Methodological Appendix: Comparative, Mixed-Methods Research: Challenges, Opportunities, and Some Practical Tips

Various data are required to undertake a comparative-historical, mixed-methods, cross-national project. This appendix contains additional information about the data gathering and analysis process used in this book. The book's argument relies on an immense amount of data of three primary types: (1) interview data generated from interviews with key informants in four countries (Argentina, Costa Rica, Peru, and the U.S.), (2) policy documents gathered during archival research at the Ministries of Health in Argentina, Costa Rica, and Peru, as well as the Ministry of Planning and *Instituto de Investigaciones Sociales* in Costa Rica together with research at the World Bank archives and the World Bank's website to examine project and program documents, and (3) quantitative cross-national data used in the statistical, regional analyses of health expenditures, from a variety of sources.

The questions and puzzle detailed in Chap. 1 could not be answered using only one method or data source. Indeed, as described in Chap. 2, I fail to find an anticipated negative effect of World Bank loan conditions on public health expenditures. How can this be explained? Does the World Bank have no effect on health in Latin American countries? Or, does it matter differently across countries? If so, how and why? The answers to these questions required case-study analyses and a view both from within the World Bank and from without, an examination of the countries it lends to and works in: the research undertaken in this book. It is only by drawing on the comparative leverage of the carefully

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chosen country cases, together with the regional statistical analyses, that the question of how and why the World Bank's approach to health has changed over time and varies across countries can be unpacked. In this appendix, I detail the data collection and analysis process and methodological decisions made therein.

Case Selection and Comparative Research

The use of a comparative design strategy reduces selection bias often associated with case-studies because it allows a comparison of analytic dimensions across multiple cases, thereby minimizing threats to validity. In addition, case-oriented, small-*N*, qualitative research designs allow the researcher to work closely with the data and make certain she is measuring the concepts/processes she intends to study rather than identifying spurious relationships, further increasing validity (Tilly 1984; Mahoney 2004). As Gerring (2004) notes, cross-unit case-studies are particularly well suited to examining covariation and answer "how" and "why" questions—in this case, cross-national case-study comparisons allow me to explore how and why the World Bank's involvement in health sector reform varies across these countries, and in particular how state capacity and autonomy influence the ways in which World Bank discourse and policy recommendations in health are implemented in national policies and programs.

In Chap. 3, I utilize quantitative data on health expenditure in Latin American and allow us to gain a sense of general patterns in expenditure and to the correlates and predictors of spending. This chapter provides a general idea of whether World Bank loan conditionality is associated with changes in health spending. However, this type of analysis cannot provide us with details of the process of health sector reform and outcomes other than spending—policy change, new programs, etc. Case-study analyses, on the other hand, can shed light on precisely these details regarding the role of the World Bank in health sector reform, focusing on particular policies, programs, and institutional change rather than expenditures. The three empirical case-study Chaps. 4–6, each present a country case-study of health care programs, policies, and reforms from 1980 to 2005—from the time of the "lost decade" through the current period while providing retrospective analytic distance. The case-studies represent three countries that occupy distinct positions on the axes of state capacity and autonomy in health as detailed in Chap. 1:

Costa Rica with high autonomy and high capacity, Argentina with high autonomy and low capacity, and Peru with low autonomy and low capacity (Fig. 1.1).

At the beginning of each of the three case-study chapters, I examine how Argentina, Costa Rica, and Peru's existing state capacity and autonomy in health account for how they were able and willing to contest, negotiate, and resist IFI pressures. Autonomy refers to how able the state is to formulate collective goals for the health sector while capacity refers to the state's ability to carry out its proposed agenda. Health sector reform is a particularly compelling site in which to examine how policy change occurs because of the diversity of alternatives and the variation in existing institutional arrangements across countries. While I have categorized my three cases: Argentina, Peru, and Costa Rica as high or low capacity, these dimensions exist along a continuum (see Fig. 1.1 in Chap. 1).

In measuring these analytic concepts, I relied on secondary documents and research when selecting the country cases, and then gathered additional information from national documents and interviews, described below. That is, my own research allowed me to triangulate and supplement sometimes limited accounts of health agendas and health sector reform in existing accounts. I was able to gather information from key actors in health sector reform in these countries. In particular, to capture autonomy, I focused in on examining national policy documents and health plans and asking key informants about the presence of national agendas and goals in health, and how and by whom these were formulated. In terms of capacity, I focused on whether government plans for reforms were implemented and whether there was any opposition (whether on the part of the World Bank or other national and international actors) to these initiatives or other barriers (a lack of resources) that prevented their subsequent implementation, both in the analysis of policy documents but more centrally in interviews.

Analytically, I used process tracing to examine the effect of the World Bank on health sector reform in these three countries. Process tracing is a method which through the detailed analysis of policy documents, debates, and histories helps analysts examine a particular historical process (Campbell 2002). It was originally conceived "as a way to incorporate historical narratives within highly abstract theories and explanations in the social sciences" (Falleti 2006), and while it was originally intended to examine causality within a single case, it has also been used in small-*N*

comparisons (Tansey 2007). It includes content (or textual) analysis where documents (in this case policy documents and reports) are seen as containing valuable information about actors (who wrote it and who is cited), prominent ideas (e.g., neoliberalism), and reflecting temporally bound understandings, ideas, and views on issues, topics, and actors (George and Bennett 2005). In addition, interviews with key informants allow me to further triangulate information gleaned from the official policy record and existing research on the topic (Tansey 2007). The policy documents allow me to examine and compare the World Bank's public statements and plans across the three countries: were the stated goals and plans the same across these three countries as suggested by arguments that IFIs are monolithic neoliberal institutions? They also allow me to analyze and contrast these with national laws, decrees, plans, and other documents about health. The interviews provide (in addition to factual information and a narrative of the reform process) information and opinions unavailable from the official documents (Schneiberg and Clemens 2006). Expert knowledge and access to details and facts of the case are essential to process tracing, but examining propositions also requires knowledge of the applicable general propositions (Mahoney 2012). For example, my case-study analyses allow me to examine how state capacity and autonomy in health affect how World Bank recommendations are negotiated and implemented in health sector reform.

I used the qualitative software ATLAS.ti (Muhr 2015) to code both my document and interview data, write memos, and notes, and keep track of my ideas and the concepts and patterns I observed in the data. In addition to coding for facts, figures, dates, and other factual information, I used my theoretical framework of state capacity and autonomy in health together with insights from the literatures on global governance, neoliberalism, and welfare and developmental states to guide my research. My approach to the linked processes of data analysis, theory testing, and theory building relies on a combination of, and indeed a movement between, inductive and deductive reasoning. The analysis of documents allowed me to gather historical information and details about countries' health agendas, laws, and policies and World Bank projects and discourse. My interviews provide a more complete picture of participating agencies (e.g., the Ministry of Health and Ministry of the Economy), the different stakeholders (those agencies in addition to local NGOs, labor unions, etc.), and their approach according to the different informants, who come from a variety of local and international organizations.

Quantitative Data

Chapters 2 and 3 use descriptive and regression statistical analysis. The examination of development assistance in health (Chap. 2) and health expenditures in Latin America and the Caribbean (Chap. 3) drew on data from several sources. The data on Development Assistance for Health (DAH) used in Chap. 2 to illustrate the World Bank's spending in health globally and compared to other sources of health assistance are from the Development Assistance for Health Database 1990–2015 published by the Institute for Health Metrics and Evaluation (IHME 2016). These data are reported in 2014 US dollars, and the DAH measure refers to "the amount of financial and in-kind assistance that is tracked from source to channel to recipient country, region or health focus area. DAH is funded by the channel's corresponding income, or funds transferred from a source to the channel. Disbursements to specific health focus areas can include transfers between two channels, which can be captured in data from both channels" (IHME 2016).

The countries included in the analysis in Chap. 3 are as follows: Argentina, the Bahamas, Barbados, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Uruguay, and Venezuela. The analysis in Chap. 3 begins in 1995. Ideally, I would have begun this analysis in 1980, the year the World Bank formally committed to health lending. However, I use 1995 as the starting point because prior to 1995, there is no consistent or reliable data on spending for most countries in Latin America. In 1995, the World Health Organization (WHO) began working with countries in an effort to more uniformly capture and report their health spending levels, and give them standardized criteria for this reporting in the Americas. Therefore, while some data are available prior to 1995, it is sparse in terms of countries for which we have data and is both less reliable and less reliably comparable across countries.[1] In addition, the period under study begins as countries were emerging from the so-called "lost decade" of the 1980s during which most countries in the region experienced severe economic crisis (often accompanied by political turmoil). During those years, government spending was sometimes correspondingly erratic and ill-cataloged. Data on the country-years used in Chap. 3 are provided in Table A.1.[2]

In modeling cross-section time-series data, there are several things the researcher should account for, including correlation over time. A test for autocorrelation based on Wooldridge (2002) indicated that the data are serially correlated where the autocorrelation coefficient, ρ, ranges between 0.76 and 0.86 (Table 2.3). Therefore, I used a generalized least squares estimator with a Prais–Winsten AR(1) correction. I elected to model a single serial correlation coefficient for all countries rather than country-specific autocorrelation because of the small sample size and the potential bias due to missing data. I used panel-corrected standard errors as described by Beck and Katz (1995) where coefficients are estimated

Table A.1 Country-years in the sample used in the time-series cross-section models in Chap. 3, $N = 226$

Argentina	1996–2008
Bolivia	1996–1997, 2000–2007
Brazil	1996–2008
Chile	1996–2008
Colombia	1996–2008
Costa Rica	1996–2008
Dominican Republic	1996–2008
Ecuador	1996–1997, 2000–2007
El Salvador	1996–2008
Guatemala	2000–2006
Guyana	2002
Honduras	1996–1999, 2002–2007
Jamaica	1996–1997
Mexico	1996–2008
Nicaragua	1996–2007
Panama	1996–2008
Paraguay	1998–2008
Peru	1996–2008
Trinidad and Tobago	1996–2007
Uruguay	1996–2008
Venezuela	1996–2008

Notes While there are a total of 255 observations available for the analysis because left party and GDP were lagged, the sample size used was 226 country-years

There are no data available for one or more of the independent variables for the Bahamas, Barbados, Belize, and Suriname. Haiti is also omitted from the sample as it had only a single year of full information: 1999

using Prais–Winsten regression but the standard errors are robust to the possibility of non-spherical errors. The calculation of the panel-corrected standard errors assumes that the disturbances are heteroskedastic and contemporaneously correlated across panels. Conventional estimation of the panel-corrected correlation matrix requires balanced data, but because these data are unbalanced, I use pairwise correlations technique that adjusts the standard errors based on all available observations with non-missing pairs.[3] Table A.2 provides the descriptive statistics and source information for all of the variables used in the analyses in Chap. 3.

Policy Documents

The three country case-studies focus on health sector reform since 1980, with particular attention to the role of the World Bank in this process. For those analyses, I examined national policy documents produced by national governments and other national actors (including Ministries of Health) and policy documents produced by the World Bank related to its approach to health and, more specifically, related to its health projects in these countries. I supplement the policy document data with interview data with national policy makers, World Bank and other international organization personnel, civil society activists, experts on the health system, and other non-governmental organization personnel to both triangulate and complement the data from policy documents. First, and most importantly, interviews are a source of information in themselves as many of these health reforms have not been written about previously in great detail. Second, they allow me to triangulate information from the policy documents and secondary literature on health reform in these countries. Finally, while the policy documents provide a "public transcript" of World Bank and government discourse surrounding health sector reform, interviews help contextualize this by providing a "hidden transcript," a more behind-the-scenes look of how these policy reforms were initiated, implemented, and viewed by national and international actors, as discussed in the following section.

I utilize policy documents of three types in my analysis: first, I analyzed health sector plans, national development plans, reports, laws, and decrees published by the national governments and other public organizations (e.g., health ministries and social security offices) in Argentina, Peru, and Costa Rica. Second, I examined documents associated with World Bank health-related projects in Argentina, Peru, and Costa Rica

Table A.2 Descriptive statistics for the variables included in Chap. 3

Description	*Source*	*Mean*	*Standard deviation*	*Minimum*	*Maximum*
Dependent variables					
Health expenditure per capita (PPP, constant 2005 international $)	World Bank Health Nutrition and Population Statistics (HNP) (Bank 2011)	492.16	259.21	112.25	1209.73
Health expenditure, total (% of GDP)		6.60	1.60	3.49	13.01
Health expenditure, public (% of GDP)		3.48	1.28	1.24	7.12
Health expenditure, private (% of GDP)		3.12	1.08	0.95	7.28
Health expenditure, public (% of government expenditure)		52.20	13.16	23.20	82.46
Health expenditure, public (% of total health expenditure)		13.45	4.46	4.33	26.09
Independent variables					
GDP per capita in purchasing power parity, in hundreds of current US dollars	World Bank World Development Indicators (Bank 2012b)	72.42	37.12	15.50	252
Unemployment as a percent of the total labor force		9.24	4.15	1.30	20.10
Percent of the population 65 years or older		6.05	2.28	3.46	13.64
Democracy score (from Polity IV)	Polity IV (Marshall 2011)	7.94	1.61	1	10
Percentage of total seats in parliament for Left parties	Latin America and the Caribbean Political Dataset (Huber and Stephens 2012)	5.67	13.39	0	79.84
Trade openness (imports plus exports over GDP)	World Bank World Development Indicators (Bank 2012b)	69.93	32.99	14.90	198
Foreign direct investment, in billions of current US dollars		3.15	5.77	−9.42	29.20
World Bank conditions on all loans	World Bank Development Policy Actions Database (Bank 2012a)	9.63	22.51	0	169
World Bank conditions on health and other social sector loans		1.20	4.49	0	42

Notes Sample size is 226 country-years

for which agreements were signed between 1980 and 2005. Some of these projects are ongoing or were completed after 2005, but all were begun during this time period. Third, I draw from important documents by international organizations identified by previous scholarship as significant and often referenced in the loan projects, for example, the World Bank's 1993 World Development Report. The year 1980 provides an ideal starting point as it marks the beginning of the debt crisis, a time when all Latin American countries were reconfiguring their public sectors and when the World Bank loans and advice were especially sought after by governments of developing countries, and marks the year the World Bank officially begins direct lending for health while 2005 provides retrospective distance, especially as it allows me to examine largely completed (rather than in progress) World Bank projects.

National Documents

For the case-study analyses (Chaps. 4–6), I also utilize government documents, including laws, decrees, and national health and development plans, to examine the national public record on health sector reforms. These documents were collected during field research in Argentina, Peru, and Costa Rica in 2011 and from online sources. To the best of my knowledge, I have obtained access to the entire population of official government health plans and laws and decrees related to health sector reform in these countries. I have ascertained this by visiting each of these countries' Ministries of Health archives/document collections during 2011, as well as asking about relevant plans and laws during my interviews.

The archives/repositories I visited are:

Centro de Información del Ministerio de Salud Costa Rica. Location: San Jose, Costa Rica. Description: It contains documents related to the Ministry of Health's work, both nationally and with international organizations.

Instituto de Investigaciones Sociales (ISS) Document Repository at the Universidad de Costa Rica. Location: San Pedro, Costa Rica. Description: A collection of governmental policy documents and national publications on social policy and social relations in Costa Rica.

Ministerio de Planificación Nacional y Política Económica (MIDEPLAN) Archive. Location: San Jose, Costa Rica. Description: It contains documents published by MIDEPLAN and its predecessor

OFIPLAN (the Oficina de Planificación was founded in 1963 and was under the supervision of the Costa Rican president; in 1973, this was converted to MIDEPLAN). These include national plans and documents, as well as background papers and information national development plans and other government documents.

Ministerio de Salud del Peru Documents. Location: Av. Salaverry 801 Jesús María, Lima, Perú. Description: There is a library of sorts located in the Minister's antechamber in the Ministry as well as across offices, which contain statistical information, reports, and other documents, mostly published.

Ministerio de Salud of Argentina Documents. Location: Av. de 9 de Julio 1925, Buenos Aires, Argentina. Description: The Ministry has several spaces which contain historical documents and reports as well as secondary literature, though this has more recently been consolidated into a web-based library, accessible at: http://bvsalud.org/.

World Bank Group Archives. Location: 1818 H Street, NW Washington, DC. Description: It contains World Bank reports, historical records, memos, and internal correspondence for IDA and IBRD work and offices. Documents are only declassified and available if they are 10 years old or older.

The government policy documents are an integral part of examining health sector reform as they allow me to examine the extent to which World Bank projects and documents shaped national agendas and discourse while leaving open the option for feedback and recursive processes of the organizations learning and using national discourses and initiatives in their other projects.

Argentina has one health plan published toward the end of this time period, in 2004, and has passed many laws and presidential decrees related to the health sector, as detailed in Table A.3. Similarly, Peru also has one health plan from this time, from 2001 to 2006, and laws and decrees related to the health sector, which I have examined in detail in an effort to trace both dates in the process of reform but also examine discourse surrounding health sector reform. Costa Rica provides the most consistent and regular source of government plans for the health sector as the Costa Rican government publishes a national development plan approximately every four years, which contain sectoral goals, assessment of previous accomplishments, and future plans. I procured most of Costa Rica's social development plans (which include the health component) during archival research in 2011, save for the two most recent plans

Table A.3 National documents related to health sector reform including legislation and health plans in Argentina, Costa Rica, and Peru

Name	*Date*	*Source*
Argentina		
Decreto-Ley 18610: Obras Sociales, Normas de Funcionamiento [Decree-Law 18610: Obras Sociales, Operating Rules]	February 23, 1970	Congreso de la Nacion
Decreto 19032: Creacion del Instituto Nacional de Servicios Sociales Para Jubilados y Pensionados [Decree 19032: Creation of the National Institute of Social Services for Retired People and Pensioners]	May 28, 1971	Presidente de la Nacion
Ley 23660: Obras Sociales [Ley 23660: Obras Sociales]	January 20, 1989	Congreso de la Nacion
Ley 23661: Sistema Nacional del Seguro de Salud [Law 23661: National Health Insurance System]	January 5, 1989	Congreso de la Nacion
Ley 22373: Creacion Consejo Federal de Salud [Ley 22373: Creation of the Federal Committee for Health]	January 13, 1981	Congreso de la Nacion
Decreto 9/1993: Obras Sociales, Libre Eleccion [Decree 9/1993: Obras Sociales, Free Choice]	January 18, 1993	Presidente de la Nacion
Decreto 1141/1996: Obras Sociales, Deregulacion/ Opcion de Cambio [Decree 1141/1996: Obras Sociales, Deregulation/Option to Switch]	October 9, 1996	Presidente de la Nacion
Decreto 84/1997: Obras Sociales, Cambio [Decree 84/1997: Obras Sociales, Switching]	January 28, 1997	Presidente de la Nacion
Decreto 578/1993: Hospitales Publicos, Registro de Hospitales de Autogestion [Decree 578/1993: Public Hospitals, Registration of Self-Managed Hospitals]	April 7, 1993	Presidente de la Nacion
Decreto 492/1995: Obras Sociales Sindicales, Programa Medico Obligatorio, Reduccion de Aportes [Decree 492/1995: Union Obras Sociales, Obligatory Medical Plan, Reduction in Contributions]	September 22, 1995	Presidente de la Nacion
Decreto 292/1995: Contribuciones Patrimoniales, Distribucion Automatica del Fondo Solidario de Redistribucion, Reduccion [Decree 292/1995: Economic Contributions, Automatic Distribution of the Solidarity Fund of Redistribution, Reduction]	August 14, 1995	Presidente de la Nacion
Decreto 257/1996: Consejo Nacional del Trabajo y Empleo, Creacion/Integracion [Decree 257/1996: National Committee for Worlkand Employment Creation/Integration]	March 14, 1996	Presidente de la Nacion

(continued)

Table A.3 (continued)

Name	*Date*	*Source*
Ley 25649: Especialidades Medicinales, Medicamentos Genericos [Law 25649: Medical Specialties, Generic Medications]	September 19, 2002	Congreso de la Nacion
Memoria Salud 2001 del Ministerio de Salud [Health Report 2001 of the Ministry of Health]	2001	Ministerio de Salud
Acuerdo Federal de Salud [Federal Health Agreement]	March 22, 2003	Ministerio de Salud
Bases del Plan Federal de Salud [Basis for the Federal Health Plan]	May 2004	Presidencia de la Nacion, Ministerio de Salud de la Nacion, Consejo Federal de Salud
Acta de Aprobacion del Plan Federal de Salud 2004/2007 [Adoption Act of Federal Health Plan 2004/2007]	March 31, 2004	Consejo Federal de Salud
Peru		
Decreto Legislativo 70: Ley de Organización del Sector Salud [Legislative Decree 70: Health Sector Organization Law]	April 14, 1981	Consejo de Ministros
Decreto Legislativo 584: Ley De Organizacion y Funciones del Ministerio De Salud [Legislative Decree 584: Health Ministry Organization and Functions Law]	April 18, 1990	Consejo de Ministros
Ley 26790: Ley de Modernización de Seguridad en Salud [Law 26790: Law of the Modernization of Social Security]	May 15, 1997	Congreso de la Republica
Ley 26842: Ley General de Salud [Law 26842: General Health Law]	July 15, 1997	Congreso de la Republica
Ley 27656: Ley de Creación del Fondo Intangible Solidario de Salud —FISSAL [Law of the Creation of the Solidary Health Fund, FISSAL]	January 29, 2002	Congreso de la Republica
Ley 27657: Ley del Ministerio de Salud [Law of the Ministry of Health]	January 29, 2002	Congreso de la Republica
Lineamientos de Política Sectorial para el Período 2002–2012 y Principios Fundamentales para el Plan Estratégico Sectorial del Quinquenio 2001–2006 [Sectoral Policy Guidelines for 2002–2012 and Fundamental Principles for the Sectoral Strategic Plan of the 2001–2006]	June 21, 2002	Ministerio de Salud

(continued)

Table A.3 (continued)

Name	*Date*	*Source*
Ley 27812: Ley que Determina las Fuentes de Financiamiento del Seguro Integral de Salud [Law that determines the source of financing for the SIS]	August 13, 2002	Congreso de la Republica
Ley 27660: Ley que Declara de Carácter Prioritario el Seguro Integral de Salud, para las Organizaciones Sociales de Base y Wawa Wasis [Law 27660: Law that Establishes the Integral Health Insurance as a Priority, for the Grass-Roots Social Organizations and "Children"s Houses"]	July 3, 2003	Congreso de la Republica
Acuerdo de Partidos Políticos en Salud 2006–2010 [Political Parties Agreement in Health 2006–2010]	December 20, 2005	
Ley 28588: Ley que incorpora al Seguro Integral de Salud a la población mayor de 17 años en situación de extrema pobreza y pobreza [Law that incorporates people older than 17 living in extreme poverty and poverty into the SIS]	July 21, 2005	Congreso de la Republica
Costa Rica		
Plan Nacional de Desarrollo, 1978–1982 "Gregorio Jose Ramirez"		Oficina de Planificacion Nacional (OFIPLAN)
Plan Nacional de Desarrollo, 1982–1986 "Volvamos a la Tierra"		Ministerio de Planificación Nacional y Política Económica (MIDEPLAN)
Plan Nacional de Desarrollo, 1986–1990		Ministerio de Planificación Nacional y Política Económica (MIDEPLAN)
Plan Nacional de Desarrollo, 1990–1994 "Desarrollo Sostenido Con Justicia Social"		Ministerio de Planificación Nacional y Política Económica (MIDEPLAN)

(continued)

Table A.3 (continued)

Name	*Date*	*Source*
Plan Nacional de Desarrollo, 1994–1998 "Francisco J. Orlich"		Ministerio de Planificación Nacional y Política Económica (MIDEPLAN)
Plan Nacional de Desarrollo Humano, 1998–2002 "Soluciones Siglo XXI"		Ministerio de Planificación Nacional y Política Económica (MIDEPLAN)
Plan Nacional de Desarrollo, 2002–2006 "Monsenor Victor Manuel Sanabria Martinez"		Ministerio de Planificación Nacional y Política Económica (MIDEPLAN)
Ley Constitutiva Caja Costarricense de Seguro Social (Ley 17) [Constitutive Law of the Costa Rican Social Security Agency]	October 22, 1943	Asamblea Legislativa
Ley General De Asistencia Medico-Social (Ley 1153) [General Law Of Medical-Social Assistance]	April 14, 1950	Asamblea Legislativa
Ley Para Reorganizar Los Servicios Medicos Preventivos Con Base a la C.C.S.S.(Ley 5349) [Law to Reorganize Preventative Medical Services Based at the CCSS]	October 3, 1973	Asamblea Legislativa
Ley General de Salud (Ley 5395) [General Health Law]	October 30, 1973	Asamblea Legislativa
Ley Orgánica del Ministerio de Salud (Ley 5412) [Organic Law of the Ministry of Health]	November 8, 1973	Asamblea Legislativa
Ley de Desconcentración de Clínicas y Hospitales de la Caja Costarricense del Seguro Social (Ley 7852) [Law of Deconcentration of Clinics and Hospitals of the Costa Rican Social Security Agency]	November 30, 1998	Asamblea Legislativa
Derechos y Deberes De Las Personas Usuarias de Los Servicios De Salud Públicos y Privados (Ley 8239) [Rights and Responsibilities of Users of Public and Private Health Services]	April 2, 2002	Asamblea Legislativa

which are only available online. While each of the three countries produced more laws and decrees pertaining to the health sector (anything from medical school requirements to pharmaceutical regulations) than those included in Table A.3, these are the ones that are central to my examination of health sector reform and the documents I reference in Chaps. 4–6.

World Bank Documents

My analysis also draws from the population of documents related to health sector projects and loans from the World Bank in Argentina, Peru, and Costa Rica. That is, I did not have to rely on a sample of World Bank health projects and loans in three countries but rather I was able to examine the entirety of its activity in these countries. In order to identify relevant projects, I examined all World Bank projects in Argentina, Peru, and Costa Rica from 1980 to 2005 via the World Bank indexed system and looked up projects' summaries and descriptions and included any project which had a health sector component. I confirmed that I had identified all relevant documents by conducting a keyword search of "health" (and variants thereof "health care," etc.) and each of the country names (e.g., "Peru," "Argentina," and "Costa Rica") to locate all relevant documents associated with these projects. It is important to note that my definition of "health related" is broader than that of the World Bank. The World Bank has been categorizing loans and project by sector since the early 1990s. Projects' sector categorizations are defined by the financing allocated to each sector where some projects contribute to several sectors.[4] However, I have included several projects that the World Bank does not categorize as "health" sectoral programs. For example, the first and second structural adjustment programs in Costa Rica are identified in the World Bank's database as relating to "economic management" but because these may have implications for public sector and health spending and because existing scholarship points to their importance in shaping social sector, health, and policy, I include them in my analysis. The World Bank identifying a project as related to health is, therefore, a sufficient, but not a necessary condition for its inclusion in my analysis.

Figure A.1 provides an overview of the health-related projects that I examine in Argentina, Costa Rica, and Peru. As Fig. A.1 demonstrates, projects are variable in length and often overlap substantially in their

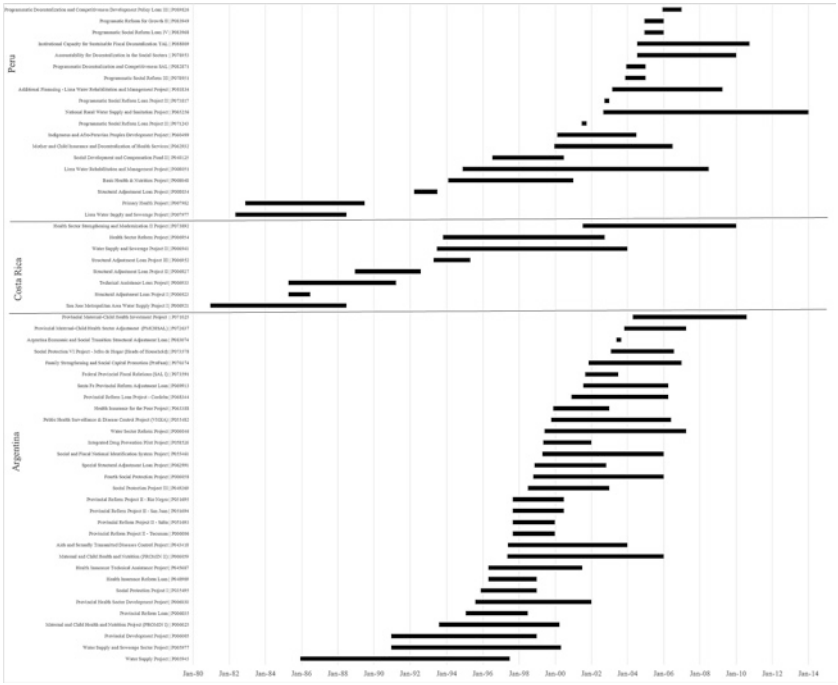

Fig. A.1 World Bank health sector-related projects in Argentina, Costa Rica, and Peru, approved between 1980 and 2005

timing. In addition, there is a variation in the number of health-related projects in each of the three countries: 31 in Argentina, eight in Costa Rica, and 19 in Peru. Table A.4 provides a summary of all and health-related projects in Argentina, Peru, and Costa Rica. Table A.4 indicates that there were 58 projects related to the health sector across the three countries that began between 1980 and 2005 out of a total of 223 projects across all sectors. While some of these projects were exclusively health related, many of them were multi-sectoral, a popular approach at the World Bank. That is, often the health component comprises only a fraction of the monies allocated in these projects, most notably the Structural Adjustment Projects. The average length of projects was between five and seven years across the three countries.

Table A.4 Overview of World Bank projects in Argentina, Costa Rica, and Peru approved between 1980 and 2005

		Argentina		*Costa Rica*		*Peru*	
		Total project cost	*World Bank contribution*	*Total project cost*	*World Bank contribution*	*Total project cost*	*World Bank contribution*
All projects	Total project costs	32,417	21,228	850	645	8142	5802
	Average project cost	270	177	40	31	99	71
	Number of projects	120		21		82	
Health projects	Total project costs	10,981	7829	392	375	2379	1730
	Average project cost	354	253	49	47	125	91
	Number of projects	31		8		19	
	Total cost of health projects over total cost of all projects	34	37	46	58	29	21
	Average cost of a health project over average cost of all projects	131	143	121	152	126	129
	Percent of all projects that are health projects	26		38		23	
	Average health project length (years)	5		7		5	

Source World Bank projects and operations, http://data.worldbank.org/data-catalog/projects-portfolio
Notes Costs are in millions of US dollars

Table A.5 provides a list of the World Bank documents used in the analysis. The documents are indexed by project, and Table A.5 details their accompanying documents and project start and end dates. And each World Bank loan has between two and 14 associated documents which in turn range between two and 170 pages in length (see Table A.5).

Other International Organization Documents

In order to supplement the information from national documents and World Bank documents, I also examine important documents in health, largely published by international organizations. I examined documents that were mentioned in the secondary literature on international health sector reform, as well as those referenced in my policy documents. For example, I examined documents relating to the Alma Ata conference on primary health care (Report of the International Conference on Primary Health Care, Alma-Ata 1978) and the seminal 1993 World Bank World Development Report "Investing in Health". These documents allow me to examine how other organizations view the issues and sometimes propose solutions to the health problems that they identify in these countries. Most notably, the WHO in the form of its regional arm in the Americas, the Pan-American Health Organization, has worked closely with governments and sometimes IFIs in Latin America in health policy reforms.

Table A.5 Policy documents for World Bank health sector-related projects in Argentina, Costa Rica, and Peru approved between 1980 and 2005

Project name	*Project ID number*	*Associated documents: Year, name, length*	*Project approval date*	*Project closing date*
Peru				
Lima Water Supply and Sewerage Project	P007977	(1) 1982, Staff Appraisal Report, 117 p (2) 1982, Report of the President of IBRD, 37 p (3) 1991, Completion Report, 28 p	May 11, 1982	June 30, 1988
Primary Health Project	P007982	(1) 1982, Staff Appraisal Report, 101 p (2) 1982, Report of the President of IBRD, 39 p (3) 1993, Project Completion Report, 58 p	November 30, 1982	June 30, 1989
Structural Adjustment Loan Project	P008034	(1) 1991, Grant Agreement, 12 p (2) 1992, Loan Agreement, 1992, 9 p (3) 1995, Completion Report, 118 p	Mar 26, 1992	June 30, 1993
Basic Health & Nutrition Project	P008048	(1) 1993, Japanese Grant Agreement, 13 p (2) 1994, Staff Appraisal Report, 78 p (3) 1994, Loan Agreement, 15 p (4) 1998, Loan Agreement Amendment 1, 2 p (5) 1998, Loan Agreement Amendment 2, 2 p (6) 1998, Loan Agreement Amendment 3, 2 p (7) 2000, Loan Agreement Amendment 4, 1 p (8) 2001, Completion Report, 43 p	February 3, 1994	December 31, 2000
Lima Water Rehabilitation and Management Project	P008051	(1) 1994, Staff Appraisal Report, 127 p (2) 1995, Project Agreement, 12 p (3) 1995, Loan Agreement, 14 p (4) 1996, Loan Agreement Amendment 1, 2 p (5) 1997, Loan Agreement Amendment 2, 2 p (6) 2009, Implementation Completion Report, 56 p	November 22, 1994	June 30, 2008

(continued)

Table A.5 (continued)

Project name	*Project ID number*	*Associated documents: Year, name, length*	*Project approval date*	*Project closing date*
Social Development and Compensation Fund II	P040125	(1) 1996, Staff Appraisal Report, 88 p (2) 1996, Project Agreement, 6 p (3) 1996, Loan Agreement, 15 p (4) 2001, Implementation Completion Report, 83 p	July 16, 1996	June 30, 2000
Health Reform Project (First Phase: Mother and Child Insurance and Decentralization of Health Services)	P062932	(1) 1998, Japanese Grant Agreement, 9 p (2) 1999, Project Appraisal Document, 91 p (3) 2000, Project Information Document, 4 p (4) 2001, Loan Agreement, 25 p (5) 2007, Completion Report, 74 p	December 16, 1999	June 30, 2006
Indigenous and Afro-Peruvian Peoples Development Project	P060499	(1) 1999, Project Information Document, 8 p (2) 2000, Project Appraisal Document, 75 p (3) 2000, Loan Agreement, 17 p (4) 2004, Completion Report, 40 p	February 10, 2000	June 30, 2004
Programmatic Social Reform Loan Project	P071243	(1) 2001, Loan Agreement, 11 p (2) 2002, Implementation Completion Report, 55 p	June 19, 2001	September 28, 2001
National Rural Water Supply and Sanitation Project	P065256	(1) 1999, Japanese Grant Agreement, 8 p (2) 2001, Project Information Document, 7 p (3) 2002, Loan Agreement, 29 p (4) 2002, Integrated Safeguards Data Sheet, 6 p (5) 2002, Environment Assessment I (Spanish), 45 p (6) 2002, Environmental Assessment I (Spanish), 54 p (7) 2002, Environmental Assessment III (Spanish),	August 29, 2002	December 31, 2013

(continued)

Table A.5 (continued)

Project name	*Project ID number*	*Associated documents: Year, name, length*	*Project approval date*	*Project closing date*
		(8) 2002, Project Appraisal Document, 78 p (9) 2006, Amendment 1, 58 p (10) 2006, Amendment 2, 4 p (11) 2010, Loan Agreement 2, 25 p (12) 2011, Procurement Plan, 11 p (13) 2011, Implementation Status and Results, 5 p (14) 2011, Implementation Status and Results 2, 6 p		
Programmatic Social Reform Loan Project II	P073817	(1) 2001, Japanese Grant Agreement, 7 p (2) 2002, Project Information Document, 3 p (3) 2002, Loan Agreement, 25 p (4) 2003, Japanese Grant Agreement, 10 p (5) 2003, Implementation Report, 42 p	September 17, 2002	December 31, 2002
Lima Water Rehabilitation and Management Project, Additional Financing	P081834	(1) 2002, Integrated Safeguards Data Sheet, 3 p (2) 2003, Project Information Document, 9 p (3) 2003, Technical Annex, 38 p (4) 2004, Amendment 1, 18 p (5) 2009, Implementation Report, 56 p	February 25, 2003	March 31, 2009
Programmatic Social Reform III	P078951	(1) 2003, Program Information Document, 8 p (2) 2003, Program Document, 126 p (3) 2003, Loan Agreement, 16 p (4) 2004, Completion Report, 44 p	November 11, 2003	December 31, 2004

(continued)

Table A.5 (continued)

Project name	*Project ID number*	*Associated documents: Year, name, length*	*Project approval date*	*Project closing date*
Programmatic Decentralization and Competitiveness Structural Adjustment Loan	P082871	(1) 2003, Project Information Document, 6 p (2) 2003, Loan Agreement, 13 p (3) 2007, Implementation Completion Report, 106 p	December 2, 2003	December 31, 2004
Accountability for Decentralization in the Social Sectors	P078953	(1) 2004, Project Information Document, 10 p (2) 2004, Project Appraisal Document, 70 p (3) 2004, Loan Agreement, 28 p (4) 2004, Integrated Safeguards Data Sheet, 9 p	July 15, 2004	December 31, 2009
Institutional Capacity for Sustainable Fiscal Decentralization	P088809	(1) 2004, Project Information Document, 5 p (2) 2004, Project Appraisal Document, 102 p (3) 2004, Loan Agreement, 28 p (4) 2009, Data Sheet 1, 27 p (5) 2010, Data Sheet 2, 2 p (6) 2010, Restructuring Paper, 5 p (7) 2010, Procurement Plan, 12 p (8) 2011, Implementation Completion Report, 47 p	July 15, 2004	September 30, 2010
Programmatic Social Reform Loan IV	P083968	(1) 2004, Project Document, 134 p (2) 2004, Program Information Document 1, 4 p (3) 2004, Program Information Document 2, 4 p (4) 2004, Loan Agreement, 15 p (5) 2006, Completion Report, 44 p	December 7, 2004	December 31, 2005
Programmatic Reform for Growth II	P083949	(1) 2004, Program Document, 218 p (2) 2004, Project Information Document, 5 p (3) 2004, Loan Agreement, 19 p (4) 2007, Implementation Completion Report, 106 p	December 7, 2004	December 31, 2005

(continued)

Table A.5 (continued)

Project name	*Project ID number*	*Associated documents: Year, name, length*	*Project approval date*	*Project closing date*
Third Programmatic Decentralization and Competitiveness Development Policy Loan *Costa Rica*	P089826	(1) 2005, Project Information Document, 5 p (2) 2005, Project Document, 151 p (3) 2005, Loan Agreement, 17 p (4) 2007, Implementation Completion Report, 106 p	December 8, 2005	December 31, 2006
San Jose Metropolitan Area Water Supply Project	P006921	(1) 1980, Report and Recommendation of the President of the IBRD to Executive Directors, 39 p (2) 1980, Staff Appraisal Report, 101 p (3) 1990, Project Completion Report, 33 p	December 23, 1980	June 30, 1988
Structural Adjustment Loan (SAL) Project	P006923	(1) 1985, Recommendation of the President of the IBRD to Executive Directors, 88 p (2) 1994, Project Completion Report, 76 p	April 16, 1985	June 30, 1986
Technical Assistance Loan Project	P006933	(1) 1985, Recommendation of the President of the IBRD to Executive Directors, 66 p (2) 1993, Project Completion Report, 76 p	April 16, 1985	April 1, 1991
Structural Adjustment Loan Project II	P006927	(1) 1988, Recommendation of the President of the IBRD to Executive Directors, 75 p (2) 1988, Loan Agreement, 11 p (3) 1988, Loan Agreement Amendment, 1 p (4) 1989, Loan Agreement Amendment, 2 p (5) 1992, Loan Agreement Amendment, 3 p (6) 1994, Project Completion Report, 76 p	December 13, 1988	July 31, 1992

(continued)

Table A.5 (continued)

Project name	*Project ID number*	*Associated documents: Year, name, length*	*Project approval date*	*Project closing date*
Third Structural Adjustment Loan Project	P006952	(1) 1993, Loan Agreement, 14 p (2) 1996, Project Completion Note, 12 p	April 15, 1993	April 30, 1995
Water Supply and Sewerage Project II	P006941	(1) 1993, Loan Agreement, 20 p (2) 1993, Guarantee Agreement, 4 p (3) 1993, Staff Appraisal Report, 123 p (4) 1996, Amendment 1, 4 p (5) 1997, Amendment 2, 5 p (6) 2005, Implementation Completion Report, 59 p	June 17, 1993	December 31, 2003
Health Sector Reform Project	P006954	(1) 1992, Grant Agreement 10 p (2) 1993, Loan Agreement 18 p (3) 1993, Project Agreement 6 p (4) 1993, Staff Appraisal Report, 170 p (5) 1996, Amendment, 3 p (6) 2003, Implementation Completion Report, 66 p	October 21, 1993	September 30, 2002
Health Sector Strengthening and Modernization II Project	P073892	(1) 2001, Project Agreement, 8 p (2) 2001, Loan Agreement, 12 p (3) 2001, Project Information Document, 9 p (4) 2001, Project Appraisal Document, 95 p (5) 2002, Integrated Safeguards Data Sheet, 4 p (6) 2010, Implementation, Completion and Results Report, 94 p	July 12, 2001	December 31, 2009
Argentina				

(continued)

Table A.5 (continued)

Project name	*Project ID number*	*Associated documents: Year, name, length*	*Project approval date*	*Project closing date*
Water Supply Project	P005945	(1) 1985, Staff Appraisal Report, 66 p (2) 1985, Memo and Recommendation of IBRD President, 36 p (3) 1998, Implementation Report, 43 p	December 10, 1985	June 30, 1997
Water Supply and Sewerage Sector Project	P005977	(1) 1990, Staff Appraisal Report, 77 p (2) 1990, Memo and Recommendation of IBRD President, 16 p (3) 1991, Project Agreement, 12 p (4) 1991, Loan Agreement, 15 p (5) 1995, Amendment 1, 2 p (6) 1997, Amendment 2, 5 p (7) 2001, Implementation Report, 43 p	December 18, 1990	April 30, 2000
Maternal and Child Health and Nutrition Project	P006025	(1) 1993, Staff Appraisal Report, 94 p (2) 1993, Loan Agreement, 9 p (3) 1994, Amendment 1, 1 p (4) 1994, Amendment 2, 3 p (5) 1995, Amendment 3, 3 p (6) 2000, Implementation Report, 51 p	August 3, 1993	March 30, 2000
Provincial Reform Loan	P006035	(1) 1995, Loan Agreement, 12 p (2) 1999, Implementation Report, 66 p	January 24, 1995	June 30, 1998
Provincial Health Sector Development Project	P006030	(1) 1995, Staff Appraisal Report, 70 p (2) 1996, Loan Agreement, 17 p (3) 1998 Amendment 1, 3 p (4) 2002, Implementation Report, 34 p	August 3, 1995	December 31, 2001

(continued)

Table A.5 (continued)

Project name	*Project ID number*	*Associated documents: Year, name, length*	*Project approval date*	*Project closing date*
Social Protection Project	P035495	(1) 1995, Staff Appraisal Report, 100 p (2) 1995, Loan Agreement, 18 p (3) 2000, Implementation Report, 49 p	November 21, 1995	December 31, 1998
Health Insurance Reform Loan	P040909	(1) 1995, Project Information Document, 4 p (2) 1996, Loan Agreement 1, 10 p (3) 1996, Loan Agreement 2, 12 p (4) 1997, Amendment 1, 2 p (5) 1999, Implementation Completion Report, 63 p	April 25, 1996	December 31, 1998
Health Insurance Technical Assistance Project	P045687	(1) 2002, Implementation Report, 38 p	April 25, 1996	June 30, 2001
Maternal and Child Health and Nutrition II (PROMIN)	P006059	(1) 1997, Project Appraisal Document, 50 p (2) 1997, Loan Agreement, 14 p (3) 1997, Project Information Document, 6 p (4) 2001, Amendment 1, 4 p (5) 2002, Amendment 2, 34 p (6) 2006, Project Implementation Report, 57 p	May 15, 1997	December 31, 2005
AR Aids and Sexually Transmitted Diseases Control Project	P043418	(1) 1997, Project Appraisal Document, 42 p (2) 1997, Project Information Document, 5 p (3) 1997, Loan Agreement, 14 p (4) 1997, Japanese Grant Agreement, 12 p (5) 2001, Amendment 1, 3 p (6) 2004, Implementation Report, 36 p	May 22, 1997	December 31, 2003

(continued)

Table A.5 (continued)

Project name	*Project ID number*	*Associated documents: Year, name, length*	*Project approval date*	*Project closing date*
Provincial Development Project	P006005	(1) 1990, Staff Appraisal Report, 94 p (2) 1990, Memo and Recommendation of IBRD President, 15 p (3) 1991, Loan Agreement, 16 p (4) 1997, Amendment 1, 3 p (5) 1998, Amendment 2, 2 p (6) 1999, Implementation Report, 87 p	December 18, 1990	December 31, 1998
Provincial Reform Project II—Tucuman	P006006 P051693	(1) 1997, Project Information Document, 6 p (2) 1998, Loan Agreement, 11 p (3) 2000, Implementation Completion Report, 60 p	August 26, 1997	December 31, 1999
Provincial Reform Project II—Salta		(1) 1997, Project Information Document, 6 p (2) 1997, Loan Agreement, 11 p (3) 2000, Implementation Completion Report, 66 p	August 26, 1997	December 31, 1999
Provincial Reform Project II—San Juan	P051694	(1) 1997, Project Information Document, 6 p (2) 1998, Loan Agreement, 13 p (3) 2001, Implementation Completion Report, 55 p	August 26, 1997	June 30, 2000
Provincial Reform Project II—Rio Negro	P051695	(1) 1997, Project Information Document, 6 p (2) 1997, Loan Agreement, 13 p (3) 2001, Implementation Completion Report, 59 p	August 26, 1997	June 30, 2000
Social Protection Project III	P049269	(1) 1998, Project Appraisal Document, 37 p (2) 1998, Loan Agreement, 12 p (3) 2003, Implementation Completion Report, 48 p	June 30, 1998	December 30, 2002

(continued)

Table A.5 (continued)

Project name	*Project ID number*	*Associated documents: Year, name, length*	*Project approval date*	*Project closing date*
Social Protection Project IV	P006058	(1) 1998, Project Appraisal Document, 58 p (2) 1998, Project Information Document, 9 p (3) 1999, Loan Agreement, 14 p (4) 2000, Amendment 1, 2 p (5) 2002, Amendment 2, 8 p (6) 2002, Amendment 3, 7 p (7) 2006, Implementation Report, 40 p	October 15, 1998	December 31, 2005
Special Structural Adjustment Loan Project	P062991	(1) 1998, Project Information Document, 6 p (2) 1998, Loan Agreement, 13 p (3) 1999, Notice on Request for Inspection, 3 p (4) 1999, Recommendation on Request for Inspection, 64 p (5) 1999, Amendment 1, 7 p (6) 2002, Amendment 2, 5 p (7) 2002, Implementation Report, 48 p	November 10, 1998	October 31, 2002
Social and Fiscal National Identification System Project	P055461	(1) 1999, Project Appraisal Document, 42 p (2) 1999, Project Information Document, 3 p (3) 1999, Loan Agreement, 14 p (4) 1998, Japanese Grant Agreement, 5 p (5) 2006, Implementation Completion Report, 48 p	April 20, 1999	December 31, 2005
Integrated Drug Prevention Pilot Project	P058526	(1) 1999, Project Appraisal Document, 47 p (2) 1999, Project Information Document, 4 p (3) 1999, Loan Agreement, 14 p (4) 2002, Project Completion Report/ Cancellation, 6 p	May 5, 1999	December 31, 2001

(continued)

Table A.5 (continued)

Project name	*Project ID number*	*Associated documents: Year, name, length*	*Project approval date*	*Project closing date*
Water Sector Reform Project	P006046	(1) 1997, Project Information Document, 4 p (2) 1996, Japanese Grant Agreement, 10 p (3) 1999, Project Appraisal Document, 97 p (4) 2000, Loan Agreement, 17 p (5) 2000, Amendment 1, 2 p (6) 2000, Amendment 2, 4 p (7) 2002, Amendment 3, 8 p (8) 2007, Implementation Completion Report, 66 p	June 1, 1999	March 31, 2007
Public Health Surveillance and Disease Control Project (VIGIA)	P055482	(1) 1999, Project Appraisal Document, 82 p (2) 1999, Project Information Document, 10 p (3) 2000, Loan Agreement, 18 p (4) 2000, Amendment 1, 2 p (5) 2002, Amendment 2, 38 p (6) 2006, Implementation Report, 74 p	October 14, 1999	May 31, 2006
Health Insurance for the Poor Project	P063388	(1) 1999, Project Information Document, 5 p (2) 1999, Project Appraisal Document, 59 p (3) 2003, Project Completion Report/Cancellation, 4 p	November 24, 1999	December 31, 2002
Provincial Reform Loan Project - Cordoba	P068344	(1) 2000, Project Information Document, 4 p (2) 2001, Loan Agreement, 17 p (3) 2003, Amendment 1, 15 p (4) 2003, Amendment 2, 56 p (5) 2007, Implementation Report, 68 p	November 22, 2000	March 31, 2006

(continued)

Table A.5 (continued)

Project name	*Project ID number*	*Associated documents: Year, name, length*	*Project approval date*	*Project closing date*
Santa Fe Provincial Reform Adjustment Loan	P069913	(1) 2001, Project Information Document, 4 p (2) 2001, Loan Agreement, 14 p (3) 2003, Amendment 1, 43 p (4) 2007, Implementation Report, 65 p	July 19, 2001	March 31, 2006
Structural Adjustment Loan I—Federal Provincial Fiscal Relations	P073591	(1) 2001, Project Information Document, 3 p (2) 2001, Loan Agreement, 12 p (3) 2003, Tranche Release Document, 23 p (4) 2005, Implementation Completion Report, 55 p	August 28, 2001	June 30, 2003
Family Strengthening and Social Capital Promotion (ProFam)	P070374	(1) 2001, Project Appraisal Document, 47 p (2) 2000, Project Information Document, 7 p (3) 2002, Loan Agreement, 28 p (4) 2002, Amendment 1, 7 p (5) 2007, Implementation Report, 53 p	November 8, 2001	December 31, 2006
Social Protection VI Project—Jefes de Hogar (Heads of Household)	P073578	(1) 2002, Project Appraisal Document, 66 p (2) 2001, Project Information Document, 7 p (3) 2002, Integrated Safeguards Data Sheet, 5 p (4) 2003, Loan Agreement, 26 p (5) 2004, Environmental Assessment, 31 p (6) 2007, Implementation Report, 74 p	January 28, 2003	July 28, 2006
Argentina Economic and Social Transition Structural Adjustment Loan	P083074	(1) 2003, Project Information Document, 3 p (2) 2003, Program Document, 78 p (3) 2003, Loan Agreement, 19 p (4) 2004, Implementation Completion Report, 31 p	May 22, 2003	August 29, 2003

(continued)

Table A.5 (continued)

Project name	*Project ID number*	*Associated documents: Year, name, length*	*Project approval date*	*Project closing date*
Provincial Maternal-Child Health Sector Adjustment Loan (PMCHSAL)	P072637	(1) 2003, Project Information Document, 7 p (2) 2003, Program Document, 126 p (3) 2003, Integrated Safeguards Data Sheet, 3 p (4) 2003, Loan Agreement, 23 p (5) 2004, Second Tranche Release, 6 p (6) 2007, Implementation Report, 36 p (7) 2011, Performance Assessment Report, 117 p	October 28, 2003	March 31, 2007
Provincial Maternal-Child Health Investment Project	P071025	(1) 2004, Project Appraisal Document, 82 p (2) 2004, Integrated Safeguards Data Sheet, 8 p (3) 2004, Loan Agreement, 31 p (4) 2006, Procurement Plan, 6 p (5) 2009, Project Brief, 2 p (6) 2010, Indigenous People Plan—Catamarca, 27 p (7) 2010, Indigenous People Plan— Chaco, 17 p (8) 2010, Indigenous People Plan—Formosa, 34 p (9) 2010, Indigenous People Plan—Jujuy, 15 p (10) 2010, Indigenous People Plan—Misiones, 27 p (11) 2010, Indigenous People Plan—Salta, 17 p (12) 2010, Indigenous People Plan—Santiago del Estero, 36 p (13) 2010, Indigenous People Plan—Tucuman, 12 p (14) 2011, Performance Assessment Report, 117 p	April 15, 2004	July 31, 2010

Interview Data

Gathering data from policy elites poses particular challenges, among them access and confidentiality. Most of my respondents were comparatively high-ranking current or former policy makers in Argentina, Costa Rica, and Peru. Gaining access to elites is difficult, especially so if you do not embed yourself in a particular organization for a longer period of time. Although that approach comes with its own challenges, in those situations researchers have the benefit of time, slowly earning, and gaining their respondents' trust. In my case, however, I met with respondents for interviews that lasted between 45 and 150 minutes, typically only once. With this in mind, my consent forms allowed respondents to choose to identify themselves fully, only by their position (this could be as broad or specific as they wanted: for example, it could be as the head of a particular office or as a Ministry of Health official), or only by their institutional affiliation (again, this allowed respondents who often had multiple institutional affiliations across their careers to select the one most salient to them in terms of the information they disclosed during the interview). This was key to earning respondents' trust and indeed, while they received and signed the consent forms at the beginning of the interviews, I encouraged them to wait until the end of the interview to indicate how they wanted to be identified, so they were clear on the topics covered in the interviews and knew what information they had disclosed.

Gaining access was another challenge. Recruitment of these key informants proceeded in several stages: I sent a letter to the Ministry of Health and Social Security each, along with World Bank and WHO offices in each of these countries about 4 weeks prior to arrival, requesting an interview. This strategy worked for the international organization offices, but not as well for the government offices. Simultaneously, I had identified important academics and government officials as well as World Bank and other international organization personnel from the secondary literature I had read while selecting my cases. I contacted these people (largely via e-mail but sometimes via phone) and most agreed to be interviewed; similarly, academic colleagues, local to these countries, were very generous and helpful with their time and referrals.

In 2009 and 2011, I conducted 50 interviews in Peru. In 2011, I conducted 30 interviews in Argentina and 28 in Costa Rica. The interviews in 2009 were part of a pilot research trip which was planned for

several purposes: to ascertain whether I could gain access to these informants, to see whether the informants would be willing to tell me about their experiences in health sector reform, and finally, in order to improve and refine my interview instrument. I was not able to gain access to all the informants on my initial list based on the secondary literature nor to all those on the list generated by snowball sampling, either because of scheduling or other issues. However, I am confident that I was able to interview the majority of important actors involved in health sector reform in these countries. To ensure completeness of information, I did interviews until I started to encounter heavy repetition. I also asked each respondent to name three people they thought I should interview at the end of the interview. I was able to interview a representative from all agencies/organizations involved in reforms or named by my respondents and was able to interview over 75% of the unique name referrals (some people were named twice or more) I received.

During my in-country stays in Argentina, Costa Rica, and Peru, I spoke with 107 out of 141 unique names I was given for people to interview and those I generated based on the secondary literature. Overall, I conducted 108 interviews with 114 people—accounting for the fact that I interviewed one person on two different occasions (Interview #5), four of the interviews involved two people (Interviews #11, 13, 56, and 103), and one involved three people (Interview #12).[5] Each interview was fully transcribed (either by myself or by local transcribers), and when quoting the interviews, I have translated the responses into English (except for the two interviews conducted in English). In summer 2015, I conducted five additional interviews with World Bank personnel, either via telephone or during my visit to the World Bank archives.

On a practical note, I found retired or semi-retired senior officials to be among my best respondents in the sense that they were willing to talk more freely about their experiences and were more generous with their time, likely because they had more of it available. They were also great at providing me with historical documents (or telling me where I could access them) and referring me to other important actors. Their experience and former positions carried weight, and people were often enthusiastic to speak to me on the recommendation of these people. Another interesting ritual I encountered was the importance and formality of the exchange of business cards. I carried my own business cards (even as a graduate student) and during my pilot trip in 2009 found them to be particularly well received: it almost always immediately prompted the

reciprocation of my respondents' business cards which was helpful for follow-up contact, and appeared, at least in my perception, to lend an air of legitimacy to myself and the research. Therefore, I made sure to have more cards printed for my 2011 visits. I am unsure how particular these experiences were to my situation: I was a comparatively younger white woman interviewing mostly Latin American men, many of them highly educated, with distinguished careers, senior officials (past and present) in important positions. While my Spanish is fluent, there were technical terms and acronyms I was not familiar with across the three countries. I found my relatively lower ranked position to be a benefit: my respondents seemed to be more willing to explain everything in great detail, provide lots of background information, be generous with their time, and patiently answer my clarification questions than I think would have otherwise been the case (e.g., if I was an older, local, male). I cannot say how useful this advice or my experiences are across other national or institutional contexts but I offer them in this appendix in the hopes they may help others seeking to conduct high-status key informant interviews, especially cross-nationally.

Altogether, I am confident that my interview sample provides excellent coverage of the institutional actors engaged in health reform in each country, including personnel from all important public health agencies, World Bank and other IFI personnel, policy analysts, and health experts. The informants were policy makers across national governments and agencies, past and present, experts in the field of health care reform in the three countries, World Bank and IDB personnel, other agencies (local and international NGOs and bilateral aid agencies), experts in the health sector, and other relevant informants from civil society. All of the country interviews were conducted in person and all but two were conducted in Spanish. Three of the five subsequent World Bank personnel interviews were conducted over the phone, and all were conducted in English.

Interview #1: Escalante Guzmán, Giovanni. Organizacion Pan-Americano de Salud. July 6, 2009. Lima, Peru.

Interview #2: World Bank Official. July 7, 2009. Lima, Peru.

Interview #3: Regional Governmental Organization Senior Official. July 7, 2009. Lima, Peru.

Interview #4: World Bank Senior Official. July 9, 2009. Lima, Peru.

Interview #5: Castro Quiroz, José Alberto. Director of the Office of International Cooperation at the Peruvian Ministry of Health in 2009

and Official at the Instituto Nacional de Seguros in 2011. July 10, 2009, and May 11, 2011. Lima, Peru.

Interview #6: Peruvian Ministry of Health Senior Official. July 14, 2009. Lima, Peru.

Interview #7: Chiroque Benites, Luis. Primary Health Care Office, EsSALUD (*El Seguro Social de Salud*). July 14, 2009. Lima, Peru.

Interview #8: Inter-American Development Bank Senior Official. July 15, 2009. Lima, Peru.

Interview #9: Seguro Integral de Salud (SIS) Senior Official. July 16, 2009. Lima, Peru.

Interview #10: Peruvian Ministry of Health Senior Official and Regular World Bank Consultant. July 17, 2009. Lima, Peru.

Interview #11: Gutarra Álvarez, Melchor and Álvaro Eduardo Vidal Rivadeneyra. National Medical Union for Social Security in Peru, and Minister of Health between 2003 and 2004, respectively. July 18, 2009. Lima, Peru.

Interview #12: Three Managers from the Seguro Integral de Salud (SIS). July 22, 2009. Lima, Peru.

Interview #13: Two USAID Senior Officials. July 22, 2009. Lima, Peru.

Interview #14: Salinas Rivas, Abel. Advisor to the Vice-Minister of Health. July 24, 2009. Lima, Peru.

Interview #15: Tejada de Rivero, David. Deputy Director-General of the World Health Organization (WHO), 1974–1985 and Minister of Health, 1985–1987 and 1989–1990. July 29, 2009. Lima, Peru.

Interview #16: Former Minister of Health. July 31, 2009. Lima, Peru.

Interview #17: Local Health-NGO Director. July 31, 2009. Lima, Peru.

Interview #18: Researcher. July 31, 2009. Lima, Peru.

Interview #19: Researcher, Universidad Peruana Cayetano Heredia. August 3, 2009. Lima, Peru.

Interview #20: Acosta Saal, Carlos Manuel. Director of Health Management, Ministry of Health. August 4, 2009. Lima, Peru.

Interview #21: Gonzalvez, Guillermo. Organizacion Pan-Americano de Salud Official. May 12, 2011. Lima, Peru.

Interview #22: Arosquipa, Carlos. Organizacion Pan-Americano de Salud Official. May 12, 2011. Lima, Peru.

Interview #23: Rasmussen Ochoa, Alfredo. Director of the Torre Treca Public-Private Partnership between GrupoSalud and EsSALUD. May 16, 2011. Lima, Peru.

Interview #24: Begazo Dongo, Hector. Private Health Organizations Manager (including Protectora Corredora de Seguros.). May 17, 2011. Lima, Peru.

Interview #25: Bocanergra Cotez, Alberto. Superintendencia Nacional de Salud (SUNASA) Senior Official. May 17, 2011. Lima, Peru.

Interview #26: Salinas Rivas, Abel Hernan. Superintendencia Nacional de Salud (SUNASA) General Intendent. May 17, 2011. Lima, Peru.

Interview #27: Academic. May 18, 2011. Lima, Peru.

Interview #28: Granados Torano, Ramon. Organizacion Pan-Americano de Salud Official. May 19, 2011. Lima, Peru.

Interview #29: Gutierrez, Nelson. World Bank Official. May 23, 2011. Lima, Peru.

Interview #30: Seminario Carrasco, Jose Luis. USAID Official. Health. May 23, 2011. Lima, Peru.

Interview #31: Rios Barrientos, Mario. Foro Salud (coalition of health civil society organizations) General Coordinator. May 24, 2011. Lima, Peru.

Interview #32: Ruiz Portal, Jorge. General Director of Stella Maris Private Health Clinic. May 24, 2011. Lima, Peru.

Interview #33: Ministry of Economy and Finance Senior Official. May 25, 2011. Lima, Peru.

Interview #34: Jumpa Santamaría, Manuel. Ministry of Health Senior Official. May 25, 2011. Lima, Peru.

Interview #35: USAID Senior Official. May 26, 2011. Lima. Peru.

Interview #36: Velásquez Valdivia, Aníbal. Ministry of Health Senior Official. May 26, 2011. Lima, Peru.

Interview #37: Bustamante Garcia, Mauricio. President of Salud Internacional Consulting Group. May 27, 2011. Lima, Peru.

Interview #38: La Rosa Huertas, Liliana del Carmen. Director of the Office of International Cooperation at the Peruvian Ministry of Health. May 30, 2011. Lima, Peru.

Interview #39: Barredo Moyano, Alfredo. EsSALUD Senior Official. May 31, 2011. Lima, Peru.

Interview #40: Garcia Torres, Victor Raul. Advisor to the Minister of Health, Coordinator with Parliament. May 31, 2011. Lima, Peru.

Interview #41: Guisti Hundskopf, Paulina. General Coordinator of PARSALUD (Ministry of Health Project with Financing from World Bank and Inter-American Development Bank). June 1, 2011. Lima, Peru.

Interview #42: Castro Gómez, Julio. Former Dean of the Colegio Medico de Peru (Peruvian Medical Union). June 1, 2011. Lima, Peru.

Interview #43: Researcher at Consorcio de Investigación Económica y Social (CIES), Social and Economic Research Consortium. June 1, 2011. Lima, Peru.

Interview #44: Senior Health Sector Official. June 2, 2011. Lima, Peru.

Interview #45: Ministry of Health Senior Official. June 2, 2011. Lima, Peru.

Interview #46: Cordero Muñoz, Luis. Academic, Universidad Cayetano Heredia and former Official in Ministries of Health and Economy and Finance. June 2, 2011. Lima, Peru.

Interview #47: Ricse, Carlos. Consultant, formerly Official at the Ministry of Health. June 3, 2011. Lima, Peru.

Interview #48: Cárdenas Díaz, Max. Former Dean of the Colegio Medico de Peru (Peruvian Medical Union). June 3, 2011. Lima, Peru.

Interview #49: Francke, Pedro. President of the Board of Directors of Sistema Metropolitano de la Solidaridad (SISOL, network of clinics in the Lima metropolitan area). June 3, 2011. Lima, Peru.

Interview #50: Tobar, Federico. Consultant. June 8, 2011. Buenos Aires, Argentina.

Interview #51: Vasallo, Carlos Alberto. Consultant. June 13, 2011. Buenos Aires, Argentina.

Interview #52: Inter-American Development Bank Official. June 16, 2011. Buenos Aires, Argentina.

Interview #53: Redondo, Nelida. National Institute of Statistics and Census of Argentina Official. June 16, 2011. Buenos Aires, Argentina.

Interview #54: Academic. June 17, 2011. Buenos Aires, Argentina.

Interview #55: Cetrangolo, Oscar. Economic Commission for Latin America and the Caribbean Official. June 21, 2011. Buenos Aires, Argentina.

Interview #56: Rios, Marta Enriqueta and Luisa Isabel Diaz. Academics, Universidad de Buenos Aires. June 22, 2011. Buenos Aires, Argentina.

Interview #57: Glanc, Mario. Academic, ISALUD. June 22, 2011. Buenos Aires, Argentina.

Interview #58: Schweiger, Arturo. Academic, ISALUD. June 22, 2011. Buenos Aires, Argentina.

Interview #59: Pippo Briant, Tomas A. Ministry of Health Official. June 27, 2011. Buenos Aires, Argentina.

Interview #60: Mera, Jorge Alberto. Official at Instituto de Obras Sociales (Institute of Obras Sociales). June 29, 2011. Buenos Aires, Argentina.

Interview #61: Surace, Benjamin. Director of Obra Social de la Union de Trabajadores del Turismo, Hoteleros y Gastronomicos (Obra Social of the Union of Workers in Tourism, Hotel/Hospitality, and Catering). June 30, 2011. Buenos Aires, Argentina.

Interview #62: Ventura, Graciela. General Coordinator for REMEDIAR+REDES: FEAPS, Fortalecimiento de la Estrategia de la Atencion Primaria de la Salud (project by the Ministry of Health to increase the accessibility of medications and strengthen primary care in health). July 1, 2011. Buenos Aires, Argentina.

Interview #63: Spinelli, Hugo. Academic, Universidad Nacional de Lanus. July 4, 2011. Buenos Aires, Argentina.

Interview #64: Garavelli, Carlos. Organizacion Iberoamericana de Seguridad Social (OISS, Ibero-American Organization for Social Security) Official. July 5, 2011. Buenos Aires, Argentina.

Interview #65: Bellagio, Ricardo E. Superintendencia de Servicios de Salud (SSSalud, Superintendency for Health Services) Official. July 6, 2011. Buenos Aires, Argentina.

Interview #66: Jañez, Jorge Carlos and Jorge Alberto Coronel. Confederacion Medica de la Republica Argentina (COMRA, Medical Confederation of the Argentinian Republic) Senior Officials. July 7, 2011. Buenos Aires, Argentina.

Interview #67: Sabignoso, Martin. Coordinator for Plan NACER in the Ministry of Health. July 8, 2011. Buenos Aires, Argentina.

Interview #68: Medical Director at a large *Obra Social.* July 11, 2011. Buenos Aires, Argentina.

Interview #69: World Bank Official. July 12, 2011. Buenos Aires, Argentina.

Interview #70: Stolkiner, Alicia Ines. Academic, University of Buenos Aires. July 12, 2011. Buenos Aires, Argentina.

Interview #71: Diosque, Maximo. Ministry of Health Senior Official. July 13, 2011. Buenos Aires, Argentina.

Interview #72: Escudero, Jose Carlos. Academic, Universidad Nacional de la Plata. July 14, 2011. Buenos Aires, Argentina.

Interview #73: Güemes, Armando. Organizacion Pan-Americano de Salud Official. July 15, 2011. Buenos Aires, Argentina.

Interview #74: Neri, Aldo. Minister of Health of Argentina between 1983 and 1986. July 15, 2011. Buenos Aires, Argentina.

Interview #75: Perreiro, Ana Cristina. Ministry of Health Official. July 18, 2011. Buenos Aires, Argentina.

Interview #76: Alvarez, Marcelo G. Academic, University of Buenos Aires. July 19, 2011. Buenos Aires, Argentina.

Interview #77: Maciera, Daniel. Researcher at Centro de Estudios de Estado y Sociedad (CEDES, State and Society Studies Center). July 28, 2011. Buenos Aires, Argentina.

Interview #78: Sonis, Abraam, Academic, Universidad Maimonides. July 26, 2011. Buenos Aires, Argentina.

Interview #79: Barbieri, María Eugenia. Ministry of the Economy Official. July 28, 2011. Buenos Aires.

Interview #80: Soto, Sergio Rueben. Academic, University of Costa Rica. August 24, 2011. San Pedro, Costa Rica.

Interview #81: Carazo Salas, Juan Antonio. Academic, University of Costa Rica. August 26, 2011. San Pedro, Costa Rica.

Interview #82: Former Minister of Health. August 29, 2011. San Jose, Costa Rica.

Interview #83: Rosales, Carlos. Organizacion Pan-Americano de Salud Official. August 30, 2011. San Jose, Costa Rica.

Interview #84: Miranda Gutiérrez, Guido. Former Executive President of the CCSS between 1982 and 1990. August 30, 2011. San Jose, Costa Rica.

Interview #85: Salas Chaves, Álvaro. Executive President of the CCSS between 1994 and 1998. August 30, 2011. San Jose, Costa Rica. August 31, 2011. San Jose, Costa Rica.

Interview #86: Herrera Guido, Roberto. Director of the Hospital Metropolitana (private hospital). September 1, 2011. San Jose, Costa Rica.

Interview #87: Luque, Hernán. Organizacion Pan-Americano de Salud Official. September 1, 2011. San Jose, Costa Rica.

Interview #88: Vargas Brenes, Juan Rafael. Academic, Universidad de Costa Rica. September 9, 2011. San Pedro, Costa Rica.

Interview #89: Senior Official at the CCSS. September 16, 2011. San Jose, Costa Rica.

Interview #90: Sáenz, Luis Bernardo. CCSS Senior Official. September 20, 2011. San Jose, Costa Rica.

Interview #91: Jimenez Fonseca, Elias. MD in private and public hospitals. September 21, 2011. San Jose, Costa Rica.

Interview #92: Vargas Fuentes, Mauricio. Ministry of Health Senior Official. September 21, 2011. San Pedro, Costa Rica.

Interview #93: Villalobos Solano, Luis Bernardo. Academic at the University of Costa Rica. September 22, 2011. San Pedro, Costa Rica.

Interview #94: Weinstock, Herman. Minister of Health between 1974 and 1978. September 23, 2011. San Jose, Costa Rica.

Interview #95: Former President of the Union Medica Nacional (National Medical Union). September 26, 2011. San Jose, Costa Rica.

Interview #96: Cortés Rodríguez, Jorge. General Medical Director of Hospital Clinica Biblica (private hospital). September 27, 2011. San Jose, Costa Rica.

Interview #97: Lopez, Maria Elena. Ministry of Health Senior Official. September 29, 2011. San Jose, Costa Rica.

Interview #98: Piza Rocafor, Rodolfo. President of the CCSS between 1998 and 2002. October 4, 2011. San Jose, Costa Rica.

Interview #99: Sáenz Jiménez, Lenín. Ministry of Health Senior Official. October 5, 2011. San Jose, Costa Rica.

Interview #100: Villegas, Hugo. Organizacion Pan-Americano de Salud Official. October 11, 2011. San Jose, Costa Rica.

Interview #101: Marín Rojas, Fernando. President of Instituto Mixto de Ayuda Social (IMAS, Mixed Institute for Social Assistance private–public institute to assist people in extreme poverty). October 11, 2011. San Jose, Costa Rica.

Interview #102: Pardo-Evans, Rogelio. Minister of Health between 1998 and 2002. October 19, 2011. San Jose, Costa Rica.

Interview #103: Robles Monge, Mario and Cristina Bonilla Alfaro. Officials at Ministerio de Planificacion (MIDEPLAN, Ministry of Planning). October 21, 2011.

Interview #104: Arias Sobrado, Jorge. Former Ministry of Health and CCSS Senior Official. October 21, 2011. San Jose, Costa Rica.

Interview #105: Montero, Jorge E. Former Inter-American Development Bank Official. October 28, 2011. San Jose, Costa Rica.

Interview #106: Vargas González, William. Ministry of Health and CCSS Official. October 31, 2011. San Jose, Costa Rica.

Interview #107: Martinez Franzoni, Juliana. Academic, University of Costa Rica. November 21, 2011. San Pedro, Costa Rica.

Interview #108: Former Senior World Bank Official. May 25, 2015. Washington, DC, USA.

Interview #109: Former Senior World Bank Official. May 29, 2015. Washington, DC, USA.

Interview #110: Levine, Ruth. Former World Bank Official. June 9, 2015. Telephone interview.

Interview #111: Senior World Bank Official. June 12, 2015. Telephone interview.

Interview #112: Senior World Bank Official. June 22, 2015. Telephone interview.

Since I interviewed people with different roles across reforms in each of the three countries and in the World Bank, I utilized a semi-structured interview format. I opted for open-ended questions that allowed respondents to discuss reforms and issues that they viewed as important, and probed based on their answers and specific to their circumstances and involvement in health sector reform. My interview instrument for the country case-studies consisted of the following questions (which I translated as almost all interviews were conducted in Spanish) though not all respondents were asked all of these questions since sometimes their answers to subsequent questions emerged earlier, or due to time constraints, or because they gave me CVs, for example, which covered some of their biographical backgrounds.

Respondent Background

I want to ask about your background and position in [agency]

What is your position in this [agency]?

How long have you worked at [agency]?

What has been your role/position in [agency] during your time there?

And what is your educational background?

Did you study, work, or otherwise receive any training internationally?

General Questions about Health Care in Country

Now I want to ask you about the [country] health care system.

What government agencies are responsible for the provision of health services in [country]?

What are the responsibilities of the Ministry of Health compared with the social security office?

What types of programs exist?

How are the government programs complemented by non-government organizations' (NGOs) programs?

What are the main international organizations that the Ministry of Health and other relevant government agencies work with? [I then asked about the World Bank specifically if they did not elaborate as all of my

respondents mentioned it, and sometimes probed about other agencies mentioned in response to this question as well if they did not elaborate about their role]

Health Care Reform and Historical Perspective

I want to ask you about social security in [country] in recent decades, and especially since the 1980s.

What have been the major reforms in the [country] national health care system in recent decades?

What other organizations/agencies and/or people have participated in this reform?

How active has [government agency] been in the provision of health services in [country]?

What role has [government agency] has in reforms to the [country's] health care system?

And you specifically?

What do you think about these reforms and changes in the [country's] health care system?

Issues and Priorities in Health Care

In your opinion, what are the main problems with the current health care system in [country]?

What would you consider to be priorities for health care in [country]?

What do you think these will be/how do you think these will change in the next 10 years?

What have been the major successes and failures in the provision of health services in [country] and in the health care system?

Do you think that the international community has an impact on health policies in [country]?

What type of impact?

How do you think the field of health care in [country] will change in the next 20 years?

Comparative Questions

Now I want to ask you about the [country] health care sector in comparison with other sectors in [country].

How do you think the public expenditure on health compares to public expenditure in other sectors, for example, on education? Why?

Now I would like to ask you about the [country] health care sector in comparison to health care systems in other countries.

Different countries have different ideas about the best way to structure social policy and particularly, health services.

Do you think that there is any particular country that [country] should imitate/follow in terms of health care? Why?

Final Questions

Is there anything else you want to tell me or you think I need to know about health care in [country]?

Finally, can you name three people who you consider especially important in the field of health care in [country] who you believe I should speak with?

Interviews with World Bank personnel not stationed in country offices varied because they were done after I completed the country visits, and depended more specifically on these people's experience at the World Bank. I asked about their background and experience; I also asked questions specific to their involvement in different reforms and reports, and some general questions, including the following:

International Organizations' Role in Global Health

What do you think is the ideal role of international organizations in national health care reforms?

What international organizations do you think have been most important in influencing countries' health reforms? Any specific examples you can think of?

Questions on the World Bank's Approach to Health

What do you think is the World Bank's current approach to health?

What do you think about this approach?

Do you think this approach has changed over time? If so, how?

What do you think of these changes?

How do you think the World Bank's approach to health differs from or is similar to its approach in other domains, for example, education?

Comparative, and in particular cross-national, mixed-methods research is an immense undertaking. Despite its challenges, however, mixed-methods, comparative research yields data second to none. It allows the researcher to take both a bird's-eye view (national, regional, and over time trends) and dig into the meat of their case-studies (via detailed accounts gathered from interviews and content analyses). It has allowed me to triangulate information and move between the details and the trends. Most importantly, it has allowed me to answer the questions that motivated this research about the World Bank's involvement in health in Latin America. I have offered some practical tips for recruiting key informants, and some particularities of my own experiences which I hope may be helpful to others. I'll offer a final bit of advice: if you're

interested in puzzles and questions that require extensive, comparative, mixed-methods data, do not be daunted: the rewards (both in answering the research questions and in personal experiences) far outweigh the trials.

Notes

1. This information about the reliability of the data comes from an interview with a WHO functionary in Costa Rica (Interview #100). An examination of these same indicators in the World Bank's HNP dataset (World Bank HNP Stats) shows the very limited and patchy nature of these data. In previous research, I used data dating back to 1980 from CEPAL (Noy 2011), used in the Huber and Stephens data. Since, however, in addition to the information above I was advised by an interviewee in Argentina I was told that their estimates for public health spending were incorrect, which I confirmed by comparing the official Ministry of Health figures to those published by CEPAL and used in the Huber and Stephens dataset, see Huber et al. (2008). The WHO Global Health Expenditure Database, part of the National Health Accounts database, has collected and systemized health expenditure data only since 1995. The HNP World Bank data which I use draw on these data (as both the WHO and the World Bank are part of the United Nations system). I opted to download them from the World Bank database as that allowed me to simultaneously gather data from the World Development Indicators compiled by the World Bank on my independent variables for the time-series cross-section regression models—GDP, elderly population, etc.
2. The Bahamas, Barbados, Belize, and Suriname are not included in the time-series cross-section analysis because they do not have data on democratization (in addition to many years with missing unemployment data). Haiti has only a single data point after accounting for missing data on the independent variables, and therefore, it is excluded from the analysis (due to the fact that in lagging GDP and left seat share, I require at least two full data points for those variables). Since all of the data on democratization are missing for the Bahamas and Barbados, it is not possible to impute. In addition, there are several country-years for which there is no data on one or more of the independent variables. These observations are therefore excluded from the analysis. The final sample includes 226 observations for 21 countries.

3. I use the *xtpcse* command with the *pairwise* option in Stata12.1. As an additional check for robustness, I re-estimated all models using conventional panel techniques that prioritize within-country correlation rather than between-country contemporaneous correlation. A common concern in panel models is how to account for the unobserved, permanent, country-specific error component. If the unobserved errors are correlated with the covariates, a fixed effects estimation can remove this source of bias (that is, the "within" panel estimator), however at the cost of efficiency in the regression model (Wooldridge 2002). If the unobserved panel-specific component of the error is uncorrelated with the covariates, both OLS and fixed effects are unbiased, and a random effects model is preferred because it is more efficient. In order to adjudicate between the fixed and random effects models, researchers typically use a Hausman test or regression-based Mundlak test (Wooldridge 2002). Because serial correlation remains a problem even after adjusting for country-specific errors, I used random effects and fixed effects panel models with a first-order correlation correction, AR(1). I used the Mundlak tests to decide between the fixed and random effects (Wooldridge 2002). I present these results and shade the preferred models (according to the Mundlak test) in gray in Appendix A in Chapter 3 in Tables 3.A.1 and 3.A.2.
4. Details on the sectors for each project are available in the World Bank's Projects and Operations database.
5. Because I started with people who featured in secondary and primary documents, their names were also frequently mentioned by one of my respondents as people I should speak to. I received 63 unique names in Peru and interviewed 49 of them (for a total of 50 interviews), in Argentina I received 37 unique referrals and interviewed 30 of them (for a total of 30 interviews), and in Costa Rica received 41 unique referrals and interviewed 28 of them (for a total of 28 interviews). As noted, this was not an organized roster, so sometimes respondents would indicate I should talk to someone at some institution (rather than naming as specific person) that was involved in reform efforts at a particular time (for example, a local NGO or a government agency), and I was able to talk to someone at each of these (indeed, often a specific name for someone at said agency was recommended by a different respondent).

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