

REFORM IN MOTION

Issue #6

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Information Dissemination and Analysis on Health Sector Reform

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From the editor's desk:

The purpose of the original LACHSR Initiative was to support reform processes that promote equitable access to more effective health services. A regional approach was adopted, emphasizing the development of frameworks and methodologies, information dissemination and comparative analyses, as well as the networking and exchange of experiences. Over the past five years, Initiative sponsored activities have contributed significantly to the strengthening of regional capacity to assess health sector issues, and Initiative products have become a valuable resource for key actors engaged in the processes of health sector reform.

With the arrival of the new millennium, the LAC Region faces new challenges in the development of health systems and the processes of health sector reform. Health sector reform continues to take place throughout the Region of the Ameri-

cas, guided by the criteria of equity, efficiency, quality, sustainability and social participation. But countries are also facing new realities in the demographic, socioeconomic, political and environmental spheres, which exert new demands on national health systems to respond to the health needs of the population. At the same time, the resurgence of interest in health systems performance has put increased pressure on health systems to strengthen their capacity.

In line with the evolving intricate relationship between health sector reform and health systems strengthening and performance, and in view of the potential impact each can have on the other, the second phase of the Initiative has been redesigned to include these areas, and the partnership structure has been expanded to incorporate new partners who will bring their diverse talents and expertise to the collaboration.■

sustainability
social participation
equity
quality

Two new partners have joined the second phase of the Initiative and have been invited to introduce themselves. Each partner has written a short article about its project/program as presented below.

Quality Assurance Project (QAP)

The Quality Assurance Project will focus its collaboration on contributions that help health sector reforms maximize their impact on quality of care. For over a decade the project has provided comprehensive, leading-edge technical expertise in quality improvement, design, management, and monitoring to healthcare systems worldwide. The QA Project uses advocacy, development, and diffusion of cost-effective quality assurance approaches to strengthen health systems management and healthcare delivery in developing and middle-income countries.

Through the Initiative, the project aims to develop tools and approaches that strengthen the ability of health sector reforms to improve quality of care. QAP will address identification and selection of quality of care indicators, so that health care providers can assess and monitor their progress with data that are minimal, meaningful, and feasible to collect. Regulatory strategies such as licensure and accreditation programs, common to both health sector reforms and quality assurance initiatives, will also be developed, with an emphasis on evidenced-based requirements, and strategies that make compliance with requirements feasible and effective. The Project will also examine health worker motivation and recommend strategies for improvement. Going beyond the focus on salary increases and pay incentives, this effort will explore all dimensions of the mutual contract between the health system and providers, as well as the social contract between providers and patients prescribed by the values and ethics of vocations in health care.

The project will collaborate in developing conceptual tools, field-testing them, and making them available in different countries region. By applying its extensive expertise in collaboration with LACHSR partners, the QA Project hopes to make a unique quality-oriented contribution to strengthening health sector reform.■

Rational Pharmaceutical Management Plus Program (RPM Plus)

The Rational Pharmaceutical Management Plus Program is a five-year program, funded by the United States Agency for International Development, that works to promote the appropriate use of medicines and improve the availability of quality health commodities (i.e., pharmaceuticals, vaccines, supplies, and basic medical equipment) for child survival, reproductive health, HIV/AIDS, and infectious diseases such as tuberculosis and malaria.

Taking an integrated approach, RPM Plus uses indicators and tools to improve systems efficiency based on objective information. Linking health commodities management to related health-sector reforms, leveraging resources, and building partnerships and local institutional competence are strategies used to implement proven systems interventions. RPM Plus works with the public and private sectors as well as nongovernmental organizations to develop combinations of technical and managerial approaches for appropriate, cost-effective interventions to improve health commodity availability and usage.

As a result of reforms that call for decentralization in the health sector, local governments are not always able to cover the costs of providing complete district care. Attempts to decentralize drug management functions lead to such problems as greater operational costs, limited training of local staff in drug management, inadequate overall financial resources, unavailable resources at the local level, and poor drug quality due to difficulty in selecting and monitoring suppliers. RPM Plus seeks to promote practical positive changes in commodity management that allow for financial sustainability of commodity systems, their operational efficiency, improved utilization of pharmaceuticals by providers and patients, and the reorientation of public and private sector roles in service provision and regulation.■

Management and Leadership Project (M&L)

Cost Revenue Analysis Tool (CORE)

CORE is a spreadsheet-based tool designed to assist health and family planning managers in improving the efficiency and financial viability of their services. Consisting of a comprehensive User's Guide and a diskette with three electronic spreadsheets, CORE assists managers in analyzing a facility's current and projected costs and revenues for each service, and in comparing costs and revenues among several facilities within the same organization. Managers can use CORE to: understand their clinics' costs and revenues and set financial objectives; explore key questions, such as "Which of our services has the highest unit costs?" and "How would increasing our fees effect our cost recovery?"

Managers in public-sector programs can use CORE as a planning tool to: determine the district-wide costs of providing an affordable package of primary health care services; identify opportunities to improve efficiency; understand the implications of different costing scenarios, in order to provide services effectively and equitably; plan regional and district health services by exploring the resource implications of adding new services or delivery sites.

Private-sector organizations can use CORE to: identify the major cost elements of providing services; improve the cost-recovery levels of profitable services; develop strategies for cross-subsidizing essential services; identify needed changes in the mix of services, staff responsibilities, pricing, or procurement practices. NGOs in the field have used CORE to improve organizational performance, including: reducing costs while maintaining quality; improving service utilization; standardizing services and their fees; and ensuring continued donor support by providing evidence of the actual costs of delivering services. ■

Management and Organizational Sustainability Tool (MOST)

MOST is a highly participatory management diagnostic tool that enables managers in nongovernmental organizations and public-sector institutions to develop a management capacity profile for their organization and a prioritized action plan for improvement.

MOST emphasizes decision-making by consensus, resulting in an assessment and an action plan that reflects the knowledge, insights, and perceptions of managers at all levels, as well as board members.

The MOST workshop is a three-tier process in which the participants: i) review key components of effective management and a continuum of improvement; ii) reach consensus on the current stage of development for each management component; iii) develop an action plan for moving to a higher stage of management development.

MOST has several benefits. It improves an organization's ability to hear divergent viewpoints and work towards consensus and a shared commitment to changes across the organization, as well as its internal capacity to conduct ongoing management reviews. It also provides a framework and starting point for an organizational discussion of management practices and enables organizations to prioritize, implement, and measure improvements over time. The tool has been used to strengthen public sector programs, through the assessment of management capacity and the development of action plans.

More information about CORE and MOST can be found at MSH's Electronic Resources Center at <http://erc.msh.org/toolkit>. CORE is available in English, French, and Spanish. ■

Policy Toolkit for Strengthening Health Sector Reform

In many Latin American countries that are in the process of reforming their health sectors, much debate, analysis and assistance have been directed toward the technical content of the reforms. A growing number of observers and participants in the process, however, have begun to acknowledge and become interested in the political process that underlies health sector reform efforts. Despite this increasing recognition of the role of politics, health technical experts may still not recognize that policy reform is a process that can be managed or consider that managing that process is part of their job. They may also lack understanding of *how* to manage the political environment and influence the policy process in order to increase the feasibility and success of their proposed reforms.

The Policy Toolkit was designed specifically to help health sector reform teams better understand the nature of the political process and develop skills to actively manage that process in the course of designing, implementing and evaluating their health reform initiatives. It contains an introduction to the components of the political process as well as guidelines for:

- ❑ *Stakeholder Analysis*: a methodology to help policymakers and managers identify key actors or “stakeholders” predict whether they might support or block the implementation of health reforms, and to develop strategies to promote support and decrease opposition to proposed reforms;
- ❑ *Advocacy*: a tool for health reform teams that provides a strategic approach to building and maintaining support for health reform initiatives; and
- ❑ *Conflict Negotiation*: a communication process designed to anticipate, contain and resolve disputes so that parties with some shared and some opposing interests can reach mutually acceptable solutions.

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-level and high-level officials in the ministries of health, planning, or finance; in-

country health professionals; members of professional associations; and health economists. Non-governmental organizations (NGOs), donors, and managers of health facilities may also find this toolkit useful.

The Policy Toolkit is available in English and Spanish. It can be used as part of a comprehensive training by a trained facilitator and is accompanied by a training guide. The toolkit can also be used as a stand alone source of information for those interested in learning more about the political process surrounding health reform and the skills needed to be successful in that political arena.

Provider Payment Reform Series

The Partnership for Health Reform has produced the three primer series described below to guide policy makers, health regulators, financing agents, health service providers and provider payment reform advocates with the operational knowledge of reimbursement systems that have the highest potential for contributing to greater equity, efficiency and sustainability in their respective health care systems.

Provider Payment Alternatives for Latin America: Concepts and Stakeholder Strategies. This primer defines global budgeting, its key features, supportive institutional arrangements, and considerations for its successful implementation. The distribution of risk involved in global budgeting is discussed, and regulatory, purchasing, and provider strategies are described within the context of LAC country specific health reform experiences.

Guide to Prospective Capitation with Illustrations from Latin America. This primer introduces the basic concepts of partial and full capitation, implementation issues to be considered, practical guidelines for establishing an integrated health system based on capitation, and country cases from the LAC Region.

Prospective Case-Based Payment for hospitals: A Guide with Illustrations from Latin America. This primer introduces the basic concepts of partial and full capitation, implementation issues to be considered, practical guidelines for establishing an integrated health system based on capitation, and country cases from the LAC Region.

All three primers are available in English and Spanish and will be most useful to those with a basic understanding of alternative provider payment methods. ■

The Health Sector Analysis Methodology and the Framework for Detailed Implementation Plans of HSR and Master Plans of Investment developed by PAHO are meant to serve as companion tools that complement each other. Together, they work to strengthen national capabilities in order to successfully implement health sector reform policies. Although it is not always the case, preparing the Master Plan may be regarded as one of the logical outcomes of health sector analysis and should therefore be formulated after that process has been completed. Thus, most of the themes and contents identified in the Master Plan will have been previously clarified, and it will suffice to summarize them within an operative context. Preparation of the Master Plan becomes much easier if such an analysis has been completed, especially if it clearly differentiates its investment-related recommendations.

Both tools are intended for a similar target audience, including institutional and individual entities interested in the health sector reform process in Latin America and the Caribbean. These actors may include, but are not excluded to: those involved in making and influencing health policy decisions, such as mid-level and high-level officials in the ministries of health, planning, or finance; in-country health professionals.

Health Sector Analysis Methodology

The **Health Sector Analysis Methodology** is a guide for performing a systematic and comprehensive health sector analysis in order to promote a sound foundation for formulating health sector reform policies and strategies. This framework for analyzing the health sector is designed to help countries assess the health sector's strengths and weaknesses and to identify factors that can facilitate or hinder reform processes. It provides information about the sector that enables the development of plans and programs according to specific health situations, with the incorporation of mechanisms that are acceptable to the countries involved. The information must address the political, economic, socio-demographic, and epidemiological contexts, showing how they are organized and how they function. It must identify the various actors, their areas of activity, and their policies. It must describe the nature of sectoral infrastructure, and of the human and technological resources available. It should describe the financial context, showing current sectoral expenditures and expenditure trends. It must include an outline of the effective supply and demand for services. It must describe the national system for disaster prevention and relief, and detail any international cooperation provided to the sector.

Framework for Detailed Implementation Plans of HSR and Master Plans of Investment

The **Framework for Detailed Implementation Plans of HSR and Master Plans of Investment** is designed to help countries formulate plans for implementing reform policies, with emphasis on investments as a necessary component for advancing reform strategies. The focus on investments helps to foster consistency between health investment plans and health sector reform activities, and to support the mobilization of national and international resources in this direction.

The Master Plan is a political and technical process that takes into account the political, economic, social, and health contexts at the national or subnational level; identifies health sector problems; outlines strategies and actions to address those problems; and creates a portfolio of investment project proposals aimed at preventing, resolving, or alleviating them. The Master Plan is a planning, negotiating and management tool for decision makers and opinion formers to help health authorities meet the various disparate needs of the implementing agency and of other sector participants. It can be used to monitor and evaluate health investment projects, strengthen health authorities' institutional capacities, and to facilitate institutional, inter-institutional, and intersectoral communication.

Methodological guidelines show how to preparing the Master Plan Document which will contain a summary of the health sector analysis, the matrix of health sector problems, intervention strategies, and a portfolio of investment project proposals, duly prioritized.

In addition to strengthening the health authority's capacity for identifying, formulating, implementing, monitoring as well as prioritizing needs, the Master Plan offers the advantage of clarifying and prioritizing sectoral investment needs, thus strengthening the country's capacity to identify potential suppliers of resources, and to negotiate with them. As a result, the sector becomes more attractive to national funding sources, and interaction with international sources is made easier.

The **Health Sector Analysis Methodology** is available in both English and Spanish; the third revised edition is anticipated for release in early 2003. The **Framework for Detailed Implementation Plans of HSR and Master Plans of Investment** is published in Spanish as the LAC HSR Special Edition #7 and can be downloaded from the Clearinghouse (<http://www.americas.health-sector-reform.org>). ■

Survey on Utilization of Clearinghouse

The original LAC HSR Initiative, through its web site and the Clearinghouse on Health Sector Reform, has provided dynamic venues for accessing relevant data/information on health reform efforts as well as opportunities for countries to share ideas and experiences. The results of a non-random survey on the utilization of the Clearinghouse conducted by PAHO brought out several interesting observations on the reach and usefulness of the activities grouped under Information Dissemination—one of the four major strategic areas targeted by the Initiative for building regional capacity.

According to users from several Initiative target countries—Dominican Republic, Ecuador, El Salvador, Jamaica, Mexico, Nicaragua, Paraguay and Peru—the Web was an important tool for introducing them to the Initiative and enabling them to continue receiving information on its activities. There were also users from other countries in the Region who reported finding about the Initiative through the LAC HSR site—notably Argentina, Chile, Colombia, Costa Rica, Monserrat, Panama, Trinidad and Tobago, and Uruguay.

While the vast majority of the electronic network users came from the public sector, many reported affiliations with academic institutions, international agencies engaged in health sector reform work, non-gov-

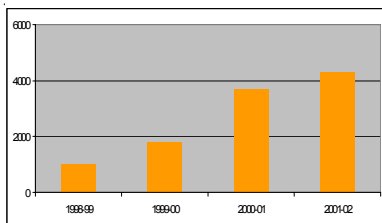
ernmental organizations (NGOs) working in the health field, and professional associations involved with health services delivery. The Initiative site was accessed by professionals working in both the health and financial sectors, from Ministries of Health at national/sub-national levels, Offices of Superintendents, State Reform Commissions, and hospital administration.

Apart from using the Clearinghouse for general consultative purposes, survey respondents also reported using it to do research and for preparing presentations and official documents. They also found the tools for analyzing/monitoring health reforms useful and there was a sense that the Clearinghouse was a resource that supported informed decision-making in the context of health sector reform.

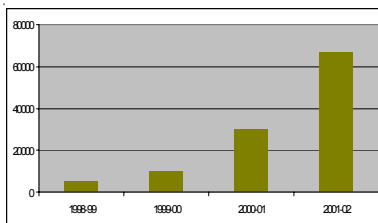
Information supplied by respondents about their own involvement in the processes of national health reform provided interesting results. More users indicated participation in the implementation and evaluation rather than the design phases; equity and efficiency were important criteria for their work; and the areas of reform in which they worked covered a wide range, including quality of care, delivery of service, financing, coverage and human resources.

Additional surveys may be useful for evaluating the impact of the different types of Initiative activities in target countries. ■

Increase in utilization of Clearinghouse over 5 years
based on average hits per day



Increase in utilization of Clearinghouse over 5 years
based on volume of data transferred



The LACHSR Initiative organized regional fora, study tours and workshops to facilitate the exchange of ideas and experiences among national actors engaged in health sector reform. This included three major types of activities:

Regional Fora

Four regional fora took place during the 1st phase of the Initiative, with each forum addressing a topical issue for health sector reform in the LAC Region:

Topic	Place & Date	Country Participation
Provider Payment Mechanisms	Lima, Peru November 1998	Nine Initiative countries: Bolivia, Brazil, Dominican Republic, Ecuador, El Salvador, Mexico, Nicaragua, Paraguay, Peru
Health Sector Reform in the Andean Sub-Region	Santa Cruz, Bolivia July 1999	Three Initiative target countries: Bolivia, Ecuador, Peru
Use of Research in Health Sector Reform	Bahia, Brazil May 2000	Ten Initiative target countries: Bolivia, Brazil, Dominican Republic, Ecuador, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Peru
HIV/AIDS and Health Sector Reform	Ocho Rios, Jamaica February 2002	Ten Initiative target countries: Brazil, Dominican Republic, Ecuador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Peru

Study Tours

A series of study tours were organized, providing participants with useful contacts and information to facilitate the incorporation of health reform concepts in their respective countries:

Topic	Place & Date	Country Participation
Decentralización and Hospital autonomy	Panama March 1999 & May/June 1999	Six Initiative target countries: Bolivia, Dominican Republic, El Salvador, Honduras, Jamaica, Nicaragua
National Health Insurance	Canada September 1999 & May/June 2000	Nine Initiative target countries: Bolivia, Dominican Republic, Ecuador, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Peru
Hospital Reform	Colombia February 2000 & April 2000	Nine Initiative target countries: Bolivia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, Peru
Steering Role of the Ministry of Health	Costa Rica November 2000	Six Initiative target countries: Bolivia, Dominican Republic, Ecuador, Guatemala, Nicaragua, Paraguay

Workshops / Seminars / Training

A number of workshops/seminars were conducted on significant health reform topics:

Topic	Place & Date	Country Participation
National Health Accounts (NHA)	Mexico April 1997 Ecuador October 1997 Dominican Republic June/July 1998 El Salvador May 1999	Ten Initiative target countries: Bolivia, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Peru
NGOs and -- Contracting for PHC Services; Health Policy; Health Sector Reform	May 1999 June 1999 April 2000	Eleven Initiative target countries: Bolivia, Brazil, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Peru
Policy Process	March 2000	Seven Initiative target countries: Bolivia, Dominican Republic, El Salvador, Guatemala, Honduras, Jamaica, Nicaragua
Social Insurance Mechanisms	July 2000	Five Initiative target countries: Ecuador, El Salvador, Honduras, Jamaica, Nicaragua
Leadership and Health Reform	May 2002	Seven Initiative target countries: Brazil, Bolivia, Guatemala, Haiti, Honduras, Mexico, Peru

Scaling Up Health Systems to Respond to the Challenge of HIV/AIDS in Latin America and the Caribbean - LAC HSR Series - Special Edition No. 8

More than half of the world's population living with HIV/AIDS today resides in the Latin America and Caribbean Region. The Caribbean, with an adult HIV prevalence of 2.2% has the second highest rate of HIV infection in the world, second only to sub-Saharan Africa. At a time when most countries throughout the region are reducing social spending, health systems all over Latin America and the Caribbean are suffering the consequences of lack of organization and planning for the increase in the demand and the use of health services.

The magnitude of this crisis has created a growing consensus among governments across the world, international agencies and medical institutions that a comprehensive global HIV/AIDS brought together industrialized and developing countries committed to a ten year endeavor to apply new strategies that integrate preventive programs with care, support and treatment of all people living with and/or affected by HIV/AIDS.

PAHO/WHO and USAID are leading organizations in the fight against HIV/AIDS in LAC. Each of these organizations have adopted the UN-recommended "prevention-care-treatment" integrated strategy, as presented in USAID's,

Prevention-Care Continuum and PAHO's *Building Blocks Guidelines*. However, these comprehensive care models do not develop spontaneously. A number of systems related to the steering role of the health authority, the financing of the health system, the definition of guaranteed portfolios of health entitlements and organizational changes in the provision of care must be realigned to being this about.

In the face of these new challenges, the Latin American and Caribbean Health Sector Reform (LACHSR) Initiative's partner organizations and projects launched a *Regional Forum on the Challenge of HIV/AIDS for the Reform and Strengthening of Health Systems in Latin America and the Caribbean in February 2002*.

This Special Edition No. 8 was prepared as a base for the Forum discussions and identifies key issues related to scaling up health systems in order to better face the HIV/AIDS pandemic. The Regional Forum was only the beginning of the discussions that will take place as the Region continues to determine strategies to combat HIV/AIDS. By balancing economic realities with a genuine commitment to integrated HIV prevention and care, we can together strengthen health systems to accomplish this goal. ■

The Clearinghouse on Health Sector Reform is...

...the LAC HSR website's principal component. It serves as a resource-gathering center and a place for the sharing of information and experiences on topics of current interest and debate. In the **Tools and Methodologies** section of the Clearinghouse, there are country profiles, which provide a systematic synthetic and analytical description of the context in which the health systems are operating, along with an overview of the general organization, operation, and resources of the respective health systems and the impact of health sector reform initiatives. Other tools and methodologies offered by the various

initiative partners are housed in this section as well. Another component is the **Cyber Library and Thesaurus** offering grey literature (that which is produced on all levels of government, academia, business and industry in print and electronic formats, but which commercial publishers do not control) on health sector reform. The **Publications** section offers a wide variety of publications on health sector reform and all its components. Finally, there is a **Database of Contacts** within the region of the Americas working on health sector reform.■



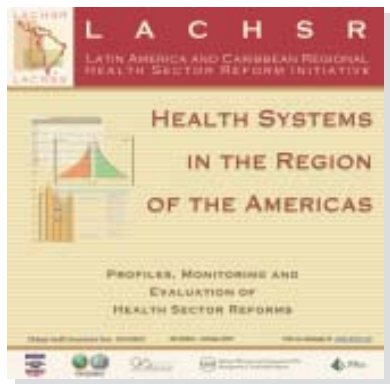
<http://www.americas.health-sector-reform.org>

CD-ROMs

In order to ensure extensive dissemination of information, the Pan American Health Organization has made significant amount of information available on a series of two CD-ROMs.

One CD contains:

- Health Sector Profiles for 25 countries
- Tools and methodologies:
 - such as the *Guidelines for the Preparation of the Health Systems and Services Profile in the Countries of the Region*,
 - a searchable *Database of information on Health Sector Reform*
 - and a comparative *Regional Analysis on Health Sector Reform in Latin America and the Caribbean*.



A second CD contains:

- The entire cyber library of grey literature and
- The thesaurus.

Upcoming: the second version of the Health Sector Profiles and updated methodologies will be available shortly.



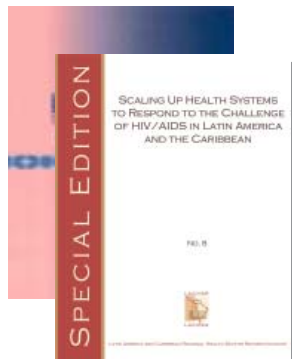
These CDs may be obtained by contacting the Initiative's webmaster at: <http://www.lachsr.org>

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 PROVEEDORES 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: PARAGUAY. (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 REALIZACIÓN. (SANTA CRUZ, BOLIVIA, 5 A 6 DE JULIO DE 1998). (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 FINDINGS OF A LATIN AMERICAN/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 DECENTRALIZACIÓN 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 RESOURCES 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. TAILORING METHODOLOGICAL 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, BANIA, 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 SYNOPTICUS STRATEGIES. (ENGLISH, FOR SPANISH VERSION REFER TO #4 SPECIAL EDITION)
51. GUIDE TO PROSPECTIVE CAPTATION 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)
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