

Health Financing Progress Matrix (HFPM) - World Health Organization

Objective and features

1. Objective

HFPM country assessments aim to provide regular, timely, and clear policy-relevant information, based on an objective assessment of a country's health financing system relative to a set of evidence-based benchmarks, with identified policy priorities.

2. Institutional coverage

National governments and related public institutions (autonomous, arm's length health insurance agencies regulated by national government).

The tool can also be used for subnational governments but assessments at national government level are preferred for now.

3. Technical coverage

HFPM covers budgeting (multiyear budgetary processes, budget transparency and review, fiscal transfers, etc.) and expenditure management (flexibility in spending, resource use, expenditure controls, ICT systems for accounting, etc.) to the extent related to health financing.

4. Application method

Custodian.

Methodology

5. Methodology

The tool is built around seven assessment areas, including the different functions of health financing policy, the policy development process, PFM, and governance issues in health financing in a country. For each area, a set of "desirable attributes" are defined, based on evidence of what works in order to make progress toward UHC. Thirty-three assessment questions are built from the attributes. The entire assessment is guided by the objectives of UHC and health system goals. Rather than duplicating existing assessments, the matrix uses existing analyses and consolidates them into a common framework.

WHO recommends applying the HFPM in two stages:

- Stage 1 of the HFPM involves an overview description of the main health coverage arrangements in a country, which provides the background for Stage 2.
- Stage 2 comprises 33 questions that look in detail at the way health financing institutions and policies are organized, and how they are implemented. The 33 questions focus on (1) health financing policy, process, and governance; (2) revenue raising; (3) pooling revenues; (4) purchasing and provider payment; (5) benefit and conditions of access; (6) public financial management; and (7) governance.

6. Benchmarking system

Scoring system. Each question is scored from 1 to 4, with 1 as emerging, 2 progressing, 3 established, and 4 advanced.

7. Linkage to PEFA framework

Part of the assessment are questions related to the following PEFA indicators: expenditure composition outturn (PI-2), medium-term perspective in expenditure budgeting (PI-16), and predictability of in-year resource allocation (PI-21).

8. Complementarity with PEFA framework

HFPM provides a more detailed assessment of PFM issues in the health sector.

Development and use

9. Development and coordination

WHO earlier used PFM and health financing process guide to understand the alignment between PFM and health financing objectives. A progress matrix was developed to assess progress on health financing reforms more broadly.

Tool development started in 2018, and the assessment methodology questions are being finalized in close consultation with FCDO and WB. PFM assessments such as PEFA (AO1), PER (AO7), and WB's CPIA (A11) were referred to at the time of assessment. WHO engaged with WB, Global Financing Facility (GFF), and Global Fund ATM (AIDS, Tuberculosis and Malaria) to utilize the assessment findings in their respective programs.

10. Assessment management

Official assessments - those that follow the review process and are uploaded to the global knowledge database - are first agreed between WHO and the Ministry of Health. The ideal process involves all stakeholders and efforts are made to ensure this approach. For baseline assessments, countries were selected based on WHO's country resources and to maintain balance in regions across the world. Selection criteria include evidence of health reforms in a country and WHO's internal capacity to undertake the assessment. In general, one to two local consultants are appointed to fill in the questionnaire. In some countries where WHO offices have the resources, the questionnaire is filled in by WHO staff with significant contribution from the government. Health sector specific assessments and PFM assessments are referred to during the assessment stage. Assessment findings are discussed with government officials (from the Ministry of Health) through validation workshops and are peer reviewed. A two-stage review and presentation to country stakeholders are conducted to ensure objectivity, and to strengthen government buy-in.

11. Uses by the government and members of the PFM community

Governments and development partners use the HFPM to

- gauge whether health financing policy will have a positive impact in terms of strengthening the health system and making progress toward Universal Health Coverage (UHC);
- monitor changes in health financing institutional arrangements and policies over time; and
- better inform public policy by complementing the quantitative Sustainable Development Goals (SDG) monitoring indicators with qualitative information from this assessment.

12. Sequencing with other tools

HFPM can be informed by findings from broad-based PFM diagnostic tools such as PEFA (AO1) and PER (AO7).

13. PFM capacity building

WHO generates knowledge and develops guidelines from the findings. Not all findings lead to funding programs. WHO also conducts training courses for country officials, on a case-to-case basis. An e-learning module was under development (2021) and will be published at a later date.

14. Tracking of changes and frequency of assessments

Assigned scores convey a clear picture of changes made since the last assessment, supplemented by a text commentary. Recommended assessment frequency is either annually or every two years.

15. Resource requirements

Cost varies depending on the scope and size of the country between US\$30,000 and US\$70,000. Assessment time varies between two to three months for baseline assessments which are more thorough, depending on the stakeholders' ability to collaborate and validate the findings. Updates in subsequent years will focus on areas of change and can be conducted more rapidly. The team comprises health sector specialists and PFM specialists.

Transparency

16. Access to methodology

Methodology is [available](#).

17. Access to assessment results

WHO maintains an internal repository. Final reports are independent WHO assessments, published in agreement with the governments. A password-protected database is available, with access subject to WHO approval.