World Health Organization

THE HEALTH FINANCING

PROGRESS MATRIX

COUNTRY ASSESSMENT GUIDE

Web Annex: Data Collection Template

Health Financing Guidance #9

THE HEALTH FINANCING PROGRESS MATRIX:

COUNTRY ASSESSMENT GUIDE

Web Annex: Data Collection Template

World Health Organization

The health financing progress matrix: country assessment guide. Web Annex. Data collection template

ISBN 978-92-4-001782-5 (electronic version)

© World Health Organization 2020

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (http://www.wipo.int/amc/en/mediation/rules/).

Suggested citation. Web Annex. Data collection template. In: The health financing progress matrix: country assessment guide. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Contents

1.HFPM questions by assessment area....8

2.STAGE 1....10

3.STAGE 2....18

4.HEALTH FINANCING POLICY, PROCESS AND GOVERNANCE....19

Question 1.1 (hfstrat):....20

Question 1.2 (govacntbl):....21

Question 1.3 (data4gov): 22

5.REVENUE RAISING....24

Question 2.1 (revpol):....25

Question 2.2 (predict): 26

Question 2.3 (stable): 27

Question 2.4 (prgrsv):....28

Question 2.5 (hlthtax):....29

6.POOLING REVENUES 31

Question 3.1 (poolpol):....32

Question 3.2 (redistlim):....33

Question 3.3 (fragsolve): 34

Question 3.4 (revpool):....35

Question 3.5 (vhispill):....36

7.PURCHASING AND PROVIDER PAYMENT....38

Question 4.1 (allocneeds):.... 39

Question 4.2 (ppmcohrnt): 40

Question 4.3 (ppmqlcrd):.... 41

Question 4.4 (ppmeff): 42

Question 4.5 (info4prch):....43

Question 4.6 (prvdauton):....44

8.BENEFITS AND CONDITIONS OF ACCESS 46
Question 5.1 (benexplct): 47
Question 5.2 (benprcss): 48
Question 5.3 (benundrstd): 49
Question 5.4 (copaydsgn): 50
Question 5.5 (benrevalgn): 51
9.PUBLIC FINANCIAL MANAGEMENT 53
Question 6.1 (pfmdiag): 54
Question 6.2 (pfmallocprty): 55
Question 6.3 (bdgtprcss): 56
Question 6.4 (bdgtcntrl): 57
Question 6.5 (expinfmon): 58
10.PUBLIC HEALTH FUNCTIONS AND PROGRAMMES 60
Question 7.1 (prgalgnplcy): 61
Question 7.2 (prgpoolalgn): 62
Question 7.3 (scrtyprep): 63
Question 7.4 (scrtyresp): 64

This HFPM Data Collection Template is based on Version 2 of the Health Financing Progress Matrix country assessment released by WHO in December 2020. It should be used in conjunction with Edition 1 of the HFPM Country Assessment Guide.

Feedback and suggestions in relation to any aspect of this document are welcome and should be submitted using the online form.

Country			
Principal Investigator			
Date submitted for review	Day	Month	Year

Please summarize the main process followed in completing the assessment; this may include a summary of interviews with key informants, any meetings held with government steering or working groups, development partners, and review of key documentation, published and unpublished. Any additional Investigators should also be listed with the role played. Please write in the box below or alternatively complete the online form using this link.

Process followed	

1. HFPM questions by assessment area

ASSESSMENT AREA	QUESTION NUMBER CODE	QUESTION TEXT CODE	QUESTION TEXT
1) Health financing policy, process and governance	Q1.1	**hfstrat**	Is there an up-to-date health financing policy statement guided by goals and based on evidence?
	Q1.2	**govacntbl**	Are health financing agencies held accountable through appropriate governance arrangements and processes?
	Q1.3	**data4gov**	Is health financing information systemically used to monitor, evaluate and improve policy development and implementation?
2) Revenue raising	Q2.1	**revpol**	Does your country's strategy for domestic resource mobilization reflect international experience and evidence?
	Q2.2	**predict**	How predictable is public funding for health in your country over a number of years?
	Q2.3	**stable**	How stable is the flow of public funds to health providers?
	Q2.4	**prgrsv**	To what extent are the different revenue sources raised in a progressive way?
	Q2.5	**hlthtax**	To what extent does government use taxes and subsidies as instruments to affect health behaviours?
3) Pooling revenues	Q3.1	**poolpol**	Does your country's strategy for pooling revenues reflect international experience and evidence?
	Q3.2	**redistlim**	To what extent is the capacity of the health system to re-distribute prepaid funds limited?
	Q3.3	**fragsolve**	What measures are in place to address problems arising from multiple fragmented pools?
	Q3.4	**revpool**	Are multiple revenue sources and funding streams organized in a complementary manner, in support of a common set of benefits?
	Q3.5	**vhispill**	What is the role and scale of voluntary health insurance in financing health care?
4) Purchasing and provider payment	Q4.1	**allocneeds**	To what extent is the payment of providers driven by information on the health needs of the population they serve?
	Q4.2	**ppmcohrnt**	Are provider payments harmonized within and across purchasers to ensure coherent incentives for providers?
	Q4.3	**ppmqlcrd**	Do purchasing arrangements promote quality of care?
	Q4.4	**ppmeff**	Do provider payment methods and complementary administrative mechanisms address potential over- or under-provision of services?
	Q4.5	**info4prch**	Is the information on providers' activities captured by purchasers adequate to guide purchasing decisions?

ASSESSMENT AREA	QUESTION NUMBER CODE	QUESTION TEXT CODE	QUESTION TEXT
	Q4.6	**prvdauton**	To what extent do providers have financial autonomy and are held accountable?
5) Benefits and conditions of access	Q5.1	**benexplct**	Is there a set of explicitly defined benefits for the entire population?
	Q5.2	**benprcss**	Are decisions on those services to be publicly funded made transparently using explicit processes and criteria?
	Q5.3	**benundrstd**	To what extent are population entitlements and conditions of access defined explicitly and in easy-to-understand terms?
	Q5.4	**copaydsgn**	Are user charges designed to ensure financial obligations are clear and have functioning protection mechanisms for patients?
	Q5.5	**benrevalgn**	Are defined benefits aligned with available revenues, available health services, and purchasing mechanisms?
6) Public financial management	Q6.1	**pfmdiag**	Is there an up-to-date assessment of key public financial management bottlenecks in health?
	Q6.2	**pfmallocprty**	Do health budget formulation and implementation support alignment with sector priorities and flexible resource use?
	Q6.3	**bdgtprcss**	Are processes in place for health authorities to engage in overall budget planning and multi-year budgeting?
	Q6.4	**bdgtcntrl**	Are there measures to address problems arising from both under- and over-budget spending in health?
	Q6.5	**expinfmon**	Is health expenditure reporting comprehensive, timely, and publicly available?
7) Public health functions and programmes	Q7.1	**prgalgnplcy**	Are specific health programmes aligned with, or integrated into, overall health financing strategies and policies?
	Q7.2	**prgpoolalgn**	Do pooling arrangements promote coordination and integration across health programmes and with the broader health system?
	Q7.3	**scrtyprep**	Do financing arrangements support the implementation of IHR capacities to enable emergency preparedness?
	Q7.4	**scrtyresp**	Are public financial management systems in place to enable a timely response to public health emergencies?

2. STAGE 1

KEY DESIGN FEATURE				
YEAR ESTABLISHED				
A) FOCUS OF THE SCHEME				
CODE A1)				
B) TARGET POPULATION				

KEY DESIGN FEATURE				
C) POPULATION COVERED				
D) BASIS FOR ENTITLEMENT / COVERAGE				
CODE D1)				

KEY DESIGN FEATURE				
E) BENEFIT ENTITLEMENTS				
CODE E1)				
F) CO-PAYMENTS (USER FEES)				
CODE F1)				

KEY DESIGN FEATURE				
G) OTHER CONDITIONS OF ACCESS				
CODE G1)				
H) REVENUE SOURCES				
CODE H1)				

KEY DESIGN FEATURE				
I) POOLING				
CODE I1)				
J) GOVERNANCE OF HEALTH FINANCING				
CODE J1)				

KEY DESIGN FEATURE				
K) PROVIDER PAYMENT				
CODE K1)				
L) SERVICE DELIVERY & CONTRACTING				

KEY DESIGN FEATURE				
CODE L1)				
CODE L2)				
CODE L3)				
Add reference documents				

3. STAGE 2

4. HEALTH FINANCING POLICY, PROCESS & GOVERNANCE

1. Health financing policy, process & governance

Question 1.1 (hfstrat)	Is there an up-to-date health financing policy statement guided by goals and based on evidence?

EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
There is no clear policy statement with respect to health financing and no legal document that supports implementation is available.	A policy statement is in place but little action to translate this into system change.	An up-to-date policy statement based on a recent diagnosis of the current situation exists.	A clear policy statement based on a diagnosis of the current situation exists, and has been developed in collaboration with other sectors and participation of relevant stakeholders.

References used	

1. Health financing policy, process & governance			
Question 1.2 (govacntbl)	Are health financing agencies held accountable through appropriate governance arrangements and processes?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Roles and responsibilities are not clearly defined across governing bodies for health financing, accountability is weak, and there is poor coordination across schemes.	Some roles and responsibilities are defined and divided across governing bodies for health financing, but duplication and poor coordination remains. Some accountability mechanisms are in place but remain weak.	Most health financing schemes have clear reporting lines to oversight bodies, and collectively roles and responsibilities are clearly defined and divided, although better coordination still required. Accountability mechanisms function relatively well.	Governing institutions roles are clearly defined both for individual schemes and the health financing system overall. Both government and non-government stakeholders are systematically involved, with implementing agencies held publicly to account for performance.
References used			

1. Health financing policy, process & governance

Question 1.3 (data4gov) Is health financing information systemically used to monitor, evaluate and improve policy development and implementation?

EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Information for monitoring is not routinely produced, and few evaluations are conducted, apart from certain programmes. No common data collection format across the health system exists, and little use is made of household survey data for governance purposes.	Monitoring mechanisms exist but are not routinely implemented and depend heavily on external agencies; use of household surveys has increased, but integration with other data is challenging. Governance remains weak.	A monitoring and evaluation framework exists, with NHA, financial protection, and evaluation studies produced more regularly.	A well-designed monitoring and evaluation system for health financing exists, and high-quality data are systematically available and used to inform oversight of health financing, and report to the public on progress.

References used

Please add in the box below any key messages from this section, which will support the overall assessment summary for presentation to policy makers

Summary of assessment and recommendations for Health financing policy, process & governance

5. REVENUE RAISING

2. Revenue raising			
Question 2.1 (revpol)	Does your country's strategy for domestic resource mobilization reflect international experience and evidence?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Policy/strategy for domestic resource mobilization reflects poor understanding of lessons from global experience.	Policy/strategy shows some limited understanding regarding the importance of public funding, but policy is not realistic or there is no clear plan for implementation.	Policy/strategy reflects clear understanding of main lessons on importance of increasing public funding but still has problematic aspects.	Policy/strategy recognizes need to maintain a predominant reliance on public funding in a fiscally realistic manner and see explicit complementary role for private financing within an overall policy framework.
References used			

2. Revenue raising

Question 2.2 (predict)	How predictable is public funding for health in your country over a number of years?

EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
There is little or no forward budgeting, and there are large or significant year-to-year fluctuations in public funding for health (and where relevant, external funding).	Although revenue and expenditure scenarios exist, predictability of the level of public funding for the health sector remains poor.	The level of public funding for the health sector is relatively predictable due to well-functioning budgetary processes.	The level of public funding for health is highly predictable.

References used	

2. Revenue raising			
Question 2.3 (stable)	How stable is the flow of public funds to health providers?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Health budgets at central and sub-national levels, and SHI agencies where relevant, are rarely executed as planned.	Health budgets are sometimes executed as planned.	Health budgets (including SHI fund) are usually executed as planned.	Flow of public funds to the health sector is highly stable.
References used			

2. Revenue raising			
Question 2.4 (prgrsv)	To what extent are the different revenue sources raised in a progressive way?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Most sources of revenues are highly regressive i.e., payment is not based on ability to pay due to, for e.g. low levels of public revenue leading to high reliance on OOPS.	There is a greater reliance on public revenue sources which mitigates inequities in health payments to some extent, but significant inequities remain in policy design.	Collection of revenue is designed in favour of equity but faces barriers to effective implementation.	Most revenue sources are highly equitable, i.e., payment is primarily based on ability to pay.
References used			

2. Revenue raising

Question 2.5 (hlthtax)	To what extent does government use taxes and subsidies as instruments to affect health behaviours?

EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
There is no legal basis for health taxes, they are not used as an instrument to influence consumption, and subsidies may exist that are harmful to health.	There is a legal basis for health taxes, and some exist but are set at levels too low to adequately influence unhealthy behaviours, and harmful subsidies may continue to exist.	Tax regime is in place for at least two potentially harmful products, fossil fuel subsidies are eliminated/ reduced, and government is considering plans to increase rates in line with international guidance.	Fiscal measures are used across a range of harmful products to discourage their use/consumption and are set at levels consistent with international guidance.

References used	

Please add in the box below any key messages from this section, which will support the overall assessment summary for presentation to policy makers

Summary of assessment and recommendations for Revenue raising

6. POOLING REVENUES

3. Pooling revenues

Question 3.1 (poolpol)	Does your country's strategy for pooling revenues reflect international experience and evidence?

EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Policy/strategy is contrary to key principles and lessons from international evidence.	Policy/strategy shows some understanding of key lessons but still segments the population without supporting or compensatory measures, or changes to the flow of existing budgetary revenues.	Policy/strategy reflects main lessons from evidence, reducing fragmentation or mitigating its consequences, but key challenges such as tax subsidies for VHI or separate SHI schemes not fully addressed.	Policy/strategy reflects core evidence and principles on pooling, with explicit actions to address or mitigate fragmentation, and to monitor/adjust unintended equity consequences.

References used	

3. Pooling revenues			
Question 3.2 (redistlim)	To what extent is the capacity of the health system to re-distribute prepaid funds limited?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Potential to redistribute available prepaid funds from lower to higher need populations is greatly constrained by structural barriers, and few/no mechanisms exist to compensate.	Some redistribution of available prepaid funds exists, but schemes reflect lack of diversity in population coverage and an over-reliance on voluntary participation.	System enables a good degree of redistribution of prepaid funds but fails to include the entire population.	Highly effective re-distributional mechanisms in place that include the entire population.
References used			

3. Pooling revenues			
Question 3.3 (fragsolve)	What measures are in place to address problems arising from multiple fragmented pools?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
There are no compensating measures to address inequity and inefficiency arising from fragmentation.	Some measures in place to address inequity and inefficiency arising from fragmentation.	Substantial measures in place, though with room for improvement, to address inequity and inefficiency arising from fragmentation.	Compensation measures fully implemented to enable equity and efficiency challenges arising from pool fragmentation to be fully addressed.
References used			

3. Pooling revenues				
Question 3.4 (revpool)	Are multiple revenue sources and funding streams organized in a complementary manner, in support of a common set of benefits?			
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*	
There is no coordination of fund flows from different revenue sources.	Complementarity exists among some revenue sources, but there is no population-wide (universal) framework of health benefit entitlements indicating the specific role of different funding sources/streams.	A benefit framework exists for most of the population with funding responsibilities clearly defined across different revenue streams, but private prepayment still not well-integrated.	There is explicit complementarity of different revenue sources to fund a defined benefit package for the entire population.	
References used				

3. Pooling revenues			
Question 3.5 (vhispill)	What is the role and scale of voluntary health insurance in financing health care?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
VHI coverage largely benefits the rich, fragments the system, and has a large inequity impact.	VHI coverage benefits the richer population and is a source of segmentation and fragmentation; spillover effects are limited however, despite government still promoting VHI.	Health financing policy enables VHI to play a supplementary role for faster access or to obtain services from providers not contracted by the main/public system, with no major spillover effects.	VHI either does not have negative effects or plays a clear complementary role within a publicly defined benefit package, with subsidized coverage for the poor.
References used			

Please add in the box below any key messages from this section, which will support the overall assessment summary for presentation to policy makers

Summary of assessment and recommendations for Pooling revenues

7. PURCHASING AND PROVIDER PAYMENT

4. Purchasing and provider payment

Question 4.1 (allocneeds)	To what extent is the payment of providers driven by information on the health needs of the population they serve?

EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Historical patterns or input-based norms used without reference to data on population health needs.	There is some use of simple measures of need within payment mechanisms in at least some schemes or government budget allocations.	More sophisticated mechanisms of adjusting for health needs, service mix and provider performance are incorporated into payment methods and applied to most prepaid funding in the system.	The main provider payment methods used in the health system involve methods that incorporate data on population health needs, risk factors, provider performance and service mix.

References used	

4. Purchasing and provider payment

Question 4.2 (ppmcohrnt)	Are provider payments harmonized within and across purchasers to ensure coherent incentives for providers?

EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
There is no alignment or harmonization of provider payments within or across purchasers.	There is some limited alignment or harmonization of provider payments for some key services across a few purchasers. There is alignment within major health programmes(s) or scheme(s) across types and levels of care.	Payment methods are aligned or harmonized for most services across most purchasers. Payment methods and funding flows are largely aligned for different types and levels of care within most programmes or schemes.	Provider payment methods and rates are unified or fully harmonized within each purchaser and across purchasers.

References used	

4. Purchasing and provider payment			
Question 4.3 (ppmqlcrd)	Do purchasing arrangements promote quality of care?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Purchasing arrangements do not provide incentives that promote better quality or coordination of care.	Purchasing arrangements include a few mechanisms which incentivize improved service quality and care coordination, but these are limited in scope.	Purchasing arrangements include mechanisms that encourage providers to focus on service quality and care coordination, but measurement of impact is limited.	Purchasing instruments such as financial incentives are used to promote quality of care and coordination; information and indicators which measure both elements are routinely available.
References used			

4. Purchasing and provider payment			
Question 4.4 (ppmeff)	Do provider payment methods and complementary administrative mechanisms address potential over- or under-provision of services?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Payment system incentives allow providers to over- or underprovide services, and there are no complementary administrative measures in place to limit this.	Provider payment system starts to introduce incentives aligned with objectives, but only cover a small share of the population. Limited review of administrative data to control for fraudulent reporting.	Purchasing strategies which address over- or under-provision are implemented in schemes covering most of the population, including either/both payment methods and administrative controls.	Payment methods aligned across the health system to set coherent incentives to address under or over-provision, and regularly reviewed; administrative mechanisms in place to control for unintended consequences.
References used			

4. Purchasing and provider payment

Question 4.5 (info4prch)	Is the information on providers' activities captured by purchasers adequate to guide purchasing decisions?

EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Information on patients' activities submitted to purchasing agencies is basic and of limited use to inform purchasing decisions.	Although still limited, the comprehensiveness and reliability of provider activity data are improving. However, quality issues persist limiting use for improving purchasing decisions.	Providers' activity data collected through patient encounter records are greatly improved in terms of detail, reliability and timeliness, and is increasingly used to inform purchasing decisions.	Purchasing agencies regularly collect detailed, reliable information on provider activities; information is routinely analysed and used to inform purchasing decisions and broader health system stewardship.

References used	

4. Purchasing and provider payment

Question 4.6 (prvdauton)	To what extent do providers have financial autonomy and are held accountable?

EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Public providers have no or extremely limited autonomy and cannot respond to financial incentives through the payment system.	Public providers are given greater managerial and financial autonomy, but accountability mechanisms are weak.	Public providers are granted further increases in managerial and financial autonomy and compliance with accountability requirements is progressively improving.	Providers enjoy substantial managerial and financial autonomy, have clear incentives to improve performance and are held accountable for their performance.

References used	

Please add in the box below any key messages from this section, which will support the overall assessment summary for presentation to policy makers

Summary of assessment and recommendations for Purchasing and provider payment

8. BENEFIT AND CONDITIONS OF ACCESS

5. Benefit and conditions of access			
Question 5.1 (benexplct)	Is there a set of explicitly defined benefits for the entire population?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Entitlements are implicit for most of the population, and there is no prioritization for vulnerable population groups.	Explicit entitlements are linked to contributions for relatively well-off groups but are implicit for most of the population, other than perhaps some vertical programmes.	Entitlements are explicit for most of the population, and measures taken to explicitly universalize certain benefits on a non-contributory basis; differences in entitlements across schemes remain.	Benefit entitlements are defined explicitly for the entire population with provisions for vulnerable groups and/or for other health policy goals.
References used			

5. Benefit and conditions of access			
Question 5.2 (benprcss)	Are decisions on those services to be publicly funded made transparently using explicit processes and criteria?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Decisions on publicly funded benefits are not made transparently, with no criteria or process defined as the basis for decisions, and no inclusion of stakeholder perspectives.	Some decisions on publicly funded benefits are assessed against selected criteria and plans to establish a formal process are being considered, but decision-making is largely opaque (not transparent).	Larger number of assessments conducted to inform benefit decisions, and decision taken to institutionalize an explicit process including criteria such as cost–effectiveness and budgetary impact.	Laws or regulations in place requiring proposed changes to publicly funded benefits to be subjected to systematic assessment and deliberation; expert and non-expert stakeholders are incorporated.
References used			

5. Benefit and conditions of access			
Question 5.3 (benundrstd)	To what extent are population entitlements and conditions of access defined explicitly and in easy-to-understand terms?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Entitlements and conditions of access are not clearly defined, and people do not understand them.	Entitlements and conditions of access are clear for part of the population but remains uncertain for most; some efforts made to communicate but limited.	Significant action taken to make entitlements and conditions of access explicit for most of the population but remains unclear for many.	Entitlements and obligations are clearly defined on the key dimensions and are clearly communicated and understood by the population.
References used			

5. Benefit and conditions of access			
Question 5.4 (copaydsgn)	Are user charges designed to ensure financial obligations are clear and have functioning protection mechanisms for patients?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Regardless of policy design, patients typically must make informal payments in order to obtain care.	Patient co-payments are highly detailed and/or defined in percentage terms and linked to treatment provided rather than ability to pay; some protection mechanisms in place.	Co-payment schedule is limited and clear, organized by level of care, structured as fixed fees, and includes mechanisms to exempt the poor; implementation challenges remain.	Co-payment schedule is easy to understand, and has a structure and design that protects vulnerable persons.
References used			

5. Benefit and conditions of access			
Question 5.5 (benrevalgn)	Are defined benefits aligned with available revenues, available health services, and purchasing mechanisms?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Decisions on benefit entitlements are made without consideration of available funds, no mechanisms in place to ensure funds flow to entitlements.	Costing of interventions and explicit provider payment mechanisms exist for some benefits but are small scale and typically outside the core public financial management system.	Additions to publicly funded benefits are supported by new revenues and increasingly there is an explicit provider payment link with priority services.	Benefit expansion decisions are subject to budgetary impact, available funds, and service readiness, and are supported with incentive and accountability mechanisms for providers.
References used			

Please add in the box below any key messages from this section, which will support the overall assessment summary for presentation to policy makers

Summary of assessment and recommendations for Benefit and conditions of access

9.PUBLIC FINANCIAL MANAGEMENT

6. Public financial management			
Question 6.1 (pfmdiag)	Is there an up-to-date assessment of key public financial management bottlenecks in health?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
No generic PFM assessment exists or only an outdated assessment.	Only a generic PFM assessment has been conducted which is up-to-date.	A rapid health-specific assessment was conducted in the last 2 years which examined some bottlenecks in health spending.	Extensive, up-to-date health-specific diagnosis/assessment conducted; key bottlenecks identified.
References used			

6. Public financial management			
Question 6.2 (pfmallocprty)	Do health budget formulation and implementation support alignment with sector priorities and flexible resource use?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Health policy priorities are poorly defined, and not reflected in the budget; rigid input-based line-item budget dominates.	Input-based line-item budget and ex-ante financial control still dominates; some piloting of programme-based budgets provides more flexibility in resource use, and performance information is increasingly used.	Use of performance information and implementation of programme-based budgets are becoming widespread, better directing budgets to sector priorities using mechanisms that are consistent with provider payment incentives, thereby providing greater flexibility in resource use.	Health sector priorities, medium term expenditure framework and annual budgets are fully aligned and structured around well-designed budgetary programmes, and stable, predictable funds are directed to health sector priorities and service providers.
References used			

6. Public financial management

Question 6.3 (bdgtprcss)	Are processes in place for health authorities to engage in overall budget planning and multi-year budgeting?

EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Current budget process often by-passes the MoH, with no or very limited dialogue between MoH and MoF.	Budget process is consultative and transparent but to a limited extent, and input from health sector is minimal; MoH not consulted over mid-year re-allocations.	Budget process is consultative and transparent but to a limited extent, and input from health sector is minimal; MoH not consulted over mid-year re-allocations.	Budget process is consultative and transparent, based on dialogue between MoH and MoF, within a clear multiyear budgeting framework; all appropriate administrative levels are consulted and engaged.

References used	

6. Public financial management			
Question 6.4 (bdgtcntrl)	Are there measures to address problems arising from both under and over budget spending in health?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Health budget implementation frequently fails to comply with basic budget discipline due to poor planning, insufficient or unpredictable revenue streams, and few if any measures are taken to address the issue.	Health budget implementation complies with basic budget discipline, but with still major shortfalls and significant underspending in health.	Limited under or over-spending on a yearly basis, but delays remain in fund releases for health service providers specifically.	Health budgets are fully executed and comply fully with budget discipline; significant underspending rarely happens.
References used			

6. Public financial management			
Question 6.5 (expinfmon)	Is expenditure reporting in health comprehensive, timely, and publicly available?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
No computerized systems for performance or expenditure monitoring; numerous parallel reporting systems with no centralized reconciliation.	Computerized system being developed and strengthened, but with limited or poor-quality routine data; financial reporting in health remains fragmented.	A functioning financial information system in place but is not aligned with health sector accountability requirements	Financial management information system allows monitoring by multiple categories; information is publicly available and used to inform new budget decisions
References used			

Please add in the box below any key messages from this section, which will support the overall assessment summary for presentation to policy makers

Summary of assessment and recommendations for Public financial management

10. PUBLIC HEALTH FUNCTIONS AND PROGRAMMES

7. Public health functions and programmes

Question 7.1 (prgalgnplcy)	Are specific health programmes aligned with, or integrated into, overall health financing strategies and policies?

EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Specific health programmes are not addressed in, or aligned with, overall national health financing policy.	Health financing policy considers health programmes but guidelines for aligning functions for integrated service delivery are purely aspirational.	Health financing policy has guidelines for aligning health programme functions within the health system, but these have not been implemented.	Health financing policy reflects careful consideration of health programme services and funding flows.

References used	

7. Public health functions and programmes			
Question 7.2 (prgpoolalgn)	Do pooling arrangements promote coordination and integration across health programmes and with the broader health system?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
All health systems functions remain separate for specific health programmes.	There have been some efforts to develop mechanisms to integrate certain functions across specific health programmes.	Substantial measures for integration and coordination of functions are in place, though with room for improvement, to address inefficiencies arising from separate pooling.	Full harmonization of all key functions across health system allows for functions to operate at the system level rather than being organized by programme.
References used			

7. Public health functions and programmes			
Question 7.3 (scrtyprep)	Do financing arrangements support the implementation of IHR capacities to enable emergency preparedness?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
There is no budgetary allocation available or identifiable to finance the implementation of IHR capacities	A budgetary allocation, or substantial external financing, is made for some of the relevant sectors to support IHR capacities but are not fully implemented.	Budgetary allocations for IHR capacities are made across relevant sectors to support implementation but there is no clear coordination across sectors in their execution.	Sufficient budget for IHR capacities is distributed, executed, and coordinated in a timely manner across all relevant ministries and levels of government.
References used			

7. Public health functions and programmes			
Question 7.4 (scrtyresp)	Are public financial management systems in place to enable a timely response to public health emergencies?		
EMERGING	*PROGRESSING*	*ESTABLISHED*	*ADVANCED*
Funding to respond to public health emergencies is identified but public financial management system does not allow for effective or timely disbursement during a public health emergency.	An emergency public financing mechanism exists that allows for structured reception and rapid distribution of funds in response to public health emergencies	Financing for public health response is identified for immediate mobilization when needed at all levels of government for relevant sectors in advance of a public health emergency.	Financing can be executed and monitored in a timely and coordinated manner at all levels for all relevant sectors, with an emergency contingency fund in place to respond to public health emergencies.
References used			

Please add in the box below any key messages from this section, which will support the overall assessment summary for presentation to policy makers

Summary of assessment and recommendations for Public Health Functions and Programmes

The Health Financing Progress Matrix (HFPM) is a standardized approach to assessing a country's health financing system. Primarily qualitative in nature, the HFPM considers health financing institutions, processes, policies and their implementation, assessing how aligned these are with universal health coverage. Country assessments highlight priorities for future action, allow progress to be monitored over time, and are used to build a Global Knowledge Database to facilitate learning between countries.

World Health Organization

Further information is available at:

Department of Health Systems Governance and Financing
World Health Organization
20, avenue Appia
1211 Geneva 27
Switzerland

Email: healthfinancing@who.int
Website: https://www.who.int/health-topics/health-financing

ISBN 978-92-4-001782-5