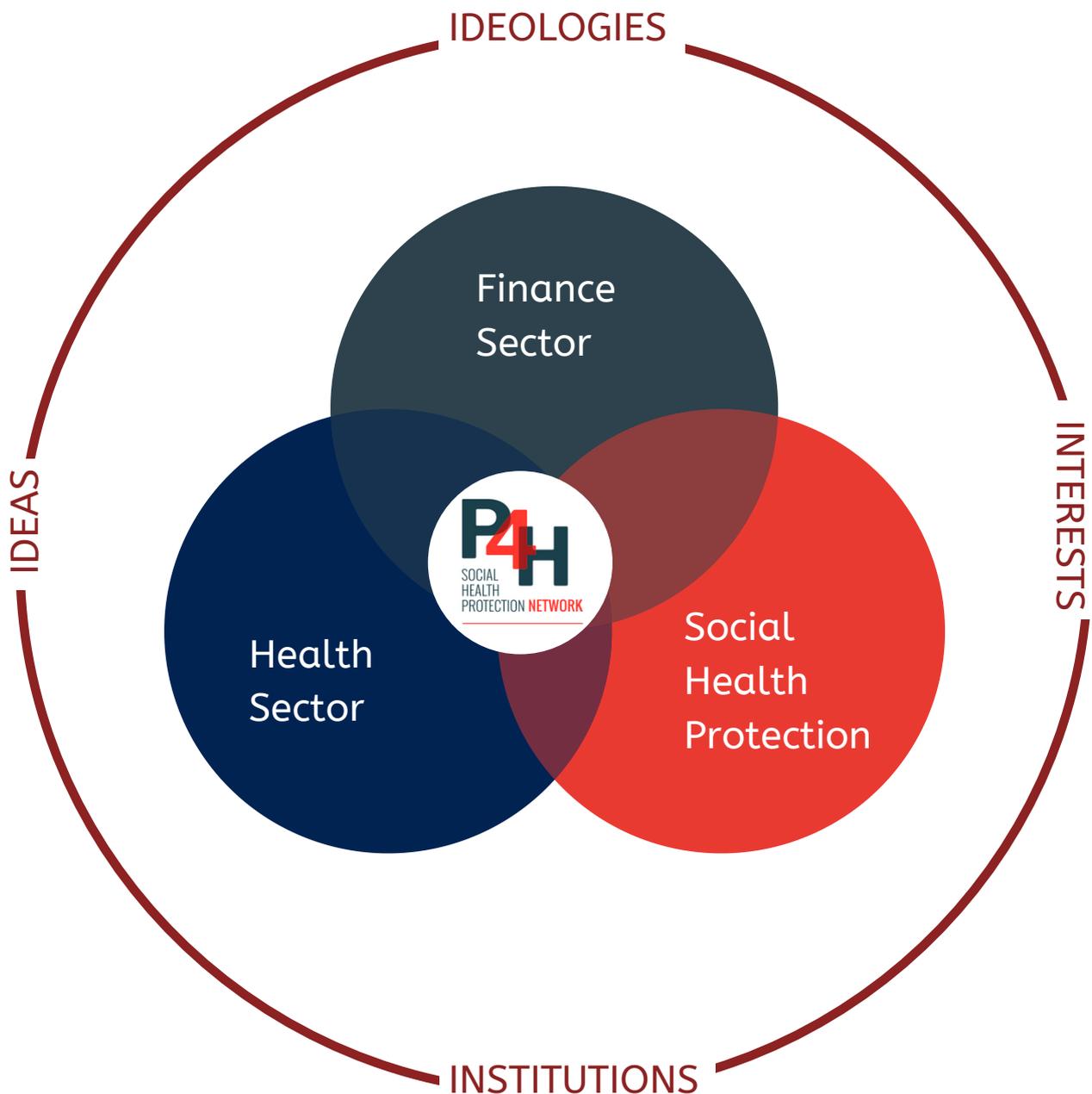


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# Political Economy Tool







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## Abbreviations and Acronyms

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CFPS	Country Focal Person
COVID 19	Coronavirus Disease discovered in 2019
CSO	Civil Society Organization
GHED	Global Health Expenditure Database
L4UHC	Leadership for Universal Health Coverage
NGO	Non Governmental Organization
P4H	Global Network for Health Financing and Social Health Protection for Universal Health Coverage
UHC	Universal Health Coverage
WHO	World Health Organization



## 1. Introduction

In December 2016, the Global Network for Health Financing and Social Health Protection for Universal Health Coverage (P4H) proposed political economy among the top three collaborative topics along with efficiency and equity in health financing for universal health coverage (UHC).<sup>1</sup> UHC is intrinsically political (Greer and Méndez, 2015). Today, UHC is commonly understood as the embedded goal of equal access for all people to comprehensive and quality health services without financial hardship. Health financing and social health protection mechanisms are policy instruments to attain this goal. UHC-related policy reforms necessitate partnerships to ensure equity in resource distribution,<sup>1</sup> greater efficiency, transparency and accountability and effective financial protection for those who are in need. “Partnership collaboration” in the area of health financing and social health protection for UHC involves politics, which may appear either explicitly or implicitly. The term partnership collaboration is used in the P4H Political Economy Tool to mean the coming together of different partners and stakeholders to promote and support national policies and strategies making progress toward UHC. In view of these aspects and influencing factors that are necessary to advance and achieve UHC, P4H initiated the development of the P4H Political Economy Tool to help P4H<sup>2</sup> country focal persons (CFPs) explore countries’ individual contexts and support their work.

The P4H CFPs are an integral part of P4H’s structure as a network that connects, incentivizes and facilitates partnership collaboration among partners and stakeholders across health, finance, social and other relevant sectors at all levels, and creates leverage and synergies among these entities. P4H works with partners and stakeholders include entities such as development partners, bi- and multilateral agencies, governmental and nongovernmental organizations (NGOs), academic institutions, civil society organizations (CSOs), professional associations and private foundations involved and interested in country specific health financing and social health protection reforms, as well as with countries with differing socioeconomic characteristics. The areas of intervention and the specific tasks of P4H CFPs are defined by national authorities in consultation and partnership with their collaborating agencies and the P4H network. P4H CFPs are expected to be a resource, technical resource person and neutral broker who relies on the existing dialogue and partnership consultation frameworks. In brief, P4H CFPs are mandated to catalyse partners and stakeholders by listening, sharing, gathering information, explaining and aligning and promoting collaborations in countries.

Multisectoral and multidisciplinary dialogues and partnerships have proved valuable to uncover common views and understandings and bring parties in agreement on where a country stands on what is needed and how to progress toward UHC. In this process,

<sup>1</sup> Universal health coverage means that all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care. [https://www.who.int/health-topics/universal-health-coverage-tab=tab\\_1](https://www.who.int/health-topics/universal-health-coverage-tab=tab_1)

<sup>2</sup> P4H is a global network that supports the development of sustainable and equitable health financing systems toward UHC by facilitating partnership collaboration among all relevant stakeholders. More information is available at <https://p4h.world/en/>



taking into consideration a country's political economy situation would enhance P4H's capabilities and capacity to facilitate country reform processes; promote technical exchanges; document and share experiences, best practices and lessons learned; and support leadership capacity for UHC.

In 2014, P4H developed the Leadership for Universal Health Coverage (L4UHC)<sup>3</sup> programme, which claims to foster the skills and teamwork initiatives among politicians, high-level decision makers and influencers, and representatives from health and financial sectors, and other sectors by discussing and sharing their common interest and expectations to work together. Since then, the program was implemented in several countries in Africa and Asia with funding support from P4H partner organizations like Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH, the World Bank, the World Health Organization (WHO) and the United States Agency for International Development. Collectively, all partners worked together on country-specific, joint-action initiatives by addressing technical, financial and political aspects of health financing and social health protection for UHC in the context of individual country settings.

Health financing and social health protection policies during the COVID-19 pandemic clearly demonstrated that partnership collaboration can play a vital role in revitalizing budgetary reforms and improving public finance management to mobilize and efficiently use funds to protect and, save lives and livelihoods. Countries needed collaborative platforms to support partnerships among different stakeholders such as governmental organizations and nongovernmental CSOs, the private sector and development partners.

There is a range of skills among P4H CFPs; some may know more, or less, than others about political economy analysis. The P4H Political Economy Tool reflects this by aiming to help P4H CFPs deepen their understanding of politics and political economy aspects of partnership collaboration and make these aspects visible so CFPs can effectively deal with them in various country settings. Accordingly, the tool's main purpose is to enhance CFPs' awareness of political economy so that relevant documents and materials can support their country-level work. Developed for P4H CFPs, the P4H Political Economy Tool might also be useful for other country-based technical assistance to strengthen health financing and social health protection for UHC. Development partners could also benefit from the P4H Political Economy Tool and lessons learned from its use would be best shared among parties using it as a common framework.

The tool stresses that political economy analysis be well grounded in the specificities of each country's health financing system and priorities for reform. While a quick review and scoping of specificities is not the main objective of the analysis, performing these activities can help CFPs identify areas of reform that are particularly contentious or that



may have unique opportunities, as well as the key stakeholders involved. After initial adaptation of the political economy analysis, the tool proposes a political economy approach to P4H work that considers the four political economy variables: ideas, ideologies, interests and institutions (Fox and Reich, 2015). Its practical use is discussed in three different phases depending on country situation. A set of sample questions relating to specific actions at different steps are provided in attachment 1. CFPs can optimize and adapt the P4H Political Economy Tool for their local needs, to better reflect, monitor and evaluate politics, and to resolve obstacles to advancing UHC.

## 2. Political economy analysis in the context of a country's health financing and social health protection arrangements for UHC

Progress toward UHC depends on each country's own health financing and social health protection systems. Therefore, the first step for the P4H CFPs is to situate the political economy analysis in the specificities of the country in which health financing and social health protection systems function and reform priorities are formulated. In broad terms, health financing consists of the arrangements that a country has for dimensions such as revenue sources and contribution mechanisms, pooling funds, benefit entitlement, design and rationing, purchasing of health service benefits, and governance of the above functions and policies. Social health protection as a mandatory public measure entails the establishment of a fund financed through prepaid contributions that enable cross-subsidization among people with higher and lower incomes, younger workers and the elderly, as well as risk-sharing across population groups based on need, and provides financial protection to individuals during the time of illness.

Each of these dimensions will ignite distinct political economy dynamics. Therefore, this initial step of scoping will help to identify the national policies and strategies, legal provisions and institutional set-ups or the reality of policy conditions and the relevant authorities' official directives. And scoping will help to prioritize the elements of health financing and social protection policies on which the political economy analysis will focus. Prioritizing may relate to the broader vision around UHC but may also relate to specific reform issues within a health financing function. This calibration process is important due to the range of political economy dimensions and stakeholders involved in health financing systems. For example, the political economy dimensions of benefit entitlement are distinct from those around purchasing reform.

For this first step, P4H CFPs are advised to primarily use available reports, reviews, data, analytical studies and assessments of country's health financing systems. As shown in box several data sources and analytical assessments can be used to ensure that an evidence-based approach is taken to this health financing systems calibration process. These are meant not only to inform the political economy analysis but also to serve as important inputs into overall health financing technical support.



## Box 1. Data sources to identify health financing reform priorities

### *WHO's Global Health Expenditure Database*

Quantitative assessments often rely on expenditure data regularly produced and reported by national authorities and compiled annually in WHO's Global Health Expenditure Database (GHED) (<https://apps.who.int/nha/database>). The GHED provides valid national and internationally comparable data on health spending to describe a country's health financing system's revenue sources and resource availability for health, as well as the extent to which they are allocated and used within the health system. This quantitative assessment of expenditures is important to understand general health financing dynamics and trends over time.

### *WHO's Health Financing Progress Matrix*

WHO's Health Financing Progress Matrix (HFPM) (<https://www.who.int/teams/health-systems-governance-and-financing/health-financing/diagnostics/health-financing-progress-matrix>) provides a useful guide to assess the status and progress of health financing arrangements in a given country. Step 1 of the HFPM first captures all health financing schemes used (including both social health protection schemes and government budget) in a country, including a description of each scheme's approach to all health financing functions. Stage 2 provides a detailed assessment of whether a country's health financing system is both aligned with, and making progress toward UHC, based on a set of questions relevant to each health financing function. This assessment can identify specific areas where systems are not aligned with or not making progress toward UHC.

## 3. Political economy framework for P4H work

Understanding a country's health financing and social health protection systems and major stakeholders' interest, position, actions and influences is an important prerequisite to use and reflect political economy issues in promoting partnership collaboration. In all countries, the political dynamics and the process of policy uptake and implementation are considered as critical enablers or, at times, obstacles. But almost always a window of opportunity opens that can be timely and effectively used for positive change. This is the main entry point to discuss and apply the political economy concept for P4H work. By applying the political economy approach to P4H partnership, P4H CFPs would have more opportunities to pursue and facilitate policy dialogues among stakeholders and observe whether their actions align with UHC-related objectives. CFPs could also see whether there are inconsistencies or tensions among them or obstacles that impede their joint work initiatives and partnerships, and they could capture and systematically watch the evolving conditions under which they work.

Health financing and social health protection reforms involve politics of different actors that can directly or indirectly influence the reform process at different stages of the policy cycles (Sparkes, Bump et al. 2019). Campos and Reich proposed six major categories of stakeholder groups that likely influence UHC-related health financing reforms: 1) interest-group politics, 2) bureaucratic politics, 3) budget politics, 4) leadership politics, 5) beneficiary politics and 6) external-actor politics. In this context, the key issue for P4H CFPs would be not only identifying and mapping actors involved in health financing and social health protection reforms in a country, but also examining their positions and actions regarding UHC-related health financing and social health protection reform objectives. These actions require reaching out to relevant stakeholders, which is part of P4H work.

Table 1 shows influences different stakeholder groups may have on health protection reforms, depending on their interests and positions.

By “political economy of P4H partnership collaboration” the P4H Political Economy Tool refers to a range of relations and actions to connect with and involve national and international partners with different interests to promote coordination, collaboration, learnings and information exchanges on health financing and social health protection for UHC. The approach to the political economy of P4H work was discussed and developed on the basis of available literature, analytical work and country case studies. The political economy analysis for UHC undertaken by Fox and Reich (2015) is used to build the political economy framework for P4H partnership collaboration. Fox and

Major stakeholder groups	Examples of stakeholders’ interests and influencing positions
1. Interest-group politics	Trade union, health workers’ organized groups, professional associations, CSOs and civic groups that represent specific population segments with different kinds and levels of power and influence.
2. Bureaucratic politics	Policy-making national authorities, provincial governments and line ministries.
3. Budget politics	Legislative bodies and government ministries such as finance and health that affect health and social health protection reforms.
4. Leadership politics	Political parties, and leaders in the parliament and government.
5. Beneficiary politics	End users of the health and social security systems.
6. External-actor politics	Development partners, bi- and multilateral organizations, international financial institutions that are active in a country.

Table 1. Stakeholder groups engaged in health financing and social health protection reforms



Reich identified our political economy variables relevant to P4H work in countries 1) ideas, 2) ideologies, 3) interests and 4) institutions . These four political economy variables are briefly explained in the context of P4H work as follows:

- Ideas are the political thoughts about health financing and social health protection for UHC that would determine the course of partnership collaboration, how it is shaped and how it progresses.
- Ideology is a system of ideas that forms the health financing and social health protection theory, concepts and values such as equity, solidarity and human rights that can affect partnership collaboration.
- Interests refer to the sensitivity and response of the stakeholder groups that would directly or indirectly benefit from health financing and social health protection reforms and partnerships.
- Institutions are the formal structures and stakeholders for potential partnership collaboration because of their active involvement in UHC-related health financing and social health protection policy, reform, and implementation.

All these interrelated political economy variables affect health financing and social health protection reform policies. A range of ideas, ideologies and values can justify or underpin a change. Similarly, interests and institutions can impede or expedite the reform process because of their influence and power. Considering their effects on P4H work, these interrelated political economy variables are put under two groups. The first group combines the ideas and ideologies of the stakeholders involved in health financing and social health protection. This first group intends to guide and facilitate P4H CFPs in clarifying ideas and ideologies, identifying ideological inconsistencies and tracking changes to support appropriate ideas and ideology, and align ideas and ideologies as much as possible to optimize partnership collaboration. The second group comprises the interests and institutions engaged in health financing and social health protection for UHC. This group aims to direct P4H CFPs as they monitor evolving interests, institutions and identify political windows of opportunity for partnership collaboration.

The political economy framework for P4H proposes four actionable steps for P4H CFPs to clarify and understand the four political economy variables, and to optimize, align or analyse how the variables relate to partnership collaboration. At the same time, the framework can support CFPs to evaluate, monitor, and strategize about partnerships to meet country needs. The framework also offers ten possible actions, or “action nodes of possibility,” related to the four actionable steps for discussing a country’s political economy variables in the context of P4H work. The steps and nodes are shown in Table 2. Country experiences suggest that tensions and congruences between the implicit and explicit values can be held by different stakeholder groups, coalitions and



<i>First group of variables: Ideas and Ideologies</i>		
<b>Actionable Steps</b>	<b>1. Clarify and understand</b> ideas and ideologies of stakeholders	<b>Action nodes of possibility</b>
		1. Clarify ideas and ideologies
	2. <b>Optimize</b> and align ideas and ideologies	2. Identify ideological inconsistencies
		3. Track ideas and ideologies
		4. Support related ideas and ideology
		5. Optimize alignment of ideas and ideology
<i>Second group of variables: Interests and Institutions</i>		
<b>Actionable Steps</b>	<b>3. Monitor changes</b> in interests and institutions	<b>Action nodes of possibility</b>
		6. Monitor evolving interests and institutions
	<b>4. Respond strategically</b> to country needs	7. Continuously map interests and institutions
		8. Respond to political windows of opportunity
		9. Deploy capacity to progress
	10. Build Institutions from the country context	

Table 2. Four actionable steps and 10 action nodes of possibility

even individuals sharing certain ideas and ideologies. It also matters how progress toward UHC is perceived by different stakeholder interest groups. In some cases, partnership collaboration is critical to deploy capacities to progress or build institutions. As the formal structure, institutions are key to translate and implement health financing and social health protection reformative ideas and related ideologies based on their interest.

Although all these variables and politics influence the legal and policy trajectory for partnership collaboration, they are also vulnerable to political and economic changes. In situations where institutions and institutional mechanisms need strengthening, high-level individuals can effect powerful influence. Sometimes, within the same organization individuals have different ideologies, values and interests. Therefore, understanding the roles of individuals and the specific inconsistencies that may exist within institutions is useful.

The four actionable steps proposed for P4H CFPs to deepen their understanding and analytical view about the political economy variables in the context of their work are briefly described below. Attachment 1 contains questions CFPs can use either as they are written or as they may choose to adapt them as appropriate. These questions aim to help CFPs broaden their understanding of country contexts and dialogues and actions with others along the 10 action nodes of possibility related to the steps.



## Step 1: Clarify and understand the ideas and ideologies of stakeholders

Clarifying and understanding the ideas and ideologies embedded in the reform process and held by stakeholders and P4H partner organizations is an important first step for P4H CFPs. CFPs need to clarify not only concepts underlying ideas and ideologies, but also ideological inconsistencies within and among organizations and contradictions and tensions between ideas and ideologies around UHC financing and social health protection arrangements. It is possible that different stakeholder groups may define or use a given term differently; ideally all would use a given term the same way, and at a minimum everyone needs to understand what a given term means to everyone. Although it is difficult and unnecessary to resolve all differences, it is imperative that P4H CFP recognize these differences and their possible implications on P4H work.

## *Step 2: Optimize and align the ideas and ideologies*

Ideas and ideologies are often aligned with certain values such as equity, solidarity, universality, security and human rights underpinning health financing and social health protection for UHC. The main intention under this step is to identify, optimize, integrate, reflect, and align relevant ideas and ideologies for partnership collaboration. Doing so may require creating a space among P4H partners to discuss and show how existing ideas and ideologies support UHC-related objectives and optimizing the alignment of these objectives with national health financing and social health protection reforms. Such a space would be an important entry point where P4H CFPs could identify questions and topics, reach out, and engage with relevant national and international partners in partnership collaboration. Open dialogues among stakeholder groups about their respective programmes and alignment activities would help eliminate unnecessary tensions and create synergies.

## *Step 3: Monitor changes in interests and institutions*

The political, economic and legal contexts for UHC are volatile. Also, the positions of stakeholders involved in health financing and social health protection reforms are themselves not fixed. These conditions imply that political, economic and legal changes and transitions may open new windows of opportunity. Therefore, monitoring of evolving interests and institutions is necessary to track the changes by continuously mapping conditions. P4H CFPs could initiate deeper discussions that would result in revisiting and updating health financing and social protection policies for UHC iteratively as changes occur. In turn, iterations his may stimulate P4H partners to initiate or support periodic monitoring and evaluation of health financing and social health protection reforms. Gathering and circulating such information would attract P4H partners and add value for partnership collaboration among them. This would also help



fill the knowledge gaps with analytical data and information on population coverage, benefit packages, service delivery and financial protection. This process would provide feedback to all relevant parties and build the trust and institutional memory that are vital for partnership collaboration.

#### *Step 4. Respond strategically to country needs*

Awareness of overall health financing and social health protection arrangements, key stakeholder groups and their interests, potential roles and involvement in partnership collaboration helps to effectively respond<sup>3</sup> to country needs. Political economy windows of opportunity are diverse. Sometimes, they represent unique occasions where policy interventions may be most successful. They can be identified through consistent dialogues, information exchanges and responses among P4H partners. Therefore, P4H CFPs are encouraged to build and keep trusted relationships with partners to identify and respond strategically to political windows of opportunity. The window of opportunity can attract many partners. However, delaying action in hopes of optimal timing and partnership may prove counterproductive. Sometimes, immediate action among partners—even absent desired economic growth or other perceived determinants of success—is more effective than waiting for the ideal moment. Why? Because the ideas and ideologies underlying UHC financing and social health protection reforms could be effectively realized in actions with supportive interests and institutions able to deploy effective capacities to meet country needs and expectations.

## 4. Practical application of the P4H Political Economy Tool

The primary users of the P4H Political Economy Tool are P4H CFPs working on health financing and social health protection partnerships to support UHC in countries. The tool aims to help P4H CFPs to better understand politics and political economy aspects of partnership collaboration and use them for their country work to strengthen their position and strategic engagements in health financing and social health protection reforms. The tool offers CFPs three sequential phases for practical application that will depend on a given country's context:

- a. *Phase 1.* To use the tool to better understand, improve and further broaden their personal awareness of the politics and political economy landscape for partnership collaboration.
- b. *Phase 2.* To connect relevant stakeholders and P4H partners to facilitate discussions on political economy perspectives by analysing the partners' key interests and opportunities for collaborative initiatives.
- c. *Phase 3.* To facilitate, and support relevant stakeholders and P4H partners to undertake, group actions to improve partnership collaboration around health financing and social health protection for UHC.



Phase 1 will help P4H CFPs familiarize themselves with political economy ideas, ideologies, and the diverse interests, positions and perspectives of national and international partners and interest groups on health financing and social health protection reforms in their countries. In phase 2 CFPs will increase their confidence to initiate and participate in political economy-related dialogues, and test and verify different views and opportunities for partnership collaboration. Carrying out phase 3 should strengthen P4H CFPs position and engagement and strengthen their capacity to facilitate and undertake value-added actions among P4H national and international partners. However, it is possible that the practical application of the tool will be limited to the phases 1 or 2 only, depending on a country's situation. In some cases, all three phases may be feasible, starting with phase 1, continuing onto phase 2 and culminating with phase 3. All three phases are briefly presented below; as with the related questions, P4H CFPs may choose to adjust and broaden the phases in their country work.

#### A. Phase 1

Phase 1 aims to develop personal awareness about the political economy of P4H work in countries. P4H CFPs could map and identify the major categories of national and international stakeholders directly or indirectly involved in health financing and social health protection reforms for UHC. It is advised that CFPs examine and understand local ideas, ideologies and interests of all stakeholder groups underpinning the core concepts of UHC such as equity, efficiency, financial protection, catastrophic health expenditure and poverty relative to health financing and social health protection. Doing so will help CFPs form their own view and assessment of the current situation, as well as of opportunities for reformative changes and challenges. Mapping stakeholder groups and examining their changing roles and interests—who will gain from changes and who will lose over time in health financing will also help CFPs. This exercise would identify not only those who are interested and involved in UHC financing and social health protection, but also open the complexities of partnership work dealing with different stakeholder groups. It could generate ideas and opportunities concerning what is needed for partnerships, networking or creating an informal mechanism for information sharing, knowledge exchange and testing perceptions with others. Available literature on political economy of UHC, health financing and social health protection reforms would be useful, so long as it is interpreted through an understanding of local politics. The product expected from phase 1 is a matrix presenting the key stakeholder interest groups engaged in ongoing health financing and social health protection reforms making progress toward UHC.

Collecting and reviewing available data, information and analyses of health financing and social health protection for UHC during phase 1 may include the following:

- Political declarations, mandates and commitments for UHC.



- Government policy documents, legislation, regulation and administrative arrangements.
- Stakeholder analysis of actors along with strategies to change the political landscape.
- Research reports, analysis and publications on health financing and social health protection including WHO's health financing progress matrix where available <https://www.who.int/publications/i/item/978924001780>.
- P4H political economy repository documents <https://p4h.world/index.php/en/node/7817> Country news pages available in the P4H and UHC 2030 platforms.
- P4H products such as the Leadership for UHC programme (L4UHC) <https://l4uhc.world>.

The examples of questions proposed in attachment 1 could be used by CFPs to enrich their own views and knowledge and facilitate conversations with others. Monitoring changes in health financing and social health protection is needed to observe or document important decisions and actions such as introduction and extension of public subsidies to specific population groups or benefit package expansion. All suggestions provided in phase 1 would enhance political economy awareness in P4H partnership collaboration and consciously shift CFPs' perspectives from knowledge building toward action with continuous "reality checks" by verifying personal understanding and assessment.

## B. Phase 2

Phase 2 intends to build relationships and professional trust between individuals, stakeholder groups and P4H partners working on health financing and social health protection for UHC. This is the phase in which the P4H Political Economy Tool would leverage the work that P4H CFPs do or help connect partners with relevant programmes such as L4UHC. However, leveraging does not necessarily require consensus on all issues. Communicating and exploring divergent opinions and perspectives are important to identify and understand the differences, tensions, possible impacts and opportunities that exist for partnership collaboration. Phase 2 can be seen as an opportunity to create a space or platform for respectfully and confidentially sharing frank and diverse opinions and perspectives and for seeking mutual understanding and collaboration through open discussions.

A sequence of conversations or a single conversation between colleagues could tap a diversity of opinions. Discussion may be needed to clarify P4H vision, goals, mission, offerings, expected results and value propositions. It is also worth clarifying partners' expectations, values and influences on each other's thinking rather than assuming agreements on all partnership dimensions. Clarification implies communicating,



exploring and comparing perceived ideologies of key stakeholders, bi- and multilateral agencies, and their policy focuses, variations, challenges, and observed inconsistencies and obstacles. Conversations build relationships and trust for collaborative work and open windows of opportunity for collective actions or new partnerships. Conversations also can promote innovations for better coordination, collaboration and learning, as well as facilitate consensus on effective collaborative processes, set-up connections and serve as a neutral forum. Efforts exerted in supporting and building trusting relationships could lead to informal or formal platforms for exchanges among individuals and stakeholder groups. During this phase, P4H CFPs would develop trusted relationships and a network of individuals, stakeholders and P4H partners working on health financing and social health protection.

### C. Phase 3

Phase 3 would support a structured analysis that intends to open debates on political economy of partnership collaboration with engagement of P4H CFPs. It would need more formalized structures such as a working group, committee, or cluster of policy advisors representing diverse disciplines and positions as appropriate. Facilitation would be needed to ensure that partners collectively undertake frank analysis that will support policy progress toward uptake and implementation of appropriate health financing and social health protection reforms. Making comparisons could be helpful to see the evolution of situations in and between countries and contexts. However, no attempts are needed to censor or drive an uncomfortable consensus; some issues may need to be left unresolved with their tensions exposed. The structured analysis should help CFPs gain awareness of political economy variables, factors and dynamics affecting health financing and social health protection reforms for UHC. Awareness is needed to further explore interests and institutions and objectively examine the powerful link between them and uptake and implementation of the reforms.

The product expected from phase 3 would be a short report on the political economy situation in a given country from the view of P4H work.

The practical application of the tool through these three phases is an iterative learning and analytical process that combines individual work and teamwork with strategic thinking and data collection. Work can be planned and structured to maintain momentum with needed administrative support and avoid abstract concept discussions. Examining, adjusting and adapting the tool in individual country settings should aim to meet local needs, realities and relevant stakeholders' perspectives on partnership collaboration. The sample questions mentioned earlier are complementary to think about and follow the sequence of analysis from ideas and ideologies through to their influence on interests and institutions and explore the political economy aspects of P4H work in different countries.



The interactive and analytical processes proposed under phases 2 and 3 could be formalized, but they need to be a transparent exploration with clear objectives, terms of reference, and commitment. Ideally, setting up an analytical group consisting of representatives from the major stakeholder groups working on the health system, finance, social welfare, and law and legal regulations supporting local politics, CSOs and consumers, as well as L4UHC teams where available would be helpful. Setting up such a group would enhance the practical application of the tool with CFPs starting with personal learning and analytical discussions with team members to gain broader view and knowledge of political economy issues of partnership collaboration. Meetings and discussions would relate to specific needs of countries in health financing and social health protection reforms aimed at UHC. If necessary, the team could undertake small research or key informant interviews to obtain depth knowledge on issues that matter to them.

Another critical point is that the team members should have good knowledge and awareness of their own sectors and group politics while comfortably representing their positions, as well as being receptive to other concepts and ideas. An open and generous attitude to discussion is necessary, combined with a sense of shared trust and a commitment to confidentiality. Some stakeholders may not wish to participate, though all should have access to team findings, because the main purpose is to capture the diversity of thinking and shape the scope of the political economy aspects relative to P4H work in countries. Discussions and analytical findings can move toward actions and opening windows of opportunity for better partnership collaboration for UHC.

After using the P4H Political Economy Tool, it is advisable that the analysis team synthesize and document the main findings and strategic responses for its own use. The documentation should mainly emphasize the assessment of relevant ideas, ideologies, stakeholder interests and institutional changes and progress relative to P4H work in countries. The team could organize meetings if needed to establish whether their findings have face validity and credibly represent the likely range of positions, and the team's role and involvement in health financing and social health protection for UHC. Materials or findings that may be seen to be politically provocative could be removed or modified to ensure that the essential messages are communicated. The documentation should not aim to provide technical and normative guidance to "correct" different positions that may have been expressed but rather to confirm and inform that these positions represent the diversity of views around health financing and social health protection among different stakeholder groups. The team would discuss and agree on dissemination of the findings to relevant stakeholders for the purpose of broadening participation in partnership dialogues. Again, local circumstances will determine the optimal use and format of the dissemination to the targeted audience as needed to inform, involve and improve partnerships.



## 5. Conclusion

The P4H Political Economy Tool for P4H CFPs aims to assist and strengthen partnership collaboration in countries to make progress toward UHC by focusing on health financing and social health protection reforms. Based on the key political economy variables, the tool proposes the P4H political economy framework with actionable steps and related action nodes of possibility together with three sequencing phases for its application in low- and middle-income-country settings. The tool intends to improve P4H CFPs' awareness of political economy aspects of partnership collaboration. It is expected that by using the P4H Political Economy Tool P4H CFPs will become more effective: that they will broaden their knowledge and skill to assess the health financing and political economy landscape for partnership collaboration; and that they will effectively position and engage themselves to initiate team discussions and collaborative actions to analyse and improve partnerships in different country settings.



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## Attachment 1. Sample questions relating to the 10 action nodes of possibility

The four actionable steps and 10 action nodes of possibility related to the steps are presented below sequentially discuss the political economy approach to P4H work. The short sample questions proposed under each of the action nodes of possibility are intended to help CFPs explore and guide discussions. CFPs can use the questions as they are written or adapt them or add to them as they deem appropriate, depending on country needs. . After using the P4H Political Economy Tool, P4H CFPs can prepare a summary of their main findings, emphasizing obstacles to overcome and windows of opportunity, points of partnership interventions, and key landmarks in a country's political economy road maps for P4H work.

### 1. Clarify ideas and ideologies

Clarifying and understanding of ideas and ideologies of major actors and stakeholder interest groups that are interested and involved in health financing and social health protection are essential for partnership collaboration. Mapping these entities around UHC's core concepts, which are grounded in values such as equity, fairness, rights and support of the marginalized will help to better understand their interests, positions and involvement in health financing. The UHC-related values can be reinforced or qualified by other ideologies of social security and protection. Clarifying and understanding can begin with Personal thinking around UHC-related health financing and social health protection. It is possible to compare different views and concepts of UHC and map the whole territory of thinking to understand how each can influence the other. The following questions may help to clarify some ideas and ideologies:

- What do you understand by UHC? What values of social health protection and health financing underpin that definition?
- How could these values translate into P4H work? What key words, metaphors, descriptors or popular myths, stories or ideals express these values?
- What are the major categories of stakeholder groups and their interests in health financing, and who benefits from health financing and social health protection arrangements for UHC?
- Who pays for health care? How are people living in poverty protected? What level of care is offered to those who cannot pay?
- Are there different funding arrangements for different population groups? Who decides what health services or benefits will be provided and distributed, and why?
- Are private-sector groups engaged as health service providers or insurers? Are they integrated into UHC financing arrangements?
- What legal framework is in place, and how does it support health financing and social health protection reforms for UHC?



## 2. Identify ideological inconsistencies

It is common to have ideological inconsistencies in designing and implementing of health financing and social health protection policies. In multiparty political systems, substantial ideological changes occur with government transitions. People may accept the idea of risk-sharing and pooling of resources while opposing the introduction or increase in contributions that would enable this to happen. Therefore, inconsistencies even marginal, need to be explored, but not all inconsistencies can be resolved. It is worth to explore whether there are ideological inconsistencies in local health systems, between and among institutions may have an impact on P4H country-level work. The following questions would help to explore relevant inconsistencies:

- Are there clear inconsistencies among the ideas and ideologies explored earlier?
- What tensions between ideas and ideologies that may threaten P4H country level?
- Do these inconsistencies and tensions currently affect P4H work, if yes how significantly?
- Is there need and a room to act in relation to these inconsistencies, and what action might resolve them?
- What stakeholder interest groups would have the potential to support P4H partnership platform and networking?
- What opportunities exist for P4H partner institutions to work together to promote and support health financing and social health protection reforms for UHC?

## 3. Track ideas and ideologies

Ideas and ideologies are not static. They evolve over time with social, legal political and economic changes. Exploring the ideas and ideologies that shape health financing and social protection requires an understanding of how they have been evolved. The changes could be incremental since public policies on direct government provision and financing of health services can be reframed with rising health care cost or needs to ensure equal access to health services through public subsidization of specific population groups and services. The ideologies can be influenced by global trends such as the shift in financing from external to domestic revenue sources, demands on fiscal space expansion, and effective public finance management. UHC is also vulnerable to political changes and perceptions or attempts to address perceived distortions created by previous systems. Depending on the volatility of the political context, there can be value in consciously tracking trajectories as UHC implementation progresses. The following questions could be helpful to initiate related discussions and dialogues:

- What ideas and ideologies dominate regarding health financing and social protection for UHC? How have they progressed and what challenges have they addressed in past?
- What external global or international influences are impacting the ideas and



ideologies and what is the local response to them?

- Do stakeholders share similar ideas and ideologies? Have their positions changed over time?
- What shifts in ideas and ideologies are currently emerging? What are their positive or negative impacts relative to socioeconomic, legal and political changes?
- How are political parties incorporating UHC into their political platforms, and how are they translating UHC into concrete actions?
- What major ideas and ideologies are linked to key stakeholders' work on health financing and social protection for UHC?
- Are there competing discourses in tension with each other? If so, do they need to be addressed for major reforms to proceed?
- What recent evidence of change is available? What is likely to drive changes in the future, and what role could P4H partner institutions play in driving change?

#### 4. Support related ideas and ideology

The UHC core values can be reinforced when they are embedded in health financing and social health protection reforms for UHC. P4H's role is largely to facilitate and promote collaborative partnerships in these areas. At the same time, an awareness of the bigger picture is valuable to identify and support the most relevant and appropriate ideas and ideologies for leveraging collective actions to advance toward UHC. This exploration can be used strategically to produce positive synergies both locally and globally. The questions to initiate discussions and dialogues for this purpose could be as follows:

- What are the significant ideas and ideologies that shape the national values around health financing and social health protection for UHC?
- Do all major stakeholder groups share values and uphold concepts such as equity, solidarity, common public goods, rights and the protection of people living in poverty and the marginalized?
- Are those ideas and ideologies translated into policy actions and reforms to broaden populations served and expand health service and cost coverage?
- What synergies can facilitate sharing and relating UHC values to health financing, social health protection related initiatives?
- What international ideas and ideologies, and what principles help improve health financing and social health protection for UHC?
- What risk—for example, market driven push—is being captured among different stakeholder groups?

#### 5. Optimize alignment of ideas and ideologies

- Efforts are needed to optimize and align health financing and social health protection reforms with other reforms where they coincide with the values UHC embodies. There is always an opportunity to position UHC positively in relation to



other socioeconomic and legal reforms. International trends also influence the development of national policies to advance UHC. P4H's role and involvement are increasingly important to create and support a space for partners to work together. It can make available individual country's experiences to other countries and thus encourage policy diffusions and best practices in similar situations. Governance is important to UHC and helps align the core values of UHC with other ideas and ideologies and deeply integrate UHC financing and social protection into government commitments. The following questions could help to further explore the opportunities for optimizing and aligning of ideas and ideologies:

- How are P4H value propositions practised to connect partners, incentivize and facilitate partnership collaboration?
- What are the key trends in development assistance that are significant for UHC financing and social health protection reforms? Who champions these trends, and how can P4H optimize their collaborative contributions, if needed?
- How well do different stakeholders' approaches align with the directions the government is taking? Is there a local mechanism and platform for partnership collaboration?
- What other initiatives and ideas are being offered and how might they impact on UHC financing? What role could P4H potentially play in this process?
- What positive links exist between P4H and similar country experiences that would be relevant for UHC policy uptake and implementation?
- Are there other international alliances or collaborations, and, if so, how could P4H effectively interact and partner with them?
- How well do national ideas and ideologies match the positions of P4H partners? Do P4H partner positions in-country align in their support of UHC? What collaborative actions are needed to ensure that all speak with one voice?
- What is done or can be done to strengthen governance arrangements for health system financing and social health protection for UHC?

## 6. Monitor evolving interests and institutions

- Health financing and social health protection for UHC is open to evolution and change, and both are subject to both internal and external socioeconomic and political pressures. At times, pressures are driven by global framing and accountability that would prompt countries and their partners to confront the challenges of UHC financing. It is also helpful to watch for shifts in receptiveness to UHC's political importance, and to changes in health, financing and social welfare policies for partnership collaboration. The following questions relate to monitoring and evolving interests and institutions:
- Have there been shifts in thinking around UHC financing and social health protection in the past? If so, what was driving the major change(s)?
- What changes occurred as a result of collective actions and initiatives that were or



- are being taken, for example, with L4UHC, if available?
- Has been there any change in institutions related to UHC as a result of technological change such as computerization of data and records?
- Have been there new intersectoral initiatives that may support UHC financing and social health protection?
- Are there new collaborations between health, finance and social welfare that may facilitate partnerships?
- How is progress in UHC being reflected in national reporting systems? Do these systems analyse successes and limitations?

## 7. Continuously map interests and institutions

Mapping of interests and institutions is a continuous process when it is linked to the major stakeholder groups that likely influence health financing reforms. Therefore, it is advisable to continuously track and map to know who is currently committed and who is not, and what changes may have occurred over time. Stakeholder analysis helps map the commitment, interest and changes made by institutions against their positioning and power and reveals needs for action and investment in lobbying where feasible. This mapping is useful because the focus of stakeholder interests may change, and institutions leading health financing reforms may also be restructured in organizational reforms. New interests may emerge with rising civil society support. The global focus on UHC also points to the need to monitor international as well as local progress in the context of influencing domestic politics. The following questions could be helpful to discuss and highlight the dynamics that are emerging among various partners:

- Do key stakeholder interests in UHC remain unchanged or have they recently changed, particularly among those with influence around finance and social health protection? What political power do key stakeholders exert and what influences their interests in supporting UHC?
- Which agencies are demonstrating their leadership and how could they be encouraged to join current collaborative mechanisms?
- What are key stakeholders' positions around UHC financing and social health protection arrangements? Do these positions change or incentivize them to combine their efforts?
- Are new interests emerging, and how they can be supported in the context of P4H's partnership work?
- How are CSOs engaging in UHC? Do consumers understand the concepts underpinning UHC financing and social health protection? How can P4H work with CSOs?
- Is there any resistance to policy uptake and implementation? If yes, where is it located and why?
- Who stands to gain from health financing and social health protection reforms, who will lose and can losses be offset or circumvented?



## 8. Respond to windows of opportunity

While progress toward UHC may occur at any point in the political cycle, there are windows of opportunity for policy makers. It is important to keep in mind that such opportunities for intervention and partnership actions will only last a short time.

Therefore, if P4H CFPs see the opportunity, then they must take it quickly to benefit from it. For some countries a window of opportunity could be related to political and economic reforms moving toward democratization, decentralization, and public finance management. For others, it could be related to legal reforms moving toward modernization through the setting up of innovative models of governance. The challenge of political and socioeconomic crises, stresses and shocks such as COVID-19 may also provide an opportunity for strengthening health systems for UHC or making it part of their major reforms. The following questions could help scan the current socioeconomic, political, and legal context both locally and internationally, and help identify potential windows of opportunity for making progress toward UHC:

- What opportunities are available at this stage of the current political cycle: recent election of government, mid-term preparations for election, other major events and challenges?
- What are the implications for extending population and health service coverage and financial protection?
- What are the risks and opportunities, and how might they could be managed?
- Has the country been vulnerable to conflicts, natural disasters or epidemics and pandemics—COVID-19 is one example? And where is UHC financing and social health protection seen as critical for national responses and rebuilding initiatives?
- Is there a potential socioeconomic and political transition that would open up debates on health financing and social health protection for UHC?
- Are there changes that P4H partners should be aware that could impact budgets available for UHC or availability of health services, or threaten financial protection?

## 9. Deploy capacity to progress

- UHC is a powerful goal for ensuring good health for all by reducing health and financial inequities. Countries make progress when the major stakeholder groups share and support the values promoting equal access to health services, efficient use of resources, expansion of coverage and financial protection for people living in poverty. Governments often recognize major stakeholder groups as political as well as health and development assets. Therefore, deploying and building capacity are fundamental to continuously advance toward UHC. The following questions could be relevant to explore ways to make progress:
- How helpful was the commitment to strengthen health systems that to reflect strengthening health systems in political platforms and government programs? How does this commitment align with UHC?



- What areas of administrative capacity need to be addressed to make UHC progress?
- Is the health financing system responsive, sustainable, transparent and accountable? Is there good articulation between health financing and social health protection?
- What health service benefits are available and what commitment, obligations and financial incentives exist to access and use these benefits?
- If the private sector is to be involved, what arrangements have been made to integrate it with ongoing reforms? Are there conflicts of interest?

## 10. Build institutions from their context

This final node of possibility marks the end point of the exploration of interests and institutions in the context of partnership collaboration for UHC. This is the opportunity to map out existing processes and infrastructure and examine how efficient and effective they are in making progress toward UHC. Windows of opportunity will galvanize collaborative actions and enable partnerships to focus on areas where technical capacity is weak or deploy resources to build institutions supporting UHC. Identifying the strengths and weaknesses of existing institutions is necessary to move to next steps. From the outset, governments would need to manage the public-private mix for UHC by introducing appropriate legislation and regulation, engaging the public and private sectors in planning and monitoring of progress and outcomes. The questions proposed below could initiate related discussions and dialogues:

- What is the current infrastructure for stakeholders are involved and what interests are being served?
  - What legal and regulatory framework has been developed for UHC-related financing and provision of services?
  - What level of regulation is required for accessing and ensuring quality health services? Are legal infrastructures fair, updated, and relevant?
  - What benefit packages are available and accessible across different schemes, and how do services funded under the current health financing arrangements?
  - How feasible is it to reduce fragmentations that may exist, and what would be the impact and which interests benefit from reduction? Who will gain and who will lose?
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