

Review Article

Health Policy and Health Care Reform and its Status in Ethiopia

Bamlak Kassahun^{1,2*}; Aklilu Feleke¹¹Microbiology Research Unit, Aklilu Lemma Institute of Pathobiology, Addis Ababa University, Ethiopia²Ethiopia Society of Tropical and Infectious Diseases, Ethiopia***Corresponding author: Kassahun B**

Ethiopian Society of Tropical and Infectious Diseases and Aklilu Lemma Institute of Pathobiology, Swaziland Street, 1176, Ethiopia.

Tel: +251973375396

Email: bamlak.kassahun@aau.edu.et

Received: August 28, 2023**Accepted:** September 28, 2023**Published:** October 05, 2023**Abstract**

Our world is experiencing economic, social, political, epistemological and technological transitions within the past few centuries, strongly increasing demand for accessible and affordable health care. These shifts put significant pressure on the existing outdated, highly centralized bureaucratic system and the need for injecting new policies and designing new strategies for health care reform become significantly important. Adjusting and managing growing demands, the global world has pursued a new round of health reforms and governments of different world on biases of their research finding they starts looking for new policies and strategies that allows them to make a significant reform. The main goals of reform health sector reforms are essential drug policies, health care financing and public hospitals. Under this review the main finding states that the development of new reform in the health sector needs a serious plan as the medium with the intentions to implement reforms. A decision to implement a reform was normally accompanied by an implementation budget and also its sustainability. Some of the reforms are implemented speedily and firmly, whereas others suffered delays and reversals. Reforms implemented in Ethiopia shows a significant time dalliance with the speed and firmness in addressing the gaps in the health sector. Generally it is important to build an agreement for a better understanding of the unintended consequences of reform policies and the impact on the health care reforms.

Keywords: Ethiopia; Health; Policies; Reform**Introduction**

Health care reform is one of the fundamental and integral issue for the most part governmental policy deliveries and it is a part of strategical integration. This reform basically target to expand the target population who receive health care coverage either in private or public health care centers [1]. The health care reform primarily target on addressing very important agendas like the following. The very important point for health care reform is increasing the magnitude of health care provider both in public and private sector, expanding the number of professionals in health care specialties, upgrading the quality of health care system and decreasing the health care costs for the consumer [2].

The current global scenarios indicates that most of the developed world is involving with the health care reform because of the advancement of new emerging technologies and emergence of infectious diseases and non-infectious diseases and evidence data shows that countries like United Kingdom and Germany every half decade the design a new strategic reform for their health care system this practically lead the nations to advance their work by bringing the power of their health care organizations into sharp point which allow them to build a re-

naissance in their health care reform [3]. The Netherlands have almost a close system with UK and Germany they involve with a lower financial threshold opting out to the user. The Swiss systems also do have a private health insurance system that ultimately supports the health care system to reform it in easiest way. In countries like The United States of America the government provides healthcare support for 25% its citizen that can help due to the result of health care reform and the policy and strategy they design. All the above examples shows the exact scenarios in which the health care reform which is conducted and managed by different nation results a lots of successes and benefit for the users Healthcare is generally centered around regulated private insurance methods [4].

Health care reform is a result of health care polices. The Global thread of the health care system shows a strong reform and alliance because of the policy and strategies designed. As a global view the key objective the global health system is reduction of fraud and abuses that happen in the health care system. To intervene this problem and synchronize the solution to the gap policy maker always target the best way in which they can overcome the problem. In countries like USA and EU estimated



Figure 1: The policy process.

amount 10% of their health care system expenditure involve with fraud [4].

To design a sustainable health care response it is necessary to focus on health care response components. Fundamental change in the health care reform is resulted when a nation observe and copy a system that is designed or manipulated by other nation and observing transformational health care reform (Bett, 1994). Such kind of walk among a nation are basically work when the benefit and that the outcome of the reform is successful. The experience of all countries in the health sector reform clearly shows that the success of health care reforms depends on how the process is applied, and by whom it is implemented, instead how the contents are formulated [6].

Reforms in the health sector can be said fully sustained because of the policy that are basically designed and come to work. The process by which the policy measure the main core function of the reform are thoroughly guided by the government executive body. Core system of the reform like the governance, financial status and resource generation do have a key role in sustainability and process of the health system reform. Health sector reform is fundamentally connected with like equity, efficiency, quality, financing, and sustainability in the provision of health care [7].

The development, implementation and process of the health care reform of most countries are guarded with National Health Policies, Strategies and Plans which is prepared for sustainable health track. WHO has a long track record and experience in supporting different nations in this process and endeavors by providing a technical support, facilitating material support, supporting the national dialogue and inter-country exchange [8].

Generally the health care reform can seen as a sum of different policies that can be potentially help the system to upgrade from the existing system in a way that can potentially combat fraud in health care system, managing inflation in the health care system, addressing a qualitative and quantitative health care centers and increasing the number of professionals. To achieve this all and sustain the reform it is important to focus on the reform process, the policy and implementation or strategies.

Thus the objective of this review paper is:-

- To indicate the role of polices in health care reform

- To revise the process of health care reform and components
- To discuss in detail about the development, implementation and analysis of the health care reform and health care reform status in Ethiopia

Health Policy

Health policy can roughly see as sum of decisions, plans, and actions that are undertaken to achieve specific healthcare goals within a society and predict the strategies which are going to born. According to the World Health Organization a well-defined health policy can result and achieve many things: it defines a vision for the future, outlines priorities and the expected roles of different groups and it builds consensus and informs people [5].

According to World Health Organization Health policy is defined as “the decisions, plans, and actions that are undertaken to achieve specific healthcare goals within a society.” There are a lots of groups of health policy, such as public health, mental health and health care insurance. Due to the extensive nature of health policy it address directly or indirectly everyone in a given community [6].

Some notable examples of health policy in the United States include:

- Americans policy for disabilities Act (ADA)
- The Roe v. Wade Supreme Court decision for right of protected abortion
- Polices designed for regulatory bodies like the Centers for Medicaid and Medicare (CMS)

How Does Health Policy Happen?

The policy process basically passes under intensive review and discussion forms the research and researcher to higher executive government official. Countries have a well-defined policy in their health sector to ensure and technically support access for all of its citizens, to give a grant for health research, and to plan for adequate numbers, distribution and quality of health workers to meet healthcare goals. Many countries around the world have established universal health care, which takes the burden of healthcare expenses off of private businesses or individuals through pooling of financial risk [9]. There are different types of ideas for and against universal healthcare and related health policies and strategies. Healthcare is an important part of health systems and thus it often includes for one of the largest areas of spending for both governments and individuals all over the world. For understanding how heath policy happen let us has a close look to the policy process in the American political system as example generally entails these steps:

1. A bill is introduced in Congress (legislative branch). Evidence is presented to promote or oppose the bill. It is debated and voted upon.
2. If the bill is passed into law, regulatory agencies (executive branch) begin drafting rules and regulations to enforce the law.
3. If a law or regulation is challenged on legal grounds, the Supreme Court (judicial branch) intervenes to interpret the law or overrule it.

This process is also influenced by partner bodies, like non-

profits. These categories produces research that is then used to promote particular health policy initiatives. Individual members of these groups may be called to testify before Congress on specific health policy matters [9].

How Does Research Contribute to the Health Policy?

Health policy often refers to the health-related researches. Understanding research finding figures are a good input for the health policies, including global health policy, public health policy, mental health policy, health care services policy, insurance policy, personal healthcare policy and pharmaceutical policy. Health based researches may cover topics related to healthcare delivery [10].

Researches also include the governance and implementation of health-related policy, sometimes referred to existing health policy and reform it needs. Conceptual models which are based in the help of research can help show the flow from health-related policy development to health-related policy and program implementation and to health systems and health outcomes [11].

Policy should be understood as more than a national law or health policy that supports a program or intervention because of the research finding it resulted. The policy process encompasses decisions made at a national or decentralized level (including funding decisions) that affect whether and how services are delivered. Thus, researches are a supportive policy environment that facilitate the scale-up of health interventions [12].

The Challenges of Implementing Health Policy

Once the policy is developed by the executive body of the government of a new health policy demands more than providing tasks around a policy document or designing a set of standard operating procedures. Effective and equitable health policy implementation requires “the aggregation of the separate actions of many individuals, and One of the fundamental implementation challenge is that the responsibility for health policy implementers usually rests with a different set of governmental bodies than the ones who designed the policy. Policy designers most of the time don’t understand the perspective of the implementers. The process of policy implementation requires working with the actual group in which the policy touches [13].

Health Policy Processes

Policy Process provides a systematic way to develop policies that can help the government to address public health problems in the community. The policy process is like a journey that takes through five domains, including stakeholder engagement and evaluation. It ultimately results in implementing a policy.

The policy process is basically breakdown in to smaller steps as sequential parts. These are problem emergence the followed by agenda setting then consideration of policy options then travels to decision-making then implementation, and finally evaluation (Jordan and Adelle, 2012).

According to the diagram the view of policy process as a part of the 6 important smaller steps leads to tackle first get a particular problem on the agenda for discussion and, if possible, consideration by policy makers. Policy makers then select the best course of action based on their advisor comment and make the policy, then it travels administrators for implementation. This stage-based view focuses that policy is a process involving many variable parts of government. But in real action, policy agendas

are chained together as policy makers fumble around for solutions in the context of great uncertainty and many internal and external constraints [14].

In different time’s different ideas, novel knowledge and model was developed to explain how policy is made among that one pluralist assumption is the one who believes that assume that agenda setting is open and competitive, with the government acting as an honest broker. Once adopted, though, policies must still be steered through the implementation process. Because of the competitiveness of the policy process, outcomes are unpredictable [15].

Health Policy Development, Implementation and Analysis

Health Policy Development

The health policy development under passes through in identifying need, gathering information, drafting, consulting and review [16].

There are important stages in the development of health policy. The following steps summaries the key stages involved in developing policies:

1. Identify need

Policies can be developed in requirement of need and in response to need. The organization needs to constantly assess its activities, responsibilities and the outside environment in order to identify the need for policies and procedures.

2. Identify who will take lead responsibility

A delegate responsible for the responsibility of leading the tasks will select which can be an individual, working group, sub-committee or staff members, according to the expertise required.

3. Gather information

Information are going to gathered from different research output that can potentially serve as a policy development

4. Draft policy

On biases the gathered information a draft policy will be proposed that ensure that the wording and length or complexity of the policy is appropriate to those who will be expected to implement it.

5. Consult with appropriate stakeholders

Policies are most of the time are effective if those affected are consulted are supportive and have the chance to be considered and discuss the on the bold implications of the policy. Depending on whether developing policies to govern the internal working of the nation or external policy positions, you may wish to consult, for example: Supporters, Staff and volunteers, researchers.

6. Finalize / approve policy

Once the policy passes through the above steps then the final task is going to be to approve the policy by the mandated body.

Health Policy Implementation

Once the policy is done and approved by the mandated governmental body alone the approved policy doesn’t ensure that a policy will be successful. Implementation should be there to

the policy in a way that can increase the likelihood the policy will achieve its intended outcomes [17].

The implantation can be done by Educate the people or organizations affected by the new policy, Change pre-existing administrative operations and systems (or create new ones) and Monitor and/or enforce the policy as needed

Implementation of policies are different across contexts, potentially limiting its impact on population health targeted and expected outcome. The amount of impact of a policy to increase health equity depends both on the policy and its implementation, requiring ongoing evaluation and stakeholder engagement [18].

Health Policy Analysis

Analysis is the process of screening potential policy opportunities that can address the problem and comparing those options to choose the most effective, efficient, and feasible one. Making a policy analysis ensures that a systematic process to choose the policy option that may be best for situation [2].

1. Research and identify possible policy options.

This can be done by reviewing research literature, conducting an environmental scan, and surveying best practices to understand what other communities are doing.

2. Describe the possible policy options.

Policy analysis, pay attention to the health impact, cost of implementation, and feasibility of each option. To describe these three factors, you can ask yourself and your stakeholders questions such as:

3. Rank the possible policy options and pick the one you think is best.

Compare the policy options for health impact, economic and budgetary impact, and feasibility. Next, rank each one based on those criteria. Stakeholders can provide guidance on how to do this [19].

Health Policy Status in Ethiopia

The 16th century was a time that Ethiopia was introduced to modern medicine. In that time Ethiopian Emperor directly focused on direct delivery of immediate primary health care to civilians who are injured by accidents. In 1886, doctors who come from Sweden served as medical staff in Ethiopia in western part of Ethiopia. At that time there was no any country's health policy simply the Sweden doctor deliver a primary health care to the public as charity work [20].

The first well prepared health policy of Ethiopia outlined in 1993. The 1993 Ethiopian national policy at that time narrated as different level of priority standards that based on need for strategies linked to the democratization and decentralization of the health system and inter-sectoral collaboration. Development of the preventive and promotive components of health care.

Generally the 1993 Ethiopian National Health Policy focused on the following priority agendas.

1. Development of an equitable and acceptable standard of health service system that will reach all segments of the population within the limits of recourses.

2. Promoting and strengthening of inter-sectoral activities.

3. Promotion of attitudes and practices conducive to the strengthening of national self-reliance in health development by mobilizing and maximally utilizing internal and external resources.

4. Assurance of accessibility of health care for all segments of the population.

5. Working closely with neighboring countries, regional and international organizations to share information and strengthen collaboration in all activities contributory to health development including the control of factors detrimental to health.

6. Development of appropriate capacity building based on assessed needs.

7. Provision of health care for the population on a scheme of payment according to ability with special assistance mechanisms for those who cannot afford to pay.

8. Promotion of the participation of the private sector and nongovernmental organizations in health care [21].

Health Sector Reform

Health sector reform can be defined as a process with a perspective to make a fundamental change within the national and well as the international health care system by mapping polices in a way that can bring a successes in the health care system. This process involves with by making a shift or arrangement in the institutional settings. The experience of making health sector reform is not a new concept in our world many nation experience this issue with a critical advancement of the solution and The experience of many countries clearly shows that the success of reforms depends on how the process is applied, and by whom, rather than how the contents are formulated [9].

Sustainable health care reform is needed to generate a strong political and public system. This requires a strong and well evidenced information and education on the health sector reform. Continuous monitoring and review of health systems development is also required to address a fundamental issues which are against to the health care system. Research also a best tool to provide valid scientific evidence for strengthening the processes and mechanisms of health sector reform [10].

The health sector reform and renewal emphasis on public health and all other public health concern issues. Governments give a strong attention to health related issues that potentially recognize the responsibility to enhance the solution that can seriously affect their health care systems. At the same time, they recognize that in their mixed health systems national health policies, strategies and plans have to address the problems of the entire health sector [12].

Health sector reform requires organizations, individuals and public and private partners to act differently in order to result a key impact. Yet designing ways to merge the components of the health sector reform is a difficult point because one of the challenge behind to make a global public health sector reform is there is no way in combining all those components to centralized system because of this change is almost always resisted or stagnate [22].

National health policies in different nations and strategies and plans have to address the broad public health agenda. Many countries, however, struggle to develop the policy instruments to implement advanced health care reform but they faced a gap to come over it because of social, political and economic domains [23].

Health Sector Reform and Components

The components of health sector reform can be seen as technically as equity, efficiency, quality, financing, and sustainability. This important component do have a significant role in providing opportunities in modernizing the information and the gap in a way that the policy makers easily understood. This component are trace ways to identify the problems in the health systems that seriously need attention and need to be solved [24].

The first component of the health sector reform is equity. According to CDC equity can be defined as a state in which everyone has a fair and just opportunity to attain their highest level of health treatment. Achieving this requires strong ongoing commitments that potentially tackle the problem in a way that truly expand fair accessibility to hospitals. Whenever when there exists a problem in the health sector the primary component which is going to be crosschecked is equity [25].

Efficiency is also the other second important component of Health sector reform. The status of performing activity in the health sector without or little wastage is known as efficiency. Anything that has a significant role in health care system that clear the way to wastage will be in consideration of the health care system. In different hospital settings and health care centers because of many determinate factors the efficiency of addressing proper health care is not equal. Efficiency in the health sector reform involves with 3 important types this are allocative efficiency, productive efficiency and dynamic efficiency. A health system can earn a high level of efficiency through the combination of improving its Allocative Efficiency (AE) and Technical Efficiency (TE). Allocative efficiency earned when the health care systems inputs are organized to average outcomes. Impact assessment and evaluation of healthcare interventions puts Allocative efficiency at the center of their interest [11].

The third important component of health sector reform is quality. Health care quality is a standard of value which is given by any health care provider as determined by some measurements. As with quality definition in other fields, when we define quality as part of health sector reform it is an evaluation of whether activities in the health care system is good enough and whether it is suitable for purpose of tackling medical problems. According to WHO quality in health care system defined as providing evidence-based healthcare services to those who need them which indicates that quality of health care delivery do have a significant role [26].

Economic issues are found everywhere and wherever we go. For the success of implementation of a certain project in the health sector economic issues do have a strong role. Under the health sector reform even though all the problems and challenges are known if there is no financial support for the implantation there is no success at all in the reform. That is why finance took a fundamental role as a part of health care reform component. Financing a core function of health care systems that can potentially enable progress towards universal health coverage by improving effective reforms [14].

The last one is sustainability once the above all components

are fulfilled the next phase is addressing the sustainability of the reform.

Why We Need Health Sector Reform

From a summary of health sector reform in a certain nation or elsewhere in the world it is visualized as the consistence of applying a significant reform in the health sector is important to overcome the challenge and to fulfill the gap in the health system. There is no consistently applied, universal package of measures that constitutes health sector reform. The process of reform is also growing rapidly in many countries especially in the developed world [27].

While when we see the health sector reform, new forms of relationships among the components can be developed to make complex changes and interactions. During the last few years, most of these efforts were being spurred principally by a targeted agenda to improve equity and quality of care, to expand coverage, to decentralize health care management, and also to contain costs in a way that fulfill all the components. The reforms sometimes do have highly political and fiercely impact in the process. In some countries, the reforms became more interconnected due to the presence of a wide range of contracting partners, including external agencies [28].

The health care reform usually blocks the question of feasibility of implementing the change from one direction of the component. What is needed is to strongly understand the issues in reform processes to complement what has been learned about the content of reforms. Such an understanding might lead to the development of strategies for publicizing or marketing reforms or identification of ways that governments can anticipate and plan for the reactions of organized interest groups [19].

Challenge and Opportunities of Health Sector Reform

According to the World Health Organization (WHO) report most of the time different nations faces many challenges in the process of health care reform system because of the potential lack of fulfilling the components. Many of the same challenges faced by the countries is because of the lack of making the health system strong agenda that clearly and concretely building better functional links between programmes with mandates that define in terms of specific health outcomes apart from fulfilling components [13].

Most of the challenges in the health sector reform involves with the raise of financial problem. Among the health sector reform components finance took the bulk of the portion in addressing all other components and those with health systems as their core business ensuring that the organization as well as the nation has the capacity to respond to current issues and identify future challenges [29].

Ensuring institutional resources and assets at each level of the organization (staff, resources, and convening power) in every country are used most effectively to design bridges to the opportunities. The primary objective of dealing with the challenges and opportunities of the health sector reform framework is for action is to clarify and strengthen nations to advanced health system in putting down all mega problems [18].

The role health systems reform in a changing world is significant. So the continuity in dealing with the problem is very important to trace the opportunities. Clear definition and communication is essential in the health sector of all nations. One of the biggest challenges that is observed by different health care

system is lack of communication. This problem significantly affects the sustainability of health care reform which is designed. It is argued that health systems need to be strengthened, it is essential to be clear about the problems, where and why communication is needed, what will happen as a result if the communications did not designed well. The approach of this Framework is to define a discrete number of "building blocks" that make up the system (Leng *et al.*, 2019).

The health care systems have to deal with many challenges. As the spectrum of ill to health drifts, so health systems have to respond. The capacity to do so is influenced by a variety of factors regarding with the development and the sustainability of the health care reform. Activities which are conducted at national or sub national level do have a strong impact in decentralization of the reform. National health systems are subject to forces that affect performance, such as migration and trade factors, operating at an international level. Some health policy challenges are primarily of concern to low-income countries. However, despite national differences, many policy issues are shared across remarkably different health systems [31].

Agendas like the impact of aging populations, the provision of chronic care or social security reform are no longer the concern of developed world. Similarly, the threat posed by new epidemics, such as avian or human pandemic influenza, requires a response from all countries rich and poor. So the role of working on health sector reform regarding with the emergence of infectious diseases need a concerted effort. The differences lie in the relative severity of challenges being faced, the way a particular health system has evolved, and the economic, social and political context – all of which determine the nature and effectiveness of the response [17].

The most important part of the health care sector reform which can be seen as a best opportunity is create a clear way for the global health sector to collaborate and come together. In middle and low income countries from both local budget and external support by designing different economic system supports the world with significant solution to tackle health problems [7].

Health Care Reform in Case of Ethiopia

Ethiopia started experiencing a health care reform on financing strategy in 1998. For the implementation of the reform wide range of initiative were introduced that can potentially support the process of the evolution [32].

The very critical points of the implementation of these reform and including the entire process was legalized through regional legislations and operationalized directly with prototype of implementation frameworks that were modified and aligned within specific regional contexts. The actual implementation was initiated in 2004, in different nations of Ethiopia like that of Amhara, Oromia, and Southern Nations, Nationalities, and People (SNNP) Regional States following ratification and endorsement of regional proclamations, regulations, and directives by the respective regional councils (Parliaments), regional executive Councils (Cabinets), and Regional Health Bureaus (RHBS) [20].

Currently, there are expanded reform work activity except Afar and Somali, which are still in the process of endorsing legal and operational frameworks. Implementation is already started in all other regions (Tigray, Benshangul Gumuz, Gambella, Ha-

rari, Addis Ababa, and Dire Dawa) have already begun implementation. The strategy recognized that health care should be financed through multiple financing mechanisms to ensure long-range sustainability. The reforms introduced include implementing revenue retention and use at health facility level, systematizing a fee-waiver system for the poor, standardizing exemption services, setting and revising user fees, introducing a private wing in public hospitals, outsourcing nonclinical services, and promoting health facility autonomy through the introduction of a governance system [21].

Conclusion and Recommendation

In summary, Health is a fundamental and critical issue which should have to be address for all. For the successful health care system it is very important to focus on policies who involve starting from researcher to higher governmental executive bodies. Policies are potentially powerful to design a specific strategy for public problem and to make a significant reform on the gaps which are faced on the entire health care system. To execute a significant reform it is very important to focus on research work, public comments and evaluation of previous reforms in past and the goal they achieved. Developing, Implementing and analysis of reform is a very difficult task which require a strong communication and collaborations and if it is supported with strong policy the power of filling the specific gaps on the health sector is significant.

Based on the above conclusion the following recommendations are forwarded:-

- Before designing any reform regarding with health system it is very important to study the policy in detail and the target points which are going to be addressed.
- When a reform is planned it is important to fulfill the components of health sector reforms.
- Health policies and health sector reform should have to give an attention for prioritized situations in the country.

It is very important to seek partners, funder and collaborators when a reform is designed.

References

1. Daniels N, Bryant J, Castano RA, Dantes OG, Khan KS, Pannarunothai S. Benchmarks of fairness for health care reform: a policy tool for developing countries. *Bull World Health Organ.* 2000; 78: 740-50.
2. Li L, Fu H. China's health care system reform: progress and prospects. *Int J Health Plann Manage.* 2017; 32: 240-53.
3. Liu GG, Vortherms SA, Hong X. China's health reform update. *Annu Rev Public Health.* 2017; 38: 431-48.
4. West DM, Heith D, Goodwin C. C. Harry and Louise go to Washington: political advertising and health care reform. *J Health Polit Policy Law.* 1996; 21: 35-68.
5. Bett BJ. Health care reform. *J Am Board Fam Pract.* 1994; 7: 537.
6. Krafka TL. Health care reform. *S D J Med.* 1993; 46: 217.
7. Somberg J. Health care reform. *Am J Ther.* 2009; 16: 281-2.
8. Mwabu G. Health care reform in Kenya: a review of the process. *Health Policy.* 1995; 32: 245-55.
9. Flint SS, Gorin SH. Health care reform in the 2008 presidential primaries. *Health Soc Work.* 2008; 33: 83-6.

10. Khatri P. Health care reform, 2014: no matter what the question, mission is the answer. *Fam Syst Health*. 2014; 32: 253-5.
11. Fuchs VR, Emanuel EJ. Health care reform: why? What? When? *Health Aff (Millwood)*. 2005; 24: 1399-414.
12. Loftman BA. Health care reform: individual freedom or collectivism? *J Med Assoc GA*. 1995; 84: 231-3.
13. Degeling P, Carr A. Leadership for the systemization of health care: the unaddressed issue in health care reform. *J Health Organ Manag*. 2004; 18: 399-414.
14. Lorant V, Grard A, Nicaise P, Title 107 Study Group. Implementing a nation-wide mental health care reform: an analysis of stakeholders' priorities. *Community Ment Health J*. 2016; 52: 343-52.
15. Sparer MS. U.S. health care system reform. *J Health Polit Policy Law*. 2010; 35: 309-11.
16. Giaimo S. Who pays for health care reform?. 2001.
17. Gorin SH. The Patient Protection and Affordable Care Act, cost control, and the battle for health care reform. *Health Soc Work*. 2010; 35: 163-6.
18. Contandriopoulos D, Brousselle A. Reliable in their failure: an analysis of healthcare reform policies in public systems. *Health Policy*. 2010; 95: 144-52.
19. Holds JB. Is health care reform a gathering storm, for doctors? *Mo Med*. 2016; 113: 104-5.
20. Barnabas GA, Zwi A. Health policy development in wartime: establishing the Baito health system in Tigray, Ethiopia. *Health Policy Plan*. 1997; 12: 38-49.
21. Hartwig K, Pashman J, Cherlin E, Dale M, Callaway M, Czaplinski C, et al. Hospital management in the context of health sector reform: a planning model in Ethiopia. *Int J Health Plann Manage*. 2008; 23: 203-18.
22. Maynard A, Bloor K. Health care reform: informing difficult choices. *Int J Health Plann Manage*. 1995; 10: 247-64.
23. Southby RF. Health care reform: looking back to go ahead. *Med J Aust*. 2008; 189: 33-4.
24. Darling H. Health care reform: perspectives from large employers. *Health Aff (Millwood)*. 2010; 29: 1220-4.
25. Javitt MC. Health care reform: ready for prime time. *AJR Am J Roentgenol*. 2009; 193: 283.
26. Sachs FL. Health-care reform--will it play in Peoria? *Conn Med*. 1994; 58: 237-8.
27. Freeman CW, Boynton XL. Implementing health care reform policies in China. *Challenges and opportunities USA*. Center for Strategic and International Studies. 2011.
28. Walt G. Implementing health care reform: a framework for. *Crit Chall Health Care Reform Eur*. 1998; 365.
29. Denis JL, Forest PG. Real reform begins within: an organizational approach to health care reform. *J Health Polit Policy Law*. 2012; 37: 633-45.
30. Leng Y, Liu W, Xiao N, Li Y, Deng J. The impact of policy on the intangible service efficiency of the primary health care institution-based on China's health care reform policy in 2009. *Int J Equity Health*. 2019; 18: 14.
31. Wenzel RP, Rohrer JE. The iron triangle of health care reform. *Clin Perform Qual Health Care*. 1994; 2: 7-9.
32. Kloos H. Primary health care in Ethiopia under three political systems: community participation in a war-torn society. *Soc Sci Med*. 1998; 46: 505-22.