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Alejandra González-Rossetti, M.Sc., M.P.A.
Harvard School of Public Health

Thomas J. Bossert, Ph.D.
Harvard School of Public Health

June 2000

This publication was produced by the Data for Decision Making Project at Harvard School of Public Health, funded by the U.S. Agency for International Development under Cooperative Agreement No. DPE-5991-A-00-1052-00. It was done in collaboration with the Latin America and Caribbean Health Sector Reform Initiative, funded by the U.S. Agency for International Development under Contract No. HRN-5974-C-00-5024-00. The views expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.

HEALTH REFORM POLITICAL STRATEGY: SUGGESTED GUIDELINES

Health reform initiatives undergo a highly political process that begins with the definition of the policy problem to be solved, and continues through policy formulation, legislation, implementation institutional change, and eventual consolidation. It is therefore recommended that the political aspect of health reform initiatives be taken into consideration not only during the assessment of the initiatives' viability, but as part of a coherent plan geared at enhancing the feasibility of bringing them to completion. This can take the form of a political strategy.

Given that one of the central arguments of this study is that the political context in which health reforms evolve is crucial for their development, it would be folly to present a list of "success strategies" with the pretension that these could be applied across countries. Instead, a series of guidelines resulting from the application of the analytical framework used in this study, are presented with the objective of supporting the formulation of the political strategy that inevitably accompanies the reform process.

THE REFORM

The starting point: the reform

The starting point and the most important instrument of the political strategy is the reform itself. The reform must be a coherent project with a clear objective and a clear rationale linking its components and its ultimate goals. The fact that the reform will be embedded in a political process means, by definition, that its contents will be negotiated. Indeed, it is of utmost importance that reformers be prepared to alter the reform's content in order to ensure its survival. Therefore, it is important that reformers rank the elements of the reform according to their priority, and that they have a clear sense of the ideal timing in which these should be implemented. The exercise of classifying the components of the reform according to their priority and into short, medium, and long-term horizons, will facilitate the negotiation process and will help maintain the coherence and integrity of the reform proposal during the different bargaining processes it will undergo . Finally, acknowledging that the initial reform project will be transformed during the reform's process, reformers must clearly define a "minimum package" of its elements beyond which the initial purpose for their endeavor would be lost. This "minimum reform package" will serve as a reference point to help determine the reformers' position in the different negotiations and will help them strengthen their bargaining power. Finally, the reform most constitute a coherent body in a single document from which secondary products will be taken, such as the message that is to be conveyed to the participating actors, specific law initiatives, and cost scenarios, among others. It is of utmost importance not to mistake one or a group of these products for the reform project itself.

Costs

The financial costs of the transition implicit in the reform process, as well as the need for the reallocation of resources or the infusion of fresh ones as a result of it, will also greatly determine its political feasibility. Reformers will have to have a clear understanding of the reform's financial impact and have to be prepared to justify such costs and resource allocations on economic grounds if they are to count on the support of the government to continue the project.

Competing

Reform initiatives seldom appear in the policy arena as sole proposals. Other projects might have not achieved a final form, but do represent competing views about the problem to be solved and how to solve it. It is therefore important to study these different positions and define their common ground and their divergences in order to prepare for the negotiations that will define the contents of the reform that will be assumed by the government as its own.

Coalitions and State--society networks

Competing reform initiatives or even views about the ideal health sector will be backed by coalitions formed of groups of policy makers within the State and their allies in society (State-society networks). Usually these coalitions coalesce along two ideological lines: pro-market and pro-State, but particular care should be taken in identifying the potential winners and losers resulting from policy changes envisioned in the reform. Winners and losers will maximize their chances of protecting their interests by joining these coalitions and sharing the ideological discourse each is using to pursue their positions. It is therefore important to analyze the nature of these coalitions, their members, their concerns, and their means for influencing policy decision making. This will enable reformers to detect the obstacles and opportunities for consensus-building.

Health in the public agenda

The health reform issue is seldom the sole subject on the public agenda. Rather, it competes with other policy issues that might have more relevance for both policy makers and society at large, as is the case with economic and security issues. It is thus important to find out about the other issues on the public agenda, the relative importance of health *vis a vis* these issues, and how their subjects may relate. For instance, is health reform a competing factor or is it also part of a broader agenda such as State reform?

The agenda behind a health reform

Health reforms – just as health systems – have multiple purposes that go beyond ameliorating the health status of the population. It is important to find out what is the main thrust behind the reform and what do its supporters intend to obtain from it. For instance, recent health reform efforts have been largely motivated by fiscal concerns, which some times take precedence over efforts to attain better provision of health services. Making these links more explicit may help reformers acquire more control over the reform's agenda, while at the same time offer an opportunity to place the reform closer to the priority policy issues on the public agenda.

The support of the economic team

The support of the economic team is a "condition *sine qua non"* for a health reform to have political feasibility. While health issues may be within the exclusive realm of the Ministry of Health, the political and economic consequences of a health reform are of such magnitude that the determinant factors fall within the scope of other government agencies. It is therefore important to establish close links with the economic and planning teams and ensure their support in this endeavor.

THE INSTITUTIONAL CONTEXT AND THE POLICY PROCESS

Focus on context

When assessing the political feasibility of the health reform, particular emphasis has to be given to the formal and informal institutional features of the specific country. These institutional features will not only determine the rules of the game of the reform process, but will also reveal the obstacles and opportunities reformers will face when pursuing their policy agenda. Strategies geared at enhancing the political feasibility of health reform will necessarily need to reflect the particular aspects of the country's institutional context both in content and in timing.

Focus on policy process

A reform process follows a series of stages that can be defined as follows: problem definition, reform formulation, legislation, implementation, institutional change, and consolidation. These stages seldom occur in a unilinear pattern and in clearly determined arenas. One of the key aspects of the analysis that is to support the health reform's political strategy, is to find out where and when these elements of a reform process happen in the institutional context of the particular country. A point of departure for this analysis should be the study of previous health policy initiatives and policy reforms in comparable fields in the social sphere. A combination of the context analysis and the policy process analysis will provide a clear map of the opportunities and obstacles that the political strategy behind the reform is set to manage.

The Executive

The Executive branch is one of the key policy nodes in a health reform. Even in democratic contexts where the Legislative branch does play a significant role in the policy process, the Executive is an arena where the diverse projects of health reforms will contend. It is therefore important to study the nature of the political dynamics within the Executive, establish the level of power of the competing factions, and the rules (often informal) for this competition. It is fundamental to bear several things in mind. In most cases, the reform will need one or various policy makers within the Executive to take up its banner and promote it in different policy arenas, including Congress. The nature, the goals, and the means of a reform will be greatly affected by its passage through the Executive during its formulation stage. The political feasibility of a health reform in the Legislature and later on, during its implementation, will be greatly determined by the level of support it gains at this stage within the Executive.

The Legislature

The legislation of the reform initiative is the first stage of the process in which it is submitted to the formal scrutiny of all the actors involved. The level of participation of interest groups at this stage will depend on the institutional particularities of the country in case. Also, decision making and the political competition in Congress will not concentrate exclusively on the reform's contents and its ultimate goals. Instead, the debate will carry along elements of the policy and political agendas of the actors involved, particularly party politics. It is therefore important to define a "legislative strategy" by identifying those members of Congress with a particular interest in the health reform and studying their position. This includes their alliances with other groups in society related to the health sector, as well as the nature of the coalitions backing them. A systematic strategy of information sharing, education, and consensus-building will need to be directed at this particular group of legislators, and the groups they represent.

The bureaucracy as a veto point.

A central aspect of health reform is the fact that governments need to depend on their salaried health workers and the health bureaucracy to make policy change actually happen. Thus, when and if health reform is successfully formulated and has reached enough consensus to be legislated, it will then gravitate back to the government arena. Even after passing the health reform's legislation, its nature and indeed its chances of being implemented will be determined here. It is therefore important to establish a negotiation package that may serve as the basis for common understanding and cooperation between reformers and the bureaucratic groups in whose hands lies the responsibility of change.

The electoral calendar

In passing through the Executive branch and the Legislative branch, and to a lesser degree, through the areas in which the reform will be implemented, its process will depend greatly on the political dynamics of each of these policy arenas. Therefore, it is important to draw the critical path of the reform's political strategy taking into consideration the electoral calendar and, in a given case, the issues that will be aired during it. This element will be of particular importance when "packaging" the reform's content.

CHANGE TEAMS AND OTHER POLITICAL STRATEGIES

Focus on teams

A health change team is a group of policy makers whose assignment and responsibility is to bring about a health reform. For this purpose, it is created and empowered by senior policy makers, not necessarily within the MOH, and emedded within the State in a space that gives them access to other key policy makers, but insulates them from interest group pressure, especially stemming from groups outside the State. It is a very small and highly technocratic team, and ideally, the combination of the professional training and the policy experience of its members should include the following skills:

Knowledge (even if recent) on health policy, health sector institutional memory, brokerage capacity (with groups within and outside the State), law making, communication management, public administration, and health economics. Although this group will lose, gain, and replace some of its members, efforts should be made to keep it stable and constant throughout the reform process. Its members will also combine (severally or jointly) technical expertise with experiences in previous policy reforms. It will have clear leadership within the group and its members will have strong personal motivation.

Locate/create a change team

It is very difficult to create a change team as part of an effort, external to the State, to support a reform process. Instead, change teams should be located, or technical groups embedded in the State can be trained and supported in order to eventually serve as one. It is important to bear in mind that a change team's purpose is clear and exclusive, with factors such as the representation of all health agencies needing to be solved in another arena. In other words, a change team is not an inter-agency group, nor is it a task force, and while its role it temporary, it aspires to last long enough to manage the crucial stages of the health reform. If a change team is already operating and pursuing a reform project that has the characteristics described above, it should be supported with a significant part of the financial and technical resources geared at promoting the health reform.

Vertical networks

Among the determining elements of a change team and its ability to maneuver and pursue policy change are its vertical and horizontal networks. Its vertical networks are its close links with senior policy makers in key positions, whose political support is determinant not only for the reform, but for the political survival of the change team itself. Of particular relevance are the change team's vertical networks with the government's economic team.

Horizontal networks

Horizontal networks are the links change team members have with colleagues in other government agencies, as well as other policy arenas. This network will enhance the change team's capacity for political maneuvering by facilitating the opportunities to present their case and information to key areas (or policy nodes) that might otherwise show resistance to the reform agenda. By the same token, horizontal networks help the team rally support around the reform and buttress its strategy by having access to information that may prove vital in promoting the health reform.

Horizontal networks within the MOH and reform consolidation: Preparing to exit

The change team will need to dedicate as much effort as possible to create and maintain a horizontal network within the MOH. This task presents formidable obstacles, since more often than not, change team members are "outsiders" in the health field and are seen with deep suspicion. However, no effort should be spared: by inviting doctors to be formal members of the team, locating and approaching and even empowering those members of the MOH that are pro-change and/or have been developing ideas along the lines of that of the reform, etc., since much of the political feasibility of the reform's consolidation lies in this task. The change team will need to build and consolidate this network via consensus-building, information, education, negotiation, and in extreme cases, with the substitution of personnel. The

depth and extension of this network within the ranks of the health sector's bureaucracy and health provider groups will greatly determine the chances of survival of the reform once the change team leaves.

Reconsidering the force of the market

The agendas of health reforms in the Latin American Region in the last two decades bear remarkable similarities. One of their common features is the assumption based on prior experience with economic adjustment that the right incentives, via new regulation and resource reallocation, will in time, bring about change in the health sector's public institutions. However, this study has found that this is the central aspect of the political feasibility of completing a health reform, and thus, it requires a more direct and systematic political strategy on the part of reformers' change teams and their supporters. A political strategy of this nature will have to go beyond pointing out the need for political will; bearing in mind that public institutions in the health sector have often served policy and explicit political purposes other than the provision of health care services. If a reform is to complete this aspect of its policy change agenda, it needs to be backed by a political strategy crafted around these old institutions' political ties with other segments of the government bureaucracy, organized provider and beneficiary groups, other interest groups, and, ultimately, party politics.

Interest group management

Confronting the interest groups that have been privileged by the *status quo*—both provider groups and beneficiaries—is one of the most difficult and crucial tasks to see the reform reach its completion. Of particular relevance are organized groups such as unions and other professional organizations whose interests are at stake. Reformers need to be ready to maintain a flexible position *vis a vis* the content and the pace of the reform in order to accommodate some of these interests if the very fate of the reform is at stake. For instance, strategies of compensation for those negatively affected by policy change, as well as the exclusion from the reform of some groups presenting resistance to change, should be considered seriously and not as a mere deviation from the original reform agenda.

Interest groups with veto power over the reform vary according to each country's particular political context and the reform's policy agenda. But by their nature, health reforms will necessarily have to consider health provider groups within and outside the State, political parties, local governments, the media, the church, and the military, among others. The position *vis a vis* the reform and the power and influence of these actors needs to be carefully mapped in order to understand and manage the coalitions present or potential aligned in favor and against the reform.

Participation information, and education

This study has shown that if it were not for the institutional features that mandate a more open and participatory debate in certain arenas/stages of the reform process, the latter would be an even more autocratic exercise. A few policy makers are involved in first instance, followed by those interest groups or actors that are endowed with particular characteristics that gain them access to decision making on the reform. Such resources may be collective action power, closeness to senior decision makers, or awareness of their right of representation in Congress as well as the government's accountability. However, the population at large, the ultimate bearer of the reform's impact, has very little, if any, of these resources to exert its influence over the health reform process. It is therefore the reformers' responsibility to create the institutional conditions to facilitate participation in decision making. In this aspect of reform, decentralization can play a major role, as well as campaigns to inform and educate society about its members' rights, and the reform's consequences both positive and negative. When the health reform carries a redistributive element, this strategy, along with the support of the organized participation of beneficiaries, will also prove useful in expanding and consolidating the coalition favoring the reform, sometimes to the detriment of pro-*status quo* interest groups.

Packaging the reform and communication

The contents of a reform plan can be arid and technical; and thus difficult for the average citizen to grasp. It is therefore important to choose those aspects of the reform that are to be conveyed to society in an information campaign, and "package" or articulate them in messages tailored for such purposes.

The use of a technical discourse

Within the State, the reform will need to be "packaged" with emphasis on certain elements of its content, as well as at the level of its discourse, according to the particular circumstance it faces, and the actors involved. For instance, reformers most be aware that the use of highly specialized information and technical knowledge in these packages is a negotiation strategy in and of itself. This can be used to confuse or to clarify the perception of those to whom the reform is being presented. But most importantly, the use of accurate and objective information along with a technical analysis of the issues behind the health reform may help lower the level of politicization in its debate. It can also be useful in bringing to light the real issues at stake and identifying who will win and lose.

The articulators

By the same token, the choice of profile of the articulators or those persons that are to convey these messages is also a matter of political strategy that needs to be assessed systematically in order to make sure that the right articulator is addressing a particular public.

The international arena

In most cases, health reform initiatives have been supported and even conditioned by actors in the international arena, such as bilateral donors and multilateral agencies. With few exceptions, their endorsement, as well as their technical and financial resources can greatly enhance the viability of a health reform. But this support is accompanied by set of elements that often limit the degree of autonomy of local reformers, such as divergent policy agendas, different views and definitions of the health policy problem and its solution, and even about the country itself. It is important to establish a clear strategy in order to ensure the support of this international community by simultaneously establishing a high degree of autonomy in reform formulation and implementation. For his purpose, reformers need to prepare for skilled and highly technical discussions over reform contents, and to secure as many in-house resources as possible, such as financial, but particularly in human capital. This will help reformers maintain the greatest possible control over the reform process and ensure its continuity beyond the participation of the international community.

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