SPARC
STRATEGIC PURCHASING AFRICA RESOURCE CENTER

RESULTS FOR DEVELOPMENT

Applying the Strategic Health Purchasing Progress Tracking Framework

A Toolkit

This toolkit provides step-by-step guidance on how to conduct a system-wide assessment of health purchasing by applying the Strategic Health Purchasing Progress Tracking Framework (the Framework). It is designed to support policymakers, researchers and anyone interested in improving health purchasing in their country to identify entry points and steps toward building more strategic approaches. The toolkit also documents resources and lessons learned from applying the Framework in more than 20 countries in Africa and Asia.

Strategic purchasing is deliberately directing health funds to priority populations, interventions and services and actively creating incentives, so funds are used by providers equitably and in alignment with a population's health needs. It is one way for countries to get "more for the money" they spend on health and make faster progress toward Universal Health Coverage.

ACKNOWLEDGEMENTS

This toolkit came about as a response to the growing interest in applying the Strategic Health Purchasing Progress Tracking Framework co-created by 11 African academic and research institutions through the Strategic Purchasing Africa Resource Center (SPARC). It is the product of many people's efforts, experiences and talents. We acknowledge the leadership of Cheryl Cashin, Managing Director, Results for Development (R4D), who led the design of the Framework and Benchmarks, and provided technical oversight in the development of this toolkit. Catherine Connor, R4D Senior Fellow, was the lead author. Agnes Gatome-Munyua, program director, R4D, was the technical lead and co-author. Seyni Mbaye, senior program officer, R4D, led the online survey. Rachel Gates Gessel, program analyst, R4D, managed the entire process. The Toolkit is greatly enhanced by all the videos and animations produced by Training Resource Group, Inc. Graphic and web design support was provided by the R4D Communications team (Katie Fly, digital communications manager and Leif Redmond, senior manager, strategic communications).

The team is indebted to the many experts in the field of health financing and strategic purchasing who were so generous with their time and insights applying the framework in their countries:

1. Stella Matutina Umuhoza, University of Rwanda, College of Health Sciences, School of Public Health Rwanda
2. Sven Engles and Nida Hameed, ThinkWell, Pakistan
3. Tseday Zerayacob, Ethiopia
4. Isidore Sieleunou, Research for Development International, Cameroon
5. Ryan Rachmand Nugraha, PhD Fellow at the University of Antwerp, Indonesia
6. Capucine Barcellona, Saw Swee Hock School of Public Health, National University of Singapore, Singapore
7. Otieno Osoro, University of Dar es Salaam, Tanzania
8. Suzan Makawia, Ifakara Health Institute, Tanzania
9. Uchenna Ezenwaka, University of Nigeria, Nssuka Campus, Nigeria
10. Eugenia Amporfu, Kwame Nkrumah University of Science and Technology, Ghana

We also acknowledge the experiences of researchers and partners through the Strategic Purchasing Resource Center for India.

We are grateful for the support of the Bill & Melinda Gates Foundation through Amref Health Africa.

Contents

What is the Strategic Health Purchasing Progress Tracking Framework?

https://vimeo.com/788732165

How strategic health purchasing accelerates country progress toward universal health coverage

Health purchasing refers to the transfer of pooled funds to health providers in exchange for delivering covered services. Purchasers can be either passive or strategic in how they transfer these funds. Passive purchasing implies following a predetermined budget or simply paying bills when presented without considering how to be more efficient in health spending. **Strategic purchasing is deliberately directing health funds to priority populations, interventions, and services, and actively creating incentives so funds are used by providers equitably and in alignment with a population's health needs.**

Terminology
"Purchasing" is the transfer of pooled funds to health providers. It is considered strategic when information is used to link resources to population health needs.

Many countries have made political commitments to Universal Health Coverage (UHC), but as of 2021 about 11% of the world's population lived in countries that spent less than US$ 50 on health per person per year.[1] Even some high-spending countries produce the same or worse health outcomes as countries spending far less per capita, according to indicators such as the UHC Service Coverage Index and infant and maternal mortality rates. Strategic purchasing of high-priority health care

1. WHO calls on governments for urgent action to invest in Universal Health Coverage. https://www.who.int/news/item/11-12-2023-who-calls-on-governments-for-urgent-action-to-invest-in-universal-health-coverage

services can be a powerful means for advancing UHC goals. Purchasing health care services more strategically means using evidence and information about population health needs and health provider performance to make decisions about which health services should have priority for public funding, from which providers those services should be accessible, and how and how much providers should be paid to deliver these services. Strategic health purchasing is generally accepted in the global health community as a critical lever to facilitate progress toward UHC within fiscal constraints.[2]

https://vimeo.com/718728778

What is the Strategic Health Purchasing Progress Tracking Framework?

The Strategic Health Purchasing Progress Tracking Framework is a practical framework and approach to understanding purchasing of health services. The Framework builds upon other strategic health purchasing resources[3,4,5,6] and combines the conceptual framing of strategic purchasing with practical guidance on describing and assessing purchasing functions systematically and in sufficient detail to inform policy decisions.

The Framework was co-created by a group of health financing researchers and academics through SPARC and focuses on the core purchasing functions of benefits specification, contracting arrangements, provider payment and performance monitoring. It incorporates factors that can either strengthen or weaken the power of purchasers to directly influence resource allocation and provider behavior.

---

2. Gatome-Munyua A, Sieleunou I, Sory O & Cashin C (2022) Why Is Strategic Purchasing Critical for Universal Health Coverage in Sub-Saharan Africa?, Health Systems & Reform, 8:2, DOI: 10.1080/23288604.2022.2051795

3. Cashin C, Nakhimovsky S, Laird K, Strizrep T, Cico A, Radakrishnan S, Lauer A, Connor C, O'Dougherty S, White J, et al. Strategic health purchasing progress: a framework for policymakers and practitioners. Bethesda ((MD)): Health Finance & Governance Project, Abt Associates; 2018. [accessed 2021 Sep 29]. https://www.hfgproject.org/strategic-health-purchasing-progress-a-framework-for-policymakers-and-practitioners/ .

4. Jowett M, Kutzin J, Kwon S, Hsu J, Sallaku J, Solano JG. Assessing country health financing systems: the health financing progress matrix. Geneva (Switzerland): World Health Organization; 2020. Report No: Health financing guidance, no. 8. [accessed 2021 Sep 29]. https://www.euro.who.int/__data/assets/pdf_file/0004/98428/E86300.pdf .

5. WHO. Governance for strategic purchasing: an analytical framework to guide a country assessment. Geneva (Switzerland): World Health Organization; 2019. Report No: Health financing guidance, no. 6. [accessed 2022 Feb 1]. https://www.who.int/publications/i/item/9789240000025.

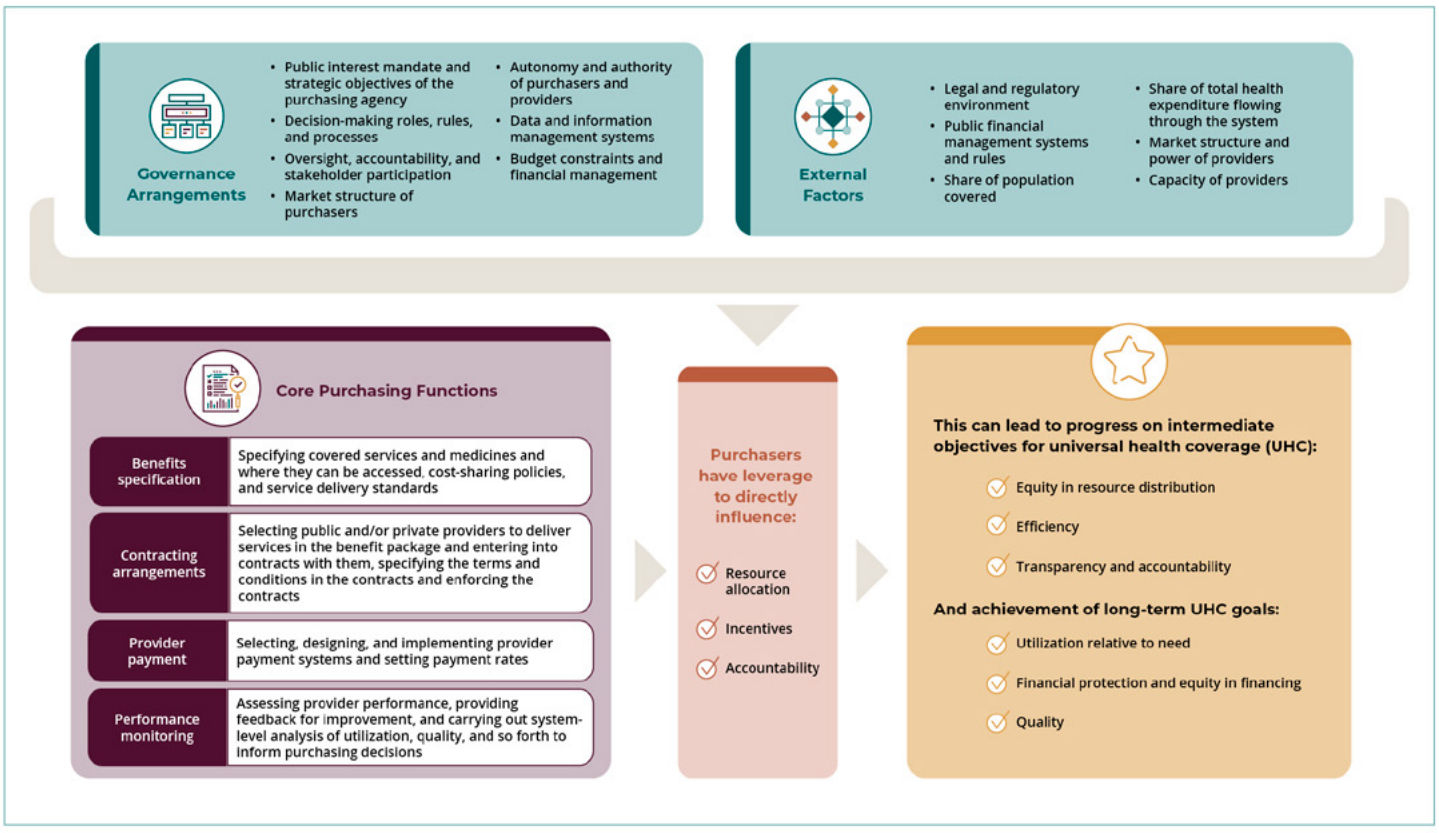
6. RESYST . What is strategic purchasing for health? Health financing research theme, Resilient and responsive health systems (RESYST). 2014. http://resyst.lshtm.ac.uk/sites/resyst.lshtm.ac.uk/files/docs/reseources/Purchasing20brief.pdf.

In many countries, there are multiple health financing schemes or purchasing agencies that channel resources to providers for delivery of health services. These may include the government budget channeled through Ministry of Finance or Ministry of Health, National or Social Health Insurance Agency, vertical health programs (for HIV&AIDS, tuberculosis, malaria, immunization, family planning), private health insurance or community-based health insurance. Providers may include different types of health facilities – primary healthcare facilities such as dispensaries, health centres, secondary or district hospitals and tertiary hospitals. Providers may have different ownership including government-owned/public, private, faith-based or non-government organizations. Rather than focus on any one individual scheme, we suggest applying the Framework in a way that describes how the purchasing functions are carried out across the most important health financing schemes in the country. When the Framework is applied in this way, it can provide a more complete picture of purchasing across health financing arrangements to identify areas of progress that can be built on and areas of fragmentation or overlap that need to be addressed.

Terminology

"The purchaser" and "purchasing agency" refers to any entity responsible for purchasing services on behalf of a population, including the Ministry of Health (MOH) in a supply-side budget system, a designated department within the MOH, a national or subnational health insurance agency, etc.

Figure 1: The Strategic Health Purchasing Progress Tracking Framework



Application of the Framework has shown the value of mapping purchasing functions across multiple health financing schemes to identify where strategic purchasing progress is more advanced and where it may be lagging. It has helped countries identify challenges—such as fragmentation and duplication of purchasing functions across health financing schemes—and prioritize policy actions.

For more information on the Framework, review this article by Cashin and Gatome-Munyua: https://www.tandfonline.com/doi/full/10.1080/23288604.2022.2051794

Listen to findings from countries that have applied the Framework:

https://vimeo.com/794432164

https://vimeo.com/788729707

Why use the Strategic Health Purchasing Progress Tracking Framework?

The Framework can support countries to:

- Take practical steps to improve purchasing incrementally, in a way that can be scaled systemwide and is not limited to marginal innovations or a single purchaser.
- Identify opportunities for improvement at the health system level across different purchasers through changes in national policies, health system institutions, and governance.
- Identify opportunities for improvement at the purchasing agency level through changes in provider payments, policies and governance, and operations.

How application of the Framework has informed health purchasing improvements

Spotlight on Rwanda

Rwanda is well known for its high insurance coverage through the **Community-Based Health Insurance scheme**, which covers about 93% of the insured population. In 2017 Rwanda began development of a Health Financing Strategic Plan (HFSP) for the first time. As part of the development of the strategy, there was an analysis of health financing functions, including purchasing. The strategy highlighted some of the gaps in purchasing but not enough to know how to address them.

In 2019, University of Rwanda School of Public Health was one of eleven partners that co-developed the Strategic Health Purchasing Progress Tracking Framework. Applying the Framework in Rwanda was motivated by the interest to implement the HFSP. Through a country-led partnership between the University of Rwanda School of Public Health, the Ministry of Health and the Rwanda Social Security Board (RSSB), the three stakeholders led by University of Rwanda School of Public Health applied the Framework including the data collection, analysis and dissemination of findings. The assessment included the government budget, Community-Based Health Insurance and the RSSB medical scheme.

The assessment [7] found that Rwanda has made **progress in many areas** of strategic health purchasing, such as consolidating purchasing functions under the RSSB, having a purchaser-provider split, contracting providers and monitoring of provider performance and quality of care. This has led to better access to care, more financial protection for citizens, and overall better health outcomes.

However, there are some areas for further improvement revealed during the application of the Framework such as overlaps and duplication of functions across health financing schemes, as well as financial sustainability challenges in the Community-Based Health Insurance scheme due to open-ended fee-for service payment.

As a result of applying the Framework as a collaborative learning process, Rwanda policymakers began working on several incremental improvements:

- The process to adjust the Health Benefit Package was not evidence-based in the past, therefore a committee was put in place to develop criteria for inclusion of services

> *Everyone was very surprised with the level of detail of the findings and how well they mirrored current purchasing practice. Policymakers were eager to participate in efforts to respond and address the findings.*
>
> Stella Matutina Umuhoza MPH, MSc

7. Umuhoza SM, Musange SF, Nyandwi A, Gatome-Munyua A, Mumararungu A, Hitimana R, Rulisa A, Uwaliraye P. Strengths and weaknesses of strategic health purchasing for universal health coverage in Rwanda. Health Syst Reform. 2022;8:e2061891.

in the benefit package, and the University of Rwanda School of Public Health led the technical analysis to determine how to cover care for 67 cancers.
- A technical working group was established to oversee the design of a capitation model for primary healthcare services, which was adapted to the Rwandan context.
- Policymakers are also revising the relevant M&E and policy frameworks for provider payment to ensure the process of review of provider payment is free of any real or perceived conflicts of interest.

Rwanda continues its journey to improve purchasing to improve efficiency and resource allocation and ultimately to make progress on coverage goals and financial protection of its citizens.

Introduction to the Toolkit

Why did we create this Toolkit?

- Respond to requests to make the Strategic Health Purchasing Progress Tracking Framework more widely accessible.
- Create a common public good for the health financing and health policy community to improve strategic health purchasing in their countries.
- Enhance the quality of future applications of the Framework through lessons from country experiences.
- Build a more harmonized global understanding of health purchasing schemes using a common methodology.

Existing conceptual frameworks for strategic purchasing — including those from the World Health Organization, Research for Resilient Health Systems (RESYST) and others — have facilitated high-level advocacy and policy dialogue, and they have framed research and analytical work to describe and understand countries' purchasing arrangements. What has been missing is a framework and approach that combines the conceptual framing of strategic purchasing with practical guidance to describe and assess purchasing in sufficient detail to inform policy.

To fill this gap, the Strategic Purchasing Africa Resource Center (SPARC) built on existing frameworks and focused on the core purchasing functions of benefits specification, contracting arrangements, provider payment and performance monitoring. The resulting Strategic Health Purchasing Progress Tracking Framework provides a practical approach to understanding purchasing and explores factors that can either strengthen or weaken purchasers' power to directly influence resource allocation and provider behavior. Between 2019 and 2022, the researchers, with support from Results for Development (R4D), applied the Framework in ten African countries. In 2023, the toolkit was adapted for use by the Southeast Asia Regional Collaborative for Health (SEARCH) and applied in another 10 Southeast Asian countries. And it continues to be applied in other countries by other researchers globally.

[Animation 2: Tour of the Data Synthesis and Analysis Tool]

This toolkit explains the rationale for the Strategic Health Purchasing Progress Tracking Framework and provides step-by-step guidance on how to apply it. The purpose of the toolkit is to provide guidance for a system-wide assessment of purchasing; and identify entry points and foundational steps to build toward more strategic approaches to purchasing. The Toolkit also documents lessons and resources from the Framework's application in more than 20 countries in Africa and Asia.

Who is the Toolkit for?

This is an open-source resource that can be used by researchers, academics, policymakers and anyone interested in improving health purchasing in their country and learning more about strategic health purchasing. The primary audience is research or technical teams interested in applying the Framework, learning more about strategic health purchasing, and/or contributing their knowledge and experience in strategic health purchasing. These research teams may include academics, researchers, health financing experts or policymakers interested in understanding purchasing in their countries.

The Toolkit assumes that users have a basic understanding of health financing. This toolkit is not intended as a health financing course, but as an adjunct for research teams applying the Framework in their countries.

Who are we?

The Strategic Purchasing Africa Resource Center (SPARC) is a resource hub incubated by Results for Development (R4D) and hosted by Amref Health Africa. SPARC aims to generate evidence and strengthen strategic health purchasing in Africa to enable better use of health resources. As the core technical partner, R4D facilitated eleven technical partners affiliated with SPARC to create a framework to understand strategic purchasing, and track progress in strategic health purchasing. The Framework was applied in ten African countries to facilitate dialogue on what drives progress and to promote regional learning. Since the initial application of the framework by SPARC, it has been adapted for use in ten countries in Southeast Asia by the South East Asia Regional Collaborative for Health (SEARCH) at the Saw Swee Hock School of Public Health – National University of Singapore.

How to apply the Framework to improve health purchasing

In this section, we provide guidance to apply the Framework through four steps:

1. Planning and preparing
2. Data collection
3. Data analysis and validation
4. Sharing findings for decisions and actions

Because the goal is to use the results to improve purchasing, each step includes techniques to engage decision-makers.

The four steps are presented as a linear sequence, but you will go back and revisit/revise some steps. These are flagged with a return arrow. For example:

- In Step 2 after collecting data on the purchasing power of several purchasers, you may find you missed a significant purchasing agency, go back and add another purchaser to the Data Synthesis and Analysis Tool and invite its leadership to the stakeholder group established in Step 1.
- In Step 3 you may realize you need to go back and seek additional data and clarifications (Step 2) on how providers are contracted to reach conclusions on the provider payment method.
- Your initial presentation of findings in Step 4 may yield suggestions for further analysis (Step 3).

1. Planning and preparing

By the end of Step 1 you should have:

1. A description of how the Framework will be applied in your country including the purpose, breadth (number of purchasing agencies expected to be included), timeline and a plan for which stakeholders will be involved and how. The description could be in the form of a concept note, terms of reference (ToR) or work plan.
2. Engaged key stakeholders to guide the process and promote use of the findings.
3. Official authorization to collect data and/or ethical approval/waiver if you intend to publish your findings.
4. Begun to edit the Data Synthesis and Analysis Tool (Excel file) to reflect your country context.

1.1 Stakeholder Engagement

Why is stakeholder engagement important?

Many stakeholders can use the findings to improve health purchasing including, but not limited to, the Ministry of Health, Ministry of Finance, heads of each purchasing agency, regulators, service providers and other country stakeholders responsible for the performance of the purchaser. In addition, official authorization is typically required to collect data and interview key informants.

How do you engage policymakers and decision makers?

How do you get their attention and support?

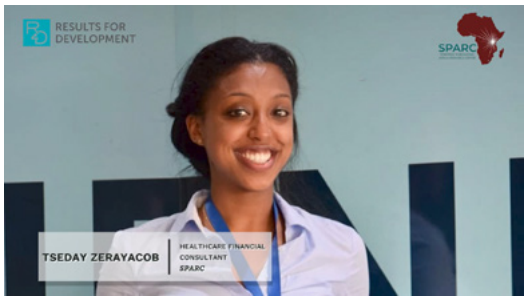
> *"[This] exercise needs to be framed as helping them to ultimately achieve their own objectives and meet their needs."*
>
> Learning Collaborative in India 2021

- By linking the application of the Framework to intermediate health system goals of equitable resource distribution, efficiency, incentives for accountability, transparency and quality care, and larger policy goals of universal health coverage (UHC).
- By assuring them that the purpose is to improve health purchasing and bring stakeholders together to depoliticize discussions on resource allocation. It is not an academic exercise, nor is the Framework an evaluation or judgement of their skills and capacities.
- By understanding their priorities for the health sector and health purchasing and identifying entry points into ongoing policy cycles. For example, a planned review or health sector evaluation or assessment, or a new design or redesign of a health financing mechanism. The findings from the Framework can feed into a national health strategic planning cycle or provide inputs into the development of a health financing strategy.
- By helping them appreciate how health care services are purchased and that purchasing is a powerful instrument that can help address health system priorities and further progress towards UHC.

PRO TIP: African countries that applied the Framework engaged policymakers right from the start by making the process a collaborative learning exercise. They incorporated policymakers and decision makers in their research teams which facilitated access to data and key informants. In Ethiopia, policymakers from the Ethiopian Health Insurance Service and Federal Ministry of Health were trained on strategic purchasing to create a harmonized understanding of purchasing and the terminologies used in the Framework.

Read more about how they jointly applied the Framework here: https://www.tandfonline.com/doi/full/10.1080/23288604.2022.2051793

Learn more from other experts who applied the Framework in their countries:



Tools for Stakeholder Engagement

To ensure the success of the process, we encourage a high degree of engagement with stakeholders, and suggest incorporating stakeholders such as representatives from Ministry of Health and Finance and/or National Health Insurance Agencies in the study team. Alternatively, you may incorporate stakeholders in an advisory group that helps to validate your data collection tools, data analysis and summarizing findings. How can you promote engagement?

Below are methods used in previous applications of the Framework:

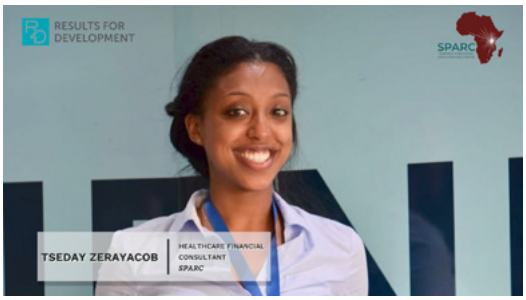
- Stakeholder mapping to identify the strategic health purchasing priorities of specific stakeholder groups such as providers, regulators, policymakers and consumer advocates, which may be different from official policy. In other words what problem(s) do they hope strategic purchasing will solve? Even if these perspectives were considered during the original design of the purchasing functions, priorities may have changed or the implementation may not be succeeding in practice.
- Incorporating practitioners from the Ministry of Health and National Health insurance Agencies in the research team who can became champions for the use of the study findings.
- Drafting concept notes that explain the purpose and scope of the assessment in your country. Be prepared to welcome feedback and revise the concept note. The scope includes the number of

purchasing agencies and depth of analysis, reflecting the time and funding available.

- Inviting them to in-person 1:1 meetings that generate interest to participate.
- Sending emails, memos or letters of introduction to directors of purchasing agencies explaining the purpose of the assessment and addressing sensitivities around collecting detailed financial and performance data. An official communication from a high-level authority should explain that the assessment is a learning experience (not an evaluation) and provide clear authorization/ permission/encouragement to cooperate/participate.
- Hosting meetings, workshops, retreats and other events during the planning step, for example meetings to collaboratively define the purpose of the assessment.
- Signing a Memorandum of Understanding to ensure a country-led process
- Establishing one or more stakeholder groups to oversee the process

Stakeholder engagement is a continuous process throughout the assessment and the research team will find themselves coming back to stakeholders to validate the final objectives of the study, the health financing schemes to be included and the findings from the study. In the planning step of the assessment, the research team will have clarified the objectives of the study incorporating the views of the stakeholders and ensuring stakeholders have a clear understanding of what is expected from the assessment and how the results will be used.

Learn more from other experts who applied the framework in their countries:



1.2 Organizing the research team

Preparation will include organizing groups and individuals with clear roles and responsibilities to guide and support the assessment. Based on previous Framework applications, Table 1 identifies key functions or roles (the 'what') and options for 'who' can be responsible for them. These roles are recommended to enhance the quality and impact of the Framework findings.

As with any multi-stakeholder endeavor, there can be trade-offs in terms of the research team size — a small cohesive group may make decisions quicker as compared to a larger, but more inclusive group, that takes longer to reach consensus but reflects more diverse perspectives.

Table 1: Options for organizing roles for the application of the Strategic Health Purchasing Progress Tracking Framework

Function/Role	Tasks	Options for who might be responsible
Decision-makers Policy makers	- Define the objectives of the exercise, how the data will be used - Provide direction, authorization, permission, and/or encouragement to key informants to participate - Be the audience for the outputs of the exercise - Be accountable for using the findings	Advisory group, Technical Working Group, or similar comprising: - Government authorities from MoH, regulatory agency, legislative committee - Purchasing agency managers
MOH champion *The MoH champion may or may not be a member of the Research Team*	- Facilitate agreement on purpose, scope and timeline - Help secure formal authorizations for entire exercise and especially data collection - Schedule, facilitate and document meetings - Assist with data sources - Facilitate agreement on data sharing, security and confidentiality - Promote a culture of collaborative learning - Organize learning experiences on strategic health purchasing and related topics	- Secretariat of the Decision-maker group (see above) - Implementors of the Framework (see below) - Academic or consultant with relevant skills - Staff from an MoH department or relevant agency (e.g. insurance regulator)
Research team who implements the Framework	- Coordinate communications between and across groups, e.g., manage one or more WhatsApp groups - Draft concept notes, ToRs, SOWs for application of the Framework and revise to reflect feedback from decision-makers and other stakeholders - Execute decisions regarding the process agreed to with the decision-makers - Promote a culture of collaborative learning - Participate in learning experiences on strategic health purchasing and related topics, for example by providing technical orientations, materials or presentations - Adapt the Framework tools to the local context - Collect and analyze the data (Step 2-3) - Present data and findings to decision-makers and other audiences (Step 4)	- Academic institution with relevant expertise - Consultant(s) with relevant expertise - Technical assistance partners - MoH department for performance monitoring or policy analysis - Staff within the purchasing agency
Research team lead/principal investigator	- Leads the research team and has overall responsibility for the quality of the assessment - Lead the stakeholder consultations on behalf of the research team ensuring buy-in of senior leadership within the Ministry of Health and purchasing agencies - Ensures all approvals have been obtained prior to data collection, including necessary ethical approvals - *May also perform or support some coordination tasks of the MoH champion*	- One or two individuals may be designated as the team leads and may be regarded as the principal or co-principal investigators

External peer reviewers	- Health financing experts provide technical review of the research team's data and findings	- Health financing experts (not from research team)
Funder	- Cover the cost of applying the Framework	Ministry, foundation, donor
Audiences *In addition to decision-makers*	- Receive the outputs (results, findings) of the exercise and respond with their perspectives - Be motivated to participate in efforts to make purchasing more strategic	- Provider representatives such as professional associations - Consumer representatives - Funder(s) of the Framework application

PRO TIP: In Ethiopia, a technical working group was formed with terms of reference to lead the assessment. The technical working group included representatives from Federal Ministry of Health, Ethiopia Health Insurance Service, and partners USAID-funded Health Financing Improvement Program, Clinton Health Access Initiative, and SPARC. Two coaches supported the technical working group to adapt the Framework and the data collection tools and to draft the assessment report. The technical working group members participated in data collection, data analysis and validation, and reviewed the assessment report.

1.3 Adapting the Data Tools

The Toolkit has two data tools: The Data Synthesis and Analysis Tool (Excel file) and the Data Collection Tool (Word file). Both tools will need to be edited to reflect which health financing schemes are selected for inclusion in the study, and the terminology used in the study country.

The Data Synthesis and Analysis Tool has 7 worksheets:
1. Worksheet 1) Introduction
2. Worksheet 2) Planning and Preparing
3. Worksheet 3) Purchasing Functions
4. Worksheet 4) Other capacities
5. Worksheet 5) Results Analysis
6. Worksheet 6) Benchmarks
7. Worksheet 7) Glossary

[Animation 2: Tour of the Data Synthesis and Analysis Tool]

The Data Collection Tool has all the questions in worksheets 2 – 6 from the Data Synthesis and Analysis Tool. We recommend you use the Data Collection Tool to enter the raw data you collect from document reviews and interviews because it can be difficult to enter and edit a lot of qualitative data in Excel. There will be one Data Collection file for each scheme included in the study.

[Animation 3: The Data Collection Tool]

Adaptation 1: Which purchasers to include

A major advantage of the Framework is that it aims to provide a system-wide view and describes how governance and purchasing functions are performing across multiple purchasing agencies in the

country (e.g., Ministry of Finance, Ministry of Health, sub-national finance or health agency, national health insurance, community-based health insurance, private health insurance, etc.). This provides a more complete picture of purchasing across the health system to identify areas of progress that can be built on and areas of fragmentation or overlap that need to be addressed.

Terminology
"Purchasing power" refers to the levers purchasers can use to influence resource allocation to high priority services and provider behavior to deliver high-quality services.

Many countries have numerous health financing schemes. **Which ones should be included?** Unless your funder or main stakeholder has directed you to focus on one or more specific purchasers, we recommend selecting those with the most purchasing power. The amount of health spending channeled through the purchasing agency determines its purchasing power. Purchasing power means the purchaser can influence which services are prioritized, which providers deliver them, how much providers are paid, the quality standards providers must meet, and the many other levers that can be brought to bear to help achieve universal health coverage objectives. When there are numerous purchasers, purchasing power is weaker and fragmented.

Begin by populating the Burgundy Box on Worksheet 2) Planning and Preparing with each health financing scheme you are considering for this assessment. This will automatically populate the column headers at the top of the worksheet.

Fill in the data on the Data Synthesis and Analysis Tool {Excel file} 2) Planning and Preparing worksheet for questions *I.a. Background* for each purchasing agency being considered for inclusion. These questions ask for the percentage of the population each health financing scheme covers and its share (percentage) of total health expenditures and government resources flowing through these schemes.[8]

Figure 2. Input purchasing agencies with significant purchasing power

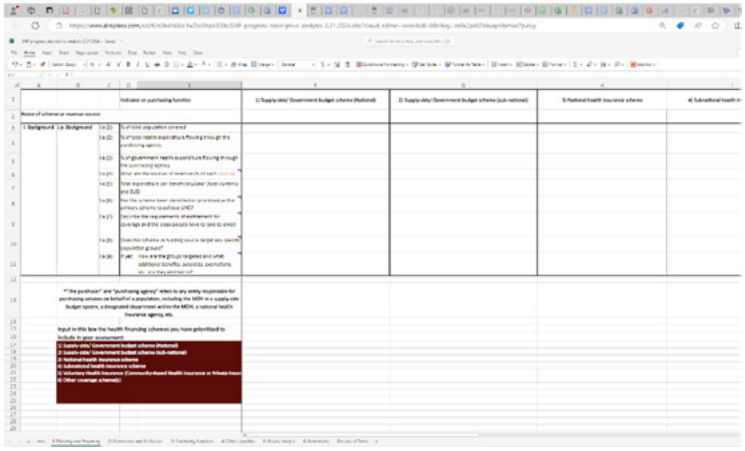


Figure 3: Input data in I.a. Background section on the Planning and Preparing worksheet

			Indicator or purchasing function	National health insurance scheme	Other coverage scheme(s)	Supply-side/budget system	
Name of scheme or revenue source:						*National*	*Sub-national*
III. Other factors	*III.a. Purchasing power of the purchasing agency*	III.a.(1)	% of total population covered				
		III.a.(2)	% of total health expenditure flowing through the purchasing agency				
		III.a.(3)	% of government health expenditure flowing through the purchasing agency				

8. WHO Global Health Expenditure Database (https://apps.who.int/nha/database/) and annual performance reports of each health financing scheme

Then go back and validate the selection of health financing schemes to include in the study with key stakeholders considering the time and funding available for the assessment and stakeholder priorities. Once selection is final, confirm and edit the name of each health financing scheme in the Burgundy Box on the 2) Planning and Preparing worksheet which will automatically populate the column headers at the top of each worksheet in the Excel file.

Adaptation 2: Terminology

Prior to collecting detailed data, you should review all the questions in the Excel file and compare the Framework's generic terminology to equivalent terms used by the purchasing agencies you will analyze. Edit terms as needed to fit your country context so you are speaking the same language and describing the purchasing functions consistently among the research team and with country stakeholders.

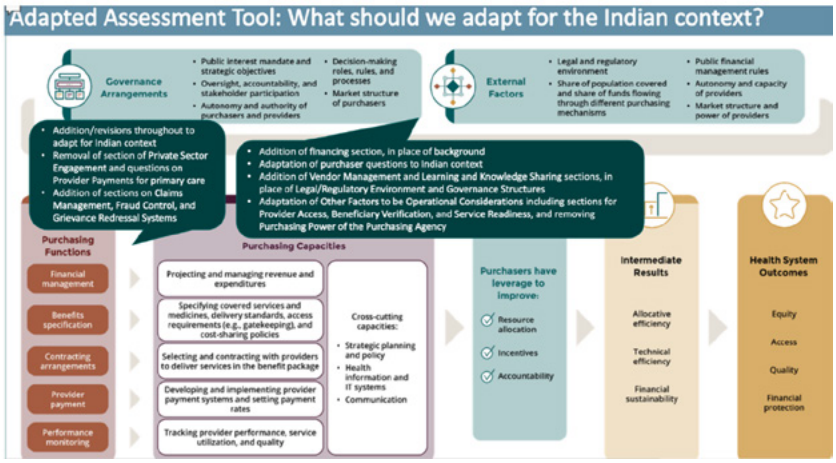
PRO TIP: Some research teams adapted some terminologies to make them consistent with how they are described in their own countries. In India, diagnostic related groups (DRGs) are called "Package Rates" and in Burkina Faso prepayment is referred to as "prepositioning". Editing in advance prevented confusion with stakeholders during data collection. When the African teams were adapting the tool, the terminology of contracting was relatable to insurance agencies but not the government budget schemes. The teams adapted the questions to seek for any standards, guides, rules or regulations related to accreditation of providers, norms and standards for staffing, equipment and services, standard treatment guidelines and quality assurance guidelines. All these frameworks are used to create clear expectations for service delivery very similar to what is expected in contracting and were used as proxy information even though there was no selective contracting or formal contracting document used by the government budget scheme.

Note, during Step 2 Data Collection it is likely that you will edit additional terms and finalize the Excel tool to reflect your country context.

Adaptation 3: Additional questions tailored to the scope of the assessment

Prior to data collection, you should review all the Framework questions in light of the priorities, concerns, and questions that stakeholders want assessed. For example, the India team edited the section on payment for primary care and added several sections and questions for a deeper dive on claims management and fraud control, beneficiary verification, and other local issues considered to be of priority; while the South East Asia Research Collaboration Hub-Strategic Purchasing (SEARCH-SP) focused the data collection on primary health care. The adaptation of the data collection tools is dependent on the research objectives set out by the team and stakeholders.

Figure 4: Summary of First-Round Changes in India



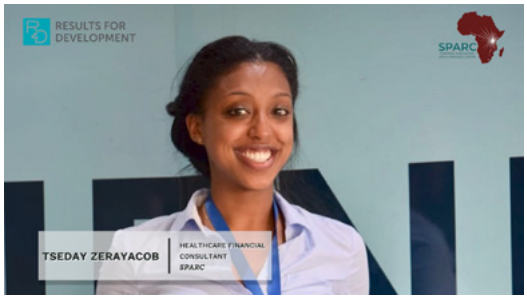
1.4 Data collection approvals

As noted in Why is stakeholder engagement important?, you need authorization to contact and request information (documents and interviews) from purchasing agencies and individual key informants. Authorization can be in the form of emails, memos or letters of introduction to the leadership of purchasing agencies that explain the purpose of the assessment and address any sensitivities around collecting detailed financial and performance data. The authorization should present the assessment as a learning experience (not an audit or evaluation) and encourage cooperation.

If the research team intends to publish the assessment in a journal, they will require ethical approval from a recognized Institutional Review Board (IRB) in their country. The research team may adapt the concept/TOR for the assessment into a formal study protocol using a template provided by the IRB. In many countries, application of the Strategic Health Purchasing Progress Tracking Framework was given a waiver by the IRB because: the research involves analysis of existing data and materials that do not contain any personal identifying information (PII); the study is intended to assess the performance of a public service or program; and the people participating are key informants, not human subjects. Check with your country's IRB to confirm if you need to file for a waiver or an exemption.

PRO TIP: In Cameroon, the research team had planned from the outset that they intended to publish their findings in a peer reviewed journal. Therefore, the research team sought ethical approval at the beginning of the study, prior to data collection which also facilitated key informant interviews and publication of the study.

Learn more from other experts who applied the Framework in their countries:



2. Data Collection

Note: Data collection (Step 2) and analysis (Step 3) appear to be separate steps but in reality, your first round of data analysis will and should send you back to further data collection, especially talking to key informants, and then revising and deepening your data analysis.

By the end of Step 2, you should have:

- Finalized the adaptation of the Data Collection Tool (Word file{s}) and Data Synthesis and Analysis Tool (Excel file) to reflect the country terminology and scope of your application, based on your review of documents during this step.
- All the raw data collected and organized by the questions in the Word file.
- An initial synthesis/summary of the data in the cells of the Excel file based on first round of Data Analysis (Step 3).

This guidance on data collection focuses on helping you to:

- Be efficient with your time and the time of key informants
- Use your external reviewer(s) effectively to guide the data collection
- Build trust with stakeholders to speak openly
- Prepare for Step 3 and conduct an analysis that is accurate, insightful and useful

2.1 Cycles of secondary data collection and review

[Animation 3: Data Collection Tool]

First you will prepare the Data Collection Tool (Word file) by editing the questions to match any changes and adaptations you made to the questions in the Data Synthesis and Analysis Tool (Excel file). Then you will make a separate copy of the revised Word file for each health financing scheme included in the assessment. While the Data Synthesis and Analysis Tool has all the financing schemes side by side, in this Data Collection Tool, you will use one document for each scheme and deep dive and record all the details, including references to your sources.

Table 2: The Data Collection Tool allows you to collect three types of data: normative, actual and subjective.

3 Types of data	Examples
Normative – How is purchasing designed to function according to its policies, law, regulation, annual plans? How does the design compare with the Benchmarks?	A) A benefit package was defined based on population health data when the purchaser was established 5 years ago. B) The purchaser has a policy of selective contracting according to explicit standards.
Actual – How is purchasing functioning in practice per objective data? Note deviations from normative and from the Benchmarks.	A) The benefit package is well specified but has not been revised in 5 years. B) In practice any provider can participate.
Subjective – What are stakeholders' perceptions about actual practices and performance compared to how purchasing is expected to function (normative)? What do they perceive to be the reasons why there are deviations? Why is actual performance better/worse than expected? What solutions have been discussed or tried?	A) The process to revise the benefit package is not clear to stakeholders. B) The purchaser felt pressure to add more providers, especially in remote areas, and the ability to verify providers' compliance with the standards is limited.

Data collection and review –Round 1

In Step 1 you organized local stakeholders to support the application of the Framework. In Step 2, you work with members of your advisory group or technical working group and your MoH Champion to engage and prepare the purchasing agencies and others (e.g. regulatory agencies, provider representatives, consumer representatives) to contribute to the exercise by facilitating data collection and analysis. Early in the process, a general communication should be sent to the leadership of all the purchasing agencies to introduce them to the study objectives and process, to you and your team, and let them know that you will be requesting documents and key informant interviews. In addition, you may organize an event to kick-off the study. Make sure each purchasing agency designates someone as your point of contact for the assessment.

Before asking any of the purchasers for their internal data and documents, we recommend you begin by collecting, reviewing, and analyzing (Step 3) readily available published and grey literature. See list below in the Data Sources Table. Try to address as many questions as possible from these sources.

Technical Review

You may choose to submit your first draft of data to your Technical Reviewer so he/she can suggest follow up questions and guide you how to dig deeper. This process allows you to identify information gaps, contradictions, and potential issues so you can target your requests for internal documents and target your questions in key informant interviews. This approach is more efficient and builds your credibility with stakeholders and key informants.

At this stage, you may also review the number of schemes that have been selected to be included in the assessment. You may have discovered there was an important scheme missing that needs to be included, or too many have been selected and may need to be rationalized to allow for more in-depth data collection and analysis. You may also find that some schemes are very similar in structure and implementation and may need to be harmonized. For example, in many low- and low-middle income countries, there are vertical programs for delivery of priority services such as HIV, malaria, tuberculosis and immunization that have their own financing, planning and service delivery structures. In most settings, although these programs are implemented in parallel within different agencies, their purchasing function may be quite similar and so one scheme is selected for detailed assessment as a proxy for the others.

PRO TIP: Two technical reviewers were assigned to review all the data collected across the ten African countries. Written comments were provided, and meetings were scheduled with each research team to clarify comments or questions and plan the way forward for round 2 of data collection and key informant interviews.

Data collection and review – Round 2

Once you have completed collecting, reviewing, analyzing and extracting data from publicly available documents (Round 1), you are ready to contact the purchasing agencies for further data collection. We recommend you begin by meeting with your point of contact for each purchasing agency to build rapport and plan next steps. Use the meeting to review the objectives and scope of the study, provide an update on your progress, and encourage your contact to ask questions. Together, you need to clarify the process for contacting staff within the purchasing agency to request documents and interviews. Be prepared to assume responsibility to prepare multiple emails tailored to each request that:

- Introduces you and the study by briefly explaining the objectives and process of the study. Even if there have been previous encounters, repeating this information helps the recipient explain the study to his/her colleagues and respond to your request.
- Specify the topic(s) you need to address, the documents you seek, and/or key informants you would like to interview.

2.2 Data sources

The table below presents examples of documents and key informants for each section of the Strategic Health Purchasing Progress Tracking Framework.

Table 3: Examples of documents and key informants

Data Sources		
Topic	Documents	Informants
Governance and institutional arrangements of health financing schemes and purchasing agencies	• Government/MoH publications: national policies, plans and strategies for health sector, health financing strategies and assessments, health insurance reports and audits • Organograms, terms of reference, role and responsibilities of relevant MoH units, purchasing agency, relevant oversight and regulatory bodies • Purchasing agency authorizing legislation, charter, regulations, operating guidelines • Plans and Manuals for health financing schemes targeting specific populations, services, or geographic areas such as Results Based Financing (RBF), MCH, rural communities etc.	Senior staff in relevant MoH units, purchasing agencies Members of relevant regulatory agency Legislative committee for health sector, health financing

Expenditure management	• National Health Accounts
	  • WHO Global Health Expenditure Database https://apps.who.int/nha/database/
	  • Country reports
	• Government/MoH publications, websites on public health financing, health budget and spending
	• Public expenditure tracking surveys that include health sector (World Bank)
	• UNICEF tracking of off-budget health financing
	• Purchasing agency financial performance data
	• Financial performance data for specific health financing schemes such as Results-Based Financing, MCH
		Purchasing agency's senior finance staff
		Ministry of Finance unit for health sector financing

Public Financial Management	• Government/MoH PFM legislation, manuals, guidelines especially:
	  • specific to the health sector
	  • health budget allocation criteria and procedure
	  • procurement and contracting
	• Public expenditure tracking surveys (World Bank)
	• Government internal audit agency reports e.g. Office of the Auditor General annual reports
		MoH senior financing staff
		Ministry of Finance units for decentralization, health sector financing

Strategic Health Purchasing Framework - Data Sources		
Topic	Documents	Informants
Service Readiness	• Government/MoH health information system data on service access and utilization • WHO Service Availability and Readiness Assessment (SARA) https://www.who.int/data/data-collection-tools/service-availability-and-readiness-assessment-(sara) • Population surveys on health service utilization Demographic Health Surveys, other? • Service Provision Assessment (SPA) https://dhsprogram.com/methodology/Survey-Types/SPA.cfm	MoH leadership for health services Development partners involved in delivery of health services
PF1. Benefit specification	• Government/MoH declaration of essential health services, minimum healthcare package, scopes of care by level (primary, secondary, tertiary) • Purchasing agency publication of services covered (explicit list), exclusions, process for updating the benefit package • Health insurance regulatory agency – required minimum packages, process for updating requirements • Plans and Manuals for health financing schemes targeting specific populations, services, or geographic areas such as RBF, MCH, rural communities etc.	If it exists, members of the body responsible for benefit specification and revision. Could be within MoH or independent Purchasing agency staff Regulatory agency staff
PF2. Contracting arrangements	• Government/MoH PFM legislation, manuals, guidelines for procurement and contracting; sample provider contract • Plans and Manuals and sample provider contracts for health financing schemes targeting specific populations, services, or geographic areas such as Results-Based Financing, MCH, rural communities etc. • Purchasing agency policies, manual, guidelines on provider contracting; copy of a contract • Norms and standards for facility infrastructure and staffing	Purchasing agency staff responsible for enrolling and contracting providers Provider groups
PF3. Provider payment	• Government/MoH PFM legislation, manuals, guidelines for provider payment • Plans, Manuals, guidelines for paying providers for health financing schemes such as RBF, MCH, rural • Purchasing agency policies, manual, guidelines on provider contracting; copy of a contract	Purchasing agency staff responsible for paying providers Provider groups

Strategic Health Purchasing Framework - Data Sources		
Topic	Documents	Informants
Performance monitoring – Provider Level Purchaser Level	• Quality assurance guidelines • HMIS e.g. DHIS 2 • Supportive supervision guidelines • Provider contracts that describe what data providers must submit, and how the purchaser will monitor provider performance • Descriptions of the purchasers' information technology and systems for managing providers and the quality of care provided • Reports from the purchasers' monitoring unit that describe how data are shared and used by providers, and used by the purchasing agency for purchasing decisions (e.g., design/redesign payment methods) • Purchasing agency authorizing legislation, charter, regulations that describe how purchasing agency performance will be monitored, who monitors, how do they monitor, and what decisions and actions can they take • Descriptions of the purchasers' information technology and systems for managing financial performance (claims ratio, expenditure ratio, renewal rate, budget, revenue, and expenses)	MoH leadership and subnational MoH staff responsible for health service quality and health information systems Provider groups Purchasing agency staff responsible for enrolling, contracting, and paying providers; and staff responsible for design/redesign of payment methods Regulatory agency or body responsible for oversight of purchasing agency's performance Purchasing agency staff responsible for design/redesign of payment methods
Information technology	• E-health policies and strategies • Digital health legislation/regulation • Visit each purchasing agency's website • There probably will be different websites for beneficiaries and providers	Chief Information Officer at each purchasing agency Provider groups and beneficiaries feedback on their experience with purchaser's IT
Communication with beneficiaries (see below) and providers	• Communication strategies, policies for each scheme's beneficiaries and contracted providers • Any evaluations or data on how well schemes communicate with beneficiaries and contracted providers • Review scheme websites that have different portals (log in page) or separate websites – one for beneficiaries and one for providers	Titles and organizational structure will vary: Manager of communications, beneficiary or membership relations, provider contracting/ credentialing

"...the 2015 final report of the evaluation of Community Based Health Insurance pilot schemes by the Ethiopian Health Insurance Services (EHIS) showed that knowledge about the scheme was 95% for both members and non-members, which was the highest and attained through the dissemination of information through informed neighbors, CBHI officials, or house-to-house sensitization (12); that also seemed to be an effective means to improve the beneficiaries' satisfaction with the scheme.

(https://www.frontiersin.org/articles/10.3389/fpubh.2023.1127755/full)

2.3 Key informant interviews

The purposes of key informant interviews include validating information and your understanding and getting informants' perceptions about how and why actual practices and performance deviate from how purchasing is expected to function according to official policy/regulations (normative) and the Benchmarks. What do they perceive to be the reasons why there are deviations? What solutions have been discussed or tried?

To identify key informants, talk to your point of contact for each purchasing agency, the stakeholder advisory group, technical working group, and/or the MoH champion. They can help you identify the right people and make introductions, including authorization for them to speak with you if needed. As mentioned above, be prepared to send individual emails to request a key informant interview.

Remember to:

- Introduce yourself and the study by briefly explaining the objectives and process of the study. Even if there have been previous encounters, repeating this information helps the recipient respond to your request.
- Present official authorization/permission to request information (if needed).
- Reassure that this study is not an audit or evaluation, but a learning effort.
- Confirm that his/her responses are anonymous.
- Specify the topic(s) you would like to address with this particular interview, possibly including specific questions.

PRO TIP: In Tanzania, the research team input all the data collected and, with support from the technical reviewer, identified the questions where there were gaps in information that needed clarification, and the agency best placed to respond to these questions. This allowed the research team to target selection of key informants from each agency, the institution and role/job function, and prepare specific interview tools based on the gaps in secondary data.

2.4 Data Collection for Results Analysis

In Worksheet 5) Results Analysis, we aim to understand and explicitly draw out whether:

- The purchaser is using the purchasing functions as levers to improve resource allocation, incentives to providers and accountability.
- The effects of purchasing on intermediate and final UHC objectives.

Results analysis requires a review of broader evidence at the system level to compare with the scheme-level data.

- See Table 4 (next page) for useful data to collect for your results analysis. For example: reports on scheme performance, strategy documents, policy documents and program reports from the Ministry of Health and other regulatory or policy institutions, reports based on routine data collection, population surveys such as the DHS. These documents may be published or internal.
- For results analysis, it is recommended to also conduct a web search for peer-reviewed articles using a combination of key words including: "country name", "strategic health purchasing," "health financing," "service delivery," "outcomes," "accountability," "incentives for performance," and "resource allocation".

- Key informant interview questions focused on each health purchasing function and associated results: appropriate incentives, cost-effective resource allocation, accountability for quality, and UHC goals and objectives.

Indicators

Results can be measured by comparing indicators. Table 4 provides some examples of possible indicators for each question. Depending on the data available, indicators can be compared:

- Over time (trend data), before and after the introduction of the scheme or specific purchasing method and/or
- Geographically if the schemes operate in different geographic areas or were rolled out incrementally.

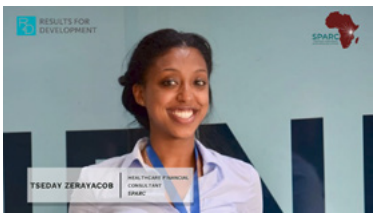
In all cases, the team must recognize the many other factors, such as social determinants of health, which affect some of these indicators.

Table 4: Possible indicators for Result Analysis

Results		Result Analysis questions	Possible indicators
4.a. Appropriate incentives	4.a.(1)	To what extent do provider payment methods incentivize the delivery of high-value services (e.g., PHC) and to serve vulnerable populations?	• Make a matrix of a representative list of high value services and vulnerable populations tailored to the country (1 axis) and what each scheme covers • Service indicators should reflect the benefit packages • Immunization rates • Prenatal care from skilled provider • Modern contraception prevalence rate
	4.a.(2)	To what extent are provider payments harmonized or not harmonized across schemes/ revenue sources to ensure coherent incentives for providers?	• Number of schemes and number of provider payment methods: Total /national and subnational; Total / type of provider • Ranking of schemes by amount of financing and number of lives covered
	4.a.(3)	Are there any adverse incentives in the system, leading to inefficiency or poor quality?	Qualitative data, narrative description

Results		Result Analysis questions		Possible indicators
4.b. Cost-effective resource allocation	4.b.(1)	Is there evidence that funding allocations and payment to providers reflect population health needs?		Comparison of data on health needs (mortality and morbidity data) with claims data or expenditure of related services e.g. maternal mortality and amount of resources used for maternal health and family planning services
	4.b.(2)	Specifically:	Has any progress been made ensuring funds are not concentrated in urban wealthy areas?	• Socio-geographic distribution of beneficiaries and enrolled providers • Trend over time in scheme expenditures by type of beneficiary and provider
	4.b.(3)	Have purchasing arrangements and provider payment systems encouraged an increase in the share of funds allocated to PHC?		Share of scheme resources channeled to PHC and other cost-effective services
4.c. Accountability for quality	4.c.(1)	To what extent do provider payment methods and purchasing arrangements promote quality of care and coordination across levels of care?		• Provider payment mechanisms are designed to enhance gate-keeping role of PHC providers to avoid unnecessary hospitalizations • Rate of primary care-sensitive admissions
	4.c.(2)	To what extent are purchasing arrangements used to promote or encourage quality of care at the provider level?		Quality assurance systems exist and used regularly and effectively
	4.c.(3)	How are providers held accountable to provide high-value services (e.g. PHC) and serve vulnerable populations?		• Share of resources flowing to PHC • Average PHC spending per beneficiary • Share of enrolled/ • Registered individuals • Seeking primary care

Learn more from other experts who applied the Framework in their countries:



3. Data Analysis and Validation


Note: Data collection (Step 2) and analysis (Step 3) appear to be separate steps, but in reality, your first round of data analysis may require further data collection followed by revising and deepening your data analysis.

By the end of Step 3 you should have:

- Gained the trust of stakeholders that the end goal is learning and progress towards strategic health purchasing, not judgement or finger pointing.
- Synthesis/summary of responses in the cells of the Excel tool Worksheets 1-4. This will form the basis of the Results Analysis (Worksheet 5) and application of the 'Benchmarks for Progress in Strategic Health Purchasing' (Worksheet 6).
- Completed the Results Analysis and Benchmarking.
- A list of findings — strengths, weaknesses and gaps — about purchasing at two levels: individual purchasers and across all purchasers (system-level).
- A list of conclusions that have been validated by key informants (e.g., purchaser staff).
- A preliminary list of recommendations to be explored with stakeholders.

3.1 Analysis of Individual Health Financing Schemes

You will first analyze each health financing scheme individually to produce useful findings on operational issues related to the purchasing functions and related to results in terms of incentives to affect provider behavior, resource allocation, and accountability. This will lay the foundation for analyzing purchasing across the schemes at the system level.

Guidance for the first level of analysis:

- Begin with comparing the purchasing agency's mandate/policies/regulations with actual practice to identify deviations and the possible reasons why.
- Use the Excel worksheet labelled "5) Results Analysis" to describe each scheme's contribution to intermediate and long-term UHC objectives. First describe the "if" and "how" each purchaser has leverage to directly influence provider incentives, cost-effective resource allocation, and accountability for quality care; and the effects on intermediate UHC results (equity, efficiency, accountability, financial sustainability) and long-term UHC goals of utilization relative to need, financial protection, and quality. Refer to Table 4 (page 26) for examples of indicators to evaluate.
- Identify other strengths, weaknesses, and gaps of each purchaser based on key informant interviews.

As you perform the analysis, recall the three types of data you have been collecting (see next page):

Table 5: The Data Collection Tool allows you to collect three types of data: normative, actual and subjective.

3 Types of data	Examples
Normative – How is purchasing designed to function according to its policies, law, regulation, annual plans? How does the design compare with the Benchmarks?	A) A benefit package was defined based on population health data when the purchaser was established 5 years ago. B) The purchaser has a policy of selective contracting according to explicit standards
Actual – How is purchasing functioning in practice per objective data? Note deviations from normative and from the Benchmarks.	A) The benefit package is well specified but has not been revised in 5 years. B) In practice any provider can participate.
Subjective – What are stakeholders' perceptions about actual practices and performance compared to how purchasing is expected to function (normative)? What do they perceive to be the reasons why there are deviations? Why is actual performance better/worse than expected? What solutions have been discussed or tried?	A) The process to revise the benefit package is not clear to stakeholders. B) The purchaser felt pressure to add more providers, especially in remote areas, and the ability to verify providers' compliance with the standards is limited.

Here are a few examples of common issues or themes for individual purchasing agencies.

1. There is either no process or a vague/unclear process for regularly updating the benefit package because:
   a. The initial effort to define the benefit package was successful but did not anticipate or establish a process for regular updates/revisions.
   b. Lack of local resources and expertise for regular updating of the benefit package, for example health technology assessments, burden of disease and cost of illness studies, health demographic surveys, stakeholder consultations and other methods.
   c. Concerns that pressure from special interest groups (pharmaceutical and medical device companies; elite population groups; medical specialties, tertiary care providers) will dominate efforts to update the benefit package.
2. The purchasing arrangement (e.g., provider contracts) defines a package of services/benefits but providers are not accountable for service delivery standards because:
   a. Service delivery standards are the responsibility of a quality inspection or quality assurance agency, not the purchaser, and so service delivery standards were not integrated into the provider contracts.
   b. The link between the purchasing arrangement (contract) and service delivery standards is vague, not precise, and therefore impossible to measure and enforce.
   c. Patient data is mostly paper based. Few providers have electronic medical records. Very difficult and expensive to monitor provider adherence to service delivery standards.
3. Payment method is output-based, but does not affect provider behavior as intended due to:
   a. Delays in receipt of payment.
   b. Payment is an insignificant portion of the provider's total income.
   c. Providers do not understand the link between the payment method and desired behavior.
   d. Other factors impede desired behavior or are more influential e.g., consumer preferences, professional beliefs, lack of necessary equipment/commodities/data.

3.2 Analysis of system-level results

Once the research team has a good understanding of each individual scheme, the next step is to evaluate the effects of the different schemes at a system level using the results analysis (worksheet 5 in the Data Synthesis and Analysis Tool).

Recall that the Strategic Health Purchasing Progress Tracking Framework proposes that, through purchasing functions and governance arrangements, purchasers can directly influence (positively or negatively) results such as the allocation of resources, the incentives that affect individual provider behavior and accountability which in turn can affect the health system's progress toward UHC goals. However, prior applications of the SHP Framework "...showed that a major challenge ... was the weak link in their countries between health purchasing functions and their influence on improving resource allocation, incentives and accountability, as well as health system results of equity, access, financial protection, quality, efficiency and financial sustainability".[9] In other words, analysis of results is not easy, and is rarely attributable to a specific purchasing function in a single scheme. In addition, there are other social determinants of health that may improve access. For example, improving education of girls and women may delay them starting a family and/or improve the likelihood of contraceptive use or increase the likelihood of seeking a skilled health provider for delivery of their child. All these factors may contribute to an increase in the contraceptive prevalence rate, attendance of pre-natal clinics and delivery by skilled professionals which could all reduce maternal mortality. This is where the Framework helps by providing a practical way to look at the purchasing functions to identify improvements more directly attributable to strategic purchasing. For example, including immunization of children in the benefit package may increase the vaccination rate from preventable childhood diseases and contribute to the reduction of infant mortality.

Below are guidance and tips drawn from prior studies done in Kenya and Nigeria which documented how purchasing functions led to health system results:

*Strategic Health Purchasing in Nigeria Exploring the Evidence on Health System and Service Delivery Improvements.pdf
*The Effects of Health Purchasing Reforms on Equity Access Quality of Care and Financial Protection in Kenya A Narrative Review.pdf

Results analysis process

The research team may choose to convene a half-day meeting or mini workshop with the full research team and may also include the advisory group or technical working group. At this meeting, the team reviews the Results Analysis worksheet together, first by validating the scheme level results, and then agreeing together the combined effects of the schemes on each system level result. This is a facilitated process that requires a designated person to create a "safe space" for all attendees to voice any concerns they may have and allow for disagreement and debate.

Illustrative issues

Invariably, results are a mix of positive effects, gaps and limitations. For example, a scheme may have made good progress in improving resource allocation to high value primary healthcare services in rural areas. But if this scheme is very small in size and the effects are crowded out by other larger schemes that do not achieve this aim, at the system level there may not be changes in resource allocation and resources may continue to be skewed to high-cost services, or hospital care; or resources may be concentrated in wealthier urban areas. Reaching consensus on the responses to the Results Analysis questions will require deep and open discussion among the team on such complex issues.

9. Cashin, C., Kimathi, G., Otoo, N., Bloom, D., & Gatome-Munyua, A. (2022). SPARC the Change: What the Strategic Purchasing Africa Resource Center Has Learned about Improving Strategic Health Purchasing in Africa. Health Systems & Reform, 8(2). https://doi.org/10.1080/23288604.2022.2149380

Typical limitations to Result Analysis

- Lack of quantitative data that measures how purchasing affects provider behavior and other variables.
- The results of interest are influenced by many other factors besides purchasing.
- Lack of robust evaluation methods such as randomized control trials that isolate the effect of purchasing.

These limitations open up opportunities for new research questions that can be explored to better understand the effects of purchasing on the health system.

PRO TIP: For SPARC, there was a lack of evidence and/or weak linkages between the health purchasing functions and their influence on purchasing levers (improving resource allocation, incentives and accountability), as well as health system results (equity, access, financial protection, quality, efficiency and financial sustainability). This resulted in the technical partners digging deeper to make the linkages between the purchasing functions and effects on the health system in their countries.

3.3 Applying the Benchmarks

[Animation 4]

Once there is consensus on the system-level results, the team reviews the Benchmarks worksheet on the Excel tool. This worksheet consolidates the normative guidance from existing purchasing frameworks and assessment guides created by WHO, the Joint Learning Network, and other sources to describe progressive steps or benchmarks towards carrying out each purchasing function most strategically. The proposed benchmarks provide a more granular description of the typical movement along the continuum from passive to strategic purchasing.

The Benchmarks worksheet has two main sections: (1) Benchmarks for progress on governance and institutional arrangements (three benchmarks); and (2) Benchmarks for progress on purchasing functions (eight benchmarks). The questions related to the benchmarks are dispersed between the "External factors and governance" and "Purchasing functions" worksheets, but are color coded to match each section of the Benchmarks.

The research team is facilitated through a discussion on each benchmark, first to describe each scheme and the progress they have made along each benchmark, and then a system-level analysis for each benchmark. This facilitated discussion should allow for all views to be discussed and debated, and consensus reached among the group. An outcome of this meeting may be that new data gaps are revealed and need to be filled, or additional data may need to be collected or verified with the key informant interviews. This may necessitate a subsequent meeting to discuss this new set of information and confirm if the conclusions drawn from the purchaser and system level analysis remain the same or change.

At the end of the meeting(s), the research team will have reached a consensus on the key strengths and gaps in purchasing and begin to propose some policy recommendations. The research team will also begin to identify some emerging issues such as:

1. The existence of multiple schemes results in fragmented funding flows that reduces the purchasing power of individual purchasers to sustain cost-effective resource allocation, and create the incentives to providers and hold them accountable for high quality health services.
2. Multiple funding flows and provider payment methods provide incentives to health providers to shift costs leading to a two-tier health system in which clients in some schemes are preferred by providers to others.
3. If there are multiple payment systems, the incentives may not be aligned or even conflict with one another.
4. Devolved systems of government lacking effective governance structures that articulate the roles of each level of government, and foster coordination toward national objectives, tend to worsen this fragmentation. In decentralized settings, the power of national purchasers may be diluted because subnational governments have authority over many decisions that affect resource allocation and incentives at the local level.
5. Multiple benefit packages result in duplication of coverage for some population groups or services and gaps for other services.
6. Multiple fragmented information systems do not provide the data needed to improve purchasing decisions or to monitor provider behavior to inform redesign of incentives.

Once the scheme and system level analyses — including the benchmarks — are concluded, the senior researcher within the team may review and validate the conclusions in the Results Analysis and Benchmarking made by the team before the Data Synthesis and Analysis Tool is submitted to external reviewers.

3.4 External peer review

We propose two external peer reviewers to review the Data Synthesis and Analysis Tool and individual Data Collection Tools for each health financing scheme. These peer reviewers may be the same individuals who provided the first technical reviews during data collection or a different set of reviewers. Both external reviewers should have health financing expertise but are not included in the research team. We propose that at least one should have country expertise, but the other external reviewer may be selected from another country to bring a "fresh eyes" perspective to the analysis.

The external reviewers should focus their review on the following questions:

- Is the data complete or are there any questions where more information or data is needed?
- Are the conclusions drawn in the "Results Analysis" and "Benchmarks" worksheet valid and a reflection of the data that has been collected?
- Are the strengths and gaps identified and the policy recommendations appropriate and reasonable, taking into account the findings and analysis?

The external reviewers will provide any recommendations or suggestions to complete the analysis and may require some additional clarifications. It may be more efficient to organize a virtual call to gather reviewer feedback, and it may require an additional review or reviews by external reviewers to attain the depth and quality of analysis that is ready to share with a broader group of stakeholders.

3.5 Validation meetings

Once the research team is confident that the analysis is ready to be shared externally, the research team organizes a validation meeting. It is helpful to go back to the initial group of stakeholders that were engaged at the beginning of the assessment and invite them to review the findings. It is good practice to invite all the different institutions that participated and provided key informant interviews.

It will be difficult to review all the data collected and therefore the research team should develop a summary presentation that includes the following elements:

1. The methodology
2. Data sources – documents reviewed and institutions interviewed
3. Summary of descriptive findings of the governance and purchasing function by scheme
4. Results (intermediate and final coverage goals and benchmarks at scheme and system level)
5. Strengths and weaknesses in strategic purchasing
6. Policy recommendations to strengthen the gaps in strategic purchasing

It is good practice to send the slides in advance to allow attendees to digest the findings before the meeting. Adequate time should be provided in the meeting agenda to allow for discussion of the findings and to explore any issues that need clarification from the attendees.

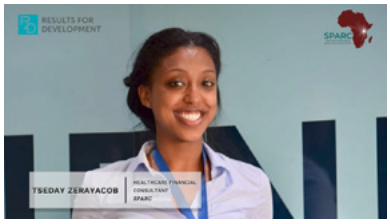
The validation meeting is likely to reveal a number of areas that need further fine tuning and additional data to strengthen the results analysis, benchmarking analysis and the data sources to address the gaps.

Depending on the feedback from the validation meeting, it may require another validation exercise with a smaller group of stakeholders if comments are significant. If the feedback is minor, the research team can conclude the study and move on to the next step of sharing the findings.

Tips for developing recommendations:

- Help policymakers take practical steps to improve purchasing incrementally, in a way that can be scaled systemwide and is not limited to marginal innovations or a single purchaser.
- Be careful of a "quick fix" to solve a problem in one scheme that makes it more difficult to address a more important issue at the system level. Help stakeholders think long term and consider the whole health system across multiple purchasers. For example, a study in Kenya and Nigeria demonstrated that multiple funding streams each with their own payment mechanism provided incentives to providers that led them to shift costs, resources or services. In some instances,[10,11,12,13] it led providers to shift their attention to schemes that had more generous provider payment. In the U.S., private health insurance companies began contracting private companies to manage pharmacy benefits to control the high cost of prescription drugs for their beneficiaries. Meanwhile, people covered by government insurance or without any health insurance face the highest drug prices in the world in the absence of a system-wide policy solution.
- Good ideas can come from:
    - Existing documents and your key informant interviews. In other words, the ideas are not new but have yet to move forward. Find out what the barriers are.
    - Experiences from other countries and strategic purchasing literature. You should be proactively identifying relevant experiences and lessons. Look for ideas that are feasible, fit the country context, and put the health system on the path of system-wide improvements to more strategic purchasing.
    - Policy dialogue events (see Step 4 below) where you bring together multiple stakeholders to consider the results of the Strategic Purchasing Framework study and discuss solutions.

Learn more from other experts who applied the Framework in their countries:



10. Barasa E, Mathauer I, Kabia E, Ezumah N, Mbau R, Honda A, Dkhimi F, Onwujekwe O, Phuong HT, Hanson K. How do healthcare providers respond to multiple funding flows? A conceptual framework and options to align them. Health Policy Plan. 2021;36(6):861–68. doi:10.1093/heapol/czab003.

11. Onwujekwe O, Mbachu C, Ezenwaka U, Arize I, Ezumah N. Characteristics and effects of multiple and mixed funding flows to public healthcare facilities on financing outcomes: a case study from Nigeria. Front Public Health. 2020;7:403. doi:10.3389/fpubh.2019.00403.

12. Mbau R, Kabia E, Honda A, Hanson K, Barasa E. Examining multiple funding flows to healthcare facilities in Kenya. London (UK): Resilient & Responsive Health Systems; 2018.

13. Feldhaus I, Mathauer I. Effects of mixed provider payment systems and aligned cost sharing practices on expenditure growth management, efficiency, and equity: a structured review of the literature. BMC Health Serv Res. 2018;18(1):996. doi:10.1186/s12913-018-3779-1.

4. Sharing findings for decisions and actions

At the end of Step 4 you should have:

- A dissemination plan that is responsive to the advisory group and the study objectives formed during Step 1. The plan will include the target audiences for the findings, key messages to be shared with the audiences and the media to use to share the findings. This dissemination plan will also support the research team to identify the knowledge products they will develop for sharing the findings which will include written formats such as the Assessment Report, as well as briefs, peer-reviewed journal articles; and other formats such as events, videos, infographics, and audio.
- Completed and delivered one or more written documents (a report, briefs, presentations, press releases, publication) to your target audiences.
- Organized and delivered one or more participatory events to your target audiences.
- If possible, documented use of the findings such as major decisions and actions.

4.1 Why and how to share: Different objectives and formats for sharing

The overall purpose of disseminating findings is the same as the purpose of the entire assessment: Local stakeholders use the evidence generated to make purchasing more strategic and contribute to health system outcomes. Sharing can be done in different formats and each format may have specific objectives. Formats include policy briefs, reports, journal publications, press releases, videos, live interactive presentations, policy dialogue and other events. These different formats can be used for different objectives:

- Further validation of findings and conclusions as they are shared with new audiences.
- Build a shared understanding of purchasing issues among different government and non-government stakeholders, based on evidence from you as an unbiased, external expert.
- Promote a culture of learning, transparency, and collaborative problem-solving.
- Stimulate discussion of the findings, problems, potential solutions, and actions (next steps).
- Drive an evidence-based process to identify and prioritize problems and actions.

You will work with the advisory group to plan how the findings will be shared with them and other audiences. The plan for sharing findings should recognize that target audiences will likely include stakeholders who are not experts in health purchasing. Even staff within a purchasing agency may have expertise in only select aspects of purchasing, not all the purchasing functions and system-level issues.

Here is a guide for developing a dissemination plan.

PRO TIP: In Benin, the research team, developed a dissemination plan that targeted policy makers through a range of media. The research team hosted a policy dialogue for the top officials of the Ministry of Health and featured the dialogue in newspaper editorials and on national television. At the dialogue, the team shared their policy brief and blogs authored by the research team on purchasing and relevance to purchasing for the Covid pandemic that was highly relevant at that time.

4.2 Policy Dialogue

The ultimate goal of applying the Framework is to help local stakeholders improve the purchasing of health services in their country by making purchasing more strategic. Policy dialogue has been an effective way to share and discuss findings in a way that builds consensus and leads to informed decisions and actions, for example in Nigeria and Rwanda.

Effective policy dialogue:

- Is a meeting event (or series of meetings), typically held in person, to hold structured discussions
- Brings together policy makers and purchasing agency leaders (primary audiences) and other stakeholders who are relevant to the agenda
- Is well planned with clear objectives, agenda, presentations, structured discussions, and documentation/recording of participants' inputs, agreements, decisions, and next steps
- Is ideally facilitated by a professional facilitator and/or a technical expert who knows group facilitation methods that promote participation, listening, learning, and collective problem-solving.

Stakeholder Mapping

Nigeria's Health Policy Research Group (HPRG) mapped key stakeholders in the health financing space to select 38 participants for a national policy dialogue event. The mapping was done in consultation with the Director and Staff of the Department of Health Planning and Statistics, Federal Ministry of Health, Abuja, Nigeria, together with the R4D Nigeria country office, Abuja, Nigeria. The participants included government policymakers and implementers, development and implementing partners, and civil society organizations that influence health financing and purchasing decisions.

Tips:

- Plan the policy dialogue event with your advisory group and MoH champion who have influence and convening power to make sure the right people are in the room.
- Some professional facilitators even meet individually with key participants to inform planning and preparation of the policy dialogue event.
- Mobilize participation with multiple forms of communication: formal invitations via email, phone calls, WhatsApp messages, and other frequent reminders.
- Share written materials such as policy briefs ahead of time (soft copies) and then again at the policy dialogue event (hard copies).
- Be prepared to support key leaders with their presentations if appropriate.
- Prepare for media coverage if appropriate, for example draft a press release ahead of time.

PRO TIP: In Rwanda, the research team requested the Ministry of Health to invite the stakeholders to the policy dialogue event and hosted the meeting in a high-profile venue. The Ministry of Health invitation made the event more credible and attracted a range of stakeholders to attend. Further, high-level policy makers from the Ministry of Health and Rwanda Social Security Board were invited in a panel discussion ensuring senior representation from these agencies. The policy dialogue was used to share the assessment findings and outputs from the assessment including a draft of the journal publication, briefs and blogs co-authored by the research team.

Producing written products

You may need to produce written products such as documents or slides, even if your plan for sharing the findings will focus primarily on events. The findings from your Strategic Health Purchasing Progress Tracking Framework assessment must be **translated** into text and visuals that

are understandable to the target audiences, address the issues that they care about, and stimulate learning, problem-solving, decisions, and/or actions. Translation of study data into knowledge that informs health policy is a whole field of study and practice itself, with many resources (link to resources).

See below for a repository of written products developed by the SPARC and SEARCH teams to share their findings:

- Country level policy briefs in English and French
- Topical evidence synthesis
- Assessment reports
- Multi-country briefs
- Blogs
- Peer-reviewed journal articles

5. Collaborative learning

Research teams may choose to apply the Framework in one country or multiple countries. For both SPARC and SEARCH teams, they applied the Framework across ten countries using a collaborative learning approach. In India, a collaborative learning network facilitated by R4D and implementing partners from four states came together to apply the Framework in the four Indian states. Collaborative learning involves groups of learners working together to solve a problem, complete a task, or create a knowledge product. In this case, multiple research teams were involved each working in one country, but each team had a regular touchpoint for joint learning, troubleshooting and sharing of experiences applying the Framework. In both the SPARC and SEARCH teams, there was a facilitator(s) who also served the role of technical reviewer and who would support communications to the research teams, work planning, keeping everyone on track, writing the knowledge products e.g. reports, briefs, blogs etc., and convene the research team members as needed.

From the outset, it is critical to clarify a common set of goals for the collaborative learning partnership and also understand the interests and objectives of each research team. This helps align objectives and ensure a mutually beneficial relationship built on trust and transparency. Learning activities undertaken are designed with the research teams' interests, capacity, and availability in mind.

Future applications may take a different form and may be based on individual countries or smaller groups of research teams. It may not be possible to provide the same level of support as in previous applications, but we have designed this space to replicate some of the collaborative learning aspects.

Strategic Purchasing Africa Resource Center (SPARC)

SPARC is an initiative to strengthen strategic purchasing expertise in sub-Saharan Africa and move countries closer to universal health coverage, launched by Results for Development (R4D) in partnership with the Bill and Melinda Gates Foundation. Housed within Amref Health Africa, SPARC will match country demand with needed technical expertise by brokering tailored packages of strategic purchasing support.

Learn more at SPARC.Africa

Results for Development (R4D)

R4D is a leading non-profit global development partner. We collaborate with change agents — government officials, civil society leaders and social innovators — supporting them as they navigate complex change processes to achieve large-scale, equitable outcomes in health, education and nutrition. We work with country leaders to diagnose challenges, co-create, innovate and implement solutions built on evidence and diverse stakeholder input, and engage in learning to adapt, iterate and improve. We also strengthen global, regional and country ecosystems to support country leaders with expertise, evidence, and innovations. R4D helps country leaders solve their immediate challenges today, while also strengthening systems and institutions to address tomorrow's challenges. And we share what we learn so others around the world can achieve results for development too.

Learn more at www.R4D.org