

FACILITATOR'S NOTES ON: "Stakeholder Analysis Exercise"

1. Objectives

The primary objective of this exercise is to conduct a stakeholder analysis. In addition, the exercise requires participants to use this analysis in considering what strategic action can be taken in the course of policy development to build support for (and offset opposition to) policy proposals.

The exercise uses information drawn from a South African case study of Social Health Insurance (SHI) policy development, but is not primarily about SHI. It could, however, also be used as an exercise related to SHI.

2. Description

Participants work in small groups of around 4-5 people.

At the start of the exercise, the facilitator should take everyone through the exercise and the details provided about South Africa.

The group work begins by each person reading through the outline. Then the groups can complete tasks 1-4 together.

Finally, there should be a feed-back and wrap up session using the ideas outlined in section 4 below.

3. Preparation and linkages

This exercise is best used within a series of sessions that consider the political nature of the policy process, including the influence of actors over policy change. It is best preceded by discussion of the key actors in health policy change processes, the roles they can play in policy change and the sources of their influence. In addition, an introduction to the general approach of stakeholder analysis is important in outlining the broad principles applied within the exercise. Although the focus is on Social Health Insurance policy the exercise can be run without introducing SHI issues in detail, although it is helpful if the facilitator is reasonably familiar with some of the broad issues of SHI design.

4. Timing and logistics

Overall the exercise should take between 2 to 2.5 hours.

The initial presentation by the facilitator should take around 10-15 minutes.

The group work should take around 1-1.5 hours.

The length of the final feed-back session depends on which of the following two options you use.

Option one is to allocate say 10 minutes per group to allow them to feed-back their responses to tasks 2-4. Groups should be encouraged to highlight the similarities and differences between their responses and those groups that have presented before, to avoid repetition. At the end of the session the facilitator can present the findings of the study on which the exercise is based (see section 4). In this presentation the facilitator should highlight some of the differences between these findings and the groups' responses, and suggest why these differences occurred. The facilitator's wrap up should take around 15 minutes.

Option two is for the facilitator to begin the feed-back session by presenting the findings of the study on which the exercise is based (see section 4). These provide the basis for a discussion with the groups about whether they had drawn similar or different conclusions, and why there might be differences between their conclusions and the study's analysis (tasks 1-3). Each group can then briefly present their ideas about strategies (task 4). Overall, this feed-back option will take around 45 minutes to 1 hour to conduct.

5. Points for discussion

First, in the facilitator's initial presentation about the exercise and South Africa, it is useful to highlight some key issues of particular relevance to SHI. For example, the number of people economically active within South Africa and the percentage of those that are unemployed; the nature of the public/private mix in South Africa; and the way SHI proposals evolved over time. It is also particularly useful to go through the information presented in Table 1 in some detail.

Second, the following tables provide a summary of the analysis of stakeholder positions and concerns. Facilitators should be sure that they are comfortable with these analyses as they are a critical element of the final wrap-up session. They need to be able to explain these findings to the participants, and provide reasons why they might differ from the participants' own analyses. It is particularly useful to make copies/overheads of the forcefield analysis table and to use this as the basis of discussion in the wrap-up session. The other table provides the information that explains the positions of actors in the forcefield analysis, and so facilitators can simply draw on it in the wrap up (rather than preparing hand-outs or overheads of it).

ACTORS' POSITIONS ON 1997 SHI PROPOSALS		
ACTOR	PRIMARY INTERESTS	PROPOSAL POSITION
The public	<p>The uninsured:</p> <ul style="list-style-type: none"> To improve security of access and sense of social protection <p>The insured:</p> <ul style="list-style-type: none"> To maintain and improve existing benefits at reduced or lower cost. 	Views not known
Private providers	<ul style="list-style-type: none"> To secure or improve incomes and working conditions by obtaining access to a large pool of private patients To increase access to new technologies in order to improve quality of care 	Both GPs and private hospitals largely neutral in relation to all proposals as did not see them as likely to undermine their existing position within the health system
Employers	<ul style="list-style-type: none"> To limit costs by keeping premiums low To secure benefits for workers To improve labour relations 	<ul style="list-style-type: none"> Position not very clear as made limited inputs into formal processes of SHI development but likely to have been anxious about the impact of the proposals on their overall wage bill, as well as any form of increased taxation
Trade Unions	<ul style="list-style-type: none"> To expand and improve health care coverage for poorer groups within society To consolidate or expand the current benefits available to their own members 	<ul style="list-style-type: none"> Opposed to the 1997 proposals because did not fund improved health care provision for the poorest nor improved coverage for Trade Union members, instead required members falling within the target group to pay for public hospital care already receiving at low or no cost
Medical schemes	<ul style="list-style-type: none"> To maintain market share and revenue levels, and if possible expand it To counter proposals hostile to its interests To support the new government in expanding access 	<ul style="list-style-type: none"> Unclear on 1997 proposals because whilst no role envisaged for them, had secured place in private insurance sector through parallel regulatory legislation (and had been focusing on fighting competition from newer insurance products)

ACTORS' POSITIONS ON 1997 SHI PROPOSALS		
ACTOR	PRIMARY INTERESTS	PROPOSAL POSITION
Government: Department of Finance	<p>All objectives rooted in the relatively conservative post-1996 macro-economic framework which aimed to promote economic growth by encouraging private international and national investment:</p> <ul style="list-style-type: none"> • To improve efficiency in government expenditure • To contain public expenditure levels and reduce the government deficit • To contain the tax: GDP ratio • To protect the 'already highly taxed' middle income from further taxation • To ensure accountability for government expenditure 	<p>Opposed SHI proposals because:</p> <ul style="list-style-type: none"> • Deemed all proposals to be unaffordable for country as a whole; • Specifically increased government costs as employer, with consequences for overall public expenditure levels; • Deemed SHI as an additional tax which would increase overall tax levels to unacceptable levels • Effectively increased taxation levels on the middle income, who they judged as already highly taxed • Felt that proposals not clear and perhaps not feasible in important respects
Government: Department of Health	<p>Objectives not clear but broadly a combination of:</p> <ul style="list-style-type: none"> • Improving equity through strengthening cross-subsidisation mechanisms (between sectors of the system and between population groups) • Revenue generation for public sector <p>Apparently changing over time from stronger emphasis on cross-subsidisation towards stronger emphasis on revenue generation</p>	<ul style="list-style-type: none"> • Promote the 1997 proposals, which did become official policy
Minister of Health	<p>To improve access to health care particularly for the poor and rural populations, preferably through government controlled funding arrangements</p> <p>(and cautious about profit-motivated private health sector)</p>	<ul style="list-style-type: none"> • Opposed proposals because introduced differentials in care provided to insured and uninsured, and did not clearly benefit either the poorest groups in the population or the targeted group (low income, employed)

ACTORS' POSITIONS ON 1997 SHI PROPOSALS		
ACTOR	PRIMARY INTERESTS	PROPOSAL POSITION
Health economists advising government	To develop a technically and politically feasible insurance-based funding mechanism with which to support overall health system development (over time, possibly accepting less emphasis on cross-subsidy and more on revenue generation for the public sector)	Were the key proponents of the proposals

Figure 1: Forcefield Analysis, 1997 SHI proposals							
Actor categories	Proponents				Opponents		
	high support	<<<	<<<	non mobilised	>>>	>>>	high opposition
political sector	MINMEC			political parties other than ANC			Minister of Health ANC
government sector	DOH DDG DHFE			DOH DG			DOF
business sector	Medical aid schemes			employers; private providers			
analysts	some analysts			some analysts			an influential external analyst
social sector				other groups		COSATU	

Notes:

- actors highlighted played most critical role
- not mobilised = did not play identified role in debates, but this allows for an actor to have played a 'behind the scenes' role
- ANC = African National Congress; COMS = Concerned Medical Schemes group; COSATU = Congress of South African Trade Unions; DG = Director General; DDG = Deputy Director General; DHFE = Directorate of Health Financing and Economics; DOF = Department of Finance; MINMEC = Meeting of the national Minister of Health and the nine provincial Ministers of Health