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Using National Health Accounts to  
Make Health Sector Policy:  
Findings of a Latin America/  
Caribbean Regional Workshop



# Using National Health Accounts to Make Health Sector Policy: Findings of a Latin America/Caribbean Regional Workshop

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## ABSTRACT

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The Latin American and Caribbean National Health Accounts (LAC/NHA) network was established in 1996 to advance the development and use of NHA as policy tool. In May 1999, the Partnerships for Health Reform, a member of the LAC Regional Health Sector Reform Initiative, organized a two-part meeting, “Using NHA to Inform Decision Making in the Health Sector,” to further the institutionalization of NHA. The first meeting was a policy seminar for high-level policymakers, the second a technical workshop for NHA analysts. The gatherings, attended by representatives from 11 LAC countries, allowed representatives to compare their country’s progress with that of fellow countries in the region, and to discuss shared issues and solutions. This report describes the topics discussed at each meeting. It summarizes issues raised by participants—specifically about the NHA methodology, such as difficulties in data collection, and more generally about integrating NHA into the health sector reform policy process. Finally, it presents two sets of recommendations, one for countries, the second for donors, to resolve the problems.



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## ACRONYMS

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<b>IDB</b>	Inter-American Development Bank
<b>LAC</b>	Latin America and the Caribbean
<b>LAC/HSR</b>	Latin America and the Caribbean Health Sector Reform Initiative
<b>NHA</b>	National Health Accounts
<b>OECD</b>	Organization for Economic Cooperation and Development
<b>PAHO</b>	Pan American Health Organization
<b>PHR</b>	Partnerships for Health Reform
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization



# 1. INTRODUCTION

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In July 1996, the United States Agency for International Development (USAID), the Pan American Health Organization (PAHO), and the Partnerships for Health Reform (PHR) launched the National Health Accounts (NHA) Network in the Latin American and Caribbean (LAC) region to advance the development and use of NHA as a policy tool. Through a series of three workshops complemented by in-country technical assistance, the LAC NHA network has contributed to the development of an appropriate methodology of health expenditure estimates and has mobilized resources to improve national skills to analyze and use the data.

To build on NHA network accomplishments, the development of long-term capability in the LAC region is needed to implement NHA on a systematic and regular basis and to use NHA data to inform health care policy decisions.

For this purpose, the LAC Initiative sponsored a fourth NHA meeting for the region: "Using NHA to Inform Decision Making in the Health Sector" was held in San Salvador, El Salvador, May 17-20, 1999. The meeting was organized in two parts: (1) a one-day policy seminar, on May 17, for high-level policymakers from key donor, political, and technical institutions and (2) a three-day technical workshop, on May 18-20, for NHA technical experts (see Annex A for meeting agenda). Eleven countries participated in the meeting: Belize, Bolivia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, and Peru (see Annex B for list of participants).

## 1.1 OBJECTIVES

The objectives of the policy seminar were to:

- ? Review the state-of-the-art in National Health Accounts.
- ? Facilitate discussion among health sector decision makers about how national health accounts can inform health policy making, what support is available, and how other countries have faced the challenges of institutionalizing NHA.

The objectives of the technical workshop were to:

- ? Introduce the importance and requirements of the institutionalization of NHA, and the benefits that accrue from integrating NHA with policy-relevant research efforts and with decision making in the budget and policy-making process.
- ? Work with NHA specialists to develop institutionalization plans for each country.
- ? Help participants apply and adapt NHA to ensure that it effectively informs key policy questions.
- ? Update participants on current methodological issues.

## **1.2 BACKGROUND**

Health care financing has become internationally recognized as an area of major policy relevance for LAC countries, although the specific problems and issues to be addressed are likely to be different depending on the country's level of development. Key issues that many developing countries face include: estimating the current levels of aggregate financing for health care and the prospects for increasing funding for the health sector; estimating the allocation of spending to priority health programs and population groups; and assessing the financial importance of key players in the health care system as a guide to the development of reform strategies. National Health Accounts (NHA) has become a feasible and useful approach for understanding many health care financing issues in low- and middle- income countries.

There are, however, significant challenges to be overcome in the creation of NHA. While individual countries can and have addressed many of these challenges on their own, substantial benefits might be expected from cross-country collaboration in the development of NHA. PHR has supported a networking approach as a means to enable the collaboration of individual LAC countries. A NHA regional network brings together the technical representatives from several countries to learn about NHA methods; to formulate a common conceptual framework, and comparable definitions and data sources; and to collaborate on solving problems encountered in developing their individual NHA studies.

The Latin American and Caribbean National Health Accounts Initiative was launched in 1997 and completed its first round of studies in September 1998. Under the USAID/LAC NHA Initiative, the Partnerships for Health Reform (PHR) Project, in collaboration with the Pan American Health Organization (PAHO), and eight national technical teams from the region: Bolivia, Ecuador, Guatemala, the Dominican Republic, El Salvador, Mexico, Nicaragua, and Peru participated in the Initiative.

## 2. ACTIVITIES

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### 2.1 DAY 1: SEMINAR

The first day began with welcome remarks and an introduction by HE Eduardo Interiano, Minister of Health, El Salvador; Dr. Horacio Toro Ocampo, PAHO Representative, El Salvador; Mr. Terrence Tiffany, USAID, El Salvador; Ms. Karen Cavanaugh, USAID, Washington, D.C.; Dr. Daniel López Acuña, PAHO, Washington, D.C.; and Dr. Pedro Crocco, PAHO, Washington, D.C.

Ms. Cavanaugh highlighted the importance of quality information for decision making, a strategy that guarantees a better use of resources. Dr. Acuña stressed the importance of the information regarding the flows of resources in the health sector. The Salvadoran Minister of Health thanked the participants and congratulated the NHA joint initiative. He emphasized the extreme importance of NHA for the purpose of policy analysis and formulation and for assessing and designing necessary reforms in the health sector.

#### 2.1.1 Session I: Health Sector Reform and National Health Accounts

***Health Sector Reform in Latin America and the Caribbean, by Dr. Daniel López Acuña, PAHO.*** Dr. Acuña highlighted that health reforms require a change in the organization and financing of health service. While on the one hand individual reforms are country-specific, on the other, it is important overall to separate financing from delivery and insist on quality, efficacy, equity, and efficiency. Monitoring and evaluation have to be constant and strictly related to the objectives of the health reform. The presentation was followed by a discussion.

***NHA as a Tool for Health Sector Reform, by Dr. Peter Berman, PHR.*** Dr. Berman highlighted five uses for NHA in health reforms. These uses are: to identify the problem, focus change, implement change, project the effects of the change, and monitor the effects of the change. He also brought evidence from several LAC countries to demonstrate each of these five ways of using NHA. Dr. Berman emphasized the importance of a framework for quantifying the financial dimension of the health reform.

***Institutionalization and the Uses of NHA, by Dr. Jean-Pierre Poullier, World Health Organization (WHO).*** Using examples of the Organization for Economic Cooperation and Development (OECD), Dr. Poullier highlighted the importance of institutionalizing NHA. To support his point he gave an overview of the health sector economy and reforms in OECD countries. He stressed the importance of using NHA as an instrument of evaluation.

***Discussion of Health Priorities in the Participating Countries, by Dr. Juan Antonio Casas, PAHO.*** Dr. Casas highlighted the importance of projecting the impacts of the reform. He also stressed the importance of essential information at the moment of identifying solutions for the health problems of the country.

These presentations were followed by a discussion.

## **2.1.2 Session II: Donors' Cooperation in NHA**

***Latin America and Caribbean Health Sector Reform Initiative, by Karen Cavanaugh, USAID.*** Ms. Cavanaugh described the Latin American and Caribbean Health Sector Reform Initiative, highlighting its activities and involvement in NHA in the region.

***NHA and the Perspective of the IDB, by Dr. Alfredo Solari, Inter-American Development Bank (IDB).*** Dr. Solari stressed the interest of the IDB in NHA. The information provided by the NHA exercise is very important for understanding the health system, planning, and discovering its corporate interests.

***NHA and the Perspective of the World Bank, by Dr. Xavier Coll, The World Bank.*** Dr. Coll presented the World Bank perspective about NHA. He highlighted the need for clear and detailed information, especially in moments of crisis and adjustment.

***Discussion and Conclusion of the Seminar, by Barbara O'Hanlon, PHR.*** Ms. O'Hanlon summarized the main findings of the seminar, led a discussion on the topics presented, and made final concluding remarks.

## **2.2 DAY 2: TECHNICAL WORKSHOP I: COMMUNICATION OF NHA RESULTS TO THE HEALTH SECTOR POLICYMAKER**

***Communication of NHA Results for Health Policy Implementation, facilitated by Ms. Barbara O'Hanlon, PHR, and Dr. Matilde Pinto, PAHO.*** This session highlighted the role of NHA in defining health policy and providing guidelines to ensure the relevance of NHA in policy design. A case study was used to facilitate the process. Specific sessions were dedicated to the following topics: how to identify key actors; how to define priority areas; how to convert NHA results in policy recommendations; how to present the message for policy designers, and how to establish connections with the key actors.

## **2.3 DAY 3: TECHNICAL WORKSHOP II: DEVELOPMENT OF AN INSTITUTIONALIZATION PLAN**

***Elaboration of an Institutionalization Plan, facilitated by Dr. Tania Dmytraczenko, PHR.*** This session highlighted the importance of educating the policymakers on how to use and disseminate NHA information. Specific attention was given to the analysis, desegregation, interpretation, and uses of NHA data. Methodological aspects were discussed, stressing the importance of adapting the methodology to the country's characteristics.

A case study was used to facilitate the process. Important items of NHA implementation are the credibility of the NHA team, its sustainability, and its integration in the national information systems. Specific actions have to be taken to guarantee that the technical team is multi-disciplinary, to build historical series of data, to communicate the information through specialists, and to include important aspects not taken care of by the health sector reform.

## 2.4 DAY 4: TECHNICAL WORKSHOP CONTINUED: DEVELOPMENT OF AN INSTITUTIONALIZATION PLAN

Dr. Alessandro Magnoli presented on the general findings and inquiries of the two technical workshops.

***Discussion of Methodological and Technical Issues, by Dr. Jean-Pierre Poullier, WHO.*** Dr. Poullier discussed the general findings and inquiries in detail, focusing in particular on methodological and technical aspects. According to Dr. Poullier, an 85 percent degree of comparability is acceptable (monitoring is more important than comparing), and regular household surveys must be established, in particular to disaggregate information (e.g., get standard deviation, and not only the average). It is also important to harmonize the local and national levels of data collection, in particular in countries where the decentralization process is part of the institutional agenda. In order to get data from the private sector, it is important to use the informal network and, possibly, to enforce by law the provision of the relevant information. Additionally, as soon as a new priority is added to the health reform, it is important to create indicators to measure the results. Finally, in order to create a management information system, NHA should be accompanied by the definition of health production functions.

***Presentation of Methodological Issues, by Dr. Raúl Molina, PAHO.*** Dr. Molina summarized the topic of NHA and emphasized its importance. He highlighted the need of defining the concept of "health." He also stressed the importance of explicating methodological differences.

## 2.5 CONCLUDING REMARKS

Dr. Pedro Crocco and a panel of guests from USAID, PAHO, and the Ministry of Health synthesized the principal themes discussed during the seminar and workshop and concluded the meeting. The participants filled out the evaluation forms (see Annex C).



### 3. FINDINGS

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All countries made evident a common set of problems. In the majority of countries, health reform does not clearly specify its objectives, and consequently it is difficult to create indicators that can monitor the process of change. In addition, policymakers do not rely on data in making important health policy decisions, either as a result of their political agenda or, more importantly, because they lack the knowledge about the availability of relevant data. An important conclusion of the workshop and seminar is the need for improvement of communication between the technical staff working on NHA and the decision makers who would ultimately utilize the NHA results.

In general, participants discussed various problems they had, including:

- ? Understanding the reform issues, being able to separate objectives from strategies;
- ? Creating indicators that quantify change;
- ? Dealing with methodological issues in the development of indicators;
- ? Communicating effectively with policymakers; and
- ? Focusing on important issues that are not included in the reform.

The participants identified common characteristics in the ongoing process of health sector reform in Latin America and the Caribbean. They include:

- ? Health insurance;
- ? Prioritizing preventive care versus curative care;
- ? Prioritizing primary care versus tertiary care; and
- ? Demand-side orientation.

Methodological problems were a major concern throughout the workshop. These ranged from data collection difficulties to data analysis. Important issues were data disaggregation and household survey estimates. Common methodological problems are:

- ? Complexity in collecting data, especially when the country is decentralizing services (heterogeneous information systems);
- ? Definitions and classifications;
- ? Solutions and/or mechanisms for collecting private sector data;
- ? The disaggregation of data on donors (especially in-kind expenditure);
- ? Household surveys: definition of relevant questions, how to ponderate between complexity and deep analysis and utility, statistical analysis (representativity of information); and

- ? Use of NHA as a management information system (efficiency indicators: relationship between financial data and health results).

## **4. RECOMMENDATIONS**

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During discussion in plenaries and working groups, suggestions were made to strengthen the use of NHA in the LAC region and to streamline the proposed methodology. The main ideas were summarized in two sets of recommendations: the first for country policymakers and NHA teams, the other for donors.

### **4.1 RECOMMENDATIONS TO COUNTRIES**

- ? Countries should institutionalize NHA through promotion of teamwork and involvement of key policymakers in NHA analysis.
- ? NHA should not be considered as an academic or accounting exercise but should rather be an essential part of the foundation of the health finance and resource allocation policy analysis and decision making process.
- ? Policy analysts should recognize that NHA is not merely a descriptive tool but that it also generates data that is useful for more detailed analysis. Data generated by NHA analysis should be accurate, reliable, and transparent. Manipulation that affects its validity should be avoided. The figures generated through NHA should be subject to rigorous analysis prior to using them for policy making.
- ? National NHA teams should clearly define the elements of their national health systems, their mission and levels, and the interrelationships among the various programs. NHA should be an integral component of national health policy formulation and development.
- ? NHA should help in institutionalizing surveys of (1) household expenditures and utilization and (2) employers' health benefit spending in close coordination with other concerned ministries and institutions.
- ? National teams should attempt to make NHA more policy relevant by: situating NHA initiative within larger health reform; identifying potential users of NHA among policymakers; and soliciting input from policymakers on how NHA can be useful to them on key health policy issues.

### **4.2 RECOMMENDATIONS TO DONORS**

- ? Donors should promote and support networks among national teams involved in the NHA initiative by providing the necessary technical assistance in the areas identified, including training and technical expertise.
- ? Donors should provide technical support to country teams in order to link NHA to the formulation of policy and the policy dialogue on health finance and resource allocation. Additional support is needed in refining the procedures and techniques, NHA analysis, and implementing the necessary adjustments to NHA.

- ? Joint efforts are needed in order to institutionalize the NHA training exercise at national and regional institutions to support and promote future continued NHA activities.

## ANNEX A. WORKSHOP AGENDA

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Using NHA to Inform Decision Making in  
the Health Sector  
Costa del Sol, El Salvador  
May 17-20, 1999

### Objectives

The objective of the policy seminar is to facilitate discussion among health sector decision makers about how national health accounts can inform health policy making, what support is available and how other countries have faced the challenges of institutionalizing NHA. The objectives of the technical workshop are to work with NHA specialists to develop institutionalization plans for each country; to help participants apply and adapt NHA to ensure that it effectively informs key policy questions; and to update participants on current methodological issues.

### May 17, Seminar

7:30-8:15 Registration

8:15-9:00 Welcoming Remarks

Dr. Eduardo Interiano , Minister of Health, Ministry of Health, El Salvador  
Terrence Tiffany, USAID/El Salvador  
Ms. Karen Cavanaugh , Health Systems Advisor, U.S. Agency for International Development (USAID)  
Dr. Daniel López Acuña, Director, Division of Health Systems and Services Development, Pan American Health Organization (PAHO)  
Dr. J. Antonio Casas , Director, Division of Health and Human Development, Pan American Health Organization (PAHO)

### Session I: Health Sector Reform and National Health Accounts (NHA)

9:05-9:25 Health Sector Reform in Latin America and the Caribbean  
Dr. Daniel López Acuña, PAHO

9:25-10:15 Discussion

10:15-10:30 Break

10:30-10:50 NHA as a Tool for Health Sector Reform  
Dr. Peter Berman, Partnerships for Health Reform (PHR) Project

- 10:50-11:35 NHA Uses and Institutionalization  
Dr. Jean-Pierre Poulhier, World Health Organization
- 11:35-12:50 Discussion on Priority Health Policy Issues for Participating Countries  
Moderator: Dr. Juan Antonio Casas, PAHO
- 12:50-14:30 Lunch
- Session II: Panel on Donor Cooperation on NHA
- 14:30-14:50 Presentation on the Latin American and Caribbean Health Sector Reform (LAC  
HSR) Initiative  
Ms. Karen Cavanaugh, USAID
- 14:50-15:10 NHA and the Inter-American Development Bank (IDB) Perspective  
Dr. Alfredo Solari, IDB
- 15:10-15:25 Break
- 15:25-15:45 NHA and the World Bank Perspective  
Dr. Xavier Coll, Banco Mundial
- 15:45-16:30 Discussion and Conclusion of the Seminar  
Moderator: Ms. Barbara O'Hanlon, Partnerships for Health Reform (PHR) Project
- Reception

May 18

Technical Workshop I: Policy Communication of NHA Results  
Facilitated by Ms. Barbara O'Hanlon, PHR and Dr. Matilde Pinto, PAHO

- 8:30-8:45 Introduction
- 8:45-9:15 Steps to ensure policy relevance of NHA
- 9:15-10:30 How to identify key actors
- 10:30-10:45 Break
- 10:45-12:30 How do key actors define the issues
- 12:30-14:00 Lunch

14:00-15:00 How to convert NHA result into policy recommendations

15:00-15:15 Break

15:15-16:15 How to define the policy message

16:15-16:45 How to connect with policymakers

16:45-17:00 Conclusions

May 19

Technical Workshop II: Developing an Institutionalization Plan

Facilitated by Dr. Tania Dmytraczenko, PHR and Dr. Raúl Molina, PAHO

8:30-9:00 Did the first NHA estimation succeed? What does it mean for NHA to be successful?

9:00-9:30 Why develop a second round of NHA estimates? What objectives could be accomplished by a second round? What objectives are new or additional to those of the first round?

9:30-10:20 What should be the objectives of a continuous institutionalization process? What challenges does Dr. González face for the next round of NHA estimates? How could institutionalization address some of these issues?

10:20-10:35 Break

10:35-11:15 Who are the key actors for institutionalization? Are there barriers to institutionalization of NHA? Are there opportunities that can be leveraged?

11:15-12:15 What would be four items on Dr. González agenda for the meeting with Minister Rodríguez? Select five key elements that should be incorporated into the work plan for NHA activities.

12:15-13:00 Breakout sessions in country groups

13:00-14:30 Lunch

14:30-15:15 Exercise 1

15:15-15:30 Break

15:30-16:30 Exercise 2

16:30-17:30 Exercise 3 and 4

May 20

8:30-10:15 Synthesis of main outputs discussed in developing the institutionalization plan

10:15-10:30 Break

10:30-10:50 Presentation of Methodological Issues  
Dr. Raul Molina, PAHO

10:50-12:00 Discussion on Methodological and Other Technical Issues  
Moderator: Dr. Jean-Pierre Poullier, WHO

12:00-12:30 Conclusions of Workshop and Anticipated Follow-up  
Dr. Jean-Pierre Poullier, WHO

12:30-13:00 Evaluation of Meeting

13:00 Closing Remarks  
Minister of Health, El Salvador

## **ANNEX B. LIST OF PARTICIPANTS**

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## ANNEX C. WORKSHOP TECHNICAL PRESENTATIONS

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### Evaluation of Seminar, May 17

43 Participants filled out an evaluation form after the first day's seminar. All agreed that the themes of the seminar were relevant to their countries. Other topics that they would have liked to discuss were:

- ? The impact of investment groups
- ? Programmatic priorities
- ? Elaboration of indicators to be used as a base for NHA
- ? Application of NHA to the development of a national insurance scheme
- ? Country experiences in the implementing NHA
- ? Privatization
- ? How to relate levels of poverty and human development indexes in NHA
- ? More practical analyses of NHA results
- ? How can autonomous health sectors achieve international cooperation
- ? Use of NHA at a municipal, departmental or even state level
- ? Better description of the limitations of the use of NHA
- ? A cost-benefit analysis of establishing NHA
- ? How can NHA be used as part of the information systems of the health institutions and not as parallel information processes

When asked what were the three most relevant health priorities in their countries, participants responded with the following:

> Alternative financing mechanisms	> Reduction in infant-mortality rates	> Improvement in quality
> Universal insurance	> Decentralization and institutional coordination and reorganization	> Health sector reform and improved health indicators
> Vector-born and infectious diseases	> Epidemiology	> AIDS
> Primary health care and malnutrition of children under 5 years	> Improved system of health information and health education	> Increase capacity of local management and supervision, monitoring and evaluation
> Measles	> Preventive medicine and emergency health care	> Chronic adult illnesses
> Cancer	> Reduction of teen pregnancies	> State of the art technology

When asked how NHA can be used in their country, participants gave a variety of responses:

- ? An instrument to orient reform efforts to focus on financing or other health priorities;
- ? To establish a base line before initiating reforms;
- ? To monitor and evaluate the health sector in order to provide useful information for health policies and priorities;
- ? To make health sector financing projections and make strategic plans for the impact of the public health sector;
- ? To redesign management models;
- ? To initiate discussions with relevant sectors in order to negotiate for technical assistance;
- ? To introduce collective health insurance schemes;
- ? To integrate NHA into a system of national information; and
- ? To improve health services

When asked what the key factors were to institutionalize NHA in their country, participants gave these responses:

- ? Increased capacity of the technicians and the policymakers and a way to find common ground between the them in the drive for disseminating information about the health sector;
- ? Increased involvement of the national NHA team and active participation of the private sector in the studies;
- ? Dissemination and use of the data to convince the key actors of the importance of NHA and establish demand;

- ? Increased high-level support in addition to political will and decision making power;
- ? The creation of mechanisms for carrying out the studies, such as increased financing, donor support, and a process manual that details the methodology;
- ? Credibility of NHA results; and
- ? Inter-institutional coordination combined with the creation of a permanent NHA team and an integrated information system.

### **Evaluation of Workshop, May 18-20**

Overall, the participants were pleased with the workshop and the individual sessions and found the content very pertinent. They found the whole meeting very informative because they were able to benefit from other country experiences and from listening to Dr. Poullier discuss the experiences of the OECD countries. Some participants wanted to get even deeper into lessons learned from other countries. The participants found the policy communication and institutionalization workshops the most useful. It was agreed among most of the participants that there should be greater efforts to integrate the methodological elements of NHA with a country's political requirements when designing its national health accounts. One participant said that until before this meeting, the countries did not have available the right information to give to the policymakers in order to facilitate the reality of health sector reform. The regional meeting removed many of the doubts some participants had about operationalizing NHA in their country.

Some participants wanted more time to discuss methodological issues and other themes. They also wanted more technical materials and resources relevant to NHA made available. Some participants also felt that it would have been more useful to work in country groups rather than be divided up randomly. Topics that participants felt deserved more attention include: institutionalization, communication of results, political dialogue, theoretical themes behind NHA, indicators, comparability of results, relationship between NHA and national accounts prepared by the Central Banks, and discussion of problems other countries have experienced.



## **PUBLICATIONS OF THE REGIONAL INITIATIVE OF HEALTH SECTOR REFORM FOR LATIN AMERICA AND THE CARIBBEAN**

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1. METHODOLOGY FOR MONITORING AND EVALUATION OF HEALTH SECTOR REFORM IN LATIN AMERICA AND THE CARIBBEAN (ENGLISH/SPANISH)
2. BASE LINE FOR MONITORING AND EVALUATION OF HEALTH SECTOR REFORM IN LATIN AMERICA AND THE CARIBBEAN (ENGLISH/SPANISH)
3. ANÁLISIS DEL SECTOR SALUD EN PARAGUAY (PRELIMINARY VERSION)
4. CLEARINGHOUSE ON HEALTH SECTOR REFORM (ENGLISH/SPANISH)
5. FINAL REPORT – REGIONAL FORUM ON PROVIDER PAYMENT MECHANISMS (LIMA, PERU, 16-17 NOVEMBER, 1998) (ENGLISH/SPANISH)
6. INDICADORES DE MEDICIÓN DEL DESEMPEÑO DEL SISTEMA DE SALUD
7. MECANISMOS DE PAGO A PRESTADORES EN EL SISTEMA DE SALUD: INCENTIVOS, RESULTADOS E IMPACTO ORGANIZACIONAL EN PAÍSES EN DESARROLLO
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11. CUENTAS NACIONALES DE SALUD: MÉXICO
12. CUENTAS NACIONALES DE SALUD: PERÚ
13. CUENTAS NACIONALES DE SALUD: REPÚBLICA DOMINICANA (PRELIMINARY VERSION)
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