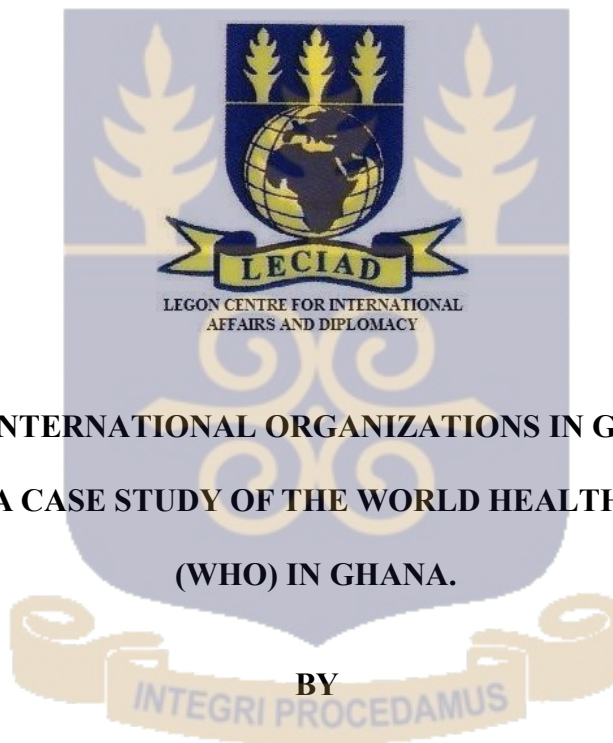


UNIVERSITY OF GHANA



LEGON CENTRE FOR INTERNATIONAL AFFAIRS AND DIPLOMACY (LECIAD)



**THE ROLE OF INTERNATIONAL ORGANIZATIONS IN GLOBAL HEALTH
GOVERNANCE: A CASE STUDY OF THE WORLD HEALTH ORGANIZATION
(WHO) IN GHANA.**

BY

RAINA ACKON-MENSAH

11006648

April 2026

**THIS DISSERTATION IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON,
IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF
MASTER OF ARTS IN INTERNATIONAL AFFAIRS**

DECLARATION

I declare that, except for references made to the work of other researchers, which I have duly acknowledged, this thesis is my own work produced from research under supervision. This thesis has not been presented to any other academic institution for any academic award. I am solely responsible for any lapses in this thesis.

Student's name and signature



.....

Raina Ackon-Mensah

Date ...14/03/2026.....

CERTIFICATION

I hereby certify that this work was done and supervised in accordance with the laid-down regulations of the University of Ghana.

Supervisor's name and signature



Prof. Daniel Dramani Kipo-Sunyezi

Date...14/03/2026.....

DEDICATION

This work is dedicated to my family for their unwavering love, encouragement, and sacrifices throughout my academic journey. Their constant support, patience, and belief in my abilities have been a continuous source of strength and motivation. I also dedicate this research to all professionals and stakeholders committed to improving public health and strengthening global health governance, whose tireless efforts continue to contribute to healthier communities in Ghana and across the world.

I would like to express my sincere gratitude to my supervisor for the invaluable guidance, constructive feedback, and continuous encouragement throughout the development of this research. Your mentorship and insightful contributions played a significant role in shaping this study and ensuring its successful completion.

My appreciation also goes to the faculty and staff of the department for their academic support and for providing an enabling environment for learning and research. I am equally grateful to all the participants of the study who provided valuable information that informed this study.

I also wish to thank my colleagues, friends, and loved ones for their encouragement, prayers, and moral support throughout this academic journey. Finally, I thank God for the strength, wisdom, and grace granted to me to complete this work.

LIST OF ABBREVIATIONS

ACT	Access to COVID-19 Tools
AFRO	World Health Organization Regional Office for Africa
AIDS	Acquired Immunodeficiency Syndrome
AIHW	Australian Institute of Health and Welfare
AMR	Antimicrobial Resistance
AVAREF	African Vaccines Regulatory Forum
CCS	Country Cooperation Strategy
CDC	Centres for Disease Control and Prevention
COVAX	COVID-19 Vaccines Global Access
COVID-19	Coronavirus Disease 2019
CRP	Collaborative Registration Process
CTD	Common Technical Document
ECDC	European Centre for Disease Prevention and Control
EPI	Expanded Programme on Immunization
EU	European Union
FCTC	Framework Convention on Tobacco Control
FDA	Food and Drugs Authority
FGM	Female Genital Mutilation
GBT	Global Benchmarking Tool
GHD	Global Health Diplomacy
GHG	Global Health Governance
GHS	Ghana Health Service
GHSA	Global Health Security Agenda
GMP	Good Manufacturing Practices
GSMS	Global Surveillance and Monitoring System
GVAP	Global Vaccine Action Plan
HIV	Human Immunodeficiency Virus
HP	Health Promotion
HS	Health Security
IGO	Intergovernmental Organization

IHR	International Health Regulations
IO	International Organization
LMIC	Low- and Middle-Income Countries
MDG	Millennium Development Goals
MVIP	Malaria Vaccine Implementation Programme
NCDs	Non-Communicable Diseases
NGO	Non-Governmental Organization
NRAs	National Regulatory Agencies
SARS	Severe Acute Respiratory Syndrome
SDG	Sustainable Development Goals
SOPs	Standard Operating Procedures
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
US	United States
USA	United States of America
USAID	United States Agency for International Development
WAHO	West African Health Organization
WHO	World Health Organization
WTO	World Trade Organization



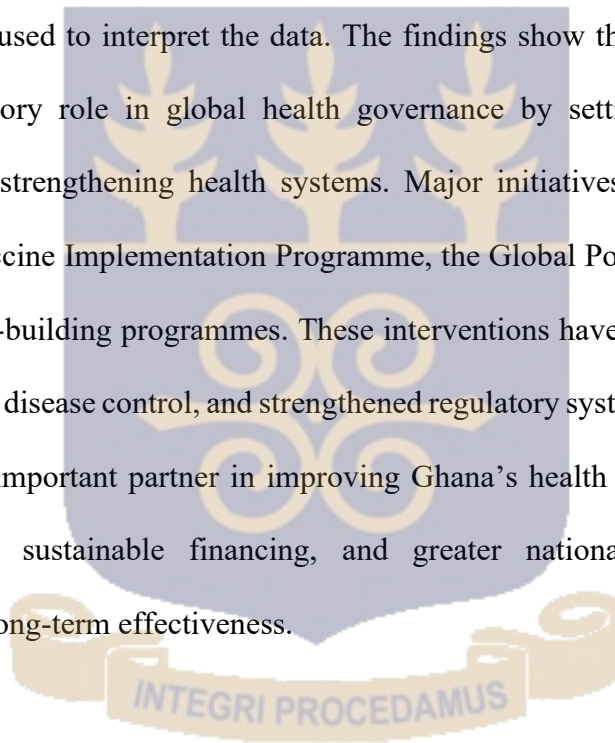
Table of Contents

DECLARATION	i
DEDICATION	ii
LIST OF ABBREVIATIONS	iii
ABSTRACT	vii
CHAPTER 1 INTRODUCTION	1
1.1 Background of the Study	1
1.2 Problem Statement	5
1.3 Objectives	7
1.4 Research Questions	7
1.5 Scope of the Study	7
1.6 Rationale of the Study	9
1.7 Limitations of the Study	10
1.8 Chapter Arrangement	10
CHAPTER TWO	11
LITERATURE REVIEW: AN OVERVIEW OF THE ROLE OF INTERNATIONAL ORGANIZATIONS IN GLOBAL HEALTH GOVERNANCE	11
2.0 Introduction	11
2.1 Conceptual Review	11
2.1.1 International Organizations	12
2.1.2 Global Health Governance	16
2.1.3 Global Health Diplomacy	20
2.1.4 Multilateral Partnerships and Collaborations	23
2.1.5 World Health Organization (WHO)	26
2.1.6 WHO's policies and initiatives in Ghana	29
2.1.7 The effect of the WHO's interventions on health outcomes in Ghana	31
2.2 Empirical Review	33
2.3 Theoretical Framework: Global Health Theory	42
2.4 Conceptual Framework	44
CHAPTER THREE METHODOLOGY	46
3.0 Introduction	46
3.1 Research Design	46
3.2 Population of the Study	47
3.3 Sample Size and Sampling Technique	48

3.4 Data Sources.....	49
3.5 Data Collection Instrument	50
3.6 Data Collection Procedure	52
3.7 Data Analysis	53
3.8 Ethical Consideration	53
CHAPTER FOUR RESEARCH FINDINGS AND DISCUSSION.....	56
4.0 Introduction	56
Table 1: Demographic characteristics of interview participants	57
Table 2. Main Themes, Sub- Themes and Categories.....	58
4.1 The role of the WHO in global health governance	58
4.2 Key policies and initiatives implemented by WHO in Ghana	62
4.3 Effect of the WHO's interventions on health outcomes in Ghana	66
4.4 Discussion	69
4.4.1 The role of the WHO in global health governance	69
4.4.2 Key policies and initiatives implemented by WHO in Ghana	71
4.4.3 Effect of the WHO's interventions on health outcomes in Ghana	74
CHAPTER FIVE.....	76
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS	76
5.0 Introduction	76
5.1 Summary of Findings	76
5.2 Conclusions	76
5.3 Recommendations	77
REFERENCES.....	79
APPENDIX 1 INTERVIEW GUIDE	91

ABSTRACT

This study examines the role of the World Health Organization (WHO) in global health governance, with a focus on its interventions in Ghana. It aims to analyse the WHO's role in shaping global health policies, identify key initiatives implemented in Ghana, and assess their impact on health outcomes. The study is guided by Global Health Theory. Using a qualitative research design, data was collected through semi-structured interviews with eight health sector stakeholders and supported with secondary data from WHO reports and academic literature. Thematic analysis was used to interpret the data. The findings show that the WHO plays a key coordinating and advisory role in global health governance by setting standards, providing technical support, and strengthening health systems. Major initiatives implemented in Ghana include the Malaria Vaccine Implementation Programme, the Global Polio Eradication Initiative, and regulatory capacity-building programmes. These interventions have contributed to improved immunisation coverage, disease control, and strengthened regulatory systems. The study concludes that WHO remains an important partner in improving Ghana's health system and recommends stronger collaboration, sustainable financing, and greater national ownership of health programmes to ensure long-term effectiveness.



CHAPTER 1

INTRODUCTION

1.1 Background of Study

International organizations play a pivotal role in global health governance, addressing challenges that transcend national borders and necessitate coordinated global responses. These organizations which can be categorised as either intergovernmental organizations (IGOs) or international non-governmental organizations (NGOs), fulfil essential functions that include coordination, setting standards, monitoring and evaluation, capacity building, and crisis response (*Agvepong et al.*, 2021; *Hushie*, 2016). Through capacity building, reducing health disparities, and encouraging ongoing quality improvement in the provision of public health services, intergovernmental organizations such as the Africa Centers for Disease Control and Prevention (CDC) offer strategic guidance and advance public health practice within member states. (*Nkengasong and others*, 2017). On the other hand, international non-governmental organizations such as Médecins Sans Frontières provide emergency medical and surgical interventions, particularly in response to natural disasters, conflict, and humanitarian crises, reflecting a core role in global health response and direct care provision (*Frontières*, 2016).

Coordination is central to their mandate, facilitating collaboration among countries and stakeholders to harmonise responses to health threats. During the COVID-19 pandemic, for instance, the World Health Organization (WHO) coordinated efforts to track the virus's spread, develop vaccines, and distribute medical resources globally, demonstrating the critical role of such coordination in managing health emergencies efficiently (*WHO*, 2013).

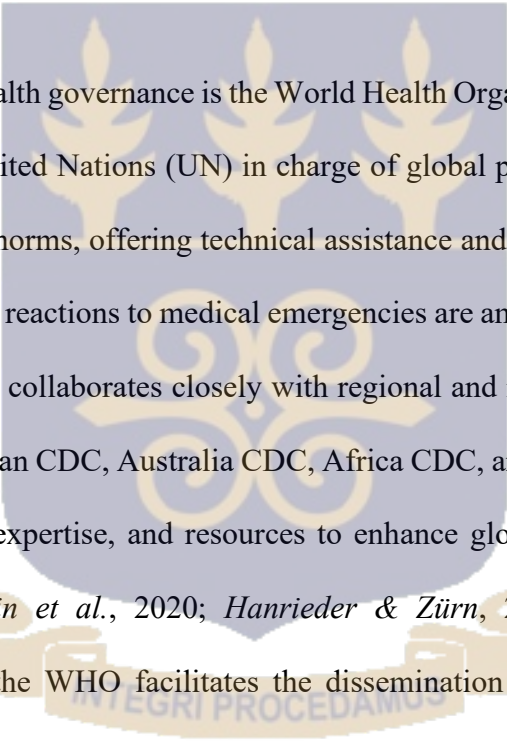
These organizations also establish global health standards and guidelines. The WHO sets norms for healthcare quality, medical products, and practices, providing a framework for member states to enhance their health systems' effectiveness and uniformity. The CDC complements this effort by offering guidelines on disease prevention, outbreak management, and vaccination strategies, crucial for countries implementing robust public health measures (*WHO, 2023; Ruger, 2012*). Monitoring and evaluation of health trends and interventions are equally vital. The WHO's Global Health Observatory monitors disease outbreaks, health system performance, and health disparities worldwide. This data informs policy decisions and enables targeted interventions where they are most needed, ensuring that resources are allocated effectively and health outcomes are optimised (*Agyepong et al., 2021; Hushie, 2016*).

Capacity building is another key function, particularly in low- and middle-income countries. Organizations like USAID invest in training healthcare workers, improving infrastructure, and strengthening disease surveillance capabilities. This support builds resilience against health threats and empowers countries to manage their health challenges independently over time (*WHO, 2013*). During crises and humanitarian emergencies, international organizations provide critical response and assistance. The UNFPA delivers reproductive health services in conflict zones and disaster areas, ensuring continuity of care amid adversity. Meanwhile, the World Bank offers financial and technical support to rebuild health infrastructure and enhance preparedness for future health crises, underscoring the importance of robust humanitarian aid mechanisms in global health governance (*WHO, 2023; Ruger, 2012*).

Each organization mentioned-UNFPA, World Bank, and WTO-brings unique expertise and resources to global health governance. The UNFPA, an IGO, promotes reproductive rights and universal access to sexual and reproductive health care, with a specific focus on women and youth. It does this by collaborating in the H6 Partnership with organizations like the WHO and the World Bank to build health care capacities and reduce maternal and infant mortality (*Canton, 2021*). The UNFPA also acts as a convening agency for young people and condom programming within the Joint UN Programme on HIV/AIDS (UNAIDS) and takes a leading role in the inter-agency task team on gender and HIV/AIDS (*Citaristi, 2022*). As well as leads the global Joint Programme to Eliminate Female Genital Mutilation/Cutting (FGM/C) by facilitating protection and care services, community education, and supporting legal and policy frameworks that ban the practice (*Citaristi, 2022*).

Three areas are used by other IGOs, such as the World Bank, to affect global health: knowledge-based (which shapes health policy knowledge), governance-based (which shapes health governance), and finance-based (which shapes health financing) (Tichenor et al., 2021). It accomplishes this through producing and sharing knowledge, offering technical support, and making policy recommendations regarding sound fiscal and macroeconomic policy, regulatory frameworks, and good governance in the health sector (Ruger, 2007). The concerns of developing nations about the effects of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) on public health and access to medicines, particularly with regard to intellectual property rights for pharmaceuticals, are addressed in the Doha Declaration of the World Trade Organization, another IGO (WHO, 2002).

These roles all contribute to a holistic approach in addressing global health challenges (*Clinton & Sridhar, 2017; Martin & Simmons, 2013*). Global health governance involves multiple international organizations working together alongside member states to address global health challenges, such as disease control, epidemics, and pandemics. These organizations play crucial roles in coordinating responses, setting standards, and providing technical assistance to member states (*Dodgson et al., 2017; Fidler, 2010*).



Leading the way in global health governance is the World Health Organization (WHO). The WHO, a specialised body of the United Nations (UN) in charge of global public health, was founded in 1948. Setting standards and norms, offering technical assistance and direction, keeping an eye on health trends, and organizing reactions to medical emergencies are among its main duties. In terms of disease control, the WHO collaborates closely with regional and national health organizations like the US CDC, the European CDC, Australia CDC, Africa CDC, and others. These partnerships enable the sharing of data, expertise, and resources to enhance global disease surveillance and response capabilities (*Gostin et al., 2020; Hanrieder & Zürn, 2017*). For instance, during epidemics and pandemics, the WHO facilitates the dissemination of information, coordinates international aid efforts, and advises countries on containment strategies.

In Africa, the WHO plays a pivotal role through its Regional Office for Africa (WHO AFRO). This office works closely with national governments and regional bodies like the West African Health Organization (WAHO) to strengthen health systems, respond to outbreaks, and promote health equity across the continent. WHO AFRO supports countries in implementing WHO

guidelines, conducting research, and building capacity to address local health challenges effectively (*Harman, 2012; Hill, 2011*). Specifically in Ghana, the WHO provides technical assistance and supports national health priorities through collaboration with the Ministry of Health and other stakeholders. This partnership enhances Ghana's ability to manage diseases, strengthen health systems, and improve healthcare delivery for its population.

WHO's role in global health governance is indispensable as it contributes significantly to disease control efforts, epidemic preparedness, and pandemic response worldwide by fostering collaboration among international, regional, and national health organizations (*Kickbusch & Liu, 2022; Kickbusch & Reddy, 2015*). Its influence extends from setting global health policies to providing critical support during health emergencies, ensuring that countries can effectively protect and promote the health of their populations (*WHO, 2023*). In this study, we look at the specific roles of the World Health Organization (WHO) in global health governance in the context of Ghana's health sector

1.2 Problem Statement

The role of international organizations in global health governance faces several daunting challenges. One significant issue is the disparity in resource allocation and attention between developed and developing regions. International organizations, such as the World Health Organization (WHO), often struggle with limited funding and resources when addressing health crises in economically disadvantaged areas (*Agyepong et al., 2021*). This exacerbates health disparities and undermines efforts to achieve global health equity.

Another critical challenge is the coordination and collaboration among various international organizations and stakeholders. Complex bureaucratic structures, overlapping mandates, and divergent priorities often lead to inefficiencies and fragmented approaches in health governance. This lack of coordination can hinder timely responses to health emergencies and diminish the overall effectiveness of global health initiatives (*Agyepong et al.*, 2021). Moreover, political dynamics and geopolitical tensions pose substantial obstacles to international organizations' ability to operate effectively in some regions. Host country politics, sovereignty concerns, and diplomatic challenges can impede the WHO and other organizations from implementing comprehensive health strategies and interventions (*WHO*, 2023).

Furthermore, the rapid evolution of health threats, such as pandemics and antimicrobial resistance, strains the capacity of international organizations to adapt and respond effectively. Insufficient preparedness and response mechanisms can leave vulnerable populations at risk and weaken global health security efforts (*Kickbusch & Szabo*, 2014; *Lidén*, 2014). Existing research on the role of international organizations in global health governance predominantly focuses on developed regions such as North America, Europe, and Australia. While studies in these areas provide valuable insights into the operations and impacts of organizations like the WHO, there is a conspicuous gap when it comes to understanding their roles in Africa, particularly in West Africa, and specifically in Ghana (*Agyepong et al.*, 2021).

For instance, studies have extensively explored the WHO's activities in countries like the USA and various European nations, highlighting their contributions to health governance and policy formulation (*Irvine et al.*, 2006; *Veillard et al.*, 2011; *Rice*, 2013; *Kahlmeier*, 2015; *WHO*, 2019).

However, there is a marked scarcity of similar empirical investigations into the WHO's interventions and effectiveness in Ghana, despite a few studies in this area in Kenya, South Africa, and Nigeria (*Hushie*, 2016). This gap is critical because Ghana faces unique health challenges, including infectious diseases, limited healthcare infrastructure, and significant socio-economic disparities, which necessitate tailored approaches from international organizations like the WHO (*Schiek*, 2022; *WHO*, 2013). Addressing this gap is essential for developing comprehensive strategies that can enhance health governance effectiveness in Ghana and other similar contexts in West Africa, thereby contributing to global health equity and resilience.

1.3 Objectives

1. To examine the role of the WHO in global health governance.
2. To explore the WHO's policies and initiatives in Ghana.
3. To analyse the effect of the WHO's interventions on health outcomes in Ghana.

1.4 Research Questions

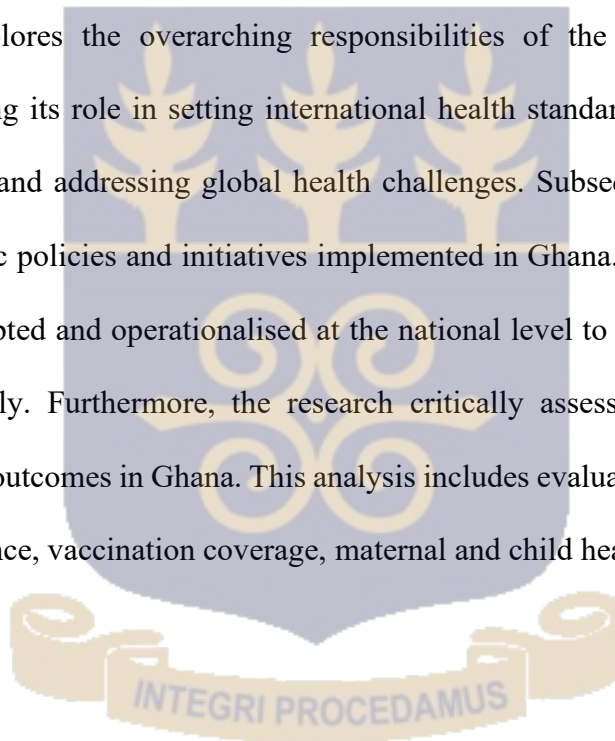
1. What role does WHO play in global health governance?
2. What are the key policies and initiatives implemented by WHO in Ghana?
3. How have the WHO's interventions influenced Ghana's health outcomes?

1.5 Scope of the Study

The geographical scope of this study is Ghana, focusing on the nation's health governance landscape within the context of the World Health Organization's (WHO) involvement. The research will delve into the specific processes, challenges, and opportunities related to formulating

and implementing global health policies within the Ghanaian health system. The study aims to offer insights that are contextually relevant to the country's unique circumstances and the role of international organizations in shaping its health governance framework by concentrating on Ghana. This study aims to comprehensively examine the role of the World Health Organization (WHO) in global health governance, with a specific focus on its policies, initiatives, and their impact in Ghana.

The research first explores the overarching responsibilities of the WHO in global health governance, emphasising its role in setting international health standards, coordinating policies among member states, and addressing global health challenges. Subsequently, the study delves into the WHO's specific policies and initiatives implemented in Ghana. The study analyses how these strategies are adapted and operationalised at the national level to tackle local health issues and priorities effectively. Furthermore, the research critically assesses the impact of WHO interventions on health outcomes in Ghana. This analysis includes evaluating key health indicators such as disease prevalence, vaccination coverage, maternal and child health, and overall access to healthcare services.



The study period focuses on 2012 to the present, as 2012 marks the enactment of the Public Health Act, 2012 (Act 851), which significantly reformed Ghana's public health system by providing a comprehensive legal framework for disease prevention, surveillance, and response. The Act strengthened the operations of institutions such as the Food and Drugs Authority (FDA) and enhanced collaboration with international partners like the WHO. Additionally, the period has

been characterised by major global health emergencies, including the Ebola Virus Disease outbreak in West Africa (2014-2016) and the COVID-19 pandemic (2019-2023), which have shaped global health governance and intensified the WHO's role in supporting national health systems. Studying this timeframe, therefore, allows for an assessment of WHO's interventions in Ghana within a modern legal framework and during a period of significant global health challenges.

1.6 Rationale of the Study

This study aims to understand the effect of the World Health Organization (WHO) on global health governance, using Ghana as a case study. The WHO is a central body in global health governance, formulating policies, setting standards, and coordinating responses to health crises. However, translating these policies into practical measures at the national level presents complexities. The study aims to assess the direct impact of WHO interventions on key health indicators in Ghana, including disease prevalence, maternal and child health, and healthcare access.

The research explores the collaborative efforts between the WHO and other stakeholders, emphasising the importance of effective partnerships in achieving global health goals. The insights gained can inform strategies to enhance coordination between international organizations and national entities. Identifying challenges faced by the WHO in Ghana provides valuable insights into the practical hurdles of implementing global health governance. Recognising opportunities for improvement contributes to discussions on optimising the effectiveness of international organizations in addressing health challenges. The findings have the potential to inform policy decisions at both global and national levels, and recommendations may guide policymakers in optimising international collaborations to address health challenges effectively.

1.7 Limitations of the Study

The findings of this study may not be easily generalised beyond the specific context of Ghana. The experiences and perspectives gathered from stakeholders in Ghana may differ significantly from those in other countries or regions, limiting the broader applicability of the study's conclusions. The study's sample size of 15 participants, while sufficient for qualitative research, may not encompass the full diversity of opinions and experiences within Ghana's healthcare and governance sectors.

Furthermore, focusing solely on Ghana may not capture variations in the WHO's effectiveness across different regions within the country. Conducting interviews and accessing relevant documents may pose logistical challenges, such as securing cooperation from busy stakeholders or accessing comprehensive secondary data sources. These challenges could potentially limit the depth and breadth of the data collected. Qualitative research inherently involves interpretation and subjective analysis. Despite efforts to minimise bias through rigorous methodology, the researchers' interpretations of stakeholders' responses and data analysis could influence the study's findings.

1.8 Chapter Arrangement

Chapter 1: Introduction

Chapter 2: Literature Review

Chapter 3: Methodology

Chapter 4: Research Findings

Chapter 5: Summary of Findings, Conclusions and Recommendations

CHAPTER TWO

LITERATURE REVIEW: AN OVERVIEW OF THE ROLE OF INTERNATIONAL ORGANIZATIONS IN GLOBAL HEALTH GOVERNANCE

2.0 Introduction

This chapter provides an in-depth review of the literature related to the role of international organizations in global health governance, with a specific focus on the World Health Organization (WHO) in Ghana. The chapter begins with an overview of what the study entails, followed by conceptual, empirical, and theoretical reviews that form the foundation of understanding for this research. Additionally, a conceptual framework was developed to guide the analysis of the WHO's role in Ghana's health governance. The conceptual review defines the key terms and concepts essential to understanding global health governance and the roles played by international organizations like the WHO. The empirical review examines existing studies, reports, and evaluations that document the WHO's activities and impact in Ghana. The theoretical review explores theoretical perspectives and frameworks that help explain the role and effectiveness of international organizations in global health governance. Based on the literature reviewed, a conceptual framework was developed to guide the analysis of the WHO's role in Ghana's health governance.

2.1 Conceptual Review

In this section, the study delves into key concepts and institutions central to global health governance, focusing on their roles, policies, and impacts. The conceptual review begins by exploring the significance of international organizations in global governance, particularly their influence in shaping policies and addressing worldwide challenges. Following this, they define

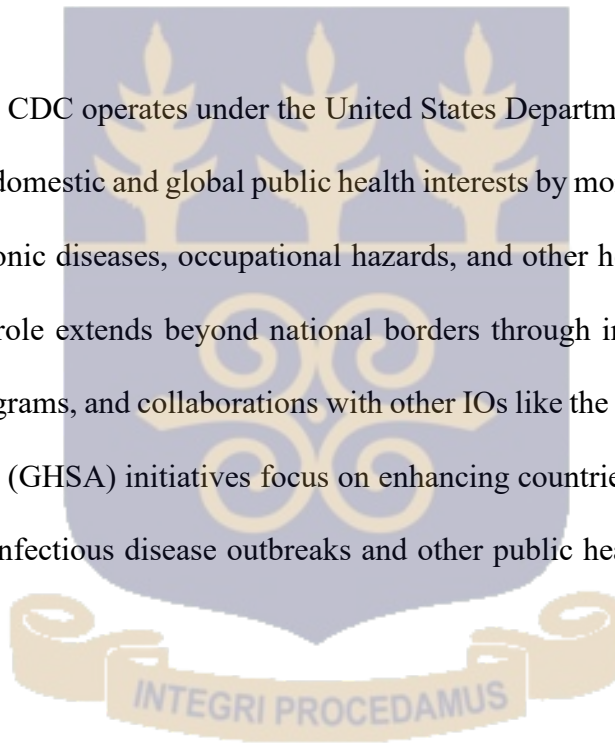
global health governance and underscore its critical role in managing health issues on a global scale. Specifically, the study examines the World Health Organization (WHO) as a pivotal actor in global health governance, analysing its functions and initiatives both globally and within specific contexts such as Ghana. Finally, the study assesses the effectiveness of WHO interventions in Ghana, highlighting their tangible impacts on health outcomes. This conceptual review aims to provide a comprehensive understanding of how international organizations, particularly the WHO, contribute to shaping and improving global health outcomes through governance and intervention strategies.

2.1.1 International Organizations

International organizations (IOs) are pivotal entities in global health governance, collaborating across borders to address health challenges that transcend national boundaries. These organizations, established through multilateral agreements among nations, operate on a global scale and play a crucial role in coordinating efforts, setting standards, and mobilising resources to improve health outcomes worldwide (*Ruger, 2012*). At the forefront of international health governance stands the World Health Organization (WHO), the preeminent global health agency. Founded in 1948, the WHO operates as the specialised agency of the United Nations responsible for international public health. It serves as a platform for member states to collectively tackle health issues, promote health equity, and advocate for universal health coverage (*Martin & Simmons, 2013*). The WHO sets global health norms and standards, provides technical assistance to countries, coordinates emergency responses to health crises, and conducts research to inform evidence-based policies.

In addition to the WHO, various regional and national health organizations contribute significantly to global health governance. For instance, the Centers for Disease Control and Prevention (CDC) in the United States, the European Centre for Disease Prevention and Control (ECDC), and the Australian CDC play critical roles in disease surveillance, outbreak response, and public health research within their respective regions (*Clinton & Sridhar, 2017*). The CDC, headquartered in Atlanta, Georgia, USA, is a premier public health institution renowned for its expertise in disease surveillance, epidemiology, and outbreak response.

Established in 1946, the CDC operates under the United States Department of Health and Human Services. It serves both domestic and global public health interests by monitoring and investigating infectious diseases, chronic diseases, occupational hazards, and other health threats (*Dodgson et al., 2017*). The CDC's role extends beyond national borders through international partnerships, technical assistance programs, and collaborations with other IOs like the WHO. The CDC's Global Health Security Agenda (GHSA) initiatives focus on enhancing countries' capabilities to prevent, detect, and respond to infectious disease outbreaks and other public health emergencies (*Fidler, 2010*).



Similarly, the European Centre for Disease Prevention and Control (ECDC), based in Stockholm, Sweden, was established in 2005 to strengthen Europe's defences against infectious diseases. The ECDC works closely with EU member states and international partners to provide timely and reliable information on disease threats, conduct risk assessments, and support public health capacity-building across Europe (*Gostin et al., 2020*). It plays a crucial role in coordinating

European responses to health crises, facilitating cross-border cooperation, and harmonising surveillance and control measures to protect public health within the European Union and beyond.

Australia's approach to health governance is supported by the Australian Government Department of Health and the Australian Institute of Health and Welfare (AIHW), which collaborate closely with the Australian CDC (*Hanrieder & Zürn, 2017*). These organizations contribute to health governance through policy development, health information dissemination, research, and public health programme implementation. The Australian CDC focuses on disease surveillance, outbreak investigation, and strengthening health systems to enhance Australia's preparedness and response capabilities against health threats, both domestically and in the Asia-Pacific region (*Harman, 2012*).

Each of these organizations operates within a distinct governance structure tailored to meet regional and national health priorities while aligning with global health governance frameworks established by the WHO and other international bodies (*Hill, 2011*). Governance structures typically include partnerships with national governments, academia, civil society, and private sector stakeholders to leverage expertise, resources, and political support for public health initiatives. They also engage in advocacy, policy development, and capacity-building efforts aimed at improving health outcomes and promoting health equity on a global scale (*Kickbusch & Liu, 2022*). These organizations collaborate closely with the WHO and other IOs to enhance global health security and strengthen public health systems worldwide.

In Africa, health governance is supported by regional initiatives such as the Africa Centres for Disease Control and Prevention (Africa CDC), established by the African Union to strengthen health systems, respond to disease outbreaks, and promote health security across the continent (*Kickbusch & Reddy, 2015*). The Africa CDC works collaboratively with national governments, regional economic communities, and international partners to build capacity, improve surveillance, and enhance preparedness for health emergencies. Within the WHO's organizational structure, regional offices such as the WHO Regional Office for Africa (AFRO) play a critical role in tailoring global health strategies to meet regional needs (*Kickbusch & Szabo, 2014*). AFRO collaborates closely with African countries to address a wide range of health challenges, including infectious diseases, maternal and child health, noncommunicable diseases, and health emergencies.

The regional office provides technical assistance, facilitates policy development, and supports capacity-building initiatives to strengthen health systems and improve health outcomes across Africa. In West Africa, the WHO Regional Office for Africa partners with countries like Ghana to address specific health challenges and support national health priorities. Ghana, like many countries in the region, faces significant health issues such as communicable diseases, maternal and child health disparities, and health system weaknesses (*Lidén, 2014*). The WHO Ghana Country Office works closely with the Ministry of Health and other stakeholders to implement WHO guidelines, strengthen disease surveillance, improve health workforce capacity, and promote health promotion initiatives.

The WHO's interventions in Ghana have yielded tangible improvements in health outcomes, including reduced maternal mortality rates, increased immunisation coverage, and enhanced management of infectious diseases such as malaria and HIV/AIDS (Mackey & Liang, 2013). The WHO contributes to building resilient health systems and advancing public health priorities in Ghana and across West Africa by collaborating with national authorities and leveraging international resources. International organizations, led by the WHO, play a crucial role in global health governance by fostering cooperation, setting standards, and mobilising resources to address health challenges globally (Nay & Barré-Sinoussi, 2022). Their efforts extend beyond individual countries' capabilities, ensuring that health equity, universal health coverage, and effective response to health emergencies are prioritised on the international agenda. As global health threats evolve, collaboration among international organizations remains essential to achieving sustainable development goals and ensuring health security for all populations worldwide (Ng & Ruger, 2011).

2.1.2 Global Health Governance

Global health governance is the intricate framework of collective efforts, mechanisms, and institutions through which nations, organizations, and stakeholders collaborate to tackle health challenges that transcend national borders (Patterson, 2018). It encompasses policies, norms, regulations, and practices aimed at coordinating global actions on health issues, reflecting the interconnectedness of health in our globalised world. The importance of global health governance cannot be overstated in addressing contemporary health challenges. Globalisation has facilitated the rapid spread of diseases, the impact of climate change on health, and the cross-border movement of goods and people, all of which necessitate coordinated international responses (Taylor, 2002).

Through global health governance, countries and organizations can share responsibilities, resources, and expertise to effectively manage pandemics, antimicrobial resistance, non-communicable diseases, and other health threats that require collective action. At its core, global health governance provides normative guidance, setting standards and best practices in public health that promote consistency and equity across nations (*Thomas & Weber, 2017*). This framework also plays a pivotal role in mobilising resources from diverse stakeholders' governments, philanthropies, private sectors, and international organizations to finance health programs, research, and infrastructure in low- and middle-income countries where resources may be scarce.

Moreover, global health governance serves as a platform for health diplomacy, facilitating diplomatic negotiations and partnerships that foster trust and collaboration among nations. It strengthens diplomatic relations and international solidarity by promoting mutual understanding and cooperation on health issues (*Van de Pas et al., 2017*). The components of global health governance are multifaceted and involve a range of actors and institutions. International organizations such as the WHO, the World Bank, and the United Nations lead efforts in setting global health priorities, coordinating responses to health crises, and providing technical assistance to countries (*Youde, 2012*).

Multilateral agreements and treaties, such as the International Health Regulations (IHR) and the Framework Convention on Tobacco Control (FCTC), provide legal frameworks for addressing specific health challenges on a global scale (*Velásquez, 2020*). Public-private partnerships are

crucial in global health governance, as they bring together governments, private sector entities, philanthropic foundations like the Gates Foundation, and non-governmental organizations (NGOs) to contribute resources, expertise, and innovative solutions to global health issues. National governments also play a vital role in implementing policies, allocating resources, and enforcing regulations that align with global health priorities (*Youde, 2018*).

Civil society and academia contribute significantly to global health governance by monitoring policies, conducting research, and advocating for the health rights of marginalised populations. Their involvement ensures that global health policies are evidence-based, inclusive, and responsive to the needs of diverse communities worldwide (*de Bengy Puyvallée, 2024*). Despite its importance, global health governance faces several challenges. One major challenge is fragmentation among various stakeholders and initiatives, which can lead to duplication of efforts and inefficiencies. Coordinating diverse actors and aligning their efforts under a unified framework requires clear leadership and governance structures.

Health inequities within and between countries also pose significant challenges to global health governance (*Meier et al., 2022*). Disparities in access to healthcare, resources, and information can exacerbate health outcomes for vulnerable populations, highlighting the need for inclusive policies and targeted interventions. Achieving consensus on global health issues often requires navigating geopolitical tensions, conflicting national interests, and varying levels of political commitment among countries (*Lou et al., 2020*). Sustainable financing for global health initiatives remains a persistent challenge, despite commitments to increase funding. Ensuring adequate and predictable funding mechanisms is essential to sustain progress in global health.

Emerging health threats, such as pandemics and antimicrobial resistance, continually test the agility and preparedness of global health governance frameworks. The COVID-19 pandemic, in particular, underscored the importance of coordinated international responses and highlighted gaps in pandemic preparedness and equitable vaccine distribution (*Meier & Gostin, 2020*). Several case studies illustrate the impact and complexities of global health governance. The Global Fund to Fight AIDS, Tuberculosis, and Malaria mobilises resources and coordinates efforts to combat these diseases worldwide. The WHO Framework Convention on Tobacco Control facilitates global cooperation to reduce tobacco consumption through evidence-based policies (*Kluczevska & Korneev, 2021*).

Debates over intellectual property rights, generic drug production, and access to medicines demonstrate challenges in ensuring equitable access to essential medicines globally. Looking ahead, strengthening global health governance requires enhanced coordination among international organizations, governments, and stakeholders to streamline efforts and avoid duplication. Investing in resilient health systems, particularly in low-resource settings, is essential to improve the capacity for prevention, detection, and response to health emergencies (*Lal et al., 2021*).

Harnessing digital health technologies, data analytics, and innovation can further improve health outcomes and healthcare delivery globally. Prioritising efforts to address health inequities and social determinants of health is crucial to ensure fair and universal access to healthcare services. Exploring innovative financing mechanisms, public-private partnerships, and donor commitments

is vital to ensure sustainable funding for global health initiatives (*Gostin et al.*, 2020). Global health governance can play a pivotal role in building a healthier and more resilient global community by addressing these challenges and implementing these strategies, as it is indispensable for addressing complex health challenges that transcend national borders.

Global health governance contributes significantly to improving health outcomes and promoting well-being worldwide by fostering collaboration, setting norms, mobilising resources, and promoting health equity (*Gostin et al.*, 2020). Despite challenges, ongoing efforts to strengthen governance structures and enhance international cooperation are crucial for achieving global health security and advancing global health equity.

2.1.3 Global Health Diplomacy

Global health diplomacy represents a critical measure within the framework of global health governance, playing a pivotal role in addressing health challenges that transcend national borders through diplomatic means (*Holst*, 2020). It involves the negotiation, collaboration, and coordination of health-related policies, agreements, and initiatives among nations, international organizations, and other stakeholders. This form of diplomacy recognises that health issues impact international relations, and that effective cooperation is essential for achieving global health goals (*Jacobsen*, 2022). One of the primary objectives of global health diplomacy is to foster cooperation and build consensus among countries on health-related issues. These issues can range from disease outbreaks and pandemics to health inequalities, access to medicines, and the impact of environmental factors on health. Countries can work together to develop common strategies, share

information and resources, and coordinate responses to health emergencies by engaging in diplomatic dialogue and negotiations (*Pauwelyn et al.*, 2022).

A notable example of global health diplomacy in action is the International Health Regulations (IHR), a legally binding instrument adopted by the WHO member states. The IHR aims to prevent, protect against, control, and respond to the international spread of disease while avoiding unnecessary interference with international traffic and trade (*Bandara et al.*, 2023). It requires countries to report certain public health events and provides a framework for coordinated international response to public health emergencies of international concern. Global health diplomacy also encompasses initiatives such as the Global Vaccine Action Plan (GVAP), which aims to prevent millions of deaths by 2020 through more equitable access to existing vaccines for people in all communities (*Gauttam et al.*, 2020). The GVAP brings together governments, international organizations, the private sector, civil society organizations, academia, manufacturers, and others to promote the value of vaccines and immunisation as a key intervention for health, equity, and development (*Büyüm et al.*, 2020).

Furthermore, global health diplomacy plays a crucial role in shaping international policies and agreements that impact health outcomes. For example, the Framework Convention on Tobacco Control (FCTC), adopted by the WHO in 2003, represents a milestone in global health diplomacy aimed at reducing tobacco consumption and its health and economic consequences globally. The FCTC provides a legal framework for countries to implement evidence-based measures to reduce tobacco use, such as tobacco advertising bans, taxation, and smoke-free public spaces (*Haider et al.*, 2020).

In addition to its role in negotiating and implementing global health policies, global health diplomacy also contributes to building trust and strengthening relationships among countries. Countries can overcome political differences and collaborate on shared health priorities, thereby promoting stability and security on a global scale by engaging in health diplomacy (*Hanson et al., 2022*). Moreover, global health diplomacy recognises the interconnectedness of health with other sectors, such as trade, environment, and security. Health issues can affect trade agreements, migration patterns, and environmental policies, and vice versa. Global health diplomacy ensures that health is considered a fundamental component of sustainable development and global governance by integrating health considerations into broader diplomatic discussions and negotiations (*Klabbers, 2022*).

However, global health diplomacy faces several challenges and limitations. One challenge is the politicisation of health issues, where national interests and political considerations may overshadow scientific evidence and public health priorities. This can lead to delays in international responses to health emergencies or disagreements over the implementation of global health policies (*Moon, 2014*). Another challenge is the uneven distribution of diplomatic capacities and resources among countries, particularly between high-income and low-income nations. Developing countries may lack the diplomatic expertise and resources needed to effectively engage in global health diplomacy and advocate for their health priorities on the international stage (*Kirton & Cooper, 2016*).

Furthermore, the effectiveness of global health diplomacy depends on the willingness of countries to collaborate and share information transparently. Building trust and cooperation among nations requires sustained efforts to promote openness, dialogue, and mutual respect. Global health diplomacy is a vital measure under global health governance, facilitating cooperation, negotiation, and coordination among countries and stakeholders to address health challenges that transcend national borders (*Meier, 2010*). Countries can develop common strategies, share information and resources, and coordinate responses to health emergencies effectively by engaging in diplomatic dialogue and negotiations. Despite challenges, global health diplomacy plays a crucial role in shaping international policies and agreements that impact health outcomes, promoting stability, security, and sustainable development on a global scale (*Buse & Walt, 2020*).

2.1.4 Multilateral Partnerships and Collaborations

Multilateral partnerships and collaborations are foundational components of global health governance, serving as critical mechanisms through which countries, international organizations, civil society, and other stakeholders work together to address complex health challenges on a global scale (*Wenham & Davies, 2023*). These partnerships leverage collective expertise, resources, and political will to achieve shared health goals, reflecting the interconnected nature of health issues in today's globalised world. At its core, multilateral partnerships in global health governance emphasise the principle of shared responsibility (*Pavone et al., 2024*). Recognising that many health challenges transcend national borders, these partnerships promote cooperation and coordination among multiple stakeholders to pool resources and expertise.

One prominent example of multilateral partnerships in global health governance is the Global Fund to Fight AIDS, Tuberculosis, and Malaria (*Peters et al.*, 2022). Established in 2002, the Global Fund mobilises resources from governments, private sector entities, philanthropic foundations, and civil society to support programs that prevent and treat these three infectious diseases worldwide. Through its partnership model, the Global Fund has made significant strides in expanding access to life-saving treatments and strengthening health systems in low- and middle-income countries (*WHO*, 2020).

Similarly, the Gavi, the Vaccine Alliance, exemplifies multilateral collaboration aimed at improving global immunisation coverage (*Pacific*, 2023). Founded in 2000, Gavi brings together governments, vaccine manufacturers, UN agencies, civil society, and private sector partners to increase access to vaccines in the world's poorest countries by negotiating lower prices for vaccines, supporting vaccine delivery systems, and strengthening immunisation programs. Gavi has helped immunise millions of children against deadly diseases (*Pacific*, 2023).

Multilateral partnerships also play a crucial role in responding to global health emergencies and pandemics. During the COVID-19 pandemic, for instance, the Access to COVID-19 Tools (ACT) Accelerator was launched as a global collaboration to accelerate the development, production, and equitable distribution of diagnostics, treatments, and vaccines (*Rudnick et al.*, 2020). The ACT Accelerator brings together governments, philanthropies, international organizations, and pharmaceutical companies to ensure that all countries have fair access to essential tools for combating COVID-19 (*Rudnick et al.*, 2020).

Furthermore, multilateral partnerships facilitate the exchange of knowledge and best practices in public health. Through platforms such as the World Health Organization (WHO) and regional health organizations, countries can share information on disease surveillance, outbreak response strategies, and health system strengthening initiatives. This collaborative approach fosters mutual learning and capacity building, enabling countries to improve their health systems and respond more effectively to health emergencies (*Moro et al., 2022*).

In addition to their operational impact, multilateral partnerships in global health governance promote equity and inclusivity; by prioritising the health needs of marginalised populations and vulnerable communities, these partnerships aim to reduce health disparities within and between countries. They advocate for human rights-based approaches to health, ensuring that everyone has access to essential health services and interventions regardless of their socio-economic status or geographic location (*Moro et al., 2022*).

Despite their effectiveness, multilateral partnerships in global health governance face challenges and limitations. Coordination among diverse stakeholders with varying priorities and mandates can be complex, leading to potential overlaps or gaps in programming. Ensuring transparency, accountability, and coherence in decision-making processes is crucial to optimising the impact of these partnerships (*Walker, 2022*). Moreover, the sustainability of multilateral partnerships relies on stable and predictable funding mechanisms. Securing long-term financial commitments from donor countries and private sector partners is essential to maintain essential health programs and respond swiftly to emerging health threats.

Multilateral partnerships and collaborations are indispensable pillars of global health governance, enabling countries and stakeholders to address shared health challenges through collective action (Garrett, 2017). Despite challenges, the collaborative efforts of multilateral partnerships continue to drive progress towards achieving global health security, universal health coverage, and sustainable development goals.

2.1.5 World Health Organization (WHO)

The World Health Organization (WHO) stands as the preeminent international agency within the framework of global health governance, established in 1948 as a specialised agency of the United Nations. Its mandate encompasses a broad spectrum of responsibilities aimed at promoting health, preventing diseases, and responding to health emergencies worldwide. At the core of the WHO's role in global health governance is its function in setting global health priorities (WHO, 2013; Ruger and Yach, 2009). The Organization identifies emerging health threats, conducts research, and provides evidence-based guidance on health policies and interventions. This role is pivotal in shaping global health agendas and fostering consensus among member states and stakeholders on pressing health issues (Velásquez, 2020; Clift, 2013). Initiatives such as the Global Health Observatory and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases exemplify WHO's efforts in this regard, emphasising the importance of collaborative action to address complex health challenges (WHO, 2024).

In addition to setting priorities, WHO fulfils critical normative and regulatory functions on the global stage (Ruger and Yach, 2009; WHO, 2013). It develops international health regulations, including the International Health Regulations (IHR) 2005, which provide a framework for

coordinating responses to public health emergencies of international concern (*Velásquez, 2020*). These regulations aim to prevent the international spread of diseases while minimising disruption to international travel and trade. Furthermore, the WHO establishes norms and standards for health products, technologies, and practices to ensure their quality, safety, and efficacy globally (*WHO, 2013; Clift, 2013*). WHO contributes to harmonising health practices across countries and improving health outcomes worldwide.

During health emergencies, the WHO plays a central role in coordinating global health responses (*Velásquez, 2020*). The Organization mobilises resources, deploys experts, and supports countries in strengthening their preparedness and response capacities (*WHO, 2024*). This function was particularly evident during the COVID-19 pandemic, where the WHO provided technical guidance, facilitated data sharing, and coordinated the global distribution of vaccines through initiatives like COVAX by leading and coordinating international responses (*WHO, 2023; Velásquez, 2020*). The WHO enhances the effectiveness and efficiency of efforts to contain outbreaks, mitigate health risks, and protect vulnerable populations worldwide.

Beyond crisis response, WHO is committed to building sustainable health systems and capacities in countries around the world (*Clift, 2013*). It provides technical assistance, capacity-building programs, and training initiatives to strengthen healthcare delivery, disease surveillance, laboratory networks, and public health infrastructure (*WHO, 2013*). WHO's Regional Offices and Country Offices play crucial roles in tailoring support to regional and national contexts, ensuring that health interventions are contextually relevant and sustainable (*Clift, 2013*). This capacity-building approach not only enhances countries' ability to respond to immediate health challenges

but also contributes to long-term improvements in health outcomes and system resilience (*WHO*, 2013).

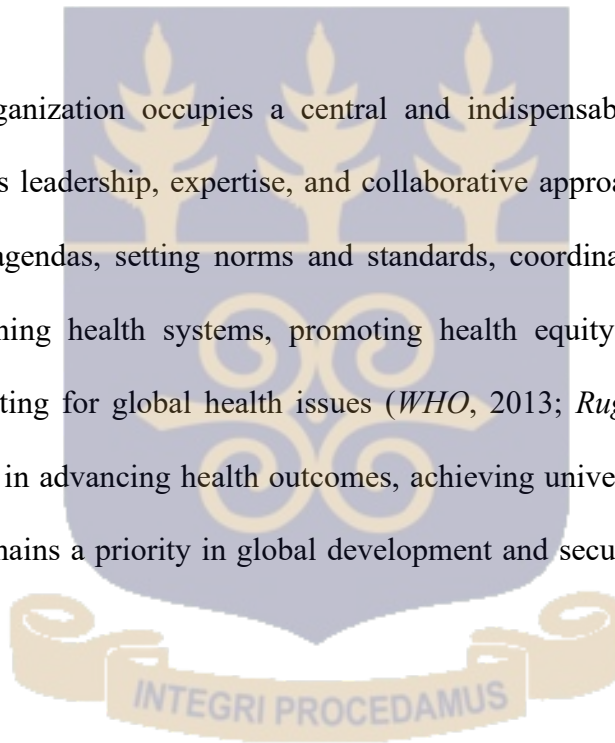
Addressing health equity and social determinants of health is another cornerstone of the WHO's global health governance efforts (*Ruger and Yach*, 2009). The Organization advocates for policies that promote health equity, gender equality, and social justice, aiming to reduce disparities in health outcomes within and between countries (*WHO*, 2024). WHO's commitment to Universal Health Coverage (UHC) underscores the importance of ensuring that all individuals and communities have access to essential health services without facing financial hardship (*WHO*, 2024). By prioritising equity in health, WHO strives to create inclusive health systems that leave no one behind.

Research and innovation are also integral components of the WHO's approach to advancing global health. The Organization promotes research collaboration and innovation in public health to generate new knowledge, technologies, and interventions that improve health outcomes worldwide (*WHO*, 2013; *Velásquez*, 2020). It collaborates with academic institutions, research organizations, and the private sector to advance scientific understanding of diseases, develop new vaccines and treatments, and strengthen health systems' resilience to emerging health threats (*Clift*, 2013). WHO drives progress in global health and enhances countries' capacity to address evolving health challenges effectively (*WHO*, 2013).

In advocating for global health issues, WHO plays a crucial role in raising awareness and mobilising political support on the international stage (*WHO*, 2013). The Organization engages in

advocacy efforts to promote health as a fundamental human right and a cornerstone of sustainable development (Velásquez, 2020). It fosters partnerships with governments, non-governmental organizations (NGOs), civil society, academia, and the private sector to leverage resources, expertise, and political commitment for achieving global health goals (WHO, 2013; WHO, 2024; Ruger and Yach, 2009). Initiatives such as the Codex Alimentarius, the Global Vaccine Action Plan and the Framework Convention on Tobacco Control exemplify the WHO's advocacy efforts to promote health and well-being worldwide.

The World Health Organization occupies a central and indispensable role in global health governance. Through its leadership, expertise, and collaborative approach, WHO contributes to shaping global health agendas, setting norms and standards, coordinating responses to health emergencies, strengthening health systems, promoting health equity, fostering research and innovation, and advocating for global health issues (WHO, 2013; Ruger and Yach, 2009). Its efforts are instrumental in advancing health outcomes, achieving universal health coverage, and ensuring that health remains a priority in global development and security efforts (WHO, 2013; WHO, 2024).



2.1.6 WHO's policies and initiatives in Ghana

The World Health Organization (WHO) implements various policies and initiatives in Ghana aimed at improving health outcomes and strengthening the country's health systems. These efforts are part of WHO's broader mandate to support member states in achieving better health for all (Agyepong *et al.*, 2021; Hushie, 2016). WHO collaborates closely with the Government of Ghana and other partners to address key health challenges and promote sustainable development in the

country. One significant policy area is disease prevention and control. WHO supports Ghana in implementing strategies to combat diseases such as malaria, tuberculosis, HIV/AIDS, and neglected tropical diseases (*Schiek, 2022; WHO, 2013*). Through technical assistance, capacity-building programs, and advocacy, WHO helps Ghana strengthen its disease surveillance systems, improve diagnostic and treatment services, and enhance community health education and awareness.

Another critical aspect of WHO's initiatives in Ghana is maternal and child health (*WHO, 2023; Ruger, 2012*). WHO collaborates with Ghanaian authorities to improve maternal and child health outcomes by promoting access to essential healthcare services, including prenatal care, safe childbirth practices, and postnatal care. WHO supports initiatives to reduce maternal and infant mortality rates, enhance immunisation coverage, and prevent malnutrition among children. These efforts contribute to improving the overall health and well-being of women and children across Ghana (*Clinton & Sridhar, 2017; Martin & Simmons, 2013*).

Furthermore, WHO plays a crucial role in supporting Ghana's efforts to achieve Universal Health Coverage (UHC). UHC aims to ensure that all individuals and communities have access to essential health services without facing financial hardship. WHO provides technical expertise and guidance to Ghana in designing and implementing health financing reforms, expanding access to healthcare facilities, and strengthening primary healthcare services (*Dodgson et al., 2017; Fidler, 2010*). WHO helps Ghana move towards achieving sustainable and inclusive health systems by advocating for UHC principles and promoting equitable healthcare access (*Gostin et al., 2020; Hanrieder & Zürn, 2017*).

In response to health emergencies and outbreaks, the WHO assists Ghana in enhancing its preparedness and response capacities. The organization provides training on outbreak detection and management, supports the deployment of emergency medical teams, and facilitates the coordination of international assistance during crises. These interventions enable Ghana to respond swiftly and effectively to public health emergencies, minimising the impact on health systems and populations. Moreover, WHO's initiatives in Ghana extend to health promotion and disease prevention (*Harman, 2012; Hill, 2011*). The organization collaborates with local communities, schools, and civil society organizations to raise awareness about health risks, promote healthy behaviours, and empower individuals to take control of their health. WHO's efforts in health promotion encompass initiatives on sanitation and hygiene, tobacco control, nutrition, and mental health, addressing both communicable and non-communicable diseases prevalent in Ghana (*Kickbusch & Liu, 2022; Kickbusch & Reddy, 2015*).

2.1.7 The effect of the WHO's interventions on health outcomes in Ghana

WHO's interventions in Ghana have had a significant impact on health outcomes across various domains, contributing to improved health indicators and better quality of life for the population. WHO's support in disease prevention and control has led to notable reductions in the burden of communicable diseases such as malaria, tuberculosis, and HIV/AIDS in Ghana (*Kickbusch & Szabo, 2014; Lidén, 2014*). Through enhanced surveillance, early detection, and effective treatment strategies, the WHO has helped decrease morbidity and mortality rates associated with these diseases. Improved access to diagnostic tools and medicines has also played a crucial role in

managing and containing outbreaks, thereby preventing further transmission within communities (Agyepong *et al.*, 2021).

Maternal and child health outcomes have also shown improvement due to the WHO's initiatives. WHO has contributed to reducing maternal mortality rates and enhancing child survival rates in Ghana by promoting maternal health services, ensuring the presence of skilled birth attendants, and encouraging breastfeeding practices. Increased immunisation coverage and nutrition interventions have further bolstered child health, leading to fewer cases of vaccine-preventable diseases and improved nutritional status among children (Hushie, 2016).

WHO's efforts in advancing Universal Health Coverage (UHC) principles have helped expand access to essential health services for vulnerable populations in Ghana. By advocating for equitable healthcare financing mechanisms and strengthening primary healthcare facilities, the WHO has enabled more Ghanaians to access quality healthcare without experiencing financial hardship. This progress towards UHC has been critical in addressing health inequities and ensuring that marginalised communities receive the healthcare they need (Schiek, 2022).

In emergencies and outbreaks, WHO's support has strengthened Ghana's capacity to respond swiftly and effectively, minimising the impact on health systems and populations. The organization's technical assistance, training programs, and logistical support have enhanced Ghana's ability to detect, manage, and control health emergencies, thereby preventing the spread of diseases and mitigating the associated health risks (WHO, 2013).

Furthermore, the WHO's health promotion initiatives have empowered Ghanaian communities to adopt healthier lifestyles and practices. WHO has contributed to reducing the prevalence of communicable diseases and promoting overall well-being among Ghanaians by raising awareness about sanitation, hygiene, nutrition, and tobacco control. These efforts have encouraged behavioural changes that support disease prevention and improve public health outcomes over the long term (*WHO*, 2023).

2.2 Empirical Review

Dodgson et al. (2017) provide an overview of why Global Health Governance has become a significant topic of discussion. They attribute this to globalisation, characterised by changes in human interactions across various social spheres like economics, politics, technology, culture, and the environment. The authors define governance broadly as the actions and means adopted by societies to promote collective action and achieve common goals. Specifically, health governance refers to how societies organise themselves to promote and protect population health. Globalisation, since the late 20th century, has heightened the importance of addressing the fundamental determinants of health, including factors traditionally outside the health domain.

This shift underscores the need for governance structures that can navigate these complexities and integrate health concerns into broader policy areas such as trade, finance, and environmental sustainability. Dodgson et al. (2017) mention the influence of management-oriented approaches from corporate governance on health systems, particularly through the concept of clinical governance. This implies a structured approach to ensuring quality and safety in healthcare

delivery, aligning with broader governance principles aimed at improving health outcomes at the clinical level.

Empirical studies show that as globalisation progresses, health issues become increasingly intertwined with global economic policies, international relations, and technological advancements. This integration necessitates collaborative governance frameworks that transcend national borders to address global health challenges like pandemics, climate change impacts on health, and disparities in healthcare access. Research indicates that effective health governance requires policies that integrate health considerations across sectors like trade, agriculture, and urban planning. This holistic approach is crucial for addressing the root causes of health issues and promoting sustainable development goals related to health and well-being (*Dodgson et al., 2017*).

Studies on clinical governance highlight its role in enhancing patient safety, improving healthcare quality, and ensuring accountability within healthcare systems. Evidence suggests that robust clinical governance frameworks lead to better clinical outcomes and patient satisfaction, illustrating the practical application of governance principles in healthcare delivery. Empirical evidence also identifies challenges such as regulatory fragmentation, inequitable access to healthcare resources, and resistance to policy coherence across sectors. Opportunities lie in fostering partnerships between public and private sectors, leveraging technological innovations for healthcare delivery, and advocating for policies that prioritise health equity and social determinants of health (*Dodgson et al., 2017*).

Dodgson et al. (2017) conceptual framework on global health governance provides a foundational understanding of how globalisation shapes health governance priorities and strategies. Empirical research supports their arguments by demonstrating the evolving landscape of global health challenges and the imperative for integrated governance approaches. Moving forward, addressing these challenges requires continuous empirical inquiry into the effectiveness of governance structures in achieving equitable health outcomes on a global scale.

Gostin et al. (2020) conducted a study regarding the challenges and reimagining of global health governance in the context of COVID-19. Gostin et al. (2020) highlight the critical role of global governance in responding to the COVID-19 pandemic, emphasising that no country acting alone can effectively combat global health threats. They argue that while international organizations such as the World Health Organization (WHO) are essential for coordinating global responses, nationalist sentiments and policies have hindered effective collaboration. Empirical studies underscore the detrimental impact of nationalism on global health governance during the COVID-19 pandemic. Nationalist governments have increasingly prioritised domestic interests over global cooperation, leading to fragmented responses, delayed international collaboration, and even withdrawal from international organizations like the WHO. For instance, the United States' decision to withdraw from the WHO and other countries' imposition of travel bans and medical supply restrictions illustrate how nationalist policies have undermined efforts for global solidarity and coordination.

Research findings highlight the challenges faced by international institutions, particularly the WHO, in navigating nationalist pressures (*Gostin et al.*, 2020). These challenges include

accusations of bias, funding cuts, and interference in scientific guidance, which have eroded the WHO's authority and operational effectiveness. Empirical evidence also reveals instances where governments have failed to comply with international health regulations (IHR), such as the timely sharing of information and implementing recommended public health measures, further complicating global health responses. The COVID-19 pandemic has exposed structural limitations in global health governance, prompting calls for reform and reimagining of international health institutions (*Rabi et al.*, 2025). Empirical insights suggest that there is a need for enhanced funding, strengthened legal frameworks, and improved mechanisms for enforcing international health regulations to bolster global health governance. Opportunities for reform include leveraging digital technologies for rapid information sharing, enhancing global health surveillance systems, and fostering inclusive decision-making processes that involve both state and non-state actors.

The United Nations (UN) and its agencies have played a pivotal role in coordinating global responses to COVID-19, including humanitarian aid and economic recovery efforts. However, political divisions among member states, particularly those in the UN Security Council, have hindered unified global health governance. Empirical research underscores the importance of multilateral cooperation and collective action in overcoming nationalist obstacles and achieving equitable global health outcomes. Gostin et al. (2020) argue that the COVID-19 pandemic presents a transformative opportunity to rethink and strengthen global health governance. Empirical evidence supports the need for international cooperation, solidarity, and institutional reforms to address current and future global health threats effectively. Moving forward, fostering a balance between nationalism and globalism will be crucial in shaping a resilient global health architecture that can respond collectively to emerging health challenges. Gostin et al. (2020) highlight the

empirical evidence supporting their arguments regarding the challenges, limitations, and opportunities for reimagining global health governance in the age of COVID-19.

Holst (2020) conducted a study on Global Health emergence, hegemonic trends, and biomedical reductionism. The study explores several critical themes and objectives related to global health, emphasising that global health extends beyond the simple geographical connotation of "global" and encompasses both local and global dimensions. It is described as a politically charged concept that addresses health as a universal right, acknowledging social inequalities, power dynamics, resource disparities, and governance challenges globally. This definition underscores the shift from international health to a broader, more inclusive approach that integrates social, political, and economic determinants of health. Holst (2020) traces the origins of global health from colonial medicine, evolving through stages like tropical medicine and international health. The term "global health" gained prominence in the 1990s, overtaking "international health". It highlights how high-income countries historically influenced the international health agenda, primarily driven by security interests, which later expanded to include broader health governance frameworks.

The paper critiques the predominant focus on biomedical reductionism in global health initiatives, driven by technological solutions and public-private partnerships (*Holst, 2020*). It argues that while such approaches may address acute health crises, they risk marginalising social determinants of health and perpetuating global health inequities, especially concerning non-communicable diseases (NCDs). Holst (2020) calls for enhanced governance strategies to manage global health effectively. This includes institutional frameworks at global, national, and regional levels that address health issues comprehensively, beyond traditional disease-focused approaches. The study

advocates for health-in-all policies and intersectoral cooperation to tackle global health challenges holistically.

It also underscores the intersection of global health with broader socioeconomic and political issues, such as global inequalities, poverty, and economic interests (*Holst, 2020*). It critiques selective approaches to health interventions and advocates for a rights-based approach to health, aligned with Sustainable Development Goals (SDGs) and the agenda for global economic progress with social justice. Lastly, the paper discusses the concept of planetary health, which expands the focus beyond human health to include ecological health and sustainability (*Holst, 2020*). It argues for a paradigm shift towards more holistic approaches that address the interconnectedness of human health with environmental and social factors in the Anthropocene era.

Despite the extensive historical and conceptual analysis, gaps in empirical evidence on the effectiveness of governance strategies and policy implementations in achieving global health objectives are evident. The study calls for policy frameworks that integrate social determinants of health and address global health inequities more effectively (*Holst, 2020*). This includes strengthening health systems, promoting health-in-all policies, and prioritising intersectoral collaboration. Future research should focus on evaluating the impact of different governance models on achieving health equity globally.

Additionally, empirical studies can explore the practical implementation of health policies that integrate social, economic, and environmental determinants of health in diverse global contexts. *Holst (2020)* provides a comprehensive analysis of global health, highlighting its evolution,

challenges, and the need for transformative governance and policy frameworks to address global health issues inclusively and equitably.

Kickbusch & Reddy (2015) conducted a study examining global health governance with a focus on the World Health Organization's (WHO) role, particularly in response to crises like the Ebola outbreak. They applied two social science conceptual frameworks, 'gridlock' and 'cosmopolitan moments', to evaluate the multilateral system's capacity for reform. Gridlock, as identified by the authors, manifests through four pathways: multipolarity, institutional inertia, fragmentation, and the challenge of addressing complex health issues (*Kickbusch & Reddy, 2020*). These factors hinder the WHO's ability to effectively navigate diverse political interests and governance challenges, thereby impeding timely global health responses. Conversely, Kickbusch & Reddy (2020) highlight 'cosmopolitan moments,' such as the HIV/AIDS and SARS outbreaks, as pivotal periods that prompted global collective action and institutional innovation. These crises provided windows of opportunity for new governance structures and enhanced international cooperation in health.

The study underscores persistent challenges within global health governance: Multipolarity complicates consensus-building among the WHO's 193 member states, each with varying political interests and levels of development. Institutional inertia, despite verbal commitments to reform, has led to budget cuts and resistance to structural changes within the WHO, hindering its adaptability (*Kickbusch & Reddy, 2020*). Fragmentation in funding and initiatives, led by external entities such as the Gates Foundation and the Global Fund, has decentralised global health efforts, weakening the WHO's normative influence and its ability to enforce universal health standards.

Additionally, addressing complex health challenges such as Ebola and climate change impacts requires multidisciplinary responses that extend beyond traditional health frameworks, further testing the WHO's operational capacity (*Kickbusch & Reddy, 2020*).

Despite these challenges, Kickbusch & Reddy (2020) highlight opportunities and achievements in global health governance. Instances like the revision of international health regulations post-SARS and the response to H5N1 influenza illustrate adaptive governance responses during cosmopolitan moments. These episodes facilitated institutional reforms and expanded the WHO's role in global health security. Furthermore, the elevation of health issues from 'low' to 'high' politics—through initiatives like the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) has enhanced the WHO's visibility and influence in global policy arenas. This shift underscores health's critical role in national security, economic stability, and sustainable development agendas (*Kickbusch & Reddy, 2020*).

Looking forward, the authors argue that global health governance is entering a second phase of political revolution. They emphasise the imperative for WHO to strengthen its leadership, harness political momentum from global crises (e.g., Ebola), and secure robust financial support and political commitment. The study provides a nuanced analysis of the evolving landscape of global health governance. It calls for the WHO to adapt strategically to address contemporary health challenges amidst geopolitical complexities and institutional constraints (*Kickbusch & Reddy, 2020*). The empirical review highlights the critical role of the WHO in navigating global health governance dynamics and fostering resilient health systems worldwide.

Universal Health Coverage (UHC), Health Security (HS), and Health Promotion (HP) in Ghana and Sierra Leone were the topic of a study by Agyepong et al. (2021) that examined the synergies and fragmentation in policy and programme agenda setting, formulation, and implementation for global health agendas. The study reveals significant insights into the factors driving or inhibiting synergies across these agendas. The research highlights contextual drivers influencing synergies and fragmentation (Agyepong et al., 2021). National and global contexts, such as political stability, economic conditions, and international agreements, shape the environment within which health agendas are pursued. Ghana's political stability and economic growth facilitated structured agenda setting, contrasting with Sierra Leone's turbulent political history, which posed challenges to cohesive policy implementation. Leadership within health systems, coupled with resource availability, emerged as critical in fostering synergies. Effective leadership enabled alignment of policies and programs across agendas, while resource constraints in LMICs underscored the need for strategic prioritisation and efficient resource allocation.

The study also delves into the complexities of policy and programme coordination. It identifies discrepancies between policy narratives advocating synergies and actual implementation practices that often prioritise single-issue approaches (Agyepong et al., 2021). This gap underscores the necessity for more coherent coordination mechanisms across different health agendas to avoid fragmentation. Moreover, the involvement of diverse stakeholders- government bodies, NGOs, and development partners- introduces complexities in agenda setting. Collaboration among stakeholders is essential for synergistic outcomes, but differing priorities and power dynamics can lead to fragmentation if not managed effectively (Agyepong et al., 2021).

Theoretical insights drawn from Lasswell's policy process framework and social science theories enrich the analysis of agenda setting and implementation dynamics. The framework helps in understanding decision-making processes and the influences shaping policy outcomes within complex health systems. The study emphasises the role of actor agency and power dynamics in determining whether synergies or fragmentation prevail in health policy implementation (Agyepong *et al.*, 2021). Policy implications arising from the study include the importance of political prioritisation to align national health strategies with global commitments such as the SDGs. Effective governance and leadership at national and sub-national levels are crucial for navigating complex health challenges and fostering inter-agency collaboration. Continuous evaluation and learning from experiences in Ghana and Sierra Leone can inform best practices for integrating health agendas and building resilience within health systems (Agyepong *et al.*, 2021).

Agyepong *et al.* (2021) provide valuable empirical insights into the dynamics of synergies and fragmentation in global health agenda implementation. Their findings emphasise the need for strategic policy coordination, effective leadership, and evidence-based decision-making to achieve synergistic health outcomes in diverse and resource-constrained settings (Agyepong *et al.*, 2021). Future research could further explore these dynamics across other LMICs and assess the long-term impacts of integrated versus fragmented health policies on population health outcomes.

2.3 Theoretical Framework: Global Health Theory

Several scholars have contributed to the development of the Global Health Theory, particularly in explaining how health issues transcend national boundaries and require coordinated interventions. The key concepts include health interdependency (how one country's health challenges can affect

others), equity and social determinants of health (health being shaped not just by medical care but also social, economic and environmental conditions) and transnational cooperation (stresses collaborative responses between governments, NGOs, IGOs, and communities) (*Kickbusch & Szabo, 2014; Chen et al., 2020*). Kickbusch argues that globalization has transformed health from a purely national concern into a global governance issue, emphasizing that health challenges such as pandemics, health inequalities and disease surveillance require cooperation among states, international organizations and non-state actors (*Kickbusch & Szabo, 2014*). Fidler on the other hand, highlights the importance of international law and global governance structures in addressing cross-border health threats. He argues that institutions such as the WHO play a crucial role in coordinating international responses to disease outbreaks and strengthening health security (*Fidler, 2010*).

Global Health Theory is relevant to the study because it explains the interconnected nature of health governance and the role of international organizations in shaping national health policies (*Schiek, 2022*). The theory helps to analyse how the WHO influences health governance in Ghana through policy guidance, technical support and collaboration with national institutions like the Ghana Health Service (GHS) and Food and Drugs Authority (FDA). It also provides a framework for understanding how global health initiatives, particularly during emergencies like the COVID-19 pandemic, affect health outcomes at the national level (*Agyepong et al., 2021; Hushie, 2016*).

Despite its usefulness, the Global Health Theory has been subjected to some criticisms due to its power imbalance as it often reflects the interests of powerful countries than the priorities of developing countries (*Koplan et al., 2009*). This study subverts that by focusing on the health

interests of Ghana, a developing country, prioritising local health issues. Some scholars also contend that the theory places excessive emphasis on decision-making in institutions like the WHO, while underestimating the importance of national governments and local contexts, leading to unequal power relations (*Farmer et al.*, 2013). In turn, the study establishes the collaborative effects of the WHO's policies and interventions with national stakeholders in the context of the Public Health Act, Act 851, where implementation would be otherwise impossible, hence a sustainable and strengthened health system.

In conclusion, global health theory provides a comprehensive framework for understanding and addressing health challenges at a global scale as it guides legislation, emergency response, and cross-border collaboration. It highlights the interconnected nature of health issues and underscores the importance of addressing social, economic, and environmental determinants of health to achieve equitable health outcomes worldwide (*Agyepong et al.*, 2021).

2.4 Conceptual Framework

A conceptual framework is a theoretical structure that provides a foundation for understanding complex phenomena or organising knowledge in a particular field of study. It consists of interconnected concepts, definitions, and propositions that help researchers or practitioners to understand, describe, explain, and predict aspects of the subject matter (*Clinton & Sridhar*, 2017; *Martin & Simmons*, 2013). This conceptual framework provides a structured approach to analysing the role of the WHO in global health governance in Ghana, considering both theoretical perspectives and practical implications within specific contexts. International Organizations (IOs) are entities formed by states and/or other international actors to achieve common goals, often in

areas requiring cooperation beyond national borders (e.g., health and environment) (*Agyepong et al.*, 2021; *Hushie*, 2016).

Global Health Governance is the collective efforts undertaken by IOs, governments, non-governmental organizations (NGOs), and other stakeholders to address global health challenges, ensure health equity, and promote international cooperation (*Dodgson et al.*, 2017; *Fidler*, 2010).

The World Health Organization (WHO) is a specialised agency of the United Nations responsible for international public health, setting norms and standards, providing technical support, and coordinating global health initiatives (*Schiek*, 2022; *WHO*, 2013). Ghana is an example of a country where the WHO and other IOs collaborate with national authorities to improve health outcomes and strengthen health systems (*WHO*, 2023; *Ruger*, 2012).

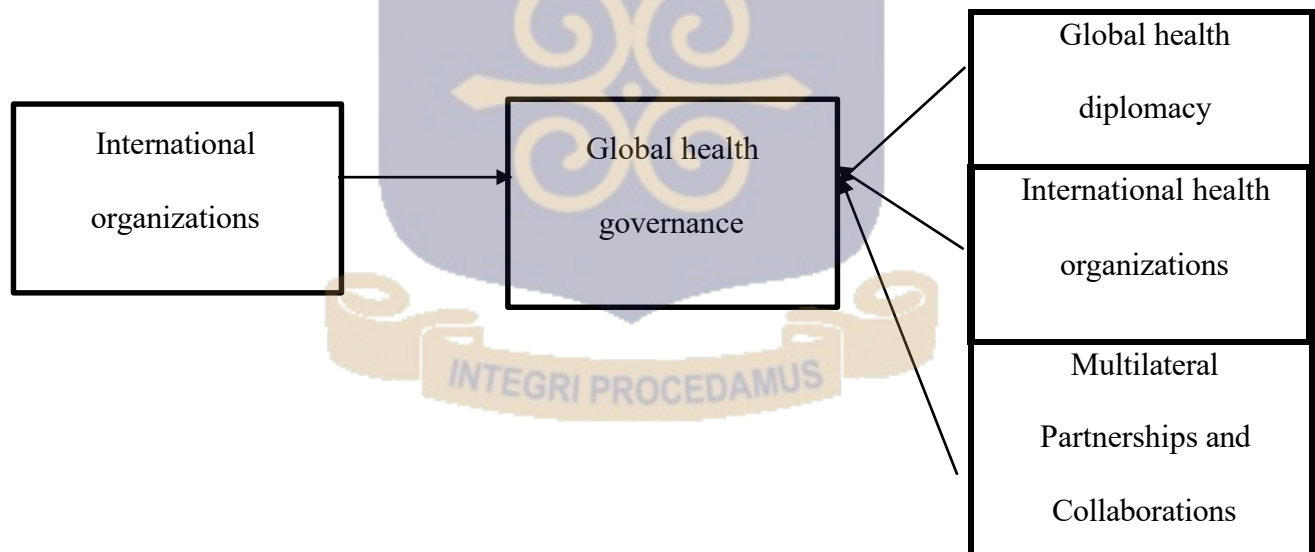


Figure 1: Conceptual Framework, 2024

CHAPTER THREE

METHODOLOGY

3.0 Introduction

In the introduction section, the study provides an overview of the research design and methodology employed to explore the role of the World Health Organization (WHO) in Ghana. Utilising a qualitative approach, both primary and secondary sources of data were used to comprehensively examine the WHO's policies, programs, and their outcomes within the Ghanaian context. This approach aims to offer deep insights into the perceptions, experiences, and interactions of key stakeholders, such as public health officials and healthcare professionals, with WHO initiatives. The study employed qualitative analysis, which involves the systematic interpretation of various qualitative data types, including interviews and document analysis; the study seeks to uncover nuanced understandings and contribute valuable insights to the field.

3.1 Research Design

In exploring the role of the World Health Organization (WHO) in global health governance within the context of Ghana, the research design adopted a qualitative approach. This choice was deliberate as it facilitated a comprehensive exploration and interpretation of policies, programs, and outcomes influenced by WHO interventions in Ghana's healthcare system (*Creswell, 2014*). Qualitative research is characterised by its focus on understanding phenomena through detailed examination and interpretation of non-numerical data. In the case of this study, qualitative analysis involved systematic scrutiny of various types of qualitative data. These included textual documents such as reports, policies, and official communications from the WHO and other stakeholders involved in health governance in Ghana (*Yin, 2018*).

Additionally, qualitative data encompassed interviews with key informants such as government officials, healthcare professionals, and members of civil society organizations involved in health issues. The qualitative approach enabled the research to uncover nuanced insights into the mechanisms through which WHO initiatives are implemented and their impact on Ghana's healthcare landscape. Furthermore, qualitative analysis allowed for flexibility in exploring emergent themes and unexpected findings that quantitative methods might overlook. This approach was particularly valuable in studying complex phenomena such as global health governance, where contextual factors, interpersonal dynamics, and socio-political influences play significant roles.

By focusing on rich, descriptive data from interviews and document reviews, the study captured stakeholders' experiences, perceptions, and interpretations. Qualitative research is best suited for addressing the “how” and “why” questions underpinning such governance processes and aligned with the case study approach, which requires detailed, contextualised, and interpretive insights into the WHO's role in global health governance.

3.2 Population of the Study

The study focuses on the WHO office situated in Accra, the capital city of Ghana. Accra serves as a critical operational hub where WHO professionals, including technical experts, policy advisors, programme managers, and support staff, collaborate to influence and support Ghana's healthcare landscape. At the core of this population are the WHO Country Representative and their team, who lead WHO's strategic initiatives in Ghana. This includes providing technical guidance on a wide

range of health issues such as infectious diseases, maternal and child health, nutrition, and health systems strengthening (*Trochim, 2016*).

Programme managers within the WHO office oversee the implementation and coordination of health programs in collaboration with local and international partners. They work closely with Ghanaian health authorities and stakeholders to ensure the effective delivery and impact of WHO interventions. Administrative and support staff play crucial roles in managing the logistical and operational aspects of the WHO's activities in Accra. They handle finances, human resources, procurement, and other administrative functions essential for the smooth operation of WHO initiatives. Additionally, collaborators from partner organizations, government agencies, academia, and civil society who engage closely with WHO in Accra contribute valuable insights and perspectives to the study.

Participants included public health officials from the Ministry of Health, healthcare professionals, workers involved in health initiatives, and community members affected by WHO programs.

3.3 Sample Size and Sampling Technique

The study employed a purposive sampling technique with a sample size of 15 participants from the Ministry of Health, healthcare professionals, workers involved in health initiatives, and community members affected by WHO programs. Purposive sampling was chosen to select participants who possess specific knowledge, experience, and roles relevant to the study's focus on the role of the World Health Organization (WHO) in global health governance within Ghana (*Cochran, 2017*). Purposive sampling allowed the researcher to deliberately select individuals who

could provide rich and detailed insights into WHO's operations, policies, and interactions within the Ghanaian healthcare context.

Participants included technical experts in various health domains, programme managers, and support staff involved in WHO initiatives in Ghana. These individuals were chosen based on their direct involvement in shaping and implementing the WHO's programs, policies, and collaborations with local stakeholders. The sample size of 15 participants was considered adequate for qualitative research, as the focus was on obtaining in-depth perspectives and experiences rather than generalizability to a larger population. Each participant's unique role and expertise contributed to a holistic understanding of WHO's contributions to global health governance in Ghana, emphasising qualitative depth over quantitative breadth.

3.4 Data Sources

The research applied both primary and secondary sources of data. The primary data was retrieved in the form of conducting written interviews with key stakeholders, such as staff from the Food and Drugs Authority who work in line with the implementation of WHO initiatives, healthcare professionals, and community members. These interviews provided insights into perceptions, experiences, and interactions with WHO and its programs.

The written interview format was chosen for the sense of anonymity and distance it created, allowing participants to express their opinions and/or share sensitive information in a comfortable environment. This encouraged them to be more open and honest in their responses, leading to richer qualitative data. This fostered an environment that promotes greater openness and honesty

in their responses, resulting in more valuable qualitative data (*Schiek, 2022*). It could also be credited for its flexibility in time and convenience, as participants could respond to the questions at their own pace and in their preferred location, thus eliminating the need to schedule one-on-one interviews.

Key informants from institutions such as the Food and Drugs Authority served as important primary sources. These informants provided first-hand information on the implementation of WHO-supported initiatives, regulatory strengthening programmes, disease control interventions, and capacity-building efforts. Their testimonies helped provide practical insights into how global health governance mechanisms operate within Ghana's health system.

3.5 Data Collection Instrument

The semi-structured interview guide for this study aimed to comprehensively explore the role of the World Health Organization (WHO) in global health governance, specifically focusing on its operations and impact within Ghana. Participants were asked to provide their name, position within their organization, their specific role related to global health governance, and their years of experience in public health. Interviewees were prompted to share their understanding of WHO's role in global health governance, discussing how WHO contributes to shaping international health policies and promoting equity and access to healthcare worldwide.

Similar to this study, Morgan et al. (2018) performed a qualitative study on how the World Health Organization (WHO) develops “rapid guidelines” using a semi-structured interview guide. Like this study, the interview guide used by Morgan et al. (2018) had open-ended questions covering the guideline development process and the questions were grouped in broad thematic sections.

Similarly, the interview guide by Morgan et al. (2018) was neatly structured by domains, had main questions and follow-up probes. Both guides sought to understand organizational behaviour, processes and roles (WHO's roles, collaborations, policy development, implementation, etc.). However, this study's guide is tailored to Ghana (national context) and to the WHO's governance role (global + national). Morgan et al. (2018) guide is global/institutional (WHO guideline development) rather than country-specific.

Questions delved into the key responsibilities the WHO undertakes in these areas. The guide included queries about the policies and initiatives that the WHO has implemented in Ghana. Interviewees were asked to describe these initiatives, explain how they are developed and prioritised, and identify challenges faced in their implementation within the Ghanaian context.

Participants discussed the observed health outcomes or improvements in Ghana attributable to the WHO's interventions. They provided insights into how the WHO measures the effectiveness and impact of its interventions and shared specific examples or success stories where WHO initiatives have significantly influenced health outcomes in the country. The interview concluded with open-ended questions inviting participants to share additional thoughts about WHO's role and impact on global health governance, particularly in Ghana.

Interviewees were encouraged to provide recommendations for enhancing the WHO's effectiveness in addressing health challenges within the country. This semi-structured approach allowed for flexibility in exploring participants' perspectives and experiences while ensuring that

all key aspects related to WHO's involvement in global health governance and its specific initiatives in Ghana were thoroughly examined. The data collected through these interviews contributed to a nuanced understanding of the dynamics and outcomes of the WHO's efforts in promoting health equity and improving healthcare access in Ghana.

3.6 Data Collection Procedure

According to Kvale (1996), semi-structured interviews provide flexibility and depth in exploring participants' experiences and perceptions. All interviews were conducted face-to-face and recorded with participants' consent for transcription and analysis. For this study on the role of the World Health Organization (WHO) in global health governance, particularly focusing on its operations in Ghana, data collection was conducted through written interviews with selected participants from the WHO office in Accra. This method was chosen to gather comprehensive qualitative insights into WHO's activities, policies, and impact within the Ghanaian healthcare context. Before commencing interviews, a detailed plan was developed outlining the study objectives, interview questions based on a semi-structured interview guide, and logistical arrangements. Ethical considerations, including informed consent procedures, confidentiality assurances, and voluntary participation, were carefully addressed.

Participants were selected using purposive sampling to ensure representation of key roles within the WHO Accra, including WHO Country Representatives, technical experts, programme managers, and support staff involved in health governance and policy implementation. The selection criteria focused on individuals with direct knowledge and experience relevant to the study objectives. Each interview began with an introduction where the researcher provided context about the study,

reassured confidentiality, and obtained informed consent from participants. The semi-structured interview guide served as a framework for questioning, allowing open-ended inquiries to encourage detailed responses and insights into WHO's role, policies, initiatives, and their impact in Ghana.

3.7 Data Analysis

Thematic content analysis was used to examine the information gathered from the interviews. In order to comprehend the viewpoints and experiences of participants, this method entails finding, classifying, and analyzing patterns or themes within qualitative data. To guarantee familiarity with the material, written data from the conducted interviews were read multiple times. After that, codes were created to identify important statements and concepts, which were then categorised into more general themes that matched the goals of the study. Thematic analysis was used because it offers a methodical yet adaptable approach to qualitative data analysis, enabling the researcher to extract significant insights from participant narratives (Braun & Clarke, 2006). Important concerns about the World Health Organization's (WHO) position in global health governance and its effect on health outcomes were brought to light by this process.

3.8 Ethical Consideration

Permission was sought from the institutions of study prior to the start of the data collection. During the study, voluntary informed consents of the participants were taken before they participated in the research. Ethical considerations are paramount in any research endeavour, particularly in studies involving human participants, such as this qualitative investigation into the role of the

World Health Organization (WHO) in global health governance in Ghana. The following ethical principles and practices were rigorously observed throughout the research process.

Before participation, all selected individuals from the WHO office in Accra were fully informed about the nature, purpose, and procedures of the study. They were assured that their participation was voluntary, and they had the right to withdraw from the study at any time without consequences. Informed consent was obtained in writing from each participant, affirming their understanding and agreement to participate. Participants' confidentiality and anonymity were strictly maintained throughout the research process. Each participant was assigned a pseudonym to ensure their identities were protected in all written communications, including interview transcripts and data analysis. Personal identifying information was kept confidential and securely stored to prevent unauthorised access. According to Creswell (2014), maintaining participants' autonomy, ensuring confidentiality, and securing informed consent are essential ethical principles in qualitative research.

Respect for participants' autonomy, dignity, and privacy was upheld at all times. Participants were treated with sensitivity and respect for their perspectives and experiences. The researcher ensured a non-judgmental approach during interviews, creating a comfortable and conducive environment for participants to freely express their views. Efforts were made to minimise any potential harm or discomfort to participants throughout the study. This included careful consideration of the interview questions to avoid sensitive topics that could cause distress. Participants were also assured that their responses would not negatively impact their standing within the WHO or in any other professional context.

The study aimed to contribute positively to knowledge and understanding of WHO's impact on global health governance, particularly in Ghana. Findings from the research may inform future policies and interventions aimed at improving health outcomes and governance frameworks within the country. The study adhered to all relevant ethical guidelines and regulations, ensuring compliance with ethical standards set forth by institutions and professional bodies.



CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.0 Introduction

This Chapter presents the findings from the study. Qualitative analysis from the study was based on qualitative data collected from the population of public health officials from the Ministry of Health, healthcare professionals, workers involved in health initiatives, and community members affected by WHO programs. An interview guide which focused on the objectives of the study was used in data collection, and data saturation was reached after interviewing 8 participants. Based on the research questions, three (3) main themes emerged.

Miles and Huberman's (2013) thematic content analysis was utilised in analysing the data gathered from participants. The themes were manually coded using colour highlighters to identify, differentiate and categorise the data under themes, sub-themes and categories.

The demographic characteristics of participants are provided and explained under a table to better define the participants. After providing the results gathered from the data collection, the findings from the study are discussed in line with existing literature.

Table 1: Demographic characteristics of interview participants

Participant Code	Role in the Health Sector	No. of Years Involved in Health-Related Initiatives
Participant 1 (P1)	GMP Inspector	10 years
Participant 2 (P2)	FDA Regulator	6 years
Participant 3 (P3)	Digital Health Personnel	2 years
Participant 4 (P4)	Member of the Community	3 years
Participant 5 (P5)	Laboratory Analyst	2 years
Participant 6 (P6)	Biomedical Scientist	1 years
Participant 7 (P7)	Regulator	15 years
Participant 8 (P8)	Evaluator and Registrar	15 years

Table 1 defines the characteristics of the 8 participants involved in the study. The table provides information on the participant numbers and codes given. From Table 1, information on the roles played by participants in the health sector is shown, and the number of years each participant has been involved in health-related initiatives is also stated. Participant 1, with participant code P1, was a Good Manufacturing Practices Inspector and had been involved in health-related initiatives for 10 years. Participant 4, with participant code P4, was a member of the community who had been involved in health-related initiatives for 3 years. Also, Participant 8, with participant code P8, was an evaluator and registrar and had been involved in health-related initiatives for 15 years.

Table 2. Main Themes, Sub- Themes and Categories

THEMES	SUB-THEMES	CATEGORIES
The Role of WHO	* General Understanding of Global Health Governance * WHO's Role in Global Health Governance	- Definition - Significance - Perception - Application
WHO Policies and Initiatives in Ghana	* Overview of WHO's presence in Ghana * Key Policies and Initiatives * Implementation and Challenges	- Relevance - Addressing
Effects of WHO Interventions	* Assessment of health outcomes * Successes and improvements * Feedback * Sustainability	- Indicators - Impact - Benefits - Feedback

Table 2 presents various themes and sub-themes that emerged from the data with additional categorisation. For every theme, a number of sub-themes are developed with additional categories provided. The findings from the interview are provided with some quotations provided under these themes, sub-themes and categories.

4.1 The role of the WHO in global health governance

The responses gathered from the interview showed that all participants defined Global Health Governance to reflect the impact on the health of individuals and the community.

In their definition, Participant 1 (P1) defined Global Health Governance as:

The modalities to ensure that the world's population is provided with all the necessary elements adequate for health security. (P1, GMP Inspector, 10 years)

According to Participant 8 (P8):

Global Health Governance has to do with the Government policy that impacts the health of individuals and the community as a whole, within nations. (P8, Evaluator and Registrar, 15 years)

Also, Participant 2 (P2) defined Global Health Governance as:

The collaboration between health institutions (both governmental and non-governmental organizations) in addressing global health challenges. (P2, FDA Regulator, 6 years)

From the study, participants were able to identify major challenges affecting global health governance today in the context of countries like Ghana. Among the challenges identified by participants were the insufficiency of means, inadequate financial budget to meet the financial needs of the health sector, the inability to share data within countries, improper management of resources, polluted air and environment, political instability, the lack of commitment by leadership to good health, finances and a lack of good policy direction.

Participants recounted their experiences of how the WHO contributes to shaping global health governance. These experiences centred around providing standards for health care delivery and helping with the implementation of good health policies.

According to Participant 1 (P1):

The WHO contributes to shaping global health governance by building the capacity of member countries and providing logistics where there is the need. (P1, GMP Inspector, 10 years)

Participant 2 (P2) added that:

WHO leads in the advocacy of critical issues such as the strengthening of regulatory systems of National Regulatory Agencies (NRAs), and the Universal Health Coverage (UHC) for all. (P2, FDA Regulator, 6 years)

From the study, the core functions of WHO within the global health space identified by participants include the to intervene strongly in times of global health crises, promote public health through the coordination and provision of technical assistance to member states, serving as moderator and authority to provide standard guidelines to health care delivery, providing quality healthcare, alerting of global hazards and providing technical and financial support to member states.

Additionally, participants shared examples of WHO-led initiatives that have been successful in global health governance, including those involving their organization. These initiatives include promoting Good Manufacturing Practices (GMP) to ensure the procurement of quality medicines, developing guidelines and standard operating procedures to address health-related issues, and mobilising countries and international partners to support health programmes. Participants also cited major disease control efforts such as the Malaria Vaccine Implementation Programme and the global campaign to eradicate Polio, which have contributed significantly to improving global health outcomes. In addition, the Organization has supported regulatory strengthening through tools such as the Global Benchmarking Tool, promoted harmonisation of medicines regulatory guidelines using the Common Technical Document (CTD) format, and led efforts to combat substandard and counterfeit medicines. At the national level, participants also noted the

organization's role in supporting initiatives such as the National Vaccine Institute and policies like the National Malaria Control Programme, as well as routine childhood immunisation programmes aimed at improving population health.

Participants provided the various means through which the WHO collaborates with local agencies, such as their organizations in global health governance.

According to Participant 8 (P8):

The WHO collaborates with my organization in global health governance through the provision of technical support, capacity building and financial support in the form of projects. (P8, Evaluator and Registrar, 15 years)

Also, from Participant 3 (P3):

The WHO collaborates with my organization in global health governance through outreach programs and by providing assistance in healthcare needs. (P3, Digital Health Personnel, 2 years)

Additionally, Participant 1 (P1) also stated that:

The WHO collaborates with my organization in global health governance by assessing the activities to ensure transparency and by providing training in regulatory activities. (P1, GMP Inspector, 10 years)

The WHO has been working actively with most of the organizations considered for the study over different time periods, with various evolutions coming up over the period.

According to Participant 1 (P1):

The WHO has been working actively with my organization since its inception. (P1, GMP Inspector, 10 years)

Participant 2 (P2) also claimed that:

The WHO has been collaborating with the Food and Drugs Authority in Ghana for over 20 years. (P2, FDA Regulator, 6 years)

Also, on the length of period in collaboration and evolutions, Participant 8 (P8) stated:

For over 15 years, the WHO has contributed to the improvement of the regulatory activities through technical and financial support, leading to the quality, safe and efficacious Medicines in the Ghanaian market (P8, Evaluator and Registrar, 15 years)

4.2 Key policies and initiatives implemented by WHO in Ghana

Participants provided examples of collaborations between the WHO, their organization and other entities that have been particularly effective in Ghana from 2012 to date. Key examples included initiatives aimed at strengthening regulatory capacity, such as the training of GMP inspectors and dossier assessors, regulatory inspections and the harmonisation of guidelines using the CTD format. Collaborative efforts in disease prevention and control were also emphasised, including the Malaria Vaccine Implementation Programme (MVIP), malaria and cholera eradication.

campaigns and the Expanded Programme for Immunization. Participants further noted the role of WHO workshops and training programmes for regulators in building local capacity and enhancing the effectiveness of these collaborative initiatives.

Participants also spoke on some of the major policies and initiatives the WHO has implemented in Ghana that have involved their organization. According to participants, these policies and initiatives have had a great impact on their work.

Participant 2 (P2) stated that:

WHO supports Ghana in vaccination campaigns such as the Measles and Rubella Initiative. The Organization also supports Ghana in the National Malaria Control Programme (P2, FDA Regulator, 6 years)

Participant 1 (P1) speaking about these policies and initiatives added:

There have been policies geared towards elevating mental health, others on enhancing capacity for malaria vaccine and some also in promoting healthcare through faith-based organizations (P1, GMP Inspector, 10 years)

In the area of investigations, Participant 6 (P6) stated that:

The World Health Organization sets some Standard operating procedures (SOPs) used for laboratory experiments (P6, Biomedical Scientist, 1 year)

Participant 8 (P8) also added:

The World Health Organization has policies for combating substandard and counterfeit

medicines, policies used at the National Vaccine Institute and for the Malaria Control

Programme (P8, Evaluator and Registrar, 15 years)

The study identified that the policies and initiatives developed by the World Health Organization are prioritised. Participants stated that there are principles that guide the selection of these initiatives with respect to Ghana's health needs.

According to Participant 2 (P2):

The World Health Organization policies and initiatives are prioritised based on the health needs of the Ghanaian people (P2, FDA Regulator, 6 years)

Participant 4 (P4) also added that:

The World Health Organization policies and initiatives are decided based on the government's health policy, existing global health challenges and emerging health problems in Ghana (P4, Member of the Community, 3 years)

The study identified World Health Organization projects in Ghana which were either ongoing or recently completed and explained their relevance to an organization's mandate.

In this regard, Participant 2 (P2) explained that:

The WHO Regulatory Systems Strengthening Programme is a programme that helps to standardise the FDA's regulatory policies, to make them align with internationally acceptable practices (P2, FDA Regulator, 6 years)

The study again determined how the WHO gets its policies and initiatives implemented by organizations in terms of the provision of health services.

To answer this, Participant 8 (P8) stated:

The World Health Organization implements its policies and initiatives in line with the Organizational mandate through the provision of technical and financial support (P8, Evaluator and Registrar, 15 years)

The study identified certain key challenges faced by their organization in the implementation of the WHO policies and initiatives. Participants noted that a lack of adequate resources and limited technical expertise often constrained their capacity to effectively execute programs. Difficulties in engaging local communities, primarily due to poor communication, further hindered collaboration with health facilities. Additionally, participants highlighted bureaucratic delays in accessing project funds, an increasing organizational workload and concerns about the feasibility of meeting prescribed timelines, all of which negatively impacted the efficient implementation of WHO-led initiatives.

To address the challenges in implementing WHO policies and initiatives, organizations have adopted several strategic measures. These include risk-based management of planned activities, organising capacity-building programs to enhance staff expertise and ensuring that funds are secured before project commencement. Additionally, organizations integrate projects into their overall programme of work and carefully plan feasible timelines to ensure that initiatives can be completed efficiently and effectively.

4.3 Effect of the WHO's interventions on health outcomes in Ghana

To assess the success of WHO initiatives in Ghana, the study determined some health indicators used. Among the indicators identified were the timely access to safe and efficacious medicines and vaccines, a reduction in maternal mortality rate, a reduction of incidence of cholera, quality, safety and efficacy of medicines/ vaccines in the Ghanaian market, among others.

Participants made known how the impact of the World Health Organization's interventions on health outcomes in Ghana is measured from their organization's perspective.

According to Participant 8 (P8):

WHO interventions on health have improved the quality of healthcare in Ghana through strengthening the regulatory framework to ensure quality, safety, and efficacious medicines/vaccines (P8, Evaluator and Registrar, 15 years)

Participant 2 (P2) also stated that:

The World Health Organization's interventions on health outcomes in Ghana are realised in the ability to regulate new and innovative medical products and technologies (P2, FDA Regulator, 6 years)

The study highlighted several WHO interventions that have had a direct and positive impact on public health in Ghana. Participants noted the training of officers, which enhanced their technical expertise and capacity in key health areas, the joint assessment of RTS's malaria vaccine, which supported effective malaria prevention and efforts in combating substandard and counterfeit

medicines, which improved the safety and quality of medicines available to the public.

According to participants, several health areas in Ghana have benefited significantly from WHO interventions. These include childhood immunisation programmes, maternal health and broader vaccination initiatives, which have improved the prevention and management of infectious diseases. Additionally, WHO support in pharmacovigilance, regulatory inspections, and the strengthening of healthcare services in hospitals and clinics has enhanced the quality, safety and effectiveness of healthcare delivery across the country.

Participants also identified several areas where WHO interventions could be strengthened to better meet Ghana's public health needs. These include supporting Universal Health Coverage (UHC) to ensure equitable access to healthcare, enhancing vaccination programmes and improving market surveillance to ensure the quality and safety of medicines. Additionally, participants highlighted the need for greater investment in health research and the continued development of the national vaccine centre/institute to build local capacity and strengthen Ghana's health system.

From the study, there is generally positive feedback from health workers, patients, and other stakeholders regarding WHO-led initiatives. However, the World Health Organization is encouraged to do more projects and initiatives.

The study found that roles played by other organizations together with the World Health Organization to ensure the sustainability of its interventions in Ghana.

According to Participant 2 (P2):

Most WHO interventions will be well sustained when the member states are self-reliant on themselves for their health needs, irrespective of gaining support from development partners. The FDA, through its Industrial Support Department, assists pharmaceutical industries with good and current practices. This will help pharmaceutical industries increase their production capacity to support the medicinal needs of the country (P2, FDA Regulator, 6 years)

The study identified several critical factors for ensuring the success of WHO initiatives in Ghana. Key among these is the availability of a dedicated focal team to drive and coordinate each initiative, coupled with enhanced collaboration between WHO and other development partners to avoid duplication of programmes. Participants also emphasised that WHO projects should be aligned with national health policies, enabling the government to take ownership and ensuring that interventions are sustainable and effectively integrated into the country's health system.

Participants recommended several measures to enhance the effectiveness of the WHO's role in global health governance, particularly in health and safety. They emphasised the importance of holding regular meetings between the WHO and other stakeholders during policy implementation, strengthening collaboration with development partners to avoid duplication of programmes and ensuring that WHO interventions align with national health policies. Additionally, participants highlighted the need for a sustainability plan for projects and interventions, as well as ensuring that WHO policies and initiatives are responsive to the actual health needs of the population.

4.4 Discussion

4.4.1 The role of the WHO in global health governance

The study explored the role of the World Health Organization (WHO) in global health governance (GHG) through the perspectives of regulatory professionals and health officials in Ghana. Participants in this study broadly defined global health governance as a collaborative framework that ensures the health security of populations worldwide. This aligns with Kickbusch and Gleicher (2012), who described global health governance as the collective efforts of governmental and non-governmental actors to manage health issues transcending national boundaries. The participants' emphasis on government policy, collaboration, and collective responsibility highlights a shared understanding that GHG requires coordination between diverse stakeholders to ensure equity in global health outcomes.

The findings reveal that participants viewed the WHO as a pivotal institution in shaping GHG through its normative, technical, and coordinating functions. Participants cited the WHO's role in building the capacity of member states, providing logistical support, and setting standards for healthcare delivery. These perspectives resonate with Lee and Kamradt-Scott (2014), who argued that the WHO's central authority derives from its constitutional mandate to act as the directing and coordinating authority on international health work. Similarly, the WHO (2021) emphasises its leadership in promoting universal health coverage (UHC), coordinating emergency responses, and strengthening health systems globally.

The participants' acknowledgement of WHO's involvement in capacity building and advocacy for stronger regulatory systems reflects the Organization's evolving role in health system strengthening. For example, the WHO's Global Benchmarking Tool (GBT) supports national

regulatory agencies (NRAs) in achieving maturity and compliance with international standards (WHO, 2021). The Ghana Food and Drugs Authority (FDA) has benefited from this initiative, which has improved the safety and quality of medicines on the Ghanaian market (*Appiah et al.*, 2020).

Participants provided several examples of WHO-led initiatives that have enhanced GHG and local health governance. These included the Good Manufacturing Practices (GMP) programme, the Malaria Vaccine Implementation Programme (MVIP), the Polio Eradication Initiative, and the Harmonisation of Medicines Regulatory Guidelines. These initiatives demonstrate the WHO's instrumental role in coordinating global responses and mobilising resources across member states. For instance, the Global Polio Eradication Initiative has significantly reduced polio incidence globally, exemplifying WHO's success in international collaboration (*Sutter et al.*, 2012; *Cochi et al.*, 2014). Similarly, the Malaria Vaccine Implementation Programme in Ghana represents the WHO's commitment to supporting innovative interventions tailored to local contexts (*WHO*, 2021).

The study also revealed that the WHO collaborates with local agencies through technical assistance, training, policy formulation, and funding. Such partnerships enable local organizations to align with global standards while addressing context-specific challenges. According to Frenk and Moon (2013), this approach embodies the concept of “shared health governance,” where international agencies and national governments co-create policies that promote equitable and sustainable health systems.

Despite these contributions, participants highlighted several challenges affecting the effectiveness

of global health governance, including limited financial resources, weak data-sharing systems, environmental concerns, political instability, and inadequate leadership commitment. Similar challenges have been noted in previous studies, which indicate that financial constraints and political fragmentation continue to hinder effective global health governance (*Fidler, 2010*). While the WHO provides global frameworks and technical guidance, the successful implementation of its initiatives largely depends on the political will and institutional capacity of member states (*Kickbusch, 2016*). Nonetheless, the Organization's long-standing partnerships and continued reforms demonstrate its enduring influence in shaping global health policy and strengthening health systems worldwide (*Clift, 2014; Frenk & Moon, 2013*).

4.4.2 Key policies and initiatives implemented by WHO in Ghana

The findings from this study reveal that the World Health Organization (WHO) plays a pivotal role in strengthening Ghana's health system through diverse policies, programmes, and collaborative initiatives. Participants described WHO's involvement across multiple health domains, including vaccination, disease eradication, regulatory system strengthening, and health workforce capacity building. These findings align with existing literature that highlights WHO's country-level engagement as central to achieving global health objectives such as Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) (*WHO, 2022*).

Participants identified several WHO-led programmes and initiatives implemented in Ghana since 2012. These include the Global Benchmarking Assessment, Good Manufacturing Practices (GMP) training, Malaria Vaccine Implementation Programme (MVIP), WHO Collaborative Registration Procedure (CRP), and the WHO Prequalification Programme for medicines and laboratories. These initiatives collectively aim to enhance the safety, quality, and efficacy of health products

and services in Ghana. The WHO's *Regulatory Systems Strengthening Programme* was particularly recognised for aligning the policies of the Ghana Food and Drugs Authority with international standards, contributing to the agency achieving Maturity Level 3 status under the WHO Global Benchmarking Tool (WHO, 2024).

In public health, participants highlighted WHO's contribution to major campaigns such as the Measles and Rubella Initiative, the National Malaria Control Programme, and cholera eradication efforts. These interventions have led to notable improvements in health outcomes, including reductions in malaria prevalence through integrated vector control, improved diagnostics, and vaccine introduction supported by the Malaria Vaccine Implementation Programme (MVIP) (Adjei et al., 2023; Adjei et al., 2024). Similarly, the Expanded Programme on Immunization (EPI), another WHO-supported initiative, has achieved high vaccination coverage and reduced childhood mortality (Adjei et al., 2021).

Furthermore, the WHO's role in combating substandard and counterfeit medicines, harmonising regulatory guidelines (CTD format), and enhancing pharmacovigilance systems was emphasised. These interventions reflect the Organization's broader global strategy for ensuring medicine quality and patient safety, especially in low- and middle-income countries (WHO, 2021). Participants noted that these initiatives have strengthened national regulatory capacities and improved the availability of safe, effective, and affordable medicines.

The study found that WHO's policies and initiatives in Ghana are guided by the country's health priorities and contextual needs. Participants explained that these initiatives are developed in line with Ghana's national health policy, government priorities, and emerging global health challenges.

This approach is consistent with the WHO's *Country Cooperation Strategy* (CCS) framework, which ensures that the WHO's support aligns with the host country's national development plans (WHO, 2020).

Participants also noted that the WHO implements its initiatives through technical and financial support, as well as capacity-building programmes. Such partnerships have been crucial in improving national health systems. For example, the training of GMP inspectors and dossier assessors has enhanced local technical expertise in drug regulation. This reflects WHO's commitment to developing sustainable institutional capacities rather than short-term interventions (Frenk & Moon, 2013). The development of the National Vaccine Institute and support for the roll-out of the MedSafety App, a pharmacovigilance tool, are examples of WHO's collaborative innovation in health technology and safety monitoring. These initiatives align with the WHO's Global Strategy on Digital Health 2020–2027, which emphasises leveraging digital tools to improve health outcomes (WHO, 2025).

Despite these achievements, participants identified several challenges affecting the implementation of WHO initiatives, including limited financial and human resources, bureaucratic processes in accessing project funds, and weak communication among local partners. Similar challenges have been observed in other low-resource settings implementing international health programmes (Osei-Tutu et al., 2025; Gostin et al., 2020). To address these issues, organizations in Ghana have adopted strategies such as risk-based management, capacity-building programmes, and integrating WHO projects into existing institutional plans (WHO, 2022). Overall, the study shows that the WHO's continued collaboration with Ghanaian health institutions has strengthened health governance, improved regulatory systems, and contributed to better health outcomes in the

country.

4.4.3 Effect of the WHO's interventions on health outcomes in Ghana

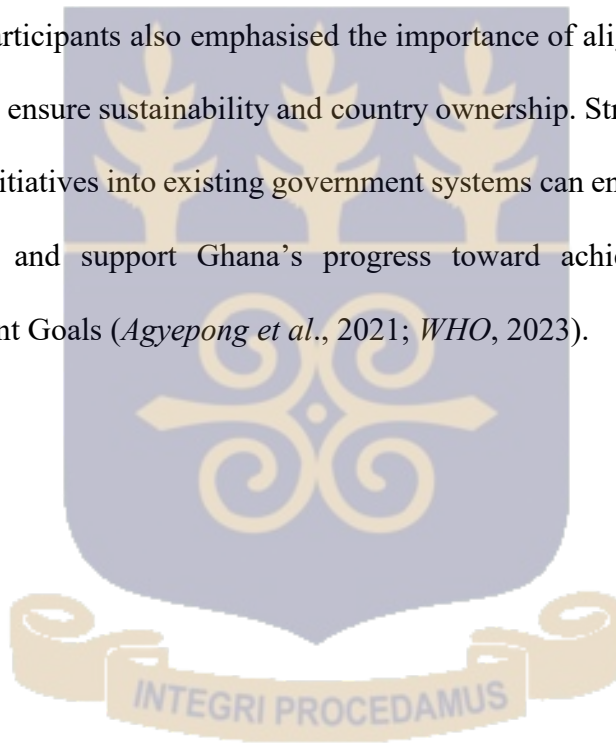
The study sought to assess the effect of the World Health Organization's (WHO) interventions on health outcomes in Ghana using qualitative data. The findings revealed that WHO interventions have had a substantial positive impact on several key health indicators, including improved access to safe and efficacious medicines and vaccines, a reduction in maternal mortality, and a decline in communicable diseases such as cholera. These outcomes align with the WHO's global mission to strengthen health systems and promote universal access to quality health services (*WHO, 2022*).

Participants acknowledged that WHO's interventions have improved the quality of healthcare in Ghana by strengthening regulatory systems and ensuring that medicines and vaccines meet international standards of safety, quality, and efficacy. This observation is consistent with previous studies indicating that WHO-supported capacity-building programmes have strengthened the operations of the Ghana Food and Drugs Authority, particularly in areas such as medicine safety monitoring and vaccine surveillance (*Owusu, Boateng and Agyeman-Duah, 2021*). In addition, the joint assessment and introduction of the RTS,S malaria vaccine in Ghana represented an important milestone in malaria control efforts (*Adjei et al., 2023*).

Participants reported increased childhood immunisation coverage and improvements in maternal health as key achievements resulting from collaboration between the WHO and Ghana's Ministry of Health. Similar findings have been reported in previous research showing that WHO-supported immunisation programmes have increased vaccination rates among children under five and reduced the prevalence of vaccine-preventable diseases such as measles and polio (*Baffoe-Bonnie*

et al., 2020). Additionally, WHO-supported maternal health initiatives have contributed to the gradual decline in maternal mortality in Ghana over the past decade (*WHO*, 2025).

Despite these achievements, participants identified several areas that require further attention, including Universal Health Coverage, vaccination research, and market surveillance. These concerns reflect earlier studies suggesting that although WHO frameworks guide national health priorities, greater local adaptation and sustainable financing are needed for long-term impact (*Asante et al.*, 2022). Participants also emphasised the importance of aligning WHO programmes with national policies to ensure sustainability and country ownership. Strengthening collaboration and integrating WHO initiatives into existing government systems can enhance efficiency, prevent duplication of efforts, and support Ghana's progress toward achieving the health-related Sustainable Development Goals (*Agyepong et al.*, 2021; *WHO*, 2023).



CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter provides a comprehensive summary of the study, draws the necessary conclusions on the study variables and necessary recommendations are given for consideration in assessing the role of international organizations in global health governance: a case study of the World Health Organization (WHO) in Ghana. The conclusions and recommendations were based on the research outcomes that helped to achieve the research objectives.

5.1 Summary of Findings

International organizations play an important role in global health governance by addressing health challenges that require coordinated international action. The World Health Organization leads these efforts by setting global health standards, providing technical guidance, monitoring health trends, and coordinating responses to health emergencies. This study examined the role of the WHO in global health governance in Ghana. Using a qualitative approach, eight participants, including public health officials, healthcare professionals, programme workers, and community members, were interviewed. Data were analysed through thematic content analysis. The findings contribute to policy discussions and offer recommendations to improve international collaboration in addressing health challenges.

5.2 Conclusions

In concluding on objective one, the World Health Organization plays a key leadership and coordinating role in global health governance by setting standards, offering technical support, promoting collaboration, and mobilising resources for health initiatives. Participants highlighted

its important contribution to strengthening national health systems and encouraging global cooperation. However, challenges such as limited funding, political pressures, and coordination with other agencies must be addressed to sustain its effectiveness and credibility.

On objective two, since 2012, the World Health Organization has supported health improvements in Ghana through disease prevention, strengthening the health system, and improving regulatory capacity. Its work in areas such as immunisation, medicine quality assurance, and training has helped the country better respond to public health challenges. However, continued government commitment, sufficient resources, and ongoing capacity building are necessary to sustain these achievements.

On the third objective, the study concludes that interventions by the World Health Organization have contributed to improvements in health outcomes in Ghana, especially in immunisation, maternal health, pharmacovigilance, and regulatory quality. To achieve lasting impact, stronger collaboration with national partners, sustainable planning, and interventions tailored to Ghana's changing health needs are essential. Overall, the findings highlight WHO's ongoing importance in global health governance and its key role in supporting Ghana's progress toward universal health coverage and sustainable health development.

5.3 Recommendations

From the findings of the study and the conclusions drawn, the following recommendations are proposed for consideration.

1. The Ministry of Health should establish a coordination unit within its existing policy planning directorate responsible for managing partnerships with international health organizations and aligning global health policies with national priorities. This will improve policy alignment between Ghana's national health strategies and global health governance frameworks.
2. The Ghana Health Service, in collaboration with the World Health Organization should increase public awareness of WHO-supported health programmes through community education campaigns leveraging on existing district health promotion units. Increased public awareness will improve participation in public health programmes and enhance their effectiveness.
3. The Ministry of Health and the Food and Drugs Authority should establish a monitoring and evaluation framework built on existing health information systems within the Ghana Health Service to track the long-term impact of WHO interventions, producing annual reports on key health indicators such as immunisation, disease surveillance, and medicine regulation. Continuous monitoring will help determine the effectiveness and sustainability of WHO interventions.

REFERENCES

- Adjei, N. K., Aheto, J. M. K., & Oduro, A. R. (2021). Childhood immunisation coverage and its determinants in Ghana: Evidence from national surveys. *BMC Public Health*, 21, 1085.
- Adjei, M. R., Amponsa-Achiano, K., Okine, R., Tweneboah, P. O., Sally, E. T., Dadzie, J. F., ... & Kuma-Aboagye, P. (2023). Post-introduction evaluation of the malaria vaccine implementation programme in Ghana, 2021. *BMC Public Health*, 23(1), 586.
- Adjei, M. R., Tweneboah, P. O., Bonsu, G., Baafi, J. V., Amponsa-Achiano, K., Asiedu-Bekoe, F., ... & Grobusch, M. P. (2024). An assessment of Ghana's pilot of the RTS, S malaria vaccine implementation programme; 2019–2021: a retrospective study. *Malaria Journal*, 23(1), 290.
- Agyepong, I. A., M'Cormack-Hale, F. A., Brown Amoakoh, H., Derkyi-Kwarteng, A. N., Darkwa, T. E., & Odiko-Ollennu, W. (2021). Synergies and fragmentation in country-level policy and program agenda setting, formulation and implementation for Global Health agendas: a case study of health security, universal health coverage, and health promotion in Ghana and Sierra Leone. *BMC Health Services Research*, 21(1), 1-15.
- Appiah, B., Ameyaw, E. K., Osei-Yeboah, R., & Agyemang-Duah, W. (2020). Strengthening medicines regulatory systems in Ghana: Progress and challenges. *Journal of Pharmaceutical Policy and Practice*, 13, 25.
- Asante, K. P., Zandoh, C., & Dery, D. B. (2022). Progress and challenges toward universal health coverage in Ghana. *International Journal for Equity in Health*, 21, 95.
- Baffoe-Bonnie, B., Aheto, J. M. K., & Sarpong, D. F. (2020). Impact of immunization programmes on childhood vaccine coverage in Ghana. *Vaccine*, 38(47), 7422–7428.
- Bandara, S., Zeinali, Z., Blandina, M., Ebrahimi, O. V., Essar, M. Y., Senga, J., ... & Wangari, M. C. (2023). Imagining a future in global health without visa and passport inequities. *PLOS Global Public Health*, 3(8), e0002310.

Buse, K., & Walt, G. (2000). Global public-private partnerships: Part II- What are the health issues for global governance? *Bulletin of the World Health Organization*, 78(5), 699-709.

Büyüm, A. M., Kenney, C., Koris, A., Mkumba, L., & Raveendran, Y. (2020). Decolonising global health: if not now, when? *BMJ Global Health*, 5(8), e003394.

Canton, H. (2021). United Nations Population Fund—UNFPA. In *The Europa Directory of International Organizations 2021* (pp. 283-285). Routledge.

Chen, X., Li, H., Lucero-Prisno III, D. E., Abdullah, A. S., Huang, J., Laurence, C., ... & Zou, Y. (2020). What is global health? Key concepts and clarification of misperceptions: report of the 2019 GHRP editorial meeting. *Global health research and policy*, 5(1), 14.

Citaristi, I. (2022). United Nations Population Fund—UNFPA. In *The Europa Directory of International Organizations 2022* (pp. 293-296). Routledge.

Clift, C. (2013). The role of the World Health Organization in the international system. Clift,

C. (2014). *What's the World Health Organization for?* London: Chatham House.

Clinton, C., & Sridhar, D. L. (2017). *Governing global health: Who runs the world and why?* Oxford University Press.

Cochi, S. L., Freeman, A., Guirguis, S., Jafari, H., & Aylward, B. (2014). Global polio eradication initiative: Lessons learned and legacy. *The Journal of Infectious Diseases*, 210(Suppl 1), S540–S546.

Cochran, W. G. (2017). *Sampling Techniques*. John Wiley & Sons.

Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. SAGE Publications.

de Bengy Puyvallée, A. (2024). The rising authority and agency of public–private partnerships in global health governance. *Policy and Society*, puad032.

Dodgson, R., Lee, K., & Drager, N. (2017). *Global Health Governance, a conceptual*

review. *Global Health*, 439-461.

Erie, M. S. (2020). Introduction to the symposium on legal dimensions of Chinese globalization: China and global health governance. *The Chinese Journal of Comparative Law*, 8(2), 281-303.

Fidler, D. P. (2010). The challenges of global health governance.

Frenk, J., & Moon, S. (2013). Governance challenges in global health. *New England Journal of Medicine*, 368(10), 936-942.

Garrett, L. (2017). The challenge of global health. In *Global Health* (pp. 525-548). Routledge.

Gauttam, P., Singh, B., & Kaur, J. (2020). COVID-19 and Chinese global health diplomacy: geopolitical opportunity for China's hegemony? *Millennial Asia*, 11(3), 318-340.

Gostin, L. O., Habibi, R., & Meier, B. M. (2020). Has global health law risen to meet the COVID-19 challenge? Revisiting the International Health Regulations to prepare for future threats. *The Journal of Law, Medicine & Ethics*, 48(2), 376-381.

Gostin, L. O., Moon, S., & Meier, B. M. (2020). Reimagining global health governance in the age of COVID-19. *American Journal of Public Health*, 110(11), 1615-1619.

Haider, N., Yavlinsky, A., Chang, Y. M., Hasan, M. N., Benfield, C., Osman, A. Y., ... & Kock, R. (2020). The Global Health Security Index and Joint External Evaluation score for health preparedness are not correlated with countries' COVID-19 detection response time and mortality outcome. *Epidemiology & Infection*, 148, e210.

Haigh, F., Kemp, L., Bazeley, P., & Haigh, N. (2019). Developing a critical realist-informed framework to explain how the human rights and social determinants of health relationship works. *BMC Public Health*, 19, 1-12.

Hanrieder, T., & Zürn, M. (2017). Reactive sequences in global health governance. *International politics and institutions in time*, 93-116.

Hanson, K., Brikci, N., Erlangga, D., Alebachew, A., De Allegri, M., Balabanova, D., ... & Wurie,

- H. (2022). The Lancet Global Health Commission on financing primary health care: putting people at the centre. *The Lancet Global Health*, 10(5), e715-e772.
- Harman, S. (2012). *Global health governance*. Routledge.
- Harris, J., Springett, J., Booth, A., Campbell, F., Thompson, J., Goyder, E., ... & Yang, Y. (2015). Can community-based peer support promote health literacy and reduce inequalities? A realist review. *Journal of Public Health Research*, 3(3).
- Heale, R., & Twycross, A. (2015). Validity and reliability in quantitative studies. *Evidence-Based Nursing*, 18(3), 66-67.
- Hill, P. S. (2011). Understanding global health governance as a complex adaptive system. *Global Public Health*, 6(6), 593-605.
- Holst, J. (2020). Global Health—emergence, hegemonic trends and biomedical reductionism. *Globalization and health*, 16(1), 42.
- Hushie, M. (2016). Public-non-governmental organization partnerships for health: an exploratory study with case studies from recent Ghanaian experience. *BMC Public Health*, 16(1), 1-13.
- Irvine, L., Elliott, L., Wallace, H., & Crombie, I. K. (2006). A review of major influences on current public health policy in developed countries in the second half of the 20th century. *The Journal of the Royal Society for the Promotion of Health*, 126(2), 73-78.
- Jacobsen, K. H. (2022). *Introduction to global health*. Jones & Bartlett Learning.
- Jagosh, J. (2019). Realist synthesis for public health: building an ontologically deep understanding of how programs work, for whom, and in which contexts. *Annual review of public health*, 40, 361-372.
- Kahlmeier, S., Wijnhoven, T. M., Alpiger, P., Schweizer, C., Breda, J., & Martin, B. W. (2015). National physical activity recommendations: systematic overview and analysis of the situation in

European countries. *BMC Public Health*, 15(1), 133.

Kelley, K., Clark, B., Brown, V., & Sitzia, J. (2003). Good practice in the conduct and reporting of survey research. *International Journal for Quality in Health Care*, 15(3), 261-266.

Kickbusch, I. (2016). Global health governance challenges 2016—are we ready? *International journal of health policy and management*, 5(6), 349.

Kickbusch, I., & Gleicher, D. E. (2012). Governance for health in the 21st century.

Kickbusch, I., & Liu, A. (2022). Global health diplomacy—reconstructing power and governance. *The Lancet*, 399(10341), 2156-2166.

Kickbusch, I., & Reddy, K. S. (2015). Global health governance—the next political revolution. *public health*, 129(7), 838-842.

Kickbusch, I., & Szabo, M. M. C. (2014). A new governance space for health. *Global health action*, 7(1), 23507.

Kim, J. Y., Farmer, P., & Porter, M. E. (2013). Redefining global health-care delivery. *The Lancet*, 382(9897), 1060-1069.

Kirton, J. J., & Cooper, A. F. (2016). Innovation in global health governance. In *Innovation in Global Health Governance* (pp. 309-340). Routledge.

Klabbers, J. (2022). *An introduction to international organizations law*. Cambridge University Press.

Kluczevska, K., & Korneev, O. (2021). Policy translation in global health governance: localising harm reduction in Tajikistan. *Global Social Policy*, 21(1), 75-95.

Koplan, J. P., Bond, T. C., Merson, M. H., Reddy, K. S., Rodriguez, M. H., Sewankambo, N. K., & Wasserheit, J. N. (2009). Towards a common definition of global health. *The Lancet*, 373(9679), 1993-1995.

Kvale, S. (1996). The 1,000-page question. *Qualitative inquiry*, 2(3), 275-284.

Lacouture, A., Breton, E., Guichard, A., & Ridde, V. (2015). The concept of mechanism from a realist approach: a scoping review to facilitate its operationalization in public health program evaluation. *Implementation Science*, 10, 1-10.

Lal, A., Erondy, N. A., Heymann, D. L., Gitahi, G., & Yates, R. (2021). Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage. *The Lancet*, 397(10268), 61-67.

Lee, K., & Kamradt-Scott, A. (2014). The multiple meanings of global health governance: a call for conceptual clarity. *Globalization and health*, 10(1), 28.

Lidén, J. (2014). The World Health Organization and global health governance: post-1990. *Public Health*, 128(2), 141-147.

Lou, L., Wei, Y., & Wei, X. (2020). The construction and reconstruction of the Global Health Governance system under public health emergencies. *Journal Global Policy and Governance*, 9(2), 97-116.

Mackey, T. K., & Liang, B. A. (2013). A United Nations global health panel for global health governance. *Social science & medicine*, 76, 12-15.

Martin, L. L., & Simmons, B. A. (2013). International organizations and institutions. *Handbook of international relations*, 2, 326-351.

Meier, B. M. (2010). Global health governance and the contentious politics of human rights: Mainstreaming the right to health for public health advancement. *Stan. J. Int'l L.*, 46, 1.

Meier, B. M., & Gostin, L. O. (2020). A Timely history: Examining the history of the World Health Organization to frame the future of global health governance.

Meier, B. M., de Mesquita, J. B., & Williams, C. R. (2022). Global obligations to ensure the right to health: Strengthening Global Health Governance to realise human rights in Global Health. *Yearbook of International Disaster Law Online*, 3(1), 3-34.

- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd Ed.). Thousand Oaks, CA: Sage.
- Moon, S. (2014). WHO's role in the global health system: what can be learned from global R&D debates? *public health*, 128(2), 167-172.
- Morgan, R. L., Florez, I., Falavigna, M., Kowalski, S., Akl, E. A., Thayer, K. A., ... & Schünemann, H. J. (2018). Development of rapid guidelines: 3. GIN-McMaster Guideline Development Checklist extension for rapid recommendations. *Health Research Policy and Systems*, 16(1), 63.
- Moro, M. F., Carta, M. G., Gyimah, L., Orrell, M., Amissah, C., Baingana, F., ... & Osei, A. (2022). A nationwide evaluation study of the quality of care and respect of human rights in mental health facilities in Ghana: results from the World Health Organization QualityRights initiative. *BMC Public Health*, 22(1), 639.
- Muntaner, C. (2019). Whither occupational class health gradients: why we need more social class theory, mechanisms, indicators, and scientific realism. *Epidemiology*, 30(3), 445-448.
- Nay, O., & Barré-Sinoussi, F. (2022). Bridging the gap between science and policy in global health governance. *The Lancet Global Health*, 10(3), e322-e323.
- Ng, N. Y., & Ruger, J. P. (2011). Global health governance at a crossroads. *Global health governance: the scholarly journal for the new health security paradigm*, 3(2), 1.
- Nkengasong, J. N., Maiyegun, O., & Moeti, M. (2017). Establishing the Africa Centres for Disease Control and Prevention: responding to Africa's health threats. *The Lancet Global Health*, 5(3), e246-e247.
- Nunnally, J. C. (2018). *Psychometric Theory* (2nd ed.). McGraw-Hill.
- Osei-Tutu, B., Kusi Asante, R. A., Agbemaflé, E. E., Danso, D., Asante, E., Kporha, I., ... & Kenu, E. (2025). Adherence to healthcare waste management protocols in selected health facilities,

Greater Accra and Eastern Regions, Ghana, 2021. *Discover Environment*, 3(1), 26.

Owusu, F. W., Boateng, D., & Agyeman-Duah, W. (2021). Strengthening pharmacovigilance systems in Ghana: The role of regulatory capacity building. *Therapeutic Advances in Drug Safety*, 12, 1–10.

Pacific, W. (2023). World Health Organization WHO Regional websites. *World*.

Patterson, A. S. (2018). *Africa and global health governance: domestic politics and international structures*. JHU Press.

Patton, M. Q. (2012). *Qualitative Research and Evaluation Methods*. SAGE Publications.

Pauwelyn, J., Maggetti, M., Bütte, T., & Berman, A. (Eds.). (2022). *Rethinking Participation in Global Governance: Voice and Influence After Stakeholder Reforms in Global Finance and Health*. Oxford University Press.

Pavone, R., Awuni, P. M., Mbinta, J., Extremes, G. S. P., Gómez, E., & Neumann, M. (2024). Global health governance. *GLOBAL HEALTH*, 18(1).

Pearson, M., Chilton, R., Wyatt, K., Abraham, C., Ford, T., Woods, H. B., & Anderson, R. (2015). Implementing health promotion programmes in schools: a realist systematic review of research and experience in the United Kingdom. *Implementation Science*, 10, 1-20.

Peters, M. A., Hollings, S., Green, B., & Ogunniran, M. O. (2022). The WHO, the global governance of health and pandemic politics. *Educational Philosophy and Theory*, 54(6), 707-716.

Pilgrim, D. (2014). Some implications of critical realism for mental health research. *Social Theory & Health*, 12, 1-21.

Pilgrim, D. (2015). The biopsychosocial model in health research: Its strengths and limitations for critical realists. *Journal of Critical Realism*, 14(2), 164-180.

Rabi, M., Samimian-Darash, L., Elbe, S., & Hilberg, E. (2025). The contemporary (re-)configuration of global health governance: reevaluating health politics in the COVID-19

pandemic. *Health Sociology Review*, 1–17. <https://doi.org/10.1080/14461242.2025.2518997>

Reid, S. (2019). The rural determinants of health: using critical realism as a theoretical framework. *Rural and remote health*, 19(3), 1-11.

Rice, T., Rosenau, P., Unruh, L. Y., Barnes, A. J., Saltman, R. B., Van Ginneken, E., & World Health Organization. (2013). United States of America: health system review.

Rudnicka, E., Napierała, P., Podfigurna, A., Męczekalski, B., Smolarczyk, R., & Grymowicz, M. (2020). The World Health Organization (WHO) approach to healthy ageing. *Maturitas*, 139, 6-11.

Ruger, J. P. (2012). Global health governance as shared health governance. *J Epidemiol Community Health*, 66(7), 653-661.

Ruger, J. P. (2007). Global health governance and the World Bank. *The Lancet*, 370(9597), 1471-1474.

Ruger, J. P., & Yach, D. (2009). The global role of the World Health Organization. *Global health governance: the scholarly journal for the new health security paradigm*, 2(2), 1.

Schiek, D. (2022). Written Online Interviews in Qualitative Social Research: On the Methodological Grounding of a New Research Practice. *Forum Qualitative Sozialforschung Forum: Qualitative Social Research*, 23(1). <https://doi.org/10.17169/fqs-23.1.3754>. (English translation).

Sutter, R. W., Kew, O. M., Cochi, S. L., & Aylward, R. B. (2012). Poliovirus vaccine-live. In *Vaccines: Sixth Edition* (pp. 598-645).

Taylor, A. L. (2002). Global governance, international health law and WHO: looking towards the future. *Bulletin of the World Health Organization*, 80, 975-980.

Thomas, C., & Weber, M. (2017). The politics of global health governance: whatever happened to “health for all by the year 2000”? In *Global Health* (pp. 103-121). Routledge.

Tichenor, M., Winters, J., Storeng, K. T., Bump, J., Gaudillière, J. P., Gorsky, M., ... & Sridhar,

D. (2021). Interrogating the World Bank's role in global health knowledge production, governance, and finance. *Globalization and health*, 17(1), 110.

Trochim, W. M. K. (2016). The Research Methods Knowledge Base. Atomic Dog Publishing.

United Nations Office for Disaster Risk Reduction. (2023). *Global Assessment Report on Disaster Risk Reduction 2023: Mapping Resilience for the Sustainable Development Goals*. Stylus Publishing, LLC.

University of Bradford, School of Management (n.d). Introduction to Research and Research Methods. *Effective Learning Service*. Retrieved from

<https://www.unrwa.org/sites/default/files/introduction-to-research-and-research-methods.pdf> on 25th May 2023.

Van de Pas, R., Hill, P. S., Hammonds, R., Ooms, G., Forman, L., Waris, A., ... & Sridhar, D. (2017). Global health governance in the Sustainable Development Goals: Is it grounded in the right to health? *Global Challenges*, 1(1), 47-60.

Veillard, J. H. M., Brown, A. D., Barış, E., Permanand, G., & Klazinga, N. S. (2011). Health system stewardship of National Health Ministries in the WHO European region: concepts, functions and assessment framework. *Health Policy*, 103(2-3), 191-199.

Velásquez, G. (2020). *The World Health Organization reforms in the time of COVID-19* (No. 121). Research Paper.

Walker, B. B. (2022). *Religion in global health and development: the case of twentieth-century Ghana* (p. 337). McGill-Queen's University Press (mqup).

Wenham, C., & Davies, S. E. (2023). What's the ideal World Health Organization (WHO)? *Health Economics, Policy and Law*, 18(3), 329-340.

WHO, C. O. (2020). World Health Organization. *Air Quality Guidelines for Europe*, (91).

Williams, L., Rycroft-Malone, J., & Burton, C. R. (2017). Bringing critical realism to nursing practice:

Roy Bhaskar's contribution. *Nursing Philosophy*, 18(2), e12130.

World Health Organization. (2002). *Implications of the Doha Declaration on the TRIPS Agreement and public health* (No. WHO/EDM/PAR/2002.3). World Health Organization.

World Health Organization (WHO) (2013). WHO's Role in Global Governance. Geneva: WHO.

World Health Organization. (2019). Improving Healthcare Quality in Europe Characteristics, Effectiveness and Implementation of Different Strategies: Characteristics, Effectiveness and Implementation of Different Strategies.

World Health Organization. (2020). *Country cooperation strategy guide 2020: implementing the Thirteenth General Programme of Work for driving impact in every country*. World Health Organization.

World Health Organization. (2022). *Achieving UHC, SDGs and health security through stronger and more comprehensive PHC* (No. SEA/RC75/13). World Health Organization. Regional Office for South-East Asia.

World Health Organization. (2022). Health systems resilience toolkit: a WHO global public health good to support building and strengthening of sustainable health systems resilience in countries with various contexts.

World Health Organization (WHO) (2023). COVID-19 Pandemic Updates. Geneva: WHO. World Health Organization (2023). *Tracking universal health coverage: 2023 global monitoring report*. World Health Organization.

World Health Organization (WHO) (2024). Our Work. Geneva: WHO. Retrieved from <https://www.who.int/our-work>

World Health Organization. (2024). *WHO Global Benchmarking Tool (GBT) for evaluation of national regulatory system of medical products: manual for benchmarking and formulation of institutional development plans*. World Health Organization.

World Health Organization. (2025). *Global strategy on digital health 2020-2027*. World Health

Organization.

World Health Organization. (2025). *Reproductive health financing in Ghana: results from the national health account study 2018–2022* (No. WHO: AFRO/ULC: 2025-40). World Health Organization. Regional Office for Africa.

Yin, R. K. (2018). *Case Study Research and Applications: Design and Methods*. SAGE Publications.

Youde, J. (2012). *Global health governance*. Polity.

Youde, J. (2018). *Global health governance in international society*. Oxford University Press.



APPENDIX 1

INTERVIEW GUIDE

Research Question 1: What role does WHO play in global health governance?

General Understanding of Global Health Governance

1. How would you define global health governance?
2. In your opinion, what are the key challenges facing global health governance today?

WHO's Role in Global Health Governance

1. How does the WHO contribute to global health governance?
2. What are the main functions of the WHO in the context of global health?
3. Can you provide examples of successful WHO-led initiatives in global health governance?

Collaboration with Other Organizations

1. How does the WHO collaborate with other international organizations, governments, and NGOs in global health governance?
2. Can you describe any specific partnerships or collaborations that have been particularly effective?

Research Question 2: What are the key policies and initiatives implemented by the WHO in Ghana?

Overview of WHO's Presence in Ghana

1. How long has the WHO been active in Ghana?
2. What are the primary goals of the WHO's presence in Ghana?

Key Policies and Initiatives

1. What are the major policies and initiatives implemented by the WHO in Ghana?
2. How are these policies and initiatives developed and prioritised?
3. Can you highlight any recent or ongoing WHO projects in Ghana?

Implementation and Challenges

1. How are the WHO's policies and initiatives implemented at the local level in Ghana?
2. What challenges does the WHO face in implementing its initiatives in Ghana?
3. How does the WHO address these challenges?

Research Question 3: How have the WHO's interventions influenced Ghana's health outcomes?

Assessment of Health Outcomes

1. How do you measure the impact of WHO's interventions on health outcomes in Ghana?
2. What key health indicators are used to evaluate the success of WHO initiatives?

Success Stories and Areas for Improvement

1. Can you share specific success stories or case studies where WHO's interventions have significantly improved health outcomes in Ghana?
2. In which areas do you believe WHO's interventions have had the most substantial impact?
3. Are there any areas where the WHO's interventions could be improved?

Community and Stakeholder Feedback

1. How do local communities and stakeholders perceive the WHO's interventions in Ghana?
2. What feedback have you received from health workers, patients, and other stakeholders

regarding WHO initiatives?

Sustainability and Long-term Impact

1. How does the WHO ensure the sustainability of its health interventions in Ghana?
2. What strategies are in place to ensure long-term positive health outcomes once WHO projects are completed?

Recommendations

1. In your opinion, what are the most critical factors for the success of WHO's initiatives in Ghana?
2. What recommendations would you make to enhance the effectiveness of the WHO's role in global health governance, particularly in Ghana?

