

Financial autonomy of facilities providing primary health care services in low and middle income countries: assessing the evidence to inform the development of a typology and conceptual framework

Sophie Witter¹, Maria Paola Bertone¹, Lucas Sempé¹, Quentin Baglione², Helene Barroy³, Justine Hsu³, and Inke Mathauer³

¹Queen Margaret University Institute for Global Health and Development

²AEDES

³World Health Organisation

April 20, 2024

Abstract

Provider autonomy is increasingly asserted as an important attribute in health systems, but is rarely interrogated in-depth, particularly at primary care level. This article examines the current state of evidence on the role of financial autonomy in primary care, focusing on the public sector in low and middle income settings (LMICs). It draws from a scoping review of the literature (91 documents), 12 expert interviews and the knowledge of the research team. Findings were also discussed with health financing and public financial management experts at a meeting in 2023 to deepen the reflections. In the article, we discuss definitions of financial autonomy and the reforms which have been associated with triggering or at least raising the profile of financial autonomy as an important attribute. We highlight the picture on current patterns of autonomy at primary level across countries. While financial autonomy is *prima facie* a positive attribute, the understanding of autonomy over what, for which purposes and by whom is still not clearly addressed in the literature, along with the implications for purchasing and public financial management (which is key to enable financial autonomy, as well as being affected by it). This paper moves the field forward by developing a typology of levels and features of financial autonomy, structured by the budget cycle and a conceptual framework. The framework highlights key considerations in terms of contextual influencers of financial autonomy, prerequisites for it to be deployed, and the potential positive and negative effects of financial autonomy at primary care level.

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