
Profile

Thomas Bossert, Ph.D., is the Director of the International Health Systems Program at the Harvard School of Public Health. He has many years of experience in international development in Latin America and the Caribbean, Africa, Asia and Central and Eastern Europe. His specialties include policy analysis, organizational and institutional analysis, decentralization, human resources strategy, public/private relations, community development, regulation, and project design and evaluation. His responsibilities have included providing technical assistance, conducting research, and project management for contracts with various donors including USAID, DFID, World Bank, Interamerican Development Bank, World Health Organization. Dr. Bossert earned his Ph.D. in political science from the University of Wisconsin, Madison and his A.B. from the Woodrow Wilson School at Princeton University. He is fluent in English and Spanish and has a working knowledge of French. Dr. Bossert has taught as an assistant professor of political science at Dartmouth College, Swarthmore College, McGill University, Sarah Lawrence College, the University of Wisconsin and Harvard School of Public Health. He has also held research positions at Harvard School of Public Health, Dartmouth College Medical School, and the Land Tenure Center, University of Wisconsin.

Education

Ph.D., Political Science, University of Wisconsin, Madison, WI, 1976.

M.A., Political Science, University of Wisconsin, Madison, WI, 1971.

A. B., Public and International Affairs, Princeton University, Woodrow Wilson School of Public and International Affairs, Princeton, NJ, 1968.

Experience**Harvard School of Public Health, Boston, MA (1994-present)**

- ❖ Lecturer and Director of International Health Systems Program, 1990-present

Dr. Bossert leads a team of health economists, political scientists, and management experts with long experience in health system reform. He has participated in major USAID, World Bank, DFID, WHO and other health reform projects in Latin America, Asia, Africa and Central and Eastern Europe. Dr. Bossert has used his innovative analytical approach, called the "Decision Space Approach", in studies of decentralization in Chile, Colombia, Bolivia, Nicaragua, Zambia, Morocco, Uganda, Ghana, India, Pakistan and the Philippines. His work on assessments of human resources for health for strategic planning has produced a guide to strategic planning for human resources for the World Health Organization and technical assistance projects in Ethiopia and Turkey. He is currently advising the Ministry of Health in Ethiopia on the design of its Strategic Plan for Human Resources. Dr. Bossert's research and technical assistance on political processes of health policy reform have involved a comparative study of the policy process of reform in Chile, Colombia and Mexico with funding by the World Bank, the Inter-American Development Bank, and several USAID projects. Research and technical assistance on organizational development and institutional reform has involved the transformation of the Colombian Ministry of Health during the period of major health reform. Recently, Dr. Bossert led the assessment of organizational reform and decentralization to the state of Andhra Pradesh, India as part of the Medium Term Strategy for a project funded by DfID. As Director of the Harvard Project in Health Sector Reform in Colombia, Dr. Bossert participated in a three-year assessment of the process and performance of the health financing reform in Colombia. This research produced a major report and ten-year implementation plan and several articles in various journals. This research also produced course material for the World Bank Flagship Course on Health Sector Reform. Dr. Bossert also directed a research project in Central and Eastern Europe on out of pocket payments in Poland, Hungary, Czech Republic, Romania, Croatia and Turkey.

- ❖ Project Director, Program in Health Care Financing, (1994 – 1997)

Directed the Colombia Health Care Reform Project. This project assisted the Colombian government to develop a Master Implementation Plan for major health reforms, which established a new system based on

the principles of managed competition, combining funding for social security and national budgets in a new universal insurance scheme. Managed a team of Harvard faculty and consultants based in Cambridge and a team of Colombian experts in Bogota. Worked with counterpart Task Forces of the Ministry of Health and other key health institutions in the public and private sectors. Had technical responsibility for institutional issues, including decentralization, community development and regulatory functions.

❖ Research Associate, DDM and PHR (1994 – 1997)

Participated in policy and institutional issues in two USAID-funded projects: Data for Decision Making and Partnerships for Health Reform. Assisted in project management and was responsible for local governance component of Poland health reform activity, hospital autonomy in Indonesia, and Latin American and Caribbean project activities in donor coordination and decentralization.

University Research Corporation, Washington, DC. (1990-1994)

❖ Project Director, (1990 – 1994)

Headed the USAID-funded Latin American/Caribbean Health and Nutrition Sustainability contract. Provided technical support for policy management and finance to USAID's Latin American and Caribbean Bureau and missions in the region. Managed a staff of technical advisors and support personnel. Directed all project activities with LAC Bureau, USAID Missions, and other centrally-funded projects as well as donor coordination. Participated in donor-coordinated project design and implementation in Central America. Provided technical assistance on decentralization, community development, financing reforms, and costing analysis in Chile, Belize, Jamaica, Paraguay, and Peru

❖ Senior Associate, (1987 – 1990)

Lead advisor for Latin America project management support and program development efforts. Assisted in analysis of PRICOR operations research and quality assurance projects and dissemination. Participated in short-term evaluation/planning activities in Indonesia, Central America, and Francophone Africa. His work in Indonesia included in-depth support for the Fifth National Health Plan, development of private sector initiatives in health, and an innovative participatory evaluation of a decentralization project (CHIPPS).

❖ Interim Employee, DDM and PHR (1986 – 1987)

Served as Chief of Party for various long-term URC Indefinite Quantity Contract (IQC) Delivery Orders, including the "Sustainability of US Government-Financed Health Projects in Honduras, 1940-1986," and the USAID-funded "External Evaluation of Combatting Childhood Communicable Disease Project" in Burundi.

Selected Relevant Publications

Bossert, T. and Larrañaga O, Giedion U, Arbelaez J, and Bowser D. "Decentralization and Equity of Resource Allocation: Evidence from Colombia and Chile." *Bulletin of World Health Organization* 2003, 81 (2) pp. 95-100.

Bossert, T. "Applied Research on the Impact of Decentralization on Reproductive Health Programs," Department of Reproductive Health and Research, World Health Organization, September 2002

Bossert T. "La investigación sobre reformas del sector salud en América Latina desde la perspectiva de las ciencias políticas" in Celia Almeida, Roberto Bazzani and Patricia Pittman, eds. *Investigación sobre Reformas del Sector Salud en América Latina y el Caribe: Reflexiones sobre sus Contribuciones al Desarrollo de Políticas* Washington DC, Organización Panamericana de la Salud, Abril 2001

Bossert T., Larrañaga O., and Ruiz Meir F. "Decentralization of Health Systems in Latin America" *Pan American Journal of Public Health* July August 2000 Year 79, Vol 8, Nos 1/2, pp. 84-92.

Languages

English – native; Spanish - fluent spoken, written; French – basic