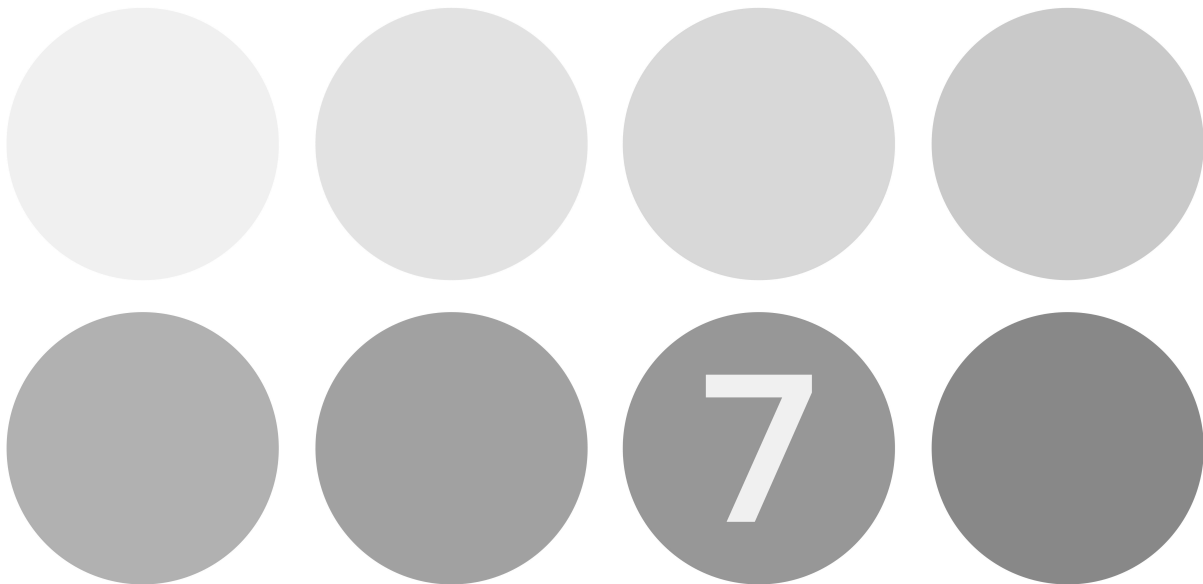# A Guide to Health Reform

Eight Practical Steps

Step Seven:
Managing Implementation

7

HARVARD T.H. CHAN

SCHOOL OF PUBLIC HEALTH
Department of Global Health
and Population

By Michael R. Reich,
Paola Abril Campos,
Anuska Kalita,
Anya Levy Guyer,
and Winnie Yip

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

In Step Five, you decided on a package of health reform interventions related to the policy control knobs; then in Step Six, you learned how to use political analysis to design political strategies to support the adoption and implementation of your interventions. Now, in Step Seven, we bring all these pieces together to develop, plan for and manage the implementation of your reform package. This section suggests tools and approaches to help drive implementation of your reform package.

Implementation is the complex and uncertain process of turning policy into practice. This is an ongoing process that requires the Health Reform Team to make decisions that ensure the new policy results in its intended changes. In addition to technical decisions, implementation requires continuous monitoring, periodic course corrections, and sustained stakeholder engagement. In some instances, implementation can result in significant changes in the policy reforms adopted previously. Implementation thus can become a kind of policy-making process itself.

As in the previous steps, implementation involves many considerations. Implementing health reform involves more than just providing instructions regarding a policy document or even designing standard operating procedures. It necessitates continuing your engagement with key stakeholders as you: integrate the technical and political analyses to put your reform into practice; define target goals and design strategies; and establish systems and methods for measuring progress. We first discuss typical implementation challenges and then address how to develop an implementation plan, create a communications strategy, and finally prepare for Step Eight, monitoring and evaluating implementation. These efforts will enable you to build and sustain the support and engagement required to implement your reform.

Key actions in Step Seven:

☑	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

Challenges of implementation

The challenges of implementation are well known, especially for reforms that are seen to threaten the interests and values of some stakeholders. The classic first text on implementation, written by Pressman and Wildavsky in 1973, included the lengthy and wonderful subtitle: "How Great Expectations in Washington Are Dashed in Oakland; Or, Why It's Amazing that Federal Programs Work at All, This Being a Saga of the Economic

Development Administration as Told by Two Sympathetic Observers Who Seek to Build Morals on a Foundation."

If your Health Reform Team does not anticipate and manage the challenges of implementation, your chances of successfully having an impact on health system performance drop sharply. Beware the realities of implementation.

Although *GHRR* does not include a separate chapter on implementation, the book emphasizes the importance of paying attention to "matters of practicality and implementation" (p. 5) throughout the health reform process. In particular, each chapter on the policy control knobs includes a "practical guidance" section with suggestions on how to use its concepts in real-world settings. Chapter 2 of *GHRR* lists multiple challenges of implementation for the Health Reform Team to consider (pp. 33-35):

- Health reform implementation requires organizations and individuals to change their behaviors.
- Change typically has costs for specific groups and individuals.
- New procedures and arrangements take time and effort to learn.
- Existing hierarchies can be upset.
- People and organizations often find it difficult to give up familiar ways of thinking and acting.
- Few people have experience in leading and managing change in health systems (and Ministers of Health usually serve short terms in office, leaving government before implementation can be fully accomplished).
- If key actors and interest groups feel they have not been consulted sufficiently in the design of the reform, they may undermine implementation.

In short, implementing reform is not easy. Health system reform requires organizations and individuals to behave differently. Yet modifying behaviors is a difficult task and change is almost always resisted. Change disrupts established power structures and ways of getting things done; it requires both breaking old habits and relationships and starting new ones. Transforming a newly-adopted policy into specific activities, outputs and outcomes involves the redistribution of resources and responsibilities (Campos and Reich, 2019).

In this Guide, we provide some practical guidance for managing the implementation process specifically for *health reform*. The implementation guidance in this Guide borrows many principles and best practices from the field of implementation science. Implementation science uses a research approach to bridge the "know-do gap" (that is, the difference between what is known to work and what is actually put in place to improve population health) (Peters et al., 2013). There are many definitions of implementation science; the University of Washington has defined it as "the scientific study of methods and strategies that facilitate the uptake of evidence-based practice and research into regular use by practitioners and policymakers" (UW, 2023). The Guide also draws on other approaches, including performance management, the science of delivery, and "deliverology."

Assess your capacity before beginning implementation

Before beginning implementation of the chosen interventions, the Health Reform Team needs to assess the health system's *capacity to deliver* (Barber, 2011). This is important because, as Barber notes, making change happen requires two things: first, a clear understanding of the ecosystem of people and organizations that will play a role in implementing your reforms; and second, a set of defined activities that will push delivery forward. To gain a clear understanding of the "ecosystem"—that is, the complex administrative context the proposed policies will affect—health system reformers need to first analyze two key areas: (1) the system's delivery capacity, and (2) the politics of implementation.

Delivery Capacity Review

To review the health system's delivery capacity, begin by asking: Who are the main actors in the health system? What are their roles? What are their relationships with each other? As starting points for finding the answers to these questions, revisit your health system assessment (Worksheet 4-1) and stakeholder analysis (Worksheet 6-2). You may wish to create a visual "map" of the system, or you can just create a list.

Once you have a clear picture of the current system your reform will affect, you expand the analysis to include a focus on each stakeholder's capacity to implement (or obstruct) the adopted reforms. This entails assessing the ability of each organization in the system to drive the implementation of the selected interventions.[3] Worksheet 7-1 provides a series of guiding questions to guide this work. For the delivery capacity review, we recommend a small cross-cutting group that brings together members of the Health Reform Team with people who represent key stakeholders and political leadership.

While the delivery capacity review is important, it should be conducted quickly, not as a comprehensive academic exercise. However, the time required will depend on the system's complexity and the availability of team members. Depending on what data are available (and what resources you have), you may even need to conduct additional surveys, hold focus groups or interviews, observe committee meetings, or review past meeting minutes to identify the delivery capacity of system actors at all levels.

The delivery capacity review examines the system's current capacity to deliver on the proposed reforms and highlights the gaps in capacity. To fill those gaps, you may need to find ways to improve delivery capacity (with implications for adding additional staff to the Health Reform Team). This review should inform how the Health Reform Team focuses its attention and energy during implementation. You may even discover that the system currently does a poor job of understanding its own performance (including the underlying

---

[3] This is a complex undertaking—for one set of instructions on how to conduct a delivery capacity review see Barber's book *Deliverology* (2011).

causes of performance problems)—in this case, monitoring and evaluation (which are discussed in Step Eight) should be identified as a priority area when doing implementation.

Stakeholder analysis for implementation

Successful implementation depends on the active participation of system stakeholders. Thus stakeholder analysis is a key tool used in implementation science. In addition to the delivery capacity review, the stakeholder and political analyses that you conducted in Step Six will help the Health Reform Team understand the roles that various groups—such as community leaders, political parties, the medical society and others—could play in implementation. The important stakeholders should be considered for your implementation team.

You can draw on your political analysis from Step Six to assess the interests, positions and power of each stakeholder involved in implementation, and to develop effective strategies to manage stakeholders as you move the implementation forward. In particular, consider whether there are implementation risks from stakeholders whose participation is required to transform the reform into practice. For example, health workers and their unions that were not involved in the reform design or approval process may play an essential role in implementing the new policies. Similarly, subnational government units may be required to take on new roles, such as regulating reform activities or funding new health programs, and will need adequate administrative guidance and financial support.

Campos and Reich (2019) identify six categories of stakeholders that need to be managed during implementation: beneficiaries, bureaucracies, donors, financial decision makers, interest groups, and political leaders. They suggest thinking about stakeholder management for implementation as a process of managing in six directions (managing down, managing within and around, managing donors, managing money, managing outside, and managing up) to reach each stakeholder category. The Health Reform Team can use Worksheet 7-2 to develop a table on stakeholder management as an input for the implementation plan.

Once the stakeholders are clearly defined, the Health Reform Team can invite key individuals and organizations to form an Implementation Team. This team includes members of the Health Reform Team and representatives from the various organizations involved in implementation. (In addition to collaborating on planning and overseeing implementation, the Implementation Team also needs to create systems for internal learning and feedback. However, these kinds of management strategies are beyond the scope of this Guide.)

Develop an implementation plan

Health reform implementation works best when a systematic approach is used to actively manage the change process. This includes being able to measure progress in moving towards your objective to assess if you are on track at any given time.

An implementation plan will help you:

- Be clear about the performance problem that your reform addresses and the solutions that you plan to implement

- Be clear about your goals and targets (the changes that you expect to see and by when)
- Be clear about what you will implement and how (the interventions based on the policy control knobs)
- Define clear roles and responsibilities
- Establish a shared vision of success, including processes, targets and milestones
- Set progress-tracking routines (such as regular data collection and meetings to assess progress)
- Communicate effectively with your stakeholders

An implementation plan can be presented in many different ways. You need to determine what works best in your context and for your implementation team. Worksheet 7-3 provides a set of guiding questions for preparing your plan, and Worksheet 7-4 is a sample template that you may choose to use or adapt. There are other resources that provide additional assistance. The book *Deliverology*, for example, examines in detail "the science of delivering results" (Barber et al., 2011).

An implementation plan should summarize your goals and then connect each goal to objectives, activities, and expected outcomes that will drive progress towards the health reform's targets. At a minimum, your plan should list the main activities, the responsible actors, measures of success, and resources required. It should also acknowledge any anticipated potential risks and how they will be identified and handled. An important part of creating the plan is defining indicators to monitor the progress and the impact of implementation. As we discuss in Step Eight, tracking progress on the indicators regularly allows the Implementation Team to correct the course of implementation as needed.

Deliverology outlines four actions that drive implementation and deliver results in public sector endeavors. In Figure 7-1 we present an adapted version of a figure from the book to which we have added a fifth recommended action (as action 2.b): analyze the politics of delivery.

Figure 7-1: Driving Implementation and Delivering Results
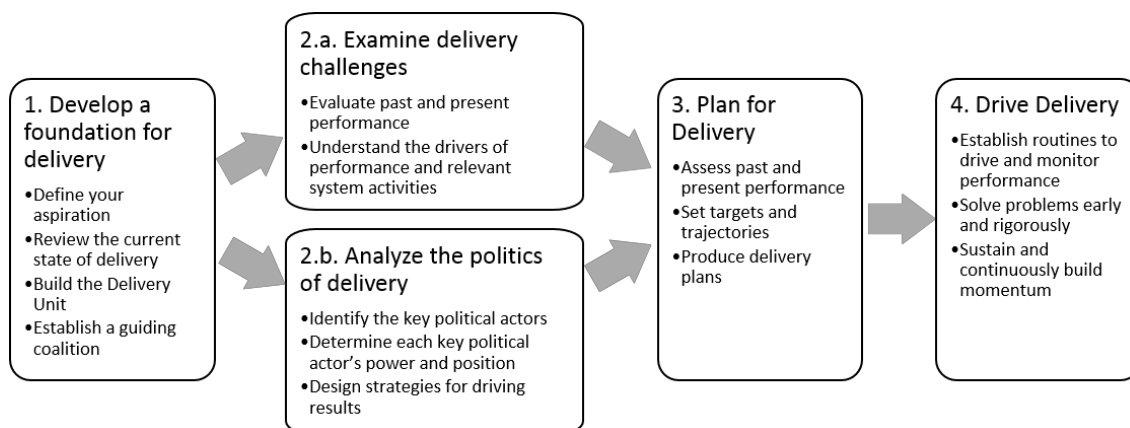
Adapted from: Barber, Moffit and Kihn, Deliverology, 2011.

Managing implementation and communicating effectively

Thoughtful planning for implementation is important but not sufficient. Concrete actions and follow-up are key. One way to drive action is to hold regular progress-tracking meetings. These serve to hold the various actors accountable for their assigned actions and enable the team to identify whether implementation is on track. During these meetings and other progress tracking routines, the Health Reform Team should ask the following questions:

- Are we doing what we said we were going to do under this health reform?
- By doing what we said we were going to do, are we delivering on commitments made to the people and communities we aim to serve?
- Are we implementing effectively and efficiently?
- Are the indicators moving in the right direction?
- Are we measuring the right indicators to assess implementation progress?
- What can we do to improve/accelerate/scale up implementation?
- What bottlenecks or implementation challenges are we facing and how can we address them?

Collaboratively engaging stakeholders in tracking implementation is key to successfully solving problems. In some cases, this means involving other groups in monitoring specific indicators; in others, it means ensuring that they are kept informed about the process and progress. This leads us to our final consideration for implementation: communication.

Communicating with stakeholders

Transforming reform into practice is complicated. You cannot "just" implement your health reform; there is no magic wand. In short, implementation requires hard work. You also need to convince the people and organizations that will be affected that your health reform is important, beneficial to them, and worth their attention and action. Doing this means both

involving them in the health reform implementation process and regularly communicating with them to ensure they are up-to-date (and also engaged in supporting) your health reform program.

You need both formal and informal communication strategies to assure key stakeholders that they are respected by the Health Reform Team, and to encourage them to remain committed to the reform process and its goals. Formal communications include written and oral statements about the health reform package. Written materials may include: informational brochures on the key components of the health reform package; regular updates (via newsletters or via social media) on the progress of policy development and implementation; active social media strategies and presence on multiple platforms; a health reform website and other social media marketing materials; media briefing materials; and academic articles and evaluation reports. Oral communications include official speaking engagements by members of the Health Reform Team and core supporters of the health reform. These presentations generally require preparing bulleted talking points or full speeches to ensure that the key messages are clear, consistent and accurate. Informal communications can include: one-on-one conversations with key individuals in meetings, social events, and video calls; social media posts by individuals; and any other unscripted or unplanned interactions during which the health reform is discussed.

As noted in Step Two, you may choose to engage professional experts in communications as members of your Health Reform Team. You may also decide to hire a dedicated communications consulting firm. Either way, everyone on the Health Reform Team should be fully aware of the requirements of your communication strategies and key messages. Creating effective communication strategies is a core component of your implementation. Note that we say "strategies," not "strategy." You need to adapt your communications to reach different audiences. Worksheet 7-5 provides a set of guiding questions to help develop your communication strategies for implementation.

Your communication needs and strategies will evolve over the course of the implementation process. Assessing about what you are communicating to each target audience is an important practice, as is determining whether they are understanding and responding to your messages as you hope they will.

This leads to a final point: Communication should be interactive. Information should flow back to you as well as being sent out. Your communication plan should involve creating forums and processes through which you listen to your audiences' viewpoints on how the health reform is going, getting their feedback both on the content of the reform and on whether you are successfully communicating with them. If you are not successfully reaching and convincing your audiences, you can use the simple framework above to determine whether the problem lies with the message, the medium, the messenger, or the timing of the communication.

Summary

We have emphasized throughout this Guide that doing health reform is intended to change the health system's performance. The Health Reform Team needs to keep its focus on the outcomes of health system performance. Efforts to improve health system performance face many of the common challenges of policy implementation. The Health Reform Team needs to learn how to work with and through multiple actors and organizations to: communicate policy objectives, ensure availability of resources, achieve ownership of the policy by implementers, manage conflict and cooperation, and develop strategies to sustain your policy changes through successive governments and political parties in power (Campos and Reich, 2019).

References

Barber M, Moffit A, Kihn P. 2011. Deliverology 101: a field guide for educational leaders. Thousand Oaks, CA: Corwin Press.

Campos PA, Reich MR. 2009. Political analysis for health policy implementation. Health Systems & Reform 5(3):224-35. https://doi.org/10.1080/23288604.2019.1625251

Peters DH, Tran NT, Adam T. 2013. Implementation Research in Health: A Practical Guide. Geneva: Alliance for Health Policy and Systems Research, World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/91758/9789241506212_eng.pdf

Pressman JL, Wildavsky AB. 1973. Implementation: How Great Expectations in Washington are Dashed in Oakland; Or, Why It's Amazing that Federal Programs Work at All, This Being a Saga of the Economic Development Administration as Told by Two Sympathetic Observers Who Seek to Build Morals on a Foundation. Berkeley: University of California Press.

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

University of Washington Implementation Science Resource Hub. 2023. What is implementation science [Website]. Seattle: University of Washington. https://impsciuw.org/implementation-science/learn/implementation-science-overview/.

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 to 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 <u>indicator</u> of success (or progress) for each activity? Does the plan describe how to measure "success" for each activity?

- Is there a <u>target</u> 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 spokespeople and other influential supporters.