

## IN THIS ISSUE



### Editorial Page:

From the Editor's Desk ..... 1



### Feature Section:

Research and Health Sector Reform ..... 2

Vision for the Future: Negotiated Research Agendas ..... 3

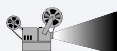


### Health Reform Toolbox:

The Policy Toolkit ..... 4

The Decentralization Planning Tool ..... 4

The Human Resource Development (HRD)  
Assessment Instrument ..... 5



### Spotlight on Initiative Activities:

Study Tour to Costa Rica ..... 6



### Country Chronicle:

Dominican Republic, El Salvador, Guatemala, Honduras and  
Nicaragua ..... 8



### Resource Guide

Special Issue on Health Sector Reform - Pan American Journal  
of Public Health ..... 9

LAC Initiative Technical Publications Series ..... 10

"Informando & Reformando" ..... 10

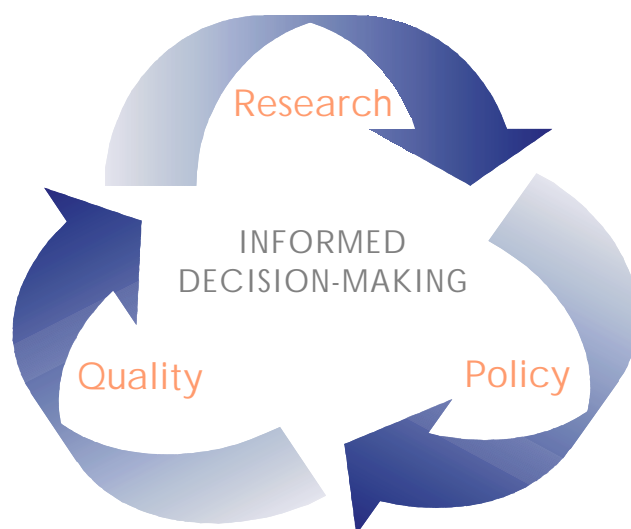
# REFORM IN MOTION

A Bulletin for the Dissemination of Information on Health Sector Reform in Latin America and the Caribbean

## FROM THE EDITOR'S DESK:

The following is a quote taken from the official Latin America and Caribbean Regional Health Sector Reform (LAC HSR) Initiative brochure - *"The regional efforts of the Initiative support informed decision-making on health policy and management, health financing, health services improvement, decentralization, and institutional development."*

**Informed decision-making** is an important concept and it can be enhanced in different ways. Since there are many levels where policy decisions can be influenced, knowing more about how to negotiate the policy-making process can be very useful. With policy-makers becoming increasingly interested in evidence-based decision-making, research can be used to produce meaningful information to help policy decisions. The growing concern for quality in health services has also increased the impact of quality issues on the formulation of health policies.



The themes of research agendas, quality assurance and policy reform have appeared in different types of activities connected with the LAC HSR Initiative:

- Researchers, representatives from international agencies and managers of health projects were invited to attend a regional forum in Brazil to share their views on the use of **research** in health sector reform, and generated valuable ideas on how to build bridges linking technical cooperation, policy-making and research. (Details in the "Feature Section.")
- A study tour that looked at the Costa Rican health reform experience provided insight into how the design and implementation of policies and programs that focused on **quality** improvement has managed to make a difference in the modernization of the health sector. (Details in "Spotlight on Initiative Activities.")

*continued on back page*

## RESEARCH AND HEALTH SECTOR REFORM

### THE DEMAND FOR RESEARCH

The heterogeneous and dynamic nature of health sector reform in the Region generates questions that are best answered through research. Valid research can supply the evidence needed to support policy recommendations that further national reform goals. In response to this emerging challenge, a regional forum, an activity of the LAC Initiative, was convened to assess the current status of research and explore strategies for improving the use of research in health sector reform.

### BARRIERS, GAPS AND PRIORITIES

Barriers to the use of research have been attributed to the lack of ownership of the research agenda by key stakeholders, poor communication of results to decision-makers, insufficient knowledge of the policy-making environment on the part of researchers and inappropriate institutional frameworks linking researchers and potential users. Gaps in health sector reform research have been identified in several areas—the availability of information da-

tabases and formulation of indicators, human resource capacity and training, the evaluation of reform outcomes and the influence of “external factors.” Possible mechanisms for increasing the use of research include strengthening the political awareness of researchers, improving the packaging of research results, building wider knowledge bases and forming alliances among researchers.

### THE CHALLENGE: BUILDING BRIDGES BETWEEN RESEARCHERS AND USERS

Ongoing dialogue between researchers and policy-makers is widely perceived as a critical factor for increasing the utilization of research. This entails concerted efforts to sensitize decision-makers to the potential usefulness of research findings, using both formal and informal communication channels. Researchers need to be aware of what issues are important to policy-makers, and to involve them in planning the research agenda. Furthermore, research results should be made available in a timely manner and in ways that can be easily understood by decision-makers.



### *“Bem vindo à página de Desenvolvimento de Sistemas e Serviços de Saúde (HSP/OPAS)”*

*Presentations from the Forum are available online from the “Sala de Leitura” in the section on research in health sector reform.*

You can access the PAHO Web in Brazil at: <http://www.opas.org.br>. Alternatively, you can access the page through a direct link from “Pointers” in the Clearinghouse at: <http://www.americas.health-sector-reform.org>.

# VISION FOR THE FUTURE: NEGOTIATED RESEARCH AGENDAS

The regional forum on “The Use of Research in Health Sector Reform in Latin America and The Caribbean” was held in Salvador, Bahia, Brazil, May 3-5, 2000. Major themes were discussed under four panels. Panel I: Actual situation of research on reforms in Latin America and The Caribbean. Panel II: The future agenda of research in reform: the vision of researchers and users of research. Panel III: Strategies for maximizing the use of research in Latin America and The Caribbean. Panel IV: The vision of different international agencies.

During the meeting, Dr. Daniel López-Acuña, Director, Division of Health Systems and Services Development, Pan American Health Organization, emphasized the importance of bringing the research community and the world of policy-making together in the spirit of “Panamericanism” and proposed action in three specific areas:

- 1 **Reorient research priorities** - by assessing the needs of policy-makers and facilitating dialogue between policy-makers and other agencies that support research efforts.
- 2 **Build research capacity in priority areas** - by developing information databases, promoting comparative studies across research centers and supporting both regional and international research networks.
- 3 **Improve linkages between research and policy-making** - by focusing on the sensitization of decision-makers to the applications of research and the training of researchers in communication and advocacy skills. ♦

*Contributed by PAHO: Edwina Yen*



Opening ceremony of the LAC Regional Forum on “The Use of Research in Health Sector Reform in Latin America and the Caribbean”, held in Bahia, Brazil, May 3-5, 2001. Members of the panel are, from right to left: Dr. Daniel López Acuña, Director, Division of Health Systems and Services Development, Pan American Health Organization, Dr. Vinicius Pawlowski Queiroz, Director of Planning Evaluation and Information, Secretariat of Health Policies, Ministry of Health, Brazil; Dr. Wagner Porto, Chief of Cabinet, Bahia State Secretary of Health, Brazil; Dr. Martha McCoy, Minister of Health, Ministry of Health, Nicaragua, Dr. Jacobo Finkelman, Representative, Pan American Health Organization, Brazil.

## THE POLICY TOOLKIT\*

Most Latin American countries have begun to reform their health sectors. The countries undergoing reform have seen a lot of debate, analysis, and assistance focused on the technical content of the health sector reforms. Oftentimes, the government has determined the direction and outline of health sector reform in these countries. Concurrence on the general direction for reform often means that responsibility is transferred from politicians to people such as health sector reform teams or other groups of technical experts within government, usually in the Ministry of Health.

Currently many observers and participants in health sector reform have begun to acknowledge and show a growing interest in the political process that underlies health sector reform. Despite the increasing recognition of the role of politics, health sector technical experts may not recognize policy reform as a process that can be managed, nor consider managing politics to be part of their job. Furthermore, the health sector technical staff may not understand how to manage the political environment and influence the policy process in order to increase the feasibility and success of proposed reforms.

This toolkit was designed specifically to help health sector reform teams better understand the nature of the political process and develop skills to actually manage that process.

### WHO SHOULD USE THIS TOOLKIT?

This toolkit is intended for *health sector reform teams and others involved in making and influencing health policy decisions.*

Health sector reform teams may include mid- and high-level officials in ministries of health, planning, or finance; in-country health professionals; members of professional associations; and health economists. Other users of the toolkit might include NGOs, donors, or managers of health facilities. If you have an interest in the process and outcomes of health sector reform, you will benefit from using this policy toolkit. The toolkit will help you prioritize and manage your interests and influence the health reform process.

### WHAT WILL THE POLICY TOOLS HELP YOU DO?

- *Conducting a stakeholder analysis* will show you how to assess the interested parties and their support for a particular policy, their underlying interests, and if and why those interests should be taken into account.
- *Developing an advocacy strategy and communications plan* will help you: decide on your advocacy objectives, identify target audiences, take stock of available support and information resources, determine a strategy that makes use of your resources to achieve your objective and develop, and target and deliver messages that provide relevant and timely information and persuade policy makers to take desired actions.
- *Conflict negotiation* will help you, with careful preparation, anticipate, contain, and resolve disputes, when parties with different interests need to work toward mutually acceptable solutions.

\*More information about the Policy Toolkit is available from the PHR Website at <http://www.phrproject.com/globali/policyt>. ♦

*Contributed by PHR: Kathleen Novak*

## THE DECENTRALIZATION PLANNING TOOL\*

The process of decentralization in an organization or a health system consists of shifting responsibilities for one or more functions from the central to more peripheral levels. During this process, two distinct issues need to be addressed, namely what functions are to be decentralized and who should be responsible for them. Management Sciences for Health developed the

*Decentralization Planning Tool* to help decision-makers address these questions in a systematic and practical manner.

The Decentralization Planning Tool consists of both sample and template tables, as well as a set of instructions. It is based on a functional analysis of a health system, and covers the functional areas of financial resources, human resources, drugs and supplies, equipment and infrastruc-

*continues on bottom of page 5*



## THE HUMAN RESOURCE DEVELOPMENT (HRD) ASSESSMENT INSTRUMENT\*

**H**ealth sector reform creates fundamental change in the financing and delivery of health services and in the roles and responsibilities of the public and private sector. Designed to promote a more efficient, effective and equitable health sector with increased capacity for addressing health problems throughout the population, these changes impact clients and communities seeking care. The changes also have a profound effect on the managers, leaders and employees in public sector organizations, NGOs and other organizations that comprise the health sector. Changes brought about by health sector reform (HSR) that impact employees may include: re-profiled jobs at both central and decentralized levels, new lines of supervision and decision-making authority, the need to build new teams and motivate staff who may be concerned by the changes, the need for re-engineered systems and work processes, the need for training programs, new compensation and incentive policies and new supervision and performance appraisal systems. Any change must also be in compliance with the country's labor laws and regulations.

To address these various changes, public sector organizations and NGOs require strong, integrated human resource management (HRM) systems. The Human Resource Development (HRD) Assessment Instrument helps to simplify the challenge of strengthening an HRM system.

The HRD Assessment Instrument can be used in public sector organizations and NGOs before and during the planning and implementation of health sector reform in order to assess overall institutional human resource management capacity and to develop a management action plan to address weaknesses identified. The Instrument is designed as a self-assessment to be used with a cross-section of staff and leaders from the organi-

zation (public sector or NGO), preferably with the support of an outside HRM consultant. The Instrument is organized according to the core functions of a Human Resource Management System:

- Capacity (HRM budget and staff)
- Planning
- Personnel Policy and Practice
- Data
- Performance Management
- Training

### ***The Instrument itself consists of a matrix that includes:***

- ❶ Twenty three HRM components that fall within the six broad areas of HRM mentioned above,
- ❷ four stages of HRM development,
- ❸ characteristics that describe each HRM component at each stage of development, and
- ❹ space to describe the indicator that provides tangible evidence that the organization is at a particular stage of development.

The HRD Assessment Instrument has been used with NGOs in Zambia, Bolivia and Nicaragua and with the Ministry of Health in Albania. The Instrument was introduced to representatives from 12 LAC countries in an Initiative-sponsored meeting in April 2000 in Managua, Nicaragua.

\*The HRD Assessment Instrument is available in English, Spanish and French. You can find the HRD Assessment Instrument on MSH's Manager's Toolkit on the Electronic Resource Center (<http://erc.msh.org>). To order a hard copy, please contact the MSH Bookstore ([bookstore@msh.org](mailto:bookstore@msh.org)).

Contributed by FPMD: Riitta-Liisa Kolehmainen-Aitken

*continued from page 4*

ture, health service delivery, and health information systems. The Tool is flexible, easy to use, applicable to a wide range of organizations, and adaptable to different settings. Because it facilitates the clear identification of critical health sector functions, public sector and NGO managers can use the Tool to take a snapshot of the current decentralization status, as well as to guide their decision making about future decentralization.

The Decentralization Planning Tool was designed in response to a growing need for ways to think more

systematically about the process of decentralization and its implications for the health sector reform efforts underway throughout the world. It has already been shared in the LAC region through Initiative-supported activities.

\* The Tool is available in both Spanish and English from the Managers' Toolkit in the MSH Electronic Resource Center ([www.erc.msh.org](http://www.erc.msh.org)). ♦

Contributed by FPMD: Gerry Rosenthal

# Spotlight on Initiative Activities

## STUDY TOUR TO COSTA RICA



A study tour to Costa Rica took place during the week of November 20-24, 2000. The purpose of the tour was to share country experience on the processes of reform in the health sector. The themes of focus were: the Steering Role of the Ministry of Health (MOH), the Modernization of the Costa Rican Social Security Institution (CCSS) and the National Program on Quality.

A total of 16 delegates from 6 countries participated. The participating countries were Bolivia, Ecuador, Guatemala, Nicaragua, Paraguay and the Dominican Republic.

The program that was prepared together with the PAHO Representative in Costa Rica was very comprehensive. It included presentations and visits to the offices of the Ministry of Health, the Social Insurance (Institute), regional centers, hospitals, a cooperative, as well as participation in an International Meeting on Excellence (Quality) in the Health Sector. In addition, delegates received useful complementary documents.

The presentations were informative and the delegates had the chance to meet with high

level sector officials such as the Minister of Health, Dr. Rogelio Pardo Evans and the Vice-Minister of Health, Dr. Xinia Carvajal. The field visits were well organized, with ample opportunity to interact with people in charge of different operational units. These included managers of the various branches of the CCSS such as modernization, finance, administration and health services, as well as medical directors of health delivery units such as the health region, health area clinic, the hospital and a cooperative.

*Contributed by PAHO: Patricia Schroeder*



*Roundtable discussion at the Ministry of Health in San José, Costa Rica: from left to right: Minister of Health of Dominican Republic, Dr. José Rodríguez Soldevila; Minister of Health of Costa Rica, Dr. Rogelio Pardo Evans; PAHO/WHO Representative in Costa Rica, Dr. Philippe Lamy; Vice-Minister of Health of Ecuador, Dr. Andrés Troya; delegate from Nicaragua, Dra. Patricia Lanzas Montalbán; Vice-Minister of Health of Dominican Republic, Dr. Manuel Tejada.*



*Closing discussion among delegates at the PAHO office in San José, Costa Rica, sharing experiences and impressions.*

## THE PROMOTION OF QUALITY HAS BEEN A MAJOR FOCUS IN THE COSTA RICAN HEALTH SECTOR REFORM AND THE THEME OF CONTINUOUS QUALITY IMPROVEMENT WAS HIGHLIGHTED IN THE STUDY TOUR PROGRAM.

The Ministry of Health of Costa Rica established a national program on continuous quality improvement in the health sector and developed standards for the accreditation of hospitals and health services. Priority areas envisioned for the future would include health system changes and healthcare models aimed at the pursuit of quality and excellence.

The International Meeting on Excellence in the Health Sector, held in San José, Costa Rica, November 20-24, 2000, addressed the challenges of external evaluation through the use of accreditation, certification, licensing and other regulatory tools to determine and strengthen factors that can help to improve quality.

There were exhibitions of projects that showed how solutions to problems emerged from the identification and analysis of opportunities for improvement. Work teams representing different regions and areas of the health sector organized exhibits to demonstrate the application of models of excellence and the use of results-based indicators for the purpose of self-evaluation.

Delegates visited sites where processes of continuous quality improvement were being implemented and talked directly to members of health teams. Be it at the level of the hospital, health area or clinic, factors that were commonly attributed to the success of health projects included the following: orientation towards client satisfaction, successful team management, as well as the recognition and validation of achievements.

The issue of quality is an important one for health sector reform in Latin America and the Caribbean. There are different approaches to achieving, maintaining and improving quality in the health sector. The Costa Rican experience provided a comprehensive exposition as well as concrete examples of ways in which this could be done. Hopefully this will stimulate more thinking and sharing of experiences on the subject.

*Contributed by PAHO: Edwina Yen*



*Plenary session of the First International Meeting on Excellence in the Health Sector; chaired by the Vice-Minister of Health, Dra. Xinia Carvajal.*



*Site visit to a hospital - The National Geriatric and Gerontological Dr. Raul Blanco Cervantes Hospital. A post-presentation discussion with the Director of the hospital, Dr. Fernando Morales Martinez (third from the left). Joining in the discussion were: the Coordinator of the Commission for Continuous Quality Improvement of the Health Sector in Costa Rica - Dr. Orlando Urroz Torres (first from the left), and a featured speaker at the International Meeting on Excellence, Dr. Evert Reerink, University of Maastricht, the Netherlands (second from the left).*



# Country Chronicle

## *USE OF REGIONAL EXPERIENCES TO DEVELOP AND IMPLEMENT HEALTH REFORMS IN FIVE CENTRAL AMERICAN INITIATIVE COUNTRIES*

**T**he regional focus of the Initiative is an important strategy for building capacity and promoting sustainable country health sector reforms. Given both the complexity and specificity of health sector reform processes, a regional approach, centered around the development of methodologies, training and exchange of experiences, is considered an appropriate means of providing support to countries in the design, implementation and monitoring of reform processes.

### *DOMINICAN REPUBLIC*



Two regional workshops provided participants with timely opportunities to build on the knowledge gained from previous workshops/meetings held within the Region under the LAC Initiative, and to receive training on the use of management and policy tools. Of particular usefulness were conflict negotiation and funding negotiation skills.

### *GUATEMALA*



Two regional workshops provided participants with the opportunity to receive training on the use of health reform tools and to share experiences and network among their regional counterparts. Lessons learned were found to be useful for the negotiation of loans for health projects, and for the monitoring, certification and accreditation of non-governmental organizations.

### *NICARAGUA*



As a way of expanding on the application of regional experiences and tools in the country's reform processes, an additional group of staff involved in health reform was sent to join the original group attending a public/NGO partnerships workshop that had already gotten off the ground. This enabled a larger group of staff to capitalize on the opportunity to receive training in the application of management tools within a regional framework.

Within the framework of the Initiative, several regional workshops provided opportunities for national professionals to become familiar with different types of tools and receive training on how to use them. These workshops cover a wide gamut of health reform topics such as policy, management, social insurance and public/NGO partnerships. The following are snapshots of some of the benefits reported by participants.

### *EL SALVADOR*



The regional experience from a social insurance workshop was deemed so useful by the participants that it was repeated in El Salvador by request so that a larger group of nationals involved in health sector reform could also benefit from it.

### *HONDURAS*



Subsequent to their participation in regional workshops, participants were able to conduct training sessions on regulation issues, as well as use lessons learned to contribute to the design of health reform projects.

Overall, participants of these regional workshops gave positive feedback on being able to draw from lessons learned and applying them to the development of health sector processes in their own countries. ♦

Contributed by PAHO: Edwina Yen



## *SPECIAL ISSUE ON HEALTH SECTOR REFORM PAN AMERICAN JOURNAL OF PUBLIC HEALTH*

A Special Issue of the Pan American Journal of Public Health\* is devoted entirely to the subject of Health Sector Reform in the Region of the Americas.

The countries of North, Central and South America and the Caribbean have taken steps to make their health care systems more effective and more accessible, and the re-

sults of those efforts are explored in depth in this special issue of the flagship journal of the Pan American Health Organization.

The 150-page issue presents multiple perspectives on the dynamic and complex subject of health reform, from such diverse fields as politics, health systems and services management and international development.

### ***The articles address three key areas:***

- 1 One group of articles describes the context, trends and outcomes of reforms that began in the 1990s. Many subjects that were (and to a large extent still are) critical to change agendas in the Region of the Americas are analyzed by experts in the field. These include: the leadership role of health authorities, insurance and health services coverage, human resources development, payment systems for health service providers, health spending and financing and decentralization in the health sector.
- 2 Another set of articles looks at future challenges and lessons learned to help foster a new generation of reforms. They examine emerging issues such as the relationship between social security systems and health systems, the extension of coverage to excluded populations, essential public health functions and international cooperation.
- 3 A series of case studies presents the experience of six countries in specific areas of health sector reform, written by persons responsible for health sector policies and professionals with extensive experience in their respective countries, namely Argentina, Brazil, Canada, Chile, Colombia, and Trinidad and Tobago. ♦



\* Pan American Journal of Public Health, Vol. 8, Nos. 1/2, July-August 2000. Articles and cases studies are in Spanish, English, or Portuguese. Copies of the special journal issue are available for purchase from PAHO-publications sales agents and from the PAHO Internet bookstore, at <http://publications.paho.org>. That Internet site also provides a listing of all the articles contained in the special issue.

## LAC INITIATIVE TECHNICAL PUBLICATIONS SERIES

The LAC Technical Series is a bibliography of technical documents produced by the Latin America and Caribbean Regional Health Sector Reform Initiative.

### ***It contains different types of documents covering a wide variety of topics:***

- Practical manuals on methodologies, guidelines, indicators and toolkits that can be used to help design, plan, implement and monitor country health sector reforms.
- Informative reports on regional forums and proceedings of meetings.
- Analytic and “state-of-the-practice” papers, case-studies and comparative analyses.

***The contents include major themes in health sector reform such as healthcare financing, national health accounts, provider payment mechanisms, reimbursement for health services, decentralization, social insurance, partnerships with non-governmental organizations, policy process and political feasibility of health reform.*** ♦

## ***“INFORMANDO & REFORMANDO”***



<http://www.insp.mx/ichsri/Newslett.html>

The importance of research in health policies and systems is featured prominently in the editorial section of the June/September 2000 issue of “Informando & Reformando.”

An announcement was made about a collaboration between NAADIR (“Núcleo de Acopio, Análisis y Difusión de Información sobre Iniciativas de Reforma”) and AIPSS (Alliance for Research in Health Policies and Systems). Four fundamental objectives were described:

- 1 Promote research in health policies and systems at the national and international levels.
- 2 Collaborate in the development of information for policy decision making in the health sector and in other sectors that affect health.
- 3 Stimulate the generation of knowledge that facilitates the analysis of policies and improve the understanding of health systems and the processes of design and implementation of policies.
- 4 Strengthen international collaboration in health research in general, and research in health policies and systems in particular.

The editorial pointed out that health research is not only essential for discovering new medicines and technologies, but is also vital for building tomorrow’s health systems. It went on to say that research contributes to the generation of knowledge necessary for improving the performance of health systems and also for guaranteeing that resources mobilized for health services will generate the results expected. ♦

## PUBLICATIONS OF THE LATIN AMERICA AND THE CARIBBEAN REGIONAL HEALTH SECTOR REFORM INITIATIVE

- 1- METHODOLOGY FOR MONITORING AND EVALUATION OF HEALTH SECTOR REFORM IN LATIN AMERICA AND THE CARIBBEAN. (ENGLISH AND SPANISH)
- 2- BASE LINE FOR MONITORING AND EVALUATION OF HEALTH SECTOR REFORM IN LATIN AMERICA AND THE CARIBBEAN. (ENGLISH AND SPANISH)
- 3- ANÁLISIS DEL SECTOR SALUD EN PARAGUAY (*PRELIMINARY VERSION*). (SPANISH ONLY)
- 4- CLEARINGHOUSE ON HEALTH SECTOR REFORM. (ENGLISH AND SPANISH)
- 5- FINAL REPORT – REGIONAL FORUM ON PROVIDER PAYMENT MECHANISMS (LIMA, PERU, 16-17 NOVEMBER, 1998). (ENGLISH AND SPANISH)
- 6- INDICADORES DE MEDICIÓN DEL DESEMPEÑO DEL SISTEMA DE SALUD. (SPANISH ONLY)
- 7- MECANISMOS DE PAGO A PRESTADORES EN EL SISTEMA DE SALUD: INCENTIVOS, RESULTADOS E IMPACTO ORGANIZACIONAL EN PAÍSES EN DESARROLLO. (SPANISH ONLY)
- 8- CUENTAS NACIONALES DE SALUD: BOLIVIA. (SPANISH ONLY)
- 9- CUENTAS NACIONALES DE SALUD: ECUADOR. (SPANISH ONLY)
- 10- CUENTAS NACIONALES DE SALUD: GUATEMALA. (SPANISH ONLY)
- 11- CUENTAS NACIONALES DE SALUD: MÉXICO. (SPANISH ONLY)
- 12- CUENTAS NACIONALES DE SALUD: PERÚ. (SPANISH ONLY)
- 13- CUENTAS NACIONALES DE SALUD: REPÚBLICA DOMINICANA (*PRELIMINARY VERSION*). (SPANISH ONLY)
- 14- CUENTAS NACIONALES DE SALUD: NICARAGUA. (SPANISH ONLY)
- 15- CUENTAS NACIONALES DE SALUD: EL SALVADOR (*PRELIMINARY VERSION*). (SPANISH ONLY)
- 16- HEALTH CARE FINANCING IN EIGHT LATIN AMERICAN AND CARIBBEAN NATIONS: THE FIRST REGIONAL NATIONAL HEALTH ACCOUNTS NETWORK. (ENGLISH ONLY)
- 17- DECENTRALIZATION OF HEALTH SYSTEMS: DECISION SPACE, INNOVATION, AND PERFORMANCE. (ENGLISH ONLY)
- 18- COMPARATIVE ANALYSIS OF POLICY PROCESSES: ENHANCING THE POLITICAL FEASIBILITY OF HEALTH REFORM. (ENGLISH ONLY)
- 19- LINEAMIENTOS PARA LA REALIZACIÓN DE ANÁLISIS ESTRATÉGICOS DE LOS ACTORES DE LA REFORMA SECTORIAL EN SALUD. (SPANISH ONLY)
- 20- STRENGTHENING NGO CAPACITY TO SUPPORT HEALTH SECTOR REFORM: SHARING TOOLS AND METHODOLOGIES. (ENGLISH ONLY)
- 21- FORO SUBREGIONAL ANDINO SOBRE REFORMA SECTORIAL EN SALUD. INFORME DE RELATORÍA. (SANTA CRUZ, BOLIVIA, 5 A 6 DE JULIO DE 1999). (SPANISH ONLY)
- 22- STATE OF THE PRACTICE: PUBLIC-NGO PARTNERSHIPS IN RESPONSE TO DECENTRALIZATION. (ENGLISH ONLY)
- 23- STATE OF THE PRACTICE: PUBLIC-NGO PARTNERSHIPS FOR QUALITY ASSURANCE. (ENGLISH ONLY)
- 24- USING NATIONAL HEALTH ACCOUNTS TO MAKE HEALTH SECTOR POLICY: FINDING OF A LATIN AMERICA/CARIBBEAN REGIONAL WORKSHOP. (ENGLISH AND SPANISH)
- 25- PARTNERSHIPS BETWEEN THE PUBLIC SECTOR AND NON-GOVERNMENTAL ORGANIZATIONS CONTRACTING FOR PRIMARY HEALTH CARE SERVICES. A STATE OF THE PRACTICE PAPER. (ENGLISH AND SPANISH)
- 26- PARTNERSHIPS BETWEEN THE PUBLIC SECTOR AND NON-GOVERNMENTAL ORGANIZATIONS: THE NGO ROLE IN HEALTH SECTOR REFORM. (ENGLISH/SPANISH)
- 27- ANÁLISIS DEL PLAN MAESTRO DE INVERSIONES EN SALUD (PMIS) DE NICARAGUA. (SPANISH ONLY)
- 28- PLAN DE INVERSIONES DEL MINISTERIO DE SALUD 2000-2002. (*IN PROGRESS*)
- 29- DECENTRALIZATION OF HEALTH SYSTEMS IN LATIN AMERICA: A COMPARATIVE STUDY OF CHILE, COLOMBIA, AND BOLIVIA. (ENGLISH AND SPANISH)
- 30- GUIDELINES FOR PROMOTING DECENTRALIZATION OF HEALTH SYSTEMS IN LATIN AMERICA. (ENGLISH AND SPANISH)
- 31- METHODOLOGICAL GUIDELINES FOR APPLIED RESEARCH ON DECENTRALIZATION OF HEALTH SYSTEMS IN LATIN AMERICA. (ENGLISH ONLY)
- 32- APPLIED RESEARCH ON DECENTRALIZATION OF HEALTH CARE SYSTEMS IN LATIN AMERICA: COLOMBIA CASE STUDY. (ENGLISH ONLY)
- 33- APPLIED RESEARCH ON DECENTRALIZATION OF HEALTH CARE SYSTEMS IN LATIN AMERICA: CHILE CASE STUDY. (ENGLISH ONLY)
- 34- APPLIED RESEARCH ON DECENTRALIZATION OF HEALTH CARE SYSTEMS IN LATIN AMERICA: BOLIVIA CASE STUDY. (ENGLISH ONLY)
- 35- LA DESCENTRALIZACIÓN DE LOS SERVICIOS DE SALUD EN BOLIVIA. (SPANISH ONLY)
- 36- ENHANCING THE POLITICAL FEASIBILITY OF HEALTH REFORM: A COMPARATIVE ANALYSIS OF CHILE, COLOMBIA, AND MEXICO. (ENGLISH AND SPANISH)
- 37- GUIDELINES FOR ENHANCING THE POLITICAL FEASIBILITY OF HEALTH REFORM IN LATIN AMERICA. (ENGLISH AND SPANISH)
- 38- METHODOLOGICAL GUIDELINES FOR ENHANCING THE POLITICAL FEASIBILITY OF HEALTH REFORM IN LATIN AMERICA. (ENGLISH ONLY)
- 39- ENHANCING THE POLITICAL FEASIBILITY OF HEALTH REFORM: THE COLOMBIA CASE. (ENGLISH ONLY)
- 40- ENHANCING THE POLITICAL FEASIBILITY OF HEALTH REFORM: THE CHILEAN CASE. (ENGLISH ONLY)
- 41- ENHANCING THE POLITICAL FEASIBILITY OF HEALTH REFORM: THE MEXICO CASE. (ENGLISH ONLY)
- 42- FINANCING SOCIAL HEALTH INSURANCE: A SOCIAL INSURANCE ASSESSMENT TOOL FOR POLICY DECISIONS. (ENGLISH AND SPANISH)
- 43- HUMAN RESOURCE MANAGEMENT: BUILDING CAPACITY TO IMPROVE HEALTH SECTOR REFORM AND ORGANIZATIONAL PERFORMANCE. (ENGLISH AND SPANISH)
- 44- PERFORMANCE BASED REIMBURSEMENT TO IMPROVE IMPACT: EVIDENCE FROM HAITI. (ENGLISH AND SPANISH)
- 45- TARGETING METHODOLOGIES: CONCEPTUAL APPROACH AND ANALYSIS OF EXPERIENCES. (ENGLISH AND SPANISH)
- 46- MANAGING THE TRANSITION FROM PUBLIC HOSPITAL TO "SOCIAL ENTERPRISE:" A CASE STUDY OF THREE COLOMBIAN HOSPITALS. (ENGLISH AND SPANISH)
- 47- POLICY TOOLKIT FOR STRENGTHENING HEALTH SECTOR REFORM. (ENGLISH AND SPANISH)
- 48- THE USE OF RESEARCH IN HEALTH SECTOR REFORM IN LATIN AMERICA AND THE CARIBBEAN. REPORT ON THE REGIONAL FORUM. SALVADOR, BAHIA, MAY 3-5, 2000.
- 49- COMPARATIVE ANALYSIS OF SOCIAL INSURANCE IN LATIN AMERICA AND THE CARIBBEAN. (ENGLISH, FOR SPANISH VERSION REFER TO #3 SPECIAL EDITION)
- 50- PROVIDER PAYMENT ALTERNATIVES FOR LATIN AMERICA: CONCEPTS AND STAKEHOLDER STRATEGIES. (ENGLISH, FOR SPANISH VERSION REFER TO #4 SPECIAL EDITION)
- 51- GUIDE TO PROSPECTIVE CAPITATION WITH ILLUSTRATIONS FROM LATIN AMERICA. (ENGLISH, FOR SPANISH VERSION REFER TO #5 SPECIAL EDITION)
- 52- PROSPECTIVE CASE-BASED PAYMENT FOR HOSPITALS: A GUIDE WITH ILLUSTRATIONS FROM LATIN AMERICA. (ENGLISH, FOR SPANISH VERSION REFER TO #6 SPECIAL EDITION)
- 53- TRAINER'S GUIDE TO THE POLICY TOOLKIT FOR STRENGTHENING HEALTH SECTOR REFORM. (ENGLISH AND SPANISH)

### SPECIAL EDITION

- 1- CUENTAS NACIONALES DE SALUD: RESÚMENES DE OCHO ESTUDIOS NACIONALES EN AMÉRICA LATINA Y EL CARIBE. (SPANISH ONLY)
- 2- GUÍA BÁSICA DE POLÍTICA: TOMA DE DECISIONES PARA LA EQUITAD EN LA REFORMA DEL SECTOR SALUD. (SPANISH ONLY)
- 3- DIMENSIONES HORIZONTAL Y VERTICAL EN EL SEGUIMIENTO SOCIAL EN SALUD DE AMÉRICA LATINA Y EL CARIBE. (SPANISH, FOR ENGLISH VERSION REFER TO #49 REGULAR EDITION)
- 4- ALTERNATIVAS DE PAGO A LOS PROVEEDORES PARA AMÉRICA LATINA: CONCEPTOS Y ESTRATEGIAS DE LAS PARTES INTERESADAS (SPANISH, FOR ENGLISH VERSION REFER TO #50 REGULAR EDITION)
- 5- GUÍA PARA LA CAPITACIÓN PROSPECTIVA CON EJEMPLOS DE AMÉRICA LATINA. (SPANISH, FOR ENGLISH VERSION REFER TO #51 REGULAR EDITION)
- 6- EL PAGO PROSPECTIVO POR CASO HOSPITALARIO EN AMÉRICA LATINA: UNA GUÍA METODOLÓGICA. (SPANISH, FOR ENGLISH VERSION REFER TO #52 REGULAR EDITION)



*All of these documents may  
be viewed and/or  
downloaded free from the  
Clearinghouse on Health  
Sector Reform at: [http://  
www.americas.health-  
sector-reform.org](http://www.americas.health-sector-reform.org)*





- To facilitate the strategic management of the political process that underlies health sector reform, a **policy** toolkit was developed under the Initiative; positive feedback on its usefulness has been reported by professionals from several LAC countries after attending regional workshops that conducted training on the application of policy tools. (Details in “Health Reform Toolbox” and “Country Chronicle.”)

We hope you will find these topics interesting, especially in the context of a larger framework that helps to strengthen the capacity of national reform teams to influence health policy decisions. ♦

*Contributed by PAHO: Edwina Yen*

#### PRODUCTION TEAM

**Managing Editor:** Edwina Yen

**Copyeditors:** *English Version:* Edwina Yen  
*Spanish Version:* Gladys Jordon

**Design and Layout:** Matilde Cresswell

**Production:** Matilde Cresswell

**Translation:** PAHO's Translation Department and Matilde Cresswell

**Contributors to this Issue:** Kathleen Novak, Gerry Rosenthal, Riitta-Liisa Kolehmainen-Aitken, Patricia Schroeder, Edwina Yen

*Photographs were courtesy of Patricia Schroeder and Edwina Yen, PAHO.*

**REFORM IN MOTION** is published twice a year and disseminated to institutions and individuals interested in health reform issues. For further information, contact PAHO, HSP Division, Tel.: (202) 974-3832; Fax: (202) 974-3641.

This publication was produced by the Pan American Health Organization and was made possible in part through support provided by the Office of Regional Sustainable Development, Bureau for Latin America and the Caribbean, United States Agency for International Development, under the terms of Grant number LAC-G-00-97-0007-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development and the Pan American Health Organization.

This document may be freely reviewed, abstracted, reproduced and translated, in part or in whole, provided that full credit is given to the source and that the text is not used for commercial purposes. ♦

**LAC/RSD-PHN**  
U.S. Agency for International Development  
Ronald Reagan Building  
Washington, DC 20523-5900



**LAC Health Sector Reform Initiative**  
Pan American Health Organization  
525 23rd Street, NW  
Washington, DC 20037-2895



**Partnerships for Health Reform**  
Abt Associates Inc.  
4800 Montgomery Lane, Suite 600  
Bethesda, Maryland 20814-5341



**Family Planning Management Development**  
Management Sciences for Health, Inc.  
165 Allandale Road  
Boston, Massachusetts 02130



## REFORM IN MOTION

A Bulletin for the Dissemination of Information on Health Sector Reform in Latin America and the Caribbean

[www.americas.health-sector-reform.org](http://www.americas.health-sector-reform.org)

LAC HSR Initiative  
Pan American Health Organization/  
World Health Organization (PAHO/WHO)  
Division of Health Systems and Services Development (HSP)  
525 Twenty-third Street, N.W.  
Washington, D.C. 20037-2895  
USA