

PROCEEDINGS

Open Access

Abstract

Anthon Seddoh^{1*†}, Samuel Ako and Ako^{2†}

From the University of Ghana: Can We Get a Health For All?
Banda Sina, Malawi. 3-4 October 2011

Abstract

Background: Understanding the health policy formulation process and the evidence-based on the content of policy is the neglect of consequence. This has led to the policy initiatives have a high probability of ineffective policy choice in the top-down approach when implemented. Some time, the difficulty has been finding congruence between different stakeholders and in the case of health stakeholders. How can policy initiatives be evidence-based on the mechanism of health policy implementation on the evidence-based on the policy formulation. This paper aims to conceptualize the evidence of policy formulation to enhance understanding of his field of work based on lived experience.

Methodology: This is a qualitative participatory observation case study based on the purposeful selection of the policy process and political level in the developing the Ghana National Health Insurance Scheme. The study is a framework concept of which the agenda setting, mobilization, coalition building, negotiation and implementation of the policy process.

Results: Technical experts, civil society, academician and politician all had significant influence on the health insurance agenda. Each of the stakeholders effectively engaged in a highly peaked their contribution in the health policy making and the engagement. When the population lend themselves to the stakeholders in the process, stakeholders effectively on the content of the policy process and the mobilization of the population to the agenda. When in the case of the policy process and the price of losing a bill to the government is off which will face political opposition, it will be difficult to generate the legislative process in the health insurance to build coalition to a political policy making.

Conclusion: This paper has examined the policy makers and the political level in the process of a Ghana's health insurance policy and design. Nevertheless, the evidence has been a high of the dynamics of the interaction of the 3 team of problem, policy and politics. It provides on which the understanding the policy process, it is important to have a coalition with the content of the policy process and the evidence has been a high of the policy process. The evidence has been a high of the policy process and the evidence has been a high of the policy process.

* Correspondence: seddoh@ahoo.co.ke
† Contributed equally
¹Centre for Health and Social Science, PMB 52 Mankessim, Accra, Ghana
Full list of author information is available at the end of the article

Bac

I... a... ca
a... b... ca fa
ac... MDG a... a... P...
acc... ca, c... ab... a
ca... a... b...
ca... ab... Sca ca...
a... ab... [1].
T... Sca Ha I... ca
c... a b... c...
Acc... a ILO Sca Sca P... b...
a... Sca Ha P... [2], a... a...
fa... a b... a... ca a...
c... c... fa... a... b ca...
c... a... ca... a... a...
ca a... a ca b... a ca... ca
c... T... b c... ca a... c... c...
a... a... a... c...
a ca c... a... c...
b-... a. T... c... a b c... a...
a fa... c... a... fa...
a... T... a... a... c... c...
a b c... c... ca. Sca
a... a c... c... a... c...
T... a... a b ca... c ca a c...
a... a c... c... a... c...
a c... Va... ca a...
a c a... a... ca...
P... a b a a... a...
I... a a ba... a...
a... a... a... c...
a... c ba a... c... L...

c...T aca...f, ...ca -

a 50 1000 b 2008 c a 64
 2003 a a a c a 43
 1000 b 2008. F a ,
 ca c b
 a cc 28 a . G a
 G a a c c a a c a -
 a MDG 1 a a 2015. H
 acc 2008 GDHS, 28% G a a a c
 10% b . T
 a a a a a
 HIV a c a a a a
 2009 a 1.9%.

• *Fee for service as a catalyst for health insurance*

H a a c G a a a c a
 ba a " " H a S c A c c (a -
 ba , - a a), c a a
 acc . I a , a c a ba a ca
 acc a a . T a ab a ac
 a a c a b
 c c a 1960 . T H a c -
 c c , ca
 c b a a ca c a
 . T , a a
 . T a c a a
 c a a a c [18].

a a c 63.6% a a
ab US\$3.03

M ab c
T M H a , 1997, Na a
D c a c C ab a a
c a a D c a H a I a c
b a c a Na a H a I a c
Sc . P. a a a b c
a a c a a a G a a H a C a ,
a b a SSNIT, ab a a a
a c c a c . I
a a c a a a c a a K a ,
Ea R H , c a a a
a a a N
Pa c Pa. (NPP) G 2001. T
D a ab a c a a
T a c a a a b
c a b
T NPP a a a ca ab
"Ca a Ca." a a c b a a a a
a c c c 2001. T
a a c a b a c a
G c c a
G a a P R c S a I c a
H a G a H a A . T , c a
a a a ab c a
acc a ca . A M -A c T c ca C
b M H a a - 2001
c a a a a c a
c a Na a H a
I a c Sc . I a c , c
a c c a c ca a a (8) a a
c c K a a Ta a a
a a c c a a a ac ;
D c M a H a I a c a a c
a a c b Da b W D c a
A a . W a c , M
a a a E -J ab D c
A a a b a K
G a , Acc. a . T a a
a b a a ba
B a a c , M
c c a b c ab
10 45 a a a a a
c ab acc
b a . T a b a c a
c a a a . T a ca c
a ca c ca a-
a ; a a ab H
I b P C . H a a c
a a c a
M H a a a b P
B a a c

b a c . T a b a
c b a a
c a a a
a a . T a a
b a
a a b c a a a c ca a . O
b a a a c a
a c a acc a c a a
c a a a
ca c
B Ja a , 2002, a a c a b a
c a b a a c c
a a a a . S b
a a a c c a
c a G a a E A ca
Na a H C a T a U C
T a a a ab b M
H a a cab Ma , 2002. A a c
c a .901000(-34)-9() a
a T c (c)-342(a)-341()-343 ac ()-344 () b
a ()-8 a (a)87()-9 a c a
38()-728(b 46()-368()-364()-3()5(a)14()-385(a)14 ()
a (c) 5 a (b) - 5 2 () 1 () - 3 5 2
() -338()-5-7(c25a(b)-361(a)-367(c25)-7()-
a c a ()-343D ()TJT[(200) a a a c
a
ac c 52()-394()-1 a a H a c
2.5% , a 2.5%

(c ca)-361(()-315())TJ.0112Tc126750000670
ab a b c (a)-324(a)-553(a c)TJ0TcT

ca c c a a c c
c c .T a a
c b a a a b
a a ca a c a -
.T a a b a a c b
C b a a a c
c a a c a I Ec c
A a , G a a M ca A ca a aca c
a a ba a

b a c b a . H , a a
c . SSNIT a a a .
G a a c bac
ab a a a
a a a . S c , a a
a c . ca c a . Ta 2.5% , SSNIT
ac a a 14.7% SSNIT . T

a
NDC.
A a c c b H a S
a a a a c a a
a c c B 2001 a 2002 a
a a a a a a a
a a a I 2003 a
a b b a b c a
T c a
T T c ca C
a a a a a a A
a a c b ca c a a
a a a a a
a a a a T a
c a b
O a a a a W Ba C
A S a (CAS) b a a
a ba a c a a
a a a
a a a Na a H a
I a c Ac, ca a ab a
ac B ca
a W Ba c
a a a T A M
"R b c G a a I a S M
H a I a c P c (C -P101852) D c
b I 10, 2010" b b Ba
a a a a c
Ca c a b a b c
c W ca
a a a b c
c c a I
b c a c a
b a a T VAT a
c a H a b a
a a a
A b a a a a
a c c a a 2.5% ac a a c a
VAT c a a c a
a I c
a c ca a c
a a a bb W
a a a a bac
bb a a c B a
ca a a T
c a a b a
a b a b ca ca
a c b
ca a a c
a c

D c a b a c
a a a c c c b a
c a T c
VAT a c c a a
a
C S c O a a c a T a U
C (TUC) c ca c a
c c
a G ca ac c a a
a c ac a a
a
c I a a c a ac
a a a
a a a a a
c c A c c a
a c a TUC
a a I a c a
b c c a c
a a b a
a a a a a a c
c
I c TUC a a b c a
a ab b SSNIT a -SSNIT c
b c a a c c c b
ca G D c P c c
T NDC, a a ca
a b a c ac
ac I a a c
a a a a a a
c a a a c a ab
C, c

a a . . . c a . . . b . . . c . . . b . . . a . . .
 c . . . a . . . a . . . c . . . a . . .
 T . . . a . . . a . . . a . . . a . . .
 a . . . c . . . a . . . c a . . . c a . . .
 b a . . . , . . . a . . . c . . . a . . . b . . . c a . . .
 a . . . a . . . b a . . . U . . .
 a . . . c a . . . c a . . . a . . . c a . . .
 . . . c . . . T . . . a . . . a . . . b . . .
 a . . . a . . . a . . . b . . . a . . . c . . . a . . .
 a . . . a . . . a . . . c a . . . a . . .
 a . . . b . . . a . . . a . . . a . . .
 c . . . a . . . I a . . . a . . . , . . .
 c . . . a . . . b . . . b . . . c . . .
 a . . . a . . . c a . . . a . . . c . . . G a . . . a . . . W b . . . a . . .
 a . . . a . . . b . . . a . . .
 b a . . . a . . . c a . . .
 c a . . . a . . . a . . . c . . . a . . . a . . .
 . . . c a . . . a . . . a . . . c . . . b . . . c . . .

Acknowledgements

This article has been published as part of *BMC Public Health*. Volume 12, Supplement 1, 2012: Universal Coverage: Can We Guarantee Health For All?. The full content of the supplement is available online at <http://www.biomedcentral.com/bmcpublichealth/supplement/12/S1>.

Address correspondence to:

- ¹Centre for Health and Social Services, PMB 52 Ministry, Accra, Ghana.
- ²Manu College, University of Ghana, Legon, Accra, Ghana.

Competing interests

The author declares that he has no competing interests. The author AS is a policy adviser and involved in the policy design, implementation and monitoring of the national health insurance scheme between 1997 and 2004. He was a member of the Ministerial Task Force on establishing the national health insurance scheme in March 2005. Since February 2011, he assumed the position of Coordinator of National Health Insurance Scheme in the Ministry of Health. The author SA is Director of the Policy Planning, Monitoring and Evaluation of the MOH between 2001 and 2004 and led the entire policy design, development of the legislation and negotiation of the Scheme. He was appointed the first Executive Secretary of the National Health Insurance Council in 2004 a position he held until 2007. He exercised his capacity as a member of the insurance council.



© 2012, licensee BioMed Central Ltd.

Reference

1. <http://www.biomedcentral.com/polic/3e.pdf>. [http://www.biomedcentral.com/polic/3e.pdf].
2. <http://www.biomedcentral.com/polic/3e.pdf>. [http://www.biomedcentral.com/polic/3e.pdf].