Template 2.1: Information that can be collected in desk review

**Qualitative Data** *(both published and grey literature)*
- Potential sources to review:
  - Health Systems in Transition country report
  - Reports on service delivery and/or human resources
  - Studies previously conducted on health system challenges
  - Strategic plans for health sector
  - Investment cases
  - Government documents
  - Grant submissions
  - External evaluations

**Quantitative Data** *(collected at both the system and programme level if available)*
- **Overall macroeconomic indicators**: GDP growth rate, GDP per capita, poverty rate, employment rate, inequality, income status, HDI breakdown (World Bank, World Development Indicators), data in the past 5-10 years
- **Health financing** *(Source: World Health Organization)*
  - Key health financing indicators: current health expenditure per capita, domestic government, out-of-pocket, external as share of current health expenditure
  - SDG 3.8: Coverage of essential health services (3.8.1), proportion of population with large (10 or 25%) household expenditures on health as a share of total household expenditure or income, % of population experiencing impoverishing health expenditure
  - Distribution of health expenditure between disease programmes (WHO Health accounts)
  - Ministry of Health budget/budget execution overview, largest external financing sources and what they are financing, on-budget and off-budget health spending, fiscal space, strategies to increase fiscal space, donor harmonization and donor planning systems
  - Overview of insurance schemes in the health sector: insurance schemes, their target populations, risk adjustment, co-financing/contributory schemes
  - Overview of purchasing in the health sector: procurement policies, benefits package/free services, how services are paid, public good versus personal service financing, financing for health systems components
  - Comparative analysis: comparison of health spending and life expectancy with other similar countries (regional or economically similar)

- **Service delivery and health outcomes**
  - Overall health outcomes: population size, population growth rate, total fertility rate, life expectancy, infant mortality, U5 mortality, maternal mortality, disease burden distribution/snapshot, effective coverage for key communicable and non-communicable diseases, vaccination rates, % of population getting treatment for key diseases (HIV, TB, malaria, hypertension, diabetes, others based on country disease burden), service use by socioeconomic status
  - Service use and provision: % public/private, % primary/secondary/tertiary, service use by socioeconomic status, reasons for not seeking care, inpatient and outpatient service use data,
Step-by-step guide to conducting a cross-programmatic efficiency analysis

— Service readiness/quality of care: availability of services, patient satisfaction, adherence to protocols, availability of essential medicines, responsiveness indicators
— SDG monitoring and results

• **Generation of human and physical resources/inputs**
  — Supply chains and procurement: which financing sources procure which commodities, supply chain organization and mapping, essential drug lists, spending patterns on pharmaceuticals
  — Human resources for health: overview on HR planning and distribution, HR payment, HR policies
  — Infrastructure: capital investments, review of capital investment plans, funding levels for capital expenditures, access (% of population living <5km from a health centre), bed occupancy rates, questions on medical equipment
  — # of information systems

• **Governance**
  — Key governing and managing actors/agencies in the health system, and how they fit in with each other
  — Overall organogram of the health system
  — Decentralized governance structures
  — Responsibility for planning for the sector
  — Overview of important policy documents (health sector strategic plan, disease plans) and how they overlap with each other
  — Overview of planning cycles and monitoring and evaluation processes

• **Efficiencies**
  — Focus on resource allocation across levels, look at administrative efficiency (administrative costs as a share of total health expenditure, vertical programmes and their role in the health system), prices of inputs and how they compare to other countries and prices, over or under-utilization evidence