Agenda Setting of the National Health Insurance Policy: A Comparative Analysis of Ghana and South Africa

GL Abrahams and SM Maraba
University of South Africa, South Africa

Abstract: Agenda setting is a process that demonstrates how a government identifies its problems and neglects the others, as well as how it intends to address the identified problems. Usually, it involves various people in society who compete within the socio-political environment for their defined problems and alternatives to be heard and addressed by authorities. Therefore, this paper intends to investigate the agenda setting process of the NHI policy in Africa with specific reference to Ghana and South Africa. Thus, the main objective is to compare Ghana and South Africa's agenda setting processes of the National Health Insurance (hereafter referred to as NHI) to determine similarities and differences. This research endeavour will assist in drawing best practices. In achieving the purpose of this article, the following questions guided this investigation: who the role-players in setting the NHI agenda, which processes were followed in setting the agenda and why was the NHI agenda set. Various researches have been conducted on the NHI policy in Africa, however, limited research have explored the agenda setting of the NHI in Africa. Ghana's National Health Insurance Scheme (hereafter referred to as NHIS) was approved in 2003 through an Act of Parliament (Act 650, Amended Act 852, 2012) and was implemented in 2004. South Africa initially launched the NHI in the Green Paper in August 2011, thereafter, launched it in the White Paper in December 2015 and it was approved in Cabinet in 2017. Considering that the agenda setting for these countries were approved, it is of key interest to investigate the process that was followed in order to contribute to practice. In pursuing this exploratory study, document analysis was conducted. From this document analysis, it was clear that political solidarity amongst key stakeholders is key within the agenda setting processes, because it can lead to public policies being effectively designed, adopted and implemented within a short period of time. As a result, the researchers propose that South Africa learn from Ghana and pursue political solidarity with its key stakeholders, so that the NHI can be effectively designed, adopted and implemented.

Keywords: Agenda setting, National Health Insurance, Public health, Political solidarity

1. Introduction

Agenda setting is a critical stage within the public policy process. Over the years, several scholars have included it in their public policy process models, for example, Dunn's model entails; *agenda setting*, policy formulation, policy adoption, policy implementation, and policy assessment (Dunn, 1994). Additionally, Wissink's model is made up of; policy initiation and *agenda setting*, processing the issue, analysing various options, making a choice, and publicising the selected choice, as well as allocating resources, implementing the policy, adjudicating the policy, evaluating it, and providing feedback (Cloete & Wissink, 2000:47). Furthermore, Barkebus' (1998:1) model also comprises of; (1) *agenda setting*, (2) policy formulation, (3) policy implementation, and (4) policy evaluation. From these sources, it is clear that agenda setting is a critical step in the public policy process.

Agenda setting is a process that is highly political; informed by an existing political environment within a country (Cloete *et al*., 2018:138). It is centred around the country's governing system; democratic or totalitarian, societal power dynamics; comprising of individuals in charge of the political and economic systems in a country. In other words, it is connected to power; who has the resources or opportunities to advocate for issues to be addressed in a country. Birkland (1997:11) further indicates that agenda setting is also centred around competition within the political spectrum; this means that various people compete for their specific problems and solutions to be heard and addressed by the designated authorities. They rally support from the public or authorities so that their problems can reach the government's agenda.

Normally, a government is confronted with a multitude of problems in society. However, due to various reasons such as a lack of capacity, it must undertake a process of problem prioritisation (Anderson, 2011:90). Several scholarly contributions have been made on the NHI in Africa, but limited studies

focused on the agenda setting process of the NHI. For instance, Gheorge *et al*. (2019:2) focussed on the feasibility of introducing the NHI in Malawi; Suchman *et al.* (2020:1) focussed on the care provided with NHI, whilst Kotoh and van der Geest reported on the inequality in health care access even with the implementation of the NHI. Similarly, Akazili *et al.* (2014:1) investigated the implementation of the NHI in Ghana in covering the poorest of the poor. In summary, the scholarly contributions on the NHI in Africa focused more on public policy design and implementation, but overlooked the agenda setting process.

This paper is an exploratory study, which used document analysis to answer research questions of who set the NHI agenda, how was it set and why was the NHI agenda set in Ghana and South Africa. In providing answers: relevant data was extracted from secondary sources such as published peer-reviewed articles. In addition, journal articles; books, reports, conference papers, newspaper articles and thesis were reviewed to find relevant literature. The study covered data from the period of the introduction of the NHI in both Ghana and South Africa. A comparative analysis between the two countries was conducted. This paper first discusses the purpose of agenda setting which is necessary to inform the reader of the importance of this phase of policy process. Secondly, it provides a historical background which informs the rationale behind the introduction of the NHI in Ghana and South Africa. Thirdly, the role players during the agenda setting of the NHI in both countries are explained followed by the findings derived from the literature. Finally, the comparison and similarities between South Africa are demonstrated in the findings section and the conclusions drawn.

2. The Purpose of Agenda Setting: The Case of the NHI

Anderson (1994:84) highlights that numerous problems are presented to governments to solve but very few become the government's agenda. On the one hand, some policy problems reach the governments' agenda due to their controversial existence in society. This results in people having different views on policy problems and how they should be resolved. On the other hand, some policy problems reach the government's agenda due to the negative effects they have on the broader society (Cloete *et al.*, 2018:138). As a result, governments may deem it necessary to address such problems.

Cloete and de Coning (2011:95) highlight the importance of problem definition in agenda setting. This involves defining the problem, either as a necessity, hazard, prospect or challenge. This definition reveals that problems can be categorized, and this categorization informs policy contents and alternatives. Moreover, Anderson (2011:90) points out that problem definition also requires governments to determine the root causes of problems. This is necessary for proposed alternatives to address the core problems, rather than the symptoms of the problem. In other words, determining the causes of a problem will prevent a misdiagnosis, which may also prevent a wrong prescription.

Similarly, Dunn (2004:72) urges governments to engage in problem structuring. He perceives it as pivotal towards a policy alternative achieving its objectives or failing. Problem structuring involves investigating the depth of a problem and determining its nature, scope and severity. Concurrently, Gerston (2008:33) identified four factors that governments could use to assess public issues. This include how many people the problem seems to affect in society and how much trouble the issue seems to cause in society; emotionally and psychologically. Furthermore, it includes how long has the issue been in existence within society; months or years and how much it seems to cost the country financially before ordaining them as public problems to be addressed.

Unfortunately, governments, especially in developing economies, do not have the required resources to address various problems simultaneously. As a result, they are further advised to engage in the process of problem prioritisation (Cloete & de Coning, 2011:95). This process requires governments firstly, to determine if the public problem has reached crisis status. This means that if the problem is continuous, it can harm more people. The second determining factor is the emotional bearing (which may result in fatalities) of the problem to the people. The peculiarity of the problem to others is the third determining factor. Lastly, they must also determine the impact or intensity of the problem on people, which will guide the response of governments.

In Africa, the problem of public health care has been on the agenda of governments in many countries. African countries are characterized by poor health care systems due to poor leadership and governance; poor policy design and implementation, lack of sufficient health care workers, excessive corruption

of medicines and insufficient funding of health care sectors (Kirigia & Barry, 2018:2). Concurrently, Soors *et al*. (2013:1) stipulate that African people have been struggling to access basic health care services for many years and have suffered tremendously. Economic collapses, structural changes and the implementation of liberal health care policies have worsened the health care challenges in many African countries.

Subsequently, the World Health Organisation (hereafter referred to as WHO) recommends Universal Health Coverage (hereafter referred to as UHC), as a priority goal for health care systems globally. Good health is essential for sustainable development and therefore to achieve the Sustainable Development Goal (SDG3) as set out by the United Nations, UHC is central to reduce inequalities (WHO, 2020:1). UHC entails access to all needed health care services of sufficient quality, without incurring financial hardship (Sakha, Rashidian, Bazyar, Sari, Yazdani & Moghadam, 2017:131; Boateng & Yawson, 2019:235). As a provision of UHC, the South African government endorsed the NHI (Tshitangano & Olaniyi, 2018:494) to ensure that the population has access to needed quality health care services at an affordable cost (Mabuza, Ogunbanjo, Hlabyogo & Mogotsi, 2018:94). Similarly, Ghana adopted UHC for the country's citizens in the NHIS which aims to increase accessibility to health care services as well as reduce financial barriers to health care (Kipo-Sunyehzi, Ayanore, Dzidzonu & Yakubu, 2020:94).

Sakha *et al*. (2017:132) acknowledge that globally countries are at different stages in the development of their health financing systems towards achieving UHC. Over the years, some African countries have implemented the NHI as one of the mechanisms to address health care issues in their countries. These countries include Ghana, Nigeria, Rwanda and Tanzania, as well as Zambia (Sithole, 2015:1). The unique set of challenges of each country offers valuable lessons to other countries. Moreover, Ghana is a lower middle-income country with a perceived poor quality of health services. Similarly, South Africa is a middle-income country, which health care has always been of a poor perceived quality. Passchier (2017:836) postulates that the South African public health care system is poor and performing worse than an upper-middle-income country. As mandated by the Constitution of South Africa, access to quality and affordable health care is a basic right for all the citizens of a country. However, recurrent challenges in delivering an equitable, high quality service led to government's urgent need for radical health services transformation.

Hence, with both countries, in need of urgent health reform, NHI was proposed as the most radical form of health care transformation (Surrender, van Niekerk & Alfers, 2016:1092). Bateman (2011:696) recognise that the NHI will for "better or worse" change the face of health care forever. Furthermore, Fusheini and Eagles (2016:55) describe NHI as the "silver bullet" solution to health care needs.

2.1 Historical Background

Ghana was the first sub-Saharan African country to introduce the NHI in 2003 (Fusheini & Marnoch, 2020:3). Ghana's NHIS emerged as an alternative to the Cash & Carry System (hereafter referred to as CCS) that was implemented in the 1980's by Rawling's administration. The CCS system was implemented based on the user pay principle which required users to pay certain fees before accessing health care services (Kipo-Sunyehzi *et al*., 2020:95). Subsequently, access to health care for all the citizens significantly declined and unequal access to health care services between the rich urban settlers and poor rural settlers deepened (Kipo-Sunyehzi *et al*., 2020:95). Therefore, the NHIS replaced a discredited CCS to provide health care to all Ghanaians, regardless of the ability to pay (Fusheini & Marnoch, 2020:4).

Similarly, in South Africa, the NHI emerged as an alternative to the current user-pay system which has led to a two-tier unequal health care system in the country. Prior to 1994, South Africa's health care system was based on a racially divided apartheid system. This created the legacy of a two-tier health care system of public and private health care division. This two-tier system is described as unsustainable, destructive and very costly (National Department of Health, 2011:9). Due to the fragmented health care system, government advocated for a national policy that addresses this divide (Ngqolowa, 2017:10).

In South Africa, private health care offers health care services at a price and these services complied with standards of the best health care globally. In contrast, the public health care system provides services to most of the public, being underfunded and understaffed (Ngqolowa, 2017:42). Therefore, public health care struggles to offer quality services with

the minimal resources to the general population (Karodia, 2016:12). Young (2016:2) acknowledges that public health care in South Africa is dysfunctional with health care clients facing long waiting times, rushed appointments, old facilities and poor disease control. In addition, London and Sanders (2018:2) state that the private health care sector attracts most of the skilled health care professionals by offering them better salaries. Even when the public health care sector advertises posts, posts are seldom filled as it is difficult to compete with the private sector. As a result, public health care struggles to compete with private health care. To overcome this two-tier system and transform it into a unified system, the policy at the forefront of this transformation is the NHI (Tucker, Chalkidou & Pillay, 2019:44). It aims to change the structure of the current health care system, provide health equity for all South Africans (Tandwa & Dhai, 2020:2). Ghana is considered as one of the success stories of health insurance schemes in Africa (Abuosi, Nketiah-Amponsah, Abor & Domfeh, 2016:52). Thus, South Africa could learn some lessons from their agenda setting process.

3. Role-Players During the Agenda Setting of the NHI

Predominately, agendas are set by people either as representatives of government institutions or representatives of societal stakeholders such as interest groups, labour unions, businesses or community leaders, as well as opposition party leaders. On the one hand, the elected politicians raise issues informed by their voters in governing platforms such as the legislature (Cloete *et al*., 2018:137). On the other hand, media houses raise public issues through conducting investigations and reporting them to the authorities (Gerston, 1997:10). In addition, interest groups may raise public issues through mobilising support and resources to ensure they achieve their mission (Cloete & de Coning, 2011:1). Some of the groups solely exist specifically to ensure certain issues reach the government's agenda (Anderson, 1994:65). However, these agenda builders are motivated by various reasons for raising specific issues.

Professor Paul Light mentions that in an American context; presidents are motivated by the aspirations of gaining more electoral support for their presidency (Anderson, 1994:92). As a result, issues that are raised during the political campaigns are likely to be prioritised by the government. Moreover, they are also motivated by aspirations of making history and selecting policy issues that will define their administration. Lastly, presidents are also motivated by the existence of good policy proposals, which can build society (Anderson, 1994:92). Based on these observations by Paul Light, presidents may raise issues to serve their self -interests or public interests, including African presidents. Dery (2000:39) further alerts that "people seek political office to introduce new ideas and innovative solutions, and if elected, they can use the power of their office to influence public policy."

Likewise, interest groups are also known to advocate for policies that serve their interests. They are predominately motivated by potential benefits should the status quo change or remain the same. Birkland (1997:56) argues that pro-change interest groups advocate for certain issues in order to reach a bigger audience and shift from systematic agenda to institutional agenda for changes to happen. In contrast, anti-change interest groups advocate for changes not to happen and for the status quo to remain the same.

The media also plays a vital role in agenda setting. Through the use of print, visual or social networks, they have the capacity to reach a high number of people within a short period of time (Cloete & de Coning 2011:1). However, some media houses are biased towards ideologies, values and beliefs. Interestingly, Cloete *et al.* (2018:5) point out that Muslim owned and Christian owned media companies, or state-owned and non-state-owned media companies will always report differently on public issues because of their ideological and value differences.

In Ghana, the opposition leaders in the 1990's from the New Patriotic Party (hereafter referred to as NPP) are credited as pioneers of the NHI (Blanchet *et al*., 2012:1). These leaders strongly opposed the CCS through political campaigns and manifestos, calling for it to be removed and replaced by the NHI. The political campaigns ultimately led to the NPP being elected into power in the year 2000 and the NHIS being officially legislated in 2003. Their campaigns were led by President elect- John Kuffour (Blanchet *et al*., 2012:76). Ayee (2011:372) states that during the national elections in year 2000; the political manifesto of the NPP sought to discredit the ruling party; the National Democratic Congress

(hereafter referred to as NDC) at the time and implement different policies that aimed to improve the living conditions of Ghanaians. Their campaign message was centred around "positive change" for Ghanaians and the ruling NDC was labelled as a corrupt movement that served its own interest and neglected the needs of the people (Ayee, 2008:194).

In contrast, in South Africa, the NHI was pioneered by leaders from the ruling party; the African National Congress (hereafter referred to as ANC) in 2007. The NHI was on the government's agenda for a long time, but came to the political forefront during the 52nd National Conference of the ANC in Polokwane, 2007 (Karodia, 2016:17). At the same conference, Jacob Zuma was elected as President of the ANC. After being elected as the President of South Africa in 2009, President Zuma officially announced government's plans to introduce the NHI in his first state of the nation address (SONA, 2009:10).

Moreover, key alliance partners of the ANC such as the South African Communist Party (hereafter referred to as SACP) and Congress of the South African Trade Union (hereafter referred to as COSATU) also endorsed the NHI. They played a critical role in enhancing support for the NHI and shaping public opinion about it. The SACP was the first alliance partner to raise the NHI in 2003. They argued against the two-tier system of health care services and advocated for it to end. At a central meeting hosted by the National Education Health and Allied Workers (NEHAWU), the secretary general of the SACP Mr. Blade Nzimande said "in our view the NHI would end the two-tier system of health financing and health care provision by incorporating all health resources into the public sector" (Fin24, 2003:1). This would benefit all citizens, with the upper class subsidizing the lower class, to ensure equal access to quality health care (Innovative Medicines South Africa, 2009:7). Similarly, COSATU stated that the NHI reflects the kind of society we wish to live in, that is based on values of justice, fairness and social solidarity. In line with the global vision of healthcare, the implementation of the NHI should be viewed as a social investment (COSATU, 2015:9).

It is well known that COSATU and the SACP publicly supported President Zuma to victory during the two-election period. According to Pillay (2011:59) they supported him for self-interest gains; they wanted him to introduce socialist policies that were pro-worker orientated in the ANC and government environment. Hence the NHI was introduced under his leadership. On the one hand, the NHI in South has also received some opposition from various key stakeholders. The Democratic Alliance party (DA) indicated that they do not support the ethos and practical implementation of the proposed NHI system. They argued against the reconstruction of the current financial model and introduce a single system which will be controlled by the government to finance the health care system. The DA advocates for the government to focus more on improving service delivery of public health care than reconstructing the whole health care system (Innovative Medicines South Africa, 2009:7). Similarly, the South African Media predominately has also been critical of the proposed NHI. In 2009, the financial mail reported three main articles centered around the skepticism of the NHI. These articles are as follows:

- The National Health Insurance Scheme: Misdiagnosis.
- What can and will probably go wrong under the NHI: A heavy load to carry.
- The Politics of the NHI: Left Hand drive (Innovative Medicines South Africa, 2009:7).

In contrast, the Ghanaian Media has predominately supported the introduction of the NHI. Darko (2016:12) mentions that they constantly reported on the negative implications of the old cash and carry system, which put pressure on the government to introduce the NHI as a solution. In addition, Fusheini *et al.* (2017:278-280) reports that in Ghana the different political parties have been united in their support for the introduction of the NHI. The main opposition party in Ghana between 2000-2004, the NDC, supported the NPP's policy strategy of health finance through taxation. This led to a strong political will which enforced adequate agenda setting, policy design and implementation of the policy programme.

Moreover, the Ghanaian government was also supported by the key non-governmental agencies such as the Danish Agency for International (DANIDA) who publicly endorsed the NHI in its inception and conducted public awareness campaigns countrywide to ensure the policy gets accepted by the public. In addition, the Ghanaian Medical association and the Trade Union Congress also endorsed the introduction of the NHI (Fusheini *et al.,* 2017:278). However,

in South Africa; although COSATU endorsed the NHI, The South African Medical Association opposed it unequivocally. They argue that the current proposed NHI system will result in widespread corruption due to the establishment of a centralised procurement system. As a matter of concern; 40% of doctors in South Africa have threatened to migrate to other countries should the NHI Bill be adopted (Medical Brief, 2020). Tucker *et al.* (2019:44) acknowledge that although the NHI's implementation was planned as a phased-in approach in SA, the rate of progress has been much slower than anticipated. Blecher *et al.* (2019:35) further identify the reluctance of medical scheme members to give up the medical memberships and shift to the NHI as a possible obstacle to NHI adoption and implementation. These members have the perception that public health care offers suboptimal quality health services. Therefore, until health service provision does not function optimally with quality services in public healthcare, the NHI will not be feasible and acceptable (Passchier, 2017:836).

4. Findings Derived from the Literature

Having reviewed the NHI agenda-setting of Ghana and South Africa; it is noted that the agenda setting processes are highly political and characterised by competition between different stakeholders; politicians, interest groups, media and trade unions, as well as public officials. Governments engage in processes of problem identification, structuring and prioritisation to determine which problems to pursue. In both these countries, public issues such as health reform and the NHI reached government agendas due to the citizens being affected by these issues.

In addition, there was a discourse between various stakeholders on how health care issues should be addressed. As both these countries were also characterised by poor health care systems and unequal access to health care, the NHI was introduced as an alternative to address their unjust historical health care systems, which deprived the underprivileged citizens of equal access to quality health care service. In Ghana and South Africa, health care services are necessities and a basic human right, thus they are prioritised. Moreover, in both these countries, it was revealed that the NHI was introduced by different stakeholders within the political spectrum. In Ghana, it was pioneered by an opposition party at the time; the NPP through political campaigns and manifestos, while in South Africa it was spearheaded by the ruling party; the ANC through their 52nd National Conference. A critical difference between these two countries is that in Ghana; political parties and non-state actors predominately unified towards the introduction of the NHI and its adoption, whilst in South Africa; they did not. Hence, there are delays in its adoption and implementation. A fundamental lesson from Ghana is that unity amongst stakeholders is key towards attaining a strong political will for effective agenda setting, policy design, adoption and implementation.

Hence, the NPP legislated the NHI within its first five years of governance, while in South Africa, the ANC has still not officially legislated the NHI after 11 years of its introduction. From other perspectives, the NPP demonstrated a sense of urgency by adopting the NHI and implementing it, while the ANC has failed to demonstrate the same sense of urgency. However, the 2019 election manifesto of the ANC states that by 2025, all citizens will have access to UHC. The ANC has reassured the citizens that the NHI is a priority and that the next phase of the NHI will be rolled out over the next five years (ANC election manifesto, 2019:42).

The study also revealed that Presidents in both these countries were fundamental towards adopting the NHI as government's agenda. Probably, they endorsed it to gather electoral support for elections. President Kufour was elected by electorates into office primarily to design, approve and implement the NHI. Similarly, it was also observed that President Zuma was elected into office firstly by the ANC delegates during the National Conference in 2007 and secondly, by electorates during the 2009 National General Elections. This was to introduce policies that were different from his predecessor. The alliance partners supported his presidency so that he may introduce socialist policies that would favour the working class. Thus, the NHI reached the government's agenda post President Zuma's election.

In its nature of development, the NHI is a socialistic policy programme that intends to reduce the inequalities of access to health care and ensure all citizens have equal access to the best health care services available. Surprisingly, the NPP, a predominantly liberal political party raised and endorsed the NHI in Ghana and legislated it in 2003. They neglected their liberal values of minimal state

interference, privatisation, protection of individual liberties (Ayee, 2009:12) and introduced the NHI, in order to gain electoral support and to win the national elections. This validates Professor Paul Light's analysis that presidents or political parties will advocate for certain public issues in order to gain more electoral support. Oppositely, the ANC is known as a broad church (Qobo, 2019:1; Vellem, 2016:3); an organisation that subscribes to multiple political ideologies and values such as liberalism, communism and socialism (Mosala, 2016:109). Therefore, it is not surprising that they ultimately endorsed a socialistic policy programme such as the NHI.

Table 1: Agenda Setting Similarities of the NHI

Agenda setting **similarities** of the NHI	**Ghana and South Africa**
	Both countries are characterised by poor public health care systems.
	They are characterised by unequal access to health care services.
	Both countries have developing economies.
	The health care systems of both countries are based upon user-pay principle.
	Both Presidents of Ghana and South Africa played a key role in introducing the policy in both countries.
	The two Presidents introduced the NHI policy to mark their presidency, enforce change and gain electoral support.
	Both countries endorsed the WHO's mission of achieving universal health care for all people globally.

Source: Authors

Table 2: Agenda Setting Differences of the NHI

Agenda setting **differences** of the NHI	**Ghana**	**South Africa**
	Opposition Party (NPP) advocated for the policy.	Ruling Party (ANC) advocated for the Policy.
	NPP introduced the policy through political manifestos and campaigning.	The ANC introduced the policy in its 52nd National Conference in Polokwane.
	NPP founded upon Liberal ideology and values but endorsed NHI.	ANC founded upon multiple ideologies; liberalism, communism and socialism and endorsed NHI.
	NPP adopted the policy within 5 years of rulership.	The ANC has still not adopted the policy after 11 years of its introduction.
	Political solidarity between the ruling party and the opposition party which resulted in the policy being adopted quickly.	Lack of political solidarity between the ruling party and the opposition party which has resulted in delays of the policy not being adopted.
	NHI received endorsements from non-state actors: the media, interest groups, worker unions and the Ghanaian Medial Association.	NHI received endorsements only from key non-state actors aligned to the ruling party (SACP & COSATU), but lacked it from other actors which are not aligned to the ruling party: the media, SA Medical Association.

Source: Authors

5. Conclusion and Recommendations

Our aim was to explore and compare the agenda-setting process of the NHI of Ghana and South Africa. The document analysis produced critical findings of the agenda-setting processes between the two countries towards achieving universal health coverage. It was found that there were more differences, than similarities between Ghana and South Africa within the agenda setting process of the NHI. Most notably, in Ghana, there was political solidarity between state actors; politicians from the ruling party and opposition and non-state actors; the media, interest groups and professional bodies. This resulted in the NHI being designed, adopted and implemented within a short period of time. However, in South Africa; political solidarity is non-existent between state actors such as politicians from the ruling party and the opposition, and some non-state actors such as the media and professional bodies concerning the NHI. Unfortunately, political solidarity is only found between the ruling party and the alliance partners. However, this has not been enough in preventing the constant delays in adopting and implementing the policy in South Africa. As an alternative, it is proposed that South Africa learn from Ghana and pursue political solidarity amongst its key stakeholders to fast track the design, adoption and implementation of the NHI policy programme.

The NHI means a complete reorganisation of the current two-tier health care system into a unified system of quality health care for all. Whether South Africa will ever adopt it officially is questionable as there is no doubt that the country is still far from implementation. Eleven years after the introduction of the NHI, five years after the release of the White Paper and eight years after the NHI pilot trials, South Africa is struggling to move beyond phase one. Accordingly, South Africa can learn from Ghana's health reform and should be inspired by their transformation. Whilst the NHI is the promise of UHC for a country's citizens, it requires strong commitment from state -actors and other relevant non-state actors.

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