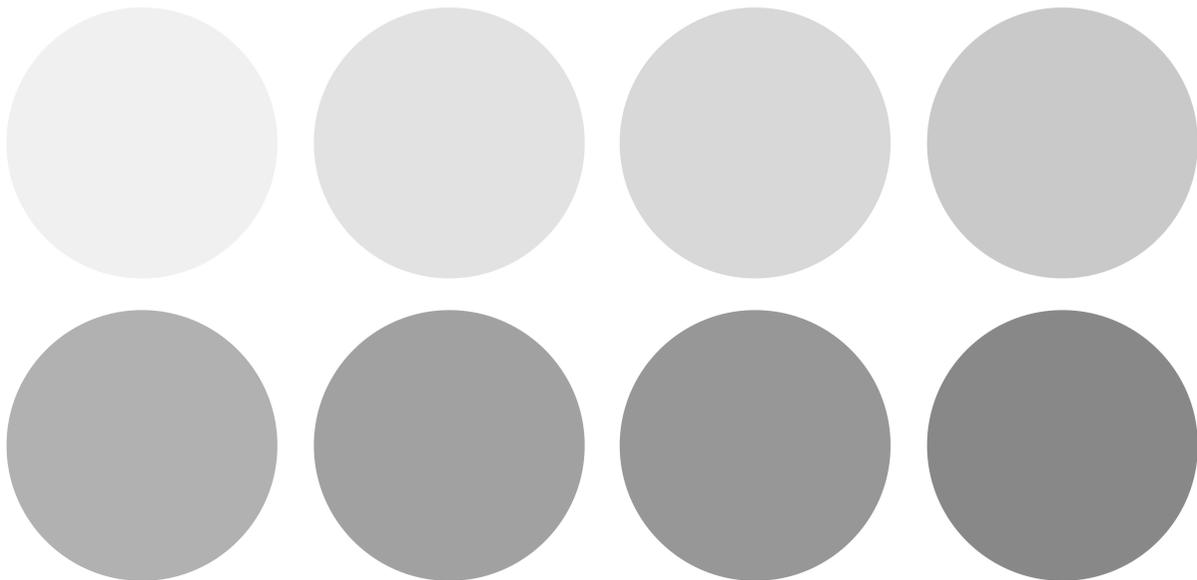


A Guide to Health Reform

Eight Practical Steps

Introduction



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Introduction

What is this Guide?

This Guide is designed to accompany the book *Getting Health Reform Right: A Guide to Improving Performance and Equity*, which was first published in 2004 and then republished with a new preface in 2019. Over the past two decades, *Getting Health Reform Right (GHRR)* has been read by tens of thousands of people and used in hundreds of courses on strengthening health system performance around the world. The book presents a systematic approach to doing health reform, based on principles and practices from a range of disciplines, including economics, political science, organizational theory, and ethics. The book discusses in great depth why and how to engage in health reform, and provides academic references and actual experiences to support its analysis of health reform goals and processes.

This Guide is shorter than *GHRR* and presents more practical guidance on how to manage the eight steps of doing health reform. The Guide's goal is to provide strategic and practical guidance for people who seek to be health reformers. We explain in (relatively) simple terms how to grapple with the complex, conflictual, and controversial processes of health reform.

The Guide offers both instruction and sample tools to help you apply the concepts and methods from *GHRR* in your specific setting. Because we are writing for a global audience, our guidance sometimes is both idealized and generalized. For example: you may be reading this Guide because you already have a good sense of the health system problems you want to address and how you want to address them. If this is the case, the assessment and diagnosis processes may appear redundant. However, we still recommend going through those steps, as they are actually critically important. Other readers will be at other stages of considering and doing health reform. Policy reform processes in the real world can be frustratingly slow for long periods—and then suddenly move quickly. This Guide can help you prepare to use both the urgent and slow periods well.

We invite you to adapt the ideas and materials of the Guide to make the health reform process work for you. For instance, you may take the steps in a different order (or even to skip certain steps) depending on what you aim to achieve, how you plan to go about it, and where you work. Our intention is that you will reshape and adapt the broad ideas and suggested steps we present in order to support your particular objectives, address your particular challenges, and make them appropriate for your particular environment and health system. In short, this is *not* a cookbook with simple recipes. Instead, it is more like a guide to becoming a good cook. We expect you to adapt the “recipes” in this Guide to make use of locally available ingredients, to work well in your kitchen, and to satisfy your tastes and preferences.

What do we mean by “health reform,” “health system,” and “performance”?

There are many ways to interpret the term “health reform,” so let us begin by presenting our operational definition. We consider “health reform” to be *the purposeful use of policy options to effect changes that are intended to improve the performance of the health system*.

This statement, of course, raises another question: What is a “health system”? Our operational definition of a “health system” starts with the premise that *the health system is the means to an*

end: namely, the wellbeing of a population. The “means” that comprise the system is the network of institutions, people, policies, and processes that together work toward that end. *GHRR* notes three important characteristics of a health system—“its complexity, its resistance to change, and the diversity of perspectives within it” (p. 5). These three features affect how health reform occurs.

We also need to define “health system performance.” Performance, in the language of *GHRR*, encompasses how well the health system achieves six separate, but related, goals. Three are “intermediate” performance goals¹:

- 1) *Access*: Ensuring health services are available to and used by the population
- 2) *Quality*: Delivering health services in ways that increase clinical effectiveness, patient safety, and patient-centeredness
- 3) *Efficiency*: Using inputs to the health system to produce optimal outcomes with limited wastage

The other three are the “final” performance goals of the health system²:

- 1) *Health status*: Improving the health of the population
- 2) *Financial risk protection*: Protecting people from financial ruin due to health care costs
- 3) *Public satisfaction*: Increasing how satisfied citizens with the health system

Each goal is a complex concept with various definitions in the literature. The short definitions above do not adequately address or explore the many issues involved in each goal. These concepts are discussed in more detail in Step Three below (and in *GHRR- Chapters 5 and 6*).

For each goal, it is critically important to consider both the overall impact *and* whether the benefits are distributed in a just and fair manner across various groups in a population. As noted in *GHRR*, “From a reformer’s point of view, the distribution of outcomes—across regional income or ethnic groups—will generally be the most relevant consideration” (p. 92). This is the principle of “equity,” and it is so central to our approach to health reform that it is explicitly mentioned in the full title of *GHRR*.

Now that we have briefly stated the goals, we can understand health reform as government “efforts to...reorganize their health-care systems” to improve performance with a focus on achieving equity within their national population (*GHRR*, p. v). Some examples of health reform mentioned in *GHRR* are policy changes: to improve primary care delivery; to introduce social insurance models; and, to change hospital governance and payment systems, rather than leaving them to occur solely in response to market forces. Health reform traditionally focuses on health care delivery systems, but it can also address changes in other sectors (such as infrastructure, agriculture, technology, and education, to name a few) that affect the health of the population.

¹ In both *GHRR* and this Guide, the intermediate performance goals are also called intermediate performance measures, outcomes or objectives.

² In both *GHRR* and this Guide, the final performance goals are also referred to as ultimate goals, measures, outcomes or objectives.

What is the scope of health reform?

Health reform efforts can have a range of intended scopes, from incremental improvements to system-wide overhauls. *GHRR* and this Guide focus mostly on what we call “large R” reforms—namely, efforts that aim to achieve transformative and system-wide changes. Much of the guidance and principles, however, are also applicable to incremental (or “small R”) reforms with a narrower scope.

For the sake of clarity and simplicity, this Guide presents health reform as a discrete and orderly process. In practice, however, health reform is a continuous, iterative, and messy process that can generate new problems even as it addresses existing concerns. Thus, the 2019 preface to *GHRR* notes that health reform:

...is not a one-shot effort but typically continues over many years (and even decades), as a major reform is introduced and then adjusted and modified as new problems arise and are addressed. Reform is not simply about creating a law and getting it adopted; it is a years-long process of learning how to improve the performance of a health system, through trial-and-error, measurement and evaluation, systematic thinking, and analysis. (p. x)

In sum, we view health reform as the process of developing, adopting, and implementing policies that: provide good technical solutions to health system problems; are politically viable; and, advance socially-determined ethical principles. In our approach, health reform seeks to advance the overall goal of improving health system performance.

Who is the audience for this Guide?

Our primary audience in writing this Guide is people seeking to do health reform while working within a government. This includes the policy and personal advisors of the political leaders and government officials charged with carrying out health reforms and health system strengthening. (Top policymakers, such as ministers of health, are also welcome to refer to this Guide. But we expect that their advisors are the ones who will examine the Guide’s details as they develop suggestions, strategies and questions for the decision makers.)

Our second audience is the group of people who make up “the Health Reform Team.” This team, discussed below in Step Two, comprises the officials whose work is to make health reform happen through diligent planning, negotiating, promoting, communicating, and pushing the health reform process forward. We hope that they find the guidance in this document both practical and useful.

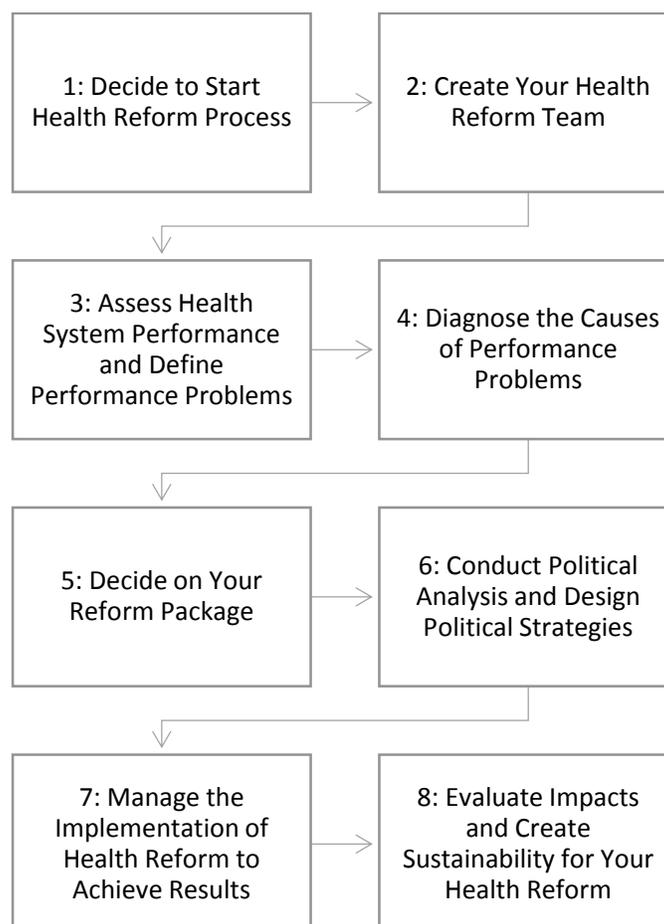
Other important audiences sit both inside and outside of government. Within government, key health reform stakeholders include legislators, bureaucrats in various agencies, and local political and health system leaders. Outside government, health reform stakeholders include advocacy and interest groups (such as health professionals, professional associations and health worker unions), hospital administrators, health workers, healthcare companies and organizations, pharmaceutical companies, health foundations and donors, patient groups, and the population at large. All of these groups have profound interests in how health reforms turn out, so they also need to understand how to do health reform.

A final audience for the Guide is students learning about health systems, health policy, and reform processes. We hope that the Guide will be a useful accompaniment when studying *GHRR* and when doing course projects on health reform.

Regardless of which audience you fall into, you need to be prepared to grapple with the significant challenges involved in designing and enacting health reform. These challenges span many domains, including the technical, political, economic, social, ethical, organizational, bureaucratic, and legal. The authors of *GHRR* used their engagements with health reform in many countries to highlight the challenges that arise when seeking to improve health system performance, and they share strategies to address those challenges. In this Guide, as well, we highlight common challenges and relevant strategies for health reformers.

How is this Guide organized?

In writing this Guide, we have kept the text relatively short so that it can serve as both a strategic support and a resource directory to help you navigate the health reform process. Please remember that this Guide is intended to be used as a companion to *GHRR*. In some ways, the full book of *GHRR* serves as a detailed atlas of the health system, filled with high-resolution maps of the various obstacles, roads, rivers, cities and mountains that make up the terrain. The atlas has critically important information in it—but the details may be overwhelming as you plan out your health reform journey. This Guide, on the other hand, provides you with an overview map of the journey, broken down into Eight Practical Steps (Figure Intro-1). We hope that the Guide helps you in planning, step by step, your trip and moving forward with your health reform expedition.

Figure Intro-1: Overview of Eight Practical Steps in the Health Reform Process

Each step is presented in a separate chapter:

[Step One: Deciding to Start a Health Reform Process](#)

[Step Two: Creating a Health Reform Team](#)

[Step Three: Assessing Health System Performance and Defining Performance Problems](#)

[Step Four: Diagnosing the Causes of Performance Problems](#)

[Step Five: Deciding on Your Reform Package](#)

[Step Six: Conducting Political Analysis and Designing Political Strategies](#)

[Step Seven: Managing the Implementation of Health Reform to Achieve Results](#)

[Step Eight: Evaluating Impacts and Creating Sustainability for Your Health Reform](#)

The individual chapters on each step include core concepts, key actions to consider, and sample worksheets to use in collecting necessary information. We present straightforward suggestions and implementable instructions, as well as concrete examples and accessible references. The appendices provide more detailed technical information for several of the steps. We also provide supplementary materials: 12 worksheets, five appendices, and a glossary. The first worksheet, [Worksheet Intro-1](#), provides an overall checklist of each of the key actions mentioned for all eight steps. Finally, we provide a glossary of key terms used in the Guide.

We hope you find this Guide readable and usable. We have tried to make it both easy to understand and practical, with ideas that you can actually use in real-time and real-world settings. We also tried to make the discussion of each step somewhat independent, in case you are focusing on just one step or are reading out of order. In seeking succinctness, we have sometimes sacrificed specifics—but the details are readily available elsewhere. Throughout the Guide, we indicate the relevant *GHHR* chapters where you can look for more detailed discussions of the central concepts and analytical methods. We also provide other selected resources for each step.

To sum up this introduction: Figure Intro-1 and [Worksheet Intro-1](#) provide a strategic view of the health reform terrain, from 30,000 feet. The rest of the Guide provides maps for each step (including the Guide's worksheets and appendices, and references to other resources) and directs you to the relevant pages in *GHRR* for more details.

If you are reading this Guide *after* studying *GHHR* and *before* you start to engage in health reform, we hope that this document will help you consider such questions as: How do I figure out where I want to end up? What does the full process look like? What do I do first? You may even ask yourself: Do I really want to engage in health reform, and why?

Alternatively, you might decide to read this Guide *first*, to get an overview of the reform process, and then go to *GHHR*, as you undertake each task, for more detailed discussions of the specific concepts and methods. Used in this way, the Guide can help you navigate the content of *GHHR*, figuring out what to read and in what order, depending on where you are in the policy cycle.

Before you get started

When we began writing this Guide, it seemed we had set ourselves an impossible task. We knew that we could never answer *all* the questions that arise when doing health reform. And, of course, using this Guide cannot guarantee the success of health reform efforts. There will always be other factors—sudden events, contextual challenges, and political conflicts—that you do not anticipate or cannot influence.

With all that in mind, however, we are happy to share this Eight Steps approach, based on real-world experiences, with you. Our goal with this Guide is to assist you to do health reform *better*. We hope that the guide will reach many groups of readers: policymakers, technical experts, advocates, policy advisors, civil society advocates, health workers, patients and caregivers. We aim to help you understand how to apply the concepts and methods from *GHRR* as you work to improve your health system's performance.

In short, this Guide is intended to make *GHRR*'s detailed analysis and discussion of key principles more accessible to practitioners as you work towards your destination of improved health system performance.

References

Roberts MJ, Hsiao W, Berman P, Reich MR. 2004. *Getting Health Reform Right; A Guide to Improving Performance and Equity*. New York, NY: Oxford University Press.

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?