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The evolution of social protection policy in Ghana's 'Fourth Republic': Contributory social insurance reform and limited social assistance for the 'extreme poor' under NPP and NDC governments, 2000-2014

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Abstract

During the 2000s, Ghana introduced substantial social protection policy reforms. The contributory pensions system was reformed from a single statutory defined-benefit scheme and a colonial-era unfunded scheme for civil servants to a new system with additional mandatory and voluntary privately-administered 'tiers' augmenting the statutory scheme. A new contributory national health insurance scheme was introduced in 2003. Several forms of social assistance targeted at the (largely rural) poor, including a school feeding programme, 'capitation grants' to expand free primary education and the flagship Livelihood Empowerment Against Poverty (LEAP) cash transfer scheme were introduced. All of these reforms were initiated under John Kufuor (of the New Patriotic Party, NPP), who had defeated Jerry Rawlings (and his National Democratic Convention, NDC) in 2000. When the NDC returned to power in 2008, it continued the implementation of NPP-initiated reforms, modestly expanded cash transfers and maintained broadly similar economic and social policy.

1. Introduction

This paper examines Ghana's welfare policy reforms in the period 2000-2014. During this period substantial reforms of contributory social insurance were undertaken, in particular, the contributory pensions system was augmented with two private sector 'tiers' and a national health insurance scheme introduced. Social assistance aimed at the rural poor was expanded, with the Livelihood Empowerment Against Poverty (LEAP) launched in 2007 as the flagship programme of a new National Social Protection Strategy. While LEAP is often held up as a powerful example of a home-grown cash transfer scheme in Sub-Saharan Africa, the 'capitation grant' (school fee exemption at primary level) and

Ghana School feeding Programme (introduced in 2004 and 2005 respectively), are arguably more significant pro-poor social programmes.

These reforms occurred in the period of multi-party government that followed decades of political and economic turmoil in Ghana. In 1964, the left-wing independence leader Kwame Nkrumah's government declared a one-party state. This was overthrown in a military coup in 1966. A series of further coups and brief returns to democracy – there were four successful military coups and one 'palace coup' between 1967 and 1981 (Boafo-Arthur, 1999: 47) – ended with a period of stable People's National Defence Council (PNDC) rule under the leadership of Jerry Rawlings from 1981. Ghana emerged from military dictatorship in 1992 (the birth of the so-called 'Fourth Republic') with a presidential election won by the incumbent, although a substantial share of the vote had gone to the presidential candidate of the main opposition party (the New Patriotic Party, NPP), which then boycotted parliamentary elections, alleging fraud. Subsequent elections have generally been deemed 'free and fair' with a relative stable 'two-party' system emerging. Rawlings had transformed the military PNDC regime into a political party, the National Democratic Congress, which defined itself as 'socialist' and adopted populist rhetoric despite having overseen IMF/World Bank-sponsored 'structural adjustment' macroeconomic reforms from 1983.

In 2000, the 'market-oriented' opposition candidate John Kufuor won the presidential election and his party, the NPP, won exactly half of the seats in parliament. The NPP was nominally 'right of centre', avowedly pro-market and traced its roots back to the opposition to Kwame Nkrumah in the 1950s and 1960s and to the brief Busia (Progress Party) civilian government of 1969-1972.[1] In 2008, after a second Kufuor presidential term, the NDC regained power, with John Atta Mills winning the presidential election and the NDC a majority of parliamentary seats. Ghana is therefore one of very few Sub-Saharan African democracies that has passed the 'two peaceful transitions of power' test. Elections remain highly competitive and political debate fierce. Some pre- and post-election violence has occurred, and allegations of rigging levelled during several elections, but Ghana is generally considered to have made remarkable progress towards democratic consolidation (Gyimah-Boadi and Prempeh, 2012).

Welfare reforms have continued across changes of government. Some reforms of the contributory pensions system (in many respects still a direct heritage of colonial administrations and early initiatives of Nkrumah postcolonial government) were undertaken in 1992. The post-1992 Rawlings government, despite its populist rhetoric and purported 'socialist' ideology, continued along a

[1] John Kufuor served in Busia's government as a junior minister.

similar policy path as the pre-1992 PNDC government. The NPP, between 2000 and 2008, introduced significant reforms of the contributory pensions system, the introduction of the mandatory National Health Insurance Scheme (NHIS) for premium-paying workers (and eventually premium exemption for children, pregnant women and 'indigents'), school fee abolition and the school feeding programme, as well the first substantial direct cash transfer scheme (LEAP). The implementation of the pension reforms and much of the expansion of LEAP and other social assistance programmes took place after the NDC's return to power.

Three features of the history of welfare reforms in Ghana are immediately striking. First, the most significant reforms – significant expansion of the coverage of social insurance and the introduction of social assistance in the form of cash transfers and social programmes aimed at improving primary school-aged children – were introduced under a right-of-centre party. This represents somewhat of a puzzle: why would a free market-oriented party significantly expand social protection and in particular introduce cash transfers which had in many other African countries been opposed by ruling elites that derided them as 'handouts'? The answer may well lie in both the electoral dynamics of Ghana's unusually competitive democracy as well as the steadily growing power of the 'technocratic' and 'ideological' agendas in favour of social protection (see Devereux and White, 2010). Second, there is a strong focus on *social insurance* in Ghanaian welfare policy. These included the addition of two additional tiers of defined-contribution and privately-administered pension schemes to the existing defined-benefit and partially-funded systems in the reforms eventually enacted in 2008. In addition, universal access to healthcare was pursued through the introduction of a national health insurance scheme, funded through both premiums and state-subsidised membership for designated categories, but intended to be largely financially self-sustainable. This might not be surprising given the prominent role of a pro-market, right-wing party in the reforms, but it is unusual for an African country, where social protection is usually thought of primarily as social assistance to the rural poor (through agricultural input subsidies, food aid and, increasingly, cash transfers) (Seekings, 2014). The third distinctive feature is that there appears to exist broad cross-party consensus on the need for a comprehensive social protection system (as well as on the broad character of this system), and a relatively high degree of bureaucratic autonomy and competency with respect to social protection policy-making and implementation. This 'national consensus' – despite periodic accusations from both parties that the other abuse social policy for naked electoral benefit[2] – seems

[2] For example, in December 2014 the ruling NDC's Deputy Minister of Education argued in Parliament that the NPP's pledge of free secondary education during the 2012 election campaign was an attempt at "vote buying" (Today Ghana News, 2014). Similar accusations have been common, especially during election campaigns. It has also been argued in the

genuine, and it is undeniably the case that both major parties support the main elements of the current policy framework. This is illustrated, for example, by the enthusiastic embrace (without even rebranding) of LEAP by the NDC administration after the 2008 elections.

This paper is primarily descriptive in that it sets out the reforms without close attention to explaining why they occurred. A separate, more analytical paper focuses on the politics of social protection policy reform (Grebe, 2015). The two papers are intended to be read together, with the second attempting to offer plausible explanations for the direction of social protection policy reform in Ghana since democratisation.

This paper starts with a brief description of colonial and postcolonial welfare policy, and then contextualises reforms in terms of the structure of the Ghanaian economy and persistent regional inequalities (especially between the Northern and Southern regions). The paper briefly reviews the limited welfare reforms of the first elected NDC government (1992-2000), during which the contributory pensions system was reformed with the introduction of mandatory retirement savings for formal sector workers. The paper then turns to the more substantial reforms of both the contributory social insurance system – especially the pension system reforms and the introduction of national health insurance – and of social assistance, which included parametric reforms of fuel and agricultural subsidies, the school feeding scheme, expansion of free primary education and social assistance components of the health insurance system through premium exemptions. It then reviews the more recent history characterised largely by continuation and expansion of existing programmes under the second NDC government after 2004, and attempts to 'rationalise' and 'institutionalise' the social protection system with significant input from donors and international agencies – whose involvement in social protection programmes generally expanded during this period (both in terms of financing and technical assistance). The paper provides some detail on the roles of donors, technocrats and domestic political leaders in these reform processes – especially in programme design, financing, and implementation – although detailed analysis of the politics underlying the reform process is left for the companion paper. In conclusion, it offers brief reflections on the sustainability of current social protection policy and the prospects for continued expansion – especially in the light of a fiscal crisis and

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academic literature that patronage is rife at the local level in Ghana's democracy, for example Lindberg (2003: 136) argues,

> 'It is quite possible that we are witnessing an unfolding situation where the elites have forged a consensus on formal democratic procedures on how to select who will govern. Yet, the very same elites succumb to or promote a way of managing politics (including the process of being elected) that can be identified as building on personalized patron–client relations.'

the apparently limited appetite for large-scale cash transfers – and raises questions requiring further explanation.

2. Background: Social security up to 2000

2.1 Colonial and early postcolonial 'development' and social security policy

Like other British colonies, colonial Ghana saw very limited development of formal social security systems, with colonial policy focusing on agricultural development, leaving social support to kin and community (see Seekings, 2013). Non-kin forms of support were chiefly provided by churches and missionaries, supplanted by secular welfare organisations after independence, including by international NGOs that became an important conduit of foreign aid from the 1960s onwards (Luiz, 2013: 115). A substantial proportion of Ghana's population relies on subsistence agriculture. Northern Ghana's development has lagged behind the South, including as a result of being treated as a 'labour reserve' under the colonial administration and its developmental interests being subordinated to those of the South (Yaro and Hesselberg, 2010). Nearly ninety percent of the population in Northern Ghana rely on agriculture as their chief livelihood activity (88% of the total population). As a result, the North is substantially poorer than the South, with a poverty rate of 63% as compared to 20% in the South (WFP, 2012: 2). Northern Ghana suffers greater food insecurity than the rest of the country, in part as a result of natural endowments such as lower rainfall and savannah vegetation (Rademacher-Schulz and Salifu Mahama, 2012: 18-19). Food security has long constituted a serious problem in Ghana, particularly in the North. Ghana received substantial food aid up to the early 1990s (USAID, 1997), although data from the World Food Programme show that Ghana has not received any food aid since 1997.

Poverty persisted in the North despite the fact that Ghana overall was a paradigmatic example of a 'peasant-export type' of colonial political economy, rather than a 'settler-type' (Bowden and Mosley, 2012). In the 'peasant-export' colonies the colonial state exhibited more progressive expenditure patterns, and the 'production functions were less biased against the poor' (Bowden and Mosley, 2012: 1):

> 'In the peasant export economies, much more than in the settler economies, the government shifted over the course of the 1920s from an expenditure pattern oriented towards security and 'coercive expenditures towards an expenditure pattern oriented towards pro-poor

> developmental activities for the benefit of the African majority – in particular, education, health and smallholder agriculture' (Bowden and Mosley, 2012: 11).

The suggestion is therefore that 'peasant export' economies like Ghana developed more pro-poor institutions than did settler economies under colonialism, and that these institutions affected the evolution of policy and welfare state-building after independence. Ghana did indeed appear to expand coverage of social insurance much more than most Sub-Saharan African countries, and was one of the only African countries to introduce – at least notionally – unemployment benefits (Luiz, 2013: 114). A comparison of the number of persons insured in 1970 shows a coverage rate of approximately 6% in Ghana, much higher than most African countries and especially than 'settler' economies like Zambia (Mouton, 1975, cited in Luiz, 2013: 114). It is conceivable that the rapid expansion of contributory social insurance coverage in the 2000s (see below) reflects, at least in part, structural factors such as the existence of large indigenous entrepreneurial trader and commercial small farmer classes, including cocoa producers, as well as institutional 'path dependence' that can be traced to colonial history.

2.2 Structural adjustment and social insurance reform under Rawlings, pre- and post-democratisation (1981-2000)

By the time of Rawlings' coup in 1981, Ghana had experienced near-continuous military rule for a decade and a half. Various statist economic experiments had failed to produce sustained growth or prosperity. For most of its postcolonial history Ghana had attempted a largely-failed state-led import-substitution industrialisation strategy and expansion of public services based on revenue generated through the taxation of export commodities (mainly gold, cocoa and timber). In 1981, Ghana's economic situation was dire, with import volumes, export earnings and real GDP per capita having plummeted, high inflation, an overvalued currency and the country on the brink of a sovereign debt default. Economic conditions further worsened dramatically in 1982, leading the Rawlings regime to turn to international institutions for assistance (Kraus, 1991: 21). While the PNDC espoused a socialist ideology and launched what Rawlings called a 'people's revolution', its radical course alteration in early 1983 with the initiation of IMF-sponsored structural adjustment policies (Boafo-Arthur, 1999: 46) was perhaps not surprising. Rawlings' government invited the Bretton Woods institutions to devise a recovery plan and an IMF-designed Structural Adjustment Programme was implemented from April 1983, which included spending cuts (by reducing expenditure on social services and retrenching public servants), currency devaluation, abolishing price controls, privatisation of state enterprises, etc. (Konadu-Agyemang, 2000: 474). Despite strong criticism of the social impacts of structural adjustment on the poor, of rising inequality and of spatial disparities, signs of economic recovery were quickly visible. Agriculture, manufacturing and trading grew by large margins in most of the 1984-89 period (Kraus, 1991: 28-30) and macroeconomic indicators improved. Real annual GDP growth averaged 1.4% during the 1970s, and after a sharp contraction during 1981-1983, recovered strongly to 5.7% during the rest of the 1980s (World Bank, 2014b). Consistently strong performance was also seen during the 1990s and 2000s.[3] This probably made a significant contribution to creating sufficient fiscal space to eventually expand social expenditure. However, fiscal contraction during structural adjustment did inflict painful impacts, such as the dismissal of large numbers of public sector workers, and the introduction of user fees in both education and health, resulting in, for example, primary school enrolment growing more slowly than the population (Kraus, 1991: 31-32). As Kraus further points out, despite the economic recovery these policies were by no means uncontroversial:

> ‘Following structural adjustment policies during 1984-90, Ghana's economy and society have recovered, in important senses, from years of deep recession, hyperinflation, and disinvestment… Although this growth was built on the base of a severely depressed economy, it is the longest - and only - period of sustained economic growth since independence in 1957. Nonetheless, a great many Ghanaians oppose the government's stabilization and structural adjustment programs (SAP), including intellectuals, students, workers and trade unionists, civil servants, many businessmen, taxi drivers, and the rising ranks of dismissed and unemployed workers and many politicians now seeking democracy and the removal of the [Rawlings PNDC] government’ (1991: 19).

The economic recovery, coupled with painful impacts on living standards for many Ghanaians, probably helped consolidate Rawlings’ power before democratisation and may very well have contributed to his electoral victory in1992. But it appears also to have helped unleash the social forces that compelled democratisation. After democratisation, the Rawlings government was able to sustain the reform agenda – now with a democratic mandate – despite the negative social impacts of austerity. Boafo-Arthur attributes this to the dynamics of Ghanaian politics:

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[3] Real annual GDP growth continued strongly at an average of 4.3% during the 1990s and 5.4% during the 1990s. Quality of life improved more slowly, with GDP per capita in constant US dollars having declined from $482 in 1960 to $321 in 1983, but recovered to $377 in 1990, $446 in 2000 and increased to $610 by 2010 $766 in 2013 (World Bank, 2014b).

> ‘To date, the ruling government has been able to manage a fair balance between democracy and structural adjustment because of the inherent dynamics of Ghanaian politics in the Fourth Republic and the continued support of the international community. These domestic dynamics include: the opposition's generally supportive economic agenda; the lack of a viable alternative to adjustment; the commitment of the ruling party to the process and political brinkmanship; and weak social forces’ (1999: 54).

Indeed, neither the opposition NPP Presidential and Parliamentary election victories in 2000, nor the NDC’s return to power in 2008, occasioned radical economic policy shifts. The ‘fourth republic’ has therefore seen consistent broad cross-party support for fiscally conservative and market-oriented policy, including reforms aimed at increasing investment (foreign and domestic), macroeconomic stability, etc.

The social insurance system in post-independence Ghana remained largely unchanged until the early 1990s. Civil servants were mostly covered under a scheme known as ‘Cap 30’ inherited from the colonial administration, and in the early post-independence period provident funds were introduced. According to Kpessa (2011a: 96), the provident funds (providing lump sum payments upon retirement or disability) were popular until the 1980s, when high inflation (exceeding interest rates) eroded the value of the lump-sum payments and currency devaluations and labour retrenchment policies further strained the provident funds. Partly in response to pressure from trade unions – who had been demanding Pay-As-You-Go social security with monthly retirement benefit payments, discussed as early as 1982 but not implemented owing to the rigorous conditions of the structural adjustment programme (Kpessa, 2011a: 96), significant reforms were introduced in 1991/92. The provident funds were converted and consolidated into a Pay-As-You-Go statutory social insurance scheme known as the Social Security and National Insurance Trust (SSNIT). This resulted in two parallel mandatory, defined-benefit schemes and equivalent contribution rates covering formal sector employees, but with differing eligibility criteria. Cap 30 (for civil servants) had a lower voluntary retirement age, a more beneficial benefits computation formula than SSNIT, and its benefits were paid from general government revenues (Kpessa, 2011f: 129). While both Cap 30 and the new SSNIT were defined-benefit schemes, and restricted to the relatively small formal sector, the reforms did expand mandatory retirement savings for non-public-sector workers and provided for relatively secure post-retirement income. SSNIT, while a statutory fund, was intended to be fully funded by contributions and ensure solvency and secure benefits without any drain on public resources. In the context of a very poorly-developed private retirement savings market, this helped expand contributory social security significantly.

The fact that Cap 30 was unfunded placed significant strain on public finances and owing to its better benefits, it was subject to significant demand for eligibility. This fragmented and costly nature of the parallel system created, according to Kpessa, the impetus for the pension reform that would later be pursued by Kufuor's NPP government.

Economic reforms undertaken by Rawlings' military and elected NDC governments in many ways created both the economic conditions (including fiscal space) and some of the impetus for the substantial social security reforms pursued by the Kufuor/NPP administration that came to power in the elections of 2000. In the next section, the focus shifts to reforms introduced after 2000, and the political dynamics that underpinned the reform process.

3. Contributory social insurance reform (2000-2008)

Social protection policy during the Kufuor administration's terms of office (2000-2004 and 2004-2008) was dominated by two major reforms of contributory social insurance: the introduction of the National Health Insurance Scheme in 2003, and the augmentation of the statutory Social Security National Insurance Trust mandatory defined-benefit retirement scheme with two semi-private (i.e. privately-administered) 'tiers' of mandatory and voluntary defined-contribution retirement savings schemes towards the end of this period. What is most striking about this reform agenda (and, at first glance puzzling) is that it was the 'centre-right' NPP that pursued the most significant social protection policy reforms, and that the primary focus (as evident both from the nature of the reforms enacted and interviews with senior figures such as former president Kufuor himself) of the reform agenda was contributory social security. This calls into question the conventional ideological categorisation of the NDC as 'socialist' and 'populist' and the NPP as 'market-oriented' or centre-right and also requires careful analysis of Ghanaian political dynamics during this period. The NPP government's introduction of various social assistance schemes (including in the form of a small but significant cash transfer programme), perhaps more surprising from an ideological orientation point of view are discussed in the next section.

The Kufuor/NPP government's term of office coincided with a strong transnational 'poverty reduction agenda' in the engagement of international agencies (most prominently the World Bank and International Monetary Fund) with Sub-Saharan African countries. In the late 1990s, the Highly Indebted Poor Country initiative was launched, in terms of which countries like Ghana could access debt relief on certain conditions, which included the production of Poverty Reduction Strategy Papers (see, for example, McGee, Levene, and Hughes, 2002; Craig and Porter, 2003; Fraser, 2005; Whitfield, 2005; Hickey and Mohan, 2008; Lazarus, 2008). Ghana produced two three-year development plans serving as its PRSPs during this period, known as the Growth and Poverty Reduction Strategies (GPRS I and II) for 2003-2005 and 2006-2009 respectively (GoG, 2003a, 2003c, 2005). In 2000, the 'Millennium Development Goals' (MDGs) were formulated following the adoption of the United Nations Millennium Declaration by the General Assembly (UN, 2000). The MDGs included eradicating extreme poverty and hunger, achieving universal primary education, reducing child mortality, and other goals to be achieved by 2015, with specific targets and a monitoring system through which countries would report to the UN General Assembly.

Furthermore, donors such as DFID were increasingly frustrated with the failure of development interventions and were starting to promote social protection in general, and cash transfers in particular, in Africa and launching a range of pilot programmes across the continent (see, a.o., Garcia and Moore, 2012; Grebe, 2014; Hickey, 2007; Hickey, Sabates-Wheeler, Günter, and MacAuslan, 2009). Even the World Bank published a 'Social Protection Strategy' for Africa in 2012, reflecting the emerging emphasis on social protection in development thinking and among international agencies over the preceding decade (World Bank, 2012b). The policy reform process in Ghana should therefore be viewed in the context of a strong transnational agenda – partially backed by the force of conditionalities imposed under the HIPC programme – and strongly promoted by certain donors. This may help explain the social assistance and poverty-reduction initiatives (including child-focused initiatives) described in the next section, as well as social assistance components built into the health insurance system (see below), but stands somewhat in tension with the strong focus on contributory social security. It should further be noted that the Kufuor administration largely continued with market-oriented economic policy reforms initiated under Structural Adjustment and that the basics of macroeconomic policy (including fiscal discipline and monetary policy aimed at currency and price stability) were not highly contentious during this period.

By the early 2000s, concern was growing about a growing threat of poverty among the elderly across the Global South (Lloyd-Sherlock, 2000; Barrientos and Lloyd-Sherlock, 2002; Barrientos, Gorman, and Heslop, 2003) and in Sub-Saharan Africa in particular (Apt, 2002), in part owing to a growing population of elderly people and its perceived neglect in development policy. In the African context there existed wide concern over the decline in in customary kin support for older persons. Urbanisation was thought to contribute to this trend in that it occasioned the rise in nuclear families: "Traditional domestic arrangements have intergenerational support built into them and modern arrangements are in the process of destroying this key social welfare feature," argued Apt (2002: 44). In Ghana specifically, there was talk of a "crisis" owing to this decline as early as the early 1990s (Apt, 1992), with a range of studies appearing to show that support was declining, leaving elderly persons vulnerable (Aboderin, 2004a; 2004b; Apt, 1986; 1991; 1992). Aboderin argued that:

> 'African debates increasingly stress the urgent need for comprehensive old age economic security policies in African countries… Ghana is one of these countries. It typifies the socioeconomic and demographic context in which the concern over a crisis in family support and the questions of policy formulation have arisen in recent decades' (2004a: S128).

The literature from this period generally laments a lack of policy attention to provision for the elderly – including their integration into the social and economic life of the broader community – among policy-makers. However, given that reform of the pensions system was firmly on the political agenda during the 2000s (as will be argued below, forming an important part of the Kufuor administration's political programme during its two terms in office), it seems that this concern might in fact have percolated into the broader political discourse.

Both the character of the reforms described below (confined to formal contributory schemes) and Kpessa's (2011a) analysis of the politics of retirement income security reform suggests that reform was not driven primarily by concern over the well-being of the aged poor. Instead, postcolonial governments in Ghana appear to have viewed pensions both as "a mechanism for providing old age income support *for individuals who have previously participated in the formal labour market*" (my emphasis) and to achieve other goals, including economic development (by mobilising resources for investment) and "directed towards nation-building, galvanising support for political elites and for socio-economic development" (Kpessa, 2011a: 93).

It appears that social security and wage reform formed an important part of President Kufuor's policy agenda from the start of his term. According to a former special advisor and later Deputy Minister of Finance, Dr. Anthony Akoto Osei,[4] - who was initially special advisor to the president and was tasked with driving the reform process –reforming the formal contributory pensions system to expand coverage and improve efficiencies was high on the new administration's list of priorities,[5] (although it took until Kufuor's second term before significant reforms

[4] Dr Akoto-Osei was first a special advisor to the President, and later became a Minister of State for Finance (and eventually briefly acting Finance Minister towards the end of Kufuor's second term of office). After 2008, he became an opposition MP for the NPP.
[5] Interview, Dr. Anthony Akoto Osei, 5 November 2014.

could be implemented). Interviews with him and Former President Kufuor reflect a further rhetorical commitment to expanding social assistance to the poorest, although the primary focus in practice was clearly on contributory social insurance.

There was a general philosophical undertaking by the president, when he came into office. Given the general ideological orientation of our party in terms of laissez-faire and so forth, to assure Ghanaians that in spite of the path that he was going to take, that there will be protection for the vulnerable in our society. We want to move along the capitalist path, but we want to make sure that the poor and vulnerable are protected. … In the first week after assuming power, he summoned the economic management team, and his direction was, I want to increase public sector workers' remuneration by 100%, tell me how much it will cost. Clearly he had been thinking about the welfare of workers and that the current system of SSNIT had not been working well (Interview, Dr. Anthony Akoto Osei, 5 November 2014).

Former President Kufuor himself explains that his political philosophy was one of encouraging private enterprise coupled with an appropriate social safety net:

> 'I believed they could do far better with good leadership, leadership of concern for the wellbeing of the people … focused on the social development of the people. … We believed in sound economic management, and we are constitutionalists that accord individuals their rights, governed under the rule of law. … Allowing private initiative, because Government cannot do it alone. … And of course fixing the safety net, so that the vulnerable, the handicapped, the state would take care of. But anyone who could do things for themselves, allow them to do it' (Interview, John A. Kufuor, 6 November 2014).

Dr Akoto-Osei explains that as soon as the administration was free from the constraints imposed under the HIPC (Highly Indebted Poor Country Initiative) – under which countries could qualify for debt relief conditional on the production of so-called Policy Reduction Strategy Papers (PRSPs), and the full benefits of which could only be realised if commitments to fiscal restraint were made – the administration embarked on a three-pronged social policy reform programme. This included (1) public sector salary reform (not discussed extensively in this paper, but which eventually resulted in the so-called single-spine salary structure for civil servants and added substantially to the state's wage bill), (2) reform of the contributory pensions system ("we knew the SSNIT was not optimal" says Akoto-Osei) as well as the introduction of a contributory National Health Insurance Scheme (NHIS) and (3) the introduction of social assistance in the form of school feeding and school fee exemption programmes and the domesticallyfunded LEAP cash transfer scheme (discussed in the next section) . The intention was to reach as large as possible a proportion of poor and vulnerable households, including with the contributory social insurance (pensions and health) schemes, through coverage of informal sector workers and subsistence farmers, and exemptions from NHIS premiums.[6]

The political purposes served by social protection policy reform will be addressed in the companion paper. Suffice it to note that electoral incentives, elite dynamics and ideological and technocratic agendas played a significant part in the policy choices made and the dynamics of policy-making. Here the main reforms introduced under the first and second Kufuor administrations will be described, with some reflection on the roles of bureaucrats and politicians in the policy-making process. Civil society voices, including development social inclusion-oriented NGOs and organised labour, are noticeably under-represented in this account – reflecting in part a paucity of primary data on civil society's input into the policy-making process.

3.1 The Kufuor administration's wage and pension reforms

By 2006, the SSNIT had seen substantial growth in membership, from about 648,000 active members at its inception, to more than 1.2 million active members (Kpessa, 2011a: 97).[7] Despite, this, the scheme was seen as sub-optimal and a perceived need existed for a more comprehensive social security package. While SSNIT did allow for voluntary contributions, take-up was very poor among informal sector workers and self-employed farmers.

The pension reform had (according to Akoto-Osei) been an important part of Kufuor's agenda from the start, but only came to fruition at the end of his second term with the passing of the National Pensions Act (Act 766) of 2008. The legislation, which introduced the new 'three-tier' pensions system, only came into force in 2009, after the NDC's election victory. The reforms were the result of an extensive process, with perhaps the most significant the appointment of a Presidential Commission on Pensions in 2004, under the chairmanship of T.A. Bediako (NPRA, 2010). This Commission published its report in March 2006, forming the basis of the legislation eventually passed in 2008 (see GoG, 2006; Kpessa, 2011f). The most significant element of the proposals contained in the Commission's report was the creation of the mandatory 'second tier' and

[6] Interview, Dr. Anthony Akoto Osei, 5 November 2014.
[7] Members are classified as 'active', 'inacive' or 'retirees'. Active members are those that have consistently contributed over the previous two years.

voluntary ‘third tier’ – the latter aimed at attracting informal sector workers. It had consulted with representatives of the informal sector (including groups like the Ghana Cocoa, Coffee and Sheanut Farmers Association, and the Greater Accra Markets Association) in order to solicit the views of the sector (The Statesman, 2009). Proposals with respect to the third tier were aimed at addressing barriers considered important in preventing informal sector workers from joining the SSNIT, including lack of awareness and burdensome administrative procedures.

The Government accepted most of the recommendations and published a White Paper in July 2006 (NPRA, 2010). The key reform was the addition of two private ‘tiers’ to the existing partially-funded ‘Pay-As-You-Go’ social insurance scheme in the form of SSNIT introduced in 1992. Apart from minor reforms, SSNIT was kept intact and, the Cap 30 unfunded scheme closed to new entrants and two private sector pension tiers introduced (Kpessa, 2011f: 129). One of these two additional private tiers was mandatory, with required membership and contributions from all those formally employed. The other was voluntary, aimed to facilitate both voluntary additional retirement savings by formal sector workers and providing access to retirement savings for informal sector workers (Republic of Ghana, 2008).

This resulted in the three tiers consisting of the first, defined-benefit and effectively state-underwritten SSNIT (a statutory body which administers the first-tier scheme), to which all formal sector employees make mandatory contributions (usually in the form of employer-employee contributions) as well as voluntary membership for informal sector workers. As a defined-benefit scheme it guarantees a certain retirement income as well as death and disability benefits. It is solely administered by the statutory body responsible (SSNIT) and is known as the national basic social security system. The main parametric reforms introduced to the first tier was a total increase in employer-employee social insurance contribution rates from 17.5% to 18.5% of income, with the component allocated to SSNIT reduced to 11% to free 5% for contributions to the national health insurance scheme (Kpessa, 2011f: 130). The second tier is a mandatory defined contribution (‘individual account’) based system, which mainly formalised existing employer-linked and occupational pension schemes, but now gave employees the right to invest a 5% of income component of their mandatory social insurance contributions with a service provider of their choice. The third tier is a voluntary retirement savings system (defined contribution, and benefits usually payable as a lump sum), also in the form of schemes administered by private service providers, with tax incentives to encourage participation. The third tier was also intended to absorb informal sector workers without access to occupation or employer-linked schemes.

The Act also provided for a new regulatory body – the National Pensions Regulatory Authority (NPRA) – with whom all institutional service providers, custodians and trustees were to be registered and licenced. It is notable, however, that the NPRA has suffered from serious capacity constraints, and continues to do so, calling into question the risks associated with investing retirement savings in the second and third tiers of the reformed pensions system.[8] Kpessa (2011f: 133-134) points out a number of regulatory weaknesses and argues that mandatory and voluntary retirement savings accounts "without any mechanism to ensure guaranteed income replacement in the event of market failure or default by service providers not only exposes its senior citizens to serious retirement income security risks, but also stands the risk of future social upheavals." The NPRA has, however, undertaken significant efforts to improve its capacity and limit the proliferation and improve surveillance of service providers,[9] and has also received financial assistance to the tune of US$2.4 million from Switzerland in this respect (Embassy of Switzerland, 2014).

The attempt to cater for the special needs of the informal sector in the third tier of the pension system are not widely deemed a success. The NPRA states: "Provision has been made in the third-tier voluntary personal pension scheme of the new three-tier pension scheme, to cater for the peculiar needs of workers in the informal sector of the economy who constitute the majority of workers in the country. The informal sector workers will elect to contribute any amount they can afford on monthly or regular basis." These savings would go into separate accounts, one providing for monthly benefits paid upon retirement and the second a "personal savings account" that would pay out a lump sum upon retirement (NPRA, undated). The NPRA further does not publish (as far as the author could determine) figures on the number of tier-three schemes and their membership in the informal sector. The director of HelpAge Ghana's assessment of the reforms was that it had benefitted formal sector workers primarily, despite the intensions behind the third tier schemes:

> 'In terms of policy intensions, they are quite adequate. In terms of impact, they are very limited. … The pension reforms are for those who are in the formal sector, mainly, because the capacity of SSNIT … to reach out to people in the informal sector was not good. … The pension trust [SSNIT] could not convince people to come on board, and that has been the issue' (Interview, Ebenezer Adjetey-Sorsey, 7 November 2014).

[8] Interviews, Ernest Amertey-Vondee, 12 November 2014 and Magnus Ebo Duncan, 31 October 2014.
[9] Interview, Ernest Amertey-Vondee, 12 November 2014.

The pension reforms are notable for their ambitious nature and relatively unique (for Sub-Saharan Africa) hybrid public-private nature. Although coverage of the population remains low (owing to small numbers of informal sector workers joining the voluntary schemes), they do represent a vision for a comprehensive pensions system that reaches a substantial portion of the population as well as developmental aspirations in that they were partially intended to develop local capital markets and unlock capital for private sector investment. The nature of the reforms raise the question – formulated in the introduction and returned to later – of why such a strong focused was placed on social insurance in Ghana's welfare reforms and why social assistance in the form of a universal old-age pension (social pension) never appeared to seriously enter the policy agenda.

Dr Akoto-Osei describes the presidential commitment to pursuing both pension system and wage reforms during the NPP's period in power, in the face of fears from civil servants and others that their pension benefits would be eroded and a host of other impediments. He further notes that cross-party consensus emerged on the reforms, so that it survived the transition of 2008. He explains,

> 'At the time we had opted for the HIPC [Highly Indebted Poor Country initiative, which required PRSPs and macroeconomic reforms], so you could not just implement policies outside the programme. To qualify for the full benefits under HIPC we had to accede to an [International Monetary] Fund programme, and there were constraints under the Fund programme as to what you could do. …. So he said, as soon as we get out of the programme we can begin reforms. The focus was on social protection programmes that could give effect to his objectives. That was the beginning of the 'single spine' salary policy and the pension reforms.
>
> …
>
> Once [President Kufuor] accepted the recommendations of the [Presidential Commission on Pensions in 2006], we moved onto the path of legislation to actualise it. … At this time, he is about to exit, so he said "before I go, these two reforms must be put into law". So both the wage reforms and pension reforms led to two separate Acts. … Even though he knew he was exiting he was focused on making sure that at least the appropriate legislation was in place. … Unfortunately both of them materialised towards the end of the term, in 2008. … The new government adopted both the wage reform and the pension reform. There was no doubt, because the discussions that led to the legislation was consensual' (Interview, Dr. Anthony Akoto Osei, 5 November 2014).

Indeed the NDC government after 2008 has not deviated substantially from the direction set by the recommendations of the Presidential Commission, and only minor parametric reforms have been made in the interim. A recent example is Act 833 of 2015, which reduced the age by which a member of the SSNIT scheme must join a second-tier scheme (the "age of exemption") from 55 to 50 years of age (NPRA, 2015).

What is perhaps most notable about these pension reforms is that while they attempted (apparently somewhat unsuccessfully) to facilitate voluntary retirement savings from informal sector workers, a minimal social pension appears never to have seriously featured on the national agenda. Informants interviewed for this research indicated that such a proposal had never been seriously considered, and many seemed taken aback by the question. Most informants in Ghanaian policy-making circles saw the poverty-targeted conditional LEAP cash transfer programme as the natural way to address poverty among the aged. When asked why a social pension has not been seriously considered in Ghana, Adjetey-Sorsey of HelpAge Ghana pointed out that a "guaranteed pension" had been contemplated during the Presidential Commission's work, but that the proposal had not gained traction, and the notion of social pensions still had not:

> '… The Government reject it. … [They had a] de-linking type of approach. [Indicating the attitude of the government:] That process will come…But the LEAP is also there, and it's for people without pension. Anybody who is extremely poor, is also being taken care of. … We are not talking about it – well, policy-makers are not talking about it. We as an organisation are talking about it, we are advocating for a universal pension' (Interview, Ebenezer Adjetey-Sorsey, 7 November 2014).

It appears therefore that the anxiety about old-age poverty and the breakdown in inter-generational kin support to the elderly discernible in the published academic literature of the 1990s and 2000s, and expressed by organisations such as HelpAge, had not significantly impacted on policy thinking around pensions in Ghana. Poverty among the elderly was primarily seen as a measure to be addressed through more general social assistance measures. A common response from informants when asked about social pensions was that such a scheme would be unaffordable. The discourse around pensions in Ghana stands in stark contrast to that in other parts of the continent – in particular East and Southern Africa. South Africa (and its former colony, Namibia) and Mauritius are exceptional in that they are upper-middle-income countries with unusual postcolonial histories (see, for example, Seekings, forthcoming on Mauritius and Seekings, 2002; 2006; 2008 on South Africa). But Botswana, Lesotho and Swaziland have in recent years implemented social pensions (see Granvik, 2015) and in Uganda the social protection discourse revolves almost exclusively around social pensions (see Grebe, 2014; Grebe and Mubiru, 2014).

3.2 From 'cash and carry' healthcare to national health insurance

A second major social insurance reform introduced under President Kufuor's NPP administration was the National Health Insurance Scheme (NHIS), to replace the so-called 'cash-and-carry' health system, in which all health services (including those rendered in public facilities) carried point-of-care user charges. The National Health Insurance Scheme was launched in 2003 as a contributory scheme. It purportedly aimed to provide basic healthcare to all Ghanaians (as reflected in the language of the legislation itself). It is notable that Ghana opted for a national health insurance scheme, rather than free primary healthcare or a similar 'abolition of user fees' model, as many other Anglophone African countries had done.

Agyepong and Adjei (2008: 157) argue that the major driver of this reform was a perceived need among high-level political decision-makers to deliver on an election promise (that the NPP had made before the 2000 elections) before the 2004 election. The proposal was reportedly popular among 'the public' and consequently attracted cross-party support. Agyepong and Adjei further argue that a pre-existing technocratic agenda existed to improve health-sector performance and that bureaucrats saw the sense of political urgency around a major policy platform as an opportunity to bring about reform that would not otherwise be viable. However,

> '[Bureaucrats] were aware of the technical issues, difficulties and challenges of developing and implementing a viable NHIS. It appears, however, that they were slower to fully discern the political concerns, climate, influences and policy characteristics, their importance, and how to create appropriate space to manoeuvre to steer policy in the desired technical direction within them' (Agyepong and Adjei, 2008: 158).

The scheme was established by the National Health Insurance Act (Act 650 of 2003), which stated the aim of the establishment of the scheme as "provide[ing] basic healthcare services to persons resident in the country through mutual and private health insurance schemes unable to afford private insurance." The Act provided for a statutory body, the National Health Insurance Council (later renamed Authority, NHIA) to administer the NHIS. Technically, the NHIS was a centrally administered composite scheme, allowing for country-wide acceptance of semi-autonomous schemes. The three types of scheme were provided for in the Act: district-wide mutual health insurance schemes, private mutual health insurance schemes and private commercial health insurance schemes. In practice the NHIS is administered centrally and the commercial health insurance industry is small.

It is financed by the premiums of subscribers, a National Health Insurance Levy (i.e. a 2.5% sales tax on certain goods and services), deductions from formal sector employees through their social security contributions, a portion of which (2.5% of income)[10] is diverted to the NHIS with the bulk going to the SSNIT-administered basic social security scheme. The scheme also receives direct subsidies from the fiscus (Abebrese, 2011). The NHIS therefore had a complex financing model, with a special tax, the establishment of a national health fund (initially funded out of HIPC-related savings on debt servicing), which in turn subsidised district mutual health schemes, and employer-employee contributions with a portion of social security contributions previously levied as SSNIT diverted to health insurance as well as direct membership premiums raised by the various mutual funds. The pension system reforms of 2008 occasioned further parametric reforms in the financing model.

While primarily a contributory social insurance scheme, certain categories of members were exempt from premiums from the start, and it can therefore be argued that it had a substantial social assistance component. Subsection 34(3) of the Act contemplated that regulations would exempt certain categories of person from premiums to district mutual health insurance schemes. Other subsections prescribed specifically that pensioners receiving pensions from, and those who were contributing at least the amount equal to the premium they would otherwise pay to the health insurance scheme to the Social Security Pension Scheme (the basic SSNIT scheme), would be entitled to premium-free minimum benefits ("National Health Insurance Act (Act 650)," 2003: 11). The regulations promulgated after the passing of the Act provided for annual contribution levels according to ability to pay with different levels for defined 'social groupings' defined (in rather vague terms) according to their socio-economic status. Children whose parents were paying contributions were exempt from premiums and the 'core poor' – defined as "adults who are unemployed and do not receive any identifiable and constant support from elsewhere for survival" were also exempt

[10] Some of the literature refers to "2.5% of social security contributions" or contributions of "2.5%" in an ambiguous way. In fact, 2.5% of income, contributed as part of a total social security contribution of 18.5% employers are legally required to remit to the SSNIT (SSNIT, undated) is diverted to the NHIS.

from premiums.[11] In 2008, free membership (premium exemption) was extended to pregnant women during their pregnancy and to all children under 18. The most recent reported membership (for 2012) indicate a total "active membership"[12] of 8.9 million, of whom more than 50% are premium-exempt children (NHIS, 2013: 19-20). Both paying and premium-exempt 'active members' – i.e. those who were registered on the scheme and had biometric membership cards – could attend any public healthcare facility or an NHIS-accredited private facility[13] (for any condition that falls within the 'basic package' of coverage) without point-of-care charges. Providers then claim from the NHIS.

With Ghana's total population estimated at 25.8 million (Ghana Statistical Service, 2014), 'coverage' stood at approximately 34%. This contrasts with the original objective that within five years *every* Ghanaian would belong to a health insurance scheme guaranteeing equitable access to healthcare (Agyepong and Adjei, 2008; Arhin, 2013: 151). The major impediment to access to healthcare therefore appeared not to be lack of eligibility (all children, pregnant women, the 'core poor' also referred to as 'indigents' and LEAP beneficiaries were eligible for free membership), but failure to enrol in the scheme, and – as indicated during interviews with LEAP beneficiaries who were enrolled in the NHIS – lack of access to health facilities among residents of rural villages).[14]

The NHIS has been beset by technical and implementation difficulties (Agyepong and Adjei, 2008). Schieber, Cashin, Saleh, and Lavado (2012: 111-113) catalogue

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[11] These definitions were obtained from a document without identified author or date, but is cited by Abebrese (2011: 9) and available from http://img.modernghana.com/images/content/report_content/NHIS.pdf [Retrieved 5 May 2015].

[12] 'Active membership' refers to 'paid-up' members in the case of premium-paying members and registered premium-exempt members (which requires yearly renewal of membership). Owing to large numbers of 'enrolled' members who become 'inactive' by failing to renew their registration or making contributions, it is common for both the SSNIT and the NHIS to report on 'active membership.' In the case of the NHIS, 'active membership' refers to those currently eligible for benefits from the scheme. Large numbers of children nominally eligible for premium-free membership are not enrolled and cannot receive free healthcare. In the case of SSNIT, 'inactive' members may, however, still be entitled to receive certain benefits upon retirement.

[13] It should be noted that many private healthcare facilities are not accessible to those without the ability to pay 'out of pocket'. There was by 2014 still a backlog of facility accreditation (Interview, O.B. Acheampong, 21 November 2014) and many private providers aimed at higher-income Ghanaians opt not to seek accreditation or to accept NHIS patients.

[14] Nyonator, Ofosu, Segbafah, and d'Almeida (2014: 9) highlight that Demographic and Health Survey data show an improvement in the proportion of rural residents reporting "distance to health facility" as a barrier to accessing healthcare – from 47% in 2003 to 34% in 2008. Among the poorest quintile, however, distance to a health facility remained a major problem, with 50% reporting distance as a barrier to accessing healthcare.

a range of operational and managerial challenges faced by the NHIA, which reduced efficiencies and threatened the sustainability of the scheme. The NHIS has even been criticised as an inequitable failure (Apoya and Marriott, 2011). Similar operational problems, including inadequate human resources, were described by the Authority's Director of Research during an interview.[15] Many of the problems have been attributed to the fragmentation caused by the decentralised nature of the district mutual health schemes model. Solvency of the scheme has also been a recurrent worry, with projections in 2010 suggesting insolvency as early as 2013 (Schieber *et al.*, 2012: 111) most recently leading to a report that the government was working on a 'bailout' of the scheme in light of outstanding claims of GHS460 million owed by the scheme to providers, by its own admission (NHIS, 2015).

The technical difficulties related to fragmentation may have been a significant motivation for the reform introduced in 2012, the new National Health Insurance Act (Act 852 of 2012), which replaced the 2003 legislation. It abolished the semi-autonomous district-wide mutual health insurance schemes, consolidating them into district offices of the centralised NHIS. This was intended to create a "Single-Payer System," which was expected to "inject some efficiency into the operations and management (NHIS, 2013: 14).

While the creation and survival of a national health insurance system in Ghana is a substantial achievement, it is far from providing universal health coverage, which remains a significant concern to policymakers and other stakeholders, and health outcomes remain poor in many respects, including maternal and child mortality (see Nyonator *et al*., 2014).

The major social protection reforms pursued during the 8-year period of the NPP government were aimed at expansion and improvement of the formal and largely contributory social insurance system. It is clear that this was the primary focus of the Kufuor administration, and featured much more prominently on the policy agenda than did social assistance, despite the introduction of the much-vaunted LEAP cash transfer scheme and other programmes described in the next section, as well as the social assistance component of the NHIS.

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[15] Interview, O.B. Acheampong (21 November 2014).

4. Pro-poor social policy reforms and the introduction social assistance schemes (2000-2014)

The primary focus of this section is on explicit social assistance programmes, most notably the Livelihood Empowerment Against Poverty cash transfer scheme. While small (in terms of benefit levels, number of beneficiaries reached, and total expenditure), it was nevertheless significant as the first form of direct income support and its largely domestically-initiated character. It is important, however, that social assistance be seen in the context of broader pro-poor social policy, including the perusal of ‘free primary education’ (through the so-called ‘capitation grant’) and the Ghana School Feeding Programme (aimed at addressing both hunger and attaining higher primary school enrolment rates), which are seen by policy-makers as part of Ghana’s social protection package, and which consume a much larger share of the social expenditure budget.

Like the pension reforms, LEAP was an NPP initiative – announced in 2007, and implemented from 2008, not long before the 2008 elections. The timing of several of the NPP’s initiatives – the introduction of the NHIS in 2003 and capitation grant in 2004 shortly before the 2004 elections –suggests that electoral considerations may well have played a role in policy-making. This question is considered in greater detail in the companion paper focusing on the politics of reform.

These initiatives must further be viewed in the context of a development planning process driven to a significant degree by the transnational ‘poverty agenda’ reflected in the GPRS and GPRS II, which served as Ghana’s PRSPs under the HIPC programme. Like the first, the second iteration of the Ghana Growth and Poverty Reduction Strategy (GPRS II, 2006-2009) set out a vision of poverty eradication through economic growth, envisioning Ghana reaching Middle-Income status by 2015 and increasing per capita income to US$1,000 (GoG, 2005). But it also contained a growing recognition of the role of social protection (including social assistance) in addressing poverty, possibly reflecting the pressure to meet MDG targets and the need to be seen to be making noticeable progress towards eliminating ‘extreme poverty,’ hunger, and universal primary education.

4.1 The National Social Protection Strategy and 'flagship' cash transfer programme (LEAP)

In 2007, a National Social Protection Strategy (NSPS) was adopted, which attempted to create a policy framework for a national social protection system and was framed as a way to achieve Ghana's MDG goals as well as give effect to the vision embodied in GPRS II (MMYE, 2007). It further mentioned the planned Livelihood Empowerment Against Poverty (LEAP) programme as a flagship programme of the strategy, stating that:

> 'The NSPS will achieve its poverty reduction goals by implementing the Livelihood Empowerment Against Poverty (LEAP) Social Grants scheme that will provide target groups with a reliable and cost-effective cash transfer to support their basic human needs. The LEAP programme will not only provide a "spring board" to lift or assist beneficiaries to "leap" out of their current socio-economic status by improving their livelihoods but will assist them to access existing government and social services that will provide them with a buffer against various risks and shocks.
>
> The LEAP programme will assist targeted groups to become socially empowered by increasing their access to education, healthcare, and other human services. By supporting beneficiaries with a reliable minimum income, the LEAP programme provides basic livelihood security and increases the ability of target populations to plan for the future. With their basic subsistence secured, the extreme poor will become full participants in society and will be free to engage in productive activities to support themselves and ultimately contribute to national development by reducing the incidence of domestic poverty' (MMYE, 2007: 6).

In light of the relatively small expenditure allocation actually made to the programme, this is very ambitious language. Nevertheless, a remarkable feature of both the NSPS the LEAP programme is that it was largely a domestic initiative, although donors, most prominently DFID, was involved in the design of the programme and, as argued above, it was likely to have been influenced greatly by the transnational 'poverty agenda'.

The formulation of the NSPS was led by the Department of Social Welfare (then still within the Ministry of Manpower and Youth), but supervised by a Technical Working Group comprising representatives from various Ministries (Gender and Children's Affairs, Education, Health, Food and Agriculture, Finance), civil society organisations, with 'technical and financial support' provided by UNICEF and DFID (MMYE, 2007: 7). A key question is whether the impetus for the formulation of the NSPS and the design of its flagship LEAP programme was driven primarily by the political leadership of the relevant Ministries, in line with broader political objectives, or whether bureaucrats acted relatively autonomously.

According to Jerry Odotei, deputy director and head of policy for the National Development Planning Commission (NDPC), who was centrally involved in the design process, the social assistance agenda was primarily technocratically-driven. He argues that the idea emerged from planning and social development bureaucrats who were concerned that welfare policies were not reaching the poorest. These bureaucrats, including those in the planning commission, had to 'sell' the idea to sceptical politicians, and that the design and approval of LEAP can be traced to the identification of extreme poverty as a major impediment to development at the end of the implementation period of the first PRSP (GPRS I, GoG, 2003a) and specifically, the NDPC-commissioned Poverty Social Impact Assessment Study, which was conducted in 2004, as paving the way towards focusing policy on 'vulnerability among the poorest'. [16] The NSPS cites this study as well as a range of others, including the United Nations Common Country Assessment on Vulnerability and Exclusion (2004) and documents on Social Protection interventions by organisations such as the World Food Programme (WFP), Action Aid, CARE International, World Vision Ghana, Catholic Relief Services (CRS), PLAN Ghana, the World Bank, UNICEF and national Ghana Living Standards Surveys (GLSS), Demographic and Health Surveys, as informing the formulation of the strategy (MMYE, 2007: 32).

Odotei argues that this is why the NSPS recognised the need for a flagship programme targeting the poorest, especially the rural poor in Northern Ghana, and that there existed a great deal of unanimity about who should be considered 'vulnerable' and 'deserving' of support. However, he says that

> 'This was a difficult proposal for politicians to accept. The chairman of the NDPC at the time, Mr J.H. Mensah, who was an economist who had worked as an advisor to President Nrumah, felt that this looked like a 'handout' – distributing money to people. He was an old-time economist, who didn't believe in this. But we managed to convince him that this was only for the very very poor and that it was a temporary measure to lift them out of poverty.
>
> …

[16] Interview, Ebenezer Jerry O. Odotei, 28 October 2014.

> Moving forward [with the proposal] was very difficult, economists argued that revenue mobilisation was a big challenge and we encountered a lot of resistance. We had to argue that the poor and vulnerable were a group that could contribute to the economy if we lifted them up. We further packaged LEAP with a set of complementary services and conditionalities [e.g. that children must be in school] and linked individual upliftment to local economic development' (Interview, Ebenezer Jerry O. Odotei, 28 October 2014).

Frema Osei-Opare, who was at the time the Deputy Minister of Manpower Youth and Employment (MMYE) and the Minister of State with responsibility for the Department of Social Welfare (DSW) recounts a slightly different version of LEAP's birth, emphasising her role as a political champion of cash transfers, but agreeing on the resistance encountered among both fiscally conservative technocrats and sections of the political elite.[17] (The Department of Social Development has subsequently, under the new NDC administration elected in 2008, been placed under the authority of a newly-created Ministry for Gender, Children and Social Protection.)

Osei-Opare explains how her background in social welfare-oriented NGOs had given her a strong conviction that social assistance to the poorest was necessary and that she had to work hard to convince sceptical politicians (including members of the Cabinet and representatives of her party in Parliament) in order to secure support and (initially modest) funding for a programme like LEAP. She explains that her department prioritised the formulation of a national social protection strategy and that it had commissioned a baseline study that identified and reviewed a range of microfinance schemes and other social protection programmes that served as a resource document for the for development of the NSPS (this refers to the review mentioned in MMYE, 2007: 32). This study pointed to the erratic way in which social protection had been handled in the past, with a range of sector-specific initiatives, for example seed and fertiliser programmes in agriculture and microcredit schemes, without linkages between the programmes. The DSW had its own programmes for orphans and vulnerable children (OVCs), the destitute, child labourers etc., but even these were uncoordinated. This highlighted the need in her mind for a comprehensive strategy.[18]

An informal Social Vulnerability Group was assembled that included representatives of both government agencies and donors, that despite its informal status had significant influence on the development of the social protection

[17] Interview, Akusua Frema Osei-Opare, 31 October 2014.
[18] Interview, Akusua Frema Osei-Opare, 31 October 2014.

agenda. A Stakeholder Committee was then assembled, chaired by the Deputy Minister for Social Development (Osei-Opare herself) and included representatives of the Ministries of Health, Agriculture, Women and Children's Affairs, Education, the Ministry of Finance, the NDPC and a few NGOs. Consultants were appointed to help with the drafting of the document, but she was disappointed with the quality of their work (she describes frustration at large numbers of meetings being held, but not resulting in high-quality documents) and describes "putting my technical hat on" and working directly with a consultants to draft the NSPS.[19]

It is notable that in Osei-Opare's account, the process was initiated by the political leadership in the MMYE, whereas the NDPC's Jerry Odotei's saw planning bureaucrats as the main drivers of the process. While it is to be expected that actors would emphasise their own roles in the formulation of a popular policy perceived as a major success, this raises both the question of political and ideological agendas vs. technocratic agendas, and the relative agenda-setting powers of various sections of the political and bureaucratic elites. This is addressed in the companion paper. As in some of the other case studies conducted as part of this research, it is likely that intra-bureaucratic wrangling over policy and resource allocation was significant (see, for example, Grebe, 2014), and specific political champions had substantial influence (see Granvik, 2015), although donors appear not to have been as significant in the initiation of cash transfer pilot schemes as in countries like Uganda and Zambia (see Seekings and Kabandula, forthcoming, Grebe, 2014; Grebe and Mubiru, 2014; Hickey *et al*., 2009).

Osei-Opare expresses pride in the professionalism displayed in the development of the NSPS and the design of LEAP, and credits this with its survival under the new NDC government which came to power shortly after its introduction:

> 'We did not look at this [social protection and LEAP] from a short-term point of view. It was part of a national vision, and NPP vision, but we did a lot of work to professionalise the work of the DSW. LEAP was professionally designed – the lead consultant was Prof Ellen Bortei Doku Aryetey, who is both a local and international consultant. We also used people from Brazil, South Africa and Tunisia. It was a multicultural team with experience in developing programmes. LEAP was the flagship programme of the NSPS intended to act as a conduit for also bringing in other social protection initiatives.
> …
> Initially LEAP was bashed by the NDC, but today it is still the flagship programme and this is testament to how professionally it was

[19] Interview, Akusua Frema Osei-Opare, 31 October 2014.

developed. …Under discussion now as a common targeting mechanism and a national benchmark for determining who is poor, who should benefit from premium-free membership of the NHIS (and budgeting for that gap)' (Interview, Akusua Frema Osei-Opare, 31 October 2014).

Other informants in fact confirm that Osei-Opare was a very important champion of social assistance within the political elite.[20] But Akoto-Osei considers the personal commitment of President Kufuor to the programme a more crucial factor. He argues that it fitted into the president's broader vision and that Osei-Opare "misunderstood her colleagues [in saying it was difficult to build consensus around LEAP within the government]."

> 'You can be a champion of only one programme, if you are not careful. But there are realistic budget constraints. So if you don't get 'X amount', you think your colleagues are not supporting the programme. The Minister of Finance must balance priorities, it cannot be the only programme. … But in terms of the broader vision, if that was not the case, it probably wouldn't have received cabinet approval' (Interview, Dr. Anthony Akoto Osei, 5 November 2014).

He specifically credits Kufuor's exposure to the Brazilian experience with Bolsa Familia for the support LEAP received:

> 'The LEAP programme in my view was informed by [President Kufuor's] personal relationship with President Lula of Brazil. So that was also in the process. … Given the Brazilian experience, he was determined to emulate it within the Ghanaian context. Lula came to visit, he went to Brazil, so that was informed by the Brazilian experience' (Interview, Dr. Anthony Akoto Osei, 5 November 2014).

While Brazilian consultants did participate in the design of LEAP –and it shares certain characteristics, such as the conditionalities attached to the cash grants - the claim of it being an attempt to emulate Bolsa Familia within the Ghanaian context is belied by its relatively small scale and low benefit levels (see below). Further, claims of Presidential leadership and commitment to the programme and that it was part of Kufuor's 'vision' were made by individuals close to the former President, such as Akoto-Osei and the current Chief Executive of the Kufuor foundation.[21] Interviews with both Agyeman-Duah and Kufuor himself painted LEAP as a natural element of Kufuor's 'capitalism with a heart' political

[20] Interviews, Peter Ragno and Sarah Hague (22 October 2014); Joana Kyeremateng (31 October 2014).
[21] Interview, Prof Baffour Agyeman-Duah, 30 October 2014.

ideology, but revealed much greater emphasis on 'good leadership' and 'good governance' than on social protection. The latter appears not to have been opposed by the former president, but nor is there evidence that he was personally strongly committed to social assistance or considered this a major element of his 'political brand' or legacy-building efforts.

LEAP implementation started in a trial phase in March 2008, and then began expanding gradually in 2009 and 2010, under the new NDC administration, eventually reaching about 70,000 households by late 2013 (Handa *et al.*, 2014: 1). Eligibility criteria were based on the household being classified as poor and having at least one household member from one of three categories of vulnerable persons: orphans and vulnerable children (OVCs), persons with extreme disability and unable to work (PWDs) and the elderly poor. Eligibility was determined by a community-based process through which potentially eligible households are identified, and then verified using a centralised proxy means test. In recent years attempts have been made to improve the efficiency and reliability of the targeting and selection process (see next subsection).[22] The programme was implemented by the Department of Social Welfare, at the time housed in the Ministry of Youth and Employment. Significant investments were made in creating the necessary bureaucratic capacity to implement the programme and selection of pilot districts were based on poverty rankings. It was initially funded primarily from the fiscus, with donors coming on board later (including a DFID grant and a World Bank loan) so that by 2012, only 50% of the approximately US$20m yearly expenditure was financed from general government revenue. In late 2014, an expansion aimed at pregnant women and infants was in the final stages of planning, with USAID coming on board as a major donor (MoGCSP, UNICEF, and USAID, 2014).

Benefit levels during the first years of the project were very low (between GHS8 or approximately US$2 and GHS15 or US$3.90 using 2015 exchange rates) per household per month, depending on the number of beneficiaries. In 2012, benefit levels were tripled. Attempts were made to link the programme to other social services, most significantly by providing free membership of the NHIS to beneficiaries.

While the introduction of LEAP was therefore a major policy move – specifically in that direct income support in the form of cash transfers were introduced, and held up as the flagship programme of Ghana's social protection strategy – it was highly parsimonious in terms of both benefit levels and the number of beneficiaries enrolled in the scheme. Expansion took place slowly (also under the NDC government after 2010, as described in the next subsection), and it does not appear to have ever been intended as Ghana's primary response to poverty. The

[22] Interview, Dzigbordi Kofi Agbekpornu, 12 November 2014.

aim was still to ‘grow out of’ poverty, to expand economic opportunities (improve the productivity of agriculture, increase investment and growth in the private sector, etc.) with LEAP as a mechanism on the one hand intended to respond to the most extreme forms of deprivation or ‘destitution’ (somewhat reminiscent of the ‘poor law’ tradition in Britain and many former British colonies, especially with respect to beneficiaries like the old and disabled who are deemed unable to work), and on the other hand as a ‘springboard’ to ‘lift beneficiary households’ out of poverty. That is, it was partly intended to directly support the destitute and partly to provide extremely poor families that do have some labour capacity with resources that would eventually allow them to become sufficiently productive (for example by improving their ability to engage in small-scale agriculture, trading and related activities) to ‘graduate’ out of poverty. Furthermore, the conditions attached to the scheme (which included keeping children in education, enrolment in the NHIS and accessing routine healthcare services, including vaccinating children), point to the developmental goals of the programme.

4.2 An updated NSPS and modest expansion of LEAP under the NDC (2008-)

The National Democratic Convention returned to power in 2008, with the election of John Atta Mills as president in a close-run election. The election took place only months after the launch of the LEAP programme, and initially there was some talk of the LEAP programme being scrapped, but in fact it was rather enthusiastically embraced by the NDC government, especially after the creation of the Ministry of Gender, Children and Social Protection, and the appointment of a respected human rights lawyer, Nana Oye Lithur, as the responsible Minister. The Department of Social Welfare, which houses the LEAP implementation unit, was incorporated under this new Ministry in what many have regarded has a sign of high-level political support both for social protection in general and cash transfers and the LEAP programme in particular. A pamphlet produced by the Government itself puts it as follows:

> ‘In January 2013, the government of Ghana underscored the importance of social protection in its poverty reduction efforts by the restructuring the Ministry of Women and Children’s Affairs, which subsequently emerged as the Minsitry of Gender, Children and Social Protection (MoGCSP). The new Ministry is charged with new primary responsibilities: it has the mandate to coordinate all social protection interventions across multiple implementing agencies, as well as implementing the Livelihood Empowerment Against Poverty (LEAP)

> programme, which is the flagship programme of the National Social Protection Strategy' (MoGCSP, 2014c).

The same pamphlet goes on to list LEAP, the NHIS, free school uniforms and exercise books, the Ghana School Feeding Programme, the Capitation Grant and Labour Intensive Public Works as the main social protection programmes (MoGCSP, 2014c: 2). As late as 2013, however, some voices in the ruling party were calling for the programme to be cancelled, with the NDC MP for Nandom, Murtala Mohammed, suggesting that "the LEAP programme cannot reduce poverty by giving cash hand-outs to the poor and the vulnerable in society" (Peace FM Online, 2013), showing that there didn't exist complete unanimity in the party, just as there hadn't been in the NPP.

The National Social Protection Strategy (NSPS), which had originally been produced in 2007 (MMYE, 2007) – and of which envisaged LEAP as its flagship programme – was revised in 2012 (MESW, 2012) by the then-Ministry of Employment and Social Welfare and now became known as the Ghana National Social Protection Strategy (GNSPS). It does not depart greatly in spirit from its predecessor, mainly concerned with improving targeting, implementation and coordination, and recommended a common targeting mechanism (which later underwent significant development and is discussed later in this section). Its flagship programme remained LEAP and it did not envision any radical changes to the contributory social security system. The strategy's (and by extension, the NDC government's) commitment to LEAP is demonstrated in its setting of a 'short-term' target to "extend LEAP cash transfer to poorest 20% poorest households in Ghana (960,000)" (MESW, 2012: 105) and in the very optimistic wording of its foreword, which states:

> 'One of the key innovations in the portfolio of social protection activities in Ghana at the moment is the Livelihood Empowerment Against Poverty (LEAP) Social Grants scheme. LEAP was launched in 2008… It provides target groups with a reliable and cost-effective cash transfer or stipend to support their basic human needs. The LEAP programme not only serves as a 'spring board' for beneficiaries to 'leap' out of poverty, but assists targeted groups to become socially empowered by increasing their access to education, healthcare, and other basic social services. With their basic subsistence secured, extremely poor will become full participants in society and will be free to engage in productive activities to support themselves and ultimately contribute to national development by reducing the incidence of domestic poverty' (MESW, 2012: xii).

The wording above is also notable for its presentation of LEAP as not simply a form of assistance to the extremely poor, but as a developmental intervention with the potential to 'lift the poor out of poverty' and to 'contribute to national development'. This is echoed in other publications, for example, a fact sheet on LEAP and economic growth, which states that "the programme effectively channelled cash into the local economy by increasing the purchasing power of beneficiary families". It further cites studies to support the claim that beneficiary families spend 80% of their income in the local economy, a 0.27 multiplier effect on crop production and 0.78 in the retail sector (MoGCSP, 2014a).[23] The discursive framing of social protection (and cash transfers in particular) in Ghana appears to draw both on 'poverty reduction' and 'developmental' discourses. However, unlike for example Uganda (see Grebe, 2014), this no longer appears to reflect an attempt to 'sell' social assistance to a sceptical elite, among which significant consensus exists.

Under the NDC government in power since December 2008, the LEAP programme was substantially expanded – although it continued to fall far short of the stated goal of reaching the poorest 20% of households. By the end of 2012, the number of households receiving benefits had reached 73,304, with 214,115 eligible household members (ILO, 2014: 26). An evaluation conducted over a 24-month period between April 2010 and 2012 concluded that implementation had been inconsistent (with households only receiving 20 months' payments over the period), that the programme had only a modest impact on secondary school enrolment rates (7 percentage points), despite a large increase in NHIS enrolment – no impact on curative care seeking but an increase in preventive care-seeking among children and mixed impacts on mortality, and essentially no impact on consumption, but increases in the likelihood of holding savings and some agricultural productivity impacts (Handa *et al.*, 2014). These findings were disappointing, but the study was conducted before the tripling of benefits and appear not to have reduced political, bureaucratic or donor enthusiasm for the programme, as was evident from interviews with informants in all of these categories. An operational assessment of the programme, conducted by the same team, found broad satisfaction with the programme, but widely varying views on who within households benefited most and large differences between male and female-headed households in who made expenditure decisions (Park *et al.*, 2012).

In 2014, an expansion of the LEAP programme was announced with financial and technical support from USAID. Known as LEAP 1000, the expansion is

[23] It should be noted that these claims about the multiplier effect of the cash transfer are controversial. The results of a modelling exercise published by the UN's Food and Agriculture Organisation found that the theoretical potential total income multiplier of LEAP was GHS2.50 per GHS1 in benefits paid (in nominal terms), the grant may have an inflationary effect, which may result in a true income multiplier as low as GHS1.50 (FAO, 2013).

specifically targeted at pregnant women and children below the age of one year in families living in extreme poverty, and was to be piloted in selected districts in the Northern and Upper East Regions (MoGCSP *et al*., 2014). It was primarily aimed at improving maternal and child health outcomes through better nutrition and access to healthcare, by awarding increased cash grants to households with these newly-eligible members.[24]

Despite the modest impacts on household consumption and other outcomes measured in the LEAP evaluation (Handa *et al.*, 2014), LEAP beneficiaries on the whole appear to be very satisfied with the programme, especially with the service and treatment by paypoint staff and LEAP representatives, as well as only 5% of respondents in the operational evaluation reporting ever having paid a bribe to staff (Park *et al*., 2012: iii). Beneficiaries further reported overwhelmingly that the transfer is used to purchase food, health, and education, and a majority (77%) felt that the entire household benefits from the transfer (Park *et al.*, 2012: 13).

These findings fit with a series of individual and focus-group-style interviews conducted by the author with community representatives and LEAP beneficiaries in the East Mamprosi district of North-Eastern Ghana in November 2014.[25] During these conversations both beneficiaries and community leaders expressed satisfaction with the programme, indicated that it had made a great difference to the poorest members of community, and almost uniformly insisted that the community-based selection process was fair and effective in identifying the most needy families. Even non-beneficiaries interviewed in villages included in the programme appeared to be satisfied that the benefits were fairly allocated and not being abused for clientalistic purposes by either regional LEAP staff or local community leaders. It should be noted, however, that few of these interviews were conducted without LEAP representatives and/or community leaders being present, and it is possible that interviewees would not have felt comfortable to point out any manipulative practices. The main problems identified by community members were irregular transfers – although these had improved substantially in the year before the interviews were conducted. When asked about their most serious problems, beneficiaries and non-beneficiaries largely pointed to problems related to their agricultural livelihoods (lack of implements, supposedly subsidised inputs like fertiliser not reaching them or being only intermittently available, access to potable water and sanitation – and water for irrigation, as well as distances to the nearest schools and health facilities rendering the transport costs associated with using these social services beyond their means). Their complaints were therefore not with the LEAP programme itself – of which they

[24] Interviews, Sarah Hague and Peter Ragno, 22 October 2014).

[25] Interviews and community group discussions were held in Buipe (a non-LEAP village), Namasu and Zarantinga villages in East Mamprosi district on 16 and 17 November 2014.

were tremendously appreciative – but with their ability to fully actualise the benefits it is supposed to bring in accessing other services. It should also be noted that a number of individuals living in clearly extremely poor families (reporting, for example, eating on average fewer than one meal per day) in the non-LEAP village of Buipe had never heard of the LEAP programme. The process of selecting beneficiary villages seemed opaque to respondents, while in those villages included in the programme interviewees were generally satisfied that the combined community-based and central proxy means test-based household selection process worked efficiently and fairly. The Acting District Welfare Director responsible for LEAP implementation in the district identified the limit on the number of villages that could be included in the programme, logistical problems related to funds transfer to the local Post Office branch and collection of cash, the rising risk of heists during cash transportation and difficulties in reaching remote villages (often only accessible by motorcycle) as main impediments to the improved functioning of the programme.[26] On the whole, staff and volunteers working in the district appeared committed, professional and showed no signs of political alignment or reported any political interference at the local, regional or national levels.[27]

In general, it appeared that many reported beneficiaries had not received payments at the time of the evaluation, calling into question the integrity of the beneficiary database (Park *et al*., 2012: 13). Operational problems were being actively and relatively effectively addressed, according to the officials involved, by late 2014. Measures included improvements in data management and work towards implementation of the national common targeting mechanism. The Management of the LEAP implementation unit and the Director of Social Protection seemed very aware of the problems and reported substantial progress in addressing implementation challenges, including through technical assistance received from DFID and UNICEF, which allowed for improvements in both the targeting methodology and the database of beneficiary households.[28]

The LEAP programme remains small relative to the number of households living in extreme poverty, with many poor districts (and many poor villages within targeted districts) remaining excluded from the programme. Despite the successes in linking cash transfers and social insurance (LEAP beneficiaries were entitled to free NHIS membership and most had been enrolled), health insurance remains very low nationally (around one third of the population). Health service usage rates and health outcomes among LEAP beneficiaries were below what might be

[26] Interview, Musah Abdul-Majeed, 16 November 2014.
[27] Interviews, Musah Abdul-Majeed (16 November 2014) and Zulai Alhassan (17 November 2014).
[28] Interviews, William Niyuni (10 November 204), Dzigbordi Kofi Agbekpornu (12 November 2014) and Mawutor Ablo (12 November 2014).

expected of a successfully integrated intervention – largely owing to deficiencies in the public healthcare system, leaving even beneficiaries with active NHIS memberships unable to access services (Handa *et al.*, 2014). The target of reaching the poorest 20% of households in Ghana with cash transfers was a long way from being reached. It would appear that the main constraints on expansion of LEAP and the number of beneficiaries are neither in operational nor managerial or even local implementation capacity, but rather simply a question of additional fiscal resources being made available. It further seems – both from the impact evaluation and interviews with beneficiaries – that linkages between different social protection initiatives remains a major issue. In the next section the question of fiscal space for the expansion of cash transfers, as well as the opportunities identified for the 'rationalisation' of social protection interventions and expenditure in Ghana are addressed in greater detail.

4.3 Child-focused social protection: free primary education and school feeding

Another important pro-poor initiative was the new 'Capitation Grant' (CP) introduced in 2004. This amounted to a school fee abolition policy aimed at attaining the 'universal access to basic education' goal articulated in the GPRS II (Ampratwum and Armah-Attoh, 2010c) as well as the universal primary education MDG. The CP programme consists of grants to public basic (primary) schools (initially in poor districts) in lieu of school fee income, to enable the abolition of school registration fees by these schools. While Ghana had in place a policy of free compulsory basic education supported by the World Bank's Primary School Development Project since 1995, the programme was deemed a failure with 50% of children aged 6-11 remaining out of school by 2003 (Ampratwum and Armah-Attoh, 2010c: 2). The capitation grant was expanded to all registered public primary schools in the 2005/6 academic year, with a fixed amount transferred from the Ministry of Financed per enrolled child via the Ghana Education Service to District Education Offices and finally to schools based on their enrolment figures.

The capitation grant programme was beset by operational problems, specifically "leakages" of funding, defined as differences between resources transferred at a higher level (such as between funds transferred to District Education Offices and those transferred to beneficiary schools), as revealed by the Ghana Statistical Service's Public Expenditure Tracking Survey conducted in 2007 (see Ampratwum and Armah-Attoh, 2010a; Ampratwum and Armah-Attoh, 2010c; Ampratwum, Armah-Attoh, and Ashon, 2012). Primary school enrolment rates have been rising, with the capitation grant cited as a major contributing factor (see, for examaple, Akyeampong *et al.*, 2007), although the latter study also found that the per capita expenditure on each child in primary education had not increased substantially, and Ampratwum and Armah-Attoh (2010a: 47-48) found that in a sample of surveyed schools, the increase in enrolment had been associated with a rise in teacher-pupil ratios and a decline in educational quality.

The Ghana School Feeding Programme (GSFP) was launched in 2005, with the stated long-term goal of contributing to poverty-reduction and food security. Further, it was designed as part of Ghana's efforts to meet the Millennium Development Goal targets on hunger, poverty and universal primary education (Abdulai, 2014a: 277). The GSFP initially launched in a small number of pilot schools, but by 2013 claimed total enrolment of more than 1.7 million children in 2013 (MLGRD, undated). An official Government of Ghana pamphlet described the programme as a "development strategy", listed its main objectives as being to reduce hunger and malnutrition, improve school enrolment, retention, and educational performance, and increase domestic food production (MLGRD, undated). It further states that the GSFP is

> '…part of the Government of Ghana's efforts to attain the Millennium Development Goals 1 & 2, which talk about eradicating extreme hunger and poverty and achieving Universal Primary Education. Accordingly the Development Goal of the GSFP is to enhance food security and reduce poverty' (MLGRD, undated).

The CP and GSFP therefore can be thought of as a two-pronged strategy to increase primary school enrolment and simultaneously reduce hunger and malnutrition among primary school-aged children (with the hope of some spin-off benefits to local economies and communities dependent on agriculture). Despite these stated goals of both the GSFP and CP, Abdulai (2014a; 2014c) shows how both programmes were politicised, particularly with respect to spending allocations. Both the NPP government which introduced the schemes and the later NDC government appeared to favour certain regions in per capita spending allocations, inconsistent with stated developmental and poverty targeting goals. For example, he demonstrates disproportionate government expenditures on education in Vola and Ashanti, by the NDC and NPP governments respectively (Abdulai, 2014c: 41).[29] This 'clientelistic' or 'patromonialist' dimension to distributional outcomes in Ghanaian social protection policy and resource allocation is explored further in the companion paper.

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[29] Notably, he does not attribute these disproportional expenditures to "simply a function of the 'reward the loyal supporter strategy'," but rather to "relationship between the regional distribution of political power at the level of elites and the distribution of public goods at the mass level" (Abdulai, 2014c: 41-42).

6. Institutionalising a social protection system? The 'rationalisation' study, national targeting mechanism and fiscal constraints

6.1 The ILO-led social protection rationalisation study: towards institutionalisation of a 'social protection floor'?

A major social protection 'rationalisation' study was undertaken in 2010, largely under the direction of the International Labour Organisation with the aim of "support[ing] Ghana to rationalise its social protection expenditure … analys[ing] that expenditure in terms of its sustainability, robustness, efficiency and effectiveness in preventing or reducing poverty, social exclusion and ill health" (ILO, 2014: 2-3). The report is widely cited in policy circles as providing guidance in harmonising social protection schemes, reducing fragmentation and improving linkages between programmes so as to improve the 'efficiency' of social protection expenditure.

Ghana's social protection policy is ostensibly governed by an overarching policy framework in the form of the National Social Protection Strategy. This was published under the NPP in 2007 (MMYE, 2007) and later revised under the NDC (MESW, 2012). However, despite the existence of this strategy, coordination of social protection initiatives has been judged weak. In order to address this, a number of initiatives have been undertaken, including updating the social protection strategy, an ILO-supported review of social protection initiatives in line with the latter's social protection floor initiative and the development of a harmonised targeting framework. The draft report on the ILO's review exercise states

> 'Stronger emphasis on social protection has however been associated with an increase in the number of activities, projects and programmes related to social protection, which leads to duplication and a fragmentation of the social protection system. The government efforts to develop a [new] national social protection strategy is a key step to improving the coordination, effectiveness and efficiency of the social protection system, and it is hoped that this report can support the government in defining a coherent strategy that sets out a strong vision, clear objectives and concrete milestones and indicators of how to achieve the goals set out' (ILO, 2014: vii).

This exercise followed and was intended to complement an assessment of the major social protection programmes in Ghana, focusing on benefit incidence and targeting performance, conducted by the World Bank in 2012 (World Bank, 2012a). The rationalisation study and its findings, which appeared as fieldwork was being conducted for this research, was considered by a range of informants as extremely significant in setting the tone for the future of social protection policy in Ghana. A key finding of the rationalisation study was that coverage of social protection programmes remained low. For example, it points out that only 10% of people over 65 years receive an old-age pension through SSNIT or are covered by LEAP (although with perfect targeting and countrywide expansion LEAP could cover up to 30% of older people) and that only about one third of the population is insured under the NHIS. It concludes about coverage gaps:

> ‘Closing the coverage gaps in the social protection floor means mobilizing additional fiscal space. Experience has shown that, as countries increase the share of the state budget spent on social protection, they generate more inclusive and more sustainable economic growth. At the same time, the Government has to maximize the impact of the resources spent. The analysis [in this report] suggests that a rationalization of social expenditure protection can be achieved by improving the administration and implementation structures of the various programmes and by exploring synergies and cost-saving opportunities of economies of scale that can be obtained by focusing on activities that all the programmes have in common. This has already been initiated through the development of a common targeting mechanism, but further activities with a potential for collaboration and cost-saving should be thoroughly investigated, including … membership and database management … [and] benefit delivery mechanisms’ (ILO, 2014: 100).

In terms of fiscal space, the study’s major findings were encouraging. It highlighted that total expenditure on social protection (which includes the NHIS indigent exemption, capitation grants and school uniforms subsidies, the GSFS, LEAP, the National Youth Employment Programme and Labour-Intensive Public Works schemes) amounted to only 0.5% of GDP in 2013 (2% of government revenue) and 21.5% of spending on poverty reduction in 2012 (ILO, 2014: 116). It further argued that social protection programmes should be re-prioritised within the poverty-related expenditure portfolio and that the termination of energy subsidies should free some fiscal space for scaling up programmes (ILO, 2014: 118).

6.2 The 'fiscal crisis' and negotiations with the IMF: a 'fiscal ceiling' on social protection expenditure?

In 2014, shortly after the conclusion of the social protection 'rationalisation' exercise, a relatively opaque process of negotiations with the IMF was taking place, aimed at reaching agreement on a package of macroeconomic and fiscal reforms that would unlock IMF loans and allow the NDC government to deal with a growing fiscal crisis. The budget deficit approached 12% of GDP in 2012, largely blamed on a new salary structure which hugely increased the state's wage bill (Cooke *et al.*, 2014). In August 2014, the Deputy Managing Director of the IMF released a statement announcing that discussions on a reform package would begin with Ghana:

> 'Today, IMF Management received a formal request from the Ghanaian authorities to initiate discussions on an economic program that could be supported by the IMF. The Fund stands ready to help Ghana address the current economic challenges it is facing. We expect to send an IMF team to Ghana in early September to initiate discussions on a program' (IMF, 2014b).

The large budget deficits had already necessitated a number of fiscal reforms, including the removal of fuel subsidies over the first half of 2013, which led to the prices of petrol, kerosene, diesel, marine diesel (a particularly important input cost for subsistence fishers) and other fuels increasing by between 15% and 50% (Cooke *et al.*, 2014: 5). While wage subsidies are inherently regressive, the poor were seen as least able to cope with the impact on the cost of living and this seems to have provided an impetus for investment in the LEAP programme, which was seen as an effective and efficient manner to reach the poorest.[30] As the concluding paragraph of UNICEF's analysis of the impact of the fuel subsidy reform puts it:

> 'In sum, the reform of fuel prices in Ghana appears to be a welcome policy reform allowing the Government to reduce its growing fiscal deficit and to reduce excessively regressive expenditures. However the poor and vulnerable would be negatively affected by the reforms and are the least able to cope. The impact of increased fuel prices … is to reduce household consumption… As their costs rise, [poor] households are typically forced to spend less on education, health and nutrition. … As highlighted by the Government of Ghana, this negative impact could be mitigated by scaling up Ghana's national cash transfer programme LEAP that directly targets the poorest households' (Cooke *et al.*, 2014: 23)

[30] Interviews, Sarah Hague and Peter Ragno, 22 October 2014).

Nevertheless, the fiscal crisis continued relatively unabated, with the fiscal deficit placed at 9.2% of GDP in the first half of 2014, again blamed largely on the high wage bill as well as rising interest costs (with interest payments at 5% of GDP) as well as only very modest increases in tax revenue (World Bank, 2014a: 2). The fiscal deficit represented a substantial threat to the fiscal space available for the expansion of social protection, and in particular social assistance. As the fieldwork for this research was being conducted, the Government of Ghana was in talks with the International Monetary Fund over assistance and reforms to address its macroeconomic problems, with IMF missions to Ghana taking place in September and November of 2014 and discussions ongoing (IMF, 2014a). It was reported that the IMF had signalled support for social protection and that programmes like LEAP would be safe from contractions in government expenditure.[31] It was, however, too early to tell what the impact of an agreed reform programme might be on the future direction of LEAP and social expenditure in general.

6.3 The development of a national poverty-targeting system

The topic of a 'common targeting mechanism' (now known as the National Targeting System) was raised by a large number of informants, and enjoyed significant momentum within bureaucratic circles. It was seen as being promoted primarily by the World Bank (following the Bank's 2012 review), but also enjoyed significant buy-in from other donor agencies as well as social protection bureaucrats. The purpose of such a mechanism would be to harmonise the targeting of vulnerable and poor families across social protection programmes and thereby enhance both complementarities and improve the efficiency of targeting.[32] The National Targeting System was still in development in late 2014, after five ministries (the MESW/MoGCSP and the Ministries of Health, Education and Agriculture and Local Government) agreed in 2009 to devise the system "recognising that the absence of data on poor households can limit the effectiveness and efficiency of pro-poor interventions" and identifying as a key step the development of a national registry of households with data on living conditions (MoGCSP, 2014b). This envisioned household registry was reported by informants to be the most difficult aspect of the development of the common

[31] Interviews, Sarah Hague and Peter Ragno, 22 October 2014.
[32] Interview, Dzigbordi Kofi Agbekpornu, 12 November 2014.

targeting system, and the subject of substantial technical assistance from the World Bank and other agencies.[33]

At the time of the fieldwork for this research, the common targeting mechanism, and the national household register on which it depended, remained a stated intention rather than a reality. It was too early to tell when the technical assistance that had been initiated would bear fruit, but from interviews with the managers of LEAP and other programmes, it seemed safe to conclude that this was not achievable in the short term.[34]

7. Conclusion – Towards explaining Ghana's social protection policy path: Elections, elites, technocrats and donors

This paper has reviewed the most significant social protection policy reforms introduced in Ghana since 2000, including the introduction of a national health insurance scheme, substantial reforms to the contributory pensions system and a parsimonious conditional cash transfer programme targeted at the extreme poor as well as schemes aimed at improving food security and access to basic education. Despite significant progress, all of these programmes have faced substantial operational problems, and allegations of 'resource leakages', political manipulation of resource allocation (for electoral or intra-party factional purposes) are common. The impact of these programmes have also been disappointing in many respects: the 'third tier' of the new pension system has failed to attract a large proportion of the informal sector, the National Health Insurance Scheme's coverage remains low (just over one third of the population) and the LEAP programme reaches a small proportion of the extremely poor, and even those households that it reaches have only seen modest improvements in health and other socio-economic outcomes.

Several questions therefore remain to be answered. First, among these is the question of *why* the specific reforms were enacted, and why the specific policy choices were made. Second, *who and what* drove the reform process: to what extent (and for which programmes) were politicians the primary drivers of reform and to what extent were bureaucrats the primary drivers? What was the relationship between these primary actors within the Ghanaian polity, and what was the role and influence of civil society (including organised labour and non-

[33] Interviews, William Niyuni (10 November 2014), Dzigbordi Kofi Agbekpornu (12 November 2014), Christabel Sefa and Dina Ringold (21 November 2014).
[34] Interview, Dzigbordi Kofi Agbekpornu, 12 November 2014.

governmental organisations) and transnational actors (including bilateral donors and the Bretton Woods institutions)? An alternative way of stating this question would be to ask who had significant agenda-setting power, how did certain potential reforms enter the political agenda, and what allowed some of them to gain sufficient traction and momentum to be enacted as policy. Furthermore, why does there appear to exist broad cross-party consensus. In sum: *How did Ghanaian political dynamics drive social protection policy reform?*

A number of striking features can be discerned from this account of reforms to both contributory and non-contributory social protection in Ghana. These include that the government of the nominally 'right-of-centre' NPP party introduced most of the substantial reforms. Second, there is an unusual focus on contributory social insurance as opposed to social assistance in Ghanaian social protection policy – and this appears to enjoy the support of both major party; neither party has seized the populist initiative and built a political programme around large-scale social assistance. Third, the discourse around social assistance in Ghana reveals little controversy around an approach that targets the extreme poor, with the only significant debates being about appropriate methodologies for doing so. This is in line with the discourse favoured by many donors – who seek the greatest possible impact on the most vulnerable – but stands in stark contrast to countries like Uganda where poverty targeting has proven very controversial and a preference for 'universal' or 'categorical' benefits existed (see Grebe, 2014). It further appears curious and not immediately explicable why poverty among two groups that in other African countries have received a great deal of attention – the elderly and children (often specifically 'orphans and vulnerable children') – have received scant attention, except as part of the more general programmes targeting poor households and in the form of education-based programmes primarily designed to enhance enrolment rates. (It appears that neither universal social pensions nor a dedicated OVC grant has been seriously contemplated by policy-makers.) Furthermore, Ghana's total social protection expenditure remains low (around 0.5% of GDP) and is disproportionally allocated to programmes targeting the working-age population.

All of these questions can only be addressed by means of a careful analysis of political dynamics in Ghana's 'Fourth Republic'. Ghana's polity has been described as one characterised by a 'competitive clientelistic political settlement' in which competitive elections and neopatrimonialist elements coexist. There is also significant debate about electoral dynamics in Ghana's fourth republic and party political 'branding' and campaign strategy. The more explanatory companion paper addresses these questions by means of a range of theoretical tools. The companion paper reviews the literature on elections in Ghana, elite politics, the bureaucracy-politics interface, state-civil society relations and transnational factors (such as donor influence) in order to disentangle the various factors that may have contributed to the outcomes described in this paper.

Appendix 1: Policy timeline

Year	Legislation/policy/programme	Notes
1965	Social Security Act	Largely civil servants; provident fund, old age lump sum, invalidity & survivors' benefits
1991	Social Security Law	Conversion of provident funds into SSNIT funded pension scheme and Cap 30 closed to new entrants.
1992	*Election: Rawlings/NDC*	*NPP boycotts parliamentary election*
1996	*Election: Rawlings/NDC*	
2000	*Election: Kufuor/NPP*	
2002	Growth and Poverty Reduction Strategy (GPRS I, 2002-2005)	
2003	National Health Insurance Scheme	Act 650 of 2003
2004	*Election: Kufuor/NPP*	
2004	Capitation Grant	Expansion of free primary education
2005	Ghana School Feeding Programme	Costs shared between GoG and donors
2006	GPRS II (2006-2009)	
2007	National Social Protection Strategy	Targeting of the 'extreme poor'
2008	Livelihood Empowerment Against Poverty	Introduced right before election? 5-year pilot, financed by GoG (WB funds addition 28k HHs); soft conditional
2008	NHIS free membership children & pregnant women	NB: Check whether this reform was introduced before the election
2008	New Pensions Act	Introduced three-tier pensions system and pensions regulatory authority
2008	*Election: Mills/NDC*	*NPP candidate: Nana Akufo-Addo*
2010	Agriculture Subsidy Programme	Intention to expand to all farmers
2012	New national targeting mechanism	Designed with help of WB & UNICEF; Implementation lagging owing to challenges in generating national households register
2012	*Mills dies*	*Vice-President John Mahama accedes in acting capacity*
2012	*Election: Mahama/NDC*	

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