Codebook

## Nodes

| Name | Description |
| --- | --- |
| Access | Access to health services. |
| Balance public vs. private | The balance between public and private health services. |
| Coordination, alignment or conflict (priorities & activities) | Statements about coordination, alignment or conflict between stakeholders, both in terms of their different stated priorities and their actual activities. (This category pertains to all stakeholders). |
| Creditor financing | Statements about what or with how much money a creditor finances. |
| Debt | Anything pertaining to debt. |
| Debt constraining health financing | Debt having - or not having - a constraining effect on domestic health financing. |
| Debt sustainability | The sustainability of public debt. |
| Debt, general | Statements about debt that are not captured by the other sub-categories. |
| Domestic health financing | Financing of health services with internally derived funds, i.e. no external assistance. |
| Domestic health financing, other | Statements about domestic health financing that do not fit into any of the other categories |
| Government health financing (schemes) | Financing for health services from the government. When specific schemes are mentioned, these are coded under the sub-nodes.  |
| Couverture Maladie Universelle (CMU) | Specific government health financing schemes providing free care for the following groups: - People over 60 (Plan Sesame) - Children under 5 - School children - Free cesarian sections and dialysis |
| Govt. health fin. schemes, other | Other government health financing schemes not captured under the above themes |
| Mutuelles | Specific node for the “Mutuelles”, a government-subsidised community health insurance scheme. This also falls under the “Couverture Maladie Universelle (CMU)”, but is separately coded due to its significance. |
| Out-of-pocket payments (OOP), user fees | Out-of-Pocket Payments (OOPs), user fees or other terms for direct contributions to the health system from the patient/caregiver/household at the point of care. |
| Private health insurance | Private Health Insurance (PHI) schemes, Voluntary Health Care Payment Schemes (VHPS) or other terms for private health care payment schemes without relation to government schemes. |
| Private sector | Private sector participation in the health sector, both in terms of supply of services (e.g. private clinics) and financial contributions to the health sector (e.g. through taxation or donations). |
| Donor financing | Statements about what or with how much money a donor finances. |
| Efficiency, effectiveness | Statements about efficiency or effectiveness, e.g. administrative efficiency, cost-effectiveness, etc. |
| Equity |  |
| Equity in allocation (access) | Equity in allocation of resources. Statements relating to issues of equity in access to health services are also included under this node, as these often relate to issues of allocative equity. |
| Equity in contributions | Equity in terms of “who contributes” financially to health services. |
| Equity, general | Statements about equity that are not captured by the other sub-categories. |
| Gender equity | Gender equity |
| Geographical equity | Statements relating to equity between regions, urban vs. rural or other geographical delineations. |
| Fungibility | Fungibility |
| Governance, management, administration | Governance, management or administration |
| Inadequate health financing | Statements that health financing Is inadequate or should increase. |
| Inadequate, domestic | Inadequate domestic health financing |
| Inadequate, external | Inadequate external health financing |
| Inadequate, unspecified | Inadequate health financing, specific source unspecified |
| Inclusion, transparency | Inclusion by any stakeholder of other stakeholders in policy or decision-making processes. Transparency of processes in stakeholder organisations. |
| Influence | The influence of stakeholders on other stakeholders, primarily on the government. (Aggregate) |
| Academic influence | Academic influence on any stakeholder group or any domestic affairs. |
| Creditor influence | Creditor influence on domestic affairs. |
| CSO influence | CSO influence on any stakeholder group or any domestic affairs. |
| Donor influence | Donor influence on domestic affairs. |
| Government influence | Government influence on any non-governmental stakeholder group or influence by one ministry/department on another. |
| HSA influence | HSA influence on any stakeholder group or any domestic affairs. |
| Influence, other | Influence by other stakeholder |
| Loan & creditor policy conditionalities | Anything on loan and creditor policy conditionalities. Includes policy requirements in lending and fiscal policy programs, e.g. budget prescriptions (e.g. sectoral budget floors), wage ceilings, decentralisation / privatisation requirements, etc. |
| National sovereignty, autonomy, ownership | Statements relating to notions of national sovereignty, autonomy or policy ownership (for Senegal). |
| Official Development Assistance | Anything pertaining to Official Development Assistance (ODA), including Development Assistance for Health (DAH). |
| Development Assistance for Health | Anything pertaining to Development Assistance for Health (DAH) (both loans and grants). |
| Development Assistance for Health, general | Statements about Development Assistance for Health (DAH) that are not captured by the other sub-categories. |
| Grants for health | Development assistance grants for health. |
| Loans for health | Development assistance loans for the health sector. |
| Loans vs. grants | Statements mentioning both development assistance loans and grants. This can be for the health sector or not (or not specified). |
| ODA, general | Statements about ODA that are not captured by the other sub-categories. |
| Other | Category for relevant statements that do not fit into any other categories. |
| Politically motivated allocation of funds | Statements about funds being allocated due to political motives. |
| Priorities, attitudes, values | Statements that explicitly describe stakeholder priorities, attitudes or values, i.e. what they “care” about (not just implicitly). |
| Creditor priorities, attitudes, values | Statements that explicitly describe creditor priorities, attitudes or values (not just implicitly). |
| Donor priorities, attitudes or values | Statements that explicitly describe donor priorities, attitudes or values (not just implicitly). |
| Government priorities, attitudes or values | Statements that explicitly describe government priorities, attitudes or values (not just implicitly). |
| Priorities, attitudes or values (other stakeholder) | Priorities, attitudes or values of other stakeholder |
| Specific subject areas |  |
| Communicable diseases | Communicable diseases |
| HRH | Human Resources for Health (HRH) |
| HSS | Health System Strengthening (HSS). |
| NCDs | Non-Communicable Diseases (NCDs) |
| PPPs | Public-Private Partnerships (PPPs) |
| SRMNCAH | Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health (SRMNCAH) |
| UHC | Universal Health Coverage |
| Technical support | Statements about technical support. |