

# Sector Overview for Evidence-Informed Policymaking (EIPM)

The Health Sector in Ghana

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## Background

The Health sector in Ghana is characterised by an interplay of many stakeholders, including policymaking institutions, academic and research institutions, health practitioners and their organisations, funding institutions, development partners, civil society and non-governmental organisations, the Media, etc. This document, which begins a series of similar publications exploring the different sectors for a background understanding of the various institutional arrangements for evidence-informed policymaking (EIPM), addresses the issue within the health sector of Ghana.

## Stakeholders

For example, the government of Ghana, through the Ghana Health Service's (GHS) Research and Development Division in 2015 developed a National Health Research Agenda to drive efforts within the sector for research and evidence uptake in policy.

The agenda, although led by the GHS, was by the close collaboration of different stakeholders that also included the Ministry of Health, the GHS's research centres (Dodowa, Kintampo and Navrongo), research and academic institutions (like the University of Ghana's School of Public Health [SPH], Noguchi Memorial Institute for Medical Research [NMIMR]; and the Kwame Nkrumah University of Science and Technology's Kumasi Centre for Collaborative Research into Tropical Medicine [KCCRTM]; and specific institutes within the Council for Scientific and Industrial Research [CSIR]), policymakers and practitioners in various health facilities across the country.

Other noteworthy contributing institutions within the space of evidence-to-policy within the sector include the World Health Organisation (whose Special Programme for Research Training in Tropical Disease [TDR] provided technical support to the development of the research agenda), the Government of Japan (through its grant-making organisation [JICA]), and the United Nation's Development Programme (UNDP), the Ghana Statistical Service (GSS), the Centre for Tropical and Clinical Pharmacology (CTCP) and the Institute for Statistical, Social and Economic Research (ISSER) of the University of Ghana, the four Research Centres of the University of Health

and Allied Sciences (UHAS), and the academic departments and schools of the various universities and teaching hospitals.

## Influencers

Key among influencers of research into policy within the sector at the national level are the Minister and Chief Director of the Ministry, the Director-General and his/her deputy within the GHS, the Cabinet of Ministers and the Presidency, and the Health Committee and other allied committees of Parliament. Due to the practice of decentralisation, Directors of the regional and district offices of the GHS, as well as Members of the District Assembly (DA) wield substantial amount of power on health policy formulation, development, planning, and financial, infrastructure and equipment support.

The Media, international funders, international and local Non-Governmental and Civil Society Organizations (NGOs & CSOs) and the community play key roles both at national and local levels. These players also interact with some other agencies (both public and private) that include the National Health Insurance Authority (NHIA), Food and Drugs Authority (FDA), Nurses and Midwives Council (NMC), Medical and Dental Council (MDC), Christian Health Association of Ghana (CHAG), as well as players from other sectors such as education, food and agriculture, environment and finance. Together with health providers or frontline workers (such as doctors, nurses and pharmacists) they drive evidence also into practice.

## Nature of collaborations

These collaborations normally manifest in the sharing of information and knowledge, financing, giving of advice and technical assistance. At the Ministry of Health and GHS levels,

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evidence is mainly presented as reviews against the Health Sector Medium Term Development Plans (HSMTDP) and aggregated in the form of health performance indicators. Committees and the research department of the Parliament of Ghana produce reports on specific health issues, as well as some background papers, budget and policy briefs. Academic and research institutions, apart from mostly contributing research reports and articles for scholarly journals, produce also briefs, fact sheets, and some systematic reviews.

Available evidence products to policymakers are currently mostly used for health sector performance review, which reflect the governance structure for policymaking within the sector. The interest mostly of development partners (DPs) are met, and policymaking with respect to other pressing issues within the sector such as the distribution for health facilities, pharmaceutical services, ambulance services, etc. remain mostly unattended to, and this affects the general quality of service within the sector.

To re-echo the words of Vecchione and Parkhurst (2016), reviews and performance indicators do not automatically translate into policy lessons and informative planning.

### **Capacity issues and recommendations**

There exist an appreciable level of capacity in the production of research and other forms of evidence within the sector. Comparatively however, there exist a great deal of capacity gaps in the creation of synthesised evidence products for use among policymakers. Funding among public institutions is another key issue as most of them rely on funding from the

Government of Ghana (GoG) for the production of research and other evidence products, but such funds mostly cater for administrative expenses, and to some extent research allowances.

As a result, most evidence-producing institutions resort to tapping into finance opportunities outside the shores of the country, and the competition at that level generates other challenges such as meeting eligibility requirements. Although capacities avail for the production of evidence, collaborations within these institutions and across institutions locally and internationally will do a great deal in enhancing these capacities.

For the evidence uptake part of the sector, policymakers and their support staff will need regular capacity development in the access, assess, analysis, communication and use of these evidence products. More stakeholder forums and workshops will be required (regularly and otherwise) for both producers and consumers of evidence to jointly explore knowledge gaps and opportunities to addressing them.

Also, effort may need to be made at encouraging improved productivity among knowledge brokers such as libraries, information centres, records and knowledge managers and other such support service providers to EIPM.

The sector specific research agenda initiated by the GHS is a noteworthy one, and must be followed by the exploration of an opportunity for the creation of a major centralised local fund or grant that will be aimed at the promotion of evidence production and uptake within the sector.

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