

Learning Product

Developing an Investment Case for Mental Health Financing

January 2021

Introduction

Ghana Somubi Dwumadie (Ghana Participation Programme) is a four-year disability programme in Ghana, with a specific focus on mental health. This programme is funded with UK aid from the UK government. The programme is run by an Options-led consortium, which also consists of BasicNeeds-Ghana, King's College London, Sightsavers International and Tropical Health, and focuses on four key areas:

1. Promoting stronger policies and systems that respect the rights of people with disabilities, including people with mental health disabilities
2. Scaling up high quality and accessible mental health services
3. Reducing stigma and discrimination against people with disabilities, including mental health disabilities
4. Generating evidence to inform policy and practice on the effectiveness of disability and mental health programmes and interventions

The programme has a key focus on mental health governance, planning and resourcing, through support to government bodies, in particular the Mental Health Authority (MHA). The programme facilitates and supports the aims of MHA and other stakeholders through short term technical assistance (STTA) activities.

This Learning Product describes how Ghana Somubi Dwumadie worked with the MHA and other stakeholders in developing an investment case for mental health for Ghana, and the key learnings which emerged that may be useful to others developing similar investment cases. The investment case process is described as a series of stages. However, it is important to note that several of these progressed in an iterative, concurrent fashion, rather than sequentially.

Stages in developing the mental health financing investment case for Ghana

1. Identifying the need

The lack of sufficient financing is acknowledged to be a critical gap in mental health service provision in Ghana, and the MHA is interested in identifying opportunities to increase the flow of funds in a sustainable way, in order to support mental health. Although the case for investing in mental health has been made before, it was identified that it could be difficult to articulate compelling technical evidence to support advocacy efforts. It was proposed that the development of a well-founded investment case and advocacy tool to support and advocate for increased financing of mental health services was needed. The MHA decided this would be one of the key priority areas for the STTA provided by the programme during 2020.

The investment case is designed to be used as an advocacy tool by the MHA and other stakeholders (e.g. civil society coalitions and organisations) to advocate for increased funding for mental health in Ghana, by setting out the social and economic benefits of such investments. The evidence and key messaging contained in the investment case will be packaged in a way that resonates with key decision makers in Ghana, including Ministry of Finance, Ghana Health Service, MHA, Ministry of Local Government and Rural Development, Ministry of Gender, Children and Social Protection, Office of Head of Local Government Service, Social Welfare and Community Development, and parliamentarians, amongst others. Where possible, the messages will align with national development policies and strategies in Ghana.

2. Developing a scope of work

In partnership with MHA, Ghana Somubi Dwumadie developed a scope of work at the outset to detail and guide the process of developing an investment case for mental health in Ghana.

The scope of work clearly set out the key steps in developing an investment case, from a rapid review of the global evidence base through identification of target audiences and key messages, to the drafting of the final documents. The process included iterative drafts of the investment case which were discussed by a technical working group and other key stakeholders.

The two main deliverables for the work were:

1. a longer background paper summarising the global, regional and national evidence for investing in mental health and setting out the main rationales for investing (e.g. economic, financial, societal and human rights perspectives)
2. a succinct investment case to be used as an advocacy tool which would be designed and printed for presentation to key audiences. This proved to be useful approach in order to capture all evidence available, in the form of a reference document from which key rationales for investing in mental health could be developed for target audiences.

3. Convening a collaborative technical working group to steer and review the investment case development

Ghana Somubi Dwumadie facilitated the convening of a high-level technical working group to oversee and guide the work on the investment case with members drawn from key mental health constituencies, such as government and non-government stakeholders, development partners and academics, as well as key areas of expertise, particularly health economics and financing, evidence and advocacy and mental health service provision and access. This broad and high-level membership helped to galvanise interest in the investment case and to maintain momentum as the investment case was developed. It also helped to ensure the investment case reflected a sound knowledge base and represented a broad range of perspectives, and it was essential that time was planned in to allow for this debate, negotiation and reflection.

The technical working group therefore provided an essential opportunity for:

- Getting key stakeholders engaged in making the case for additional investment in mental health, and building momentum across key spheres of influence (e.g. NGO/CSOs, government agencies, etc.)
- Ensuring the development of the investment case was grounded in the national context and knowledge base
- Tailoring the presentation of evidence and key messages to the selected target audiences' specific mental health commitments, political and strategic objectives

A critical function of this group was to identify and prioritise target audiences for the investment case, and to articulate the arguments which would resonate best with, and help to persuade, each one. The group met regularly and performed a number of important functions, including conducting a stakeholder analysis and having a review and input function to ensure that the investment case deliverables were accurate, compelling and tailored to the different potential audiences.

The technical working group consisted of senior staff representatives from:

- Mental Health Authority
- Ministry of Health
- Ghana Health Service
- Ministry of Finance
- National Health Insurance Authority
- University of Ghana
- WHO
- Mental Health Society of Ghana
- BasicNeeds-Ghana
- Ghana Somubi Dwumadie

In summary, the technical working group was central to developing the investment case and was an important mechanism for building consensus on the following questions:

- a) who are the target audiences with the power and influence to effect change in mental health investment?
- b) what are the key arguments that resonate best with each and persuade them to act? and, consequently:
- c) which key arguments should be included in the short advocacy briefs, given space limitations and decisions on targeted audiences?

A key challenge faced by the technical working group was identifying candidates for increased investment in mental health. In particular, the enhanced delivery of mental healthcare free at point of use, posed some technical barriers.

Due to issues of timing and the desire to see an investment case developed by the end of 2020, the convening of the technical working group and the literature review discussed below happened concurrently. However, the importance of having a national working group to lead on investment case development from start to finish cannot be overemphasised.

4. Commissioning a literature review and conducting supplementary key informant interviews

The case for increased investment in mental health is not simply about the financial return from these investments, but also about the important wider benefits to society, e.g. economy/growth, human rights, health and meeting national policy commitments. An important first step was to understand and document the existing evidence, information and data which was available to inform the investment case. Ghana Somubi Dwumadie commissioned a review of the relevant literature on investing in mental health in order to place Ghana in both an international and regional context, and ensure relevance and applicability of the investment case. This scoping review also included relevant government commitments, such as funding, policy and programme objectives and targets.

In Ghana – as in many countries in the region – there has been little empirical research on the benefits and costs of investing in mental health. However, a recent and important contribution to the evidence base was made by Professor Nonvignon of the Ghana School of Public Health and colleagues in 2020, whose research has highlighted a clear return on investing in mental health, in line with the international literature.¹

The initial findings from the literature review were presented in the form of a background paper which was discussed with the high-level working group in order to identify potential gaps in the analysis and further sources of published and unpublished information. Key informant interviews were also undertaken with noted experts in the field to enrich the analysis, including Prof. Justice Nonvignon and Prof. Crick Lund. These discussions and interviews helped to articulate and subsequently prioritise the rationales for investing in mental health, from the perspectives of both the working group members and key target audiences for the investment case.

¹ Nonvignon J., Ammisah CR., Agyemang SA., Wong B. (2020). Benefit-cost analysis of mental health interventions in Ghana. In Ghana Priorities, Copenhagen Consensus Center, 2020.

Discussion and debate on the findings from the literature review by the high-level working group, together with a small number of key informant interviews with key experts, was identified as critical for articulating and prioritising the rationales for investing in mental health in Ghana, adding power to the arguments and engendering national ownership of the final product.



Figure 1: Draft extract from investment case. The technical working group recommended changes to the economic growth icon to make it more relevant to the Ghanaian reader

5. Identifying who will use the investment case

Stakeholders advocating for greater investments in their areas of interest need to develop their arguments using evidence and analysis to strengthen the key messages and advocacy 'asks' contained in their advocacy documents. Identifying the users of an investment case and which data and analysis best support their advocacy needs is particularly important.

The technical working group identified two main groups of stakeholders who would be using the mental health investment case for Ghana:

- Government agencies concerned with mental health – e.g. the MHA and the Ministry of Health – to advocate for increased budgets and/or other support for implementing the national mental health policy and strategy frameworks, leading to improved mental health services.
- Civil society organisations concerned with mental health – e.g. Ghana Federation of Disabilities (GFD), Mental Health Society of Ghana (MEHSOG) and BNGh (Basic Needs Ghana) – to hold government to account for citizen rights and policy commitments, e.g. mental health and disability commitments, Sustainable Development Goals, United Nations Convention on Rights of Persons with Disabilities.

6. Identifying the target audiences for advocacy messages

Identifying the key decision makers, influencers and champions for mental health is an on-going, dynamic process. The working group undertook a stakeholder mapping and analysis exercise to kickstart this process, which considered: the level of involvement in the issue of mental health (i.e. role and responsibility); the level of interest in mental health; and level of influence/power to move/block investments in mental health. Using this exercise, the group identified a number of key target audiences for the investment case.

The stakeholder mapping built on the knowledge and experience of both the working group and Ghana Somubi Dwumadie consortium members, as well as on previous work by the project, which included a Political Economy Analysis for mental health in Ghana. It proved to be a useful exercise for facilitating the difficult task of prioritising target audiences and building consensus among working group members on how the investment case would be used.

The following indicative audiences were identified by the technical working group:

1. The Council of State
2. National House of Chiefs / traditional leaders
3. Parliament (Parliamentary select committees on health and finance)
4. Influential Members of Parliament (MPs) interested in mental health especially those in opposition
5. Ministers of Health, Finance, Local Government and Rural Development, Gender, Children and Social Protection
6. National Development Planning Commission (NDPC)
7. One District One Factory Secretariat
8. Directors of budget and Social Services Sector at Ministry of Finance
9. Opinion leaders
10. Ghana Health Service
11. Other health service delivery agencies such as CHAG / private hospitals
12. Celebrities such as footballers and entertainers
13. National Council for Persons with Disability (NCPD)
14. Private sector including Ghana National Chamber of Pharmacy, Telecom Companies, Ghana Employers Association, Association of Ghana Industries, Ghana National Petroleum Commission
15. CSOs including MEHSOG, Basic Needs, Caritas International, Alliance for Mental Health
16. Donors including World Bank, FCDO, UNAIDS, UNICEF
17. AIDS Commission
18. Media Houses
19. CHRAJ
20. Ministry of Education
21. Other health programmes e.g. National AIDS Control Programme

The stakeholder mapping and analysis conducted by the technical working group was a key piece of the work. However, this was not an explicit part of the original

scope of work and was conducted a little late in the overall process, as the first draft of the investment case background paper had already been produced. Ideally, identification of target audiences of decision-makers and influencers would be done at the outset of the process as it helps to shape the direction and time spent on respective areas of investment case research/literature review and drafting.

7. Disseminating and utilising the Investment Case

For Ghana Somubi Dwumadie, development and dissemination of the investment case advocacy products will happen during 2021. The programme will be looking for a variety of key entry points for advocacy on improving investment in mental health in Ghana. This may involve engagement in public events, media channels or upcoming political and governmental processes. Building on Options' considerable and growing experience of using evidence for advocacy, evidence, analysis and investment case 'asks', short advocacy briefs to suit the opportunities and audiences, e.g. media briefs, may be developed for journalists and the national press, while webinars and presentations could be a useful approach for parliamentary committee meetings.

The following key messages were identified as relevant or of interest to identified audiences.

Key messages	Target audience
Cost effectiveness and value for money	<ul style="list-style-type: none"> • Parliament • Ministry of Finance • National Development Planning Commission
Reduce health burden and improve population health	<ul style="list-style-type: none"> • Ministry of Health • Ministry of Gender, Children and Social Protection • National Health Insurance Authority • Ministry of Local Government and Rural Development • Donors • Council of State • National Development Planning Commission
Mental health and poverty	<ul style="list-style-type: none"> • Media • National Development Planning Commission • Ministry of Gender, Children and Social Protection • User Groups
Mental health and human rights	<ul style="list-style-type: none"> • Media • Parliament • Ministry of Gender, Children and Social Protection
Universal Health Care and Sustainable Development Goals	<ul style="list-style-type: none"> • Ministry of Health • Ministry of Education

Targeted advocacy products will be presented in a way that is highly visual, succinct, free from too much jargon and technical language (i.e. easily accessible), and from which the key messages jump out quickly in the right way, e.g. short, highly colourful documents/products that are developed with design support for printing or viewing online.

Learning from other FCDO programmes indicates that building the capacity of advocacy organisations to identify entry points for advocacy and to engage effectively with key audiences supports a more sustainable approach. Developing and enhancing capacities to develop and repackage advocacy products, to present investment case messages and arguments in new settings, and to field queries from target audiences in a robust manner is likely to be a key factor in maximising the dissemination and value of the investment case. The Ghana Somubi Dwumadie programme of work already includes opportunities for technical assistance and capacity building and can therefore build in support for dissemination in this way through its grants mechanism.



For further information please contact:

Email: info@GhanaSomubi.com



@ghanasomubi



@ GhanaSomubi

Or visit our website:

<https://options.co.uk/work/ghana-participation-programme>

Address: No.6 Asoyi Crescent, East Legon, Accra