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Ideas and Policy Implementation: Understanding the Resistance against Free Health Care in Africa

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Abstract
The main objective of this article is to draw attention to the potential role of ideas in policy implementation, an issue that has been relatively neglected in the contemporary literature on ideas and public policy. First, the article presents a review of this literature, which stresses the limited attention to implementation among students of policy ideas. Next, the article illustrates its main claims about the role of ideas in policy implementation through a discussion of policy implementer resistance against the removal of health-care user fees currently taking place in sub-Saharan Africa. In addition to making a contribution to the study of ideas in public policy, the article helps fill a gap in the literature on health and policymaking in Africa, in which studies about policy implementation remain rare. It is hoped this exploratory article will trigger more research on the relationship between the ideas of actors and policy implementation processes, in Africa and well beyond.

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Introduction

In recent decades, a growing number of empirical studies and theoretical contributions have stressed the central role of ideas in policy development. More recently, scholars have moved beyond the general claim that "ideas matter" to study *how* they actually matter (Béland et Cox, 2011, Jacobs, 2009, Mehta, 2011). As argued in this article, however, the recent multiplication of ideational studies in policy analysis and related disciplines cannot hide the relative neglect of policy implementation within that scholarship. The main objective of this article is to stress this shortcoming while beginning to address it. In order to do so, we review the ideational literature to reveal its limited attention to implementation and, to deal with this shortcoming, we draw on the existing implementation scholarship (Bardach, 1977, Derthick, 1972, Lipsky, 2010 (1980), Pressman et Wildavsky, 1984) which sometimes deals with the role of ideas, typically in an unsystematic manner. To illustrate our claims, we turn to the recent new wave of health-care reforms taking place in sub-Saharan Africa, with a focus on the ongoing implementation of policies that wave user fees for vulnerable segments of the population. As suggested, the mismatch (or the harmony) between the ideas associated with a particular policy and the assumptions of the actors tasked to implement it can directly impact the implementation process, and policy development in general. In addition to making a contribution to the study of ideas in public policy, this article helps fill a major gap in the literature on health care and public policy in Africa, where implementation studies remain too rare (Saetren, 2005, Gilson et Raphaely, 2008). Because implementation is one of the crucial stages of policy development (Howlett et al., 2009), this article contributes to both ideational research and policy studies in Africa. Yet this is an exploratory article, and our goal is not to offer a systematic empirical analysis but simply to use the example of health-care reform in Africa to exemplify some of our claims while formulating a broad agenda for future research on the ideas-implementation nexus.

Ideas and Policy Processes

Over the last two decades, a new wave of scholarship in sociology, political science, and policy studies has stressed the role of ideas, discourse, and culture in policy development. This ideational approach to policy development has made a direct contribution to policy analysis by showing how the ideas and assumptions of actors, alongside institutions and interests, can shape policy outcomes (Campbell, 2004, Mehta, 2011, Palier et Surel, 2005, Orenstein, 2008). One of the key insights of this scholarship is that interests matter, mainly through the way policy actors perceive them. The same remark extends to the goals and preferences of these actors, which are historical and political constructions rather than realities mechanically derived from the material position of these actors (Hay, 2011). Lastly, ideational scholars have offered new insight on the long-standing debate about the origins of new policy institutions, which are typically introduced in a context of perceived "crisis" and acute uncertainty that weakens the legitimacy of existing institutions while pressuring policymakers to consider alternative policy ideas, which can form the basis for these new institutions. These scholars have shown that such a "crisis" can generate acute uncertainty which, in turn, empowers new policy ideas that actors use to reshape or even

replace existing institutions (Blyth, 2002). Increasingly, students of health-care policy have turned to this growing literature on ideas and public policy to address specific empirical puzzles (Béland, 2010, Bhatia et Coleman, 2003).

Although this "ideational turn" (Blyth, 1997) has made a direct contribution to the field of policy and health-care research (Béland, 2010), the ideational literature has not paid equal attention to the five main stages of the policy process (Howlett et al., 2009): agenda-setting (defining and drawing attention to a policy problem), policy formulation (designing policy instruments to address a specific problem), decision-making (selecting and enacting a particular policy instrument), policy implementation (operationalizing policy provisions and instruments), and policy evaluation (drawing lessons from existing policies to shape future decisions). Importantly, these stages can overlap and/or occur in a different order than the one stated above. This is true because, as Kingdon (1995) for the United States and Grindle and Thomas (1991), Ridde (2009) and Walt (1994) for low- and middle-income countries have suggested, the policy process is seldom linear. Keeping this in mind, we only use the policy stage typology to map the policy literature on ideas and to stress the relative lack of attention it has been given with regard to implementation.

First, students of policy ideas have conducted extensive research on *agenda-setting* and, in a related manner, problem definition and framing processes (Béland, 2005, Kingdon, 1995, Mehta, 2011, Stone, 1997). This scholarship explains how actors, located both inside and, especially, outside, the state help draw attention to concrete issues, which they define as collective problems worthy of public attention and state intervention. For instance, in the post-war era, "drinking and driving" was transformed into a social and policy problem worthy of policy interventions (Gusfield, 1981). Conversely, in Africa, studies have shown how exempting the very poor from health user fees never became a public problem that the state needed to address (Gilson et al., 2000).

Second, the ideational scholarship is centered on the analysis of policy formulation and, more specifically, the development of policy solutions (Blyth, 2002, Campbell, 2004, Mehta, 2011, Hall, 1993, Leeuw, 1991). This aspect of the literature focuses primarily on the role of experts and policy paradigms in the formulation of policy alternatives and instruments. The main claim here is that the ideas of policy experts (Howlett, 2011, p.141), as embedded in particular policy paradigms, can shape the formulation of concrete policy solutions. For instance, to legitimize the generalization of health user fees in Africa in the 1980s, World Bank experts popularized the idea of a frivolous use of health services when care is not directly paid for by users (Akin et al., 1987). Scholars have since shown that, in Africa, this type of discourse participated in the "building of consensus across different institutions and national settings defining the "problem" of health care financing and potential solutions" (Lee et Goodman, 2002, p.116). Importantly, however, policy solutions are not always developed as a direct and original response to new policy problems, as specific experts and policymakers can try to impose their preferred policy alternatives, regardless of the problem of the day (Kingdon, 1995). For example, in the field of old-age pensions, the emergence of demographic aging as a policy problem has encouraged neoliberal experts to promote the creation of private savings accounts, a policy alternative that had emerged long before this problem first entered the policy agenda (Béland, 2005).

Third, there is a sizable ideational scholarship on the decision-making stage, especially the ways in which policymakers make a discursive case for the "need to reform" (Cox, 2011) while attempting to convince the population and key interest groups to support specific pieces of legislation (Béland, 2010, Bhatia and Coleman, 2003). For instance, to justify the enactment of the 2010 Patient Protection and Affordable Care Act in the context of the deepest economic crisis since the Great Depression, U.S. President Barack Obama claimed that this crisis made reform more urgent, as it could help improve the economic competitiveness of U.S. firms on the global stage by reducing their "high and rising health costs" (Jacobs et Skocpol, 2010, p.45). Similarly, in Ghana, to finance the recent development of national health insurance in that country, legislators and political parties have managed to convince the public of the need to increase the Value Added Tax (VAT) by 2.5 percentage points on certain products (Seddoh et Akor, 2012).

Fourth, an extensive ideational literature on policy evaluation is available. This literature focuses on lesson drawing (Rose, 2005), implementation fidelity (Perez et al., 2011), and policy/social learning (Hall, 1993, Heclo, 1974). On one hand, Richard Rose (2005) and many other scholars – including health specialists (Marmor et al., 2009) – have shown how actors can draw lessons from policies implemented in a specific historical or geographical context to develop or revise policy in a different context. On the other hand, the scholarship on "policy learning" and "social learning" (two terms that typically have the same meaning) focuses on how bureaucrats and experts evaluate policies located within their jurisdiction to revise, discard, or replace them (Hall, 1993, Heclo, 1974, Sabatier, 1999). For example, there is evidence that policymakers can learn from different types of disasters and use this knowledge to revise existing policies (Birkland, 2006). Regarding financial access to health care in Africa, communities of practice have been created since 2010 to facilitate experience sharing among policymakers implementing health policies (Meessen et al., 2011b). This suggests a practical awareness of the need for policy evaluation and social learning on the ground.

Bringing In Policy Implementation

As the above discussion suggests, students of ideas and public policy have systematically contributed to our understanding of four of the above-mentioned five stages of the policy cycle. Unfortunately, the same cannot be said of policy implementation, a policy stage that has been relatively neglected by ideational scholars. In addition to the limited number of detailed empirical studies about policy implementation in the contemporary ideational literature, this neglect of policy implementation is apparent in recent and influential introductions to ideational policy analysis. For example, a recent policy-centered volume by Daniel Béland and Robert Henry Cox (2011) about *Ideas and Politics in Social Science Research* says virtually nothing about "implementation," a term that is totally absent from another introductory volume recently put together by Andreas Gofas and Colin Hay (2010). The same remark applies to Vivien Schmidt's (2008) introduction to "discursive institutionalism" featured in the *Annual Review of Political Science*. Finally, influential publications that have shaped the field, such as Mark Blyth's *Great Transformations* (2002), John L. Campbell's *Institutional Change and Globalization (2004)*, and

Peter Hall's (1993) seminal article on paradigms, are generally silent about implementation. This points to a significant gap in the policy literature on the role of ideas.

The existence of this gap would not be that problematic if implementation was a relatively marginal and inconsequential aspect of the policy process. Yet, since the 1970s, empirical studies have stressed the crucial role of implementation in policy development. This literature emerged primarily in the United States, in the aftermath of the apparent failure of some Great Society programs, which Martha Derthick, (1972) as well as Jeffrey Pressman and Aaron Wildavsky (1973), related to implementation problems. This early scholarship encouraged authors such as Eugene Bardach (1977) to take a more systematic look at policy implementation at large. Over the years, new empirical and analytical publications on implementation contributed to the expansion of implementation research (Lazin, 1987). More recently, scholars have called for, and participated in, a revival of implementation studies (Barrett, 2004, Robichau et Lynn, 2009).

To illustrate the importance of implementation within the policy cycle, we can explore health-care reform in Africa. Turning to Africa to study implementation is particularly important because research on policy implementation in Africa remains limited in scope. In fact, according to Saetren (2005), only 4% of the research about policy implementation worldwide has been conducted in Africa. On this continent, public policy research remains relatively underdeveloped and the social sciences could play a major role in improving this situation (Gilson et al., 2011).

Since 2000, Africa has witnessed the enactment of a wave of new health financing policies, which focus on the removal of user fees for vulnerable populations. In contrast to what happened in the 1980s, when many African countries followed the recommendations of international organizations such as the World Bank by adopting user fees for health services (Lee et Goodman, 2002), many African countries began lifting at least some of these fees over the last decade. This is a key trend worth exploring because Africa remains the continent where the proportion of household health expenditure at the point of service is the highest.

Although the available evidence suggests removing user fees is effective in both reducing household health spending and increasing the use of formal health-care services by low-income citizens, the implementation of fee removal policies in Africa poses great political and institutional challenges (Meessen et al., 2011a, Ridde et al., 2012b). This is precisely why, at the beginning of the current wave of user fee removals, policy experts stressed the need to address implementation challenges and conditions on the ground (Gilson et McIntyre, 2005). In fact, as they spread across the continent, such reforms trigger passionate debates likely to shape their implementation over time. This is true partly because, by attempting to remove financial barriers to access to care stemming from user fees, such reforms centered on the idea of gratuity contradict years of practices, beliefs, and international policy recommendations. In most countries, gratuity was adopted by high-ranking government officials, frequently the president of the country himself (Olivier de Sardan et Ridde, 2012). Clearly, the decision to remove user fees was largely political and made just before the elections, and health workers tasked to implement it rarely participated in the decision-making process. This means such a policy has been largely imposed upon them when, for 30 years, they had been trained to believe in, and had integrated, the idea that user fees were both effective and legitimate. This example points to the potential role of ideas in policy implementation.

Ideas and Policy Implementation

Unfortunately, the recent scholarship on implementation, which comes after the "ideational turn" (Blyth, 1997) in policy research, has little to say about the role of ideas, at least in a systematic way. The same remark also applies to the earlier implementation scholarship, as well as to the literature on policy implementation evaluation in public health, which has paid scant attention to the role of ideas overall (Carroll et al., 2007). And yet, beyond the above example, there are good reasons to believe that the ideas and perceptions of actors can shape policy implementation. First, some implementation studies have explicitly stressed the role of ideas (Howlett, 2000). This is notably the case in the field of education research, where scholars have explicitly recognized and explored the ideational component of implementation processes (McDonnell, 1991, Goldrick-Rab et Shaw, 2007). Second, although they seldom provide systematic insight on the topic, introductions to policy analysis sometimes allude to the role of ideas in policy implementation (Birkland, 2011, Wu et al., 2010, Howlett et al., 2009). Finally, going against the relative neglect of implementation identified above, several students of ideational processes have explicitly stressed the relationship between ideas and policy implementation. This is the case of Frank Fischer (2003) who, as part of his attempt to reframe policy analysis, stressed the interpretative aspect of implementation. Even more relevant for the study below, in *Elites, Ideas, and the Evolution of Public Policy*, William Genieys and Marc Smyrl (2008) formulate a few general remarks about the role of ideas in policy implementation. The most noteworthy point they make is that policy failure may occur "if a program developed in one systematic framework is implemented in a place whose ideational "culture" is incompatible, that is, is grounded in an incompatible systematic framework" (p. 41).

Although it does draw our attention to the role of ideas in policy implementation and, more broadly, to the relevance of ideational analysis for implementation research, this remark cannot hide two significant limitations of Genieys and Smyrl's (2008) ideational perspective on implementation. First, their volume does not systematically explore this intuition. Second, and especially crucial for our analysis, as opposed to what these authors suggest, the mismatch between ideas at the formulation and the implementation stages is not only about the transfer of a policy program from one country to another, which is a form of "policy transfer" (Dolowitz et Marsh, 2000). In reality, this type of mismatch can occur within the same country, when key actors, for example professionals and "street level bureaucrats," (Lipsky, 2010 (1980)) tasked to implement a policy instrument share different ideas than the ones imbedded in that instrument, which are by and large the ideas that dominated the formulation stage (for a similar perspective see Carroll et al., 2007).

The example of health-care reform in West Africa illustrates the possibility of a mismatch between prevailing cultural assumptions at the formulation and at the implementation stages. In West Africa, donors have long pushed countries to support the development of mutual health insurance schemes. But, after 15 years, the coverage rate remains below 5%. There are multiple reasons for this policy failure (De Allegri et al., 2009), including the inability for many citizens to pay the premiums, the poor quality of care available with this coverage, and the cultural belief that paying for care before you become sick is likely to attract diseases. Although we reject purely culturalist arguments in health policy and beyond (Olivier de Sardan, 2010), it is clear that

this cultural idea helps explain the low coverage of mutual health insurance in Africa. More generally, this points once again to the potential impact of ideas on policy implementation.

Regarding the role of health workers and user fee removal in Africa, survey data suggest the existence of plural and ambivalent perceptions among health works. These perceptions, however, can be classified into three categories, which are analyzed separately below.

Support for Free Health Care: For health workers in South Africa, free health care is a positive development leading towards universal access to health systems; it is an opinion shared by their colleagues in the Sudan (Zeidan et al., 2004) and in Ghana (Witter et al., 2007). In Ghana, for instance, 99% of health workers interviewed in the Volta and Central regions believe that free access facilitates medically assisted child delivery while benefiting the poorest segments of the population (Witter et al., 2007). Similarly, in two of Niger□s health districts, health-care workers have a positive perception of free health care for pregnant women and for children under 5. In fact, no fewer than 94% of the health workers interviewed agree with the statement that the abolition of user fees has increased the use of health services (Ridde et Diarra, 2009). A similar percentage (91%) is found in Mali, where health-care workers supported the idea of free health care (Touré, 2012). In South Africa, free access to ARV (*antiretroviral)* treatment is seen by some health workers as a contributing factor to their satisfaction and their increased motivation to work in the sector (George et al., 2010).

Support for User Fees: From Niger to Senegal via Ghana, many health workers believe that patients do not value free treatment (Ridde et Diarra, 2009, Witter et al., 2007, Mbaye et al., 2011). This reluctance towards free care is sometimes justified in cultural terms, as when it is claimed that getting something for free is not the □African way.□ This ideological discourse persists in Mali, where receiving direct payment is considered a right of the caregiver (Touré, 2012). In addition, many health workers strongly believe the lack of user fees leads to a frivolous use of health centers and services, a claim mirroring the discourse World Bank economists popularized in the 1980s (Akin et al., 1987). For many health workers, this discourse about frivolous use constitutes the main argument to justify their enduring commitment to user fees. This points to the strength of the support for user fees among health workers, as confirmed by the results of a survey sent to health workers in South Africa, Burkina Faso, Niger, and the Democratic Republic of Congo (Tanon, 2011, Walker et Gilson, 2004, Ridde et al., 2012a). These results suggest that differences in national context do not have a key impact on the ideas of health workers against the alleged negative effects of gratuity on patient behavior.

Skepticism Towards Free Health Care: This category includes health workers who recognize the legitimacy of health care gratuity but show some concerns over its potential short-term effects on the health system and its long-term sustainability as a policy instrument. In South Africa, a vast majority of officers (85%) say that free health care has increased their workload (Walker et Gilson, 2004). As revealed by health workers in Senegal, the increase in workload is real, as few countries have increased staff or created new financial incentives for these workers that would compensate for the growing demand for health services (Witter et al., 2010).

The most important concern of health workers belonging to this category deals with the long-term policy sustainability of gratuity. They support it but consider it to be only temporary (Witter

et Adjei, 2007). This type of perception is widely shared when it comes to specific user fee removal projects in Niger (Ridde et Diarra, 2009) and in the Democratic Republic of Congo (Touré, 2012). Overall, this perception that gratuity cannot last as a health policy instrument reflects a more general lack of confidence in the capacity of the state to develop sustainable policies over time.

These remarks suggest the existence of divergent ideas about free health care and user fee removal among health-care workers, depending on the context in which they operate. As the above analytical discussion made clear, ideas are likely to impact policy implementation and a detailed analysis of these divergent ideas could help explain why implementation is successful or not, depending on which ideas are dominant within a jurisdiction at a specific point it time. This reality leads us to further explore the role of ideas in policy implementation.

Looking Inside Policy Implementation

For Lipsky (2010: 147), « ideology provides a framework in terms of which disparate bits of information are stored, comprehended, and retrieved. In street level bureaucracies ideology also can serve as a way of disciplining goal orientations. » This is why, without explicitly referring to the role of ideas, one of the first modern students of policy implementation identified the existence of shared goals or attitudes among key policy actors as a potential source of success in implementation (Hogwood et Gunn, 1984, Sabatier et Mazmanian, 1981).

Based on this remark and the above discussion about health-care reform in Africa, we can formulate the following ideational hypothesis about policy implementation: *under specific institutional and historical circumstances, a mismatch between the dominant assumptions of the actors in charge of implementing a policy and the assumptions at the core of that policy can negatively impact its implementation. Conversely, a convergence between the core assumptions of these actors and the policy at hand is likely to facilitate implementation*. This is a very broad hypothesis, and it needs to be adapted to the empirical case under investigation to take into account its particular institutional and historical context. For instance, considering the above remarks on health-care reform, we can formulate more specific hypotheses about the implementation of user fee removal in Africa: 1) when implementation is well organized, with enough input and regard for the perceived interests of health workers, the ideas of health workers will not adversely affect the implementation process; however, 2) when the implementation is not well-organized, without effective means and proper preparation, not directly taking into account the perceived interests of these workers into account, their potentially negative ideas about the policy instrument at hand will have a detrimental impact on the implementation process. This will create problems that, as a feedback effect, are likely to strengthen the negative perception of this instrument. These hypotheses need to be empirically tested but, from the analytical perspective outlined above, taking ideas directly into account in the analysis of policy implementation may help explain why some policies are smoothly implemented while others face much resistance on the ground, which can affect their performance or even jeopardize their sustainability. As future empirical studies test the above hypotheses, it is essential to examine alternative, non-ideational

hypotheses. For instance, one could argue that resistance to the implementation of user fee waivers in African health-care policy is the pure product of the objective, material or institutional interests of health professionals and other constituencies. Considering this type of alternative argument, the only way to validate our main ideational hypotheses is to explore, and stress the limitations of, alternative explanations grounded in other logics of explanations, namely material or institutional (on this issue see Parsons, 2007).

Grounded in the policy literature on ideas reviewed above, our main hypotheses give a concrete content to our ideational perspective on policy implementation. In suggesting this, our goal is not to displace existing approaches focusing on institutional and/or material obstacles and opportunities to implementation. Rather, it is to supplement these approaches, which compels us to 1) define what we mean by ideas (in contrast with other factors like institutions; and to 2) stress the analytical boundaries, and the potential synergies, between the ideational approach and institutional as well as material explanations in social science and policy analysis (Parsons, 2007).

The term ideas refers broadly to the "causal beliefs" and the core policy assumptions of actors, as they are distinct from institutions and interests (Béland et Cox, 2011). On one hand, ideas are distinct from institutions in part because many of them are never institutionalized. This means that ideas are not, in themselves, the formal and informal rules we call institutions. Ideas and institutions are closely related in the empirical world but it is both possible and necessary to draw an analytical line between them (Parsons, 2007), as we do in this article. On the other hand, to show that ideas play a distinct role in policy implementation, scholars must show that they do more than simply reflect the material position and interests of actors, which are not purely objective (Béland, 2010, Blyth, 2002, Campbell, 2004, Schmidt, 2008).

As suggested above, to demonstrate that ideas have a direct impact on implementation, we must show that they cannot be reduced to the material interests and the position of actors who share these ideas (i.e., their objective financial stakes would fully explain their behavior and attitudes). In the same way, we should be able to show that ideas do not simply reflect the institutional position of actors. Yet, once the autonomous impact of ideas is demonstrated, it always remains possible to stress the fact that they can interact with institutional and/or material factors to produce certain outcomes. As Craig Parsons (2007) suggests, once a clear line has been drawn between specific factors, we can study how they interact to produce specific policy effects. From this perspective, showing "how ideas matter" (Jacobs, 2009, Mehta, 2011) is compatible with the claim that ideational forces can interact with other factors to produce concrete policy outcomes (Padamsee, 2009).

This discussion leads us to systematically discuss the alternative materialist claim that, on their own, purely objective material factors explain the resistance of many health workers towards gratuity in Africa. Two examples illustrate this counterclaim, which future ideational analysis of the implementation of user fee removal must address head on. First, if in many countries health personnel are adequate to meet the increased demand generated by the removal of user fees, the fact remains that the daily workload of health workers has typically increased as a consequence of gratuity. In other words, there is a shift from under-utilization to more intense workloads, but many workers see this as an overload that they have a material interest in stopping (Olivier de Sardan et Ridde, 2012). Second, in some countries, user fees generated direct revenues for

doctors, which created material incentives to preserve this system and oppose gratuity. Often, the removal of user fees created both more work for health workers and the loss of direct revenues for them (Meessen et al., 2011a).

The problem with this materialist perspective is that the perception of interests is mediated through certain ideas about what is good for the actor and society at large (Béland et Cox, 2011). From this angle, in a context of rapid policy change and uncertainty, the interests of actors are not always clear (Blyth, 2002). In this context, the ideas of actors about their interests and the public good can truly matter politically (Hay, 2011). In some of the scenarios mentioned above, there is no direct evidence that health workers have been negatively impacted by the removal of user fees, which has not prevented many of them from opposing this change. Considering this, ideas as to what constitute good medicine and the proper relationship between doctors, patients, and the state might trigger much resistance against policy change, independently from seemingly objective material realities. This means that looking exclusively at such « interests » (as separated from the ideas and perceptions of actors) may not explain resistance against free health-care services in Africa.

Regarding the potential role of institutions, the existing literature on user fee removal in Africa points to the possible existence of two distinct institutional logics. First, in countries like Mali, Niger and Burkina Faso, the implementation of gratuity policies through pilot projects launched in selected health districts by health ministries and supported by international NGOs is typically smooth. The quality of health services is maintained, medical drugs are available, both citizens and health-care workers are satisfied with the new arrangements, and health facilities are reimbursed on time for the services they offer at no cost to patients (Ridde et al., 2012a, Ponsar et al., 2011). Second, with a few exceptions, when the state organizes user fee removal policies at the national level, often without taking into account the lessons drawn from pilot projects, implementation is chaotic, even catastrophic. In this context, the allocated budgets are not sufficient to meet the increased demand for health services, citizens are not well informed about the new policies, the resources available are in short supply, and health-care workers are not satisfied with the way policy change is affecting their working conditions (Witter et al., 2010, Olivier de Sardan et Ridde, 2012, Meessen et al., 2011a).

The contrast between these two scenarios could suggest that, on its own, the role of institutional factors such as pilot projects and NGO activities explains the difference between success and failure in policy implementation. However, there are good reasons to believe that, alongside institutions, ideational factors could play a direct and powerful role in explaining this contrast in implementation outcomes. This is the case partly because the attitudes of health workers regarding free health care as a policy alternative are very different across the two above scenarios. One possible hypothesis is that NGOs and the lessons drawn from pilot projects help shape the attitudes of health workers in the sense of a greater support for gratuity which, in turn, may facilitate its implementation. This means that, in addition to the respective roles of the state and NGOs and other institutional issues of administrative capacity, funding and governance, the ideas of the street-level health workers (Lipsky, 2010 (1980)) concerning user fees and their removal may directly shape the implementation of gratuity policies in Africa. New surveys, in-depth interviews with these workers and the analysis of the debates over the implementation of such policies could help assess the role of ideas in policy implementation.

Research Propositions

This article has explored the relationship between ideas and policy implementation. Based on the above discussion, it becomes clear that this relationship is a two-way street. On one hand, the problems in implementing a policy, such as user fee removal in Africa, are likely to influence the way health workers perceive these policies. For instance, when health workers in Niger or Senegal question the value of health-care gratuity for children or the elderly, this is largely because, when surveys are carried out, this type of policy suffers from significant fiscal shortcomings and challenges. In this context, it is not the idea of gratuity that is being questioned but the way it is implemented. Moreover, policy actors who are ideologically predisposed to be against the idea of health-care gratuity are likely to refer to problems stemming from its implementation to legitimize their opposition to this particular policy instrument.

On the other hand, ideas also impact the implementation process. In the case of the ideas of health workers, this claim is consistent with the traditional call for a focus on intervention staff ( ), as they are the major actors who continuously shape the implementation of the program at stake (Vaessen et Leeuw, 2010, p.145). This is true because health workers are at the heart of the implementation of user fee removal policies. As Lipsky (2010 (1980)) puts it, such street-level actors are actual *policymakers* in the sense that their actions, which are shaped by their ideas and perceptions, are typically instrumental to successful (or failed) implementation. This direct attention to health-care workers as policymakers and the impact of their ideas on policy implementation are consistent with the general claim that programs do not work in and of themselves; they work through the reasoning of program subjects (Pawson, 2010, p.186). This is the case for policy development in general, including policy implementation.

Starting from this general claim, this article suggests that the ideas of health workers can shape the implementation of user fee removal policies in Africa. As hypothesized, if health workers do not believe that this removal is a sound policy solution, they are likely, at best, to do as little as possible to facilitate its implementation or, at worst, to do everything they can to undermine it. Once again, these remarks point to the general role of ideas in policy implementation. Based on this discussion, we suggest that future empirical research about the removal of user fees in Africa should recognize the centrality of workers and their ideas in policy implementation in health care and tackle the following propositions:

1. The ideas actors involved in the implementation process have about specific policy problems and solutions can shape the success or the failure of this process;
2. The more these actors witness implementation problems, the more they are likely to oppose the policies being implemented; and
3. The greater the gap between the policy solution at hand and the assumption of these frontline workers, the more likely implementation will face opposition on their part.

Although these propositions are developed in relationship to the empirical topic discussed throughout this article (health-care user fee removal in Africa), they could help researchers working on many other policy issues in different parts of the world better grasp the potential role of ideas in policy implementation. At the most general level, it is hoped the relationship between the ideas of actors and the policy implementation process will become a more prominent aspect of contemporary health and policy studies all around the world.

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