

OPTIMIZING POLITICAL ECONOMY ANALYSIS FOR THE ADVANCEMENT OF OCCUPATIONAL THERAPY: LESSONS FROM AN EMERGING PRACTICE CONTEXT

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INTRODUCTION

- Across many countries there is limited visibility and understanding of the role and potentials of occupational therapy (Jesus et al., 2023)
- This is worse in LMICs where there is limited rehabilitation-inclusive healthcare infrastructure, inadequate human resources and scarce evidence-based information (Khan 2017)
- Political Economy Analysis (PEA) as a strategic lens helps to understand power dynamics, institutional incentives, and stakeholder interests that shape health policy, resource allocation, and program success (Daniella et al., 2023)
- University of Benin Teaching Hospital (UBTH) occupational therapy experience demonstrates PEA in action and the results underscore the need to embrace PEA in OT advocacy drive

WHAT IS POLITICAL ECONOMY (PEA) ANALYSIS ?

- PEA is a framework used to understand the interplay between political and economic processes in society
- PEA examines how power and resources are distributed and contested, and the implications this has on governance, policy-making, and development outcomes
- PEA provides a framework to uncover the root causes of systemic issues by examining the following:
 - Political Context:** The role of government policies and leadership
 - Economic Factors:** Allocation of resources and financial incentives
 - Social Dynamics:** Cultural beliefs, community structures, and societal norms

CORE COMPONENTS OF POLITICAL ECONOMY ANALYSIS

Structural factors: Broader geographic, historical, economic, social, and cultural conditions shaping systems and practice contexts.

Institutions: Formal and informal rules (laws, policies, regulations, norms) that govern behaviour and service delivery.

Stakeholders: Key actors affected by or able to influence outcomes, including service users, professionals, communities, and government bodies.

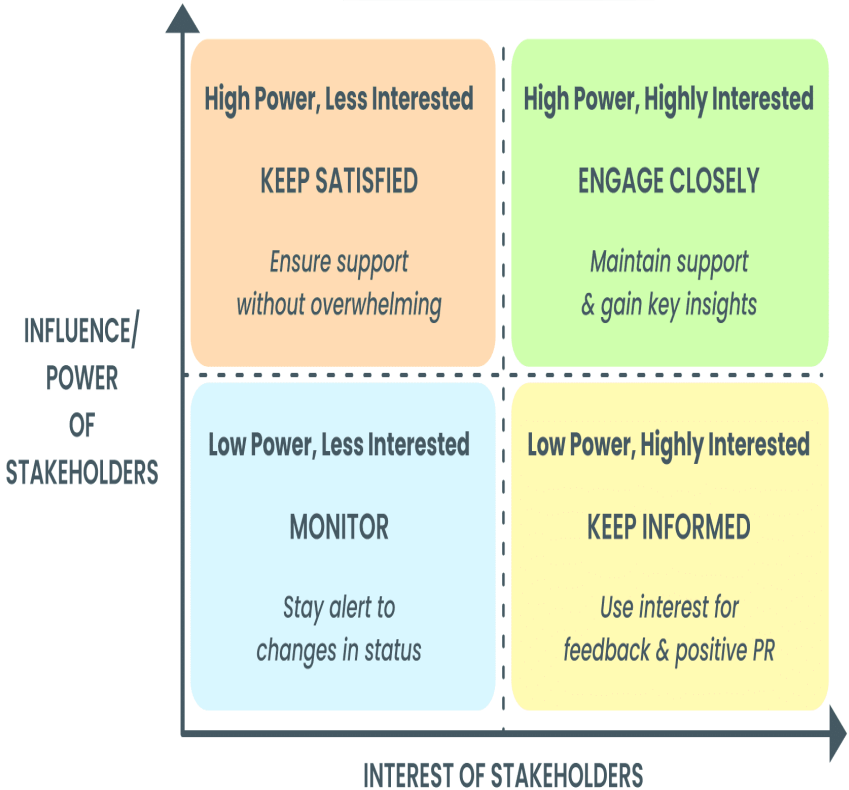
Power relations: How authority and influence are distributed, and how actors use power to shape decisions and policy.

Historical legacies: Past reforms, trajectories, and experiences that continue to shape current systems and stakeholder behaviour.

Incentives: Rewards and constraints that motivate actions, such as funding, recognition, service outcomes, or professional gains.

STAKEHOLDER IDENTIFICATION AND ENGAGEMENT

STAKEHOLDER ENGAGEMENT ASSESSMENT MATRIX



Steps to stake holders identification

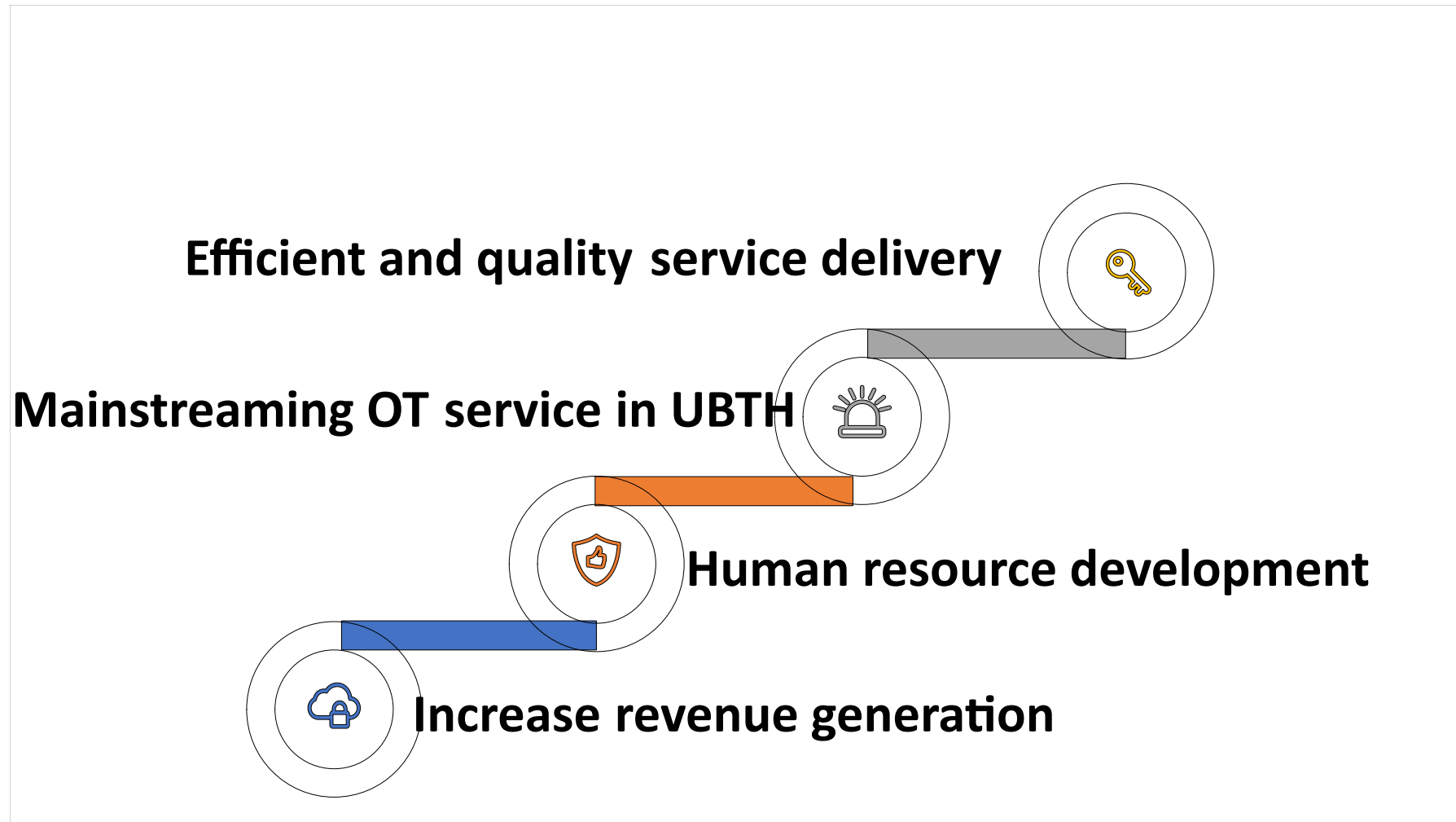
PEA AND UBTH OCCUPATIONAL THERAPY SERVICE



- UBTH is a tertiary hospital: about 1000 beds
- Prior to 2012, OT in UBTH was characterized with
 - Limited understanding of the service, leading to poor mainstream integration
 - Poor utilization of OT services
 - Inadequate O.T personnel
 - Low level of education of the few available OTAs
- Poor funding/lack of basic essential facilities
- Low revenue generation
- Poor record keeping and organization of services
- PEA was engaged by the author when he became the head of OT, UBTH in 2012

Stakeholders	PEA / Stakeholder Matrix Category	Engagement Strategies Deployed
UBTH Management MRTBN	High Power – High Interest	<ul style="list-style-type: none"> • Evidence-based lobbying highlighting service improvement and revenue benefits • submitting strategic development proposal • Active participation in MRTBN programmes and regulatory activities
Sister Rehabilitation Professions(e.g. Physiotherapy) NHIS	High Power – Low Interest	<ul style="list-style-type: none"> • Continuous engagement to clarify role boundaries and overlaps • Joint policy development on shared clinical roles • Advocacy visits and submission of OT service scope for NHIS inclusion
Service Users & PWDs Clinical Departments(e.g. Neurology, Surgery, Geriatrics) Global OT Community	Low Power – High Interest	<ul style="list-style-type: none"> • Provision of high-quality, client-centred OT services • Education and awareness on OT benefits • Advocacy outreach and free rehabilitation services • Interprofessional collaboration and ward-round participation • Networking, mentoring, and participation in WFOT projects
Local Community / General Public	Low Power – Low Interest	<ul style="list-style-type: none"> • Composed OT anthem • Public enlightenment campaigns and roadshows • Creation of informational flyers on OT roles • Courtesy visits to traditional leaders during World OT Day activities

DEVELOPMENT AGENDA FOR UBTH OT



STRATEGIES ENGAGED IN PAE CONT'D



OT promotion and grassroots advocacy



Human resource development



Community service

OUTCOMES OF PEA ENGAGEMENT IN UBTH

Occupational Therapy in Paediatrics & Developmental Disabilities Rehabilitation



Occupational Therapy in Physical Rehabilitation



Occupational Therapy in Mental Health



OUTCOME CONT'D :SERVICES CREATED IN UBTH

Neurological rehabilitation
(e.g.,stroke, spinal cord injury, traumatic brain injury)

Orthopaedic and musculoskeletal rehabilitation

Paediatric occupational therapy (developmental delay, cerebral palsy, neurodevelopmental disorders)

Mental health and psychosocial rehabilitation

Hand therapy and upper limb rehabilitation

Activities of daily living (ADL) assessment and training

Cognitive and perceptual rehabilitation

Assistive devices prescription and adaptive equipment training

Splinting and orthotics fabrication

Vocational rehabilitation and work re-integration

Health promotion, caregiver education, and advocacy

OUTCOME CONT'D

Most function OT Dept
(MRTBN 2017)

Six more service units
created

About 5000 Patients
rehabilitated

School of Occupational
Therapy founded with
150 OTTs trained so far

Internship for OT
graduates commenced
with 60 Inters already
trained

Involvement in OT
national and
international projects

Increase global
visibility

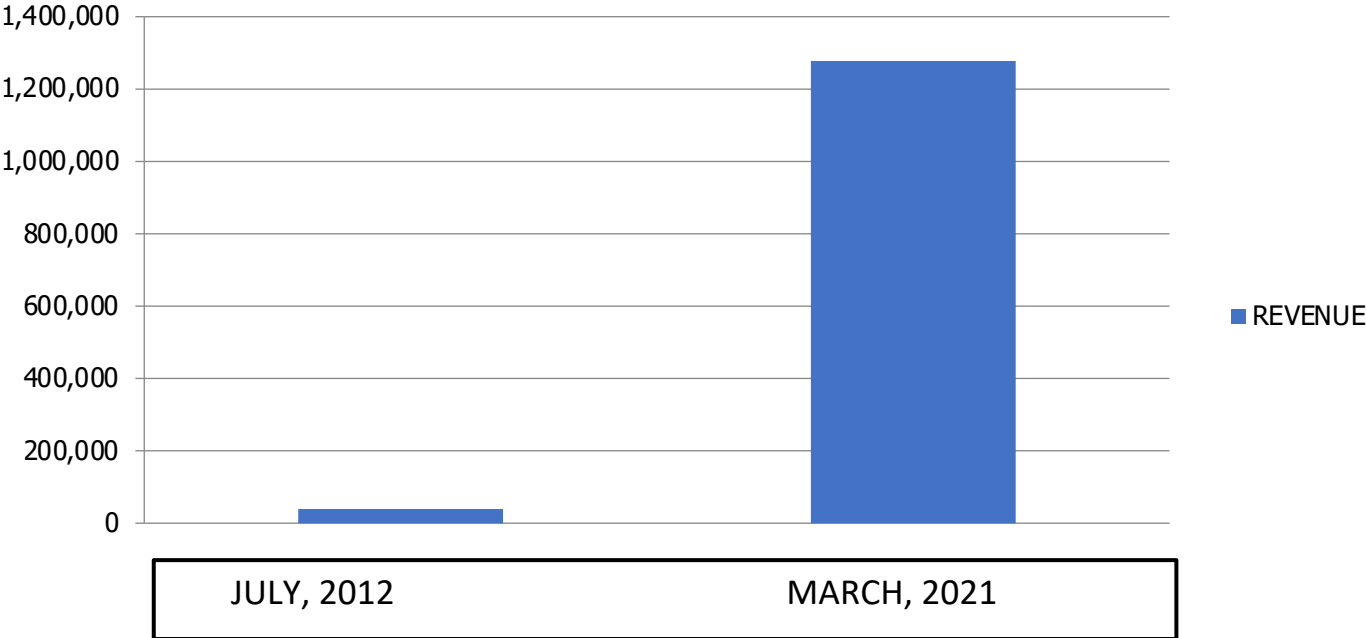
Contribution to the
accreditation of other
depts.

Contribution to the
improvement of the
training of medical and
allied health students

OUTCOME CONT'D

UBTH OT Revenue Record

comparison of the Highest Revenue before and after the development strategies



EVALUATION OF THE OUTCOME

Patients' testimonies:

- Patient A : *"OT is very wonderful it has help me to regain my function...."*
- Patient B: *"OTs are compassionate and highly professional....."*

Regulatory body (MRTBN):

"Most functional OT dept." (Obaseki et.al 2017)

Physicians' report: 100% affirmed the positive impact in the 4 thematic development of the dept.

- Physician A :. *"..."* *I've always called for OT and it's good that we have such skills and facilities that is able to produce a custom -made pressure garments for patients..."*
- Physician A : *The functional recovery of my patients has been enhanced by the involvement of OT services...,*
- Physician B : *"You people[OTs} help us by taking a lot of burden off us and even doing it in a more professional manner. just last week I called her (OT) to help me with someone's hand".*
- Physician C : *"I think UBTH should be happy and proud that you [OTs] are here...."*

OT ANTHEM (Eleyinde & Shobukola 2026)



LESSONS FOR EMERGING PRACTICE CONTEXTS

- OT advancement is **political as well as clinical**
- Power and incentives must be understood
- Stakeholder engagement is dynamic
- Local strategies + global OT values = impact

CONCLUSION

- PEA is transformative for occupational therapy development
- Stakeholder mapping enables sustainable change
- UBTH offers a transferable model for global OT

- **Take-Home Message**
 - Think politically.
 - Plan strategically.
 - Engage stakeholders intentionally.

REFERENCE

- Cloete, L. G., & Shweni, P. M. (2019). **Barriers to occupational therapy service provision for at-risk children in low- and middle-income countries**. *South African Journal of Occupational Therapy*, 49(2), 35–43. <https://doi.org/10.17159/2310-3833/2019/vol49n2a6>
- Fritz, V., Kaiser, K., & Levy, B. (2009). *Problem-driven governance and political economy analysis: Good practice framework*. Washington, DC: World Bank.
- Fritz, V., Levy, B., & Ort, R. (2014). *Problem-driven political economy analysis: The World Bank's experience*. Washington, DC: World Bank
- Harris, D., Batley, R., & Wales, J. (2017). **Political economy analysis of subnational health management in Kenya, Malawi and Uganda**. London, UK: Overseas Development Institute (ODI)
- Jesus, T. S., Castellini, O., Coster, W., Bair, M., & van der Vlegel-Brouwer, W. (2021). **The global status of occupational therapy workforce research: A scoping review**. *Human Resources for Health*, 19(1), 1–15. <https://doi.org/10.1186/s12960-021-00618-0>
- Khan F., Owolabi M.O, Amatya B., Hamzat T. K.,Ogunniyi A., Oshinowo H., Elmalik A., & Galea, M. P (2017). Challenges and barriers for implementation of the world health organization global disability action plan in low- and middle- income countries. *J Rehabil Med* ; 49: 00–00
- Obaseki, D.E., & Omemu C. E., Akoria, O.A., Okwonkwo C.A., Adeleye OA., Opawale O.A (2017). Four Year Strategic Reform Plan (2017-2021). University of Benin Teaching Hospital. Mindex Publishing Co.Ltd.
- WHO (2021). Rehabilitation key facts World Health Organization. Geneva, Switzerland retrieved from <https://www.int>. on 11/02/2022.

