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Negotiating Health Development: A Guide for Practitioners

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World Health Organization

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Foreword

Improving the health care system within any country - certainly a less developed one with extremely limited resources - requires many decisions by many people. And those decisions cannot be produced simply by edicts from a cabinet officer. No simple command, not even from the president, can improve the health of a country's citizens. The decisions that are needed have to be the result of many people working together, facing an endless stream of problems and negotiating an endless stream of decisions.

Many of those participating in that process will be arguing against a particular project or in favor of funding for a special program that they consider to be urgent and important. They are likely to focus on getting the result that they support. Like a traveler seeking advice, they may say, "I don't care which road I take as long as I get there". But as is true for that traveler, where we end up depends on which road we take.

Whether we are negotiating within a government or with external funders, joint problem-solving is difficult at best. Each participant has an interest in the results. The chance of reaching a wise decision, particularly one that will have enough support to be implemented, depends not just on the substance involved. (How much money for which hospital? What clinics should be set up? Where? What training programs should be established?) Producing a wise decision will also depend upon the extent to which the participants in that negotiation are well prepared and upon the process that they use to reach a decision.

Some years ago a government official who had taken a negotiation workshop with me said that he had learned two things that had made the entire course worthwhile: "Prepare" and "Focus on Process". The authors of this marvelous book emphasize these two crucial components of skilled negotiating. As a participant in

health related negotiations - whatever your status, however loudly you speak, and however lengthy your remarks - your contribution to a decision will be most helpful and most persuasive if you are well *prepared* and if you pay critical attention to the decision-making *process*.

Being prepared does not mean that you have a polished, written speech to give. Nor does it mean that you have planned one particular path through the woods that lie ahead. It means that you understand the terrain and that you have some tools, comparable to a map and a compass, to help guide you and others through whatever swamps and thickets you might encounter.

And paying attention to the negotiation process means that you are sensitive to the inclusion of those whose knowledge, ideas, and support may be crucial to reaching and implementing a good decision. You also appreciate the importance of understanding the interests involved and the possible options for reconciling those interests before you or others make commitments.

I endorse this little book whole-heartedly. It is the best pocket guide I know for negotiating one's way through governmental decision-making. Although aimed at negotiating health-developmental issues, its wisdom applies far more broadly.

Roger Fisher
Director
Harvard Negotiation Project

Introduction

NEGOTIATING HEALTH DEVELOPMENT aims to assist those who wish to improve the health of populations, primarily those populations in greatest need. It provides some guidelines, tools, and examples of practices others have found helpful in addressing important health issues.

Because your situation has important elements that distinguish it from any other situation, these guidelines are not “answers” as much as suggested processes and questions. You will not find a simple, uniform fix in these pages. However, professionals do encounter some common challenges when dealing with health-related issues in developing countries, and some strategies and analyses prove useful in virtually every circumstance.

Most of the ideas in NEGOTIATING HEALTH DEVELOPMENT are the product of a long-standing collaboration between the World Health Organization and Conflict Management Group. As part of this collaborative project, the authors of this book and others in our organizations have worked with, consulted, and trained officials from more than 40 developing countries around the world. These officials have simultaneously been our students, our teachers, and our colleagues. Drawn from health, planning, finance, development, and other sectors, they have provided invaluable perspectives on the practices and concerns of those whose daily work affects the health of populations.

The examples that appear in NEGOTIATING HEALTH DEVELOPMENT come from the real experiences of people in countries around the world. The authors are deeply grateful to those officials with whom they have worked who have given us permission to share these examples with our readers. Many of the negotiations are ongoing and so references to specific countries have been purposely omitted. Any mistakes, generalizations, or mischaracterization in the examples are solely the fault of the

authors. The authors have done their best to accurately convey the experiences of those with whom they have worked.

NEGOTIATING HEALTH DEVELOPMENT is designed to be considered and used at any stage in the health development process by anyone who may want to influence some aspect of that process. Please read it and analyse the ideas, tools, and examples in the light of your own circumstances. The authors encourage you to apply those ideas that you think may be valuable and to adapt the tools and frameworks to best fit your own context. The hope is that you will benefit from the experiences of those who have grappled with similar issues in the past, and the authors look forward to joining you in learning from your own experiences as well.

Chapter One

Getting Started

Imagine the following:

- As chief of the planning unit of the Ministry of Health, you are responsible for leading the recently established health reform team. Donor agencies fund a major portion of your budget. They and your government are putting pressure on you to reduce the health inequities that exist between the rich and poor in your country. To address this problem, you hope to reallocate public expenditures to the currently poorly-funded maternal and child health and childhood infectious disease programmes that will benefit the poor. To make this financially sustainable, you know you must decrease allocations to the hospital sector, a move that will be vigorously opposed by your colleagues in the medical profession.
- As deputy Minister of Finance, you have been designated to lead the national team in next month's round-table meeting for the health sector. You see this round-table meeting as an opportunity to influence members of the donor community to change the way they currently do business in the health sector in your country. You have experience negotiating in this context, and you would like to prepare your team to ensure the desired results. This will require a systematic approach to the preparation, conduct and follow-up of both the multiparty and the bilateral negotiations.
- You are the Minister of Health. You will try to prevent reductions in the health sector budget at tomorrow's cabinet meeting. You feel this action is justified in the light of your ministry's good performance in ensuring the provision of high quality public health services to the majority of the population. You know the negotiations will be tough, given the government's fiscal constraints and the competing demands for funds by other ministries.

- As local programme officer for a development agency, you have to make a recommendation about what part of the national health plan your agency should invest in and how it will be financed. You know your agency needs some visibility for their investment. The investment must also be consistent with the health development priorities recently established by the agency. You are under some pressure from other donor agencies to recommend that your agency join a common funding arrangement for the health sector - an arrangement your agency has not supported in the past. You would like to come up with a solution that meets the interests of the government, other donors, and your agency.

- As a senior civil servant in the Ministry of Trade and Commerce, you have been approached by a well-known foreign company that is seeking to establish a large modern hospital just outside the capital. Your country has come under recent pressure during bilateral trade negotiations to increase its liberalization of health services. This has been vigorously opposed by local interest groups. Your colleagues in the Ministry of Health have also expressed their reservations as they are concerned that opening the country to foreign investment in health services may adversely influence access to health services – running counter to their health policy objective of increasing equity in health. The hospital would, however, bring needed technology to the country, attracting patients from outside the country who would pay for services and bringing in needed foreign exchange. In the upcoming negotiations with the company, you would like to propose the following agreement: the hospital would designate a certain number of its beds for use by the public health service, and it would provide hospital management technology to the Ministry of Health for use in the public sector.

You and others who seek health development face similar situations every day - situations that require you to influence others to work together towards improving health outcomes.

The shared problem

Poverty, malnutrition, high fertility, and poor health underpin many of the challenges facing policy-makers today in low-income countries. Many people still suffer from common childhood infectious diseases. Pregnancy and childbirth remain unsafe. There is a growing epidemic of noncommunicable diseases and injuries. Emerging diseases and spreading antimicrobial resistance place a heavy load on an already-overburdened health system. The health system itself is poorly financed and inadequately meets the health care needs of the majority of the population.

In an increasingly interdependent world in which diseases do not respect national boundaries, these problems become the concern of us all.

The *substantive issues* to address to meet these challenges are well understood. It is recognized that the road to better health requires concerted efforts on a number of fronts and among a variety of interested parties - both within and outside the health sector. Increased income, better nutrition, improved housing, access to safe water and good sanitation, education, the adoption of healthy lifestyles, the reduction of risk factors, and improved health services all contribute to improved health outcomes. Individuals, families, communities, and local and central governments must understand their respective responsibilities and take concerted action.

There is growing recognition that the *contextual environment* into which these initiatives are introduced is significant. A supportive macroeconomic environment, good governance, law and order, and appropriate levels of resources allocated for health all contribute to the ultimate success or failure of efforts targeting health development.

Despite our collective recognition of these important health challenges, a shared understanding about what must be done to improve health outcomes, and the significant efforts of individuals, governments, and development agencies, there remains a large and

unfinished agenda to improve the health and well-being of those children, women and men left behind in today's development process.

The missing piece

What is missing? Though gaps remain, for the most part, people understand the substantive issues that need to be addressed - *what* needs to be done. People also understand the importance of the context in which initiatives are taking place - *when* and *where* efforts should be focused. These factors are necessary, but not sufficient, for the creation and implementation of successful health development efforts.

What remains is the question of *how*. How do we as interested parties get where we want to go? How do we design a process that gets us there effectively and efficiently? How can we create enough understanding and win enough support of relevant parties that efforts will be successful? How can we assure that health care decisions will be based on the right information and criteria? How can we go about wisely choosing between different priorities and options? How can we plan for implementation in a meaningful way? How can we improve our impacts and learn from our actions? All these decisions are informed by the answers to questions that focus on the "what" or "when" or "where," but they are so important in and of themselves that they deserve separate treatment. Typically, not enough time is spent on these kinds of questions. These are questions of negotiation.

The need to negotiate

Designing policies, implementing institutional and organizational changes, and mobilizing resources to improve health outcomes require influencing people. “Negotiation” refers to this process of seeking to influence others. Many people picture only very formal interactions involving disputing parties when they think of negotiations. (Political leaders gather at a summit. Warring parties meet to talk during a cease-fire. Union leaders and management officials face one another at a bargaining table. Cabinet ministers meet to set budget levels.) Those are certainly examples of negotiations. But negotiations also occur every day between programme administrators, colleagues, ministries, and service providers and their clients. In each situation, someone is seeking to influence someone else. All of these interactions serve to shape the success any policy may ultimately enjoy.

As you struggle to create and implement health development programmes, certain variables will be beyond your control. You will not be able to abruptly change the state of the economy, reform the government, or change the demographics of your country’s population. But there are many important decisions you can make in whatever role you play as you seek to improve the health of those around you. You may be able to influence the timing, shape, content, and viability of initiatives. You can play an important leadership role in ensuring that policies and interventions are based on well-reasoned analysis, that they are introduced into conditions that support their ultimate success, and that they are implemented in ways that promote useful outcomes and continued learning. Each of these improvements in the health development decision-making process will improve your chances of success. And all these efforts require effective negotiation skills.

Improving negotiations

Achieving a good outcome in complex negotiations depends on many different variables. For example, negotiations over the

development of priorities for a sector investment programme may require balancing the different interests of senior management in the Ministry of Health, officials from the Ministries of Finance and Planning, and leaders of the professional associations. Information available on the country's health situation may be of limited use in predicting the future health problems that need to be addressed. The relationship with donors who fund the health sector may be good, but the flow of funds from these donors may depend on the resolution of general economic and governance issues - issues beyond the control of people in the health sector. This complexity can be overwhelming, and it is tempting to think that there is nothing one person can do to influence situations. Sometimes there may be no obvious way to organize your thinking about all of the information that is relevant to your decision-making, and no clear method for developing or implementing strategies that stem from that information.

It is easiest to face these negotiation challenges armed with a clear picture of what we are trying to achieve and a systematic set of questions and tools to facilitate the negotiations that will be required to achieve our goals. Below, the authors designed a "picture" of the kinds of steps that go into an overall effort to negotiate health development. This book also previews some of the negotiation tools and strategies for taking each of these steps.

These concepts are not so much "answers" as questions and ideas. The authors provide them in the hopes that they will spark your thinking and help you shape your own strategies. While not every concept in this book will seem directly relevant to your context, many of these ideas will have application to the dilemmas you face every day as you negotiate for health development.

This book is organized around two sets of ideas. The first set of ideas breaks a typical process of successful health development into four components. It is often helpful to examine the health development process this way, rather than to treat it as a jumbled whole. The second set of ideas traces four generalized negotiation practices that are often helpful in the context of health development negotiations. Within the context of each of the

process components, the book will examine these negotiation practices and try to illustrate their application.

Components of health development negotiations

Well-planned health development efforts tend to share some basic characteristics that can be traced to the way in which they were designed and implemented. As you know from your own experience, the creation and implementation of health efforts are tremendously complex and non-linear processes. It is possible, however, to tell a generalized story of these efforts in a way that breaks the process down into four manageable pieces. These pieces might be presented as “stages,” implying that they happen in a certain sequence, and in some situations, the process might happen in this linear fashion. But in most cases, there is overlap and even restructuring of these components throughout the effort.

Component One: Preparation for Decision-Making. Solid analysis based on evidence and experience results in decisions that are well-informed and carefully crafted. Creating this kind of analysis depends on a preparation phase that considers the relevant parties and their interests, that contains several options for obtaining evidence, that includes well-formulated questions leading to productive two-way communication, and that offers the opportunity to capture learning and to build capacity.

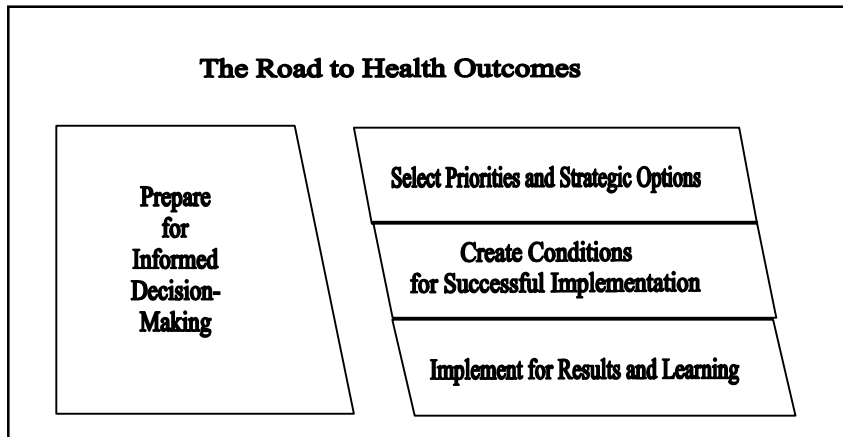
Component Two: Wise Decision-Making. Evidence-based analysis informs priority-setting and helps in the development of creative strategic options. The success of chosen priorities and options often depends on the availability of multiple options for consideration, rather than just one way of fulfilling a goal.

Component Three: Creating the Conditions for Implementation. Successful implementation does not depend entirely on the content of an initiative. It also requires that the groundwork be laid in advance in order to

create an environment conducive to the initiative's success. There are steps one can take to improve the chances that implementation will be successful: building institutional support, putting in place an appropriate policy framework, and mobilizing required resources.

Component Four: Implementation Based on Results and Learning. Implementation should not be viewed as separate from planning or design. Conditions at the community level often differ from the picture imagined by policy-makers, and these conditions tend to change. It is critical, therefore, that any implementation plan is able to adapt to changing circumstances and include a mechanism for capturing and capitalizing on learning.

The diagram below describes one way these parts of the “health development negotiation process” story might fit together.



The chart above describes an idealized picture of negotiations that produce health outcomes. The reality, of course, is that none of the complex negotiations you face ever follows a simple, linear path. The authors provide the chart primarily so that we can be precise about the various tasks you may face with as you seek to produce health outcomes.

Conducting health development negotiations

Every negotiation situation carries distinguishing characteristics. It may be that the timing is different, or the players, or the background conditions, or any number of other factors. This variability can make these negotiations seem hopelessly complex, and it can make it difficult to identify useful practices within those negotiations.

Our experience as practitioners in the field, and that of the health officials with whom we have worked, suggests that several negotiation practices are helpful regardless of circumstance. Each appears in greater detail in each of the chapters that follow. Briefly, the authors recommend first identifying the full range of

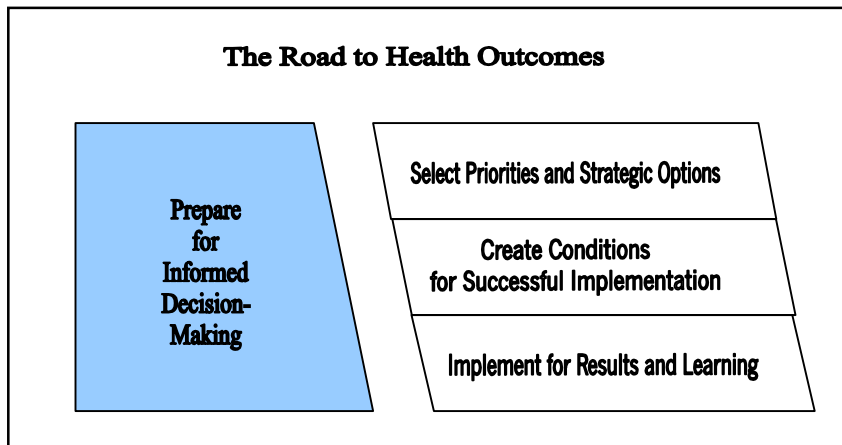
people who may be affected by or who may influence the initiative. Once you have a picture of the parties involved, carefully analyse each party's motivations, incentives, fears, and aspirations. Armed with information about the most important interests of each, you should seek to develop a broad range of different possible options for satisfying those interests. And, finally, the authors suggest that final decisions should be based on criteria or standards that are independent of the will of the parties involved.

Conclusion

Negotiations aimed at improving the health of populations are among the most complex in any sector. That complexity poses significant challenges, as well as creates opportunities, for those who seek to influence the decisions. Breaking the process into more manageable pieces and identifying some consistent negotiation practices should serve to increase your effectiveness in persuading others to join you in your health development endeavours.

Chapter Two

Prepare for Informed Decision-Making



The first step in a well-planned health development agenda is the execution of a successful decision-making process. Solid analysis based on reliable data and experience tends to result in decisions that are well-informed and carefully crafted. If the available information is unhelpful or incomplete, or if the analysis of that information is not systematic and rigorous, the resulting decisions often fail, despite the best efforts of those managing later steps in the implementation process. But the process of gathering and analysing data can be costly and lengthy. Financial and time constraints often force us to select essential information and analysis.

A lack of adequate or accurate information can significantly undermine decision-making. For example, available statistics may focus only on broad-picture questions, when what is needed are data on specific population groups. Or a policy decision may hinge

on integrated data, but analysts have access only to people who operate in purely vertical (non-integrated) systems.

At other times, data or information are not handled appropriately or are in a form that is not easy to comprehend. For example, it may be that none of the people working within the Ministry considers herself or himself capable of conducting an effective analysis. In other cases, relevant key decision-makers may not consider data analysis part of their job responsibilities.

These common difficulties, and others, lead to unreliable decisions. Although there is no global, magical formula for avoiding all of the potential pitfalls of preparing for informed decision-making, certain practices have proven helpful.

Laying the foundation for good decisions

Developing a strategy for addressing a problem requires an understanding of the causes of the problem. Several factors often combine to produce the information challenges discussed above. Below are four of the most common contributing causes.

Important people are not included. The task of collecting information varies according to the particular circumstances and issues in question. Who constitutes the “best” source of information? That depends on the questions being asked and the purposes behind the questions. Unfortunately, information-gathering processes commonly focus on the quantity of information collected rather than on the quality. These processes thus tend to highlight those from whom it is easy to get data, rather than those who are best positioned to provide useful data.

For example, if doctors practising in the capital city are the only source of information for designing a tertiary hospital sector strategy, analysts will not have access to a number of other potentially useful perspectives, such as those of rural physicians. In other cases, researchers may fail to gather information from those who have considerable interest in or influence over the policies in question. For example, surveying only Ministry of

Health officials for national health priority-setting, while ignoring those from Finance or Planning, may yield incomplete information.

Similarly, researchers may ignore nongovernmental groups whose views could usefully supplement those of government officials. In still other cases, people gathering information may not adequately consult parties who will ultimately influence the success or failure of a policy or strategy. Imagine that you are designing and implementing a family-planning programme in several rural areas. As the chief data collector, it is critical, before the decision process, to ensure that your collection strategy reflects existing patterns of decision-making within the villages. Approaching only the female heads of household, for example, may not provide all the data necessary for effective programme design. Religious leaders, village heads, midwives and others can significantly affect compliance with programmes (positively or negatively) by influencing how initiatives are received within the community. Their fears, concerns and perceptions are vitally important to you as an analyst.

The relevant parties have different interests and agendas. People often resist efforts that they perceive as threatening or inciting change. This phenomenon is as true for information-gathering as it is for subsequent implementation. For example, urban doctors may perceive a programme under consideration as hostile to the perpetuation of their practice and may thus give unreliable answers to data collectors. External consultants who are called in to help with a project may be motivated by their own incentives. Even within Ministries, participation in information-gathering efforts may seem threatening. For example, Ministry officials may be negatively affected by decentralization or reductions in staff size or budget. If those people perceive such a programme as a threat rather than an opportunity, they are unlikely to provide data they believe would make decentralization or budget and staff cuts appear attractive.

There is a single view of how things “should” be done. In many cases, those asked to collect the background information have only one notion of how to conduct their research. Sometimes, this

single vision is the result of simply being “told what to do,” without putting time or thought into the design of a research project. For example, a donor’s protocol may require that questionnaires be used as a means of gathering data. If the population group surveyed is largely illiterate, however, this is an inappropriate way to collect information. In other cases, an overly narrow vision of the research process can be the product of an overly narrow understanding of the problem. Finally, and perhaps most commonly, researchers may fall prey to research methodologies that fail to capture learning. As a result, non-ideal methods of collecting information simply replicate themselves endlessly, with no mechanism for assessing whether they are producing useful data or for reinforcing those aspects that are most effective.

The process selected does not correspond well to actual information needs. In some cases, researchers design and conduct research processes that do not focus on the information that will actually inform policy-makers. This can happen when researchers are not involved in the policy planning process and therefore do not see the ultimate connection. It can also stem from poorly articulated policy and/or research objectives. In other cases, research methods create ineffective one-way communication systems. As an unfortunate example of one-way communication flow, consider one research team’s efforts to learn about the behaviour of mothers with fevered children. When they approached mothers whose children had fevers, they asked a series of carefully designed questions. When the mothers, naturally, asked the researchers (many of whom had medical training) to help treat the sick children, the researchers would respond by saying, “We are not here to examine children. We are here to ask you some questions.” It is easy to imagine the difficulties raised by this method of trying to collect useful, accurate information. The mothers now had no incentive to participate in the survey because they received no benefits from the process. Their needs were completely disregarded by the researchers, and there was no reciprocal information flow between the parties involved.

In still other cases, researchers do not take into account the administrative, technical, or financial constraints imposed by the methods they have selected. Automated, electronically transmitted questionnaires may be appropriate tools for data collection in developed countries, but not in many low-income countries where access to computer technology is limited.

None of these challenges is insurmountable, but each requires concerted efforts. In many cases, what are needed are not changes in policy decisions so much as improvements in the negotiations around the effort. In designing information-gathering processes, as in other areas of health development, there are four generalizable negotiation practices that many people have found useful to overcome practical obstacles. Each is described below.

Identify all relevant players

Collecting and analysing the information needed to make good decisions would be far easier if only a limited number of interested parties were involved. Unfortunately, time saved at the beginning by not including the full range of parties is typically spent later fighting resistance, ignorance, and resentment. It is better to include those who will be affected by policy decisions or who will be able to influence whether those decisions are ultimately implemented. “Including” need not mean consulting at every phase or offering every potentially-affected party a hand in conducting the eventual analysis of the data. “Including” must mean, however, that parties are consulted, that they perceive that their input is valued, and that their contributions are considered in the analysis.

IDENTIFY THE RELEVANT PLAYERS

Include the least “visible.” The poor and the vulnerable are among the most difficult parties to include in data collection efforts. Yet, they are often the ones most affected by the outcomes of health care decisions, and they may wield control over whether implementation efforts yield results. Any strategy to include them must take into account how difficult it often is to find these populations, to appreciate their needs, and to encourage their participation in an unknown initiative. For example, conducting a survey of rural health needs during harvest time, when a large percentage of respondents are working in the fields, is unlikely to produce reliable data.

Include those whom you wish to influence. Do not simply include those with whom you already agree. Those who may oppose you or your ideas later in the process will be even better equipped to do so if you have no information about them or if they have not been involved from the beginning. While doctors may be resistant to constraints on their ability to prescribe drugs, neglecting to include their perceptions at the information-gathering stage robs the analyst of critical information that can aid the design process of an essential drug programme.

Include those who can influence the programmes. Information-gathering and analysis efforts traditionally have not included groups like the media, educators, and others outside the health sector, and yet, these groups shape how things come out in the end. Inclusion of the media in the reform process has proven successful in a number of countries. For example, reform often fails not because substantive issues are not addressed, but because perceptions about the pace of reforms differ among the parties. Donors and populations generally want to see immediate, tangible evidence of reform. Governments, on the other hand, often want to

proceed at a slower - and less risky - pace. Media that understand these differing perceptions can affect public reaction to the pace of the reform process.

Craft roles for external parties carefully. While donors, NGOs, and international lending institutions all have legitimate contributions to make in a health reform process, it is important that they play appropriate roles. In many low-income countries, donors initiate studies that are used as a basis for investment decisions. These initial processes leave few roles for Health Ministry officials. A number of countries are breaking out of this donor-driven process by rethinking and redesigning their own and their external partners' roles in this process. These countries typically set up a strategic planning group, usually within the Ministry of Health, which initiates or is instrumental in the design of initial studies, and then uses the results to inform decision-making. Donors remain involved but are now part of a process that is led by the government.

When creating the roster of relevant people, consider those who fall outside the traditional circles of people who work on priority-setting or on the development of strategic options. For example, in a recent exercise to evaluate the progress of reforms in a country in Southern Africa, the team conducting the study identified a broad range of key parties involved. From that initial survey, they created a shorter list of groups and individuals whose opinions and perceptions would be integral to the process. The list included key leaders and representatives of consumers, providers, operations and technical specialists from the Ministry of Health and other ministries at central, regional and district levels, bureaucrats and politicians (from both the government and the opposition), the media, professional associations, national NGOs, and external development partners.

In a central European country, the Ministry of Finance appeared to concern itself only with the macroeconomic benchmarks agreed upon with the Bretton Woods institutions. As a result, during budget discussions, officials from the Ministry were interested only in cutting the budgets of sectors that they thought were not

contributing directly to economic growth. The health sector anticipated difficult budget negotiations and understood the Finance Ministry's concerns. To address this concern, health officials recruited a macroeconomist who was a close adviser to the Minister of Finance for their negotiating team. The macroeconomist assisted them in presenting the health budget, illustrating its consistencies with the current macroeconomic environment. He also gave evidence that health contributes to long-term growth. In the end, the Ministry of Health was one of only two ministries to maintain its budget level in real terms. Although many factors contributed to this outcome, the Ministry of Health's negotiating strategy was especially successful because it included a wide range of players.

Consider each party's interests

While everyone may be motivated by the same set of overarching, guiding principles about health development, each participant will bring to the process a different perspective on the situation, a different set of incentives, and probably a different view of the best course of action. In preparing yourself and others for gathering and analysing policy information, you must familiarize yourself with these interests. You may discover others' interests through analysis you conduct on your own or from information you receive in the process of gathering information.

For example, many developing countries face a considerable number of requests for information from financing partners or donors. In some cases, the requests appear difficult to fulfil, irrelevant, or worse. However, when one considers the basic motivations of the people making these requests, many of the requests make more sense. In most cases, donors seek information so that they can be confident that they are making good decisions about where to invest their money. Given the incentives and interests of these donors and prospective partners, you may wish to

help them gather the information they desire. If you are not involved, they will likely advance their efforts to collect information without you, which could cause difficulties later.

Thinking about interests

It is important for us to understand our own interests. Understanding interests may sound simple, but often we enter negotiations without having given serious thought to our own motivations. We may have a good idea of our "positions" (I should ask for X *or* I shouldn't settle for less than Y) but we sometimes fail to appreciate *why* those positions satisfy our needs. We will be better able to satisfy our interests if we have a clear understanding of what they are.

Similarly, other people often enter negotiations armed only with their positions. As we are, these people are almost certainly motivated by a more complex set of interests than are reflected by their positions. In order to persuade them, we will need to figure out ways to satisfy at least some of their interests. Therefore, we must have a sense of what those interests might be.

Some useful questions about interests

Our interests

- What factors are important to us?
- What are our biggest needs or hopes?
- What are our biggest concerns or fears?
- If we have put forward an official position, what motivated that position?

Their interests

- What concepts seem most important to them?
- What factors do you think might be underlying their positions?
- What concerns or fears might they have?
- What is their dream, their ideal outcome? Why?

Similarly, those from the ministries with whom you will work will often operate under a very different set of priorities or interests. This difference in perspective is reflected in their behaviour during discussions or negotiations. It is common to run into people who appear to be acting illogically. In virtually all situations, however, those people you perceive as unreasonable perceive themselves as acting in a completely sensible way. Faced with this obstacle, it will be tempting to try to “explain” to them why they are being unreasonable. However, you will be more successful if you first understand *why* they believe what they are doing or proposing makes so much sense from their perspective. They are often motivated by politics or economics, basing their reasoning on different information than you are, or subscribing to a different set of priorities. Understanding the reasoning of the people whom you seek to persuade will make the negotiation process both more pleasant and more effective.

Develop a range of options

There is no universally perfect method for collecting and analysing evidence about health or health development. Different circumstances call for different methods, particularly in the design and information-gathering phases. This adaptation demands flexibility and creativity on your part, and if you are to avoid the most common pitfalls, it will require conscious focus on designing not only the content of the questions to be answered, but also the process by which they are asked, answered, and analysed. As you plan the means by which you will collect information, consider a few practices that others have found helpful.

DEVELOP MULTIPLE OPTIONS TO CONSIDER

Consider the potential merits and costs of doing it differently. There is a great and understandable temptation to do a study in a given way “because we’ve always done it this way.” It may be that the methods you used last year or 10 years ago were a perfect match for the circumstances and data needs that existed then. It is unlikely that the match is still perfect. Before you embark on information-gathering efforts, consider different ways in which you might collect data. Some of the methods with which you are familiar may seem appropriate to your current needs, while others may not be. What makes one approach more effective than another? Can you combine the best attributes of several methodologies you have seen? Your goal should be confidence that you have selected the best process available for the particular needs of this analysis. That confidence will be well-founded only if you have considered multiple means of accomplishing your task.

Do not ignore the data that opponents will use. Another temptation is to look only for data that supports the conclusions you want to reach or that fit nicely into the frameworks you have developed. This approach makes the information-gathering process much easier. Unfortunately, it makes later policy stages

much more difficult and may even jeopardize support for the resulting programmes. Those who ultimately craft policies or strategic options will be trying to consider the viability of the options under consideration. One factor in that calculation will be the kind of support or opposition policy-makers can expect. If you provide them only with data supporting the initial idea, it is almost certain that opponents will uncover the rest of the available information, and responding to the critics will become much more difficult.

Ask questions with meaningful answers. Do not separate the process of gathering information from considering the way the information will ultimately be used. While certain components of the data-collection process may feel academic or removed from reality, the goal should be to connect the information to the real world as much as possible. No single list of questions will always be relevant. However, a number of topics should consistently be addressed. Consider the example of a country in West Africa, which prepared for its health sector analysis using the following organizing questions:

- *What are the current macroeconomic, political and social environments, and how do they relate to health?* A thorough analysis requires a parallel thorough understanding of the policy situation. Health officials critically examined the macroeconomic context in which their policies were to be implemented, including a study of recent economic, political, and social developments in their country. This assessment provided a comprehensive map of the context in which policies were to take shape and become reality.
- *What is the current and projected health status of the population? What are the main causes of illness among different population groups?* Underlying all health policy analyses should be data regarding the health of the population. Ministry of Health officials performed a comprehensive study of the current and future health

problems facing their citizens, and analysed the main factors that caused poor health.

- *What are the strengths and weaknesses of the current health system?* Ministry of Health officials gathered data on every aspect, from the organization and management of health facilities to the quality of staff. They considered the roles and responsibilities of major parties (e.g. Ministry of Health, private sector) in service delivery, finance, and regulation. Finally, they conducted a thorough analysis of the different sources of resources or funding, both domestic and external, including a study of how resources were allocated. While some of their conclusions were politically sensitive, the information they gathered served them well as they set priorities and shaped strategic options.

You should have the desired information outputs in mind before designing the mechanism by which the information is collected. In the above example, once they knew the kinds of information they would find helpful, health officials could develop sensible means for information collection.

Use criteria to evaluate and decide

Selecting among various possible methods for collecting the information that you are seeking is not always easy, and it is often difficult to earn others' support. One of the strategies people have found most effective for mobilizing support for difficult decisions like this is to establish a clearly articulated set of criteria or standards against which possible options will be weighed. Criteria not only provide you (and others) with an easy explanation for the decisions but also provide a useful mechanism for setting the topics of discussion before making decisions. Fruitful negotiations over the criteria to use can occur well in advance of making concrete choices, and these are often among the most productive discussions negotiators have.

Create two-way information flow. Information-gathering is rarely best accomplished by simply asking a set of questions and waiting for responses. Those gathering information have a responsibility to “test” a respondent’s understanding of the questions. In most circumstances, people will be better able to respond to questions if they understand the context in which the questions are being asked. If they understand the intent behind the questions, they may also be able to provide information that a simple question alone may not produce. This two-way communication process is critical to maintaining the quality of the information-gathering process and to ensuring that responses serve the purposes originally envisioned by the study. Finally, a person who believes that she or he is also learning or benefiting in some way as a result of her or his participation will be far more likely to participate willingly.

Look for ways to increase or broaden the scope of the amount of information available. Too often, people base decisions on only a narrow set of calculations or data. In some cases, available information is genuinely scarce. In many more cases, unfortunately, this happens because the questions inappropriately narrowed the scope of the research, leaving decision-makers with only a limited view of the circumstances with which they must deal. You should seek to provide as much information, from as many sources, as you can in advance of decision-making.

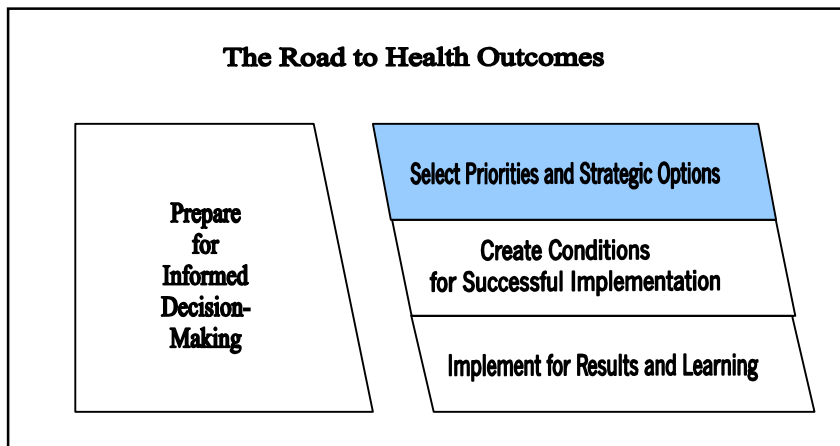
Improve your capacity to replicate the process. The need for information is ongoing. At the same time, every circumstance is different, and each process for gathering and analysing information should be different. These different situations provide us with considerable opportunities to develop and to learn. Too often, because of questionable planning decisions, people in developing countries do not capture this learning. Instead, donors or other outside groups monopolize the process, work on their own, and retain the full benefit of having conducted the study or the analysis. When you are not directing or overseeing the process yourself, you should look for opportunities to work with those who are so that you can broaden your repertoire and develop the capacity to do similar studies or analyses in the future.

Conclusion

Solid policy and strategy depend on a foundation of relevant, reliable information. Gathering this kind of information is often difficult. As you design processes for collecting and analysing the evidence, make sure that you have considered all the relevant parties in an appropriate way. Spend time analysing the different interests and motivations of those who are involved or who may be affected in some way. Develop multiple possible options for conducting and implementing your research process. Finally, apply pre-established criteria to the possible options, measuring such variables as the degree to which various options promote two-way information flow or provide for easy replication. Each of these steps will help you build a solid foundation upon which to conduct policy analyses.

Chapter Three

Make the Right Choices



Chapter Two examined various ways to improve the gathering of information and evidence to support decision-making. Methods for making those decisions are the subject of Chapter Three. In theory, choices about priorities and strategic options should stem from clear evidence and result in initiatives that are widely understood, well-crafted, and endorsed by relevant parties. In practice, these choices can be difficult, and their results are often less satisfying than predicted. The sources of these disappointing results can often be traced to the processes by which the choices were made. In this chapter, the book surveys some of the common difficulties faced by those making important decisions, and suggests a few strategies for overcoming these difficulties.

How can one support the selection of useful options?

Many challenges face those who must ultimately choose priorities and strategic options. Several common challenges are listed below, and you could easily add to the list. They are included here not to suggest that the situation is hopeless, but rather to provide a target for our problem-solving efforts.

The decisions are complex and the implications are important. Any time you must set priorities, you have to place some goals above others. This task is hard because certain important factors will not end up labelled “most” important and, therefore, will not end up as “priorities.” This dynamic becomes tremendously difficult in the context of developing and implementing an agenda for health development because the process by which decisions are made involves many different parties and very complex subject matter. This complexity makes it tempting to limit the number of people involved so that decision-making will be “easier,” but that limitation jeopardizes the quality of the decisions.

Important perspectives are often missing. Health development priorities and efforts affect many different people, and many people are ultimately able to influence whether those priorities are realized. Unfortunately, priorities are often set by a very small number of people. One recent review of how national health priorities were set in a group of low-income countries found that in over 90% of the countries, a small number of individuals controlled the decision-making process. These “policy elites” have significant input, while mid-level bureaucrats and others involved exercise little power. Similarly, external parties (major donors and international NGOs) tend to dominate discussions, particularly in policy dialogues.

People often do not know how decisions are made. Decision-making processes can be categorized as more or less “transparent” - i.e. more or less open to public scrutiny. Unfortunately, health development decision-making processes often lack transparency. In some cases, this may be a function of historical practice. Some

ministries or governments may have very little experience making decisions in ways that can be revealed to the outside world. In other cases, no adequate mechanism may exist for communicating relevant information to the public. Sometimes, this lack of transparency may arise because those involved in decision-making processes of questionable reliability are hesitant to share their work. Unfortunately, when people are not aware of how decisions are made, they often assume that they were excluded from the process because there was “something to hide” or that the way the decision was made was somehow inappropriate. Thus, failing to make the process transparent can have serious consequences.

There is sometimes a perception that decision-makers have their “answers” before the questions are even posed. Too often, decision-makers begin with a set notion of what a solution looks like before they have even considered the relevant evidence. In some cases, this may be a function of vested interests influencing the outcome. In others, it may simply be a certain expectation that “this is how we always do it.” In either case, people believe that the answer is pre-ordained and that the examination of evidence is just a formality designed to endorse whatever idea existed at the beginning. Such a process can force decision-makers to manipulate the data to fit preconceived notions of what things should look like. This action can severely limit creativity and the effectiveness of the strategic options.

People may lack confidence in the decisions. Most health development decisions produce important and highly complex results requiring others to take specific action. Unfortunately, resistance often comes from those who learn of the decisions. Some openly oppose a decision on its merits. Many more do not necessarily oppose it, but instead find themselves without any reason to be confident in the quality of the decision. This lack of confidence may stem from the fact that they were not included in the decision-making process or from the lack of transparency in the decision-making process. In either case, many otherwise sound decisions face extraordinary challenges simply because of a lack of popular support. For example, there is currently a movement toward sector-wide investment approaches to the health sector.

Under this kind of approach, investors and donors use government-defined priorities as the basis for their funding. National programme managers of “vertical” disease prevention and control programmes worry that their funding will be decreased if their specific programme does not appear high on the government’s national health priority list. Many programme managers bring serious scepticism into processes such as these. A lack of participation and a lack of transparency will almost certainly yield a lack of trust in the process.

Many of the common difficulties listed above are not substantive, but rather products of the way in which people often make decisions. The processes adopted for considering evidence, identifying priorities and criteria, developing strategic options, and selecting among them have important consequences for the ultimate viability of those decisions. To address some of these process concerns, the following guidance is offered:

Identify the parties involved

The problems facing health development decision-makers are almost always highly complex, and it is clear that no single person holds a monopoly on the “truth” of the situation. To have confidence in your own understanding of the situation and in the decisions you will ultimately make, it is crucial that you have access to the perspectives of a wide range of different people who can or should influence your choices.

The product of this particular task is limited: make a thorough list of the parties to consider throughout the process. It will be tempting to begin the analysis before completing the list. While that may become important, the authors’ experience suggests that it is helpful to begin by simply identifying the full range of parties. Future tasks will begin to address the role of each in the process.

Consider each player’s interests

Once you identify a complete list of players, you will begin to see that they have different perspectives, interests, pressures, and

incentives. Before thinking about how to include them, it is helpful first to understand their fundamental interests regarding the health development decisions to be made. At this stage, it is useful to have a list of the relevant parties and your best estimation of their interests. As you create the list, recall that people will virtually always have more than one interest with respect to any given issue.

There is no easy way to predict what someone's interests will be in a given situation. There is no substitute for the experience of going out and actually talking with people as a means of understanding their priorities. There are, however, some common ways in which parties often differ. It is important in surveying interests to seek not only those interests that parties hold in common, but also those on which they differ. Ultimately, you may find that parties with differing interests may best be able to craft a workable option or "trade".

The relevant parties on your list will have interests related to the substance of the health issues in question. They will have perspectives on what issues are most important, what causes are most significant, and what steps are most likely to produce good outcomes. While that information is helpful, it does not represent all relevant interests. Certain interests may often remain undiscovered during discussions of the merits of a substantive proposal. They are nonetheless very important to recognize. Below are some examples of these kinds of interests.

- Interests about timing. Parties often have strong interests about exactly *when* efforts take place, independent of their concern for the substance of the initiative. Timing interests may be implicated, for example, by budgetary cycles, elections, reporting dates, seasons, or a whole host of other events that may have nothing directly to do with the content of the issues. When you speak with other parties or consider their motivations, try to assess whether any timing-related issues may be affecting their assessment of the substance.

- **Interests in risk.** Parties often vary tremendously in the way in which they assess risk. Some organizations have cultures that encourage bold initiatives. Other organizations have a history of punishing those who take steps inconsistent with well-established practices. Organizations vary even in their willingness to honestly assess and discuss the genuine risks involved in pursuing various ideas. Knowing how different people are likely to respond to different perceptions of risk may help you tremendously later in the process of facilitating these difficult decisions.
- **Interests about precedents.** Some parties are willing to treat each situation on its own merits and are not particularly concerned with what has happened before or is likely to happen in the future. Others abide closely by the lessons of history – either their own or that of others in the field. Still others may have concerns or interests that stretch far beyond the issue (or even the country) at hand, and may evaluate ideas not only on merit, but also with reference to what impacts these ideas may have on other projects. Your task is not to persuade one side or the other to change its vision of precedents. It is simply helpful to be aware that these interests are in play.
- **Interests about credit and blame.** Certain parties will have a strong interest in having their names associated with efforts – often so that they can claim credit in the event that the effort is a success. Others will want to avoid being blamed if something goes awry with the identification of priorities or the implementation of a strategic option. Knowing whether these image issues are relevant for parties may be very useful as you consider which parties to include in various stages.
- **Interests about framing.** There are many different ways to combine options for presentation to others. The way in which options are combined is often referred to as “framing”. A health initiative might be described as “an

investment in the long-term stability of the health system,” or as “a swift response to changing fiscal realities”. Depending on what label or frame is attached to an initiative, the parties involved are likely to react differently. Parties may also have serious concerns about who controls the frame that an initiative assumes – even if the substance of the initiative remains the same.

One way to try to track parties’ interests is to complete interests analyses for each of them separately. A sample form for doing the first stage of this kind of analysis is found below.

A Sample Interests Survey

Party: The Deputy Minister in charge of health, preparing for round-table negotiations with external partners

Some brainstorming interests related to the initiative in question

- all parts of the sector health plan financed
- good terms on aid agreements with external partners
- good working relationships maintained with partners
- political support from cabinet
- positive media coverage
- support from the medical establishment

Some specific interests

About timing:

- not held too close to elections
- not too long after commission reports

About risk:

- All decisions are easily defended
- Willing to sacrifice certain outcomes now in favour of setting a good precedent
- Willing to take chances at cabinet meeting budget dispute

About precedents:

- Not being seen as one more in a long line of round-table agreements that were not implemented
- Demonstrate clearly that the recent change in leadership translates to behavior at round-table meetings

About Credit / Blame

- Important that this initiative be seen as internally-driven
- Not important for one individual to be fixed with the credit or the blame, depending on the outcome, so long as it is within the ministry

About Framing

- Should be seen as a step forward for our new planning process
- Should reinforce image of a partnership with round-table participants
- Must not be seen as a quick, impermanent solution to a specific crisis

The first stage in a comprehensive interest analysis is to consider each party's interests independently. The chart above is an example of this kind of analysis, and it can provide useful guidance when considering one-on-one negotiations. To develop a more complete understanding of interests and their impact on negotiations, however, it becomes important to have an understanding not only of individual parties' interests, but also of the ways in which parties' interests compare with each other. For more on this kind of analysis, see Chapter Five.

Develop a range of options

With many people and varied interests in play, considering only one way to accomplish your goals is likely to lead to a stalemate. The option you first propose is unlikely to meet everyone's interests. Instead, you should aim to produce a long list of possible strategic options – different options that might be considered by the parties once they are ready to make some decisions.

The challenge in this task is figuring out how to engage people in a process of generating new ideas, rather than locking themselves into their pre-defined positions. No simple solutions are known for this problem, but successful efforts at generating multiple options have tended to share certain characteristics. Those characteristics are listed below.

- Include only people who are not decision-makers. While it may seem counterproductive to exclude those who must ultimately choose between available options, there are some good reasons to include only those people who do not have the authority to commit themselves or their organizations. First, gathering people with less decision-making authority can help relax the working atmosphere. It can begin to feel less like a formal negotiation and more like a joint problem-solving effort. Assembling these people can also generate new perspectives on the situation. Many decision-makers have a rigid notion of how to

accomplish tasks and may be resistant to considering new ideas. Finally, including people who are not decision-makers can give you a legitimate reason to consult with more than just the heads of organizations – and this helps increase your access to information and your capacity to influence decisions.

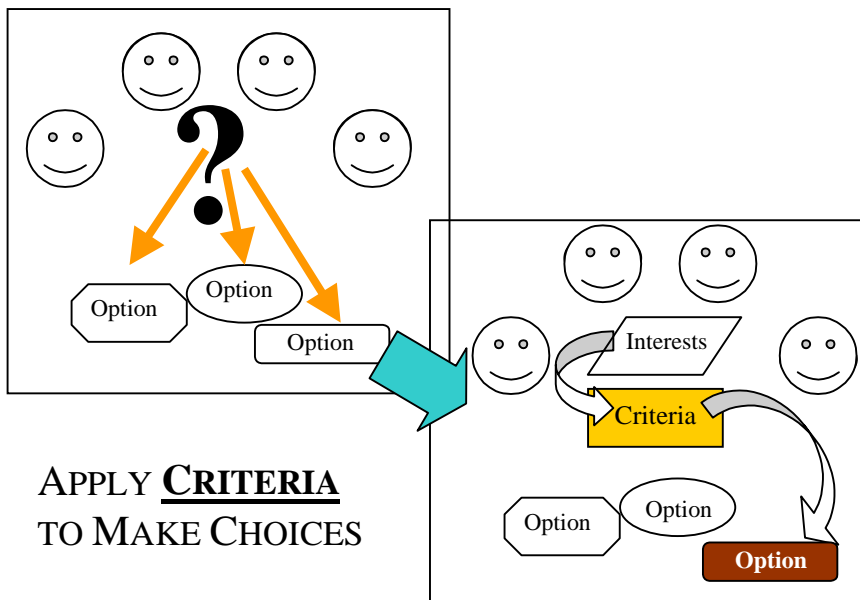
- Make no substantive commitments while generating options. To stimulate creativity, separate the process of creating ideas from the process of evaluating those ideas. If a person believes that he or she will be “held” to any idea suggested, he or she will almost certainly present only very traditional ideas that he or she has already cleared with her organisation. On the other hand, an explicit ground rule prohibiting people from making or seeking commitments throughout the option-generation process may make people participate more fully.
- Prevent attributions. If a person believes that his or her name will be associated with his or her statements, he or she may be very hesitant to say anything at all. Alternatively, people may put forward only those ideas they are confident their close colleagues would support. This defeats much of the benefit of this process because it encourages self-censorship, or pre-evaluation of ideas.
- Record all ideas. Option generation should capture all the different ideas that arise. This is important for a number of reasons. First, the very best ideas will often be combinations of various earlier ideas or will build off of each other in some way. Recording all ideas permits this to happen. Second, recording all ideas reinforces the prohibition against evaluation. Although it may be tempting not to record certain ideas or not to take them seriously, this sends an unhelpful message that only good ideas are welcome – exactly the opposite

of the message you want to send during the process of trying to invent multiple options.

The invention of multiple options to consider is, in many ways, the key component of the negotiation process. This is because people frequently adopt difficult negotiation behaviours because they perceive their choices as unattractive. Which is more pleasant, collectively choosing among several attractive possibilities or choosing among unappealing ones? For most people, the former is more comfortable, and having a range of options at your disposal can help you find more ways of making the outcomes attractive.

Use criteria to evaluate and decide

Priority-setting is informed and driven by a mix of political and economic agendas and technical criteria. In the review of priority-setting by low-income countries referred to earlier in this chapter, it was found that priority-setting at the macro level (e.g. how much funding should go to health, for what population groups or



geographic areas should services be provided) was driven by a more political and economic agenda. The study asserted that later in the priority-setting process, where people decide which

programmes should be among the priority programmes and which services should be provided at each level of the health care system, in most countries technical criteria played a more significant role. In all these cases, however, a key contributor to the success of the decisions is the degree to which the decisions are based on previously established criteria or measures.

In any difficult decision, someone will be disappointed in the substance of the outcome. That is part of what makes decisions difficult. However, people are often disappointed with outcomes not because of the substance but because of the way in which the decision was reached. Preventing opposition to the process is crucial to successful implementation of initiatives, and it is often a variable you can influence. Below are two of the most important characteristics of a good process for evaluating different strategic options.

- Make the process transparent. In one West African country, the donor community perceived the process of setting national health priorities as closed. Most donors' access to key decision-makers was limited. The government seemed to be consulting with only one major partner. As a result, the government's objective of having all donors support one investment plan based on these priorities was compromised. Donors had little confidence that this process would meet their interests so they continued funding separate projects that they had had a major hand in formulating. The Minister of Health realized this problem and took steps to redesign the process. He used the round-table process to broaden consultations to include all major external parties in the development of the sector investment plan and make the steps in formulating the priorities for investment more transparent. This resulted in agreement by all major external parties at the formal round-table meeting to use the government investment plan as a framework for funding the health sector.

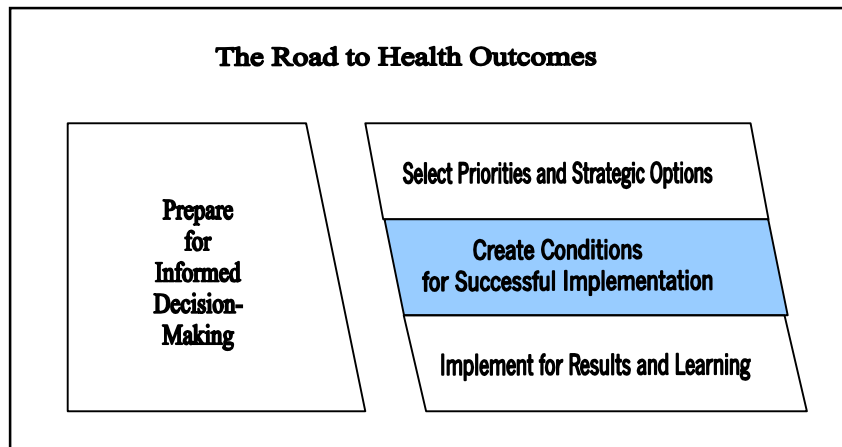
- Base any decision on the priorities and criteria established earlier. The process of developing criteria will not be considered important unless the participants see the eventual application of those criteria to decisions. Consider an example of criteria use from a consensus-building effort in a Southern African country. The government focused on getting all the major parties to agree on major health problems and interventions to address these problems. It took two years to create a national health development plan using a consultative process that reached communities in the country. These “deep roots” gave participants confidence in the priorities that were articulated in the development plan and provided a good starting point for the consensus-based decisions that followed.

Conclusion

It is a common perception that the “work” of policy-makers is essentially about making policy choices. This is only part of their responsibility. They also depend on good information bases and effective implementation plans. Setting priorities and developing strategic options tend to be most effective when they include a broad range of players, develop multiple options for satisfying the players’ key interests, and choose among those options by applying external standards that are open and available to everyone.

Chapter Four

Create Conditions for Successful Implementation



Successful initiatives tend to share certain characteristics. Their creation is generally based on carefully-collected evidence. They are usually selected from many possible options, and their selection is based on open, understandable, objective criteria established early in the decision-making process. Unfortunately, all that good work may not translate into desirable outcomes if the initiative is being pursued in an environment which is not conducive to its success.

In this chapter, the book explore some aspects of the conditions necessary for successful implementation and describe several concrete steps you can take to help make the environment more receptive to your efforts.

How can one prepare for implementation?

Many different factors can make implementation of a policy or acceptance of a new health initiative difficult. Below are three of the most common challenges to successful implementation of health development initiatives.

Inadequate resources. Perhaps the most common, or at least the most cited, cause of implementation difficulty stems from not having the resources available to properly carry out the plans as they were designed initially. In some cases, this leads to partial or *ad hoc* implementation. In other cases, inadequate resources lead to a decrease in others' willingness to support or participate in the implementation of a programme. Resource scarcity can also delay results or decrease the programme's visibility.

Institutional resistance. Most initiatives require the support and active participation of a number of different institutions or organizations. In some cases, policy initiatives may appear to be contrary to the entrenched interests of a particular organization. These conflicting interests, whether real or simply perceived, serve as a disincentive for cooperation. In other cases, resistance may stem not from a lack of sympathy for the policy goals or means, but rather from a lack of institutional capacity. Asking an organization to perform a task that exceeds its current abilities tends to lead to resistance from that organization.

Incompatible existing policies. No strategic initiative takes place in a policy vacuum. Existing policies of many types provide a background for any new initiative. In extreme cases, actual conflicts may exist between the goals or means of existing policies and initiatives. These obstacles may block successful implementation of the new initiative, unless people work to alter them. Even in the absence of a clear conflict, there are many examples of apparently unrelated policies that nevertheless serve to hinder successful implementation.

It is easy to feel overwhelmed by the scope of policy reform. No individual has the capacity to dictate the exact conditions in which

he or she operates. No individual can fully control the environment in which a strategic option will be selected and implemented. Many talented and very influential people have been trying to make progress on these issues for years. You may wonder what one person can achieve.

You can take certain steps to create conditions compatible with the goals of your initiatives. Creating change in these circumstances is often not so much a question of macro-level negotiation processes as one of very individualized interactions and negotiation efforts. Given appropriate preparation and negotiation skills, many individuals have discovered ways to improve access to resources, build institutional support, and improve existing policy frameworks – all part of an effort to assure future success in implementation.

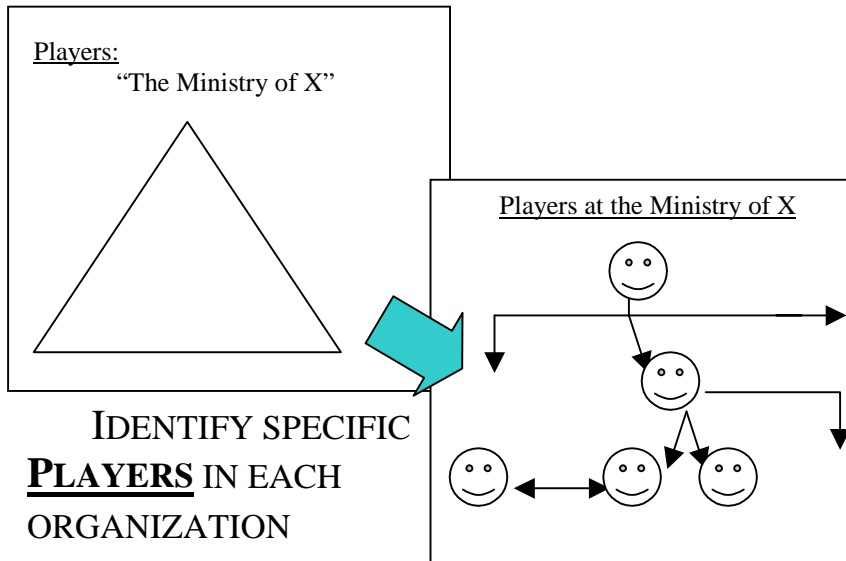
In the sections below, the authors share some steps and strategies you might consider as you prepare your pre-implementation negotiations.

Identify the parties involved

Anytime an initiative implicates money or resources, a wide range of different people may be involved. For example, in cases involving resources for sector-wide investment programmes, “interested parties” will include, at a minimum, officials from Ministries of Finance, Planning and Health. Individuals from other ministries will probably be involved if you are reallocating resources from existing programme areas. A thorough list typically also includes a number of different groups of interested parties and service providers. Finally, whether the initiative requires the reallocation of funds from one programme to another or the mobilization of new resources, external partners are likely to be affected.

When identifying potentially affected people or parties, it is helpful to avoid the temptation to simply list as a party “The Ministry of Finance”. Instead, identify precisely which individuals or officials

from the Ministry are likely to be influential. It may be the Minister herself or himself. It may also be some collection of Deputy Ministers, advisers, auditors, consultants, or functionaries. Organizations are rarely monolithic, and by making this group composition explicit, you will not only better predict their behaviour, but also discover possible avenues of influence. As you make your list, identify decision-makers, those who influence the decision-makers, and those who will be affected directly by decisions regarding resources.



Institutions - collections of people organized into formal or informal frameworks - can play a very significant role in the success or failure of implementation efforts. They can mobilize large numbers of people. They can lend their reputation to particular endeavours. They can attract and/or supply important resources. They can provide access to important actors. Or they can fail to perform these tasks. These powers make them very important.

In reality, it is the individuals within institutions who decide whether to take these important actions. The effects of these individuals' decisions are magnified by virtue of the institution's name being associated with the decisions. It may not be easy to

see institutions actively opposing or supporting efforts, yet it is important to focus efforts on them, and on those within them, that exercise influence.

Below are some of the specific steps you can take to build institutional support for the implementation of a health sector initiative.

Identify institutions that are (or may become) important for implementation. Even if your initiative is health-focused, a great number of different groups, within a wide range of different sectors, may influence its implementation. Surveying the full range of institutions involved not only illustrates the complexity of the task at hand, but also can help you begin to consider what strategic alliances and coalitions you might develop. Though full cooperation and support from all institutions is a laudable aspiration, it rarely occurs in practice. Understanding how different organizations or institutions are likely to react can help you focus and leverage your efforts.

Within the health sector, leaders of professional institutions are often crucial to health reform and it is important to involve them early in any process of change. Health development efforts increasingly affect other sectors as well, making other institutions crucial to eventual implementation. For example, it may be important to inform individuals from the Ministry of Trade that their global trade negotiations through the World Trade Organization affect the health sector. Similarly, if road injuries represent an increasing cause of mortality and morbidity, it would be important to involve the relevant ministry officials (for example, Transportation or Public Works) in the design and implementation of interventions to reduce road accidents.

Consider who within each of these institutions is likely to play an important role. As noted above, institutions do not act as isolated entities. It is the individuals within institutions who make and carry out decisions. Your persuasive efforts must focus on these people.

It is sometimes appropriate to focus on the institutional decision-maker(s). For example, in one country in East Africa, a representative from an international agency encountered difficulty getting essential drugs and medical equipment cleared through customs. After many unsuccessful interventions, he took photographs he had made of the drugs being destroyed on the docks and showed them to the President (whom he was seeing on an unrelated issue). The next day, the drugs and medical equipment were on their way to the clinics.

In other cases, it may be more important to identify people who can exert some non-authoritative influence over others in the organization. For example, a number of countries and international organizations are now turning to goodwill ambassadors - sports or entertainment celebrities - to influence people and institutions to adopt healthier lifestyles and to support sound public policy.

Creating a well-conceived strategic initiative is an important but insufficient step. Even a very creative and responsive option risks encountering considerable resistance if introduced into an inappropriate environment. Sometimes, new initiatives run into implementation difficulties because they are inconsistent with - or not supported by - other existing policies. Although you could try to align the new strategic initiative more closely with the existing policy framework, existing policies are often at least partially responsible for the problem to be solved by the new strategic initiative. Trying to make a new initiative "fit" better may remove much of the potential benefit of novelty. A second possibility is to change the policy background into which the new initiative is to be introduced. This effort may require more significant work at the beginning, but the rewards can be considerable. Below are steps you might take if you suspect that changing the background policies will be important to achieving implementation success.

Identify those who could assist or prevent policy changes. Not all policies have the same roots. Some stem primarily from legislative action, some from ministerial decisions, some from within the cabinet, and so on. Identifying the source of a policy will not

necessarily indicate the most likely route for changing the policy because those who created it may have particular interests or perspectives that drove them to want it originally. It does, however, provide a useful starting point for your exploration.

You may also want to survey those people who benefit from the existing policy. This group will likely represent the most important initial opposition to your proposed changes. It may include certain interest groups, ministries, system users, bureaucrats, and so on. While the people on this list will share a surface-level interest in preserving the current system, a thorough analysis of their interests will almost certainly reveal that they differ on many perspectives or incentives as well. This information can be useful to you as you consider possible steps for persuading some of them to support policy initiatives.

Finally, you might wish to consider whether there are groups or individuals who, even in the absence of your new initiative, are suffering under the existing policy conditions. It would be tempting to treat all the people on this list as supporters of your initiative, but that presupposes their interests would all be better served by the change you are proposing. In some cases, this group may not represent a very strong coalition because of their diverging interests. Again, knowing that will help you shape your efforts.

Consider each player's interests

Just as you may be tempted to treat organizations as monolithic units, it is also tempting to assume that all individuals in an organization have identical interests. At one level, it may be true that each person adheres to a core belief in one or more organizational principles. But each is likely to have his or her own interests, perceptions, and incentives as well. Understanding these different motivations will help you to craft better strategies for generating support (or acquiescence) from those that may be important to the success of your initiative.

As you identify each party's priorities, recognize that none of us is motivated by just one factor. Instead, look to identify as many relevant motivating factors as you can. For example, you may suspect that a particular Deputy Minister of Finance has an interest in "fiscal stability". A host of other things may motivate her as well. For example, she may wish to avoid setting a bad precedent, reopening recently-completed negotiations with others, delivering difficult news to her boss, endorsing projects she does not fully understand, creating the impression that she is making concessions to others, compromising the public commitments she or her ministry may have made, and so on. Discovering this range of interests gives you a more accurate idea of this important person's motivations, and it may help you to develop more attractive options to meet her interests.

Look for ways to improve long-term working relationships with important parties. Meeting someone's substantive interests is an important part of negotiation, but your relationship with the other person can be just as vital. How you and the other person interact, how you communicate, and how well you understand each other significantly affect your negotiations. This is not to suggest that you should weigh alternatives on factors other than their merits. It is important to recognize, however, that relationships have an impact on the availability of others, on their willingness to listen to or share information, on their reliability, and so on – all of which affect your capacity to influence them.

It is tempting to define "good" working relationships as those you have with people with whom you agree. But agreement may or may not indicate a good working relationship. A better indicator is the way you handle disagreements. Do you have appropriate confidence in each other's motivations, open communication, ability to put aside personal issues, and willingness to explore differences honestly? If so, challenges that arise will be less likely to cause serious problems.

Building good long-term relationships requires focused effort. "Improving" working relationships is not a function of substantive sacrifices you or they are willing to make. That tactic is the

equivalent of saying, “If you were my friend, you would ...”. Acceding to a demand like this creates only a relationship in which you are expected to make concessions, and that is certainly not the kind of good working relationship we are trying to foster. Building working relationships requires creating and maintaining lines of communication, behaving in ways that inspire trust or confidence, and separating substantive issues from those related to personality.

In many cases, long-term working relationships are not established because one person sees no potential for (or potential benefits of) such a relationship. In the health sector, for example, some donors and country representatives tend to assume too quickly that their relationships will not be long-term. They often enter conversations with the limited goal of obtaining immediate benefits or commitments, rather than spending time and effort on building their working relationship. Efforts made on both sides to better understand each other usually prove essential to getting more sustainable results that meet the real interests of both parties.

Understand how each person perceives her or his choice. Often people spend so much time considering the technical merits of their carefully-crafted proposal that they are almost shocked to find anyone who disagrees with them. And when they do find such people, their instinct is to assume that the others just do not understand the situation, or that they have not done their analysis very carefully, or even that they are just being foolish.

You should assume that most of the people you are trying to influence are intelligent, hard-working people who believe that they behave in a reasonable way. To them, their choice to disagree with you seems like the logical one. You will be much more persuasive if you first try to understand their thinking and figure out how they understand their choice.

For example, imagine that you are attempting to build support for the implementation of a clever strategic option you and others have devised to reduce the consumption of tobacco. You have collected all the supporting evidence, and you have just gone to present your arguments to the Deputy Minister of Health. Much to your

surprise, she expressed serious reservations about the project, without seeming to even acknowledge the overwhelming evidence you presented. It would be tempting to tell her that she is wrong, to re-explain your arguments in the hopes that she simply did not understand, or to quit trying to obtain her support. A better practice would be to try to truly understand the way she hears the choice you have offered her. The following illustrates one way she might be thinking about her choice.

Currently Perceived Choice

Having medical evidence that supports the strategic option you favour may not always be enough to generate support. Consider, for example, the following decision as it might be perceived.

Decision-maker: Official from the Ministry of _____

Question: Shall I today agree to lend my support to the X proposal?

If I say “Yes”

- I have to take on the burden of creating change within my organisation
- I would have to take on Min. of Z, whose support I need right now on another important project
- I will be involved in public controversy.
- I will be blamed for having disrupted existing internal systems
- I will be seen as having changed my mind after making public statements supporting the present programme
- I will have to take on additional work for which I have neither the time nor the energy

BUT:

- + The evidence suggests that this programme will be effective

If I say “No”

- + I appear very consistent with the public statements I have already made
 - + My actions will be supported by my colleagues and my superiors
 - + I can focus my attention on other pressing issues
 - + If the programme encounters difficulties, I won't be blamed
 - + I can always say “yes” later
- BUT:
- The programme may not go forward without my support, and it looks like it may be effective

Having evidence that a programme proposal will be effective is helpful. But as shown above, it may not be sufficient to persuade all the actors involved because they are motivated by a range of interests – not just programme effectiveness.

Knowing each party's interests creates an opportunity for influence. The more profoundly you understand someone's priorities, the more likely it is that you will be able to craft a package of proposals that they will find attractive.

Develop a range of options

Consider different kinds of commitments you might make with people who can affect resource availability. Too often, people looking for resources ask only one question of resource-holders: "Will you give me the resources?". The typical answer is "No". Of course, they may have asked the question poorly, chosen an inopportune time, or asked the wrong person. But even if they avoid these problems, the underlying commitment they are requesting may cause difficulties.

"Commitments" refer to *all* the various conditions to which a person might agree or disagree - not only the highly formalized, final contractual arrangements that one typically thinks of as a "commitment". Detailed loan packages are a form of a commitment, as is an oral agreement to meet again in a week for further discussions. Jointly drafted problem statements, memoranda of agreement (MOUs), agendas for future meetings, and process arrangements all represent forms of commitment. At various stages in your negotiating efforts, these different types of commitments may be very important, so you should have a range of different commitments or products in mind as you enter discussions with others.

Many low-income countries have adopted the round-table process - an instrument for the coordination of external aid - as a framework for securing commitments from donor agencies to fund their health development agenda. The round-table process focuses on both the specific, substantive matters and the broader questions of crafting consensus on various issues. As a result, sector analyses, priority-setting, and health investment plans are considered along with relationships and consensus-building issues.

At the beginning, people make commitments to meet, to jointly undertake studies, and to review results of these analyses. As the process progresses, agreements are made on priority areas for investments, how interventions will be designed, and how they will be implemented. As good working relationships are built - partially as a result of each of the parties holding to the commitments made - agreements are entered into regarding who will fund what and for what amounts. Finally, negotiators devise agreements on issues such as possible common financing arrangements or common evaluation mechanisms.

Crafting Commitments

Consider, for example, the experience of one Ministry of Health team during a recent sectoral consultation in West Africa. During the second day of the meeting, people decided to track the progress of the negotiations and to assess whether the tasks they had set out were being accomplished, and where adjustments in the process had to be made.

As the government was insisting on support for a new hospital in the northern province, fewer funds were available for priority programmes. This constraint stalled budget discussions and jeopardized agreement on the total programme.

In order to resolve the issues, the Ministry of Health had to consult privately at the meeting with each of the major donor partners who expressed concern about this issue. A suite in the hotel was rented and bilateral discussions went on through the evening. At the same time, senior government officials discussed the situation among themselves with their provincial colleagues.

The next day during the plenary sessions, the Ministry of Health made a brief opening statement that reflected the consensus government and the donors had reached. The ministry agreed not to enter into any new commitments to construct hospitals and announced that it would engage in discussions with the key officials in the province as to how to increase the allocation of funds for primary care. Donors agreed to support the revised budget, as well as the core programme priorities outlined by the government.

Create more open communication among different institutions and within yours. Institutions are notoriously bad at communicating – both internally and externally. Part of the difficulty stems from a failure to ascribe responsibility for communication to specific parties. Another part of the challenge is that it is very difficult to speak “on behalf of” a large, often eclectic group. It feels risky, and most people choose not to even try to do it. Finally, thinking within an institution becomes a bit insular, leaving institutions sometimes uninterested in what other institutions might have to say about a particular issue.

Unfortunately, poor communication patterns may lead institutions to develop a single, rigid position internally, which makes all subsequent negotiations tremendously difficult. By opening lines of communication between you and other institutions, you maintain your ability to influence their choices. You may even help break their perception (conscious or otherwise) that they have nothing to gain from communicating with others.

In one West African country, the regional development bank wanted to strengthen the capacity of the Ministry of Health to implement a project by adding staff to the project. The Minister wanted to ensure that any positions created would be integral parts of his Ministry for the long term – not just for the duration of the project. During the negotiation, the two delegations created an option through which the regional development bank would initially take responsibility for financing the Ministry of Health positions. This amount of regional development bank financing would decrease throughout the life of the project, with the government increasing its share so that at the end of the project, the government would be fully funding the positions. By thoroughly exploring both sides’ interests before generating options, negotiators created value at the table.

Look for ways to include others in crafting new policies. People tend to support those things that they have helped to create. Similarly, one way to generate support for new policies is to create a mechanism by which many different, influential people can contribute to the policies’ design. Consider the recent design of

the health policy of one major bilateral agency. Policy-shapers consulted all key parties involved in the country, including universities and public health and development interest groups. By doing this, they avoided delays caused by repetitive exchanges of criticism and defensiveness. A similarly broad consultative process - one that included commission papers, workshops, consultations with academics, interest groups, and others - was led by the National Forum on Health to look at new directions for the national health system. In both these cases, policy changes occurred, in part, because of the diverse support generated by the broadly participatory policy-creation process.

“Facilitated Joint Brainstorming”

Negotiations are stuck at an impasse. Trust among the parties is deteriorating. Communication is taking on increasingly unhelpful tones. Virtually no creative ideas are being discussed. And no-one seems to know what to do next in order to change the dynamic.

Unfortunately, in complex and difficult negotiations, this situation is fairly common. The process of “facilitated joint brainstorming” seeks to address these problems. It involves temporarily removing people from traditional or formal negotiation settings and giving them an opportunity to interact in a different, more productive environment.

The sessions are designed by outside facilitators to create informal opportunities for productive communication. The parties can step back from the rigid positions that tend to be developed in formal negotiations and examine underlying issues and interests. The sessions also provide an opportunity for participants to generate creative options because many typical barriers to creativity can be removed.

The most productive participants in the sessions tend to be those who are well-informed on the questions being discussed, but they need not be decision-makers. In fact, some experiences suggest that those without the authority to commit are best able to participate fully.

The ground rules for facilitated joint brainstorming sessions are fairly simple, but some of them are tremendously important because they distinguish this process from a typical negotiation. They include:

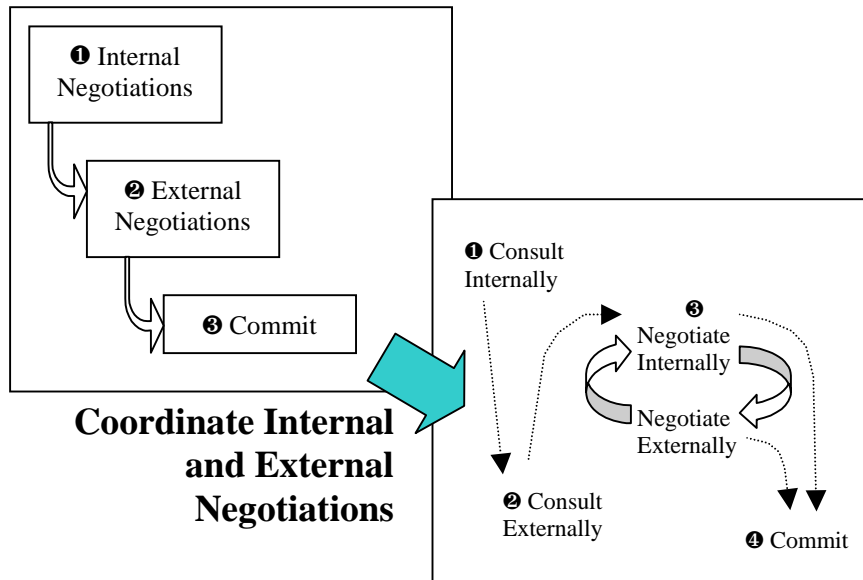
- No commitments. The idea of the session is to generate ideas and to exchange ideas, not to reach agreement on anything.
- Speak for yourself. Participants are invited to participate in their personal capacities, not as representatives of any group.
- Share your perceptions. Participants are asked to share their own experiences, rather than simply repeating public positions.
- Confidentiality. None of the discussions or products of the sessions leave the session without the consent of the participants.

Use criteria to evaluate and decide

Make sure that communication happens before commitment. Too often, institutions will reach a decision about an issue before talking with others outside their organization. This seems harmless so long as the decision takes place within the walls of the organization. However, this process often has the effect of thwarting those who must ultimately speak on behalf of the institution. The internal decision serves as a position that must be “defended” during subsequent talks. This limits creativity and information flow and makes problem-solving much more difficult.

A more functional process is one that is iterative – one including multiple rounds of internal and external consultations and communication. Of course, it is often helpful to have some *guidance* from others within your institution before you go to talk with others. This permits you to focus your questions and to accurately convey messages. In seeking this guidance, however, you must be clear about the topics on which you seek advice. It might be helpful, for example, to have a good sense of your own institution’s perceptions of its interests very early in the process. It would be less helpful to ask your institution to reveal its “position” or a “bottom line”.

You can also help those from outside your own institution to participate in productive negotiation by making sure that they suspend commitments in the early stages of negotiation. For example, in the round-table process described above, no party is asked at the beginning of the process to commit to a sector-wide approach for its eventual investment. Instead, the round-table process provides an initial opportunity for participants to build communications and a solid working relationship. Often, the participants jointly produce intermediate products, such as analyses and action plans, before seeking commitments to invest in an overall sector-wide approach.



Survey different standards for how policies may be shaped. Some policies persist because they work well or people believe that they will work well. Others remain because powerful interests protect them. Still others continue because of inertia. Unfortunately, in some cases, policies persist because policy-makers have not considered other perspectives on how to achieve tasks. Although you may not have the power to change policy on your own, you will be more persuasive if you can describe well-researched alternative ways to shape policies. For example, countries considering legislative or fiscal policy changes to reduce tobacco consumption, or regulations to control the safety of certain foods, often request information from WHO on best practices from other countries. If their policies are consistent with those agreed on in international conferences and forums such as the World Health Assembly, they may generate political support this way.

By pointing to readily available criteria that are independent of either party, not only does the process of choosing from many options become less difficult, but also the substantive decisions become easier to explain and defend.

“Test” the wisdom of commitments by applying commitment standards. Not all commitments represent success in the context of a negotiation. In fact, many represent failure – either immediate or postponed. As we have surveyed the broad range of different kinds of agreements people devise, we have noticed that good commitments tend to share four basic characteristics: they are sufficient, realistic, operational, and durable.

Sufficient. A good commitment should cover all the issues that are relevant to a particular stage of the negotiation. Recall that when the book is talking about “commitments”, it does not mean just final signed agreements – the meaning is that of anything one or more of the parties agree to do. Far too often, difficult issues are left out of commitments, and the resulting agreements are insufficient to address the genuine problems at hand. If you cannot resolve a particular issue, *agree* not to resolve that issue and include that agreement in your overall commitment. Simply ignoring the issue makes the commitment insufficient, and it is likely to make things more difficult later on.

Realistic. A good commitment is one that will actually be fulfilled. Before making any commitments, you should consider the likelihood that the parties associated with the agreement will actually fulfil each of their promises. This need not mean you should strive for permanent agreements with enforcement mechanisms – unless you decide that is necessary. Most often, people who have difficulty around this particular issue find themselves in agreements where it is clear that one party does not have the capacity to do what is being asked. In such situations, it can be no surprise when the agreement subsequently falls apart. Agree only to those things you can and will do. Ask others to agree only to those things they can and will do.

Operational. Far too often, people walk away from the table believing that they have reached agreement, only to be disappointed later when events do not happen as expected. One of the primary (and most easily addressed) causes of this difficulty stems from a failure to clarify the operational details of the

agreement. Specifically who will do what, for whom, by when? Is each party clear about what she or he must do? Is each party clear about what each of the other parties will do? If not, spend some time before signing the agreement on clarifying these issues and making the commitment genuinely operational.

Durable. Not all commitments are permanent. Most should not be. A commitment should survive long enough, however, to realize its objectives. For example, an agreement to meet on a regular schedule each month need not remain steadfast for the next 20 years. The parties can easily change the scheduling agreement if they wish. It would be important, however, for such an agreement to be upheld for at least a month – or until the date of the next meeting. When you are faced with a potential commitment, consider the scope of the timing involved, and assure yourself that it will be upheld for at least as long as necessary for its most important components to take effect. If you suspect that the agreement may not be durable, you may want to add contingency arrangements or add in some guarantees.

The goal in committing to a condition is to resolve (at least for some amount of time) one part of the broad number of issues among the players involved. A great temptation may exist to jump to commitments as quickly as they seem possible. Slow down your own commitment-making at least long enough to satisfy yourself that the commitment in question will be sufficient, realistic, operational, and durable.

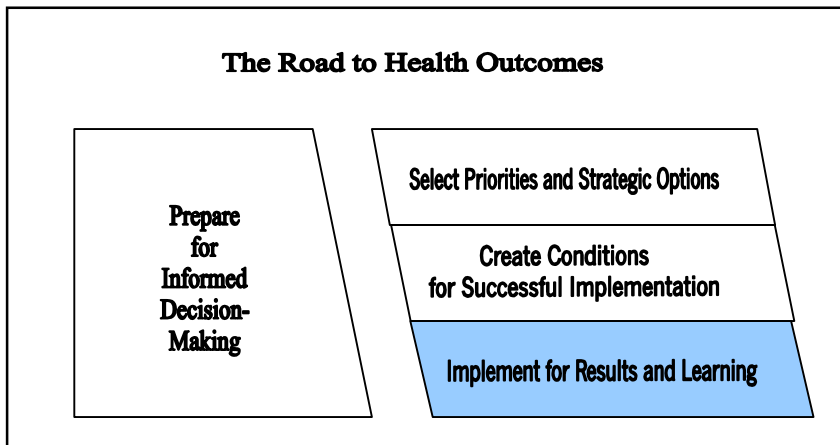
Conclusion

It is important to think about the conditions into which any initiative will be placed. The success of many efforts depends on striking a good match between the chosen strategic option and the circumstances in which it will be implemented. If the initiative and conditions do not match, two remedies exist: changing the initiative and changing the underlying circumstances. While the former may be the easiest in most cases, the latter holds important opportunities for those dedicated to the success of these efforts. Revising the setting is an enormous negotiating task, for which it is

crucial to consider the interests of all the relevant players and to carefully choose strategies and types of commitments from many possibilities.

Chapter Five

Implement for Results and for Learning



Many carefully-planned and well-intentioned strategic efforts at health development produce disappointing results when implemented. Unfortunately, almost everyone associated with health development can think of examples of the gap between the world as planned and the world in practice. As a result of this gap, many important agendas remain unfulfilled. In this chapter, the authors consider some of the most significant challenges to implementation in health development, and offer suggestions for improving results in practice once many of the initial decisions have been made.

What can one do to improve implementation?

Both the causes and examples of implementation failures are numerous. Each situation brings with it a unique set of challenges. It is possible, however, to identify patterns of common implementation difficulties. Below, three of the most common stumbling blocks are listed.

Implementation planning is insufficient or too detached from the rest of the effort. In some cases, implementation is an afterthought; parties contemplate it only when the full analysis, priority-setting, and option-selection processes have been completed. Implementation plans are often sketchy or not as rigorous as the treatment of substantive topics during the development of the health initiative. Sometimes, important actors in the strategic planning process consider their jobs “done” before implementation plans are even crafted; creating disconnects between the way the efforts were designed and the way they unfold in practice. For example, similar donor agencies sometimes agree to jointly fund sector investment programmes or to jointly participate in a programme review rather than for each agency to send separate evaluation teams. Unfortunately, these agreements often remain unimplemented. Sometimes, this is because the required technical elements and administrative capacity are not in place. But sometimes, this implementation failure occurs because those who made the initial commitments - often agency representatives in a country’s capital city - do not get involved in follow-up implementation efforts, leaving responsibility with local representatives who were not part of the original discussions.

Implementers may not perform as envisioned. Even a well-crafted implementation plan is likely to fall apart if the people charged with implementation do not follow through on the plan’s design. Sometimes, this can be a function of the implementer’s lack of resources or capacity. If people are insufficiently skilled or do not have access to sufficient resources, implementation plans may fail. In other cases, implementers’ incentives may not encourage the behaviour demanded by the implementation strategy, making it unlikely that implementers will take the steps envisioned by those who crafted the plan.

Implementation plans are not flexible or responsive enough. Virtually all implementation efforts encounter changes in circumstances, information, personnel, or some other aspect of the programme. Unfortunately, many implementation plans do not have mechanisms for capturing or learning about these kinds of changes. Still more plans fail to provide for the kind of flexibility necessary for responding to new information as it becomes available. People involved in strategic decision-making clearly recognize that the decision-making process involves considerable learning, but many implementation plans seem to suggest that planners consider the learning to be “over” by the time implementation begins. Unfortunately, this jeopardizes much of the good work done in earlier phases of the initiative’s life.

Crafting a successful implementation strategy cannot be separated from crafting the substantive portion of the overall plan. It does not work to craft a complete policy or initiative and *then* ask the question, “OK, now how do we accomplish that?” It is important to ask implementation-related questions throughout the health development planning process.

No person has the sole responsibility or the unique power to overcome these and other obstacles to successful implementation. As with other challenges facing health development efforts, however, our experience strongly suggests that concerned and skilled individuals can contribute in important ways to the scope and nature of an initiative’s eventual impact. Below are a few of the efforts individuals can undertake in the interest of promoting successful implementation.

Plan for implementation while considering the environment into which the strategic option will be introduced. Factors such as the availability of resources, the support of relevant institutions, and the existing policy frameworks all affect the way that initiatives are shaped. Much of Chapter Four was devoted to these considerations. In the same way that these environmental factors influence the substantive components of the health initiative, they should also guide how implementation plans are shaped. Consider implementation in the light of background conditions.

Factor implementation into your decisions about priorities and strategic options. It is possible to analyse evidence, arrive at priorities, and craft strategic options within a vacuum, without worrying about exactly how to execute the desired efforts in practice. Obviously, few would advise doing this. Unfortunately, many priority-setting processes fail to take into account the very practical challenges of implementation. A WHO-sponsored study called INVESTING IN HEALTH RESEARCH AND DEVELOPMENT sought to determine global research priorities for health development. To assess opportunities for developing and evaluating interventions for specific diseases, the study focused on estimating the probable cost effectiveness of the disease intervention relative to existing opportunities, the time needed to develop this intervention, and its likelihood of success. Including implementation questions explicitly in the discussions of the priorities for using limited resources made the results of this study extremely valuable for guiding subsequent implementation efforts.

Consider how information and evidence will support implementation before gathering it. Data are often collected and analysed for the purpose of aiding decision-making, as discussed in Chapter Two. Reports on these data are, therefore, often framed in a particular way, written for a particular audience, or designed specifically to facilitate the decision-making process. This type of reporting may, however, fail to maximize the potential benefits of thorough preparation. Implementation efforts often hinge on helping others understand the merits of a programme and the need to take action on it. Considering these implementation challenges during the collection and analysis of evidence may facilitate later implementation efforts. For example, disseminating analyses of initiatives may make it easier to mobilize support for them. In some countries, studies of initiatives are published before implementation. For example, publicly available information on one essential drug programme helped to support the claim that the programme would lower consumer costs. A similar result followed from one anti-tobacco effort, which was supported by numerous studies showing correlations between specific improvements in

health indicators, and these steps. The availability of this information helped to build support for eventual implementation.

As the diagram introduced in Chapter One suggests, implementation considerations should not be treated as separate from other parts of the health development negotiation process. If anything, implementation can help to serve as a guide for the rest of the process. Make sure that you facilitate eventual implementation throughout the process. It is important not to put off implementation discussions until the end – better to include them early and often.

Identify the relevant parties

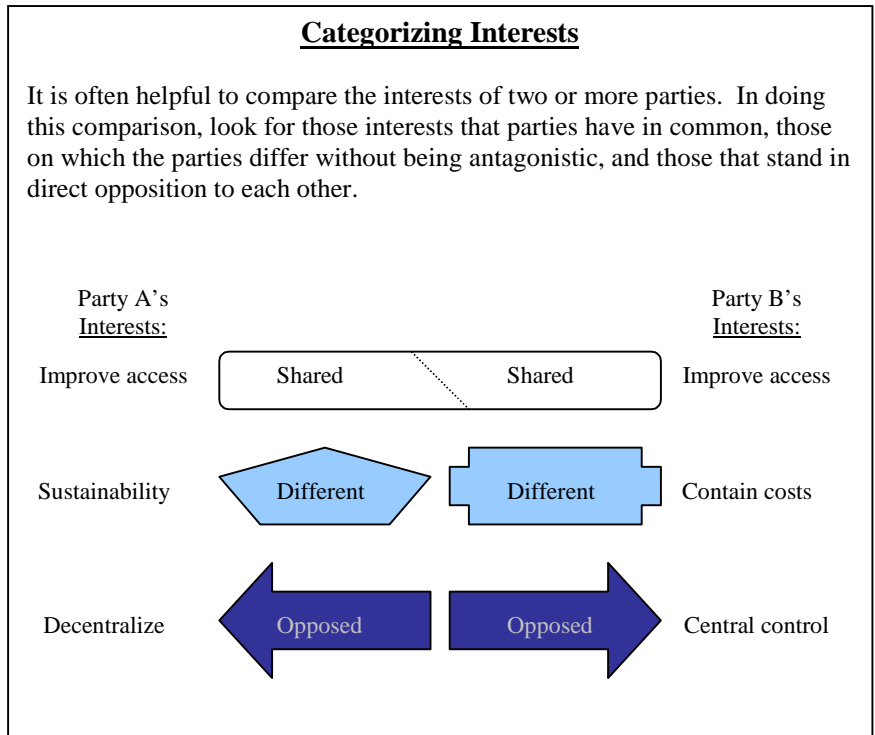
Many different groups of people can affect implementation. Implementation depends on the efforts not only of those who create or oversee policies, but also those who deliver services, those who monitor activities, and so on. For example, in one East Asian country, the Ministry of Health decided to revise its malaria prevention and control programme. The Ministry's first step was to call together a wide range of major players from different parts of the country to discuss the strengths and weaknesses of different malaria strategies. The Ministry's goal was to develop a single treatment protocol and standard throughout the country. Before this initiative, government officials and NGOs throughout the country had been using very different approaches to treat malaria. By involving the full range of people whose actions were important to implementation, including those from outside the public sector, health officials were able to generate stronger and broader support for their initiative.

Consider each party's interests

The people involved in implementation do not share a unified set of interests or incentives at the start of implementation and, in some cases, their incentives may shift over the life of the policy or programme. As a result, it is important for you to know *why* different actors behave the way they do. Knowing the motivations of those who can influence implementation will allow you to make

good decisions about it. Most importantly, recognize that their interests (like those of any parties) can be *shared* or *different* or *opposed*. Each of these circumstances demands a different response from you.

In some cases, parties may *share* your primary interests. For example, interest groups or NGOs that participated in the development of, and advocacy for, policies may serve to provide ongoing support during the implementation phase. For example, one country in East Asia wanted to change the pattern of its external partners' investments in health over the next few years.



The country hoped to transform its model from one that concentrated solely on investments in priority programme areas to one that was complemented by investments in essential services at each level of the health care system. The Ministry of Health organized a workshop with its major partners, and together they worked through a variant of the facilitated joint brainstorming

session described in Chapter Four. They came to an agreement that the next health sector plan would include priorities by programme area as well as priorities by level of health care service – giving options for investors to support either approach. Through the involvement of partners with shared interests, the country was able to improve its chances of donor support during implementation.

Parties may harbour interests that are *different* from yours without necessarily being in *opposition* to what you seek to accomplish. For example, a programme aimed at improving rural access to basic drugs might not necessarily address the interests of the Ministry of Education. This does not mean that the interests of the education officials conflict with those of drug policy supporters; it simply means that they are different. Support from these kinds of parties is clearly not as reliable or consistent as support from those whose interests are genuinely aligned with your own. These parties do, however, present the opportunity for political-style deal-making and swapping which can be crucial to the success of an initiative.

Other parties' interests directly *oppose* some of the programmes or policies you are trying to implement. Opposition can come from any sector. For example, the Ministry of Health may want to introduce a road safety programme to reduce the number of vehicular deaths. The programme may require certain improvements to major roads throughout the country, thus increasing expected expenditures of the Ministry of Transportation. These unbudgeted costs may cause the Ministry of Transportation to oppose the Ministry of Health's proposed road safety programme. Many examples exist of parties holding opposing interests in public health history: tobacco farmers faced with anti-smoking campaigns, pharmaceutical companies dealing with essential drugs programmes, infant formula companies dealing with initiatives to promote breast-feeding, and so on. In other cases, groups may support an initiative's general goals but strongly oppose the specific strategy to achieve those goals. For example, in many countries in which family planning efforts are part of a larger effort to address economic development, some religious

organizations mount significant challenges to implementers. In some cases, this stems not from an underlying opposition to the idea of economic development, but rather from a set of interests or values that conflict with the particular strategic approach selected.

Develop a range of options

Assess existing implementation capacity, and seek to improve it where necessary. Without intending to do so, implementation plans sometimes require people or institutions to act beyond their capacity. “Capacity” often means more than simply the individual skills and experience to carry out the tasks involved. It includes the financial and infrastructural resources to support the initiative. In one country in Asia, the Ministry of Health spent considerable resources on training their staff to supervise district and community workers who were implementing an immunization programme. Very few supervisory visits were made, however, because the costs of meals and lodging for the supervisors far exceeded the budgeted *per diem* levels, and the Ministry could not afford to underwrite the costs. Before designing an implementation strategy, it is important to assess the capacities of those whose participation will be essential during implementation.

Look for ways to align implementation incentives. In some cases, a health initiative will create perfect incentives for those who are implementing the strategic option. In most cases, however, it is important to ensure that implementers perceive that their own interests are served by the option’s success. Sometimes, this involves monitoring behaviour and rewarding when appropriate. In many cases, creating these incentives can require considerable creativity. For example, because most programmes are affected by and have an impact on other sectors’ projects, there may be ways to link incentives among different efforts. Try to create results-based incentive systems, rather than trying to narrowly manage the conduct of individual implementers. For example, in the early days of the HIV/AIDS epidemic, all major donors and development banks collaborated at country and global levels to support national efforts to prevent and control the epidemic. This was not “business as usual” for these agencies, which were used to

working independently. They were, however, linked by the common need to respond to an unfamiliar disease which posed a problem for both developed and developing countries. This common incentive sparked an extremely successful effort to allocate US\$ 400 million to fully fund over 80 new national programmes in three years.

Consider changing the implementation process. When the process is not proceeding - as well as planned, our instinct is often to look critically at the substance of the initiative being implemented. In some cases, this may be the most appropriate place to look. It could be that the priorities have changed, the strategy was poorly conceived, or the underlying evidence was faulty. In many cases, however, changes to the implementation process may offer an opportunity to influence the results without changing the substance of the effort. For example, the pacing of implementation, wholly aside from its substance, can have an impact on the outcomes.

Take responsibility for adapting plans. Because most implementation plans tend to be fairly rigid, it is common for implementers to have very clearly-defined roles. In many cases, however, these roles are so narrowly defined that no-one is charged with reviewing circumstances and making changes along the way. Any number of factors can cause an implementation to proceed differently from how it was planned. You should not seek to eliminate these variances; your efforts would be in vain. These differences *will* exist. Instead, as one involved in designing or actually implementing programmes or policies, you should incorporate these experiences into a process of learning and revising that will last for the duration of your efforts.

Dealing with implementation challenges requires the capacity to respond quickly, and this is generally easiest when particular people are responsible for facilitating those processes. One strategy may be to create a rapid-response team of individuals charged with providing quick and effective advice and support to overcome implementation hurdles. A similar rapid-response unit from an international technical agency such as WHO could serve as a support mechanism.

Use criteria to evaluate and decide

New developments, new information, and a need for change will arise throughout the course of implementation. An effective implementation plan should recognize these realities and include mechanisms for measuring and responding to these challenges. Below are a few ways to create a responsive, responsible implementation plan.

Make sure that relevant information will be available. It is not always easy to get useful information during the course of an implementation. People typically learn about an initiative's successes and failures only upon evaluation of the programme, which tends to happen only when implementation is completed. This process answers only "What went wrong?" – not the more potentially useful question, "What is going on now?"

Because mid-course corrections in implementation will almost certainly be required, it is important to make sure that good information and evidence are available to those who will be performing the corrections. In some cases, the search for this kind of information is just as challenging as the initial information-gathering efforts described in Chapter Two. The search often requires a survey of sectors beyond merely health. For example, at one point, district hospitals in a country in Central Asia were enjoying considerable success with the implementation of a maternal health initiative. Part of the way through the effort, however, maternal and childhood mortality increased significantly, and the health officials needed to know why. After investigating several sectors, they found that women in the last stages of pregnancy had previously been brought from their tents to a rest home close to the district hospital. When the time to deliver was imminent, they could walk across the street and have a properly-attended delivery. As part of an economic reform process, the government turned these rest homes into private hotels. Private rooms were out of the price range of the women; thus, when problems arose in the pregnancy and in childbirth, they were a great distance from the hospital. Coupled with the lack of

transportation, this displacement resulted in increased mortality rates because women were now having unattended childbirth in their tents. Without this kind of thorough information, the health officials would have been unable to craft useful responses to the changing conditions.

Integrate learning into implementation itself. Having access to data in a timely way is necessary for assuring implementation flexibility, but it is not enough. Broadly speaking, there must also be a culture of learning. Critical analysis is often not comfortable for those who are being analysed. This fact is certainly true for implementers, who often face difficult tasks and very limited resources.

Conclusion

Implementation is a multifaceted task, and much of its success depends on efforts undertaken well before the official implementation begins. Considering the range of parties' interests and monitoring them throughout the implementation process may reveal opportunities to capitalize on both shared and differing priorities. Similarly, by creating vehicles for assessing the impacts of the implementation throughout the process, you can create opportunities to learn, adapt, and respond to the challenges that arise.

Chapter Six

Putting It All Together

What about health outcomes?

Are not health outcomes the most important aspect of our work? Yes. We are ultimately all motivated by the outcomes we hope to achieve. You do not engage in negotiations with officials from other ministries simply because you enjoy the experience. You do not spend long hours analysing data simply to publish reports. You do not explore every possible funding source simply because you want to feel thorough. You do it because you are dedicated to a set of values, principles, and actions to improve health - reducing health inequities among populations, controlling communicable and noncommunicable diseases, improving the performance of health systems. You seek outcomes.

Focusing solely on final outcomes, however, is often not the best way to achieve them. Many policies appear solid but produce substandard results. This can be true even when policies are carefully designed with a narrow outcome in mind.

When problems arise, you might believe that the outcome would have been different “if only” you had changed the substance of the strategic initiative in some way. In some cases, that may be true. In many, however, no simple, substantive fix would have avoided the outcome you did not want.

Focus on the things you can affect – especially process

You cannot control everything and you cannot be an expert on everything. You can, however, exert considerable influence over the ways in which issues are raised, discussed, and decided. You may be able to influence the depth and rigour of background data analysis. You may be able to affect the ways in which priorities

are selected, and you can help develop appropriate strategic options for addressing those priorities. You may be able to generate support for initiatives, or you may be able to help create ways for decision-makers to learn from experiences as implementation happens. Each of these steps plays a significant role in producing outcomes.

Too often, people are paralysed by the realization that they cannot perform all tasks required to attain a goal. They ask themselves, “Can I make this work?” and the answer is often frightening and ambiguous. A better question is “What can I do at this stage to contribute to the success of this initiative?” You may not be in a position to select the technical aspects of the programme, but you may be able to inform that process. You may not be directly delivering services, but you may be able to provide support. You may not set priorities, but you may be able to ask useful questions. You may not direct the analysis of health data, but you may be able to improve others’ access to information.

No athlete, orchestra member, or construction worker fully controls the outcome of his or her group’s efforts. Each, however, has a role to play. He or she will be better able to play that role by considering the final outcome (“a victory” or “a powerful symphony” or “a solid building”), the processes required to achieve those outcomes, and the contributions the person can make to those processes.

Focusing on process

When trying to design a process, especially in situations involving a large number of parties, each of which has a number of different interests, there are four process elements that you can consider.

- | | |
|------------------|--|
| <i>TASK:</i> | What are the tasks that need to be accomplished? |
| <i>PEOPLE:</i> | Who are the people best suited for accomplishing those tasks? |
| <i>FORUM:</i> | What is the forum in which these tasks can be accomplished most effectively and efficiently? |
| <i>SEQUENCE:</i> | In what order should the tasks be addressed? |

Managing the process

At a recent sectoral consultation in West Africa, the Ministry of Health (MOH) was required to reach agreement on its core programme areas and budget for the health sector from 10 donor agencies, 2 development banks, and 7 NGOs. In addition, the MOH was engaged in on-going internal negotiations with 2 central ministries on the same issues.

To manage this complex, multiparty negotiation, the MOH broke down the process into four steps. They first identified the *tasks* that they wanted to accomplish. These included:

1. Establish a good working relationship with those at the meeting.
2. Ensure that the donor concerns regarding the technical content of the programme are addressed.
3. Ensure that donor concerns regarding the budget are addressed.
4. Sign the final agreement with all the parties on the programme areas and the budget; ensure that this forms the basis for all external investments in health.

The MOH negotiators then identified the *people* within the ministries and among the donors who would be most suited to accomplish each of the separate the tasks outlined above.

1. The Ministers of Health, Finance, and Planning, accompanied by their senior staff, ambassadors, and heads of the donor delegations engaged in task one.
2. The senior MOH staff and technical staff from both the MOH and the donor delegations were chosen to tackle the second task.
3. The senior MOH staff plus senior staff from the Ministries of Finance and Planning and the management staff from the donor agencies were identified for the third task.
4. The ministers of Health, Finance, and Planning, the heads of the donor agencies and the ambassadors of bilateral donor countries addressed the final task.

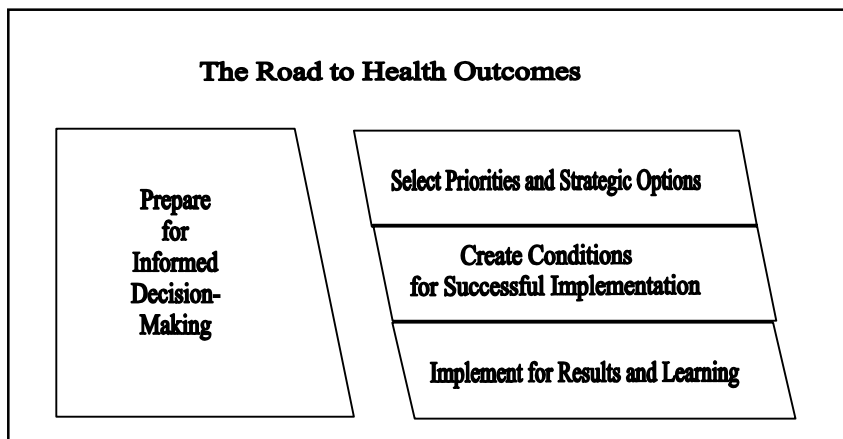
To accomplish each of these tasks, the MOH choose a particular setting or *forum* in which the people could work.

1. The efforts to establish good working relationships were launched at an informal dinner at the hotel where the conference was to be held.
2. Issues of technical content were addressed first in a meeting including only technical people, followed by working group sessions that dealt with specific issues.
3. The MOH choose to address the budget issues in a meeting that included all management and financial experts.
4. The agreement was signed in a full plenary meeting.

The tasks were sequenced in the following way: first the working relationship was established, and then tasks two and three were addressed, followed by the final task.

A review of the main messages

To help you think more systematically about negotiations over the design and implementation of health policy agendas, the process has been divided into four main components.



Within each of these components, take advantage of opportunities to persuade others to assist your health development efforts. You are constantly presented with opportunities to negotiate.

Experience has consistently shown that your negotiations will be easier and more effective if you pursue four basic practices:

- Identify the parties involved. Determine who matters for the success of your initiative, who can influence whom, and who is at risk of being inappropriately excluded.
- Consider interests. Do not be content only to know the official positions of each of the important parties. Seek to understand their priorities, their hopes and their fears.
- Develop multiple options. Again, do not be content to devise only one solution to the challenges facing you. Changing circumstances, uncertain information, and unpredictable parties make it imperative to be creative and flexible during the negotiations.
- Apply criteria. Before facing a series of tough decisions about which course to pursue, consider possible standards that are independent and verifiable. Rather than turning the negotiation into a contest of wills, reflect upon standards that allow you to both evaluate the options and produce the most equitable result.

To assist you in applying these ideas to your own negotiations or circumstances, a set of preparation guides has been created and included in the annex of this book

The authors hope that as you test and apply some of these ideas, you will help us to continue learning as well. None of these ideas was born of pure theory. They come from reports by busy practitioners about factors that help and hinder progress. Continuing to develop our understanding of the processes and practices will help others as they negotiate for health development.

Numerous publications today present best evidence and best practices on the substance of health development. This book addresses a different question: how can one design processes and negotiations to achieve the desired outcome of advancing our health agenda? It explores the techniques for making good decisions, the processes used to develop useful options, the application of

evidence-based practices, and the deliberate planning and negotiating necessary for successful implementation.

Focusing on the process does not mean we are neutral about what we are negotiating for. This book supports the principles and values of solidarity and equity. The aim is to work towards assuring universal access - especially for those in greatest need - to good quality, compassionate health care. Improving people's health will require efforts from individuals, families, communities, and the private and public sectors. Working together in a systematic way can move us closer to the goal of health for all.

Annex

Preparing for Negotiations

Negotiations happen very, very quickly. Often, they happen so quickly that there is no time to reflect sufficiently before responding or making a decision.

You have probably noticed that very little of the advice or material in this book addresses questions about what to do once you are at a formal negotiation session. This is not because those questions are unimportant. In fact, the opposite is true. Our experience, however, is that those who are best prepared in advance of the negotiations tend to perform the best while sitting at the table. Our focus, therefore, has been largely on those steps you can take on your own in advance of formalized negotiation sessions.

Following are a series of forms that you can use to help prepare yourself for upcoming negotiations. They lay out the most basic components of the advice we have shared in this book. Many of the people with whom the authors have worked have found that sheets like these help them structure their thinking in advance of negotiations in ways that ultimately prove helpful “at the table”.

You are encouraged to try and use the forms to analyse and prepare for an upcoming negotiation. You may find, as you use them, that it is necessary to adapt them somewhat to suit your specific situations.

As always, please share your experiences using these forms so that they can be improved for everyone.

Preparation Form

Identify the parties

Make a list of all of the parties who may affect or be affected by the initiative in question. Remember to include people who are not decision-makers.

Graph or map out the most important parties, showing how they connect with one another.

Using the graph you created above, create a picture of how the parties interact. If Party A generally defers to Party B, draw an arrow from B to A. If Party C and Party D are generally collaborative with each other, connect them using a dashed line. If Party B and Party D are generally antagonistic towards each other, connect them using a dotted line.

The information you create using this sheet should guide your thinking about whom to consider in the following sheets. It may also guide your later thinking about possible avenues of influence.

Preparation Form

Consider the parties' interests

For each of the most important players you identified in the sheet above, make as thorough a list as you can of what you believe their interests to be with respect to the initiative in question. Recognizing that you will need to make a fair number of guesses about what the parties need and most care about, it is better to err on the side of including too much rather than listing too few interests.

Identify whether each of the important parties has any particular interests related to the following:

Timing

Risk

Precedents

Credit / Blame

Framing

Now consider how the various lists you have created intersect with each other. Look for examples of each of the following:

Shared interests (both parties want X)

Differing interests (one party wants X and another party wants Y)

Opposed interests (one party specifically wants X to happen and another party specifically wants X not to happen)

Preparation Form

Develop multiple options

Satisfying the range of interests you identified on the sheet above is unlikely to happen as a result of one simple option. Instead, it is likely to require a combination of creative options. Without censoring any ideas, create a list of possible ways to satisfy one or more of the interests listed on the sheet above. You should aim to make this list as lengthy as possible. Many people find it helpful to enlist the assistance of others while developing options.

Where possible, try to create “packages” of options that fit together sensibly. If you have created a good, thorough list of options, it will be impossible to do them all. Some will be mutually exclusive. Some might complement each other well. Identify various combinations that you think might be sensible.

Recall that just because you have listed an option on this sheet does not mean that you will (or should) bring that option up during negotiations. Many ideas are best left on the drawing board. It is helpful, however, to have considered a full range of possible options in advance of discussions, even if few of them are utilized.

Preparation Form

Survey possible objective criteria

Look for relevant standards that exist outside the will of any of the parties involved. How have others done things? How would an outsider evaluate the situation? Are any objective measures relevant to the questions being raised? It is likely that you will find certain criteria personally persuasive. List those. You should also list the criteria others are likely to credit. Your goal should be a thorough list of possible criteria.

Recognizing that not all criteria are equally persuasive or relevant, identify those that you believe are most applicable and why you believe that.

Apply those criteria to the list of options you created above. Do some options appear more objectively defensible than others? If so, indicate which ones.

It is most likely that there will not be a full consensus over what constitutes the single, appropriate criterion to be applied. It is helpful, however, to be prepared to discuss criteria for selecting among various options, rather than allowing the selection to come down to merely a contest of wills.

Preparation Form

Craft commitments carefully

Commitments can come in a great variety of different shares and sizes. Consider the various kinds of commitments that may make sense for you at different stages of the discussions around the current initiative. For example:

Agreement to meet again

Jointly agreed-upon agendas

Process agreements

Memoranda of Understanding

Framework agreements

Discussion draft agreements

Partial, contingent agreements

Final, formal agreements

and so on...

For any of the commitment forms you consider most important, make a list of tasks that you could do to ensure that the commitment is as follows:

Sufficient. It covers all the factors that it needs to cover. There are not important issues left out that could undermine the effort.

Realistic. People are engaged to perform tasks that they are capable of doing and likely to actually do.

Operational. It is very clear who must do what, when, and how. There is no risk that things will fall between the cracks, resulting in non-compliance.

Durable. The agreement will remain as long as necessary in order to take effect. It is likely to survive the kinds of changes that typically occur in this area.

Preparation Form

Design a useful process

*A successful negotiation involves many, many smaller successes. With any complex issue, there are a great number of interim steps between an initial meeting and a final agreement. Make a rough guess of the kinds of **TASKS** that will need to occur and, where possible, make your best estimate about the order in which they will need to occur.*

*Using the list of players you identified at the beginning of these forms, consider which specific individuals or **PEOPLE** would be best suited to complete each of these tasks. Recall that decision-makers are appropriate for only some kinds of tasks, while others are best completed by assistants, advisers, or experts.*

*Not everything can or should happen all in the same setting. For each of the tasks you identified above, consider the best **FORUM** for completing the work. Recall that some tasks are best achieved in large, formal groups, while others are best accomplished in less formal and smaller settings.*

Using the combination of these three answers, it is often possible to map a full process for the negotiations to come. You can match the tasks, people, and forums in a sequence that will be most helpful, and you can use the process map you create as a gauge of progress as you move forward.

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Michael Moffitt teaches negotiation and mediation at Harvard Law School, where he is a Lecturer on Law and the Clinical Supervisor for the Harvard Mediation Program. Before returning to Harvard, he spent several years designing and delivering negotiation and mediation training programmes for public and private sector clients in North America, Europe, Asia, Africa, and Australasia. He is a graduate of Harvard Law School and Marietta College.

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Elizabeth McClintock is Regional Director for Africa and Middle East programmes at Conflict Management Group and has worked in the field of negotiation and conflict management since 1993. In her work with CMG, Ms McClintock has conducted training programmes for and consulted to public and private sector organization in the United States of America, Canada, Australia and Africa. Before beginning her work with CMG, Ms McClintock spent four years in Morocco as a Peace Corps volunteer and is a graduate of Dartmouth College and the Fletcher School of Law and Diplomacy at Tufts University.

NICK DRAGER

Dr Nick Drager is Coordinator, Globalization, Cross-Sectoral Policies and Human Rights in the Department of Health and Sustainable Development with the World Health Organization. He has over 10 years of experience working worldwide with senior government officials of low-income countries and their development partners. Dr Drager's work has focused on the areas of health policy and strategy development, setting priorities for external assistance, building consensus in support of these priorities and in negotiating aid agreements in bilateral and multilateral settings. His current work focuses on enabling countries to analyse and act on broader determinants of health development, as well placing public health interests higher on the international development agenda to improve health outcomes for the poor. Dr Drager has an M.D. from McGill University and a Ph.D. in Economics from Hautes Etudes Internationales, University of Geneva.

Organizational Background

CONFLICT MANAGEMENT GROUP

Conflict Management Group (CMG) is a non-profit organization devoted to helping people manage their differences constructively. CMG provides training, advice, and facilitation for public and private sector groups to promote peace and collaborative problem-solving around the world in three areas of focus:

Strategic Assistance: Unofficial initiatives to help parties find new avenues for managing protracted problems of social concern. CMG has helped leaders in the former Soviet Union manage ethnic conflicts, trained official negotiation teams in South Africa and El Salvador, and helped Ecuador and Peru resolve a border conflict.

Capacity-Building: Strengthening the ability of organizations and communities to manage conflict and solve problems collaboratively. CMG is working with the World Health Organization, the Organization of African Unity, assisting Greek and Turkish Cypriots, and helping communities in the United States of America curb youth violence and ease racial tensions.

Theory-Practice Interchange: CMG works to make theory useful to practitioners and to harvest useful concepts from practice.

CMG was founded by members of the Harvard Negotiation Project. For further information, contact CMG at 1-617-354-5444 or visit www.cmgroup.org.

WORLD HEALTH ORGANIZATION

Founded in 1948, WHO is a specialized agency of the United Nations with 191 Member States. The objective of WHO is the attainment by all peoples of the highest possible level of health. "Health," as defined by the WHO Constitution, is "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity".

In the light of its principal goal, WHO has four main functions: to provide worldwide guidance and coordination in the field of health, to set global standards for health, to cooperate with governments in strengthening national health programmes, and to develop and transfer appropriate health technology, information and standards. Its regular activities include promoting technical cooperation for health among nations, furnishing technical assistance and other aid to governments, executing programmes to control and eradicate disease, stimulating and supporting biomedical and health services research, bolstering standards of teaching and training in health, and establishing quality standards for pharmaceutical products.

For additional information, please contact WHO at 41-22-791-2789 or visit www.who.int.

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