**Health Priority Setting and Resource Allocation Benchmarking Toolkit**

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**Funding Flow Diagram**

Allocation to providers/ facilities

Allocation to providers/ facilities

Allocation to providers/ facilities

Allocation to sub-national ministries

Allocation to priority programs

Allocation to specific budgets or programs

Other Ministries

Ministry of Finance/ Treasury

Direct allocation to other priority programs

Allocation to sub-national budget

Direct allocation to parastatal agencies or programs

Allocation within Ministry/ Department of Health

Allocation to providers/ facilities

**KEY**

Pathway not relevant to country

Funding flows

**Part 1: Prioritization processes**

*Questions and benchmarks to describe five major priority setting elements – please take the perspective of the major budget holder in country where needed and indicate that perspective where relevant*

Name of budget holder (please select either major budget holder or chose perspective of a single entity or level where relevant)

**Budget**

**Overall structure**

1. How is the overall health budget structured?

*(Benchmarks)*

* 1. Program based
  2. Hybrid
  3. Input based/line item

**Other descriptors**

1. How responsive is the budget to health priorities?

*(Benchmarks)*

* 1. Autonomy to establish health priorities
  2. Some autonomy to determine health priorities
  3. Little autonomy to determine health priorities (i.e. earmarks determine priorities)

**Legal/ regulatory/ policy basis**

1. Is there a legal or regulatory basis for how budgeting should occur and/or priorities established? What law/regulation or policy (ie, fiscal rules)

*(Benchmarks)*

* 1. Budget structure mandated and enforced
  2. Laws and regulations around budget but not enforced/ current/ comprehensive
  3. No laws, regulations around budget structure

**Fragmentation within process**

1. What are the major health budget centers (on and off budget)? Which budget holder retains the majority of the health budget?

*(Benchmarks)*

* 1. Single budget holder
  2. Multiple coordinated budget holders
  3. Multiple discrete budget holders

**Costing**

1. Do costing tools align with budgeting approach?

*(Benchmarks)*

* 1. Tools aligned and used in budgeting
  2. Tools aligned but not used
  3. Tools not aligned or applied

**Other tools and data**

1. How well are other priority-setting processes accounted for in the health budget?

*(Benchmarks)*

* 1. Evidence based
  2. Ad hoc
  3. Historical

**Decentralization**

**Overall Structure**

1. What is the jurisdiction of local government in administering health budgets?
   1. Complete sub-national authority, providers/ facilities consulted
   2. Some sub-national authority, providers not consulted
   3. No fiscal decentralization

**Other descriptors**

1. How flexible are sub-national budgets in terms of what can be included?
2. Autonomy to establish health priorities
3. Some autonomy to determine health priorities
4. Little autonomy to determine health priorities (i.e. hard earmarks or budget structure determine priorities)

**Legal/ regulatory/ policy basis**

1. Is there a legal or regulatory basis that dictates how resources should flow to lower administrative levels against health sector priorities?
2. Role of decentralized structures legally mandated and enforced
3. Laws and regulations around decentralized role but not enforced/ current/ comprehensive
4. No laws, regulations around role of decentralized structure

**Fragmentation within process**

1. Are there multiple plans or strategies at the sub-national level that drive resource allocation?
2. Sub-national plan is unified with national plan
3. Sub-national planning is somewhat linked to national processes
4. Sub-national planning is fragmented

**Costing**

1. Are these plans costed?
2. Sub-national plans costed and costs applied
3. Sub-national plans costed, but costs not used
4. Sub-national plans uncosted

**Other tools and data**

1. What other tools and evidence are used to guide priorities? Please describe who is involved in the process

*(Benchmarks)*

* 1. Evidence based
  2. Some
  3. None

**Health Systems and Financing**

**Overall Structure**

1. How would you categorize the domestic health system financing structures?
2. Primarily public finance
3. Mixed/transitional
4. Out-of-pocket payments and private sector financing

**Other descriptors**

1. How does the majority of the population access services? Please describe
2. Compulsory or non-compulsory tax or contributory scheme (choose one of each)
3. Regulated private for profit or not for profit (choose one)
4. Unregulated Private for profit or not for profit (choose one)

**Legal/ regulatory/ policy basis**

1. Is there a legal or regulatory basis that dictates how resources should be allocated against health sector priorities? What law/regulation or policy?
2. Financing of health policies and priorities mandated and enforced
3. Laws and regulations around priorities but not enforced/ current/ comprehensive
4. No laws, regulations around priorities

**Fragmentation within process**

1. Are there multiple strategic plans for both the budget holder and different programs funded by that budget holder? [eg. TB, HIV etc.]
2. Program plans fully unified in overall plan
3. Multiple aligned program plans
4. Fragmented program and sector wide plans

**Costing**

1. Are these plans costed and/or linked to a health financing strategy?
2. Plans costed and costs applied
3. Plans costed, but costs not used
4. Programs and/ or sector plan uncosted

**Other tools and data**

1. What other tools and evidence are used to guide priorities? Please describe who is involved in the process

*(Benchmarks)*

1. Evidence based
2. Some
3. None

**Benefits Package(s) covered by major budget holder**

**Overall Structure**

1. How is/ are public benefits package(s) structured?
2. Centrally established positive or negative list (choose one)
3. Multiple or partial lists for various populations, services, or system levels
4. No unified list

**Other descriptors**

1. What is included in the benefits package? How often is it reviewed? Please explain how pharmaceuticals are approached.
2. All 3 of PHC, tertiary and specialist
3. One/ more of tertiary, specialist and PHC, but not all
4. Package not defined

**Legal/ regulatory/ policy basis**

1. Is there a legal or regulatory basis that dictates how resources should be allocated against the benefits package? What law/regulation or policy?
2. BP mandated and enforced
3. Laws and regulations around BP but not enforced/ current/ comprehensive
4. No laws, regulations around BP

**Fragmentation within process**

1. Outside the main package are there other packages specified for specific programs?
2. Fully unified in overall package
3. Fragmented BPs, but linked to overall package
4. Fragmented BPs

**Costing**

1. How is/are the benefits package(s) costed? If different programs, please indicate for each
2. BP costed and costs applied
3. BP costed, but costs not used
4. BP uncosted

**Other tools and data**

1. What other tools and evidence are used to guide priorities? Please describe who is involved in the process

*(Benchmarks)*

1. Evidence based
2. Some
3. None

**External Resources**

**Overall Structure**

1. How would you categorize the partner landscape in terms of financial contributions to health?
2. Most donor funding on budget
3. Mix
4. Most donor funding off budget

**Other descriptors**

1. What is the % of CHE that comes from external resources?
2. <10%
3. 10% < x < 50%
4. 50% < x < 90%

**Legal/ regulatory/ policy basis**

1. Is there a legal or regulatory basis that dictates how external resources should be allocated against health sector priorities? What law/regulation or policy?
2. Donor funding of priorities mandated and enforced
3. Laws and regulations around donor funding but not enforced/ current/ comprehensive
4. No laws, regulations around donor funding of priorities

**Fragmentation within process**

1. Are external resources aligned to priorities of the major budget holder?
2. External resources fully aligned to sector priorities
3. Coordination exists but poor alignment
4. Donor priorities are not linked to country priorities

**Costing**

1. Are the costs of donor programs transparent and available to the government?
2. Costs are fully available to government
3. There is some knowledge of costs
4. Costs of donor programs are not known

**Other tools and data**

1. What other tools and evidence are used to guide priorities? Please describe who is involved in the process

*(Benchmarks)*

1. Evidence based
2. Some
3. None

**Part 2: Resource allocation**

*Questions and benchmarks to assess resource allocation in country from the perspective of one budget holder*

**Fund Allocation**

1. Do resources flow according to determined priorities?
   1. Aligned to sector priorities (Please select: Decentralized priorities, external resources, benefits package, health or program plan)
   2. Planning aligned to sector priorities, but funds allocated based on line items
   3. Historical line item budgeting
2. What institutions or stakeholders are involved in allocating funds according to these priorities and what methods do they use?
   1. Consultative
   2. Somewhat consultative
   3. Not consultative/ decisions made by one entity
3. How and how frequently are resources allocated?
   1. Allocations are sufficient and predictable
   2. Allocations are somewhat sufficient and predictable
   3. Allocations are not sufficient or predictable

**Fund allocation**

1. Who receives funds. Do they have flexibility to reallocate funds according to need?
2. Fund flows are flexible
3. Fund flows are somewhat flexible (i.e. can reallocate with approval)
4. Fund flows are not flexible (i.e. hard earmarks, strict rules on moving items between lines)
5. How are funded priorities paid for?
6. Providers and facilities paid based on outputs and aligned to priorities
7. Providers and facilities paid based on output but no link to priorities
8. Providers and facilities paid based on inputs

**Assessment**

1. How are funding flows tracked against priorities?
2. Clear indicators are in place to track spending against priorities
3. Expenditure is tracked against line items only
4. Funding flows are not transparent