MINISTERIAL LEADERSHIP IN HEALTH | HARVARD SCHOOL OF PUBLIC HEALTH | HARVARD Kennedy School JOHN F. KENNEDY SCHOOL OF GOVERNMENT

Ministerial Health Leaders' Forum

June 1 – 5, 2014
American Academy of Arts and Science

MINISTERIAL LEADERSHIP IN HEALTH | HARVARD SCHOOL OF PUBLIC HEALTH | HARVARD Kennedy School JOHN F. KENNEDY SCHOOL OF GOVERNMENT

Ministerial Health Leaders' Forum

June 1: Health Care Delivery
(Michael Sinclair)

ACCESS TO DECENT QUALITY PUBLIC HEALTH SERVICES IS A CORE RESPONSIBILITY AND A MAJOR FINANCIAL LIABILITY OF MODERN GOVERNMENT

Political Priority

Public demand and Expectations

- Easier access
- Better quality
- More affordable
- Equity

Cornerstone of Economic Progress

Healthier Nation is More Productive

- Increased school attendance
- Reduced absenteeism
- Increased longevity

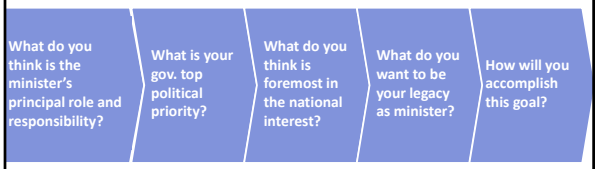
Growing Budget Liability

- Increasing demand *(changing disease burden and demographics)*
- Rising cost of health care
- Burden of inefficiency, waste and low productivity
- Impoverishing impact of out-of-pocket expenditure

BE A PRO-ACTIVE ('TRANSFORMATIONAL') MINISTER

- What **will be your legacy as minister** *(more of the same vs make a difference)*?
- What is the minister's main **responsibility**?
- National political context/priority/ domestic investment: making the case?
- Health, education, social well-being **foundation for sustainable economic progress**
- Lead in enabling **health and social sector strengthening** as part of national development strategy
- **Growing budgetary liability** needs to be matched with better results *(improving health status, standards of care, satisfying public demand)*
- Adopt **systems perspective** on health service delivery.
- Health systems inherently **open-ended, vulnerable to inefficiency, waste, corruption**.
- How to achieve:
  - ***Greater 'value for money';***
  - ***Affordable-sustainable financing;***
  - ***Increased access, improved standards of care and better outcomes***

Creating a vision statement



[2014 Ministerial Health Leaders' Forum]

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Role of the Minister?

Assuming role of the minister is to protect and improve health of the nation:

- How accessible?
- How affordable?
- How responsive?
- How effective?

….is the public health system?

Determinants of Health System Effectiveness

Clinic-Level Performance Standards

actual performance against expected

Institutional

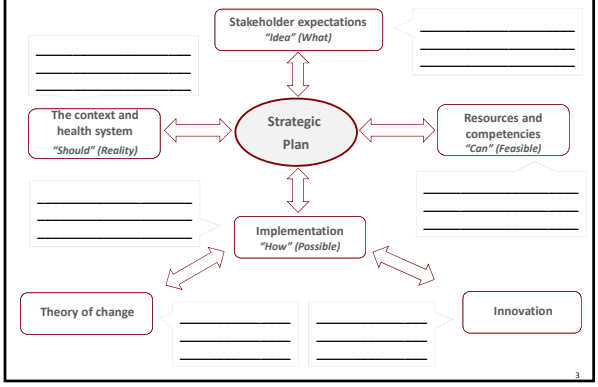
- Waiting times/operating hours
- Absenteeism
- Attitudes
- Cleanliness
- Stock outs/waste
- Emergency response time
- Referral

Service Delivery

- Immunization rates
- Reduction in U5 mortality
- Obstetric emergency care
- Facility-based deliveries
- Reproductive health/HIV-AIDS
- Nutrition monitoring
- Preventive services (i.e. Malaria)
- Community outreach

[2014 Ministerial Health Leaders' Forum]

Strengthening Your System: Strategic Analysis, Planning and Vision



Ministerial Health Leaders' Forum

FUNDAMENTALS OF HEALTH SERVICE DELIVERY									
Political Environment		Resources		Procurement		Supply Management		Standard of Care	
	National Priorities		Financial *(domestic vs. external, public, private, out of pocket)*		Policy *(centralized vs. decentralized)*		Organization *(national, district, local)*		Access/ Responsive-ness *(distribution, distance, roads, opening hours, services, attitudes)*
	Policy		Infrastructure *(facilities, equipment, supporting infrastructure)*		Control *(regulation, monitoring, accountability)*		Efficiency *(responsive-ness)*		Treatment Protocol *(curative, preventive, health promotion)*
	Enabling Legislation/ Regulation		Human Resources *(supply and suitability, motivation and productivity)*		Distribution		Waste/Theft		Referral System
									Patient Satisfaction

Health Service Delivery: Strengths & Weaknesses

		COUNTS			AVERAGE
		1 - Strong	2 - Good	3 - Weak	
Political Environment	National Priority	6	3	0	1.3
	Policy	6	3	0	1.3
	Enabling Legislation/ Regulation	3	3	3	2.0
Resources	Financial	0	6	3	2.1
	Infrastructure	0	7	3	2.3
	Human Resources	0	3	7	2.7
Procurement	Policy	4	5	1	1.7
	Control	2	6	2	2.0
	Distribution	3	6	1	1.8
Supply Management	Organization	4	6	0	1.6
	Efficiency	1	8	0	1.9
	Waste/ Theft	1	5	3	2.2
Standard of Care	Adequate Access	2	4	4	2.2
	Treatment Protocol	3	5	2	1.9
	Referral System	2	5	2	2.0
	Patient Satisfaction	1	6	3	2.2

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Harvard Ministerial Leadership in Health

Ministerial Forum for Health Ministers
Harvard University
June 1-6, 2014

Health system strengthening – framework for analysis
June 1, 2014

Professor Rifat Atun
Professor of Global Health Systems
Harvard School of Public Health
Harvard University

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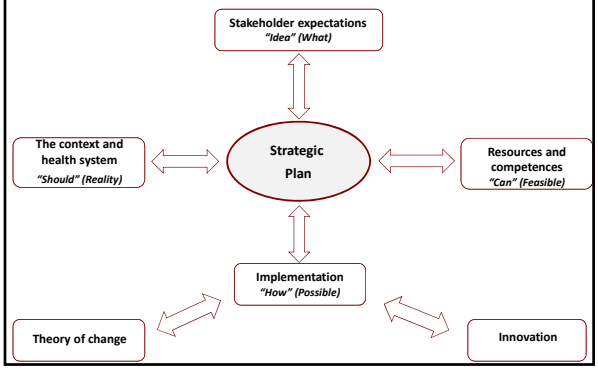
Strengthening health systems: strategic analysis, planning and implementation



1. Stakeholder expectations: *"Idea" (What)*

- Strategic intent
  - Communicates rationale and values driving change
  - Aligns mission with stakeholder interest – enables coalition building
  - Provides normative legitimacy for action
  - Clarifies stretch targets and criteria for success
  - Empowers action for change

Group exercise for the ministers

- Identify your strategic intent and the rationale and share these with your colleague next to you who will communicate them to the group.

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2. Analyzing context: identifying opportunities and threats – *"Should" (Reality)*

- What changes in the context are affecting your health system?
- What is the likely magnitude of impact of these changes on the health system?
- How and when will these changes impact on the health system?
- How certain are we of the likely impact?

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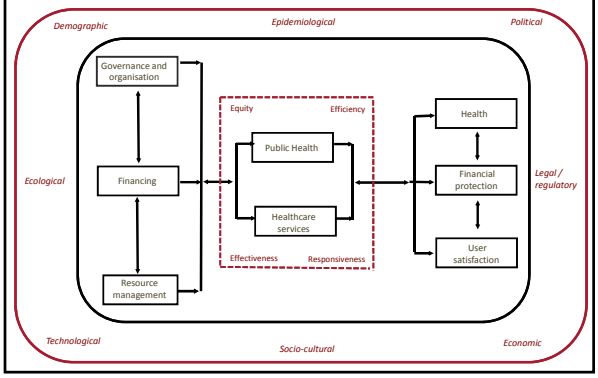
2. Analyzing context and health systems



Analyzing Context

2. Analyzing context

Contextual Factor	Description	Examples
Demographic	Population dynamics: life expectancy, mortality rate, birth rate, population growth, urban and rural differences, migration	• Ageing • Urbanisation
Epidemiological	Trends: burden of diseases (incidence, prevalence); risk factors for health and wellness of general and specific population segments	• Rising chronic illness • Emergent infections
Political	The political economy and institutional configuration	• Stability of governments • Electoral commitments
Legal and regulatory	Treaties, international and national laws and regulations	• International treaties • Trade agreements
Economic	Economic outlook, GDP trends and how these changes are impacting on the government public sector budget	• Fiscal space impacting public and health expenditures
Socio-cultural	Public knowledge, attitudes, beliefs, values, expectations; Lifestyles; Formal and informal hierarchy	• Value systems • Risk aversion
Ecological	Human and urban ecology (physical and built environment)	• Natural disasters • Climate change
Technological	Technological capability; technologies for health; health technologies	• Communication technologies • Big data

Analyzing Context

Identifying contextual factors and type of impact

	Type of Impact		
Demographic			
Epidemiological			
Political			
Legal and regulatory			
Economic			
Socio-cultural			
Ecological			
Technological			

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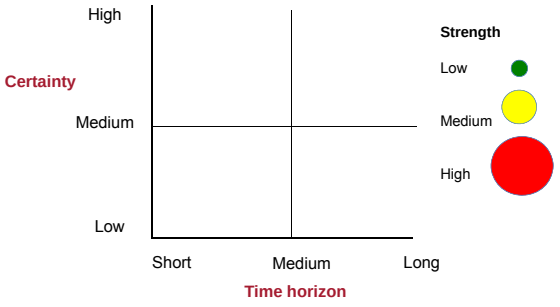
Analyzing Context

2. Analyzing context: opportunities and threats



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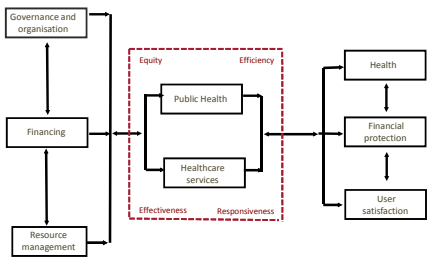
2. Health system design and performance in relation to goals and objectives



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Analyzing Health System

2. Health system performance: outcomes

	Level (average)	Distribution
Health status		
Financial risk protection		
Citizen satisfaction		

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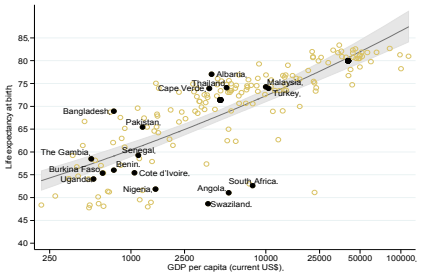
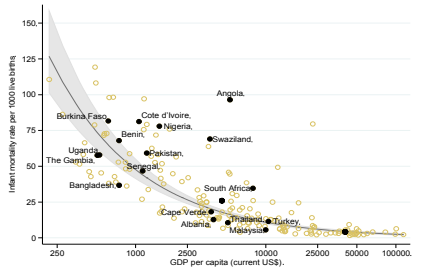
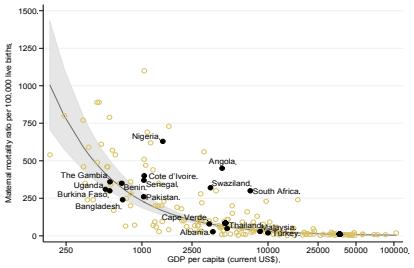
Life expectancy versus GDP per capita, 2011



Infant mortality rate versus GDP per capita, 2011



Maternal mortality ratio versus GDP per capita, 2010



Group exercise

- In the light of your health system's performance would you modify your strategic intent

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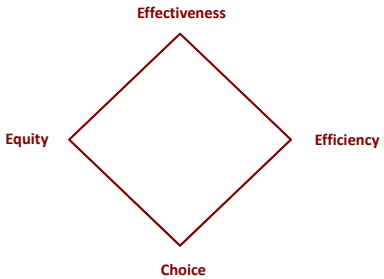
Analyzing Health System

2. Health system performance: objectives



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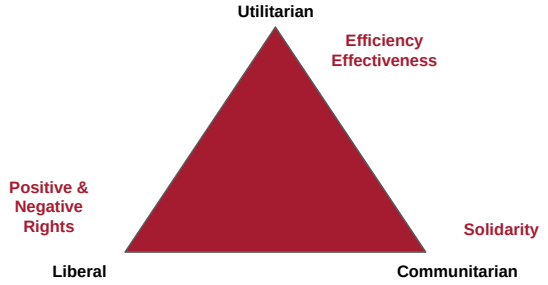
Values triangle: Values shape objectives

Analyzing Context and Health System



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3. Resources and competences – "Can" (Feasible)

	Available	Necessary
Resources	Maintain	Invest
Competences	Sustain	Develop

3. Value chain analysis and benchmarking: identifying bases of competences "Can"

Analyzing Resources and Competences

- Cost efficiency
- Value add
- Linkages/networks
- Consistency
- Innovation

4. The strategy

Type of change \ Extent of change	Incremental	Transformative
Reactive	Adaptation	Revision
Proactive	Adjustment	Redesign

Strategic Plan

4. Translating strategy to a strategic plan

Communicates

- Analysis that identifies problems
- Sequencing of actions to achieve strategic intent
- Roles and responsibilities
- Accountability

Provides legitimacy

- Normative legitimacy
  - especially if inclusive development and implementation
- Cognitive legitimacy
- Technical legitimacy

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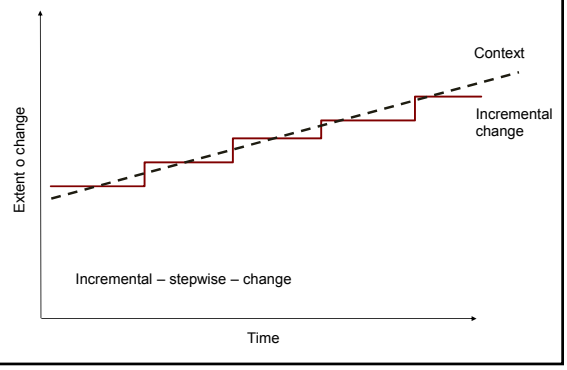
5. Implementation in stable context: incremental change – "How" (Possible)



Adjusting to dynamic complexity

- Known knowns
- Known unknowns
- Unknown unknowns

Benoit Mandelbrot

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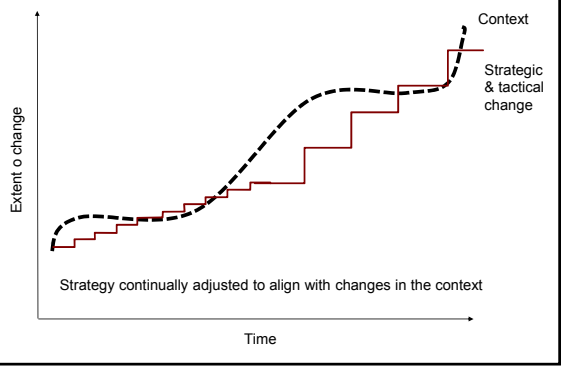
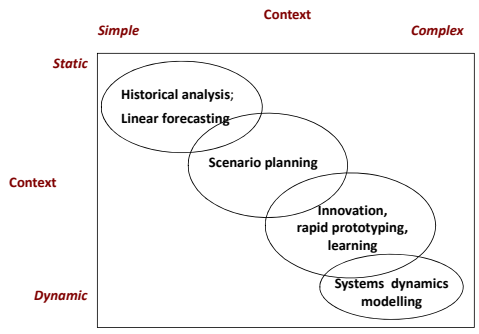
5. Implementation: tactical and strategic change – "How" (Possible)



Strategy

Context, dynamic complexity and strategy



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Key insights

Key Insights

1. Strategic intent, strategy implementation shaped by the context, health system, resources and competences – dynamic complexity
2. Context matters: source of 'big wave trends' – 'external shocks' and 'jolts' create opportunities and threats, but also critical barriers for change in the health system
3. Many interacting variables: rigorous data, scenario planning, innovation and modelling critical
4. Proactively 'shape' the context through strategic change: purely reactive stance produces suboptimal response and risks strategic drift

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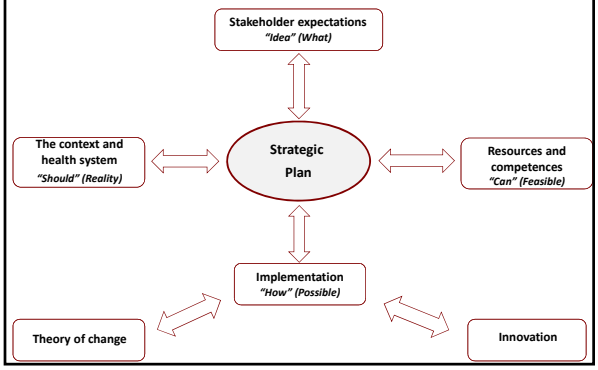
Strengthening health systems: strategic analysis, planning and implementation



The Politics of Health Systems Change

Harvard Ministerial Health Leaders' Forum

Michael R. Reich
Harvard School of Public Health
2 June 2014

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Objectives for Session

Political Analysis

- Discuss basic principles of applied political analysis and political feasibility
- Introduce a method of applied political analysis
- Discuss a case of health reform as a group and with the protagonist

Main Points

- Health system change requires redistributing resources in society, which unavoidably involves politics
- Politics can be systematically analyzed
- Applied political analysis can improve your effectiveness as a policy reformer

"Why Macchiavelli Still Matters"

"Five hundred years ago, on Dec. 10, 1513, Niccolò Machiavelli sent a letter to his friend Francesco Vettori… Toward the end of the letter Machiavelli mentions for the first time a "little work" he was writing on politics. This little work was, of course, *The Prince*…

***The Prince* is a manual for those who wish to win and keep power… [Machiavelli] counsels a prince on how to act towards his enemies, using force and fraud in war. But his true novel resides in how we should think about our friends.**

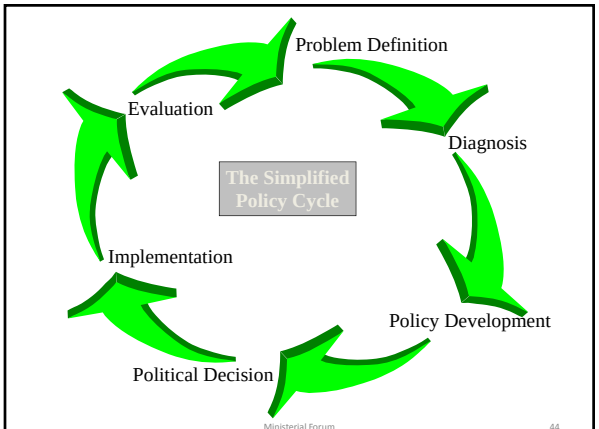
You will see that allies in politics, whether at home or abroad, are not friends… Whoever imagines allies are friends, Machiavelli warns, ensures his ruin rather than his preservation."

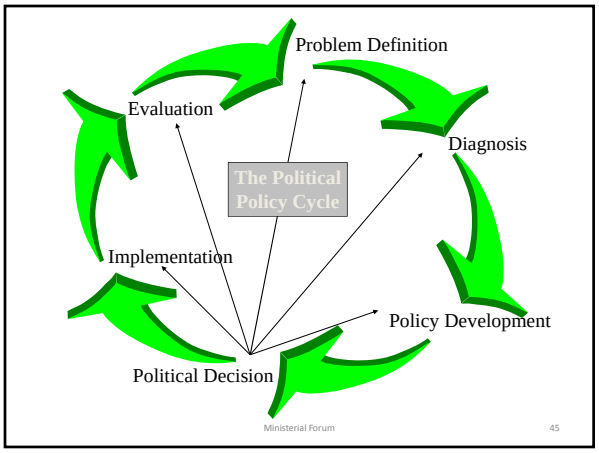
NY Times, 10 Dec 2013, by John Scott and Robert Zaretsky

"Why Macchiavelli Still Matters"

"The proper aim of a leader is to maintain his state (and, not incidentally, his job). Politics is an arena where following virtue often leads to the ruin of a state, whereas pursuing what appears to be vice results in security and well-being. In short, there are never easy choices, and prudence consists of knowing how to recognize the qualities of the hard decisions you face and choosing the less bad as what is the most good."

NY Times, 10 Dec 2013, by John Scott and Robert Zaretsky





Politics Affects All Stages in The Policy Cycle

- Defines problems for debate
- Defines solutions considered
- Shapes adoption of proposals
- Shapes implementation of reforms

Policy Reform is a Profoundly Political Process

Health Sector Reform Requires:

- Technical Analysis
- Ethical Analysis
- Political Analysis

Source: Roberts et al, *Getting Health Reform Right*, Oxford Univ Press, 2004.

Doing Applied Political Analysis

1. What is the problem you want to solve?
2. What is the policy you want to promote?
3. Do a stakeholder analysis
4. Design a set of political strategies
5. Assess the political feasibility of your policy, using the political strategies

What is Politics?

Political Feasibility is Created, not Given

In your experience, what factors affect the political feasibility of "Health Systems Change"?

Political Feasibility of a Policy Depends on:

- PLAYERS in the Policy Process
- POWER of the Players
- POSITION of the Players
- PERCEPTIONS of the Policy

Doing Applied Political Analysis

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Step 3: Do a Stakeholder Analysis:

Examples of Political Maps from *PolicyMaker* Analyses

South Africa: Universal Health Coverage

Before Strategies

After Strategies

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Ryan Fu

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Guatemala: Reproductive Health Policy

Ministerial Forum

Chen et al.

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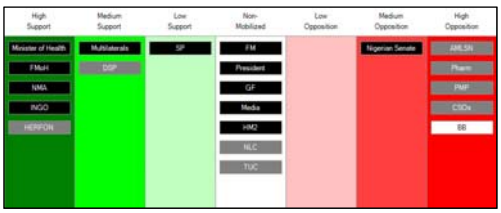
Nigeria: National Health Bill



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Osondu Ogbuoji

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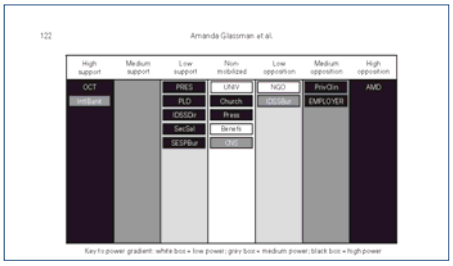
Dominican Republic: Health Reform



Glassman et al., 1999

Doing Applied Political Analysis

1. What is the problem you want to solve?
2. What is the policy you want to promote?
3. Do a stakeholder analysis.
4. Design a set of political strategies.
5. Assess the political feasibility of your policy, using the political strategies.

Step 4: Design Political Strategies:

Examples of
Political Strategies
from *PolicyMaker*

Political Feasibility Is Shaped By Political Strategies

- To change the **POWER** of supporters and opponents
- To change the **POSITION** of supporters and opponents
- To change the **PLAYERS** engaged in the policy debate
- To change the **PERCEPTIONS** of the problem and the policy

Political Strategies

Examples of Political Strategies

- ***Strategy #1*: Reach out to the non-mobilized, persuading them to take a public position of support, by 1) promising them benefits compared to other policies and 2) seeking common goals and values**
- ***Strategy #2*: Support a coalition of supporting groups or players, with a recognizable name and sufficient resources.**
- ***Strategy #3*: Meet with opponents to seek common goals or mechanisms, and thereby reduce the intensity of their opposition.**
- *Each strategy has specific actions proposed for specific stakeholders.*

Source: "Political Strategy Memo: How to Pass Legislation to Improve Reproductive Health in Guatemala," by Christine Sheng-Hsin Chen et al, April 2014, HSPH course.

PolicyMaker 4.0 Software For Political Analysis

- Windows-based software for applied political analysis
- Karima and Maria can help you
- Downloadable for free at:

www.polimap.com

Why is Health Reform So Difficult?

- COSTS tend to be concentrated on organized groups, that possess political resources
- BENEFITS tend to be spread across non-organized groups, that lack political resources

Read the Case:
"Mexico:
Negotiating Health Reform"

While considering the Study Questions

Study Questions

- **What problems** does Minister Julio Frenk seek to address?
- **What health reform changes does he seek**, in order to fix those problems?
- **Conduct a stakeholder analysis** of the proposed reform and assess its political feasibility. Who were the supporters and opponents, and how much power did they have?
- **Propose a set of political strategies** for Minister Frenk in order to get his reform adopted.
- **Consider the implications** of your political strategies for the reform's future implementation.

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What are the main lessons of the Case?

"Mexico:
Negotiating Health Reform"

POWER Depends on Political Resources

- Money
- Organization
- People
- Votes
- Skills
- Information
- Access to Leaders
- Access to Media
- Symbols
- Legitimacy

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POSITION Depends On

The Policy's Consequences:

- Monetary
- Symbolic
- Organizational
- Political

The Player's Interests:

- Values
- Political Goals
- Economic
- Organizational

Political Feasibility Is Shaped By Political Strategies

- To change the **POWER** of supporters and opponents
- To change the **POSITION** of supporters and opponents
- To change **PERCEPTIONS** of the problem and the policy

POWER STRATEGIES Help Supporters

Increase supporters' political resources:

- Increase legitimacy of supporters
- Increase access to decision-makers
- Increase public visibility
- Give information to supporters
- Help them raise money

POWER STRATEGIES
Undermine Opponents

Decrease opponents' political resources:

- Decrease legitimacy of your opponents
- Decrease access to decision-makers
- Decrease public visibility in media
- Split off key sub-groups
- Question their motives

POSITION STRATEGIES
Increase Commitment of Allies or Non-mobilized Players

- Compromise: Change the proposed policy
- Exchange: Offer them something else they want (in another policy or field)
- Persuade: Explain how the proposed policy advances the player's interests

POSITION STRATEGIES
Decrease the Commitment of Opponents

- Compromise: Change proposed policy
- Compensate: Offer them something to compensate for perceived losses
- Persuade: Explain how the proposed policy would advance common goals
- Threaten: Threaten legal or political action

PERCEPTION STRATEGIES
Change Nature of the Issue

- Reframe the problem definition by introducing new language
- Associate your cause with positive symbols
- Get endorsement from credible public figures
- Use conflict and victims

NEGOTIATION TIPS

- Avoid value-dividing negotiations (I win, you lose)
- Seek value-creating negotiations (win-win outcomes)
- In conflicts, try principle-based negotiations first, and seek to build trust

SUMMARY

- Health System Change is a profoundly political process throughout the policy cycle
- Yet reform teams tend to focus on the technical rather than the political
- Explicit political strategies can enhance the political feasibility of your reform

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Harvard Ministerial Health Leader's Forum

Organizing for Delivery: Intro

Monday, 2 June 2014
4:50-6:30 p.m.

Most governments underestimate implementation

Policy : Implementation

90 : 10

Fails

80

Most governments underestimate implementation

Policy : Implementation

10 : 90

Succeeds

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What is "Delivery"?

"Delivery" *(n.)* is a systematic process through which system leaders can drive progress and deliver results.

It will enable a system to answer the following questions rigorously

1. What is our system trying to do?
2. How are we planning to do it?
3. At any given moment, how will we know whether we are on track?
4. If not, what are we going to do about it?
5. How can we help?

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There are 16 essential elements to delivery





Develop a foundation for delivery	Understand the delivery challenge	Plan for delivery	Drive delivery	Create an irreversible delivery culture
1. Define your aspiration 2. Review the current state of delivery 3. Build the delivery unit 4. Establish a "guiding coalition"	5. Evaluate past and present performance 6. Understand drivers of performance and relevant activities	7. Determine your reform strategy 8. Set targets and establish trajectories 9. Understand the Delivery Chain 10. Produce delivery plans	11. Establish routines to drive and monitor performance 12. Solve problems early and rigorously 13. Sustain and continually build momentum	14. Build system capacity all the time 15. Communicate the delivery message 16. Develop high-quality relationships

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The Prime Minister's Delivery Unit (PMDU) was founded in 2001 to help the British government focus on delivery of the Prime Minister's key priorities

Key activities of the PMDU

- Monitor and report on the delivery of the Prime Minister's top priorities
- Identify key barriers that prevent improvements and actions needed to strengthen implementation
- Strengthen departmental capacity to deliver through better planning and sharing knowledge about best practice

Selected targets that the PMDU oversaw

Education
- 11-year-old English proficiency
- 11-year-old Math proficiency
- 14-year-old English proficiency
- 14-year-old Math proficiency

Health
- Heart disease mortality
- Cancer mortality
- Max waiting time for non-emergency surgery
- Emergency room waiting time
- Physician appointments

Crime
- Street crime
- Burglary
- Car crime
- Offenses brought to justice

Transportation
- Road congestion
- Train punctuality

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The Delivery Unit Approach Relationships

- **Getting the key relationships right**

To the Prime Minister:
Whatever you're doing we're focused on your priorities

To the Chancellor of the Exchequer:
We'll make sure the money you allocate delivers results

To the Cabinet Ministers:
We'll help you get your bureaucracy to deliver the government's priorities

To the Top Civil Servants:
We'll sustain a focus on these priorities and help you solve your problems

To Everyone:
However much we contribute you get the credit

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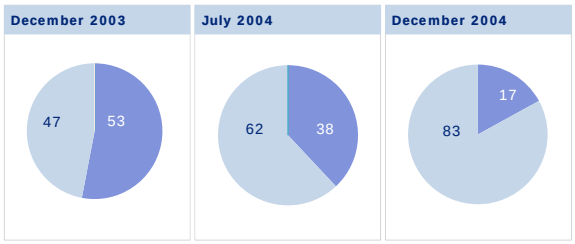
Within 4 years, the government was on track to hit over 80% of its high-priority targets

Targets on track, %



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The approach has since been applied successfully in many countries

Systems using the delivery approach

The PMDU had a clear mission to help Government to deliver better and more efficient public services

•PMDU explanation of its activities

What we do

Monitoring and reporting on the delivery of the PM's top delivery and reform priorities	We do this through 6 monthly delivery reports, notes to the PM; preparation for, and follow up to, stock takes and cabinet committees
Identifying the key barriers to improvement and the action needed to strengthen delivery	Through our joint action plans and more specific priority reviews and design reviews
Strengthening departments capacity to deliver through better planning and sharing knowledge about best practice	Through ongoing work and sharing knowledge and best practice, develop understanding of what works
Supporting the development of high quality targets that will effectively incentivize improvements in public services	Working with the treasury and departments in preparation for the spending review

88

Developing an understanding of delivery amongst staff was also key...

Ambition	▪ Believe in step change ▪ Get it done as well as possible
Focus	▪ Clear sustained priorities ▪ Avoiding distractions
Clarity	▪ "Confront the brutal facts" ▪ Know what's happening now ▪ Understand stakeholders
Urgency	▪ People are impatient ▪ "If everything seems under control, you're not going fast enough"
Irreversibility	▪ Structure, culture, results ▪ Avoid celebrating success too soon

89

We found that effective delivery depended on combining three elements

The right mindset	Effective performance management	Bold reform
▪ 'Guiding coalition' ▪ Shared vision ▪ Ambition ▪ Clear priorities ▪ Ministerial consistency ▪ Urgency ▪ Capacity to learn rapidly ▪ Collaboration across government	▪ Targets ▪ Sharp accountability ▪ Good real-time data ▪ Best practice transfer ▪ Transparency ▪ Management against trajectory ▪ Capacity to intervene where necessary ▪ Incentives to reward success	▪ Choice ▪ Personalisation ▪ Responsiveness to the community ▪ Contestability ▪ Vibrant supply side ▪ Serious investment ▪ 3 year funding for frontline ▪ Flexible deployment of staff

90

Exercise 1: Your clarity and confidence about goals

- How clear is your delivery priority?
- Ask yourself the question: "How confident am I about my Ministry's ability to achieve its main goals?"
- Come and vote by placing your dot on the brown paper in the front of the room

91

The PMDU had an organisational culture that helped achieve the mission

•**PMDU explanation of its approach**

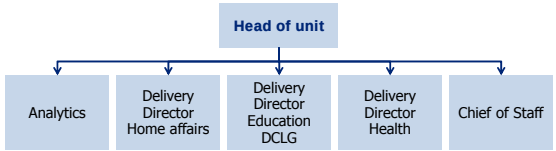
Our approach emphasises . . .	Our working approach avoids . . .
▪ Keeping the PM well-informed about his key priorities ▪ Consistent pursuit of those priorities ▪ Data and evidence ▪ Plain-speaking ▪ Early identification of problems ▪ Imaginative problem-solving ▪ Application of best practice ▪ Recognising differences as well as similarities between departments ▪ Urgency ▪ Building capacity ▪ Leaving responsibility and credit where they belong ▪ The expectation of success	▪ Micro-management ▪ Generating bureaucracy or unnecessary work ▪ Getting in the way ▪ Policy wheezes ▪ Being driven by headlines ▪ Short-termism ▪ Opinion without evidence ▪ Changing the goalposts

92

The PMDU had high quality staff with a skill and knowledge mix vital to delivering the mission

•**PMDU personnel**

- Our staff come from a variety of sectors and organisations
  - **Civil servants:** Cabinet Office, Other Government Departments
  - **Consultants:** McKinsey, Accenture, PWC, Cap Gemini
  - **Accountability, audit and inspection:** Audit Commission, NAO, OFSTED, HCC
- The staff also bring in vital experience of local government and front line services



93

Most Delivery Units have 5 core areas of responsibility

	General activities	Activities with system leader	Activities with accountable officials
Plans and planning	• Ensure that strategy and plans are in place and can be monitored	• Articulate aspiration, strategy, and commitment to delivery	• Produce plans that include interventions, trajectories, and delivery chains
Monitoring and reporting	• Ensure that the right routines and metrics are in place to understand and drive progress	• Set up and manage delivery routines to report to system leader and help him/her drive progress	• Reflect on progress and next steps in preparation for routines
Evaluation and follow-up	• Establish a feedback loop between monitoring and planning that identifies and solves problems as they arise	• Escalate more serious problems for additional attention • Raise key questions and decisions for action	• Engage in problem-solving to identify corrective actions where necessary • Capture and spread best practice
Capacity-building	• Use every possible opportunity to "teach" delivery	• Coach in communication and holding others accountable	• Identify delivery capacity needs for officials and system as a whole • Directly or indirectly fulfill needs
Communication and relationship management	• Create a positive resonance about the delivery effort throughout the system	• Design and communicate the delivery message • Build the guiding coalition	• Establish strong relationships with officials and throughout system • Reinforce the delivery message

94

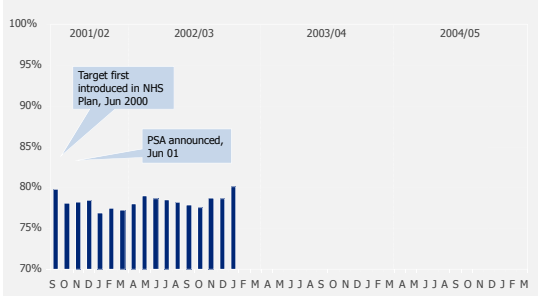
Case study one – Delivery of Health targets in the UK

Just in time: How the Accident and Emergency 4-hour target was hit in the UK

95

Until 2002 A&E performance had plateaued: the PSA target was not taken seriously

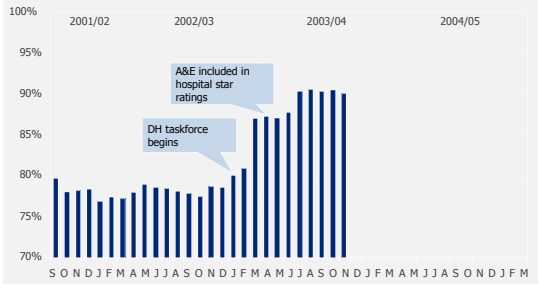
A&E attenders spending no more than 4 hours in A&E, U.K.



96 Source: Department of Health

Ministerial focus, increased priority and sharper accountability had a major impact

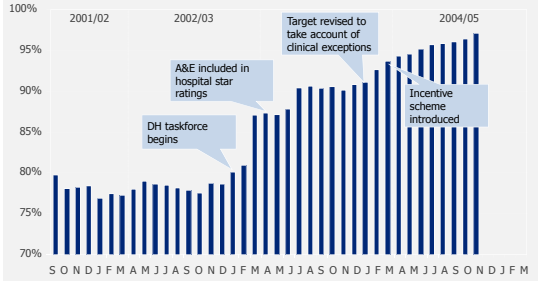
A&E attenders spending no more than 4 hours in A&E, U.K.



97 Source: Department of Health

The introduction of incentives brought another step change

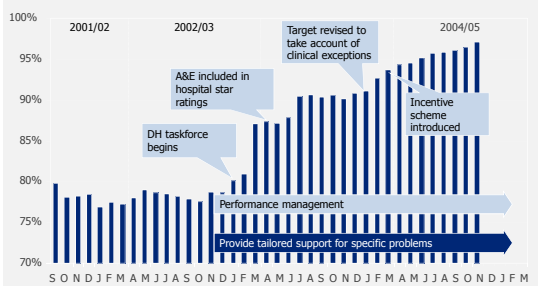
A&E attenders spending no more than 4 hours in A&E, U.K.



98 Source: Department of Health

Performance management and targeted support drove the system

A&E attenders spending no more than 4 hours in A&E, U.K.



99 Source: Department of Health

Case study 2 – Education Reform in the Punjab

Revolutionising Education in Punjab

100

A new day is dawning on education in Punjab


Higher enrolment and student attendance


More teachers attending than ever before


More schools with better basic facilities

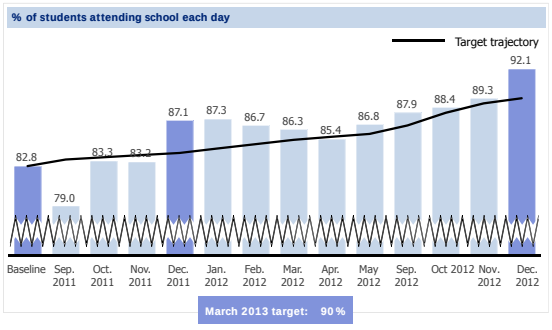

Stronger administration focusing on improving quality

101

Approaching 1,500,000 extra children age 5-16 enrolled in school since 2011

102

Student attendance has reached a new high, above the 2013 target

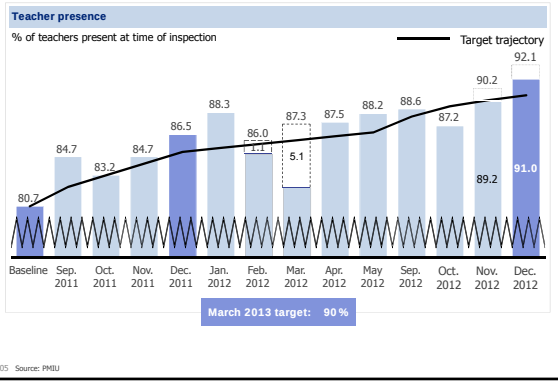


103 Source: PMIU

Around 3,000,000 children have benefited from these additional facilities

104

Teacher presence is at a new high, above the 2013 target



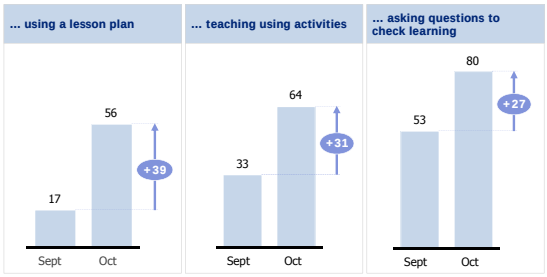
105 Source: PMIU

37,000 extra teachers attend school every day

106

The teacher quality pilots had a major impact in one month

Percentage of teachers in sample who were ...



107 *NOTE: The above are just three of the twelve indicators used to evaluate and mentor teachers during the pilot*

In April every child in Punjab will receive new textbooks in line with the 2006 national curriculum

108

MINISTERIAL LEADERSHIP IN HEALTH | HARVARD SCHOOL OF PUBLIC HEALTH | HARVARD Kennedy School

Harvard Ministerial Health Leader's Forum

Tackling Institutional Change

Monday, 2 June 2014

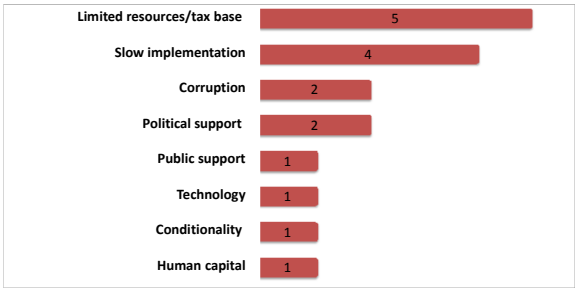
6:30-8:30 p.m.

How to get started? Understanding past performance

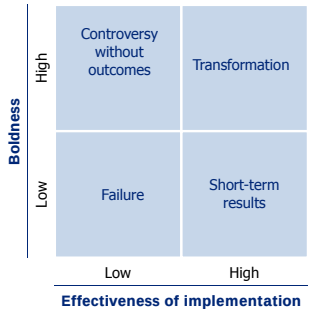
Develop a foundation for delivery	Understand the delivery challenge	Plan for delivery	Drive delivery	Create an irreversible delivery culture
1. Define your aspiration 2. Review the current state of delivery 3. Build the delivery unit 4. Establish a "guiding coalition"	5. Evaluate past and present performance 6. Understand drivers of performance and relevant activities	7. Determine your reform strategy 8. Set targets and establish trajectories 9. Understand the Delivery Chain 10. Produce delivery plans	11. Establish routines to drive and monitor performance 12. Solve problems early and rigorously 13. Sustain and continually build momentum	14. Build system capacity all the time 15. Communicate the delivery message 16. Develop high-quality relationships

110

Barriers faced by Finance Ministers



Overcoming barriers



112

Exercise 2: Identifying the barriers to delivery

- In groups identify the major barriers to improving performance against your key goal or aspiration
- Think about what past performance tells you has worked and hasn't worked when doing this
- Once you have identified the range of barriers you are facing think about prioritising them: what are the Top 3 barriers?

113

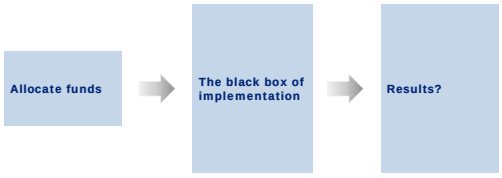
Delivery Planning: Reform strategies

Develop a foundation for delivery	Understand the delivery challenge	Plan for delivery	Drive delivery	Create an irreversible delivery culture
1. Define your aspiration	5. Evaluate past and present performance	7. Determine your reform strategy	11. Establish routines to drive and monitor performance	14. Build system capacity all the time
2. Review the current state of delivery	6. Understand drivers of performance and relevant activities	8. Set targets and establish trajectories	12. Solve problems early and rigorously	15. Communicate the delivery message
3. Build the delivery unit		9. Understand the Delivery Chain	13. Sustain and continually build momentum	16. Develop high-quality relationships
4. Establish a "guiding coalition"		10. Produce delivery plans		

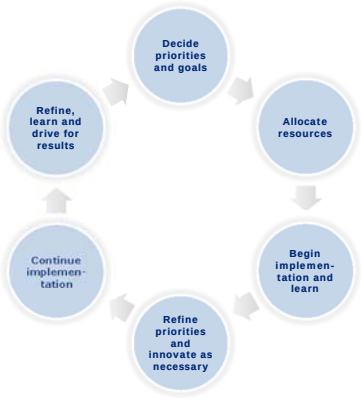
114

The wrong mental models

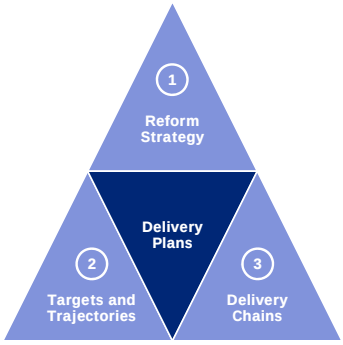
A better mental model



Better still: inside the black box



There are 3 key components of Delivery Planning



118

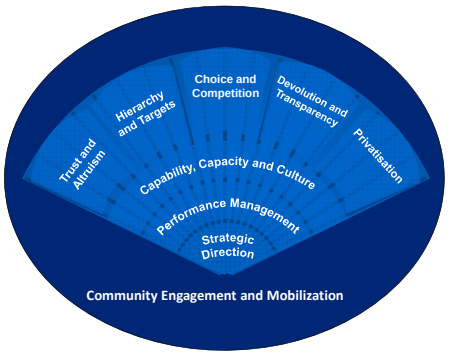
What is a reform strategy?

A **reform strategy** is a **coherent set of activities** that are designed to **maximize impact** on your target metrics

- A well-crafted strategy clarifies delivery efforts and serves as an important tool for communication, highlighting the connection between the work that is being done and the final aspiration
- The **activities** in a strategy can include
  - Doing something new
  - Changing something that already exists
  - Stopping something that is ineffective

119

The five paradigms of reform

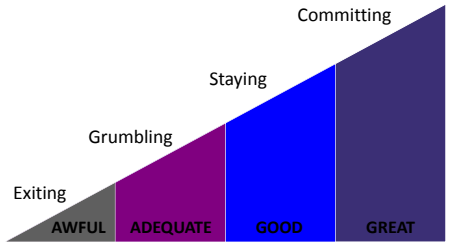


120

The five approaches to reform

	Trust and altruism	Hierarchy and targets	Choice and competition	Devolution and transparency	Privatization
Relevant sectors	• Public services such as health and education	• Public services such as health and education	• Public services where the citizen/consumer make real choices	• In major public services e.g., police, prisons, railways	• Large state owned utilities/ enterprises such as telecoms
Where on performance scale	• Most relevant in good to great and above	• Most relevant in poor to adequate	• Most relevant in good to great and above	• Most relevant in adequate to good and above	• Adequate to good • If service is awful may need improvement before privatization
Evidence for effectiveness	• Thin	• Solid	• Growing	• Strong	• Strong
Combines well with	• None	• Devolution and transparency	• Devolution and transparency	• Hierarchy and targets	• Devolution and transparency
Main challenge of implemen-tation	• Government gives up leverage • Performance debate turns into one about money	• Political will and focus • Designing good targets	• Creating real alternatives • Ensuring that choice is real for the poor • Market information	• Political will to make performance transparent • Need for good leadership of at the frontline	• Design and enhance on the instructions of a market economy (e.g., accountancy)
Examples	• Finland schools (good) • Ghana schools (bad)	• 2000-2010 accident, emergency and surgery wait times • Ontario school reform	• Punjab schools • NHS in England • Portfolio school districts in US	• NYPD • UK rail performance • CitiStat Baltimore • Maryland	• Khazanah in Malaysia • UK 1980-97 • Poland 1995-2005

From awful to great



Exercise 3: Your approach to reform

Take one major priority identified yesterday:

- Identify which of the five approaches to reform you are predominantly using today (5 min)
- Consider which of the other approaches might be beneficial to you (5 min)
- Group discussion (10 min)

123

In planning, your system should select and sequence activities according to three principles

Principles	Description
Choose activities that are powerful on their own	▪ Maximize impact on aspiration based on research (with strong track records of impact in other programs) ▪ Minimize resources spent for impact achieved
Maximize integration effect	▪ Choose activities that strengthen each other
Sequence with resources and impact in mind	▪ Ensure that given human and financial resources are sufficient and adequately spaced through the effort over time ▪ Minimize the number and length of periods where there is no impact or evidence of progress ▪ Take into account interdependent activities, if one may have to come before another. Allow them to build off each other in a logical, efficient manner ▪ Focus limited resources on areas with most room to improve first

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MINISTERIAL LEADERSHIP IN HEALTH | HARVARD SCHOOL OF PUBLIC HEALTH | HARVARD Kennedy School JOHN F. KENNEDY SCHOOL OF GOVERNMENT

Harvard Ministerial Health Leader's Forum

Persuasion, Motivation and Negotiation in the Implementation of Policy

Tuesday, 3 June 2014

7:45-9:30 a.m.

What is "Delivery"?

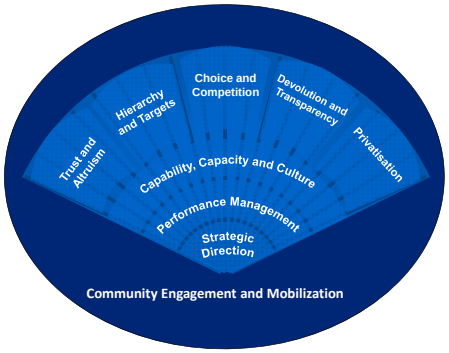
"Delivery" *(n.)* is a systematic process through which system leaders can drive progress and deliver results.

It will enable a system to answer the following questions rigorously

1. What is our system trying to do?
2. How are we planning to do it?
3. At any given moment, how will we know whether we are on track?
4. If not, what are we going to do about it?
5. How can we help?

126

The five paradigms of reform



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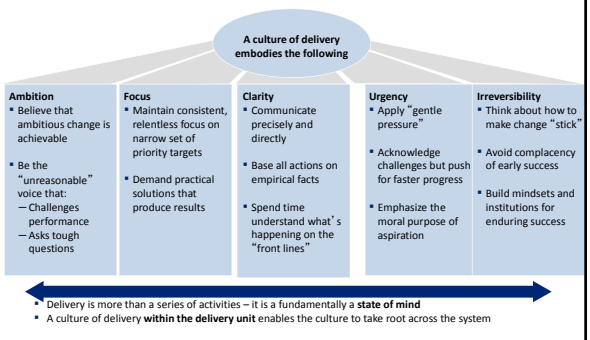
A culture of delivery is essential for reform

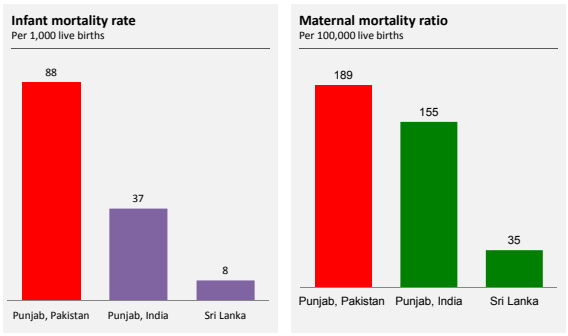


- Delivery is more than a series of activities – it is a fundamentally a **state of mind**
- A culture of delivery **within the delivery unit** enables the culture to take root across the system

128

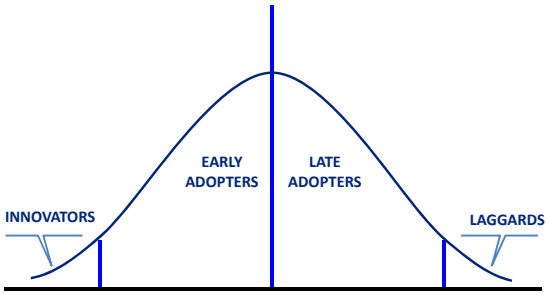
"THE KILLER SLIDE"

Outcomes are still low



SOURCES: MMR: MMEIG 2012; Office for the Register General, India, 2013; PDHS 2006. IMR: BMMS 2010, India Rural Development Statistics 2009, Punjab MICS 2011, Population Council 2013 (WHO estimates)

Change the facts on the ground and win the argument



What is a guiding coalition?

"…seven people in key positions who agree profoundly about what they want to do and how they want to do it, can change the world."

Instruction to Deliver, p.237

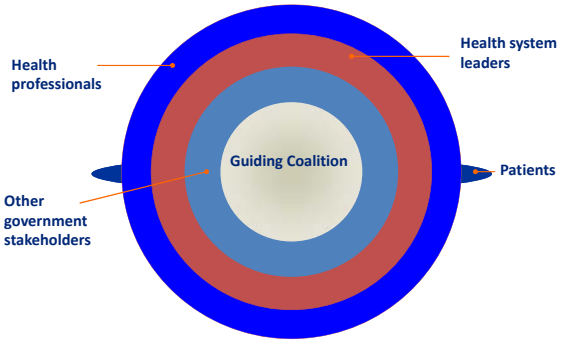
132

How do you build a guiding coalition?

- **Identify** the relevant people
- **Influence** relevant appointments where possible
- **Invest time** upfront in building a shared agenda (to save time later)

133

Successful reform requires ever-widening circles of leadership



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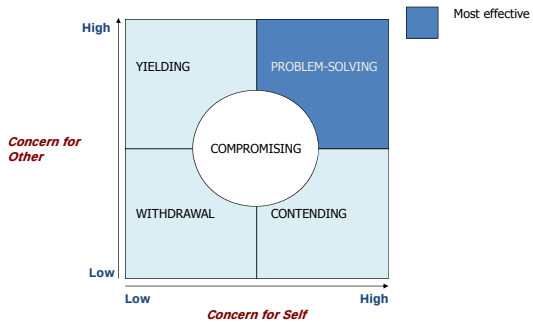
Getting relationships right



Source: Miall et. al, Successful Conflict Resolution

Exercise 6: Your Guiding coalition

•**Team discussion**

- Who is in your guiding coalition currently? (5 min)
- Who else should be in your guiding coalition? (5 min)
- Plenary discussion (10 min)

136

Interview with Tessa Jowell

***Making the Games* (60 min)**

137

Top relationship tips

- Push the credit out to partners for achievements
- Use praise and criticism in a ratio of 3:1
- Drop in regularly on key partners, not just when you need something from them
- Be deliberate about reaching out and communicating
- Don't be defensive if (when) things go wrong
- Say thank you
- Have respect independent of grade/position
- Wield power with responsibility and humility
- Remember there is no 'them', only 'us' – share the problems and challenges

MINISTERIAL LEADERSHIP IN HEALTH | HARVARD SCHOOL OF PUBLIC HEALTH | HARVARD Kennedy School

Harvard Ministerial Health Leader's Forum

Managing and Monitoring Implementation I

Tuesday, 3 June 2014

9:45-11:00 a.m.

Setting targets and Constructing a trajectory

Develop a foundation for delivery	Understand the delivery challenge	Plan for delivery	Drive delivery	Create an irreversible delivery culture
1. Define your aspiration 2. Review the current state of delivery 3. Build the delivery unit 4. Establish a "guiding coalition"	5. Evaluate past and present performance 6. Understand drivers of performance and relevant activities	7. Determine your reform strategy 8. Set targets and establish trajectories 9. Understand the Delivery Chain 10. Produce delivery plans	11. Establish routines to drive and monitor performance 12. Solve problems early and rigorously 13. Sustain and continually build momentum	14. Build system capacity all the time 15. Communicate the delivery message 16. Develop high-quality relationships

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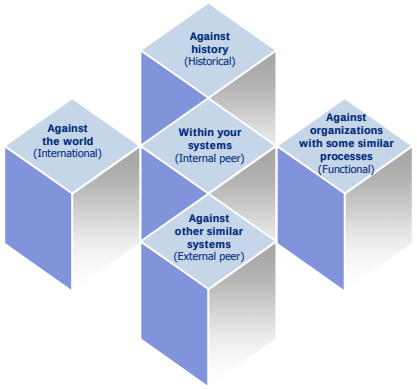
Targets and trajectories follow naturally from a system's aspiration

	Definition
Aspiration	▪ A system's answer to three questions – What do we care about? – What are we going to do about it? – How will we measure it?
Targets	▪ Desired performance level that you want to achieve for a specific metric, by a defined point in time
Trajectory	▪ Your best estimate – from the evidence – of what performance will look like over time until you reach the target

141

Five types of benchmarking can help you set targets



142

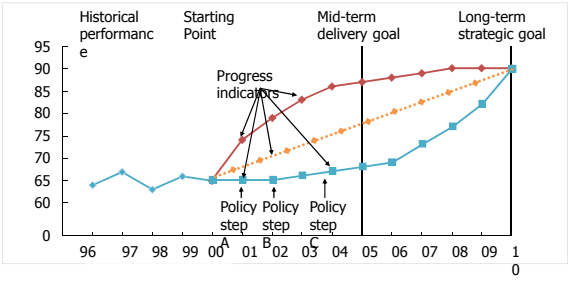
There are a number of risks with targets which need to be managed

Problems with targets	How to overcome them?
❑ Too many targets	❑ Ruthless Prioritisation
❑ Unintended Consequences	❑ Track data to measure them
❑ Over-ambitious/Unrealistic	❑ Political decision to be taken
❑ Gaming Effects ➢ Hitting the target but missing the point ➢ Cream Skimming – focusing on thresholds ➢ Ratchet Effect – less improvement achieved than was possible	❑ Return to the moral purpose ❑ Monitor potential gaming through audit and inspection ❑ Penalize those found gaming /reward those above target.

143

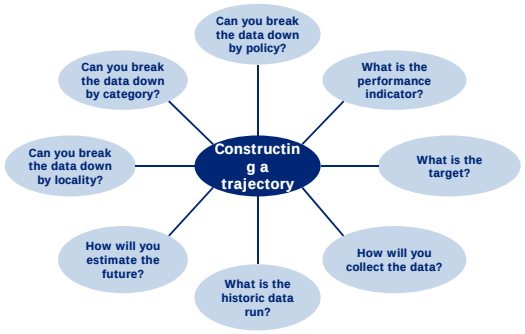
A trajectory is a crucial tool for planning, checking progress, and making course corrections

- Illustrative trajectory



144

Eight critical questions will help you to construct a trajectory



145

Example: breaking down the data by policy

•The U.K. National Literacy Strategy, 1997-2002

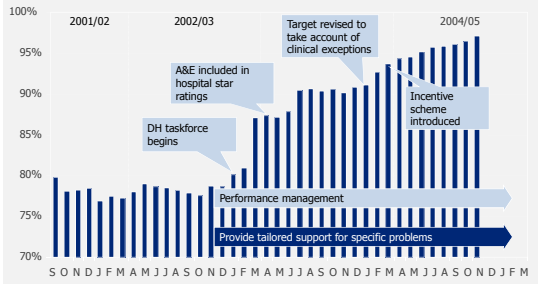
- In 1997, the Blair government announced an 80% literacy target
- Despite the limited data available, the team in the Ministry of Education made a rough estimate of the potential impact of a series of interventions
- In fact, these estimates were very close to the actual improvements the system made

	1997	1998	1999	2000	2001	2002
Increased focus and priority	NA	+1	+2	+1	0	0
Improved test preparation	NA	+1	+1	0	0	0
Improved materials	NA	0	+1	+1	0	0
School improvement strategy	NA	0	+1	+1	+2	+1
Improved quality of teaching	NA	0	0	+2	+1	+1
Total	**63**	**65**	**70**	**75**	**78**	**80**

146

Performance management and targeted support drove the system

A&E attenders spending no more than 4 hours in A&E, U.K.



147 Source: Department of Health

Exercise 5: Your targets

•Team discussion (20 min)

- Have you set smart and benchmarked targets for your priority?
- Do you need to refine your targets?
- How would you do this?
- How do you need to mitigate the risks associated with your targets?

148

Why data matters

Focusing your activities	Improving management	Refining plans and targets
• Quick movement towards reaching targets • Highest value for time and money for your efforts	• Support high performers • Identify weaknesses in system • Share best practices	• Constant iteration of your plans • Reviewing the system at every given point

149

Good data systems are....

1. Frequently updated

High-tech....

...or Low-Tech

150

Good data systems are....

2. Granular

Hospital capacity and utilization

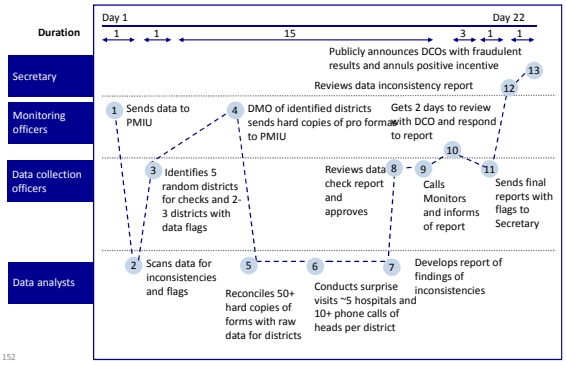
September 2011
Bhawalpur

Tehsil	Hospital name	Hospital administrator	Capacity	Utilization
CHHEB	GGHS HADDOWALI	Shazia Noureen (03025055499)	174	56
HASSANABDAL	GGHS HASSAN ABDAL	Sajida Munir (03004843869)	647	156
HASSANABDAL	GGES SHAHIA	Bushra Sadiqa (03225176432)	360	141
HASSANABDAL	GGES (MC) MODEL HASSANA	Gulnaz Begum (03145780200)	427	99
HASSANABDAL	GPS HASSAN ABDAL NO.1	Sohail Akhtar (03025126561)	375	96
HASSANABDAL	GHS SHAHIA	Asif Mehmood (03155714964)	287	80
HASSANABDAL	GGES KHUDA	Sumaira Gul (0322-5453809)	282	74
HASSANABDAL	GGES PATHER GAR	Farhana Zafar (0300-9740730)	266	62
HASSANABDAL	GPS HASSAN ABDAL NO.3	Abdul Rasheed (03008330968)	192	54
HASSANABDAL	GPS GHARSHEEN	Amanat Rasool (0344-5058278)	126	51
HAZRO	GHS KALU KALAN	Rizawal Khan (03325629764)	520	277

151

Good data systems are....

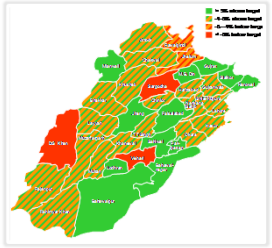
3. Reliable



152

Good data systems are....

4. Understood by leadership



Effective visualization...

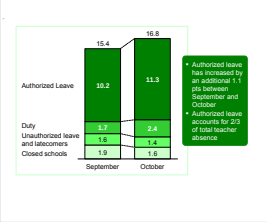
"I will sleep with these maps under my pillow every night!"

...Drives deeper understanding

153

Good data systems are....

5. Used to drive management decisions



Relentless analysis and the center …

…And re-deployment in field

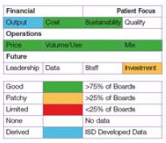
154

Good data systems are....

6. Transparent

Displayed at source

Published (online or offline)



Engaging customers (for collection or information)

155

Exercise 1 rubric: How effective are your data systems?

	Green	Red
Frequency of collection	• Very frequently	• Annually or less frequently
Granularity	• Individual patient/medical centre	• National
Reliability	• Bullet-proof • Problems detected quickly	• Unreliable • Problems not detected
Leadership understanding	• Understood by leader	• Not known to leader
Effectiveness of use	• Data actively drives decisions	• Data not utilised
Transparency	• Accessible and displayed to public	• Not shared with anyone

Exercise 7: Data

•**Group discussion**

- How is access to data/information in your system? What are the opportunities to improve it? (10 min)
- Plenary discussion (10 min)

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MINISTERIAL LEADERSHIP IN HEALTH | HARVARD SCHOOL OF PUBLIC HEALTH | HARVARD Kennedy School

Harvard Ministerial Health Leader's Forum

Managing and Monitoring Implementation II

Tuesday, 3 June 2014

11:15-12:45 p.m.

Delivery Planning: Understanding the Delivery Chain

Develop a foundation for delivery	Understand the delivery challenge	Plan for delivery	Drive delivery	Create an irreversible delivery culture
1. Define your aspiration	5. Evaluate past and present performance	7. Determine your reform strategy	11. Establish routines to drive and monitor performance	14. Build system capacity all the time
2. Review the current state of delivery	6. Understand drivers of performance and relevant activities	8. Set targets and establish trajectories	12. Solve problems early and rigorously	15. Communicate the delivery message
3. Build the delivery unit		9. Understand the Delivery Chain	13. Sustain and continually build momentum	16. Develop high-quality relationships
4. Establish a "guiding coalition"		10. Produce delivery plans		

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What is a delivery chain?

> Supposing that a Minister promises, as David Blunkett did, to improve standards of reading and writing among 11 year olds. Implicit in this commitment is that, in one way or another, the Minister can influence what happens inside the head of an 11 year old in, for example, Widnes. The delivery chain makes that connection explicit; so in this case, what is the connection between the child in Widnes and the Minister in Westminster? … There must be some kind of delivery chain if there is to be delivery. If it cannot be specified, nothing will happen.
>
> *– Instruction to Deliver, p.86*

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Delivery Chain analysis is key to understanding who you will need to work with and influence to achieve your goals

- A **delivery chain** is the set of actors (people or organizations), and the relationships between them, through which a given system activity will be implemented.
- **A delivery chain has one question at its core**
  - Starting from the policy intent of a leader in your system and ending with the front-line behaviors and practices that this policy is designed to influence, how – and through whom – does a system activity actually happen?

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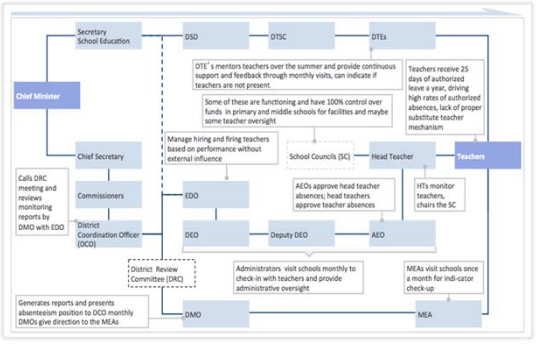
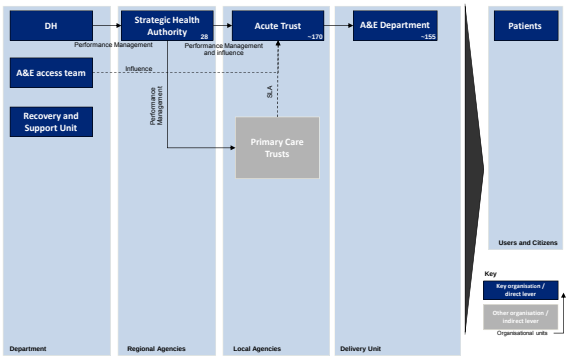
A delivery chain for each objective identifies opportunities to strengthen implementation



Reducing A&E waiting time - A relatively simple delivery chain allowed clear accountabilities to be set & performance to be rigorously managed



Source: PMDU A&E case study

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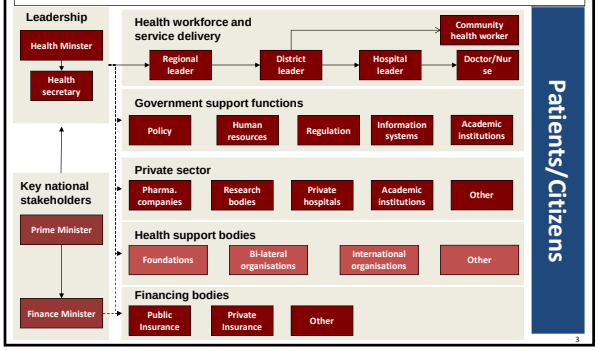
Exercise 8: Delivery Chains

- *On the diagram on the brown paper, mark the potential areas of weakness in your system. Consider both institutions and the links between them*
- *Group discussion*



3

Routines for Monitoring and evaluating progress

Develop a foundation for delivery	Understand the delivery challenge	Plan for delivery	Drive delivery	Create an irreversible delivery culture
1. Define your aspiration	5. Evaluate past and present performance	7. Determine your reform strategy	11. Establish routines to drive and monitor performance	14. Build system capacity all the time
2. Review the current state of delivery	6. Understand drivers of performance and relevant activities	8. Set targets and establish trajectories	12. Solve problems early and rigorously	15. Communicate the delivery message
3. Build the delivery unit		9. Understand the Delivery Chain	13. Sustain and continually build momentum	16. Develop high-quality relationships
4. Establish a "guiding coalition"		10. Produce delivery plans		

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Routines are the engines that allow you to drive delivery, even during a crisis!

What are routines?

- **Regularly scheduled checkpoints** to assess if **delivery** is on track
- **Engine that drives delivery forward:** without routines, delivery will stall or eventually fall off the agenda
- **A source of structure and discipline** to create order in complex public sector systems

What purpose do routines serve?

- **Monitor performance:** understand if system is on track to deliver aspirations, using predetermined assessment frameworks
- **Diagnose problems:** surface issues that are inhibiting progress and analyze data to pinpoint causes
- **Address problems:** provide a venue to discuss and decide how to overcome challenges

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Key Routines in the PMDU

	Definition	Purpose	Frequency
Prime Minister Notes	▪ Progress update briefing for the PM ▪ Consists of a brief summary, followed by a short report	▪ Update the PM on progress against targets, key actions required, and warning signs of risks ▪ Identify areas where PM needs to make decisions or recommendations ▪ Raise visibility of PMDU by copying other stakeholders ▪ Surface other issues that may impact delivery unit's agenda	▪ Monthly
Stocktakes	▪ Regular meeting of PM, leaders from relevant departments, and key officials	▪ Evaluate delivery of specific set of activities ▪ Update the PM on progress ▪ Enable the PM to hold individuals accountable ▪ Provide focus, clarity and a sense of urgency ▪ Make decisions on key actions or new policy needed ▪ Remove barriers to cross-departmental work ▪ Celebrate success when milestones are met	▪ Quarterly
Delivery reports	▪ Comprehensive assessment of the status of all of the system's key priority areas ▪ From delivery leader to PM	▪ Update PM on progress against priorities ▪ Outline what success looks like for priorities over the next 6 months ▪ Determine best path forward ▪ Identify key actions that need to be taken ▪ Surface areas of disagreement between the delivery unit and the frontline ▪ Act as a reference document against which to chart progress	▪ Every six months

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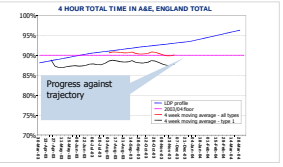
Routines such as the delivery report focused on understanding current progress, analyzing it, and setting out a clear plan for action



Performance has sustained at 90% since July but is now static and increasingly off-trajectory

- Performance of 'type X' departments yet to reach 90%.
- National aggregated position hides variation - in October 2003, 44% of type Xs are still below 90%, handful are still below 80%.
- Method for dealing with breaches now clear, public consultation completed, and final decision now made.
- Evaluation of new initiative for improving processes in every Department currently underway.

An analysis of progress

What will success look like in 6 months?

- Average performance at 95% and rising
- No department below 85%, no more than 10% of departments below 90%
- Incentive system operational and early results evaluated
- Clear arrangements established and in place for maintaining performance at higher level
- Contingency arrangements operational for possible late breaches
- Results communicated to wider public

Clear measurable statement of "what success looks like" by December 2004

Action required

- **Urgent**
  - Communicate the 98% decision clearly to the front line
  - Agree performance ratings with audit body for 2003/04 and 2004/05 respectively; agree any other incentives needed in the course of 2004; and communicate these to the front line
  - Plan and roll out effective management intervention system
  - Performance manage front line departments against their trajectories through the taskforce, and continue reporting at unit level, with a focus on the 'tail' of poor performers.
- **PMDU / Dept** will review performance and these actions at an official-level review in early January and at a PM stocktake on 15 January. We will agree further actions, including a risk analysis, at that stage.

Necessary steps to achieve success, what PMDU will do to help

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A "league table" allowed for comparisons of the likelihood that different targets would be hit

July 2004

Dept		Assessment criteria: Degree of challenge	Quality of planning, implementation and performance management	Capacity to drive progress	Stage of delivery	Overall judgement: Likelihood of delivery	Rank (out of 21)
A	PSA 1	L	G	G	3	G	= 1
B	PSA 2	L	G	AG	2	G	= 1
C	PSA 3	H	AG	AG	3	G	3
D	PSA 4	H	G	AG	3	AG	4
A	PSA 5	VH	G	AG	2	AG	5
B	PSA 6	H	AG	AG	3	AG	6
C	PSA 7	H	AG	AG	2	AG	= 7
D	PSA 8	H	AG	AG	3	AG	= 7
A	PSA 9	H	AG	AG	2	AG	= 7
B	PSA 10	VH	AG	AG	2	AG	= 10
C	PSA 11	VH	AG	AG	2	AG	= 10
D	PSA 12	H	AR	AG	3	AG	12
A	PSA 13	VH	AG	AG	2	AR	13
B	PSA 14	VH	AG	AR	2	AR	= 14
C	PSA 15	VH	AG	AR	2	AR	= 14
D	PSA 16	VH	AR	AR	2	AR	= 16
A	PSA 17	VH	AR	AR	2	AR	= 16
B	PSA 18	H	AG	AR	3	R	= 18
C	PSA 19	H	AG	AR	2	R	= 18
D	PSA 20	VH	AG	AR	3	R	20
A	PSA 21	VH	R	R	2	R	21

Key

- Red: Highly problematic; requires urgent action
- Amber/Red: Problematic; requires action
- Amber/Green: Mixed; some good, some action required
- Green: Good; requires only refinement

Degree of challenge:
L = low
H = high
M = medium
VH = very high

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Government by spasm or government by routine

Everything matters	Clear priorities
Vague aspiration	Clear goals
Crisis management	Routine oversignt
Guesswork	Data-informed
Post-hoc evaluation	Routine data
Massaged impressions	An honest conversation
Remote and slow	In-touch and rapid
Present-focused	Future focused
Hyperactivity	Persistent drive
Sound-bites	Dialogue
Announcements	Change on the ground

Exercise 9: Do you govern by routine?

- Take one major priority identified on Sunday. Apply the "Government by spasm … Government by routine" criteria. On each aspect, where are you? (10 min)
- Place your votes on the wall (5 min)
- Plenary discussion (10 min)
- For your priority, define 2-3 routines that you can deploy to ensure progress (10 min)

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MINISTERIAL LEADERSHIP IN HEALTH | HARVARD SCHOOL OF PUBLIC HEALTH | HARVARD Kennedy School

Harvard Ministerial Health Leader's Forum

Developing Delivery Plans

Tuesday, 3 June 2014
12:45-2:15 p.m.

Who should make and be responsible for plans?

> We asked [departments] to identify the 'single named official' who was personally responsible for the delivery of each priority. 'This should be the person who spends most of his/her time on the priority and has sleepless nights, worrying about hitting the targets'…The idea was not just that these people could be held to account but that, in addition, we would organize a series of master classes in delivery for this select group. There would, in other words, be support as well as pressure.
>
> *– Instruction to Deliver, p.106*

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PMDU focus on plans in 2001

Michael's letter from PMDU to Departments in August 2001 asking for delivery plans

- Create a sense of urgency with a tight deadline
- Do not provide a template. Suggest a list of features that might need to be included:
  - Accountability and leadership
  - Project management
  - Levers for change
  - Feedback and communication
  - Timetable for implementation
  - Risks and constraints
  - Inter-departmental collaboration
  - Resources
  - Benchmarking

Source: Instruction to deliver, p76

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Four types of delivery plans we encountered in PMDU...

1. *Looks good on the shelf..*
   - Great on paper - covers the ground
   - But little relation to reality
   - Keeping people happy

2. *It's all very difficult...*
   - Superficial treatment "we're already doing it"
   - Describes the problems "...impossible..."
   - Few actions leading to outcomes

3. *Essays decorated with the odd number...*
   - (sometimes beautiful) prose
   - Short on data
   - Brings together existing actions

4. *It's a good start...*
   - Detailed actions to make a difference
   - Living plan – to be used and changed
   - Data and trajectories
   - Who will do what

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A good delivery plan should answer 10 questions

What a good delivery plan does	By answering the following questions
1. Articulate its aspiration	How will you know if the delivery plan has been successful – how will things be different?
2. Identify the relevant activities	What will you improve, remove, or introduce? How do these activities fit together, and how are they sequenced?
3. Assign leadership, management, and accountability	Who owns the delivery of each activity, and/or day-to-day activities? Who will ultimately be responsible for delivering on the plan?
4. Set targets and trajectories for implementation	What is the target metric? What is the target? What is the planned time-path of the target metric? How do you know that the target will be achieved?
5. Incorporate benchmarking and data collection	What benchmarks are you using to set your level of aspiration? Do you have the systems in place to effectively collect and utilize data?
6. Identify the relevant delivery chain(s)	What is the delivery chain for each activity, and what actions will be taken along that chain? Are weaknesses accounted for and addressed?
7. Detail performance management routines	What indicators or sub indicators will be monitored to determine whether delivery is on-track? How? What are the implementation milestones?
8. Prepare to manage and communicate to stakeholders	Who are the relevant stakeholders, and how will you engage with and manage them effectively? How will system users' view change over time?
9. Describe the resources and support required	What resources are required for the plan's success, and if not currently available, how will they be obtained? What support is needed from the central delivery unit/team?
10. Anticipate and prepare for risks	What risks and constraints might throw the work off course, and how will they be managed?

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[2014 Ministerial Health Leaders' Forum]

Your Priorities, Guiding Coalition and Routines

What are the 3 delivery priorities for your health ministry?

1. _____
2. _____
3. _____

Who are the key allies in your guiding coalition? Which of these relationships need strengthening?

	Strengthen?
1. _____	____
2. _____	____
3. _____	____
4. _____	____
5. _____	____
6. _____	____

Which delivery routines can help you govern more effectively? How frequent should they be?

Routine	*Frequency*
1. _____	_____
_____	_
2. _____	
_____	_____
3. _____	_
_____	

6

Back to basics

"Delivery" *(n.)* is a systematic process through which system leaders can drive progress and deliver results.

It will enable a system to answer the following questions rigorously

1. What is our system trying to do?
2. How are we planning to do it?
3. At any given moment, how will we know whether we are on track?
4. If not, what are we going to do about it?
5. How can we help?

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MINISTERIAL LEADERSHIP IN HEALTH | HARVARD SCHOOL OF PUBLIC HEALTH | HARVARD Kennedy School JOHN F. KENNEDY SCHOOL OF GOVERNMENT

Harvard Ministerial Health Leader's Forum

Developing your Scorecard

Wednesday, 4 June 2014

3:15-5:00 p.m.

The Delivery Unit and the Balanced Scorecard

Great outcomes
- Excellent
- Good
- Okay
- Poor

Great Processes
- Excellent
- Good
- Okay
- Poor

Great people
- Excellent
- Good
- Okay
- Poor

Great relationships
- Excellent
- Good
- Okay
- Poor

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[2014 Ministerial Health Leaders' Forum]

Your Scorecard

	Sub-objectives	Measures	Targets
Priority 1			
Priority 2			
Priority 3			

7

A good delivery plan should answer 10 questions

What a good delivery plan does	By answering the following questions
1. Articulate its aspiration	How will you know if the delivery plan has been successful – how will things be different?
2. Identify the relevant activities	What will you improve, remove, or introduce? How do these activities fit together, and how are they sequenced?
3. Assign leadership, management, and accountability	Who owns the delivery of each activity, and/or day-to-day activities? Who will ultimately be responsible for delivering on the plan?
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MINISTERIAL LEADERSHIP IN HEALTH | HARVARD SCHOOL OF PUBLIC HEALTH | HARVARD Kennedy School JOHN F. KENNEDY SCHOOL OF GOVERNMENT

Harvard Ministerial Leadership in Health

Ministerial Forum for Health Ministers
Harvard University
June 1-5, 2014

Fundamentals of health system strengthening – framework for analysis
June 3, 2014

Professor Rifat Atun
Professor of Global Health Systems
Harvard School of Public Health
Harvard University

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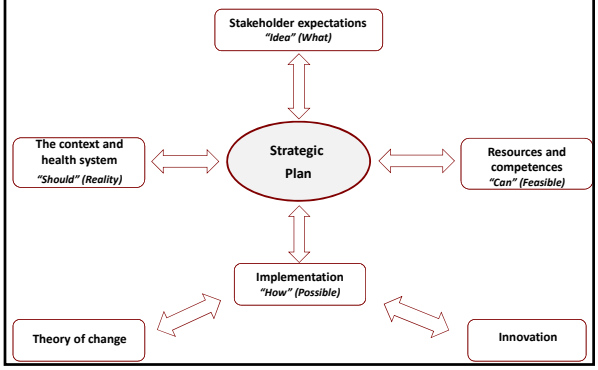
Strengthening health systems: strategic analysis, planning and implementation



1. The challenges
2. Improving performance, responding to challenges: fundamentals of health systems strengthening

Four health systems challenges

1. ***Epidemiological challenge***: changing disease burden and demand patterns
2. ***Economic challenge:*** rising health expenditures and fiscal constraint in systems unprepared for transitions
3. ***Productivity challenge:*** diminishing returns and inefficiency
4. ***Variability challenge***: variability in service delivery, outputs and outcomes

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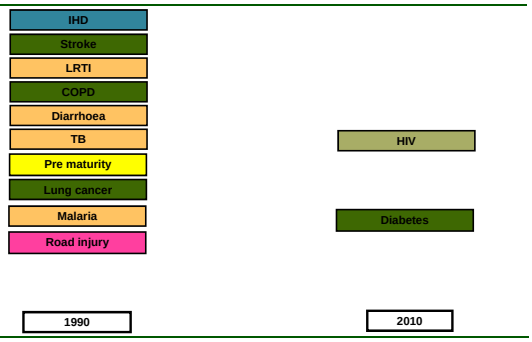
Challenge 1: Epidemiological shift

Epidemiological transition – leading global causes of mortality



Lozano et al Lancet (2012)

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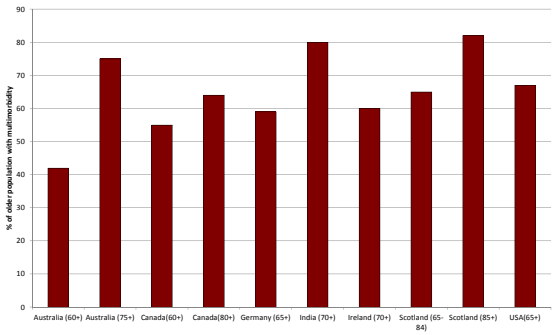
Challenge 1: Epidemiological shift

Multimorbidity



(2+ co-existing chronic diseases)

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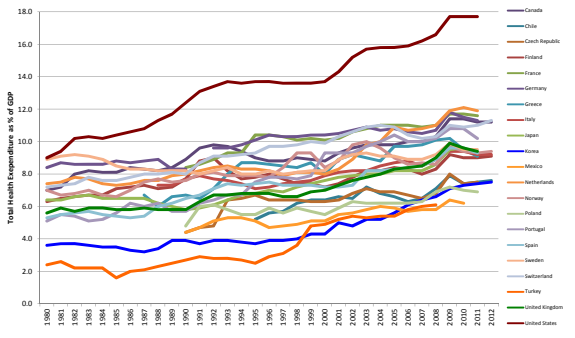
Challenge 2: Expenditure

Health expenditures as a % of GDP – OECD countries



Source: OECD Health Data 2013

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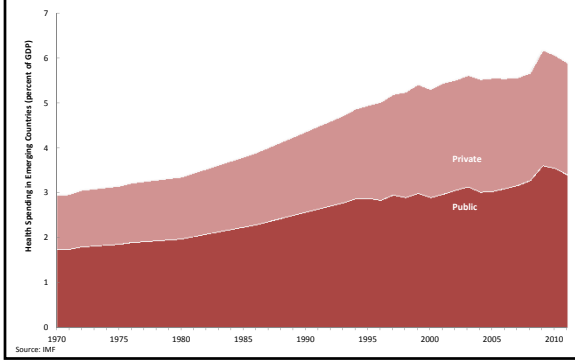
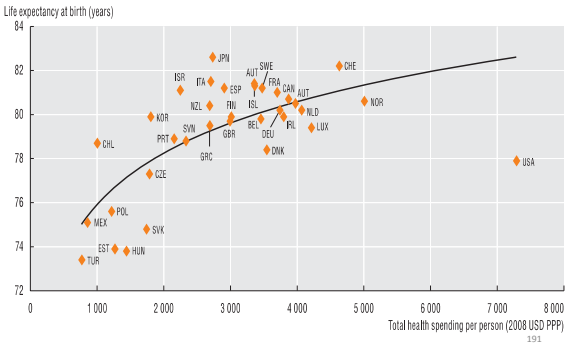
Challenge 2: Expenditure

Health expenditures as a % of GDP – emerging economies



Challenge 3: Productivity

Life expectancy at birth and total health expenditure per person (OECD 2008)



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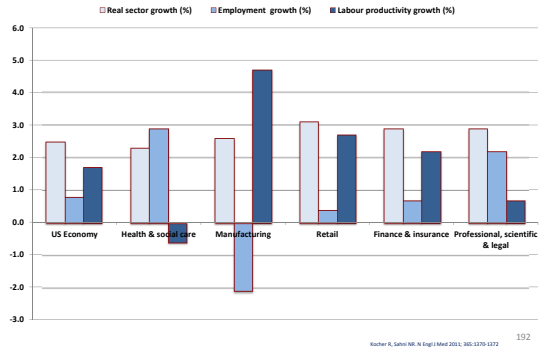
Challenge 3: Productivity

US real sector growth 1990-2010



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Challenge 3: Productivity

UK health systems productivity (2000-10)

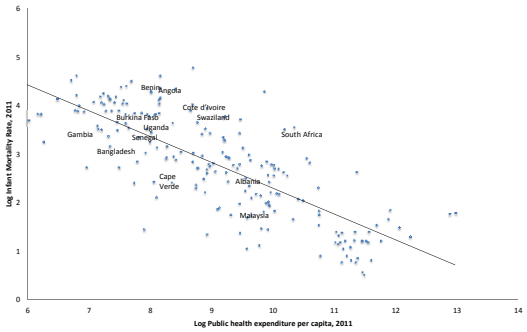
"Over the last ten years, there has been significant real growth in the resources going into the NHS…

The evidence shows that productivity in the same period has gone down, particularly in hospitals."

Amyas Morse
Head, National Audit Office

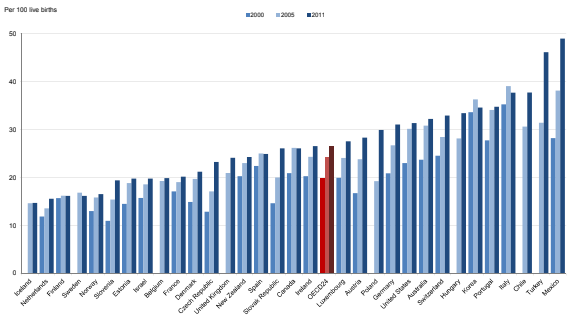
Challenge 4: Variability

Public spending on health and infant mortality rates, 2011



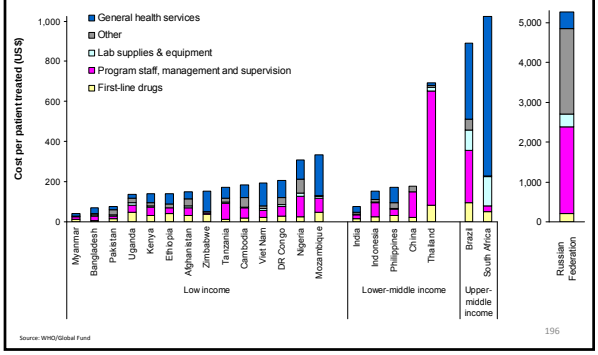
Challenge 4: Variability

Caesarean section rates (OECD 2000-11)



Average unit cost of TB patients treated according to DOTS (2006-08)

Challenge 4: Variability



Source: WHO/Global Fund

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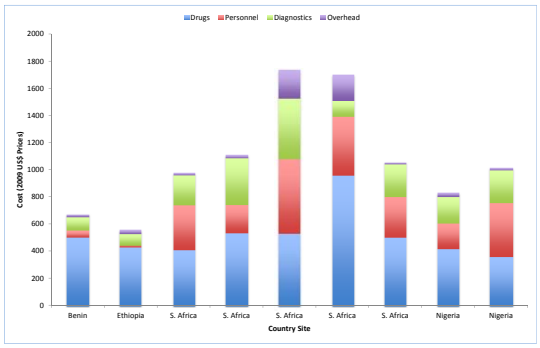
Country reported disaggregated first- and second-line ART costs (2003-12 for sites reporting all components)

Challenge 4: Variability



1. The challenges
2. Improving performance, responding to challenges: fundamentals of health systems strengthening

Achieving value

Focus

- Right services
- Right people
- Right way
- Right time

Action

- Cost effective interventions
- Targeted investments
- Efficient value chain
- Supply chain management

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Achieving value

Focus

- **Right interventions**
- Right people
- Right way
- Right time

Action

- **Cost effective interventions**
- Targeted investments
- Efficient value chain
- Supply chain management

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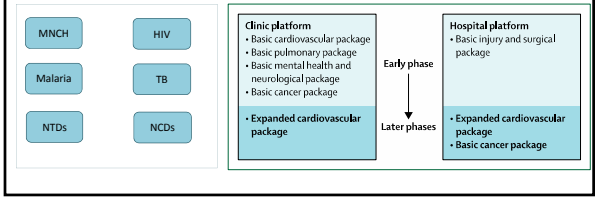
Global Health 2035

The Lancet Commissions

GLOBAL HEALTH 2035 THE LANCET

Global health 2035: a world converging within a generation



Achieving value

Focus

- Right interventions
- **Right people**
- Right way
- Right time

Action

- Cost effective interventions
- **Targeted investments**
- Efficient value chain
- Supply chain management

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Right people: targeted investments for progressive universalism

Demand side

- Broader health coverage can generate significant gains in population health*
- Higher per capita government health spending reduces both child and adult mortality rates* - gains larger for LMIC
- Target poorest groups first
- Prepayment and pooling
- Incentives to enhance access: conditional cash transfers

Supply side

- Gradual expansion – 'effective coverage'
- Financial risk protection

*Morena-Serra R, Smith P; Lancet 2013

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Achieving value

Focus

- Right interventions
- Right people
- **Right way**
- Right time

Action

- Cost effective interventions
- Targeted investments
- **Efficient value chain**
- Supply chain management

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Improving efficiency of health service value chain

Focus

- Integrated public health and personal services
- Human resource mix

Approach

- Benchmarking: strength and weakness analysis along the value chain

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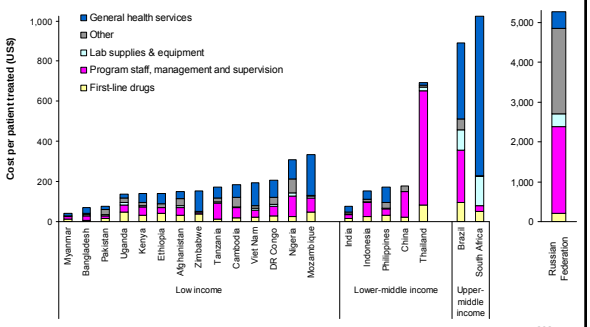
Average unit cost of TB patients treated according to DOTS (2006-08)

Challenge 4: Variability



Source: WHO/Global Fund

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Value chain analysis and benchmarking: bases of competences – strengths and weaknesses

- Cost efficiency
- Value add
- Linkages/networks
- Consistency
- Innovation

Achieving value

Focus

- Right interventions
- Right people
- Right way
- **Right time**

Action

- Cost effective interventions
- Targeted investments
- Efficient value chain
- **Supply chain management**

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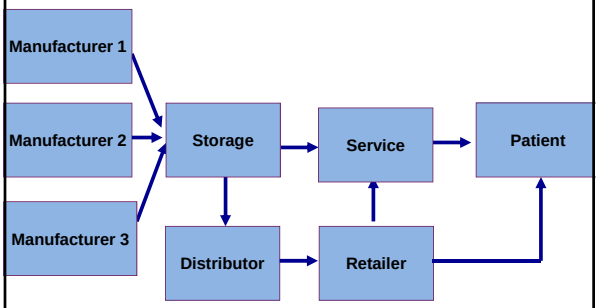
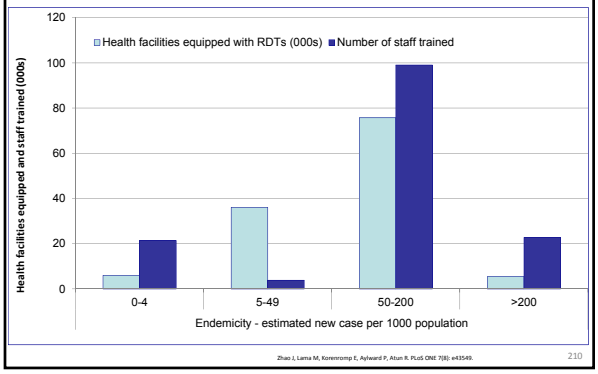
Procurement and supply chain management



Health service readiness for RDT use in Global Fund supported malaria programmes (2005-10)



Zhao J, Lama M, Korenromp E, Aylward P, Atun R. PLoS ONE 7(8): e43549.

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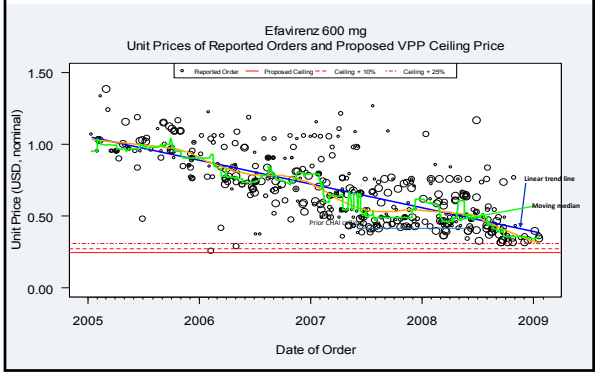
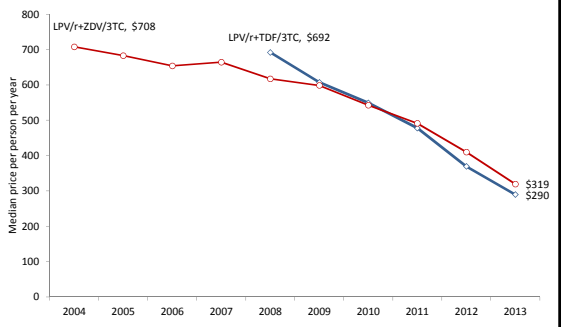
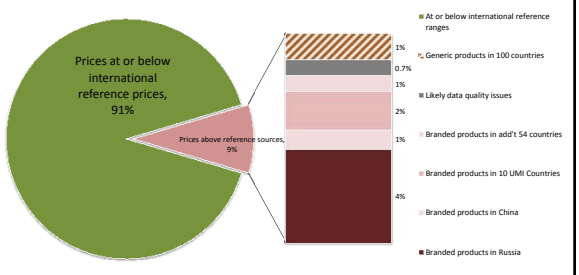
Global Fund unit prices for ARVs



Median price per person per year of WHO recommended second-line treatments* in generic-accessible markets**, 2004-13



Impact of PQR on procured drug prices (2012)



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Cross learning from successes

Good health at low cost
Effective response through strengthened health systems

Middle & upper income
Brazil, Cuba, Estonia, Mexico, Netherlands, Tamil Nadu (India), Thailand, Turkey

Low income
Rwanda, Ethiopia, Bangladesh (BRAC), Kyrgyzstan, Malawi,

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Sustainable Financing for Universal Health Coverage

William C. Hsiao

Ministerial Leaders' Forum
June 4, 2014, first session

Universal Health Coverage

What is UHC?

- "All people have access to services and do not suffer financial hardship paying for them."
- WHO, WHA 58.33, May, 2005

Why?

- "Promoting and protecting health is essential to human welfare and sustained economic and social development."
- WHO. The World Health Report, 2010

Universal Health Coverage

- Universal coverage is an effective strategy to achieve noble goals and has three dimensions. However, it require priority setting when resources are limited.

Breadth	Who is covered?
Scope	What services are covered?
Depth	What is the level of coverage?

Effective Coverage

Insurance coverage ≠ Effective coverage

Financing

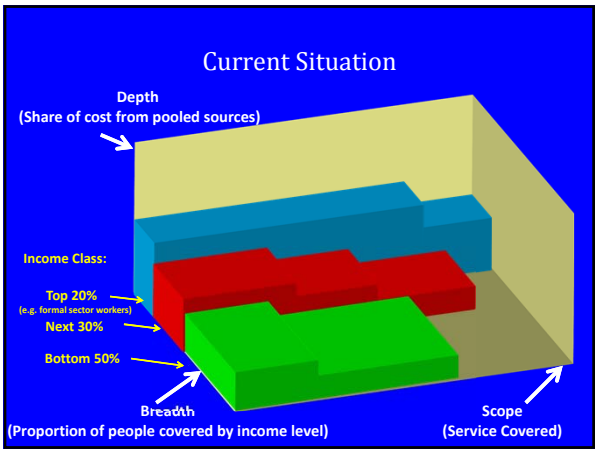
Money is
the Mother's Milk of Health Care

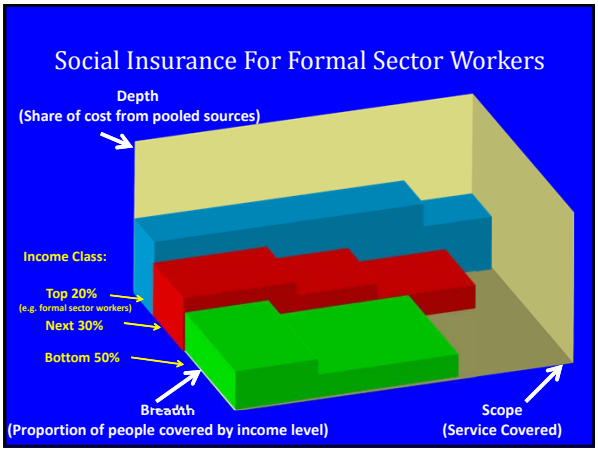
Other Constraints

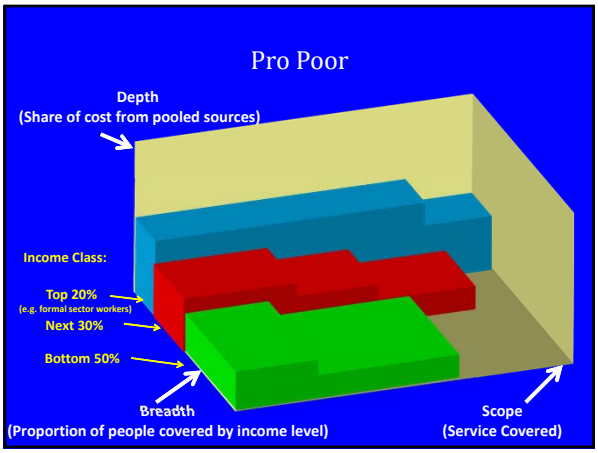
- Human Resources
- Supply Chain
- Effective government (Is corruption and patronage prevalent?)

Ministers Have to Set Priorities
(Low and Lower-income Countries)

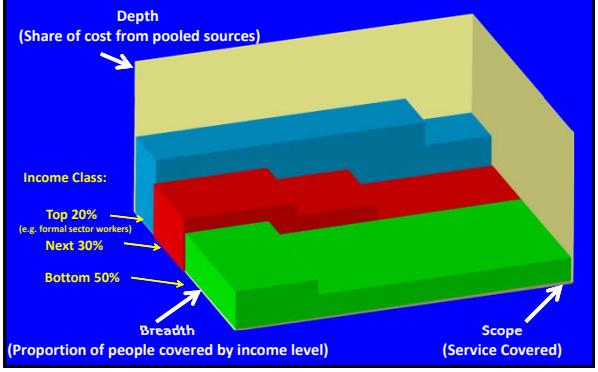
- Who are your priority groups?
- What are your priority services?
- How do you finance universal health coverage stage-by stage?


Current Situation
Depth
(Share of cost from pooled sources)
Income Class:
Top 20%
(e.g. formal sector workers)
Next 30%
Bottom 50%
Breadth
(Proportion of people covered by income level)
Scope
(Service Covered)


Social Insurance For Formal Sector Workers
Depth
(Share of cost from pooled sources)
Income Class:
Top 20%
(e.g. formal sector workers)
Next 30%
Bottom 50%
Breadth
(Proportion of people covered by income level)
Scope
(Service Covered)


Pro Poor
Depth
(Share of cost from pooled sources)
Income Class:
Top 20%
(e.g. formal sector workers)
Next 30%
Bottom 50%
Breadth
(Proportion of people covered by income level)
Scope
(Service Covered)

Pro Poor



Traditional vs Modern Universal Social Health Insurance

Bismarkian (Traditional)	Modern
• Formal sector workers-covered and employer and workers pay premium	• Formal sector-same
• Informal sector workers—not covered, rely on public and private facilities	• Gov't subsidy prem
• Poor—welfare. Rely on public facilities	• Gov't pays full prem for the poor and near poor

Lessons from Bismarkian Social Health Insurance

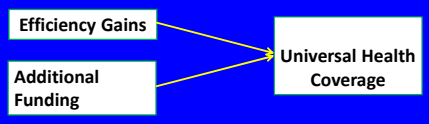
- Administratively easier to cover civil servants and formal sector workers. They demand rich benefit packages that entail high costs and premiums.
- Farmers and informal sector workers are not covered; creates a two-tiered health care system.
- Later when coverage extended to informal sector workers, they receive less benefits for affordability reasons.
- Long term: Difficult to establish a TRUE equitable UHC

Potential Efficiency Gains

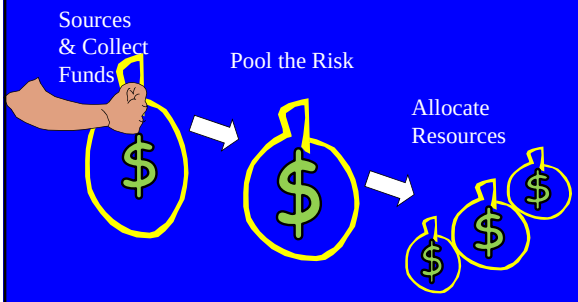
WHO World Health Report 2010:

"This report estimates that from 20% to 40% of all health spending is currently wasted through inefficiency."

$1 of efficiency gain= $1 of new funding



Definition of Financing



Key Question Finance Wants to Know: Resource Allocation

Questions from Treasury and Donors

What services will the money be spent on?	Why is money needed for these services?	Will the money be spent efficiently	Which populations benefit from these services?

How the Benefit Package is Designed

Determines how funds will be spent	Determines what services would be funded	Determines the cost of UHC

Value for Money

William C. Hsiao

Ministerial Leaders' Forum
June 4, 2014, second session

What's "Value for Money"

Money is spend for:

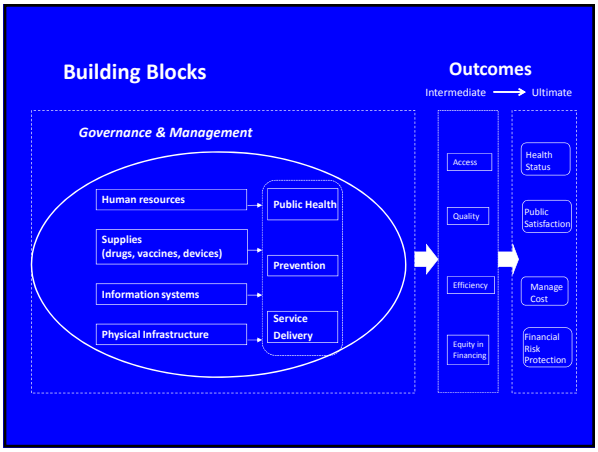
- Effective prevention and health services
  - Allocated to most cost-effectiveness services to achieve the national goals
- Services are produced efficiently
  - Use production process and technology to produce the services at minimum costs

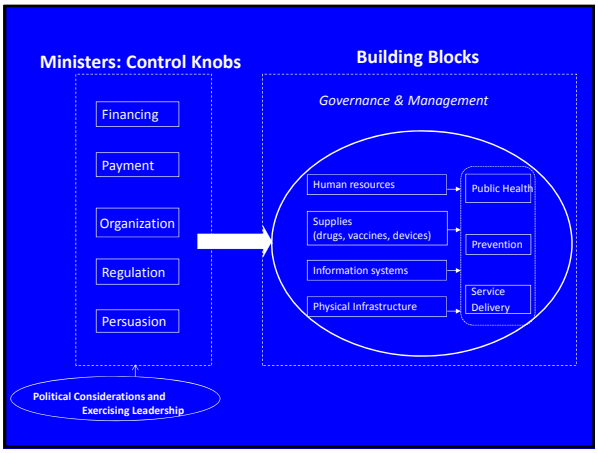
What is Known as Cost-effective Health Care

- Public health, hygiene, health education, vaccination, safe motherhood, and basic primary care services are most cost-effective to improve people's health status.
- These services can be delivered by health extension workers who have 1 year training, recruited from their home villages
- Essential drugs are available
- Facilities are open and clean, friendly staff are present, waiting time is not too long.

How to Achieve Efficiency?

- Procurement
- Patronage
- Supply chain
- Productive efficiency—management, motivation, absenteeism, management information system





How Did Rwanda Achieve Value?

- Governance: Align expectations, responsibilities, power and accountability clearly for each level.
- Turned the Control Knobs:
  - Organization: decentralization, purchasing/contracting, autonomize public facilities, community engagement thru Mutuelles
  - Payment: performance based financing
  - Financing: Mutuelles, coordinate donor funds, allocate resources to cost-effective services

Implementation of UHC: A Comparative Perspective

William C. Hsiao—Moderator
Mongkol Na Songkhla—Thailand
Somsak Chunharas--Thailand

10 Major Components for Implementation of UHC

- Which population to cover first?
- Benefit packages—comprehensive or basic?
- Financing—general taxes, VAT, premium, tobacco tax…..
- Organization of the Purchasing agency—MOH or other?

- Adequacy of supply of insurance covered services
- Payment (incentive system) for providers
- Cost controls—claim operations, over prescribing, frauds
- Quality assurance
- Balance public and private providers
- Management information system

Principal Features	COUNTRY			
	THAILAND, Universal Coverage Scheme (UCS)	GHANA, National Health Insurance Scheme (NHIS)	RWANDA, Community Based Health Insurance (Mutuelles de Santé)	VIETNAM, Social Health Insurance (SHI)
Gross National Income Per Capita (PPP Int. $)	8,270	3,510	1,390	4,780
GHE as % of General Government Expenditure (2012)	14	10	22	9
OOP Expenditure as % of THE (2012)	13	29	21	49

Sources:
The World Bank, GNI per capita, PPP.
World Health Organization, Global Health Expenditure Database. Indicators and Data.

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Thailand

- Universal
- General tax revenue for UC.
- Contributory programs are for civil servants and formal sector workers: employer and worker premiums contributions

Vietnam

- 63% of Vietnamese citizens, including 95+% of the poor.
- Non- contributory scheme: poor and children under 6 years. Government pay.
- Contributory schemes: premiums

Population Covered, Funding Mechanism

Ghana

- Intends to be universal, 35% of Ghanaian enrolled
- Premium contributions, 2.5% levy, and 2.5% payroll tax from formal sector workers

Rwanda

- 91% Rwandans covered. Citizens below poverty line and informal sector workers are covered by Mutuelle.
- 50% funded by central government and 50% by external aid partners

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Thailand

National Health Security Board (NHSB)

Purchaser: National Health Security Organization

Vietnam

- MoH responsible for health insurance program oversight.
- Purchaser agency centralized: Vietnamese Health Insurance Agency

Purchasing Agency

Ghana

- NHIS was originally decentralized to the district level, DHMFs.
- Now purchase centralized to the National Health Insurance Authority (NHIA)

Rwanda

- Decentralized, each Mutuelle is self-managed.
- At the district level, the Mutuelle Fund manages premium subsidies

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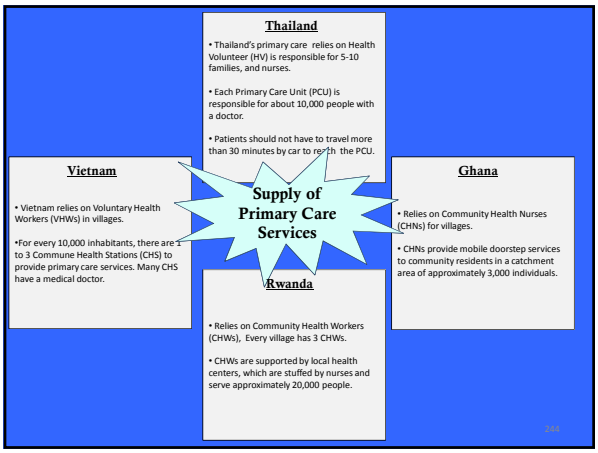
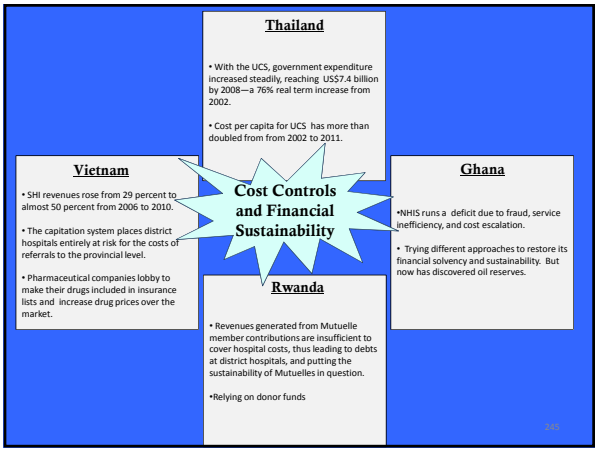

Thailand
• Thailand's primary care relies on Health Volunteer (HV) is responsible for 5-10 families, and nurses.
• Each Primary Care Unit (PCU) is responsible for about 10,000 people with a doctor.
• Patients should not have to travel more than 30 minutes by car to reach the PCU.
Vietnam
• Vietnam relies on Voluntary Health Workers (VHWs) in villages.
•For every 10,000 inhabitants, there are 1 to 3 Commune Health Stations (CHS) to provide primary care services. Many CHS have a medical doctor.
Supply of Primary Care Services
Ghana
• Relies on Community Health Nurses (CHNs) for villages.
• CHNs provide mobile doorstep services to community residents in a catchment area of approximately 3,000 individuals.
Rwanda
• Relies on Community Health Workers (CHWs), Every village has 3 CHWs.
• CHWs are supported by local health centers, which are stuffed by nurses and serve approximately 20,000 people.


Thailand
• With the UCS, government expenditure increased steadily, reaching US$7.4 billion by 2008—a 76% real term increase from 2002.
• Cost per capita for UCS has more than doubled from from 2002 to 2011.
Vietnam
• SHI revenues rose from 29 percent to almost 50 percent from 2006 to 2010.
• The capitation system places district hospitals entirely at risk for the costs of referrals to the provincial level.
• Pharmaceutical companies lobby to make their drugs included in insurance lists and increase drug prices over the market.
Cost Controls and Financial Sustainability
Ghana
•NHIS runs a deficit due to fraud, service inefficiency, and cost escalation.
• Trying different approaches to restore its financial solvency and sustainability. But now has discovered oil reserves.
Rwanda
• Revenues generated from Mutuelle member contributions are insufficient to cover hospital costs, thus leading to debts at district hospitals, and putting the sustainability of Mutuelles in question.
•Relying on donor funds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Strategy Execution
Ministerial Health Leaders Forum
June 2014
Robert S. (Bob) Kaplan
Marvin Bower Professor of Leadership Development, Emeritus
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Why do public sector ministries need a formal strategy execution system?

- Government entities should be
  - Effective –achieve and deliver desired outcomes, and
  - Efficient –use best practices to manage the use of personnel, financial, and physical resources.
- Robust Strategic Planning and Execution processes help governments select and communicate the political, economic and social outcomes they strive to deliver:
  - Set stakeholders expectations through a powerful vision.
  - Coordinate the different stakeholders to deliver value.
  - Implement policies, programmes and initiatives efficiently.
  - Reinforce trust in public institutions.

Our experience has shown that most governments encounter several Strategy Planning and Execution barriers.

Unclear Vision and Strategy	Lack of Organization Alignment	Disjointed Planning Budgeting Processes	Inability to Test and Adapt Performance
Executing Strategy		*Aligning Resources*	*Decision Making*
"We have a strategy, we just can't explain it that easily, too many interdependencies." "Our leadership team does not agree on our key priorities, and they keep changing, and are influenced by political agenda." "We are trying to do 100 things across various provinces and departments, rather than do the few critical things well."	"Our Ministry operates as a collection of silos internally, and we struggle with cross-ministries collaboration ?" "How can we integrate our various initiatives to achieve greater impact?" "We need to become transparent and drive accountability from the top to every level" "Staff and departments do not understand our key focus areas, and how they can help us achieve their goals"	"Our strategic, operational, and financial plans are not aligned." "We spend too much time and effort creating plans instead of delivering results to citizens." "Our resources are not allocated against priorities and our best opportunities." "We increasingly need to justify to our stakeholders - our existence and how our spending delivers results."	"We do not know if our strategy is working until it is too late." "We can not consistently monitor, evaluate and report on our performance." "We have poor data about our performance." "We don't have the right measures. There are too many of them and we're not sure which ones to use"

Countries that excel in Strategy Planning and Execution deliver more value to their citizens

Countries referenced below have achieved growth on all aspects of development; Economic, Social and Political/Governance.

Malaysia

Malaysia climbed five places on the global competitiveness index in 2011 to become the 21st in the global rankings

Singapore

Second most competitive country in the world with a continuous improvements in economic, human development and governance indicators

Botswana

Recognised as the "one of the best managed governments in Africa" and in the world. Achieved the highest per capita income growth in the world in the last 35 years

Philippines

With high levels of economic and structural complexities the Philippines moved ten positions on the global competitiveness index from 85 to 75

"A critical determinant of successful government is the ability to make good decisions, and manage their implementation. Modern government is complex. It requires thousands of decisions to be taken and acted upon each day."*

*The Global Competitiveness Report 2011-2012 © 2011 World Economic Forum (WEF)
*Human Development Index 2011-2012 @ United Nation Development Programme
*World Bank Database
*Transparency International : Corruption perception index
*Economist Intelligence Unit (EIU)
*The Research Division of the Federal Reserve Bank of St. Louis
** OECD http://www.oecd.org/governance/budgeting/publicexpenditures1932910.pdf

Cities and provinces that excel in Strategy Planning and Execution deliver more value to their citizens

Cities referenced below have achieved growth on all aspects of development; Economic, Social and Political/Governance.

Barcelona City

Appointed as the Euro-Mediterranean Capital, it is ranked as the Best European City for Quality of Life

Rio Grande do Sul

Became the fourth highest Human Development Index (HDI) in the country, from the third and last in the Brazilian South Region, with by far the highest standard of living

City of Charlotte

Charlotte has become the second largest banking center in the US, after New York. It has also become known as "The New Energy Capital" more than 240 companies directly tied to energy sector. Tax values increased by 16%.

City of Brisbane

Reported an accumulated surplus of A$68 million with 88% of Brisbane's citizens happy with their city's overall performance

*Brisbane City Council. City of Ilolo city hall
Human Development Index 2011-2012 @ United Nation Development Programme (UNDP)

Jeollabuk-do Province, South Korea

- Population had decreased from 2.5 mm (1966) to 1.87 mm (2006)
- Last place in every index among the nation's 16 provincial governments
  - Gross regional domestic product
  - Income per capita
  - Financial self-sufficiency
  - # of businesses and employed workers
  - Reliance on raw materials extraction and agriculture

New Governor, Wanjoo Kim, Takes Office in July 2006, Re-Elected in 2010

Jeonbuk

- Adopts Balanced Scorecard as the Province's performance management system
- Strong opposition from labor union and some employees
- Challenges to develop quantifiable performance goals

Goals achieved: 2007 to 2011

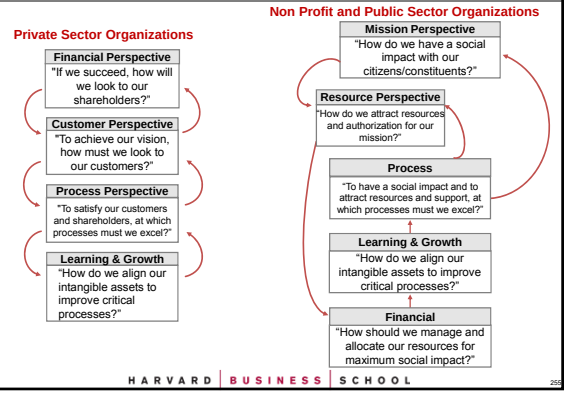
- Population has begun to increase, reversing 45 years of decline
- 8.6% CAGR in GRDP; national average is 3.7%
- 1st among 16 provinces in growth rate of exports
  - Exports in 2011 = $12.8 bn
  - Exports in 2006 = $ 5.4 bn
- Increase in percentage of GRDP from secondary (value-added) industries from 23% to 29%
- 350% increase in number of businesses attracted (five year average)
- Number of paying tourists increases 70%
- Fiscal self-reliance percentage increases from 15% to 21%

What have these countries, provinces, and cities done in common?

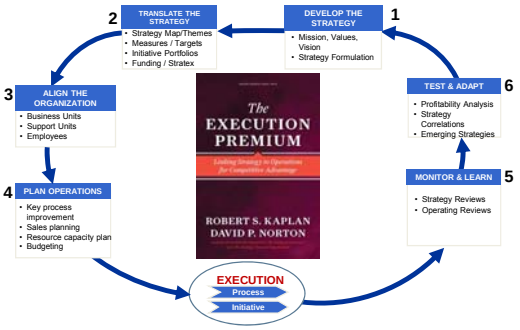
They have managed to fulfill 5 fundamental pillars of success:

1. Set ambitious goals along with a change agenda to achieve them
2. Translate their strategy and vision into a clear roadmap
3. Link and align organizational units and employees around the strategy
4. Link resource allocation and budgets to the strategy
5. Make strategy a continual process

The Balanced Scorecard: The Central Component in a Strategy Execution Management System

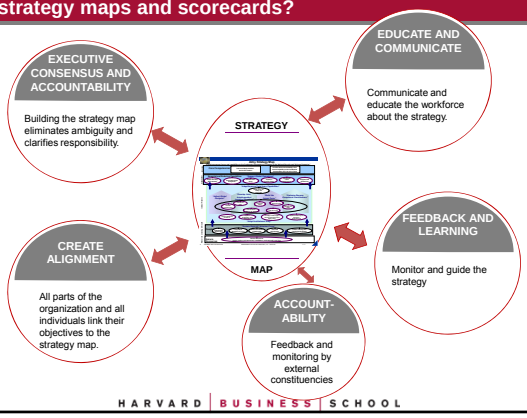


The Kaplan-Norton six-stage closed loop management system for Strategy Execution

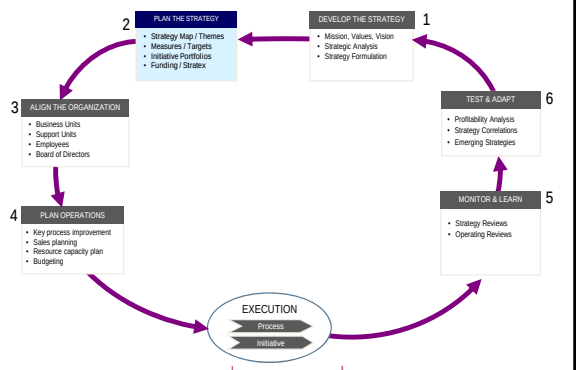


Palladium Strategy Execution BSC Hall of Fame: 2000-2013

Why do government ministries and agencies use strategy maps and scorecards?



Stage 2 of the Management System: Plan the Strategy



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When do you need a map?

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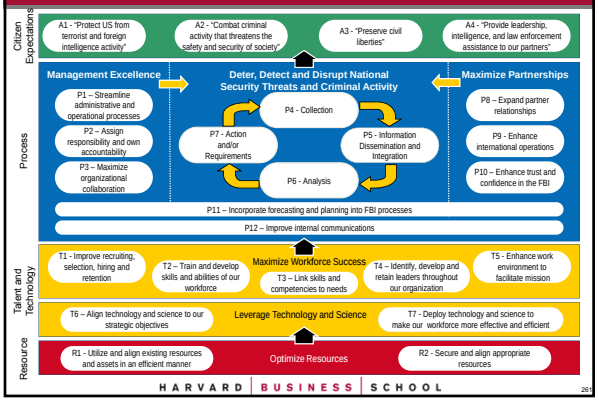
A Strategy Map for the Public Sector: The US FBI



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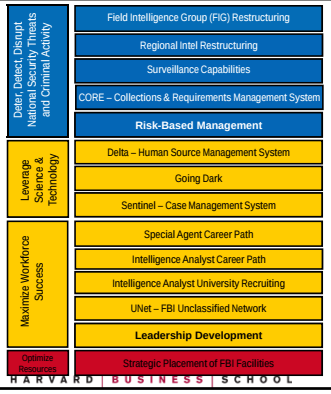
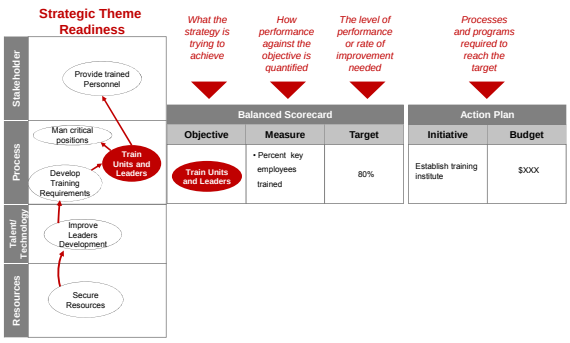
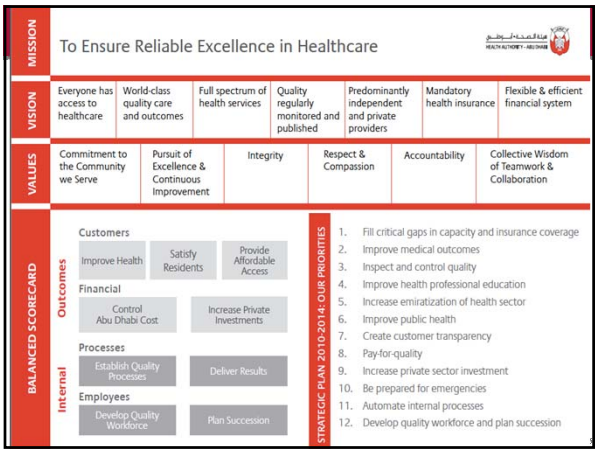
Funding the Strategy: FBI Director's Priority Initiatives



Strategy map and Balanced Scorecard terminology



Abu Dhabi Health Authority Annual Report



Chairman's letter features Outcomes and Strategic Priorities

Chairman's Letter

Welcome to the 2010 HAAD annual report.

The Health Authority - Abu Dhabi has continued to strengthen its role as regulator and custodian of the health system as defined and inspired by the wise vision of the late Sheikh Zayed bin Sultan Al Nahyan (God bless him) and greatly supported by our president, H.H. Sheikh Khalifa bin Zayed Al Nahyan and Crown Prince H.H. Sheikh Mohammed bin Zayed Al Nahyan.

Through its role, the Health Authority - Abu Dhabi sets out to provide clear and simple outcomes, namely to (1) improve health, (2) provide affordable access, and (3) satisfy residents. In order to achieve these outcomes, HAAD has set up a framework of strategic priorities based on a common vision shared with its stakeholders. HAAD is responsible for setting the strategic blueprint for the overall development of the healthcare system, and to monitor and evaluate performance while ensuring compliance with regulations. Our activities do not exist in a vacuum: most of our key performance indicators, priorities, and initiatives are established in cooperation with stakeholder consultation.

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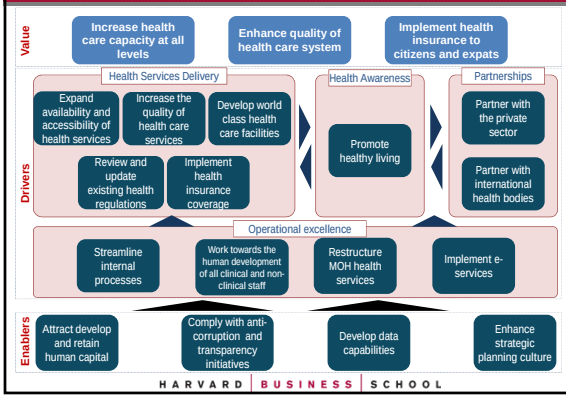
Kuwait Ministry of Health Strategy Map



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Kuwait MoH Key Performance Indicators (KPIs): 1 of 5

Objectives	KPI	Description/Formula	Frequency
Increase the quality of health care services	• Hospital readmission rate	• (28-day inpatient readmissions at the same facility / number of total inpatients)	• Semi-Annually
	• Average waiting time (ER)	• Total waiting time / Total number of patients	• Semi-Annually
	• Percentage of nurses with higher degrees certificates (Masters and PhD)	• (Total number of nurses with higher degrees certificates (Masters and PhD) / Total number of nurses) *100	• Annually
	• Number of doctors with postgraduate certificates (board certified, membership/fellowship or equivalent)	• Total number of doctors with postgraduate certificates (board certified, membership/fellowship or equivalent)	• Annually
	• Patient satisfaction with primary health care	• Survey result	• Annually
	• Average waiting time (OPD)	• Total waiting time for OPD clinics / Total number of patients	• Semi-Annually

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Kuwait MoH Key Performance Indicators (KPIs): 2 of 5

Objectives	KPI	Description/Formula	Frequency
Expand availability and accessibility of health services	• Number of Primary Health Care centres	• Total number of primary healthcare centres	• Semi-Annually
	• Number of hospital beds per 1,000 population	• Total number of hospital beds per 1,000 population	• Semi-Annually
	• Number of doctors (physicians) per 10,000 population	• Total number of doctors (physicians) per 10,000 population	• Semi-Annually
	• Number of nurses per 10,000 population	• Total number of nurses per 10,000 population	• Semi-Annually
	• Number of dentists per 10,000 population	• Total number of dentists per 10,000 population	• Semi-Annually

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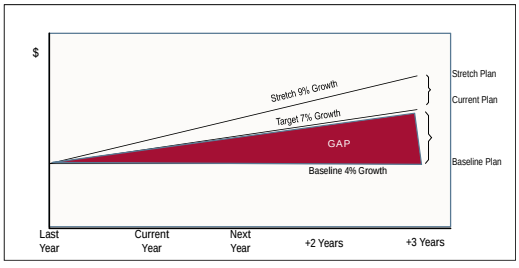
Strategic Initiative Portfolios *should* close the Strategy Execution Gap



Baseline Plan - Where organization will be in 3 years with no changes to the current Business State (e.g., no new products, initiatives)

Current Plan - The stated growth goals for organization in 3 years, including annual milestones

Stretch Plan - Additional stretch targets for organization, if applicable

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Projects linked with objectives
Project Linkages (1 of 5)

Objective	Project	Policy
Restructure MOH health services Develop world class health care facilities	• Restructuring of the Ministry of Health	• Restructure government and decrease its size (P.1.1)
Expand availability and accessibility of health services Increase the quality of health care services	• Development of primary health care services program	• Raise the quality of primary health care (H.6.3)
Increase the quality of health care services	• Program to ensure patient safety	
Partner with the private sector	• Support the role of the private sector in the health field	• Support private sector participation in healthcare delivery (H.6.11)

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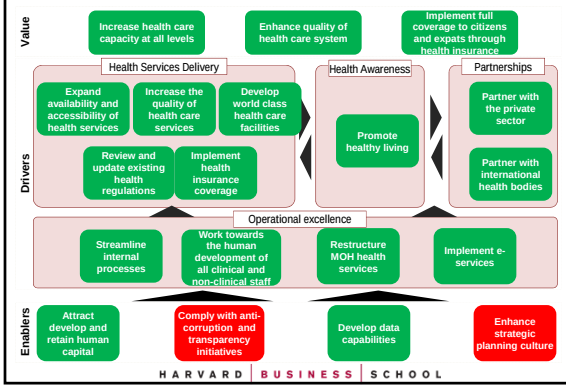
Objectives impacted by projects

Objectives not impacted by annual plan projects
Objectives impacted by annual plan projects



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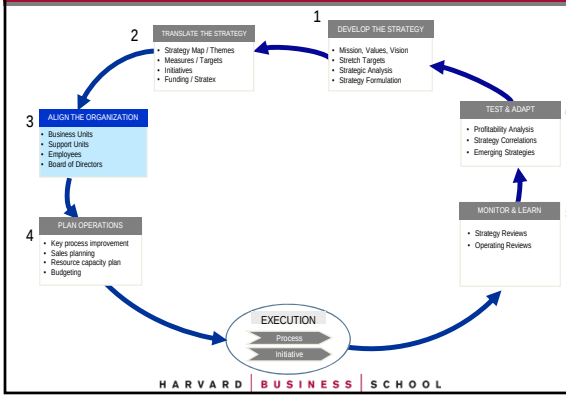
Stage 3 of the Management System: Align the Organization



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Alignment in Action

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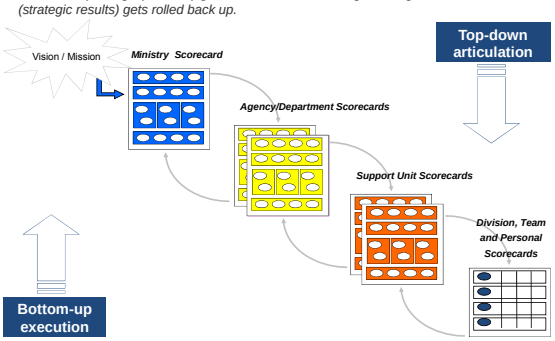
A Cascading Approach Aligns Organizational Units and Individuals to the Balanced Scorecard

The "what" (strategic priorities) gets cascaded down through the organization; the "how" (strategic results) gets rolled back up.



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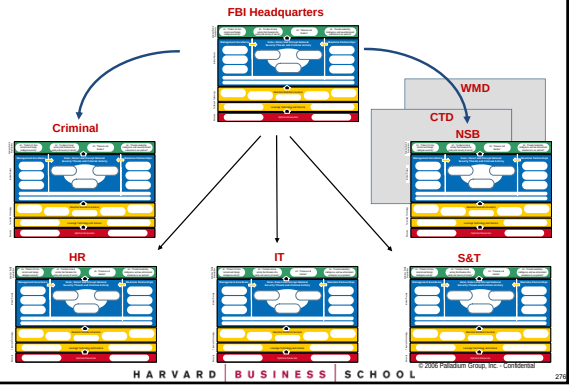
The FBI cascaded its HQ strategy map and scorecard down into the operational divisions and branches



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City of Barcelona

Ajuntament de Barcelona

Implementation of a robust, comprehensive Strategy Management System to support their new management framework sharpened their strategic focus. They are the pioneers of strategic management of government in Spain, starting with "making Barcelona a better city."

RESULTS:

- In the 2008 annual European Cities Monitor Report, Barcelona was named the **Best European City in Quality of Life** and ranked within the top 10 for establishing a business
- City Hall's total **public debt decreased 20%.**
- The number of **new businesses registered increased by 55%.**
- **Revenues rose 21%.**
- **Traffic accidents decreased 10%.**
- The number of **municipal job opportunities covered internally increased 150%.**
- More than **700 municipal employees have been trained** in strategy management.

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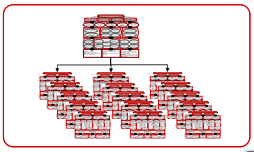
Barcelona City - Aligning Sectors and Districts

Global Map for the City Hall



Drill-down into 20 Maps:
- **One for each Sector**
- **One for each District**

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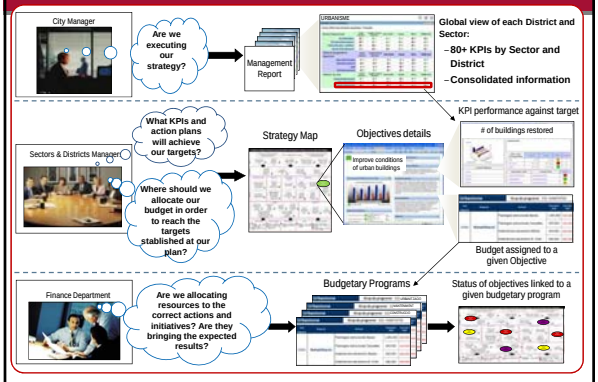
A new way of managing Barcelona City



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Align employees to the strategy: Four HR processes

Strategy should be linked to existing HR programs for performance management.

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MINISTERIAL LEADERSHIP IN HEALTH | HARVARD SCHOOL OF PUBLIC HEALTH | HARVARD Kennedy School

Harvard Ministerial Health Leader's Forum

Developing your Scorecard

Wednesday, 4 June 2014

3:15-5:00 p.m.

The Delivery Unit and the Balanced Scorecard

Great outcomes
- Excellent
- Good
- Okay
- Poor

Great Processes
- Excellent
- Good
- Okay
- Poor

Great people
- Excellent
- Good
- Okay
- Poor

Great relationships
- Excellent
- Good
- Okay
- Poor

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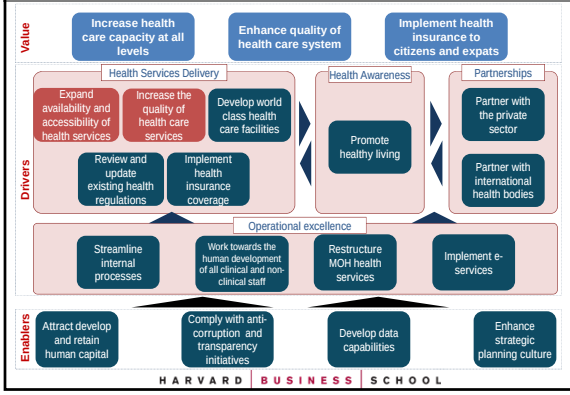
Kuwait Ministry of Health Strategy Map



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Kuwait MoH Key Performance Indicators (KPIs)

Objectives	KPI	Target and Date	Initiative
Expand availability and accessibility of health services	• Number of Primary Health Care centres		
	• Number of hospital beds per 1,000 population		
	• Number of doctors (physicians) per 10,000 population		
	• Number of nurses per 10,000 population		
	• Number of dentists per 10,000 population		

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Kuwait MoH Key Performance Indicators (KPIs)

Objectives	KPI	Target and Date	Initiative
Increase the quality of health care services	• Hospital readmission rate		
	• Average waiting time (ER)		
	• Percentage of nurses with higher degrees certificates (Masters and PhD)		
	• Number of doctors with postgraduate certificates (board certified, membership/fellowship or equivalent)		
	• Patient satisfaction with primary health care		
	• Average waiting time (OPD)		

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Projects linked with objectives
Project Linkages

Objective	Project	Policy
Restructure MOH health services Develop world class health care facilities	• Restructuring of the Ministry of Health	• Restructure government and decrease its size (P.1.1)
Expand availability and accessibility of health services Increase the quality of health care services	• Development of primary health care services program	• Raise the quality of primary health care (H.6.3)
Increase the quality of health care services	• Program to ensure patient safety	
Partner with the private sector	• Support the role of the private sector in the health field	• Support private sector participation in healthcare delivery (H.6.11)

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Ministry of Health Key Performance Indicators (KPIs

Objective	KPIs	Target and Date	Initiative

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Projects linked with objectives
Project Linkages

Objective	Project/Initiative

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Texoil Simulation

- A two party negotiation
- Explores some important negotiation dynamics
- Develops valuable building blocks toward YOUR most common negotiations which are normally MUCH more complex:
  - NOT mainly commercial or heavily price-focused
  - NOT largely one-shot
  - NOT just two parties, but many parties, internal negotiations, etc.

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Texoil simulation

- You have read your confidential info. for your role, either as potential buyer (Texoil) or seller (station owner).
- Think hard about your limits, your target, framing the process, who should open, where and how, the best response, . . .

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Texoil simulation

- Accept the case facts and instructions as true unless you credibly learn otherwise during the negotiation. We discourage adding anything to the facts of the case, but as you enter into the spirit of your character, you may find yourself adding details. That's fine as long as you do not change the facts and act seriously in the spirit of the case.

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Texoil Simulation

- Use your time to negotiate seriously toward a worthwhile agreement
- You do NOT need to make a deal
- Agree only if it is worthwhile to do so. But don't turn down a beneficial agreement that meets your interests better than walking away
- Get as far as you can in the process by the deadline: 8:15 a.m. sharp—back here, in your seats, deal or not
- Be ready to share your results

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Texoil and Getting to Yes

Adapted from Adam Galinsky - Kellogg School of Management (c)

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	Texoil rep	Service station owner
Reservation price	**$500,000** (not more because will have to invest another $100,000 and still not have a new station)	**$553,000** ($488,000 after taxes) boat loan: $230,000 food, clothing: $75,000 / 2 yrs boat repairs: $40,000 savings $75,000 boat ready: $68,000
Interests		

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Interests	increase stations manager location market share increased profits	time to pursue life's dream (sail around world) security and cushion for return wife/spouse' health insurance

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What did you do?

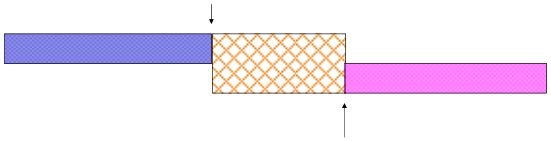
Who did **not** make a deal?
Last offer on each side?

Who **did** make a deal?
Details?
How did you get there? Who asked what?

For impasse: What **stood in the way**?

Negative Bargaining Zone on Finances

Buyer's Reservation Price: $500k



Seller's Reservation Price: $553k

No positive bargaining zone on the basis of a cash deal only

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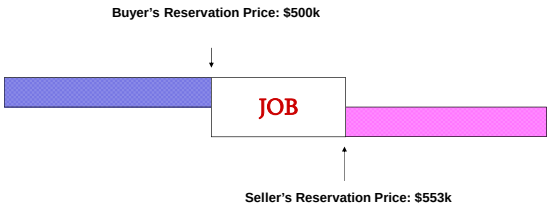
Positive Bargaining Zone on Interests



Offer a job creates a positive bargaining zone on the basis of primary interests

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Why Do Impasses Occur?

- *Fixed pie bias* - Assume that other party's interests are directly opposite to yours and that there are no other issues to talk about.
- *Self-serving bias* (includes role bias and partisan perceptions)
  - *Positive illusions about self* - overly positive perception of your abilities and likelihood of success [-- also perceptions of **justice**, the **common good**, **facts**, etc.]
  - *Negative illusions of opponent* - overly extreme and negative expectations of other party [particularly likely in politics]
- *Emotions* - react more to manner of comment than to substance.
- *Escalation* – hard to back down

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Perspective Taking

- Given the case you had:

  only **39%** of MBA students were able to make a deal.
- When instructed to "**take the perspective**" of the other in the negotiation and to "try to understand what he is thinking, what his interests and purposes are in selling the station; try to imagine what you would be thinking in that role":

  76% were able to make a deal.

(Galinsky et al. 2008 in Foster, Mansbridge & Martin 2013)

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Letting Positions Drive Out Interests

- "Your **position** is something you have decided upon. Your **interests** are what caused you to so decide."
- "When you look **behind** opposed positions for the **motivating interests**, you can often find an alternative position which meets not only your interests but theirs as well."

  From Ury and Patton, 1991
- Negotiation is often best approached as a joint problem solving task – often hard in politics

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How You Should NOT Negotiate (*Getting to Yes*)

- Avoid **position-based** negotiation because:
  - Prone to ego-involvement, which promotes impasse
  - Less focus on underlying concerns and interests
  - Inefficient (increases transaction costs)
  - Endangers ongoing relationship

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Experiences where stuck?

- But you found a solution that was not obvious?

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Experiences where stuck?

- But you found a solution that was not obvious?
- Where a seeming impasse was overcome by:
  - Learning/understanding the other side's perspective
  - Creative thinking
  - Bringing in **new** issues, issues other than the ones obviously on the table

    -- issues on which one party places a **high** value but the costs for the other party are **low**.

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Other Interests in the Negotiation

- Positive working relationship (crucial for longer-term deals)
- The 'spirit' of the deal, including goodwill and shared expectations (crucial for implementation)
- The deal-making process – personal, respectful, and fair to both sides (good in itself and crucial for the next deal)

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Structuring the Environment

- Ongoing relationships
- Informal, private spaces
- Non-partisan fact-finding bodies
- Other?

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Other Parties

- Your prime minister/president
- Your party leaders
- Other "constituents" (many)

  "Second-level game": Have to get your constituents to agree that the outcome is:
  - the best you can get
  - to the advantage of your political party
  - in the common good

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