

# ASSESSING COUNTRY HEALTH FINANCING SYSTEMS: THE HEALTH FINANCING PROGRESS MATRIX



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HEALTH FINANCING GUIDANCE NO 8

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## TIMELINE

Initial conceptual development of the assessment took place during the first half of 2018, with revisions following an expert review meeting<sup>1</sup>. Country implementation of Version 1 as part of "proof-of-concept" testing followed in Afghanistan, Lao People's Democratic Republic, Myanmar, Peru and United Republic of Tanzania through the second half of 2018. Initial experience from these countries was presented at the WHO Symposium on Health Financing for UHC 2018, Liverpool UK. A further seventeen countries then implemented Version 1, with the experience of Uganda and Tanzania presented at the African Health Economics Association 2019 Conference, in Accra, Ghana. The assessment tool was presented in numerous inter-agency meetings throughout 2019. Starting in early 2020, a systematic process of revising both the content of the assessment, and the development of detailed implementation guidance, were conducted. Edition 1 of the HFSM Country Assessment Guide, and a dashboard of publicly available quantitative indicators to support the assessment process, as well as a global knowledge database of country assessments, were also developed through 2020.

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1 The report from this meeting is available upon request. Organizations represented at the meeting were: World Bank, Bill & Melinda Gates Foundation, The Global Fund, R4D, USAID Tanzania, Instituto de Estudios Peruanos (Peru), Abt Associates, LSHTM, Queen Margaret University (UK), KEMRI-Wellcome Trust, P4H, Thinkwell, Seoul National University.

## ABBREVIATIONS

|         |  |
|---------|--|
| AfHEA   | The African Health Economics and Policy Association            |
| AFRO    | WHO Regional Office for Africa                                 |
| AMRO    | WHO Regional Office for the Americas                           |
| BR      | Benefits and conditions of access                              |
| CHE     | Current Health Expenditure                                     |
| DFID UK | Department for International Development of the United Kingdom |
| DRG     | Diagnosis Related Groups                                       |
| EMRO    | WHO Regional Office for the Eastern Mediterranean              |
| GV      | Health Financing Policy, Process and Governance                |
| HF      | Health Financing   |
| HFPM    | Health Financing Progress Matrix                               |
| HSS     | Health System Strengthening                                    |
| LSHTM   | London School of Hygiene and Tropical Medicine                 |
| MoH     | Ministry of Health   |
| OOPs    | Out-of-pocket payments   |
| PFM     | Public Financial Management                                    |
| PHC     | Primary Health Care  |
| PR      | Pooling Revenues   |
| PS      | Purchasing and Provider Payment                                |
| RR      | Revenue Raising  |
| SDG     | Sustainable Development Goals                                  |
| SEARO   | WHO Regional Office for South East Asia                        |
| SHA     | System of Health Accounts                                      |
| SSK     | Shastho Surokhsma Karmasuchi, Health Protection Scheme         |
| UCS     | Universal Coverage Scheme                                      |
| UHC     | Universal Health Coverage                                      |
| WHO     | World Health Organization                                      |
| WPRO    | WHO Regional Office for the Western Pacific                    |

# 1. INTRODUCTION, MOTIVATION AND OBJECTIVES

This paper outlines the background to and design of the Health Financing Progress Matrix (HFPM), WHO's standardized qualitative approach to assessing country health financing systems. Primarily qualitative in nature, the HFPM assesses a country's health financing institutions, processes, policies and their implementation, benchmarked against good practice in the context of universal health coverage (UHC). The paper also details processes which ensure that country assessments are credible. While health financing is only one of the core functions of a health system, it significantly influences both the extent to which the population accesses health services, and the extent to which they face financial hardship in the process. Through a forward-looking assessment process the HFPM contributes to building resilience within health systems, which also contributes directly to improved emergency preparedness and response.

Most countries have official policy statements on health financing which address issues such as the level and mix of revenues for the health sector, and how those funds are allocated for both individual and population-based health services. Policies may be in the form of a

system in terms of the quality of its institutions, processes, policies, and their implementation, which is explicitly based on evidence about what works in health financing to make progress towards UHC. A number of international agencies have developed health financing assessments, some extremely thorough and comprehensive, providing invaluable information, but requiring considerable time and money, and hence conducted less frequently. Others are developed primarily for internal purposes and are not always publicly available; the HFPM aims to complement and build on these assessments, but is being developed as a global public good.

Quantitative indicators, such as Sustainable Development Goals (SDG) indicators 3.8.1 and 3.8.2, as well as detailed National Health Accounts studies, have a number of limitations. First, data are available with a minimum of two years delay, given the time lag in data collection, analysis and verification; secondly, data are often only available as national averages limiting their usefulness for the development of policy, although progress is being made on this front; thirdly,

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