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Assessing the South African National Health Insurance policy process from 2007 - 2019

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Abstract

Over a decade has gone by since the National Health Insurance (NHI) policy was put on the policy agenda when the African National Congress (ANC) passed a resolution to implement it. However, much of the discussion has focused on the design/content of the NHI and little attention has been put on the policy process and how it may have influenced the policy outcomes from 2007 to 2019. The purpose of this research is to assess the NHI policy process to examine the relationship between the nature of the process and the resulting policy outcomes. Elements of a systematic rapid review were adopted to conduct this study. The study took the form of a qualitative exploratory case study. Data collection involved document review using search words and various rapid review inclusion and exclusion methods to select documents. A Multiple Streams Framework (MSF) was adopted for the study. The study found that the elitist (top-down) approach taken by the government has been the main reason for the design/content of the NHI policy. Furthermore, the policy proposals themselves are very complex, which naturally slows completion of the process as the technical barriers to implementation become apparent. In large part these technical barriers are reflected through wide-ranging contestation from a significant spectrum of stakeholders. Also, the consultation process failed to meet its objectives, a feature that pervades the entire policy process to date. It was concluded that the NHI has a long way to go and that a more participative approach should be taken.

Declaration on plagiarism

I Neville Mangwiro Student number: 820117

I am a student registered for Masters in Management, Monitoring and Evaluation in the year 2018

I hereby declare the following:

I confirm that the work I will submit for the above course is my unaided work. I have followed the required conventions in referencing the thoughts and ideas of others. I am aware that the correct method for referencing material and a discussion on what plagiarism is are explained in the WSG Style Guide and these issues have been discussed in class during Orientation.

I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the source) is wrong. I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my unaided work or that I have failed to correctly acknowledge the source of the ideas or words in my writing.

Signature: _Neville Mangwiro_____ Date: _20/04/2020_____

Dedication

I would like to dedicate this study to all my loved ones especially my mom and late father who have supported me from the beginning of this wonderful journey and have helped me have the strength to get to the finish line. It has been a spectacular journey and the experience gained will be much required for the final stretch towards the destination (PhD).

Acknowledgement

I am grateful to my supervisor Prof. Alex van den Heever for his guidance throughout the research process; Professor Anthoni van Nieuwkerk for providing some guidance with conceptualising and content; Dr Precious Tirivanhu for providing technical assistance to help me improve my research report, strengthening my arguments; Dr Kambidima Wotela for guiding how to put everything together and conceptualise the research report; a special shout out goes to Priscilla Bantsijang, Aisha Ali, Tonderai Mazingaizo, Kgomotso Malahle, Belinda Nehwoh, Gerald Mutasa, Mokgophana Ramasobana, Suzan Lado, Nchadi Tabane, Candice Morkel, and All my classmates, who are too many to mention each by name, for the moral support that provided strength even when the mountain seemed too high to climb you all kept me going.

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List of Acronyms/Abbreviations

ANC	African National Congress
COSATU	Congress of South African Trade Unions
DA	Democratic Alliance
DG	Director-General
DoH	Department of Health
FIA	Financial Intermediaries Association of Southern Africa
HSF	Helen Suzman Foundation
MSF	Multiple Streams Framework
NEHAWU	National Education, Health and Allied Workers' Union
NHI	National Health Insurance
NHISA	National Health Insurance South Africa
OSSA	Ophthalmological Society of South Africa
OUTA	Organisation Undoing Tax Abuse
PMG	Paediatrician Management Group
PsySSA	Psychological Society of South Africa
RDP	Reconstruction and Development Programme
RHAP	Rural Health Advocacy Project
SACP	South African Communist Party
SAMA	South African Medical Association
SAOU	South Africa Teachers' Union
SAPPF	South African Private Practitioners Forum
SASOP	South African Society of Psychiatrists
SHI	Social Health Insurance
TAC	Treatment Action Campaign

1. INTRODUCTION

The healthcare system that was inherited by South Africa post-1994 is argued to be skewed by income and geography (Coovadia, Jewkes, Barron, Sanders & McIntyre, 2009; Mayosi et al., 2012). The condition of the healthcare system is further compromised by the effects of economic migration faced by South Africa where people come into the country in search of a better living and ultimately a better healthcare system (Coovadia, Jewkes, Barron, Sanders & McIntyre, 2009; Mayosi et al., 2012; Mayosi & Benatar, 2014; Walls et al., 2016). Additionally, the prevalence of non-communicable diseases in South Africa further adds to the socio-economic and health challenges (Coovadia, Jewkes, Barron, Sanders & McIntyre, 2009; Mayosi et al., 2012; Mayosi & Benatar, 2014; Walls et al., 2016). This presented an opportunity for South Africa to embark on a journey to address the aforementioned disparities of the healthcare system.

The year 1994 introduced a new period with the removal of apartheid and the birth of the first democratic elections. The African National Congress (ANC) led government sought to address the inequalities and poverty that the country faced and continues to face. According to various authors (McIntyre & van den Heever, 2007; Madore et al. 2015) discussions of a single health system that is accommodative to every citizen alike included: (i) national health insurance (NHI) which is a system that would entitle all citizens to free healthcare through a single-tier fund administered by the government making access to healthcare free at the point of purchase for all; and (ii) social health insurance (SHI) which is a universally free public system together with a regulated private system (for those who can afford it and their dependents) that is state-subsidised. The implication of this is that those who cannot afford to purchase private healthcare will nevertheless have access to a comprehensive public sector package. As in most other

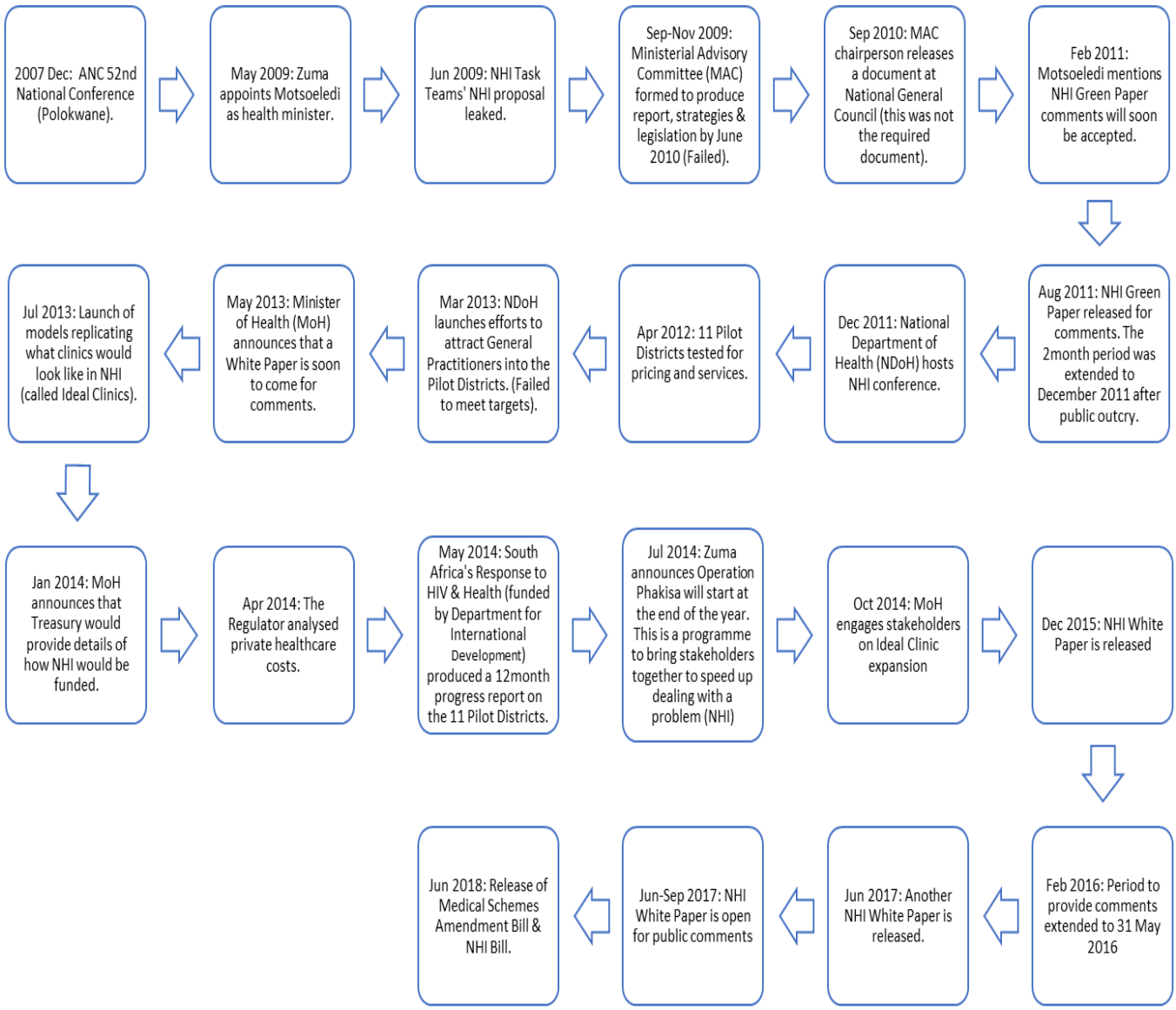
countries where stakeholders question the feasibility of a single-payer funded NHI, a hybrid system was pursued for most of the post-1994 period.

Whereas the so-called NHI purported to offer a comprehensive universal scheme, it would always be limited by the available tax funding. The alternative approach recognises the fiscal limits of the tax-funded regime and permits those with adequate incomes to purchase what the taxpayer cannot. Although the latter has recognised the fiscal limits of the government, it continues to fail to address some of the equality issues that were prevalent with the inherited apartheid-era healthcare system. By so doing it infringes on the rights entitled to all South Africans.

This right to access to healthcare is provided for in Section 27 of the constitution (Constitution of South Africa, 1996). Therefore, the government has an obligation concerning ensuring the right of access to healthcare to all citizens alike within available resources (Zweigenthal, London & Pick, 2016; DOH, 2017). It is on this backdrop that the NHI is intended to provide all South Africans, permanent residents and legal residents - irrespective of socioeconomic status - with universal healthcare (Nkosi, 2014; Fusheini & Eyles, 2016). What this means is that the NHI policy is one instrument to balance the inequalities of the country, instances of out-of-pocket payments and ensuring that unemployment or lack of income is not a detriment to getting adequate treatment (Nkosi, 2014).

To implement this instrument - the NHI policy - the policy would have to undergo a policy process. Figure 1 below depicts the stages undergone by the NHI to date as it awaits completion of the parliamentary process at the adoption stage in the policy cycle.

Figure 1: The South African NHI policy processes to date



Source: This is an adaptation of engaging various literature by the Researcher (van den Heever, 2011; Madore et al. 2015)

1.1 Background to the study

The pursuit of NHI, as a major strategic policy, requires adherence to some form of the policy process. The policy process refers to how approaches to address social needs are

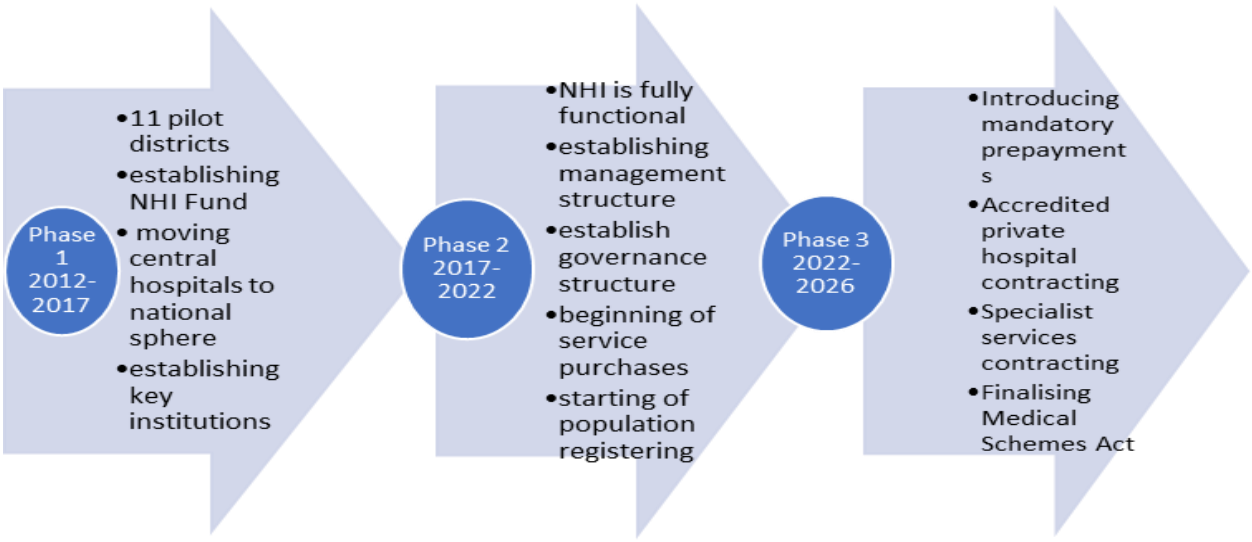
translated into policy. This is typically illustrated using a so-called policy cycle (a linear way of analysing policy process) which is discussed in more depth in chapter three.

Much of the present literature on the NHI reflects mostly on the NHI design – issues that address content, structure, governance, operations and financing of the healthcare system (Council for Medical Schemes,2012; Nkosi, 2014; Madore, Yousif, Rosenberg, Desmond, & Weintraub, 2015; Mhlaba, Parry & Blaauw, 2016; Surender, Van Niekerk, & Alfers, 2016; Armstrong, Erasmus & Rich, 2017). However, limited consideration has been given to the NHI policy process. This leaves an opening to explore how the policy process has evolved, and how this has influenced the policy outcomes. Importantly, despite placing the NHI firmly on the institutional agenda of the government in 2009, no part of the policy has been implemented. Furthermore, many argue that it will be difficult to be successfully implemented (Okorafor, 2012; Rusch, Amado, Christofides, & Pieters, 2012; Sekhejane, 2013; Passchier, 2017).

With that said, and implementation of NHI is planned to take place over fourteen years starting 2012 through to 2026, as shown in Figure 2 below (National Department of Health, 2016). However, the progress of the NHI has been mixed. Some of the processes that had been scheduled to be completed are incomplete. For example, central hospitals have not moved to the national sphere of government, there is no development of key institutions which were supposed to have already been completed in the first phase (which ended in 2017), and no announcements have been made by National Treasury regarding the financial feasibility of the NHI (National Department of Health, 2016) or the funding thereof. What's more, three of the five years of the second phase have elapsed without the NHI policy being passed into law. The ANC government resolved at its 2007 Polokwane conference to implement NHI, changing direction from earlier reforms (ANC, 2007). Therefore, given the overt political will and backing the government has

shown towards the NHI policy since the 2007 ANC Polokwane Conference, this suggests possible weaknesses in the policy process itself.

Figure 2: National Health Insurance phases 2012-2026



Source: Adapted from the National Department of Health (2016)

The various challenges noted in the NHI proposals suggest shortcomings with the current NHI policy process. Reynolds (2007), Green (2017) and Stevenson (2018) support this possibility by pointing out the exclusion of some key stakeholders during the consultation that led to the 2019 NHI Bill. These authors further highlight these challenges by reporting that Clarence Mini (acting managing director of the Board of Healthcare Funders) notes the need to avoid side-lining medical schemes in the policy process. Reynolds, Green, and Stevenson continue to say that Russell Rensburg (health systems and policy programme manager for the Rural Health Advocacy Project) mentions how the policy left him with more questions about the delivery of healthcare to rural areas. The Democratic Alliance (DA) could not support the current NHI policy as it stands, with one of the reasons being the failure of the NHI pilot projects (Reynolds, 2007; Green, 2017; Stevenson, 2018). All these are suggestive of the possibility of

missing elements in the NHI policy process, although they all address policy design (as defined for this research two paragraphs up) issues.

Also, other authors including Cullinan, (2016), Cullinan and Green (2018), Stevenson (2018) and Low (2018) continue and agree that the current public health system is in a dysfunctional state. Their assertions are based on factors that include poor doctor remuneration (in the pilot districts of the NHI) with some doctors quitting the programme (the pilot programmes in the pilot districts) to treat patients in their private clinics/practices, inadequate equipment, the need to revise current spending on healthcare and poor working conditions. The identification of these challenges refers mostly to what needs to be corrected in the current healthcare system. This is highlighted as a crucial element to consider when seeking to introduce a new healthcare policy such as the NHI. This raises the question of how much attention the government has given to substantive critiques of the NHI policy proposal as part of their policy process.

So far, this section's reflections indicate that the current literature on the NHI policy has focused on the policy design rather than the policy process and the policy outcomes. Nevertheless, such a focus forms part of the policy process (for the current NHI policy proposals) in that it reveals what needs to be taken into account while formulating the NHI policy (appraisal). This involves using evidence to come up with a robustly constructed NHI policy. However, focusing on policy design within the system and less on the policy process is not a phenomenon that is unique to South Africa or its NHI policy (Laurell, 2015; Aboagye, South & Khan, 2018; Hudson, 2018).

Some of the commonly identified challenges regarding healthcare reform include (i) implementation of policy; (ii) impact of health policy on communities; (iii) stakeholder perspectives on health reforms; (iv) how citizen accountability within a health system can be enhanced; (v) universal healthcare not improving the health of the population; (vi) impact of healthcare utilisation and spending; (vii) out-of-pocket expenses; (viii) micro-level strategies that affect costs of healthcare (Laurell, 2015; Matsushima, Yamada & Shimamura, 2016; Yipa, Lee, Tsai & Chen, 2017; Aboagye, South & Khan, 2018; Hudson, 2018). Inferred from the aforementioned, little consideration has been given to the policy processes that led to reforms, and how such policy processes have affected the 'outcomes of the reforms.

Research around healthcare reform has to date been skewed in favour of questions of policy design and reform impacts and neglected to explore linkages (or non-thereof) of the policy process to outcomes and design of reforms. This aspect (the policy process) is however very important and is emphasised by Gilson, Goudge, Lehmann, and Schneider (2018, par. 4) who highlight that "Paying attention to the processes of developing and implementing change is always critical – and in particular, thinking about who should be involved and what types of evidence are required".

1.2 Problem Statement

After more than ten years of apparent policy commitment towards the National Health Insurance (NHI), the policy is arguably no closer to concrete implementation. This could be for any number of reasons. First, the policy process could have been poorly designed and carried out. Second, the policy design may be technically flawed. Third, the policy could be technically sound but face opposition from powerful vested interests. Fourth, the complexity of the policy

might have been overlooked and hence the policy poorly designed. Fifth, the values behind the policy (birthed in the history of the country) could have resulted in a flawed policy process. While there has been much written about the NHI proposals, there has been limited consideration of the processes that produced the content and technical design options. There has been no systematic assessment of the NHI policy process to date and its potential relationship with the policy outcomes, whether good or bad. This research, therefore, aims to assess the NHI policy process and to draw linkages with any outcomes, such as they are.

1.3 Purpose Statement

On the backdrop of the aforementioned lack of implementation, the purpose of this research is to assess the NHI policy process to examine the relationship between the nature of the process and the resulting policy outcomes. Given that the process is incomplete, the relationship can only be examined to a particular point in time.

1.4 Research Questions

The following questions will guide this research:

1.4.1 Primary question

In what way has the NHI policy process contributed to the realised policy outcomes?

1.4.2 Secondary question

What aspects of the policy process have succeeded or failed to meet their objectives?

1.5 Delimitations

This research will focus solely on the NHI policy process since the ANC Polokwane conference of 2007, which effectively placed NHI on the agenda of the government. It is not within the scope of this research to focus extensively on the policy design except insofar as key design features influence the complexity of the policy or requirements for policy appraisal and consultation. Its primary focus is therefore principally on the NHI policy process and related outcomes as attained from 2007 to 2019.

1.6 Justification of the research

This research is important to policymakers, academics and politicians alike in helping to inform future policy processes dealing with complex policy. This research will contribute to an improved understanding of how policy outcomes are influenced by the nature and quality of the associated policy process.

1.7 The organisation of the Study

Chapter one begins with the study's introduction, elaborating on the inequality of the current healthcare system and the need to address these inequalities.

Chapter two describes the methodological approach of the research. The research questions are all answered using document review (secondary data) and that is why it was important to mention the methodology imposed in this study before presenting the results from the document review. All documents reviewed are in response to the research questions. This covers: (i) the research strategy; (ii) the research design; (iii) the research paradigm; (iv) protocol, inclusion and exclusion criteria; (v) data collection and search criteria; (vi) sampling,

screening and selection; (vii) the data analysis approach; (viii) how validity and reliability is dealt with; (ix) limitations of the study; and (x) ethical considerations.

Chapter three provides insights from a global perspective that offer answers to the main research question of the study. This chapter begins by providing working definitions of public policy. The definitions provide the premise for this chapter and chapter four. It moves on to presenting results of theoretical considerations, the theoretical framework for the document review, an understanding of the policy process, review of policy process literature and the application of the policy process literature to health reforms

Chapter four uses the theoretical framework presented in chapter three to focus on the specifics of the NHI policy process and related policy outcomes. It is presented according to the streams of the Multiple Streams Framework (MSF) which are problem stream, policy stream and politics stream.

Chapter five provides a discussion that combines the results reported in chapters three and four. Here, consistencies and discrepancies in the two chapters are discussed in response to the two research questions presented in chapter one.

Chapter six ends with the conclusion of the document review based on the knowledge gap and offers some provisional recommendations.

1.8 Conclusion

This chapter provided an introduction of the healthcare system and a background of how the NHI policy was the instrument of choice to solve the challenges of the healthcare system. This then led to the identification of the knowledge gap in the literature and the problem

statement was set to introduce the research questions. These are centred on the NHI policy process and its influence on the policy process.

2. METHODOLOGY

2.1 Introduction

This chapter presents the approach and methodology adopted to conduct this research. It provides details of what the researcher did to achieve the purpose of the document review which was to examine the relationship between the NHI policy process and the resulting policy outcomes. By so doing this allowed the researcher to provide answers that address the problem statement and research questions. Also discussed in this chapter is the justification of the data collection and data analysis that were adopted for the research report. The chapter ends with validity, reliability and ethical considerations.

2.2 Research Strategy

The adopted research approach is qualitative and seeks to explore the key features of the NHI policy process. The approach makes use of secondary data in the form of grey literature. The approach to examining the data is developed from the main literature review which provides the conceptual and theoretical framework. Secondary research entails the use of existing data from various datasets to research as opposed to the more widely used form of primary research (Cheng & Phillips, 2014; Johnson, 2017; Ruggiano & Perry, 2019). Further, the chosen approach involves the use of words rather than quantification for collection and analysis of data consistent with Bryman (2016). Qualitative research is inductive and involves the interpretation of the social world and the construction of reality. As this research sought to explore the NHI policy process the researcher found it best to use a qualitative approach. This allowed the researcher to acquire evidence from different perspectives to derive meaning. Therefore, analysis of the NHI policy process through such narration and exploration offers the opportunity to generate

knowledge to inform future public policy formulation and implementation (more specifically health policy).

2.3 Research design and paradigm

This research is an explorative case study where the South African NHI policy process is the unit of analysis (the case study).

Explorative research helps account for a particular phenomenon by providing new explanations for the phenomenon by raising awareness, conceptual expansion and intellectual expansion (Swanson, 2015; Reiter, 2017). According to Zainal (2007) and Yazan (2015). Case studies explore and investigate present-day actual phenomenon through the detailed contextual analysis of a limited number of proceedings or circumstances, together with their relationships at a micro-level. They refer to an integrated system which is specific, complex and functioning. Naturally, because the South African NHI policy process is an actual current phenomenon requiring a detailed contextual examination, the researcher is justified in selecting this design for this study. This allows the researcher to conduct this examination while allowing for divergent views, their interpretation of this social phenomenon and the construction of their reality, use is made of the interpretive/constructivist paradigm.

The interpretive/constructivist paradigm allows for an exploration of how the world is understood (Rahi, 2017) and the diversity of perceptions (Ridder, 2017). Furthermore, the researcher understands that knowledge is subjective because it can be influenced by historical, cultural, political, social and economic elements all of which also affect the knowledge of the South African NHI policy process (Fazlıoğulları, 2012; Fard, 2012; Elshafie, 2013; Kivunja & Kuyini, 2017; Ridder, 2017). Equally important, this shapes what people consider reality

(ontology) and how knowledge is extracted as true (epistemology), both of which could be different from what shapes the researcher's reality and what the researcher considers as knowledge.

In summary, because the researcher sought to gather in-depth knowledge of the functioning of the NHI policy process as understood by various people, the researcher found it prudent to use the interpretive/constructivist paradigm. This allows for a detailed understanding of the NHI policy process to emerge from diverse views.

2.4 Protocol, inclusion and exclusion criteria

As stated in chapter one this research report sets out to answer the main question "in what way has the NHI policy process contributed to the realised policy outcomes?" To do this, it also has to answer the secondary question: what aspects of the policy process have succeeded or failed to meet their objectives?

To answer the aforementioned questions, the researcher makes use of secondary data which comprised both grey and academic literature. To extract data from the grey literature the researcher identified two repositories. The first was that of the South African Private Practitioners Forum which has a paid membership of over 3 000 private medical specialists. However, only the 13 submissions to the 2019 NHI Bill were reviewed as the second repository (partly sponsored by SAPPF) appeared to have more literature. The second repository was the National Health Insurance South Africa (NHISA) website. This is a public forum that specialises in submissions regarding the NHI only. This is co-sponsored by HealthMan and also has a high number of more than 5 000 private medical specialists that it consults regarding all matters health-related. Although it can be argued that SAPPF and Healthman are effectively the same

organisation the work found on the NHISA website offered diverse views providing evidence to answer the research questions.

The 13 submissions on the SAPPF website were then compared to the 11 submissions found on the NHISA website. A total of 24 submissions were found. Of these seven were repetitions and therefore excluded from further interrogation. The full context of the remaining 18 submissions was then explored. However, the Department of Planning, Monitoring and Evaluation 2019 report states that there were about 100 submissions have been received in total. Due to financial and time constraints, all these submissions were examined. Furthermore, due to the absence of all 100 submissions on the SAPPF and NHISA website no interrogation could be made. This was based on the principles of rapid systematic reviews which require a protocol to be strictly applied to database(s) selected for the study, with the only deviation being reading articles from the reference lists of articles found in the particular database(s) (Watt, 2008; Polisena, Garritty, Kamel, Stevens, & Abou-Setta, 2015; Tricco et al., 2016; Haby et al., 2016; Garritty, Stevens, Gartlehner, King, & Kamel, 2016; Tricco, Langlois, & Straus, 2017; Langlois, Straus, Antony, King & Tricco, 2018; Plüddemann, Aronson, Onakpoya, Heneghan, & Mahtani, 2018; Ayanore et al., 2019).

After this, the researcher conducted an exploration of all the "news" articles that could be found on the website adhering strictly to the protocol (Haby et al., 2016; Garritty, Stevens, Gartlehner, King, & Kamel, 2016). The first year with archived literature was 2011 and the final year was 2020. To select the articles to read, the researcher used the search criteria explained below. There were more than 250 articles on the website as of 17 January 2020 that the researcher went through for this section of articles. The researcher then moved on to use all 16

articles found under “comments” which met the search criteria used for all the “news” articles as elaborated in the section below on criteria.

The inclusion criteria for all these articles was consistent with that used for all the academic literature. Nevertheless, the first point of a check for inclusion is if the title contained any of the search terms specified below. Second, inclusion criteria were if the content answered any of the questions relevant to the composition of the different elements of the theoretical framework as presented in chapter four, and if they did not, they were excluded. These, in turn, seek to answer both the main research question and the sub-questions as stated in chapter one of this research report. Another exclusion criterion was the language. All articles not in English (two) were excluded. The last exclusion criterion was if the file is corrupt (one).

On the other hand, the academic literature included peer-reviewed journal articles. The documentation provided information that is rich with political, contextual, social, cultural, economic data.

Articles were included if the titles and abstracts contained information of the search terms. This was done using the search terms elaborated in section 3.4 below. Scopus was the main database that was used for this research for articles. Additionally, the reference lists of selected articles were also searched to get more information that might have been overlooked in the selected articles. However, due to financial and time constraints, non-English articles were excluded. Furthermore, articles that were older than 2007 were excluded (that is from 2006 going backwards).

Nevertheless, as stated in chapter one, readings and articles that focus extensively on the policy design were all excluded except insofar as key design features influence the complexity of the policy.

2.5 Data collection and search criteria

A rapid systematic review of the literature was conducted iteratively by the researcher to ensure rigour and clarity. All academic literature was searched using the keywords: “South Africa national health insurance” OR “South Africa health reforms” OR “South Africa health reform process” OR “South Africa health policy process” OR “South Africa health policy outcomes” OR “South Africa NHI policy” OR “South Africa NHI policy process” OR “South Africa national health insurance policy process outcomes” OR “South Africa NHI failure” OR “South Africa policy approaches to health reform”. These were searched for in the abstracts and titles. Keywords used in the website search for the titles included: “NHI”; “South African NHI”; and “National Health Insurance”.

Furthermore, a Google scholar search was done for other academic documents and their reference lists were also used to search for other relevant literature that could assist in answering the research questions. The search words used for this literature are path dependency, elite theory, policy process, health reforms, multiple systems frameworks, incrementalism, group theory. The titles and abstracts were read to eliminate studies that were not relevant in answering the research questions. The study admits there are a plethora of articles resulting from the search words used and not all of them could be explored to achieve the objectives of this study. Care was taken to focus more on recently published articles that were not more than ten years old. Seminal articles that were older than this were also included. After going through ten to fifteen

pages for each search term saturation no new data appeared to be discovered and the researcher proceeded to compose the write-up. Most importantly, all titles and abstracts that were deemed irrelevant were excluded. Additionally, not all documents reviewed for full content were used for the research report as they did not appear to address the research problem and research questions directly.

2.6 Sampling, screening and selection

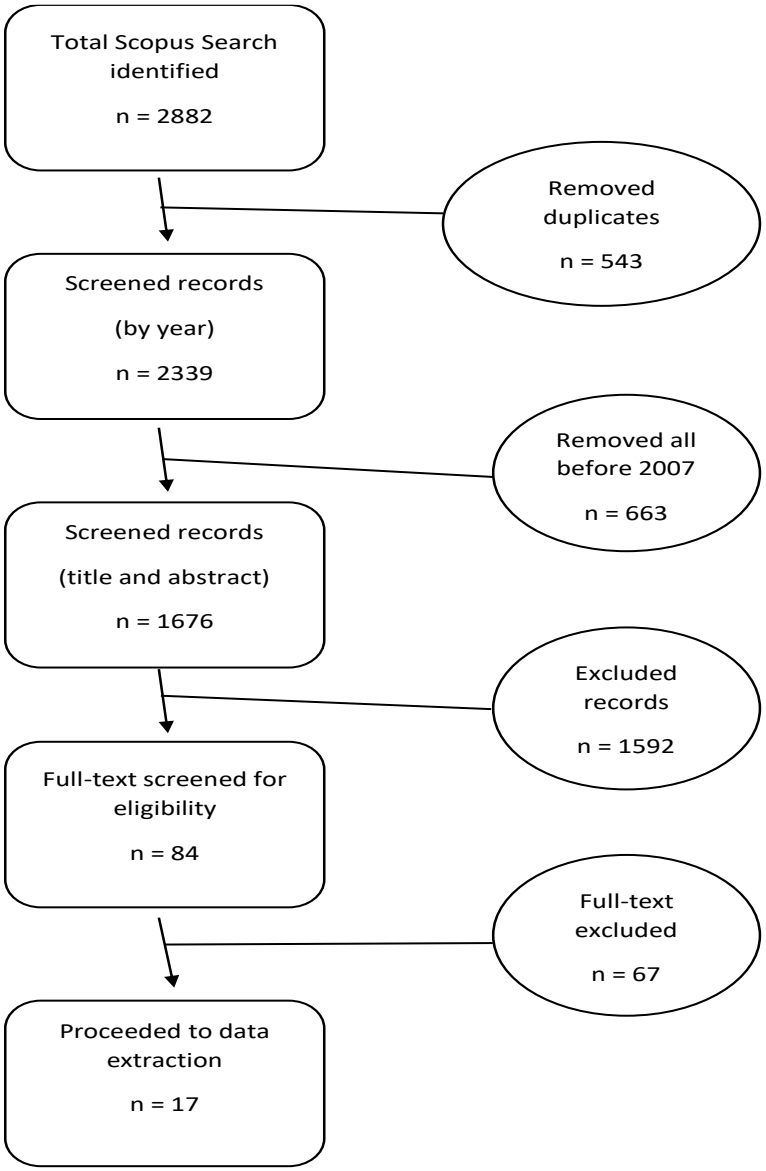
For grey literature and academic literature, searches were conducted and screened according to the inclusion and exclusion criteria as described in section 3.3 by a single reviewer (the author). Due to time and financial constraints no second reviewer was used. For these reasons, the verification for the inclusion of full text according to the inclusion and exclusion criteria was also conducted by one reviewer (the researcher). Scopus was the database of choice for this research. It provided a database that produces peer-reviewed literature and the researcher had access to it. As for the academic literature titles and abstracts were screened and only relevant full texts were engaged further. Whereas, for grey literature full texts were engaged only on the merit of screening the titles of the grey literature against the inclusion criteria for grey literature.

The researcher ensured the inclusion criterion was applied as follows. First, each search term was used to search the Scopus database. Second, each set of results was exported to an excel book. Third, all nine books were consolidated into a single book that they all became a sheet in. Fourth, the data from the nine sheets were then consolidated onto one sheet which could be used for analysis (the sheet was labelled datasheet). Fifth, the datasheet was now searched for duplicate titles. Sixth, the entire data sheet was selected, the researcher then clicked on the Data

tab, then the researcher clicked on remove duplicates. Seventh, once this was done the number of deleted duplicates was revealed. Eighth, once the duplicates were removed then the researcher arranged the data sheet according to publication date. Ninth, all publications before 2007 were then removed. Tenth, the articles were then screened by the titles and abstracts which had to meet the search criteria in section 2.5 above. Eleventh, the abstracts had to then attempt to answer either the main research question or the two secondary research questions. Twelfth, the full text then had to also be relevant to this study needing to provide insights and possible answers to any or all of the research questions. Finally, the only relevant text was used further for the document review.

The results of the aforementioned are now shown in Figure 3 below:

Figure 3: Flow chart for study selection



Source: Researcher's construction

2.7 Data analysis

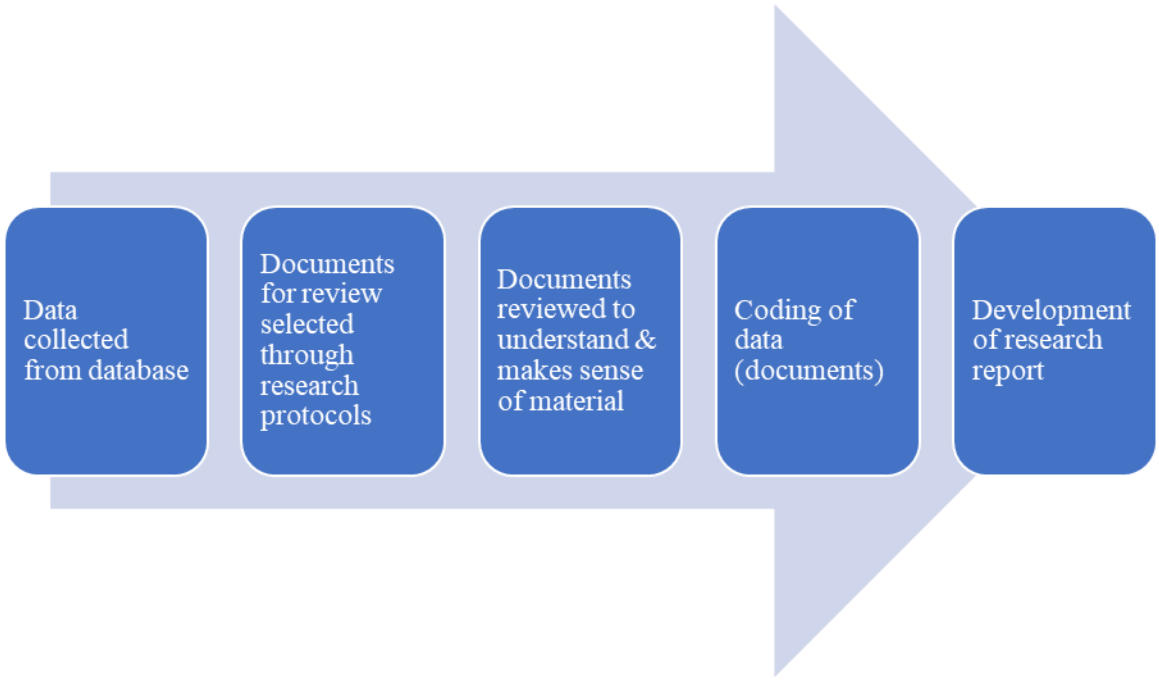
To address the broader research question regarding the influence of the NHI policy process on the realised policy outcomes, the researcher took a broad approach. In so doing, the researcher provided working definitions (Chapter 3, section 3.2) of public policy that were

adopted for this research, acknowledging that they are not definitive and that several other definitions exist. An understanding of the policy process was then presented along with a review on policy process literature and its application to health processes. In summary, this broad approach allowed for a wider understanding of the influences of the NHI policy process on the realised outcomes. From here on the focus briefly narrowed down into the actual NHI policy process itself.

With the guidance of the theoretical considerations in chapter three, the researcher performed a document review as described in section 2.4 through to 2.6 of this chapter for greater familiarity with the content. This is consistent with Bryman and Burgess (2002) and Neuman (2011) who argue for the importance of assembling and investigating qualitative data to highlight and generate meaning. Following this, the purpose of the research was reviewed to select important phrases and declarations relevant to assessing the South African NHI policy process from 2007 – 2019.

The building of themes through arranging data and conceptualised planning provide a broader database for analysis. These themes then require coding which is defined by Creswell (2012, p. 184) as "involves aggregating the text or visual data into small categories of information, seeking evidence for the code from different databases being used in the study". After coding, the researcher applied analytical skills to reduce the data further to recreate text for this interpretive research report which reflected the researcher's understanding of what they had learned (Denzin & Lincoln, 2005). An adaptation of McMillan and Schumacher (2014) of how data was analysed is shown below in Figure 4 bearing in mind this research report was purely based on secondary analysis of existing data. However, this linear process was iterative throughout the research process.

Figure 4: Data analysis process



Source: This is an adaptation by the Researcher (McMillan & Schumacher, 2014)

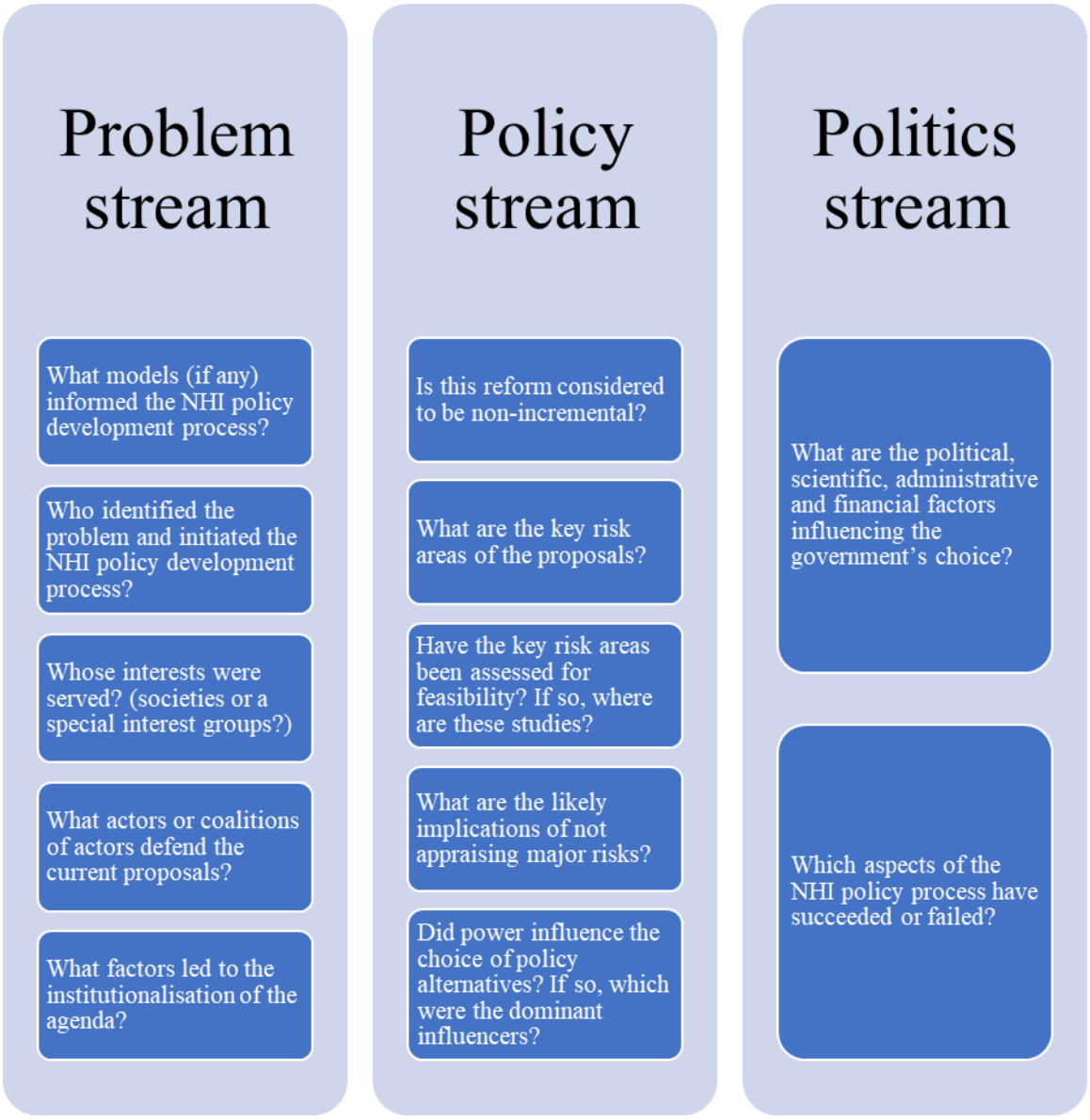
The documents selected allowed for preliminary thinking, which assisted in filtering relevant data from the large number of documents used, cognisant of the need to cite evidence to support the research findings. After, documents were reviewed solely to reduce the large data into smaller/fewer codes. Herewith, the researcher started building patterns, categories and themes around the theoretical framework that could be analysed. This led to the identification of theory-based analytical themes[1] (Figure 5) to address the problem statement and research questions for this research report (Thomas & Harden, 2008). The reason for this was to safeguard the study from developing plenty of minute themes. As Bryman (2012) argues, relations between theory and themes need to be made when interpreting data. Additionally, the process led to the

[1] Ryan & Bernard (2003, p. 9): *analytical themes* are the result of interrogating a descriptive synthesis by placing it within an external theoretical framework

development of categories in the form of questions from which to further interrogate these analytical themes in greater detail.

The questions were generated through coding of various literature on the policy process and questions to ask regarding the policy process (Unit, 2003; World Health Organization, 2005; Maetz & Balié, 2008; Benoit, 2013; Witter, Garshong, & Ridde, 2013; De Leeuw, & Peters, 2015; Madore, Yousif, Rosenberg, Desmond, & Weintraub, 2016; van Niekerk, 2016). Beyond this, five main sub-themes/issues/ drivers of the NHI policy process could then be discussed within these analytical themes, namely institutional environment, simple and complex policy, value judgements, interests and power groups, and vulnerability of government. These sub-themes/issues/ drivers were identified based on reiteration, differences and similarities, typologies, as well as analogies and metaphors cognisant of the research questions (Ryan & Bernard, 2003). The exhaustive list of each of these sub-themes/issues/ drivers is presented at the end of every section talking to the analytical themes. Additionally, this process was facilitated by using an excel sheet with responses to the various categories. These responses were then colour coded to come up with the sub-themes/issues/ drivers. As a result, quotes, summaries and paraphrases were also elucidated. This moment enabled the researcher to start deriving understanding, values and ideas substantial to the research report.

Figure 5: Systematic review of the content of the various documents



Source: This is an adaptation of engaging various literature by the Researcher (Benoit, 2013; Witter, Garshong, & Ridde, 2013; De Leeuw, & Peters, 2015)

2.8 Validity and reliability

2.8.1 Credibility

The research ensured credibility through ensuring adherence to the inclusion and exclusion criteria described above for this research (this being the documents for the construction of knowledge regarding the NHI policy process). All quotations from reviewed documentations were cited and referenced accordingly to allow verification of information of the research to correct errors of facts and interpretation detailing any inaccuracies in the researcher's research (Simon, 2011; Bryman, 2016).

2.8.2 Dependability

This refers to the audit approach adopted by the researcher for other researchers to audit the rigour and interpretations of the research. The researcher provided details of the protocol used for this research highlighting the strict inclusion and exclusion criteria that were applied without making any deviations or adjustments (Wagner, Kawulich & Garner, 2012; Hammarberg, Kirkman, & de Lacey, 2016).

2.8.3 Conformability

In conducting the document review, the personal values of the researcher or theoretical frameworks did not influence the findings overtly and, where applicable, were separately documented from those expressing the findings in the literature (Noble, & Smith, 2015). Additionally, Noble and Smith (2015) argue a research diary be kept detailing challenges and issues and methods used to maintain the coherence of the aim of the study, design, and methods to be used and this was kept as part of the document review.

2.9 Limitations

With the methodology for this research borrowing largely from rapid systematic reviews (which are shortened versions of systematic reviews) for which there is no one size fits all definition or one standard way of conducting a rapid systematic review it gives in to some methodological limitations (Watt et al., 2008; Polisena, Garritty, Kamel1, Stevens & Abou-Setta, 2015; Haby et al., 2016; Garritty, Stevens, Gartlehner, King, & Kamel, 2016; Tricco et al., 2016; Tricco, Langlois, Straus, & World Health Organization, 2017; Plüddemann, Aronson, Onakpoya, Heneghan, & Mahtani, 2018; Langlois, Straus, Antony, King, & Tricco, 2019).

The first is that the literature that was engaged in this research was limited to literature written in English. Second, due to financial limitations for this research, no primary research was conducted to further support the literature currently available. Third, the researcher could have left out some data from the datasets mentioned in the inclusion and exclusion criteria as well as overlooked some other datasets due to time and resource constraints.

2.10 Ethics

No vulnerable groups formed a part of this research as the research was fully reliant on secondary data and therefore no ethics clearance was required. The Singapore statement on ethics and research is what the University of Witwatersrand adheres to and this research was conducted within the boundaries of this statement. All data collected will be password locked on the researcher's laptop and a fail-safe backup will be stored on google drive to ensure data are not lost.

2.11 Conclusion

In this chapter the researcher elaborated on the research strategy, research design and paradigm, protocols as well as inclusion and exclusion criteria, data collection and search criteria adopted, the sampling as well as screening and selection criteria used, how data was analysed, outlined validity and reliability of the document review. The chapter ended with the limitations and ethical considerations.

Given that the research relies solely on secondary analysis of existing data the next chapter will now present the first set of findings at a global view. This will begin with a working definition of public policy that will then lead to the completion of the rest of the chapter in a systematic way.

3. LITERATURE REVIEW: THEORETICAL CONSIDERATIONS & APPLICATION OF THE POLICY PROCESS TO HEALTH REFORMS

3.1 Introduction

Setting a broad and specific context is important for this study. It helps map out the document review basing it on previous research as well as recent emerging matters. For this reason, this chapter's focus will be on theories of the policy process. As a result, a better understanding of the NHI policy process and its influence on policy outcomes will emerge.

The order of this discussion will begin by defining public policy, followed by elaborating on the theoretical considerations. However, before engaging in a discussion of the policy process and its stages, the theoretical framework adopted for this study will be explored. Discussing the policy process stages allows the research to establish a framework to review the NHI policy process. Thereafter, a presentation of the review of the policy process literature follows. The chapter ends with the presentation of the application of the policy process to health reforms in general at begins to touch on the NHI policy process in particular after.

3.2 What is Public Policy

When defining public policy, it should be noted from the onset that there is no universally accepted single definition of the term. Birkland, (2011, p. 8) asserts that "No single definition may ever be developed". Nevertheless, what is common in most definitions is the involvement of an authority, which usually takes the form of the government, that has the responsibility to represent the publics' views in its actions or inactions regarding a particular issue(s) that has been considered as needing attention (Cloete & Wissink, 2000; Smith & Larimer, 2009; Ijeoma, 2013; Dye, 2014).

The two strong definitions that are adopted are provided, first, in Peters and Pierre (2006, p. 481) where these authors state “that an academic understanding of public policy almost by design must incorporate theories and frameworks from several different academic disciplines". By so doing this allows for theoretical considerations to form a central part in developing a greater understanding of the impact of policy processes on policy outcomes. This is considered below in the next section of this chapter (section 3.3).

The second, more recent, is by the European Union (2017, p. 2) which states “Every policy should be a clear statement of direction. It should be the product of a robust assessment and hence deliberation over the pros and cons of prospective solutions, to enable a decision on the best way forward”. The absence and/or presence of such robust assessment of policy has linkages to the policy outcomes. Eventually, the adaptation of this definition allows for further presentation of results later (chapter 4) guided by the theoretical framework for this research (section 3.4).

Other definitions of public policy include the definition by Marume (2016) that public policy involves actions the government has enacted as well as not enacted as argued by Birkland (2011). A simpler definition is provided by Wedel, Shore, Feldman and Lathrop (2005) where they refer to public policy as the instrument that allows for the execution of goals by the government.

Having considered the various definitions, the document review can be guided by the first two working definitions provided as described above, although these are not prescriptive in any manner. The next section of this chapter now moves on to speak to the elements expressed in the first definition above of the policy process, being theoretical considerations.

3.3 Theoretical considerations

Policy analysis models provide a lens through which public policy can be viewed. As already discussed, public policy submits to numerous definitions which is why no lens is considered superior to another as each highlight different aspects of the policy process. Dye (2014, p. 18) makes the point that each model "provides a separate focus on political life, and each can help us to understand different things about public policy". A discussion of five commonly used approaches will now be pursued to illuminate such differences. The purpose of which is to offer meaning as to how policy outcomes are influenced by policy processes.

Government's choices of public policy and policy process which directly affects the policy outcomes are influenced by political, scientific, administrative and financial factors (Pinterič, 2014; Dye, 2014). This is controlled by government's institutional arrangements as De Coning (1995) and later, Anyebe (2018) argues, that the focus of the institutional arrangements is on the legal and formal aspects of government institutional frameworks such as (i) rules regarding procedures, (ii) functions, (iii) powers that can be exercised legally, and (iv) the vertical and horizontal relationships within and across government institutions respectively, for example between the judiciary-executive (this is a horizontal relationship).

However, the government institutions and their institutional arrangements usually follow a path that is dictated by their past which therefore acts as a constraint to development (Liebowitz & Margolis, 1999; Trouvé, Couturier, Etheridge, Saint-Jean & Somme, 2010). This is commonly known as path dependency.

Trouvé, Couturier, Etheridge, Saint-Jean, and Somme (2010) describe path dependency as how both government and other stakeholders base their behaviours and directions on

traditional trails. The composition of these trails comprises values, public policy and standards that are influenced by past choices. Furthermore, Liebowitz and Margolis (1999) add that the future is also dependent on our current position as well as our journey to the present. However, Davis (2015) quotes other literature that defines this phenomenon as to how non-systemic forces as well as chance from past events could be determinants of eventual outcomes.

However, the desire to stay in power to have control of the government institutions (mentioned above) leaves politicians vulnerable to being influenced by power groups and elites at different scales. These groups (which are usually lobbyists) are often well resourced (financially) with good leadership structures that can sway the decisions of policymakers in their favour. This is because of their visible influence in society that is beneficial to policymakers (Anyebe, 2018). Commonly, this is referred to as group theory. The premise of group theory revolves around the assumption that public policy exists or is created when the interests and powers of the groups are equal (Dye, 2014; Pinterič, 2014). Unlike group theory, the elite/mass model posits that public policy is often the view of only a small group of people (government mostly) that have the power to promote policies through government institutions and officials. Decisions flow from the top down to society at large. For this reason, it would appear to society at large that the purpose of public servants does not serve them and instead, serve the minority elite (De Coning, 1995; Anyebe, 2018). The need to appease alliances and/or coalitions in return for good publicity to reduce uncertainty and to garner votes, come election time, dominates over policymakers. This becomes greater than the development of good public policy and policy processes which affect desirable policy processes as well as maintenance of the status quo.

What's more, problemitisation and setting the measures of success of policy becomes a matter of value judgements reflecting the interests and powers of the dominant groups and/or

elites. For instance, when you compare the size and influence of other interest groups, such as private health insurance arrangements, which would have greater resources and may therefore ultimately have greater influence than non-governmental organisations (NGOs).

This is a view shared by Cochran and Malone (2014, p. 7) who argue that "in fact, different groups have vastly different resources". To control the abuse of power that is based on the availability of greater resources, the government enforces regulatory and legal rules. A further check occurs when the different groups keep each other in check by constant reference to these implied rules of engagement.

However, Dye (2014) provides a different angle when he argues that the elite only change policy when there is a threat to the way they have been doing things. In other words, should anything threaten their views and values, they are forced to make small adjustments through reforms that water down the threat imposed. This in return prevents their rule from being overturned by competing elite groups with divergent values and interests. This also makes them appear to act in the public interest, while it is just an attempt to ensure their elite supremacy. What this infers is that should there be any changes in the balance of the elite groups' power this soon filters through to the choice of public policy as well. On the whole, the result is decision-making before evidence is provided. Inferred, is that the value judgements of the strong influencers on policymakers are reflected in the choices made rather than any other form of logic.

It is however not always the democratic elite that prevails. In a country historically led through autocratic rule, the efforts of elites are overshadowed through force which often leads to constant war. López (2013) refers to Iraq as an example of this. Therefore, the policy processes

and their influences on policy outcomes as exerted by the elites in an autocratically run environment becomes almost nullified in comparison to a democratic environment.

On the other hand, a reflection on the reality of the situation of the government institutions would lead them to adhere to party ideology. In other words, as Paul Pierson (2000, p. 252), Liebowitz and Margolis (1999, p. 981), as well as Béland and Powell (2016, p. 132) put it "history matters". In turn, policy processes with partial logic become prevalent when alternatives, recommendations and research presented to policymakers is ignored. This is a clear reflection of "a lock-in to something bad, or at least a lock-out of something better" (Liebowitz and Margolis, 1999, p. 982).

Lastly, confusion between simple and complex policy can lead to a technically flawed policy design. The concept of incrementalism originated from the works of Charles Lindblom in 1959. Incrementalism can be defined as small amounts of change within a policy that is implemented or proposed for implementation over the short term in small incremental portions. On the other hand, non-incremental policies are complex and involve a complete overhaul of the current policy. Furthermore, non-incremental policies can take much more time and consideration than incremental policies, both in their formulation and implementation (McCanne, 2003; Miller, 2006; Atkinson, 2011). This is because the number of alternatives to be researched is significantly more and decisions to be made are more complex (Lindblom, 1959; Schulman, 1975; McCanne, 2003; Miller, 2006; Atkinson, 2011; Béland & Powell, 2016). This implies that the former is an incremental smaller and less sophisticated adjustment to a current policy. Additionally, trust in the strength of the current policy – based on path dependency – fuels this ability to impose smaller adaptive incremental changes. Whereas, the latter is revolutionary and nonincremental (needing a longer more substantial and well-planned change) requiring a

complete change in current policy. A misconception of the type of public policy to be created may result in a technically flawed policy. To make this clarification clearer the qualities of a nonincremental policy are now explored.

On the whole, the characteristic nature of nonincremental policies requires a more robust and complex approach, with less reliance on history and a more forward-looking view. The characteristics of this kind of policy include government actions that are significant in size, a large financial capital injection, adaptation to new technologies to solving social and political problems (Schulman, 1975; Miller, 2006). Above all, to reach acceptable levels of performance they must be considered within risk-averse frameworks as well as diverse frameworks to consider their great size and complexity. This is all-important to curb uncertainty by an inability to predict advances for the future in terms of technology and reduce policy failure caused by the inability to consider comparison scenarios (Schulman, 1975; Miller, 2006). Furthermore, this also requires a different policy process that in some instances requires a very different approach to policy implementation than previously applied for any particular public policy.

In summary, institutional arrangements, the influence of interests and power on value judgements, the vulnerability of the government, and classification of public policy have been the themes discussed for theoretical considerations. The next section of the chapter considers the theoretical framework that is considered to be able to further illuminate these themes in greater detail starting from the next chapter.

3.4 The theoretical framework for the study

A commonly used policy process theory developed by John Kingdon is multiple streams framework (MSF) which can be used to analyse either the entire policy process or an isolated

choice as the unit of analysis. It is commonly used for, agenda-setting, together with the policy appraisal (Exworthy, 2008; Liu, Lindquist, Vedlitz, & Vincent, 2010; Nowlin, 2011; Söderberg & Wikström, 2015; Andraka-Christou, 2015; Mukherjee & Howlett, 2015). Furthermore, MSF is ideal for dealing with policy processes due to its ability to address the issue of randomness (Walt, Shiffman, Schneider, Murray, Brugha & Gilson, 2008; Peters, 2015). Similarly, Zahariadis (2007) defines ambiguity as a situation where there are numerous ways of dealing with the same issue, and how these ways could be unorthodox, causing misunderstanding, stress and a situation where things are unclear.

The principle behind MSF as argued by Kingdon (1984) is that there are three parallel and independent streams running at the same time that are coupled or decoupled by policy entrepreneurs when a window of opportunity avails itself for such an opportunity. However, these principles behind MSF have two underlying assumptions. First, the three streams are independent of one another as previously stated. Second, policymakers function in a time-constrained environment. Nevertheless, this does not always mean every decision is made in crisis mode. It does, however, suggest that sometimes policymakers may choose not to make any decisions for problems that may not be solvable immediately in fear of repercussions (Zahariadis, 2007; Peters, 2015). Therefore, the aforementioned streams are namely the problem stream, policy stream and the politics stream (Nowlin, 2011; Söderberg & Wikström, 2015; Browne, Coffey, Cook, Meiklejohn & Palermo, 2018).

The problem stream is identifiable with a mix of issues that are only recognised as a problem when the government and public give it recognition as a societal issue (Zahariadis, 2007; Walt, Shiffman, Schneider, Murray, Brugha & Gilson, 2008). This happens when key events like an environmental disaster and feedback from the media about current policy are

common ways in which such issues are brought to the attention of the policymakers (Zahariadis, 2007; Exworthy, 2008). However, even when such issues are brought to the attention of policymakers, they do not always get on the policy agenda immediately or at all. Nevertheless, politics could sway the government to bring items previously left off the agenda at an opportune time that they could use it for political advantage (Peters, 2015). This implies that societies could be faced with issues that they feel require attention but the government might not regard them as deserving to be put on the agenda at the same time or ever. They may, however, be escalated by media outcries as well as interest groups which will force the government to put the issue on the agenda.

The policy stream is congested with technical ideas from researchers, policy specialists and industry experts coupled with possible solutions to items on the agenda requiring appraisal in the problem stream (Walt, Shiffman, Schneider, Murray, Brugha & Gilson, 2008; Nowlin, 2011). However, regardless of the participation or contribution (Zahariadis, 2007; Exworthy, 2008; Söderberg & Wikström, 2015) by academics, interest groups, professionals, civil servants, and bureaucrats, implementation of alternatives and/or proposed solutions is not imminent. This is dependent on their value acceptability, possibilities of future constraints on proposals, technical feasibility and adequacy/availability of resources. It is not always that problems appear and then solutions are found/suggested. As Peters (2015) argues some solutions may appear before problems and kept concealed until a time they can be used as a way for politics to enhance their resources and power at a more opportune time.

The elements of the politics stream include the effects of pressure group campaigns, legislative turnover, the national mood, negotiations and partisan control over the institutions involved in policymaking (Zahariadis, 2007; Nowlin, 2011; Söderberg & Wikström, 2015).

Zahariadis (2007) argues how dreadful the impact of legislative turnover can be. This includes changes in a party, president or member of the executive committee (in the case of South Africa). Zahariadis further states that a change in key politicians would signify a change in the other two streams and this together with national mood have a dominant effect on what gets put on the agenda. This is further highlighted by Exworthy (2008) who talks about how the United Kingdom rejected the health inequality concept in the 1980s and 1990s, and how this further then muffled development of policy towards the social determinants of health[2]. However, as much as other authors refer to these three streams as equal, Peters (2015) argues the politics stream draws attention and stimulates movement of the other two streams. This infers that they will remain stagnant unless a change in government or event like a crisis occurs in the politics stream presenting a window of opportunity.

The window of opportunity is where there is a confluence of the three streams and policy entrepreneurs normally seize the opportunity to act. Here either coupling or decoupling occurs and "policy change occurs when a "window" of opportunity opens" (Exworthy, 2008; Nowlin, 2011, p. 44). What this then suggests is the ability for this window to stay open will determine the policy viability.

Although Söderberg and Wikström (2015) argue that there is no clear definition for a policy entrepreneur, they do mention that this is a group of people that participate in the policy process in different roles. This resonates with Nowlin (2011, p. 45) who argues that a "policy entrepreneur merges the three streams by applying an idea from the policy stream to an issue in the problem stream at a time when the problem/solution coupling is acceptable within the

[2] This refers to the factors which have an influence on both community and individual health.

political stream". Policy entrepreneurs are perceived to be crafty and cunning in their ability to ensure the coupling of the three streams to ensure policy adoption. This is attributed to their problematic preferences, manipulation of technology, available resources (time and money) and how much access they have to policymakers at large (Zahariadis, 2007).

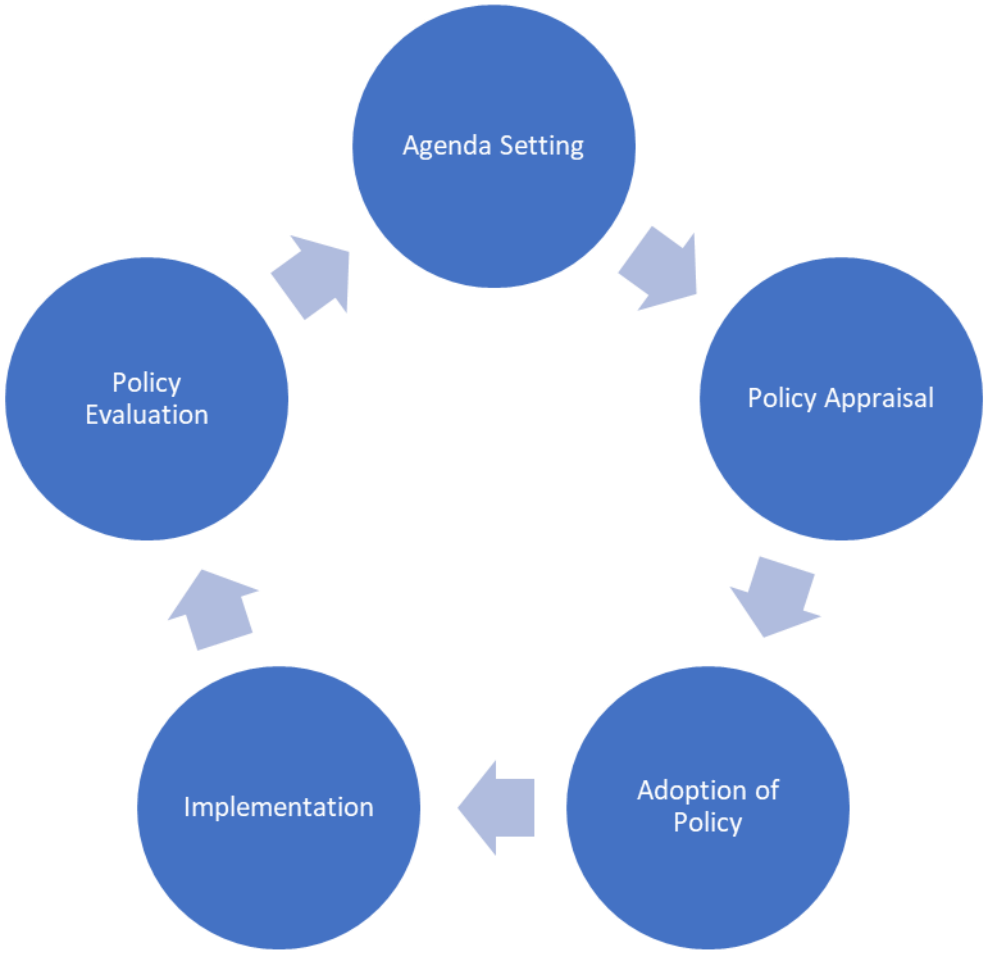
3.5 Understanding the Policy Process

The policy process is commonly reflected as a cycle - that reflects public policy development in a sequential logical flow. A typical approach has five stages, as depicted in Figure 4 (Blomkamp, Sholikin, Nursyamsi, Lewis &Toumbourou, 2017).

However, policy processes seldom follow this logic. It must be known though that these steps in the cycle above are not prescriptive as there is no consensus as to a single policy cycle model. Maluleke (2010) suggests a four-stage life cycle while, conversely, Bernstein (2017) argues for a six-step policy process that adds maintenance, succession or termination, i.e. steps that will happen after policy evaluation.

In reality, this linear process might be the ideal way to form policy, but one can accept, given the different dynamics of the different countries in the world, that this is not prescriptive. Not only is the public policy cycle the most common conceptual framework adopted in public policy, but it is also widely used in health policy process analysis (Maluleke, 2010; Aiafi, 2017; Bernstein, 2017; Buse, Mays & Walt, 2005; Alatinga, 2011; Aumua, 2014; Hafeez, Zafar & Ghaffar, 2017).

Figure 6: Public policy cycle



Source: Adapted from Gupta (2011)

Agenda setting is the first stage of the policy cycle. The activities that are often involved in this section of the policy cycle include the definition of the problem being put on the agenda, the identification of the problem, suggestion of solutions or alternatives to the problem, and the influence that individuals, as well as groups, have to propel the government to intervene on a particular issue or problem (Benoit, 2013; Mwije, 2013).

However, the government doesn't always have the resources to act on every item that is brought to its attention as a public concern. This is due to the limited resources available to deal

with items presented to the government for attention (Gupta, 2011). Therefore, several authors (Walt, Shiffman, Schneider, Murray, Brugha, & Gilson, 2008; Gupta, 2011; Benoit, 2013; Mwije, 2013) agree that there are two types of agendas: (i) those that the government puts on the agenda and action (institutional/formal agendas); and (ii) those that go no further or are delayed and considered of public interest (public/systemic agendas) requiring discussion. Consequently, only the institutional/formal agendas will get resources reserved for its deliberation on the agenda of the government. Public/systemic agendas will not get any attention from the government unless something happens and they become formal agendas.

This stage is then followed by the appraisal stage where possible solutions to the items identified on the agenda in the first stage are evaluated. This will involve providing definitions for the possible solutions, discussions, determining the advantages and disadvantages of the possible solutions, deciding on whether proposed solutions are feasible or not (Gupta, 2008; Knill & Tosun, 2008; Savard & Banville, 2012). However, this happens within (i) substantive constraints which refer to the problem's nature; and (ii) procedural constraints which can be government-related or instigated by actor or social group relations (Savard & Banville, 2012). In brief, this means power relations come into play at this point. The most powerful groups or individuals often have the solution that the government will accept and want to adopt as policy (Benoit, 2013).

The adoption stage of the policy cycle is when the selected solution(s) are adopted and legalised as law (Gupta, 2008; Mwije, 2013). The executive arm of government (the President in particular) is the final authority in South Africa after approval by parliament (who ensure public participation) and the judiciary who ensure that enforcement of such policy is not in contravention to the Constitution (Constitution, 1996). Two scenarios emanate from this stage of

the policy development process (i) the problem is solved and (ii) the problem is not solved (Mwije, 2013). It is also within the powers of the government to not adopt certain solutions which would then require it to go back to parliament to then go through the appraisal stage again. This reveals how the policy development process is indeed not as linear as the policy cycle model would suggest, but rather complex and iterative as it goes back and forth through the various stages.

More often than not the adoption of policy seldom comes with an implementation plan. This could be one of the reasons that the objectives set out in the prior phases of the policy cycle deviate from actual outcomes realised (Gupta, 2008). This is often reflected in this fourth phase of the policy cycle. Another reason why policy outcomes vary from plans could be the different ways of thinking between policymakers and the civil servants who have to enact the implementation of the new policies in the way they understand it and hope it to be (Savard & Banville, 2012; Mwije, 2013). Possibly there could be a need to capacitate civil servants on the new policy so that in their implementation of the new or improved policy to reflect unity in with the visions and values intended by the policymakers. Another obstacle that could be a probable cause for this disconnect is the allocation of resources, whether financial, human or otherwise (Mwije, 2013; Benoit, 2013). It could benefit the government to ensure they have implementation plans that assist in ensuring that civil servants in the various institutions are at par with what the politicians intended when creating the policy.

Finally, the evaluation stage of the policy cycle involves taking stock of whether the implemented policy has met its goals and objectives as it set out to do from the beginning (Gupta, 2008; Knill & Tosun, 2008). The evaluation can be carried out in several ways as Gupta (2008) and Knill and Tosun (2008) both mention: (i) outcome evaluations and their effect on the

targeted group as well as the group not targeted; and (ii) performance evaluations which involve the satisfaction of targets set and efficiency with which they are achieved, respectively. Knill & Tosun (2008) note that after such a process there are learnings to be reflected on that instigate the starting of an iteration of a new policy cycle by identifying problems that need to be addressed, at which point the aforementioned stages begin again.

Although the policy cycle is the commonly used logic to explain the policy process, this does not guarantee delivery of good policies or policy processes (Everett, 2003). This is also agreed by Bridgman and Davis (2003) who also share the view that an advantage of the policy cycle is that it breaks down a complex phenomenon to more manageable steps that can be used to understand and implement a policy task. Other advantages of the policy cycle include (i) makes an analysis more definable, (ii) gives shape to analysis, (iii) greater understanding at each stage of the role played by actors, and (iv) provides deeper insights into making decisions (Bridgman & Davis, 2003; Mwiji, 2013). Disadvantages include (i) it is unrealistic in that in the real world the policy process is chaotic and irrational in its occurrence, and (ii) policymaking tends to be non-linear in reality, (Bridgman & Davis, 2003; Mwiji, 2013).

Having understood the definition of public policy it was then possible to consider the theoretical considerations. Using the theoretical considerations - when analysing public policy - a suitable framework for the study was selected. Thereafter, an understanding of the policy process ensued. It is at the backdrop of this that the next presentation is on reviews of the policy process literature.

3.6 Review of the policy process literature

The policy process in South Africa is not immune to the vulnerability imposed by the interest groups and the elite to keep the ruling party in control of the institutional arrangements. It is deemed to follow a top-down approach. As Mtwesi, (2017) argues, the African National Congress (ANC) has shifted power from both Luthuli House and the people, making the policy process one that follows a top-down approach. This is also supported by other authors (Govender & Reddy, 2015, p. 21) who reiterate this sentiment commenting that "capacity by the provincial government to formulate and implement coherent and effective policies was weak; that public participation in policy-making processes were also weak and limited despite adequate provisions in law and policy documents".

Further, the value judgements influenced by the interests and powers in strong interest groups and elites are arguably at the heart of public policy. For example, Christian (2014) argues how artificial involving communities' inputs are, and how their involvement barely touches the power-bases from which actual decisions are made. He further goes on to mention how pre-determined most processes are only providing already made positions and programmes to the community where limited information is shared. Divergent from the above views Selepe (2017) posits that the ANC uses a combination of models for policy process namely the elite model, group model and institutional model. This creates a bit of ambiguity in the policy raising uncertainty.

However, what reduces ambiguity in policy objectives are policy process models which shed light on: (i) influences on decisions (to act or not to act in a certain way); (ii) barriers to implementation; and (iii) the divide that normally exists between decisions being made and

discussions about issues and vice versa (Söderberg and Wikström, 2015). Notwithstanding, the vastness of policy models accounts for the divergent views expressed by the different models (Parsons, 1995; Browne, Coffey, Cook, Mieklejohn, & Palermo, 2018)). What's more, this calls for attention to reflect on the possible meaning of all of this concerning the results of policy analysis provided by these divergent models. Each approach has its own theoretical and methodological assumptions allowing for different comprehension from these varying assumptions.

The next section begins to apply the above to health reform first from a global level and then begins touching specifically on the NHI policy process which is presented completely in the next chapter based on the theoretical considerations and theoretical framework of the study.

3.7 Application of the policy process to health reforms

The policy process for health reform is difficult and not prescriptive where one size fits all. However, (Buse, Mays & Walt, 2005; Alatinga, 2011) there is a need to have some sort of control around the process and the most commonly adopted method for the health reform approach is the 'stages heuristics'. This means that although in the real-world the process might take another trajectory besides the assumed linear movement from stage A to stage B to stage C and then stage D assumed by the stages heuristics, it is still acceptable as the most commonly used sequential logic for policy formulation. There is nonetheless, the consensus that policy-making does, follow a series of processes (see, for example, Buse, Mays & Walt, 2005; Alatinga, 2011; Aumua, 2014; Public Health Ontario, 2017; Haq, Hafeez, Zafar & Ghaffar, 2017).

Some constraints that contribute to the failure of this 'linear' approach (commonly used in health reform) include government using politicking to gain votes around election time, misunderstanding of policy processes, and power dynamics.

Poor economic assessments (appraisals) affect the policy outcomes adversely. This could be the reason why in South Africa the African National Congress in 2007 and earlier in Ghana the New Patriotic Party in 2001 made promises to its citizenry to offer free medical healthcare and has still not managed to achieve this goal (Alatinga, 2011). "Lower middle-income countries often share characteristics such as weaker regulations and regulatory capacity, lack of purchasing power, patronage in the political system and more reliance on donor funds than high-income countries" (Haq, Hafeez, Zafar & Ghaffar, 2017, p. 1450). As much as there are constraints to the linear approach it is an acceptable way to structure policy analysis and adapted for the purposes of this review. This can be enhanced by adopting and adapting policy process theories. As this research is not focused on theories of the policy process it will only engage with the one that is relevant to the document review intended by the researcher which is to answer the question "In what way has the NHI policy process contributed to the realised policy outcomes?"

Conversely, Aumua (2014) correctly argues that health sector reform does not have a universally accepted definition, and health reforms are mostly understood to be politically inclined to adopt a "top-down" approach that is rooted in structural and organisational change. In other words, health reform is seen to be designed for the benefit of the populace by those in power (normally government) and yet the populace is unlikely to have played an active part in such design of reform. Which then infers those considered to be at the top (government) pass down reforms to those conceived to be at the bottom (the populace).

Nevertheless, in studies conducted by Breton and De Leeuw, (2010), De Leeuw, Clavier, and Breton, (2014) and later Koon, Hawkins and Mayhew, (2016) it is argued that the vast literature on health policy was not grounded in any theory or framework. However, this does not take away that even without any theoretical underpinning such research was done rigorously and most are qualitative. The Breton and De Leeuw study is a systematic review that revealed that of the 119 articles that were used for the study from January 1986 to June 2006 only 21 used a theoretical framework. The De Leeuw, Clavier, and Breton, (2014) also a systemic review showed no change from 21 only this time the eligible sample had grown to 8337 in the period from 1986 to 2014. On the other hand, the latter study which is a scoping review showed of the 52 qualifying articles 17 reflected framing research and this was from 1996 to 2014 which is a significant decrease from the systemic reviews conducted.

3.7.1 NHI policy process, outcomes, reviews & critique

The NHI has not been received with open arms and agreement by many people with lots of criticism going around about it all of which is focused on context, content, and actors for the greater part with little detail on the processes. Some of what is mentioned include a certain group of people who have been excluded and therefore their specific needs (apparently) not catered for, there are concerns about how to fund it, or consultations have been poor. Both Weimann (2013), as well as Maseko and Harris (2018), uphold that the two-tier funding system currently in South Africa continues to raise the inequality disparities in society as medical healthcare continue to rise. Other authors, refer to the problem of management of hospitals with the supply of medicine falling short of needs, redundant medical equipment, and how rural health is or is not considered (Naidoo, 2015; Rural Health Advocacy Project, 2017). Meanwhile, Matsotso and Fryatt (2013, p. 17) refer to five areas of critique in the NHI which are: (i) consultation and communication;

(ii) harnessing cost-effective health technology; (iii) making change happen; (iv) building up our knowledge on what works; and (v) retaining the focus on equity.

Although there has been research done on universal healthcare covered by NHI there appears to be a scarcity of knowledge with regards to the views and experiences of the private sector. Some studies were done with the release of the 2015 White Paper, with some clinicians in the Tshwane District in Gauteng and the Eastern Cape Province (Surender, Alfers & Van Niekerk, (2015; 2016)). Both these studies were qualitative and interviewed general practitioners (GPs) only before the release of the July 2017 NHI White Paper and addressed GPs employed by the Foundation for Professional Development (FPD).

Zweigenthal, London and Pick (2016) reviewed competencies in the public health system and the public health workforce, as well as their histories; while Katuu (2017) explored the South African healthcare system noting some of its challenges. Again, this was also done before the 2017 NHI White paper and they also pointed out how silent the voice of public health personnel and their trainers are.

Another study on information systems by Hwabamungu, Brown, and Williams (2018) indicates how important stakeholder engagement is in determining what the needs of stakeholders are and understanding their influences. All these also form part of the issues and factors that can be connected to the NHI policy process. This is significant to the extent that it highlights the need for more scientific research to be conducted in these areas to provide rigorously collected evidence to substantiate or not the various claims regarding the NHI as it stands.

The recommendations provided in the studies that have currently been done regarding the NHI policy not only lack reference to the process of this policy but also speak only to addressing issues within an already built system. Many authors recommend more involvement by the government in ensuring that the costs for healthcare on the citizenry are reduced, tightening up of corruption fighting mechanisms within by the government within the NHI system, standardisation of medical benefit packages, and evaluations being done to determine efficiency and effectiveness of policy (Matsushima, Yamada & Shimamura, 2016; Zhao, Wang, Shen & Wang, 2018). Hudson (2018, p. 425) is of a differing view stating that "The bigger task is to rethink the whole notion of accountability and put in place a raft of options and opportunities that, in aggregate, bring peoples' views and preferences squarely into the equation".

3.8 Conclusion

The chapter sought out to set a broad and specific context for this study. This helped map out the document review basing it on previous research as well as recent emerging matters. The chapter's focus is on theories of the policy process. As a result, a better understanding of the NHI policy process and its influence on policy outcomes emerged. Developing from the second definition (presented in section 3.2) and using the five themes of the theoretical framework (presented in section 3.4) the next chapter will present the results within the South African context.

4. PRESENTATION OF RESULTS

4.1 Introduction

The purpose of this research was to assess the NHI policy process to examine the relationship between the nature of the process and the resulting policy outcomes as set out in Chapter 1. This chapter is organised according to the sequential logic offered by the policy cycle and, more importantly, multiple streams framework (theoretical framework) to present evidence deduced from grey and academic literature. The former is explained in detail in section 3.5 and the latter in section 3.4 of Chapter 3 in this research report. However, the use of the theoretical framework is elaborated clearly in Chapter 2 (section 2.7) with the hope that by answering the identified questions of each analytical theme, consequently answering the research questions and ultimately the research problem and the study achieves the research purpose.

4.2 Problem stream

To get a better understanding of the process that got the NHI onto the policy agenda the following categories/questions were raised.

"What models (if any) informed the NHI policy development process?"

"Who identified the problem and initiated the NHI policy development process?"

"What factors led to the institutionalisation of the agenda?"

"Whose interests were served? (societies or special interest groups?)"

"What actors or coalitions of actors defend the current proposals?"

The electoral system in South Africa is party-based and therefore a thin line exists between party policy and government policy as the party often goes on to use their party policy as a manifesto to create government policy (Brooks, 2004; du Toit & de Jager, 2014). Implicit from this is that party value judgements and ideology often become that of government. Suffice to say, the NHI policy got on the agenda through arguments that it would reduce inequality in the healthcare system in South Africa. The study noted the following key ideologies and value judgements as influencing NHI policy being placed on the agenda: (i) it is a constitutional right to access healthcare, (ii) addresses inequality, (iii) ability and willingness of South Africans to help each other, (iv) social solidarity, (v) using evidence to promote effectiveness in decision making, (vi) staying abreast with technological advances in health and hence promoting appropriateness, (vii) promotion of affordable healthcare putting health first not profits, and (viii) promoting efficiency through appropriate institutional arrangements (Ncayiyana 2008; Naidoo, 2012; Financial Intermediaries Association, 2019). These sentiments are also expressed by Surender, van Niekerk and Alfers (2016, p. 1092) stating "*The political vision is the creation of an equitable, universal and integrated healthcare system, underpinned by the values of social solidarity and redistribution*".

Being that as it may, the document review makes the distinction between the ANC process which started in 2007 with the ANC Polokwane Conference Resolutions and the government process that started two years later in 2009 with the South African President announcing government plans to proceed with NHI. A further two years later this was emphasised when the NHI Green Paper was issued in August 2011 (Mkhwanazi, 2015).

However, some argue that the NHI came onto the policy agenda through an evidence-based approach. One such argument is presented by Bateman (2010) where Dr Olive Shisana

(then Head of the Human Sciences Research Council) mentions that a systemic review was conducted to inform NHI proposals. She also mentioned that over 80 studies were considered globally regarding primary healthcare models. No evidence of this is yet publicly available. This is echoed in the submissions by Financial Intermediaries Association (2019) stating that the only evidence of research commissioned to promote research-based policymaking was that on the pilot projects which were initiated in 2012. Furthermore, the Financial Intermediaries Association (2019) argues that contextually accurate policy is derived from conducting research and such policy advocates and focuses on benefiting the public more.

In contrast to the evidence-based approach, it appears that the NHI entered the policy agenda when a window of opportunity presented itself which policy entrepreneurs took advantage of. With elections coming up in 2009, the 2007 ANC Polokwane conference was one such window of opportunity for the coalition to strengthen ties with the new party leadership coming to power (From Thabo Mbeki to Jacob Zuma). Preuss (2016) acknowledges that the NHI was driven by patronage and ideologically motivated without practical considerations to ensure quality healthcare is provided to all South Africans. Furthermore, the response by COSATU and the National Education, Health and Allied Workers' Union (NEHAWU) to the 2001/2 Taylor Committee of Inquiry could have been the window of opportunity that instigated what took place at the 2007 ANC Conference. However, "*The debate about having a comprehensive mandatory health insurance scheme has been ongoing since 1994"* which is yet another window of opportunity that opened and The Congress of South African Trade Unions (COSATU)[3] – a

[3] COSATU is part of the tripartite coalition government formed with the South African Communist Party (SACP) and the ANC in 1990. They advocated for redistributive policy while securing votes for the ANC in the elections. For more details on the alliance see McIntyre, D., T. (2002). *COSATU and the Tripartite Alliance since 1994*. Retrieved from https://web.archive.org/web/20060923050535/http://general.rau.ac.za/sociology/McKinley2.PDF

labour union power group – took advantage (Katuu. 2018, p. 137). On the dawn of the end of apartheid in South Africa with elections looming COSATU took advantage of the vulnerability of the ANC and got NHI set to be a priority for the soon to govern the party (Katuu. 2018). A view shared by Nevondwe and. Odeku (2014) who argue that before the 1994 elections the ANC secured votes from COSATU by adopting their policy to facilitate growth by implementing redistributive policy in the form of the Reconstruction and Development Programme (RDP).

That being said, since the government is dominated by the ruling party, it is the responsibility of the government to ensure the institutional arrangements required to implement policy. This is how the NHI policy agenda became institutionalised. For example, Nevondwe and Odeku (2014) argue that the ANC led government changed from a redistributive policy approach to a more conservative approach in reaction to the 1996 currency crisis. The document review found that winning elections allowed party policy processes to influence government policy. In the same breath, the appointment of the new Minister of Health after the 2009 elections saw the government beginning to vehemently push the NHI policy agenda (Nevondwe & Odeku, 2014).

Further, different groups had different objectives with regards to the NHI policy as evidenced in their submissions. The labour unions were expanded and their interests were to promote their agendas which emphasize redistributive programmes to reduce inequality. SACP also had its interests and efforts were similar to those of the labour unions (Business Watch, 2011).

However, academics and some non-governmental organisations appear to be acting for the greater good of the country by upholding the virtues of the constitution (Dullah Omar Institute, 2019; Helen Suzman Foundation, 2019).

Other stakeholders like the Financial Intermediaries Association of Southern Africa (FIA) have to uphold the rights of the insurance brokers as well as financial advisors within the sector (FIA, 2019). Furthermore, professional healthcare stakeholders continue to protect the interests of their medical professionals for the greater part, pointing out how they have not been adequately consulted to deal with the needs of their members (HealthMan, 2019; Pediatrician Management Group, 2019; Psychological Society of South Africa (PSYSSA), 2019; South African Medical Association, 2019).

Additionally, different actors or coalitions of actors under their heterogeneous interests and political aspirations have politicised the agenda-setting with varying degree of success and/or failure. Nevertheless, the Democratic Alliance (DA) – the main opposition party – who has been very vocal about its stance against the NHI policy in its current form, faced great condemnation from the ANC-aligned stakeholders. The SA Pharmacist's Assistance (SAPA) (2011), Business Watch (2011), Politics Web (2018) all report opposition to the DA's position, stating that the South African Communist Party (SACP), NEHAWU and SAPA rebuke the DA's and other private sector interest groups' criticisms of the NHI policy.

However, the interest and power of interest groups are reflected by COSATU (a coalition actor with the ruling ANC led government) who expressed grievous concern about a shift by the former Director General (DG) of health who adopted a more pragmatic approach to the NHI policy.

This involved bringing international experts to advise on the NHI policy in apparent defiance of the ANC policy positions. As Pamla (2016) (National Spokesperson of COSATU) said, COSATU was unhappy with the fact that the health minister had outsourced consultation

from the international community and there had been a loss of 170 jobs in the pilot projects. Similarly, Mahlakoana (2016) further highlights the dissatisfaction expressed by the labour union to the president stating that no deviations should be made from the original agreements between the ANC government and the union. This demonstrates to some degree how individual stakeholder interests operating through the ANC alliance are central to setting the NHI policy on the agenda. A summary of the analytical theme, its relevant categories and ideas/influencers of the particular categories of the problem stream is provided in table 1 below.

Table 1: Summary of analytical themes, categories, and ideas of the problem stream of the NHI policy process

Analytical Theme	Category	Ideas
Problem stream	What models (if any) informed the NHI policy development process?	Value judgements
	Who identified the problem and initiated the NHI policy development process?	Ideology
	What factors led to the institutionalisation of the agenda?	Party process vs government process
	Whose interests were served? (societies or special interest groups?)	Evidence-based policy approach
	What actors or coalitions of actors defend the current proposals?	Theoretical considerations
		The vulnerability of the ANC
		Institutional arrangements
		Political aspirations
		Interest and power of interest groups

Once the problem has been put on the agenda the next phase involves consideration of technical aspects regarding appraisal of the options to address the issues raised in the problem stream. This part of the policy process is dominated by technocrats like researchers, academics and policy specialists. According to the theoretical framework, the name of this stream is the policy stream.

4.3 Policy stream

This stream typically involves technocrats who appraise the issue(s) in arising from the problem stream. To do this, the data was extracted about the following questions.

"Is the reform considered to be non-incremental?"

"What are the key risk areas of the proposals?"

"Have the key risk areas been assessed for feasibility? If so, where are these studies?"

"What are the likely implications of not appraising major risks?"

"Did power influence the choice of policy alternatives? If so, which were the dominant influencers?"

When addressing the question of whether the NHI policy is a simple (incremental) or complex (non-incremental) policy Moosa, Luiz and Carmichael (2012) described it as an ambitious reform for a developing country like South Africa. They state that the reforms require a shift from a payment system where patients pay fees for all services rendered[4] (starting with consultation) to one where they are free at the point of purchase. They further emphasise that

[4] It should be noted though that the public health system provides for free healthcare services while the private sector healthcare system allows for co-payments.

such a switch in payment systems is comprehensive. This is also argued by Ruff (2019), that the private healthcare system fragmentation has been caused by the competing health professionals' fee for service approach.

Similarly, Section 27 and the Treatment Action Campaign (2019) jointly submit that the single-payer fund proposed by the NHI Bill is complicated and large to manage. They further argue in their submission for the requirement for diverse Human Resources skills to manage the difficult contracts (with healthcare service providers in both the public and private sectors) under such a complex reform. This view is also shared by Ncayiyana (2008) and the South African Teachers Union (2019) who describe the human resources difficulties that will haunt such a complex policy. Furthermore, Naidoo (2012) states that the NHI policy proposes four things, namely (i) a complete revamp of the healthcare system, (ii) a sweeping transformation of management, (iii) benefits packages with primary healthcare at the centre and (iv) an overhaul of and the delivery of health services.

The submissions draw attention to the complexity of the NHI proposals as being common knowledge to the ANC led government. For instance, the former Minister of Health Aaron Motsoaledi characterised the NHI policy as extremely intricate, also conceding that it would not be implementable quickly but will take a long time (Cullinan, 2015). He states further that the government intends to embark on a comprehensive transformation of the entire healthcare system (Raborife, 2016). He highlights that the rationale for the reform that the current system is unacceptable and the only way to change it was to embark on this comprehensive transformation. However, regardless of a show of this understanding that the NHI policy is complex, President Cyril Ramaphosa insists that the NHI should be implemented incrementally within the financial ability of the government (Gerber, 2019). In a similar tone, it can be inferred that the new

Minister of Health Dr Zweli Mkhize shares the president's sentiments when he says that the issues relating to the NHI policy will be dealt with 'as and when they appeared' (Writer, 2019, p. 1).

In response to the key risk areas of the NHI policy proposals, it is noted that they include the availability of ample human resources, classification of the different choices of treatment packages, an implementation plan to be made availed, high utilisation risks, rural health needs, contractual risks, the need for an accountability framework, affordability and funding models (Mathew & Mash, 2018; McIntyre & Ataguba, 2012). This is evident when in Mathew and Mash (2018) as well as McIntyre and Ataguba (2012) report that General Practitioners were concerned about costs and affordability, certification, provision of rural healthcare, human resources and state of infrastructure. Additionally, the risk areas that Passchier (2017) and the Financial Intermediaries Association (2019) report are comprehensively summed by the Helen Suzman Foundation (2019) as inadequate consultations with practitioners, the feasibility of the NHI proposals, the adequacy of management capacity, the fate of medical aid schemes, a poor centralised governance structure, and the absence of security measures against corruption. Also, they flagged the government's poor track records running other state-owned operations and violations of the freedom of choice imposed by the proposals.

Furthermore, the document review could not find official evidence that any of the key risk areas were assessed for feasibility. The National Treasury continues to face challenges regarding financing options and in 2013 the then Director-General could only promise that these were almost ready, notwithstanding they were already almost two years overdue by October of 2013 (Khan, 2013). Also, although there was some costing done by 2016, this did not sit well with some stakeholders as this costing was not published for scrutiny or comment by the public.

Instead, it was merely mentioned as if it was an unimportant part of the successful implementation of the NHI as reported by Malan and Green (2016, p. 2) "*Section27's executive director, Mark Heywood, is "not convinced that the costing is thorough". Section27 thinks it will be helpful to publish the methodology and open it up to constructive scrutiny, he said.*"

However, the document review found general agreement regarding the lack of sharing of costing estimates. As Naidoo (2012) reports, the Green Paper of 2011 provided estimates that proved that South Africa could indeed afford the NHI. These showed projections up until 2025. But the government provided offered no evidence of how they calculated their estimates. More recently, the Memorandum of the NHI Bill refers to an actuarial costing that was commissioned and never shared with the public, which only provided simple estimates. Again, there is no sharing of how these simple estimates were calculated for scrutiny by the public (FW De Klerk Foundation, 2019).

The failure to assess key risk areas of the NHI policy has implications on the policy process, and ultimately the policy outcomes. One implication noted is the inability to adequately allocate funds for usage. According to Buthelezi (2013), this sentiment is expressed by Eddie Rakabe, (Programme Manager - Financial and Fiscal Commission) who reports that there was an increase in the NHI grant allocation year on year, but no clarity as to what the funds were going to be used for.

The programme manager further conceded this could present challenges in the future when trying to implement the NHI. Another implication is the miscalculation of funding required for the NHI policy. It is reported by a law and policy analyst that the current projected figures of the costing of the NHI proposals are based on the assumption that the economy would be

growing annually at 3.5 per cent, which is currently far from the reality and this is not accounted for to date (Africa News Agency, 2012).

Other challenges include the failure to recruit adequate human resources to ensure the smooth running of the NHI. According to Business Day (2014), due to the inability of the government to appreciate and recognise the salary requirements of private doctors, this has currently led to failures in the recruiting of doctors for the pilot projects. They were only able to recruit 16 per cent (96) of their total target (600) in the pilot projects. A sentiment shared by Mkhwanazi (2015) who reports of missing patient files due to lack of adequate human resources and this having a direct negative impact on patients' lives (in the pilot projects).

So, this then raises the question as to who the power influencers whose understandings and ideologies dominated over the NHI policy process regardless of any scientific research. It is reported by Koko (2017), González (2017) and Khan (2018) that members of the Education and Health Subcommittee of the ANC National Executive Committee (Minister of Health and Minister of Education) argue that nothing will stop the ANC-led government from implementing the NHI, not even the opposition. Instead, the government would continue on its path to ensure that NHI policy becomes law.

Furthermore, the President echoes these sentiments, with the same tone stating that it is finally time to implement the NHI and that it would be going through the parliamentary processes shortly. The FW de Klerk Foundation (2019) raised concerns about the forceful approach being adopted by the government, and what it described as a clear lack of consideration for the results of the pilot projects.

Table 2 below offers a summary of the analytical theme, categories under the analytical them and the ideas in the policy stream of the NHI policy process that have affected the policy outcomes as presented above.

Table 2: Summary of analytical themes, categories, and ideas of the policy stream of the NHI policy process

Analytical theme	Categories	Ideas
Policy stream	Is the reform considered to be non-incremental?	Simple (incremental) or complex (non-incremental).
	What are the key risk areas of the proposals?	Key risk areas of the NHI policy proposals.
	Have the key risk areas been assessed for feasibility? If so, where are these studies?	Absence of feasibility studies.
	What are the likely implications of not appraising major risks?	Consequences of no feasibility studies.
	Did power influence the choice of policy alternatives? If so, which were the dominant influencers?	Power

4.4 Politics stream

The last stream to be discussed is the politics stream. This reviews the influencers of the decision-making made for the adoption of the policy.

To address these issues as stated in Chapter 2 (section 2.7) and to unequivocally address the problem statement and answer the research questions in Chapter 1 (section 1.2 & 1.4) respectively, the following questions provided guidance.

"What are the political, scientific, administrative and financial factors influencing the government's choices?"

"Which aspects of the NHI policy process have succeeded or failed?"

When considering the political, scientific, administrative and financial factors influencing the government's choices regarding the NHI policy process, three factors emerge.

First, there is compliance with international standards and health objectives as highlighted by Bateman (2012), who argues that the existence of fragmentation within the healthcare system should not be a deterrent to achieving favourable health outcomes. He reports that fragmentation has been listed as one of the restraints of achieving good healthcare outcomes by the World Health Organisation (WHO).

Second, there is the costing and affordability of healthcare as raised by Mapumula (2016) and Fokazi and Hans (2013). They state that the Health Minister explained to Parliament how the current expensive model of the healthcare could be substituted by the NHI policy, which he referred to as cheaper because it was preventative.

Lastly, social solidarity (financial risk protection for the populace) as raised by Khan (2016), who refers to the 2015 White Paper stating one of its founding principles as providing free healthcare at the point of purchase for all through a single fund.

With knowledge of some of the influences of the government decisions this now poses the question as to what aspects of the policy process succeeded or failed to meet their objectives. The document reviews find that the DoH offered the public the chance to provide their views

through a consultation process with the release of the NHI policy proposals (Erasmus, 2011; Matsoso & Fryatt, 2013; FW De Klerk Foundation, 2019).

However, the submissions consistently argue that there were deficiencies with the consultation process. Some report that the conference held in 2011 only allowed for ideological discussions as opposed to dealing with the nuts and bolts (Erasmus, 2011). Further, they also elucidate that the NHI Bill fails to reflect their submissions, which hinders constructive participation of the public in the NHI policy process.

However, regardless of these noted challenges, it is evident that the consultations did include a diverse range of stakeholders. According to Matsoso and Fryatt (2013, p. 156) this diverse list included "*medical scheme administrators, labour, the pharmaceutical industry, professional associations for various occupations, statutory bodies, government departments, academia, civil society and Parliament*". Matsoso was the Director-General of the Department of Health (DoH), and Fryatt was from the Department for International Development (DFID) – the UK government support provided to the DoH.

Nevertheless, Robertson (2016) argues that psychiatrists require sovereignty when it comes to decisions regarding mental health in the NHI policy process, and is aggrieved by their exclusion in the process. This is a position shared by Section 27 and Treatment Action Campaign (2019) who emphasis the exclusion of critical groups, such as the users of healthcare and civil society.

As an official defence of the process, it is argued that during the appraisal part of the process, the government allowed for comments on the Green Paper and rolled out pilot projects (Matsoso & Fryatt, 2013). However, the appraisal process did not achieve much following their

rollout in 2012 as reported by Child (2013). She reports, inter alia, that regardless of an additional R11.5 million injection into the OR Tambo district pilot project, it was operating without essentials like water and electricity and lacked refrigeration for medicine.

There were delays concerning releasing the NHI White Paper which was supposed to be released in 2013 according to the Minister of Health. In 2015 these delays continued to be apparent (Ngwenya, 2015).

The reasons for the delays were not revealed, raising suspicions that this was because funding was a great concern, as raised by health economists. This was because according to Treasury, the economy had not been growing at the optimal levels required to make the NHI affordable.

This lack of transparency is raised by Khan (2016), reporting of the shock expressed by the Chair of the Independent Labour Group regarding the diversion of medical aid subsidies towards the NHI. Their concern was the number of people who had received these subsidies in the prior year was close to one million, and they would no longer receive such benefits without any consultation or notice. Additionally, even the National Treasury is seen not being transparent, as Khan (2013) reports with both the then Director General (DG) and the Minister of Finance at the time not explaining the delays of a report on financing mechanisms. It should be noted that the document review could not find any evidence that such a report was ever produced or released.

With regards to human resources, the government has (apparently) taken various steps to ensure the NHI is adequately staffed. Bateman (2012) reports that about 20 staff had returned

from training on standards as well as facilities management in the United Kingdom. Also, the government has opened an academy that deals with leadership and management (Maja, 2012).

To address the shortage of health professionals, the government sent students to Cuba to gain medical training and experience, with some returning to practise in South Africa (Child, 2013; Fokazi & Han, 2013; Passchier, 2017). However, no information could be found as to whether any of these measures were sufficient to address the requirements of a future NHI.

The NHI policy was to be rolled out over a 14-year phased period. Some elements of this include, according to (Khan 2016) and Katuu (2018), the cancellation of medical aid subsidies in both the private and public sector still needed to be done, facilities quality assurance audits in the public sector has been completed, primary healthcare training, presence of Office of Health Standards Compliance, district clinic support staff have already been appointed and systems support has been geared up. This, however, has not yet fully materialised. However, the governance structures for the NHI healthcare systems are still a cause for concern as well as allocations and management of funds (Keeton, 2010; Buthelezi, 2013).

Cabinet approved an amended draft 2018 NHI Bill on 10 July 2019 which was successfully presented to Parliament on 8 August 2019 to go through the parliamentary process (which comprises the National Assembly and National Council of Provinces) (Writer, 2019; Khan, 2019). This has however taken the government over a decade from the 2007 ANC Polokwane Conference which resulted in a resolution being passed to implement NHI as a policy. The document review suggests legal constraints as one probable reason for this with the Democratic Alliance (main opposition party) arguing how the provincial legislative powers could be stripped (Business Day, 2019). Similarly, Cohen (2019) highlights that Neil Kirby (a

director at Werksmans Attorneys for Healthcare and Life Sciences) argues that the NHI Bill in its current format takes away the freedom of association regarding being a part of the NHI or not and that there is a wider constitutional consideration regarding the private health sector (especially medical aids). Another constraint for this delay is the possible concern of unaffordability of the NHI that insinuates Treasury who have shown scepticism of economic growth of the country and indicated the additional amount would be needed from the original cost estimates regardless of their continued public support of the NHI (Ndenze, 2019; van Dalsen, 2019).

Below is Table 3 which shows a summary of the analytical theme, categories and the ideas/influencers of the NHI policy process and policy outcomes discussed above.

Table 3: Summary of analytical themes, categories, and ideas/influencers of the politics stream of the NHI policy process

Analytical theme	Categories	Ideas
	What are the political, scientific, administrative and financial factors influencing the government's choices?	Compliance with international standards
Politics stream	Which aspects of the NHI policy process have succeeded or failed?	Consultation process
		Diverse stakeholder composition
		Appraisal process
		Lack of transparency

4.5 Conclusion

As described in Chapter 2 (section 2.7) the analytical themes of the theoretical framework provided an opportunity for systematic interrogation of the NHI policy process presented above. This allowed for themes (interest and power of interest groups, the vulnerability of government,

institutional arrangements, value judgements, transparency and complex versus simple policy) to be discussed within the context of the document review theoretical framework.

The document review provided information regarding the NHI policy process and related factors affecting the realised policy outcomes. In summary, evidence from the systematic document review was presented to address the issues presented in the problem statement which explicitly, in turn, addresses the research questions.

The next chapter will now discuss the results presented in this chapter in unison with the literature review presented in Chapter 3 attempting to find linkages between the two.

5. DISCUSSION OF RESEARCH FINDINGS

5.1 Introduction

The main purpose of this chapter is to discuss the results presented in Chapter four in light of the literature review provided in Chapter three.

5.2 From the party process to government process and institutional arrangements

According to the literature review on MSF, provided in Chapter three (section 3.4), the government and the public identify something as a problematic issue (Zahariadis, 2007; Walt, Shiffman, Schneider, Murray, Brugha & Gilson, 2008). Furthermore, Zahariadis (2007) argues that this often happens when key events happen. The review presented in Chapter four (section 4.2) indicates that electoral politics and the Taylor Committee of Inquiry may be regarded as key background events that created a platform for the NHI proposals.

First, the 1994 elections presented an opportunity to address the inequalities in the healthcare system associated with apartheid. COSATU (a labour union and policy entrepreneur) saw the end of apartheid as an opportune time to advocate for these inequalities in the healthcare system to be addressed.

Additionally, the labour unions found it prudent to form a long-term alliance with the ANC. Having said this, it was not immediately on the agenda to get the NHI implemented, as they generally advocated for redistributive policies. The release of the Taylor Committee of Inquiry in 2002, however, provoked the unions to begin voicing concerns regarding the healthcare system by actively proposing that an NHI be implemented (van Dalsen, 2019).

The ANC 2007 Polokwane Conference presented a window of opportunity for both the ANC and its allied unions to place the NHI on the policy agenda of the government. This was before the elections that were to follow two years later, which required political support from unionised workers. The ANC-allied unions were, therefore, able to use this as leverage. They also had leverage in the selection of the President at the conference, which was arguably more important in influencing the policy choice. On the part of the ANC, they could use this window of opportunity to have control of institutional arrangements in government by implementing an NHI policy that was in the interests of the allied-unions. Additionally, this allowed the ANC to gain support for electing a new president of their choice (they preferred Jacob Zuma to Thabo Mbeki) who would drive this agenda forward.

However, this was not a government process but rather a party process. Nevertheless, within the South African context, the party position has a significant influence on what the government does. Party resolutions often go on to become a manifesto to which government often refers to when developing policies.

The influence exerted by the ANC-aligned unions reflected the constituency that effectively placed the NHI policy on the institutional agenda of the government. Once the resolution was passed in 2007 at the Polokwane ANC Conference (party process) the resolutions were incorporated in the manifesto to win the elections that followed in 2009 (government process). It had in any case become official government policy before the elections.

5.3 Evidence-based policymaking

Arising from the stakeholder comments is the general concern that an evidence-based approach to the NHI policy process is lacking. The only reference to research being done is the

alleged systematic review on primary healthcare models (Bateman, 2010). Although it can be acknowledged that primary healthcare should be a focus of the NHI policy, the evidence-based approach should be broader, as the NHI intends to cater for more than just primary healthcare. Conducting a systematic review on notional approaches to public health policy could have provided greater insights to inform the NHI policy, allowing for an NHI policy process that is not highly contested and an associated greater ease of implementation. Furthermore, making the systematic review available to the public for scientific scrutiny could reveal contextual differences and/or similarities to the South African context. For successful use of notional consideration of public policy, it should be adapted for application to its specific context. Being that as it may, it was not revealed where the systematic review registered its protocol, where the actual systematic review itself could be found, why the systematic review is not available for public scrutiny (transparency), why the studies involved only primary healthcare models and not healthcare reform models, and if there were any lessons from the studies that indicated yielding negative results in driving better delivery.

This implies that the public has not been afforded the chance to review the registered systematic review protocols together with the systematic review results. More importantly, the public appears to have been denied the chance to make any contributions to the review itself. The delay in the NHI policy getting to the adoption stage could have been influenced by this oversight. As a result, the policy process gets subjected to other influences that could lead to implementation constraints as they don't address the actual needs of society at large (Preuss, 2016).

5.4 Value judgements, ideology, interests and power of interest groups

The results suggest that the ANC-led government (elite group) and the ANC-allied unions (powerful interest groups with access to the government) have been the dominant forces behind the NHI policy process and its related outcomes. The unions have also emphasised that they will go on with the NHI policy process at all costs and that no one would stand in their way or convince them otherwise. In this way, they are making use of their privileged access to the ruling party, and thereby government, to lock the government into a reform path. This position is consistent with their values, understandings, ideologies, and interests. There is no evidence however that this position is driven by a strong body of research.

The ANC allied unions appear to have a significant influence on the governing party in that they have a voting bloc in the form of unionised labour force both within the country as a whole and within ANC party structures. They have been able to use this to their advantage since the first democratic election in 1994. At face value, it appears to be for the benefit of the general public. In reality, however, the allied unions arguably have a strong private interest in the NHI proposals.

However, other seemingly less powerful and influential groups have repeatedly raised their concerns regarding the current NHI proposals. On occasion, the submission deadlines for the NHI proposals have been extended due to pressure for an adequate time from such groups. It appears though that even if such extensions were granted, it was more to appease them than to take all their considerations into account.

5.5 Misunderstanding of simple (incremental) and complex (nonincremental) health reform

A possible constraint to the implementation of the NHI policy could be the seeming misunderstandings regarding the NHI policy. The review suggests that ta fundamental official misconception may exist as to how complex the policy proposals are. There is however some apparent official acknowledgement of this complexity, as both the current President and Minister of Health argue that the NHI policy will need to be implemented incrementally. However, the final designs and phasing do not appear to be informed by evidence of any form. The proposal to date could therefore be interpreted as a way to avoid a technical discussion on the proposal's merits. However, it is difficult to clearly interpret the motivations of the official actors.

The policy is described as a major overhaul of the healthcare system, requiring an ambitious restructuring in the way services are procured, requiring specialised human resources to manage the complex contracts involved, a revamp of service provision and delivery, and a sweeping transformation of the management and administration (Ncayiyana, 2008; Naidoo, 2012; South African Teachers Union, 2019). However, a complex non-incremental policy can be characterised as one that: (i) requires a robust and complex approach with less reliance on history but rather a view that focuses more on the future; (ii) government actions that are significant in size; (iii) large financial capital injections; (iv) and considerations within risk-averse frameworks as well as diverse frameworks to consider their great magnitude and complexity (Schulman, 1975; Miller, 2006).

Although the NHI proposals match this characterisation, it appears as if little of this thinking has been accommodated in the processes of planning and consultation, even though

there is an official acknowledgement that the NHI is a complex policy. As complex policies are typically implemented on an incremental basis and require reasonable evidence for each change, the absence of a strong evidentiary basis for the proposals may explain the failure to implement to date and may constrain the practical implementation of the policy.

5.6 Implications of risk analysis or lack thereof

On the backdrop of the aforementioned, the review suggests the absence of any risk analysis of the NHI proposals. Although Treasury has continued to voice support for the NHI policy publicly, it is not certain from the review what lies behind their transparency failures and the lack of clarity regarding the financial viability of the NHI proposals.

This could imply that the government might only be able to accommodate incremental changes to the current healthcare system and not the NHI proposals as they stand. If this is the case, however, it is unclear how scalable the proposals are. There may be conflicting official views behind the scenes regarding viability and objectives. In itself, this would be an expected outcome of a complex non-incremental proposal. However, The quietness of the National Treasury could also reflect a procedural constraint by the government brought on by stakeholders acting behind the scenes (Savard & Banville, 2012). In brief, this would imply that power relations are important. On the one hand, the unions affiliated with the ruling party keep the policy alive in some crude form. On the other, affected stakeholders exploit the absence of any evidence for a complex reform as a means to block the proposals. As would be expected, the more complex the policy and the more radical the changes proposed, the greater are the technical constraints in validating the policy, and the larger the number of stakeholders that have strong

incentives to derail the policy. The stakeholder submissions reviewed above reflect both these aspects.

5.7 When compliance is not enough

The findings of the document review reflect an understanding and desire of the government to follow some version of due process when it comes to the establishment of the NHI policy. From the establishment of a Green Paper to allow for comments on the paper, to publication of the White Papers, facilitation of a consultation process with an extensive (but not exhaustive) stakeholder composition and the (unavoidable) Parliamentary processes. Many of the stakeholders reviewed suggest, in contrast, that engagement on the policy is superficial and lacking in substance. This may expose the policy to potential resistance and contestation, especially given its complexity. The more legitimate the claim, the less legitimate the reform.

Despite complaints concerning the validity of the consultation process, the stakeholders imply that the policy is being bulldozed through, without adequate reflection. Were this to be a true reflection of events, it would be indicative of a strong elite pressure group committed to a top-down imposition of the policy reform, rather than one grounded in the needs of society.

5.8 Conclusion

This chapter interrogated the data presented in the document analysis presented in chapters three and four. This was done to assess how the NHI policy process influenced the policy outcomes from 2007 to 2019. Discussion of these results was guided by the analytical themes of the theoretical framework already presented in chapter two and three, and following a similar fashion in chapter four. The next chapter concludes the entire research study providing recommendations and areas for further exploration as well as limitations of the document review.

6. CONCLUSION AND RECOMMENDATIONS

Following a review of the literature, the study found that most of the literature available focused on the content of one of the following sources: the 2011 NHI Green Paper, the 2015 NHI White Paper, the 2017 White Paper or the final 2019, NHI Bill. By so doing the focus was on the design/content aspects of the NHI paying minimum attention to the NHI policy process and what effect it had on the design/content that is being debated currently. Naturally, this presented an opportunity to assess the NHI policy process from the passing of the resolution of the 2007 Polokwane ANC Conference up to 2019.

Although it is accepted that in practice policymaking is not always as clean as depicted by the policy cycle, this device offers a way to analyse the policy process. In practice, as highlighted from the presentation and discussion of the findings it is an iterative process with a lot of challenges and gaps in its implementation. However, it was found that government is aware that the NHI policy process requires consultations from multiple stakeholders: normal citizens, civil society, interest groups, pharmaceutical industry, different representatives from the health sector, industry specialists, policy specialists, academics and parliament. Unfortunately, it has seemingly done this for compliance purposes omitting consideration of the inputs from these consultations. The review also finds that there has been a tendency by official actors to force through the implementation of NHI policy in a manner consistent with a strong top-down approach to the entire process. What this implies is that there have been gaps (between theory and practice) in the NHI policy process as only the interests, values, beliefs and culture of a small elite has been at the heart of the process. A heavy-handed top-down approach, in cases where the policy is complex and non-incremental, may come stuck as multiple implementers and stakeholders seek to block the process. Naturally, this calls for a more interactive and

collaborative bottom-up approach that could offer a more favourable environment for smoother implementation with less resistance and desire to block the process. However, this too must not be done for show and the illusion of caring for such an approach but as a transparent and true application of the bottom-up approach where all considerations are reflected in the NHI Bill.

Furthermore, other theoretical considerations, discussed in chapter three, also offer some explanation for some of the shortcomings in the NHI policy process. For example, the path dependency theory suggests that pre-existing institutional contexts influence the feasibility of future reforms. Far-reaching policy proposals will therefore prove difficult to implement where they fail to adequately cater to the institutional context.

This review suggests that weaknesses in both the design of the NHI policy content and the process for implementing it may explain both the slow pace of the reform process and the lack of any meaningful implementation to date. The narrowness of the interests promoting the proposals has also led to the failure to meaningfully engage with their complexity and ability to be implemented. Complex proposals typically face both technical constraints (regarding their feasibility) as well as significant and diverse stakeholder opposition. The more a proposal offers to disrupt the existing order, the deeper the likely opposition. The review indicates an official reluctance to confront both the technical concerns and the stakeholder opposition. While there appears to be strong pressure from the influential ruling-party aligned unions behind this official position, this reluctance may prove to be a weakness rather than a strength. Ultimately complex reforms need to be technically sound to be successful. It is not clear that the process has been designed to internalise challenges as a means to improve the chances of policy success.

7. REFERENCES

Aboagye, D. C., South, J., & Khan, H. T. (2018). Evaluation of community perspectives on National Health Insurance Policy to health service delivery in Ghana. *Illness, Crisis & Loss, 0*(0), 1-16. DOI: 10.1177/1054137318756270

Africa News Agency. (2016, 12 January). NHI financing impossible in the current economic climate. *Africa News Agency*. Retrieved from https://www.nhisa.co.za/Archive/A2016

Aiafi, P. R. (2017). The Nature of Public Policy Processes in the Pacific Islands. *Asia & the Pacific Policy Studies*, *4*(3), 451-466.

Alatinga, K. A. (2011). An Assessment of the Health Reform Policy Process in Ghana: The case of the national health insurance policy process. *World J Young Researchers, 1*(4), 45-53.

Amineh, R. J., & Asl, H. D. (2015). Review of constructivism and social constructivism. *Journal of Social Sciences, Literature, and Languages*, *1*(1), 9-16.

ANC. (2007). *ANC 52nd National Conference 2007 Resolutions*. Retrieved from https://web.archive.org/web/20100525110348fw_/http://www.anc.org.za/ancdocs/history/conf/conference52/resolutions.pdf

ANC. (2017). Statement of the ANC NEC Subcommittee on Education, Health, and Science and Technology ahead of the 54th ANC National Conference. Retrieved from https://uncensoredopinion.co.za/statement-anc-nec-subcommittee-education-health-science-technology-ahead-54th-anc-national-conference/

Andraka-Christou, B. (2015). Policy process lessons from the Orphan Drug Act: applications for health policy advocates. *Journal of Entrepreneurship and Public Policy*, *4*(3), 278-297.

Anyebe, A. A. (2018). An Overview of Approaches to the Study of Public Policy. *e-Bangi*, *15*(1).

Armstrong, P., Erasmus, M. & Rich, E. (2017). Benefit Incidence, Financing Incidence and Need of Healthcare Services in South Africa. Retrieved from *https://econex.co.za/wp-content/uploads/2017/07/ECONEX_researchnote_45.pdf*

Atkinson, M. M. (2011). Lindblom's lament: Incrementalism and the persistent pull of the status quo. *Policy and Society*, *30*(1), 9-18.

Aumua, A. (2014). *Health Reforms: A Case Study of Fiji* (Doctoral Thesis). Retrieved from https://espace.curtin.edu.au/bitstream/handle/20.500.11937/54105/Aumua%202014.pdf?sequence=1

Ayanore, M. A., Amuna, N., Aviisah, M., Awolu, A., Kipo-Sunyehzi, D. D., Mogre, V., ... & Gyapong, M. (2019). Towards Resilient Health Systems in Sub-Saharan Africa: A Systematic Review of the English Language Literature on Health Workforce, Surveillance, and Health Governance Issues for Health Systems Strengthening. *Annals of global health*, *85*(1).

Bateman, C. (2010). NHI consensus: fix the existing system or risk failure. *SAMJ: South African Medical Journal*, *100*(12), 791-793.

Bateman, C. (2012). NHI will put GPs' back at the centre'-Motsoaledi. *SAMJ: South African Medical Journal*, *102*(12), 904-906.

Beland, D., & Powell, M. (2016). Continuity and change in social policy. *Social Policy & Administration*, *50*(2), 129-147.

Benoit, F. (2013). *Public Policy Models and Their Usefulness in Public Health: The Stages Model*. Montréal, Québec: National Collaborating Centre for Healthy Public Policy.

Bernstein, R. (2017). *An Introduction to the Public Policy-Making Cycle*. Retrieved from https://online.pointpark.edu/public-administration/policy-making-cycle/

Birkland, T. A. (2011). *An Introduction to the Policy Process: Theories, Concepts, and Models of Public Policy Making.* New York: M.E. Sharpe**.**

Blomkamp, E., Sholikin, M.N., Nursyamsi, F., Lewis, J.M., & Toumbourou, T. (2017). *Understanding policymaking in Indonesia- In search of a policy cycle: In search of a policy cycle*. Retrieved from: https://www.pshk.or.id/wp-content/uploads/2017/08/Understanding-Policy-Making-in-Indonesia-PSHK.pdf

Bray, E., Bergeron, K and Meserve, A. Public Health Ontario. (2017). *Focus On: Measuring the policy-making process*. Toronto, ON: Queen's Printer for Ontario

Breton, E., & De Leeuw, E. (2010). Theories of the policy process in health promotion research: a review. *Health promotion international*, *26*(1), 82-90.

Bridgman, P., & Davis, G. (2003). What use is a policy cycle? Plenty, if the aim is clear. *Australian Journal of Public Administration*, *62*(3), 98-102.

Brooks, H. (2004). The dominant-party system: challenges for South Africa's second decade of democracy. *Journal of African Elections*, *3*(2), 121-153.

Browne, J., Coffey, B., Cook, K., Meiklejohn, S., & Palermo, C. (2018). A guide to policy analysis as a research method. *Health promotion international*, *1*, 13.

Bryman, A. (2012). *Social Research Methods: 4th Edition.* New York: Oxford University Press Inc.

Bryman, A. (2014). *Social Research Methods*. Oxford university press.

Bryman, A. (2016). *Social research methods*. Oxford university press.

Bryman, A., & Burgess, R. G. (2002). *Analyzing Qualitative Data*. London and New York: Routledge.

Buse, K., Mays, N., and Walt, G. (2005). *Making Health Policy*. Retrieved from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.474.6452&rep=rep1&type=pdf

Business Watch. (2011, December 9). Capitalist vultures in DA oppose the NHI. *Business report*. Retrieved from https://www.nhisa.co.za/Archive/A2011

Buthelezi, L. (2013, 10 October). Faults in NHI pilots threaten its roll-out. *Business Report*. Retrieved from https://www.nhisa.co.za/Archive/A2013

Chapman, A., McLellan, B., & Tezuka, T. (2016). Strengthening the energy policy-making process and sustainability outcomes in the OECD through policy design. *Administrative Sciences*, *6*(3), 9.

Cheng, H. G., & Phillips, M. R. (2014). Secondary analysis of existing data: opportunities and implementation. *Shanghai archives of psychiatry*, *26*(6), 371.

Child, K. (2013, 14 February). NHI clinic operates out of a couple of tents. *The Times*. Retrieved from https://www.nhisa.co.za/Archive/A2013

Christian. (2014, July 23). *Public policy advocacy in South Africa*. Retrieved from http://www.aalep.eu/public-policy-advocacy-south-africa-0

Clarke, B., Swinburn, B., & Sacks, G. (2016). The application of theories of the policy process to obesity prevention: a systematic review and meta-synthesis. *BMC Public Health*, *16*(1), 1084.

Cloete, F., & Wissink, H. (2000). (Eds.). *Improving public policy*. Hatfield, Pretoria, South Africa: Van Schaik.

Constitution of South Africa. (1996). *The Constitution of the Republic of South Africa, 1996*. Author

Coovadia, H., Jewkes, R., Barron, P., Sanders, D., & McIntyre, D. (2009). The health and health system of South Africa: historical roots of current public health challenges. *The Lancet*, *374*(9692), 817-834.

Council for Medical Schemes. (2012). Retrieved from https://webcache.googleusercontent.com/search?q=cache:uwIeBxRYCU0J:https://www.medi

calschemes.com/files/National%2520Health%2520Insurance/CMSCommentsOnDraftNHIPolicy_20120119.pdf+&cd=1&hl=en&ct=clnk&gl=za

Creswell, J. (2003). *Research Design. Qualitative, quantitative and mixed methods approaches*. Thousand Oaks: Sage.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Sage.

Cullinan, K., (2015, 11 December). NHI clinic operates out of a couple of tents. *Health-e-News Service*. Retrieved from https://www.nhisa.co.za/Archive/A2015

Cullinan, K. (2016, May 30). Health-E News: More pragmatism needed to make National Health Insurance a reality. Daily Maverick. Retrieved from https://www.dailymaverick.co.za/article/2016-05-30-health-e-news-more-pragmatism-needed-to-make-national-health-insurance-a-reality/#.W0T7x7h9jDc

Cullinan, K., & Green, A. (2018, June 26). Massive changes proposed to private medical schemes. Daily Maverick. Retrieved from https://www.dailymaverick.co.za/article/2018-06-26-massive-changes-proposed-to-private-medical-schemes/#.W0T8Bbh9jDc

Davis, A. R. (2015). A conceptual framework for understanding path dependency and technology option evaluation when valuing IT opportunities. *International Journal of Business and Social Science*, *6*(1).

De Coning, C. B. (1995). *Development perspective on policy management* (Unpublished doctoral thesis). The University of South Africa, Pretoria, South Africa.

De Leeuw, E., Clavier, C., & Breton, E. (2014). Health policy–why research it and how: health political science. *Health research policy and systems*, *12*(1), 55.

De Leeuw, E., & Peters, D. (2015). Nine questions to guide development and implementation of Health in All Policies. *Health promotion international*, *30*(4), 987-997.

Denzin, N. K., & Lincoln, Y. S. (2005). *The Sage handbook of qualitative research*. Sage.

Department of Health. (2017). *National Health Act, 2003: National Health Insurance Policy-Towards Universal Health Coverage*. Retrieved from www.health.gov.za/index.php/nhi?download=2257:white-paper-nhi-2017

Dullah Omar Institute. (2019). *Submission To The Portfolio Committee On Health on the National Health Insurance Bill B11 – 2019*. Retrieved from https://www.nhisa.co.za/Submissions/Draft2019

du Toit, P., & de Jager, N. (2014). South Africa's Dominant-Party System in Comparative Perspective. *Taiwan Journal of Democracy*, *10*(2).

Dye, T. R. (2014). *Understanding public policy*. Harlow, Essex, England: Pearson.

Editorial Comment. (2014, 7 March). Carrots, not sticks, for NHI. *Business Day*. Retrieved from https://www.nhisa.co.za/Archive/A2014

EDITORIAL: NHI is no public health panacea. (2018, 8 June). *Business Day*. Retrieved from https://www.businesslive.co.za/bd/opinion/editorials/2018-06-08-editorial-nhi-is-no-public-health-panacea/

Elshafie, M. (2013). Research Paradigms: The Novice Researcher's Nightmare. *Arab World English Journal*, *4*(2).

Erasmus, M. (2011, 14 December). Debate on NHI must progress beyond ideology. *Business Day*. Retrieved from https://www.nhisa.co.za/Archive/A2011

European Union. (2017). *Quality of Public Administration A Toolbox for Practitioners Theme*. Retrieved from https://www.google.co.za/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwjz_4yRhbPkAhURtXEKHd6hAHcQFjAAegQIARAC&url=http%3A%2F%2Fec.europa.eu%2Fesf%2FBlobServlet%3FdocId%3D18587%26langId%3Den&usg=AOvVaw1m2eGNZN_RO-ofNHexGzDj

Everett, S. (2003). The policy cycle: democratic process or rational paradigm revisited?. *Australian Journal of Public Administration*, *62*(2), 65-70.

Exworthy, M. (2008). Policy to tackle the social determinants of health: using conceptual models to understand the policy process. *Health policy and planning*, *23*(5), 318-327.

Fard, D.H. (2012). Research Paradigms in Public Administration. *The International Journal of Humanities*, *19*(4), 55-108.

Fazlıoğulları, O. (2012). Scientific research paradigms in social sciences. *International Journal of Educational Policies*, *6*(1), 41-55.

Financial Intermediaries Association. (2019). *Comments on National Health Insurance Bill*. Retrieved from https://www.nhisa.co.za/Submissions/Draft2019

Flood, R. L., & Jackson, M. C. (1991). Critical systems heuristics: application of an emancipatory approach for Police strategy toward the carrying of offensive weapons. *Systems Practice*, *4*(4), 283-302.

Fokazi, S & Hans, B. (2013, 17 October). NHI to be based on an economical, preventative model rather than a costly curative form. *Cape Argus*. Retrieved from https://www.nhisa.co.za/Archive/A2013

Fusheini, A., & Eyles, J. (2016). Achieving universal health coverage in South Africa through a district health system approach: conflicting ideologies of health care provision. *BMC health services research*, *16*(1), 558.

FW de Klerk Foundation. (2019). *Submission on the National Health Insurance Bill [B11-2019] ("NHI Bill")*. Retrieved from https://www.nhisa.co.za/Submissions/Draft2019

Garritty, C., Stevens, A., Gartlehner, G., King, V., & Kamel, C. (2016). Cochrane Rapid Reviews Methods Group to play a leading role in guiding the production of informed high-quality, timely research evidence syntheses. *Systematic reviews*, *5*(1), 184.

Gates, E. F. (2018). Toward valuing with critical systems heuristics. *American Journal of Evaluation*, *39*(2), 201-220.

Gilson, L., Goudge, J., Lehmann, U., & Schneider, H. (2018, August 22). Will NHI and Medical Schemes Amendment Bills offer appropriate response to healthcare crisis?. Daily Maverick. Retrieved from https://www.dailymaverick.co.za/article/2018-08-22-will-nhi-and-medical-schemes-amendment-bills-offer-appropriate-response-to-healthcare-crisis/

González, L. L. (2017, 21 December). ANC looks to axe medical aid tax credits, expand National Health Insurance. *Bhekisisa Centre for Health Journalism.* Retrieved from https://www.nhisa.co.za/Archive/A2017

Govender, J. and Reddy, P.S. (2015). A review of local government experience in South Africa: successes and failures. *African Journal of Public Affairs*, *8*(4): 12-25.

Gupta, D. K. (2011). *Analysing Public Policy: Concepts, Tools and Techniques*. Washington, DC: CQ Press

Green, A. (2017, July 10). Health-e News: Role-players don't see eye-to-eye on the NHI. Daily Maverick. Retrieved from https://www.dailymaverick.co.za/article/2017-07-10-health-e-news-role-players-dont-see-eye-to-eye-on-the-nhi/

Haby, M. M., Chapman, E., Clark, R., Barreto, J., Reveiz, L., & Lavis, J. N. (2016). What are the best methodologies for rapid reviews of the research evidence for evidence-informed decision making in health policy and practice: a rapid review. *Health research policy and systems*, *14*(1), 83.

Hammarberg, K., Kirkman, M., & de Lacey, S. (2016). Qualitative research methods: when to use them and how to judge them. *Human Reproduction*, *31*(3), 498-501.

Haq, Z., Hafeez, A., Zafar, S., & Ghaffar, A. (2017). Dynamics of evidence-informed health policymaking in Pakistan. *Health policy and planning*, *32*(10), 1449-14. doi: 10.1093/heapol/czx128

HealthMan. (2019). *Commentary by HealthMan to the Portfolio Committee on Health National Parliament of the RSA on Bill 11 of 2019 Proposed National Health Insurance Act*. Retrieved from https://www.nhisa.co.za/Submissions/Draft2019

Helen Suzman Foundation. (2019). *The National Health Insurance Bill Submission by the Helen Suzman Foundation to the National Assembly's Portfolio Committee on Health November 2019*. Retrieved from https://www.nhisa.co.za/Submissions/Draft2019

Hudson, B. (2018). Citizen accountability in the 'New NHS'in England. *Critical Social Policy*, *38*(2), 418-427.

Hwabamungu, B., Brown, I., & Williams, Q. (2018). Stakeholder influence in public sector information systems strategy implementation—The case of public hospitals in South Africa. *International journal of medical informatics*, *109*, 39-48.

Ijeoma, E. (2013). *South Africa's Public Administration in Context*. Pretoria, South Africa: Verity.

Ingram, H., Schneider, A. L., & DeLeon, P. (2007). Social construction and policy design. In: Sabatier, P. A. ed. *Theories of the policy process*. Cambridge, MA, USA: Westview Press, pp 93-126.

Johnston, M. P. (2017). Secondary data analysis: A method of which the time has come. *Qualitative and quantitative methods in libraries*, *3*(3), 619-626.

Jones, K., Baggott, R., & Allsop, J. (2004). Influencing the national policy process: the role of health consumer groups. *Health Expectations*, *7*(1), 18-28.

Kahn, T. (2013, 24 October). NHI funding options 'to be unveiled soon'. *Business Day*. Retrieved from https://www.nhisa.co.za/Archive/A2013

Kahn, T. (2016, 25 February). National Health Insurance: A wing and a prayer. *Financial Mail*. Retrieved from https://www.nhisa.co.za/Archive/A2016

Kahn, T. (2016, 25 February). Public Servants and NHI: Subsidy scrap looms. *Financial Mail*. Retrieved from https://www.nhisa.co.za/Archive/A2016

Kahn, T. (2018, 16 February). National health insurance will finally see light of day, Cyril Ramaphosa promises. *Business Day*. Retrieved from https://www.nhisa.co.za/News/A2018

Kahn, T. (2018, 21 August). NHI Bill gazetted, paving way for NHI fund, in which the rich subsidise the poor. *Business Day*. Retrieved from https://www.businesslive.co.za/bd/national/2018-06-21-nhi-bill-gazetted-paving-way-for-nhi-fund/

Kahn, T. (2018, 19 October). The public needs to keep us on our toes, David Mabuza says about healthcare crisis. *Business Day*. Retrieved from https://www.businesslive.co.za/bd/national/health/2018-10-19-the-public-needs-to-keep-us-on-our-toes-david-mabuza-says-about-healthcare-crisis/

Kahn, T. (2018, 16 November). Treasury butts heads with Ramaphosa's adviser over unilateral NHI changes. *Business Day*. Retrieved from https://www.businesslive.co.za/bd/national/health/2018-11-16-treasury-butts-heads-with-ramaphosas-nhi-adviser/

Katuu, S. (2018). Healthcare systems: typologies, framework models, and South Africa's health sector. *International Journal of Health Governance*.

Katuu, S. (2017). Health Information Systems, eHealth Strategy, and the Management of Health Records: The Quest to Transform South Africa's Public Health Sector. In *Health Information Systems and the Advancement of Medical Practice in Developing Countries* (pp. 237-261). IGI Global.

Kim, B. (2001). Social constructivism. *Emerging perspectives on learning, teaching, and technology*, *1*(1), 16.

Kingdon, J. W., & Thurber, J. A. (1984). *Agendas, alternatives, and public policies* (Vol. 45, pp. 165-169). Boston: Little, Brown.

Kivunja, C., & Kuyini, A. B. (2017). Understanding and Applying Research Paradigms in Educational Contexts. *International Journal of Higher Education*, *6*(5), 26-41.

Knill, C., & Tosun, J., (2008), *Policy Making, Working Paper 01/2008*, University of Konstanz, Germany: *Also published as*: Christoph Knill/Jale Tosun: Policy Making. In: Daniele Caramani (ed.), Comparative Politics. Oxford University Press, 2008, pp. 495- 519.

Koko, K. (2017, 15 May). NHI to go ahead against any obstacle. *The Star*. Retrieved from https://www.nhisa.co.za/Archive/A2017

Koon, A. D., Hawkins, B., & Mayhew, S. H. (2016). Framing and the health policy process: a scoping review. *Health policy and planning*, *31*(6), 801-816.

Langlois, E. V., Straus, S. E., Antony, J., King, V. J., & Tricco, A. C. (2019). Using rapid reviews to strengthen health policy and systems and progress towards universal health coverage. *BMJ global health*, *4*(1), e001178.

Laurell, A. C. (2015). The Mexican popular health insurance: Myths and realities. *International Journal of Health Services*, *45*(1), 105-125. doi: http://dx.doi.org/10.2190/HS.45.1.h

Liebowitz, S. J., & Margolis, S. E. (1999). Path dependence. *Encyclopedia of law and economics*.

Lindblom, C. E. (1959). The science of muddling through. *PublicAdministrationReview*, *19*(2), 79-88.

Liu, X., Lindquist, E., Vedlitz, A., & Vincent, K. (2010). Understanding local policymaking: Policy elites' perceptions of local agenda-setting and alternative policy selection. *Policy Studies Journal*, *38*(1), 69-91.

López, M. (2013). Elite theory. *Sociopedia. isa*, 1-12.

Low, M. (2018, September 18). The progressive case for delaying NHI. Daily Maverick. Retrieved from https://www.dailymaverick.co.za/article/2018-09-18-the-progressive-case-for-delaying-nhi/

Lulofs, K. R. D., & Hoppe, R. (2010). *ACF and policy change on both sides of the Atlantic: Towards a more diversity-oriented and comparative policy subsystem approach*. The University of Twente.

Madore, A., Yousif, H., Rosenberg, J., Desmond, C., & Weintraub, R. (2015). Political Leadership in South Africa: National Health Insurance.

Madore, A., Yousif, H., Rosenberg, J., Desmond, C., & Weintraub, R. (2016). Political Leadership in South Africa: National Health Insurance.

Maetz, M., & Balié, J. (2008). *Influencing policy processes: lessons from experience*. Food and Agriculture Organization of the United Nations (FAO).

Mahlakoana, T. (2016, 25 May). NHI under threat, warns Cosatu. *IOL Business Report*. Retrieved from https://www.nhisa.co.za/Archive/A2016

Mahlakoana, T. (2018, 22 June). Cyril Ramaphosa says NHI is on its way — whether you like it or not. *Business Day*. Retrieved from https://www.businesslive.co.za/bd/national/health/2018-06-22-cyril-ramaphosa-says-nhi-is-on-its-way--whether-you-like-it-or-not/

Maja, P. (2012, 14 December). The evolution of the NHI. *Mail & Guardian.* Retrieved from https://www.nhisa.co.za/Archive/A2012

Malan, M., & Green, A. (2016, 22 January). Motsoaledi strikes back at NHI critics. *Mail & Guardian.* Retrieved from https://www.nhisa.co.za/Archive/A2016

Maluleke, S., M. (2010). *Managing the Implementation of the Assessment Policy in the Senior Certificate Band*. Retrieved from https://repository.up.ac.za/bitstream/handle/2263/25138/Complete.pdf?sequence=10

Marume, S. B. M. (2016). Public Policy and Factors Influencing Public Policy. *International Journal of Engineering Science Invention 5*(6), 06-14

Maseko, L., & Harris, B. (2018). People-centeredness in health system reform. Public perceptions of private and public hospitals in South Africa. *South African Journal of Occupational Therapy*, *48*(1), 22-27. DOI: http://dx.doi.org/10.17159/2310-3833/2017/vol48n1a5

Mathew, S., & Mash, R. (2019). Exploring the beliefs and attitudes of private general practitioners towards national health insurance in Cape Town, South Africa. *African journal of primary health care & family medicine*, *11*(1), 1-10.

Matsotso, M.P., & Fryatt, R. (2013). National Department of Health. *National Health Insurance: The first 18 months*. Retrieved from *https://www.google.co.za/url?sa=t&rct=j&q=&esrc=s&source=web&cd=5&cad=rja&uact=8&ved=2ahUKEwiu0ew28LeAhUQ3aQKHcRaAtgQFjAEegQIBBAC&url=http%3A%2F%2Fwww.rudasa.org.za%2Fresources%2Fdocument-library%2Fcategory%2F2-acts-and-policies%3Fdownload%3D22%3Anhi-first-18-months-2013&usg=AOvVaw1cDKAaPvrBT-sWe-FOdodK*

Matsoso, M. P., & Fryatt, R. (2013). National Health Insurance: the first 18 months. *SAMJ: South African Medical Journal*, *103*(3), 154-155.

Matsushima, M., Yamada, H., & Shimamura, Y. (2016). Analysis on demand and supply-side responses during the expansion of health insurance coverage in Vietnam: challenges and policy implications toward universal health coverage (No. 2016-013). Institute for Economics Studies, Keio University.

Mayosi, B. M., & Benatar, S. R. (2014). Health and health care in South Africa—20 years after Mandela. *New England Journal of Medicine*, *371*(14), 1344-1353.

Mayosi, B. M., Lawn, J. E., Van Niekerk, A., Bradshaw, D., Karim, S. S. A., Coovadia, H. M., & Lancet South Africa team. (2012). Health in South Africa: changes and challenges since 2009. *The Lancet*, *380*(9858), 2029-2043.

McCanne, D. (2003). Why incremental reforms will not solve the health care crisis. *J Am Board Fam Pract*, *16*(3), 257-261.

McIntyre, D., & Ataguba, J. E. (2012). Modelling the affordability and distributional implications of future health care financing options in South Africa. *Health policy and planning*, *27*(suppl_1), i101-i112.

McIntyre, D., & Van den Heever, A. (2007). Social or national health insurance: pooling of resources and purchasing of health care. *South African health review*, *2007*(1), 71-87.

McLeod, H. (2009). *National Health Insurance: Background brief-Introduction to NHI in South African*. Retrieved from http://cegaa.org/resources/docs/Knowledge_Centre/Policy_Docs/IMSA_NHI_Policy_Briefs.pdf

McMillan, J. H., & Schumacher, S. (2014). *Research in education: Evidence-based inquiry*. Pearson Higher Ed.

Mhlaba, L., Parry, A., & Blaauw, D. (2016). Is National Health Insurance a viable option for South Africa? Experiences from other countries. Africa growth Agenda, 2016(10), 8-12.

Miller, E. A. (2006). Explaining incremental and non-incremental change: Medicaid nursing facility reimbursement policy, 1980–98. *State Politics & Policy Quarterly*, *6*(2), 117-150.

Mkhwanazi, A. (2015, 3 June). Poor conditions scare GPs away from NHI pilots. *Health-e News Service*. Retrieved from https://www.nhisa.co.za/Archive/A2015

Mkhwanazi, S. (2015, 2 October). R305m underspent on NHI. *IOL*. Retrieved from https://www.nhisa.co.za/Archive/A2015

Moosa, S., Luiz, J. M., & Carmichael, T. (2012). Introducing a national health insurance system in South Africa: a general practitioner's bottom-up approach to costing. *SAMJ: South African Medical Journal*, *102*(10), 794-797.

Mtwesi, A. (2017, June 07). Understanding the ANC's policy formulation process. *Politicsweb*. Retrieved from http://www.politicsweb.co.za/news-and-analysis/understanding-the-ancs-policy-formulation-process

Mukherjee, I., & Howlett, M. P. (2015). Who is a Stream? Epistemic Communities, Instrument Constituencies and Advocacy Coalitions in Multiple Streams Subsystems. *Epistemic Communities, Instrument Constituencies and Advocacy Coalitions in Multiple Streams Subsystems (April 10, 2015). Lee Kuan Yew School of Public Policy Research Paper*, (15-18).

Mwije, S. (2013). *The Policy Cycle Notion - The Policy Cycle, Its Usefulness, and Criticisms*. Retrieved from https://www.academia.edu/17832158/The_Policy_Cycle_Notion_-_The_Policy_Cycle_Its_Usefulness_and_Criticisms

Naidoo, S. (2012). The South African national health insurance: A revolution in health-care delivery!. *Journal of Public Health*, *34*(1), 149-150.

Naidoo, S. (2015). *The South African National Health Insurance: Where are we now?*. Retrieved from https://pdfs.semanticscholar.org/8937/b6d233e14d19952632e69402f4540f228bbd.pdf?_ga=2.181270496.673079359.1542043879-2108347060.1542043879

National Department of Health. (2016). *Status of NHI Pilot Districts: Progress Report*. South Africa. Author

National Planning Commission. (2012). *Our future: Make it work – National Development Plan 2030*. Retrieved from https://www.poa.gov.za/news/Documents/NPC%20National%20Development%20Plan%20Vision%202030%20-lo-res.pdf

Nevondwe, L., & Odeku, K. O. (2014). Access to Quality Health Services for All South Africans through the National Health Insurance Scheme: Lessons from Singapore. *Mediterranean Journal of Social Sciences*, *5*(23), 2722.

NHI: Where has the money gone?. (2018, 20 March). *Bizcommunity*. Retrieved from https://www.bizcommunity.com/Article/196/330/174985.html

Ncayiyana, D. J. (2008). National health insurance on the horizon for South Africa. *SAMJ: South African Medical Journal*, *98*(4), 229-229.

Neuman, W. L. (2011). *Social Research Methods: Qualitative and Quantitative Approaches*. Boston: Pearson

Ngwenya, B. (2015, 21 August). NHI finance document ready: Minister. *East Coast Radio*. Retrieved from https://www.nhisa.co.za/Archive/A2015

Nkosi, Z. (2014). Narrowing the health gap for greater equity in health outcomes: the discourse around the NHI system in South Africa.

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-based nursing*, *18*(2), 34-35.

Nowlin, M. C. (2011). Theories of the policy process: State of the research and emerging trends. *Policy Studies Journal*, *39*, 41-60.

Okorafor, O. A. (2012). National health insurance reform in South Africa. *Applied health economics and health policy*, *10*(3), 189-200.

Omarjee, L. (2018, 21 June). Impossible to calculate how much NHI will cost - Motsoaledi. *Netwerk 24*. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=2ahUKEwiy-8C_xvrgAhXD26QKHQA7CDIQFjABegQIBBAB&url=http%3A%2F%2Fwww.mm3admin.co.za%2Fdocuments%2Fdocmanager%2F1e9aea2c-b58d-4aed-b5a2-96187d705aee%2F00134894.pdf&usg=AOvVaw1rkR8T77oMzh1bApzVjgn9

Paediatrician Management Group. (2019). *Paediatrician Management Group (RF) Submission in response to the NHI Bill*. Retrieved from https://www.nhisa.co.za/Submissions/Draft2019

Pamla, S. (2016, November 1). Minister Aaron Motsoaledi and the department of health are deliberately sabotaging the NHI. Retrieved from https://www.nhisa.co.za/Archive/A2016

Parliament of The Republic of South Africa. (n.d.). How law is made. Retrieved from https://www.parliament.gov.za/how-law-made

Parsons, D. W. (1995). *Public policy: an introduction to the theory and practice of policy analysis*. Edward Elgar Pub.

Passchier, R. V. (2017). Exploring the barriers to implementing National Health Insurance in South Africa: the people's perspective. *South African Medical Journal*, *107*(10).

Peters, B. G., & Pierre, J. (Eds.). (2006). *Handbook of public policy*. Sage.

Peters, B.G. (2015). *Advanced introduction to public policy*. Cheltenham, United Kingdom: Edward Elgar Publishing Limited.

Pierce, J. J., Siddiki, S., Jones, M. D., Schumacher, K., Pattison, A., & Peterson, H. (2014). Social construction and policy design: A review of past applications. *Policy Studies Journal*, *42*(1), 1-29.

Pierson, P. (2000). Increasing returns, path dependence, and the study of politics. *American political science review*, *94*(2), 251-267.

Pillay, V. (2018, 14 August). NHI Scheme: Reasons you should be concerned. *Business Report.* Retrieved from https://www.iol.co.za/business-report/economy/nhi-scheme-reasons-you-should-be-concerned-16554507

Pinterič, U. (2014). *Rethinking public policies*. Nova Mesto: Faculty of Organization Studies.

Plüddemann, A., Aronson, J. K., Onakpoya, I., Heneghan, C., & Mahtani, K. R. (2018). Redefining rapid reviews: a flexible framework for restricted systematic reviews. *BMJ evidence-based medicine*, *23*(6), 201-203.

Polisena, J., Garritty, C., Kamel, C., Stevens, A., & Abou-Setta, A. M. (2015). Rapid review programs to support health care and policy decision making: a descriptive analysis of processes and methods. *Systematic reviews*, *4*(1), 26.

Preuss, H. (2016, 26 April). Why the implementation of National Health Insurance. *The nerve Africa.* https://www.nhisa.co.za/Archive/A2016

Psychological Society of South Africa. (2019). *PsySSA written response on the National Health Insurance (NHI) Bill*. Retrieved from https://www.nhisa.co.za/Submissions/Draft2019

Public Health Ontario. (2017). *Focus On: Measuring the policy-making process*. Retrieved from https://www.publichealthontario.ca/en/eRepository/Focus_On_PolicyMaking_Measurement.pdf

Raborife, M. (2016, 28 June). NHI not designed to destroy private healthcare, says Motsoaledi. *News24*. Retrieved from https://www.nhisa.co.za/Archive/A2016

Rahi, S. (2017). Research design and methods: A systematic review of research paradigms, sampling issues and instruments development. *International Journal of Economics & Management Sciences*, *6*(2), 1-5.

Reiter, B. (2017). Theory and methodology of exploratory social science research. *International Journal of Science and Research Methodology*, *5*(4), 129.

Reynolds, M. (2007). Evaluation based on critical systems heuristics. In: Williams, B. and Imam, I. eds. *Using Systems Concepts in Evaluation: An Expert Anthology*. Point Reyes, CA, USA: EdgePress, pp. 101–122.

Reynolds, M. (2014). Equity-focused developmental evaluation using critical systems thinking. *Evaluation*, *20*(1), 75-95.

Ridder, H. G. (2017). The theory contribution of case study research designs. *Business Research*, *10*(2), 281-305.

Robertson, L. J. (2016). The South African society of psychiatrists' response to the white paper for National Health Insurance in South Africa. *South African Journal of Psychiatry*, *22*(1), 1-2.

Ruggiano, N., & Perry, T. E. (2019). Conducting secondary analysis of qualitative data: Should we, can we, and how?. *Qualitative Social Work*, *18*(1), 81-97.

Rural Health Advocacy Project. (2017, March 05). *From Green Paper to Final Policy: Has there been a change in how rural is considered in relation to the National Health Insurance process in South Africa*. Retrieved from http://rhap.org.za/wp-content/uploads/2018/03/NHI-Policy-proposal-Review_RHAP_July2017.pdf

Rusch, J., Amado, L., Christofides, N., & Pieters, R. (2012). National health insurance: A lofty ideal in need of cautious, planned implementation. *South African Journal of Bioethics and Law*, *5*(1), 4-10.

Ryan, G. W., & Bernard, H. R. (2003). Techniques to identify themes. *Field methods*, *15*(1), 85-109.

Sabatier, P. A., & Weible, C. M. (2007). The advocacy coalition framework. In: Sabatier, P. A. ed. *Theories of the policy process*. Cambridge, MA, USA: Westview Press, pp. 189-220.

Savard, J. F., & Banville, R. (2012). Policy cycles. *Encyclopedic dictionary of public administration.* Retrieved from www.dictionnaire.enap.ca/dictionnaire/docs/definitions/definitions_anglais/policy_cycles.pdf

Schneider, A., & Ingram, H. (1993). Social construction of target populations: Implications for politics and policy. *American political science review*, *87*(2), 334-347.

Schulman, P. R. (1975). Nonincremental policy-making: Notes toward an alternative paradigm. *American Political Science Review*, *69*(4), 1354-1370.

Sections 27 and Treatment Action Campaign. (2019). *Submission On The National Health Insurance Bill 2019***.** Retrieved from https://www.nhisa.co.za/Submissions/Draft2019

Sekhejane, P. R. (2013). South African National Health Insurance (NHI) Policy: Prospects and Challenges for its Efficient Implementation.

Selepe, P.G. (2017, June 26). Towards Inclusive Public Policy in South Africa. *Limpopo online*. Retrieved from https://limpopoonline.co.za/?p=12308

Sifile, L. (2018, 15 June). Review NHI, urge 99 medical professionals. *Pretoria News.* Retrieved from https://www.iol.co.za/pretoria-news/review-nhi-urge-99-medical-professionals-15484934

Simon, M. K. (2011). Validity and reliability in qualitative studies. *Retrieved from https://www.dissertationrecipes.com/reliability-validity-qualitative-studies/*

Smith, K. B., & Larimer, C. W. (2009). *The Public Policy Theory Primer*. Boulder-CO.

Söderberg, E., & Wikström, E. (2015). The policy process for health promotion. *Scandinavian journal of public health*, *43*(6), 606-614.

South African Medical Association. 2019. *The South African Medical Association Submision to: The Parliamentary Portfolio Committee on Health In respect of: The National Health Insurance Bill*. Retrieved from https://www.nhisa.co.za/Submissions/Draft2019

South African Pharmacist's Assistance. (2011). *DA wrong about NHI.* Retrieved from https://www.nhisa.co.za/Archive/A2011

South African Teachers Union. (2019). *Submission on The National Health Insurance Bill 2019*. Retrieved from https://www.nhisa.co.za/Submissions/Draft2019

Staff Reporter. (2018, 26 June). SA's Doctors Threaten to Emigrate as NHI Tariffs Will Make Them 'Go Bankrupt'. *Huffpost*. Retrieved from https://www.huffingtonpost.co.uk/2018/06/25/sas-doctors-threaten-to-emigrate-as-nhi-tariffs-will-make-them-go-bankrupt_a_23466928/?ncid=other_saredirect_m2afnz7mbfm&guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZ29vZ2xlLmNvLnphLw&guce_referrer_sig=AQAAAI-k69OUWSZ6W5XZa7j3qI9seoi3WS9QynIAwByClHRDNBh1lQUDqACnwzJoBHOgExGvOxNrM5qOGLj0if5UgCga0fiV_BOdB9JrXMdCnqjOZ1rMQbL9x0ql4Soo0kujdcGJtQQtO9amsQTUU7lyuL03PgPi2Fu2w3X5Ol9w0JPa

Stevenson, S. (2018, June 26). Sorry, but the NHI Bill is just not the right medicine. Daily Maverick. Retrieved from https://www.dailymaverick.co.za/article/2018-06-26-sorry-but-the-nhi-bill-is-just-not-the-right-medicine/#.W0T77rh9jDc

Surender, R., Alfers, L., & van Niekerk, R. (2015). Moving towards universal health coverage in South Africa: the role of private sector GPs. *Public Health Association of South Africa*, *3*.

Surender, R., Van Niekerk, R., & Alfers, L. (2016). Is South Africa advancing towards National Health Insurance? The perspectives of general practitioners in one pilot site. *South African Medical Journal*, *106*(11), 1092-1095.

Swanson, A. (2014). Exploratory Research. Forbes School of Business, Ashford University. Retrieved from https://www.researchgate.net/publication/283213415_Exploratory_Research

The FW De Klerk Foundation. (2019). *Submission on the National Health Insurance Bill [B11-2019] ("NHI Bill")*. Retrieved from https://www.nhisa.co.za/Submissions/Draft2019

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC medical research methodology*, *8*(1), 45.

Tirivanhu, P., Matondi, P. B., & Sun, D. (2016). Systemic evaluation of a comprehensive community initiative based on boundary critique in Mhakwe ward in Zimbabwe. *Systemic Practice and Action Research*, *29*(6), 541-564.

Tricco, A. C., Langlois, E., Straus, S. E., & World Health Organization. (2017). *Rapid reviews to strengthen health policy and systems: a practical guide*. World Health Organization

Tricco, A. C., Zarin, W., Antony, J., Hutton, B., Moher, D., Sherifali, D., & Straus, S. E. (2016). An international survey and modified Delphi approach revealed numerous rapid review methods. *Journal of clinical epidemiology*, *70*, 61-67.

Trouvé, H., Couturier, Y., Etheridge, F., Saint-Jean, O., & Somme, D. (2010). The path dependency theory: analytical framework to study institutional integration. The case of France. *International Journal of Integrated Care*, *10*.

Ulrich, W., & Reynolds, M. (2010). Critical systems heuristics. In *Systems approaches to managing change: A practical guide* (pp. 243-292). Springer, London.

Unit, E. P. (2003). A practical guide to policy making in Northern Ireland. *Belfast: Office of the First Minister and Deputy First Minister*.

van Niekerk, R. (2016). The politics of universalising health care in South Africa: history, policy, and institutions. *Transformation: Critical Perspectives on Southern Africa*, *91*(1), 40-62.

van den Heever, A. (2011). Evaluation of the Green Paper on NHI. Retrieved from hsf.org.za/siteworkspace/gp-review-alexvdh-dec2011-vf-1.pdf

Wagner, C., Kawulich, B., & Garner, M. (Eds.). (2012). *Doing social research: A global context*. McGraw-Hill Higher Education.

Walls, H. L., Vearey, J., Modisenyane, M., Chetty-Makkan, C. M., Charalambous, S., Smith, R. D., & Hanefeld, J. (2016). Understanding healthcare and population mobility in southern Africa: The case of South Africa. *SAMJ: South African Medical Journal*, *106*(1), 14-15.

Walt, G., Shiffman, J., Schneider, H., Murray, S. F., Brugha, R., & Gilson, L. (2008). 'Doing' health policy analysis: methodological and conceptual reflections and challenges. *Health policy and planning*, *23*(5), 308-317.

Watt, A., Cameron, A., Sturm, L., Lathlean, T., Babidge, W., Blamey, S., ... & Maddern, G. (2008). Rapid reviews versus full systematic reviews: an inventory of current methods and practice in health technology assessment. *International journal of technology assessment in health care*, *24*(2), 133-139.

Wedel, J. R., Shore, C., Feldman, G., & Lathrop, S. (2005). Toward an anthropology of public policy. *The ANNALS of the American Academy of Political and Social Science*, *600*(1), 30-51

Weimann, E. (2013). *The National Health Insurance (NHI) in South Africa – Scaling up health care provision: The consumers´ perspectives* (Master's thesis, The University of Cape Town, Cape Town, South Africa). Retrieved from https://open.uct.ac.za/bitstream/handle/11427/9378/thesis_hsf_2013_weimann_e.pdf?sequence=12018, People-centeredness in health system reform. Public perceptions of private and public hospitals in South Africa

Witter, S., Garshong, B., & Ridde, V. (2013). An exploratory study of the policy process and early implementation of the free NHIS coverage for pregnant women in Ghana. *International journal for equity in health*, *12*(1), 16.

World Health Organization. (2005). Health service planning and policy-making: a toolkit for nurses and midwives.

Wotela, K. (2018, July). Presenting empirical research results and discussing research findings in business and public administration. In *ECRM 2018 17th European Conference on Research Methods in Business and Management* (p. 422). Academic Conferences and publishing limited.

Xaba, K. (2018, June 19). Attack on NHI by private healthcare providers condemned – NEHAWU. *Politics Web*. Retrieved from https://www.nhisa.co.za/News/A2018

Yazan, B. (2015). Three approaches to case study methods in education: Yin, Merriam, and Stake. *The qualitative report*, *20*(2), 134-152.

Yip, W. C., Lee, Y. C., Tsai, S. L., & Chen, B. (2017). Managing health expenditure inflation under a single-payer system: Taiwan's National Health Insurance. *Social Science & Medicine*.

Zahariadis, N. (2007). Theories of the policy process. In P. A. Sabatier (Eds.), *The multiple streams framework: Structure, Limitations, Prospects* (pp. 65–92). Cambridge, United States: Westview Press.

Zainal, Z. (2007). Case study as a research method. *Jurnal Kemanusiaan, 5*(1).

Zhao, C., Wang, C., Shen, C., & Wang, Q. (2018). China's achievements and challenges in improving health insurance coverage. *Drug discoveries & therapeutics, 12*(1), 1-6. DOI: 10.5582/ddt.2017.01064

Zweigenthal, V., London, L., & Pick, W. (2016). The contribution of specialist training programmes to the development of a public health workforce in South Africa. *South African Health Review*, *2016*(1), 45-59.

8. ANNEXURES

8.1 ANNEXURE A: Summary of Academic literature

Authors	Title	Year	Source title
Ncayiyana, D.J.	National health insurance on the horizon for South Africa	2008	South African Medical Journal
Bateman, C.	NHI consensus: Fix the existing system or risk failure	2010	South African Medical Journal
Keeton, C.	Bridging the gap in South Africa.	2010	Bulletin of the World Health Organization
Bateman, C.	Stabilise medical schemes, reduce NHI patient burden - Discovery	2011	South African Medical Journal
Bateman, C.	'Act now to create the kind of NHI you want!' - SAMA	2011	South African Medical Journal
Bateman, C.	NHI will put GPs 'back at the centre' - Motsoaledi	2012	South African Medical Journal
Moosa, S., Luiz, J.M., Carmichael, T.	Introducing a national health insurance system in South Africa: A general practitioner's bottom-up approach to costing	2012	South African Medical Journal
Bateman, C.	ANC 'lost the plot' on healthcare policy - union leader	2012	South African Medical Journal
Naidoo, S.	The South African national health insurance: A revolution in health-care delivery!	2012	Journal of Public Health
Mcintyre, D., Ataguba, J.E.	Modelling the affordability and distributional implications of future health care financing options in South Africa	2012	Health Policy and Planning
Matsoso, M.P., Fryatt, R.	National health insurance: The first 18 months	2013	South African Medical Journal
Nevondwe, L., Odeku, K.O.	Access to quality health services for all South Africans through the national health insurance scheme: Lessons from Singapore	2014	Mediterranean Journal of Social Sciences

Surender, R., van Niekerk, R., Alfers, L.	Is South Africa advancing towards National Health Insurance? The perspectives of general practitioners in one pilot site	2016	South African Medical Journal
Robertson, L.J.	The South African society of psychiatrists' response to the white paper for national health insurance in South Africa	2016	South African Journal of Psychiatry
Passchier, R.V.	Exploring the barriers to implementing national health insurance in South Africa: The people's perspective	2017	South African Medical Journal
Katuu, S.	Healthcare systems: typologies, framework models, and South Africa's health sector	2018	International Journal of Health Governance
Mathew, S., Mash, R.	Exploring the beliefs and attitudes of private general practitioners towards national health insurance in Cape Town, South Africa	2019	African journal of primary health care & family medicine

Using the document review protocol and data collection and search criteria described in Chapter two the Scopus database provided 2882. 543 of these were removed as duplicates, a further 663 were date screened and removed. After screening the 1676 articles left by title and abstracts 84 were screened using full text and eventually 17 were relevant for answering the research questions.

8.2 ANNEXURE B: Summary of stakeholders and their possible interests

Submission made by	Possible interest(s)
The Ophthalmological Society of South Africa	• Ophthalmological services provision in clinics • Availability of the services • Benefits of having the services
FW de Klerk Foundation	• Upholding of the constitutional rights • Monitor legislative and policy changes
South African Private Practitioners Forum	• Looking after the interests of medical specialist members • Looking after the interests of other medical practitioners
South African Society of Psychiatrists	• De-stigmatising mental illness globally • Promotion of equal treatment of those with mental illness • Maintenance of standard for physiatry • Uphold the dignity of those with mental illness
SECTION27 and the Treatment Action Campaign	• Strengthening health systems • Affordable quality healthcare
South African Teachers Union	• Protection of its members' rights
South African Medical Association	• Promotions and protection of public and private sector medical doctors
Rural Health Advocacy Project	• Rural healthcare workers • Rural communities • Rural healthcare users
Psychological Society of South Africa	• Mental health wellbeing • Psychological wellbeing
Paediatrician Management Group	• Management of Paediatricians
Organisation Undoing Tax Abuse	• Ensuring best practises to prevent corruption,

	maladministration and protecting the public against being financially abused for medical services (in the case of the NHI)
Helen Suzman Foundation	• Upholding rule of law • Promotion of democracy enshrined in the constitution • Advocacy of good governance and accountability
HealthMan	• Safeguarding professional interests of specialist and practitioners in healthcare • Safeguarding financial interests of specialists and practitioners in healthcare
Financial Intermediaries Association of Southern Africa	• Protection of insurance brokers
Dullah Omar Institute	• Human rights advocacy
Democratic Alliance	• Advance political interests, value judgements, and ideology • Gain political popularity for power (weaken the opposition) • Protection of their party ideologies
National Education, Health and Allied Workers' Union	• Protection of member interests • Advancement of party interests and value judgements • Commitment to Tripartite alliance with ANC and SACP
Congress of South African Trade Unions	• Protection of their party ideologies • Protection of labour rights • Advancement of party interests and value judgements • Commitment to Tripartite alliance with ANC and COSATU
South African Communist Party	• Protection of their party ideologies • Protection of labour rights • Advancement of party interests and value

	judgements
South African Pharmacist's Assistance	• Control of dispensing of medicines under the NHI • Management of bottom-line • Protection of member interests
Financial and Fiscal Commission	• Promotion of sustainable Intergovernmental Fiscal Relations • Promotion of equitable Intergovernmental Fiscal Relations • Evidence-based policymaking
National Treasury	• Determination of budget allocation • Calculation of NHI cost • Feasibility assessment
Medical Aid Schemes	• Future of medical aids under the NHI • Benefits packages they can offer • Partnerships with medical practitioners • Management of their bottom-line
ANC led government	• Commitment to Tripartite alliance with ANC and COSATU • Protection of their party ideologies • Advance political interests, value judgements, and ideology • Gain political popularity for power (weaken the opposition)
Medical Professionals	• Certification under the NHI • Salary implications • Availability of adequate infrastructure • Adequacy of the work environment (health and safety)

8.3 ANNEXURE C: Summary of Grey literature reviewed, used to inform the document review and not used for the document review by year

Year	Total Literature reviewed	Used	Not Used
2011	12	5	7
2012	33	4	29
2013	31	6	25
2014	10	1	9
2015	16	3	13
2016	92	14	78
2017	66	10	56
2018	10	2	8
2019	103	15	88
Total	**373**	**60**	**313**

This was done following the methodology detailed in chapter two. Quotations were recorded on the excel sheet also submitted together with the research report.