WHO's PROGRESS MATRIX ON HEALTH FINANCING SYSTEM (PM-HFS) (& NHI INDICATORS)

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STRUCTURE OF PM-HFS

KEY ASPECTS/NUMBER OF QUESTIONS	HFS GOALS
▶ Policy Development Process—4▶ Revenue Raising—5	EfficiencyEquity in resource distribution
➢ Pooling Revenue—7	 Transparency & Accountability
➤ Purchasing & Provider Payment—10	• Equity in Finance
➤ Benefits and Entitlements—7	 Financial Protection
➤ Public Financial Management—11	• Quality
≻ Governance6	Utilisation Relative to Need
(50 Questions)	
PERFORMANCE (Colour) SPECTRUM/RANGE—From 'Underdeveloped' to 'Developed'	

1. POLICY DEVELOPMENT PROCESS

1.1 HAS A RECENT PERFORMANCE ASSESSMENT/DIAGNOSTIC OF YOUR HFS BEEN DONE?

1.2 DO YOU HAVE A FORMAL (LEGAL) POLICY STATEMENT ON HF?

1.3 DO YOU ROUTINELY MONITOR/TRACK PROGRESS AND ACCOUNT FOR H/SPENDING? (HOW)?

1.4 Do you conduct impact assessment of specific HF reforms and use these to upgrade/revise HF policies and measures?

2. REVENUE RAISING

- 2.1 Are your revenue generation approaches aligned with overall fiscal and health objectives?
- 2.2 TO WHAT EXTENT IS YOUR REVENUE GENERATION BASED ON PUBLIC/COMPULSORY FUNDING EG. GENERAL TAXES OR MANDATORY HEALTH INSURANCE CONTRIBUTIONS?
- 2.3 Is the public funding predictable in the short and medium term?
- 2.4 Is the flow of public funding stable and available on a timely basis?
- 2.5 ARE REVENUE SOURCES RAISED IN A PROGRESSIVE, EQUITABLE MANNER (RE: BASED ON ABILITY TO PAY)

3. POOLING REVENUE

- 3.1 What are the health coverage financing schemes (pools) in the country?
- 3.2 DO YOU HAVE A FORMAL POLICY /PLAN/SCHEME FOR POOLING HEALTH REVENUES?
- 3.3 Are there limits (legal or otherwise) to re-distribution of prepaid funds?
- 3.4 ARE THERE MEASURES TO ADDRESS PROBLEMS OF FRAGMENTED POOLS?
- 3.5 Are there complementary-coordinating arrangements among pools to cover costs of the benefit package for the population?
- 3.6 Do voluntary health insurance arrangements create inequities in pooling and access to health services?
- **3.7** To what extent is effectiveness of health services financing affected by duplicative and uncoordinated pooling arrangements?

4. PURCHASING AND PROVIDER PAYMENT

- 4.1 ARE FUND ALLOCATIONS TO HEALTH FACILITIES/ORGANISATIONS BASED ON POPULATION HEALTH NEEDS?
- 4.2 ARE PAYMENTS/INCENTIVES TO HEALTH PROVIDERS HARMONISED AND COORDINATED AMONG VARIOUS POOLS?
- 4.3 DO PROVIDER PAYMENT/PURCHASING METHODS PROMOTE COORDINATED QUALITY CARE ACROSS LEVELS AND SPECIALTIES?
- 4.4 Do purchasing contracts specify and are monitored for quality of care (availability, appropriateness)?
- 4.5 Do provider payments promote efficiency and cost control in spending (no over-or under-provision)?
- 4.6 Are there standard claim forms/systems which are used by the various health financing pools?
- 4.7 DO PROVIDER PAYMENTS COVER ALL BILLED/CLAIMED COSTS OR ONLY A PORTION EG SALARY; RECURRENT ITEMS?
- 4.8 Do health providers have financial autonomy and are held accountable for their operations?
- 4.9 Is accreditation required for health providers?
- 4.10 Do purchasing and payment systems promote rational use of medicines and provide financial protection for patients?

5. BENEFITS AND ENTITLEMENTS

- 5.1 DO YOU HAVE A DEFINED BENEFIT PACKAGE OF ESSENTIAL HEALTH SERVICES?
- **5.2** Is the defined benefit package developed and revised in a transparent manner using agreed criteria eg cost effectiveness, financial protection, budget impact?
- 5.3 Does the benefit package explicitly reflect population health needs?
- 5.4 Does the benefit package reflect priorities for vulnerable population groups?
- 5.5 Is the population aware of their entitlements and obligations in the health financing pools?
- 5.6 IS THE BENEFIT PACKAGE ALIGNED WITH PROVIDER PAYMENTS TO ENSURE AVAILABILITY AND FINANCIAL PROTECTION FOR PATIENTS?
- 5.7 IS THE BENEFIT PACKAGE ALIGNED WITH AVAILABLE REVENUES AS WELL AS COST SHARING ARRANGEMENTS TO ENSURE SUSTAINABLE FUNDING?

6. PUBLIC FINANCIAL MANAGEMENT (PFM)

- 6.1 HAS AN IN-DEPTH DIAGNOSIS OF PFM BOTTLENECKS BEEN DONE RECENTLY?
- 6.2 DOES THE HEALTH MANAGEMENT STAFF HAVE THE CAPACITY TO APPLY PFM BUDGETING RULES?
- 6.3 Do you have multi-year budgets for health?
- 6.4 Is the health budget aligned to health priorities?
- 6.5 Is the budget process transparent and consultative and reviewed mid-year?
- 6.6 Are there fiscal transfers for equity in resource distribution?
- 6.7 Do the budget rules allow for flexibility in spending?
- 6.8 Is flexibility in health budget spending delegated to facilities?
- 6.9 Are measures to control spending and exert budget discipline effective?
- 6.10 Do you have information systems for monitoring spending and accounting for performance?
- 6.11 Are the PFM rules and various funding flows aligned to strategic purchasing?

7. GOVERNANCE

- 7.1 ARE THERE DEFINED ROLES FOR THE VARIOUS GOVERNING BODIES INVOLVED IN SETTING HEALTH FINANCING GOALS, REVENUE RAISING, POOLING, PURCHASING AND DEFINING BENEFITS?
- 7.2 Do these governing bodies have the necessary capacity (funding, hr, ict) for managing their tasks?
- 7.3 Are there defined provisions for autonomy and accountability of health financing agencies with regards to health goals and priorities?
- 7.4 ARE THERE REGULAR REPORTS TO THE PUBLIC ON HEALTH SPENDING/PURCHASING ACTIVITIES AND RELATED USE OF FUNDS?
- 7.5 Are there formal arrangements for meetings of the MOF, MOH and national health financing bodies on health financing issues?
- 7.6 Is the policy making process for health financing transparent and participative?

REFERENCE DOCUMENTS (Check WHO Website..www.who.int)

 WHO. 2019. Financing for Universal Health Coverage: Do's and Don'ts

• WHO. 2019. Health Financing Progress Matrices.

 WHO. 2019. Health Financing Progress Matrices—A Country Application