Abstract 2: The rise and fall of maternity services and medicines as components in the capitation basket: Dr. Augustina Koduah

This presentation explores firstly, how medicines part of the basket of services in a primary care per capita national health insurance scheme provider payment system dropped off the agenda prior to a pilot implementation in the Ashanti region. Secondly, how and why less than three months into the implementation of a pilot prior to national scale up; primary care maternal services that were part of the basket of services in a primary care per capita national health insurance scheme provider payment system dropped off the agenda. The study methodology was a case study design with in-depth interviews, observations and document review of media contents, reports and meetings records as data collection methods. Data analysis drew on concepts of policy resistance, power, theory of access and arenas of conflict. During the agenda setting and policy formulation stages; predominantly technical policy actors within the bureaucratic arena used their expertise and authority for consensus building to get medicines and antenatal, normal delivery and postnatal services included in the primary care per capita payment system. Before and during policy implementation, policy makers were faced with unanticipated resistance. Service providers, especially the private self-financing used their professional knowledge and skills, access to political and social power and street level bureaucrat power to contest and resist various aspects of the policy and its implementation arrangements – including the inclusion of medicines and primary care maternal health services. Arenas of conflict moved from the bureaucratic to the public as opposing actors presented multiple interpretations of the policy intent and purpose and gained the attention of politicians and the public. The context of intense public arena conflicts and controversy in an election year added to the high level political anxiety generated by the contestation. The National Health Insurance Authority in consultation with the Minister of Health removed the medicines from the capitation package before policy implementation. During the implementation, the President and Minister of Health responded to the contestation and removed antenatal, normal delivery and postnatal care from the per capita package. The tensions and complicated relationships between technical considerations and politics and bureaucratic versus public arenas of conflict are important influences that can cause items to rise and fall on policy agendas.