

**STRENGTHENING HEALTH SYSTEMS THROUGH THE APPLICATION OF HEALTH
FINANCING PROGRESS MATRICES: COUNTRY EXPERIENCE**

Principal organizer:

Matthew Jowett, WHO Geneva

Co-organizers:

Dr. Grace Kabaniha, WHO Regional Office for the African Region

Chair and moderator:

Dr Grace Kabaniha, WHO Regional Office for the African Region

Time and location:

Day: Tuesday 12th March 2019

Time: 1500-1630

Room: Palm Jumeriah

Session abstract:

Over the past decade a large number of countries in the African region have put significant effort into the design and implementation of health financing reforms, for example through the development of health financing strategies. But when we look closely, how consistent are these strategies with global evidence on what works to improve access to essential health services and financial protection for patients? To what extent are the values and objectives of the global movement for universal health coverage actually translating into health financing policies which are consistent with the evidence? Are countries designing and implementing policies which will lead to better effective coverage, and progress towards UHC? Finally, how can countries assess more systematically whether the policies they are considering, developing, or implementing, will lead to real improvements in access to services and financial protection?

To help countries to answer these questions WHO has developed a series of Health Financing Progress Matrices which provide a framework for such an assessment, which is largely a qualitative exercise. Based on existing knowledge globally, both theoretical and empirical, a set of questions have been developed which countries can use to discuss, reflect, and ultimately assess health financing policy in their country. Following conceptual development and testing in selected countries throughout 2018 and early 2019, the progress matrices are now being used in a number of countries, some of which are profiled in this session.

Running order:

1500-1505	Session opening/welcome	Grace Kabaniha, WHO AFRO
1505-1515	Paper 1: Overview	Matt Jowett, WHO Geneva
1515-1530	Paper 2: Tanzania case study	E. Mbanga, MoH / Gemini Mtei, USAID
1530-1545	Paper 3: Uganda case study	Aliyi Walimbwa, MoH Uganda
1545-1615	Moderated discussion	Grace Kabaniha, WHO AFRO
1615-1625	Reflections on future development & use	Prof. S. Kwon, SNU / Matt Jowett, WHO
1625-1630	Close	Grace Kabaniha, WHO AFRO

PAPER 1: An overview of the Health Financing Progress Matrix: a systematic approach to assessing policy developments at the country level**Presenter:** Matthew Jowett (WHO Headquarters)**Language:** English

Aim and objectives: This presentation will describe the motivation, and evolution of a series of health financing progress matrices over the past 18 months; building from existing health financing frameworks and a related set of guiding principles, matrices have been developed for the core functions of revenue raising, pooling, purchasing and benefit design; additional matrices have been developed to assess the policy development process, public financial management, and governance issues. Each matrix contains a number of questions which capture features of a health financing system, considered to be important for a health system to move towards UHC. A user-friendly instrument to guide users, prompt questions, and provide rapid heatmap summaries has been developed to house the matrices.

Key findings: Whilst the progress matrices have been developed to shine a light on health financing policy developments and support an assessment of whether these are consistent with the objectives and goals of UHC, they also support broader strategic planning and priority next directions. The robust nature of the matrices, in terms of the explicit connection between a set of guiding principles and the questions or criteria used to guide both discussion and an assessment of existing policies, offers something additional to existing assessment tools. The progress matrices aim to be comprehensive in scope, rather than depth, capturing the essence of ongoing reforms and judging their consistency with UHC; in this sense they complement other more in-depth assessments.

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PAPER 2: Strengthening health financing in Tanzania: priority actions identified by the Progress Matrices**Presenter:** Mr. Edward Mbanga, MoH Tanzania / Gemini Mtei, PS3 Project USAID Tanzania**Language:** English

Aim and objectives: According to the current arrangements, all citizens of Tanzania are automatically entitled to access services in government health facilities. In practice, however, patients incur high out-of-pocket payments due to widely present user fees, especially for curative services and medicines. Several insurance schemes exist, organized by employment status and type, including a mandatory scheme for salaried civil servants (and their dependents) which provides the most generous coverage but reaches only 6% of the total population. Community health funds (CHF) cover less than 25% of the total population and offer a very limited package of services, providing little protection from impoverishing and catastrophic payments. To address these issues, over the past five years a comprehensive and ambitious health financing strategy has been developed which would result in a single national pool with unified provider payment methods and a minimum benefit package accessible to all Tanzanians regardless of their income or employment status. Given its ambitious nature, the strategy is yet to be adopted and implemented.

In the meantime, however, many important incremental policy changes have been introduced with the intention of providing a less fragmented and more equitable health financing system. These changes are difficult to capture through standard evaluation approaches and measures focusing on changes in health outcomes. In this context, the progress matrices were applied to assess whether

these incremental changes in provider payment methods, health information systems, and public financial management were consistent with UHC. They also form a baseline for continued monitoring of health financing policy reforms and provide direction for further policy engagement and support.

Key findings: The application of the matrices highlighted quality of care as a key challenge in the country. Among the three UHC goals it is the one in which least progress has been seen. Coverage (utilization relative to need) is also an important challenge. Among the intermediate objectives, equity in finance is the key challenge, resulting from existing rules related to intergovernmental fiscal transfers and fragmentation in pooling and purchasing. While some progress has been made with direct health facility financing, recognition of providers as spending units in the Chart of Accounts, and introduction of capitated payments for at least a portion of public funds significant challenges remain as identified through these matrices. It will be important to continue using these to monitor progress towards UHC in Tanzania.

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PAPER 3: Strengthening health financing in Uganda: priority actions identified by the Progress Matrices

Presenter: Aliyi Walimbwa, Senior Health Planner, MoH / Brendan Kwesiga (WHO Uganda)

Language: English

Aims and objectives:

Uganda was a pioneer in its attempt to address financial barriers to health care through the abolition of user fees and declaration of free access to health services at public health centres and hospitals in 2001. Overall, however, financial protection did not improve, with out-of-pocket payments remaining high and a persistent challenge across the health system. Since 2004, Uganda has made a concerted effort to design and implement (to varying degrees) health financing policies to improve financial protection and service quality, and also to address problems of inefficiency in the health system. The development of a health financing strategy has focused on introducing a mandatory health insurance scheme, and also performance-based financing which has now been scaled up nationwide.

Key findings: the application of the health financing progress matrices in Uganda highlighted several issues in the overall design of the health financing system in Uganda, despite numerous reform attempts. Revenue mobilization is still dominated by high out-of-pocket spending and external financing; limited progress has been made in addressing the challenges of fragmentation in the way funds for the health system are pooled, and the inefficiencies in spending that result. While there has been remarkable progress in the implementation of public financial management reforms, resulting in a positive impact i.e. greater budget execution, there remain challenges in ensuring financial accountability and value for money in the use of resources. Uganda's National Minimum Health Care Package (UNMHCP) is very extensive with few exclusions, and the process of prioritization is not explicit in terms of the benefits and population entitlement funded. Due to limited public resources this results in implicit rationing, with the poor and vulnerable unable to access quality health care. Passive purchasing arrangements continue to predominate and undermined the country's efforts to improve value for money. However, there has been a systematic attempt to introduce performance-based financing over the last 15 years. As a way forward, the country has proposed to accelerate efforts in reduction of the out of pocket payments, fragmentation and scaling up of performance-based payment as a purchasing mechanism for the country.