

IN THIS ISSUE



Editorial Page:

Partnerships & Networking 1



Feature Section:

M&L: The Management & Leadership Project—A Continuing Partner in the Initiative 2

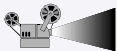
PHRplus: A Flagship Project in Health Policy and Systems Strengthening (HPSS)—A Continuing Partner in the Initiative 3



Health Reform Toolbox:

Working with NGOs and Regional Experiences in Public-NGO Partnerships 4

The Role of Public-Private Partnerships: Lessons learned from Regional Workshops conducted by PHR on Public-NGO Partnerships in the LAC Region 5



Spotlight on Initiative Activities:

Regional Flagship Course on Health Sector Reform and Sustainable Financing 6



Country Chronicle:

Health Reform Process: The Saint Lucian Experience 7



Resource Guide

Abstract of the Final Report on the Regional Consultation of the Americas on Health Systems Performance 8

A Pre-Summit Forum - Health Sector Reform in the Americas: Improving the Research to Policy Interface 10

Review of the book: Research on Health Sector Reform in Latin America and the Caribbean: Thoughts on its Contributions to Policy Development 11

Partnerships & Networking

The Latin American and Caribbean Health Sector Reform Initiative (LACHSR) is very much about collaboration and connectivity—working as partners and sharing ideas.

Two of the original partners have renewed their commitment to improving equitable access to health services under new projects. What used to be FPMD (the Family Planning Management Development Project) is now M&L (the Management and Leadership Project), seeking to broaden management and leadership capacity for public and private organizations affected by reforms in the health sector. PHR (the Partnerships for Health Project) has become PHRplus (the Partners for Health Reformplus Project), working with governments and non-governmental agencies in health policy and systems strengthening, with a major new focus on health information and disease surveillance.

The benefits and potential of forming partnerships between the public sector and the private sector are addressed by the partners when describing their work with NGOs (non-governmental organizations) in the tools and methodologies section. There is certainly evidence to suggest that using NGO public-private partnerships in the wide dissemination of tools as well as other health sector reform processes is one way to enhance the regional impact of health sector reform activities.

Conferences and forums are also prime venues for sharing knowledge and exchanging ideas. A new component of the LACHSR web site entitled “What’s New” provides links to the contents of international consultations on topics relevant to health sector reform in the Americas. Both the “Regional Consultation of the Americas on Health Systems Performance Assessment” and the forum “Health Sector Reform in the Americas: Improving the Research to Policy Interface” drew on the diversity and richness of expert opinion from the global community.

An enduring collaborative spirit and an ever-expanding virtual knowledge network will be critical to the sustainability of regional health sector reform processes even as project life cycles come and go. ♦

M&L: The Management & Leadership Project

A Continuing Partner in the Initiative

To respond to the growing challenges for health systems leaders and managers, USAID has awarded the new Management & Leadership Development (M&L) Project, a five-year Cooperative Agreement, to Management Sciences for Health (MSH). The M&L Project will build on the platform of technical assistance approaches and participatory tools developed under the Family Planning Management Training and Family Planning Management Development projects. Through this project, MSH will continue its role as a partner in the LAC Health Sector Reform Initiative.

Rapid and unexpected change brought about by new governments, epidemics, declining donor resources and day-to-day challenges can render health care organizations ineffective if they lack solid leadership and management capabilities. Health sector reforms also change the operating context and present new strategic opportunities. MSH's M&L Project assists organizations and programs to address the critical leadership challenges—both internal and external, positive and negative—and to achieve and sustain high performance.

The M&L Project works collaboratively with programs and organizations to strengthen management systems and increase leadership capacity worldwide, enhancing their ability to respond effectively to changing external environments. In the context of health sector reform, M&L seeks to broaden the base of leadership and management capacity essential to support changing public sector roles, modified organizational structures, new opportunities for public-private relationships, and decentralized public and private sector responsibilities.

Strengthening management and leadership capacity for decentralized systems in health sector reform. The nature of health sector reform in the Region presents new challenges for leadership and management. In the public sector, trends toward increased decentralization of public sector operating and oversight responsibilities have placed even greater demands on available human resources. In many settings,

services continue to be publicly provided while in others the reform has shifted public roles away from provision toward financing and regulatory oversight. In every case, however, the decentralized operating structures and diversified financing strategies require new organizational structures, new financing strategies, and new management systems. Central to the success of reform efforts will be the ability to mobilize and manage public resources effectively and efficiently and these capabilities will need to be widely distributed throughout the decentralized systems.

Supporting the capacity of organizations and programs to meet new challenges for private and public sector partnerships. For private sector organizations, reform also brings new opportunities and responsibilities as well as increased risks. The move toward greater competition among providers places a premium on efficiency of operations and the ability to work within market structures. The formal development of public-private partnerships as an instrument of reform increases the need for organizations to participate in public initiatives, provide leadership in times of change, and to respond effectively to the public goals of reform in addition to meeting their organizational responsibilities.

Through its role as a partner in the LAC Health Sector Reform Initiative, the M&L Project will continue to provide technical support for improving organizational and program management systems, strengthening leadership and management capacity at all levels in public and private settings, and supporting the implementation of reform policies that can generate incentives for effective and efficient organizational and programmatic performance. As a partner in the LAC Health Sector Reform Initiative, the M&L Project will continue to contribute to the synergy of this collaborative effort to assure that the objectives of reform—improved access, equity, quality and efficiency—are realized throughout the Region. ♦

Contributed by M&L: Gerry Rosenthal

PHRplus: A Flagship Project in Health Policy and Systems Strengthening (HPSS)

A Continuing Partner in the Initiative

Many of the advances in health status achieved during the previous decade are being eroded at the beginning of the 21st Century. In Latin America, maternal mortality rates are rising due to lack of essential drugs and skilled manpower in rural clinics. Rural clinics in West Africa are closing after donor agencies withdraw support. Medical practitioners in the former Soviet Union are unpaid and their facilities are without essential drugs. Around the world, the HIV/AIDS pandemic continues to siphon precious resources from health care systems at a time when the gap between the rich and the poor is rising.

To address these and related issues the PHRplus Project, a consortium of private organizations funded by the U.S. Agency for International Development (USAID), works with government and community agencies in Africa, Asia, the Middle East, and Latin America and the Caribbean. Based at Abt Associates Inc., PHRplus builds on its predecessor—the Partnerships for Health Reform (PHR) Project—with a new, major emphasis on health information and disease surveillance, and will continue its role as partner in the LAC Health Sector Reform (HSR) Initiative.

The PHRplus Project works with government and community agencies to support health policy and systems strengthening (HPSS). PHRplus focuses on a range of health system issues—including health care finance, policy, management, information systems, and health worker incentives—that help countries and organizations within countries improve their health care systems and services. In the area of health information and disease surveillance, PHRplus will assist in the development of disease surveillance systems that are needed to address specific program needs as well as broader health information systems that support the management and delivery of appropriate health services.

Providing continuing leadership in health care reform through health policy and systems strengthening. PHRplus is USAID's flagship project in health policy and systems strengthening and will continue to support USAID's leadership role in health care reform. During its five-year tenure (2000-2005), PHRplus will focus on achieving results in the following areas: implementation of appropriate health sector reforms; generation of new financing for health care as well as more effective use of existing funds; and design and implementation of health information systems. Two additional results target improvement in service delivery: delivery of quality services by health workers, and the availability and appropriate use of commodities.

Improving system performance for better health outcomes. PHRplus uses a variety of tools and approaches to analyze, design, and implement reform interventions. The Project aims to increase public sector funding for primary health care services; increase access of the poor to affordable priority services; increase the use of private providers; create sustainable policies and funding mechanisms for vaccines; increase vaccination coverage of high risk infants and children; and increase utilization of medically trained health attendants at deliveries.

Through its role as a partner in the LAC Health Sector Reform Initiative, PHRplus will continue to provide technical assistance and support for health care reform and systems strengthening for better health outcomes. In addition to providing technical assistance, PHRplus will conduct health systems research, implement performance monitoring and results tracking, provide training and capacity development, and be responsible for strategic documentation and transfer of experiences in health policy and systems strengthening. As a partner in LACHSR, PHRplus will continue to work in collaboration with Initiative partners to advance the goal of improving equitable access to basic health services in the Region. ♦

Contributed by PHRplus: Kathleen Novak

Working with NGOs and Regional Experiences in Public-NGO Partnerships

Recognizing the importance of engaging public sector and NGO leaders in health sector reform processes, the Initiative, through its PHR and FPMD partners, developed activities related to the regional experience, with implications for policy and operations in the public and private sectors. Working with its partners, the Initiative provided a context for more focused regional support of health sector reforms that can improve the quality and effectiveness of health services and promote equity and expanded access.

For FPMD, participation in the LAC HSR Initiative provided additional opportunity to improve programs and operations management of non-governmental organizations in the health sector. Two different sets of activities were directed to improving the potential of public-NGO partnerships and contribute to effective health sector reform. In each case, a prime objective was to create the opportunity for regional stakeholders to learn from each other and thereby build a stronger base for sharing regional experience.

Dissemination of MOST and CORE tools

The first set of activities focused primarily on the NGOs themselves. Two tools already developed and field tested by FPMD/MSH were selected for wider regional dissemination. Both of these tools, the Management and Organizational Sustainability Tool (MOST) and the Cost Revenue Tool (CORE), address aspects of organizational operations essential for effective NGO participation in regional health reform. MOST, which had been used in Paraguay and Haiti, is a process for organizational self-assessment and the development of action plans that reflect priorities for improvement. CORE, which had been used in Guatemala and Honduras, is an analytic tool that permits organizations to assess the costs of producing services, the fiscal implications of new services, and provides a basis for moving toward financial sustainability.

Each dissemination activity provided an opportunity for direct sharing of knowledge as well as hands-on experience in using the tools. Participants represented organizations that had either used the tool or had expressed interest in knowing more about the tool. One outcome of these meetings was the establishment of direct links among organizations facing common challenges in the region.

“State of the Practice Papers” on Public-NGO Partnerships

A second set of activities, carried out collaboratively by FPMD and PHR, explored the evolving regional experience in public-NGO partnerships with respect to four themes: participation in the policy development process, decentralization, quality assurance and contracting out. The four themes were selected to provide the broadest framework for examining experiences involving new partnerships.

To address the themes of decentralization and quality assurance, FPMD developed two “State of the Practice” Papers which describe the importance of the issue in the context of reform, selected regional experiences, and the opportunities and challenges to policy makers and NGOs related to each theme. The results of these efforts were shared in a regional workshop organized by the partners. The workshop brought together public and NGO officials from 14 countries to discuss the issues raised in the four papers, share their own experiences with respect to these themes, and to identify regional strategies that could reinforce contributions to effective health sector reform generated through public-NGO partnerships. ♦

Contributed by M&L: Gerry Rosenthal

The Role of Public-Private Partnerships:

Lessons learned from Regional Workshops conducted by PHR on Public-NGO Partnerships in the LAC Region

The PHR Strategy on Public/NGO Partnerships under the LAC Health Sector Reform Initiative was informed by the changing context of health sector reform throughout Latin America and the Caribbean. Increasingly, national governments within the LAC region are recognizing their limitations in meeting the basic health care needs of their populations. The growing trend in many LAC countries towards the decentralization of health systems, the changing role of ministries of health from providers to purchasers of health services, and other health sector reforms have led to increased attention to the role and possible contributions of health NGOs.

There exists, however, a great unevenness in the Latin America and Caribbean region in NGO capacity, accountability, legitimacy, effectiveness, and comparative advantage vis-à-vis the public sector in health service provision. To explore the existing and future potential of public-private partnerships in the health sector of the LAC Region, PHR conducted two regional workshops and co-sponsored a larger regional conference with FPMD.

The Role of NGOs in Health Sector Reform: Santa Cruz, Bolivia

Opportunities. Public-NGO partnerships can contribute to advancing health sector reform and improving health outcomes. When used strategically, public-private partnerships have the potential to take advantage of, replicate, and expand the efficiencies of the NGO/private sector to improve access, coverage and quality of health services. In addition, well-structured partnership agreements can create incentive systems for improved performance within the public and private sectors and increase the responsiveness of the health services provided.

Challenges. Despite evidence of substantial interest in pursuing public sector-NGO partnerships throughout the LAC region, laws, historical precedents, bureaucratic indifference, and the lack of reliable information about NGOs can serve as obstacles to such partnerships. The regional experiences shared at this workshop indicate that NGO-public sector partnerships are improved by: increased consensus building during the planning stages; clear definition and acceptance of the partners' respective

roles; and increased capacity-building of both public sector and NGO personnel to enable them to fulfill their respective roles/responsibilities.

Contracting for Primary Health Care Services: Dominican Republic

Opportunities. By taking advantage of the best practices and coordinating resources within the NGO sector, it is hoped that governments will be able to reduce expenditures, avoid duplication of services, and more effectively meet the growing health needs of their populations. However, what effects if any, public-NGO contracting may have on health depend to a large extent on how these contracts are structured and implemented in practice. With the appropriate incentive structures, regulations and management, public-NGO contracts have the potential to promote "healthy competition" among providers (public, not-for-profit and for-profit sectors), improve quality of care among providers, and build administrative capacity in both the public and private sector.

Challenges. NGO contracts for health services at this time represent a small portion of overall public expenditure. One of the key findings of the LAC HSR Initiative's work is that contracting in the LAC region has tended to be problematic to date. Both NGOs and governments need preparation and institutional strengthening to ensure more successful contracting experiences in the future. During the contract planning stage, more accurate information on the actual unit costs for providing services is needed to inform decision-making. In terms of contract administration, there is a widespread need for better information systems and record keeping (i.e., public health services provided, quality of those services, personnel and materials used and costs per service). Monitoring and supervision of contracts are also less than optimal; regulatory mechanisms, quality standards and performance indicators need to be strengthened in most countries. Finally, lack of timely disbursement of funds to NGOs for contract services is a widespread problem. ♦

Contributed by PHRplus: Kathleen Novak

Regional Flagship Course on Health Sector Reform and Sustainable Financing



The second Regional Flagship Course on Health Sector Reform and Sustainable Financing took place April 16-26, 2001 in Santiago Chile. This course was offered by the World Bank Institute in collaboration with Bitrán & Associates, ECLAC, the Pan American Health Organization (PAHO) and the United States Agency for International Development (USAID), through the Latin America and Caribbean Health Sector Reform Initiative.

This regional course is part of the World Bank Institute's Global Flagship Program—a program that is specially committed to the development of national capacities through collaboration and dissemination of knowledge and training at regionally-based partner institutes. The principal goal of the flagship program is to provide intensive training, using state-of-the-art knowledge, on options for health sector development, lessons learned from experience, and best practice.

Forty-five professionals from ministries of health, social security institutes and other entities working in the area of health from over fifteen countries participated in the two-week course. The objectives of the course were to provide training in health economics, financing and management of health services; analyze and share various experiences in health sector reform that have taken place in the Region; and discuss new focuses for dealing with the main problems faced by the health sector.

Highly qualified professionals gave presentations and provided participants with many concepts and tools that stimulated thought-provoking discussions. The course also covered important topics such as the role of ethics and values in public policy, analysis of health systems performance, basic health care packages, hospital management and transition, and decentralization among others. The sessions were divided between presentations, group exercises and open plenary discussions. Each country represented in the group was also given the opportunity during the two-week session to give a brief overview of the organization of health services and processes of health sector reform in the country.

The second regional course received extremely favorable evaluations by the participants. It is noteworthy as well that the quality of the participants with varied backgrounds and expertise in the field of health also made the course a particularly enriching experience.

Additional information on the global program and the regional flagship course may be accessed via www.healthflagship.org (from the World Bank's web site) and www.bitran.cl/flagship (from the Bitrán & Associates' web site). ♦

Contributed by PAHO: Patricia Schroeder



Health Reform Process:

The Saint Lucian Experience



Saint Lucia is one of the island states within the Organization of Eastern Caribbean States (OECS) grouping, with a population officially estimated at 153,819 in 1999.

The Government of Saint Lucia has recognized the need for change and has committed itself to a process of health sector reform. The reform process was initiated in late 1997 through the formation of a Health Sector Reform Committee. This led to the establishment of a Health Sector Reform Secretariat with the mandate to produce a White Paper for consideration by the Cabinet of Ministers.

The design of the proposed system was developed by the Health Sector Reform Secretariat from research, and from negotiations and consultations held with key stakeholders and the wider community, with assistance from PAHO and local consultants.

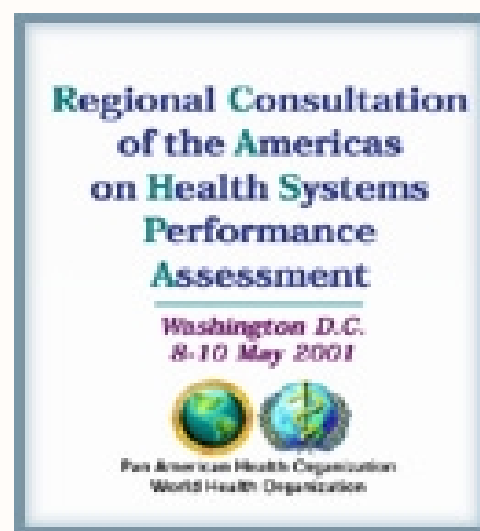
The original implementation plan proposed implementation in three distinct phases: Phase I includes institutional strengthening, improved management at all levels, and reorganization of the service. Phase II focuses on the development of a sustainable financial system and Phase III will entail the elaboration of the National Health Services Plan. Issues of legislation and governance will be addressed throughout these phases as required.

The cabinet ministers accepted the Health Sector Reform proposals in December 2000 with several modifications. The Health Sector Reform process in Saint Lucia has moved from the design phase and is getting ready for the implementation phase. ♦

Article prepared by the Office of Caribbean Program Coordination.

Contributed by PAHO: Marilyn Entwistle

Abstract of the Final Report on the Regional Consultation of the Americas on Health Systems Performance



A Regional Consultation of the Americas on Health Systems Performance Assessment...

...took place at the Headquarters of the Pan American Health Organization (PAHO)/Regional Office for the Americas of the World Health Organization (WHO), in Washington, D.C., U.S.A., from May 8 to 10, 2001. It brought together experts and political decision-makers from PAHO Member States, representatives from other organizations active in the international health community, and observers from other WHO Regional Offices. This was the first meeting convened as part of a technical consultation process to solicit the perspectives of Member States in each of the WHO Regions on health systems performance assessment.

Objectives

The consultation was held to discuss methodological approaches and identify critical issues for furthering the development of the performance assessment framework used in *The World Health Report 2000*, taking into account different country experiences and linkages with the policymaking process, and to define an agenda of technical cooperation in support of country efforts to measure performance. A background document entitled “*Critical Issues in Health System Performance*” was provided to guide the discussions.

Lessons Learned

While it is important to consider final objectives when assessing performance, it is also meaningful to pay particular attention to the functions and intermediate objectives of health systems, and to the performance of subsystems such as self-care and informal care. There are situations and policies that strongly influence health status but lie outside the health system's immediate realm of responsibility, and there is no general agreement on how broadly or narrowly to define the boundaries of the system or the accountability of policymakers. Other dimensions of evaluation that may be of interest for comparison purposes include references to positive health, technical and perceived quality, as well as the overall progressive or regressive trend of financial protection with respect to health. The usefulness of a single composite index in helping policymakers allocate resources commensurate with performance was widely discussed.

The Challenge of Furthering the Conceptual Framework and Performance Indicators

The analogy of a *dashboard* equipped with multiple gauges was introduced to illustrate how performance can be measured in terms of the degree of attainment of intermediate goals, as well as the different ways in which health system functions operate. It was further noted that the performance measurement of *essential public health functions*, as currently being done in the Region of the Americas, provides an example of a tool that can be used for evaluating the institutional capacity of health authorities. As part of the process of rethinking performance assessment, it was considered appropriate to advance a framework that would take into account four dimensions: *inputs/resources, functions, intermediate results and final objectives*. Indicators could then be constructed and grouped in relation to these selected dimensions.

Technical Support and Further Steps

It was suggested that WHO, at central, regional and country levels, should continue to play a critical role in ongoing dialogues with Member States, building consensus and developing standards. It should also strengthen information exchange among regional offices and support country efforts to measure performance at the national and subnational levels. The results of this consultation will be transmitted to WHO headquarters to be incorporated into the recommendations made by other regions. The results of further debates proceeding from this consultation will also be conveyed to WHO headquarters.

The LAC Initiative web site provides full-text access to the agenda, background paper, final report and the report of a working group on health systems performance assessment convened in September 2001.◆

Contributed by PAHO: Edwina Yen

A Pre-summit Forum

Health Sector Reform in the Americas:

Improving the Research to Policy Interface

Research is an important dimension of health sector reform. As such, the use of research in health sector reform in Latin America and the Caribbean was selected as the theme for the LAC HSR Initiative's regional forum that was held in Bahia in May 2000.

Following on that and on work done by PAHO and the International Development Research Centre (IDRC) in this area, IDRC and PAHO co-organized a forum on improving the research to policy interface

in LAC.

The forum was held in Montreal, April 18-20, 2001, two days prior to the Quebec Summit, thus capitalizing on the opportunity to anchor the research-to-policy vision in the spirit of

“panamericanism”.

Participants came from the global community. In addition to international technical co-operation and donor agencies, there were senior officials from the health sector, professionals from research networks and schools of public health, as well as representatives from non-governmental organizations (NGOs) and consumer organizations.

The presentations addressed the current situation and new directions of reform in LAC, the political economy of the research to policy interface, and ways to enhance both the quantity and quality of research for incorporation into the policy-making process.

Recommendations focused on using research to improve equitable access, ways to bridge the research/interface among key stakeholders in health sector reform and increasing opportunities for sharing lessons learned, culminating in action-oriented proposals that included the following:

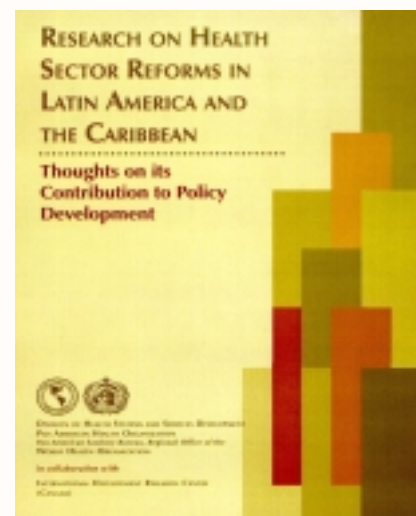
- *Emphasize education and training in the political process.*
- *Harmonize time frames associated with producing research and policymaking.*
- *Engage the services of neutral and independent “brokers” in planning research initiatives.*
- *Use regional/sub-regional networks and alliances to capture best practices from international models.*
- *Promote national capacity building as an investment in a country's infrastructure for policy research.*
- *Advocate the building of adequate databases that can be used for research at the country level.*
- *Encourage innovative ways of leveraging resources to fund research.*
- *Harness the support of an informed public.*

The forum closed on a very positive note, with encouraging remarks by the Honourable Maria Minna, Minister for International Cooperation, Canada, and by Sir George A. O. Alleyne, Director of the Pan American Health Organization. ♦

Contributed by PAHO: Edwina Yen

Review of the book

Research on Health Sector Reform in Latin America and the Caribbean: Thoughts on its Contribution to Policy Development.¹



The book on research and policymaking was launched at the forum. Divided into six chapters, it sets out to stimulate thinking and debate on how research can improve equitable access to health services in the context of Health Sector Reform in Latin America and the Caribbean—now and in the future.

The introductory chapter explores the relationships between research, technical cooperation and policymaking, gives an overview of the current situation of health systems and services research in LAC, and describes the terms of reference used in commissioning three studies on the relevance of research literature. A conceptual model of the cycle of research that links needs assessment to knowledge generation, application and impact evaluation forms the basis for understanding the important intermediary role of technical cooperation between research and policymaking.

The second chapter describes the results of the application of PAHO's methodology for monitoring the processes of reform and evaluating achievements gained. These results help to identify areas that a new generation of reforms should focus attention on and where more research is clearly needed.

The three following chapters are devoted to analyses of the impact of research on policies from the different perspectives of economics, political science and management. The analyses are conducted by experts in each of the three disciplines based on a series of studies selected by PAHO and IDRC. The economic perspective provides observations on priority areas for research in reform, namely, the separation of functions,

healthcare models and payment mechanisms, human resources, regulation of insurance, and effectiveness and quality of care. The political science dimension highlights lessons learned from the results of analyses on issues such as the role of key stakeholders in the policymaking process, political strategies of reform actors, politics of implementation and the political aspects of social participation. The review from a managerial standpoint recommends future studies in a number of themes that include the link between research process and political agenda, the role of social actors and public opinion, and the potential for studies to generate management tools.

Chapter six explains the conceptual approach to knowledge generation by examining the theory and design of research methodology at the macro, intermediate and micro levels. *Chapter seven* describes the state-of-the-art situation based on 330 studies completed for the Network for Research in Health Systems and Services in the Southern Cone, including an analysis of major trends in Argentina, Brazil, Paraguay and Uruguay.

The last chapter summarizes the critical challenges identified for the future of research in the Americas. Final observations are grouped under a number of thematic challenges (e.g., the role of the state, governance and social participation, the re-orientation of reforms using the criteria of health and equity) and key issues concerning the relationship between research process and health policy. ♦

¹Published by the Division of Health Systems and Services Development, Pan American Health Organization, in collaboration with the International Development Research Centre.

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

Contributors to this Issue: Marilyn Entwistle &
Office of Caribbean Program Coordination,
Kathleen Novak, Gerry Rosenthal, Patricia
Schroeder, Edwina Yen

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 Plus
Abt Associates Inc.
4800 Montgomery Lane, Suite 600
Bethesda, Maryland 20814-5341



Management and Leadership Project
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

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