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The Impact of Coordination and Policy Networks on the National Health Insurance Policy in Ghana

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Background: Implementation of public health policies and programmes rely heavily on coordination of multiple stakeholders. However the agencies involved often have conflicting organizational structures, aims and priorities, and their complex relationship and interests potentially impact on the overall functioning of such programmes. This paper explores these challenges in the context of the National Health Insurance Programme (NHIP) in Ghana, which was introduced in 2003 to reduce inequalities in healthcare by improving access to health services.

Aims: The purpose of this paper is to examine how implementation of the National Health Insurance Programme (NHIP) brought together multiple agencies and stakeholders in the process of implementing a national policy that aims to achieve the removal of financial barriers and increase accessibility to health care and services. This paper highlights two different parts of the implementation of the NHIP (i) it illustrates the complexities of the structure of policy networks and coordination in implementing the NHIP and (2) it analyzes the process of coordination and policy networks among acting agencies at the three levels of implementation and how these processes create facilitators or barriers to the policy implementation process.

Data and Methods Data was collected using purposive sampling from 27 acting agencies and organizations at the national, regional and district levels. The study was carried out in two phases within two years; in 2005 and 2007. Key informant (KI) interviews, group interviews and semi-formal conversation were held with 55 officers from the 27 institutions. At these interviews, discussions on participation, functions and contributions toward the implementation and operation of the NHIP and the coordinated challenges in performing those functions were discussed in details. In both phases, interviewees represented senior officers of their institutions and were mostly in charge of implementation of NHIP policy. Their response reflected a population of experienced implementers and coordinators of the scheme.

Results and Conclusion Findings from the study demonstrate that, there are multiple actors involved in a complex structure of implementation, operation and coordination at the macro, meso and micro levels. The data however, portrayed a huge amount of gap in coordination at the meso level that links the national to the

district-local level, and this has created a barrier in horizontal coordination and operation of the NHIP. Thus, the structure of horizontal coordination is weak and distorted due to the break in policy networks at the meso level that is supposed to provide a linkage between the national and district local level institutions. The study also revealed in terms of vertical coordination that, policy networks at the macro level is highly limited, official and largely undertaken as a legal requirement based on institutional policies, politics and bureaucracies that defines the autonomy of individual actors and this has impacted on the implementation process. Macro level coordination was proven to be particularly problematic between the National Health Insurance Council and the rest of the national level actors. At the meso level however, coordination is undertaken by a single institution as compared with the micro level where coordination and involvement of actors is highly participatory. Meanwhile, in all three levels, the study showed no clear guidelines and provision for coordination among implementing actors; and this has impacted on implementation process and policy networks as a whole.