

The Challenges of Health Care Reform

# Writing Cases for a World Bank Health Policy Conference

13 Health Policy cases prepared by a team of professors from IESE, IAE and UPADE for a conference are now published by the World Bank and IESE

The World Bank's Latin American Health Division had chosen a new approach for the yearly 'Europe and the Americas Forum on Health Sector Reform' which was held in Costa Rica in May 2000: the case-method. A team of professors led by IESE was commissioned to prepare 13 cases on health care reform, which are now being published by the World Bank and IESE in two editions, an English and a Spanish one.

The objective of using the new method for the conference was –following the requests after the previous years' event– to allow for a better exchange of experience and mutual learning. A wide range of material is available on health sector experiences in the region –theoretical and practical accounts. In this respect Latin American health policy makers have good resources to draw upon. But the difficulties start when it comes to transposing theoretical knowledge and successful experiences from other places in actions in their own country.

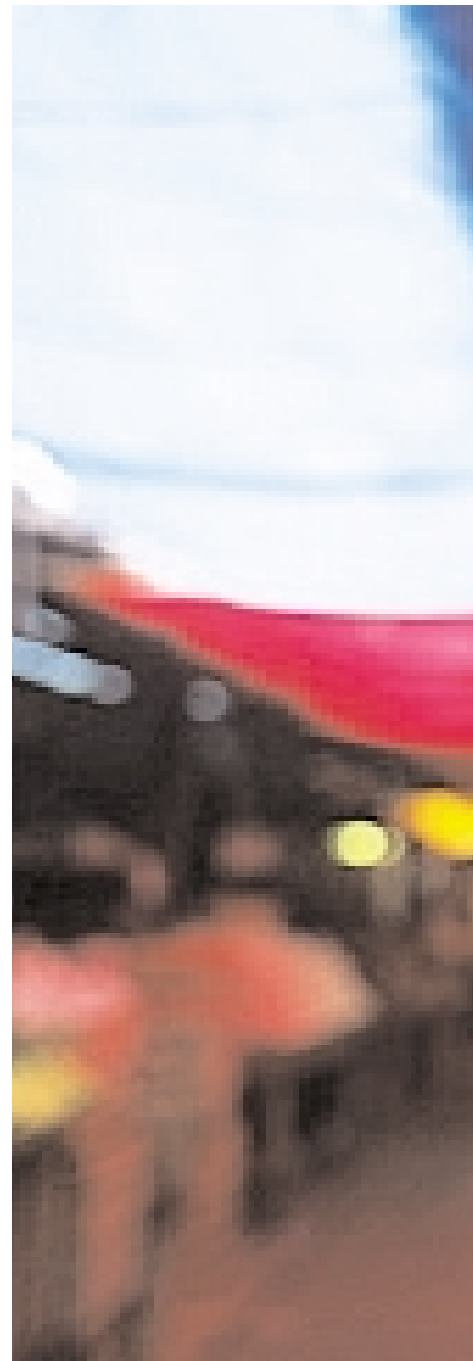
Thus, it was decided that in Costa Rica the focus should not be on WHAT to do, but rather on HOW to do it. The conference, created as an interactive

learning environment, drew on people discussing countries' experiences rather than just presenting them in lecture format, as was usual in previous fora. This active participation based on case studies ('active learning') let the health system reformers share their diverse experiences within a problem-solving framework, which enhanced the participants' managerial capacities.

## An interesting challenge

Innovative as this idea was, it represented a great challenge at the same time. Case studies are well known in executive education in business schools like IESE. First introduced by Harvard in the early 1900s business cases are by now adopted in a wide range of areas, including political science and public policy. But their use for an entire policy conference has been an innovation, especially with participants used to the panelist/speaker format and most of them being completely unfamiliar with the case method.

IESE, as a leading business school and case producer, was asked to manage the process of case writing, based on a set of very interesting experiences in



health policy deployment and reform in the Latin America and Caribbean region, and subsequently to teach them at the conference.

For the IESE Health Interest Group it presented a very interesting challenge to combine the knowledge in case-based management education with their extensive experience in health sector reform processes.

The IESE team –Professors Antoni García Prat, Jaume Ribera and Magdalene Rosenmöller– was complemented with two professors: Julio Sánchez Loppacher from IAE, Argentina, and Jorge Pancorvo



from UPADE, Peru, and they worked with experts from the World Bank, the Inter American Development Bank and 'resource-persons' in the countries featured in the cases.

The team of case writers was scattered all over North and South America and Spain. Despite the use of the 'new technologies' –video and phone conferences of the case writing team and email for the exchange of different drafts– the IESE team had their difficulties, as they could not closely supervise the fact gathering and initial writing phase of the cases and needed to put in a good deal of

effort to create the case material from the situations described in the reports.

A substantial dilemma at the onset was the complete different understanding of what a case was. Most of the experts in the sector are used to 'research' cases. Research cases are either testing or developing a hypothesis, and use 'real life' examples to support the research. Management cases are also 'real life' stories; the difference is that they don't judge the issues presented, but stay neutral. In research case studies, facts are arranged to support the arguments presented, whereas the

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business case is rather “telling a story” with a natural flow, following an educational objective. It was not an easy task to agree on this educational objective and consistently follow it through the case! All the more so because the main desire of the case hero was often to explain a success story –a problem all those involved in case writing know all too well! There is a real art to making the case

pedagogically interesting, while not leaving the case actors in too bad a shape!

### Mutual learning

Achieving all this in not more than 10 weeks was another challenge, with some delays in getting the base material from some of the local experts. Despite all these problems, it turned out successful mainly thanks to the ‘interdisciplinary’ effort: the World Bank officials bringing in their understanding of health policy issues in the region; the ‘resource persons’ in the different countries contributing their profound insight into the story of each case; and the IESE team providing their skills on case writing. It was innovative for the whole team, which valued the interesting mutual learning process: the IESE team got a deeper look into the realities of health policy making in Latin

America, whereas World Bank officials and ‘resource persons’ discovered the details of case-based managerial education.

Most of the 208 participants from 24 countries, including World Bank and Inter American Development Bank staff, attending the conference were not familiar with the case method. A special session was scheduled to provide the necessary explanations on case discussion. In between the two (opening and closing) plenary sessions, the 13 cases were discussed in four parallel tracks, allowing each participant to take part in a total of four case discussions of his or her choice. They usually chose the subject closest to their own concerns, but used the case repetitions in the last session to have a look into other topics. So, we could see hospital managers taking part in the case discussion on the Honduras nutrition program and learning how to best motivate and manage volunteers.



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This cross-fertilization of experiences characterized all the case discussions. Consistent with the conference and now the Case Book title, most cases deal with topics of bringing health services closer to the unprivileged populations and special risk groups, e.g., the Bolivia case presents a mother and children program; the Mexico, Guatemala, Nicaragua and US cases look at services for marginal areas, indigenous and low income populations; and the Brazil AIDS case describes the involvement of NGOs and their ability to reach high risk groups.

Innovation in the public-private interface (public funding and use of private / non for profit providers) with the increase in competition and thus efficiency and quality is another of the main topics: hospitals in Colombia, Costa Rica, Spain, and private supplier in

pharmaceutical procurement in Chile.

The involvement and management of NGOs is the central issue of the Bolivia, Brazil, Guatemala and Peru cases. But all cases address the issue of how to extend or transfer successful experiences to other settings, the main learning objective of the conference.

The surveys carried out at the end of the case discussions have been used to revise and refine the cases. The final result, the 13 cases, are now published in a Case Book in both English and Spanish for use by the World Bank, the Inter American Development Bank, and business and public policy schools. The case book, which includes teaching aids for instructors, will shortly be available from IESE and the World Bank Publication office.

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15 de enero de 2001

# I Simposio del CIIL

El Centro Internacional de Investigación Logística, CIIL / Iniciativa IESE – Mecalux, celebrará su I Simposio el día 15 de enero de 2001 en la sede del IESE en Barcelona.

***E***l objetivo del Simposio es ***presentar los proyectos y actividades de investigación y formación en Logística Integral del CIIL a todas las empresas interesadas.***

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