Health Financing Progress Matrix
Country Training

Day 2 Session 1: HFPM Stage 2

22-24 June 2022
Victoria Falls, Zimbabwe
KEY ISSUES IN STAGE 2

CONDUCTING STAGE 2 OF THE HFPM

- BRING QUANTITATIVE DATA TO STRENGTHEN THE ASSESSMENT
- EACH QUESTION REPRESENTS A MINI MATURITY MODEL BUILT AROUND 4 PROGRESS LEVELS
- EACH QUESTION IS ALSO MAPPED TO ONE OR MORE OBJECTIVE / GOAL. HERE LIES THE CAUSALITY
- A CLOSER LOOK AT THE DESIRABLE ATTRIBUTES
- 33 QUESTIONS DISTRIBUTED ACROSS SEVEN ASSESSMENT AREAS & MAPPED TO ONE OR MORE DESIRABLE ATTRIBUTE
- EACH QUESTION IS MAPPED TO 1 OR MORE DESIRABLE ATTRIBUTE
THE REALLY NEW PART
DESIRABLE ATTRIBUTES OF HEALTH FINANCING
Mapping the Evidence

By Function, Intermediate Objectives and Goals

**Key Links**
- New entry form
- Full database

**Documents Mapped**
- 76 Total

**Document Type**
- Experimental
- Quasi-experimental
- Qualitative
- Mixed methods
- Other

**HF Function**
- HF policy, process & governance
- Revenue raising
- Pooling resources
- Purchasing & provider payment
- Benefits & conditions of access
- PFM
- Public health functions & programmes

**Intermediate Objectives & Goals**
- Financial protection
- Equity in finance
- Utilization relative to need
- Health security
- Quality
- Efficiency
- Equity in resource distribution
- Transparency & accountability

**References**
- HF policy, process & governance
- Revenue raising
- Pooling resources
- Purchasing & provider payment
- Benefits & conditions of access
- Public financial management
- Public health functions & programmes
- Financial protection
- Equity in finance
- Service use relative to need
- Health security
- Quality
- Efficiency
- Equity in resource distribution
- Transparency & accountability
MAPPING THE EVIDENCE

BY ASSESSMENT QUESTION

LESSON 1
INTRODUCTION

LESSON 2
STAGE 1
IMPLEMENTATION

LESSON 4

LESSON 5
THE REPORT

Health financing policy, process and governance

Purchasing and provider payment

Public health functions and programmes

References
Q1.1 (histrat)
Q1.2 (govacitl)
Q1.3 (data-gov)

Revenue rating

Pooling revenues

References
Q2.1 (revpol)
Q2.2 (predict)
Q2.3 (stable)
Q2.4 (prgsv)
Q2.5 (hlttax)

References
Q3.1 (poepol)
Q3.2 (redallim)
Q3.3 (fragsolve)
Q3.4 (revpool)
Q3.5 (vispil)

References
Q4.1 (alloconee...)
Q4.2 (ppmcoh...)
Q4.3 (ppmgcld)
Q4.4 (ppmef)
Q4.5 (mldpbrch)
Q4.6 (pvdtaux)

Benefits and conditions of access

References
Q5.1 (benexplicit)
Q5.2 (baprocss)
Q5.3 (benundr...)
Q5.4 (copayds...)
Q5.5 (benva...)

References
Q6.1 (pfndia...)
Q6.2 (pfmallo...)
Q6.3 (bldtpress)
Q6.4 (bdctcntld)
Q6.5 (exptim...)

References
Q7.1 (pgralign...)
Q7.2 (pgrpo...)
Q7.3 (scrtyprep)
Q7.4 (scrtysresp)
# 33 ASSESSMENT QUESTIONS

<table>
<thead>
<tr>
<th>ASSESSMENT AREA</th>
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<th>QUESTION TEXT CODE</th>
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<tbody>
<tr>
<td>1) HEALTH FINANCING POLICY, PROCESS &amp; GOVERNANCE</td>
<td>Q1.1</td>
<td>hfrstat</td>
<td>Is there an up-to-date health financing policy statement guided by goals and based on evidence?</td>
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<tr>
<td></td>
<td>Q1.2</td>
<td>goacntraf</td>
<td>Are health financing agencies held accountable through appropriate governance arrangements and processes?</td>
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<tr>
<td></td>
<td>Q1.3</td>
<td>datax-gov</td>
<td>Is health financing information systematically used to monitor, evaluate and improve policy development and implementation?</td>
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<td>Q2.1</td>
<td>revpool</td>
<td>Does your country’s strategy for domestic resource mobilization reflect international experience and evidence?</td>
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<td></td>
<td>Q2.2</td>
<td>predict</td>
<td>How predictable is public funding for health in your country over a number of years?</td>
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<td>stable</td>
<td>How stable is the flow of public funds to health providers?</td>
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<td>Q2.4</td>
<td>prog</td>
<td>To what extent are the different revenue sources raised in a progressive way?</td>
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<td>Q2.5</td>
<td>hhtax</td>
<td>To what extent do government use taxes and subsidies as instruments to affect health behaviours?</td>
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<td>Q3.1</td>
<td>poolpool</td>
<td>Does your country’s strategy for pooling revenues reflect international experience and evidence?</td>
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<tr>
<td></td>
<td>Q3.2</td>
<td>redmed</td>
<td>To what extent is the capacity of the health system to redistribute pooled funds limited?</td>
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<tr>
<td></td>
<td>Q3.3</td>
<td>fragile</td>
<td>What measures are in place to address problems arising from multiple fragmented pools?</td>
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<td></td>
<td>Q3.4</td>
<td>revpool</td>
<td>Are multiple revenue sources and funding streams organised in a complementary manner, in support of a common set of benefits?</td>
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<td></td>
<td>Q3.5</td>
<td>vhsip</td>
<td>What is the role and scale of voluntary health insurance in financing healthcare?</td>
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<tr>
<td>2) REVENUE RAISING</td>
<td>Q4.1</td>
<td>allocare</td>
<td>To what extent is the payment of providers driven by information on the health needs of the population they serve?</td>
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<td></td>
<td>Q4.2</td>
<td>ppmcost</td>
<td>Are provider payments harmonised within and across purchasing to ensure coherent incentives for providers?</td>
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<tr>
<td></td>
<td>Q4.3</td>
<td>ppmc</td>
<td>Do purchasing arrangements promote quality of care?</td>
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<td></td>
<td>Q4.4</td>
<td>ppm</td>
<td>Do provider payment methods and complementary administrative mechanisms address potential over- or under-provision of services?</td>
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<tr>
<td></td>
<td>Q4.5</td>
<td>infox-pr</td>
<td>Is the information on providers’ activities captured by purchaser adequate to guide purchasing decisions?</td>
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<tr>
<td></td>
<td>Q4.6</td>
<td>productv</td>
<td>To what extent do providers have financial autonomy and are held accountable?</td>
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<thead>
<tr>
<th>ASSESSMENT AREA</th>
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<tr>
<td>3) POOLING REVENUES</td>
<td>Q5.1</td>
<td>beneficent</td>
<td>Is there a set of explicitly defined benefits for the entire population?</td>
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<tr>
<td></td>
<td>Q5.2</td>
<td>benprvis</td>
<td>Are decisions on those services to be publicly funded made transparently and using explicit processes and criteria?</td>
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<tr>
<td></td>
<td>Q5.3</td>
<td>benunstrd</td>
<td>To what extent are population entitlements and conditions of access defined explicitly and in easy-to-understand terms?</td>
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<tr>
<td></td>
<td>Q5.4</td>
<td>copaygo</td>
<td>Are user charges designed to ensure financial obligations are clear and have functioning protection mechanisms for patients?</td>
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<tr>
<td></td>
<td>Q5.5</td>
<td>benesign</td>
<td>Are defined benefits aligned with available revenues, available health services, and purchasing mechanisms?</td>
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<thead>
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</tr>
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<tr>
<td>4) PURCHASING &amp; PROVIDER PAYMENT</td>
<td>Q6.1</td>
<td>pfmg</td>
<td>Is there an up-to-date assessment of key public financial management bottlenecks in health?</td>
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<tr>
<td></td>
<td>Q6.2</td>
<td>pfmnsp</td>
<td>Do health budget formulation and implementation support alignment with sector priorities and flexible resource use?</td>
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<tr>
<td></td>
<td>Q6.3</td>
<td>bdpres</td>
<td>Are processes in place for health authorities to engage in overall budget planning and multi-year budgeting?</td>
</tr>
<tr>
<td></td>
<td>Q6.4</td>
<td>bdtcntl</td>
<td>Are there measures to address problems arising from both under- and over-budget spending in health?</td>
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<tr>
<td></td>
<td>Q6.5</td>
<td>exprndm</td>
<td>Is health expenditure reporting comprehensive, timely, and publicly available?</td>
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<thead>
<tr>
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<tr>
<td>5) BENEFITS &amp; CONDITIONS OF ACCESS</td>
<td>Q7.1</td>
<td>prog</td>
<td>Are specific health programmes aligned with, or integrated into, overall health financing strategies and policies?</td>
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<tr>
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<td>Q7.1</td>
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<td>Are specific health programmes aligned with, or integrated into, overall health financing strategies and policies?</td>
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<tr>
<td>6) PUBLIC FINANCIAL MANAGEMENT</td>
<td>Q7.3</td>
<td>sortvred</td>
<td>Do financing arrangements support the implementation of IMR approaches to enable emergency preparedness?</td>
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<td></td>
<td>Q7.4</td>
<td>sortvess</td>
<td>Are public financial management systems in place to enable a timely response to public health emergencies?</td>
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### EACH QUESTION ASSESSES PROGRESS TO ONE OR MORE DESIRABLE ATTRIBUTE

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<th>Assessment Area</th>
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<tr>
<td><strong>E1</strong> Pooling Revenues</td>
<td>Pooling structure and mechanisms across the health system to enhance the potential to mobilize public good funds.</td>
<td>PR1</td>
<td>To what extent are the different revenue sources organized in a progressive way?</td>
<td>p00g00v</td>
<td>Q1.4</td>
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<td></td>
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<td>Does your country’s strategy for pooling revenues reflect international experience and evidence?</td>
<td>p00g00e</td>
<td>Q3.1</td>
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<td></td>
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<td>To what extent is the capacity of the health system to redistribute public funds improved?</td>
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<td>Q3.2</td>
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<td></td>
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<td>Are multiple revenue sources and funding streams organized in a complementary manner, to support a common set of benefits?</td>
<td>m00t00m</td>
<td>Q3.6</td>
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<td></td>
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<td>What is the role and scale of voluntary health insurance in financing health care?</td>
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<td>Q3.8</td>
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<td>Do health budget formulation and implementation support alignment with sector priorities and flexible resource use?</td>
<td>s00f00s</td>
<td>Q6.2</td>
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<td>Are public financial management systems in place to enable a timely response to public health emergencies?</td>
<td>p00m00p</td>
<td>Q7.4</td>
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<th>Linked Question Code</th>
<th>Linked Question Number</th>
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<tr>
<td><strong>E2</strong> Benefits &amp; Conditions of Access</td>
<td>Entitlements and eligibility are clearly understood by the population.</td>
<td>BR1</td>
<td>Is there a set of explicitly defined benefits for the entire population?</td>
<td>b00e00t</td>
<td>Q5.1</td>
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<td></td>
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<td>To what extent are population entitlements and conditions of access defined explicitly and in an easy-to-understand format?</td>
<td>b00e00t</td>
<td>Q5.3</td>
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<td></td>
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<td></td>
<td>Are user charges designed to ensure financial obligations are clear and have functioning protection mechanisms for patients?</td>
<td>u00c00h</td>
<td>Q5.4</td>
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<td></td>
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<td>A set of priority health service benefits within a unified financed system is implemented for the entire population.</td>
<td>p00r00o</td>
<td>Q5.5</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Prior to adoption, service benefit changes are subject to cost-effectiveness and budgetary impact assessments.</td>
<td>c00s00f</td>
<td>Q5.6</td>
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<td>Are decisions on those services to be publicly funded made transparently using explicit processes and criteria?</td>
<td>t00r00s</td>
<td>Q5.7</td>
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<th>Question Text</th>
<th>Linked Question Code</th>
<th>Linked Question Number</th>
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<tbody>
<tr>
<td><strong>E3</strong> Health System and Financing Functions and Integrated Access to Services and Programmes</td>
<td>Information systems used to monitor, evaluate and improve policy development and implementation.</td>
<td>PR2</td>
<td>Is information financing systematically used to monitor, evaluate and improve policy development and implementation?</td>
<td>i00f00a</td>
<td>Q1.3</td>
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<tr>
<td></td>
<td></td>
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<td>Does your country’s strategy for pooling revenues reflect international experience and evidence?</td>
<td>p00g00e</td>
<td>Q3.1</td>
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<tr>
<td></td>
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<td>What measures are in place to address problems arising from multiple fragmented pots?</td>
<td>m00t00m</td>
<td>Q3.3</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Do health budget formulation and implementation support alignment with sector priorities and flexible resource use?</td>
<td>s00f00s</td>
<td>Q6.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Are specific health programmes aligned with, or integrated into, overall health financing strategies and policies?</td>
<td>a00s00f</td>
<td>Q7.1</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Do pooling arrangements promote coordination and integration across health programmes and with the broader health system?</td>
<td>c00o00n</td>
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<td>Do financing arrangements support the implementation of HR capacities to enable emergency preparedness?</td>
<td>s00e00a</td>
<td>Q7.3</td>
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### ANNEXES

1. Annexes 3, 4, 5
# Mapping Causality from Policy to Performance

## Annex 6

### To what extent is Sierra Leone implementing policies that drive progress in financial protection?

<table>
<thead>
<tr>
<th>Objective/Goal</th>
<th>Question Number Code</th>
<th>Question Text</th>
<th>Score</th>
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<tbody>
<tr>
<td>Financial Protection</td>
<td>Q2.1</td>
<td>revpol: Does your country’s strategy for domestic resource mobilization reflect international experience and evidence?</td>
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<td></td>
<td>Q2.3</td>
<td>stable: How stable is the flow of public funds to health providers?</td>
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<td></td>
<td>Q2.4</td>
<td>prgrsv: To what extent are the different revenue sources raised in a progressive way?</td>
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<tr>
<td></td>
<td>Q3.1</td>
<td>poolpol: Does your country’s strategy for pooling revenues reflect international experience and evidence?</td>
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<td>Q3.2</td>
<td>redistim: To what extent is the capacity of the health prepaid funds limited?</td>
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<td>Q3.3</td>
<td>fragsolve: What measures are in place to address protracted pooling?</td>
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<td>Q3.4</td>
<td>revpool: Are multiple revenue sources and funding complementary manner, in support of a cost-effective strategy?</td>
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<td>Q3.5</td>
<td>whispill: What is the role and scale of voluntary health care?</td>
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<td>Q5.1</td>
<td>benexplicit: Is there a set of explicitly defined benefits?</td>
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<tr>
<td></td>
<td>Q5.3</td>
<td>benunstd: To what extent are population entitlement defined explicitly and in easy-to-understand terms?</td>
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<tr>
<td></td>
<td>Q5.4</td>
<td>copaydsgn: Are user charges designed to ensure financial and have functioning protection mechanisms?</td>
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<tr>
<td></td>
<td>Q5.5</td>
<td>benrealign: Are defined benefits aligned with available services, and purchasing mechanisms?</td>
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</table>
Each question raises issues about the situation in a country on a specific issue, which can support progress towards one or more “desired attribute(s)”.

Each progress level reflects significant movement towards the desired situation: a mini “maturity model”. Allows change relative to previous assessment(s) to be identified.

The CAS provides further background and explanation for each question; why it matters, what progress looks like, with illustrations / “for examples”.

Progress levels are yardsticks against which current situation in a country is assessed. Forms the basis of recommended directions for policy & implementation.
Question 3.3 (Finals:)

What measures are in place to address problems arising from multiple fragmented points?

**Background to the question**

This question is particularly relevant where there is a fragmentation in the health system, in terms of multiple coverage schemes and/or health programmes, the extent should be apparent from page 43. The previous question 3.2 is concerned with structural fragmentation and whether countries make progress over time by narrowing or aligning different schemes, or alternatively by enabling interactions of resources between them. In contrast, this question assesses whether interventions or mechanisms are being used to overcome or mitigate the negative consequences of fragmentation, when addressing fragmentation through merging, integrating or redistributing funds between schemes is not taking place.

Fragmentation can drive inequity in access to and use of services, as well as the direct financial cost to patients, and affect coherence in the health financing architecture. For example, data generated by different schemes/programmes becomes difficult to collate and compare, which is important for a system-wide analysis of progress towards UHC.

In responding to this question, identify actions which compensate for the negative equity and efficiency consequences of fragmentation, rather than actions which change the structure of funding itself, which should be evaluated in question 4.1. Examples include equity interventions, or the harmonisation of benefits across schemes and size common policy measures such as universal health insurance frameworks,eschew policy measures, such as the scope for action in the purchasing function, although decisions about benefit design and overall health system governance can also mitigate fragmentation. Question 3.2 also considers this issue, but with a specific focus on health programmes (e.g. PMTCT), therefore, you do not need to go into depth on that issue here.

**What matters and what does progress look like?**

- Making progress on this issue means putting in place and implementing policies which address the various issues arising from fragmented provision, as described above. Examples of mechanisms which support this include:
  - Harmonising benefits entitlements across schemes (note that this issue is considered in more detail in question 3.2 (bottom)).
  - Ensuring that provider payment mechanisms are coordinated and coherent across schemes/programmes for example through a unified payment system.
  - Building a common or linked health information system across schemes/programmes. No less importantly harmonising information across purchasing agencies, which can be achieved through interoperability by adopting common definitions (structured interoperability), and harmonious (syntactic interoperability), or through the development of interoperability services to transform heterogeneous data into structurally consistent information (technical interoperability).

**Level 3: Established**

Substantial progress in place, with room for improvement, to address inequity and efficiency arising from fragmentation.

Examples of such "substantial measures" go beyond those of level 1, such as:

- Harmonising benefits for most of the population.
- Significant development of a single information platform with common standards for data collection and submission, irrespective of a patient’s scheme or insurance status. This allows a comprehensive picture of health care activity across the health system to be developed, such as access to services being purchased, for whom, from whom, and by whom, to inform policy analysis and development.
- Payment methods and/or cases for the same health service are well harmonised, although some remaining differences may confuse decision-makers for providers such that patients from certain schemes are still financially more attractive than from other schemes.
- English channels for coordination across the different schemes and visibility of health have been set up.
- Measures to reduce supply side interferences are being put in place.

**Level 4: Advanced**

Compensation measures fully implemented to enable equity and efficiency arising from past fragmentation to be fully addressed.

Examples of such measures would be the harmonisation of common standard or minimum benefits, unified forms and facilities, and data collection practices for all patients, regardless of scheme or insurance status, feeding into a single national database, single provider payment system across schemes, and provider type.
DASHBOARD OF QUANTITATIVE INDICATORS

WEB LINK TO DASHBOARD
ADDITONAL POINTS

SUMMARIZE THE KEY POINTS AS YOU GO ALONG, TO FEED INTO THE FINAL REPORT

HOW MUCH TO WRITE? SHORT, CONCISE, WITH REFERENCES

IDENTIFYING GAPS IN KNOWLEDGE ARE AN IMPORTANT PART OF THE ASSESSMENT

HFPM STAGE 2
Thank You
Data or Information for HPFM assessment
(Lesson from Implementing Strategic Purchasing in Tanzania)

Health financing
Tanzania
What is SPARC?

The Strategic Purchasing Africa Resource centre, SPARC, is a hub in sub-Saharan Africa to serve as a go-to source of information, support and capacity-building for strategic purchasing to get better value for health spending to advance universal health coverage.
Data sources

- Government documents
- Key informant interview with program implementers
- Those implementing different elements within bigger schemes
# Purchasing Functions in Tanzania’s Health Financing Schemes

<table>
<thead>
<tr>
<th>Tax-Financed Schemes</th>
<th>National Health Insurance Fund (NHIF)</th>
<th>Social Health Insurance Benefit (NHIB)</th>
<th>Improved Community Health Fund (ICMF)</th>
<th>Private Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% of Total Health Expenditure</strong></td>
<td>56%</td>
<td>1%</td>
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</table>

## Main Purchaser(s)

<table>
<thead>
<tr>
<th>Ministry of Finance and Planning (MOF)</th>
<th>NHIF</th>
<th>National Social Security Fund (NSSF)</th>
<th>Regional Administrative Secretary</th>
<th>Private insurers</th>
</tr>
</thead>
</table>

## Governance

- MOF has a designated officer but is mostly interested in disbursing funds and less in service delivery objectives.
- NHIF has a clear mandate anchored in legislation and reports to a management board.
- NSSF has a clear mandate anchored in legislation and reports to a management board.
- Mandate is defined by the parent ministry (President’s Office, regional administration, and local government).
- Private insurers are governed by legislation and report to the Tanzania Insurance Regulatory Authority.

## Financial Management

- Budget overruns occur: Deficits are financed through reallocation of funds per Section 40(1) of the 2014 Budget Act. Accounting officers request approval for reallocation of funds from the Minister of Finance.
- Budget overruns occur when premiums collected are insufficient to cover claims. Deficits are covered using reserves accumulated from the previous years’ surpluses.
- Budget overruns occur: The NSSF Act allows for supplementary budget by approval of the Minister of Labour and Employment.
- Budget overruns are not allowed. A budget-neutral capitation formula prevents deficits.
- Budget overruns occur when claims exceed premiums collected. Deficits are covered by profits from the insurance company’s other lines of business.

## Benefits Specification

- Explicit guidance from the National Package of Essential Health Interventions for primary care and hospital care; no exclusions and no defined process for revisions.
- Explicit benefit package of primary care and hospital care, with exclusions, revisions are based on enrollee feedback via public consultations.
- Explicit benefit package of primary care and hospital care, with exclusions; revisions are based on enrollee feedback via public consultations.
- Not explicit; uses broad intervention categories for primary and hospital care with no specific exclusions; no clear process for revisions.
- Explicit benefit package of primary and hospital care with exclusions, no clear process for revisions.

## Contracting Arrangements

- Loose agreements with public providers and some private nonprofit facilities.
- All public facilities included; selective contracting with private providers.
- Selective contracting with public and private providers.
- All public facilities included; selective contracting with private nonprofit providers.
- Selective contracting with private providers.

## Provider Payment

- Line-item budgets, salaries, and allocation to health facilities based on a capitation formula.
- Fee-for-service.
- Capitation; enrollees select their preferred providers and fee-for-service payments are made for referrals.
- Capitation; enrollees select their preferred provider.
- Fee-for-service.
Key message concerning data for HFPM stage one 1

- There is sufficient data at the moment when it comes to describing the financing landscape
- i.e expenditure data like NHA or MTEF data sources which provides a good snapshot of financing landscape
- These are useful information in showing the size of each scheme in total financing
- WHO has also provided background indicators for each country Health Systems Governance and Financing (who.int) for describing the landscape
Why do we have good quantitative data

- “Perhaps because initially the health economists were so much focused on numbers only! They did not think that qualitative data can play a key role in making assessment or measuring progress.
- Due to that they put pressure on governments to produce quantitative data to aid assessments
- Thus why we have such data as NHA and MTEF and they have become routine data collected by governments
- Problem arise when qualitative is data is needed for making an assessment.
Different perspectives

- Differences in definition of issues between technical people and purchasing schemes.

- Reviewing the benefit package
  
  “A benefit or service package is defined, reflects health priorities, is a commitment, is well specified, and a transparent process for revision is specified.”

- The NHIF definition of reviewing benefit package is different.

- Cost is the driver of benefit package review for sustainability of scheme and not according to the need. So after evaluation of the sustainability of the fund, decision is then made can be made to review benefit and whether to include a certain service or not.

- Need alignment between what assessors know and what purchasers/scheme owners think.
Areas where we found no good information for assessing progress

- NHIF has some form of periodic assessment but we could not find any such assessment to other schemes included in the assessment
- DHIS 2 data - shows utilisation of service but does not show which scheme or payment modality the patients uses to enable analysis
- Health and Management Information system - some schemes have and some does not have
- Routine analysis for making purchasing decisions - NHIF carry out Prices assessment to inform pricing exercise
- Weak provider monitoring
What data is in what document

- NHA - Tell how big is the scheme can help categorise the schemes
- Data availability according to functions of Health Financing -
- Benefits - Acts documents and Scheme Websites
- Service delivery standards - Use of Standard treatment guideline issued by th MOH
- Medicine list - National Essential Medicine list used.
- Governance - Data from legal documents like acts which defines mandate of the scheme what it can and what it cannot
The design of schemes matters to aid future assessments

- The monitoring and evaluation mechanisms of purchasing schemes should be embedded during design.
- Periodic reporting should improve within the system with action points well defined to enable implementers to take action.
- It is important to understand what design features lead to outcomes and maximise efforts.
- The progress assessment should be used as feedback to implementers in communicating what works and what does not work during the implementation cycle of programs so that they keep refining things as they continue implementation.
- So the HPFM should be implemented as a cycle.
Reflections for policy makers

- How do we make the HPFM tool used by policy makers as something for them to see areas where they can improve implementation of different programs.
Health Financing Progress Matrix
Country Training

Day 2 Session 1: Implementation phases

22-24 June 2022
Victoria Falls, Zimbabwe
HFPM: four phases of implementation

PHASE 1
PREPARATION

PHASE 2
CONDUCTING THE ASSESSMENT

PHASE 3
EXTERNAL REVIEW

PHASE 4
REPORT FINALIZATION & PUBLICATION
PHASE 1
PREPARATION

1.1 Initial briefings & HFPM overview with MoH

1.2 Identification of PI and core team. Also Oversight Team.

1.3 Training and in-depth briefing of PI & core team. 
Training course developed

1.4 Timeline & milestones developed to align with country processes

PHASE 2
CONDUCTING THE ASSESSMENT

PHASE 3
EXTERNAL REVIEW

PHASE 4
REPORT FINALIZATION & PUBLICATION
Explicit capacity-building objective

PHASE 1
PREPARATION

PHASE 2
CONDUCTING THE ASSESSMENT

PHASE 3
EXTERNAL REVIEW

PHASE 4
REPORT FINALIZATION & PUBLICATION

2.1 HFPM Launch Event

2.2 Data / info compilation and template completion

2.3 Review / feedback by Oversight Team

2.4 Assessment considered ready for external review
PHASE 1
PREPARATION

PHASE 2
CONDUCTING THE ASSESSMENT

PHASE 3
EXTERNAL REVIEW

PHASE 4
REPORT FINALIZATION & PUBLICATION

3.1 Two experts independently review and discuss areas of divergence on rating scale

3.2 External reviewer comments discussed with PI and country team

3.3 Final adjustments to assessment based on consensus score

3.4 Cross-country validation review
4.1 Draft report prepared: key findings & recommendations

4.2 Final report prepared following review & agreement

4.3 Publication of HFPM report (at least three options)

4.4 Event to disseminate findings with key stakeholders
FOREWORD

The Health Financing Progress Matrix is a tool developed by the WHO Department of Health Systems Governance & Financing. It assesses the country’s health financing system against a set of evidence-based benchmarks that were identified as being key in order to make progress towards Universal Health Care (UHC). The matrix signals the direction in which the various aspects of health financing should be developed.

Sierra Leone has launched the IFM in May 2020, which coincided with the 5th year of work in order to step up the health financing systems and improve performance in the key areas. The Ministry of Health and Sanitation set up the IM to assess progress so far with the Health Financing Progress Matrix. This made Sierra Leone the second country in West Africa to finalize the process, and the first to do so without external consultants. The process was initiated and guided by the Principal Health Economist, drawing on a team of health financing experts and stakeholders within the country. The report was drafted among a correlative approach and the recommendations were reviewed by several outside experts from both inside and outside the country. This assures a solid evidence-based, while customization to our Sierra Leonean needs is guaranteed.

The findings of the report are clear there is space to grow. The matrix helped identify our biggest growth areas etc. – in funding resources and how we purchase services from providers and pay for it. The MHS is confident that the health financing landscape is fragmented ones, with several gaps. The Government retains the biggest funding agency and aims to build upon the strength and prepare for the Social Health Insurance Scheme. Together with our development partners, we are also looking at how to strengthen the provider payment mechanisms, within the current legal framework.

The Health Financing Progress Matrix also showed us that we have already done substantial work in Public Financial Management. Our budget information are available online, an annual execution statements are also published. We are in the middle of integrating the internal payment system from paper-based to online, which will further direct us towards Universal Health Care.

The Ministry of Health and Sanitation is thankful to its staff, development partners and other health stakeholders, especially in the health financing space, that contributed to various efforts in shaping this report. The Government of Sierra Leone is fully committed realization of recommendations coming out of this assessment and we look forward to working across the health sector with our partners and stakeholders to ensure every Sierra Leonean will be benefiting from Universal Health Care as soon as possible.

Austin Denby
Dr. Austin Denby
Minister of Health and Sanitation
December 2021

MAKING PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE THROUGH HEALTH FINANCING REFORMS

SIERRA LEONE 2021

Bangladesh has not been able to reduce financial hardship due to weak implementation of health financing policies.

**HFPM ASSESSMENT 2020 FINDINGS**

- Strategies outlined to expand population coverage risk creating greater fragmentation and inequity in the health system
- Poor predictability of budget allocations and low budget execution
- Essential Service Package exists but funds do not flow to ensure delivery

- Reconsider plans to establish new, separate insurance schemes for specific groups eg. garment workers
- Establish budgetary mechanisms to ensure flow of adequate funds to frontline providers focused on ESP
- Address low budget execution and link improvements with increased budget allocations
IMPLEMENTING AN HFPM COUNTRY ASSESSMENT

WHEN TO CONDUCT AN HFPM ASSESSMENT: driven by local timing and processes

STARTING OFF ON THE RIGHT FOOT: explain process at the onset; high level buy-in


PROCESS ISSUES DURING IMPLEMENTATION: regular check-ins with backup team; draft ratings and key messages

HOW FREQUENTLY SHOULD IT BE CONDUCTED?

HOW LONG DOES IT TAKE?

ADDITIONAL ISSUES & REMINDER OF KEY CONSIDERATIONS
Thank You
Implementation of the Health Financing Progress Matrix

Experience from Ethiopia
Overview of the HFPM implementation in Ethiopia

Purpose

- Support progress towards UHC through **systematic assessment** of the health financing system over time.
- To build **consensus** around the health financing situation.
- Identify strengths and weaknesses, inform **revised Health Care Financing Strategy** and future policy dialogues.

Implementation

- The work led by the **Ministry of Health’s Partnership and Cooperation Directorate (PCD)** with the support from WHO and partners.
- One of the pilot countries for the first version of the HFPM
- Piloted the second version of the HFPM Q2-3 2021
Results of the HFPM assessment – Stage 1 and 2

Main coverage arrangements

1. Cost-sharing, cost-recovery and exempted services

2. Fee-waiver for indigent households

3. Community Based Health Insurance (CBHI)

Social Health Insurance, Private insurance
Government health budget
Results of the HFPM assessment – Stage 2

Revenue raising

- Limited move towards reliance on public revenue sources.

Pooling revenues

- High level of fragmentation and limited risk pooling between Community Based Health Insurance (CBHI) schemes.

Purchasing

- Inadequate incentives to improve quality and efficiency.
- Predominantly passive rather than active or strategic purchasing.
Stakeholder involvement

- Workshop organized to **validate preliminary result** and discuss their implication in Ethiopia.

- Bringing together **different institutions**: Ministry of Health, Ministry of Finance, the Health Insurance Agency, local universities, donors and implementing partners.

- Split into groups to discuss Stage 1 and Stage 2.
Challenges and lessons learnt

The different levels can be a distraction – facilitators need to manage discussion

Importance of involving stakeholders – given the complex nature health financing issues

For large & decentralized countries – difficult to arrive at overall, system-level conclusions
Way forward

- Publication/dissemination of the HFPM based on Version 2 for the public.
- MOH wants to institutionalize the HFPM process and use it to inform future Health Sector Strategic Plans.
- Continue involving stakeholders in the process.
Using the HFPM: Experiences from Uganda

ELIZABETH EKIRAPA KIRACHO
MAKSPH
Outline

- Intro & implementation of HFPM assessment
- Experiences & lessons learnt
- Conclusions
Background

- Uganda is currently evaluating its HFS (2015 – 2020)
- Update the HFPM for Uganda
- Objectives of the HFS
Background – Objectives of the HFS

- To enable equitable, efficient and sustainable mobilization of adequate resources
- To establish and roll out a Social Health Protection system
- To increase effective pooling and strengthen strategic purchasing mechanisms that ensure the attainment of equitable and efficient resource allocation and delivery of quality health services by 2025.
- To develop new and strengthen existing institutional arrangements that will ensure effective accountability and transparency in resource management and use.
- To strengthen mechanisms for harmonized and effective partnerships in financing and delivery of health services.
- To strengthen systems for timely generation and production of health financing and expenditure information to guide policy and decision making.
Resource mobilization interventions

- Increasing government allocation to health
- Improving efficiency for existing resources
- Improving the predictability of external resources
- Increasing the contribution of prepayment to the health sector
- Innovative health financing mechanisms
<table>
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<tr>
<th>Interventions - Pooling</th>
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<tr>
<td>Harmonization and alignment of DAH to sector priorities</td>
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<tr>
<td>Pooling DAH and government resources</td>
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<tr>
<td>Establishment of the Health Fund (for pooling JAF &amp; NHIS)</td>
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<tr>
<td>Pooling of health insurance schemes</td>
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### Interventions - Purchasing

<table>
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<th>Building capacity for purchasing in the health sector</th>
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<td>Results-based financing</td>
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<td>Input-based payment</td>
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<td>Process-based provider payments (such as contracting, reimbursements, etc.)</td>
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<td>Delivery of the benefit package</td>
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Introduction

- HFS strategy has been implemented by diff stakeholders.
- What progress has been made?
- What are the obstacles/ challenges?
- What strategies are required to achieve key health financing goals
Introduction

Implementation

- **Initial completion** of the HFPM by a technical team from academia, MOH and WHO.
- **Obtain consensus** - with a team of diverse stakeholders.
- **Validate** - External review team.
- **Currently matrix** completed by technical team.
Experiences and lessons learnt

1. HFPM provides in depth outline of key areas that are of importance in advancing health financing.

2. Enables you to identify gaps in the strategy eg – Public financial management, policy and governance process, benefits & conditions of access.

3. Enables you to develop relevant milestones/assess achievement of key milestones... poorly identified milestones do not allow you to assess progress satisfactorily.
Experiences and lessons learnt

4. HFPM ranking process - **stepwise progress** - assess progress **more objectively** and present progress in a **simple clear manner**.

5. The HFPM tool and findings are only as useful as the information entered – “**gabbage in gabbage out**”

6. When completed well and regularly - allows you to make a good assessment of the **progress made over time** – **if initial findings were not assessed appropriately**, you can’t assess progress adequately.
7. HFPM process should also collect qualitative data that can enable you to explain the findings observed.

8. HFPM process allows you to identify specific relevant strategic actions that need to be taken by the country to make progress in HF based on the findings.

9. HFPM findings makes it easier for you to advocate for required changes because it makes progress achieved and the gaps clear.

10. A few sections focus mainly on countries with insurance and does not have adequate provision for countries which do not predominantly use insurance. Benefits & conditions of access No 4- user fees. Informal fees. Pooling section- Govt funding.
Conclusion

- HFPM assessment allows you to appreciate key actions that need to be taken to advance health financing functions - more effective implementation and evaluation of HF
- The assessment needs to be done by a technically competent team.
- The HFPM can inform development, implementation and evaluation of HFS.