

## **The Politics of Public Policy and Problems of Implementation in Africa: An Appraisal of Ghana's National Health Insurance Scheme in Ga East District**

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### **Abstract**

*This paper explores the politics inherent in public policy making in Africa with particular reference to Ghana's National Health Insurance Scheme. A quantitative study that used a questionnaire and data collected was analyzed using simple statistical tools. The study revealed that affordability is a problem to some people; others complained the treatment they receive does not merit the premium they pay. Discrimination between NHIS card holders and non – card holders also militates against the quality of service. Also, health education on the NHIS seems to have reached a large portion of the population, the only problem is ignorance of the health cases it covers and those it does not as well as the drugs it fails to provide. Further, the study reveals delay in issuance of cards still persists and limits the effectiveness of the scheme. The study again reveals the relevance, but over ambitiousness of the NHIS due to its comprehensive and universal nature in a growing and developing country like Ghana. The study therefore recommends that, the government, private entities and the entire citizens of Ghana join hands in bipartisan agreement, weed out corruption, ensure meritocracy in employment, strengthen institutions and develop positive ownership of public policies to lift the NHIS and other policies to a level of effective and efficient performance for all to gain maximum benefit.*

**Key Words:** politics, public policy, national health insurance scheme and implementation

### **Introduction**

Public policies in Africa have been formulated and implemented over the years with the help of International organizations such as the International Monetary Fund and the World Bank. Some have also been formulated single handedly by African political leaders aim at achieving radical and rapid improvement in the conditions of life after many years of colonial rule (Grindle, 1980). However, most of these policies are beclouded with politics and implementation bottlenecks. The politicization of public policies in Africa has led to the formulation of overambitious policies by political parties to win political capital coupled with excessive bureaucratic procedures. An example is Nigeria's "free education for all" policy which couldn't establish a strong public education system but rather got many choosing private education as a better alternative (Makinde, 2005). Ghana is no exception, the economic conditions surrounding the formulation of the NHIS and its comprehensive coverage made it somewhat overambitious. It is not surprising that the scheme is struggling to achieve set goals. Due to the "false start" at the formulation stage. Many public policies in Africa inevitably face challenges in the implementation stage making it difficult to address the major problems for which they are established.

Implementation stage of the policy process is an operational phase where policy is actually translated into action with the hope of solving some public problem (Theodoulou & Kofinis, 2004). Ghana has formulated a lot of public policies to solve public problems of various kinds since its independence in 1957.

The formulation of the National Health Insurance Scheme started in March 2001, was passed into law the same year and launched on the 18th of March 2004 by former president John A. Kuffour of the New Patriotic Party (NPP). The implementation of the NHIS law however did not take effect until March 2005. The stated objective of the NHIS is to ensure equitable universal access for all residents of Ghana to an acceptable quality of essential health services without out-of-pocket payment being required at the point of service use (Ghana Ministry of Health, 2004a).

After the country's independence in 1957, Ghanaians had free access to health care. However government expenditure on healthcare began to soar between the late 1960s and the mid-1980s. The high cost of health care coupled with a decline in economic development led the Rawlings administration to adopt the International Monetary Fund (IMF) and World Bank promoted Structural Adjustment Program (SAP) in 1983. The full burden of paying for health care was borne by patients as part of the SAP's objective of reducing government expenditure to the barest minimum. The final result was the introduction of the "cash and carry" system in 1985 which made it compulsory for everybody to pay money immediately before and after treatment in hospitals/clinics (Wahab, 2008). The NPP government in its first term of office introduced a 2.5% sales tax i.e., Health Insurance Levy in 2004 on selected goods and services to help fund the NHIS – a campaign promise to address the perennial problem in Ghana – the provision of safe and affordable healthcare to all residents.

Ghana has gone through the stages of policy making to formulate policies to make life better for the citizenry. Examples of such policies are the School feeding program, Growth and Poverty Reduction Strategy I&II (GPRS I&II), National Youth Employment Program (NYEP) now GYEEDA among others. Regarding the NHIS, intense consultations were made with international health development partners such as the World Health Organization (WHO), Danish Development Agency (DANIDA), Department For International Development (DFID), International Labour Organization (ILO) as well as relevant national agencies and NGOs, aim at establishing the National Health Insurance Act of 2003( Mensah, Oppong & Schmidt, 2009 ). The law made three types of schemes available:

- The District-Wide Mutual Health Insurance Scheme.
- The Private Mutual Health Insurance Scheme.
- The Private Commercial Health Insurance Scheme

The benefit package includes general out-patient and in-patient services, oral health, eye care, emergencies and maternity care, including prenatal care, normal delivery, and some complicated deliveries. Diseases covered include malaria, diarrhoea, upper respiratory tract infections, skin diseases, hypertension, asthma and diabetes. In all, about 95% of the common health problems in Ghana are covered (Ghana Ministry of Health, 2004a, 2004b). However, HIV antiretroviral therapy, hearing aids, dentures and VIP accommodations are exempted from the benefit package for District Schemes.

To ensure an effective implementation of the NHIS, the National Health Insurance Authority (NHIA) was established to: Register, license and regulate health insurance schemes, grant accreditation to healthcare providers and monitor their performance and undertake and sustain public education on health insurance (Ghana Health Insurance Review, 2008). Other bodies such as the National Health Insurance Council, mutual health organizations and the Ministry of health were tasked to ensure the successful implementation of the NHIS in Ghana. Nevertheless, like most of the previous policies formulated in Ghana, the NHIS has implementation problems, making it difficult to achieve its outlined objectives. Even though it is said to be improving, its implementation bottle-necks continue to make it difficult to achieve concrete results. For example, there is low percentage of subscribers making it more costly. Just about 22% of workers in the informal sector which takes up 70% of the Ghanaian work force had enrolled in the NHIS as at September 2006. Again, as at March 2007 only about 38% of the Ghanaian population had enrolled in the District-Wide Mutual Health Insurance Scheme (Wahab, 2008). Insurance schemes are less costly when there are many enrollees but in the case of Ghana, where education, economic status and proximity of health facilities are significant determinants of enrollment, the low percentage of subscribers makes the scheme more costly. Only 24.1% of Greater Accra's population had enrolled in the NHIS as at June 2007 (NHISHeadquarters, 2007).

Aside the low patronage, there is also delays in issuance of ID cards. It is against this background that this study seeks to identify and examine the key challenges militating against the successful implementation of Ghana's NHIS designed and structured to provide the health needs of all Ghanaians and subsequently outline measures to adopt for effective implementation.

### ***The Legal Perspectives of Ghana's NHIS***

We can undoubtedly say that the NHIS has made great strides in the history of Ghana's health system since its implementation. However, looking at it from the other side of the spectacle we can argue that the scheme has not been adequately implemented. The NHIS faces so many problems right from its legal system to the actual implementation. First of all, there is the creation of entirely autonomous District Mutual Health Insurance Schemes which breaks the flow of cooperation among board of directors due to the legal provision of section 54 of Act 650 which states that, "A scheme shall have a governing body which shall be responsible for the policies of the scheme and appointment of the employees". Secondly, Section 33 of the Act states, "A District Mutual Health Insurance Scheme shall be provided with subsidy from the National Health Insurance Fund" (<http://www.nhis.gov.gh>, 2012).

This legal provision ensures that the National Health Insurance Authority disburses financial resources to the various schemes from the fund in addition to what they receive from the premiums collected from the informal sector. However, the same directive fails to integrate accountability measures in the allocation and use of funds by these schemes, creating room for high level of corruption and embezzlement of public funds (Directorate of Corporate Affairs & Strategic Direction, NHIA, 2009).

More fundamentally, the processes surrounding the passage of the NHIS by parliament prove to be another core factor that affects the implementation of the NHIS. The ruling government rushed through these processes just to fulfill a campaign promise in time. According to Hassan Wahab, (2008) this led to the poor establishment of a fool-proof mechanism of funding the scheme and enforcing its core legalities. The New Patriotic Party (NPP) government has been blamed on many occasions for insufficient preparation into the actualization of the policy. Agitations by the opposition National Democratic Congress in light of this poor groundwork were only seen as propaganda and negative efforts to stifle the Scheme by the ruling New Patriotic Party (NPP) under the leadership of former president John Agyekum Kuffour. To the NPP, implementation seemed more important than sustainability. The late President John Evans Atta Mills of the NDC stated "We have expressed concerns with the indecent haste with which the national health insurance scheme is being rushed and the inadequacies that have been exposed even before the scheme comes into operation" (Daily Graphic, 2006). Such statements were discredited at all levels due to the strong sense of urgency with which the NPP had to prove themselves legitimate and competent in light of the political regime change. Resistance to the rushed-through passage of the NHIS was however not only from the opposition party but the Trade Union Congress (TUC) and the International Monetary Fund (IMF).

### ***Theoretical Review***

#### **The Theory of Policy Process**

The Theory of Policy Process has been used to guide, direct and shape the study. The theory is a proposition of Laswell (1951) in his paper "The Policy Orientation" where he detailed the first formal usage of the policy sciences concept. Here, Laswell (1951) operationalized ideas about improving governance through improving the quality of information provided government. The theory focuses attention on policy process, i.e. the functional stages any given government policy goes through during its policy life. The approach of the theory is process orientation. The theory further emphasizes on "knowledge of the policy process". The theory created a knowledge map of the major phases of collective acts, and a proposed seven (7) stages of policy decision processes namely; intelligence, promotion, prescription, invocation, application, termination, and appraisal. This idea of a delineated-sequential process framework was much admired and advocated by numerous authors and academics. The theory directed an entire generation of research by policy scholars. Nevertheless, the approach of performing analyses of individual stages had a downside in that it oriented scholars toward looking at just one stage at a time thereby neglecting the entire processes.

Policy researchers came to view the theory in one of three ways. First, they viewed it as a sharply differentiated set of activities. Second, as disjointed episodic processes rather than a more ongoing continuous one, and third, as a policy phenomenon that appeared to transpire in a short period of time, more like the typical policy maker's fast paced working schedule than the real life span of a given policy. In the 1980's academics such as Nakamura, Sabatier, and Jenkins-Smith proposed that the Lawtell's theory had serious limitations in that it neglected the role of ideas, particularly ideas involving the relatively technical aspects of policy debates. Sabatier and Jenkins-Smith listed six complaints as;

The stages model is not really a causal model and does not lend itself to prediction, it does not provide a clear basis for empirical hypotheses testing, it suffers from descriptive inaccuracy, it suffers from a built-in legalistic top-down focus, it emphasizes the policy cycle as the temporal unit of analysis and above all, it fails to provide a good vehicle for integrating learning throughout the process.

### ***Literature Review***

Moving away from the loop-holed legal system and poor preparatory ground work, the study also identifies some public policy implementation processes and procedures. Public policy like any other concept has been subjected to so many views. It cannot be restricted to only one definition. As an academic discipline, public policy integrates other social science fields such as economics, sociology and management. The proliferation of literature on Public Policy debate has been a never ending process since the inception of the concept. According to Thomas Dye, (2001) Public Policy is basically "Whatever government chooses to do or not to do". In his view, public policy consists of the actions and inactions of governments thus; governments' decision not to act is in itself public policy. Public policy is chiefly the preserve of government and it is only government's decision that is counted as public policy. Nevertheless, governments' decision goes through a complex interactive process influenced by the diverse nature of socio-political and other environmental factors.

These environmental forces that form the policy context lead to the variation in policies and influence the policy output and impact (Osman, 2003). According to Bruce & Smith, (2003), every policy goes through six basic stages: Agenda setting, Policy Formulation, Decision making/Adoption, Policy Implementation, Policy Evaluation and Policy termination. However, these stages may not be followed through systematically as outlined. Certain policies may never enter the termination stage. Shifting our attention to implementation, Pressman and Widavsky, the founding fathers of implementation, viewed it as "a process of interaction between the setting of goals and actions geared to achieve them". Research on implementation is said to have evolved through three generations. The first generation ranged from the early 1970s to the 80s. The second generation from the 1980s to the 90s and the third generation research span from 1990 and onwards (Matland, 1995). From Pressman and Widavsky (1984) perspectives, it can be deduced that implementation is action oriented. Policies are implemented by carrying out certain actions to make the goals and objectives materialize in the beneficiary community. Implementation literally means carrying out, accomplishing, fulfilling, producing or completing a given task (Paudel, 2009)

Elmore (1985) identifies four main ingredients for effective implementation: Clearly specified tasks and objectives that accurately reflect the intent of policy, a management plan that allocates tasks and performance standards to subunits, an objective aim at measuring subunit performance and a system of management controls and social sanctions, sufficient to hold subordinates accountable for their performance. He further identifies some ingredients relevant for effective implementation of any public policy, these include; there must be adequate participation of the target society. The citizens must be actively involved to direct the policy to the best satisfaction of the receiving locality. Smith (2003), posits that, citizen engagement processes must be used to consider policy directions that are expected to have a major impact on them; address issues that involve conflicts in values or require difficult policy choices or tradeoffs; explore emerging issues that require considerable learning, both on the part of government and citizens; and build common ground by reconciling competing interests. He outlines several ways of engaging the public to participate in the policy making process for effective implementation: publications, workshops, bilateral meetings, interviews, advisory committee/task force and surveys.

Public policy implementation can only thrive in a politically stable country. Most third world countries come up with policies aim at making life better for their citizenry in the education and health sectors.

Nevertheless, the political instability dominant in most of these countries makes the effective implementation of policies a pipe dream. Lane and Ersson (2001) conclude that political elites in the Third World often confess willingness to conduct policies, which would improve the living conditions of their populations. However, the policy ambition becomes dissipated due to the profound political instability that prevails in many Third World countries. Political instability takes many expressions, but the most damaging one is the massive occurrence of corruption, because it is common, regular and encompassing. Ghana has enjoyed political stability over the past decade and has seen the implementation of many policies. However, implementation bottlenecks still persist.

This draws our attention to the fact that, aside political stability certain aspects of the country such as the economy is another determining factor. The problems connected with public policy implementation in Third world countries are intertwined with basic economic and political conditions. Governments conducting public policies in order to improve the quality of life find they are restricted by the weak extractive capacity of the state in relation to the economy as well as by the dissipation of public resources through corruption. Thus, the basic equation that regulates what governments can do to improve the human predicament includes the negative impact from a low GDP as well as from political instability (Lane & Ersson, 2001).

Some of the teething challenges confronting the NHIS in Ghana include; the cooperation between the schemes and other healthcare service providers is haphazardly managed. This situation causes the falsified declaration of bills to the National Health Insurance Authority making the overall health insurance bill unsustainable after several months of accumulation (Wahab, 2008). Again, a poor administrative structure for career progression was also identified (Agyepong et al., 2006). That only half of highly educated health personnel received in-service training in 2003, with the majority receiving only one training session. Most of the job descriptions are also too routine, breeding laziness and unnecessary conversations at the offices. As a result, there is poor customer service even in the preparation of ID cards for subscribers. In Wahab's (2008) study, delays in the renewal of ID cards were highlighted as some respondents complained of having to wait for six months for a renewal. This is a breach of the official policy of card renewal of two weeks (Wahab, 2008).

The study by Sakyi, Atinga & Adzei (2012) also pin point the following as some of the challenges that bedevil the implementation of the NHIS; Cash flow delays from the health insurance authority, lack of capacity to procure essential drug and non-drug consumables and limited space within the hospitals to cope with the increasing number of service demands. Agyepong and Adjei (2007) also outline the following as other implementation problems of the NHIS: Poor leadership, corruption, lack of consensus, rapidity and politicization of implementation, lack of participation, poor sense of direction, limited understanding and management of the political challenges, weakened checks and balances and use of short cuts.

Health policies are conceived and interpreted in different ways. One of the ways of interpreting 'health policy' is an authoritative statements of intent, probably adopted by governments on behalf of the public, with the aim of altering for better the health and welfare of the population (Lee & Mills, 1982: p.28). Health policies are not easy to implement even in developed countries, hence Ghana's National Health Insurance Scheme is a huge development step taken. Countries which have achieved universal coverage are wealthier nations of Western Europe, Canada, Japan and South Korea. They have done so over the long rather than short term. The structure of Ghana's economy, with many citizens employed in the non-formal sector and living in rural communities and small towns with poor road networks coupled with little access to telecommunication posed a major challenge to the universal health delivery in the country (Agyepong & Adjei, 2007).

### ***Politicisation of Public Policies in Africa***

The proposal and implementation of comprehensive public policies have been associated with developed countries which are able to painstakingly implement them with few complexities. Africa is now gaining grounds. Most policies take place with much difficulty if not total failure and are usually affected by the politics of the day. **Ego dimension of politicians:** The ego of most politicians in Africa leads to the twist and turns of policies usually for political survival and perpetuation of party interest. There is needless policy change if not abandonment. New governments come into office and fail to continue with the policies started by the previous opposition government. In rare cases, the best they can do is to change the name of the policy or enlarge it to cover other extraneous societal issues.

On the other hand, politicians in their effort to quickly satisfy the demands of the people formulate policies that provide short-lived solutions and fail to address the actual problem in the long run. The winning of elections is held as more important than the sustainability of policies and the attainment of their core goals(Makinde, 2005).

**Narrow View in Policy Formulation:** Policy formulators focus on very few variables that influence the problem identified. In most cases, they focus on only the political and economic variables failing to include the social, administrative and external environmental variables. Hence, right from the start, the policy is formulated with deficiencies(Makinde, 2005).

**Bribery and corruption:** Bribery and corruption has become a chronic problem in Africa. In the policy setting, it accounts for most of the difficulties faced at the implementation stage. Policy actors both at the top level and at the field syphon financial resources to satisfy themselves. Agents and institutions put in place to ensure accountability are also bribed to falsify their reports and massage their probing. In the end, the system is weakened and the formulated policies are unable to achieve their stated goals(Makinde, 2005).

**Lack of participation by the target group:** participation is when the target group which the policy is meant for is given much room to contribute in policy formulation and implementation. However, in most African countries the target group is usually left out at the policy formulation stage. Only high officials of government and policy actors are made to participate. The policy so defined therefore fails to be client-oriented and gets out of touch from the local people. Ownership of the policy becomes difficult(Makinde, 2005).

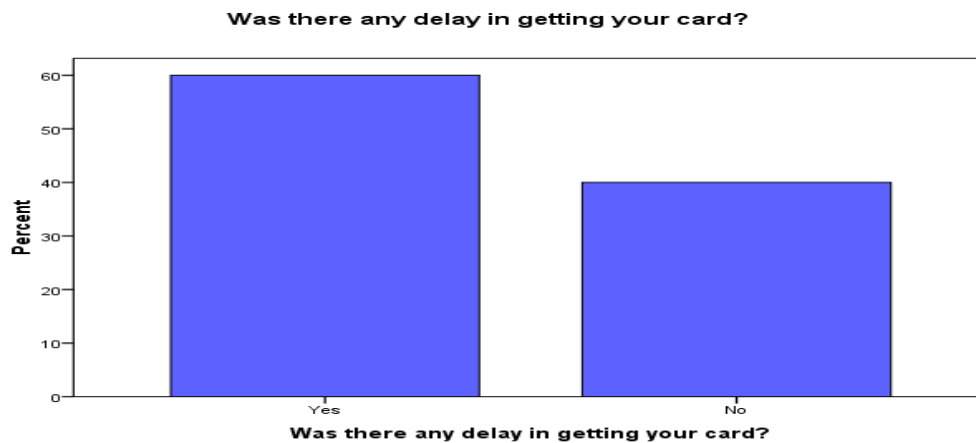
### **Methodology**

The study used both primary and secondary data in trying to explore the politicization and problems of public policy implementation in Ghana’s national health insurance scheme. The paradigm adopted in the study in response to the dictates of philosophy of science is the positivist approach, supported with a deductive technique in a quantitative study that used a questionnaire to collect data for analysis. The study employed a simple random sampling method to select the respondents. This method was used due to its equal chance in selection of the respondents. The data collected was analyzed using simple statistical tools.

### **Results and Discussions**

#### **Delays in Issuance of Card**

The study revealed that majority (59%) of the respondents complained of delays in issuance of their NHIS cards. This confirms Wahab (2008), who argued that delays in issuing cards after registration is one of the major problems of the implementation of the NHIS. Some of his interviewees even complained of having to wait for six months for a renewal. This phenomenon is in contravention of the official policy of card renewal of two weeks.

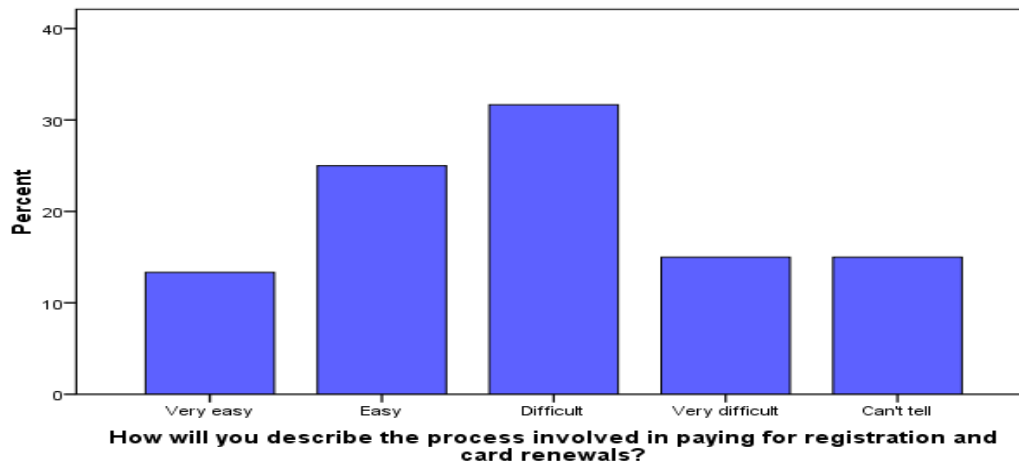


(Source: field work 2013)

**Bureaucracy in Registration**

On the question of bureaucratic bottle necks, card bearing members of the scheme who were questioned about the nature of the process of registration and renewals. Majority of them, representing 36% said they went through a difficult process in trying to register for the NHIS while those who got their registration done for them said they could not tell. It is quite surprising to note that majority of respondents who said the registration process was easy, noted that they had a relative or friend who worked for the NHIA and for that matter was assisted in registration. None of them associated the smooth process to the work behavior of registration officers or the mechanisms put in place. Those who said the registration process was difficult perhaps did not know anyone and had to go through the usual bureaucratic process of registering for state services.

**How will you describe the process involved in paying for registration and card renewals?**

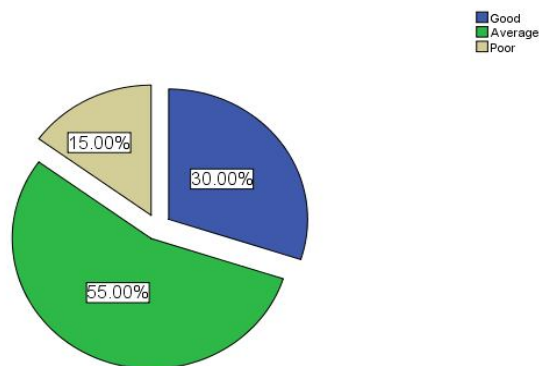


(Source: field work 2013)

**Lack of Public Education on the NHIS**

When respondents were asked how informed they were about the NHIS and its benefits, 55% said they had a fair knowledge about the scheme and its benefits, 24 of them representing 30% also said they were well informed while 15% said they were poorly informed. On the whole, less than half of the total respondents were well informed about the scheme and its benefits. This stands to reason that, education on the NHIS and especially its benefits have not been sufficient enough. Majority of people only know it has come to save them from the woes of the cash and carry system but they are ignorant of the health cases it covers and those it does not.

**How well are you informed about the NHIS and its benefits?**

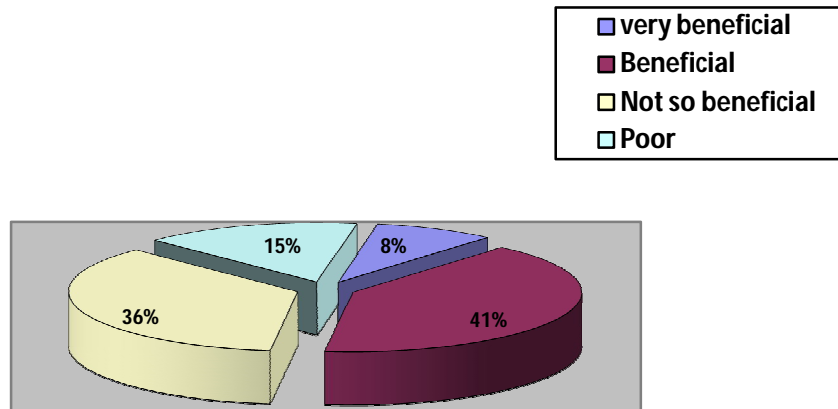


(Source: field work 2013)

**Level of Satisfaction**

Registered respondents were also asked of how beneficial the NHIS has been to them. In their response, 24 of them representing 40.7% said it was beneficial to them. 21 representing 35.6% also said it was not so beneficial. 9 said it was not beneficial at all and the remaining 5 representing 8.5% said it was very beneficial. It can therefore be deduced that generally, half of the registered respondents said it was beneficial while the other half said otherwise.

**How beneficial has the NHIS been to you?**

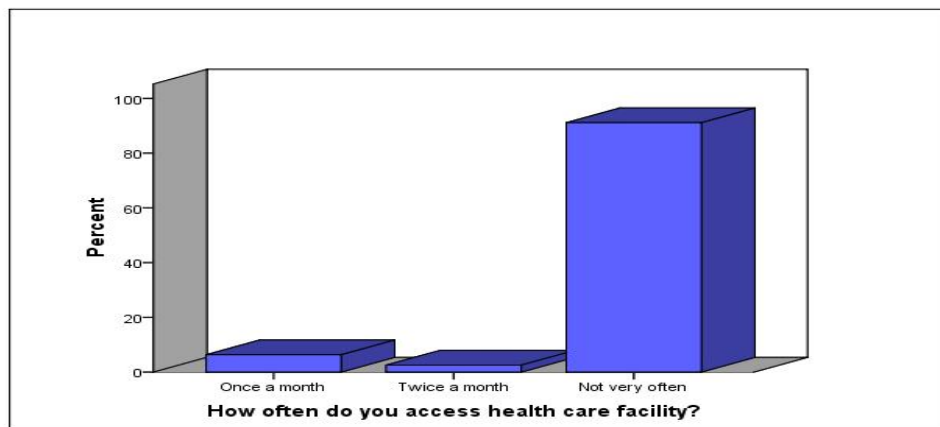


(Source: field work 2013)

**Frequency in Accessing Health Care**

It is surprising to note that even though majority of respondents, representing 73.8% said they have registered for the NHIS, about 90% of total respondents said they do not access health care that often. This maintains that, even those with valid NHIS cards (36) do not use their cards often till they expire. This may also add to the reason why some registered respondents refused to renew their cards even though they have expired. Very few respondents say they access health care either once a month or twice a month.

**How often do you access health care facility?**



(Source: field work 2013)

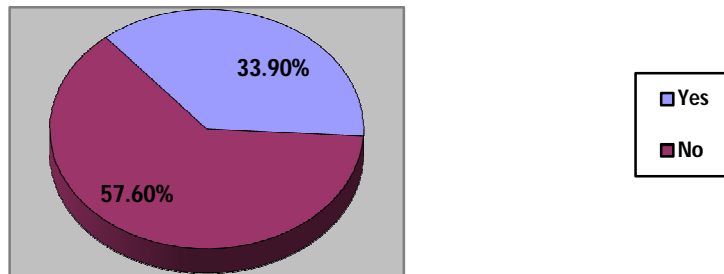
**Value for Money**

In trying to establish the fact that whether registered respondents had value for money with respect to the treatment given them at health centres, it was noted that more than half of them, (57.6%) said the premium they paid does not merit the treatment given them. Only 33.9% said their premium merit treatment given them.



Also, some other people representing 76.3% of registered respondents said they were made to pay additional money on accessing health care. Only few said they spent no additional money. All of the respondents who were made to pay additional money complained that some of their prescribed drugs were not covered by the scheme and therefore had to pay for them with their own money after using their NHIS cards. Most of them expressed sad feelings at this reality of having to pay extra money for drugs which were presumed to be out of coverage of the NHIS benefit package.

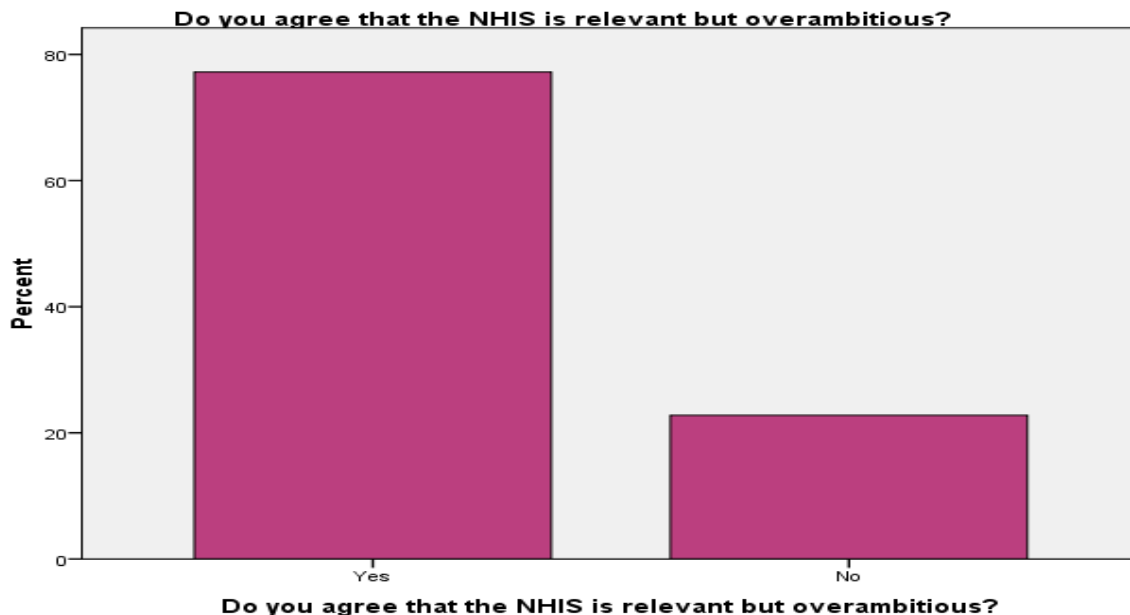
**Does your premium paid merit the treatment given?**



(Source: field work 2013)

**Relevance of the NHIS and its Coverage**

To ascertain whether the NHIS is relevant, about 76.2% of the total respondents said they agreed that the NHIS is relevant but overambitious. In a follow up question to know why they said so, most argued that the scheme was huge and difficult to be sustained by the weak Ghanaian economy. As a result, the scheme finds it difficult to implement most of its objectives effectively.

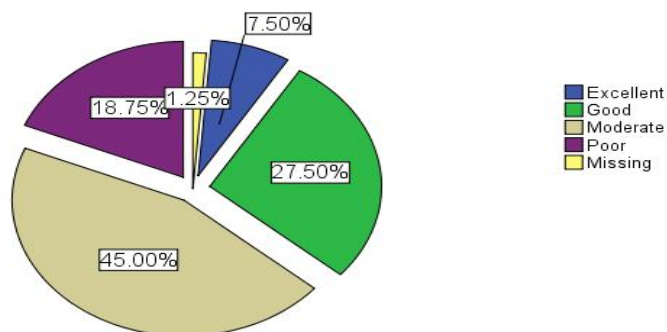


(Source: field work 2013)

**Evaluation of Implementation**

Respondents were also asked to rate the implementation process of the NHIS especially in terms of provision of service, customer service and the like. About 45% rated the success of the implementation as moderate. 22 representing 27.5% also said it is good, 15 representing 18.8% said it is poor. Only few, 6 rated the implementation as excellent. This suggests that majority maintain that the implementation process of the NHIS is fair enough but not sufficient, thus there is still room for improvement.

How will you rate the implementation of the NHIS (in terms of provision of service, customer service, etc.)

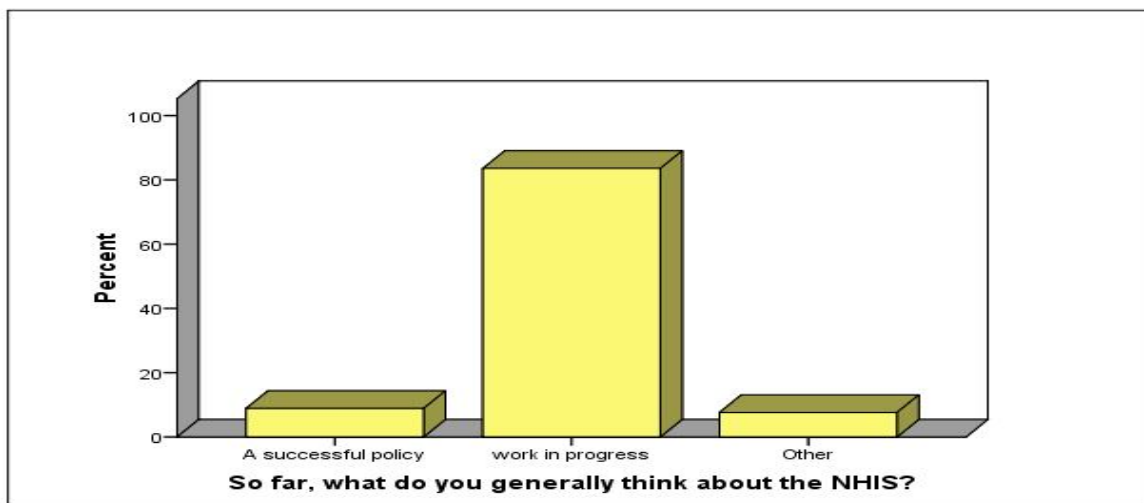


(Source: field work 2013)

### General Perception about the NHIS

To get a more generalized view about the NHIS from respondents, the study asked whether they see it to be a successful policy, a work in progress or otherwise. Strangely enough, only 8.8% said they see the scheme to be a successful policy. Majority, representing 82.5% said the scheme is work in progress, suggesting that there is more room for improvement. The rest of the respondents also thought otherwise and expressed their views.

So far, what do you generally think about the NHIS?



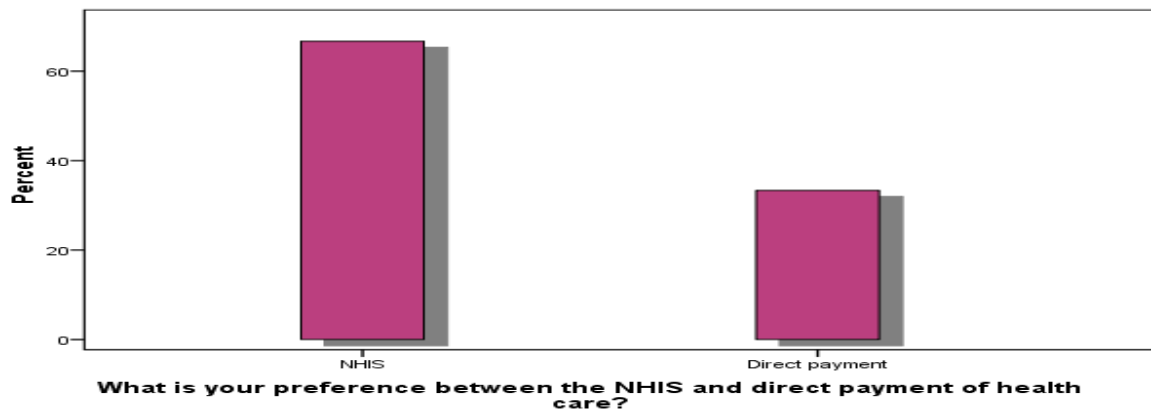
(Source: field work 2013)

### NHIS or Direct Payment?

To ascertain whether the NHIS has been able to completely eradicate the cash and carry system, respondents were asked whether they preferred to go the NHIS way or pay directly when they visit health care centres. Majority of respondents representing 65% said they prefer the NHIS to the cash and carry while 32.5% said they prefer to pay directly for health care. Those who prefer the NHIS said it was affordable. Extra expenses are only made on drugs and health services that the scheme does not cover. Those who also prefer to pay directly for health care said their preference is as a result of the way health care providers discriminate between NHIS card holders and non – card holders.

They argue that card holders are poorly attended to, while those who pay directly are given preferential treatment. In view of this, we can say that the NHIS has been able to eradicate the cash and carry system but its consolidation partly depends on the way NHIS subscribers are treated to let them stay in the scheme.

**What is your preference between the NHIS and direct payment of health care?**



**(Source: field work 2013)**

***Conclusion***

Ghana, a developing country played a leading role by introducing a comprehensive social health policy like most developed countries. The NHIS came at a time when Ghanaians were dissatisfied with the demands of the Cash and Carry system and right from its formulation till its implementation; everyone was happy and much enthusiastic about the policy. The Scheme has made paying for health care easy and flexible and made unnecessary deaths caused by lack of money at point of service delivery a thing of the past. However, like any other policy, implementation bottlenecks have set in, making it difficult for the scheme to achieve its core objective and is gradually becoming unpopular. Nevertheless, it can be stated without doubt that, if not for the NHIS, the health system in the country would have been diabolic. The government, private entities and the entire citizens must join hands in bipartisan agreement, weed out corruption, ensure meritocracy in employment, strengthen institutions and develop positive ownership of public policies to lift the NHIS and other policies to a level of effective and efficient performance for all to gain maximum benefit.

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