POLICY ARENA OF HEALTH POLICY-MAKING PROCESS IN DEVELOPING COUNTRIES

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ABSTRACT

Background: Making a policy, which is a set of actions, decisions or statements of intent, involnes the processes of initiation, creation, implementation and evaluation. Health policies include actions or inactions by public, private and voluntary organizations having impacts on health. The sites or platform where policy processes take place are defined as the policy arenas and include legislatures, executives, courts, regulatory agencies or semi-public bodies. This paper aims to identify the different policy arenas providing a platform for each phase of the policy-making process; problem identification, policy formulation, policy implementation and policy evaluation.

Materials and Methods: A scoping systematic review method was used. Articles were identified using the Scopus, Science Direct, Google Scholar and PubMed database. The keywords "Policy Arena", "Health Policy Process" and "developing countries" were used. Only articles written in English, published within the last 15 years, and about developing countries were included. Initial searching yielded 100 articles. After reading the titles and abstracts, 60 articles were excluded. Subsequently, three articles were excluded after checking for duplicates. Finally, only 19 articles were included after reading the full texts of the articles.

Result: The policy arenas for health policy development are classified as state and government arena. The executive branch refers to the highest administration making decisions regarding national policies. Under this executive branch is bureaucracy, referring to all the systems and processes of an organization. The legislative branch enacts the laws or policies through the parliament. Subsequently, the judiciary interprets and applies the laws. The international arena includes the World Health Organization, who may come out with policies to be adopted by member countries. Based on the review, for agenda setting, the policy arenas are the bureaucratic and international arena. For policy formulation, the bureaucratic, executive and legislative arenas are involved. The subsequent stage, policy implementation, involves the legislative and judiciary arenas. Finally, the evaluation stage, the bureaucratic and the international arenas are involved.

Conclusion: Each stage in policy-making involves different policy arenas. For a particular policy arena, the role it plays differs according to the stage of the policy cycle. The type of policy would also influence the type of arena as well as the mix of actors within the arena. Therefore, it is essential to fully understand the role of each arena and their main actors in order to ensure the success of the policy-making process.

Keywords: policy arena, health policy process, developing countries

1.0 Introduction

Policy is a deceptively simple term that conceals some very complex activities and evolves as new issues arise. For example, with the increasing global burden of non-communicable diseases, new fields of public policy emerge and are developed. Policy both evolves over time and goes through a repetition of stages as changes occur in the context of the policy issue. Policy is a purposeful planned attempt to establish principles and programmes designed to address perceived problems. Meanwhile health policy includes actions or intended actions by public, private and voluntary organizations that have an impact on health. The term also includes political parties' policies that may be translated into government action at a later stage. Thus, policy may refer either to a set of actions and decisions, or to statements of intent.

The policy-making process refers to the manner by which policies are started, created or defined, arranged, imparted, implemented and evaluated. The most well-known way to deal with understanding policy-making process is to utilize what is known as the 'stages heuristic' (Sabatier and Jenkins-Smith 1993). This means separating the approach procedure into a progression of stages yet recognizing this is a theoretical device, a model and does not really speak to precisely what occurs in reality. Nevertheless, it is important to consider policy making happening in these diverse stages:

i.   Problem Identification and Issue Recognition: Investigates how issues get on to the policy agenda, why certain issues do not get the highlight in a discussion.

ii. Policy Formulation: Investigates who is engaged in formulating policy, how approaches are touched base at, settled upon, and how they are conveyed inside the policymakers.

iii. Policy Implementation: this is frequently the most neglected phase of policy making and is sometimes seen as very separated from the initial two phases. In any case, this is perhaps the essential phase of policy making in light of the fact that if strategies are implemented, or are redirected or changed at execution, at that point apparently something is turning out badly and the strategy results won't be those which were looked for.

iv.   Policy Evaluation: the assurance of a policy's achievements, results, or inadequacies. This is distinguishing what happens once an approach is put into an impact on how it is monitored, regardless of whether it accomplishes its targets and whether it has unintended results. This might be the phase at which approaches are changed or ended and new policies introduced.

There are limitations to applying this helpful yet basic framework. In the first place, it looks as though the policy process is linear in which at the end of the day, it continues easily starting with one phase to another, from problem identification to implementation and evaluation. Nonetheless, it is rarely so clear or evident a process. For example, sometimes there are problem identified or policies may be formulated however never been implemented. Therefore, the policy-making is seldom a rational process as it is repetition and influenced by interests (actors). Numerous people agree with Lindblom (1959) that the policy process is one which policymakers playact.

Regardless, the 'stages heuristic' has gone on for quite a while and keeps on being useful. It can be utilized for investigating national level strategies as well as international policies to endeavor to see how policies are transferred globally.

1.1 Policy Arena

Policy arenas can be described as institutional sites for the process of making policies and include legislatures, executives, courts, regulatory agencies, semi-public bodies, and specialized committees of professionals. They are sites where solutions to the policy problems are made. It provides opportunities and constraints in policy development and will have particular rules of access, competencies, information exchange, and decision making that may have been designed or may have emerged over time (Timmermans, 2001). Within a particular arena, there will be various different actors and stakeholders with differing levels of power and decision-making autonomy in a particular domain.

The policy arena can also be generally divided into the government or state arena and the international arena. For the state arena in particular, he types of policy arena can be described according to the different types or branches of power within the government system which is the executive including bureaucratic, legislative and judiciary. The executive branch is synonym to the highest administration which makes decisions regarding national policies and under this executive branch is the bureaucracy, referring to all the systems and processes relating to the organization and policies. The legislative branch, on the other hand, is responsible for enacting the laws or policies through the parliament. Subsequently, the judicial branch would be responsible for interpreting and applying the laws. The judiciary system can be regarded as the institution translating the policies into laws (Aziz, 2016; National Conference of State Legislatures, 2018).

The international arena, specifically in terms of health policies, would include the World Health Organization which is an agency concerned with international public health. The

policies, standards or recommendations developed by this agency could be adopted by the member countries.

For each of the phase in the policy-making cycle, there will be specific arenas which acts as the platform for that particular policy-making process. The following figure **(figure 1)** shows how the policy arena is involved throughout the policy-making process. This paper aims to identify the different policy arenas that provide a platform for each of the different phases of the policy-making process; problem identification, policy formulation, policy implementation and policy evaluation.
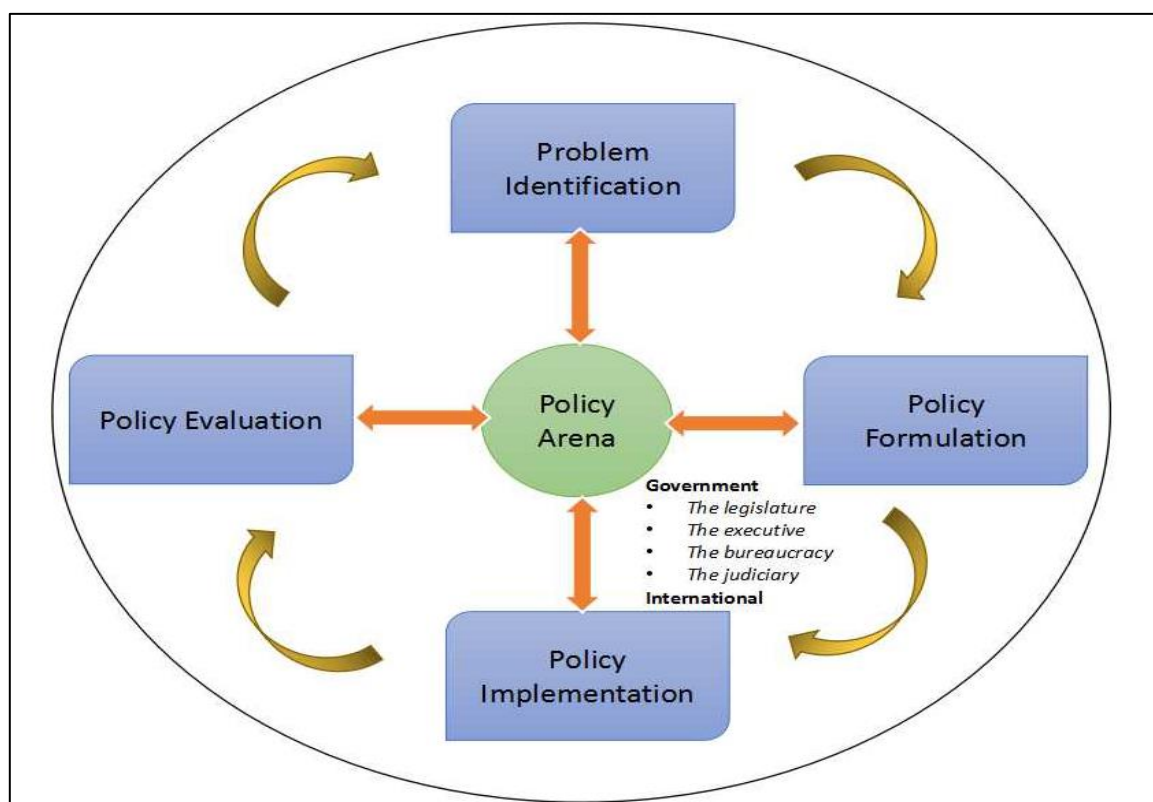

Figure 1: Policy Arena Throughout the Policy-Making Cycle

2.0 Materials and Methods

A scoping systematic review was done for this paper. Relevant articles were identified using 4 databases namely Scopus, Science Direct, Google Scholar and PubMed, based on the research question. Keywords of "Policy Arena" and "Health Policy" were used in the search. Only articles written in English, original articles, articles published within the last 15 years, and articles about developing countries were included in the review. After initial searching, 100 articles were found and after reading the titles and abstracts of the articles, 60 of the articles were excluded. Subsequently, another three articles were excluded after checking for

duplicates. Finally, only 19 articles were included in the review after reading the full texts of the remaining 39 articles.

3.0 Results and Discussion

3.1 Problem Identification

The first step of policy-making process is often the problem identification in healthcare for particular country. The issues, problems or concerns are picked up by the mass media, political parties or the interest groups. Since 1970, some models have been put forward to explain how issues become the state agenda. The models, for example the 'Hall Model' and 'Kingdon Model' explains how the issues become the agenda. Specifically for the stage of 'Problem Identification', the three policy arenas identified through the review of literatures are as shown in the following table **(Table 1):**

Table 1: Policy Arena related to Problem Identification

No	Policy Arena	Author/Year	Policy Area/ Context	Country
1	State: Executives	(Jamison , D. T., Mosley, W. H., 1991)	Increasing burden of chronic disease	Developing Country
2	State: Bureaucrat	(Hyman, D. A., 2008)	Tax reform	Developing Country
		(Ditlopo, P., Blaauw, D., Penn-Kekana, L., & Rispel, L.C., 2014)	scope of nursing practice	South Africa
3	International	(Jamison, D.T, Mosley, W.H., 1991)	Disease Control	Developing Country

The executive arenas play major role since various resources available either tangible or intangible are within the states. The arena can express both power and authority in their favour. Resources like financing component, service provision and regulation of healthcare are key dimensions most important along which different groups of actors may exhibit numerous roles and levels of engagement (Wendt, Frisina & Rothgang, 2009). However, in some developing countries, such capacities do not exist especially in managing the burden of chronic diseases. Their functions are limited for a variety of reasons including the lack of professionally qualified personnel, limited resources and, lack of enforceable statutory authority (Jamison & Mosley, 1991). Thus, the executive arena, even tough having much control over the resources, they are still limited in terms of their role, power and authority in the policy-making process.

The Bureaucratic arena, although greater in number compared to the executive, can be considered low in terms of both resource and power. The bureaucrats bring up issues for example the tax reform and regulatory federalism of a country that offer a strategy for rationalizing the system. These harnesses the interest of all involved and forcing legislators to face the costs of their decisions (Hyman, 2008). Thus, the bureaucratic arena has different roles but does not necessarily account for a stronger or weaker policy arena. Another

example, bureaucrat nursing in South Africa exercises their powers that involve HIV and AIDS policies which include prescribing rights, education requirement, and workplace issues (Ditlopo et al., 2014). These measures are crucial to ensure the quality of problem to be addressed accordingly.

In the international arenas the concept is much wider. This is because the international donor community forms collaboration networks within the states and thus brings the issue into the states' agenda. Such example is seen when the United States, together with WHO, provides education, training, research and technical assistance in disease control for developing countries (Jamison & Mosley, 1991). The reason is that developing countries require cooperation strategies for example in non-communicable diseases (NCD) and research policies (e.g. prioritization of implementation research, strengthening research capacity and resource allocation) as the national NCD agenda are very weak (Kilic, 2014). Thus, when involving global diseases, international arena plays an important role in health-related policy-making process.

3.2 Policy Formulation

Policy formulation, which comes after the stage of problem identification and agenda-setting, includes the process of identification and the drafting of policy alternatives in order to solve the problem or agenda identified earlier. These policy alternatives would be subsequently narrowed in order to reach the final policy decision. This process will involve the determination of the plan to solve the problem, priorities, goals, cost-benefits, and the externalities associated with each policy alternative. The legislative framework as well as the articulation of those responsible will also be included in the drafting of each policy alternative. Subsequently, the policy choice would be selected based on the feasibility, political acceptability and the benefits (Buse, Mays, & Walt, 2005).

Compared to the preceeding stage of problem identification and agenda-setting, policy formulation involves fewer participants. Most of the activities would take place in government bureaucracies and legislative committee rooms, thus out of the public eye. It invloves experts in the fields, also known as the technocrats. In view of the nature of this process directly influencing policy choice, it is reagrded as an important stage in the policy-making cycle (Sidney, 2007). Exploration of the policy formulation process would involve the consideration of who is involved, how the policies came to arrive, how it came to agreement and how they are communicated (Buse et al., 2005).

Based on the the review of literature done, the policy arenas identified to act act as the platform for policy formulation are the bureacratic, executive and legislative arena within the state. Table 3 below shows the articles related to the specific policy arena in relation to the policy formulation process.

Table 2: Policy Arena related to Policy Formulation

No	Policy Arena	Author/Year	Policy Area/ Context	Country
1	State: Bureaucratic	Pedregal V., Destremau B. & Criel B., 2015	Health care provision and access	Cambodia
		Dimova A., Rohova M., Hasardzhiev S. & Spranger A., 2017	Health Policy	Bulgaria
		Tsui J., LaMontagne D.S., Levin C., Bingham A., & Menezes L., 2009	Human Papilloma Vaccine Introduction	Developing Countries
		Sabi S.C., Rieker M., 2017	HIV/ AIDS policy	South Africa
		Tantives S. & Walt G., 2008	Anti-Retroviral Therapy	Thailand
		Woelk et al., 2009	Eclampsia treatment and malaria control research	Zimbabwe, Mozambique, and South Africa
No	Policy Arena	Author/Year	Policy Area/ Context	Country
2	State: Executive	Dimova A., Rohova M., Hasardzhiev S. & Spranger A., 2017	Health Policy	Bulgaria
3	State: Legislative	Tsui J., LaMontagne D.S., Levin C., Bingham A., & Menezes L., 2009	Human Papilloma Vaccine Introduction	Developing Countries (India, Peru, Uganda, Vietnam)

3.2.1 Bureaucratic

Bureaucracy can be defined as the division of staff hierarchically and generally covers five dimensions which are the hierarchical structure, the nature of the work, the procedural processes, the process for decision making and the procedural bottlenecks. In relation to the policy making process, it deals with the selection of goals and the development of appropriate means in achieving the goals within a set of predetermined rules and procedures (Srinivasan & Raka, 2006). The process of identifying and drafting health policy options would begin at the bureaucratic platform usually consisting of government officers from the ministry of health which would include experts of the system and experts in the particular field, called the technocrats.

In the designing and development of a health policy related to health care provision and access in Cambodia, the series of negotiations on policy options was made within the government and included a wide range of stakeholders. Furthermore, in the context of Cambodia being an aid-dependent low-income country which is recently war-torn with a high proportion of poor population, majority of the stakeholders in the shaping of the policy are foreign. One group consists of the Cambodian government ministries (Health, Labour and

Social Affairs), while the others are the international donors (e.g. World Bank), international experts, international organizations (e.g. WHO) and international NGOs (e.g. Swiss Red Cross). However, despite the multiple stakeholders including external international agencies, the government still retains its decision-making autonomy (Diaz Pedregal, Destremau, & Criel, 2015).

In Bulgaria, a paper describes the legalized establishment of the "Partnership for Health" which has a shared governance between the minister of health and other patient organizations and represents a wide range of other stakeholders namely professional unions, pharmaceutical agencies, medical universities, NGOs and government agencies. It acts as a consultative body to the Council of Ministers and is a permanent forum for health policy formulation and discussion. The activities include meeting and discussions in each of the working groups that has been established. The active and permanent involvement of external stakeholders in the policy-making process may overcome political mistrust, especially in the setting of Bulgaria as a country with a non-majority coalition (Dimova, Rohova, Hasardzhiev, & Spranger, 2017).

The bbureaucratic platform would also consist of the technical advisory committees of the respective Ministries of Heath which plays a role in reviewing and evaluating the scientific evidence. An example would be the development of the National Immunization Program in Peru whereby there are technical and consultative committees working on plans, documents and proposals with the usage of data on national disease burden data, vaccine efficacy, and cost-effectiveness (Tsui, Lamontagne, Levin, Bingham, & Menezes, 2009).

In terms of the actors within the bureaucratic arena, observations suggest that non-state actors play as important roles as the state actors in the actual formulation of a health policy, resulting in improved policy outcomes. Apart from that, there are also global actors playing a significant role in the policy processes. The situation in Thailand with regards to the policy development regarding antiretroviral therapy showed that there is a big participation of civic society organizations such as the treatment advocacy coalitions. The policy community consisted of the Ministry of Public Health officials and health professionals from hospitals as the core members who exerted policy authority. This group has the human resources with technical expertise, equipment, and the financial resources. In parallel, there are groups of treatment advocates such as HIV NGOs, scientists, professionals and lawyers who are laden with field experience and skills. Looking at the international level, the policy network also extends to global health agencies, and academic and philanthropic organizations (Tantivess & Walt, 2008).

Another similar example of the emphasis on civic society organizations' (CSO) role within the state health policy making is seen through the South African health policy for HIV/ AIDS. The Treatment Action Campaign, a CSO, established a platform to advocate the policy change regarding the accessibility of treatment for HIV/ AIDS and this resulted in the drafting of policy directions on antiretroviral therapy (Sabi & Rieker, 2017).

The bureaucratic process of involving national, regional and international policy networks emerge to be essential in shaping the evidence and knowledge used in policy formulation, as demonstrated by the policy development process of eclampsia treatment and malaria control in the African countries of Mozambique, South Africa and Zimbabwe. It was discussed a

paper that there existed a great degree of interaction between the health care professionals, researchers, institutions and policy makers, enabling the common understanding of evidence within this 'policy community' (Woelk et al., 2009).

3.2.2 Executive

The Executives have the principal power of carrying the laws into effect and ensuring the observance of those laws. Through executive orders and interpretive guidance, it has a role of shaping, developing and expanding the health policy (Bulger, Bobby, & Fineberg, 1995). The Executive power, in most countries, refers to the Cabinet which is the top leaders in the executive branch. It can also be known as the Council of Ministers in some countries. The minister of Health for example, would represent the Ministry of Health in the Cabinet or the Council of Ministers.

It was mentioned in the paper describing the "Partnership for Health" in Bulgaria that the policy decisions made in the bbureaucratic platform are brought up to the Council of Ministers which acts as the Executive power in deliberating the advancement of the policy for approval at the Legislative level. Some of the Legislative acts that have been successfully discussed are the Ordinance on Medical Expertise and the National Health Map (Dimova et al., 2017).

3.2.3 Legislative

The legislative branch determines the directions and limits of a particular policy and relies on the experiences of the diverse membership. It can also act to collect information from a wide range of sources and assumes the power of engaging in the deliberative process of enacting a legislation (Bulger, Bobby, & Fineberg, 1995). The legislative body in most countries refer to the Parliament which is synonym to the senate or congress.

The Legislative arena in policy formulation is responsible for the approval or adoption of the policy. Policy approval is usually the final stage it the formulation phase of a policy and the arena in which the approval process is carried out depends on the type of policy at stake as well as the country. For example, in a paper discussing the policy development for Human Papilloma Vaccine Introduction in low-resource countries, it states that most of the countries, for the case of entirely new policies, the policy will need to go through legislative or parliamentary approval. However, if it involves the integration of a policy into a already existing policy, approval from the Ministry of Health will suffice (Tsui et al., 2009).

3.3 Policy Implementation

Implementation is defined as the carrying out of a basic policy decision, usually incorporated in a statute but can also take the form of important executive orders or court decisions (Mazmanian & Sabatier, 1983). If policies are not implemented well, it does not guarantee success on the ground (Pressman & Wildavsky, 1984). The economic structure, social institutions, and political processes will be shaped to protect and maintain commitment of the implementation of a policy which requires that resources come from wherever necessary to enact the relevant programs (Lightman & Lightman,2003). In order to improve the policy

process, it is vital to identify the factors that foster or undermine policy implementation (Williams et al., 2004).

Table 3: Policy Arena related to Policy Implementation

No	Policy Arena	Author/Year	Policy Area/ Context	Country
1	State: Executive	McKenzie, A., Sokpo, E. & Ager, A., 2014	Bringing primary health care under one roof	Nigeria
		El-Jardali, F., Bou-Karroum, L., Ataya, N., El-Ghali, H. & Hammoud, R., 2014	Failure in development and implementation of Lebanese National Social Security Fund voluntary insurance policy	Lebanon
2	State: Judiciary	El-Jardali, F., Bou-Karroum, L., Ataya, N., El-Ghali, H. & Hammoud, R., 2014	Failure in development and implementation of Lebanese National Social Security Fund voluntary insurance policy	Lebanon
		Etiaba, E., Uguru, N., Ebenso, B., Russo, G., et. al., 2015	Development of health system strengthening (HSS) strategy	Myanmar
3	State: Legislative	Etiaba, E., Uguru, N., Ebenso, B., Russo, G. et. al., 2015	Development of oral health policy in Nigeria: an analysis of the role of context, actors and policy process	Nigeria
4.	International	Tin N., Lwin S., Kyaing N., Htay T., Grundy, J. et. al., 2010	Development of health system strengthening (HSS) strategy	Myanmar
		Etiaba, E., Uguru, N., Ebenso, B., Russo, G. et. al., 2015	Development of oral health policy in Nigeria: an analysis of the role of context, actors and policy process	Nigeria

Based on the article by Mckenzie et al. (2014), the National Council for health (NCH) in Nigeria noted the thrust of the National Health Bill in fortifying Primary Health Care (PHC) is through the establishment of the PHC Boards and the PHC Development Fund. NCH endeavoured to bring the PHC under one rooftop in accordance with the arrangements of the National Health Bill. Additionally, the NCH noted the significance of ordering the pertinent state legislations and regulations that will encourage the implementation of National Health Bill. NCH endorsed the bringing of PHC Under One Rooftop (PHCUOR) as a working document to be utilized by the three levels of government and affirmed that all states set up Primary Health Care Boards. Three workshops were held with the National Primary Health Care Development Agency (NPHCDA) in 2009, 2010 and 2012. Draft policy memos and an implementation guide were finalized during the second workshop, approved by the NPHCDA Board in 2010 and submitted to the highest health policy body in Nigeria. The National Council for Health adopted the policy document and implementation guide on bringing PHC

under one roof and also encouraged all the states to proceed in implementing this concept. The implementation of the policy was carried out under the executive role of the policy arena without involvement of the parliamentary body.

In Lebanon, based on the article by El-ljardali F. et. al. (2014), the implementation of the article no. 11 of the National Social Security Fund (NSSF) law was made through the government by creating a decree and was not brought into the Parliament for discussion. It was only discussed in the Parliament way back in 1963. The policy makers at the level of the government took a quick political decision to provide medical coverage especially for laid-off employees through the voluntary health insurance policy. The government insisted on passing the decree regardless of the reservations of the Ministry of Finance and the NSSF that warned the government that this policy was at risk of financial bankruptcy. Subsequently, findings revealed that a number of gaps in implementation led to the failure of this policy. One of the reasons is that this voluntary insurance policy does not foster the main principle of social insurance which is "social solidarity". Looking back, in1963, the policy only proceeded until the legislative stage and have not gone to the judiciary stage. The government made a political decision on the voluntary health insurance policy in 2002 that was only discussed and approved at the executive level, somewhat leading to its failure.

Tin et al. (2010) stated in his article that the Union of Myanmar, through the Department of Health in the Ministry of Health, and with participation from the GAVI Alliance Partners (WHO, UNICEF and NGOs) developed a health system strengthening strategy and proposal between 2007 and 2008. In July 2008, an independent review committee of GAVI recommended approval of the proposal (GAVI, 2008). This shows that the implementation of the policy had a combination influence from the international arena such as the WHO and Unicef, as well as the local arena such as the NGOs and the Department of Health. International arena influenced the decision making at the executive level.

Development of oral health policy in Nigeria also showed that the implementation of policies receive influence from the legislative arena whereby the president is the chair of Federal Executive Council. All policies in Nigeria must be approved by the Federal Executive Council even though it has been approved by the National Health council, for the case of health policies. Based on the article by E. Etiaba et al. (2015), the policy arenas involved are the local and international arena. Initially, the oral health policy in Nigeria was supported by the WHO and the World Bank with regards to funding and the dissemination of relevant policy documents. Therefore, for implementation, the international arena also plays an important role especially at the executive level.

3.3 Policy Evaluation

Policy evaluation applies evaluation principles and methods to examine the content, implementation or impact of a policy. Evaluation is the activity through which we develop an understanding of the merit, worth, and utility of a policy (Centre for Disease Control, 2012). Monitoring and evaluation are the key processes used for determining whether the goals set in a policy or plan are being realized and for allowing decision-makers to make long- and short-term service- and policy-related decisions and changes (WHO, 2013). Evaluation can be integrated into all phases of policy cycle and planning during setting the agenda, formulating, implementing an intervention (Gobind & Ukpere, 2014).

Table 4: Policy Arena related to Policy Evaluation

No	Policy Arena	Author/Year	Policy Area/ Context	Country
1	International arena	Arevshatian et al., 2007	infant immunization in Africa	46 African countries
2	State: Bureaucrat	Government of Kenya and UNICEF, 2010	Evaluation of the community health strategy Implementation in Kenya	Kenya
		Gobind & Ukpere, 2014	Evaluating and determining the effectiveness of institutional HIV/AIDS programmes	South Africa
		Ethiopian Health Insurance Agency, 2015	Evaluation of Community-Based Health Insurance Pilot Schemes in Ethiopia: Final Report	Ethiopia

Many policy arena (international and governmental) are involved in health policy evaluation. In a study about evaluation of infant immunization in Africa, the policy arena involved was the international arena (WHO and UNICEF) and their role was to review and evaluate the national infant immunization programmes in the 46 countries of WHO's African Region. They performed structured interviews with WHO staff and partners at the region, country and intercountry levels, which were either face-to-face or through telephone interviews. It was found that the huge increase in spending on immunization and the related improvements in programme performance were linked predominantly to the increased donor (Arevshatian et al., 2007).

Based on a report regarding the community health strategy implementation in Kenya, the main policy arena is the government arena with the ministry of public health and sanitation (MoPHS) being the main player in terms of implementation and evaluation of. The other policy arena involved is international arena (UNICEF), acting as the donor and technical support. The evaluation used a comprehensive, mixed-methods evaluation design based on both qualitative and quantitative methods such as desk review, key informant interviews and focus group discussions. The results of the evaluation showed that the strategy had clear benefits in improving health services coverage (Government of Kenya & UNICEF, 2010).

In evaluating the HIV/AIDS programme in South African, the arena involved is the local or government arena, together with researchers from the University of Johannesburg. It was aimed to determine the programme's contribution in reducing the impact of the HIV/AIDS pandemic. Evaluation is an important part of any HIV/AIDS program as it enables an organisation to measure its progress against its stated goals and make informed decisions. The universities were particularly involved as the age group most affected by HIV were those in the workplace and institutions of Higher education (Gobind & Ukpere, 2014).

In a report about the evaluation of the Community-Based Health Insurance (CBHI) pilot schemes in Ethiopia, the two types of arena involved in the evaluation process are the international arena and the government arena. The international arena involved is the United States Agency for International Development (USAID) with its main role of funding while

the government arena includes the Ethiopian Ministry of Health and the Ethiopian Health Insurance Agency. The role of evaluation was to generate evidence on the impact of the CBHI pilot schemes in terms of providing access to and utilization of the health services. Other impacts include the improvement of quality of health care, the reduction of financial risks for members and the increasing of resource mobilization in the health sector (Ethiopian Health Insurance Agency, 2015).

3.4 Lessons Learnt

Health policy and practice is constructed and realized at many levels simultaneously be it local, regional, national, and international. All are important, require different skills and should be linked to maximize effectiveness. As the context for healthcare changes over time, institutions will need to be reinvented and new networks need to be formed in order to bridge the gap between these levels, as well as to stimulate new policies and programmes.

The success of health policy-making can only be measured by what happens in practice, with the other contextual of health being politics. And since anything political is always controversial, health officials and professionals have to be prepared to defend and argue their points of view, and to critically analyze and communicate the success of their programs to a variety of health and non-health stakeholders.

There are strong links between health and other agendas that focus on human dignity, gender equity, and human rights. Sensitivity to cultural factors is crucial in health policy and practice, starting at the local level, while an analysis of the distribution of power and resources across society is essential to understanding outcomes at a national and international level. Some groups will always struggle to voice their concerns and will need help from outside advocates.

Finally, the analysis of a particular policy which may be unique in case, setting and timing offers an example of how policy processes are no longer dominated and controlled by the state arena. Clearly, non-state arena namely the international arena play important roles not simply at agenda-setting stages but in the actual implementation and evaluation of health policies.

4.0 Conclusion

Each of the stage in the policy process would involve a differing combination of policy arena and for a particular policy arena, the role it plays would differ according to which stage of policy cycle it is involved in. The type of policy being considered would influence the type of arena providing the platform for its development as well as the mix of actors within the arena. For example, in terms of the role of international involvement and assistance, countries or lower-resource setting exhibit higher involvement of international organizations and agencies. It is essential to fully understand the role of each arena as well as the main actors or players of each of the arena in order to ensure the success of the policy-making process.

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Declaration

Authors declare that this manuscript has never been published in any other journal.

Authors contribution

Author 1: information gathering, systematic review and drafting of manuscript

Author 2: information gathering, systematic and drafting of manuscript

Author 3: information gathering, preparation draft and editing of manuscript

Author 4: information gathering, preparation draft and editing of manuscript

Author 5: information gathering, preparation draft and editing of manuscript

Author 6: Concept and initiationof idea, and final review of manuscript

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