Agenda Setting Processes and Policy Actors in Lower-Middle Income Country: A Case of Free Family Planning Service Policy Agenda in Ghana

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Description of the Topic

Ghana's Minister of Health announced 'free family planning service' at a Family Planning London Summit in July 2012. The announcement put 'free family planning service' on the government policy agenda. According to the Ghana Health Service, family planning service include methods and practices to delay pregnancy, space births, limit family size and prevent unintended pregnancies (Ghana Health Service, 2007). This paper seeks to advance our understanding of policy agenda setting in a lower middle income country (LMIC) - Ghana by examining how 'free family planning service' achieved a policy agenda status. We explored who the policy actors were and how they influenced the process. The ultimate aim is to provide insights into the policy agenda processes and the role policy actors play within a LMIC setting.

Theoretical Focus

Kingdon's theory and framework of agendas and alternatives was applied in analysing data. Kingdon notes that active participants (policy actors) and the processes by which agenda items and alternatives come into prominence are key factors affecting agenda setting and specification of alternatives. Kingdon considered policy actors inside and outside government, the conditions under which these policy actors were active and the possible interactions among them.

Kingdon conceptualised the processes of agenda setting and alternative specification as three independent streams of problem, policy and politics. The problem stream deals with how government officials fix their attention on a problem. Mechanisms such as indicators,

focusing events, budgetary constraints and feedback bring problems to their attention. The policy stream represents the processes by which proposals are generated, debated, redrafted and accepted for serious consideration. A policy has high survival if its values are congruent with that of the policy community. Implementation costs and public acceptance are also important for survival. Kingdon considers change in government, election results, organized political forces, partisan or ideological standings of decision makers and public mood as factors in the political stream. Kingdon proposes that a window of opportunity opens for a policy issue to get onto the agenda when all these independent streams come together. This presents opportunity for policy actors to push their ideas. Basically, a window opens because of a change in the political stream or it opens because a new problem captures the attention of government officials and those close to them (Kingdon, 2002).

Research Methods

To systematically attempt to reconstruct the dynamics surrounding how 'free family planning service' became a policy agenda, we employed a case study approach. Case study approach is ideal because it allows for the collection of comprehensive, systematic and in-depth information within a real-life context (Patton, 2002, Yin, 2009). We examined policy actors and agenda setting processes that influenced the decision within a ten (2002-2012) year period to the 'free family planning service' announcement. Tracing a decade retrospectively was appropriate to observe changing influences of policy actors and agenda setting processes ; also Sabatier (2007) notes that a decade is a long enough period to observe some policy change.

Information was collected from June 2012 to May 2014 through in-depth interviews, document reviews and participant observation during a 20 month period of practical attachment at the Policy Planning Monitoring and Evaluation (PPME) directorate of the Ministry of Health by one of the authors (AK). The PPME is responsible for the coordination of policy formulation and strategic planning for the health sector. Also, (AK) undertook a two week attachment at the office of the Deputy Director of Family Health unit - Ghana Health Service. The Deputy Director is a key player in reproductive and maternal healthcare policy making. Participant observation at both places was therefore ideal for observing and understanding ongoing and past policy making processes.

Respondents inside and outside of government were interviewed for their contributions and real-life experiences of the policy agenda setting processes. About two-thirds of the interviewees included officials of the Ministry of Health, the Ghana Health Service, the National Health Insurance Authority; and a politician. One-third consisted of Developmental Partners and Coalition of Non-Governmental Organizations in Health.

Document and archival review and analysis were used to map how family planning issues evolved over time, identify policy actors involved and further triangulate findings with respondent's information. We reviewed the health sector documents such as: annual programme of work, medium term development plans, aide memoires, reproductive health reports and financial information stated in the annual programme of work.

Drawing on Kingdon's theory and framework and working iteratively on data gathered; patterns, themes and categories that emerged were tabulated and further analysed. The analysis process involved mapping out active policy actors, and the agenda setting processes of problem, policy, financial and political streams. We acknowledge the difficult involved in mapping the exact sequence of events. To minimise this, varied source of data were used to reconstruct in so far as possible, the chronology and dynamics of the 'free family planning service' agenda setting processes.

Main Findings

Active and main policy actors identified were bureaucrats of the PPME – Ministry of Health and the Family Health unit– Ghana Health Service; and Development Partners. The Development partners include the U.S Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the UK- Department for International Development (DfID) and the World Bank. During the period studied, these main policy actors influenced the 'free family planning service' agenda setting process by the way they framed reproductive and maternal healthcare problems; the kind of policies and ideas they proposed; the proportion of financial resources they allocated; and how they negotiated their proposed policies and ideas within the political stream.

The identified policy actors framed family planning service related problems in following ways: (1) low family planning acceptor indicator; (2) low contraceptive prevalence rate; (3)

unmet demand for family planning; (4) family planning services not incorporated into existing antenatal care service; (5) family planning service not reimbursed under National Health Insurance (NHI); (6) family planning commodities funding gap; (7) family planning commodities out of stock; and (8) high maternal mortality.

The identified policy actors proposed the following family planning related policies and ideas: (1) strengthen family planning programme; (2) integrate sexual transmitted infection management into family planning programme; (3) increase family planning service delivery to reduce unmet need and unwanted pregnancies; (4) reposition the family planning service plan; (5) reproductive health strategic plan; (6) proposal to put family planning programme onto the NHI benefit package; (7) family planning programme is a tool to reduce maternal mortality; (8) strengthen family planning to improve maternal health indicators; (9) proposal to provide free access to long lasting family planning methods under NHI; and (10) integrate family planning into the NHI benefit package or provide free family planning service.

Contraceptive commodities have been provided to the family planning programme through donations largely from USAID, DFID, and the UNFPA, with the Ministry of Health contributing some 21% of funding of the total costs in recent years (Smith and Fairbank, 2008). In this research, we propose a 'financial stream', where policy actors such as the MOH bureaucrats and Development Partners with financial resources or access to others with financial resource operate. We consider this an independent stream because in the case of 'free family planning service' agenda; policy actors such as USAID, UNFPA, DfID, and Government of Ghana (represented by the Ministry of Health) have over the years consistently paid for family planning commodities (Government of Ghana, 2006). As a result, they are key family planning decision makers. Their financial support is more evident after the 1990s health sector reforms. This is because the reforms created institutional arrangements where the Ministry of Health bureaucrats, Development Partners and other key stakeholders negotiate national health priorities and allocate financial resources to implement. To this end, Development Partners have gained agenda access because they used financial support as leverage of what gets onto the agenda (Koduah et al., forthcoming).

Developments in the political stream have a powerful effect on policy agenda (Kingdon, 2002), as policy actors push their agenda items and make them prominent. The identified policy actors actively participated in the political stream and as such had access to influential actors. For example, the PPME – Ministry of Health and the Family Health unit – Ghana Health Service bureaucrats at a high level 'Parliament Select Committee on Health' meeting in July 2011 advocated and negotiated for inclusion of family planning programme onto the NHI benefit package.

Government administrations change, bringing with them marked changes in policy agendas. Either incumbents in positions of authority change their priorities and push new agenda items; or the personnel in those positions changes, bringing new priorities onto the agenda by virtue of the turnover (Kingdon, 2002). The Minister of Health, a political position of authority for the health sector was frequently changed by the same Government. In four years, between 2008 and 2012, the health sector had four different Ministers some with less than a year's tenure. These happenings present opportunities for policy actors to push new agenda items.

The frequent change in the health sector's political position of authority therefore opened a window of opportunity. In 2012, a new Minister of Health agreed to the 'free family planning service' proposal pushed by the USAID, UNFPA, DfID, World Bank, and bureaucrats of the Ministry of Health and the Ghana Health Service. These policy actors brought together the four independent agenda setting processes (problem, policy, financial and political) before the Family Planning London Summit. The Minister committed to the 'free family planning service' proposal and made the announcement at the Summit as the Government's pledge and support to reproductive and maternal healthcare delivery in Ghana.

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