

PROVIDING NON-STATE SOCIAL PROTECTION THROUGH THE GHANA COVID-19 PRIVATE SECTOR FUND

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Abstract. *The research aims to:* (a) identify the types of non-state social protection services the Ghana COVID-19 Private Sector Fund provides; and (b) assess the extent to which the Fund is a catalyst for creating impactful shared value. *Methodology:* Content analysis and semi-structured interviews were performed. *Conclusions:* To a reasonable degree, the Fund meets the principles of impactful initiatives for creating shared value in society. The study recommends that the shared value concept should be delineated and added as the sixth principle for impactful initiatives.

Keywords: non-state social protection, COVID-19 pandemic, social responsibility, shared value, Ghana.

JEL Classification: M140.

Introduction

The COVID-19 pandemic has had devastating effects on economies and societies worldwide and has plunged many people into poverty and vulnerability. In Africa, where many states lack the capacity to provide adequate social protection for their people (Awortwi & Walter-Drop, 2018; Cammett & MacLean, 2014), the private sector was called upon to offer non-state social protection to thousands of people. Many companies responded to these calls using the traditional approach to corporate social responsibility (CSR) whereby companies contribute individually to society. This approach allows them to have control over and receive recognition for their contributions.

This traditional approach to contributing to society has been criticized by Kaplan et al. (2018), who argue that it does not allow companies to make impactful contributions to shared value in society. In their paper titled *Inclusive Growth: Profitable Strategies for Tackling Poverty and Inequality*, Kaplan et al. (2018) identify five principles of impactful shared value initiatives. They argue that the private sector can make impactful contributions to society if they collaborate and coordinate their efforts through a catalyst organization. In Ghana, many companies defied the traditional approach to contributing to society during the COVID-19 pandemic. In their response to calls to provide non-state social protection, the private sector in Ghana established the Ghana

COVID-19 Private Sector Fund, and through it collaborated and pooled resources to contribute towards reducing vulnerability and enhancing people's welfare.

This research aims to ascertain the extent to which the Ghana COVID-19 Private Sector Fund is a catalyst for creating impactful shared value in society. To address this, the research: (a) identifies the nature of non-state social protection provided through the Fund – i.e., the nature of contributions made to society through the Fund; and (b) explores the establishment, structure, and activities of the Fund to ascertain the extent of alignment with the five principles of impactful shared value initiatives in society. The research also seeks to contribute to the scant literature on non-state social protection.

This paper is structured as follows. The literature review section explores relevant interdisciplinary literature to provide a lens through which the research aim can be addressed. The research methodology section provides a justification for and an explanation of the process used to search, code, and analyse data for the research. The findings and discussion section is presented in two parts. The first part addresses the types of non-state social protection provided through the Fund, while the second part addresses the extent to which the establishment, structure and activities of the Fund align with Kaplan's et al. (2018) five principles of impact initiatives. The conclusion section highlights the key findings from the research and provides recommendations for further research.

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1. Literature review

1.1. CSR theories and concepts

In Bowen's book *Social Responsibilities of the Businessman*, which was published in 1953 (Carroll, 1999), the author argued that businesses should contribute to society by making policies and taking decisions that "are desirable in terms of the objectives and values of our society" (Bowen, 1953, p. 6). But economist Milton Friedman contested these views (Williams, 2018) arguing that (a) the primary purpose of business is to make profits (Friedman, 1970); and (b) it is the sole responsibility of the government to promote human values and ensure the overall well-being of society (Friedman, 1962). Friedman's (1970) view provides a basis of the *shareholders' theory*. This is the view that business expenditure to achieve the desired objectives and values of society is a misuse of shareholder's fund (Garriga & Melé, 2004).

Freeman (1984) counter-argued that the decisions and actions of business affect and are affected by various groups – employees, suppliers, customers, and the society at large. As a result, these groups have a *stake* in the business, and their interests should be considered and addressed by business managers. Other scholars argued that "each group of stakeholders merits consideration for its own sake and not merely because of its ability to further the interests of some other group, such as the shareowners" (Donaldson & Preston, 1995, p. 67). The *stakeholder theory*, which favours business responsibility over profitability (Kolk & Van Tulder, 2004), is viewed as the foremost corporate social responsibility (CSR) theory (Garriga & Melé, 2004).

Another theory that underpins business' contributions to society is *institutional theory* (Kostova & Roth, 2002). Despite its potential value to society, the adoption of business practices in a country depends, to some extent, on the institutional context in which the business operates (Kostova & Roth, 2002). Institutional context – culture, legal systems – differ for countries (Rosenzweig & Singh, 1991). Depending on the institutional environment, certain expectations about the role of business in society are created. These expectations, also known as *institutional pressures*, influence the behaviour of firms (Kostova & Roth, 2002) as regards their contribution to society. To gain legitimacy, businesses conform to institutional pressures, including, for example, generally accepted industry practices within a specific environment to contribute to society (Meyer & Rowan, 1977).

Some scholars have also argued that what is good for business is also suitable for society (Scheyvens et al., 2016); therefore, companies should focus on creating shared value for relevant stakeholders and tackle social problems as business opportunities (Porter & Kramer, 2011). The *shared value concept* is based on the idea that business interests and the society's interest converge when a business does not consider their contribution to society as "a cost, a constraint, or a charitable deed" (Porter & Kramer, 2006, p. 80) but as a core business strategy (Feller, 2016).

1.2. Principles of impactful initiatives

It is a fact that businesses contribute to society in many ways. Whether business contributions to society have been impactful is the question that has engaged the attention of researchers including Kaplan et al. (2018), with a focus on developing countries. Based on their research on the Palladium project in Uganda, Kaplan et al. (2018) argue that many companies have incorporated sustainability and shared value into their core strategies; however, their activities have had limited impact and transformational change in society. While they argued that companies have not been ambitious enough to make significant impacts in the community, Kaplan et al. (2018) identified *five principles* for ensuring that businesses' shared value initiatives in society are impactful.

The first principle is that companies should seek to *implement projects that address systemic, multisector opportunities* (Kaplan et al., 2018). With the traditional approach to CSR, a company is motivated to have direct control over the CSR project or initiative to ensure that it can provide tangible evidence of its contribution to society. To ensure this, individual companies engage in specific relatively small projects which usually affect only a small number of people in the community. The impact of such initiatives is generally small because they are not economically sustainable (Kaplan et al., 2018). To generate a more significant impact in society, companies should search for opportunities to provide socio-economic gains for all actors in an ecosystem. Such initiatives require the involvement of and investments from different actors and have the potential for scale-up (Kaplan et al., 2018).

The second principle is *recognising that a single company cannot make a transformational change in society* (Kaplan et al., 2018). They argue that a company should partner with a catalyst organisation to mobilize actors from different sectors, to collaboratively create value and address the multisector opportunity identified (Kaplan et al., 2018). A catalyst organisation is an entity with a strong reputation as an independent player to mobilise all participants or actors to remain committed to the collective goal of generating impactful socio-economic benefits in society. The catalyst organisation may be a non-governmental organisation, a private company, or other arrangements depending on the context (Kaplan et al., 2018).

Thirdly, there should be *a seed and scalable financing* for the project (Kaplan et al., 2018). Projects aimed at creating transformational ecosystems are usually risky because they do not yield short-term returns. As a result, only a few companies are willing to invest their limited CSR budgets or funds in such projects. Therefore, the critical advocates for systemic change should obtain seed capital from companies whose missions align with the project overall goals, and do not necessarily require generating financial returns in the short-term (Kaplan et al., 2018). The seed funding can be used as proof of concept to enable the catalyst organisation pool further funds

from existing and potential participants or partners. The catalyst may also use special purpose vehicles to receive financing and distribute returns from the project (Kaplan et al., 2018).

As the project becomes commercially viable, companies should *build on the relationships established through the catalyst* to create more excellent value for the population, while generating returns for themselves (Kaplan et al., 2018). Even though the catalyst organisation plays a vital role in the initial stages of the project, this is not expected to remain for a long time. The essence of the catalyst is to create the platform and an enabling environment for effective collaboration and relationships among the partners of the new ecosystem for a more significant impact. Once these relationships are established, it is expected that companies will build on these relationships to create value in a sustainable manner.

The fifth principle is to *align the strategies of multiple actors to ensure effective governance* (Kaplan et al., 2018). Since entities from different sectors are expected to be collaborating, this results in a more complex set of relationships than usual private sector partnerships. Therefore, there is need to have a mechanism for ensuring strategic alignment among participants about the initiative's overall goal. Kaplan et al. (2018) propose that the Balance Score Card effectively aligns the strategies of companies involved in such alliances.

1.3. Non-state social protection

This research refers to the private sector's contribution to society in Ghana as non-state social protection. Social protection is defined as "all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups" (Devereux & Sabates-Wheeler, 2004, p. 9). When private persons or entities implement social protection initiatives or provide social protection services, it is referred to as *non-state social protection*. Accordingly, Awortwi and Walter-Drop (2018) define non-state social protection as social protection services that non-state actors provide.

There are different types of social protection. Devereux and Sabates-Wheeler's (2004) classify social protection into four types: *protective*, *preventive*, *promotive*, and *transformative*. *Protective social protection* refers to interventions that serve as safety nets and provide relief to chronically poor or vulnerable people in society (Devereux & Sabates-Wheeler, 2004). Examples of such services provided by non-state actors include food aid and cash transfers (Awortwi, 2018). *Preventive social protection* relates to measures that focus on poverty alleviation (Devereux & Sabates-Wheeler, 2004). Examples of these services provided by non-state actors, particularly in low- to medium-income countries, included welfare associations (Darkwah

et al., 2018), credit unions, and burial groups (Awortwi & Walter-Drop, 2018).

The main aim of *promotive social protection* is to enhance people's livelihood in the society. Examples may include school feeding programmes, microfinance services (Devereux & Sabates-Wheeler, 2004), and the establishment of primary and secondary schools in many African countries by faith-based organisations (Miller, 1993). *Transformative social protection* addresses issues related to social equity. It aims to influence public behaviour or attitudes through policy reforms, enactment of laws and regulations, and the introduction of or advocacy for the use of best practices (Devereux & Sabates-Wheeler, 2004). Examples may include, among others, human rights advocacy and the implementation of affirmative action (Awortwi & Walter-Drop, 2018).

Non-state social protection is the main form of social protection in Africa (Awortwi & Walter-Drop, 2018). Studies in Africa have identified different non-state social protection providers including community-based organisations, faith-based organisations, and secular non-governmental organisations. Profit-oriented private sector entities have also been identified as key providers of non-state social protection on the continent. This research focuses mainly on non-state social protection provided by profit-oriented private entities. Non-state social protection is dominant in Africa because the governments of the continent's developing nations lack the capacity to finance, regulate, and deliver social protection to their people (Cammett & MacLean, 2014). In most cases in Africa, there is a relationship of *substitution*, *co-production*, or *delegation* between the state and the private sector in the provision of social protection.

A relationship of *substitution* arises when the state's capacity to provide and regulate social security is low, and the non-state actor's capacity to finance and deliver social protection is high (Cammett & MacLean, 2014). In this relationship, the non-state actor takes over service provision. Where the state has a high capacity to deliver and regulate social protection services, and the non-state actor has a high capacity to finance and deliver social protection services, the state and the non-state actor cooperate to provide social protection services. This cooperation can be in the form of *coproduction* or *delegation* (Cammett & MacLean, 2014). When the state and non-state actor jointly finance and deliver the social protection service, the relationship is deemed as *coproduction*. In a relationship where the state finances and regulates the social protection service, and the non-state actor is given the responsibility to deliver the services, it is referred to as *delegation* (Cammett & MacLean, 2014).

2. Research methodology

A qualitative content analysis approach was used for this research. Epistemologically, the qualitative content analysis assumes that data and meaning are co-created by the researcher and the object. During the analysis

stage, meaning is co-created by the researcher and the text (Mishler, 1986). The qualitative content analysis assumes that a text can have several meanings (Sandelowski, 1995). It is important to distinguish a *qualitative* content analysis from a *quantitative* content analysis, where the latter uses the frequency or dominance of text or words to make meaning of a phenomenon (Graneheim et al., 2017). The *quantitative* approach to content analysis is more suitable for inductive research, while the *qualitative* content analysis lends itself to deductive research (Graneheim et al., 2017). This research uses a qualitative content analysis approach because the research is deductive in nature. It focuses mainly on the extent to which a specific concept – the five principles of impactful initiatives – is reflected in a case in Ghana. As a result, the frequency or count words are of no priority in this approach.

This study adapts Mahmud et al. (2021) and Xiao et al. (2020) approaches to conduct a four-phase qualitative content analysis namely: *design*, *search*, *code*, and *analyse*. At the *design* phase, the research questions and aims were formulated. The research questions are: (a) *What types of non-state social protection services does the Ghana COVID-19 Private Sector Fund provide?* and (b) *To what extent is the Fund a catalyst for creating impactful shared value?* Accordingly, the research aims to: (a) identify the types of non-state social protection services the Fund provides, and (b) assess the extent to which the Fund is a catalyst for creating impactful shared value.

The *search* phase involved identifying data sources, searching for data, and obtaining data relevant to address the research questions and aims. The first data source was the official website of the Fund. The website contains pages on different aspects of the Fund, including, among others, the background and governance of the Fund and the Fund's projects and activities. There is also a "Donor Wall" where all entities and individuals who contributed to the Fund have been listed. Through convenience sampling, two chief executive officers (CEO) involved in setting up the Fund were video interviewed using Zoom. Convenience sampling was used due to the unavailability of potential interviewees, and this is an acceptable research practice (Blaschke et al., 2017).

To complement the interviews, a search was performed in YouTube using the phrase "Ghana COVID-19 Private Sector Fund" for videos on the Fund. This resulted in 11 videos, and 10 videos were excluded because: (a) they did not include interviews with at least one CEO who was involved in setting up and raising funds; and/or (b) the interview did not provide information on the establishment, governance, and operations of the Fund. All selected video, in addition to the Zoom video interviews, were transcribed verbatim for coding.

A deductive approach to qualitative content analysis (Graneheim et al., 2017) was applied in this research. This approach is concept-driven (Schreier, 2012) and allows

the researcher to examine the implications of concepts, explanatory models and theory for subject matter using the data obtained (Graneheim et al., 2017). Accordingly, in the *code* phase, coding was mainly informed by the explanatory concepts discussed in the literature review section, as shown in Figure 1. Additional codes – *Other* and *Other observations* – were created to allow the researcher make observations that may contribute to enhancing the explanatory concepts. At the *analyse* phase, the researcher analysed the data using the explanatory concepts as lens.

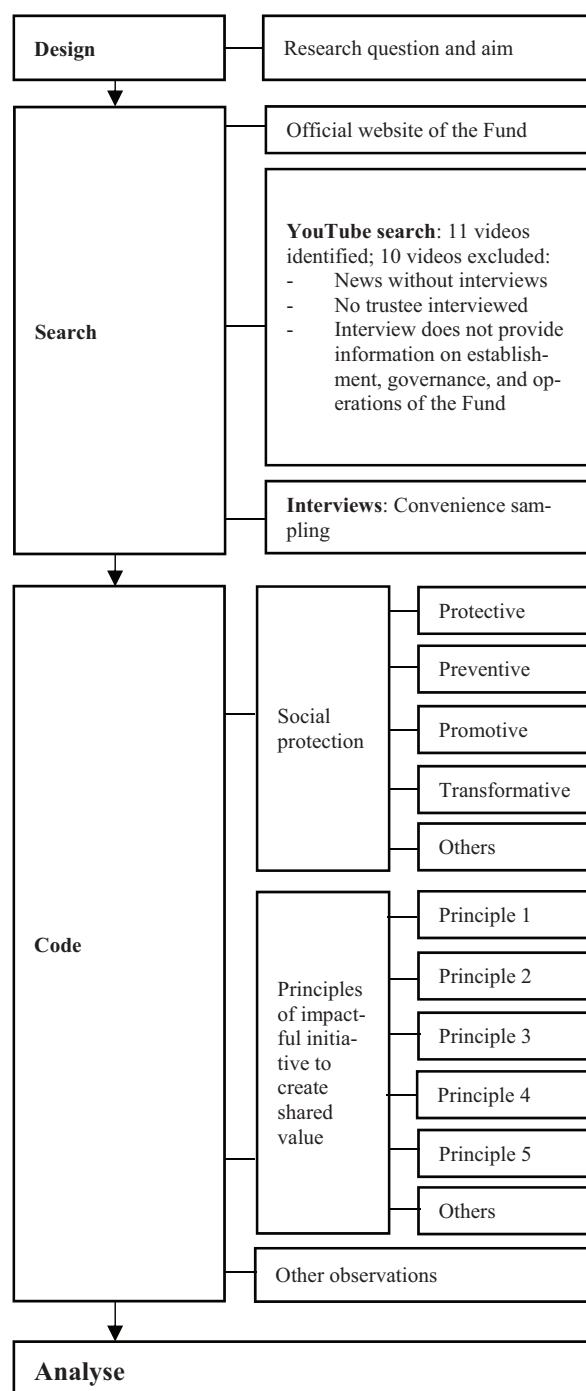


Figure 1. Sampling and data processing approach (source: developed by author)

3. Findings and discussion

3.1. Types of non-state social protection

As infection rates of the novel corona virus increased globally, the World Health Organization declared the virus as a *Public Health Emergency of International Concern*, and “African was envisaged as the next epicentre of infections” (Gyasi, 2020, p. 1). Ghana confirmed the first two COVID-19 cases on 12 March 2020, and by 17 May 2020, COVID-19 cases had increased exponentially to 5,735 with 29 deaths (Gyasi, 2020). The Government of Ghana, considering the serious public health burden, and in a bid to curb the spread of the virus, announced closure of the country’s borders and partial lockdown in selected areas in the country. The Government also banned social gatherings and closed educational institutions (Gyasi, 2020).

Some business leaders in the country thought that these developments could have serious ramifications for the poor. This is because in most African countries, such as Ghana, employment is predominantly informal. A lot of people in the informal sector are daily wage earners who do not have job-related social security schemes (Awortwi & Walter-Drop, 2018). Most of these people fall into the category referred to as “*hand-to-mouth (HtM)*” consumers – those who spend all their available income in an everyday period (Kaplan et al., 2014, p. 78).

According to one of the founding trustees,

“the Fund was an idea that started...on 25th of March [2020] in a WhatsApp conversation”

between three business leaders who were brainstorming about what they could do to help the government and the poor. The trustee noted the following:

“...after we have that locked down starting on the 30th of March, ... we observed that government didn’t have any special intervention at that time for the deprived persons who would be affected by the lockdown. So, the first thing we did was come up with ... hot meals to serve the ‘Kayayei’, the head porters.”

The Feed-a-Kayayo-a-Day project aimed at providing a hot meal every day to head porters known as the ‘*Kayayei*’ in Ghana (singular form is ‘*Kayayo*’) and other vulnerable daily wage earners during the lockdown period in 2020. The Fund undertook this project under the mantra:

“We are in this together and we shall survive together.”

The project started on 1 April 2020 and ended on 12 April 2020. Overall, the project provided about 140,000 packs of hot meals to the ‘*Kayayei*’. As noted by one of the trustees, the project fed:

“... about ten thousand people in Accra and about five thousand people in Kumasi... for the first phase of the lockdown.”

This project can be classified as a *protective non-state social protection* in line with Devereux and Sabates-Wheeler’s (2004), typology for social protection.

The trustees also noted that the Greater Accra Regional Hospital, popularly known as the Ridge Hospital, which had been designated as the national centre for COVID-19 case management at the time, did not have adequate personal protective equipment (PPE) to care for COVID-19 patients. To contribute to addressing this challenge, they mobilized resources to procure and donate PPEs to the Ridge Hospital. This can be classified as providing both *preventive non-state social protection* and *promotive non-state social protection*. While it contributes to alleviating the hospital from the lack (i.e. poverty) of PPEs – *preventive* – it also enhances the medical practices in the hospital – *promotive*.

Through the Fund, the private constructed 100-bed infectious disease centre, estimated to cost USD 7.5 million. The construction began on 14 April 2020, and it was completed and commissioned on 30 July 2020. This project can be considered as providing both *protective* and *transformative non-state social protection*. It is *protective* in the sense that the centre provides care to those infected with the COVID-19 virus, who can be considered as the vulnerable. Vulnerability, here, refers to the “probability of a decline in well-being or welfare” and it “depends on the exposure to risk and the capacity of the individual, household, or firm to reduce the impact of the shock or risk event that has occurred” (Oduro, 2010, p. 1). At the same time, it is *transformative* because it marks the beginning and provides a basis for rethinking and transforming the approach for treating infectious diseases in the country.

As the number of COVID-19 cases increased in 2020, doctors, nurses, and other medical professionals spent countless hours in hospitals to care for patients. Most of them sacrificed their own basic needs while caring for COVID patients. The Fund undertook the Feed the Frontline project to provide meals each day to frontline doctors, nurses, and other medical professionals over a period of six months. The project aimed to encourage frontline health workers to focus on the fight against COVID-19 and minimize the stress they faced during the pandemic period. This project can be considered as providing *promotive non-state social protection*.

Due to the limited knowledge about the COVID-19 virus in 2020, and the fear that many people in Ghana had towards being infected, it emerged that recovered COVID-19 patient felt somewhat isolated and stigmatized within their communities. To address this issue, the Fund embarked on the “End-the-Stigma” project – a campaign aimed at removing the stigma that may be associated with recovered COVID patients and educating the public. The project’s mantra is:

“There is no shame in having COVID-19. Don’t Blame People”.

The campaign also aimed to encourage the recovered COVID patient to be bold and confident to talk about their previous COVID status. This featured some prominent persons in society, among others, who openly declared that they had recovered from COVID-19. This project can be classified as *transformative non-state social protection*.

3.2. The Fund as a catalyst

After visiting and presenting the PPEs to the Hospital, the trustees realized that the country had a problem which needed to be tackled in holistic manner. One of the trustees stated that:

“In that engagement ..., thanks to cooperation from the Ghana Medical Association..., we realized that we had a major problem as a country. ...at the time, the much-touted Ridge Hospital, which was supposed to be the centre for COVID-19 [case] management, just had four COVID beds. And that really got us alarmed. And we realized we needed to come up with [an] intervention.”

This was the beginning of diagnosing a system problem which needed to be addressed. Upon further deliberations with experts from the Ghana Medical Association, the trustees realized that:

“Ghana had a unique problem. Our problem was not just spaces to actually hold people [i.e COVID-19 patients]. We actually didn't have an infectious disease centre, a professional place to really take care of severe cases and critical cases as far as infectious diseases are concerned. So, if we really needed to support the system, we really needed to invest in an infectious disease centre. If we [are] just looking at isolation, we may as well just use our university hostels and accommodation to do that. That was a game changer. We initially didn't put much weight on that. But as we researched... the recommendations, we realized there was a lot of validity to that.”

At this stage, the trustees had already begun applying Kaplan's et al. (2018) *first principle of impactful initiatives*, which involves seeking to address systemic multisector problems or opportunities. They noted that endemic in some regions of the country are various infectious diseases, some of which are seasonal in nature. A typical example is cerebrospinal meningitis (CSM), another deadly infectious disease (Adjorlolo & Egbenya, 2020) caused by *Neisseria meningitidis*, *Streptococcus pneumoniae*, and *Haemophilus influenza* (Aku et al., 2017). The sub-Saharan region, in 2014, also suffered from the Ebola disease which killed thousands of people in Guinea, Liberia, and Sierra Leone. Despite this experience, there was no specialized facility in the sub-region for proper isolation and treatment of infectious diseases. While providing a solution to the immediate COVID-19 problem at the time, it was also an opportunity to provide a solution that will benefit Ghana and the sub-Saharan region.

In their view, the country needed an infectious disease centre – a facility with specialised workflows for

treating infectious diseases in ways that provides the highest form of protection for patients, medical staff, and the public. The trustees received suggestions to upgrade an existing hospital for this purpose – an incremental approach (Kaplan et al., 2018) to addressing the problem – but they insisted that:

“...the workflows in the standard hospitals are different from the levels that you need in an infectious disease centre.”

They set out to construct for the country, an infectious disease centre in record time to treat COVID-19 patients. A facility they envisaged:

“...to be the base for building Ghana's future CDC, which is a Centre for Disease Control.”

The founding trustees had already recognized that the problems faced by the country could not be addressed by a single person or company. It was the reason they established the Fund. This aligns with Kaplan et al. (2018) *second principle of impactful initiatives*. One of the founding trustees narrated that:

“...making contributions individually was what everybody was doing initially... But it was pretty clear that those were all kinds of drops in the ocean. ... So, what we sought to do was to actually come together and organize private sector to the extent possible to have a coordinated intervention towards that pandemic as some kind of support to government. ... we were of the view that we may be better off coordinating our efforts ...[to] deliver the impact we require. ... we all decided to set up a fund so we could actually get to pool funding and then have a platform to coordinate our efforts.”

But this was not the only reason for setting up the Fund. One of the main reasons why the private sector came together to mobilize resources for the fight against COVID-19 was the government's *lack of capacity* to provide adequate social protection (Awortwi & Walter-Drop, 2018; Cammett & MacLean, 2014) during the crisis. The Fund's website stated the following, among others, as the rationale for setting up the Fund:

“The Government of Ghana has indicated that it is highly under-resourced to handle this crisis from its current budget provisions... With Government revenue targets reported to have been missed partly as a result of the impact of the virus, prospects of a successful sole government funding to fight COVID-19 remains bleak and extremely burdensome.”

As shown in Figure 2, the governance structure involved corporate entities with a good reputation in Ghana. In addition, the Fund's trustees comprise 11 corporate leaders with a good reputation and a proven track record in Ghana. This built trust in the business community and the public about transparency, accountability, and the feasibility to achieve the Fund's objectives.

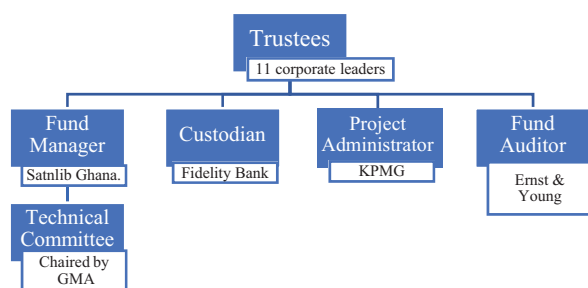


Figure 2. Organizational structure of the Ghana COVID-19 Private Sector Fund (source: the figure has been adapted by author based on www.ghanacovid19fund.com)

As stated on the website of the Fund, the trustees:

“shall exercise overall responsibility for the FUND and the realization of its objects. It shall operate as the Governing Board of the fund and account to all donors of the FUND periodically...”

To get the Fund running and build confidence in the business community to contribute to it, each trustee provided a *seed fund* of 100,000 Ghana Cedis (Ghs). In addition, each trustee was required to:

“...secure funding (cash and viable pledges) of Ghs1million from his or her network of corporate and high net worth individuals within four weeks of the establishment of the fund.”

This aligns with the third principle of impactful initiatives, which is to have a *seed and scalable financing* for the project or initiative (Kaplan et al., 2018).

In addition to the entities identified in Figure 2, other entities that provide professional services to the Fund include, among others, the Ghana Institute of Engineers, the Ghana Institute of Surveyors, the Ghana Institute of Architects, the Ghana Armed Forces, and the reputable law firm, Bensti-Enchill, Lesta & Ankomah. All the entities involved in the organizational structure of the Fund provide their services on a pro-bono basis.

The feeding of 15,000 vulnerable people, and the construction of the infectious disease centre, as well as the other projects carried out concurrently, demonstrates the strong relationships established through the Fund – the catalyst – to create value in society. This reflects the *fourth principle of impactful initiatives*, where Kaplan et al. (2018) propose that companies should build on the relationships established through the catalyst to create greater value for the population.

It is important to underline that despite the reputation of those involved in the Fund’s governance, operations and activities, and the extensive publicity the media in Ghana gave to this worthy course, many companies did not contribute to the Fund. Some companies did not contribute to the Fund because it is difficult to attribute the good done in society to the sole efforts of any specific company if funds are provided into a pool. Even though the Fund published the names of all companies or organizations and persons who made contributions,

there were perceptions that the companies which were among the trustees of the Fund will benefit more than other contributors. One of the trustees noted as follows:

“They are worried about who is taking some glory, or who will take glory, and they are not the ones who will incur certain glory... There are a lot of people who will call me and tell me clearly in my face that, “when I give you people the money, then you people, you and your trustees will be the ones to be seen to be doing things”. ...they want to see that they’ve taken a picture with the Chief of Staff, [or] taken a picture with the president [of the country]. They are not focused on what the Fund is doing.”

This is indicative of the extent to which the *fifth principle of impactful initiatives* was applied within the context of the Fund. Even though organizations rallied behind the evolving goal initiated by the private sector, it does not necessarily reflect an *alignment of the strategies* of the multiple actors who are involved with the Fund. Perhaps, the pressures and the limited time to deliver within the COVID-19 crisis did not allow for adequate interactions and brainstorming within and among private sectors about the long-term strategic direction and sustainability of the Fund.

As a result, the business model of the Fund does not fully reflect the shared value concept – a principle, which this study argues, is implicit in Kaplan et al. (2018) five principles. Even though the Fund is intended to continue beyond COVID-19, it has not been structured to be self-sustaining over the long term. One of the trustees noted:

“...we are now looking at having that in Kumasi [in the Ashanti Region], Tamale [in the Northern Region] and Takoradi [in the Western Region] to take out various belts across the country. All these areas have unique infectious diseases that are happening at different times.”

So, except for the hospital project, all the projects seem to be one-off in nature. Yet, it is the hospital project which has the potential to provide a basis for a viable business model to create and sustain impactful shared value in the long term. Since the fifth principle as well as the implicit shared value principle were not fully applied, no significant progress has been made regarding the additional three infectious disease centres after the centre was commissioned in July 2020. There is no doubt, however, that the construction of the first disease centre is an impactful initiative by the private sector.

Conclusions

The establishment and operations of the Ghana COVID-19 Private Sector Fund, and the projects undertaken by it satisfies four of Kaplan’s et al. (2018) five principles of impactful initiatives to create shared value in society. While the Fund served as a catalyst for scaling up financing for an impactful initiative aimed at enhancing the welfare of Ghanaians, there remains a lot to be done to fully align the strategies of the multiple entities to ensure

the Fund's sustainability. So far, the Fund's business model does not fully reflect the shared value concept because mechanisms to ensure that the Fund is financially self-sustaining in the long term have not been implemented. These issues should be addressed for the Fund to provide greater impact through the three additional infectious disease centres intended to be constructed in Kumasi, Tamale, and Takoradi. Even though the shared value concept may be considered implicit in the five principles of impactful initiatives, this study posits that it should be delineated as the sixth principle.

Through the Fund, the private sector in Ghana enhanced welfare in society beyond what the sum of their individual contributions can do. The Fund provided *protective non-state social protection* through the Feed-the-Kayayei project, as well as *preventive and promotive non-state social protection* through the provision of PPEs to health facilities. In addition, the Fund provided *promotive non-state social protection* through the Feed-the-Frontline project. Even though earlier studies have shown that non-state actors have serious limitations in the provision of transformative social protection (Awortwi & Walter-Drop, 2018), the Fund provided *transformative social protection* through its End-the-Stigma campaign and the construction of the first infectious disease centre in Ghana. The infectious disease centre reflects a transformation in medical practice as it marks the beginning of a shift in the overall approach to isolating and treating infectious diseases in the country.

A distinction between CSR and non-state social protection provided by profit-oriented entities can be deduced from this research. With CSR, a company makes individual contributions such that it has control over the way contributions are delivered to society. The company does this to ensure that the business directly receives any possible benefit that may come because of its contributions. Examples of such benefits may include, among others, recognition of the company as a corporate citizen and enhanced reputation or credibility, which could translate into higher revenues and profits. The focus of non-state social protection is the value that will be created in society which may be in the form of enhanced welfare, whether it is done in the form of *substitution*, *coproduction*, or *delegation*. The focus is on making an impact in society whether it is directly attributable to business or not. This is especially true where the shared value concept underpins the provision of non-state social protection.

Given that this initiative of the private sector in Ghana during the coronavirus pandemic is unique across the African continent, it is essential to conduct further studies to understand the factors that enabled various entities to contribute to the Fund and to non-state social protection. It is essential to underline that the author did not have access to official reports of the Fund but relied on information available on the Fund's website as well as the interviews conducted. This poses a limitation to the research.

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