

Worksheet Intro-1: Complete checklist of key actions for each Step of health reform**Step One: Deciding to Start a Health Reform Process**

- Top political leadership reflects on core values that shape social expectations of the health sector, especially the role of market and state in their society, in consultation with a small circle of key advisors, allies, and experts
- Identify ethical principles for health system performance (related to consequences, rights, and community virtues) that provide reasons for selecting certain problems as the basis for starting a reform process
- Examine the benefits and risks of engaging in health reform and the political opportunities to achieve reform, in order to decide whether to move forward
- Decide to start a health reform process, in consultation with a small circle of key advisors, allies, and experts

Step Two: Creating a Health Reform Team

- Using the policy cycle, sketch out a preliminary health reform strategy
- Using your policy cycle sketch, identify the key skills and areas of expertise you need on the Health Reform Team
- Identify and recruit a small group of people with the necessary skills and expertise to serve as your Health Reform Team
- Position and provide resources to the Team
- Support the Team to develop a shared mission, effective methods of communication and collaboration, and strategies for managing the rest of the health reform process steps
- Support the Team to create technical and advisory groups, network with partners and stakeholders, and engage consultants to fill gaps and bolster support for the proposed health reform

Step Three: Assessing Health System Performance and Defining Performance Problems

- Decide what to assess, including the kinds of performance problems to assess (based on the intermediate and final performance objectives), and the types of analysis and analytic skills required
- Decide who will do the assessment, considering both external analysts outside of government and people internal to the Health Reform Team and government agencies
- Design the assessment, including the scope of assessment, time and resources required, existing data sources, and new data to be collected, with deadlines for deliverables
- Analyze both primary and secondary data to generate a comprehensive assessment, identify major problems, and prepare for diagnosis (Step Four)

Step Four: Diagnosing the Causes of Performance Problems

- Decide which performance problems to diagnose (using the assessment(s) from Step Three as well as the priorities defined by the Health Reform Team and political leadership)
- Decide who will do the diagnosis, considering both external analysts outside of government and internal analysts (on the Health Reform Team and in government agencies), including the time and resources required
- Using a systems approach, describe the structure and functioning of the current health care system that is facing the selected performance problems
- Using a systems approach, construct a diagnostic tree, using primary and secondary data, to reveal the root causes of the performance problems
- Link the root causes to the policy control knobs (and identify linkages among the underlying causes) to identify areas for intervention (in preparation for selecting reform options in Step Five)

Step Five: Deciding on Your Reform Package

- Decide on the scope of your reform using evidence from the diagnosis, assessment, and policy studies.
- Decide on a package of interventions to include in your reform, considering the five policy control knobs.
- Decide whether to start with pilot tests or a full-scale approach.
- Decide on a mechanism for enacting reform (legislation or executive decree)
- Decide on a name for the reform package.
- Decide on the timing of the reform effort.

Step Six: Conducting Political Analysis and Designing Political Strategies

- Identify stakeholders (persons or organizations) with a vested interest in your policy and the potential to influence related decisions
- Assess the position, interest and power of your stakeholders
- Design and implement a set of political strategies to increase the likelihood of success
- Evaluate your strategies and re-do your analysis as often as needed

Step Seven: Managing the Implementation of Health Reform to Achieve Results

- Assess your team’s capacity to drive delivery and implement your proposed interventions
- Conduct an analysis of the politics of implementation
- Develop an implementation plan with clearly-defined goals, targets, team assignments and timelines
- Communicate effectively with stakeholders
- Track progress towards objectives (through monitoring) and address problems that arise

Step Eight: Evaluating Impacts and Creating Sustainability for Your Health Reform

- Decide on your evaluation strategy early in the reform process, before starting implementation, especially whether you will use before-and-after comparison, or control groups, or region-by-region implementation at different times
- Decide on measures for data collection needed for evaluation, including who will collect the data, how much it will cost, measures to assure reliability, and how to avoid collecting too little or too much data
- Decide whether to use an external organization or an internal agency to perform the evaluation (after assessing the advantages and disadvantages of both approaches)
- Answer five questions for planning the evaluation:
 1. Why conduct an evaluation?
 2. Who does the evaluation?
 3. What do you evaluate?
 4. Who are the main audiences and how to you communicate the evaluation?
 5. Who will evaluate the evaluators?

Worksheet 1-1: Guiding questions for defining ethical principles for health reform

GHRR states: “This book is based on [a] deep conviction that judging health-sector performance requires ethical analysis.” (p. 40)

It is important to define the ethical values underpinning a health reform at the beginning of the process. Clear ethical principles can serve as a guide to the Health Reform Team, political leaders, and other stakeholders as they make many complex decisions.

However, agreeing on shared ethical principles is easier said than done. How your team goes about this complex undertaking can vary widely. Some health reformers use ethics case studies as a basis for collaborative deliberations, while others consult with experts (such as philosophers) to define the principles. Your process must be determined by what is appropriate and effective in your specific political and social context.

Regardless of which process you use, the goal is to reach agreement on a few clearly-stated ethical principles for the overall health reform effort. The Health Reform Team (or process facilitator) should work with the people involved in the consultation to prepare a memo or other written document that details the ethical principles articulated through the process. This document can then be referred to throughout the rest of the health reform effort.

The following questions can help you prepare for, conduct, and document the results of the deliberation process:

Considerations for creating a process to define the ethical principles of your health reform

- **Who facilitates the process?** The process facilitator should have expertise and skills in both ethical analysis and in leading difficult discussions. It might be important to use an external facilitator, such as an expert facilitator from another country, to guide the process, as someone seen by all participants as “objective” can be helpful. On the other hand, the facilitator must also have sufficient local standing to authenticate the process.
- **Who is involved in the process?** Consider including a wide range of stakeholders who are affected by and involved in the health system (including people from diverse socioeconomic backgrounds and with relevant experience in ethical analysis).
- **What process is used?** It is important to create time and space for meaningful deliberation, but the process also needs to be goal-oriented and time-limited.
- **Do the deliberators have a shared vocabulary for the discussions?** Ensuring that they do may require presentations on ethical perspectives (such as the three highlighted in *GHRR*: utilitarianism, liberalism, and communitarianism) and other relevant issues (such as measurements of population health and individual health).

Sample topics for deliberation

- How should we measure healthiness and well-being? How do we compare the importance of short-term and long-term impact? Which aspects of health and well-being will this reform prioritize?

- Whose well-being does this health reform aim to improve? Do we invest in the health of all people equally or scale investments based on people's actual needs? What is the population this reform targets?
- Which civil and human rights pertain to health? Which aspects of health care are the responsibility of the government and which are the individual's? How will this reform contribute to meeting the government's obligations to promote human rights?

References

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Selected additional resources

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Worksheet 1-2: Guiding questions for an informal risk assessment

The questions in this table provide starting points for doing a basic analysis of the possible risks and benefits of doing health reform.

As you identify possible risks and harms, assign each two ratings (of low, medium or high). One rating is the likelihood of this risk occurring; the other is for the magnitude of the possible harms that would result.

Once you have identified the most concerning risks (either because they are highly likely to occur or because they would create significant harm if they occur), you can prioritize developing risk management and mitigation strategies for them.

Guiding questions	Your Notes	Likelihood (low, medium, high)	Magnitude of harm (low, medium, high)
Ethical considerations			
What <u>ethical values would be advanced</u> if the health reform is enacted?		/	/
Who opposes these values?		/	/
What harms could occur if opponents mobilize against the reform?			
What <u>ethical values would be undermined</u> if the health reform is enacted?		/	/
Who opposes these values?		/	/
What harms could occur if supporters mobilize against the reform?			
Political considerations			
Which <u>stakeholder groups</u> would be affected by the health reform?		/	/

Guiding questions	Your Notes	Likelihood (low, medium, high)	Magnitude of harm (low, medium, high)
Which groups would gain and which would lose?		/	/
What harms could occur if the “losing” stakeholders mobilize against the reform?			
What harms could occur if the “winning” stakeholders are strengthened by the reform?			
Which <u>political leaders/parties would benefit</u> if the reform is approved? What would they gain? (power, influence, achievement of campaign promises, institutional authority, access to resources, etc.)		/	/
What harms could occur if these political leaders/parties accrue gains?			
Which <u>political leaders/parties will be harmed</u> if the reform is approved? What would they lose? (power, influence, achievement of campaign promises, institutional authority, access to resources, etc.)		/	/
What harms could occur if these political leaders/parties incur losses?			
What would be the political ramifications if you undertake the reform and it fails to be enacted?		/	/
What political harms would occur if the reform fails?			

Guiding questions	Your Notes	Likelihood (low, medium, high)	Magnitude of harm (low, medium, high)
Technical considerations			
What are the possible repercussions if the effort health reform package you select is enacted—but fails to improve health system performance?		/	/
What harms could the failure of the health reform package create for the population? (health status, confidence in the state and the health system, financial risk, etc)			
What harms could the failure of the health reform package create for health care providers?			
What recurring costs would be generated if the health reform succeeds? Where will the resources come from? What endeavors would be defunded?		/	/
What harms could come from allocating the required resources toward the reform?			
What harms could occur if the reform is enacted and then later repealed?			
Other considerations			
What resources are required to go through the process of designing, passing and implementing health reform? Where will they come from?		/	/
What harms could occur by allocating resources to pursuing health reform?			

Guiding questions	Your Notes	Likelihood (low, medium, high)	Magnitude of harm (low, medium, high)
What harms could occur to you and other proponents of the reform if it fails to be enacted?			
What harms could occur to you and other proponents of the reform if it is enacted but fails to create improvements?			

What are the three most likely risks? What strategies could be implemented to manage or mitigate these risks?

- 1.
- 2.
- 3.

What are the three most potentially harmful risks? What strategies could be implemented to manage or mitigate these risks?

- 1.
- 2.
- 3.

Worksheet 2-1: Sketch your reform process to identify skills and expertise needed on the Health Reform Team

	1: Decide to do reform	2: Create a team	3: Assess performance	4: Diagnose performance problems	5: Decide on reform package	6: Conduct political analysis	7: Manage implementation	8: Evaluate impacts
Key tasks								
Expertise areas								
Competencies/ skills								
Stakeholders								
Candidates with expertise, competencies and/or stakeholder access								

Worksheet 4-1: Information required to understand the policy control knobs in the current healthcare system

Control Knob	Information Needed	Suggested data sources	Affected outcomes
Financing	<p>Resource mobilization: Figures and multi-year trends of:</p> <ul style="list-style-type: none"> • Total health expenditure (THE) per capita • THE as % of GDP • Government health expenditure (GHE) as a share of government expenditure (to assess the government’s priority given to health) • Government spending as a share of GDP (assess fiscal capacity of a country) 	National Health Accounts Government budget	Financial risk protection Equity
	<p>Risk pooling</p> <ul style="list-style-type: none"> • Compare % of THE from various sources, including: OOPE, GHE, social health insurance (SHI), community based insurance, private insurance, international/donor aid • How many SHI schemes are there? For each one, identify: % of the population covered; eligibility criteria; amount of premiums/contributions; who pays premiums/contributions; % of eligible population actually enrolled • If private insurance exists, in addition to the information asked for from SHI, also document: What does it typically cover (e.g. does it replace or augment public coverage)? Is it: indemnity policy, group health insurance sold via employer, rider policy for life insurance? 	National Health Accounts Policy documents from SHI agencies and private insurance schemes Interviews	Equity Financial risk protection Access and (un)equal access
	<p>Resource allocation</p> <ul style="list-style-type: none"> • % GHE spending by type of facility (hospitals, clinics, public health, etc) • % GHE spending by function (curative, preventive, primary care, secondary/tertiary care, public health) • SHI benefit packages (what services and/or providers are covered; cost sharing) 	National Health Accounts SHI policy documents	Efficiency (allocative) Access and (un)equal access
Payment	<p>Public provider payment mechanisms</p> <ul style="list-style-type: none"> • How are public hospitals/clinics paid (by the government, SHI programs, patients, etc.)? 	Interviews	Efficiency Quality

Control Knob	Information Needed	Suggested data sources	Affected outcomes
	<ul style="list-style-type: none"> • At public hospitals/clinics, how are healthcare personnel paid (including specialists, physicians, nurses, other staff)? What is the mix of fixed salaries and incentives? If yes, incentives are provided, how are they determined? <p>Private sector provider payment mechanisms</p> <ul style="list-style-type: none"> • How are private-sector health facilities typically paid? If they are contracted/empennelled by SHI programs, how are they paid? • How are personnel in the private sector typically paid (including specialists, physicians, nurses, and other staff)? How are financial incentives determined? 	SHI policy documents	
Organization	<p>The roles, scale and scope of public and private providers in healthcare delivery</p> <ul style="list-style-type: none"> • Share of public, private for-profit and private not-for-profit providers' admissions/visits (at tertiary, secondary and primary levels), beds • Share of inpatient services at public vs private facilities (disaggregated by urban/rural and by income level) • Share of outpatient services at public vs private facilities (disaggregated by urban/rural and by income level) • For inpatient services (tertiary and secondary), how do the public and private facilities differ regarding: <ul style="list-style-type: none"> ○ Services provided (e.g. general vs. specialty) ○ Locations ○ Opening hours ○ Amenities ○ Patients' perceptions of clinical and personal quality ○ Fees • For outpatient/primary care, how do public and private differ in terms of: <ul style="list-style-type: none"> ○ Services provided (e.g. general vs. specialty) ○ Locations ○ Opening hours ○ Amenities 	Government statistics Surveys Informant interviews	Access and (un)equal access Quality Efficiency

Control Knob	Information Needed	Suggested data sources	Affected outcomes
	<ul style="list-style-type: none"> ○ Patients’ perceptions of clinical and personal quality ○ Fees ○ Care provider qualifications (including informal providers) ● Why do people choose public vs private sector? ● To what extent does “dual practice” exist? ● Are there any “vertically integrated” delivery systems? If yes, describe or find a case study ● What is the distribution of different types of providers across different geographies? ● If there is SHI, do they empanel public and private providers? What are their criteria for empanelment? 		
	<p>Market Level Organization</p> <ul style="list-style-type: none"> ● Describe in general the market structure and dynamics for inpatient services. For example, are they: <ul style="list-style-type: none"> ○ Dominated by the public sector, with the private sector playing a complementary or supplementary role? ○ Dominated by a few large public and private hospitals? ○ Competitive? If so, what do they compete on? 	Existing studies Informant interviews	Efficiency Quality
	<p>Institutional Level Organization</p> <ul style="list-style-type: none"> ● Public hospitals and clinics: <ul style="list-style-type: none"> ○ What are their primary sources of funding (e.g. government budget, SHI payments, patients’ direct payment)? ○ How are physicians/other staff employed? How are they paid? What promotion criteria/opportunities exist? How are positions assigned? Do they use contracts or a tenure system? Is dual practice common (and is it allowed or just occurs in practice)? ○ What autonomy do hospitals/clinics have? <ul style="list-style-type: none"> ▪ autonomy in hiring/firing staff ▪ financial autonomy (E.g., are they allowed to raise additional capital? Can they decide on use of savings 	Existing studies Organizational policy documents Informant interviews	Efficiency Quality

Control Knob	Information Needed	Suggested data sources	Affected outcomes
	<p>or investments? Do they procure and pay for their own supplies?)</p> <ul style="list-style-type: none"> ○ What is the accountability structure? What are they accountable for, to whom, and what consequences do they face? ● Private (describe for-profit and not-for-profit institutional systems separately) <ul style="list-style-type: none"> ○ Who are the owners of the institutions? ○ What are the institutions' primary objectives/missions? ○ What relationship do the institutions have with the physicians and other staff? Are they contracted or employed as staff? What are the arrangements for compensation, privileges, cost/revenue sharing, etc.? 		
Regulation	<p>What are the main government regulatory agencies and authorities involved in the health care delivery system?</p> <p>What regulations exist, and how are they enforced, (for public, private for-profit and not-for-profit, formal, and informal service providers) regarding:</p> <ul style="list-style-type: none"> ● Entry ● Prices/fees ● Quality/safety ● Advertising <p>What regulations exist, and how are they enforced, regarding pharmaceuticals?</p> <ul style="list-style-type: none"> ● Is there an essential drug list? If so, set by which agencies? ● How are the prices of medicines set and regulated? ● How are medicines procured? ● Is advertising allowed? <p>What regulations exist, and how are they enforced, for:</p> <ul style="list-style-type: none"> ● SHI (if it is present) 	<p>Policy documents</p> <p>Existing analyses</p> <p>Interviews</p>	<p>Quality</p> <p>Access</p>

Control Knob	Information Needed	Suggested data sources	Affected outcomes
	<ul style="list-style-type: none"> • Significant private insurance schemes <p>How are professional associations (e.g. medical associations, hospital associations, associations of pharmaceutical manufacturers, etc.) involved in developing and enforcing regulations?</p>		
Persuasion	<p>What major government efforts (excluding financial incentives) exist to persuade various key actors (doctors, patients, general population, policy makers, etc.) to change their behaviors? Examples include:</p> <ul style="list-style-type: none"> • Public education campaigns • Social marketing campaigns • Behavior change interventions • Information dissemination on SHI eligibility, enrolment, benefit packages 	<p>Government documents/ websites</p> <p>Informant interviews</p>	<p>Access</p> <p>Quality</p>

Worksheet 6-1: Getting ready to do your applied political analysis

In preparing to do your applied political analysis, you should discuss and decide the following:

Item	Key information
Audience/Client for the political analysis: Who will read your report?	
Who will put into action the political strategies suggested by your analysis?	
What is the key health system performance problem to be addressed by the reform?	
What is the current stage(s) of the health reform in the policy cycle?	
Policy proposal: What is the proposed solution to the performance problem you have identified?	
What are the key elements of the policy proposal?	
What is the current level of stakeholder knowledge about the proposal and its details?	

Worksheet 6-2. Identifying your stakeholders

Consider the following questions as you complete the table of stakeholders (on the following page) for each category:

- Who is affected by the health system performance problem? Who is currently disadvantaged or benefitting from the status quo?
- Who is likely to be affected by the changes that would result from the implementation of your policy reform? Who will be affected positively or negatively?
- How will these benefits or losses be distributed across different groups or sub-groups?
- Who are the key actors making decisions about the performance problem or the policy reform to be implemented? Who has influence over them?
- Who will lead the reform's implementation?
- Are there any civil society groups that might influence the perception of the issue, or the alignment of actors for or against your chosen solution?

In compiling your list of stakeholders, think of groups that are already mobilized around the performance problem, including groups that are affected directly by it, groups that will have a major role in deciding on whether and how the performance problem is addressed, and groups that would like to shape whether and how the problem is addressed. Experienced policymakers, political advisors and activists often have in their minds their own list of important stakeholders, with a good intuitive sense of each stakeholder's position, level of power, and interest in an issue. Find someone you trust, and use them as a guide in the political analysis.

Your list of stakeholders should seek to be complete, but not so long that it is hard to manage. There is no "correct" number for your list of stakeholders. But the Health Reform Team (or a sub-team on political analysis) should discuss each potential stakeholder and come to a group judgment and decision about which groups to include in the stakeholder analysis.

The table on the next page is designed to help you create a preliminary list of stakeholders, your initial estimate of their position on the health reform, and how you might contact them.

List of Stakeholders

Stakeholder Category	Stakeholder	Estimated Position on Reform	How to Reach Them
Beneficiaries			
Interest Groups			
Bureaucracies			
Financial decision-makers			
Donors			
Political Leaders			

Worksheet 6-3. Analyzing the positions, power and interests of your stakeholders

Once you have created your list of potential stakeholders, you can expand the table from Worksheet 6-2 using the format on the following page to analyze each stakeholder's position on the reform, their level of power, and interest in the effort.

You can also use [PolicyMaker software](https://michaelreich.com/policymaker-software) (available at: <https://michaelreich.com/policymaker-software>) to create a position map (with power and position) that presents your findings in a graphic format.

How can you ensure that your assessments in the position map are accurate?

One way to systematically assess stakeholders' positions on your health reform proposal is to conduct interviews with key individuals. If you decide to conduct interviews, you need to develop an interview guide.

Keep in mind that some stakeholders, even in a direct face-to-face interview, may not state their positions and interests explicitly. Other stakeholders may refuse to participate in interviews.

Deciding on the position and power of stakeholders can be assisted by triangulation of information across different interviews (including the views of other stakeholders) and sources (such as public statements, news articles, social media posts, and published and unpublished documents).

Assessing the power and position of stakeholders inevitably involves some degree of subjective judgment. This subjectivity can be reduced to some degree by discussion and debate among members of the political analysis team.

For additional instructions on how to conduct an applied political analysis, see:

Reich MR, Campos PA. 2020. A Guide to Applied Political Analysis for Health Reform. Working Paper No. 1. Boston, MA: India Health Systems Project, Harvard T.H. Chan School of Public Health. <https://www.hsph.harvard.edu/wp-content/uploads/sites/2216/2020/08/Guide-Applied-Political-Analysis-final-2020.08.29-FINAL.pdf>

Worksheet for political analysis of stakeholders

Use this worksheet to identify key stakeholders for your reform, and their position, level of power, and level of interest in the reform.

STAKEHOLDER	POSITION (support/oppose; low/med/high)	LEVEL OF POWER (low/med/high)	LEVEL OF INTEREST IN REFORM (low/med/high)

Worksheet 6-4. Develop and track your political strategy implementation

Use this worksheet to develop and track your political strategies, including goals.

Start with the most important stakeholders, in your Team’s assessment. Add rows for additional stakeholders, as needed.

Stakeholder/ Position and Power	Purpose of the political strategy	Political strategy	Expected impact	Anticipated problems	Responsible person	Milestone 1	Milestone 2	Result

Worksheet 7-1: Guiding questions for a Delivery Capacity Review

The following questions can be used to guide your Delivery Capacity Review process:

- Do the organizations important for implementation and their top leaders share the objectives embodied in the reform?
- Is there a coalition that can drive and lead the pursuit of those objectives? What capacity do they have? If committees and taskforces already exist, how often do they meet and can they take on additional efforts?
- Does the Health Reform Team understand the delivery challenges?
- Does the Health Reform Team have the ability to collect and analyze performance data related to your reform objectives? Do the Team's leaders use these data to understand the most important patterns of performance? Do they regularly assess the drivers of their biggest performance challenges?
- Do the Health Reform Team's leaders have a written strategy for implementation of the reform? Have they done a rigorous and evidence-based analysis of that strategy's capacity to influence the performance problems? Does the Team have sufficient data to set ambitious but realistic targets?
- Does the Health Reform Team have defined strategies to drive delivery? What regular routines have been established to ensure that leaders are getting the information they need, on a regular enough basis, to know whether the implementation is on track? When problems arise, what is their approach for solving them quickly?

Worksheet 7-2: Stakeholder analysis for health reform implementation

Use this table format to summarize and track: key stakeholders; any challenges you anticipate each will face (or create) during implementation; and the political management strategies you could use to address the challenges. (You will definitely need to add more rows in each category.)

You may want to consider: have you defined appropriate strategies for managing in all six “directions” shown in the figure at right?



Stakeholders	Anticipated political challenges during the implementation	Political strategies to mitigate implementation risks
Beneficiaries		
Bureaucracies		
Interest Groups		
Political leaders		
Financial decision makers		
Donors		

Worksheet 7-3: Implementation plan questions

The following questions can be used as a guide when developing an implementation plan:

- Is a specific and complete set of implementation activities detailed in the plan? (Are the interactions/intersections between the various activities well-defined?) Does each activity have a target timeframe defined?
- Is each implementation activity clearly connected to one or more of the reform's objectives? Does every objective of the health reform have activities associated with it?
- Is there an "owner" (a person or stakeholder group responsible) for implementing each activity?
- Is it clear who else (in addition to the owner) needs to contribute to implementing each activity? Is it clear when and how these contributions will happen?
- Is there an indicator of success (or progress) for each activity? Does the plan describe how to measure "success" for each activity?
- Is there a target for each indicator? (A target is the desired performance level you want to achieve on an indicator. It should be defined as specifically as possible, including a number and a point in time)
- Do you have systems in place to effectively *collect* and *analyze* implementation monitoring data?
- Does the plan include a reasonable schedule for reviewing monitoring data (and other assessments of progress)? How will the results of reviews being communicated back to the implementers?
- Does the plan identify the top anticipated risks that could prevent achieving each objective?
- Does the plan include reasonable strategies to identify, mitigate, and manage these risks?

Worksheet 7-4: Template for progress-tracking table

This table provides a sample template for implementation planning and tracking that you can adapt as needed:

	Activity	Who is responsible? (leader, team)	When will it be done? (Timeline)	What is the indicator of success?	Budget (or other required resources)	Anticipated risks	Current Status/ Date
1							
2							
3							
4							
5							
6							
7							
8							

Worksheet 7-5: Guiding questions for developing communications strategies

The following questions can guide you as you develop your communication strategies:

- Who are your audiences?

You will have multiple target audiences, including, for example: the various stakeholder groups, supportive political leadership, oppositional political leadership, providers and other staff working in the health system, your intended beneficiaries, and the population at large. You also have internal audiences, including the members of your Health Reform Team and other experts and consultants you have brought into the effort.

- What message do you want to convey to each audience?

Knowing your different audiences allows you to shape your messages. This is the core of your communication strategy: framing your work specifically in order to appeal to each audience. Your messages should be presented in simple language and framed to demonstrate how the health reform fits with the audience's ethics and values. As you develop your messages, consider: what do you want each audience to learn, understand, or do?

- How do you reach each audience?

This consideration includes three components of communication: medium, messenger, and timing. When you have determined what messages you want to deliver, then you have to figure out: the best way to deliver it, who you want to be seen representing the health reform, and when the audience is open to receiving information. These can vary depending on your local context and the reform package. Are members of the Health Reform Team influential enough to deliver your messages (for example, on talk radio programs) or do you need a celebrity spokesperson to draw attention? Are written materials and a passive website enough to share information or do you have to train community advocates to go house-to-house to share details on the reform package?

- What resources are required to develop and deliver your communications?

Think about the budget (how much, where it comes from, what restrictions it comes with, what reporting is required, etc.). Also, think more broadly about resources, such as: staff time and skills, expert guidance, technological requirements, materials and supplies, access to mass media and social media, time to prepare and test messaging with intended audiences, and time and effort involved in engaging and educating spokespersons and other influential supporters.