



December 1998

4

Clearinghouse on Health Sector Reform

TABLE OF CONTENTS

1. CONCEPTUAL FRAMEWORK	1
1.1 ACCESS TO INFORMATION IN THE REGION OF THE AMERICAS	1
1.2 ORGANIZING INFORMATION RELEVANT TO SECTORAL REFORM.....	1
1.3 DISSEMINATION OF INFORMATION ON HEALTH REFORM	1
2 HISTORICAL BACKGROUND	2
2.1 SUMMIT OF THE AMERICAS (1994).....	2
2.2 SPECIAL MEETING ON HEALTH SECTOR REFORM (1995)	2
2.3 REPORT ON PROGRESS OF ACTIVITIES IN HEALTH SECTOR REFORM (1996)	2
2.4 INITIATIVE ON EQUITABLE ACCESS TO BASIC HEALTH SERVICES (1997)	3
3. FUNCTIONALITY OF THE CLEARINGHOUSE IN THE CONTEXT OF LACHSR	3
3.1 MISSION OF THE LAC HEALTH SECTOR REFORM INITIATIVE	3
3.2 STRATEGIC REGIONAL ACTIVITIES OF THE INITIATIVE.....	3
3.3 SCOPE OF THE CLEARINGHOUSE FUNCTION	4
4. COMPONENTS OF THE CLEARINGHOUSE	4
4.1 HSR BULLETIN BOARD.....	4
4.2 NETWORK OF KEY ACTORS IN HEALTH SECTOR REFORM.....	4
4.3 GREY LITERATURE CYBER LIBRARY	5
4.4 COUNTRY INFORMATION ON HEALTH SECTOR REFORM	6
4.5 NATIONAL HEALTH SECTOR REFORM POLICIES.....	7
4.6 LACHSR INITIATIVE PRODUCT INVENTORY	7
5. SUSTAINING REFORMS THROUGH SHARED LEARNING.....	8
5.1 LINKING PEOPLE, IDEAS AND EXPERIENCE	8
5.2 BUILDING A VIRTUAL INTELLIGENCE CENTER.....	8
ADDENDUM	9
THE THESAURUS ON HEALTH SECTOR REFORM	9
Overview	9
Features	9
Applications	10
Presentation	10

1. CONCEPTUAL FRAMEWORK

1.1 Access to Information in the Region of the Americas

Information is a valuable resource and is vital to decision-making. Given the vast quantity and diversity of information related to health sector reform, it is helpful to have a focal point for gathering information on health reform efforts and making it widely available to interested parties. This is particularly important in view of the fact that organizational and technological barriers to information exist in many countries of the Region.

1.2 Organizing Information Relevant to Sectoral Reform

A clearinghouse is traditionally viewed as an entity for collecting and distributing information. The Spanish name for the Clearinghouse, “Sistema de Información y Análisis sobre Reforma del Sector Salud” (SINAR), refers to a “System of Information and Analysis on Health Sector Reform”, emphasizing the fact that it is more than a passive physical repository of data. To be useful, the design of the Clearinghouse must reflect the dynamic nature of sectoral reform and be responsive to the growing interest in health reform issues in the Americas. The system needs to be defined and organized so that information can be collected, processed, stored and presented in a timely manner and in a format that is easily understood.

1.3 Dissemination of Information on Health Reform

Active dissemination of information forms an integral part of the operation of the Clearinghouse, and is implemented using both electronic and print media. Advances in computer-based information and communication technologies have made it possible to structure information in such a way that it can be retrieved and distributed more efficiently, thus allowing organizations and individuals to use the information more effectively. Publication on the Internet and online access to information products via the World Wide Web therefore constitute a major dissemination method. On the other hand, traditional print publication remains an important means of dissemination because it allows for a different approach to presenting information and is more amenable to delivering certain types of contents. In addition, printed matter may be more suitable for specific audiences or be the only information product available in some settings. The two dissemination channels complement one another, and together they result in a more comprehensive delivery system.

2. HISTORICAL BACKGROUND

2.1 Summit of the Americas (1994)

Since the advent of the 90s, the countries of the Hemisphere have been very active in health reform activities, and the subject of national health sector reform has received considerable attention from PAHO's Governing Bodies and other forums of interest to the Organization.

The Summit of the Americas held in Miami in December 1994 reaffirmed the commitment of the governments of the Region to health sector reform. A Plan of Action to eradicate poverty and discrimination was approved, and Initiative 17 on equitable access to basic health services was endorsed.

2.2 Special Meeting on Health Sector Reform (1995)

As a result of the Summit, a Special Meeting on Health Sector Reform of governments and international organizations was called to create a regional conceptual framework for the reform process. An interagency committee prepared the background document on health sector reform for the Special Meeting and was responsible for following up the reform mandates that emerged from the Summit and the Special Meeting. Participants included: The Pan American Health Organization (PAHO), the World Bank, the Inter-American Development Bank (IDB), the Organization of American States (OAS), the Economic Commission for Latin America and the Caribbean (ECLAC), the United Nations Children's Fund (UNICEF), the United Nations Fund for Population Activities (UNFPA), the U.S. Agency for International Development (USAID), and the Government of Canada.

The Special Meeting was held during the XXXVIII Meeting of PAHO's Directing Council in Washington, D.C. in September 1995. It confirmed the growing interest of the countries and cooperation agencies in reform policies and strategies, and adopted a resolution on developing a process for monitoring health sector reform in the Americas.

2.3 Report on Progress of Activities in Health Sector Reform (1996)

A Report on the Progress of Activities in Health Sector Reform was submitted to the XXXIX Meeting of PAHO's Directing Council in September 1996. Health sector reform was confirmed as a strategy for making health systems more equitable, efficient and effective, and member governments were urged to reaffirm their political commitment to health sector reform. The need for coordination of external support was recognized, as was the need for respect of national autonomy. The importance of sharing experience on the national processes of health sector reform was also acknowledged.

2.4 Initiative on Equitable Access to Basic Health Services (1997)

Consequent upon the mandate for interagency collaboration to support health sector reform efforts in the countries of the Americas, USAID and PAHO initiated discussions aimed at identifying priority areas for regional cooperation. A proposal was prepared emphasizing teamwork as well as participatory design and implementation in developing Partnerships that build and share knowledge across the Region.

The Latin America and Caribbean Health Sector Reform Initiative (LACHSR) was officially launched in July 1997 for the purpose of providing support to sustainable country health sector reforms in effect.

3. FUNCTIONALITY OF THE CLEARINGHOUSE IN THE CONTEXT OF LACHSR

3.1 Mission of the LAC Health Sector Reform Initiative

The Latin America and Caribbean Health Sector Reform Initiative (LACHSR) is a five-year Initiative (1997 - 2002) of the Pan American Health Organization (PAHO), the United States Agency for International Development (USAID), Partnerships for Health Reform (PHR), Data for Decision Making (DDM), and Family Planning Management Development (FPMD). The Initiative seeks to promote more equitable and effective delivery of basic health services by helping to build a broad and effective regional support network. Substantial resources of up to \$10.2 million are planned in regional support to activities in Bolivia, Brazil, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Paraguay and Peru.

3.2 Strategic Regional Activities of the Initiative

The activities of the Initiative are grouped into four strategic areas as summarized below. The Clearinghouse relates most directly to the second group of activities, but in many instances information related tasks are associated with the other activities as well.

- a) Developing, testing and disseminating methodologies and tools for the analysis, design, implementation and monitoring of national health sector reforms.
- b) Gathering, processing and disseminating information on health reform efforts, and making the information widely available to interested parties in LAC countries and to health sector donors.
- c) Monitoring reform processes and outcomes as well as equitable access to basic health services, and providing feedback to countries, Partners and donors.
- d) Helping countries to share experience and advice.

3.3 Scope of the Clearinghouse Function

Apart from being the core element of activities that target the collection and dissemination of information on health reform efforts in the Americas, the Clearinghouse on Health Sector Reform also contributes to the other strategic areas of the Initiative. It serves as a vehicle for disseminating other products of the Initiative, such as methodologies and monitoring reports, and it complements networking activities aimed at promoting the exchange of information between countries. With this expanded functionality, the Clearinghouse requires the structural capacity to accommodate huge volumes of valuable data, reports, and other documents, as well as the functional capacity to support the concurrent utilization of information by multiple centers globally. In addition, the Clearinghouse needs to operate as a flexible and dynamic entity, sensitive to changing circumstances and requirements in health reform situations, and capable of interfacing with new information technologies and infrastructures that may emerge over the five-year life span of the Initiative.

4. COMPONENTS OF THE CLEARINGHOUSE

4.1 HSR Bulletin Board

Contents: The HSR Bulletin Board provides general information and special reports on health sector reform, including findings of studies supported by the Initiative, reviews of ongoing projects, summaries of noteworthy issues reported in the literature, and news about interesting people and events.

Mechanism: Information is gathered from different sources using a variety of channels. These may include the offices of partner organizations at headquarters and in the field, official government bulletins or other sources of news at the country level, as well as announcements and reports of meetings and other events pertinent to health sector reform. Relevant material is organized, formatted and published on the Initiative's Home Page.

Target Audience: The potential user is virtually anyone who is or might become interested in health reform. Timely and reliable coverage of newsworthy activities taking place simultaneously in many countries is intended to reach mass audiences and promote awareness about health reform matters.

4.2 Network of Key Actors in Health Sector Reform

Contents: The network is an online database of individual and institutional entities that are actively involved with and/or have relevant experience in the analysis, design, implementation and monitoring of health sector reform.

Mechanism: Key actors may be identified through the Partners, international organizations, NGOs, governments, universities, private firms, Internet searches, bibliographic listings and other contact lists. Individuals can also register themselves online.

Registrants fill out a form with information that includes their areas of expertise and countries of experience in the field of health sector reform. The database is accessed via the Initiative Web page, and searches can be made according to the pre-determined information fields. The database is constantly monitored and expanded in addition to being thoroughly updated on a regular basis.

Target Audience: The network is targeted towards individuals or organizations in the private or public sector, nationally and internationally, that may benefit from being able to access key actors and experts in the different areas of health sector reform. It is particularly helpful to professionals seeking expert opinion in a specific area, consultants in search of state of the art know-how, or researchers who want to connect with other researchers in certain fields.

4.3 Grey Literature Cyber Library

Contents: The cyber library is comprised of a thesaurus on health sector reform and a database of grey literature produced in the Region. The thesaurus is a specially constructed indexing vocabulary for describing the processes of health sector reform. The database is a bibliography of selected reference literature that is compiled based upon the thesaurus. The system is designed to facilitate access to writings that deal with the subject of health sector reform, many of which are either unpublished or are only disseminated in non-conventional literature with limited, irregular circulation.

Mechanism: This component of the Clearinghouse capitalizes on the combined resources of PAHO's Main Library at HQ and BIREME, PAHO's Latin American and Caribbean Center for Health Sciences Information located in Sao Paulo, Brazil. BIREME has developed and maintained a network of libraries and documentation centers of Ministries of Health and universities throughout the Region. The building of the thesaurus is a collaborative undertaking that includes work done at PAHO HQ, technical consultation with international experts, as well as input from PAHO/WHO country representatives, BIREME and BIREME's documentation centers. To ensure consistency in subject analysis, the thesaurus serves as the basic source of descriptors for indexing and cataloguing; it also serves as a guide for searching terms and retrieving documents. The grey literature database is constructed using MICROISIS, the software developed by UNESCO. The methodology and standards of indexing follow the guidelines of LILACS, the Latin American and Caribbean Health Sciences Literature database developed and maintained by BIREME and used by more than 70 centers and 26 countries to retrieve and process health related publications originating from the Region. The database continues to be expanded and adjusted as relevant literature is selected, abstracted and indexed through the Clearinghouse, and bibliographic information on health sector reform is retrieved and processed by BIREME and its network. Both the thesaurus and the database are accessible online to facilitate searches through the literature.

Target Audience: The contents of the grey literature cyber library are of potential interest to all relevant actors, those who are interested in or involved with health sector reform in the Region. National authorities and international agencies often request information about reform instruments, or about institutional and individual expertise on different aspects of the reform process. Policymakers and government ministries may be

interested in preliminary results of ongoing reform initiatives as well as the evaluation of more mature reform projects as they deal with reform processes in their own countries. Researchers and policy analysts may find useful information in technical papers, project proposals or proceedings of meetings that are otherwise difficult to access.

4.4 Country Information on Health Sector Reform

Contents: This section contains information compiled on the current as well as emerging trends of health situations, with particular reference to health sector reform. The information is organized into two parts. One part comprises baseline reports on health sector reform monitoring and evaluation in selected countries of the Region. The other part consists of health services system profiles from Latin American and Caribbean countries, which are analyzed from the different perspectives of context, organization and monitoring of reform processes.

Mechanism: The work of preparing the reports and profiles is a dynamic process. It utilizes the ongoing cross-support of staff from different divisions within PAHO as well as health authorities and professionals in the countries. It draws on the previous experience of PAHO in the collection, processing, validation and dissemination of information on country health situations, as well as the experience of other cooperating agencies that work within and outside the Region. A methodological framework for monitoring the processes of reform and evaluating the results of reform is used to produce the baseline country reports and the subsection on sectoral reform within the country profiles. Initially drafted by PAHO, the methodology has been refined through reviews by a working group from PAHO's Division of Health Systems and Services Development and by international experts at a consultative meeting. Guidelines are also used to facilitate the preparation of the profiles; they provide guidance on how to analyze the context and the actual parameters of the system in terms of organization, resources and functions. Sources of information for the reports and profiles include institutional and national publications, publications of international technical and/or financial cooperation agencies, authorized use of official but unpublished material, as well as material that is published but not through official channels. When necessary, the information is validated through interviews with experts or through focus groups. Indicators and variables are used to elicit relevant quantitative and qualitative information. Most of the indicators are formulated as questions that are grouped under carefully selected and logically arranged subject headings. Periodic updates are planned for the country profiles, including the section on sectoral reform, to produce systematic documentation of changes in health situations over time.

Target Audience: Information about reform in the countries can be of interest to a broad range of audiences. These include professional, administrative and managerial staff working with cooperation agencies and NGOs at headquarters or in the fields, health sector managers in public and private institutions, as well as educators and investigators in teaching and research institutions. The results of the monitoring exercises provide useful feedback to the countries, donor institutions, collaborating agencies and Partners of the Initiative. The concise, systematic and time-sensitive nature of the reports and profiles make them valuable tools for decision-makers and health authorities at the national, sub-national and international levels.

4.5 National Health Sector Reform Policies

Contents: This component contains official documents on health sector reform policies from the countries of the Region.

Mechanism: Efforts are made to obtain permission from national authorities to publish the health reform policy documents of their respective countries where available. After proper authorization is received, documents are made available online in full text format.

Target Audience: These documents are useful to Ministries of Health as frames of reference when designing or implementing reforms in their own countries, and may motivate governments who have not developed well-defined policies in this area to begin formulating or refining their own national health sector reform policy documents. The policy documents also serve as valuable sources of information on national reform processes for institutions and universities, as well as international cooperation agencies and non-profit organizations engaged in designing, analyzing or implementing health reform policies.

4.6 LACHSR Initiative Product Inventory

Contents: Products of the Initiative are presented in this section, and these are grouped into two major categories. One is a toolkit of methodologies, guidelines and various instruments that are developed and tested for use in the designing, analyzing, implementing and monitoring of health sector reform in the countries. The other category consists of publications of the Regional Initiative of Health Sector Reform for Latin America and the Caribbean.

Mechanism: Tools such as guidelines for conducting health sector analyses, methods for establishing national health accounts, and the framework for formulating detailed health reform implementation plans, are developed systematically and then disseminated to target countries. The phases of development may involve conducting field studies, pilot testing, revisions, application of the tool in technical support to countries, as well as implementation within the setting of training workshops. The processes and results of various activities are also organized into documents which are published as part of a series of publications compiled under the Initiative. These documents can be reproduced and made available to interested parties upon request. The material that is published may be on a variety of topics such as the methodology for monitoring health sector reform, baseline reports on reform processes in specific countries, health sector analysis of a particular country, and other Initiative related outcomes.

Target Audience: The toolkit and publications are particularly useful to people directly involved with planning and implementing health sector reform in the countries. Ministries of Health and national authorities can apply the tools to reform efforts in their own countries, and non-governmental organizations and international agencies can adopt methodologies within the framework of their own cooperation agenda. The publications contain valuable factual material that may be extremely useful for reference purposes to those who are engaged in health sector reform studies and research.

5. SUSTAINING REFORMS THROUGH SHARED LEARNING

5.1 Linking People, Ideas and Experience

The impact of the Clearinghouse on improving equitable access to basic health services is closely related to its role in facilitating the communication of health sector reform efforts among large numbers and diverse types of audiences spread out over great distances across different time zones. The capacity of the Clearinghouse for connectivity complements activities of the Initiative that are designed to enhance dialogue on reform processes between countries. These activities focus on creating networking opportunities for countries and agencies engaged in health sector reform, and on organizing sub-regional forums and study tours to promote the exchange of information and experience. The shared learning that occurs results in the decentralization of information, which is a democratizing process that can lead to more equitable and effective delivery of basic health services.

5.2 Building a Virtual Intelligence Center

The cognitive dimension of a Clearinghouse that fosters shared learning across national boundaries and time zones evokes the imagery of a virtual intelligence center operating in cyberspace where minds meet and knowledge is transmitted. As the hub of a dynamic information handling system with links to other resources, a quasi-intelligent Clearinghouse helps users navigate the information highways for practically instantaneous access to substantive data, and in doing so empowers stakeholders to participate in informed decision-making. By providing a user-friendly environment that promotes the diffusion of knowledge and where lessons can be learned, a virtual intelligence center has real potential to stimulate thinking and mobilize collective action. The symbolism of the virtual intelligence center is therefore an intuitive way of highlighting the process of shared learning as the key to sustaining health sector reforms.

ADDENDUM

The Thesaurus on Health Sector Reform

Overview

- The Thesaurus on Health Sector Reform is a documentary language created to manage information related to the processes of HSR.
- A major issue faced by the Region is the lack of access to information on HSR, especially in the area of “grey literature”. Construction of the Thesaurus is a way to organize the diversity of existing terminology on HSR issues and to consolidate different interpretations among countries.
- The process involves collaborative interaction between the library at PAHO Headquarters and BIREME, the use of the LILACS methodology and the ISIS program.
- Use of the Thesaurus is intended for all stakeholders and participants involved in HSR, whether they be individuals, groups or institutions.

Features

- Optimization of coherence, consistency and clarity in information use. Criteria are set for inclusion or exclusion of material, and processes are systematized for listing and cross-referencing terms.
- Identification of concepts and definition of basic categories. Significant concepts in HSR are identified and form the basis for defining subject groupings. Relevant terminology is extracted from appropriate documents to supply the vocabulary list. Semantic maps are used as visual techniques to develop the descriptive framework for related concepts. A numerical classification scheme is set up to uniquely identify descriptive terms.
- Vocabulary control and standardization of terminology. “Descriptors” and “non-descriptors” are selected to represent accepted terms and synonyms from other sources; “pre-coordinated” and “post-coordinated” combination terms are incorporated to communicate complex concepts; and rules are established to determine the choice of “singular” vs. “plural” forms of expression.
- Delineation of semantic relationships. Three types of relationships—hierarchical, associative and equivalent—are depicted, using universally accepted abbreviations (Broader Term, Narrower Term, Related Term, Used For, USE). Scope Notes are written to clarify contextual applicability where appropriate.

Applications

As an indexing tool and a search instrument, the Thesaurus supports various HSR activities:

- Acts as a guide for the construction of a literature database for the clearinghouse function.
- Facilitates the collection, processing, dissemination as well as retrieval of information on HSR.
- Develops new vocabulary for incorporation into DeCS.
- Serves as source of materials for the analysis of HSR monitoring processes.
- Can be linked to other information resource centers via the web.

Presentation

- Dissemination media: World Wide Web (electronic); HSR Series (print).
- Publication format: Alphabetical Listing; Rotated Index (KWOC).
- Languages: Spanish and English.