

# Caribbean Conference on National Health Financing Initiative

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- ▶ **FINDINGS FROM WHO'S HEALTH FINANCING PROGRESS MATRIX IN THE CARIBBEAN, 2021-2022**

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# . Purpose and Objectives

The Health Financing Progress Matrix (HFPM), produced by the World Health Organization (WHO, 2020), is an instrument used to conduct a qualitative assessment of a country's health financing system. Conceptually and operationally, it is designed to examine 'what matters in health financing for Universal Health Coverage (UHC)' and is expected to:

- ▶ Provide policymakers and health managers in the country, as well as PAHO-WHO, with a baseline assessment of and actionable options on health financing arrangements (public and private) to advance national progress towards UHC;
- ▶ Build and enhance local capacity to undertake similar and related policy assessments of their health financing arrangements and to lead follow-up activities; and
- ▶ Support research and outreach initiatives by the WHO for further empirical data on the relevance and applicability of the HFPM as a standardized qualitative instrument for probing and guiding the alignment of a country's health financing strategies to foster UHC (SDG 3.8).



# What the Health Financing Progress Matrix Offers Policy-makers:



First standardized qualitative assessment of country health financing systems; complement to quantitative indicators. Closer to real-time.



Explicitly normative; based on principles, theory, evidence. Crystallization of “what matters in health financing for UHC”



Single framework, builds on more than 2 decades of work. Pushes thinking & discussion on what works in HF for UHC.



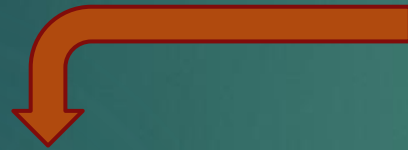
Provides a concise, focused assessment, highlighting areas of (mis)alignment, priority directions, and progress monitoring

# Structure of the HFPM Assessment

**STAGE 1:**  
Descriptive landscape of country's health coverage arrangements (schemes and programmes)



**STAGE 2:**  
Detailed assessment across seven areas



33 QUESTIONS

HSS OBJECTIVES / UHC GOALS

19 DESIRABLE ATTRIBUTES

**POLICY PROCESS**  
3 QUESTIONS

**REVENUE RAISING**  
5 QUESTIONS

**POOLING**  
5 QUESTIONS

**PURCHASING**  
6 QUESTIONS

**BENEFIT DESIGN**  
5 QUESTIONS

**PFM**  
5 QUESTIONS

**HEALTH SECURITY & PROGRAMMES**  
4 QUESTIONS

**EFFICIENCY**

**EQUITY IN RESOURCE DISTRIBUTION**

**TRANSPARENCY**

**EQUITY IN FINANCE**

**FINANCIAL PROTECTION**

**QUALITY**

**UTILIZATION RELATIVE TO NEED**

**HEALTH SECURITY**

# Stage 1: Typical Mapping of Health Financing Programs

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<b>CRITERIA / HF PROGRAM</b>	<b>MoH Budget</b>	<b>Private Insurance</b>	<b>Other Financing</b>
<b>Year Started</b>			
<b>Focus—Eligible Population</b>			
<b>Target—Estimate of Eligible Population</b>			
<b>Population Coverage—Actual</b>			
<b>Legal Basis for Entitlement</b>			
<b>Benefit Package</b>			
<b>Co-payments</b>			
<b>Other Access Conditions e.g. public providers only</b>			
<b>Revenue/Funding Sources</b>			
<b>Pooling of Funds—Single or Multiple Agencies</b>			
<b>Governance-Administrator</b>			
<b>Health Provider Payment</b>			
<b>Health Provider Network</b>			

# STAGE 2-Assessment of Financing Functions, Attributes & Questions

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<b>Financing Functions-Domains (7)</b>	<b>Attributes (19)</b>	<b>Questions (33)</b>
<b>HF Policy, Process and Governance</b>	<b>3</b>	<b>3</b>
<b>Revenue Raising</b>	<b>4</b>	<b>5</b>
<b>Pooling Resources</b>	<b>2</b>	<b>5</b>
<b>Purchasing &amp; Provider Payment</b>	<b>3</b>	<b>6</b>
<b>Benefits &amp; Conditions of Access</b>	<b>5</b>	<b>5</b>
<b>Public Financial Management</b>	<b>2</b>	<b>5</b>
<b>Public Health Functions &amp; Programs</b>	<b>0 (shared attributes with above)</b>	<b>4</b>

## **EXAMPLE:**

### **Function 2—Revenue Raising**

**Attribute 1—Health financing is predominantly based on public compulsory sources**

**Question 2.1—Does your country’s strategy for domestic resource mobilization reflect international experience & evidence?**

**Question 2.4—To what extent are the different revenue sources raised in a progressive way?**

# LEVELS OF HEALTH FINANCING PROGRESS ATTAINED TOWARDS UHC

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PROGRESS LEVEL ATTAINED	CHARACTERISTICS
<b>1. Emerging</b>	<p>No clear or approved health financing policy statement in relation to UHC. Ongoing financing strategies do not reflect 'global best practice' or local evidence.</p> <p>Funding is circumstantial and not linked to health financing policies.</p>
<b>2. Progressing</b>	<p>Policies being developed but only partially reflect best practices or local financing needs.</p> <p>Discussions on financing strategies held with stakeholders.</p> <p>Some financing policies being implemented or pilot tested.</p>
<b>3. Established</b>	<p>Approved financing policies in place with most reflecting global best practice and local financing needs.</p> <p>Widespread implementation of financing policies with some periodic assessments being done and adjustments/amendments considered or made.</p>
<b>4. Advanced</b>	<p>Approved financing policies consistent with global best practices and local financing needs being implemented.</p> <p>Systematic monitoring of implementation and performance taking place.</p> <p>This includes engagement of stakeholders on impact of policies and consensus to guide improvements.</p>

# Procedure and Time-Frame (re: Work Plan)

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STAGES & TIME-FRAME	MAIN ACTIVITIES
<b>Stage 1: Three weeks</b>	Prepare materials and resources for First Workshop including set-up of local Work Group
	Convene First Workshop on Mapping Health Financing Landscape
	Collate and analyse data and outputs from First Workshop
	Prepare Summary on the Workshop and on Findings of the Mapping Exercise
<b>Stage 2: Seven weeks</b>	Prepare and convene Second Workshop on application of the HFPM instrument
	Collate and analyse data and outputs from Second Workshop
	Prepare Sub-reports on the Workshop and on Findings and Recommendations from application of the HFPM instrument
	Prepare consolidated Main Report on ALL findings and analyses (Stages 1 and 2) and submit to PAHO-WHO for review
	Finalise Main Report based on suggestions from PAHO-WHO for ongoing use by local policymakers and stakeholders as well as PAHO-WHO

**The workshops can be done on consecutive days (3 days) if conducted in-person as against on-line**



# Selected Health Financing Findings Stage 1

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Components	Antigua & Barbuda	Barbados	St. Vincent & Grenadines	Suriname
<b>Universal Health Coverage</b>	Single Pool MOHW & MBS	Single Pool MOHW & BDS	Single Pool MOHWE	Single Pool MOH and SZF
<b>Funding</b>	MOHW - Tax funded MBS - Salary deductions	MOHW - Tax funded BDS - Grant transfers from the MOHW and some fees for services.	MOHWE - Tax funded	MOH - Tax funded SZF, funded by premium contributions
<b>Voluntary Health Insurance</b>	15% of population	27% of population	VHI -10 % of population MASA -10%	15% of population
<b>Benefits Covered</b>				
<b>Mix of primary, secondary, tertiary and community care services</b>	Yes Including Overseas care	Yes Including Overseas care	Yes Including Overseas care	Yes Including Overseas care
<b>Defined +VE and -VE lists</b>	Yes	Yes	Yes	Yes
<b>Provider Payments</b>				
<b>Public sector</b>	Line item & program budget MBS – Global transfer/budget for direct services	MOHW - Line item & program budget BDS – Line item & maximum price' contracts	Line item, program budget	Line item, program budget
<b>Private Insurers</b>	Fee for Service	Fee for Service	Fee for Service	Fee for Service

# Common Health Financing Challenges

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Areas	Challenges
<b>Universal Coverage</b>	<p>Fragmentation/Lack of coordination of health financing system.</p> <p>Limited or non-existent linkages between MOHWE and private players;</p> <p>Insufficient and untimely disbursements of funds</p>
<b>Out of Pocket payments</b>	<p>Range from 16% to 47% of Health Spending</p>
<b>Provider Payments</b>	<p>Budgetary flows based on inputs rather than performance targets.</p> <p>Little performance incentives in public sector</p> <p>FFS by private sector increases demand for some services</p>
<b>Increasing Cost of Care</b>	<p>Funding gaps in public sector and burdensome/Increasing OOP and insurance premiums for private services</p>

# Summary of Findings Stage 2: Health Financing Progress Levels in Functional Areas Using the 33 Questions

Progress level	Antigua & Barbuda	Barbados	St. Vincent and Grenadines	Suriname
<b>Emerging</b>	3	4	4	2
<b>Progressing</b>	9	7	5	14
<b>Established</b>	14	6	13	16
<b>Advanced</b>	7	16	11	1
<b>(COMPUTED PROGRESS SCORES)</b>	<b>69</b> Compared to <b>(73%)</b> (WHO computed UHC Service Coverage Index 2019)	<b>76</b> Compared to <b>(77%)</b> (WHO computed UHC Service Coverage Index 2019)	<b>74</b> Compared to <b>(73%)</b> (WHO computed UHC Service Coverage Index 2019)	<b>62</b> Compared to <b>(67%)</b> (WHO computed UHC Service Coverage Index 2019)

# Challenges Encountered in the Application of the HFPM

- ▶ Some questions were quite broad in their scope of reference. For example, Does your country's strategy for domestic resource mobilisation **reflect international experience and evidence?**

There are several different international approaches and 'best practices' in each approach. How does one score this question (from 'Emerging' to 'Advanced'), what if a country is following one or two of these 'best practices'/'positive attributes' but not others?

# Challenges Encountered in the Application of the HFPM



The terminology used in some questions reflects 'negative' rather than 'positive' or 'desirable' attribute. It will be meaningless trying to score these attributes using the 'Emerging' to 'Advanced' spectrum.

Some terms needed to be more explicitly defined for better assessment/measurement and accuracy of responses, for example, 'health needs'.



Double-barreled and triple-barreled questions posed difficulties for scoring. For example, Is health expenditure reporting comprehensive, timely and publicly available?



In some cases, new criteria were added to 'Established' and 'Advanced' that did not appear in 'Emerging' or 'Progressing' which made assessment difficult.

# Measures to Address these Challenges

- ▶ Re-word questions to:
  - ▶ Change from expressing negative attribute to positive attribute
  - ▶ Assess/Measure one concept at a time
  - ▶ Provide clarity when specific concepts are used to avoid ambiguity.
- ▶ In most cases, aspects of ranking such as ‘Established’ could be integrated either in ‘Progressing’ or in ‘Advanced’.
- ▶ Consideration should be given to having three (3) progress levels—‘Emerging’; ‘Progressing’ and ‘Advanced’.

# Perspectives on the Usefulness of the valuation Instrument-questionnaire

Despite some initial challenges with some of the questions all countries/participants in Working Groups expressed satisfaction with the instrument and its dual value of assessment of current health financing systems and providing guidelines for improvements in health financing policy decisions as well as in management of these policies.



The exercise allowed participants to broaden their *understanding* of health financing beyond that of only revenue generation. Participants were also able to build capacity to undertake similar assessments in the future and to take the lead in health financing policy development and implementation of relevant changes.



Countries appreciated the derivation of a 'single score' to measure overall progress levels (like the UHC index) which makes it easier to relate/share findings with busy health financing policy advisors, decision makers and managers as well as inter-Ministerial and inter-sectoral parties.

# The usefulness of the Evaluation Instrument-questionnaire

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<b>Countries</b>	<b>Usefulness of the Evaluation</b>
<b>Barbados</b>	The results were used by the Ministry of Health to assist in the work of a WHO Mission commissioned to advise the Government on health financing reforms, September – December 2022.
<b>Antigua and Barbuda</b>	The Ministry of Health used the report to strengthen its policy push for re-organising and transforming the existing Medical Benefits Scheme from a partial to full-fledged universal social health insurance program.
<b>St. Vincent and the Grenadines</b>	The report provided essential supporting data for the Ministry of Health to strengthen its project proposal for a loan from the World Bank for health system improvement and the design of a universal health insurance program.
<b>Suriname</b>	The Ministry of Health is using the report to assist in the design and articulation of an overall program of health system and health financing reforms.



# Main References

- ▶ WHO. (2020). The Health Financing Progress Matrix: Country Assessment Guide – Health Financing Guidance No 9.
- ▶ WHO. (2020). The Health Financing Progress Matrix: Country Assessment Guide – Data Collection Template
- ▶ Barbados: Findings and Recommendations from Health Financing Progress Matrix Assessment for UHC 2021
- ▶ Antigua and Barbuda: Findings and Recommendations from Health Financing Progress Matrix Assessment for UHC 2021
- ▶ St. Vincent and the Grenadines: Findings and Recommendations from Health Financing Progress Matrix Assessment for UHC 2022
- ▶ Suriname: Findings and Recommendations from Health Financing Progress Matrix Assessment for UHC 2022