meaning that some aspects are likely to be prioritised while others are likely to be postponed or overlooked (Global Partnership for Education & Ghana Development Partner Group, 2012, p. 12).

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<sup>11</sup> 'Districts are classified by the Ministry of Education as "deprived" based on such factors as the percentage of qualified primary teachers, pupil-teacher ratio at the primary level, gross enrolment rate and the percentage of girls enrolled. Since deprived districts are indexed as such due in part to their low education enrolments it is not surprising that deprived districts exhibit lower gross and net enrolment ratios than non-deprived districts to begin with' (Maikish, 2008, p. 16).

## 4. What are the links between political voice and service delivery?



Morning radio show hosts in studio in Accra, Ghana. Photo: © Jonathan Ernst / World Bank Photo.

While some people in Ghana appear to be acquiring increased political voice, the question remains whether this can, in fact, generate a more responsive and accountable state. A central issue in the analysis of Ghana as a story of multidimensional progress that needs to be addressed is: how effective has increased political voice been in channelling popular concerns and preferences about core governance functions and in helping to improve the provision of basic services like health and education?

As discussed in Section 2, some of Ghana's foundations for its recent progress in human development were laid out before democratisation and the opening up of the political system. However, as we will elaborate on the basis of the research carried out for this study and other emerging evidence, access to services has accelerated considerably over the past 10 years. We argue that this is a result, in part, of increased citizen voice and the creation of mechanisms to express needs and preferences, exert influence, and demand accountability. Therefore, as we

aim to show in this discussion, the expansion of political voice and citizen engagement in the political arena does appear to be causally related to a shift in citizen-responsive policies to improve the provision of basic services – including health and education in particular – even if it is clear that increased voice has not been the only contributing factor.

In this section, we explore four main institutional channels through which voice can impact human development outcomes at the national and local level (drawing in part on the five channels through which democracy has an impact on human development identified by Gerring et al., 2012). These are:

- **Elections** as a way to express preferences for different candidates and policy choices and to express grievances and hold elected officials to account
- Increased mobilisation and organisation of **civil society** to scrutinise government performance on the

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quality of governance (e.g. corruption, accountability, transparency, etc.) and service provision

- The development of vibrant and independent **media outlets** (especially in terms of radio, and, increasingly, television) to expose popular grievances more broadly and to monitor the actions and behaviour of public servants and elected government representatives
- Increased **participation and influence in decision- and policy-making** processes through spaces for dialogue and interaction between government actors and citizens.

The rest of this section analyses these institutional mechanisms to articulate and channel political voice and their influence in improving access to health and education in Ghana. In order to be able to better understand how these channels articulate political voice in practice, we have also undertaken a comparative analysis of two districts in Ghana – one electoral swing district in the Central region and one district in the Northern region that has not seen much electoral competition. Two districts were selected to illustrate the contrast of political voice expressed in different parts of the country and to observe the ways in which political voice has been mobilised to affect service delivery. Asikuma/Odoben/Brakwa district in the Central region was selected to represent an area known for swing voting. The central Gonja district in the Northern region was selected as representative of a district with little political contestation. This district is represented by one of the longest standing MPs in the Ghanaian Parliament (he recently won his fifth consecutive term). While this analysis is limited to only two of Ghana’s 170 districts, these were carefully selected to highlight some of the diverging trends in Ghana’s progress towards increased political voice and the improved delivery of health and education, to allow us to tease out some of the mediating factors that have shaped this progress.

#### 4.1 The role of elections

Elections are the most well-established mechanisms for citizens to exercise their political voice and hold office-holders to account and, as such, they are essential cornerstones for democracy. In principle, at least, elections help to reinforce accountability between state and society through what American political scientist David Mayhew (1974) called ‘the electoral connection’: if office holders want to be re-elected, they need to listen to voters and respond to their needs and demands. However, across the developing world, elections have often proven to be problematic. As Thomas Carothers (2006), has put it, political parties are often driven by ‘relentless electoralism’: a constant struggle for power and access to state resources

that leaves them (perhaps single mindedly) preoccupied with winning power and elections. There is, therefore, an ongoing debate about whether voters can actually hold politicians accountable for the provision of broader public goods via elections, or whether elections are merely about clientelism and short-term, narrow interests. Furthermore, evidence shows that both elections and lobbying processes exclude the voices of the poor (see Section 5 on the persistent challenge of inequality in Ghana) – a problem that confronts even the most established democracies in the developed world.<sup>12</sup>

In the case of Ghana, an emerging body of research on what motivates people to vote for one party or another suggests that in fact elections do play a key role in promoting the responsiveness of elected officials, especially in terms of the delivery of basic services like health and education. This responsiveness may be driven by short-term political incentives, but there is also a focus on the broader public good.

Analysing ‘swing voters’ in Ghana in the 2008 elections, or those whose party loyalty cannot be taken for granted and who can therefore help to determine electoral outcomes, Lindberg and Weghorst (2010) argue that clientelism is not the key factor for voters when deciding who to support. Therefore, contrary to much conventional wisdom, the presence of clientelism in elections, pervasive as it is, may not be as single-handedly damning for democratic accountability as is often assumed in the African context. Lindberg and Weghorst’s analysis finds that:

*Voters who evaluate a particular MP positively in terms of (the) provision of collective goods provided for the constituency, law-making, and to some extent executive oversight, are significantly less likely to consider switching their vote for any reason. The flip-side of this is that the greater the dissatisfaction with the MPs performance on these public and collective goods, the higher the inclination for an individual to switch his or her vote. (pp. 39-40)*

Their evidence suggests that voters in Ghana, in particular those most likely to change their vote over policy issues, value the performance of an MP in terms of service delivery, even if much of the decision-making on education and health remains within the domain of the executive branch of government. According to Lindberg and Weghorst’s study, this electoral dynamic is not limited to more educated and/or urban voters – a finding that was also reinforced in the fieldwork for this case study. Those who perceive themselves to be poorer than the average Ghanaian have displayed a far higher inclination

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12 For example, a new study by Gilens and Page (2014) that analyses almost 2,000 government policy initiatives in the United States between 1981 and 2012 finds that that ‘economic elites and organised groups representing business interests have substantial independent impacts on US government policy, while average citizens and mass-based interest groups have little or no independent influence.’ They conclude that the US may have become more of an oligarchy than a democracy.

to be swing voters on policy and on collective-goods' characteristics rather than on clientelistic interests – they expect their MPs to deliver on issues that are important to them and their well-being.

Lindberg and Weghorst conclude, therefore, that voters in Ghana seem to be displaying a clear pattern of 'mature' democratic accountability. They evaluate their elected representative on a range of issues linked to constituency service, and if they are dissatisfied with the representative's track record, they are more likely to throw them out. This can be important in the gradual construction of accountability mechanisms over the long term, creating the kinds of learning mechanisms that can encourage politicians to behave in ways that are more in line with the public good.

In particular, elections in Ghana, and the accountability of elected leaders, have contributed to a stronger focus on health and education policy, even if that focus remains on access rather than quality (see Section 5 on challenges). As has been noted, since the advent of democracy in the early 1990s, health and education policies have become core electoral issues through which the parties have sought to differentiate themselves (even if in the end their policy positions have not varied a great deal). In education policy, this has led to increased competition between the two parties to reduce fees and make education more and more accessible. One of the main differences between the NPP and NDC in the most recent election (2012) was, in fact, the former's promise to abolish fees for upper secondary school.

Similarly, electoral competition has greatly increased the focus on health, and policy efforts to improve access and reduce the household burden have been attributed, in part, to democratisation (Carbone, 2012, also see Box 5, overleaf). At the more local level, as suggested by field interviews for this case study and the research by Lindberg and Weghorst (2010), electoral dynamics have also incentivised a strong focus on educational issues.

By rewarding the NPP with the authority to govern, and by punishing the NDC with its relegation to the new role of opposition party, the electoral system in Ghana imposed incentives that led both parties to embrace the reform agenda in the health sector.

## 4.2 Civil society activism and organisation

It is worth noting that increased organisational capacity to mobilise coalitions for change around service delivery, and education in particular, started in Ghana long before the advent of democracy. It was influenced by a shift towards a more populist type of rule under Rawlings that relied on the bottom-up mobilisation of votes through 'political entrepreneurs' (Kosack, 2012 – see also Section 2). But if organisation pre-dated democratisation, increased political voice has proven extremely beneficial to the further organisation and representation of interests and coalition

building, which are essential in harnessing change (Putzel and DiJohn, 2012).

Over the past two decades, there has been a dramatic increase in the engagement of non-government organisations (NGOs) and media in both priority-setting and policy influence around basic services and the monitoring and scrutiny of government performance. Indeed, NGOs and media have become crucial channels for the amplification of popular grievances and the collective organisation of social needs and demands.

Thousands of NGOs have emerged around many issues and have filled a number of roles in basic services including monitoring, evaluation, direct service provision, lobbying and policy engagement. Of course the number of NGOs means nothing without organisational quality and capacity or without an enabling environment in which these actors can be effective. Despite some criticisms (for example concerns about the misappropriation of NGOs for non-developmental purposes and costly barriers to entry into political spheres), the activities and public dialogue that is generated by civil society around public services do appear to bear fruit, if at times imperfectly.

In education for example, a number of CSOs have been engaged in direct service delivery in areas where the Ghana Education Service (GES) does not have schools. But they have also contributed to the evidence-base available to policymakers by piloting programmes, extending services to hard-to-reach areas and evaluating the quality of teaching. One interviewee from a local NGO working in education observed that 'there are now more actors in the sector and more sharing of experience, particularly between government and civil society; we are now working more as partners' (personal interview, NGO representative).

The growth in civil society in Ghana, both in terms of the number of organisations and their activities, has also enabled stronger interactions between local CSOs and international campaigns in the pursuit of progress in health and education. In the area of health, for example, Thacker et al. (2012) document how the interaction between a local CSO operating in one of the more disadvantaged districts of Ghana (Future Generations International) and an international movement (the Global Vaccine Action Plan) resulted in progress on the spread of vaccination. In this case, the local CSO was enlisted as an implementing partner in the movement and was designated to train community leaders in the district to communicate the importance of childhood immunisation at community assemblies.

**'Ghana is one of the freest media landscapes in the world' – Ghanaian journalist**

### **Box 5: The role of electoral politics in the creation of Ghana's National Health Insurance Scheme (NHIS)**

The positive impact of electoral politics on social development in Ghana is perhaps best illustrated by the country's National Health Insurance Scheme (NHIS). The introduction of electoral politics acted as a catalyst for reforms to the health care system, and resulted in the foundation of the NHIS. While there was demand for reform before Ghana's political liberalisation, 'pressures from newly-introduced competitive politics were the main factor behind the decision to introduce key policy changes in the health sector' (Carbone, 2012).

Throughout the late 1980s and the 1990s, public discontent had grown over the use of user fees in the country's health care system, commonly referred to as 'cash-and-carry'. While Rawlings' NDC party was aware of this discontent, its moves to reform the system were slow and half-hearted. Policy circles within the Government had debated the potential for health insurance schemes since the 1980s (Carbone, 2011) and what finally emerged within the NDC was a plan for a system that would run alongside 'cash-and-carry' (Carbone, 2012). Prior to the 2000 elections, however, little progress had been made towards this goal; the Government had completed a set of feasibility studies on the proposed scheme, work had begun on a pilot programme to further test it, and the Government had expanded the set of exemptions from user fees in health care (Carbone, 2011).

With the opening of multiparty electoral politics, health care became a central issue in political discussions, particularly in the run-up to the 2000 elections.\* Throughout the 1990s, the opposition NPP party sought to exploit popular discontent over 'cash-and-carry' as a way to challenge the NDC politically (Carbone, 2011; Witter and Garshong, 2009; WHO, 2011). The party rhetoric from this time is illustrative, as in 1996 the NPP characterised the use of user fees as 'notoriously callous and inhuman' (Carbone, 2011). During the campaign for the 2000 elections, the NPP went as far as to promise to abolish user fees for health services entirely (Witter and Garshong, 2009).

Once in office, however, the NPP were slow to make progress on that promise (WHO, 2011). The minority NDC opposition party put public pressure on the NPP to ensure appropriate policy choices and implementation of the NHIS (WHO, 2011), which contributed to a final political push that resulted in its creation (WHO, 2011). In 2003, the National Health Insurance Act was passed and the NHIS brought into existence, although actual implementation was not achieved until 2005 (Witter and Garshong, 2009). The NPP, for its part, was happy to have a highly visible achievement that they could showcase as they sought a new mandate in the lead-up to the 2004 elections (Carbone, 2011).

Once voted out of power, the NDC quickly redefined its position on health-care reforms. As Carbone (2012, p. 168) describes, 'It was only after it lost power that the party tried to catch up with the NHIS reform adopted by the NPP government.' By 2004, the NDC's party manifesto reflected a newfound enthusiasm for health-care reform, even demonstrating an attempt to out-do the NPP's position on NHIS. The NDC declared that were they to win back power they would abolish the use of pension contributions and the health levy – both unpopular funding streams for the NHIS – while also limiting the premium paid by members.

\* Health care continued to be a major election issue in the 2004 elections, which the NPP also won (Carbone, 2012).

## **4.3 The role of media**

The foundations for the right to information, a fundamental catalyst for political voice, were established in Ghana's 1992 Constitution. Since then, Ghana's media environment has blossomed to become, in the words of a prominent Ghanaian activist, 'one of the freest media landscapes in the world' (personal interview, journalist). As discussed earlier, the repeal of the criminal libel law in 2001 was an important step forward and was itself the result of campaign promises made by the NPP Government in the lead-up to the 2000 election. This demonstrates that not only have the electorate prioritised health and education in making decisions on who to vote for, but they

have also used their political voice to make demands that go beyond voting in elections.

Newspapers and radio and television broadcasters in Ghana host a great deal of political programming, from investigative pieces and analysis to debates and call-in programmes where citizens can express their views on a particular issue. Local radio is a particularly engaging media outlet, especially for people who live in rural areas and for poorer people who can't afford a television. Although local radio stations tend to be quite small and engage mainly on local issues, they still have the ability to instigate change at a political level (personal interview with journalist, 2013). They also act as a vehicle for direct

**'Through media campaigns, NGOs have educated people on the importance of educating children. Multiple actors sharing information has helped drive progress in education' – NGO representative**

interaction between citizens and their local government representatives. Hope FM in the Central region, for example, has regular call-in shows that give local residents air-time to express their grievances. Radio stations also invite government representatives to respond to these issues on a regular basis. Hope FM also hosts a number of programmes on social issues – covering public health topics to generate awareness and hosting pieces on education and advising parents on how best to support their children, and has collaborated with the National Commission for Civic Education (NCCE) around elections to encourage non-violence.

Fewer people in Ghana have access to a television, but this medium is growing and has become a hotbed for political debate. Issues have been aired on television, leading in some cases to immediate responses from government. During our field research, a scandal emerged when cooks working for the school-feeding programme accused the government of failing to pay them for weeks. In response, Metro TV called the Deputy Minister of Education on to their morning show and questioned him on the issue. He promised – on air – that the school-feeding programme providers would be paid by the following Monday. Metro TV has also carried out investigative reporting on child labour, illegal mining, cocoa production and prostitution. A Metro TV anchor said that his show regularly hosted government officials of all levels and that politicians were often challenged on issues of public concern. When asked if he had difficulty accessing people who knew he would challenge them on air, the anchor replied ‘not at all. Even the President is a regular attendee. He also watches the show regularly. There is an incentive for them to participate; they want to tout their achievements’ (personal interview with TV anchor, 2013).

#### 4.4 Increased participation and influence in decision- and policy-making processes

In addition to the increased voice and influence of CSOs and the media in service provision over the past decade, Ghana has also witnessed an expansion of political spaces that involve a variety of stakeholders in agenda setting and decision-making processes. One example has been the open debate on corruption, which is a key concern in terms of the quality of both governance and service provision, and on ways to address it, alongside other efforts related to governance, especially in the area of peace and stability (see Section 3 for examples of the latter).

The activism and mobilisation of civil society around issues of corruption have proven instrumental in raising awareness about the threat that corruption poses to (democratic) governance and has increased the pressure on government officials and elected politicians to become more accountable and transparent, especially in relation

to service delivery. Civil society has played a crucial role in the fight to pass a law on freedom of information, even if this has been an uphill struggle that has lasted more than a decade and is still ongoing. In addition, CSO mobilisation has contributed to the development of (in many cases still nascent) institutions to monitor corruption and provide checks on the executive, and there are growing examples of a greater reliance on research and data in decision-making. However, the independence of these institutions and their ability to monitor the implementation of policies remains circumscribed by entrenched political pressures and power structures (namely patronage) as well as limited funding.

The principles of inclusive and participatory politics are perhaps best reflected in the role played by Ghana’s parliamentary oversight committees. These institutional structures are designed to supervise government decisions, including in service delivery, through their constitutional right to access information and subpoena witnesses (Stapenhurst and Pelizzo, 2012). Their most remarkable feature in Ghana, however, is that they are the site of profound interaction and collaboration across a range of actors in the political scene, spanning MPs from both major parties, parliamentary staff, CSOs and the media.

Many of these committees have connections to policy think tanks, in part because of their own lack of resources for research and analysis of government policies. The think tanks play a key role in informing the committees about policies brought before them (including those related to health and education) by preparing background documents and organising workshops and seminars. In doing so, think tanks also develop greater interactions and communication between themselves and MPs (Stapenhurst and Pelizzo, 2012).

In addition, the accessibility of these committees’ hearings to the media has ensured that they have a high degree of transparency and that the issues they address are relevant, including in particular the provision of health and education services and the effectiveness (or lack thereof) of government departments and responsible officials in delivering such services. The approval process for new cabinet members often receives wide media coverage, which is essential to inform voters where their elected representatives stand on different issues and priorities. Parliamentary oversight committees reflect, therefore, the robust ‘opening-up’ of Ghana’s policy processes to a wide range of actors.

**‘Under the Rawlings regime there was “a culture of silence”, and that can be juxtaposed with the rediscovery and explosion of voice in Ghana in all its different manifestations’  
– Senior civil servant**

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# 5. What are the challenges?

While Ghana has made tremendous progress across multiple dimensions of well-being for its citizens over the past 20 years, service delivery remains weak or inadequate in some respects, and particularly in terms of the quality and financial sustainability of newly expanded services and the equitable distribution of the progress that has been made. If Ghana is to extend its progress, some policies that have worked in the past may need to be revised to address gaps in quality. In addition, the targeting of vulnerable and excluded groups will be necessary, given the fact that not all Ghanaians have benefited equally from what has been achieved in human development outcomes to date.

## 5.1 Service provision: quantity versus quality

Where the services on offer are of poor quality, users may simply stop using them, in which case even universal access has little to no impact on outcomes. In the case of health, for example, it has been argued that the NHIS provisions mean little if there is a lack of health infrastructure, trained medical staff and supplies. This is a particular problem in remote areas where the distance to clinics is a considerable barrier to their use, or where there are no incentives for trained staff to encourage them to work in these areas (personal interview, health worker). In the case of education, low quality teaching and teacher absenteeism in some areas of Ghana have discouraged parents from sending their children to school, especially if parents feel that their time could be better spent working on the family farm (personal interview, NGO representative). One interviewee noted that despite the existence of parent-teacher associations around the country, many parents feel unable to hold schools to account on the quality of education because of their own lack of education.

Some observers have argued that Ghana has focused too much on highly visible outcomes such as more patients insured and more students enrolled, while neglecting the achievement of more challenging objectives (for example: Oxfam, 2011; Little, 2010). An emphasis on meeting MDG targets in health, such as child immunisation, has been cited as one reason for the neglect of emerging health risks, such as non-communicable diseases, and of certain aspects of maternal health (interviews with senior health officials).

There have been efforts to maintain quality alongside improved access to health and education. However, there has been far greater demand for health services since the introduction of the NHIS, but the health system still lacks the infrastructure and trained medical staff to meet this demand. According to one health civil society representative interviewed for the study, hospitals and satellite clinics do not always have adequate stocks of medicines and vaccines,

limiting effective access to services. In education, there has been a concerted effort to hire more teachers, and the pupil to teacher ratio has remained steady at around 34:1 over the past 10 years, very close to the average for LMICs (World Bank, 2013). But this has been achieved in large part by employing more untrained teachers: the percentage of trained primary teachers has fallen from 87% of the total cadre to 63% over the past decade.

As discussed earlier, there is a lack of effective oversight of both health and education services. In addition decision-making at various levels of government is not transparent and excludes key stakeholders. People do not necessarily have the capacity to hold their providers and public authorities to account. This limits their effective voice and without that voice, it is hard to see how the quality of basic services can be improved. This reinforces the premium put on political voice, both in terms of promoting access to services as well as in monitoring and influencing their quality.

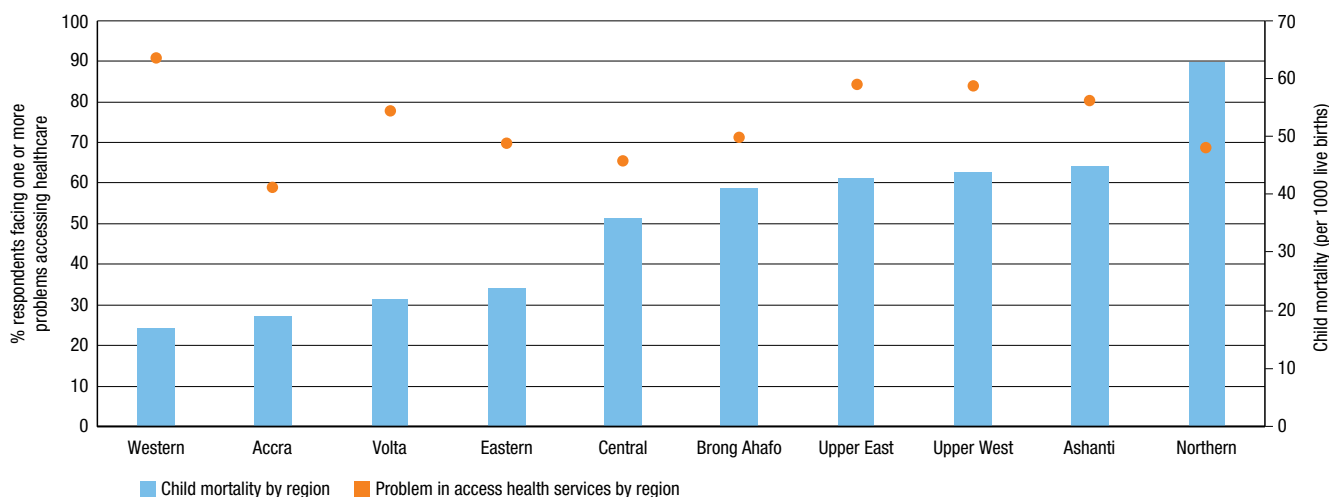
## 5.2 Equity in service provision

Ghana has not seen much progress in closing the gaps in access to basic service as inequities persist across regions and between different income groups. For example, women in rural areas report an average of 7 years of schooling, while women in urban areas report 10 years on average (UNESCO, 2014). Inequality in women's education by wealth quintile is also significant, with the poorest quintile completing an average of 4 years versus 12 years among the richest quintile. This suggests that financial constraints remain an issue for poorer households in accessing education.

Unequal health outcomes can also be seen at the regional level. While child mortality is estimated to stand at 17 children per 1,000 live births in the Western Region, the rate is nearly four times higher in the Northern region, with 63 deaths per 1,000 (Figure 13). There are also significant geographic disparities with the uptake of the NHIS, with membership ranging from 13% in the Central region to 70% in the Upper West region in 2008 (Witter and Garshong, 2009). Another striking finding from interviews is that when women were asked whether they faced one or more problems in accessing health care, women in the Western region were more likely to say yes than women in the Northern region. The level of demand for health services appears to be lower in the Northern region, but it is possible that this could be because women are simply unaware of their right to such services. This poses a serious question about whether people in disadvantaged areas can articulate their voice effectively if they are not even aware of their rights to demand services from the state in the first place. It may also suggest that



**Figure 13: Regional child mortality and problems in accessing health services**



Source: Ghana Statistical Service (2009).

they lack proper representation that acts on their behalf and that the channels of political voice that are available to them are less effective.

Interviewees for this case study felt that exemptions from health insurance premiums were effective. Focus groups in the Central and Northern regions highlighted the impact that health insurance has had in creating access for poor people. In the Northern region, most of the women interviewed were exempt from NHIS premiums and many suggested that they would not be able to access health services otherwise.

However, the NHIS has also been plagued by concerns about equity. As described by Witter and Garshong (2009), '(a)lthough membership of the NHIS should be universal, in practice there are many barriers to joining – economic, geographic, organisational, and cultural – and so membership remains partial and in some ways skewed against marginalised groups.' One study by Jehu-Appiah et al. (2011) found that households in the richest quintile are significantly more likely (41%) to enrol compared to the poorest quintile (27%). Some members of the focus group in Gonja district explained that while the registration and card renewal fees amounted to only a few shillings, that can still deter the most severely impoverished households.

The fact that Ghana's inequities in service provision persist casts doubts on the universalistic approach the country has taken in designing policies and suggests that more targeting may be needed to reach disadvantaged groups. The capitation grant scheme and health insurance exemptions are steps in that direction, but as stated in the previous section, if there are no clinics or schools in disadvantaged areas and no trained medical staff of teachers and medical staff who have an incentive to work there, policies will struggle to improve the health and education outcomes in these areas. As Sen points out,

'benefits meant exclusively for the poor often end up being poor benefits' (1995, p.14)

Interviews in the Northern region, for example, revealed that while much of the district qualifies for health-insurance exemptions, hard-to-reach areas remain virtually cut off from medical services. Transportation across these areas is poor, and where it exists, ambulance services are highly inadequate. More needs to be done, therefore, to integrate these areas into the wider progress being made across Ghana. While debate continues on the merits of a universalist approach versus a more targeted one (see Mkandawire, 2005, for an overview), it is clear that Ghana must make a more concerted effort either to make universalism work for the poorest and most marginalised areas, or to ensure that targeted policies are implemented in a way that raises the standard of services for those groups up to the level enjoyed by the rest of the country. A key challenge will be the capacity to undertake credible means-testing, particularly as Ghana still lacks reliable and disaggregated data on income levels.

### 5.3 Financial sustainability of policies on health and education

The financial sustainability of many of the policies that have been introduced on health and education has been a concern from their very inception. The NHIS, for example, has shown worrying signs of a lack of financial viability. In 2008, the NHIS experienced a significant cash-flow problem, falling short on its payments to health facilities by roughly \$34 million (Witter and Garshong, 2009). This underlying financial fragility is linked to the system's sources of funding: unlike most social health insurance models in the world, the NHIS in Ghana receives very little of its funding from member contributions. Indeed, between

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70% and 75% of its funding comes directly from a recent levy added to VAT of 2.5% (which has been found to be progressive, see Mills et al., 2012), while another 20% to 25% comes from social security taxes from workers in the formal sector, making it unlikely that the NHIS can expand, given that public-sector membership is already at or near its maximum level.

Only around 5% of NHIS revenue comes from contributions from informal-sector workers (Witter and Garshong, 2009). More efforts are required, therefore, to incorporate informal workers into the scheme, as suggested by a recent study by WIEGO (2012). This matters, because the majority of new NHIS members work in the informal sector. It means that the income of the NHIS is effectively de-coupled from its level of coverage: as membership grows, the NHIS becomes less financially sustainable in the absence of other sources of tax-based funding (Witter and Garshong, 2009).

With most of the funding coming from a tax on consumption rather than premiums, the financial viability of the NHIS requires national consumption to increase as quickly as NHIS membership. This implies that it is essential to diversify sources of funding. Another source of funding difficulties is the fact that a large proportion of the population is exempt from making NHIS contributions.<sup>13</sup> It is vital that they continue to be exempt, so that vulnerable groups are protected, such as the poor, youths, pregnant women and the elderly, and so that coverage can be extended as much as possible. However, broader inclusion is bound to raise major financial challenges to the viability of the NHIS in the longer term (Witter and Garshong, 2009).

Another challenge for financial sustainability is the fact that many of the initiatives highlighted in this case study have relied on donor funding. This challenge will increase now that Ghana has reached MIC status and has discovered oil, as many international partners may begin to wind down their support. Although nothing is certain at the moment, many of the people we interviewed for this case study wondered whether Ghana's new mineral wealth will be more of a curse than a blessing to its emerging democratic institutions. However recent research on Ghana's development finance strategy has found that planning is underway to ensure a more diversified finance portfolio (OECD and ODI, 2014).

## 5.4 Quality and inclusivity of political voice

The quality and effectiveness of political voice in Ghana also remains major challenges. The country's political system remains extremely centralised – and this is often by design. The Constitution, for example, is carefully structured to preserve the interests of the executive (Throup, 2011, p. 3) and provides for very strong and formal presidential powers (power of appointment from the very top to the very bottom of the political system, for example). Key democratic institutions of voice and representation are weak and ineffective, especially Parliament.

While the state does have a formal administrative structure that is underpinned by the rule of law, accountability remains weak, both across different parts of the state and between the government and its citizens, and much of the actual operation of public affairs is essentially neo-patrimonial (Killick, 2005). As a result, patronage politics seeps through public institutions, with the allocation of public positions (and in turn the ability to allocate rents) captured by a narrow elite that tends to be affiliated with the ruling party (Gyimah-Boadi and Yakah, 2012).

Citizens may have acquired increased political voice, but this has not always led to increased accountability. There are concerns, for instance, about whether increased voice can in fact generate government responses that go beyond specific and targeted examples towards more systematic responsiveness and accountability. It may be possible to extract accountability from a public official in a particular instance (by cornering that person in a live radio programme, for example), but once citizens turn their attention to the next hot topic, there is a risk that old problems will be ignored, only to resurface at a later day.

Currently there is a stalled process of revising the Constitution and passing a law on the right to information, despite extensive social mobilisation around both of these issues, which demonstrates the different power dynamics at work. It seems fine to involve citizens and to ask CSOs to come up with recommendations on certain policy initiatives, but there seems to be a clear signal that presidential powers will not be easily relinquished. There are also widespread concerns that the expression of voice can easily degenerate into pure 'noise', with only the loudest voices being heard. This, in turn, raises questions of whose voice is being heard and why. For example, where are the voices of youths, women and the poor, who have the greatest stake in equity and inclusion?

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**'The media and CSOs have been playing a crucial role in capturing the voices of the less privileged and giving them a way to express it' – Senior civil servant**

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<sup>13</sup> According to WHO (2011), 'More than 70% of the NHIS membership is made up of 'exempt' categories, predominantly comprised of easily identifiable groups including those under 18 years old (a group constituting more than half of NHIS members) whose parents paid their own premiums. Other important exempt groups were pregnant women and the elderly.'

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# 6. What lessons can we learn?



Newspaper seller in Accra, Ghana. Photo: © Stephen Martin.

Ghana is a compelling case of a country that has made considerable progress in the expansion of political voice and the provision of basic service delivery, and health and education in particular, over the past 20 years. It is also an engaging case for the exploration of the causal linkages between voice and human development, which remains one of the most relevant debates of our time. Ghana's example helps to provide some evidence that increased political voice can indeed contribute to the improved delivery of health and education services. This is a significant and encouraging message for a developing world that has witnessed a veritable explosion of political voice since the 1990s, yet where many countries struggle to meet the increased needs and demands of their populations.

There seems to be growing disillusionment across both the developed and the developing world about the way in which democracy works, and concerns about whether democratic systems can deliver for their populations in terms of both social and economic well-being (see *The Economist*, 2014, among others). At the same time, the phenomenal success of countries like China and other 'Asian tigers' in lifting people out of poverty, and more recent progress on poverty made in countries like Ethiopia and Rwanda, have increased the appeal of authoritarian models of development (Birdsall, 2011; Booth, 2012, among others).<sup>14</sup>

Making the state accountable through increased participation and democratic space remains a key challenge in Ghana. There are many examples of political

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<sup>14</sup> In collaboration with the Legatum Institute, Development Progress hosted an event on 'Can democracy deliver for development? Lessons from Brazil, India and Ghana' at ODI in May 2013 that addressed these issues. See: <http://www.odi.org/events/3927-can-democracy-deliver-development-lessons-brazil-india-ghana>

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voice having made a difference on specific issues, but the challenge is to take this to scale – such changes tend to be one-offs and have rarely become systemic.

What needs to change fundamentally? Politics is all about contestation for power and resources, and these are likely to be endemic in any political system, democratic or otherwise. The crucial difference is that in functioning democracies this competition is channelled peacefully through a pre-established, agreed upon and publicly accountable framework of rules. Does Ghana provide this, at least in a ‘good enough’ manner? The research we have carried out for this case study for Development Progress would suggest that it does, especially for such a young democracy.

If the ultimate definition of democracy is ‘institutionalised uncertainty’, as Adam Przeworski (1991) has defined it, then Ghana seems to be on a good (enough) path, and it has proven that it is a democracy that can deliver, despite all the challenges and limitations.

Several important lessons emerge from Ghana’s experience and are worth highlighting.

- **A greater understanding of the mutual relationship between different dimensions of progress that is grounded on realistic expectations can help to harness benefits across sectors.** Ghana’s experience shows that, despite important challenges, increased political voice can have both intrinsic value and help support more effective service delivery. Political voice has been important in providing incentives to push towards more universalist policies and to focus on visible outputs in both health and education. However, the case of Ghana also shows that progress is not always achieved on the basis of idealised models and is frequently more complex and structured around existing patrimonial structures.
- **Social cohesion and a unified sense of identity can have a major impact on prospects for well-being.** After independence, a distinct state- and nation-building trajectory, based on the promotion of a unified ‘Ghanaian identity’ and a notion of a social contract linking state and citizen, facilitated Ghana’s progress in promoting political voice and service provision. One key ingredient has been the ability of political leaders and elites (in this case bolstered by the growth of a middle class) to look beyond narrow identities and interests.
- **Alongside universalism, policies targeted towards marginalised groups are needed to ensure that all groups can express their voice and access basic services, avoiding increased inequalities.** Although social actors have used universalist policies to advocate for increased access to services in Ghana, these policies have not been able to guarantee the full equality of service provision. Targeted programmes are still needed, such as Ghana’s health-premium exemptions for vulnerable groups, to help those groups overcome the unique obstacles that they face in accessing universal services or in expressing their unique needs.
- **Increased political voice cannot on its own guarantee a sufficient focus on issues that lie at the core of the politics of redistribution, or resolve difficult choices that may have tough consequences including, among others, the quality of service provision, the equity of outcomes in the country and the financial sustainability of social programmes.** This highlights the need to moderate any expectations of the kinds of transformations that can be achieved by a greater political voice that enables people to have their say. Progress comes in fits and starts, and ‘all good things’ do not necessarily go together in a simple, linear fashion.
- **Policy continuity in service delivery sectors across elections, even with alterations in power, provides the consistency that is essential for gradual progress over time.** Successive governments in Ghana have, for the most part, maintained well-functioning policies around health and education, and a well-informed public has held policy-makers to account on the basis of the continuation of these policies, such as the NHIS.

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