Classification and Review of Health Financing Frameworks: What do they Focus on to Assess and Improve the Situation?

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Classification and review of health financing frameworks: what do they focus on to assess and improve the situation?

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۱۵ Abstract

۱۶ Objective

۱۷ Health financing assessment is of growing interest to policy makers to develop reform
۱۸ strategies towards achieving universal health coverage. Different frameworks for assessing of
۱۹ health financing systems have been developed. The purpose of this study is to review the
۲۰ current frameworks for understanding and assessing health financing and draw out the
۲۱ dimensions of conceptual frameworks and how different concepts are used in relation to the
۲۲ concept of health financing assessment. Lessons learned from different frameworks would
۲۳ guide the future use and formulation of such frameworks.

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۲۵ Methods

۲۶ We carried out a systematic search strategy, using the PubMed database to find peer reviewed
۲۷ published literature. A search using generic search engines (Google Scholar and the Google)
۲۸ was also performed through a less structured search to find additional documents and reports
۲۹ published. To increase the comprehensiveness of search, Websites of World Health
۳۰ Organization (WHO) and World Bank were also searched. We included any type of report or
۳۱ peer reviewed journal article that reported frameworks to assess, review and map financing
۳۲ functions and sub-functions and highlight different factors that affect it.

۳۳

۳۴ Results

۳۵ Fifteen frameworks/tools developed during 2001 until 2020 were found. We classified
۳۶ frameworks by grouping them into systems approach -analytical frameworks ,indicator-
۳۷ based, and descriptive/ narrative categories. These frameworks vary in the concepts,
۳۸ functions and processes, dimensions, strategies and meet various international or country-
۳۹ specific challenges.

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٤١ Conclusion

٤٢ The process of framework development for health financing review is becoming more
٤٣ comprehensive with pushing universal health coverage to the international agenda. Despite
٤٤ being diverse, various health financing frameworks/ tools offer synergistic views to the health
٤٥ financing system and provide a comprehensive picture of the health financing system. While
٤٦ some frameworks covered the majority of the elements, not any of the frameworks on its own
٤٧ covered all the elements. Health financing review is a laborious endeavor, which usually
٤٨ needs diverse data and an expert team. It is sometimes infeasible to access ready and user-
٤٩ friendly information; therefore, it is important to apply them with some flexibility.

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Background

Health financing occupies a central role in Universal Health Coverage (UHC), one of the Sustainable Development Goals (SDGs) health targets to be committed (1). World health report 2000 highlights the functions of a health financing system: the mobilization, accumulation and allocation of money to cover the health needs for all the people (2). In its 2010 World Health Report, the World Health Organization defines the concept of health financing for universal coverage as “financing systems need to be specifically designed to provide all people with access to all needed health services of sufficient quality without being exposed to financial hardship” (3). Health financing as one of the structural aspects of health systems to achieve improved health outcomes, equity, and public satisfaction, play an essential role in universal health coverage (1, 4).

Health policy makers around the world are faced with increasingly difficulties to sustain sufficient financing for health care (5). Tens of millions of people the world over either do not have access to health care services they need or they have to pay for it, which are catastrophic or impoverishing (3).

Many countries, particularly low and middle-income ones, are developing health financing systems that enable them to sustain or to move towards universal health coverage. However, there is still a gap in evidence and knowledge about national and country-level health financing systems that perform well in terms of improving health outcomes and financial protection (3, 6, 7).

To date, multiple frameworks to assess or review health financing have been developed. The ultimate goal of a conceptual framework is to provide a “starting point” for a national health reform strategy (8). The purpose of some frameworks is to identify the factors involved in health financing, and suggest policy options.” They provide a systematic tool for policy-

makers to analyze functions and interactions of different dimensions of health systems that must be considered for developing policy alternatives and reforms (9). They help synthesize data systematically to fill the gap between pure academic research and the needs of policy-makers (10), distributional impact of various sources of health system funds and the logic of actors (9, 11, 12).

Researchers with different perspectives attempted to apply different criteria for review of health financing system. Some authors framed their approach on the two WHO 2000 and 2010 reports while others attempted to explain the relationships between contextual and structural elements of the health financing system. In order to be evidence-based, decisions about financing must consider all functions of health financing and factors that affect this component. We conducted a comprehensive review of the existing published knowledge on health financing assessment. More specifically, we: (1) review the current frameworks for understanding and assessing health financing and (2) draw out the dimensions of conceptual frameworks and how different concepts are used in relation to the concept of health financing assessment. Lessons learned from different frameworks would guide the future use and formulation of proper reforms to improve health financing system performance. We described and compared health financing frameworks to guide policymakers when selecting a framework to use for assessing health financing and help them use evidence for health finance policy making. This is accomplished by giving a brief overview of frameworks focusing on the dimensions and metrics for each one and summarizing qualitatively the key dimensions, which the majority of the included frameworks highlighted for health financing review.

Method

We carried out a systematic search strategy, using the PubMed database to find peer reviewed published literature up to April 2020. The search was guided by the following search terms: health, finance*, framework*, assess*. A search using generic search engines (Google Scholar and the Google) was also performed through a less structured search using general terms representing ‘health financing framework’ and ‘health financing’ to find additional documents and reports published. To increase the comprehensiveness of search, Websites of World Health Organization (WHO) and World Bank were also searched for relevant grey literature and the reference lists of all selected documents were scanned. The search results were narrowed down using three criteria: English-language literature, review articles and timeframe since 2000.

Our initial intention was to focus on reviews, and meanwhile on the usages of framework(s) in assessing health financing systems. Therefore, the final selection of papers included a combination of both papers, which either have proposed a framework or used a conceptual framework to frame the design of their research project or to explain the outcomes of policy assessment of how a country’s health financing are organized.

We included any type of report or peer reviewed journal article that reported frameworks to assess, review and map financing functions and sub-functions and highlight different factors that affect it, in order to identify all functional and non-functional dimensions needed to be considered in assessing or reviewing of health financing system. Towards this end, analytical, descriptive and even prescriptive frameworks were selected. The frameworks that analyze the performance of the entire health system are also considered since health financing is a main component of health system.

Results

Fifteen frameworks/tools developed during 2001 until 2020 were found. The identified frameworks or tools goals were “assessing” or “reviewing” health financing. We classified frameworks by grouping them into systems approach -analytical frameworks ,indicator-based, and descriptive/ narrative categories. These frameworks vary in the concepts, functions and processes, dimensions, strategies and meet various international or country-specific challenges.

Table 1: An illustrative list of health financing conceptual frameworks

Systems approach -Analytical frameworks

Kutzin suggested an analytical tool for critical assessing of the functions of health financing. The framework identifies three pillars (1) “explicit health financing policy objectives as assessment criteria”; (2) “a function-based framework as a basis for describing health financing systems”; and (3) “analysis of fiscal context”. Kutzin conceptualized the organizational and institutional arrangements of components of health financing and categorized options under each function. He also stressed on the information and implementation of regulation as key policy tools to enhance the insurance function (7, 13, 14).

The framework developed by William Hsiao lists the causal components which explain the system’s outcomes, health status, financial risk protection and consumer satisfaction as final goals; access, quality and efficiency of service delivery as intermediate outcomes; and financing, organizational structure, payment mechanisms, regulation and information as means (15).

Bertone and Meessen proposed a framework drawing from concepts of New Institutional Economics (NIE). It aims to provide a better understanding of how institutional arrangements

shape the performance of health systems. It built upon the idea of the institutional design and organizational practice for health financing performance proposed by Mathauer and Carrin. This framework consists of seven dimensions: ‘institutional arrangements’, ‘enforcement mechanisms’, ‘property rights’, ‘incentives’, ‘intrinsic and extrinsic motivation’, ‘behavioral changes’ and ‘organization’s performance’. Meessen highlighted the relations between these dimensions and stated that power and motivations of the key actors, enforcement mechanisms and the content of rules shaped the ‘property rights’. These decision rights analyses include the decision and earning rights of the main actors, which in return defines the alignment of actor’s incentives with principals’ objectives. Incentives usually take advantage of intrinsic and extrinsic motivation and determine behavioral changes. Assessing the contribution of behaviors to the goals of health system is the last step of analysis (16). The framework should lead to a better understanding of the important role of institutional analysis in the design and implementation of performance-based financing (PBF) interventions.

WHO Health Financing Strategy for the Asia Pacific Region (2010-2015) framework includes "issues and challenges", "main policy objectives", and "actions" to take by member states and WHO. This framework contains some robust strategic areas to analyze health financing situations and identifies specific actions to achieve universal coverage. Eight strategic areas are public spending on health, effective aid for health, efficient rationalizing health expenditures, prepayment and pooling, provider payment methods, safety-net mechanisms for the poor and vulnerable, evidence-based policymaking and monitoring and evaluation (17).

World Bank conceptual framework provides practical steps on “how” to introduce health insurance in low-income countries. To simplify the complicated health insurance issue, this framework has divided health insurance into eight design elements including: Feasibility of Establishment Health Insurance (gap analysis, political support, political and financial capacity, provider capacity and socioeconomic factors); Financing Mechanisms (different kinds of health insurance); Population Coverage (identifying different groups of population to

۱۷۸ be covered especially hard-to-reach populations such as low-income, rural, informal sector
 ۱۷۹ workers); Benefits Package; Provider Engagement; Organizational Structure; Operational
 ۱۸۰ processes; Monitoring and Evaluation of Health Insurance Schemes. The purpose of this
 ۱۸۱ framework is to help health insurance designers from middle and low-income countries with
 ۱۸۲ step-by-step activities to scale up existing health insurance funds or to design a health
 ۱۸۳ insurance plan from the beginning. For each design element, the framework helps policy
 ۱۸۴ makers to identify the political, economic, social, and institutional opportunities and barriers,
 ۱۸۵ and alternative approaches so they can adjust them according to the real conditions in their
 ۱۸۶ countries in a way to move health insurance forward on a rational and feasible path (18).
 ۱۸۷ In the study by Bazyar et al., the above framework was applied to analyze challenges ahead
 ۱۸۸ of merging health insurance funds in Iran as a country with fragmentation in health risk pools
 ۱۸۹ to create a single national fund. In their study, they introduced a new framework, added three
 ۱۹۰ new aspects to the Work Bank framework, and extended it to 11 elements. Three new
 ۱۹۱ dimensions were “Justification of the consolidation process; the explicit definition of the
 ۱۹۲ policy objectives”, “Stewardship”, and “Health Service Delivery”. Stewardship refers to
 ۱۹۳ alignment of health insurance system with the policies of the broader health care system
 ۱۹۴ especially in countries with a purchaser-provider split. “Health service delivery” refers to
 ۱۹۵ how health insurance schemes provide health care services for their beneficiaries and
 ۱۹۶ differences between them. This item also refers to the effect of consolidation on the quality
 ۱۹۷ and quantity of health care services delivered by the health care providers (19).
 ۱۹۸ Resource Tracking and Management” (RTM) framework provides a comprehensive analysis of
 ۱۹۹ health financing by bringing 5 key resource tracking efforts including Resource Mobilization,
 ۲۰۰ Resource Allocation, Resource Utilization, Resource Productivity and Resource Targeting
 ۲۰۱ into one comprehensive structure. It collects information by different tools such as fiscal
 ۲۰۲ space analysis; Public Expenditure Reviews (PERs), Cost-effectiveness analysis and priority

٢٠٣ setting, planning/budget process, and National Health Accounts (NHAs), Public Expenditure
٢٠٤ Tracking Surveys (PETs), Quantitative Service Delivery Survey (QSDS) or facility surveys,
٢٠٥ and Benefit Incidence Analysis (BIA) (20).

٢٠٦ The aim of the accounting framework (SHA) is to provide a clear and transparent picture of a
٢٠٧ country's financing schemes, institutional units and key transactions (flows). The SHA
٢٠٨ framework makes it possible to analyze different issues as follows: the revenue- collection of a
٢٠٩ particular financing scheme; mobilizing of revenues of particular institutional units of the
٢١٠ economy; the share of the main financing schemes in a country's health care sector; the
٢١١ (purchased services under the different financing schemes; resources allocation of the different
٢١٢ financing schemes among the different services; financing of a particular health care service;
٢١٣ allocation of the resources of the different financing schemes among the different groups of
٢١٤ beneficiaries; flow of money; management of health care financing; and institutional
٢١٥ arrangements of governing the funds of financing schemes (21).

٢١٦

٢١٧ *Indicator-based frameworks*

٢١٨ U.S. Agency for International Development designed a structured and indicator-based
٢١٩ approach to provide a rapid and comprehensive assessment of a country's health system. In
٢٢٠ Health Systems Assessment Approach (HS20/20), data related to health, economics and
٢٢١ demographics indices are retrieved by desk review of relevant documents and structured
٢٢٢ stakeholder interviews. Health financing strengths and weaknesses are diagnosed by data
٢٢٣ analysis and then based on country priorities and gaps, recommendations and policies will be
٢٢٤ developed (22).

٢٢٥ OASIS framework proposed by WHO uses secondary data, document review, and
٢٢٦ stakeholder interviews. It consists of three steps: a health financing performance assessment, a

more detailed institutional-organizational analysis and identification of options and necessary changes required for health financing improvements. This framework identifies six types of bottlenecks in the institutional design and organizational practice, and six entry points of proposed changes to identify as, enhancing health financing performance, which focuses on modifying legal and regulatory provisions, improving organizational practice through strengthening organizational capacity and enforcement practices. It applies to review either the whole health financing system or specific health financing schemes (11).

The Public Financial Management Performance – Self-Assessment (PFMP-SA) framework is derived from the PEFA framework, adapted to the needs of the health sector, which promote ministries of health to conduct self-assessments of the performance of their PFM systems. The PFMP-SA include a range of 12 modified ‘standard’ PFM indicators as follows: “1. Expenditure against original budgets links to programs, priorities, and results 2. Extent and monitoring of expenditure payment arrears toward suppliers, contractors, and employees 3. stakeholders’ access to key fiscal information 4. Ministry’s practices and success in elaborating medium-term planning, budgeting and expenditure frameworks 5. Cash flow predictability and control over timely budget execution 6. Access and control over payroll by MOH 7. Adequate, efficient, and transparent procurement system 8. Formal and documented internal controls 9. Internal audit functions 10. The accounting system provides coherent information on resources reaching lower levels of service delivery 11. The accounting system can produce timely periodic reports 12. The MOH is receiving and using financial information provided by donors for budgeting and reporting on project and program aid.” The assessment evaluates the indicators impact on the six core dimensions: credibility of the budget; comprehensiveness and transparency; policy-based budgeting; predictability and control in budget execution; accounting, recording, and reporting; and external scrutiny and audit (23).

narrative/descriptive Frameworks

٢٥٢ Kutzin and McIntyre Developed “Guidance on Conducting a Situation Analysis of Health
٢٥٣ Financing for Universal Health Coverage “which can be used as a complement to OASIS or
٢٥٤ independently. It is a tool aims to assess a country’s health financing system relative to the
٢٥٥ goal of universal health coverage (UHC) and the challenges faced in moving towards UHC.
٢٥٦ The approach is predominantly qualitative with some supporting quantitative data. It is a
٢٥٧ comprehensive guidance for situation analysis, and unlike other frameworks; this model goes
٢٥٨ beyond simple instructions and can be used by users to assess performance in practice. The
٢٥٩ authors argued key contextual factors including health expenditure patterns and implications,
٢٦٠ public sector financial management, and the structure of public administration and fiscal
٢٦١ context are essential for a full analysis of health financing arrangements. They also highlighted
٢٦٢ relative power of different actors in the budget decision-making process, expenditure control
٢٦٣ measures, extent of decision-making autonomy of health sector managers and fate of resources
٢٦٤ ‘released’ through efficiency savings. In the second stage financial protection and equity in
٢٦٥ finance, health services quality, equity in health services utilization and in the distribution of
٢٦٦ resources, health system efficiency, transparency and accountability are assessed (24).

٢٦٧ Chatham House developed a framework that concentrates on three areas: the domestic
٢٦٨ financing
٢٦٩ of national health systems, the joint financing of global public goods for health, and the
٢٧٠ external financing of national health systems. To assess domestic financing of national health
٢٧١ systems, it emphasizes on government’s responsibilities in eight areas. 1) efficient, equitable
٢٧٢ and sustainable financing, 2) percent of gross domestic product (GDP) on health, 3)
٢٧٣ minimizing catastrophic and impoverishing out of pockets (OOPPs),4) improving revenue
٢٧٤ generation through mandatory and progressively prepaid pooled funds, 5) innovative taxation
٢٧٥ policies and tax compliance measures, 6) expand comprehensive primary health care for all
٢٧٦ population and set priorities to specialized care, 7) develop a systematic and multi criteria

277 decision processes for priority-setting and 8) improve efficiency by focusing on corruption,
278 strategic purchasing and providers payment mechanisms (25).

279 The “aligning public financial management and health financing guide “ is jointly prepared by
280 Results for Development (R4D) and WHO’s Department of Health Systems Governance and
281 Financing. This guide provides a framework for health and finance policy-makers for
282 diagnosing misalignments and obstacles in regards to matching health financing objectives
283 and PFM systems and determining actions that can improve alignment. This guide is arranged
284 into six assessment modules: laying the groundwork, health budget formulation, health budget
285 execution and provider payment, budget accounting and reporting, fiscal sustainability, and
286 options for achieving better alignment between PFM and health. Each module includes a set of
287 questions in summary tables outline the current situation and identify potential bottlenecks
288 (26).

289 The “World Bank FinHealth PFM-in-health toolkit” identifies the main PFM-related
290 bottlenecks and opportunities to improving service delivery and make recommendations and
291 options for strengthening PFM arrangements. The framework provides a ‘whole-of-system’
292 view and a wide range of issues like supply-side service delivery issues, key PFM systems and
293 health financing best practice grouped across 24 health functions are analyzed qualitatively
294 and quantitatively. Undertaking a diagnostic using the toolkit will result in options for
295 strengthening PFM arrangements to support improved health service delivery (27).

296 Discussion

297

298 In this paper, we reviewed Fifteen proposed health financing frameworks/ tools from 2001 to
299 2020. These frameworks/ tools are developed attempting to assess and review health
300 financing. Since there are well-established and important contribution of "comparative

٣٠١ perspective used in both academic field of public policy analysis and in more applied policy
 ٣٠٢ studies" (28), frameworks/ tools help to assess health financing in different settings, the
 ٣٠٣ proposed table is helpful to identify promising framework and to enable categorizing and
 ٣٠٤ comparatively assessing frameworks.

٣٠٥ Despite being diverse, various health financing frameworks/ tools offer synergistic views to
 ٣٠٦ the health financing system and provide a comprehensive picture of the health financing
 ٣٠٧ system. They vary somehow in terms of the criteria and performance indicators, the position
 ٣٠٨ of context and actors, and the degree to which they weight the importance of institutional and
 ٣٠٩ organizational factors. Across the majority of the mentioned frameworks/ tools, health
 ٣١٠ financing was assessed alongside several dimensions, which has ten categories: a) contextual
 ٣١١ factors, b) governance, c) social values, d) health information e) administrative capacity, f)
 ٣١٢ laws and regulation, g) actors and stakeholders, h) goals and functions, I) incentives, j)
 ٣١٣ enforcement mechanisms.

٣١٤ Nearly among analytical indicator-based frameworks reviewed, it seems there is a consistency
 ٣١٥ of their approach in identifying the performance indicators. The OASIS framework and
 ٣١٦ "Health 2020" provide a supposedly well-defined categorization of performance indicators for
 ٣١٧ revenue collection and pooling except strategic purchasing indicators, which is difficult to
 ٣١٨ measure, assessed by data gathered through MOH policy documents and key informants
 ٣١٩ interviews. The unique value of these frameworks is that they provide a practical basis for in-
 ٣٢٠ depth analysis of structural, organizational and institutional components of health financing
 ٣٢١ system, which bring them together within a wide perspective and link health financing
 ٣٢٢ functions to the achievement of intermediate and broader health system objectives. Despite
 ٣٢٣ some similarities in their approach, there are still some differences in their stress on health
 ٣٢٤ financing rules and organizational practice. However, the OASIS demonstrated less about
 ٣٢٥ contextual factors as compared with the other mentioned frameworks (8, 11, 22). Some

countries like Korea, Cambodia and Vietnam, assessed their health financing system using OASIS framework, identified achievements and challenges and suggested policy options to maintain or accelerate progress towards universal coverage (29-31). Chua and his colleague in their study used the WHO Health Financing Strategy for the Asia Pacific Region (2010-2015) as the framework to evaluate the Malaysian healthcare financing system. This study shows that good governance would ensure adequate focus on the attainment of universal coverage through allocating public spending on health (32).

There is a gradual shift towards a greater consideration of Public Finance Management. Kutzin and McIntyre in their framework recommended health financing assessment should put further emphasis on “Public Finance Management”. Their framework included a descriptive approach and detailed assessment of public sector financial management, relative power of different actors in the budget decision-making process, extent of decision-making autonomy of health sector managers (7, 22). Describing health financing and PFM in a national health system, this tool offers analysis of the broader reform environment to inform moving to UHC.

The resource tracking and management framework provides a comprehensive data on financial flows on the one hand and linkage between the financial statistics and the policy issues, analysis and interpretation on the other hand. Understanding this two-way relationship is critical for diagnosing misalignments between health financing policies and PFM good practices, the health financing system main obstacles to intervene, and actionable strategies for improving alignment (20, 26).

The FinHealth PFM-in-health toolkit aims to provide a ‘whole-of-system’ view, from the upstream planning and budgeting to the downstream budget execution process grouped across 24 health functions, derived from a framework that brings together supply-side service delivery issues, key PFM systems and health financing best practice.

350 Using this framework, the tool aims to make clear the linkages between identified PFM
351 problems, health financing in general, and service delivery. In this way, it is different to – for
352 example – a PEFA for health approach, which focuses on the operation of PFM systems but
353 with no specific focus as to how these affect service delivery.

354 The FinHealth toolkit does not set clear external benchmarks against which performance can
355 be quantified and/or assessed. Instead, users of the tool work across questions grouped into
356 24 predefined health functions to draw their own narrative judgments based on the data
357 collected, which are predominantly qualitative with some quantitative elements. Many of the
358 questions within each identified function are in the form of ‘To what extent...’ and ‘To what
359 degree...’, offering an open-ended response where users will have to determine for
360 themselves at what point a sufficient response has been provided. A few of the health
361 function question areas are directly linked to PEFA indicators. It includes a number of
362 questions and areas of focus that could be considered outside a strict definition of PFM
363 system functioning (e.g. payroll, procurement). The tool is certainly broad in that it puts
364 forward a wide-ranging framework for understanding the interrelated issues of delivery
365 bottlenecks, PFM challenges and health financing best practice. A full response to all its
366 questions would provide a great deal of information on health service delivery and its PFM
367 challenges. However, this also represents its major challenge: answering every question
368 within the 24 health function areas – and collecting all the qualitative and quantitative data
369 required to do it – may prove a significant logistical and resource challenge to carry out in its
370 entirety (27)

371 There are, on the other hand, some analytical frameworks like Chatham House, and
372 frameworks proposed by Kutzin, Mossialos and Meeseen that have devoted a deep attention to
373 contextual structure, institutional arrangements and valid information. Multi-faceted
374 interactions between these factors from the perspectives of the basic health financing functions

are critical. Absence of a set of comprehensive indicators for evaluating healthcare financing in this group of frameworks is obvious (9, 10, 16, 25, 33). The framework proposed by Hsiao focuses more on health financing functions, their causal links and impact on different objectives in policy making (15). Kutzin also focuses on the health financing context and the interactions of policies. He conceptualizes the organizational and institutional arrangements of the components of health financing. He also stresses on the implementation of regulation and information as key policy tools (7, 13, 14). In the Gottret et al. study of Health Financing Revisited, common enabling factors across all or most of the nine studied countries were first identified. They include institutional and societal policy and implementation factors (7). Several studies are published with a focus on contextual factors. They showed that developing health financing system within the particular macro-economic, socio-economic and political context of the country and consideration of national context are of great importance (34-36).

Scope of frameworks/tools varies. Some scopes have a narrow perspective and focus only on health financing and its functions while others assess the whole health system. The framework proposed by Hsiao and "Health 2020" aimed to analyze the health system as a whole. In their study of evaluation of Bulgaria's health financing system, Couffinhal et al. employed WHO/World Bank taxonomy of health systems and the related goals and objectives. Their assessment encompassed health service delivery, political economy and health financing. They argued that the interaction of health infrastructure, human resources, information, drugs and medical supplies, technologies and stewardship together with health financing functions determined how well health system achieved its ultimate goals (37).

Ovretviet and Marmor believed that comparative health policy helped to "expand relationships among different countries by understanding their similarities and differences" and by "adapting ideas that have worked elsewhere" (28). Quoting Rose and Marmor (1993,

1997), it has been argued that “shaping of a common global framework for health financing is a fallacy in international health comparisons discussions as it overlooks the importance of context” (38).

Health systems research focuses more on the “science of delivery” today, which means how the guiding principles of the system are implemented in practice, in a given context. The issue of what works and what does not, is increasingly based on the socioeconomic, political and cultural context (37). Considering these variations which differ among countries, Mossialos emphasizes in his model on political considerations, economic activity, demographic profile, environmental factors, external pressures and social values (10). Political and national traditions shape the values, which have complex interactions with institutions and organizational performance. Solidarity, cost-sharing arrangements and considerations of cost effectiveness all play an important part in the decision for the use of resources (39).

Walt and Gilson considers essential role of general and health system context, content of policies and process in defining a country's vision, priorities, and course of action for improving health financing policies. Stakeholder's concerns, interests and positions are very important in proposing health financing strategies. Involving stakeholders might eliminate societal resistance, increase society's support and decrease feasibility constraints (40, 41). Zoidze et al. assess the impact of the “national program for Medical Assistance to the Poor” on equity and financial protection using the “policy triangle framework” (42). In one of the studies looking at social health protection of the informal sector, the researchers focused on the policy analysis approach developed by Walt and Gilson and considered context and the views of scholars, politicians, bureaucrats to investigate the main policy and operational barriers (36). Meessen explicitly considered the magnitude of the “property rights” and defined the alignment of actor's incentives with principals' objectives and their behavioral pattern (16).

٤٢٥ The World Bank framework provides eight areas for countries which try to establish a health
٤٢٦ insurance system from the beginning or extend their current health insurance system. Bazyar
٤٢٧ used this framework as a initial framework to study the challenges ahead of merging health
٤٢٨ insurance funds in Iran. Studying merger of the existing health insurance funds as a policy to
٤٢٩ boost risk poolong is something new which has been emphasized in this framework. Much is
٤٣٠ needed to be done to understand the experience, advantages, disadvantages, challenges,
٤٣١ facilitators, and process of merging health insurance funds in those countries which have
٤٣٢ implemented this policy (43-45)

٤٣٣ The evidence reviewed here shows that over time, more determinants of health financing as
٤٣٤ demographic, socioeconomic, environmental, institutional and political factors are considered
٤٣٥ for assessment. However, none of the frameworks on its own covers all the elements. It is
٤٣٦ necessary to develop a broad and coherence framework to ensure containing all of the factors
٤٣٧ affecting health financing to achieve UHC. Shaping of a comprehensive framework for health
٤٣٨ financing has to contribute to identify effective policy interventions. Health financing analysis
٤٣٩ is a laborious endeavor that usually needs diverse data and an expert team. It is sometimes
٤٤٠ infeasible to access ready and user-friendly information, therefore it is important to apply to
٤٤١ them with some flexibility.

٤٤٢ It is worth clarifying that although our research methods are extensive, but there might be
٤٤٣ additional frameworks that we have not identified. For example, frameworks might have been
٤٤٤ remained as unpublished policy documents. There is not any rich literature implicating the
٤٤٥ validity of these frameworks and the results of applying them in making policy decisions, so
٤٤٦ more studies need to be carried out. Also development of a comprehensive framework was
٤٤٧ beyond the scope of this paper. However, in the light of the importance of health financing
٤٤٨ and UHC, an examination of the published and either unpublished health financing conceptual

frameworks is timely and fundamentally important and may give informative and timely clues to health policy makers.

Conclusion

Given the complexity of health financing, there is no single, widely accepted framework for assessing financing of health sector. Health financing assessments need to cover a potentially wide range of dimensions – depending on country context – and to take a holistic view of the financial system. There is an overlap in all frameworks as we expected and common elements are observed among current frameworks. There are also some dimensions that enough attention should be paid to, like political dimensions and the role of stakeholders. Some frameworks need a great and time consuming data gathering procedure. This comparative study suggests that simplifying concepts for policy makers should be a priority in the development of a coherent and comprehensive framework. Development such frameworks with explicit feasible recommendations, building on key links between contexts, power relationships among system stakeholders, institutions and interactions between health financing functions has a practical value. We hope that in seeking to build a practical framework, we at least help to give a comprehensive picture of health financing frameworks to initiate and facilitate more works as at present UHC &SDG are in the global agenda.

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Table 1- An illustrative list of health financing conceptual frameworks / tools

Framework	Year	Dimensions of assessment
<i>Kutzin (14)</i>	2001	1- Organization of health financing systems: Stewardship of financing (governance, regulation, information) 2- Collection of funds 3- Allocation mechanisms 4- Pooling of funds 5- Purchasing 6- provider payment
<i>Hsiao (15)</i>	2003	1-financing 2- organizational structure 3- payment mechanisms, 4- regulation 5- persuasion (information provision)
<i>Meessen (16)</i>	2009	1- Institutional arrangements 2- enforcement mechanism 3-property rights 4- incentives 5- intrinsic and extrinsic motivation 6- behavioral changes 7- organization's performance
<i>Asia Pacific (17)</i>	2009	1-Public policy and leadership 2-Health financing functions and policy norms 3- Health financing strategies: Investment and spending, Aid effectiveness and Efficiency, Prepayment and pooling, Payment methods and Safety nets, Evidence and information, Monitoring and evaluation
<i>World Bank (18)</i>	2011	1- Feasibility of Establishment Health Insurance 2- Financing Mechanisms 3-Population Coverage 4- Benefits Package 5- Provider Engagement 6- Organizational Structure 7- Operational processes 8- Monitoring and Evaluation of Health Insurance Schemes
<i>Bazyar et. al (19)</i>	2020	1- Feasibility of Establishment Health Insurance 2- Financing Mechanisms 3-Population Coverage 4- Benefits Package 5- Provider Engagement 6- Organizational Structure 7- Operational processes 8- Monitoring and Evaluation of Health Insurance Schemes 9- Justification of the consolidation process; the explicit definition of the policy objectives 10- Stewardship 11- Health Service Delivery
<i>RTM (20)</i>	2020	1-Resource Mobilization, 2-Resource Allocation, 3-Resource Utilization, 4-Resource Productivity 5-Resource Targeting
<i>SHA (21)</i>	2011	1- revenue- collection; 2-mobilizing of revenues; 3-the share of the main financing schemes in a country's health care sector; 4- purchased services; 5-resources allocation of the different financing schemes among the different services; 6- financing of a particular health care service; 7-allocation of the resources of the different financing schemes among the different groups of beneficiaries; 8-flow of money; 9- management of health care financing; 10- institutional arrangements of governing the funds of financing schemes
<i>(HS20/20) (22)</i>	2007	1-Revenue Collection: Amount and Sources of Financial Resources 2- Pooling and Allocation of Financial Resources 3-Purchasing and Provider Payments
<i>OASIS (11)</i>	2011	1-Health financing performance assessment: Resource mobilization, External funding, Pooling, Purchasing, Benefit package, Fund management, Stewardship 2- Institutional-organizational analysis of: Collection of contributions, membership registration / enrolment, Targeted subsidization, Targeted exemption, Provider payment and claims management
<i>PFMP-SA (23)</i>	2013	1-credibility of the budget; 2-comprehensiveness and transparency; 3-policy-based budgeting; 4-predictability and control in budget execution; 5-accounting, recording, and reporting; 6- external scrutiny and audit
<i>Kutzin (24)</i>	2017	1- Fiscal context 2- The structure of public administration 3- Public sector financial management 4- Health expenditure patterns and implications 5- Financial protection and equity in finance 6- Health service quality 7- Equity in service use and in the distribution of resources 8- Health system efficiency 9- Transparency and accountability 10 Revenue contribution and collection mechanisms 11- Fund pooling arrangements 12- Purchasing 13- Policies for benefit design and rationing

<i>Chatham House</i> (25)	2014	<i>1- Domestic financing of national health systems</i> <i>2- the joint financing of global public goods for health</i> <i>3- the external financing of national health systems</i>
<i>Cashin</i> (26)	2017	<i>1-laying the groundwork, 2-health budget formulation, 3-health budget execution and provider payment, 4-budget accounting and reporting,5- fiscal sustainability, and 6-options for achieving better alignment between PFM and health.</i>
<i>PFM</i> (27)	2020	<i>1-wide range of issues like supply-side service delivery issues, key PFM systems and health financing best practice grouped across 24 health functions</i>

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