

## FOR IMMEDIATE RELEASE

### **REPORT ON HEALTH SECTOR ACCOUNTABILITY AND VACCINE EQUITY DISTRIBUTION RESEARCH IN GHANA**

Earlier this year, BudgIT Ghana, a foremost civic organization that applies technology to ensure transparency and accountability while intersecting citizen engagement with institutional improvement to facilitate societal change, undertook two studies on Health Sector Transparency and Accountability in Ghana and Vaccine Equity and Distribution Research in Ghana. These studies sought to outline problems and related emerging issues and measure changes in different transformational epochs to ultimately inform civil society advocacy towards health sector transparency and vaccine equity.

The COVID-19 Transparency and Accountability Project (CTAP) is committed to tracking all resources from the public sector, private, multilateral and bilateral donors committed to the COVID-19 pandemic. The Resources expended during the pandemic ranged from grants, donations, loans and material support. The CTAP project looks to track all the resources committed to Africa. As we believe this will give us a perspective on the management of COVID-19 funds in Africa. Amidst this global health emergency of international concern, multinational institutions, NGOs, INGOs, Governments, and Development partners are contributing millions of dollars to the fight against Covid-19. Corruption within public services deepens people's suspicions of government health actions, and it undermines healthcare access.

The CTAP Phase II is an initiative that seeks to stimulate public conversation around ensuring proper accountability and transparency of funding and finances donated to the fight against Covid-19 during this Public Health Emergency of International Concern (PHEIC). This project seeks to promote accountability and transparency by tracking COVID-19 intervention funds across 10 African Countries through the adoption of following the money initiative.

The other component of The CTAP Project focuses on strengthening institutional and stakeholder engagement for health sector accountability and transparency. Thus, the findings of these reports will be used as a conduit to engage with relevant authorities in the health sector including the Ministry of Health, Ghana Health Service, etc to advocate for health sector accountability and vaccine equity.

### **Health Sector Transparency and Accountability in Ghana**

Social accountability (SA), in the healthcare sector, allows for participatory citizen engagement where citizens are recognized as service users who are ultimately impacted by health care decisions and can affect change in health policies, health services and/or health provider behaviour through their collective influence and action. It plays a vital role in addressing corruption, increasing trust in public servants and government, which is key to accelerating efforts to achieve the Sustainable Development Goals (SDGs), and increasing the power and influence of citizens on

agenda-setting. The study explored Ghana's health sector's resilience, transparency and accountability along the thematic areas of health sector governance, civic environment, government, and governance space of the health sector accountability of the country.

## **Findings**

- i. Ghana has a moderately decentralized and devolved health sector with clearly delineated governance and administrative structures spanning the community level through to the national level. Ghana's health system faces significant governance challenges such as inadequate financing for health and health care services, inequitable access to health care services, including financial protection; referrals and reverse referrals for primary and specialized care, and keeping the health workforce duly motivated and up to speed on evolving trends.
- ii. The healthcare sector since independence retained a symbiotic relationship with its political economy, showing a positive relationship. Investments and improvements in the sector depend on political stability and its attendant economic growth/development. This relationship has not been without blemish, as a review of the roles and functions of the healthcare delivery process vis-a-vis the possible abuses revealed inherent risks of corruption, intricately linked to the inelastic demand for healthcare services, among other factors.
- iii. The legal framework of the health sector in Ghana has significantly improved the policy and regulatory environment which has ensured the comprehensive and timely description of health sector information on the health and health systems status of the country. These legal frameworks however lend themselves to possible abuse given the vested interest and authority of The President of the Republic in appointing heads of the respective health sector agencies.
- iv. Although Ghana's healthcare financing system has been found to be generally progressive due to the overall progressivity of taxes which account for almost 50% of healthcare funding, the system has consistently failed to expend at least 15% of its budget on healthcare-related as required by the 2001 Abuja Declaration.
- v. The respective legal frameworks governing the health sector make room for community or civil society representation on Governing Boards/Councils, the highest decision-making bodies, of healthcare delivery agencies at national, regional and community levels

## **Recommendations**

The findings corroborate how robust Ghana's health system, undergirded by massive investments in health infrastructure and health workforce, has been touted to be and how its growth trajectory has improved key health indices in the country over the past decade.

The BudgIT Ghana recommends the following in order to ensure equitable access to healthcare:

- a. review the roles and functions of the health care delivery process vis-a-vis the possible abuses to paint a corruption risk matrix and mitigating mechanisms
- b. clamour for the amendment of the relevant legal frameworks that allow for the President of the Republic to appoint heads of the respective healthcare agencies in the country
- c. strive towards attaining the Abuja Declaration of expending at least 15% of GDP on health to cater for health financing gaps and
- d. deepen the implementation of relevant legal provisions that allow for citizen participation in health policy design and implementation.

### **Vaccine Equity and Distribution Research in Ghana**

The global scientific community, through funding and political commitment, launched its first preventive SARS-Cov-2 (COVID-19) vaccines less than a year after the first wave of COVID-19 was reported in Wuhan, China. Following this novelty, however, there have been increasing concerns over the imminent risk of an unequal worldwide distribution of the vaccines and its accompanying impact on global health security and health outcomes.

The BudgIT Ghana conducted a study which employed a pragmatist approach, and sought to outline Ghana's covid-19 vaccine evolution, hesitancy, current vaccination levels, distribution, adequacy, and related emerging issues to ultimately inform civil society advocacy towards vaccine equity. Inequities in vaccine coverage have both direct and indirect consequences on reference countries and the overall global health community. Besides direct morbidities and mortalities, continued exposure to vaccine-preventable diseases overstretches already struggling health systems with limited capacity to provide care for other health conditions.

### **Findings**

The study found that:

- i. The Government of Ghana adopted an all-government approach in its response to the pandemic, by which the Inter-Ministerial National Coordinating Committee (NCC) was responsible for planning and coordination for COVID-19 preparedness and response, while the National Technical Coordinating Committee (NTCC) served as a technical expert committee in the monitoring of the implementation, and the National Public Health Emergency Operations Centre (PHEOC) as the fulcrum for preparedness and coordinating response activities if an outbreak was declared
- ii. With the introduction of vaccines, Ghana developed a National Covid-19 Vaccine Deployment Plan to guide the delivery of COVID-19 vaccines, initially targeting some 17,459,408 persons through a phased approach and multiple vaccine delivery strategies, and historically becoming the first country, globally, to receive covid-19 vaccines under the COVID-19 Vaccines Global Access (COVAX) facility.
- iii. Its vaccine receipts increased significantly to some 30,378,478 doses as at 20th April 2022, with COVAX as the dominant source of vaccines, accounting for about 70.9%

whilst AVATT/AU/WB's and Bilateral Relations represented 17.9% and 11.2% respectively. The dynamics of vaccine distribution and level of vaccination were positively correlated with total vaccine receipts. As vaccine receipt quantities increased, vaccine distribution and level of vaccinations increased commensurately. A review of the total doses administered as a share of total vaccines distributed revealed some efficiency gains, pegging the ratio at 82.1% barring vaccine wastages due to cold chain and other operational challenges.

- iv. Vaccine hesitancy (due to the lack of access and unavailability of the Covid-19 vaccines, aetiology of the disease interlacing with the country's population dynamics to mitigate against the significant uptake of the vaccines, the inverse relationship between vaccine stocks and disease incidence, and the religiosity of vaccination) was becoming a source of concern to health authorities and civil societies.

### **Recommendations for Equity and Counter-Hesitancy**

Countering vaccine hesitancy and promoting vaccine uptake requires understanding people's motivation, or the lack of it, to be vaccinated, their willingness or unwillingness to do so, and their subjective norms such as religious and moral convictions.

Though access and vaccine availability are no longer hesitancy drivers, the drive for advocacy should aim at bringing the vaccines to the doorstep of the Ghanaian citizenry through incorporating covid-19 vaccinations into routine vaccine programmes and deepening the institution of national Covid-19 vaccination day campaigns.

Vaccine advocates could tackle the issue of religiosity by referring to key decisions such as that of the 15th annual conference of the International Fiqh Council, which held the view that vaccination was acceptable in Islam and became obligatory once the risk of disease was high and the benefits of the vaccine outweighed its risks, and underscoring the scientific evidence behind the efficacy of the vaccine, and buttress same with the stance of prominent religious leaders.

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