

Template 3.1. Indicative guiding questions to map health system functions and sub-functions to selected health programmes

Service Delivery

- To whom are the services delivered?
 - To groups or the entire population (such as vector control, billboards)
 - To single individuals/clients/patients (such as treatment with pills, personal advice on lifestyles)
- Characteristics of benefits
 - Benefits accrue largely to the individual received services (“Private goods”, such as a surgical operation)
 - Benefits accrue to all (“Public goods”, such as air pollution control)
 - Benefits extend beyond the individual receiving the service but not the entire society (services with “positive externalities”, such as communicable disease treatment)
- Types of services provided and the organizational arrangements
 - Separate facilities and providers: facility and provider are specialized to provide care for a specific disease, population group or intervention (such as separate facilities and providers for the services associated with the programme)
 - Integrated facilities and providers: facility and provider serve more than one given disease, intervention, or population (such as integrated service delivery, incorporating the services associated with the programme and other health services as well)
 - Mixed units: specialized units that are housed in a coordinated/integrated facility or network.

Financing

- Revenue raising
 - What are the sources of funds for the health system? Do some programmes have specific, distinct sources?
 - Do any programmes have their own distinct revenue collection arrangements?
 - Do out-of-pocket payments play a significant role for any of the services supported by health programmes?
 - Are any revenue sources (most notably external donor assistance) time-bound? Or is the timeline uncertain?
- Pooling
 - What are the overall arrangements for accumulating prepaid revenues for health on behalf of some or all of the population?
 - Are the funds for the services supported by each programme pooled separately, or are they merged together with funds for other health services?
 - Are funds for all of the inputs needed to provide the services supported by specific health programmes pooled separately, or are certain line items (such as staff salaries) merged while others (such as medicines) held separately?
- Purchasing of services/interventions
 - What are the means and methods used to allocate the prepaid resources from the pool to the providers for service benefits? How do they differ across programmes?
 - What incentives do providers face with respect to delivering services for a particular programme objective? Do these incentives differ by programme? What

is the picture compared to the health system overall? Are the same providers (such as primary health care centres) confronted with different financial incentives from different programmes?

- How autonomous are providers in their ability to respond to changing incentives?
- Are programme-related services part of a common benefit package? Or are they considered in practice separately outside of a package of basic services?

Generation of Human and Physical Resources/Inputs

- How are human resources trained, retained, distributed, used, and remunerated? Are there sufficient health professionals to cover the core health needs? Are there pay differentials across programmes and with other parts of the health system?
- Are facilities available of sufficient quality to meet patient needs irrespective of the programme? Are there facilities that are not operating at full capacity?
- To what extent is service provision within and/or across programmes affected by the segmented availability of technology and supplies?
- How are data generated and managed by programmes? Do providers complete separate forms for (each) programme, or is the information included as part of a more integrated data collection instrument? Are the programme-relevant data held separately by the programme, or is it simply made available to programme managers by the unit that manages the national health information system?
- Are programme data widely accessible and transparent to the public? Are they available upon request or published on the web?
- To what extent are information systems used for/by the programme coordinated with other information systems? Does their output facilitate decision-making in relation to the other functions (service provision, financing, stewardship/governance)? Or across disease and population groups? What is the comparative situation in other parts of the system?
- How many supply chains are there (such as procurement, storage, distribution of consumables, pharmaceuticals) within and across health programmes?

Stewardship/Governance

- How is programme planning coordinated with planning for the entire health system? At what level and how do programme and health system plans come together? Who makes the plans for programmes? The health system?
- What are the predominant types of governance arrangements for health facilities/providers within and across programmes, namely:
 - “hierarchical bureaucracy” with tight control and limited freedom of decision making at provider level, or
 - “direct market approach” with relatively unregulated interaction between patients and providers plus little external guidance or control, or
 - autonomous governance, often involving contractual relations with private or public providers
- What type of regulation is used to control health programmes (state laws, by-laws, decrees and local rules, etc)? Are there key differences with the rest of the health system?
- What accountability mechanisms are in place to enable results in each programme (audit, annual reports, confidential dispatches, etc.)? How are these accountability mechanisms used? Are there key differences with the rest of the health system?