

## **DETERMINANTS OF POLICY MAKING IN THE KENYA'S PUBLIC HEALTH SECTOR**

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## **ABSTRACT**

This purpose of this study was to examine the determinants of policy making in Kenya's public health sector. This research was guided by three specific objectives namely to find out the influence of political systems on policy making in the sector; to determine the role of economic resources on policy making in health sector of Kenya; to assess the influence of stakeholder participation on policy making in the sector; and finally to establish the effect of legal frameworks on policy making in health sector of Kenya. To realize the objectives, the study adopted descriptive study design and stratified sampling to identify the respondents in terms of different level of management. Krejcie & Morgan's formula was used to determine the sample size, from a structured questionnaire was used to collect data. A pilot study was conducted using four policy makers at management level, while, content validity was used to find out whether the instruments responded to research questions. With Cronbach's alpha used in testing for the reliability of the instruments. Both inferential and descriptive statistics were computed to analyse the data collected. The study found that there is a positive correlation between policy making and political systems, stakeholder participation, economic resources and legal framework in Kenya's health sector. From the regression results, it is evident that when we set the value of the coefficients of all the variables to zero policy making in health

sector in Kenya would be at 1.314 with a t-value of 2.074, a unit change in political systems while holding the other factors constant would change the policy making in the health sector in Kenya by a factor of 0.786 with a t-value of 6.048, A unit change in economic resources while holding the other factors constant would change the policy making in the health sector in Kenya by a factor of 0.620 with a t-value of 3.990 and a unit change in legal frameworks while holding the other factors constant would change the policy making in the health sector in Kenya by a factor of 0.614 with a t-value of 4.759. The study concluded that financial constraints often affect the implementation of absolutely clear policy in Kenya. On political systems the study concludes that policy makers in health sector involve politicians in the policy making process. The study concluded that the level of participation determines the period of policy making process in the health sector, the study concluded that civil society groups introduce shifts in public policies in the health sector, judiciary in Kenya plays a key role in implementation of the policies in the health sector. Therefore, the study recommends that politicians should strive to understand the political stake in the policy making process and developing a relationship of shared respect and trust between among other stakeholders without compromising scientific integrity.

**Key Words:** *economic resources, political system, policy making, health sector*

## **INTRODUCTION**

Worldwide, policy making process follows various steps that are considered crucial to the formation of good policies (Butler, 2010). In policy formulation, the definition of the problem is the most critical stage in the policy formulation process as it sets the pace for other preceding stages (Cheng, 2011). It determines the viability and efficiency of the solution to the problem obtained in the end. It therefore requires policy analysts who are critical thinkers and can easily articulate their thoughts and ideas. In this stage, policy analysts play a crucial role as they get to define the problem not the symptom of a problem. A complete analysis of the situation of the problem is done and most importantly identifies those affected by the problem. The problem situation should be explained in as much detail as possible in order to show the current state of affairs. A problem is indeed the source of a policy (Gill, 2008).

The second stage in this process is the selection of criteria which is defined as the basis for judging or choosing. These are the premises for analysis, for saying that one alternative is better than another (Butler, 2010). This stage involves clarifying goals, values and objectives and identifying desirable and undesirable outcomes of solutions to the problem identified above. It is identifying the most practical criterion to choose in light of the existing problem and identify the best alternative to meet that criterion. Arts and Piet (2009), argue that criteria should meet certain aspects such as; emphasizing on ends but not means, it must be clearly stated and sufficiently precise to infer a measure of how well it is gratified by an alternative and should address certain aspects of the policy problem, such that satisfaction of each condition is mutually exclusive (Wallace, 2011).

Distinguishing among alternatives is the next stage of this process whereby all the identified alternatives are thoroughly studied to establish their strengths and weaknesses. The best and worst case of each alternative are described and displayed. This stage makes most use of reports, lists, charts, scenarios and arguments (Howlett & Ramesh, 2011). This stage also makes use of brainstorming by the policy analysts. The final stage comes once the best alternative from the above has been selected. This is the alternative that best meets the needs of the problem in the most effective and efficient way. This stage involves implementation, monitoring and evaluation of policy (Wallace, 2011). A plan of policy implementation is drawn at this stage and a monitoring system is designed to establish whether the policy is meeting the expectations of the key stakeholders. A design for policy evaluation is also established (Wallace, 2011). In Bangladesh the process of making a policy is considered as the result of incentives developed by patronage politics rather than a compulsion for the government to play a crucial role in the country's developments. Public policy formulation is influenced by various factors that include assistance, persuasion and pressure from foreign development partners and the ability to manage and mobilize resources (Aminuzzaman, 2010). For instance, in Bangladesh the commitment of politicians occupying high positions was considered a determinant of policy formulation and implementation process, In the US on the other hand, health policies are formed by three arms of

government namely; executive, legislature and judiciary with the legislative arm being in charge of the process (Wallace, 2011).

Similarly process is also followed in India whereby legislature is entrusted with formulation of policies for the country where the parliament which consists of elected representatives' seat to make policies and the judiciary which interprets the laws and settles conflicts or disputes (Cheng, 2011).

In Africa, a gap' exists between formulation and implementation. Traditionally, in most developing countries public policy making process is a public administration matter (Shikhule, 2012). It clears in modern world that administration and politics are inseparable. People opposing a certain policy do not end their activism when the policy is adopted. Rather, they continue with their opposition efforts during implementation stage by opposing efforts to organize, staff, fund, direct, regulate and coordinate the policy. When opponents fail to halt or delay the implementation process, they turn to legal systems to seek halt or delay the program. According to Buse et al., (2005) over the last one-decade scholars have recognized that there is a change in nature of policy-making process, which relate to involvement of many actors in policy making process.

South Africa also has 3 arms of government with are not hierarchical but autonomous. They all possess different responsibilities in the process of policy formulation. The elected members also known as the legislature, represent the citizens, approve laws and policies and monitor executive arm as well as its agencies. The cabinet or the executive committee are responsible for coordinating the making of laws and policies and also watch over implementation through government agencies. Then there are public servants mandated to work for government and are answerable to the executive (Arts, & Piet, 2009). The Public Service and Administration department develop the framework and policies that guide public service delivery both at provincial and national levels.

In Rwanda, the government gives the major guidelines that are supposed to be used to govern the country. The guidelines are communicated to the prime minister's office where implementation of national policies and leading government activities takes place. Under this office is where the specific ministries fall, such as the ministry of health and the prime minister's office which gives advice to these ministries and supports them in order to speed up service delivery to the citizens of Rwanda.

In Kenya, the structure of government that is the source of all policies is also in 3 tiers. We have the Executive that is made up of President, Deputy President and the Cabinet. It is the responsibility of the executive to formulate and implement policy in all sectors in Kenya. According to Ahmed (2012) the Cabinet also enforce the law. The policy making making process in the health sector is made by the ministry of health, Kenya Association of Private

Hospitals (KAPH) and the Kenya Association of Hospitals (KAH) and Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU) are involved as stakeholders.

In Kenya, Policymakers have to keep a fairly subtle balancing act while trying to tip the scales toward economic growth in a manner that does not raise general economic volatility (Butler, 2010). Despite the various attempts by the ministry of health to come up with efficient and favorable policies, the concept is not yet well articulated in the health sector in Kenya although it is promoted at different levels with fragmented agencies in Kenya (Okoth 2010). The Kenya Health Policy 2012-2030, on ensuring significant improvement of the status of healthcare in Kenya, in accordance with the requirements of the new constitution of Kenya 2010, Vision 2030, and other global obligations is yet to be implemented. Therefore, this study will seek to find out the determinants that require attention in order to ensure efficient and favorable policies are well articulated in the health sector in Kenya.

In investigating the factors that influence policy making and implementation in Bangladesh, Aminuzzaman (2010), found that the policymaking process in this country is seen as the end product of incentives developed by patronage politics but not the need for the government to play a central role in country's development. On the other hand, Anderson (2010), did a study on interest groups and policy-making process and how local government executives influence policy making process in Netherlands and Brazil. He found out that the executives successfully influence technical aspects of particular policies, nonetheless, when they try to alter key areas of the policy their ability to influence the process declines considerably. Abdi (2015), examined the determinants of foreign policy formulation in Kenya. The study noted that foreign policy decision-making is swayed by systemic factors, like the international power structure.

Gitundu (2010), investigated Socio-economic and political factors to impact policy change in Kenya. The study found that to be effective, planning and implementation should be closely integrated with policy dialogue. Oduol (2010), did a study on education policy making in Kenya, implications and conclusions he found that state introduced and regulated action may not necessarily be sufficient in achieving desired developments in quality of education. On the other hand, Omondi (2014) looked at the factors that influence Kenya's national security policy since independence. The study found out that in Kenya formulation of security related policy is chiefly state-centric and hence ignores non-state-centric threats.

This study identifies gaps from the previous studies which applied case studies in the methodology, organizational management theories and variables used, where most studies applied management of resources as the major variable, the current study will use Institutional theory, rational choice theory, Stakeholder theory and resource-based view theory. The study will further use descriptive study design and ANOVA in the analysis, the study will further use four independent variables; political systems, economic resources, stakeholder participation, and legal frameworks while the dependent variable is policy making. Further, from the studies, little

has been done on determinants of policy making in health sector of Kenya, therefore, this study sought to answer the question: What are the determinants of policy making in health sector of Kenya?

## **LITERATURE REVIEW**

Institutional theory by Scott (1995), in his work on organizations and institutions. This theory is an extensively acknowledged theoretical posture that accentuates isomorphism, legitimacy and rational myths (Powell and DiMaggio, 2010). Institutional theory emphasis is on the profound and more robust social structure aspects. The theory explains that policy making in the institutions are influenced by political and national pressures, trading relationships, and international obligations. Besides, the public sector should lead by example to prompt other policies, to inspire stakeholders to participate in governments' policy making processes, to conserve sensitive natural resources, to safeguard vulnerable populations and to fulfil its social responsibilities at various levels of governance (Brinkerhoff, 2002). The theory is used in this study since each stakeholder needs to have a perfect understanding of the pointers that have been determined for every project objective as this will assist them in policy making on how the key performance indicators are contributing to the achievement of the health sector. According to Meyer and Rowan (2007), institutions are seen to serve crucial social functions, including rule formulation and enforcement and the promotion of legitimacy comprehensibility, as well as social stability.

On the other hand, the rational choice theory is relevant to the study as it is grounded on the view that all individuals base their choices on rational calculations, act rationally when making decision, and strive to upsurge either profit or pleasure. Rational choice theory also lays down that all multilayered social phenomena and political will are compelled by distinct human actions. This theory can allow politicians and political systems to win decisions on rational calculations in policy making. Rational choice theory then assumes that a person in health sector in Kenya has preferences among the available alternatives on political views that permit them to state which option they prefer. The theory allows policy makers in health sector in Kenya to take account of available probabilities of events, information, and potential benefits and costs in determining preferences, and to act steadily in choosing the strong-minded best choice of action.

The stakeholder theory was introduced in 1963 by Edward Freeman. The theory is important to the study because it shows that every legal person or group taking part in policy making in Kenya's health sector, does so to get benefits, and that the priority of the interests of all legal stakeholders is not obvious (Mansell 2013). He further argues that, even though stakeholder theory is instrumental and descriptive, it is more profoundly normative. Stakeholders in health sector in Kenya are well-defined by their interests and all interests of stakeholders are said to be fundamentally valuable. Stakeholder theory is managerial and can be used to recommend attitudes, structures, and practices in Kenya's health sector and needs that coinciding attention be accorded to the interests of all authorized stakeholders.

The resource based theory is pertinent to the study because it identifies economic resources that are likely to be important in policy making process. Resource-based theory predicts resources are important to the health sector in Kenya and its policy implementation performance (Pfeffer & Salancik, 2003). It further details the premise that the economic resources effects will be more important determinants of the policy making process than the sector effects by comparing outcomes across multiple levels of analysis.

The significance of the resource-based view (RBV) in this study is that it brings out management of resources which affects policy making process in health sector in Kenya. Resources in health sector includes physical, financial, commercial, human, organizational, and technological assets used by companies to develop, manufacture, and deliver services and products to its customers. According to Cocks (2010) they may be categorized as tangible (physical or financial) or intangible (i.e., worker's experiences, skills, knowledge and firm's brand name, reputation, organizational procedures).

## **RESEARCH METHODOLOGY**

The study used a descriptive study design which is most suited to justify the connection between political systems, economic resources, stakeholder participation, legal frameworks and policy making. The study focused on policy makers working in the Ministry of Health. According to Ministry of Health (2016), who were identified using Stratified sampling technique to ensure that the general population parameters with outstanding precision and makes sure that a representative sample and eventually the responses. Finally, Krejcie and Morgan's formula was used to get the sample size of this research. This formula is considered effective in finding sample size from a population with a given size. Structured questionnaire was used to get the primary data through drop and pick later approach to the respective policy makers or their equivalent. In this study, the researcher used content validity to find out whether the instruments responded to research questions. For reliability, the investigator used internal consistency measure referred to as Cronbach's Alpha ( $\alpha$ ) which shows the extent to which a set of measurement items can be treated as measuring a single latent variable. Multiple regression was conducted to show the relationship between political systems, economic resources, stakeholder participation and legal frameworks and policy making process in health sector of Kenya. ANOVA test was also carried to find the level of significance of the variance by the use of a one-Way ANOVA with aim of determining the existence of significant variations between the variables.

## **RESAERCH RESULTS**

On the correlation of the study variable, the investigator computed a Pearson moment correlation. Looking at the findings presented in the above table, the researcher found that there was strong positive correlation coefficient between policy making in the health sector and Political systems, as shown by correlation factor of 0.512, this strong correlation was found to

be statistically significant as the significant value was 0.022 which is below 0.05, the study found outstanding positive relationship between policy making in the health sector and economic resources as shown by correlation coefficient of 0.601, the significant value was 0.014 which is less 0.05.

On the other hand, the study found a strong positive correlation between policy making in the health sector and Stakeholder participation as depicted by correlation coefficient of 0.631, this strong correlation was found to be statistically significant as the significant value was 0.012 which is below 0.05 and finally the study found significant positive relationship between policy making in the health sector and the Legal frameworks as shown by correlation coefficient of 0.757, this strong relationship was found to be statistically significant as the significant value was 0.003 which is less than 0.05. The findings agree with Smith (2016), that political transition may influence the policy process through the appearance of new players and changes in the position and opinions of prevailing ones. Mead (2008), believes that the separation of politics and policy weakens the public policy field. He also believes that the only time a politician and a policy maker agree is when they want to reconcile the optimal with the politics as shown in Table 1.

**Table 1: Correlations**

		Policy Making	Political systems	Economic resources	Stakeholder participation	Legal frameworks
Policy Making	Correlation Coefficient	1.000	.512	.601	.631	.757
	Sig. (1-tailed)	.	.425	.541	.225	.968
	N	36	36	36	36	36
Political systems	Correlation Coefficient	.512	1.000	.033	.435	.001
	Sig. (1-tailed)	.022	.	.000	.003	.002
	N	36	36	36	36	36
Economic resources	Correlation Coefficient	.601	.122	1.000	.026	.008
	Sig. (1-tailed)	.014	.001	.	.000	.000
	N	36	36	36	36	36
Stakeholder participation	Correlation Coefficient	.631	.037	.026	1.000	.124
	Sig. (1-tailed)	.012	.000	.001	.	.002
	N	36	36	36	36	36
Legal frameworks	Correlation Coefficient	.757	.001	.008	.114	1.000
	Sig. (1-tailed)	.003	.001	.003	.000	.
	N	36	36	36	36	36

This research used a multiple regression analysis to examine the influence among predictor variables. The study applied statistical package for social sciences (SPSS V 23.0) to enter, compute and code the measurements of the multiple regressions. The summary of the model is provided in Table 2.



**Table 2: Regression Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.899 <sup>a</sup>	.809	.794	.944163

a. Predictors: (Constant), political systems, economic resources, stakeholder participation, and legal frameworks

To evaluate the model fit the study used coefficient of determination. The model has an average coefficient of determination ( $R^2$ ) of 0.809 which implies that 80.90% of the variations in policy making in the health sector are explained by the independent variables understudy (political systems, economic resources, stakeholder participation, and legal frameworks). The research further examined the significance of the model by use of ANOVA technique. The findings are provided in the following table 3.

**Table 3: Analysis of Variance**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	115.816	4	28.954	32.49	.000 <sup>b</sup>
	Residual	27.621	31	.891		
	Total	143.437	35			

From the ANOVA statistics, the study found out that the regression model dependent variables were statistically significant ( $p < 0.05$ ) in influencing the dependent variable. This is an indication that political systems, economic resources, stakeholder participation, and legal frameworks all have a significant impact on policy making of health sector in Kenya. Table 4 provides a summary of the findings.

**Table 4: Regression Coefficients**

Model	Unstandardized Coefficients		Standardized Coefficients		t	Sig.
	B	Std. Error	Beta			
	(Constant)	1.314	.633			
Political systems	.786	.130	.492		6.048	.000
Economic resources	.620	.155	.322		3.990	.000
Stakeholder participation	.675	.166	.326		4.056	.000
Legal frameworks	.614	.129	.265		4.759	.000

Dependent Variable: Policy making

As per the regression output presented in table above, the equation becomes;

$$Y = 1.314 + 0.786X_1 + 0.620X_2 + 0.675X_3 + 0.614X_4 + \varepsilon$$

From the regression model obtained above, it is evident that when we set the value of the coefficients of all the variables to zero policy making in health sector in Kenya would be at 1.314 with a t-value of 2.074 due to variation from factors other than variables. The study revealed that a unit change in political systems while holding the other factors constant would change the policy making in the health sector in Kenya by a factor of 0.786 with a t-value of 6.048 which is an indication that political systems have a strong positive influence on policy making in the health sector in Kenya. A unit change in economic resources while holding the other factors constant would change the policy making in the health sector in Kenya by a factor of 0.620 with a t-value of 3.990 which is an indication that economic resources have a strong positive influence on policy making in the health sector in Kenya. Similarly, a unit change in stakeholder participation while holding the other factors constant would change the policy making in the health sector in Kenya by a factor of 0.675, with a t-value of 4.056 which implies that stakeholder participation has a strong positive influence on policy making in the health sector in Kenya and a unit change in legal frameworks while holding the other factors constant would change the policy making in the health sector in Kenya by a factor of 0.614 with a t-value of 4.759 which implies that legal frameworks have a strong positive influence on policy making in the health sector in Kenya. The analysis was conducted at 5% significance level. The method for finding out whether the predictor variables were significant in the model was through comparing the found probability value and  $\alpha=0.05$ . If the probability value was below  $\alpha$ , then the predictor variable was significant otherwise it was not. All the predictor variables were significant in the model as their probability values were less than  $\alpha=0.05$ .

## **DISCUSSION**

Descriptive results show that policy formulation is influenced by political certainty in the health sector, policy makers in health sector involve politicians in the policy making process because they are critical to the outcome of the policy and there is a lot of political freedom in the health sector. On the other hand, the correlation results found that there was a strong positive correlation coefficient between policy making in the health sector and Political systems, as demonstrated by correlation factor of 0.512, this strong correlation was found to be statistically significant as the significant value was 0.022 which is below 0.05. The findings are in line with Ayepong and Adjei (2008), who noted that political system can approve and implement such a policy. It is therefore necessary for policy makers to involve politicians in every step of the policy making process because they are critical to the outcome of the policy. The political field is the one that is charged in ensuring that policies are implemented and this can only happen if they deem the policies to be favorable to them.

The study further revealed that political transition influences the policy process in health sector through the emergence of new actors, and that the separation of politics and policy weakens the public policy field in the health sector. The findings are in line with Smith (2016), that political transition may influence the policy process through the emergence of new actors and changes in

the position and opinions of prevailing ones. Mead (2008), believes that the separation of politics and policy weakens the public policy field.

Similarly, on economic resources, the study found that financial constraints often affect the implementation of absolutely clear, and consistent directives of a policy in the health sector. During the implementation of policies resources are essential for purchase of production facilities and policy making in health sector employs a lot of human resources. The study further established a strong positive correlation between policy making in the health sector and economic resources as shown by correlation coefficient of 0.601, the significant value was 0.014 which is less 0.05. The findings concur with Walt & Gilson (2014) study. The latter found out that funding from government was cited by majority of policy makers as crucial for policy making process success. This was found to be dependent on recognition of the effectiveness of the strategy on the side of treasury employees. The critical reflection depicted by policymakers in acknowledging funding gaps is crucial in advocating for future comprehensive funding of public health services by the government.

The study established that infrastructural constraints affect the implementation of clear, and consistent directives of a policy in the health sector, policy making process requires a lot of monetary resources and that the availability of funding from government is critical for success of policy making in health sector. The findings concur with Hercot, et al, (2011), that financial and infrastructural constraints often affect the implementation of absolutely clear, correctly transmitted and consistent directives of a policy.

On the other hand, the study established that involvement mechanisms of the stakeholders in the health sector creates efficiency in implementation, the level of participation determines the period of policy making process in the health sector, the stakeholder's powers influence policy making in the health sector, sponsor involvement during policy planning is key to its success, the different positions of the stakeholders influence the policy making process. On the other hand, the correlation results demonstrated a strong positive relationship between policy making in the health sector and stakeholder participation as demonstrated by correlation coefficient of 0.631, this strong relationship was found to be statistically significant as the significant value was 0.012 which is below 0.05. The findings are in line with Hercot, et al (2011) findings which found out that stakeholder analysis is a crucial part of effective actor management in policy development and implementation process as it permits proactive consideration of actors' power and positions, which can positively affect policy formulation process to a considerable extent. Policy implementation process does not function in isolation rather it is influenced by networks of stakeholder, each with special motivations and interests.

The study further revealed that different positions of the stakeholders influence the policy making process, and that the proportion of participation in the process ensures that the policy making process is effectively implemented in the health sector. The findings are in line with Debbie et al

(2011), who found that involvement of stakeholders in the initial planning of a project is key to its success.

The study further established that civil society groups introduce shifts in public policies in the health sector, judiciary plays a key role in implementation of the policies in the health sector, constitutional rights are essential in the policy making process in the health sector, the involvement of legislature creates policy continuity in the health sector. The study further found strong positive correlation between policy making in the health sector and the Legal frameworks as shown by correlation coefficient of 0.757, this strong correlation was found to be statistically significant as the significant value was 0.003 which is below 0.05. The findings are in line with Walt and Gilson, (2014), that the judiciary and legislature play an essential role in the policy implementation process. The legislature do not only function as open forums where policies are approved but also play substantive part in policy implementation process especially during policy evaluation. On the other hand, the judicial serves as the custodian of the law and ensures that no policy that is formulated goes against available laws, the constitution and case law.

On the policy making, the study established that health sector adopts policies from the government, the health sector staffs are involved in policy formulation, policies are evaluated by all stakeholders in health sector, policies are implemented by the government, and that agenda setting issues are sorted to reduce problems facing societies. The findings concur with Corluka, et al (2014), that the absence of clear strategic directions at executive levels is a major barrier to effective policy formulation and implementation. The findings of this study demonstrate that lack of clear political priorities hamper policy making process because of absence of lack of flawless direction and purpose.

## **CONCLUSION**

The objective of this study was to investigate determinants of policy making in the Kenya's public health sector. This study has given an all-inclusive review of determinants of policy making in the public sector, case of health sector in Kenya. The findings of this study allow the researcher to generalize that there exists a positive correlation between political systems on policy making in the health sector in Kenya. On the other hand, the study concludes that policy makers in health sector involve politicians in the policy making process because they are critical to the outcome of the policy, there is a lot of political freedom in the health sector.

The study concluded that there exists a strong positive correlation between economic resources and policy making in the health sector in Kenya. The study further concluded that financial constraints often affect the implementation of absolutely clear policy in Kenya, and consistent directives of a policy in the health sector, during the implementation of policies, resources are essential for purchase of production facilities.

On the stakeholder participation, the study concluded that stakeholder participation poses a key influence on policy making in Kenyan health sector. Similarly, the study concluded that a strong positive correlation is available between policy making in the Kenya's health sector and stakeholder participation. The study concluded that the level of participation determines the period of policy making process in the health sector, the stakeholder's powers influence policy making in the health sector, sponsor involvement during policy planning is key to success in the health sector in Kenya.

On legal frameworks the study concluded that legal frameworks have a considerable strong positive relationship between legal frameworks and policy making in the health sector in Kenya. Similarly, the study concluded that civil society groups introduce shifts in public policies in the health sector, judiciary in Kenya plays a key role in implementation of the policies in the health sector, constitutional rights are important in the policy process making in the health sector, the involvement of legislature creates policy continuity in the Kenyan health sector.

## **RECOMMENDATIONS**

The political class dedication and commitment was found to be the major determinant of success of formulation and implementation of policies in health sector in Kenya. Therefore, the study recommends that politicians should strive to understand political stakes in the policy making process and creating a rapport of mutual respect and trust among other stakeholders without compromising scientific integrity. The government should continually reformulate and provide the necessary information and data, the supply of technical assistance, and the spread of philosophies based on facts and knowledge on policy making in Kenya.

The study further recommends that the management of the health sector in Kenya should formulate and embrace positive fiscal policies which are sensitive and relevant to the forces determining policy making process penetration. The management of the health sector should be armed with relevant policies on how to function competitively in the health sector market both locally and internationally. The management of the health sector in Kenya should work closely with the government to ensure that all legal issues regarding the policies are solved to create healthy environment for policy formulation.

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