



World Health  
Organization

# Health Financing Progress Matrix Country Training



Day 3 Session 3  
Meeting recap & next steps

22-24 June 2022  
Victoria Falls, Zimbabwe

# Technical session 1 - HFPM overview

- Synthesizes “what works” into “desirable attributes”
- Moves from descriptive to normative/causal
- An **instrument** (intelligent user who learns how to “play” it) – capacity building dividend
- Provides “close to real-time” information on “how to move the dial”
- Parsimonious - no primary analysis required – depends on other assessments e.g. Ifakara, SPARC, HFSA, AU Tracker, CPEA

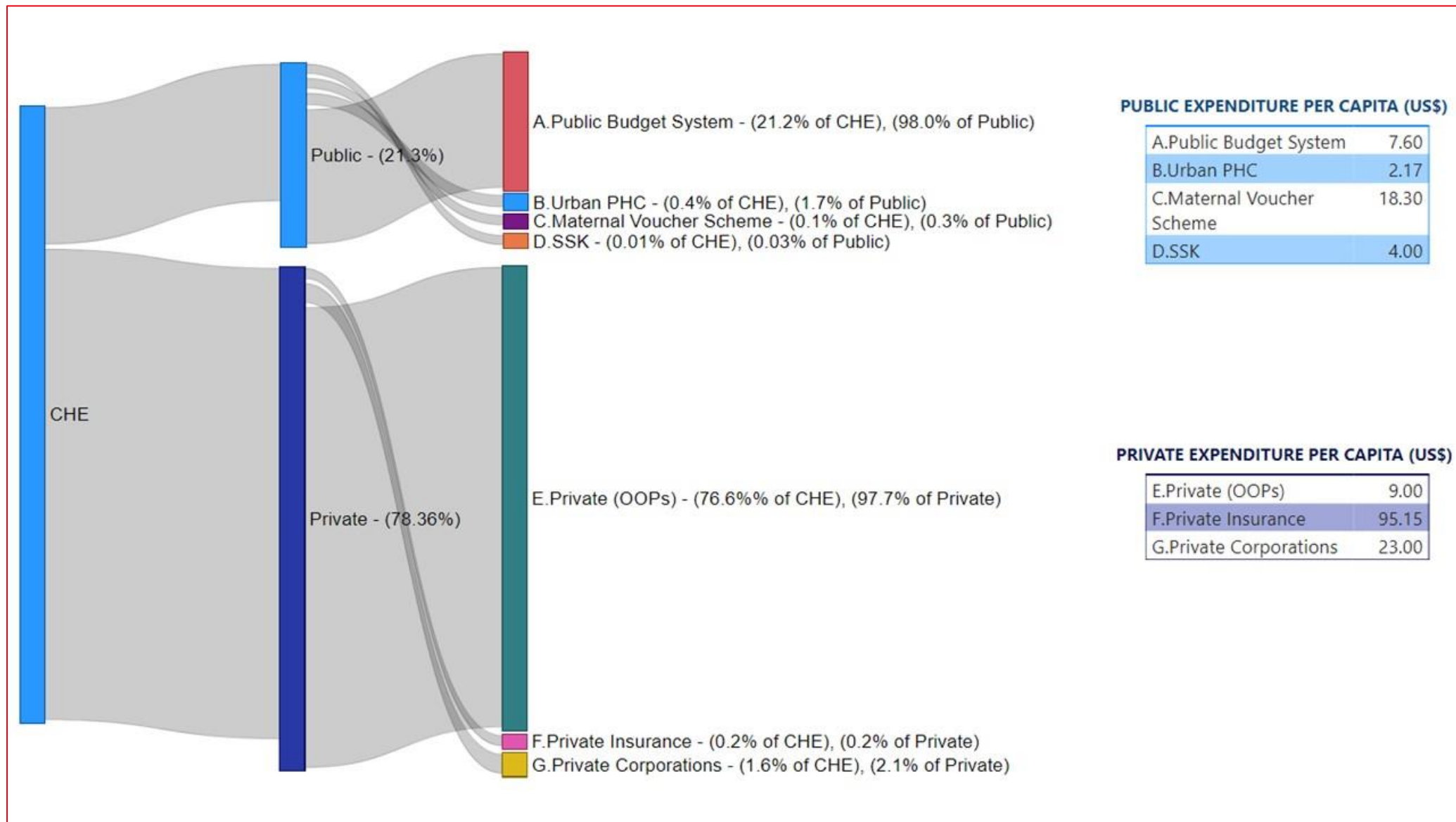


# Technical session 2: Stage 1

- Landscaping of significant schemes & programmes, including supply side funding, which make up health system
- Note the value of a thorough description – not always straightforward
- Highlights structural fragmentation, overlap, duplication, which is a “drag” on health system performance
- A discussion is required on which to include – long list short list...

# BANGLADESH STAGE 1

## with expenditure flows from NHA



# Sierra Leone Lessons learned

Abdul N'jai



- Scheme not having clear policy documentation in line with HF
- Use the ongoing health financing strategy process to align different vertical programs under
- Ensure they use the same financial policies and processes as general government financing.
- Align budgeting processes of the different vertical programs with the government budgeting cycle.



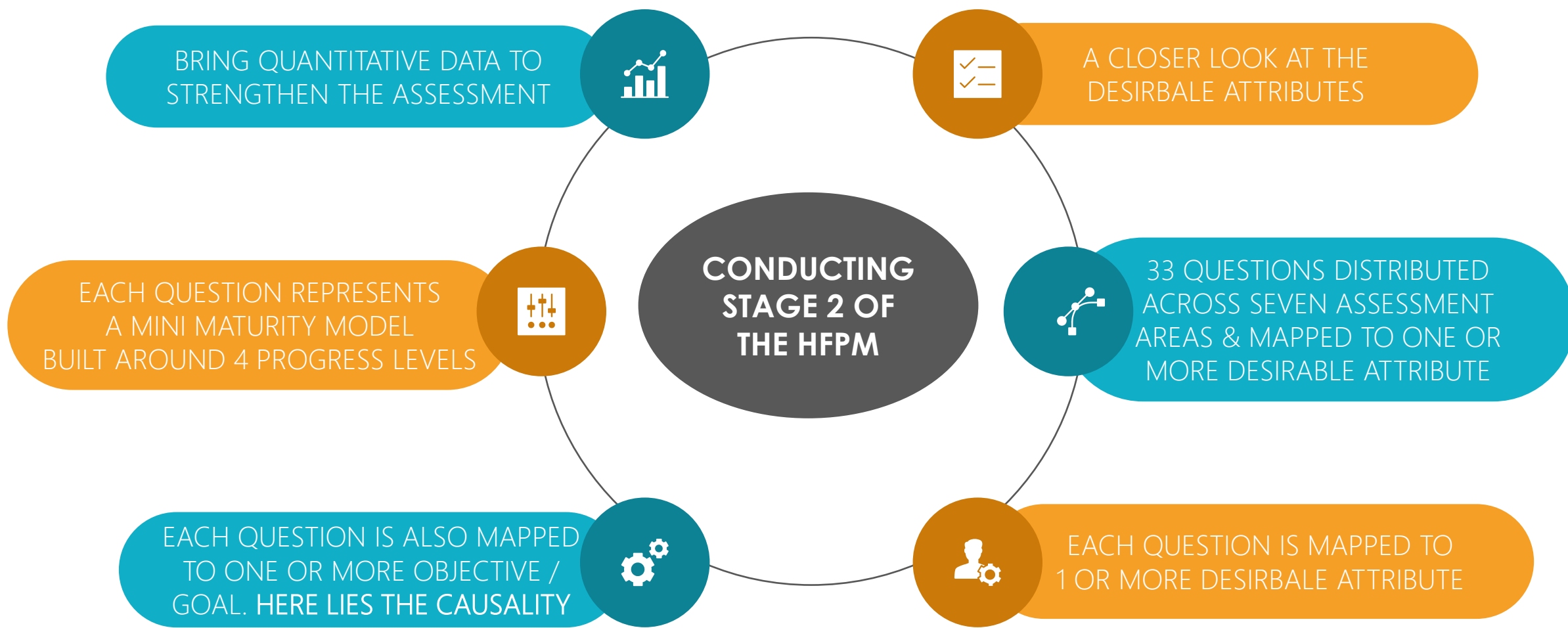
# GEORGIA Reflections

Mariam Kirvalidze



- Looking at the “big picture” of the budget helps identify the most important programmes
- Smaller programmes/schemes are often sufficiently similar to allow grouping
- At Stage 1, you can already think about what to include to be useful for Stage 2
- You can always dive into more specific details in Stage 2, referring to the descriptions in Stage 1

# Technical session 3: Stage 2



# Data or Information for HPFM assessment

(Lesson from Impl  
Purc

## 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



# Caribbean reflections –

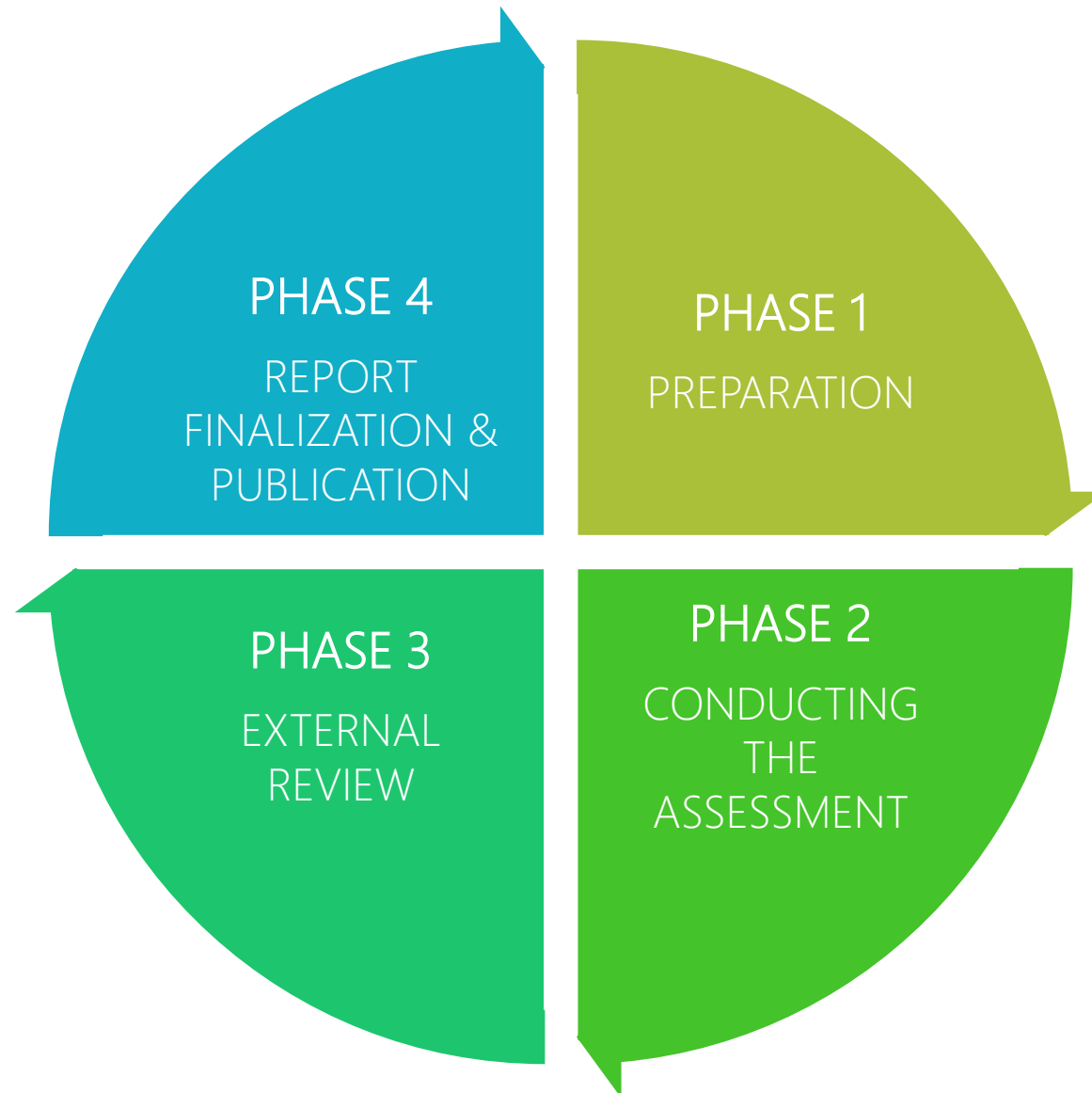
Stanley Lalta UWI

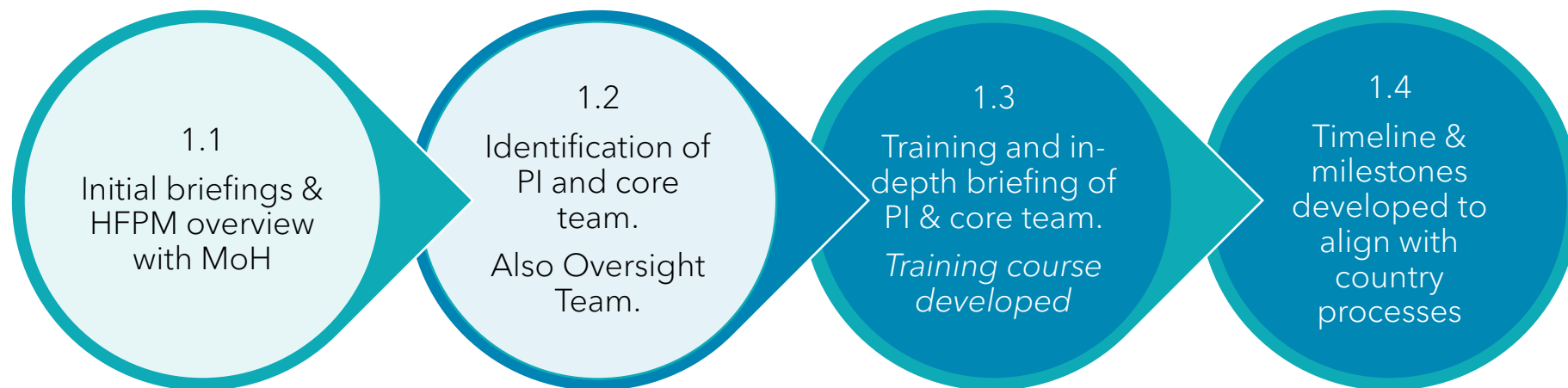
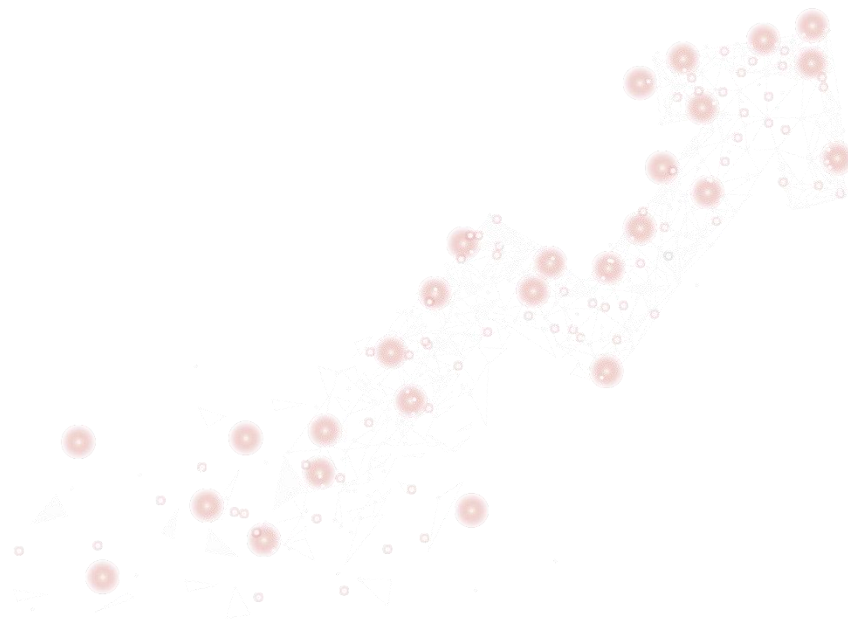
## The HFPM Process is Important

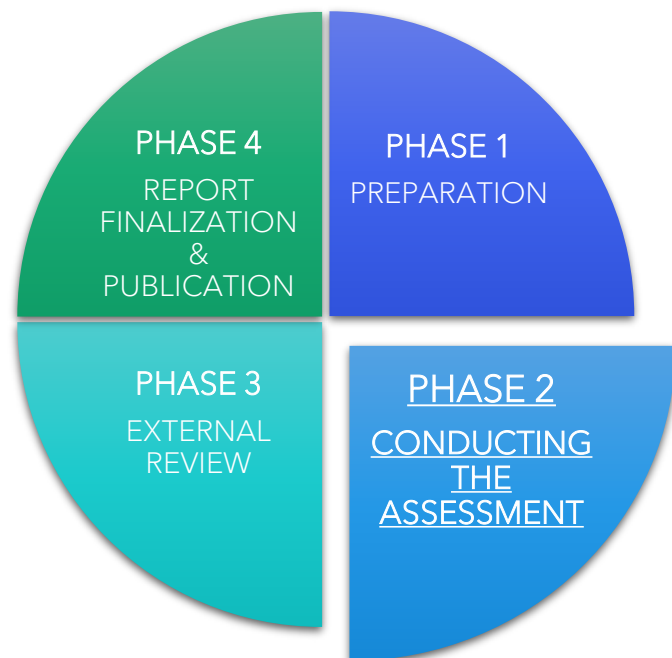


- Process Linked to Expected Outcomes:--
  - Contribution to guiding national health financing policy changes i.e. enhancing areas of 'strength' & confronting areas of 'weaknesses (gaps)
  - Developing local capacity to take charge of these.

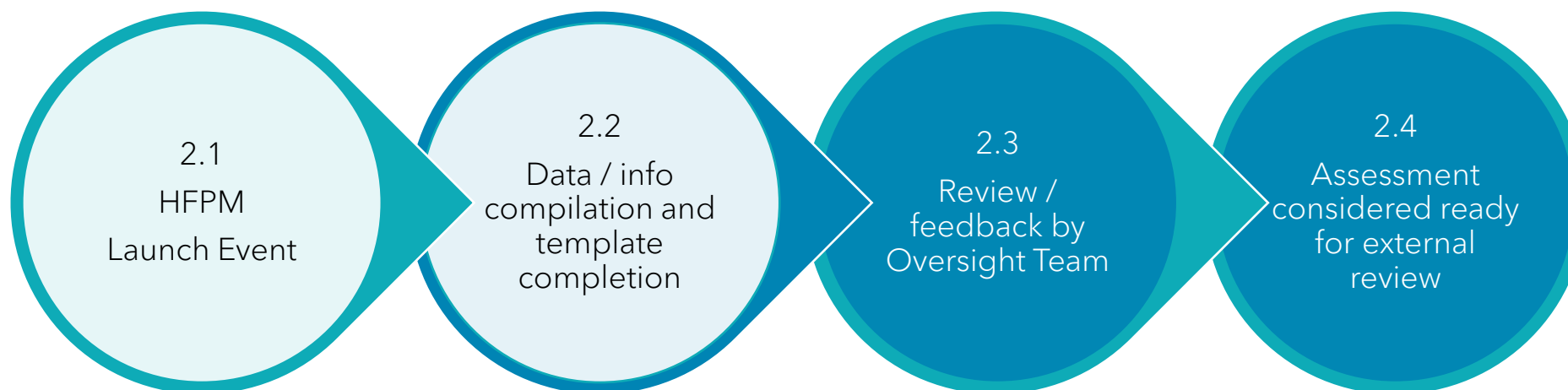
# Implementation session 1

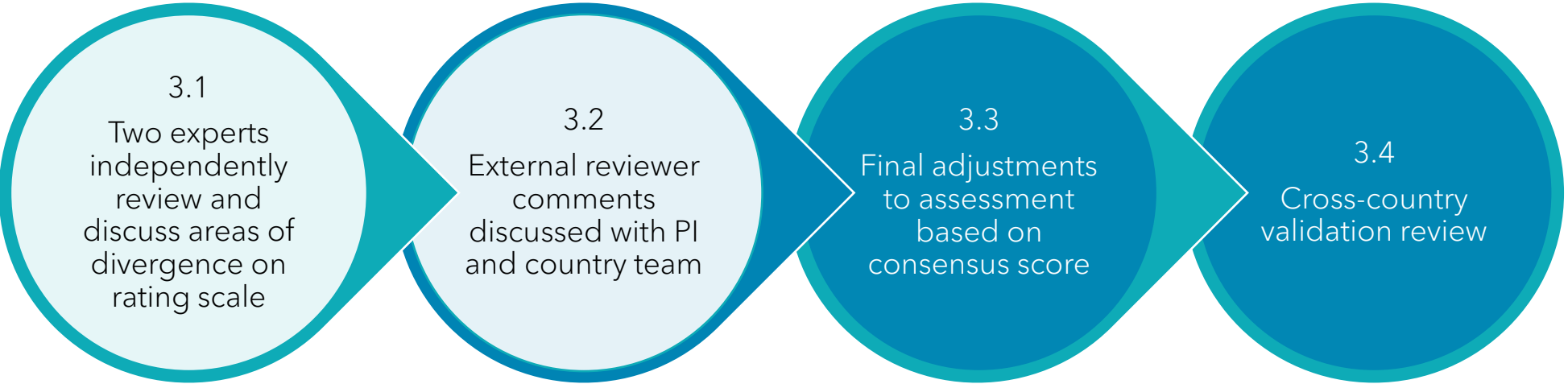
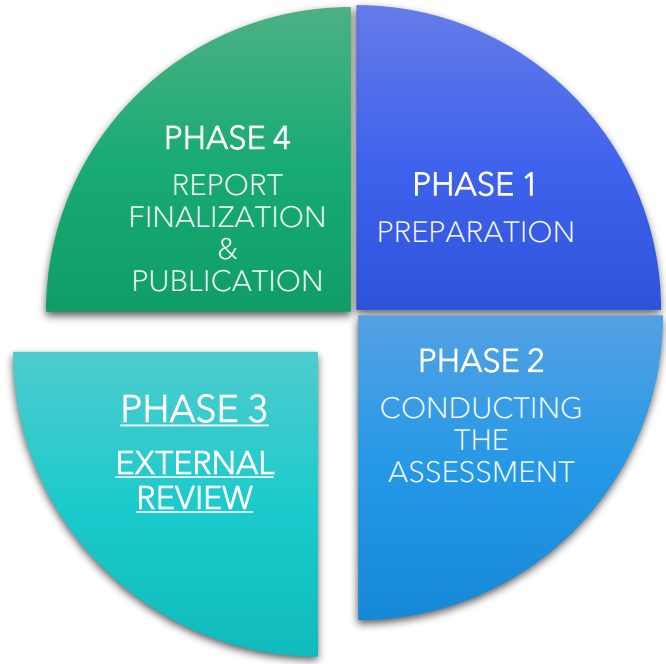
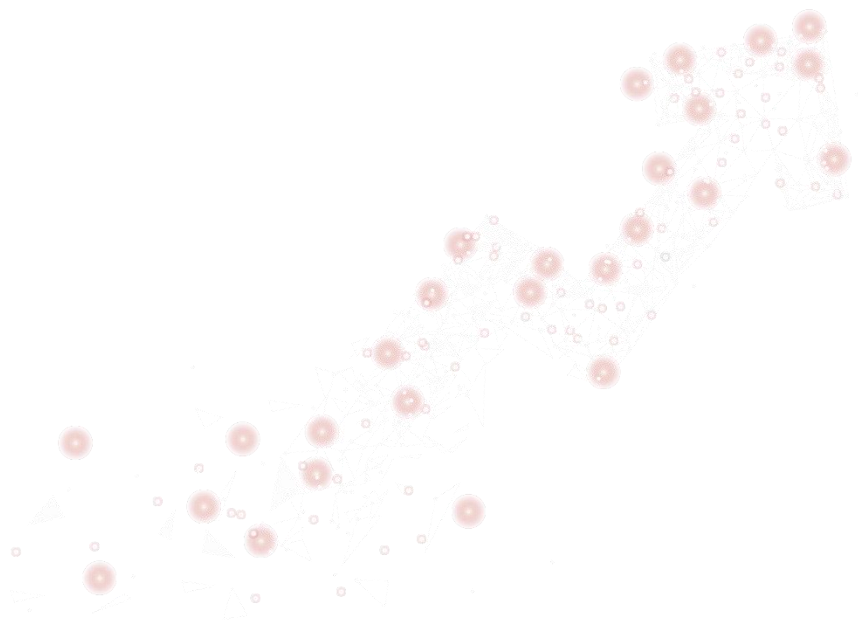


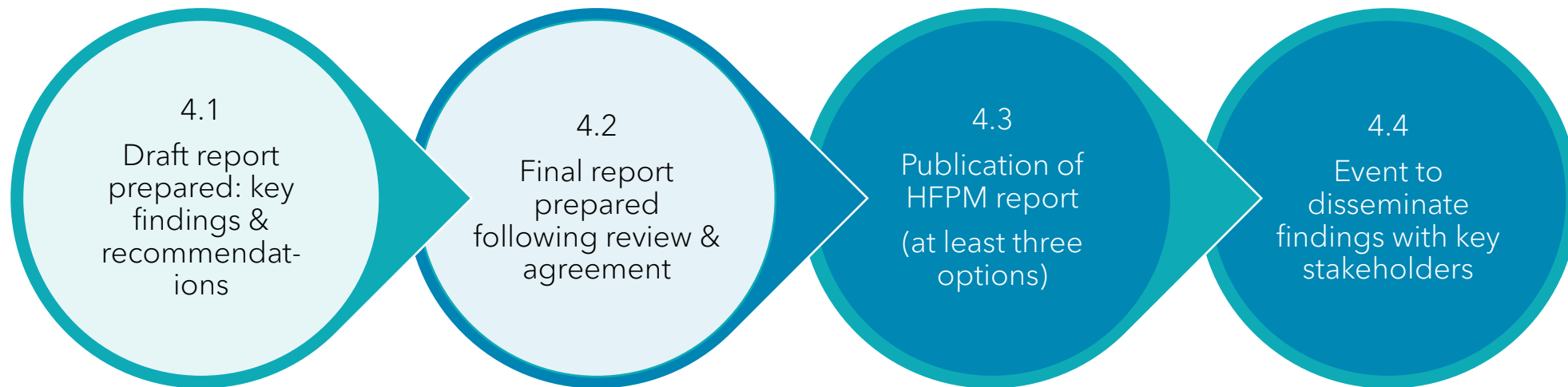
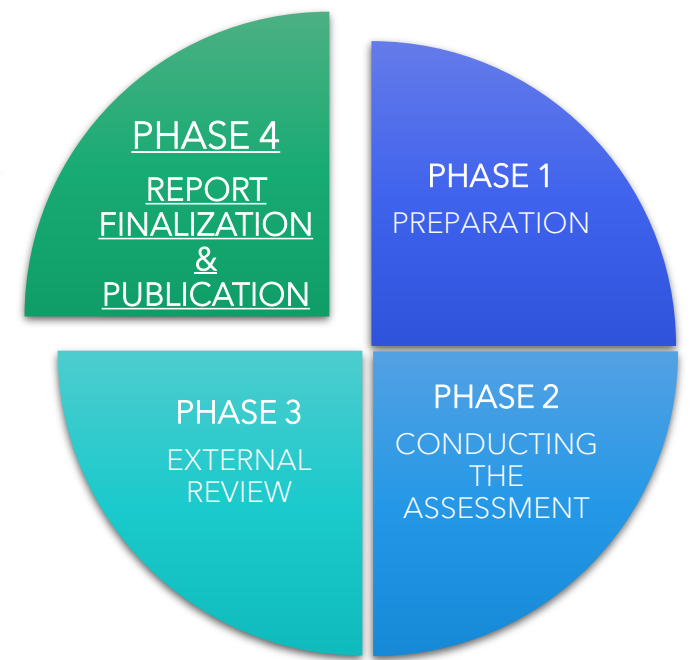




Explicit capacity-  
building objective









# Mauritius external review

Nirmala Ravishankar





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MINISTRY OF HEALTH-ETHIOPIA  
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# Ethiopia challenges and lessons learnt

Ermias Dessie



**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



# Uganda – Conclusions

Elizabeth Ekirapa-Kiracho (Uni Makerere)

## Background

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

- ❖ 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**.



# Strategic session 1: Alignment

|             |  |   |
|-------------|--|---|
| 1305 – 1325 | AU ALM Agenda & Health Financing Tracker   | Paul Booth, Consultant to the ALM   |
| 1325 – 1335 | Participant Q&A  | Moderator   |
| 1335 – 1420 | Panel discussion <ul style="list-style-type: none"> <li>• SADC pilot of AU Health Financing Tracker</li> <li>• ECSA and HF; potential use of HFPM</li> <li>• AfDB and HF; potential use of HFPM</li> <li>• Alignment through unified M&amp;E frameworks</li> <li>• HF alignment processes in Zimbabwe</li> </ul> | Panel discussion <ul style="list-style-type: none"> <li>• Dr. Lamboly Kumboneki, SADC</li> <li>• Edward Kataika, ECSA</li> <li>• Robinah Lukwago, AfDB</li> <li>• Anurag Kumar WB/GFF</li> <li>• Chenjerai Sisimayi, WB Zimbabwe</li> </ul> |
| 1420 – 1430 | Emerging actions & summary   | Moderator with Rapporteur   |



## Progress made thus far



### General

- 2021: SADC Ministers approved the establishment of SADC Regional Hub
- Decision to pilot Tracker in the region
- June 2022: MoU with Global Fund
- 2 consultants recruited



### Tracker

- SADC led development of Tracker
- Tracker to be piloted in 3 countries: **Malawi, South Africa, Zambia**
- Next: Country training
- Timeline: Complete by end-September 2022
- Coordinating with WHO on Matrix



### National HF dialogues

- **2022**
- Malawi – advanced.
- South Africa – preliminary
- Zimbabwe – preliminary
- **Early 2023** (exploratory)
- Eswatini, Mauritius, Zambia



### Hubs

- SADC health financing Hub launch in August 2022

# Strategic session 2:

## Capacity building, evidence to policy & the research agenda



Think in terms of the ToC, and the HFPM value chain from assessment to validation

All reforms are context-specific – what are the necessary conditions for desirable attributes to hold true?

Need to set up HFPM assessment with high-level commitment, to maximize political commitment

# Strategic session 3:

## Institutionalization

### Schedule

| Time        | Details  | Responsible  |
|-------------|--|--|
| 0830 – 0805 | Overview of the session  | ADDAI FRIMPONG, Kingsley- WHO AFRO   |
| 0805 – 0845 | Panel discussion   | <ol style="list-style-type: none"> <li>1. Agnes Gatome-Munyua-R4D (Zoom. Virtual)</li> <li>2. Justice Nonvignon-Africa CDC</li> <li>3. John. Ataguba- AfHEA /Canada</li> <li>4. Gordon ABEKAH-NKRUMAH-Univ of Ghana Business School</li> <li>5. <u>Gwati Gwati – Ministry of Health, Zimbabwe</u></li> <li>6. <u>Edwine Barasa- kemri-wellcome.</u></li> </ol> |
|             |  |  |
| 0845- 0905  | Partner/In-country Academia Reflections on Institutionalization              | Moderator  |
| 0905 -0915  | AFRO National Health Account Institutionalization –Approach & Lessons Learnt | Brenda KWESIGA- WHO-Kenya  |
| 0915 – 0945 | Country Team Table Discussion  | Moderator  |
| 0945 – 1000 | General/ Open Feedback/Closing   | Moderator  |

Think in terms of attributes of institutionalization

Homogeneity  
Compliance  
Permanence  
Determinism

Think in terms of an ecosystem of users and doers:

Awareness & demand  
Develop capacity

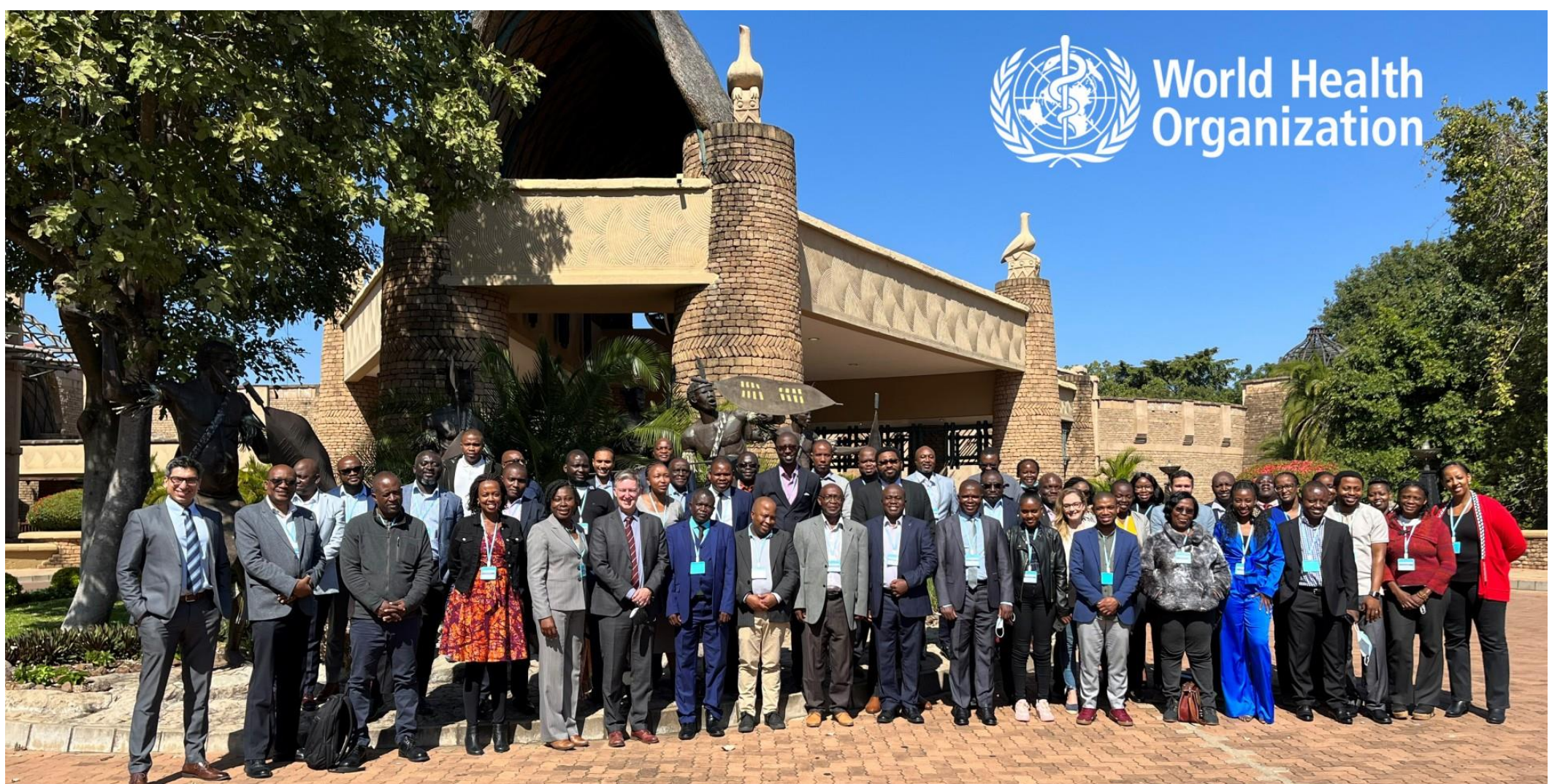
Co- conceptualize, co-create, co-build. Generate, broker, & translate knowledge

Local adaptation, & possible revision, of the attributes





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# Thank You