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Spectacular Crime of Intellectual Dishonesty in Health Diplomacy: A Factor for Policy Failure

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Abstract

Background: Moving from public health rhetoric to actionable care is a major challenge in developing health systems where powerful stakeholders exploit institutional privileges for personal gains. The National Health Insurance Scheme (NHIS) in Ghana is an example. As it stands, patients are not to be charged when visiting hospitals with the NHIS, but the contrary was the case as of September 2023 during a visit to the Komfo Anokye Teaching Hospital (KATH). **Objective:** This paper presents a conceptual analysis and illustrative qualitative case study examining the theoretical and practical shortcomings affecting the translation of research findings into policy within the Ghanaian health system. **Conceptual Framework:** The Knowledge-to-Action framework, used to analyze policy and research implementation at KATH, consists of action cycles and a knowledge creation funnel to identify factors that affect policy implementation, research findings, and practice in health systems. **Methodology:** The study uses an exploratory qualitative case study design, focusing on textual, experiential, and descriptive narrative data rather than statistical generalization. A purposive, stakeholder sampling technique selected nine senior leaders (SN = 9) with specialized institutional knowledge and direct decision-making power (department heads, directors, executive leadership officers, and the CEO). Elite semi-structured interviews were conducted in person and via secure electronic channels. Transcripts were subjected to rigorous thematic analysis; no quantitative indices, statistical models, or numerical datasets were used. **Results:** This phenomenon is characterized by powerful stakeholders and individuals who deliberately undermine the very healthcare initiatives and contracts they ostensibly support. It manifests through restricted access to information, the manipulation of public perception, and the exploitation of policy loopholes. Government officials, financial actors, and executive stakeholders use their positions, financial, and political muscles to bully or scrap contracts when a business model runs contrary to government preferences. Driven

by self-serving interests and political maneuvering, this practice acts as a form of corruption that directly results in wasted resources, compromised healthcare delivery, and public distrust. **Conclusion:** The study indicates that until advocates of spectacular crimes of intellectual dishonesty are challenged with temerity and anti-corruption apparatuses, health systems, especially at KATH, will never achieve efficiency. To safeguard health systems from political expediency, science and politics should be separated, genuine stakeholder involvement ensured, and domestic funding prioritized. The establishment of independent oversight mechanisms, specifically including a conscience keeper, is necessary to promote transparency, accountability, and evidence-based decision-making.

Keywords

Health Diplomacy, Policy Failure, Intellectual Dishonesty, Ghana NHIS, Komfo Anokye Teaching Hospital (KATH), Knowledge-to-Action

1. Introduction

This paper examines the factors affecting health system policy implementation through the lens of spectacular crimes of intellectual dishonesty. This phenomenon involves intentional misrepresentation of data, manufactured epistemic assurance, and breach of stakeholder trust, distinguishing it from corruption, conflict of interest, policy capture, and routine implementation failure. Spectacular crimes of intellectual dishonesty are a stakeholder's strategy to work behind the scenes with financial and political muscles to undermine the very same project they assured the public. It is a platform where governments and key stakeholders constantly and repeatedly fund contractors to establish powerless supply chains in various healthcare systems and, behind the scenes, work counter to undermine what goes on in the contracts. This happens when a business model runs contrary to the contractor-dominated preferences of government. Delegation to fundings is mostly used to find every possible means to use financial and political muscles to either bully or scrap the contract to undermine the very initiatives they ostensibly support.

This paper is a conceptual analysis integrated with an institutional case study. It leverages deep, targeted qualitative accounts from an elite institutional sample to deconstruct the semantic-hermeneutic and structural dynamics of health policy failure. To achieve this, the study uses an exploratory qualitative case study design and the Knowledge-to-Action conceptual framework focused on Komfo Anokye Teaching Hospital (KATH).

2. Methodology

Study Design and Type: The study uses an exploratory qualitative case study design, allowing for an in-depth exploration of organizational factors of policy im-

plementation in a real-world teaching hospital setting. It focuses on textual, experiential, and descriptive narrative data rather than statistical generalization.

Conceptual Framework: The Knowledge-to-Action framework is used to analyze policy and research implementation at KATH. This framework consists of action cycles and a knowledge creation funnel to identify variables that affect policy implementation, research findings, and practice in health systems.

Sampling Frame and Sample Size: A purposive, stakeholder sampling technique selected nine senior leaders (SN = 9) with specialized institutional knowledge and direct decision-making power. The sample included: department heads, directors, executive leadership officers, and the Chief Executive Officer (CEO).

Data Collection and Instruments: Elite semi-structured interviews were conducted in person and via secure electronic channels over a multi-week data collection phase. Interviews focused on qualitative concepts like resource distribution, administrative frameworks, communication structures, and knowledge translation.

Data Analysis: Transcripts were subjected to rigorous thematic analysis, systematically coding recurring patterns into explicit emergent themes and sub-themes matching the primary organizational and external variables. No quantitative indices, statistical models, or numerical datasets were used.

Ethical Clearance: Ethical clearance for this study was formally given by the KATH Institutional Review Board (KATH-IRB).

3. Who Controls Health Policy Implementation?

What powers determine and take actions on health policy implementation? Is it the funding agency with significant leverage or the state and local stakeholders of public health? How can health systems become self-sufficient and global leaders in science to achieve success in policy implementation upgradings?

Within the architecture of public health financing, centralized governance structures heavily dictate the operational boundaries of regional institutions. In Ghana, the government, donor agencies, Internally Generated Funds (IGF), and the National Health Insurance Scheme (NHIS) collectively provide the vast majority of health program funding, averaging approximately 80% of total health system financing (Ministry of Health [MOH], 2020). Because the central government establishes exceptionally strict statutory guidelines regulating how these disbursed funds must be allocated and spent, absolute institutional compliance is mandated across all administrative levels. Under this rigid fiscal and policy framework, no local hospital management, regional directorate, or public health institution possesses the autonomous authority to counter or deviate from established government policy.

Within this setting, health systems are rigidly compromised and massaged with partisan politicians' financial and political muscles to divert interest for personal and political gains. Appointees with government's administrative immunity turn to undermine projects lacking political interest. Consolidation of intellectual dis-

honesty is a current mirror of political solidarity in various health administrations around the world. Restricted access to sensitive information and resources to cause irreparable harm to policy implementation is now the game for prioritizing self-gains. Within this lens, fundings are blocked from reaching disfavored beneficiaries in the name of slashing waste, fraud, and abuse.

From these, this phenomenon paradoxically has become a pragmatic norm in the world. The polar attraction of administrative systems ridicules transparent paradigms in health administrations. Committing a spectacular crime of intellectual dishonesty currently has become the smartest ingenuity of the powerful stakeholders in health systems and other administrative institutions. Governments and most stakeholders constantly and repeatedly fund contractors to establish powerless supply chains in various healthcare systems and, behind the scenes, work counter to undermine what goes on in the contracts. Once a business model runs contrary to the contractor-dominated preferences of government, its delegation to the funding finds every possible means to use its financial and political muscles to either bully or scrap the contract and commit spectacular crimes of intellectual dishonesty (Adeyi, 2023). The individuals undermine the very initiatives they ostensibly support. Such behavior creates situations where policy intended to promote is instead manipulated to serve specific interests. Policy loopholes in health programs are exploited to promote misleading information to manipulate public perception to favor their agenda. These entities lobby government and international organizations to weaken protocols and block unfavorable policies that do not align with their interests (Benjamin, 2016).

Affirming this, Kent Weaver's analysis of how both self-reinforcing and self-undermining feedback mechanisms can complicate political fate in health policy is explicitly stated in his 2019 work (Drew et al., 2019). Additionally, the legitimacy crisis facing the liberal international order underscores how institutional characteristics can incite political oppositions, which often undermine existing policy rather than prompting constructive reform (Kreuder-Sonnen et al., 2020). Decision-makers exhibiting such behavior use their political and financial powers to decisively divert initiatives away from their intended purposes. This phenomenon is clearly evident in conflict-affected contexts, where financial stakeholders engage in shaping health policy, further complicating the agenda-setting process. For Slotkin (2025), any attempt to face and pay off intellectual dishonesty cannot be done without getting a knock on the door in the middle of the night. These illustrations explain how entrenched political and financial stakeholders exploit their positions, systematically undermining policies designed to promote collective security and stability in favor of self-serving objectives.

This tendency or disposition of stakeholders is biased against people of a certain policy and research finding. Systematically departing from the organization's norms, policy, and research findings from the standard of scientific justification, the political interest of stakeholders unconditionally massages and prioritizes decision-makers' moral credentials to depart from achieving the expected

local needs of targeted people (Kelly, 2023). This attitude rhetorically pits against collaborating norms to mobilize support for context-misinformation and cynical disinformation (Pai, 2023). It creates dimmed images on the project and its contractor while behind the walls, it is the principal causality of most stasis of projects. With this, policies are changed. According to Moritis (2024), the Ghana NHIS, normally, should cover all bills at the hospital, but people still pay bills at hospitals, even though they have NHIS. The policy is massaged to suit what the implementers want.

Another evidence of intellectual dishonesty is how Malaria Prevention policy is carried out in Ghana. The powerful stakeholders of the MOH, in order to make self-gains, compromise the interventions. The use of treated nets cannot be scientific in some parts of the country due to weather climate. However, the use of malaria-treated nets is forced on areas like the northern part of Ghana, which, at the end of the day, compromises implementation programs (Moritis, 2024). As a matter of fact, most external funding agencies also use their institutional power to impact policies and structures to suit their expectations and mostly not the local needs as argued. They believe that once their propositional claims are unwelcome, projects are automatically threatened to be scrapped. Within this lens, the project's accountability with its administrative democracy becomes wretched in the Chambers of Public affairs and golden in the darkness of the public. For Soji, the credibility of institutional systems suffers failure when institutional powers compromise the live-tunnel of a policy. Advocates of diplomatic fraudulency run faster to gather people around a clear call to action to push everyone to see the wins and successful stories of their political criminalities (Ballantyne, 2019).

For Soji, healthcare systems can do better if they increase credibility when engaging with other sectors (Adeyi, 2023). Again, when it comes to the question of financing and developing assistance, KATH mostly cannot do its own things unless it uses foreign funding as a clutch, and this is where the problem of long-running needless dependency on external funding comes in, shifting priorities. For instance, the case of the 44-year-old KATH maternity and children's block project is a real case of spectacular crime of intellectual dishonesty. This could be addressed only if we stop using institutional powers to impose and adopt situationalization in looking at what matters at the local level. With this, all wasteful entities would become much more practically useful. This may create a separate space between science and politics to translate what we know into what we do.

During COVID-19, almost all rhetorics were translated into actions. Science progressed because it was given full space to operate, with the exception of pseudoscientists' intellectual arrogance, while perpetrators of intellectual dishonesty could only dance on social media (Pai, 2023). Politically, most governments and administrations making constant efforts to regulate the system of political lobbyings to have a new dawn in health institutions end up getting trapped with uninterpreted human rights clauses. That is why every administration in most developing countries, though promising to drain the swamp, ends up sustaining the

process of intellectual dishonesty. This unparalleled array of corruption reveals the symbiotic ties between senior governing leaders and general unpreparedness to identify this kind of attitude as a root cause of most policy implementation failures. Successful prosecutions to reduce reckless candidates and deliberate manipulation of such interest regrettably end up having a misleading-rating image of incompetence. The agencies of this corrupt governing interest create a systemic pathology in the minds of the public against all attempts to cleanse the system, making sure that all attempts fail to address the issue of spectacular crimes of intellectual dishonesty (Adeyi, 2023).

In some countries, while some senators promise to expose the failure of regulators, especially the CEOs, to squeeze out the absurdity of intellectual dishonesty from health systems, CEOs on record suggest that if that had been the game, then most senators should have gone to jail. This suggests that all administrative hands are unclean when it comes to the issue of undermining institutional interest for individual gains. From the analysis, the fact that this intellectual regime under threat lives from administration to administration is an incentive to stamp this unethical reality as a deliberate transfer of corruption by stakeholders of this epidemic attitude. Logically, it seems unlikely that a stakeholder who needs to hide his own affairs will push for intellectual transparency at the organizational state level, escalating to a point where no one is ready to control it, which continues to reflect low standards of outcomes in emerging health institutions.

Optimistically, only a few institutions can be exonerated from the issue under investigation. It is clear that most political wills are quite distant from taking a sincere action against diplomatic insincerity and intellectual dishonesty. Research on Policy Implementation at Komfo Anokye Teaching Hospital in 2024 observed that since key stakeholders take advantage of their administrative powers to massage policies for their individual gains, stakeholders on the ground level (implementers) demonstrate twisted diplomatic behavior to express their cold war against the administrative insincerity associated with stakeholders of great political muscles. Stakeholders for implementation, while tackling implementation failure, paradoxically take steps backward against the same process. This lobbying platform by powerful stakeholders weakens national progress backwardly. Stakeholders, while campaigning for national progress and clean-up exercises, work behind public sight to undermine the same project they appear to promote. All forces trying to limit the power of diplomatic dishonesty are mostly lined up either before a Bought Court of Law or political intimidations. Partisan solidarity consolidates diplomatic dishonesty to obscure those behind why policies, projects, and visions fail in health systems (Moritis, 2024).

4. Case Study: Systemic Intellectual Dishonesty at KATH

Despite calls for universal quality healthcare, Komfo Anokye Teaching Hospital (KATH) exemplifies the failure of the Ghana National Health Insurance Scheme (NHIS). Political actors manipulate healthcare metrics, creating an illusion of suc-

cess while concealing reimbursement delays and resource deficits. Intellectual dishonesty is a calculated strategy used by boards of directors, politicians, and government actors to deviate from ethical standards. They undermine the NHIS by restricting access to financial information and resources, prioritizing self-gain over public interest. According to Moritis (2024), while the Ghana NHIS should normally cover all hospital bills, citizens are routinely charged out-of-pocket at the point of care because the policy is systematically massaged to suit the implementers' and politicians' preferences.

This structural perversion deepens significantly when parallel public health initiatives, such as the Ministry of Health's (MOH) Malaria Prevention policy, are similarly compromised. The climate of the northern part of Ghana is extremely hot, so giving them mosquito-treated nets that generate heating, if not for political gains, should prompt other options. The powerful stakeholders at the ministerial level manipulate interventions for personal interest. As already argued, the unscientific use of malaria-treated bed nets in the northern part of Ghana, despite a severe weather and climate mismatch, ultimately compromises the entire program's implementation to protect profitable procurement contracts (Moritis, 2024).

The 44-year delay of the KATH Maternal and Children's Block was caused by partisan interference, bureaucratic manipulation, and data distortion. Governments used the project for electoral gain, undermining contracts and prioritizing global expectations over local needs. This led to a lack of accountability and a failure to address the needs of vulnerable populations. This has created a paradigm shift from KATH's institutional expectations to data-free-zone programming, epistemic luck, and nonscientific attitudes—such as the modern pathology of health professionals obsessed with social media at work (KATH Annual Review, 2023).

From these examples, this attitude creates a web of offshore companies using politically defensible transactions to hide illicit activities to win interest or to undermine contracts in Ghana. The reputational deterioration and irregular actions of politically motivated advocacy for intellectually insincere solidarity have caused irreparable harm in various health sectors around the world, especially at KATH, affecting the quality of healthcare delivery to the public in Ghana. Health systems are starved of resources with what Chomsky and Polychroniou (2023) described as the standard technique of privatization: defund, make sure things do not work, people get angry, when you hand it over to private interests. Everyone in healthcare is forced into believing this diluted ethical principle of administration. It is genuinely dangerous and insulting to see images of chaotic stasis directly resulting in inadequate service supply in the face of massively increasing demand. It does not matter how hard the system runs, projects can never work properly. Surprisingly, no one accepts that the system is failing because it is well known that the system had already failed from scratch when the interests of powerful stakeholders were dismissed.

In all honesty, to ensure well-functioning policy implementation, those in power

should truly value public health genuinely regardless of individual interest. Implementation measures to allow scrutiny of health systems help to identify the ultimate beneficiaries possibly behind policy failures. Keeping an eye on the legal vehicles of health diplomacy sweeps off all administrative political immunity falsifying records to cover up individual interests undermining the vital national interest. This infamous war, which has led to great disproportionate incarceration of people, implicates every effort aiming at reversing longstanding criminality in health institutions to eventually develop glitches and disappear. Around the world, this intellectual criminality coerces social media platforms to silence stakeholders of less political and financial muscle to find their ways in the minds of the public. During COVID-19, most social media allowed themselves to spread misinformation that was influencing people against vaccination and killing people (Pai, 2023). Jen Psaki, the White House press secretary at the time, and Dr. Vivek Murthy, the U.S. surgeon general (Murthy, 2021), criticized social media on intellectual dishonesty.

Within the context of global health emergencies, a striking dichotomy emerged between scientific consensus and politically motivated regulatory pressure. As documented in investigative reporting by *The New York Times*, while governments, scientists, and health professionals with no political tone declared the COVID vaccines a miracle, stakeholders of this propositional attitude threatened the world to revoke the authorization of all vaccines during the deadly phase of the pandemic when millions of people were dying in the world (Jewett, 2025). This illustrates a systemic issue of how key stakeholders use spectacular crimes of intellectual dishonesty and a retributive voice of silence to override evidence-based health programs (Jewett, 2025). Sometimes, administration tries to push for initiatives aimed at creating, let us say, AIDS-free generation with a blue-sky proposal, but once strong stakeholders see no personal gain, funding for such projects never materializes (Mast, 2024).

The administration of these diplomas steps up measures not only to survive, but also to root out and suppress every opposed effort from ramming into projecting stability and fairness in health systems. Instead of paying investment unpaid contracts, calling for all stakeholders to keep an eye on these associations, it leans on heavy-handed tactics to root out those with sincere grievances. Discussants are prevented from speaking with journalists, swimming in fear to disclose any form of intellectual dishonesty. As long as no incident occurs, the priority of public health drops until the next public outcry happens. No action towards righting historic wrongs, correcting diplomacy manipulations, and providing deserving stakeholders the opportunity to implement informed policy in various health institutions is encouraged. Stakeholders of the same administration work actively against the success of the administration and provide false information either to external parties or internal reports. Discrediting programs for political or personal gains, contracts are awarded to favor diverting of funds for unauthorized purposes. A typical example is what happened during the pandemic when public defenders

were asked to reduce jail populations to stem the spread of the coronavirus but dragged their feet as the infection rate soared in the city's jail due to stakeholders' interests (Robinson, 2020).

5. Discussion

Systemic Failures and Conscience Keeping: Today, many conversations are taking place about why health systems all over the world are getting corrupt and yet no one stands out to break all hell loose. As a matter of fact, the idea that leaders are out for themselves rather than society has prejudiced administrative conscience to the extent that most governing elites feel that overlooking the drained swamp provides sustainable security for systems to run. Research findings must go through scientific vetting for the strength of evidence before being put into practice. For instance, paracetamol is known for pain, so if someone elsewhere does new research and finds out that paracetamol can cure heart disease, it does not mean it should be immediately practiced for that condition. It should go through a system where different clinical trials have systematic reports affirming paracetamol can cure heart disease. The same practice should be used as a conscience keeper in matters of policy and implementation. The context of local settings is very important for policy and practice, so that the very elites who understand the principles of scientific research, and at the same time exploitatively turn down the very same orthodoxy behind the counter, can be monitored (Canadian Association of Global Health Conference, 2023).

In all fairness, the politics of financing is a fundamental credential for healthcare systems to run independently. Nothing can be done without funding. However, conflict among actors in decision-making, research, and implementations regarding funding and allocating resources must be checked for transparent accountability. Creating a conscience keeper to report what we see under the microscope so as to avoid the pretense of accountability would probably be a plausible vehicle to eradicate all crimes of intellectual dishonesty in various administrative governances in health institutions. Scientists may not always get it right, but they are clear and honest. How can we be sure that advocates of this behavior really capture what they claim to cover? It is a simple question, but it raises a lot of issues about inherent uncertainties in their advocacy. The signals given to the public show that they have the public's interests at heart, not their own private interests, standing up for an informed, non-partisan judgment about what the available evidence says. Even when there is nothing to hide, they act in a suspicious, non-transparent way, probably because they do not want to look like there is a veil of deception.

6. Power Dynamics, Interest Convergence, and Institutional Examples

Competing priorities and agendas among diverse stakeholders can lead to fragmented funding, conflicting policies, and neglect of research findings that do not

align with the dominant agenda. With regard to power dynamics and unequal influence, the powerful healthcare industry stakeholders can diplomatically prioritize research with political backing or strong advocacy over research of strong evidence when special interest advocacy is unchecked. There is also a need to admit failure when things go wrong. This will help to eradicate sovereignty challenges of interest and avoid inherent tension among actors. Creating a conscience keeper will help to address the roots of past mistakes in cleaning up our own houses, improve current health practices, and separate science from politics. Mixing science and politics, as seen, is not working for us as a human community, and this is true at a country's level. We have seen that the mix of science and politics does not work well (Anya, 2023).

We have to build a kind of governance that allows science and politics to operate independently and autonomously. There must be a scientific committee to inform the political committee if we really want policy to be informed by research findings. This is not only in Ghana; it cuts across even the WHO and other health institutions in the world. Science is mostly mixed with politics, making it difficult to inform decision-making with research findings. In the healthcare system, due to diplomacy, it is very challenging to have consistent balancing agencies when it comes to diplomatic accountability and financing (Anya, 2023).

A definitive example of corporate compliance failure and regulatory manipulation can be observed in the legal fallout surrounding Denmark's largest financial institution. In late 2022, Danske Bank pleaded guilty to criminal charges and agreed to forfeit over $2 billion to resolve a massive, multi-billion-dollar fraud investigation involving United States banks. Federal investigators established that the institution had systematically manipulated and misrepresented its Anti-Money Laundering (AML) controls, effectively allowing high-risk, non-resident customers to gain illicit access to the U.S. financial system (U.S. Department of Justice, 2022). Advocates of this disposition from these scenarios use power and influence to advance private interests. The successful and powerful stakeholders politically witch-hunt the public good. In this vehicle, the public is dramatically placed at higher risk.

The intersection of institutional accountability and legal integrity is foundational to the prevention of this systemic corruption. Danielle Sassoon, acting as the head of the United States Attorney's Office for the Southern District of New York following her appointment, emphasized that the judiciary must remain unyielding against high-level malfeasance. In a definitive declaration on the enforcement of accountability, she maintained that the legal system must send a clear message that attempts at any level of government to corrupt the nation's policy and the rule of law will be met with just punishment. It is only within this framework that all forms of solidarity behind intellectual dishonesty will be stopped. Watching this like a hawk pays no good. National security must be first in order to stop trading national projects. To consolidate bureaucracy, hidden hands, puppet masters, and groups behind national failures only ends up destroying what has been built. According to Patel (2025), stakeholders who hide key evidence to divert in-

terest collapse administrative governance.

7. Conclusion

Spectacular crimes of intellectual dishonesty pose a critical threat to effective health policy implementation. Powerful stakeholders strategically undermine initiatives they publicly support, leading to systemic corruption, information manipulation, and exploitation of policy loopholes. This phenomenon, exemplified by the case of Komfo Anokye Teaching Hospital (KATH) in Ghana, is fueled by self-interest and political maneuvering, resulting in a disconnect between policy intent and outcomes. Entrenched actors, including government officials, financial stakeholders, and external funding agencies, prioritize personal agendas over public health needs.

Governments and most stakeholders fund contractors to establish powerless supply chains, undermining contracts when they run contrary to preferences. These contractors then use their financial and political muscles to bully or scrap the contracts, committing spectacular crimes of intellectual dishonesty. Individuals undermine the initiatives they support, manipulating policies to serve specific interests. This leads to resource misallocation, compromised healthcare delivery, and eroded public trust. Political lobbying, accountability challenges, and external funding dependency perpetuate these dishonest practices.

To counter this trend, independent oversight mechanisms, such as a conscience keeper, are crucial. A mechanism, coupled with transparency, stakeholder engagement, and the separation of science from politics, can reclaim integrity in health policy implementation. Prioritizing domestic funding and empowering local stakeholders ensures evidence-based decision-making and that community needs guide execution, not political expediency. Only through concerted efforts can intellectual dishonesty be addressed, leading to more equitable and effective healthcare systems.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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