Role of Stakeholders in the Policy Process: A Case of Ghana's National Health Insurance Scheme

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Abstract

Policies are declarations of intentions or plans for action. Policies comprise the principal objective and the systematic processes for implementation, monitoring, and evaluation, comprising specifics about resources, stakeholders, and environment. This paper assessed the roles of stakeholders in the policy process and how their roles influence the success or failures of policy formulation and implementation. This was done using the formulation and implementation of the National Health Insurance Scheme as a case study. A qualitative approach was used for this study. Data was collected by face-to-face interview using semi-structured questionnaires. Eighteen (18) participants were interviewed after purposely sampling participants from the Ministry of Health, National Health Insurance Authority, Ghana Health service, some hospitals and subscribers. The actions of various stakeholders in bringing the scheme to reality was very relevant. From the efforts of the agenda setters through the policy formulators and implementers. There were various levels of interactions between the stakeholders and this was very integral to the success of the policy. Every stakeholder brought their knowledge, ideologies and beliefs to bear. Feedback from beneficiaries and providers has been very useful for the streamlining of key aspects of the scheme. Stakeholder engagements are still organized to help scheme managers correct and understand challenges on the provider and client sides.

Keywords: stakeholders, policy formulation, policy implementation, national health insurance

1. Introduction

Policies are declarations of intentions or plans for action. Policies comprise the principal objective and the systematic processes for implementation, monitoring, and evaluation, comprising specifics about resources, stakeholders, and environment. Policies therefore serve as a means of achieving set goals and objectives through careful planning and deployment of resources for the benefit of all. In the jurisdiction of global health, good health policies are priceless building blocks towards good health systems, health programs and, eventually, health outcomes. Problem identification and policy formulation are the first two (2) stages of the policy cycle; both need substantial consideration to the environment in which one is operating. The operating environment comprises the contemporary political agenda, the economic condition, the sociocultural framework, the earlier policies and structures in place, the resident institutional capacity, and so on. The consideration of these in problem identification and policy formulation help in contextualizing the issues and therefore formulation of realistic policies whose objectives meet the specific needs of the people. Policy implementation integrates numerous elements: inter organizational power dynamics, fluctuating institutional capacities, funding, accountability and transparency, and numerous other barriers comprising the political climate of the nation at the period of implementation. A major goal of most health-related policies is strengthening of health systems (May, 2012). Health systems are the setups of persons, organizations, and resources that work together to promote and restore health to populations. All these groups are stakeholders in the policy process and their actions and inactions determine the success or failure of policy implementation. There is therefore the need to understand the functions of all stakeholders in the policy process.

Realistically, political actors must initiate, support and accept new policies if change is to occur. Major policy reforms are however either rejected by these political actors even though they are clearly superior to a broken or deeply inefficient status quo. Others however, embrace policy change and assume active leadership of efforts to introduce and sustain major innovations in national development strategies. Political actors may accept or resist policy change due to numerous factors. Political economists in an effort to explain this phenomenon drew on the rationale choice theory. Grindle (1999), explained the concept of rationale choice theory in respect of political

economists. He posited that, the rational choice approach asserts that political actors, like *homo economicus*, act to maximize utility, generally assumed to reflect their self-interest. Voters, politicians, lobbyists, bureaucrats, and party officials are understood to be rational in that they have preferences and seek to achieve them through action. In seeking to explain the behavior of politicians, rational choice theorists generally assert that politicians naturally prefer more power to less; survival in office to defeat; reelection to loss; influence to irrelevance. Voters naturally prefer politicians who provide benefits that improve their individual welfare to those who do not. Bureaucrats naturally prefer higher budgets to lower ones, more discretion to less, more opportunities to promote their own welfare to fewer and career promotion to demotion. Each of these actors will therefore act in ways that will help meet their objectives and would therefore accept or reject a policy along these lines.

Public policy is defined as a focused course of action that a stakeholder or set of stakeholders ensue in resolving an issue or matter of concern (Anderson, 2010). It is a sequence or pattern of government decisions intended to correct certain social glitches. Public policy must be properly implemented to reap benefits for citizens (Stewart, Hedge, & Lester, 2008), and its achievement is absolutely linked with the way in which it is put into practice. The best policy is not worth much if it is not well implemented.

According to Kingdon (1995), institutional history and stakeholder perspectives shape the results or outcomes of policy implementation because what counts as a problem to one stakeholder may not count as one to another and what counts as a solution may be different to both parties. With different actors holding different views due to differences in values and experience, acceptable solutions are hardly achieved.

Many researchers posit that low ambiguity and high conflict are typical of political models of decision making (Allison 1971; Elmore 1978). Actors have clearly defined goals, but conflict occurs because these clearly defined goals are incompatible. Equally conflictual battles can occur over means. It is often exactly in the designing of the implementation policy that conflicts develop and vigorous battles burst forth. The central principle of political implementation is that implementation outcomes are decided by power. In some cases, one actor or a coalition of actors have sufficient power to force their will on other participants. In other cases, actors resort to bargaining to reach an agreement (Matland, 1995). The formulation and implementation of the NHI policy involved a lot stakeholders and therefore there is the need to carefully examine the roles of the stakeholders and how they affected the policy process.

The relationship between the various actors (such as interest groups especially donors; policy formulators, policy implementers and beneficiaries-those who directly or indirectly derive benefit from the policies) is also critical for a successful implementation. The paper considered the somewhat complex relationships, gaps and linkages between all the actors of the policy process.

Implementers or actors at the frontlines of implementation usually pose a challenge to implementation (Signe, 2017), there is the need to research into the influences of all stakeholders and actors involved in the policy process especially implementation and how their roles affect policy outcomes. The relationships between stakeholders such as agenda setters and policy formulators and implementers involved at the frontline therefore needs to be researched to find out why their roles are a challenge to implementation.

2. Literature Review

2.1 Public Policy Implementation Actors

Cairney (2012) and Colebatch (2002) state that public policies are implemented through implementation structures such as government departments at all circles of government, where logically the public and private sectors often collaborate in the implementation of some public policies. As such, according to Hanekom (1987), public officials and government institutions are allocated the duty of implementing and evaluating public policies. This was obvious in the case of the NHIS implementation which involved the Ministry of Health, Ghana Health Service, the NHIA and other agencies of government. The relationship between the policymakers (legislators) and the policy-implementers (the executive, public officials and government departments) can affect PPI, according to Hanekom, (1987), because PPI has been apportioned to public officials, and public officials often find themselves in the midst of the political class (Hanekom, 1987). Therefore, it is proposed that in order for successful PPI to take place, there should be an association of actors who will come together and help in implementing the public policy, and simultaneously examine ways to resolve their problems (Pülzl & Treib, 2007). Additionally, De Leon and De Leon (2002) propose that when all role-players of PPI are considered, recognized, and informed with regard to public policies, they will be more willing to adapt and give their approval to these policies. In informing, considering and recognizing all the role-players of public policy, the public policy process applies a more democratic approach to policy analysis (De Leon & De Leon, 2002).

It is not astonishing that the numerous stakeholders concerned with PPI are important (Knill & Tosum, 2012), and that each of them has their own different interests; values; perceptions and policy preferences (Colebatch, 2002; Miller & Demir, 2007; Hill & Hupe, 2014). One of the key objectives of this study is to find out how the different

interests of the stakeholders involved in implementation such as their values, interests, perceptions and policy preferences affected the implementation of the NHIS policy. As indicated by Petridou (2014), the purpose of "policy research is the understanding of the interactions among the machinery of the state, political actors, and the public". The effect of the level of interaction among actors or stakeholders will also be ascertained.

2.2 Public Officials; Political Actors and the Role of the Bureaucracy

According to Hanekom (1987), a public policy only becomes meaningful once it is implemented. One institution that is recognized to be responsible for the implementing of public policies is the bureaucracy (also known as the civil service; government; or administration) (Knill & Tosum, 2012). Jones (1977) posits that Carl Friedrich considered the bureaucracy as "the core of modern government". Jones (1977) also states that theorists such as Max Weber saw the bureaucracy as a machine of government that is tasked with the demanding and difficult tasks of the modern day government. This 'modern governmental machinery', according to Weber, was tasked with putting into effect the rules; laws and regulations (Jones, 1977). Even though the bureaucracy plays a fundamental role in implementing public policy, it cannot handle it single handedly. Real-life governments rely on other stakeholders in achieving the objectives of a public policy and making sure that the policymakers are put to account, and that the custodians of the public policy are catered to (Jones, 1977).

Hanekom (1987) also, contends that a public policy is implemented by the same persons who formally had a hand in the drafting it. Those persons are usually public officials who are the principal formulators of bills, and are involved in the procedures of passing a bill in parliament (Hanekom, 1987). Just as important: they have the massive obligation of carrying out the implementation of the policy in a political environment as their decision-making regarding a public policy is a mixture of both political and administrative components. This is because the role of the bureaucracy is much more politically dynamic than can be generally believed (Jones, 1977; Hanekom, 1987).

It is conjoint fact that many public policies are connected with a political ideology brought forward by political actors who may formally or informally hold positions in all circles of government (Petridou, 2014; De Coning et al., 2011; Toleikiene & Meskyte, 2014) Sabatier & Mazmanian, (1980) therefore, uphold that public officials cannot distance themselves from the political ideology of the current government (i.e. remain neutral in the implementation of the public policy), nor can they remove themselves from the policies "embodied in legislation (Sabatier & Mazmanian, 1980). This was the case in the formulation of the NHIS which was a political ideology brought about by a party manifesto promise. The ability or inability of the public officials to associate themselves with the ideology of the public policy as well as implement it accordingly can have severe consequences on the success of the public policy (Hanekom, 1987). Hanekom (1987), opines that the public officials must obtain the necessary skills and abilities to take part and carry out the functions of government, regardless of the party in power, as the task of the public official is to adopt the objectives presented to them by the policy and work towards achieving those aims of the policy (Hanekom, 1987). If they fail to do so, they run the risk of contravening the provisions of the Constitution as well as trespassing upon the freedom of the individual (Hanekom, 1987).

2.3 Policy Formulators (The Executive and Legislature)

Policymakers are involved in the policy process in diverse ways. They are often consulted with regard to the administration of the public policy in their particular fields of expertise; as well as "revising and even revoking statutes" (Jones, 1977; Sabatier & Mazmanian, 1980). Hanekom (1987) posits that the more detail enclosed in a public policy (legislation), "the less is left to the discretion of government institutions and their public officials". This is the situation because often parliament is tasked with entrusting policy decisions to different government departments, and in doing so they must plan in great detail how a governmental agency is going to apply and implement a policy decision (Knill & Tosum, 2012).

Additionally, Knill and Tosum (2012) posit that the role of the legislature (parliament) is that of statutory control (public policy oversight). Statutory control can be done in two ways: by using the approach of 'fire alarms' (also known as 'whistle blowing' in Ghana) and 'stacked decks' (Knill & Tosum, 2012). Fire alarms with regards to statutory control is a system established by parliament whereby there are 'rules and informal practices' established in order to govern and provide a platform for individual members of society and concerned interest groups to examine administrative decisions (Knill & Tosum, 2012). Where appropriate, one has to 'raise the alarm' if one considers that certain decisions were not supposed to be taken. 'Stack the deck' as a means of statutory control indicates that legislators will go out of their way to take strategic policy decisions which will be more advantageous to other 'groups that the legislators want to help (Knill & Tosum, 2012). In 'stacking the deck ', it is evident that the group theory (concentrating on the type of influence interest groups have during the public policymaking process as they are always continually fighting for their voices to be heard) and the elite theory (a theory that hypothesizes that power lies in the hands of the knowledgeable elite whom their opinions and wellbeing are of primary importance) play a massive role in the game of political and administrative implementation.

Legislators are therefore important PPI actors as they help with the administration of the public policy; reviewing the public policy where possible during the implementation stage; allocating the public policy to the different departments who are best appropriated with the implementation of the public policy, as well as supervising the implementation of the public policy in the form of statutory control.

2.4 Judiciary/Courts

Without a doubt, judges have been granted the great responsibility of making sure that there is amenability with public policies, such as those passed in the legislature chambers (Jones, 1977). Law enforcement such as appointed individuals working in the police force; courts of law have the duty to see that certain policies (such as regulatory policies) are implemented accordingly; as they have the obligation of foreseeing the administration of the passed laws (Hanekom, 1987). This can be seen when judges work with cases and apply a policy in civil or criminal cases and perform an administrative function when the public is involved (Jones, 1977). Courts do not only play an important role in implementing the law; they are also tasked with the vivacious policy function of evaluation and appraisal when an individual or the general public contests the constitutional foundation of a policy (Jones, 1977). The courts also have the task of constitutional interpretation (Jones, 1977). Additionally, Knill and Tosum (2012) hypothesizes that courts are tasked with the obligation of safeguarding that government bodies do not dare abuse their implementation powers.

2.5 Interest Groups (Pressure Groups)

Interest groups are tasked with representing the majority of social and economic groups in society (Peters, 2001). As indicated in the discussion on theories of politics and public policy, the group theory model plays a crucial role in the policymaking process as interest groups are essential; and also have the clout of influencing public policy and PPI (Peters, 2001). This can be seen when groups choose to take part in the implementation of public policy matters regarding themselves, regardless of government's support or not (Jones, 1977).

The involvement of interest groups in implementing public policy can happen in different ways (Jones, 1977). According to Peters (2001), interest groups play the active role of serving as "quasi-official arms of the political system" in implementing public policies that they may have expert knowledge and skills in. Peters' (2001) declaration can be better comprehended when interest groups are given the chance to collaborate with government departments in implementing public policy (Jones, 1977). In addition, when a group becomes successful in influencing public policy, it can also "influence PPI and have an effect on public policy" (Hanekom, 1987).

In the discussion of the group theory model it has been specified that organized interest groups that are likely to be "more organized; have more numbers; have financial means; have political affiliations; are popular; have an advisory capacity within the policy-making process (i.e. when businesses in the private sector are requested by government to come and assist them in overcoming a financial crisis) and have made connections with policymakers" (Dye, 1984; Hanekom, 1987) they have the added advantage of being included in the PPI stage, and could also influence policy.

2.6 Community Institutions (Institutional Groups)

Community institutions (or institutional groups) are those institutions found in the community that can impact public policy in diverse ways (Hanekom, 1987). These institutions, according to Peters (2001), are a special class of legitimate pressure groups. The interest/pressure groups belonging to these institutional groups are considered as essential social or political institutions that seek to influence public policy as a way to achieve benefits for themselves and even their group members (Miller & Demir, 2007; Peters, 2001). Their interest in public policy appears to be more specified as they are seen as "more particularized special-interest output" and likened to other interest groups (Peters, 2001). Examples of such institutional groups are the churches; the army; journalists; policy analysts; influential politicians; the public bureaucracy itself; and even local government (Peters, 2001; Miller & Demir, 2007).

What sets apart the institutional groups from other interest groups is that their groups are profusely distinguished and legitimized through the prestige of the institution(s) they belong to (Peters, 2001). They are frequently attached to a symbolic gamut which gives them legitimate access to government institutions and the policymaking process as compared to other interest groups (Peters, 2001). The additional benefit that community institutions have as compared to other interest groups is that they have become recognized with "stability and normal politics (Miller & Demir, 2007). In conclusion, these institutional groups can be branded as symbolizing the elite group theory and institutional-based theory models of politics and public policy.

2.7 Informal Groups as PPI Actors

Informal groups vary immensely from community institutions and institutional groups in that they are at a disadvantage during the PPI process due to the fact that they are not committed to a special class of legitimate pressure groups; nor are they affiliated to any form of a high-status institution; nor well-known with features such

as stability and normal politics (Dye, 1984). However, informal groups are very much needed during PPI and their effort should be acknowledged. Additionally, there is one perpetual characteristic of informal groups acting in an informal political arena within PPI which is very apart from the other actors of PPI; and it is such typically informal groups that are triggered when they are cognizant that a policy is in the process of being implemented. Salgado (2013) proposes that this is because there is usually lack of consultation with informal groups and a long-standing isolation by large sections of communities who have the structures of power (Booysen, 2009).

In Ghana, informal groups affect public policy and PPI in the form of protest action. Salgado (2013) and Averweg and Leaning (2015) hypothesize that informal groups use the power of protest action in order to affect PPI for the main purpose that members of informal groups find themselves disregarded, and as a consequence their frustration and their pursuit to be heard they are led to trust that the only way in which their voices can be heard and not subdued is through the means of headline-grabbing violence. Furthermore, Booysen (2009) additionally states that in South Africa, protest action from the less structured or informal actors of PPI is an indication of the civil society-driven praxis that when PPI is unfinished or goes wrong (for example, due to slow implementation or corruption), the need to influence PPI results through public involvement heightens, whether through conventional civil society mobilization or protest action. Therefore, Averweg and Leaning (2015) postulate that informal groups (such as disenfranchised communities) acting in an informal political space continue to have an important significance across a broad population; and in doing so are able to affect public policy and PPI.

Finally, informal groups can be categorized as acting within a broader contested democracy as informal groups, often become a voice for their marginalized communities and are against the elite theory which views society as a whole to be consisting of an ill-informed civil society (Dye, 1984).

3. Methodology

3.1 Study Design and Data Collection

A qualitative approach was used for this study. Data was collected through face-to-face interviews using semi-structured questionnaires. The sample was chosen to include respondents randomly selected from the headquarters of the National Health Insurance Scheme, Ministry of Health, Ghana Health Service, some hospitals and some subscribers across the Greater Accra region. Total number of respondents included was 18.

3.2 Study Setting

The purpose of this study is to assess the roles of stakeholders in social policy formulation and implementation in Ghana by examining the formulation and implementation of the National Health Insurance Scheme. The study was conducted in the Greater Accra Region of Ghana. This is mainly due to the fact that most of the respondents were from government agencies whose offices are located in Accra (the capital city of Ghana). The Greater Accra Region is the capital city of Ghana and the seat of government. The headquarters of all the government agencies for health is located in the National capital Accra. The National Health Insurance Authority (NHIA), Ministry of Health, Ghana Health Service, Christian Health Association of Ghana and 37 Military hospital are all located in Accra. Respondents were selected from these agencies and institutions for the study.

3.3 Research Participants

The study population consisted of different groups, namely directors and managers of National Health Insurance Authority who have been with the scheme within the last decade and a half. They cut across and included managers who were also at the district mutual schemes giving it a National picture. Managers from the Policy Planning, Monitoring and Evaluation (PPME) department of the Ministry of Health, managers from the research and policy department of GHS, administrators from primary hospitals, secondary hospitals and tertiary hospitals, directors of CHAG, and subscribers who have been with the scheme for 10 years or more were included.

3.4 Inclusion and Exclusion Criteria

All agencies of the MoH who were directly involved with the policy formulation and implementation of the NHIS policy were included in the study. All MoH agencies who were not directly involved in the formulation and implementation were excluded. Managers and directors from the respective organizations (NHIA, GHS, CHAG, MoH (PPME)) with ten years' experience or more were included in the study whilst those with less than 10 years' work experience were excluded. Beneficiaries or subscribers who had been with the scheme for 10 years or more were included whilst those with less than 10 years were excluded. Only hospital administrators who have worked in the area of NHIS were included in the study. All administrators who have had no direct involvement in the running of NHIS in the hospitals were excluded

3.5 Recruitment and Sampling

In this research, multilayered sampling procedures were employed. This involves identification of stakeholders. In this case the Ministry of Health was identified as a major stakeholder considering the subject matter of formulation and implementation of the NHI policy. The agencies of the Ministry concerned with the policy process were sampled and the NHIA, PPME, GHS and CHAG were further sampled from all the agencies and departments

of the Ministry of Health. A purposive sampling technique was adopted to select the primary participants.
This study was designed to interview at least three managers from the various categories. In total, twenty (20) participants were contacted to be interviewed. It was anticipated that this would generate the required data to address the study's objectives and questions, although it was also acknowledged that there would need to be some flexibility to increase or decrease numbers according to the needs of the study. Two of the participants however declined for personal reasons. A total of eighteen participants were therefore interviewed. Table 1 below shows the distribution of respondents.

Table 1. Demographic data of Respondents showing years of experience and position with organization of respondents

Pseudonyms	**Organization**	**Years of Experience**	**Position**
Seyram	NHIA	12 years	Manager
Andy	NHIA	14 years	Director
Kwame	NHIA	13 years	Director
Mark	NHIA	12 years	Manager
Steve	NHIA	12 years	Manager
Richard	CHAG	25years	Director
John	CHAG	20years	Dep Director
Joe	GHS	10years	Head of Department
Kojo	GHS	12years	Dep Director
Jude	GHS	15years	Dep Director
Ama	MoH	15 years	Director
Albert	MoH	25 years	Director
Atadwe	37 Military Hospital	16 years	Snr Administrator
Collins	37 Military Hospital	22 years	Insurance Officer
Emmanuel	37 Military Hospital	14 years	Administrator
Adwoa	Beneficiary	15 years	Beneficiary
Kofi	Beneficiary	15 years	Beneficiary
Dodzi	Beneficiary	13 years	Beneficiary

3.6 Methods of Data Collection

The semi-structured interview approach was selected in order to provide more flexibility for both the participants and the researchers (Braun and Clarke, 2013). This enabled participants to lead the discussion when they wished to do so and build an argument around their understanding of the issues and events, as well as enabling the researchers to explore unexpected issues as they arose without leading the discussion. Each interview took place in a convenient place and lasted approximately 30-80 minutes, as recommended by DiCicco-Bloom and Crabtree (2006). In all fourteen (14) participants were interviewed face-to-face and four (4) via telephone. The instruments

focused primarily on exploring respondents' experiences on the formulation and implementation of NHIS, with focus on the specific roles of stakeholders and how they affected the policy process. A pre-test of the research tool was undertaken on some of the respondents from the NHIA.

3.7 Analysis of Interview Data

Recorded interview data was examined and interpreted using thematic analysis. Braun and Clarke (2006) process was applied flexibly to this study's research questions. The process started during the early phase of data collection by actively looking for issues relating to the research questions in the data, thinking about the patterns of meaning, and through a process of reflection on the experience of collecting the data (interviews).

The endpoint of this process of analysis was the reporting of the final themes. The analysis phase involved an iterative process of constantly moving back and forward between the data set of analysis, data items and the coded extracts of data.

Familiarization with data begun at the initial stages of the field exercise and continued through storing audio recordings of conducted interviews and transcription. The data collection exercise was conducted by the researcher, as it is vital that the researcher immersed himself with the data to familiarize himself with the depth and breadth of the content. The total number of responses received were read through severally for the researcher to familiarize himself with the text and generate initial codes. the collated codes were carefully examined and sorted into potential themes. This was done together by identifying major theme categories and sub-themes that fit into the major themes for each objective (Braun and Clarke, 2013). The initial themes and sub-themes were refined via a process of reviewing both the coded data extracts and the whole unit of analysis. Initially the themes were reviewed against the coded data extracts. Themes were then defined and refined for the purposes of analysis. This was done by identifying the relevance of each theme, and the part of the data that individual themes captured. The final report was then produced.

3.8 Ethical Considerations

Ethical clearance was obtained from the University of Ghana's Research Ethics Committee. The aim was to ensure that all research involving human subjects, and/or their data is conducted in such a way as to minimize risk to participants and researchers, and that best practice is followed at all times.

4. Results

4.1 Role of Stakeholders in the Policy Process

Evidence from the data collected showed that the high-level of stakeholder involvement at all levels of the formulation and implementation of the NHIS policy became apparent. At the formulation stage, different ministries and organizations came together to plan and work on the formulation of the policy. For instance, when the idea of NHI policy was mooted and the framework was being designed, there was a bit of confusion as to exactly where the policy will sit and which ministry will steer the affairs and see to the day to day running of the scheme. The different contentions were whether it should come under the Ministry of Health because it was a health policy, or the Ministry of Finance because it was to do with health financing; was it to come under the Ministry of Local Government because it was about the people and meant to be a decentralized policy run independently by the different districts and regulated by the National Health Insurance Council (NHIC). At the policy formulation level therefore an inter-ministerial committee was set up to lead the design of the framework of the policy for adoption by the legislative wing of government. The Ministries of Health, Finance, Local Government and Communication were brought together to work on the formulation of the policy. The Trade Union Congress (TUC) was drafted to join the committee because of deductions from the formal sector from social security contributions to support financing of the policy. Also key among the stakeholders was the presence of donors and development partners. Key stakeholders who played very significant roles in the policy process were the Ministry of Health, NHIC, District Mutual Schemes (DMS), Ghana Health Service (GHS), Christian Health Association of Ghana (CHAG), the hospitals or health facilities and subscribers or members of the scheme. All these stakeholders had various roles to play in the formulation and implementation of the scheme.

4.2 Theme 1: Government of Ghana (GoG)

From the interviews, it was revealed that one major stakeholder in the setting up of the NHIS is the Government of Ghana. The GoG at the time had a manifesto promise to fulfil and also had roles of agenda setting and policy formulation to perform to see to the successful formulation and implementation of the scheme.

4.2.1 Manifesto Promises

The interviews revealed the clear and important roles played by the GoG in the formulation of the NHI policy. The whole idea started with a manifesto promise by the New Patriotic Party (NPP). When they won the elections in 2000, there was an urgent need to fulfil that manifesto promise and deliver the NHIS they promised the electorate. The then president HE John Agyekum Kuffuor therefore tasked a committee to look into and initiate processes for

starting the scheme.

So in 2000 and run down to election 2000 all the major political parties were talking about making health care accessible and less expensive to the people…….. [Andy, NHIA]

The NPP made it a major manifesto promise to establish health insurance if elected to power…. [Steve, NHIA]

That is why when the government came to power, immediately they set up a committee to come out with a clear-cut policy; a detailed policy that will drive the HI system……. [Andy, NHIA]

4.2.2 Agenda Setting

The interviews revealed that there were numerous community and interest group engagements held to set the agenda for establishing the NHIS. Apart from the inter-ministerial committees and other committees to look at setting up the NHIS as well as its funding and benefit package among others, wider consultations were held with the general populace. A joint parliamentary committee of health and finance undertook a nationwide consultation tour of all regions to meet and consult with the people as to how the NHI policy could be adopted successfully. The aim of these engagements was to solicit the views of the general populace and also increase awareness among the people on the need to support the government in achieving the aims and objectives of the policy. Various stakeholders in health were also engaged to get their opinions on how best the policy could be crafted to be beneficial to all.

…. the parliamentary committee on health and finance led the nationwide consultation in almost all regions……. [Andy, NHIA]

Those who were to provide the service under the scheme were all consulted for their opinions….. [Kwame, NHIA]

4.2.3 Policy Formulation

During the formulation of the policy, an inter-ministerial committee was set up made up of health, finance, local government, labour and communication. This committee had a directing role with another committee set up within the PPME of the Ministry of Health led by Dr. Samuel Akor to deal with the actual formulation. At the same time different committees made up of different professionals were set up to look at the different aspects of the policy. A committee was set up to look at tariffs and the benefit package among others. This involved stakeholders from the provider side both government and private sector. Another committee was set up to also look at funding of the scheme. This committee also involved stakeholders from the TUC, employers association of Ghana, representatives from the Ghana Revenue Authority and Ministry of Finance as well as the development partners who were key to the whole process.

The ministry of Health played a key role in consultation with other ministries in the formulation of the NHI policy……. [Kojo, GHS]

The then director of PPME at the MoH and his team played a key role in drafting of the policy framework of the scheme …….. [Andy, NHIA]

4.3 Theme 2: Ministry of Health

From the interviews, the Ministry of health was identified as a key stakeholder in the formulation and implementation of the NHIS. The framework design of the policy was developed by the MoH. The Ministry also held numerous stakeholder engagements to solicit views of a wide section of the population for inclusion into the policy.

4.3.1 Framework Design

The MoH was tasked with developing the framework for the policy. The framework design of the policy was developed by Dr. Samuel Arkoh and his team at the PPME of the MoH. The bill was also drafted and this was to help with the implementation of the NHIS and also regulate the operations of the scheme. This went through extensive consultations as well.

As early as 2001/2002, the first policy framework was developed and then based on the policy framework……. [Andy, NHIA]

The MoH also drafted the bill that will regulate the HI and help with implementation of the HI and the bill went through consultations……. [Steve, NHIA]

4.3.2 Stakeholder Engagements

From the interviews it was revealed that a lot of stakeholder engagements were done by the MoH especially during the development of the policy framework and the bill. There were regional tours organized to get the inputs of community leaders as well as health care service providers.

Representatives from all sectors were assembled to solicit opinions on how best the scheme should be organized

and run…… [Andy, NHIA]

The GHS, GES, traditional authorities, social welfare, religious communities mainly Christians and Muslims and representatives from the district assemblies were consulted extensively for their views on the policy. ……. [Steve, NHIA]

4.4 Theme 3: National Health Insurance Council

From the interviews, the National Health Insurance Council (NHIC) was identified as a major stakeholder with a key role in the policy formulation and implementation of the NHIS. The roles of the NHIC were to regulate the district mutual schemes, formation of management teams to manage the district mutual schemes and to serve as custodian of the funds for disbursement to the district mutual schemes.

4.4.1 Regulation of District Mutual Schemes

From the interviews, the key role of the NHIC was to regulate the District Mutual Schemes (DMS). The activities of the DMS were supposed to be controlled and regulated by the NHIC especially with regards to the benefit package and claims payment. This regulation role was abandoned at some point and implementation taken on thereby affecting the scheme. This effect was both positive and negative in the sense that even though there was harmonization and standardization in operations, bureaucracies increased with delayed decision making and accountability was very low.

…….so the council was there to regulate activities of the district Mutual schemes and ensure the right benefit package is applied and claims were within reasonable limits……. [Kwame, NHIA].

The NHIC was supposed to provide oversight responsibilities for the district schemes to avoid any dubious activities and also give clear guidelines on the way forward on negotiating tariffs and agreeing on fees for services……. [Mark, NHIA]

The NHIC took away some of the autonomy of the DMS and even though this led to increased harmonization and standardization in operations, there was increase in bureaucracies, delayed decision making and low accountability……. [Steve,NHIA]

4.4.2 Formation of Management Teams to Manage the District Schemes

From the interviews, one key role of the NHIC was the formation of management teams to manage the district schemes. This was however delayed and the DMS were therefore doing things on their own for a long period of time.

I think it took too long for the management teams to be set up so it allowed the districts to do things on their own and so the actual regulation was not too effective so they took advantage to move into implementation instead of regulation…… [Andy, NHIA]

The delay in setting up of the management teams led to the district schemes doing things on their own……. [Steve, NHIA]

4.4.3 Fund Management of the Scheme

The interviews also revealed another role of the NHIC in the implementation process. The NHIC was to act as fund managers who will receive the NHI proceeds from the consolidated fund for onward disbursement to the DMS.

The NHIC was the custodian of the NHI proceeds and the districts presented registration of members from the formal sector and exempt groups for reimbursement……. [Steve, NHIA]

The district mutual schemes in every district were to be autonomous but they were going to get funding support from the NHIC. That is why the NHI fund was created…. [Andy, NHIA]

4.5 Theme 4: District Mutual Schemes

The interviews further revealed the roles of the DMS. The key roles of the DMS included the implementation of the schemes through the District Implementation Committees (DIC), operationalization of the scheme, claims management and registration of subscribers.

4.5.1 Implementation of District Schemes

The districts had the role of organizing and implementing their own mutual schemes. The DICs were put in place by the district assemblies to take charge of the implementation. They employed officers to run the schemes and also set up the scheme offices. After the scheme is inaugurated, the DICs are dissolved and the district mutual scheme boards formed to oversee the activities of the DMS.

District implementation committees were formed in all districts to help set up the district mutual schemes……. [Steve, NHIA]

The district implementation committees proved to be very effective since they were key players in the district and understood the district dynamics…….. [Mark, NHIA]

4.5.2 Operationalization of District Schemes

From the interviews one key role of the DMS was the operationalization of the scheme in their districts. This included identifying and contracting health facilities to provide service for members of the scheme, registration of subscribers and onward forwarding of details to the NHIC for reimbursement, negotiating claims with service providers and information dissemination for the general public especially those in their districts.

The district schemes identified 'promoters' who were responsible for getting members on to the scheme through house to house campaigns, church and mosque visits and other community engagements…….. [Mark, NHIA]

The district mutual schemes went into contracts with facilities to provide care for subscribers. They ensured the gatekeeper system was strictly adhered to……. [Seyram, NHIA]

4.5.3 Claims Management

From the interviews, it was established that one of the roles of the DMS was the management of claims. The service providers will put together a fee for their services provided and submit them at the end of every month to the DMS to be reimbursed. The claims are to be vetted and approved for payment. It was easy because the claims were handled at the local level and issues were easily clarified and verified.

Claims were handled at the district schemes and the officers could negotiate on higher bills and tariffs down to agreeable levels, a situation we don't have now…….. [Steve, NHIA]

The district schemes went into agreement with local providers on tariffs and negotiated claims, medicines and other services. They could sit and negotiate with providers on claims and come to a consensus…….. [Mark, NHIA]

4.5.4 Registration of Members

Another critical role of the DMS was registration of members on to the scheme. This played a very critical role in the initial large numbers of individuals who enrolled on to the scheme. The DMS engaged many interest groups in their districts and got them registered on to the scheme.

It was the responsibility of every district scheme to grow its membership since they were reimbursed according to the number of subscribers they had……. [Seyram, NHIA]

The district schemes did a lot of work in the initial stages to register a lot of people on to the scheme…….. [Steve, NHIA]

4.6 Theme 5: Ghana Health Service and Other Service Providers

From the interviews, another stakeholder group that was important to the success of the scheme was the Ghana Health Service and other service providers such as the CHAG and other tertiary hospitals. They had extensive consultations with the parliamentary select committee and their main role among others was the provision of service to subscribers of the scheme. They were also to ensure the availability of enough personnel and equipment in all districts under the supervision of the MoH and other agencies such as Pharmacy Council, Medical and Dental Council and Nurses and Midwifery Council.

Ghana Health Service is responsible for the development and operationalization of policies formulated by the Ministry of Health and its agencies and alignment of other policy interventions from partners…….. [Jude, GHS]

4.6.1 Provision of Service

From the interviews, the roles of the GHS and the other service providers was to provide service to the members of the scheme and file claims at the end of the month to the DMS for reimbursement. During the implementation therefore they played a crucial role especially in determining price of services to be rendered to members.

Various consultations were held with service providers to determine the price of services to be provided to members of the scheme…….. [Steve, NHIA]

In the early days of the scheme, there was no standard for billing. The scheme therefore started as a fee-for-service where facilities will treat and present an itemized bill for payment…….. [Mark, NHIA]

4.6.2 Availability of Facilities

The interviews further revealed that the GHS and other service providers were to ensure the availability of facilities in all districts and all facilities under GHS and CHAG were engaged to provide services. The management of these facilities came directly under the GHS. The tertiary hospitals were also engaged to be used as referral centers from the regional hospitals.

Ghana Health Service, the Christian Health Association of Ghana as well as other providers were engaged to ensure the availability of their facilities for prompt provision of service……. [Kwame, NHIA]

To be sure the scheme works well and members do not struggle to get care, lots of stakeholder engagements went on between the Ministry of Health, Ghana Health Service and other healthcare providers……. [Mark, NHIA]

4.6.3 Availability of Health Personnel

Another key role of service providers in implementation was the need to ensure that the required level and numbers of health personnel for running each facility was available. It is the responsibility of these service providers to uphold the standards in their facilities by making sure the right level of staffing is available for taking care of the members of the scheme.

Part of the initial engagements with providers was to ensure the right levels of staff were available to treat members when they visit their facilities…….. [John, CHAG]

We were engaged by the parliamentary select committee to solicit our views and discuss our challenges especially in the area of staffing……. [Richard, CHAG]

4.7 Theme 6: Subscribers

From the interviews, one very important group of stakeholders that emerged were the subscribers of the scheme. The scheme was a social intervention meant to take away the cash and carry system of health financing and release the financial burden of families and especially the vulnerable in society. The subscribers or members therefore had a key role to play in ensuring sustainability and smooth operation of the scheme. The general populace at the scheme's inception were encouraged to enroll by registering or joining the schemes in their districts and keeping their membership active by renewing every year. They were also to present their membership cards to facilities anytime they visit and help the scheme managers in fighting fraudulent activities.

4.7.1 Registration on to the Scheme

The primary obligation of the general populace was to register to be part of the scheme. Exemptions were introduced to get as many people as possible on the scheme. Indigenes, categories of differently-abled persons determined by the Minister responsible for Social Welfare, persons with mental disorder, SSNIT contributors, SSNIT pensioners and persons above seventy (70) years of age (the elderly). Pregnant women were later also exempted. This was to get as many people on the scheme as possible.

Because I am a SSNIT pensioner, anytime I have to renew my subscription I only pay the processing fees……. [Kofi, Beneficiary]

In order to get a lot of people on to the scheme, some exemptions were given to indigenes and the elderly (those above 70 years) to enable them also join the scheme……. [Mark, NHIA]

4.7.2 Keeping Membership Active

Keeping the membership active is one sure way of ensuring a member is covered at all times. The onus therefore falls on the member to ensure that his/her membership is kept active all the time by renewing the subscription.

I ensure my card is renewed every year so I can visit the hospital free of charge and get my drugs as well……. [Dodzi, Beneficiary]

Increasingly, the authority is finding ways of making it easier for members to renew their subscriptions each year. Now this can be done through mobile money transfers and therefore they do not has to go and queue at our offices……. [Andy, NHIA]

4.7.3 Presenting Membership Cards at Facilities During Visits

In order for facilities to present the right claims, members must present their membership cards at facilities to help with claim identification and processing. There is therefore the need to keep cards at all times so they can be used when needed.

Members have a responsibility to keep their cards on them at all times so that they can be used when needed……. [Seyram, NHIA]

I keep my card with me at all times and carry it with me any time I visit the hospital……. [Adwoa, Beneficiary]

4.7.4 Preventing Fraud

One of the roles of the subscribers is to help the scheme prevent fraud. In order for facilities to present the right claims, members had to ensure they were the only ones using their cards. They also had to avoid health shopping moving from facility to facility because the service was free. Some facilities also presented claims for members who had not visited their facilities and members had to keep track of when and where they access health services.

Some people were transferring their cards to friends and relatives for them to utilize facilities……. [Steve, NHIA]

Members had to be educated on the need to personalize cards because it was realized in the early days that some people were using their cards to attend hospitals for friends and relatives…… [Mark, NHIA]

5. Discussion

5.1 Role of Stakeholders in the Policy Process

From the analysis of data, the high-level of stakeholder involvement at all levels of the formulation and implementation of the policy became apparent. The key stakeholders identified in the formulation and implementation of policies are the Government of Ghana, the Ministry of Health, NHIC, GHS and other health service providers, the district assemblies and the district mutual schemes and subscribers or beneficiaries of the scheme. This was in line with assertions in literature that numerous media influence, control, shape and define the problems that end up on the policy agenda (public opinion being a driving force in influencing the agenda of a public policy) (Dye, 1984). According to Sabatier & Mazmanian (1980), these media can influence; control; shape and define the problems that end up on the policy agenda are a consequence of the strategic use of media coverage (Sabatier & Mazmanian, 1980); or the contribution of experts coming from a particular field (Jann & Wegrich, 2007). These stakeholders influenced the policy from formulation through to implementation.

The GoG at the time had a manifesto promise to fulfil and also had roles of agenda setting and policy formulation to perform to see the successful implementation of the policy. The demand of providing affordable, accessible and quality healthcare for the general populace was therefore placed on the political system. According to David Easton (1957), demands are the raw materials out of which finished products called decisions are manufactured. The then president HE John Agyekum Kufuor therefore tasked a committee to look into and initiate processes for starting the scheme as soon as he took over the presidency. Policies are more likely to have better outcomes if they enjoy support (Khan & Khandacker, 2016). The government being fully supportive and the main actor in the formulation of the NHI policy ensured it had all it required to succeed. At the formulation stage, different ministries and organizations came together to plan and work on the formulation of the policy. An inter-ministerial committee was therefore set up to lead the design of the framework of the policy for adoption by the legislative wing of government. The Ministries of Health, Finance, Local government and Communication were brought together to work on the formulation of the policy. There were numerous community and interest group engagements held to set the agenda for establishing the NHI policy. The policy also enjoyed the full support of the political community since both the ruling party and the opposition worked together to ensure the policy was successfully implemented. This support was however only up to a point since the main opposition party later started opposing the policy. Apart from the inter-ministerial committees and other committees were to look at setting up and operationalization of the policy, funding and benefit packages among others, wider consultations were held with the general populace. Also key among the stakeholders was the presence of donors and development partners. This was also in line with Dye (1984) and Jones (1977) who maintain that any identification of a social issue by the public deserves acknowledgement from government; and more significantly, it is expected that in a democracy the agenda setting should be characterized by a "high degree of public involvement" (Jones, 1977). Consequently, the agenda of a policy is jointly influenced by actors who usually are within or outside government (Jann & Wegrich, 2007). With the NHIS this was exactly the case- A social issue acknowledged by the government with the agenda set by proponents both within and outside government to bring it to life.

Cairney (2012) and Colebatch (2002) state that public policies are implemented through implementation structures such as government departments at all circles of government, where logically the public and private sectors often collaborate in the implementation of some public policies. As such, according to Hanekom (1987), public officials and government institutions are allocated the duty of implementing and evaluating public policies. This was obvious in the case of the NHIS implementation which involved the Ministry of Health, Ghana Health Service, the NHIA and other agencies of government. In the early days of the scheme, all relevant government agencies came on board to play various roles that culminated in a successful take off of the policy.

During the formulation of the policy, an inter-ministerial committee was set up made up of health, finance, and local government; Labour was included because of deductions expected to be made from earnings and the communications ministry for the purpose of dissemination of information. This committee had a directing role with another committee set up within the PPME of the Ministry of Health to deal with the actual formulation. According to Hanekom, (1987), the relationship between the policymakers (legislators) and the policy-implementers (the executive, public officials and government departments) can affect implementation. Different government agencies therefore came together to work cordially and iron out their differences in terms of roles to be played to avoid conflicts and overlaps. This was also in line with De Leon and De Leon (2002) who propose that when all role-players of PPI are considered, recognized, and informed with regard to public policies, they will be more willing to adapt and give their approval to public policies. All the Ministries and agencies concerned came together to take key decisions on the formulation. There was however a bit of divergence at some point when the ministries of finance, health and local government made arguments as to why the policy had to be overseen by

their ministries. Due to the fact that it had to do with health financing and collection of levies, the Ministry of Finance wanted to oversee it; the Ministry of Local Government also made a case that due to the decentralized nature of the policy and the fact that implementation and operationalization had to be done at the district level, they were better placed to oversee it. The Ministry of Health's case was that because it was a health policy it had to come under its purview because it could understand the technicalities and exercise more control over the operation of the scheme. The policy therefore came directly under the Ministry of Health due to the high-level of technicalities involved.

At the same time different committees made up of different professionals were set up to look at the different aspects of the policy. A committee was set up to look at tariffs and the benefit package among others. This involved stakeholders from the provider side both government and private sector. Another committee was set up to also look at funding of the scheme. This committee also involved stakeholders from the Trade Union Congress, Employers Association of Ghana, representatives from the Ghana Revenue Authority, Ministry of Finance as well as the development partners who were key to the whole process. This was a critical stage in the policy formulation as alluded to by Cairney (2012) who posits that policy formulation comprises setting objectives; identifying the cost as well as looking at what concrete solutions the policy will bring about.

The Ministry of Health was identified as a key stakeholder in the formulation and implementation of the policy. The framework design of the policy was developed by the MoH. The Ministry also held numerous stakeholder engagements to solicit views of a wide section of the population for inclusion into the policy. Weible (2014) elucidates that the framework of public policies are designed according to the socioeconomic conditions that are found in a particular geographical area that the public policy must respond to. In addition, the public policy-making process can be influenced by various factors such as the "institutional arrangements; party system a country uses or the general interaction between government and the general public" (Knill & Tosum, 2012). Stakeholder involvement was therefore very crucial to the success of the policy. The PPME department under the MoH was responsible for the design of the framework. There were numerous stakeholder engagements held by the MoH during the framework design to get inputs of other relevant stakeholders. The critical role of framework design was carried out by the MoH and this served as the basis for formulating the policy and guiding the legislature in enacting laws to govern the operations of the scheme. The initial efforts of the PPME also served as a basis for all actors and implementers to actualize the different portions of the framework and bring it to a successful implementation. Skok (1995) identifies public policy as being developed; implemented and evaluated within specialized policy subsystems that epitomize communities for whom in the end the outcomes of a policy action can and will have an impact on their lives. The inclusion of various stakeholders at all stages of the policy process was therefore necessary for the outcomes of the policy action.

The initial inter-ministerial committee formed also cleared a lot of the bureaucracies and allowed for a smooth design of the framework and easy assignment of tasks. Jones (1977) posits that theorists such as Max Weber saw the bureaucracy as a machine of government that is tasked with the demanding and difficult tasks of the modern day government and putting into effect the "rules; laws and regulations" required for the machinery to work (Jones, 1977). Even though bureaucracy plays a fundamental role in implementing public policy, it cannot handle implementation singlehandedly. Real-life governments rely on other stakeholders in achieving the objectives of a public policy and making sure that the policymakers are put to account, and that the custodians of the public policy are catered to (Jones, 1977). Key stakeholders also had to associate with the policy and see to the passing of the legislative instrument in parliament since they could not do otherwise as stated by Sabatier & Mazmanian, (1980) who uphold that public officials cannot distance themselves from the political ideology of the current government (i.e. remain neutral in the implementation of the public policy), nor can they remove themselves from the policies ""embodied in legislation. David Easton (1957) also posits in the political systems theory that 'as each person grows in society, through a network of rewards and punishments the other members of society communicate to and instill in him the various institutionalized goals and norms of that society (socialization). Part of these goals and norms relate to what society considers a desirable political life. The ways in which political patterns are learnt constitute the process of politicization'. Key stakeholders have therefore been socialized to accept government policies and support the implementation of same.

Hanekom (1987) contends that a public policy is implemented by the same persons who formally had a hand in the drafting of the policy. This was however not the case with the NHI policy since the framework and design and most aspects of policy formulation was done by the executive and legislature but with implementation and operationalization of the scheme effected by the district assemblies and DMS with regulation by the NHIC. This top down approach in policy formulation and bottom up approach in implementation resulted in some gaps in implementation.

The National Health Insurance Council (NHIC) was identified as a major stakeholder with a key role in the policy formulation and implementation of the NHIS. Knill and Tosum (2012) hypothesizes that PPI is the stage in the

public policymaking process when the policymakers and the policy addressees engage with each other as PPI is arbitrated by a number of actors (Rein & Rabinovitz, 1978; Parsons, 1995). This collaboration occurring between these two actors in the PPI stage, according to Knill and Tosum (2012), is facilitated by the implementers.

The roles of the NHIC were to regulate the district mutual schemes, formation of management teams to manage the district mutual schemes and to serve as custodian of the funds for disbursement to the district mutual schemes. This was a direct formation from the Act of Parliament establishing the NHIS. The NHIC was responsible for the creation and monitoring of an enabling environment for the development and operation of health insurance in Ghana. Pülzl and Treib (2007) affirm that it is the responsibility of proper democratic governance to protect these decisions made by the elected representatives that public policies are carried out immaculately. This approach entails setting up appropriate bureaucratic processes in order to ensure that public policies are implemented as precisely as possible (Pülzl & Treib, 2007).

The NHIC had an executive secretary Dr. Samuel Akor, who was very knowledgeable in the issues of insurance and was instrumental in the framework design. This was in line with Hanekom's opinion that the public official must obtain the necessary skills and abilities to take part and carry out the functions of government, regardless of the party in power, as the task of the public official is to adopt the aims and objectives presented to them by the policy and work towards achieving those aims of the policy (Hanekom, 1987).

Another group of stakeholders were the District Assemblies and the District Mutual Schemes. The key roles of the DMS included the implementation of the schemes through the District Implementation Committees (DIC), operationalization of the scheme, claims management and registration of subscribers. The District Implementation Committees were made up of members from the community such as the clergy, Ghana Education Service representatives, and District Assembly representative, representatives from Social Welfare and Information Services Department and traditional authorities. All these stakeholders had interests directly or indirectly with the implementation and meeting the set objectives of the scheme. The interest/pressure groups belonging to these institutional groups are considered as essential social or political institutions that seek to influence public policy as a way to achieve benefits for themselves and their group members (Miller & Demir, 2007; Peters, 2001). These groups from the environment provided the demand and the information needed to fuel the policy process and lead to successful outcomes. The DICs were tasked with the setting up of the DMS and putting in place all the necessary structures needed for full operation of the scheme at the district level. The stakeholders chosen to implement the scheme in the districts were distinct from other informal stakeholders because they came from respected institutions such as education service, information service, the District Assemblies, the clergy (both Christian and Muslim) and traditional authorities. According to Peters (2001), what sets apart the institutional groups from other interest groups is that their groups are profusely distinguished and legitimized through the prestige of the institutions they belong to (Peters, 2001). They are frequently attached to a symbolic gamut which gives them legitimate access to government institutions and the policymaking process as compared to other interest groups (Peters, 2001). This was the case with the District Implementation Committee whose composition was replicated on the Boards of the District Schemes which were created subsequent to the dissolution of the DICs.

The involvement of interest groups in implementing public policy can happen in different ways (Jones, 1977). Another stakeholder group that was important to the success of the scheme was the Ghana Health Service and other service providers such as the CHAG and other tertiary hospitals. According to Peters (2001), interest groups play the active role of serving as quasi-official arms of the political system in implementing public policies that they may have expert knowledge and skills in. Peters' (2001) declaration can be better comprehended when interest groups are given the chance to collaborate with government departments in implementing public policy (Jones, 1977). The GHS, CHAG and other tertiary hospitals whose responsibility it was to provide service for subscribers of the scheme had extensive consultations with the Parliamentary Select Committee on Health and their main roles, among others was the provision of service to subscribers of the scheme. They were also to ensure the availability of enough personnel and equipment in all districts under the supervision of the MoH and other agencies such as the Pharmacy Council, Medical and Dental Council, and Nurses and Midwifery Council. In addition, when a group becomes successful in influencing public policy, it can also "influence PPI and have an effect on public policy" (Hanekom, 1987).

One very important group of stakeholders that emerged were the subscribers of the scheme. The scheme was a social intervention meant to take away the cash and carry system of health financing and decrease the financial burden of families and especially the vulnerable in society. The subscribers or members therefore had a key role to play in ensuring sustainability and smooth operation of the scheme. The general populace at the scheme's inception were encouraged to enroll by registering or joining the schemes in their districts and keeping their membership active by renewing every year. They were also to present their membership cards to facilities anytime they visit and help the scheme managers in fighting fraudulent activities. Subscribers were the main target of the scheme and even though they had a critical role to play in the implementation, some gaps were identified with

respect to their participation. There were no formal meetings held to specifically discuss inputs of subscribers even though a lot of education and sensitization was done to encourage people to register on to the scheme and also present their cards for proper and efficient claim processing. According to Dye (1984), informal groups vary immensely from community institutions and institutional groups, in that they are at a disadvantage during the PPI process due to the fact that they are not committed to a "special class of legitimate pressure groups"; nor are they affiliated to any form of a high-status institution; nor well-known with features such as stability and normal politics (Dye, 1984).

There is one perpetual characteristic of informal groups acting in an informal political arena within PPI which is very apart from the other actors of PPI; and it is that typically informal groups are triggered when they are cognizant that a policy is in the process of being implemented. Salgado (2013) suggests that this is because there is usually lack of consultation with informal groups and a long-standing isolation by large sections of communities who have the structures of power (Booysen, 2009). Because formal discussions with subscribers were limited, the medium of transmitting information to them was very much open. This therefore led to a lot of misinformation in the initial stages of the scheme when the opposition NDC adviced its members not to enroll on the scheme because it was for members of the ruling NPP. This greatly affected the numbers who initially enrolled on to the scheme. In policy formulation and implementation therefore, informal groups have to be considered and consulted extensively in order to reduce conflicting information that filters through to them. Finally, informal groups such as subscribers and members of the general public can be categorized as acting within a broader contested democracy as informal groups, often become a voice for their marginalized communities and are against the elite theory which views society as a whole to be consisting of an ill-informed civil society (Dye, 1984).

6. Conclusion

The actions of various stakeholders in bringing the scheme to reality was very relevant. From the efforts of the agenda setters through the policy formulators and implementers. There were various levels of interactions between the stakeholders and this was very integral to the success of the policy. Every stakeholder brought their knowledge, ideologies and beliefs to bear. The good parts of all these were brought together to achieve the final product which was eventually implemented. Along the line, it was some stakeholders who proposed changes to the scheme and the decentralized scheme was then centralized to take away bottlenecks and give it a national appeal. Also, feedback from beneficiaries and providers has been very useful for the streamlining of key aspects of the scheme. Stakeholder engagements are still organized to help scheme managers correct and understand challenges on the provider and client sides.

From its inception therefore the scheme has benefited from stakeholder activities and ideas from all and sundry has contributed to the success of the scheme. From the regional to the district wide consultations as well as the involvement of the different ministries from the beginning. The providers such as GHS, CHAG and many others played very key roles in planning, formulating and implementing the scheme. The role of stakeholders therefore in the policy process cannot be over emphasized. It is a very important and key aspect of the policy process.

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