

Health Systems and Services Development

During 1998, PAHO carried out activities to create or strengthen mechanisms for the production, storage, analysis, and dissemination of information to support the countries of the Region in decision-making about the development of health systems and services. The Organization's technical cooperation was geared toward generating sustainable processes

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The Regional Health Sector Reform Initiative promotes more equitable and effective delivery of basic health services.

for the development of indicators, putting in place systems to produce information on those indicators, and carrying out analysis related to monitoring and evaluating the operation of health systems and services. The work focused on implementing lines of action that would ensure that the information produced, analyzed, and disseminated would be useful for policy formulation, sectoral and institutional planning, administration of services, and monitoring and evaluation of health sector reform processes. Three complementary cooperation projects initiated in 1998 responded specifically to those objectives: health systems and services profiles, the "Observatory Project" on human resources in health sector reform, and the Clearinghouse on Health Sector Reform.

These projects are part of PAHO's response to the mandates of the 1994 Summit of the Americas and the Special Meeting on Health Sector Reform, held in Washington, D.C., in 1995. Both meetings highlighted the determination of the Region's governments to introduce reforms in the health sector with a view to reducing inequities, improving quality, and correcting the inefficiencies of current systems. To that end, USAID and PAHO launched the Latin America and Caribbean Regional Health Sector Reform (LACHSR) Initiative, which seeks to promote more equitable and effective delivery of basic health services by building a regional support network. These activities are intended to aid informed decision-making on health management and policies; health care financing; and the improvement, decentralization, and institutional development of health services.

The regional activities being carried out under the Initiative are grouped in four strategic areas: methodology and instruments for the analysis, design, implementation, and monitoring of reforms; collection and dissemination of information on national reform activities; monitoring of health reform processes and outcomes in order to generate and apply new mechanisms and provide feedback to the countries, donors, and other partners; and support to enable the countries to share experiences.

Each of the projects described below supports these strategic areas of the Initiative from various angles.

HEALTH SYSTEMS AND SERVICES PROFILES

Despite the mandates received in 1994 and reinforced in 1995, until mid-1998, the Region of the Americas did not have a document that provided a standardized, succinct, and analytic description of the context in which the health service systems of each country operate; of their overall organization, functioning, and availability of resources; or of how they are being affected by the health reform initiatives currently under way. Moreover, there was no methodology for facilitating the production of such a document. The project for the development of health systems and services profiles of the countries of the Region aims to fill that gap.

The purpose of this project is to produce an objective, easily updated document of manageable length that systematically describes and analyzes the structure and dynamics of the health system and services in each country and provides a methodological tool for monitoring and evaluating reform processes. Composed of the profiles of all the countries, the document will serve as a useful resource for political decision-makers and other interested parties. Its structure facilitates use of the information by national and subnational levels and also permits comparison between countries. This information can be accessed through the following Web site: <http://www.americas.health-sector-reform.org>.

The country profiles were prepared mainly by national teams, working on the basis of a previously agreed upon methodology and in close collaboration with PAHO. In many instances, this process helped national personnel to assess their procedures for generating information and analyzing the performance of health systems and services, thus facilitating decision-making in that regard. The country profiles cover only the key points that are considered most important and so do not contain a complete and exhaustive analysis of every aspect of the health services system. However, they do facilitate detailed analysis of both the included points and those left out, in that they provide a starting point and frame of reference for contextualizing the analysis.

The profiles are structured in three major chapters. The first relates to the context in which the health system and services operate and includes political, economic, and social information. The second describes the system's normal operations, including both personal health care and public health services. This chapter is divided into three sections: overall organization, resources, and functions. The third chapter deals with health sector reform processes and provides a methodological framework for monitoring and evaluation of those processes.

Work on the design of this methodology began in October 1997 with the development of a baseline for monitoring and evaluating health sector reform, which was applied in 18 countries of the Region during 1998. The process of developing the methodology comprised several stages: production of a preliminary version; feasibility testing in five countries and circulation for comment to PAHO/WHO Country Offices in another eight countries; an international consultation meeting; preparation of the final version; and incorporation of this version into the guidelines for preparation of the profiles.

The methodology contains a chapter on monitoring the reform process and another on evaluating outcomes. The first chapter attempts to distinguish the origin, design, negotiation, application, and evaluation of the results of the reform process, as well as to differentiate the actors who are involved predominantly in the societal sphere from those who are in the public sector. This chapter also seeks to obtain information on the strategies employed and the actions undertaken. Among other topics, it includes questions related to the legal

A profile of the health service system has been developed so as to give countries an objective tool with which to analyze the system's structure and dynamics.

framework, the right to health, the steering role of the health sector, the separation of functions, decentralization modalities, social participation and control, health financing and expenditure, and the model for management and supply of services and human resources.

The other chapter of the methodology is devoted to evaluating outcomes as a way to assess to what extent health reform is helping to improve levels of equity, effectiveness, efficiency, quality, and sustainability in health systems and services, as well as social participation in them. It seeks to generate information on equity through indicators of access, coverage, distribution, and use of resources; information on effectiveness and technical quality through morbidity, mortality, technical quality, and perceived quality indicators; information on efficiency through an assessment of outcomes in relation to the cost of the resources used and indicators relating to the allocation and management of resources; information on the sustainability of the process through indicators of the legitimacy of health service delivery institutions, medium-term financial planning, capacity to modify the health expenditures and revenues of public institutions, percentage of health centers able to collect from third-party payers, and capacity for obtaining external loans; and information on social participation through indicators of social control over the various levels and functions of the health services system.

CLEARINGHOUSE ON HEALTH SECTOR REFORM

The Clearinghouse—a combined effort of USAID and PAHO—is designed to facilitate the information dissemination activities of the joint Health Sector Reform Initiative. These efforts represent the conceptual outcome of a protracted debate on health sector reform within the Governing Bodies of the Organization and other forums.

Although national health systems in different countries may face extremely different situations and problems, the reform modalities they have adopted in response are strikingly similar. In this context, the Clearinghouse serves as a focal point for the collection, organization, and dissemination of information on health sector reform processes in Latin America and the Caribbean. The Clearinghouse decentralizes the information and promotes more effective participation by different sectors and segments of the population.

PAHO has thus assumed leadership in the coordination and management of information production and dissemination. Clearinghouse activities complement the Initiative's strategic areas. PAHO has been working to produce a body of material on health sector reform and make it available to users in both printed and electronic form, utilizing a variety of formats and communications media.

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The components of the Clearinghouse represent different functional categories. The *Health Sector Reform Bulletin Board* announces events of interest and presents updates on reform processes and on special meetings and other noteworthy activities. The *Network of Key Actors in Health Sector Reform* provides a comprehensive and constantly expanding database of individuals, organizations, and other entities active in various areas of health reform. The *Gray Literature Cyberlibrary* contains a database of hard-to-find unpublished materials on health sector reform indexed by standard bibliographical descriptors. The health reform thesaurus included in the cyberlibrary provides a specific indexing tool that organizes current terminology in a consistent and easily accessible format. *Country Information on Health Sector Reform* offers information on existing services and systems and on reform processes under way, country baseline reports, initial situation analysis on the countries, and country profiles with updated results of monitoring and evaluation, as well as the methodology used to prepare the reports. The *National Health Sector Reform Policies* component contains official documents on health sector reform policies, and the *LACHSR Product Inventory* provides information on the tools and publications produced under the Initiative.

The Clearinghouse takes advantage of the potential of modern information technology for communication and dissemination, utilizing the Internet to store and retrieve documents. It also provides access to printed publications on a variety of topics. The production of informative materials in printed and electronic forms has been coordinated to ensure that the contents of the Clearinghouse are available in a format that fits both the material and the user.

The Clearinghouse can be used by anyone interested in health sector reform, but its primary users are expected to be key participants in reform processes in the Region, including lawmakers, sector managers, health professionals, and researchers, as well as national institutions, international cooperation agencies, nongovernmental organizations, and the private sector. In order to serve these users effectively, an attempt was made to determine their access to various means of electronic communication, and a distribution mechanism was designed to ensure that printed publications would reach their intended audience.

Use of the Clearinghouse grew exponentially during this first year, both in terms of number of visits to the Web site and the amount of material processed. Thus far, the Clearinghouse is working as planned: the information is being disseminated and its use is growing as user demand increases. As its knowledge base and connectivity expand, the Clearinghouse is expected to become a virtual intelligence center, where shared knowledge will flourish and, ultimately, contribute to the sustainability of sector health reform in Latin America and the Caribbean.

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Most countries of the world are reforming their health systems as part of broader State, economic, and labor reforms.

OBSERVATORY PROJECT FOR HUMAN RESOURCES IN THE HEALTH SECTOR

In almost all countries of the world, health sector reform is the most significant process occurring in the health field, and it is taking place in a context of major global and national change and in conjunction with other economic, state, and labor reforms. Nevertheless, until very recently, the impact of all these changes on human resources has been overlooked on research agendas.

A PAHO, ECLAC, and ILO interinstitutional project—known as the Observatory project—seeks to address the gaps in information and analysis relating to human resources in health sector reform processes. To that end, an institutional network was established for the collection, exchange, monitoring, and analysis of information on the subject, which is available to decision-makers in the countries of the Region. The project also is linked to the cooperation activities being carried out under the LACHSR Initiative. It is expected to become a network of institutions and people in the countries of the Region with recognized technical expertise in the development of human resources, which can be mobilized at affordable cost to support the various participating countries.

PAHO recognizes that no change can take place in any of the dimensions of health systems and services without taking into account the fundamental role played by health personnel. The objectives of the Observatory project are, therefore, oriented toward contributing to reform of the legal frameworks that govern work in the health sector and labor market regulations; increasing the quality and productivity of health services and assuring their sustainability; establishing educational programs that are consonant with new modalities of work in health services; and enabling the sector to function effectively by averting and managing labor conflicts.

These objectives are intended to respond to four problem areas resulting from a disconnect between health reform processes and policies on human resources in the health sector. These areas are related to improved availability, distribution, and flow of human resources; salary schemes, incentives, and performance evaluation; the profile of graduates of training institutions that have not yet adapted to the objectives that are guiding reforms; and the strengthening of the steering function of the ministries and development of participation mechanisms.