



Development
Progress

GHANA, THE RISING STAR

Progress in political voice, health and education

Amanda Lenhardt, Alina Rocha Menocal and Jakob Engel



Child near Kunsu, Ghana. Photo: © Ben Grey. Bill & Melinda Gates Foundation.

Case Study Summary

*Political voice, health
and education*

- Ghana has made remarkable progress in human development over the past 20 years while achieving one of the most stable transitions to multi-party democracy in sub-Saharan Africa.
- Since the 1990s, Ghana has experienced a 'golden age' of political voice, making it one of the few countries in the developing world where democracy has taken root, especially in a multi-ethnic setting.
- 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. Ghana is one of only a handful of non-OECD countries to have established universal health insurance.
- The number of years children spend in school has increased dramatically, from 7.5 years in 1993 to 11 years in 2013, which is above the average for MICs.

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Why explore political voice, health and education 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 improvements in the political, economic and social arenas. Ghana today is a functioning, well-rooted democracy which has also made remarkable strides 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 different interests in society.

The country also stands out for its achievements in education and health in recent years. It is one of only a handful of non-Organisation for Economic Co-operation and Development (OECD) countries that provide 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. As a result of such progress, Ghana ranks among the highest-performing countries in human development in sub-Saharan Africa.

Ghana thus offers a compelling case for the analysis of progress across a variety of dimensions. This case study explores the factors, both historical and more recent, which have enabled sustained progress on political voice, health and education over the past two decades, and it also investigates the reinforcing relationships that exist between

these dimensions. We conclude by drawing out some lessons that emerge from Ghana's experience to inform wider debates on development and well-being.

What progress has been achieved?

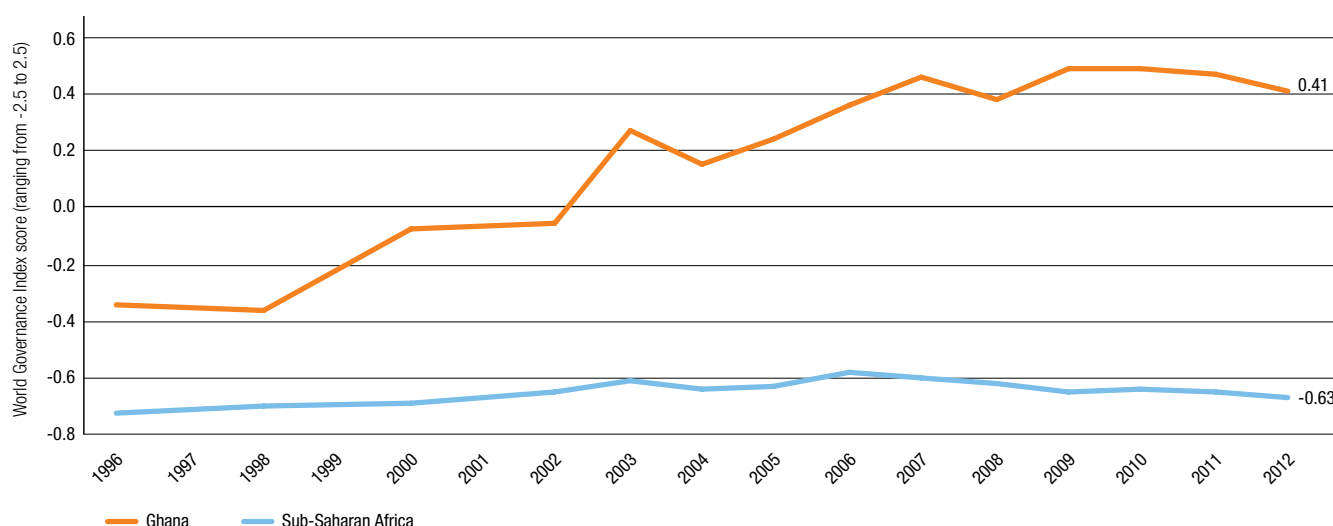
Political voice

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

Progress in political voice can be particularly difficult to measure, given its multifaceted and process-based nature. However Ghana's notable performance across a range of indices is a testament to the kind of transformation it has undergone since the 1990s. Twenty years ago, the country was ranked among the lowest 40% of countries in terms of 'voice and accountability' according to the World Bank's Worldwide Governance Indicators, but has moved up to join the countries in the top 40% (see Figure 1) – one of the largest improvements achieved in this area worldwide.

Ghana has held six presidential elections since 1992 and, with the exception of the first one, these have been assessed as free and fair. Ghana has also held district assembly elections every four years. The quality of the electoral process has increased progressively over time, and Ghana has twice seen the peaceful transfer of power between the two dominant parties, the National Democratic Congress and the New Patriotic Party, in 2001 and 2009. Voter turn-out in the latest national elections,

Figure 1: Worldwide Governance Indicators 'Voice and Accountability' estimate – Ghana and sub-Saharan Africa



Source: World Bank (2013).

Since the 1990s Ghana 'has moved away from a "culture of silence" to a culture of public disputation and active civic engagement' – Senior civil servant

held in December 2012, was impressively high at around 71%, a rate markedly higher than in many democracies across the developing and the developed world alike.

Other key elements of increased political voice include an increasingly active and well-organised civil society and a rapidly growing media. Increased civil-society engagement has enabled greater citizen awareness of and mobilisation around a variety of issues, including education and health (both perennial concerns on the public agenda), corruption, children’s rights, women’s rights, rights for people with disabilities and accountability for service delivery. The media in Ghana has 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 (Economist Intelligence Unit, 2013; Reporters Without Borders, 2013). According to the Reporters Without Borders 2013 Press Freedom Index, Ghana ranked third overall in Africa, improving its global ranking from 67th in 2002 to 30th out of a total of 170 countries.

Health

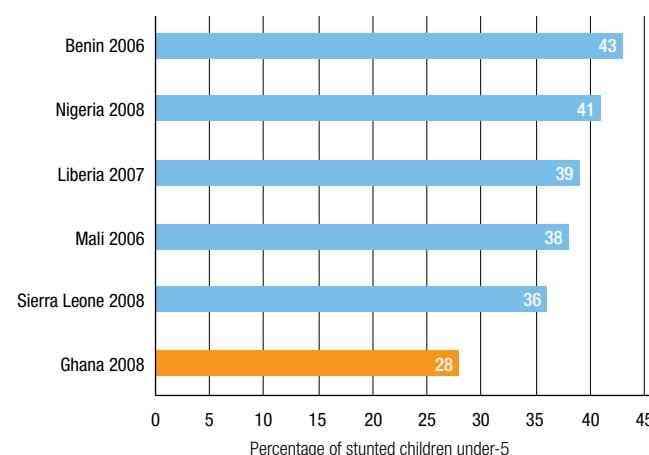
Ghana stands out in the region – and indeed among lower-middle-income countries (LMICs) worldwide – for its progress on health, and particularly the health of its children.

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 (World Bank, 2013).¹ The prevalence of stunting decreased from 35% in 2003 to 28% in 2008 and is significantly lower than in other countries in West Africa (see Figure 2). Nearly every child in Ghana is breastfed, in line with the guidelines set down by the World Health Organization (WHO) and UNICEF. Further, the 2008 Demographic and Health Survey found that 81% of children in Ghana had eaten vitamin A-enriched food in the past 24 hours and 75% had eaten iron-enriched foods (GSS et al., 2009).

Ghana has made 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). Between 1998 and 2008, child immunisation rates increased dramatically, from 19% to 70% (GSS et al., 2009). Ghana was also the first country in Africa to introduce simultaneously the pneumococcal and rotavirus vaccines to tackle pneumonia and diarrhoea, two of the biggest killers of children in the country (WHO, 2012).

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. 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 (MMEIG, 2013).

Figure 2: Prevalence of stunting in the West Africa region



Source: ICF Macro (2010).

The creation of a countrywide national health-insurance scheme is a major achievement in the health sector. 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.

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.

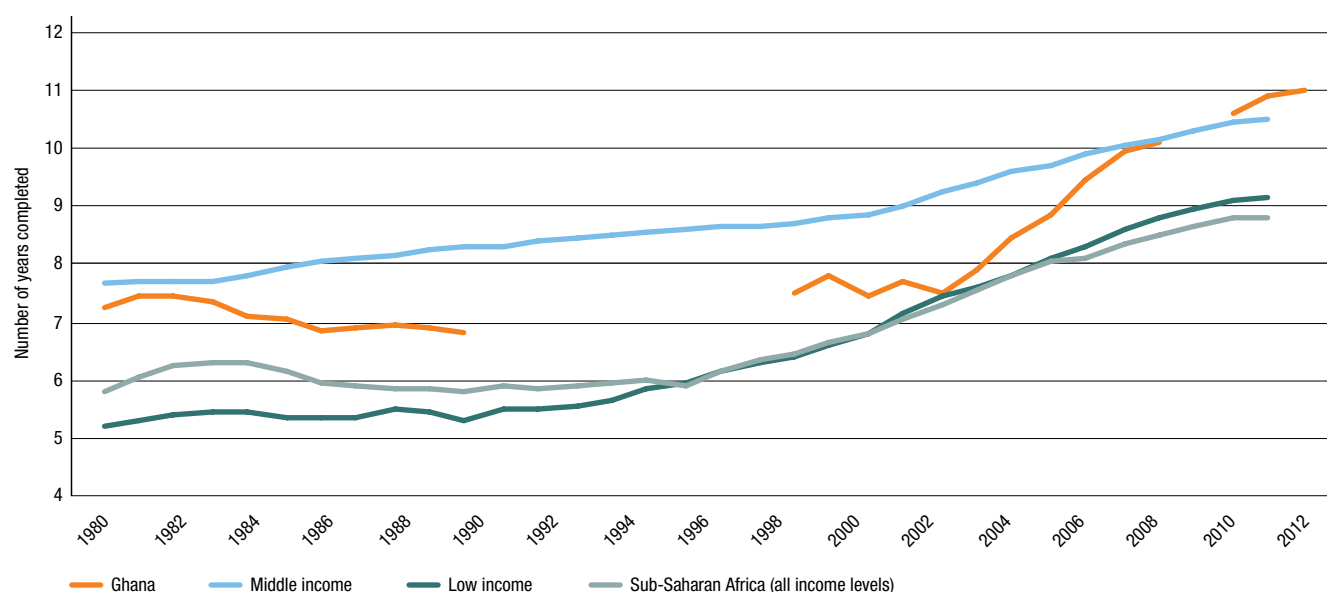
Pre-primary education has perhaps seen the most significant change. In 1980, just 28% of children were enrolled in pre-primary education; this percentage gradually increased to 50% by 2000. In the past decade, however, there have been massive jumps, and Ghana reached universal pre-primary enrolment in 2011. 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.

Primary enrolment also increased in recent years, from 70% in 1988 to 80% in 2005, and since 2007 Ghana has maintained universal enrolment. A similar picture can be seen for secondary education: enrolment rates stagnated at just below 40% throughout the 1980s and 1990s, but from around 2005 that enrolment gradually increased, rising to 61% of secondary-age children in 2012.

Overall school life expectancy – the number of years a child will, on average, spend in school – increased from an average of 7.4 to 11 years between 1999 and 2013. As Figure 3 (overleaf) shows, Ghana has moved beyond the

¹ Measured by deviation-from-fit (see Samman, 2012).

Figure 3: School life expectancy (primary and secondary), Ghana and comparators



Source: World Bank (2014).

sub-Saharan Africa and lower-income country averages and is now on a par with MICs around the world in terms of gross enrolment, even surpassing the MIC average for school life expectancy. The fact that Ghana has achieved this in just 10 years makes its progress all the more impressive.

What are the factors driving change?

Shared identity and committed developmental leadership

Ghana's progress in increasing citizen voice (including the opening of political space and the sturdiness of the country's democratic system) and 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, are essential building blocks that have underpinned, sustained and strengthened Ghana's democratic system since it emerged in the 1990s.

Political crisis, economic reform and public finance

The advent of democracy in Ghana in 1992 needs to be understood in the context of the ongoing centralisation of power and the economic crisis of the 1980s. The loss of the legitimacy of the state in the eyes of the population led to a political crisis and to growing domestic pressures to open up political space and repair the economy (Whitfield, 2011). These reforms were strongly influenced by conditions set by the Bretton Woods institutions;

they included political liberalisation and the opening of the political space, and, on the economic front, the deregulation of the cocoa sector, 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).

These reforms kick-started strong and sustained economic growth, and gross domestic product per capita almost doubled between 1990 and 2012. This growth had important implications for both the health and education sectors, providing a foundation for renewed efforts to improve access to services. The country's economic development has also 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.

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. Major gains have been made since national health insurance was introduced in 2003, however, with change enabled by outspoken public demand for public services, bringing Ghana closer to its early goal of universal health care.

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. 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, stationery and transport.

Links between political voice and service delivery

While some people in Ghana may be acquiring increased political voice, the question remains whether this can generate a more responsive and accountable state. In analysing Ghana as a story of multidimensional progress, one key issue emerges: 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 such as health and education? In this case study, we explore four main institutional channels through which voice has had a positive effect on human development outcomes at the national and local level.

Elections

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

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 their policy positions have not varied a great deal in the end). 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 New Patriotic Party and the National Democratic Congress in the most recent election (2012) was the former's promise to abolish fees for upper secondary school.

Organised civil society

Over the past two decades, there has been a dramatic increase in the engagement of non-government organisations (NGOs) in setting priorities and influencing policy around basic services and the monitoring and scrutiny of government performance. Indeed, NGOs 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 a variety of issues and have filled a number of roles in basic services including monitoring, evaluation, direct service provision, lobbying and policy engagement.

Another example of the way in which enhanced political voice has helped to expand civic engagement is the 'coalitions for action' (including peace councils that have emerged to ensure that electoral processes don't generate violence). These 'coalitions' have emerged at important moments in the country's recent history, shaping both its political trajectory and the quality of its democratic governance.

The media

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'. 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



Morning radio show host in studio in Accra. Photo: © Jonathan Ernst / World Bank.

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.

'The media and civil-society organisations 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

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

Over the past decade Ghana has witnessed an expansion of political spaces that involve 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.

The principles of inclusive and participatory politics are perhaps best reflected in the role played by Ghana's parliamentary oversight committees. These have evolved into sites of profound interaction and collaboration across a range of actors in the political scene, including MPs from both major parties, parliamentary staff, CSOs and the media.

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 in Ghana remains weak or inadequate in some respects, particularly in terms of the quality and financial sustainability of newly expanded services and the equitable distribution of the progress that has been made. Despite the ongoing opening of political space, Ghana endures persistent problems in terms of the quality and representative character of its democracy and mechanisms intended to express and channel political voice.

Service provision: quantity versus quality

Some observers have argued that Ghana has focused too much on highly visible outcomes such as getting more patients insured and more students enrolled, while neglecting the pursuit of more challenging objectives (for example: Apoya and Marriot, 2011; Little, 2010). One reason cited for the neglect of emerging health risks such as non-communicable diseases, and of certain aspects of maternal health, is the emphasis on meeting MDG targets in health, such as child immunisation.

There have been efforts to maintain quality alongside improved access to health and education. However, resources such as infrastructure and trained medical staff have not been able to keep pace with the increased demand

for health services since the introduction of the NHIS. In education, there has been a concerted effort to hire more teachers, and the pupil to teacher ratio has remained close to the average for LMICs over the past 10 years. However, this has been achieved in large part by employing more untrained teachers.

Equity in service provision

Ghana has made little progress in closing the gaps in access to basic services, and inequities persist across regions and between different income groups. For example, women in rural areas report an average of seven years of schooling, while women in urban areas report 10 years (UNESCO, 2014). Inequality in women's education by wealth quintile is also significant, with the poorest quintile completing an average of four years compared to 12 years among the richest quintile.

Health outcomes are also unequal 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. 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).

Persistent inequities in service provision in Ghana cast doubt on the country's universalistic approach and suggest that more targeting may be needed to reach disadvantaged groups. The capitation grant scheme and health insurance exemptions are steps in that direction. However, if there are no clinics or schools in disadvantaged areas, and there are no incentives to encourage trained teachers and medical staff to work in such marginalised settings, it will be difficult for policies to translate into improved health and education outcomes.

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 the very inception of these policies. The NHIS, for example, has shown worrying signs of being financial unviable. In 2008, the NHIS experienced a significant cash-flow problem and fell 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 and depends largely on a levy added on to the value added tax.

Another challenge in achieving 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: many international partners may begin to wind down their support.

Quality and inclusivity of political voice

Ghana's political space today may be much more open than it has ever been before, and citizens may have acquired increased political voice and influence, but this has not always led to increased effectiveness and/or accountability. Underlying patterns of power and patrimonialism persist, and there are clear signals that presidential powers will not be relinquished easily. There are concerns, for instance, about whether increased

voice can generate government responses that go beyond targeted examples towards more systematic responsiveness and accountability, and whether voice can add up to more than just the 'noise' of those who shout the loudest. This in turn raises questions about whose voices are being heard, and why. For example, where are the voices of youths, women and the poor, all of whom have such an important stake in equity and inclusion?

Lessons learned

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

Several important lessons emerge from Ghana's experience:

- **A greater understanding of the mutual relationship between different dimensions of progress, grounded on realistic expectations of what is possible, can help to harness benefits across sectors.** Ghana's experience shows that, despite important challenges, increased political voice can support more effective service delivery.
 - **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.
 - **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.
 - **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.
 - **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 such policies.

This summary is an abridged version of a research report and one of a series of Development Progress case studies being released at developmentprogress.org

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This publication is based on research funded by the Bill & Melinda Gates Foundation. The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of the Bill & Melinda Gates Foundation.

Overseas Development Institute

203 Blackfriars Road
London SE1 8NJ

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Contact us

developmentprogress.org
developmentprogress@odi.org.uk
T: +44 (0)20 7922 0300

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References

- Apoya, P. and Marriott, A. (2011) 'Achieving a Shared Goal: Free universal healthcare in Ghana. Oxford: Oxfam International.
- Economist Intelligence Unit (2013) *Democracy Index 2013: Democracy in Limbo*.
- GSS, GHS and ICF Macro (2009) *Ghana Demographic and Health Survey 2008*. Accra, Ghana: Ghana Statistical Service, Ghana Health Service, and ICF Macro.
- ICF Macro (2010) *Nutrition of Children and Women in Ghana: A New Look at Data from the 2008 Ghana Demographic and Health Survey*. Calverton, Maryland, USA: ICF Macro.
- Kolavalli, S., Robinson, E., Xinshen, D. (2012) *Economic transformation in Ghana: where will the path lead?* IFPRI Discussion Paper. Washington D.C.: International Food Policy Research Institute.
- Little, A. (2010) *Access to Basic Education in Ghana: Politics, Policies and Progress*. Research Monograph No. 42. Brighton: Consortium for Research on Educational Access, Transitions and Equity.
- MMEIG (2013) *Maternal Mortality Estimates*. United Nations Maternal Mortality Estimation Inter-agency Group.
- Reporters Without Borders (2013) *2013 World Press Freedom Index: Dashed Hopes after Spring*.
- Samman, E. (2012) *Measuring Well-being: Different Approaches, their Implications and an Illustration*. Project Note, Development Progress. London: Overseas Development Institute.
- Sandefur, J. (2010) *On the evolution of the firm size distribution in an African economy*. CSAE WPS/2010-05. Oxford: Centre for the Study of African Economies.
- UNESCO (2014) *The World Inequality Database on Education (WIDE)*.
- Whitfield, L. (2011) *Competitive Clientelism, Easy Financing and Weak Capitalists: The Contemporary Political Settlement in Ghana*. Copenhagen: Danish Institute of International Studies.
- WHO (2012) *Ghana, First African Country to Introduce Two Life-saving Vaccines*. Geneva: World Health Organization.
- Witter, S. and Garshong, B. (2009) 'Something Old or Something New? Social Health Insurance in Ghana', *BMC International Health and Human Rights* 9 (20): 1-13.
- World Bank (2013) *World Governance Indicators*. Washington DC: World Bank.
- World Bank (2014) *World DataBank – Education Statistics*.