INFF | Integrated National Financing Frameworks

GUIDANCE NOTE

INFFs and Health Finance

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About integrated national finance frameworks

Integrated national financing frameworks (INFFs) are a planning and delivery tool to help countries implement the Addis Ababa Action Agenda at the country level. INFFs lay out the full range of financing sources – domestic and international sources of both public and private finance – and guide countries in developing a strategy to increase investment, manage risks and achieve sustainable development priorities, as identified in national sustainable development strategies.

To help build cohesion and encourage knowledge exchange between countries implementing INFFs around the world, the United Nations and the European Union, in cooperation with a growing network of partners, are developing joint approaches to bring together expertise, tools and relationships in support of country-led processes. For more information about INFFs, visit www.inff.org.

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Contents

Acronyms

DAH	Development assistance for health
G7	Group of Seven
GDP	Gross domestic product
IMF	International Monetary Fund
INFF	Integrated National Financing Framework
JHSR	Joint Health Sector Review
LMIC	Low and middle-income country
MOF	Ministry of Finance
MOH	Ministry of Health
MTEF	Medium-term expenditure framework
NCD	Non-communicable disease
OOP	Out-of-pocket spending on health
PFM	Public financial management
PHC	Primary health care
SDG	Sustainable Development Goal
SOE	State-owned enterprise
UCS	Universal Health Coverage Scheme (Thailand)
UHC	Universal health coverage
WHO	World Health Organization

1. Introduction

Health financing is fundamental to sustainable long-term development of societies and economies, instead of just being an ethical and social imperative. The importance of health is embodied in the concept of universal health coverage (UHC), which means that all people have access to the health services they need, when and where they need them, without financial hardship (including the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care).[1] A lack of universal access to quality, affordable health services threatens long-term economic prospects of countries and makes them more vulnerable to pandemic risks.

Investing in health has huge payoffs in terms of improved health outcomes and quality of life, economic growth, and social benefits. Returns on investments in health are realized in the form of reduced mortality and morbidity, increased productivity, reduced absenteeism, increased savings, and social benefits such as political stability and social cohesion. The Lancet Commission on Investing in Health estimated that investments of $1 in the health system would yield returns in the form of economic benefit of $9-20.[2] The Lancet Global Health Commission on Financing Primary Health Care highlighted the importance of investing in primary health care (PHC) as a vehicle to achieving good health at low cost by providing essential and cost-effective health interventions, including prevention and management of non-communicable diseases (NCDs).[3]

The COVID-19 pandemic has demonstrated that there are significant costs of not investing in health systems. There is an urgent need to focus on strategic investments needed to improve health outcomes over the long term and foster healthy populations and resilient economies as highlighted by the Economic Resilience Panel of the Group of Seven (G7).[4] The cumulative financial costs of the COVID-19 pandemic in lost output – not accounting for the value of lives lost – in 2020-2030 are estimated to be around 54.7% of total global gross domestic product (GDP) in 2019, or USD 47.7 trillion.[5] A recent International Monetary Fund (IMF) report found that the benefits of strengthening health systems for COVID-19 and future pandemics (about USD 9 trillion) far outweigh the costs (about USD 50 billion).[6]

The COVID-19 pandemic has also highlighted the urgency of mobilizing sufficient and sustainable financing to ensure access to quality health services. The COVID-19 pandemic has shown that many health systems around the world are severely under-financed and that there are considerable inequalities and limitations in the capacities of countries at all levels of development to prevent major health crises or respond to them. There is now a need for clear, ambitious goals to catalyze and focus investments and action, and to put priority on financing health as a long-term investment and not a short-term cost.[7]

This note provides guidance on how the **Integrated National Financing Frameworks (INFF)** approach can contribute to increased coherence and alignment in how countries finance their health systems.

The INFFs can help countries achieve their national sustainable development objectives by mobilizing all types of finance (domestic, international, public and private) and by considering economic, social and environmental implications (see Box 2). It also helps countries broaden participation in the design, delivery and monitoring of financing policies, and manage risk. INFFs are voluntary and country led. They are embedded within plans and financing structures, enabling gradual improvements and driving innovation in policies, tools and instruments across domestic, international, public and private finance.

Box 1 - Who is this note for?

This note is designed for stakeholders that have a role and interest in health financing policy and are interested in adopting or have already adopted the INFFs. Stakeholders involved in developing, implementing, and monitoring national health sector financing strategies include national and subnational public institutions, private sector, health professionals, civil society, and development partners.

As health financing is facing multiple challenges including insufficient, planning, resources, and spending, a wider engagement of stakeholders is expected. This note is also aimed at whoever wishes to engage in INFF processes.

Box 2 - What is an integrated national financing framework (INFF)?

Integrated national financing frameworks (INFFs) help countries finance their national sustainable development objectives and the Sustainable Development Goals (SDGs). Through INFFs, countries develop a strategy to mobilise and align financing with all dimensions of sustainability, broaden participation in the design, delivery and monitoring of financing policies, and manage risk.

INFFs are voluntary and country-led. They are embedded within plans and financing structures, enabling gradual improvements and driving innovation in policies, tools and instruments across domestic, international, public and private finance.

Four building blocks can support governments in putting an INFF into practice:

1. **Assessment and diagnostics** (to provide the basis for decision making on financing – i.e. what are the needs, what financing is already available and how it is being used, what are the risks, and what are the underlying obstacles/binding constraints);
2. **Financing strategy** (to guide the design of financing policies and reforms that can mobilise financing in line with national priorities and all dimensions of sustainability);
3. **Monitoring and review** (to bring together all relevant data and information to track progress and facilitate transparency, accountability and learning on all things financing);
4. **Governance and coordination** (to ensure institutions and processes required for the formulation and implementation of coherent financing policies are in place and functional).

Note: Global guidance on each of the building blocks can be found at inff.org.

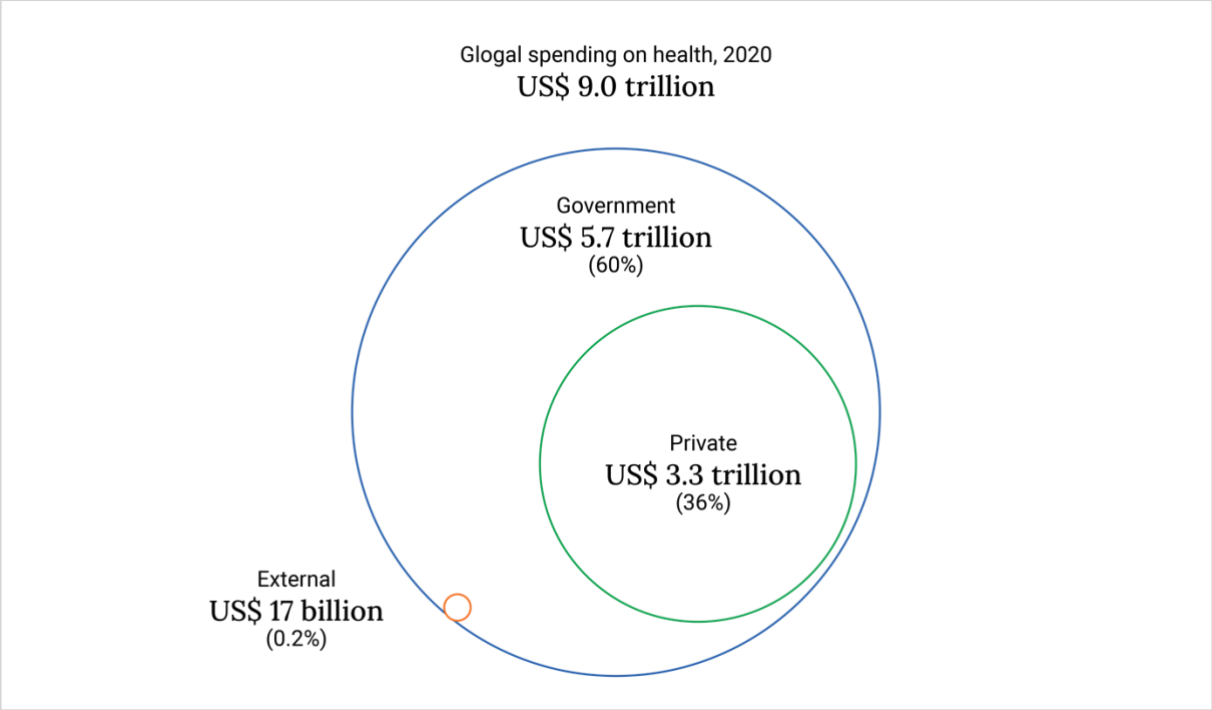
2. Health Financing: An Overview

2.1 Health Financing in Practice

Health financing is a core function of the health systems that can enable progress towards UHC by improving access to quality health services and financial protection. Effective and sustainable health financing systems contribute to (a) raising sufficient resources to finance health services, (b) setting appropriate financial incentives for health providers and patients to provide and consume health services, (c) ensuring value for money of investments, and (d) providing financial protection to prevent household catastrophic spending and impoverishment because of spending on health.[8]

The health sector accounts for a large share of the global economy, but additional financing is needed to meet the health SDGs. Global spending on health has doubled in real terms since 2020. The Global Spending on Health 2021 Report estimates that USD 8.5 trillion was spent on health in 2019, representing almost 10% of GDP, with high-income countries accounting for 80% of total health spending.[9] Development assistance for health (DAH) increased considerably in the last 20 years, and is critical to some low-income countries, but DAH accounted for only 0.2% of global health spending (Figure 1). Despite the high spending on health, additional resources for health are needed, especially in LMICs. The Global Monitoring Report on UHC in 2019 demonstrated that countries must increase spending on PHC by at least 1% of their GDP if the world is to close coverage gaps and meet the health targets agreed upon under the SDGs.[10]

Figure 1: Global spending on health from public and private sources, 2020



Source: World Health Organization, 2022[11]

There are three core functions of health financing that interact to enable effective, equitable, and sustainable financing of the health system. Revenue raising is the process by which health systems raise funds from different sources, including the government, public insurance schemes, development assistance for health, private sector, and spending by households at the time of use of health services. Pooling of funds involves the accumulation and management of revenues pool risk equitably and efficiently across the population. Purchasing refers to the payment or allocation of resources to public and private health service providers and suppliers of commodities.[12] This can come in the form of recurrent expenditure and capital investments.

Recurrent expenditure and capital investments are two different types of spending in the health sector. Recurrent expenditure refers to the ongoing day-to-day costs of running and maintaining health services, such as salaries and wages of healthcare personnel, medical supplies, utilities, and maintenance of existing health facilities. Recurrent expenditure is necessary to keep existing health services running efficiently and effectively. On the other hand, capital investments are expenditures made on the purchase or construction of new health facilities or the upgrading of existing facilities. These include the construction of new hospitals or clinics, the purchase of new medical equipment, and the renovation of existing facilities. Capital investments are usually one-time expenditures that are aimed at expanding or improving health services, which can lead to long-term benefits for the health sector.

A range of stakeholders have a role and interest in health financing policy. Stakeholders involved in developing, implementing, and monitoring national health sector financing strategies include national and subnational public institutions, private sector, health professionals, civil society, and development partners. Table 1 provides an overview of stakeholders with a role and interest in health financing policy.[13]

Table 1: Stakeholders in health financing

STAKEHOLDERS	ROLE	INTEREST
Head of State	Contributes to setting overall vision for development, influences focus of policy dialogue, oversees implementation of economic and social policy.	Political impact of health sector policies and use of financial resources for health.
Parliament	Approves government budget, contributes to setting overall government policy direction, represents constituencies, holds government institutions to account through hearings and reviews.	Impact of health spending on the wellbeing and economic situation of constituencies.
Ministry of Finance	Informs wider economic policies, manages government budget process, provides guidance and allocations for development of annual sector budgets, transfers agreed budget amounts to ministries and government agencies, implements the public financial management (PFM) system, manages reporting of expenditure against budgets.	Impact of economic policy and government spending on employment and growth, budget execution, efficiency of health sector spending, and accountability of public funding.
Ministry of Health	Stewardship of health sector, translates national development plans into health sector strategies, advocates for additional government funding for health develops and manages approved health sector budget, regulates service delivery and procurement, reports on health system performance, coordinates implementation of donor funding for health, reports on health expenditure.	Effective, efficient, equitable, and sustainable development of the health system.

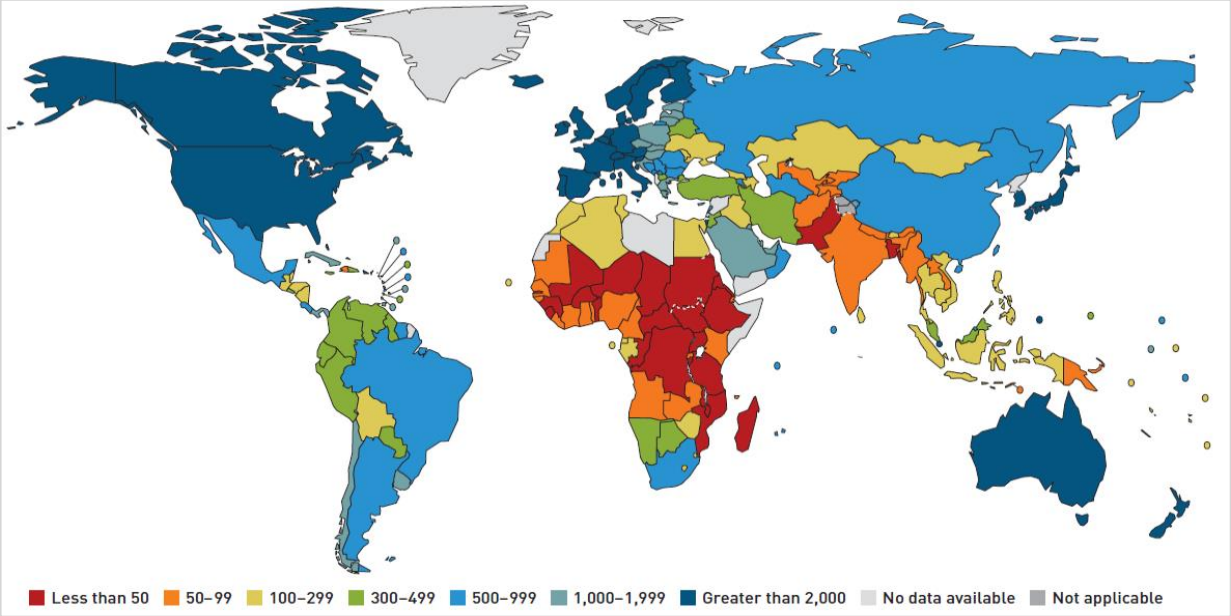
STAKEHOLDERS	ROLE	INTEREST
Subnational government institutions	Allocates and spends resources from the central government (and sometimes from subnational resources) in the subnational health system.	Adequate, stable, and timely financing from the central government, autonomy of resource allocation and decision-making.
Public sector managed insurance schemes	Implements government policy on health insurance, manages registration, premium collection, purchases health services from public and private providers.	Governance and regulation of health insurance, government funding for subsidies of premiums for targeted populations groups such as the poor and vulnerable, control of costs of reimbursing health providers and suppliers.
Private health providers	Offers outpatient and inpatient services in private clinics and hospitals, sells drugs and medical supplies in private pharmacies, reimbursed for health services and commodities through public and private health insurance schemes.	Purchasing arrangements and opportunities, access to training opportunities provided to public health facilities, collaboration with government through public-private partnership.
Health professionals	Delivers health services in public and private health facilities and through outreach programs.	Training of health professionals, health worker salaries and other financial incentives, working conditions, professional opportunities through continuous education and promotion.
Private insurance companies	Offers health insurance to the population through premium-based contributions.	Health insurance governance and regulation arrangements, opportunities for market growth, including expanding to workers and dependents in the informal economy.

STAKEHOLDERS	ROLE	INTEREST
Business sector	Contributes to overall economic growth, influences health workers salaries, pays for employer contributions to public and private insurance schemes.	Employment costs, worker health and productivity, accessing markets to sell drugs and medical supplies and equipment.
Civil society	Implementing partners (NGOs), representing communities, holding policy makers and government to account, engaging in budget advocacy and accountability.	Improved health care for the population, equitable and subsidized access to health for poorer and vulnerable groups, increased civil society participation in health policy decisions.
International actors	Provides funding and technical assistance through multilateral and bilateral organization, influences policy dialogue, contributes to setting and monitoring of internal health goals and commitments, such as the Sustainable Development Goals.	Impact and efficiency of use of international donor funding for health, progress on international commitments on health financing and UHC.
Households	Contributes financing to the health sector in the form of prepayment (income taxes, indirect taxes, and health insurance contributions depending on a country's health financing system).	Access to health services of good quality that will not lead to financial hardship because of high health care spending.

2.2 Challenges and Gaps in Health Financing

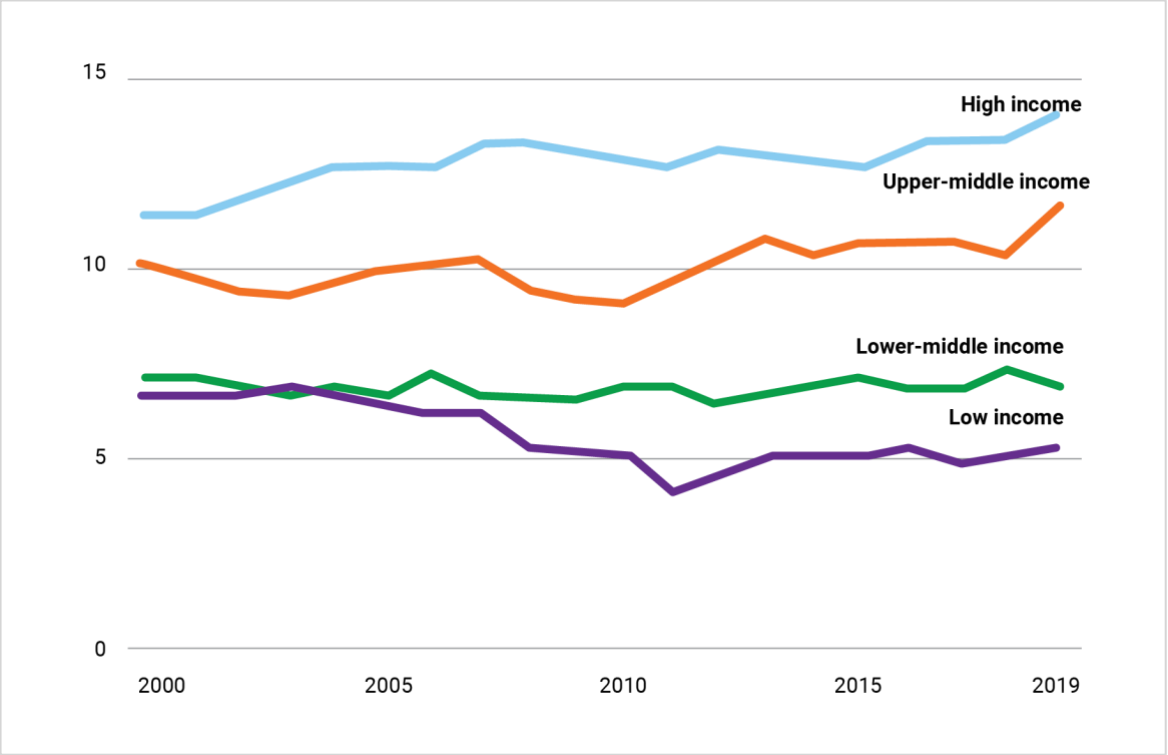
Raising enough funds for health is a challenge in many low and middle-income countries (LMICs). Of total global spending in 2019, high income countries accounted for 80%, compared to 17% for upper-middle income countries, 2.8% for lower-middle income countries and only 0.24% for low-income countries.[14] There are also considerable disparities in spending on health across countries (Figure 2). The health sector is not sufficiently prioritized by many governments in LMICs, which needs to allocate government resources across many competing sectors and priorities, compared to high-income countries (Figure 3). Ministries of health in LMICs often struggle to make the case for investment to ministries of finance, parliaments, and other key actors who influence allocation of government resources. Investing in health systems is especially important in the context of significant development challenges, such as ageing populations, climate change, health care for marginalized groups, and the increased risks of pandemics.

Figure 2: Total (public and private) spending on health per capita, 2019 (USD)



Source: World Health Organization, 2021[15]

Figure 3: Government spending on health as a % of total government spending by country income



Resources for health are not raised progressively and equitably. The total amount of resources available for health matters, but so does the way revenues are collected. The most progressive way of raising revenues for health are through income taxes since they provide an opportunity to redistribute funds from the better off to groups with less income. However, many LMICs struggle to raise income taxes. Tax revenue collection as a share of GDP is only 15-20% in LMICs compared to more than 30% in high income countries.[16]

High rates of out-of-pocket (OOP) spending puts many households at risk of incurring catastrophic and impoverishing health expenditure. Catastrophic health expenditure is defined as the proportion of households spending more than 10% of household income on health (SDG indicator 3.8.2 on financial protection).[17] In 2019, OOP spending accounted for more than 40% of total health spending in LMICs in 2019.[18] Impoverishing health expenditure is defined as the proportion of households pushed below the USD 1.90 per day poverty line. In 2017, 6.7% of households incurred impoverishing health expenditure. Also, structural changes in health financing mix can lead to transition finance gaps as countries move towards higher levels of per capita income, with increased reliance on out-of-pocket (OOP) payments and government spending.[19]

Weak financial protection against health expenditure is a result of low government health spending and limited social health protection mechanisms, such as health insurance. Financial protection depends on the ability to pool risks across the population and to provide subsidies for certain population groups that cannot afford to pay for health care. There are challenges to spreading risk across the population through cross-subsidies because of the size of the informal economy in LMICs, which makes it harder for publicly managed health insurance schemes to register members and collect revenues through premium contributions. Workers in the informal economy also have lower incomes and therefore reduced ability to pay for health insurance premium contributions. Countries that have managed to cover workers in the informal economy and their families have done so through significant government subsidies financed by tax revenues. The way that Thailand addressed this policy issue has received considerable international attention as a good practice example. In 2001, about 30% of the Thai population was still uninsured despite considerable efforts to increase population coverage. One of the main campaign promises of the party that won national elections in 2001 was to implement a Universal Health Coverage Scheme (UCS) to provide adequate coverage for all Thais. Rather than trying to cover the informal sector through voluntary health insurance (which is notoriously difficult in countries with large informal economies), coverage is financed through general tax revenues. The population only had to pay a co-payment of 30 Baht (about $1) to access health services (the UCS is often referred to as the 30 Baht scheme). Through the scheme, Thailand quickly achieved full population coverage and contributed to significant improvements in financial protection.[20]

There are considerable inefficiencies in the planning and use of resources for health. Weak planning and budgeting processes at national and sub-national levels can undermine efficient resource allocation and utilization. Besides, the World Health Report estimated that as much as 20-40% of health resources are wasted due to inefficiencies in the procurement and use of medicines, inappropriate and costly mix of health workers, inappropriate hospital size, and fraud and corruption.[21] In addition, alignment of purchaser-provider mechanisms within the health sector and need-based health resources allocation both need to be strengthened to maximize impact of investments.

2.3 Benefits of INFFs for Health Financing

Applying the INFF approach to health financing can contribute to increased and more coherent resource mobilization. INFFs can strengthen the way the health system is financed to support implementation of national health strategies to reach national health goals, help enhance consistency and alignment of all financing sources and mechanisms in support of health goals, and help countries bring together health, development, and finance actors. For example, the INFF approach provides a platform to encourage health budgeting and multi-year planning to be included in broader mechanisms such as Medium-Term Expenditure Frameworks (MTEFs). Also, with the help of the INFFs, countries can better think through the role and opportunities for health investment, including the private sectors.

INFFs can encourage a broader and better integrated approach to mobilizing resources for health. By providing ministries of health with a seat at the table, INFFs can strengthen integration of the health sector in national policy dialogue and resource allocation platforms, through for example, greater engagement with MOFs during the development of health financing strategies. INFFs can encourage consideration of the broader impacts of health investments to be incorporated into decision making by acknowledging the returns on investment that go beyond health improvements in the form of economic benefits (reduced absenteeism, increased productivity, increased savings and investment, etc.) and social benefits (social cohesion, political stability, etc.),[22] while also taking into consideration potential risks, costs, and benefits from a long-term perspective.

INFFs can stimulate thinking and action around synergies with other sectors. While health spending matters, health outcomes are influenced by many factors outside the health sector, for example water and sanitation, education, transportation, infrastructure, communications, etc. The inclusive and consultative nature of the INFF process can contribute to identifying opportunities for synergies and collaboration to maximize the impact of investments across sectors and development goals. For example, policy interventions in other sectors, such as green taxes and taxes on carbon, pollution, and particles, can have dramatic impacts on health outcomes.

3. Adopting an Integrated Approach to Health Financing

3.1 Assessment and Diagnostics

The assessment and diagnostics building block provides a critical foundation for the design and implementation of an INFF. This building block provides a picture of financing gaps and identifies key risks and bottlenecks, provides the starting point for formulating a country owned, integrated financing strategy, and sheds light on potential gaps in existing monitoring and review mechanisms. Key dimensions of health financing assessment and diagnostics are outlined below. Further information can be found in the INFF guidance documents for Building Block 1, which identifies four key elements to be completed during the assessment and diagnostics process: Financing needs assessment, Financing landscape assessment, Risk assessment, and Binding constraints diagnostic.

The financing needs assessment would identify financing gaps and identify opportunities for more effective financing. A financing landscape assessment should include costing of required health system inputs and analysis of available resources from the government and partners to identify financing gaps to be addressed by the financing strategy, linked to existing or on-going health sector strategic plannings. The financing landscape assessment should also highlight opportunities for increased, better aligned and more effective financing, and identify under-resourced priorities.[23]

Analysis of the levels, trends, and the composition of health spending provides a starting reference point for the financing landscape assessment. A thorough analysis of trends in health spending and investment from different sources can provide important insights and guide future policies and investments to make health systems more efficient, equitable, and sustainable. Health expenditure data is also essential to enhancing transparency and accountability and assessing progress on key health systems objectives and UHC goals, such as financial protection, equity in finance, equity in service use, distribution of resources, health service quality, health systems efficiency, transparency, and accountability. Table 2 presents key health spending indicators and their significance.

Table 2: Indicators on health expenditure and sources of finance

	INDICATOR	KEY CONSIDERATIONS
1.	Total expenditure on health	Gives an indication of the absolute amount of health spending in a country per population.
2.	Total expenditure on health as % of GDP	This indicates the level of health system expenditure within a country relative to that country's level of economic development.
3.	Government expenditure on health as % of GDP	This indicator reflects the combination of the fiscal capacity of the government and its commitment to health relative to other uses of public spending.
4.	Per capita government expenditure on health	This provides insight into the level of government spending on health.
5.	Government expenditure on health as % of total government expenditure	This is an indicator of the priority that government gives to funding health relative to other public expenditures.
6.	Government expenditure on health as % of total health expenditure	General government expenditure on health includes both central and local government tax-funded health spending, payroll tax-funded mandatory health insurance, and external revenues flowing through government.
7.	External resources for health as % of total health expenditure	This highlights the extent of dependence on external funding. It is useful to assess whether this dependence has been increasing or decreasing over time.
8.	Out-of-pocket expenditure as % of total expenditure on health	This indicator is of critical importance in assessing the extent of financial protection within a country.

Source: McIntyre and Kutzin (2016)[24]

Review core health financing functions and arrangements. The performance of the three health financing functions – raising revenues for health, pooling resources arrangements, and purchasing of health services, is critical to building an effective and responsive health system. A medium to long-term perspective should be taken when making short-term planning. Table 3 presents key questions to consider while assessing health financing functions to identify priorities and gaps that can be addressed in the health financing strategy.

Table 3: Assessing health financing functions

FINANCING FUNCTION	KEY QUESTIONS
Raising revenues	• Does revenue raising draw on international experience and evidence while tailoring to local context? • Does the scale of revenue match the financing need? • How predictable is public funding for health? • How stable is the flow of public funds to health providers? • To what extent are revenues raised in a progressive way? • Does the government use taxes and subsidies to affect health behaviors? • How different stakeholders are engaged, including the private sector?
Pooling revenues	• Does pooling revenues reflect international experience and evidence? • What is the capacity of the health system to re-distribute prepaid funds? • What measures exist to address problems due to multiple fragmented pools? • Are multiple revenue sources and funding streams aligned and harmonized? • What is the role and scale of voluntary health insurance in financing health care?
Purchasing	• Is payment of providers driven by information on population health needs? • Are provider payments harmonized to ensure coherent incentives for providers? • Do purchasing arrangements promote quality of care? • Do provider payment methods address over- or under-provision of services? • To what extent do providers have financial autonomy and are held accountable?

Source: WHO Health Financing Progress Matrix[25]

Conduct stakeholder mapping and political economy analysis. As described in Table 1, there are many actors and institutions with a stake and interest in health financing. A political economy analysis is a helpful tool to identify actors inside and outside government who might influence the overall process of implementing the health financing strategy.[26] Political economy analysis identifies key stakeholders, their position on the policy under analysis, and the power of each stakeholder to affect that policy. This process will also help to identify potential champions of the health financing strategy, and potential winners and losers of reforms, which can inform the design and implementation mitigating actions to ensure broad-based support,[27] and ensure that the right actors are engaged in the financing dialogues. For example, political economy analysis was applied during the design of a policy reform to increase and earmark taxes on alcohol and tobacco in the Philippines. The analysis identified tobacco growers as potential losers of the reform since increased taxes would reduce consumption of cigarettes and income of tobacco growers. Based on the findings of the analysis, a

mitigating action was designed whereby the government provided financial support to tobacco growers to enable them to transition from tobacco to other crops.[28]

The financing needs and landscape assessments supports the identification of financing gaps and highlights opportunities for increased, better aligned and more effective financing of under-resourced priorities.[29]

The objectives of the risk assessment are to strengthen governments' understanding of the risks to sustainable development financing, and to support the design of risk-informed financing strategies. Risks to sustainable financing of the health system include challenges that are common across sectors, such as the impact of economic shocks – and the government's capacity to collect taxes – on the overall resource envelope available to the government to finance the national budget. There are also risks that are specific to health systems. For example, the COVID-19 pandemic and recent natural disasters have demonstrated that the health system is increasingly vulnerable to emerging global health threats such as pandemics, food security, and events intensified by climate change, such as droughts and storms. Health financing strategies that do not consider the impact of potential economic shocks and natural disasters are not sustainable. The risk assessment should therefore consider options to reduce future disruptions from the costliest risks.

The purpose of the binding constraints diagnostic is to guide the identification of constraints that, if removed, would have the greatest impact on the country's ability to finance sustainable development. Findings can guide prioritization of policy reforms and action and, along with key financing opportunities identified in the financing landscape analysis, can help shape the focus of the financing strategy. The binding constraints diagnostic should be conducted through an iterative process drawing on insights and perspectives of key stakeholders in health financing (described in Table 1), which can be obtained through stakeholders and political economy analysis (discussed above) and other tools and processes. Binding constraints in health financing include available fiscal space for health, which is influenced by political will in the health sector and the ability to make the case for investment in health during the government budget and resource allocation process, dependence on external assistance for health (especially in low-income countries), the effectiveness of PFM systems, the effectiveness of the legal and regulatory framework, and the capacity to monitor progress and adjust policy and implementation as relevant.

Tools to support assessment and diagnostics to inform the development of a health financing strategy are described in Table 4.

Table 4: Tools for assessment and diagnostics

TOOLS	DESCRIPTION	INSTITUTION
Health Financing Country Diagnostic	Guidance to undertake a situation analysis of a country's health financing system and assess progress on UHC to inform the development of a health financing strategy, drawing on detailed insights into where the existing system is performing well or poorly and a diagnosis of the reasons why.	World Health Organization (WHO)[30]
Health Financing Progress Matrix	Standardized qualitative approach to assessing country health financing systems, including institutions, processes, and policies, benchmarked against good practice in context of UHC.	WHO[31]
Assessing fiscal space for health	Overview of the main methods used to project fiscal space for health in LMICs.	WHO[32]
Cross-Programmatic Efficiency Analysis	Framework to identify and correct inefficiencies across health programs that are part of each country's health system to detect "cross-programmatic" duplications, overlaps and misalignments.	WHO[33]
Analytical Guide to Assessing Mixed Provider Payment Systems	Analytical guide with questions to assess a country's provider payment system to identify options for better aligning the payment system with the objectives of UHC.	WHO[34]
UNICEF Public Finance Toolkit	A compendium of public finance analysis tools that can be used to analyse the adequacy, efficiency, effectiveness and equity of planned or existing spending to support evidence-based advocacy and programming; and identify bottlenecks in PFM systems and processes that constrain service delivery.	UNICEF
Health Financing Dashboard	Tool for countries to assess and diagnose their individual health financing profile, including the shifts in the sources of integrated finance mix over time, the top donors, the kinds of health financing, and comparison with other countries from the same income group.	OECD

TOOLS	DESCRIPTION	INSTITUTION
Health Emergency and Disaster Risk Management Framework	The Health EDRM Framework provides a common language and a comprehensive approach that can be adapted and applied by all actors in health and other sectors who are working to reduce health risks and consequences of emergencies and disasters. The Framework also focuses on improving health outcomes and well-being for communities at risk in different contexts, including in fragile, low- and high-resource settings.	WHO[35]

3.2 Financing Strategy

The financing strategy building block involves developing a vision and plan for mobilizing public and private investments to realize national development objectives. International experience shows that progress towards UHC needs both political commitment and a coherent health financing strategy to ensure that different aspects of the health system are aligned and coordinated to maximize health system performance.[36] A national health financing strategy can be developed as a sector strategy or as part of a broader national financing strategy linked to the national development plan. In both cases, health financing strategies could be developed through an inclusive process informed by evidence and ideally be considered within the broader context of overall national financing for development. Key considerations for designing and implementing a health financing strategy are discussed below. Further information can be found in the INFF guidance documents for Building Block 2, which identifies four key steps to be completed during the financing strategy development process: Establish scope and financing policy objectives (Step 1), Identify policy options (Step 2), Policy prioritization (Step 3), and Operationalization (Step 4).

Drawing on the findings of the diagnostics and assessment analysis, the first step is developing the scope and policy objectives to be achieved by the financing strategy. This articulates what needs are being addressed, specifies how financing gaps will be met, determines national vs. subnational focus, and sets key health financing principles such as public financing and pre-payment. It should also be clear which stakeholders are responsible for implementing specific policy objectives.

Leadership is essential in developing a health financing strategy that is supported by key stakeholders. A steering committee should be set up to guide and drive the process. It should include high-level decision-makers such as ministers and senior officials from government institutions and should have multisectoral participation to broaden the expertise and promote ownership of the process. It should have clear terms of reference and a timeline with key milestones. Experience suggests that it is important to include some full-time dedicated staff working under the guidance of the steering committee, get prepared for future adjustments, and push the strategy towards completion.[37]

Take a broad perspective when defining health financing priorities. The unit of analysis for a health financing strategy should be the entire national health system, not only a single component or a single scheme within that system. An effective health financing strategy should take a comprehensive view

of all functions, policies, linkages, and alignments across the health system, to identify a set of detailed objectives, and a prioritized set of actions that are well sequenced within a specified period.

Moving to identify options (step 2). A health financing strategy should be informed by regular consultations with relevant stakeholders. Civil society groups, non-governmental organizations, health care professional associations, academic institutions, development partners, health insurance bodies (where relevant), private sector representatives and sub-national level authorities should be consulted to strengthen the focus and content of a strategy, move it beyond largely technical content, and build ownership and support, which will be essential during implementation. Given the considerable impact of investments in other sectors (clean water, sanitation, education, etc.) on health outcomes, those sectors should be engaged and considered during the development of the health financing strategy.

Assess options for raising revenues from different sources using appropriate instruments. The feasibility of each financing option should be analyzed, given likely fiscal scenarios and global evidence of what does and does not work. For example, some analysts argue that there may be a role for what has been called “innovative financing for health” among the policy instruments. However, the evidence is mixed on the degree to which such instruments have managed to raise substantial financing for the health sector in LMICs. Options may include improvements to existing mechanisms as well as the introduction of new ones. Options that lead to increased reliance on public funding sources and pre-paid financing mechanisms (such as health insurance) should be prioritized since they are the most sustainable and equitable way to finance a health system. Table 5 presents different types of financing instruments and highlights potential advantages and disadvantages.

Policy prioritization (step 3) includes checks that the policy options align with good practice in terms of coherence, sustainability and risk. For example, they should support a move towards increasing levels of public financing, ideally through income taxes since they are more progressive than indirect taxes. They should encourage pre-payment as the primary means to finance the health system (such as through taxes and insurance contributions) as opposed to OOP spending by households at the time of using health services to reduce the risk of catastrophic and impoverishing spending on health.

Policy prioritization can take place in two phases: (i) coherence checks to make trade-offs and integration explicit, and (ii) assessment of preconditions and resource requirements to support sequencing of interventions. It is guided by explicit evaluation checks, toolkits, and templates, to ultimately support a decision on whether policy interventions can be implemented in the near term, and what longer-term efforts would need to be put in place. Examples of analysis of health policy options are included in table 5 below.

Table 5: Types of financing instruments

INSTRUMENT	DESCRIPTION	ADVANTAGES	DISADVANTAGES
	1. GOVERNMENT SOURCES		
Income taxes	Revenues collected from individuals based on their income with high-income households generally paying a higher share of their income than low-income households.	Stable source of revenue, generally enables wealth redistribution and cross-subsidies for health from high-income to low-income households.	Depends on the ability of the country to raise taxes, which is limited in many LMICs, because of weak capacity and a large informal economy.
Indirect taxes	Taxes that are paid at the point of purchasing a good or services, e.g., sales taxes.	Relatively easy to collect.	Regressive (low-income households pay a relatively larger share of their income than high-income households).
Other revenues	Revenues from natural resources and state-owned enterprises (SOEs).	Some countries raise considerable revenues through natural resources and SOEs.	Natural resources will eventually run out, raising sustainability concerns, and fiscal risks could be brought by SOEs.
Earmarked taxes	A certain amount or proportion of tax revenues are allocated to pre-defined health sector priorities and programs. Often linked to revenues from taxes designed to reduce behaviors harmful to health (e.g., consumption of alcohol, tobacco, and sugary drinks).	Safeguards/ringfences funds for prioritized health objectives, and improves public perception.	Not preferred by ministries of finance: not aligned with public finance principle that revenues should be allocated based on expected marginal returns at time of allocation.

INSTRUMENT	DESCRIPTION	ADVANTAGES	DISADVANTAGES
Public health insurance schemes	Public managed health insurance scheme that collects premiums from households in exchange for provision of health services. Governments generally pay for premiums for civil servants and employees of SOEs.	Pre-paid financing (as opposed to OOP financing), enables cross-subsidies from the rich to the poor, the employed to the unemployed, and the healthy to the sick.	Public health insurance schemes cover a small proportion of the population in many LMICs.
2. PRIVATE SOURCES			
Insurance contributions	Contributions to public and private insurance schemes.	Pre-paid financing as opposed to OOP financing.	Private insurance schemes do not enable risk pooling.
Out-of-pocket spending	Spending at health facilities or pharmacies by households at the point of service.	Payment generally leads to provision of health services to the patient.	Inequitable form of financing, with no pooling and increasing risks of catastrophic health spending.
Private sector financing	Includes loans, equity, or other forms.	The SDG-aligned investment areas can both create opportunities for the private sector investors and provides financing for health sector.	Often fragmented and uncoordinated, not necessarily supporting national health priorities.

INSTRUMENT	DESCRIPTION	ADVANTAGES	DISADVANTAGES
3. DEVELOPMENT ASSISTANCE FOR HEALTH			
Grants	Funds awarded to a country for a specific project, where no repayment is required. For example, WHO has been partnering with donors like the EU to work towards universal health coverage.	Increases financing for health sector, especially important in low-income countries, finances health programs that may not be a priority of the government.	Increases dependence on external financing, threatens sustainability of the health system, especially in countries transitioning from donor financing.
Debt financing and debt reduction	Borrowed funds, to be repaid at later date, usually with interest. Ranges from simple loans to more complex results-based debt financing.	Increases financing for health sector, often at favorable interest rates.	Increases public debt, may finance priorities of donors that may not always be aligned with national priorities.
4. BLENDED FINANCING			
Blended financing	Complementary use of grants and non-grant financing from private and/or public sources.	Increases financing for health sector on terms that may increase financial viability and sustainability of projects.	Increases public debt, may increase fragmentation of health financing.

Prioritization considers inherent trade-offs and externalities in policymaking, ultimately weighing up costs and benefits of policy choices, and exploring creative solutions to overcome impediments by combining policy options, instruments, and regulations. It is crucial to ensure that all actors with a stake in health financing participate in the policy prioritization process, which will benefit from moderated discussions that ask key questions about the financing strategy and its implications.

In addition to securing additional resources to finance the health system, a strategy can prioritize options to improve value of money by removing inefficiencies and expanding impacts. Improvements in budget execution, including the timely release of funds in line with approved budgets, should enhance predictability in the flow of public revenues to the health sector. Inefficiencies may exist in procurement and use of medicines, inappropriate and costly mix of health workers, inappropriate hospital size, and fraud and corruption. In some countries, there are also considerable cross-programmatic efficiencies.[38] Even when specific health programs are managed well, they may duplicate or misalign responsibilities with other programs or with the rest of the health system, which can impose high costs when viewed from a wider perspective.

Prioritization also involves engagement between ministries to ensure that proposed options are realistic and feasible. This is an essential part of the coherence checks. Ministries of health and finance can engage to build understanding of concerns and priorities in developing, implementing, and monitoring the national health budget. Ministries of finance can provide data and estimates of past, current, and projected revenue sources, both domestic and external. Ministries should ensure that the proposed policies to finance the health system are coherent, realistic, and feasible given institutional capacities and resource constraints.

The final step of the process (operationalization) is to formulate a health financing strategy to guide national efforts to mobilize public and private resources for national priorities in an equitable and sustainable manner. This strategy should answer key questions. Which actions need to be taken to achieve the expected policy outcomes? What timeframe should be applied to the policy measures? Ideally, the financing strategy should include policy measures for the short term (1-2 years), medium term (2-5 years), and long term (more than 5 years). How should policy measures be sequenced to achieve maximum impact on investments? Finally, who should be responsible for implementation? The operationalization process should also include a road map for implementation of the strategy with milestones and clearly defined responsibilities.

Box 3. Role of private finance for healthcare in low-income countries

Private finance can play a significant role in healthcare in low-income countries, particularly in areas where public healthcare services are limited. Here are some of the ways private finance can contribute to healthcare in low-income countries:

1. Increasing access to healthcare: Private finance can be used to establish private hospitals, clinics, and other healthcare facilities, which can increase access to healthcare services in low-income countries. These facilities can also offer services that may not be available in public healthcare facilities.

2. Improving healthcare quality: Private finance can also be used to upgrade the infrastructure, equipment, and technology of healthcare facilities, which can improve the quality of healthcare services. Private providers often compete with public providers, which can lead to improved quality of care for patients.

3. Filling gaps in healthcare services: Private finance can also fill gaps in healthcare services that are not provided by the public sector. For example, private providers may offer specialized services, such as infertility treatment, that are not provided by public healthcare facilities.

4. Financing healthcare innovation: Private finance can also be used to finance healthcare innovation, such as new treatments, drugs, and medical devices. This can lead to improved healthcare outcomes for patients.

However, it is important to note that the role of private finance in healthcare in low-income countries should be balanced with efforts to strengthen public healthcare systems. Private finance should not replace public investment in healthcare, but rather complement it. Additionally, the regulation of private healthcare providers should be strengthened to ensure that they provide quality care and do not exploit vulnerable populations.

An advocacy strategy should support the health financing strategy and make the case for investment in health. An important tool to advocate for increased financing is an investment case. An investment case can demonstrate the full range of benefits of providing sufficient resources to finance the health system. Investment in health system yields not only health benefits through improved health and nutrition outcomes, but considerable economic and social returns on investment. Articulating these narratives is especially relevant to building broad support and informing decision makers such as politicians and ministries concerned with economic and societal policy issues. The preparation of an investment case needs to consider the technical level and the policy level – countries that have engaged at the political level have been more successful in making their case for investment in health. A strong investment case should position health in government agendas and resource allocation processes.

Tools to support development and advocacy for a health financing strategy are described in Table 6.

Table 6: Tools for developing and advocating for a health financing strategy

TOOL	DESCRIPTION	INSTITUTION
Health Financing Strategy Development: Reference Guide	Presents an outline for a health financing strategy, highlighting the different aspects of health financing policy that need to be analyzed and addressed by countries.	WHO[39]
Health Financing Policy: The Macroeconomic, Fiscal, and Public Finance Context	Outlines the key components of the macroeconomic, fiscal, and public financial management context that need to be considered for an informed health financing discussion at the country level.	World Bank[40]
Guide to Effective Results-Based Financing Strategies	Diagnostic tool that provides a set of structured questions and frameworks to guide practitioners interested in using results-based financing (RBF).	World Bank[41]
Fundamentals of Harnessing Private Capital for Universal Health Coverage	Guide to build a foundational understanding among public officials as to the key concepts around harnessing private investment to achieve the UHC agenda.	Joint Learning Network (JLN) for UHC[42]
OneHealth Tool	Software tool designed to inform national strategic health planning in LMICs.	WHO, UN Inter-Agency Working Group on Costing[43]
Developing investment cases for transformative results	Guide on how to develop a national investment case, including how to estimate the cost of the investment using standardized tools, how to develop investment scenarios to estimate impact of the investment, and how to use the investment case in national advocacy efforts.	UNFPA[44]

3.3 Monitoring and Review

The monitoring and review building block considers how to track progress and draw lessons for policy design and implementation. This building block lays the foundation for increased accountability, provides a basis for transparent dialogue among governments and their partners, highlights the importance of systems for collecting and using relevant data and supports effective implementation of other INFF building blocks. The monitoring and review process should be based on existing national systems and platforms and should empower and engage all key stakeholders, including communities. Key aspects of health financing monitoring and review are presented below. Further information can be found in the INFF guidance documents for Building Block 3, which identifies two key steps to be completed during the monitoring and review process: Establish the baseline (Step 1) and strengthen existing systems, close gaps if needed (Step 2).

A health financing strategy should include a monitoring and evaluation plan to learn from the implementation process, ensure public accountability, and enable incremental improvement. This should not be a one-off exercise but an ongoing and systematic process that accompanies the implementation process and is linked to existing national planning and budget systems. The health financing strategy should also specify indicators and targets for each of the objectives and reforms, that can be tracked over time to monitor progress. These should include objectively verifiable, quantitative indicators that are assessed on a routine basis at least annually.

Establishing the baseline requires collecting data and information on data quality and capacity. Key data includes the most recent available data on monitoring plan indicators including health accounts (Table 2), health insurance coverage and household financial protection indicators such as catastrophic and impoverishing expenditure. In addition, the baseline assessment should consider roles and responsibilities for monitoring health financing implementation and analyzing data quality and capacity issues.

Based on the baseline analysis, the second step is to fill any data or capacity gaps, drawing on established good practice in the field and country examples. This process will involve identification of opportunities for integration of existing data systems and increased use of digital health solutions and developing regional and global knowledge-sharing platforms to share approaches and lessons learned in the implementation and monitoring of health financing strategies.

Tools to support monitoring and review of health financing strategies are described in Table 7.

Table 7: Tools for monitoring and review of health financing strategies (to complement national sources)

TOOL	DESCRIPTION	INSTITUTION
Global Health Expenditure Database (GHED)	Provides comparable data on health expenditure for 192 countries in 2000-2019 based on an internationally standardized methodology (National Health Accounts).	WHO[45]
Measuring Health System Efficiency in LMICs: A Resource Guide	Gives a brief overview of concepts and principles of efficiency, and provides a framework for identifying and measuring efficiency in a practical way.	JLN for UHC[46]
Tracking Universal Health Coverage: 2021 Global Monitoring Report	Provides global and country-level data on service coverage and financial protection to monitor SDG 3.8.1 and 3.8.2.	WHO & World Bank[47]
Global Monitoring Report on Financial Protection in Health 2021	Report providing global and country-level data on financial protection, including data on catastrophic health spending and impoverishing health spending.	WHO & World Bank[48]

3.4 Governance and Coordination

The governance and coordination building block emphasizes the importance of strong political commitment, integrated with the national planning and financing systems, and broad-based country ownership. This building block guides the entire INFF process, strengthens collaboration across the government, encourages multi-stakeholder participation, enhances coordination with development partners, and contributes to country ownership and leadership. Key considerations of health financing governance and coordination are discussed below. Further information can be found in the INFF guidance documents for Building Block 4.

Key steps include:

- Step 1: Identify and assess existing governance arrangements.
- Step 2: Enhance coherence of existing governance arrangements, close gaps if needed.

A financing strategy should be embedded within and help to strengthen health financing governance arrangements. Based on a review of existing governance and coordination mechanisms, the strategy should include recommendations on any needed changes in the roles of institutions at both central and decentralized levels, any changes to laws and regulations required to support implementation of the strategy, and actions to improve transparency and accountability in the sector, including greater beneficiary participation and awareness. Governance is strengthened by ensuring that strategies and polices are supported by effective oversight, regulation, and effective accountability mechanisms.[49]

Public financial management is an important component of governance and accountability. The public financial management (PFM) system includes the rules, institutions, and processes that govern the use of public funds. The PFM system has an important impact on the level and allocation of public health funding, the flexibility with which funds can be used, and the way health sector results are accounted for. The PFM system provides the health sector with a domestic, integrated platform to manage resources coming from all sources and across national and subnational entities.
PFM systems can contribute to larger budget allocations for health by justifying ongoing advocacy for enhanced budget allocations for the health sector, more effective donor coordination and progressive use of country PFM systems, enhanced budget execution and alignment with goals of improved service delivery, and stronger internal controls, oversight, and accountability for health expenditure.[50]

Effective mechanisms are critical for coordinating and aligning funding from donors and technical agencies. International donors and technical agencies are key partners to the government through their financial and technical support for specific health programs and for the broader health system. However, in many LMICs international support is often fragmented and uncoordinated. In some countries, financial and technical support is not aligned with national health priorities and health sector plans and does not support and build national systems for planning, implementation, and monitoring. However, some countries have developed effective mechanisms to ensure better coordination and alignment. For example, the Rwanda government has developed tools and processes to retain national control of its own health policy while benefiting from foreign insight and technical assistance. Tools and processes have been developed to ensure that development partners align with and support a nationally led health such as a quarterly meeting chaired by the Ministry of Finance and Economic Planning to assess the quantity and quality of donor funding for health and semi-annual Joint Health Sector Reviews (JHSRs) co-chaired by the MOH and a leading health development partner to assess joint progress toward health objectives.[51]

Accountability will be strengthened by ensuring public availability of national budgets, and key health financing and expenditure data and information. Transparency of the use of public funds is essential to foster accountability of government representatives and officials to the population for public money. Effectiveness and efficiency in turn build trust in society. Transparent reporting on budget development and implementation supports more responsive and equitable public policies. Full disclosure of budget and expenditure data in a timely and systematic manner is a key tool to strengthen accountability for public spending.

Tools to support governance and coordination of health financing strategies are described in Table 8.

Table 8: Tools for governance and coordination of health financing strategies

TOOL	DESCRIPTION	INSTITUTION
Voice, agency, empowerment — Handbook on social participation for universal health coverage	Tool to support creating, sustaining, and strengthening social participation through regular and systematic government engagement with the population, with communities, and with civil society.	WHO & UHC 2030[52]
Health budget literacy, advocacy and accountability for UHC: Toolkit for capacity-building	Toolkit to design trainings and capacity-building workshops for health budget literacy, advocacy, and accountability.	UHC 2030 & PMNCH[53]
Governance for Strategic Purchasing: Analytical Framework	Analytical framework for assessing a country's governance arrangements for the purchasing function to assist policymakers and policy advisors in determining how existing governance arrangements can be strengthened to support more strategic purchasing.	WHO[54]

Endnotes

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