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The Failure to Learn Lessons from Policy Failures in Developing Countries? The Case of Electricity Privatization in Ghana

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ABSTRACT

Do policy makers learn from their failures? The rational and normal expectation would be that they do, but experience shows otherwise. Notwithstanding the valuable and multiply expected learning opportunities presented by such failures, especially in Africa, policy errors continue unabated in both the developed and developing worlds. Even the high-profile nature of the failures across the continent seems insufficient to convince African policy makers of their significance. Focusing on the recent electricity privatization fiasco in Ghana, this paper examines factors that impede or otherwise affect policy makers' ability to learn from their mistakes. Using interviewing a number of officials involved in the process of electricity privatization, we identified five main factors that continue to affect policy learning from policy failures in Ghana.

KEYWORDS

Policy failure; policy politicisation; policy diffusion; policy imposition; privatization; Ghana

Introduction

Do policy makers learn from their mistakes? This is a question with which scholars of public policy continue to wrestle (See O'Donovan, 2017). The lesson learning literature focuses not only on learning in the context of different policies, actors, and their environments, and on the successful implementation of policies elsewhere, but also on whether those same policy actors learn from their mistakes when pursuing later policy enactments in the same socio-political environment. In a rational and, one might say, normal world one would expect policy makers to learn from their errors, but this seems not to be the case. Repeated policy errors continue to occur in many countries in both the developed and developing worlds (Mueller, 2020).

The limited success of many high-profile policy initiatives across the globe and the persistence of ideas about policy learning and policy failure have led to the resurrection of the study of public policy. Dunlop (2020) recently emphasized the need to study the question of whether policy makers learn from failures. To him, examining policy learning from the perspective of policy failure is important, and “policy failures present valuable and multiple opportunities for policy learning . . . the potential is very difficult to explain” (Dunlop, 2020, p. 2).

Nowhere is this potential more serious than in developing countries; and in particular, Africa. It is serious because developing countries have been accused of not

making their own policies (Conteh & Ohemeng, 2009; Horowitz, 1989), but of being, rather, ‘policy bandwagoners’ (Ikenberry, 1990), or ‘policy hooks’ (Ohemeng, 2005) to the international policy making game. Yet we continue to see policy failures across the continent, despite help from international policy actors in designing policies and, to some extent, in implementation.

One policy area rife with failure is that of privatization, defined broadly as any means of transferring or shifting the functions, responsibilities, and authority of public organizations to private sector management (Bensch, 2019; Hailu et al., 2012). Since the early 1980s, and with the adoption of World Bank/IMF backed Structural Adjustment Programs, a good number of African countries have embarked on privatization to reduce the size of their public sectors (Estrin & Pelletier, 2018), which had been described as suffering from “bureaucratic elephantiasis” (Goldsmith, 1999). While in most countries privatizations initially concentrated on selling off moribund state-owned enterprises (SOEs), from the early to mid-1990s attention turned to core SOEs, such as water and electricity. By the late 1990s to the early 2000s, therefore, a number of these public utilities on the continent had either been privatized or were on the chopping block (Bayliss & Fine, 2008; Imam et al., 2019).

Unfortunately, the outcome of the early utility privatization movement has been abysmal (Bayliss and Fine, 2008; Bayliss & McKinley, 2007; Bogdonoff & Rubin,

2007). The private entities' management was so disastrous that governments had to un-privatise them or begin bringing these services back to in-house delivery (Bayliss, 2008). For example, in Ghana the privatization of Urban Water services failed to achieve its purpose, and created problems for the private entity and for the Ghana Water and Sewerage Company that were so massive the government had to reverse course and renationalize it (Mvulirwenande et al., 2019 Ohemeng and Zaato 2015). Water privatization failed in Tanzania as well (Bayliss, 2008). There were similar experiences in South Africa, Guinea, Senegal, and many other countries (Bensch, 2019; Malgas & Eberhard, 2011). Policy failures have also led to public project failures, leading to severe infrastructure deficit, and impeding economic growth (Damoah & Akwei, 2017).

One would expect policy makers to have learned vital lessons from these disasters, but they haven't. In early 2019 Ghana privatized its electricity after years of feet-dragging (Gore et al., 2019; MacLean et al., 2016). It was premised on the 'inefficiencies', to the extent of an inability to provide power consistently, and despite myriad reforms, of the Electricity Company of Ghana (ECG), the state-owned company. In fact, the power supply became so erratic that Ghanaians now have an expression for it: *dumsor dumsor* – literally, switch on and off, and also *dum dum*, indicating a total blackout (Gore et al., 2019; Ohemeng et al., 2020).

It was against this background that the government privatized the ECG to Power Distribution Services (PDS). Three months later it terminated the contract agreement with PDS, and renationalized electricity, constituting yet another public utility privatization debacle in Ghana. What factors led to the failure of the privatization of the ECG? In embarking upon the ECG's privatization, did Ghanaian policy makers learn anything from the failure of water privatization in the early 2000s, or from other failed utility privatizations around the world? What prevents policy makers in Ghana from learning from policy failures? learning?

We draw on the policy learning and failure literature to argue that factors such as policy imposition from external sources, persistent budgetary constraints, weak administrative capacity, elite corruption, and the lack of collaborative policy making process, which in turn led to wrong policy designs and policy capture by some interested actors, ultimately affected the ability of policy-makers to learn and use lessons from previous policy failures in the privatization process. The objective of this paper is not to detail the privatization of the ECG, but rather to examine how these factors led to the privatization fiasco, and to identify the lessons that can be learned from it.

The paper begins with a brief review of the policy failure and policy learning literature. This is followed with a discussion of the privatization of the ECG. We then proceed to analyze the factors that might have impeded learning. We conclude with some suggestions for a way forward.

Policy failure and policy learning: a literature review

The idea of policy failure continues to generate heated discussion among policy scholars (Dunlop, 2020; McConnell, 2015). What constitutes failure – and even success – when it comes to policy is difficult to pinpoint (Ingram & Mann, 1980). Even the dictionary definition of "failure" is incomplete, inasmuch as failure is described simply as the lack of success. The concept is thus presented as the opposite of something (Howlett, 2012). Returning to the context of policy, another problem is that the concept of failure "involves a calculation of whether a policy outcome is Pareto inefficient in the sense that Pareto efficiency provides society with a utility-possibility frontier where an individual cannot be made better off without another being made worse off" (Grant, 2009, p. 558). In a nutshell, there is no policy failure if not achieving the policy goals does not cause anyone to suffer. Another issue is that of using different terms, such as "policy accidents, errors, mistakes, and anomalies" (Howlett, 2012, p. 539), to refer to policy failure. The third factor that has affected the concept's definition is 'measurement'. How should one measure policy success or failure? To some scholars, the policy environment is extremely complex (Hudson et al., 2019); hence, a policy success or failure may be due to factors beyond what the policy was intended to achieve; or a policy failure, for example, may lead to the successful introduction and implementation of another policy (Ingram & Mann, 1980).

Be these things as they may, the definitions in the literature can be grouped into broader and narrower perspectives. The narrower view focuses on the inability of a policy to completely achieve its intended goals (McConnell, 2015); or, simply put, "absolute nonachievement" (Hudson et al., 2019, p. 2). Those who subscribe to this view do not acknowledge small or modest successes. McConnell (2010) says that "a policy fails if it does not achieve the goals that proponents set out to achieve, and opposition is great and/or support is virtually non-existent" (356–7). Residual effects of a policy are ignored because they are not seen as part of the objectives. Nair and Howlett (2020) subscribe to this idea, and define policy failure as the "failure of policy to attain policy objectives, the occurrence of outcomes

that have adverse impacts on target populations, or ones which have negative political outcomes for policy makers” (133).

The problem with such a narrow definition is that it does not recognise any, even limited, success or impact the policy may have. For instance, in discussing the definitional quandary in relation to the introduction of Medicare and Medicaid in the US, Ingram and Mann (1980) wrote:

Measured against the objective needs of old people faced with rapidly escalating medical costs, it unquestionably was a success. Measured against overall societal costs, it was pitifully inadequate . . . Medicare has reduced the financial burden on the aged . . . and made accessible to them medical care they otherwise found unavailable, although it may be also have contributed to medical cost inflation. Medicaid has not substantially reduced the financial burdens of the poor, but it has made medical care more accessible . . . [and] improved the health of the poor (13).

Defining the concept based on “absolute nonachievement” is thus, perhaps, excessive, and in need of refinement.

On the other hand, there are those who have recognised that policy failure cannot be considered in absolute terms. To such scholars a policy may have multiple objectives, and its targets may be multiple segments of the population. Failure to achieve one or more objectives but succeeding in others must thus be acknowledged. This is what McConnell (2010) considers the ‘grey areas in-between’.

In this paper, we define policy failure as the inability of a given public policy to achieve its objectives, which then leads to a policy reversal and a complete abandonment of such policy. In our view, therefore, one can talk about failure when a policy that is supposed to replace another one does not work, leading a government to completely reverse course. For instance, in privatization one expects a change in governance: *i.e.*, from public ownership or management to a private one. In this case, when it comes to policy failure, the government will go back to public ownership or management, with little or no change. Thus, a consequence of policy failure is the return to the old ways of doing things, and not necessarily the development of another bad policy (Pritchett et al., 2010).

Why policy fails

A number of scholars have identified causes of policy failure. In most cases it is attributed to a failure of implementation (Pritchett et al., 2010). According to Volcker (2014), a “vision (policy) without execution is hallucination”. In other words, policy is useless if it cannot be implemented. To this end, Volcker (2014)

rhetorically asked: “(H)ow much attention is being paid to how to get something done, to practically implement big ideas, to achieve a degree of effectiveness and efficiency in the provision of necessary public services?” (440). Spillane et al. (2002) likewise say that policies fail because they are not properly implemented, and that implementation failure is due to the inability of policy makers to clearly formulate the expected policy outcomes and provide adequate governance mechanisms, as well as build the capacity of implementing agencies to undertake their assignments (390–391).

Yet other factors contributing to policy failures have been identified. For example, Hudson et al. (2019) identified four issues: overly optimistic expectations; implementation in dispersed governance; inadequate collaborative policymaking; and the vagaries of the political cycle (2). In other words, they accept the implementation thesis, but not exclusively.

On the other hand, Mueller (2020) says that policies fail because of the complex nature of government. He identifies “five pathologies” that “are characteristics of the situation in which public policies are made and implemented, or of the relations they entail, [and] that make it difficult to control, assess, evaluate, and predict what will happen when the planned actions are taken” (1–2). They are that policies are non-linear and emergent, or straightforward, as it has been assumed; they can twist and turn as a result of “imitation, fads, habit, hysteresis, and several types of externalities” (5). Second, policies do not settle in equilibria, and are, therefore, hard to predict. Hence, “predictions are a fundamental requirement of the standard approach to public policies” (5). To him, however, the limitations of rational thinking combined with the complexity of systems make anticipating a series of future scenarios difficult.

Third, Mueller says that policies evolve and coevolve all the time, and this evolution is affected by “culture, beliefs, institutions, norms and technologies, as well as changes through a process of variation, selection and replication” (6). Thus, to him these variables affect how public policies “arise, how they operate, and the impact they have (6).” He cautions that since these variables are not stable, and are subject to rapid changes, “evolution does not optimize, but rather looks for fit design, which means design that replicates faster than competing design given the environment” (6). Fourth, public policies are subject to “cognitive biases”. This means that since policy makers are limitedly or boundedly rational, they are subject to genuine deficiencies in thinking. As a result of these biases, it is difficult for policy makers to get policies right, because they endure the constraints of the political system. He identifies the problem of reactivity as the last cause of policy failure. According to

him, in a rational world “groups and individuals subject to a policy are often aware of the fact that they are being manipulated.” As a result, people “purposefully react, altering the impact of the policy in the process (7).”

Corruption has also been said to be a factor that contributes to policy failures (Damoah, et al. 2018; Mueller, 2020), and when government officials are guilty of it, it can lead to mismanaging and underutilizing of scarce resources, leading to policy implementation failure, which is a cause of policy failure. Corruption can also lead to regulatory failures, making meaningless policies that are supposed to help regulate behaviours in the society (Damania et al., 2004).

Policy learning

The subject of learning is inevitably ubiquitous in the field of policy studies because “the complexity of the world and inevitability of human error make learning essential for overcoming challenges that emerge when dealing with politics and public policy” (Moyson et al., 2017, p. 161). As a result, there is no shortage of discussion on the nature of policy learning, because “the formulation of public policies builds on learning from experiences of other policies, and the design and implementation of policies are constantly adapted over time through various feedback mechanisms. With these challenges and many others, learning from past mistakes represents a hope that better policies will develop in the future” (Moyson et al., 2017, pp. 161–162).

We define policy learning and its levels here so that we can situate our case well in the discussion in this paper. Policy learning is about “adjusting understandings and beliefs related to public policy” (Moyson et al., 2017, p. 162). Based on this simple definition, various levels and types of learning have been developed by scholars. Heikkila and Gerlak (2013) have distinguished between three elements of learning: (a) the level where learning takes place, *i.e.*, actor or system level; (2) the process and products of learning; and (3) within-learning processes, the level that deals with the interplay between the acquisition of information, translation, and dissemination.

Dunlop and Radaelli (2013), have identified four categories of policy learning. First is reflexive learning. This is “characterized as ‘deep’ or complex’ because it is the major mechanism through which actors adjust their strategies, and explore their fundamental preferences and identities” (602). Actors learn from mistakes, improve their own tactics, and adopt or adapt from others as the policy process progresses. Second is the epistemic communities tradition. In this category “knowledge is deployed by a limited set of expert actors to narrow discussion with the aim of reaching a technical policy

solution” (603). Technical experts, like lawyers, engineers, and economists, use their mastery of a subject to demarcate and reach specific narrow policy decisions and objectives. Third is bargaining and social interaction (604). Here learning is restricted to the main policymakers and bureaucrats, and is conducted on a need to know basis, with a certain level of clearance or permission required to participate. The fourth is the shadow of hierarchy (604), where powerful individual actors, organizations, and networks use their superior financial, technical, policy, and regulatory knowledge to exert power and control, and impose the pressure to learn on policy actors.

Research methodology

The paper is part of a larger project on privatizing the state. This is a case study that focuses on the ECG (George & Bennett, 2005; Yin, 2011). We used this approach because we wanted to provide for a more detail and nuanced analysis of key variables that affect domestic policy making, policy learning and policy failure. In addition, a cases study enabled us to identify and measure the indicators that best represent the theoretical concepts we intended to measure (George & Bennett, 2005, p. 19). Like most scholars who have studied policy learning and policy failure, we employ qualitative research. This method is important because it helps to answer the “why” and “what” questions (Agee, 2009).

The selection of participants and organizations for the study and interviews was done by purposive sampling or what is also known as non-probability sampling (Northrop & Shelly, 2008). This approach granted us more control, freedom and influence over the choice of organizations and personnel that better suits the needs of the research. It also enabled us to talk to participants with the requisite knowledge and experience to respond to interview questions and provide better insight of the issues under discussion.

We chose organizations that were directly or indirectly involved in the ECG privatization process, as well as others that we believe have knowledge on the issue. These organisations include both public and private, unions, non-governmental that played one role or the other in the process.¹ After indentifying these organizations, letters requesting interviews were sent to the leadership by email. We followed this with phone calls to the leadership to set up interview dates and times. The letters introduced the research and its objectives, and requested the leadership to either volunteer or recommend an appropriate person or persons to be interviewed. In all, 30 emails were sent out to these organizations and 25 responded in the affirmative while five responded in the negative.

Since the letters were addressed to the leadership of these organizations, they were the first points of call in Ghana, and served as our first informants. While some leaders agreed to be personally interviewed, others suggested, and referred us to the “appropriate” officers with the relevant knowledge and information. The interviews were conducted using unstructured open-ended questions. We used this approach so as to give interviewees enough leeway to answer the questions fully while providing enough explanations and clarity on the subject matter. The interviews were conducted in Ghana from July to November 2019 at the premises of the organizations, and lasted for an average of 45 minutes. The interviews were recorded with the consent of the respondents. In addition, notes were taken using the long hand method. The notes helped us to probe further if answers were not clear or if someone contradicted an earlier interviewee. The responses were later transcribed and compared during editing to determine bias and exaggerations, thereby ensuring the validity and reliability of the data provided.

The second approach was documentary review, which, according to Bowen (2009), “is a systematic procedure for reviewing or evaluating documents – both printed and electronic (computer-based and Internet-transmitted) material” (27). We used this approach because it helped us to understand the content of the GPC and the issues fundamental to the privatization process in general, of which two main ones emerged. First, it became obvious that the latent messages from the MoF, MoE, IFC, MCC and the MiDA were in support of the privatization of ECG, without careful consideration of any alternative form of management for the company. Second, and on the other hand, civil society groups and labour unions sought a public approach that does not include privatization. A number of these documents have been referenced in the paper.

We used these approaches to develop themes (Braun & Clarke, 2006; Nowell et al., 2017), to help us understand the fundamental issues underlying the privatization process. Some of the dominant themes that emerged through the interviews and analysis of the data were the over dependence, domineering, and bullying role of the IMF/WB in the process, as a result of budgetary constraints, the problem of administrative capacity, the lack of collaborative policy making process from the beginning, and corruption, leading to policy shortsightedness.

The dilemma of ECG’s privatization

Before proceeding to discuss the privatization of ECG, it is imperative to briefly explain privatization in Ghana. Privatization in Ghana is not new. Ghana embarked

upon it in the late 1960s, when the National Liberation Council government decided to privatize some SOEs as part of shrinking the state. It did not go far, however, as the government was replaced three years into office. In early 1987, under the World Bank/IMF backed SAP, the government of the Provisional National Defence Council (PNDC) initiated an extensive “rationalization of the SOEs sector through divestitures and mergers to reduce the financial and managerial burden upon government” (State Enterprise Commission [SEC], 1995, p. 11). Under that program SOEs were classified into two categories: core and non-core (SEC, 1995). The core ones were to retain full public ownership; or at least, be joint ventures. These SOEs were considered too critical to the national economy for their ownership to be other than firmly under state control. Among them were public utilities organizations, such as the ECG, GWSC, and a few others (SEC, 1995). The government needed these SOEs to continue to provide key social services, especially for the segments of the population that could not compete fully in the marketplace. Furthermore, many Ghanaians saw these organisations as symbols of national sovereignty; their divestiture, especially to foreign buyers, was perceived as unpatriotic, and a betrayal of heritage (Tangri, 1991).

In the second category, the non-core SOEs were eligible for full privatisation, or mergers, or to have some shares sold to others. They were non-core because their services and mandates were not considered critical to growing the economy, and their mandates were mundane and normal enough to be accomplished by the market. The early phase of the rationalisation process focused on shedding about 30 such SOEs that were considered moribund and a drain on the national budget (SEC, 1995). In all, from 1987 to 1998 about 313 SOEs were privatized (Conteh & Ohemeng, 2009).

The utility sector, and the ECG in particular, were considered core and critical for national development. The government attempted to reform the sector rather than privatise it, despite tremendous pressure from external sources. Unfortunately, the various reforms did not yield the needed results. The pressure to privatize the ECG, especially, became so severe from 2014 after the country faced a debilitating power crisis, which seriously affected economic growth. By 2016 the financial cost of this crisis amounted to millions of dollars (Ohemeng et al., 2020).

To curb this pressure and prevent future crises, in 2014 the government signed the Ghana Power Compact (GPC/Compact) with the US government, under the latter’s Millennium Challenge Corporation (MCC) initiative, to reform and improve the sector through privatization. Out of a total grant of \$498,200,000,

\$308m was for critical reforms under Tranche I (Millennium Challenge Corporation [MCC], 2014). The reforms included infrastructure improvement, increasing reliability and access to key markets, and advancing energy efficiency programs to directly benefit people and markets. The remaining amount of about \$190m, held by the MCC, was to be released upon the completion of the reforms of the ECG, including its privatisation. If the government wanted to access it, it had to privatize. The government accepted this condition, and began working towards this goal.

In accepting the need to privatise the sector, the government argued that the power crisis had been caused by the ECG's mismanagement. It further noted that the inability of the ECG to properly and accurately price electricity and collect tariffs from all users had become a bane to the financial management of the company. Hence, the solution to the managerial pathologies at the company was to privatize, and bring a private entity that could use its expertise and better technology to turn the misfortunes of the ECG around.

To move the privatization forward the government tasked the MiDA, an agency that had been established by an Act of Parliament (Act 702, 709; and 897 as amended) as the implementing agency of the Ghana Power Compact (GPC). The MiDA, with the support of the MCC, contracted the IFC to conduct a study on ECG, and to provide due diligence and recommendations for the nature and type of its divestiture. In its final report the IFC recommended that before Ghana could access the first tranche of funds, MiDA should call for a Request for Proposals, inviting firms from private sector organizations seeking to participate in the electricity sector. This was eventually done. In the process, six companies were shortlisted to bid for the company and enable Ghana to reach a set deadline to trigger the Compact.

After going through the various bids, the government selected Meralco of the Philippines as the concessionaire. In order to satisfy the local content requirement under the GPC, a special purpose vehicle, known as Power Distribution Services (PDS), was incorporated in Ghana to be the operator of the assets of the ECG. PDS held the following shares: Meralco (Philippines) – 30%; AEnnergia S.A (Angola) – 19%; and GTS Engineering Services of Ghana, Santa Baron Ventures of Ghana and TG Energy of Ghana- 51% (Ministry of Finance [MoF], 2019, p. 3).²

The transfer of management of the ECG was completed in 2018, with the signing of a 20-year agreement with PDS, which took effect on March 1, 2019. Under the agreement PDS was to operate and manage the assets of the ECG. With this agreement, the MCC transferred \$190m to Ghana (MoF, 2019, p. 4). A Programme

Implementation Agreement (PIA) was enacted by the two parties to provide further details on its implementation (MoF, 2019). To operationalise the Compact, in 2019 a Lease and Assignment Agreement (LAA) and a Bulk Supply Agreement (BSA) were signed between the ECG and PDS (MoF, 2019). A Government Support Agreement (GSA) known as Transaction Agreement was also entered into between the government and PDS. The emergence of PDS was hailed by both parties as having the ability to achieve lasting economic growth and reduce poverty through increased private sector investment (MoF, 2019). These were the high hopes and aspirations upon which the ECG was privatized.

Despite these high hopes, on October 19, 2019 the government informed the MCC of its decision to terminate the concession agreement with PDS (MoF, 2019). What caused the failure of this marriage? The downward spiral began with the performance and cracks within PDS, which began to show a few weeks after it took over the ECG's operations. First, it could not bring about the efficiency it had promised. Second, it could not solve a key issue underlying the privatization of the ECG: *dum sor – dum sor*, or *dum dum sor*. In fact, PDS's performance was so bad that Ghanaians decided to use a popular local song, "*me yere dada, san be ware me*" [i.e., *my ex wife, please come back to me*] to call back the ECG.

In addition to the poor performance, massive corruption involving the deal began to surface. For instance, it came to light that PDS had failed to "satisfy conditions precedent under the relevant transaction documents" (MoF, 2019, p. 3). Conditions Precedent 24 and 31 required PDS to furnish the ECG with "payment securities in the form of either a Demand Guarantee (DG) or a Letter of Credit issued by a Qualified Bank" (MoF, 2019, p. 3). PDS failed to do so and, instead, formally requested that the MiDA accept a DG issued by an A-rated insurance company, which the MiDA accepted, contrary to standard contract practices. Consequently, PDS submitted the payment securities in the form of DG issued by a Qatari insurance firm, *Al Koot Insurance and Reinsurance* (Al Koot), on 27th February 2019, two days before the transfer date. The DG issued was later found to be fraudulent (MoF, 2019). In fact, *Al Koot* denied that it had provided any demand securities for the deal, and said that the documents provided by PDS and approved by MiDA were fake (MoF, 2019).

It has also come to light that with the urge to satisfy the local ownership aspect of the contract, the PDS was hurriedly put up by people who had no expertise in the power sector, but are, rather, connected to high government officials, including at the level of the presidency; this led to the concession being given without due

diligence. The situation became so embarrassing to the government that it had no choice but to terminate the contract agreement with PDS and renationalise the power supply, despite vehement opposition from the MCC.

Policy learning and policy failure: the botched ECG privatization

Scholars believe that policy failures should serve as the impetus for policy learning, while learning should mitigate policy failures. Here we explain how the five themes identified earlier impeded policy learning, and led to policy failure in the ECG privatization.

Coercive policy imposition

One of the major factors leading to policy failures in developing countries is coercive policy imposition, disguised as policy transfer or diffusion. Such policy transfers are used as reform strategies, especially in developing countries (Ugyel & Daugbjerg, 2020). Coercive policy diffusion is defined as “when powerful [*policy*] actors such as governments and international organisations influence the policy choices of governments” (Appuhami et al., 2011, p. 433). It requires compliance, and seeks adherence to well-defined policy prescriptions; at the same time, it relies on sanctions to induce compliance (May & Burby, 1996). An important element of coercive policy diffusion is “conditionality” in the form of financial assistance to a developing country. A conditionality is “the commitments contained within a loan or grant contract that developing countries must adhere to if they are to receive all or part of the funding” (Kovach & Lansman, 2006, p. 6). In this scenario policy adoption through transfer or diffusion is not internally motivated (Ugyel & Daugbjerg, 2020).

Policy compliance and the lack of internally generated motivation do not lead to policy learning; this is what happened in the Ghanaian case. The privatization of ECG has never been internally motivated. According to a number of interviewees, while it is accepted that ECG has problems, they do not emanate from ineffective management by Ghanaians, but rather from the politicization of electricity by the government through poor tariff setting and managerial interference, as well as the government’s failure to meet its financial obligations to the company. In view of these problems, the company has no finances with which to build its administrative capacity or invest in electricity generation and distribution. The privatization of ECG, as discussed earlier, was simply driven by the United States, with its financial power, primarily through the MCC and Power Africa. An interviewee explained:

It is part of an agreement that the government of Ghana has had with the Obama (US) administration under the Power Africa Initiative. It is more or less an opening for the US to enter into the energy sector in Africa, and this Compact is the arrangement under which some \$336.3 million will be transferred for advocacy, more or less, not for any improvement in the infrastructure over a period of five years, which will enable the MiDA work in partnership with IFC.

By signing the Compact the Ghanaian government committed itself to complying with the associated conditionalities. It could not reject the privatization, as evidence by threats from the US government when they abrogated the PDS deal. One respondent noted: “When you look at Article 7.1 of the Compact, it talks about Ghana doing everything possible in terms of its obligations to make sure that everything is in line for the Compact to take off. Hence, once it was signed, the agreement superseded all domestic laws of the country. This is something that any government should not consider.” Thus, even if the government had learned from the various privatization botches, it was prevented from doing anything to prevent the new privatization by policy diffusion from the US government, which believes in less government to enhance the liberal market, irrespective of the consequences of such policies for the poor citizens of Ghana.

Budgetary constraints and policy learning

Another factor that hampers decision-making by governments in developing countries is the difficulty of reallocating limited resources according to the actual developmental needs of the state. In developing countries, government budget constraint affects their ability to make choices relating to issues such as money growth, interest rate, borrowing, taxation and, mostly important, spending. The constraint thus forces them to borrow heavily, as well as to go begging for financial assistance and aid from developed countries and IFIs. Unfortunately, this assistance and aid does not come free; they come with the aforementioned conditionalities, in the form of policies – policies these governments must undertake in order to receive the assistance. These policies reflect the ideological positions of the contributing countries and the IFIs. They are then coercively diffused to developing countries, without careful consideration as to whether they will match their aspirations.

Budgetary constraints have been a bane to the Ghanaian government since the early 1960s. They made the PNDC government adopt the SAP in the early 1980s. With a bowl in hand, begging to meet its budgetary shortfalls every year, the government has no choice but to kowtow to the demands of budgetary

supporters. As the aphorism goes, “*He who pays the piper, calls the tune.*” The payer of the piper, so to speak, thus prevents the dancers learning from their mistakes and developing the policies they need as developing societies. This is what happened with the privatization of ECG. Almost every interviewee mentioned this as a serious impediment to national development.

The case for the privatization of ECG was couched in language that said that government and political interference financially stressed it, and rendered it ineffective. To address the financial encumbrances of the ECG, therefore, the company had to be weaned off government interference through privatization. An interviewee claimed: “People will say, why don’t we tell government to discipline itself, and stay away from the internal management of the ECG? We have tried it before, and government is never able to really discipline itself and stay away. Politicians are politicians, so they would do the things every politician does”. Another said:

We cannot allow a hospital to be turned off. We cannot allow a secondary school to be turned off. These are constrained. So long as people have power, they will use it. We think that the concession has the advantage of cutting off the government interference. Once that happens, the rest will be okay. ECG needs it, but not necessarily because it needs management; it just needs to be freed from the government control.

The government’s inability to internally generate funds to finance development in the energy sector despite significant demands and the politicization of the sector forced it to sign the Compact. According to an interviewee, “ECG needs reforms. For example, the government is indebted to ECG over a period of time, and is not paying, and because of that ECG has obsolete equipment, and so can’t be efficient”. Unless such budgetary constraints are overcome with internally generated funds, governments in developing countries will continue to be subjected to policy transfer, without learning from previous policy failures such as privatization. One respondent rhetorically asked: “Whoever is coming as an investor, what will be the quantum of the investment that will be put into ECG to make it efficient? We don’t even know if we could mobilize that form of capital internally to address that”. An interviewee who seems to be in favour of privatization said: “We don’t know whether, if the government pays off its debt, the ECG could be on its feet. We don’t know if some of the private investors who owe ECG are mopped up, ECG will break even.” Despite this need for financial injection into the ECG, one interviewee

believed that “without the Compact, we would still survive. We faced lots of challenges during the previous years in the energy supply; this year we are not experiencing that”.

Weak administrative capacity

Scholars unanimously agree that administrative (bureaucratic) capacity is a sine-qua-non for achieving policy success and preventing policy fiascos (El-Taliawi & Van Der Wal, 2019). Administrative capacity deals with the state’s bureaucratic capabilities in developing and carrying out policies for the benefit of society. For a state to achieve its developmental needs, it has to have a strong administrative capacity that can learn from policy fiascos. Nevertheless, unfortunately, weak administrative capacity does not lead to policy learning (Dunlop, 2017). Many developing countries, however, have weak administrative capacities. Consequently, they are unable to develop, as well as effectively implement policies. In those countries, the failure of many policies is largely attributable to their poor implementation by the states’ bureaucratic apparatuses.

Ghana suffers from such weak administrative capacity due to a number of factors: which, as noted by Dunlop (2017), create a “breeding ground for pathogens that undermine learning” (25). The inability of the Ghanaian bureaucracy to help the government develop effective policies has led to government sub-contracting policy making to politicians, who may have little expertise in it, as well as to international policy actors, including consultants, who may not understand the general Ghanaian environment (Whitfield, 2010), further undermining organizational learning. We see this in the case of the privatization of the ECG. For instance, and as already noted, when the government moved privatization forward, it tasked the IFC, rather than the state bureaucracy, with studying the model or form the privatization should take. At the same time MiDA is politically staffed, without strong capacity, and with little of the knowledge required to undertake any meaningful discussion and reform of any public entity, much less a complex organization like the ECG, lamented by some interviewees.

As one respondent stated: “The ECG needs major reforms; and there has been lot of work to try and reform it to make it more effective, but none have yielded the necessary results, due to managerial weaknesses”. But another retorted that “some of us believed that ECG has good enough management and good enough technical people, but they are not sufficient enough to carry out

reforms in a vast organisation like the ECG. The capacity issue is more problematic at the local level". An interviewee attributed this weaknesses to government interference, even in matters of recruitment. The person continued:

No management can consistently persist against its owner. And the owner of ECG is the government of Ghana. The owner does not allow the ECG to exercise the professional management that it is capable of. These are the kinds of problems facing the company. As a result, the ECG cannot be run on a sound financial management basis.

Furthermore, and as already noted, when the government moved the privatization forward, it tasked the IFC, instead of the state bureaucracy, with studying the model or form the privatization should take. One respondent indicated that this is maladministration, and creates conflict of interest situations. They wondered, "why should the IFC be the transactional adviser and at the same time have interest in five out of the six applicants? This was a crucial question that IFC and the government could not answer". Another respondent who was quizzed observed,

[t]he entire process was highly influenced by the IFC. It is a very funny situation, because the IFC had financial interest in some of the companies bidding for the takeover. That financial interest clearly created a conflict for them. Having a financial interest, therefore, in some of the buyers, . . . and then being the entity advising the seller, creates a serious problem."

An interviewee from a labour organization agreed. To them, ". . . it was not even the end. The IFC advised both the buyer and the seller, that is MiDA and the MCC. In short, they advised all parties. Clearly, we were not happy with that". All these happens because of weak capacity to undertake major reforms.

Policy politicization and the failure of collaborative policy making

One of the many problems that plague developing countries and lead to policy failure is policy politicization. Policy politicization is defined as when governments in power fail to engage in what the literature calls "collaborative policy making" (Ansell et al., 2017). It occurs when government restricts policy making to party faithfuls, and fails to engage other stakeholders, thus crafting policies in siloes, and thereby politicizing the policy making process. Collaborative policy making involves engaging various stakeholders to design and analyze the decision problems through a series of iterative steps throughout the policy making process. This iteration process leads to policy dialogue, which many have described as more beneficial than traditional top down and bottom up approaches (Ansell et al., 2017).

Unfortunately, in Ghana, engaging policy stakeholders, especially with sensitive policies, is not the norm. An interviewee moaned that "when the whole process started, we were not involved. We were consulted along the line when we heard it; then we started following and asking questions". Such policies are continuously undertaken by a small group of politicians and bureaucrats who are seen as favourable to the government's cause. In some cases parliamentary debates on such policies are shut down, or the executive deliberately withholds vital information from the opposition, and uses its majority to enact policies. Thus, policy dialoguing is neither very strong nor adequately undertaken. The problem then is that differing voices go unheard, and those who might have learned lessons from previous policy fiascos are limited in their participation in the new policy deliberations.

This is, in fact, what happened with the ECG privatisation. While the current government when it was in opposition complained about the lack of transparency of the then government, once it had power it took the same route when it enacted and implemented the decision to privatise the company. Unfortunately, one may not be far from right to acknowledge that the policy was characterised by strong "misunderstandings of the problem, insufficient knowledge of the context for its solution, vague and contradictory goals, a mismatch between means and ends, and an incomplete strategy for execution" (Ansell et al., 2017, p. 5).

This issue of stakeholder engagement was complicated in the transaction because the process was started by one government and concluded by another. As one respondent stated, "the dilemma is that the Compact was signed by the previous government. So, the hands of the current government were tied". Another pointed out that "it will be difficult to say that the present government could have done it differently. What we can say is that, yes, this current government will sit and talk. But we want actions." These talks with labour led to some concessions for the government. A respondent noted that

[s]ome changes have been done, but they are not significant, maybe because the deal was signed before this new government came into power in 2017. One of the changes is that they reduce the period of the concession from 25 to 20 years. They also insisted that it must have a majority Ghanaian ownership of at least 51%. But there are many more unanswered questions which need to be addressed.

Consequently, vital lessons from previous policy fiascos and knowledge from experts who are not government officials and stakeholders, such as think tanks, who have undertaken extensive research on electricity privatization, were lost to the government, as there was no consensus or

even bargaining over the design and implementation of the program. This failure therefore led to a poorly designed policy and implementation.

Elite corruption, learning, and policy myopia

An issue that continues to impede policy learning and produce defective policies in developing countries is elite corruption. An elite is defined as “the people, or categories of people, who have a disproportionate share of power, or, in other words, have more resources than other people do” (Etzioni-Halevy, 1989, p. 221), while corruption is a “deviant behaviour associated with a particular motivation, namely that of private gain at public expense” (Friedrich, 1989, p. 15). When it comes to policy making, the elite in Africa are mostly interested in what they will privately gain from such policies, rather than the general benefits to the society. The motivation to privately gain from such policies therefore clouds their conscience, leading to the development of policy myopia, a phenomenon described as “the difficulty of seeing far enough into the future to discern its general shape and contour in enough detail to be able to properly anticipate and plan in the present” (Nair & Howlett, 2020, p. 104). In some cases, corruption and policy myopia manifest themselves in patronage and political capture, leading to misaligning of policies for electoral advantages, which leads to policy failures (Brass et al., 2020).

This, again, is what happened with the privatization process of the ECG in Ghana. The political elite became extremely interested in what they would privately gain from such divestiture (Reinsberg et al., 2020). “Their greed manifested in the manner in which the privatization process was undertaken, especially the setting up of the PDS,” says an interviewee. Furthermore, evidence in the public domain shows that the PDS did not exist in 2017, and that it was hurriedly created by people very close to the political executive in order to bid for the concession (Frimpong, 2019). In addition, the largest Ghanaian local shareholder, TG Energy Solutions Ghana (connected to some high government officials), which had 18% shares in PDS, had a questionable record in the energy business (Mallory, 2019).

It is also believed that the increase in the malicious intent of corruption might have led to the sudden increase of Ghanaian equity from 20 to 51%, noted another interviewee. Some interviewees even alleged that this increase might have led to the withdrawal of four of the six short-listed companies in the competitive tendering process, which finally led to the sole-sourcing of the 20-year concession to Meralco.

Conclusion

Scholarly interest in policy makers’ learning from policy fiascos continues to be significant. Why? Such learning yields useful lessons for future policy making, and minimizes policy failures. Unfortunately, learning from past policy failures does not seem to be the norm in most countries, and is even less common in developing ones; hence the attempt by scholars to unearth the reasons for the failure to learn. The problem is greater in Africa. Unfortunately, studies on policy learning and policy failures have been more Euro-American centred, with less emphasis on developing countries, where policy failures are high.

Using the privatization fiasco of Ghana’s Electricity Company, therefore, we identified a number of factors that condemn African policy makers and practitioners to policy failures. With this analysis we are contributing to the extant literature on causes of policy failure and the link between it and policy learning. In addition, we are bringing to the perspective of the literature factors that may impact the ability of policy makers to learn from past policy errors in developing countries. As mentioned already, there is a dearth of literature from these countries, perhaps due to the notion that they do not make policies themselves, but are, rather, the pawns of the international community and international organizations when it comes to policy making. Yet, as we have seen, there is a high rate of policy failure in these countries; hence the limited success of both policy and administrative reforms in them.

In contributing to this literature and addressing the causes of policy failures, we moved away from the traditional notion of linking policy failures to implementation failures. To this end, we were able to identify five major causes of policy failures in developing countries, using Ghana as an example. We believe that if these issues are addressed, policy learning would be greatly enhanced, which would lead to fewer policy failures on a continent that has been described as dark, yet is seen in current development discourse as ripe for development due to its market potential and rich natural and human resources. Developing countries, especially those in Africa, can thus reduce policy failures by examining these five factors and developing strategies that will enable policy makers to learn from these mistakes, reduce policy failures, and ensure policy success, as they attempt to address wicked problems in their societies.

Furthermore, addressing these issues will greatly enhance policy learning and minimise policy failures in countries struggling with challenges similar to those in Africa and other developing countries. Finally, policy

makers and practitioners in Ghana and other developing countries can also learn valuable lessons from this research to guide them in minimizing, if not completely eliminating, the spectre of policy failure and all its attendant negative effects.

Notes

1. The organizations where interviews were conducted included: the Ministry of Energy; the Ministry of Finance (MoF); the ECG; the MiDA; the Public Utilities Regulatory Commission; the African Centre for Energy Policy; Imani Africa; the Public Utility Workers Union; the Integrated Social Development Centre; the Third World Network; the Public Service Workers Union; the Trades Union Congress; and the Private Enterprise Foundation.
2. The 51% local ownership was a demand from the TUC, which had originally opposed the deal. This helped to the deal to win their support and also assuage the fear that ECG was been sold to foreigners.

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