
A scoping review of theories and conceptual frameworks used to analyse health financing policy processes in sub-Saharan Africa

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Abstract

Health financing policies are critical policy instruments to achieve Universal Health Coverage, and they constitute a key area in policy analysis literature for the health policy and systems research (HPSR) field. Previous reviews have shown that analyses of policy change in low- and middle-income countries are under-theorised. This study aims to explore which theories and conceptual frameworks have been used in research on policy processes of health financing policy in sub-Saharan Africa and to identify challenges and lessons learned from their use. We conducted a scoping review of literature published in English and French between 2000 and 2017. We analysed 23 papers selected as studies of health financing policies in sub-Saharan African countries using policy process or health policy-related theory or conceptual framework *ex ante*. Theories and frameworks used alone were from political science (35%), economics (9%) and HPSR field (17%). Thirty-five per cent of authors adopted a 'do-it-yourself' (*bricolage*) approach combining theories and frameworks from within political science or between political science and HPSR. Kingdon's multiple streams theory (22%), Grindle and Thomas' arenas of conflict (26%) and Walt and Gilson's policy triangle (30%) were the most used. Authors select theories for their empirical relevance, methodological rational (e.g. comparison), availability of examples in literature, accessibility and consensus. Authors cite few operational and analytical challenges in using theory. The hybridisation, diversification and expansion of mid-range policy theories and conceptual frameworks used deductively in health financing policy reform research are issues for HPSR to consider. We make three recommendations for researchers in the HPSR field. Future research on health financing policy change processes in sub-Saharan Africa should include reflection on learning and challenges for using policy theories and frameworks in the context of HPSR.

Keywords: Conceptual frameworks, scoping review, health financing, health policy, policy analysis, public policy theory, sub-Saharan Africa

Key Messages

- We know public policy theory is underused in health policy and systems research.
- There is evidence of theoretical *bricolage* to piece together conceptual tools.
- The criteria and rationale for selecting a theory for use are not systematically reported.
- Challenges and lessons from using theory are rarely discussed in the literature.

Introduction

Over the past 15 years, there has been a growth in research efforts towards a better understanding of policy processes for health systems in low- and middle-income countries (LMICs). For example, the Alliance for Health Policy and Systems Research (the Alliance) has compiled and published tools for training researchers interested in such processes within the field of health policy and systems research (HPSR). Their *HPSR Methodology Reader* (Gilson, 2012), available in multiple languages, represents a case in point: it offers methodological advice and strategies for policy analysis in HPSR, and provides an overview of conceptual frameworks (mainly descriptive or heuristic) on systems perspectives and key health system issues like accountability, corruption, financing, trust, and human resources for the design of HPSR studies. More recently, the Alliance released a *Health Policy Analysis Reader* to update the theoretical and conceptual underpinnings for health policy analysis in LMICs, underscoring the importance of theories from political science, economics and policy studies in ‘analytical approaches that integrated politics, process, and power into the study of health policies’ (Gilson *et al.*, 2018, p. 11).

Applying theories of the policy process in health policy analysis enables a systematic and organised appraisal of the conditions, constraints, contexts, actors and institutional arrangements as well as an appreciation of the stakeholders, determinants and politics of reform (Bernier and Clavier, 2011; de Leeuw *et al.*, 2014; Gilson *et al.*, 2018; Cairney, 2020). For example, the use of theories explaining policy and political factors provides more nuanced understanding of health policy changes than explanations offered by investigating the financial capacities of states in West Africa (Ridde, 2015). Beaussier (2017) argues that the use of theories and frameworks from political science would also strengthen comparative approaches to understand the influences on health and social protection policy reform within and between countries in Africa. In brief, applying appropriate theories of the policy process to empirical problems creates opportunities to use theoretical knowledge to develop research questions and guide analysis on ‘*why* things are (not) happening beyond a mere description *that* they are (not) happening’, such as in cases of implementation failure (de Leeuw *et al.*, 2014, p. 3).

However, despite agreement that theories of the policy process are important conceptual tools for health policy analysts to describe and explain phenomenon of interest to HPSR, researchers have found that theory remains underused in HPSR in LMICs (Gilson, 2012; Berlan *et al.*, 2014; Erasmus *et al.*, 2014; Shearer *et al.*, 2016). This finding is echoed in systematic reviews investigating the use of policy theories and conceptual frameworks more globally for health policy analysis in health promotion (Breton and De Leeuw, 2011), on social determinants of health and health equity (Embrett and Randall, 2014), on obesity prevention policy (Clarke *et al.*, 2016) and for governance of health systems (Pyone *et al.*, 2017).

Health financing represents a core building block and function of health systems (Kutzin 2001). Degroote *et al.*'s (2019) review mapped research designs and methods in literature on impact of health financing reforms in sub-Saharan Africa (SSA), but to our knowledge, there is a gap in the literature reviewing theoretical tools used in empirical studies to analyse this function. Health financing encompasses catalytic functions like collecting revenues to finance and deliver healthcare, pooling health funds and risks, and purchasing healthcare (Kutzin 2001). Health financing policies are thus critical pieces in the puzzle of public policy instruments to achieve Universal Health Coverage (UHC) because they seek to regulate the supply of health system resources and demand for coverage of health care and prevention services (Kutzin, 2013; Sambo and Kirigia, 2014). As such, the politics and power in decision-making processes on health financing reforms and their implementation influence health services provision, financial protection and equity of access to care (Schieber *et al.*, 2006). Health financing involves a range of possible policy instruments to serve these functions, including but not limited to health insurance, social health insurance, community-based insurance, community health fund, user-fee exemption/removal, conditional cash transfers/payments and performance-based financing.

Using policy process theories to study the development, formulation, co-ordination and implementation of health financing policy is critical to respond to challenges such as those noted by Schieber *et al.* (2006), like how to understand policy sub-systems at different levels. For example, WHO's tools for decision-makers on how to develop health financing policies do not take into account the underlying policy and political processes involved in producing national strategies (Kutzin *et al.*, 2017). Current guidance for countries summarises key contextual factors at the national level such as fiscal capacity, structure of public administration and public sector financial management (McIntyre and Kutzin, 2016). Such guidance is useful for government authorities engaged in achieving UHC, but it does not address issues concerning the intrinsic political nature or underlying political economy of health financing policy processes with which policy actors within and outside of government must navigate, manage and negotiate. For instance, Nauleau *et al.* (2013) argue that the promotion of UHC has contributed to increased reform and implementation of health financing policies since 2010, particularly in SSA. But Gautier and Ridde's (2017) review on health financing policy processes in SSA showed that external sources of power and influence from donors pervade all phases of the policy process with consequences for country ownership. Research that uses policy theories is needed to advance theoretically informed understandings of politics, governance and power in health financing policy processes, as a critical contribution to knowledge on the challenges and realities of achieving UHC.

This study aims to assess the scope of the literature on health financing policy processes in SSA, to inventory theories and conceptual frameworks used in empirical research on health financing

policy change in SSA, and to summarise challenges, innovations and lessons learned from the use of these theories and frameworks. This review was part of a larger project comparing policy processes in health (insurance) and mining sectors in two countries in SSA (Deville *et al.*, 2018). Specifically, this paper responds to the question: what theories and conceptual frameworks have been used to study health financing policymaking processes and policy change in SSA since 2000? We intend for the findings to highlight the choices, learning and challenges with using theories and conceptual frameworks to analyse health financing policy process in SSA and to advance theory-driven policy analysis in the health financing policy area of HPSR.

Methods

We used a scoping study design following a stepwise approach (Arksey and O'Malley, 2005; Levac *et al.*, 2010) informed by refinements to the method (Levac *et al.*, 2010; Colquhoun *et al.*, 2014).

Search strategy

We developed a search strategy that covered three dimensions of the relevant studies for our review: (1) the policy area of interest (health financing strategies), (2) the object of interest (policy processes/change) and (3) the geographical coverage (SSA). We used a composite approach to construct each dimension separately before combining them together in each database when option was available (Table 1). We gathered the health financing policy terms from key documents on UHC and the terms used by Gautier and Ridde's (2017) review of government ownership in health financing policy processes. We drew the policy process/change terms from the public policy literature on the stages of the policy process, the main variables of policy change (i.e. the three Is—interests, ideas, institutions) and other conceptual and empirical terms for policy actors and influences generally used in public policy theory, practice and analysis (Sabatier, 2007; Cairney, 2020). We used a French dictionary of public policy (Boussagnet *et al.*, 2014) to validate French language translations of these terms. We defined the countries included in our geographical zone of interest according to the World Bank's list of 48 countries in SSA (<https://data.worldbank.org/re>

Table 1 Search terms in English and French

Dimensions of search terms	English	French
<i>Databases</i>	Global Health (Ovid), PubMed, Web of Science, PAIS index	Cairn.info
1. Policy area of interest: financing policies for UHC	'universal health coverage' or 'health financing' or 'health finance' or 'health insurance' or 'health micro-insurance' or 'community-based insurance' or 'mutuelle' or 'vouchers' or 'community health fund' or 'user-fee exemption' or 'user-fee removal' or 'conditional cash transfer' or 'conditional cash payment' or 'performance-based financing' or 'results-based financing' or 'pay-for-performance'	Couverture sanitaire universelle OU financement de la santé OU financement santé OU assurance santé OU micro-assurance OU assurance à base communautaire OU assurance de santé communautaire OU mutuelle de santé OU vouchers OU fond communautaire de santé OU fonds communautaires OU exemption des frais de santé OU gratuité des soins OU conditional cash transfer OU financement basé sur la performance OU financement basé sur les résultats OU paiement à la performance OU rémunération à la performance
AND		
2. Object of interest: policy processes and change	2a OR 2b 2a = 2ai AND 2aii 2ai (policy OR policies OR politics OR political) 2aii (problem or development or analysis or process or decision-mak* or actor* or entrepreneur* or reform* or design or frame* or instrument* or dialogue* or learning or network*) 2b (agenda-setting or emergence or formulation or adoption or implementation or evaluation or interests or ideas or institution* or discourse or framing or power or paradigm* or governance or strateg*)	politiques publiques OU politique OU politiques OU action publique OU problème OU développement OU analyse OU processus OU décideur* OU acteur* OU entrepreneur* OU réforme* OU design OU cadre d'interprétation OU instrument* OU dialogue* OU apprentissage OU réseau* OU agenda OU définition OU décision OU élaboration OU émergence OU formulation OU adoption OU mise en œuvre OU évaluation OU intérêts OU idées OU institution* OU discours OU récits OU référentiel OU pouvoir OU paradigme* OU gouvernance OU stratég*
AND		
3. Geographical scope: SSA	Angola or Benin or Botswana or 'Burkina Faso' or Burundi or Cameroon or 'Cape Verde' or 'Cabo Verde' or 'Central African Republic' or Chad or Comoros or 'Côte d'Ivoire' or 'Democratic Republic of Congo' or Congo or Equatorial Guinea or Eritrea or Ethiopia or Gabon or Gambia or Ghana or Guinea or Guinea-Bissau or Kenya or Lesotho or Liberia or Madagascar or Malawi or Mali or Mauritania or Mauritius or Maurice or Mozambique or Namibia or Niger or Nigeria or Rwanda or 'Sao Tome and Principe' or Senegal or Seychelles or 'Sierra Leone' or Somalia or 'South Africa' or 'South Sudan' or Sudan or Soudan or Swaziland or Tanzania or Togo or Uganda or Zambia or Zimbabwe or 'Sub-saharan Africa' or Africa or African or 'low-income countries' or 'lower middle-income countries'	*Category 3 was not used to search Cairn (the only Francophone database used) because it had no sophisticated search builder, and including this category frequently turned out 0 results when combined with categories 1 and 2.

gion/sub-saharan-africa). The search strategy was developed iteratively by the first author through multiple rounds of testing different combinations of terms in databases, in consultation with co-authors, and with input from an expert in systematic and scoping reviews. It was also discussed and validated by the political science co-investigators of the wider project.

Using the terms and combinations in Table 1, in November 2017 we searched titles and abstracts in Global health (Ovid), PubMed, Web of Science, PAIS index (Proquest) and Cairn (a Francophone database), to collect scientific and grey empirical literature indexed in health and social science databases. We limited our search to material available in English and French published between 2000 and 2017.

Study selection

The first author followed a three-stage process to independently screen and select studies for analysis, consulting with both co-authors for verification. Questions and issues arising about the application of inclusion and exclusion criteria (Table 2) were regularly discussed between all authors before final selection decisions. In the first stage, titles were screened for meeting criteria related to the policy area to exclude studies unrelated to health financing policies in SSA. In the second stage, abstracts (and some full texts) were screened for meeting criteria related to the policy process and policy change focus of the studies. During this stage, we made decisions based on the research questions or objectives of the studies. In the third stage, we screened full-text articles for meeting the essential criteria for studies to be selected for analysis: the presence of a policy process or health policy-related theory or conceptual framework *ex ante*. We used Ridde *et al.*'s (2020) adapted typology of theories according to their levels of abstraction with Nilsen's (2015) definition of a conceptual framework to guide our selection of studies using mid-range theories and conceptual frameworks (Table 3). We excluded grand theories because we focus on theories that structure

observation, description and explanation of phenomena specific to policy process and change and not a broad range of social phenomena. We excluded programme theories because we focus on analysis of public policy as part of wider policymaking processes and not the logic, design, implementation or evaluation of interventions.

Charting the data

We extracted data from the studies selected for analysis to assess the geographical, policy, methodological and theoretical scope of this literature. We charted extracted data in an excel sheet with columns for each item in Box 1. We did not systematically extract data on the results/findings of the studies since this was outside the scope of the review's objectives and research question. In some instances, such data were extracted when pertaining to the challenges or learning of authors from working with the mid-range theory or conceptual framework; although these data (when available) were generally collected from the discussion section of the paper.


Collating, summarizing and reporting results

We collated and summarised the results on publication characteristics, geographical coverage of studies, types of policies studied, and research design and methods according to the items for numerical analysis recommended for presenting scoping results (Arksey and O'Malley, 2005; Levac *et al.*, 2010). We categorised the affiliations of first authors of the studies according to whether the institution was in SSA or not, and whether the first author had affiliations in northern and/or southern institutions. We organised results according to the mid-range theories and conceptual frameworks identified in the analysis. We created a third category emergent from our analyses for *bricolage* to classify those studies wherein authors built and combined frameworks drawing on multiple theories and/or conceptual frameworks. We analysed theoretical material according to disciplinary origins and authors' reflections on their use.

Table 2 Inclusion and exclusion criteria

Criteria	Applied to title and abstract screening to select relevant studies (stages 1 and 2)	Applied to full-text screening for eligibility (stage 3)
Inclusion	<p>Scientific and grey literature published between 2000 and 2017, in English or French.</p> <p>Empirical research material on health financing (HF) policies for UHC in SSA. Studies about policy environment, policy context, policy design, policy processes, policy change or politics of policy change related to HF policies for UHC.</p> <p>Policy studies including analysis of ideas and experiences of stakeholders in decision-making related to policy design, policy processes or policy change.</p>	<p>Presence of policy process or health policy-related mid-range theory or conceptual framework <i>ex ante</i>.</p> <p>Studies of countries in SSA (including upper-middle-income countries).</p>
Exclusion	<p>Conference proceedings, position/opinion/advocacy papers, commentaries, editorials, institutional reports, PhD theses, study protocols.</p> <p>Studies that only estimate or evaluate effects on coverage, expenses, financial protection, or quality/access/delivery of health care (HC) and services (effectiveness studies/evaluations).</p> <p>Studies on socioeconomic status factors and/or knowledge, attitudes, beliefs, motivations and other determinants of HC seeking-behaviour or health insurance enrolment/participation, or practices of users or service providers (HC and services or clinical research without link with an implemented policy).</p> <p>Studies on preferences, perceptions and awareness of users and stakeholders about HF policies and HC.</p> <p>Studies on health economics, health spending trends, economic efficiency/cost effectiveness, expenditure analyses or modelling.</p>	<p>Presence of theory or framework <i>ex post</i>.</p> <p>Frameworks announced but none referred to explicitly (no reference from the literature).</p> <p>Frameworks without any empirical application.</p> <p>Theory-driven evaluation (intervention theory and logic models for policy evaluation).</p>

Table 3 Definitions of theories and frameworks

Scale of abstraction  High	Low	Conceptual framework	A structure, schema or system of categories to describe empirical phenomena without providing explanations for them (Nilsen, 2015).
		Programme theory	The hypotheses used to underpin a programme’s design, which people use knowingly or not (Weiss, 1997).
		Mid-range theory	‘A basic structure of ideas, which can be operationalized’ (Stinchcombe, 1968). ‘Theories of the middle range should be informed by empirical data but be generalizable to a wide range of situations and widely recurrent patterns that occur in different contexts’ (Calhoun, 2002).
		Grand theory	A unifying theory that explains all the observed uniformities of social behavior, social organization and social change (Merton, 1968).

Adapted from Ridde et al. (2020).

Box 1 List of items for data extraction

- Authors
- First author affiliations (institution, location)
- Year of publication
- Title
- Journal
- Study setting: Country/countries where study was conducted
- Study objective or research question/statement related to policy process or change
- Type of health financing policy being studied related to UHC
- Research design
- Data collection methods
- Data analysis methods
- Mid-range theory/conceptual framework used
 - Name/reference
 - Discipline/field/institution of origin
 - How theory/conceptual framework used
- Challenges (with using theory/conceptual framework)
- Lessons (from using theory/conceptual framework)

Consultation

We included a consultation phase in the study, which is an optional step in scoping methodology (Arksey and O’Malley, 2005; Levac et al., 2010). We presented and discussed preliminary results with participants in a research workshop in Senegal in 2018. The participants included social science and public health researchers from Belgium, Canada, France, Mali and Senegal as well as decision-makers from the health and mining sectors in the latter two countries. The research team and decision-maker partners in the larger project wanted to learn from challenges in using theories and conceptual frameworks to study health financing policies in SSA in order to inform methodology for case studies and analysis on health insurance and mining policy in Senegal and Mali.

Upon completion of the initial data analysis, we carried out a survey among the first authors of the studies selected for analysis. Given the limited data collected in our review providing insights to

the challenges and learning of authors using mid-range theories and conceptual frameworks to study health financing policy processes/change, we invited first/corresponding authors individually by email to respond to three open-ended questions. They were asked about their reasons and process for choosing the mid-range theory or conceptual framework for their study, and the challenges and learning from using and adapting it in this published research. Ten of the 23 authors (referred to below as: A1 to A23) replied to the survey.

Results

The search identified 1652 records. Following the first two stages of screening for studies on policy process/change related to health financing policies in SSA, we pre-selected 108 relevant studies of which 85 were excluded with reasons (Supplementary File S1), with 23 papers eligible for inclusion in the analysis. These are shown in Figure 1, based on PRISMA guidance for reporting (Moher et al., 2009).

General publication profiles and characteristics of the 23 studies are summarized in Box 2. A large majority of the studies were published since 2011, and over half of them since 2015. The studies were mainly published in the health science literature; nine papers were published in *Health Policy and Planning*, and one study was published as a working paper in the grey literature. First authors were affiliated with institutions in SSA in one-third of the papers, and first authors had dual affiliations with northern institutions and institutions in SSA. The other third of the papers had first authors with affiliations in European or North American institutions only.

The studies concerned a total of 16 countries in SSA (Figure 2). Ghana ($n=6$), Burkina Faso ($n=5$) and South Africa ($n=5$) were the countries studied most this literature, covered in 66% of the articles analysed given the four multi-country studies in our data set. Although French is an official language in 7 of the 16 countries of study (according to the International Organisation of La Francophonie), only 2 of the 23 studies were published in the French language (Olivier de Sardan and Ridde, 2012; Kadio et al., 2017). A majority of studies concerned national health insurance ($n=8$) and user-fee exemption ($n=7$), with performance-based financing ($n=4$) being the main focus of studies analysed that were published in 2017 (Table 4). Over half of the studies had study objectives or research question of an exploratory nature, including description ($n=15$), while the others were of an explanatory type ($n=8$) (Table 4), based on types of research and categories of inquiry in HPSR (Gilson, 2012, pp. 42–51).

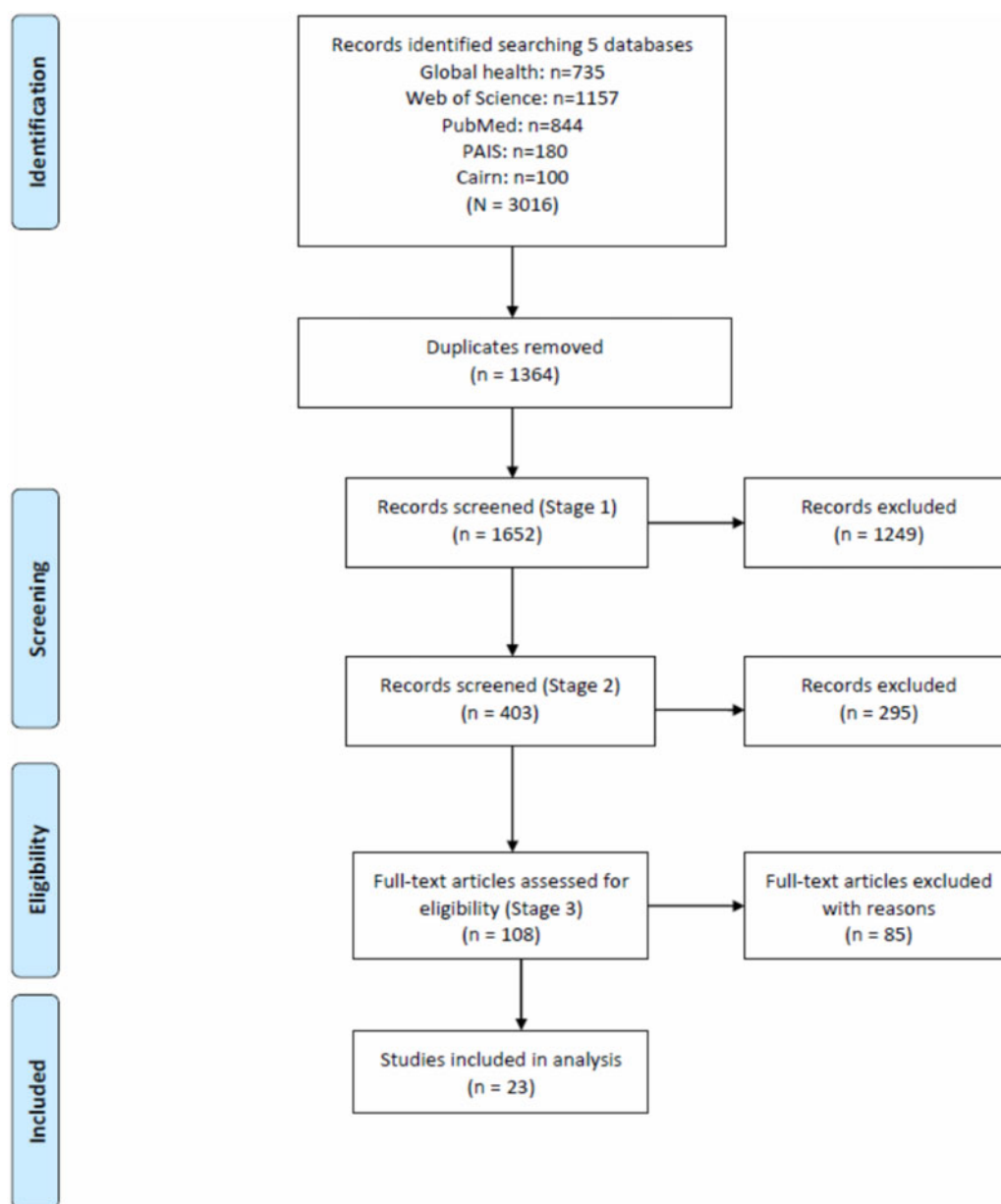


Figure 1 PRISMA flow diagram.

Mapping the theories and conceptual frameworks used

We found that 5 of the studies used a mid-range theory (Honda, 2015; Atuoye *et al.*, 2016; Kadio *et al.*, 2017; Sieleunou *et al.*, 2017; Zida *et al.*, 2017) and 10 used a conceptual framework (Thomas and Gilson, 2004; Agyepong and Adjei, 2008; Meessen *et al.*, 2011; Ridde and Morestin, 2011; Abuya *et al.*, 2012; Olivier de Sardan and Ridde, 2012; Bertone and Meessen, 2013; Onoka *et al.*, 2013; Fusheini *et al.*, 2016; van den Heever, 2016). The mid-range theories and conceptual frameworks used alone within these categories were mainly from the disciplines of political science [multiple streams theory (MST) (Kadio *et al.*, 2017; Sieleunou *et al.*, 2017; Zida *et al.*, 2017); advocacy coalition framework (ACF) (Atuoye *et al.*, 2016); stages heuristic (Ridde and Morestin, 2011; Olivier de Sardan and Ridde, 2012); policy translation (Fusheini *et al.*, 2016); and political economy of reform in LMICs (Agyepong and Adjei, 2008)], economics [principle agent theory (Honda, 2015); new institutionalism (Bertone and Meessen,

2013)] and the field of HPSR [policy triangle (Thomas and Gilson, 2004; Meessen *et al.*, 2011; Abuya *et al.*, 2012; Onoka *et al.*, 2013)]. A separate 'do-it-yourself' category (*bricolage*) emerged from analysis wherein 8 of the studies involved authors combining theories and conceptual frameworks from others within political science (Pillay and Skordis-Worrall, 2013; Chimhutu *et al.*, 2015; Koduah *et al.*, 2016; Pruce and Hickey, 2016) or implementation science (Wilhelm *et al.*, 2016), or between political science and HPSR (Gilson *et al.*, 2003; Ridde *et al.*, 2011; Onoka *et al.*, 2015). Altogether, 15 of the papers analysed used a mid-range theory or conceptual framework from political science, and HPSR frameworks were used in 7 of them (Table 4).

The most cited theories and conceptual frameworks were Kingdon's (1984) multiple streams ($n = 3$ on its own, $n = 2$ in *bricolage*), Grindle and Thomas' (1991) arenas of conflict ($n = 1$ on its own, $n = 5$ in *bricolage*) and Walt and Gilson's (1994) policy triangle ($n = 4$

Box 2 Profile of studies (n = 23)

Publication year	Number
Papers published since 2015	12
Papers published between 2011–14	8
Papers published between 2000–10	3
Language of publication	
English	21
French	2
First author institutional affiliation	
In Sub-Saharan Africa	8
Outside Sub-Saharan Africa	7
Both Sub-Saharan Africa and northern	8
Types of articles	
Original research papers	
– Single country	19
– Multiple countries/cases (comparative)	3
Reviews	1
Research design	
Qualitative methods	20
Quantitative methods	0
Mixed methods	3
Journals	
Health policy and planning	9
Health research policy and systems	2
Health Policy	2
Globalization and Health	2
BMC Health Services Research	2
Afrique Contemporaine	1
BMC Public Health	1
BMC Research notes	1
Int. Journal of Health Policy and Management	1
Sciences Sociales & Santé	1
Wider working papers	1

on its own, $n = 3$ in *bricolage*). Kingdon's multiple streams is a theory of agenda-setting where in an 'idea whose time has come' for attention on the government agenda is examined by identifying the coupling of issues, ideas and interests in three streams, due to a focusing event that creates a window of opportunity for a policy entrepreneur to promote his/her policy solution. Grindle and Thomas' political economy of health reform in LMICs is a conceptual framework on the role of policy elites in shaping policy agendas and managing political and bureaucratic challenges of policy reform in developing countries. Walt and Gilson's policy triangle is a health policy analysis framework that emphasises the need to take account of who (actors) is involved and how (process) decisions are made, what (content) decisions are made and under what conditions (context) (see [Supplementary File S2](#) for an overview of key elements and assumptions of each).

Challenges and learning from using policy theories and conceptual frameworks

Choosing a mid-range theory or conceptual framework

Few authors reported on challenges with selecting, adapting and applying mid-range theories and conceptual frameworks to study health financing policy processes and change in SSA ([Thomas and](#)

[Gilson, 2004](#); [Honda, 2015](#); [Sieleunou et al., 2017](#); [Zida et al., 2017](#)). In data from the survey in the consultation phase, first authors reported selecting a mid-range theory or conceptual framework from the literature based on their assessment of its relevance to the research objective or question, with concepts to help the research team explore themes they want to analyse (A1, A2, A10, A19). Some authors' choices were guided by methodological justification (A16), for example choosing to use the same framework comparatively to explore cases of similar phenomena in different political contexts or within a country at sub-national jurisdictions ([Meessen et al., 2011](#); [Onoka et al., 2013](#)). Choices were also influenced by the availability of ample empirical examples of their use in similar studies in the health policy literature (A9, A17, A18, A19). The 'consensus-base' that has grown around the use of the stages heuristic, or policy cycle, (from public policy studies) and the policy triangle (from HPSR) also justify their selection, in addition to their characteristic of accessibility—allowing researchers to organise and present results to multidisciplinary audiences in an easily understandable way (A17, A18). In the field of HPSR, the policy triangle signposts key categories of focus to health policy and systems researchers, practitioners and managers who are not familiar with policy process theories and analyses (A18).

Francophone researchers encounter additional linguistic challenges when selecting a theory or conceptual framework, given the limited availability of theoretical tools and texts in French, and the lack of application in HPSR in West Africa that is published in French as empirical examples of their use (A9). When theories or frameworks are available in the French language (especially from political science), there are few to no studies that have operationalised them for HPSR in SSA (A9). Access to full texts and books that present the theory or framework selected is a challenge for authors without well-sourced libraries and bookshops in SSA (A2). Surprisingly, given that our criteria aimed to exclude *ex post* theory use, two of the authors' replies to the survey suggested that they selected the mid-range theory/conceptual framework after the data collection was completed.

Working with a mid-range theory or conceptual framework

We characterise the challenges identified by authors as definitional-operational and empirical-analytical. For example, authors working with Kingdon's MST noted that the 'conceptual contours' of the policy and politics streams are unclear (A9), as are the distinctions between a decision agenda and a government agenda (A19)—which present challenges for analysis ([Sieleunou et al., 2017](#)). The operationalisation and adaptation of a mid-range theory or conceptual framework for use with different levels of analysis or with stages of the policy process other than that for which it was originally proposed presents a challenge for HPSR researchers ([Chimhutu et al., 2015](#); [Honda, 2015](#)). The analysis itself can be a challenge for researchers working deductively with theory or frameworks, especially when the theoretical inferences do not fit with one's interpretations of the data (A10). One notable shared challenge across mid-range theories and conceptual frameworks relates to the consideration of interdependence and interactions between analytical categories and between levels of policy [e.g. between streams in MST ([Sieleunou et al., 2017](#)), between global and national policy processes ([Chimhutu et al., 2015](#); [Pruce and Hickey, 2016](#)), between ideas and interests ([Pruce and Hickey, 2016](#)), between policy formulation and implementation ([Meessen et al., 2011](#); [Honda, 2015](#))].

Authors reported theoretical innovations from their use of the theory, such as adapting the Kingdon's MST to look for change within

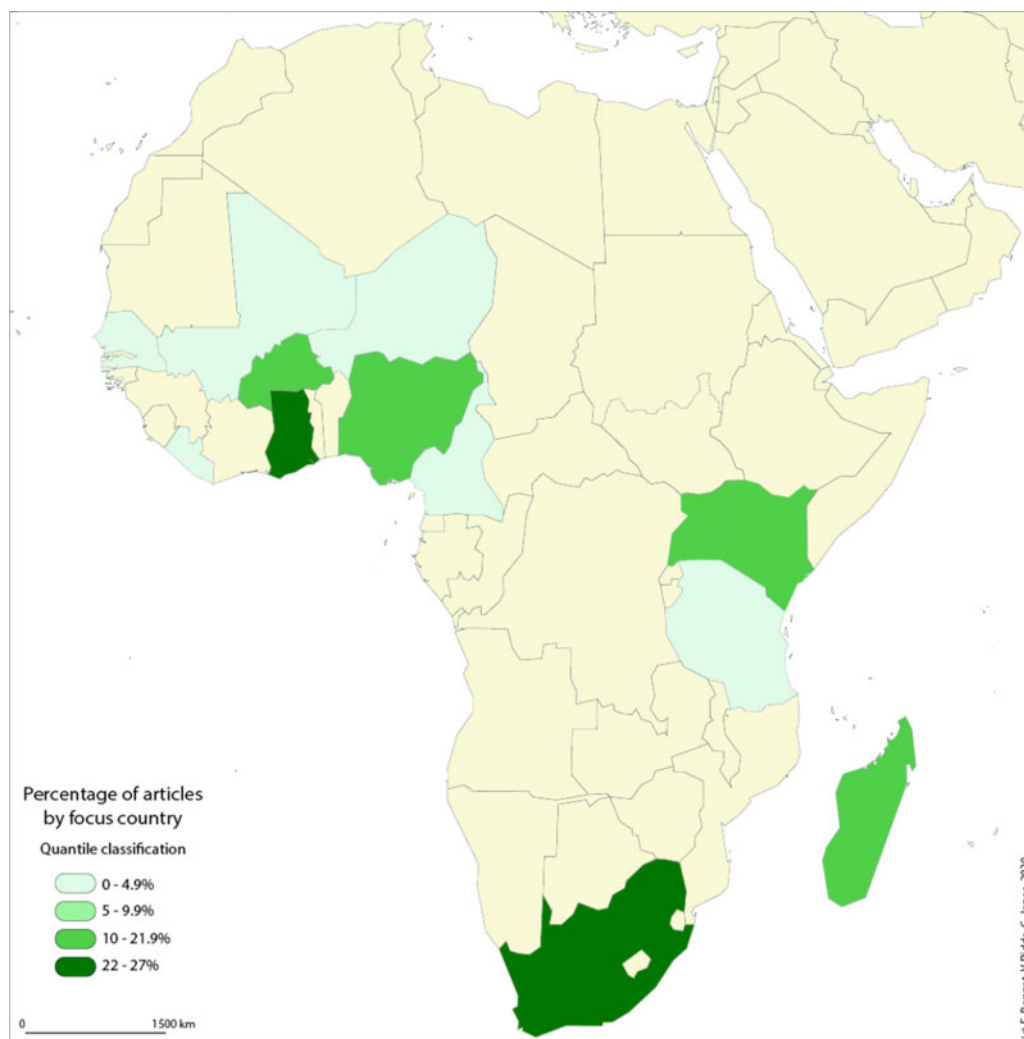


Figure 2 Articles by country of focus.

streams (i.e. problematisation of an issue) and learning that organisations, as well as individuals, may be entrepreneurs (Kadio *et al.*, 2017). Learning from the use of Grindle and Thomas' political economy framework generated new questions about the effects of corruption on reform processes (Agyepong and Adjei, 2008). Learning also produced reflections on the limitations of the mid-range theory or conceptual framework. For example, the focus on elites in political settlements is a theoretical limitation for exploring the role of NGOs in relationships between state and society (A16). Experience of *bricolage* in the political settlement framework demonstrated that incorporating the role of ideas and transnational actors was valuable for understanding interaction between the ruling and other policy coalitions (Pruce and Hickey, 2016). Both the stages heuristic and health policy triangle conceptual frameworks were recognised as useful for description but limited in their analytical contributions to explain change or establish causal relationships (A17, A19). The health policy triangle was designed to be broad and applicable to range of settings and policy issues, serving as a starting point to develop an understanding of the key policy process with support from other concepts or empirical knowledge (A7). Researchers who are less familiar with understanding policy change from a political perspective have challenges in using such an open framework (A7). The

health policy triangle therefore lends itself to being used for *bricolage*, in conjunction with other frameworks and methods, like stakeholder analysis (Gilson *et al.*, 2003; Thomas and Gilson, 2004; Abuya *et al.*, 2012; Onoka *et al.*, 2013).

There is general agreement across authors that the use of a mid-range theory or conceptual framework helps to orient the collection, organisation and analysis of data, and to support their understanding of health financing policy processes and their politics. In particular, mid-range policy theories and conceptual frameworks are valuable analytical tools to explore the fuzzy boundaries between the political and technical actors, knowledge and systems in health financing (Gilson *et al.*, 2003; Agyepong and Adjei, 2008; Meessen *et al.*, 2011; Chimhutu *et al.*, 2015). The process of working with a mid-range theory or conceptual framework is one of self-learning for those who do not have a political science background, with the benefit of an additional outcome as a formative part of their HPSR training (A9).

Discussion

This scoping review of the mainly peer-reviewed literature on health financing policy processes/change found that most papers are

Table 4 Theories and conceptual frameworks—disciplinary origins, sites of use, policy instruments of study and types of research questions

Papers analysed	Mid-range theory (MT)/ Conceptual Framework (CF)	Freq.	%	Main MT/CF reference(s)	Additional MT/CF reference(s)	Country/ies of empirical study	HF strategy/ instrument*	Research question
Mid-range theories								
<i>Kadio et al. (2017)</i>	Kingdon (MST)	3	60%	Ridde (2007); Kingdon (1984) Kingdon (2010)	Lemieux (2002)	Burkina Faso	UFE	Explanatory
<i>Sieleunou et al. (2017)</i>				Kingdon (2010)		Cameroon	PBF	Exploratory
<i>Zida et al. (2017)</i>				Kingdon (2011)		Burkina Faso	PBF	Exploratory
<i>Atuoye et al. (2016)</i>	Sabatier (ACF)	1	20%	Sabatier (1987)	Russell et al. (2014); Dunn (1981), Pielke (2007)	Ghana	NHI	Exploratory
<i>Honda (2015)</i>	Principal-agent theory	1	20%	Pritchette and Woolcock (2004); Milgrom and Roberts (1992)		Madagascar	UFE	Explanatory
Conceptual frameworks								
<i>Abuya et al. (2012)</i>	Policy triangle	4	40%	Walt and Gilson (1994)	Erasmus and Gilson (2008)	Ghana	S/V	Exploratory
<i>Meessen et al. (2011)</i>				Hercot et al. (2011), based on Walt and Gilson (1994)		Burkina Faso, Burundi, Ghana, Liberia, Senegal, Uganda	UFE	Exploratory
<i>Onoka et al. (2013)</i> Thomas and Gilson (2004)				Walt and Gilson (1994) Walt and Gilson (1994)	Eden (1996)	Nigeria South Africa	NHI SHI	Explanatory Exploratory
<i>Olivier de Sardan and Ridde (2012)</i> <i>Ridde and Morestin (2011)</i>	Stages heuristic/policy cycle	2	20%	Lemieux (2002) Ridde (2009); Sabatier (1999)		Burkina Faso, Mali, Niger Ghana, Kenya, Madagascar, South Africa, Uganda	UFE UFE	Exploratory Exploratory
<i>Bertone and Meessen (2013)</i>	New institutionalism	1	10%	North (1990); Aoki (2001, 2007); Barzel (1997); Laffont and Martimort (2002)		Burundi	PBF	Explanatory
<i>Agyepong and Adjei (2008)</i>	Political economy of policy reform in LMIC	1	10%	Grindle and Thomas (1991)		Ghana	NHI	Exploratory
<i>Fusheini et al. (2016)</i>	Policy translation	1	10%	Stone (2012); Stone (2010); Stone (2004)		Ghana	NHI	Exploratory

(continued)

Table 4 (continued)

Papers analysed	Mid-range theory (MT)/ Conceptual Framework (CF)	Freq.	%	Main MT/CF reference(s)	Additional MT/CF reference(s)	Country/ies of empirical study	HF strategy/ instrument*	Research question
van den Heever (2016)	Normative (HF systems)	1	10%	Kurzin (2010)		South Africa	NHI	Exploratory
Chimhutu <i>et al.</i> (2015)	Bricolage political science ++ <i>Partnership</i>	8	35%	Crawford (2013)	Grindle and Thomas (1991)	Tanzania	PBF	Exploratory
Koduah <i>et al.</i> (2016)	<i>Resistance + power + conflict</i>	4	50%	Sterman (2006); Mintzberg Thomas (1991)		Ghana	NHI	Explanatory
Pillay and Skordis- Worrall (2013)	<i>Interacting trends & shocks</i>			Hall <i>et al.</i> (1975); Kingdon (2003)	Grindle and Thomas (1991)	South Africa	NHI	Explanatory
Pruce and Hickey (2016)	<i>Political settlement</i>			Lavers and Hickey (2016)	Schmidt (2008); Stone (2008)	Zambia	SHI, CT	Explanatory
Gilson <i>et al.</i> (2003)	HPSR ++ <i>Policy triangle + political economy + power</i>	3	38%	Walt and Gilson (1994)	Gilson <i>et al.</i> (1999); Kingdon (1984); Zaharadis (1999); Grindle and Thomas (1991); Porter (1995); Reich (1996)	South Africa, Zambia	UFE, SHI, UF	Exploratory
Ridde <i>et al.</i> (2011)	<i>Policy triangle + stages heuristic</i>			Walt <i>et al.</i> (2008); Hercot <i>et al.</i> (2011)	Lemieux (2002); Presseman and Wildavsky (1984); Grindle and Thomas (1991)	Burkina Faso	SV	Exploratory
Onoka <i>et al.</i> (2015)	<i>Punctuated equilibrium theory + policy triangle</i>			Buamgartner and Jones (1993); Walt and Gilson (1994)		Nigeria	NHI	Explanatory
Wilhelm <i>et al.</i> (2016)	Implementation science <i>Acceptability + adoption</i>	1	13%	Proctor <i>et al.</i> (2011); Peters <i>et al.</i> (2013)		Malawi	UFE	Exploratory
Discipline/origin of MT/CF	Name of MT/CF							
Political science	Advocacy coalitions (ACF) Multiple streams theory (MST) Policy translation Political economy of health reform Stages heuristic (policy cycle)							(continued)

Table 4 (continued)

Combination of MT or CF from political science (<i>bricolage</i>)
Health policy and systems research (HPSR)
Economics
Normative Implementation science
Combination of political science and HPSR
Legend for HF strategy / instrument*
National health insurance
User fee exemption
Performance-based financing
Subsidy/voucher for reproductive health
Social health insurance
Cash transfers
User fees / pre-payment

The references in bold in Table 4 correspond to the three most cited mid-range theories and conceptual frameworks in the results (Kingdon, Walt & Gilson, Grindle & Thomas). The other main or additional references which are not in bold are noted to show the theoretical and conceptual citation practices used by authors across the papers analysed.

published in health journals catering to an audience of health policy and systems researchers and practitioners. Of the mid-range theories and conceptual frameworks most used in the papers analysed, two come from political science (Kingdon's MST and Grindle and Thomas' political economy of health reform) and one comes from the field of HPSR (Walt and Gilson's health policy triangle). Walt and Gilson's health policy triangle is the most frequently used conceptual framework in the papers analysed. Of the eight conceptual frameworks recommended in the *HPSR Methodology Reader* (Gilson, 2012, p. 64) to guide systematic inquiry and to better capture complexity of policy processes, Walt and Gilson's (1994) health policy triangle is the only one that is found in our results. In reflecting on conceptual and methodological challenges, Walt *et al.* (2008) suggest a list of the most 'enduring examples' of theories and frameworks of the policy process that have been most used in the public policy and health policy literature based on results of Gilson and Raphaely's (2008) review. Walt *et al.* (2008) present three widely used frameworks of the policy process: the health policy triangle, the stages heuristic and network frameworks. We found the first two of these three in our results. Walt *et al.* (2008) present three influential theories of the policy process for health policy analysis: Kingdon's MST, Baumgartner and Jones' punctuated equilibrium theory and implementation theories (e.g. Lipsky, Hill and Hupe). They reported few examples of the ACF and institutional rational choice theory used for HPSR in LMICs, despite being theories widely used in public policy analysis more generally. From their list of theories, we found the MST in our results, as well as the ACF.

Looking across the results of the mid-range theories and conceptual frameworks we found used *a priori* in the papers analysed, we discuss the findings regarding their synthesis, adaptation and theoretical/conceptual renewal or development in HPSR.

Hybridising policy theories and conceptual frameworks

We created a *bricolage* category of results, as over one-third of the papers analysed brought together different mid-range theories and conceptual frameworks used in their studies. By employing the term *bricolage* for this emergent category, we refer to the work of Denzin and Lincoln (2011) who describe *bricolage* as the methodological labour that qualitative (generally interdisciplinary) researchers do to piece together various elements (interpretations, theories, tools) as a strategy to deal with complexity. Specifically, our review sheds light on the work of 'theoretical bricoleurs' in HPSR (Denzin and Lincoln, 2011; Rogers, 2012). The meaning of the term *bricolage* here differs from its use in policy research to refer to policy and institutional change and what decision-makers/administrators do to rearrange policy instruments or institutions in different combinations, particularly in times of crisis (Campbell, 2004). However, policy researchers also engage in theoretical *bricolage* to build synthesis frameworks on policy process and change.

Our results on *bricolage* mirror a trend in public policy literature. For example, Pierce's review found that about half of applications of the ACF used it in combination with other theories/frameworks (Pierce *et al.*, 2017), and Jones' review found about one-third of the applications of the MST integrated other theories/frameworks (Jones *et al.*, 2016). Innovations in integrative approaches to theorisation in public policy analysis and scholarship have arisen from what are referred to as synthesis theories and frameworks (Nowlin, 2011), such as those of de Leeuw *et al.* (2016) and van Gestel *et al.* (2018), which have been respectively developed and illustrated with health policy. We found one example of this type of framework in our results. Pruce and Hickey (2016) used a

synthesis framework on political settlement (Lavers and Hickey, 2016) that was developed for analysing social protection policies in LMICs.

International experts in public health research on health inequalities have also recognised the opportunities and benefits of hybridisation of theories and conceptual frameworks for health policy research (Baum *et al.*, 2018). Specifically, in the study of complex systems, multiple theories used together may provide an overarching frame with more explanatory power for the policy processes in a given context (Baum *et al.*, 2018). Despite the recognition that the analysis of complex policy process may warrant the use of a combination of multiple theories to improve knowledge, the operationalisation of this requires an understanding of the various theories and conceptual frameworks, as well as reflection on why and how one combines them. Cairney (2020, pp. 236–239) cautions those developing or working with synthetic and hybrid theories to ensure clearly defined terms (often theories use similar words to mean something different) and to have a thorough understanding of the assumptions of the theories being combined, to merge them coherently and acknowledge inconsistencies. Theoretical *bricolage* offers a wide range of possibilities for HPSR to explore policy processes, with the caveat that HPSR researchers and research teams invest in acquiring the knowledge to work with a well-defined range of policy theories.

Diversifying policy theories and conceptual frameworks

The most frequently cited references to the theories and conceptual frameworks of Kingdon, Grindle and Thomas, and Walt and Gilson (Supplementary File S2) may point to a potential closed loop in the circulation of theoretical and conceptual tools for health financing policy analysis in SSA. These results suggest that researchers may prefer mid-range theories and conceptual frameworks on which there is considerable agreement in the field and ample examples of their use in the health policy literature, such as the health policy triangle and MST. Birken *et al.* found that familiarity and accessibility were among criteria that researchers used for selecting implementation theories, even though they were not on the list of criteria for theory selection developed from the literature, suggesting theory selection was often 'haphazard or driven by convenience or prior exposure' (Birken *et al.*, 2017). There are many pragmatic reasons that may underlie HPSR researcher's choices for using a simplified framework, such as the lack of time to invest in learning about an unfamiliar theory, the need to publish results quickly, and being conceptually risk averse with a desire to use what is widely accepted in the field (conceptual 'status quo'). Walt and Gilson (1994, p. 355) refer to the health policy triangle as a 'highly simplified model of an extremely complex set of interrelationships'. Notably, the health policy triangle was also found to be the most commonly used overarching framework in a review by Gilson and Raphaely (2008); it is one of the influential frameworks (and papers) for health policy analysis within the HPSR field. Its position as a standard framework found in this literature may also be interpreted as the sign of growing pains in a maturing practice of health policy analysis within HPSR. Perhaps the widespread use of the policy triangle is a sign of the establishment and institutionalisation of the HPSR field with a conceptual framework that is a recognised heuristic by all of its members. As the HPSR field matures, researchers may need to be more theoretically adventurous to advance knowledge in conceptualizations for analysing health financing policy processes, or at least move towards developing consensus in the field on which criteria are most important in selecting a theory (Birken *et al.*, 2017).

When HPSR scholars rely primarily on older, more established theories and frameworks frequently used in HPSR, this may lead to missed opportunities to integrate contemporary challenges of global governance and UHC, such as the transnational actors that influence various levels of health financing policy, into conceptual approaches without efforts to reflect on and adapt them. For example, results of this scoping review underscore the challenge of authors using *bricolage* to consider interdependence and interactions between levels of health financing policy and governance (Chimhutu *et al.*, 2015). The assumptions, conditions and key elements of the three most used theories in our findings (Supplementary File S2) do not appear to represent the reality of polycentrism in global health policy-making (Tosun, 2017), nor explicitly incorporate this context into theoretical propositions (Gautier *et al.*, 2018)—with the exception of the health policy triangle’s flexible level of analysis from local to international policy processes. We argue that the revised configuration of actors has implications for how we conceptualise and study of health financing policymaking in SSA, in particular how it relates to power as a core concept for health policy analysis (Erasmus and Gilson, 2008; Shiffman, 2014; Sriram *et al.*, 2018; Gore and Parker, 2019; Topp, 2020). The results of this scoping review contain noteworthy examples of relevant theoretical starting points for exploring and examining power in health financing policy and reform (Chimhutu *et al.*, 2015; Koduah *et al.*, 2016; Pruce and Hickey, 2016), among other recent examples in the literature (Dalglish *et al.*, 2015; Chemouni, 2018; Gautier *et al.*, 2020). For example, Abimbola *et al.* (2017) argue that the use of institutional approaches (which were rare in our findings) can equip HPSR researchers with theories and conceptual frameworks that support the examination of power in the governance of health systems, including health financing policy, by focusing on rules and institutions.

While the three most used theories and frameworks we found in the papers analysed do not include state-of-the-art conceptual approaches available from the discipline of political science or field of public policy, the results show some innovations which have been used, such as neo-institutionalism (Bertone and Meessen, 2013), policy transfer/translation (Fusheini *et al.*, 2016; Pruce and Hickey, 2016) and ideas in policy (Pruce and Hickey, 2016). Notably, realist approaches, which have been applied to policy analysis of other health systems building blocks, were absent from the results. Robert *et al.*’s (2017) realist review and synthesis for mid-range theory building for policy analysis serve as a strong example of this approach. A previous review of the health policy analysis literature in LMICs published between 1994 and 2007 found that ‘little of the existing body of work draws on policy analysis theory to direct and guide analysis, deepen understanding, enable explanation and support generalization’, but mentioned theories of Kingdon (agenda-setting) and Lipsky (street-level bureaucracy) among those referred to in at least some articles (Gilson and Raphaely, 2008). These observations are not intended to spark a normative debate on the ranking or valuation of any particular theory or conceptual framework over another, but rather to highlight the potential missed opportunities to incorporate additional or competing understandings of processes and changes in health financing policies through the use of diverse theoretical proposals towards developing more granular knowledge on development and implementation of health financing policies for UHC.

Expanding use of policy theories and conceptual frameworks

Applying theory in various contexts internationally is one way to revise and adapt, as well as contribute to understanding the differences

between empirical settings. Expanding the use of policy theory in SSA for health financing policy analysis would be part of a larger process towards improving learning about theory operationalisation and use in HPSR in response to some of the challenges reported by authors in our findings. Cairney (2020, p. 243) notes that reviews which take stock of the use and results from applying a particular theory in cases across countries are useful to build a knowledge base about learning. The empirical knowledge and conceptual learning from research on social policy (Kpessa and Béland, 2013) or international relations (Smith, 2009) in and on SSA are critical to explore the usefulness of theories and to contribute insights for revising theoretical understandings and interpretations of analysis from other contexts. The applications of prominent public policy theories in research on policy processes in African countries are limited in comparison to their application in North America and Europe across all policy domains and levels of government and governance. This has implications for the availability of examples of policy theory applied in the empirical health policy literature on SSA for health financing scholars to access and choose from which, as authors reported in our findings, influences their choice of theory or framework.

For example, a meta-review found 26 applications of MST in an African country, in contrast to 205 applications in European and 167 applications in North American countries (78% of 482 country codes for application were in Western democracies) (Jones *et al.*, 2016). Similarly, a review of the ACF found 13 applications in Africa, compared with 111 in European and 64 in North American (only USA and Canada) countries (Pierce *et al.*, 2017). Saetren’s (2005) review showed that only 3–4% of the public policy implementation literature concerned a focus on Africa, and that which did was mainly published in non-core policy and political science journals. The conclusions of these reviews underline the importance of applying policy theories in multiple contexts/governing systems and on diverse policy domains in order to advance theoretical development as well as understanding of their key concepts and processes, and to improve methods for collecting and analysing data in studies using them (Jones *et al.*, 2016; Pierce *et al.*, 2017). Although there are few critical discussions about the translation of policy theories for health and social policy in the African context (Beaussier, 2017), there is emerging knowledge and theory on the nature of policy processes in specific LMIC contexts, such as in the Pacific Islands (Aiafi, 2017).

Recommendations for HPSR

Based on the findings and the discussion above, we propose the following recommendations for researchers in the field of HPSR, particularly for those interested in health financing policy analysis.

Review and reflect on use of mid-range theories and conceptual frameworks

Health policy in SSA is an empirical field for public policy research, but policy theory has been marginally used to study it (Erasmus *et al.*, 2014; Jones *et al.*, 2016; Pierce *et al.*, 2017; Darbon *et al.*, 2019). As a multidisciplinary field, HPSR has the potential to make theoretical contributions to the field of public policy by applying and adapting theories to health financing policy in SSA. Such interdisciplinary cross-fertilisation requires deep theoretical engagement on the part of individual HPSR researchers (Jones *et al.*, 2017). For example, conducting reviews of the use of individual policy theories across all areas of health policy research in LMICs may identify gaps, lessons and implications for the field. Cairney and Jones’ review of MST (2016) and Henry *et al.*’s (2014) review of ACF

provide insights on developing criteria and methods for such reviews that could be adapted for exploring use of a policy theory in HPSR. The review and meta-analysis of Lipsky's theory of street-level bureaucrats by Erasmus (2014) is an example of this kind of learning already available. In these efforts, languages other than English must be included in search strategies for reviews and dissemination of theoretical learning for HPSR to bridge the gap in access found in our survey of authors. While it may be untenable to expect HPSR researchers to systematically contribute to policy theory, HPSR should build a knowledge base of learning from its theoretical work.

Our findings showed that there is a need for more reflexivity among researchers working with policy theories and conceptual frameworks in HPSR to critically reflect on what they learn from using it and to feedback into theoretical development at large and within the HPSR field specifically. This will require researchers using policy theory or conceptual frameworks to distinguish learning about the theory from learning about the phenomenon or the case. Reflexive thinking on theory involves 'continuous reflection on a dualism between universal concepts and their specific application' (Cairney, 2020, pp. 241–242). A more reflexive approach to the use of policy theory in health financing policy analysis would contribute to strengthening methods, improving comparisons across cases and countries, and developing theoretical tools for HPSR. According to the Association of Schools and Programs of Public Health, reflexivity is a core competency in public health and global health, which should be fostered in training programmes and through peer support and mentorship in graduate study (François *et al.*, 2018; Alexander *et al.*, 2020).

Our findings suggest that health financing policy research can benefit from theoretical learning when researchers engage with this, but it may be rare for this learning to find its way into the public knowledge domain. The limited space available in health science journals for this kind of reflection is a structural barrier to this practice. At least, HPSR researchers should always include citations to mid-range theories or conceptual frameworks that have informed or been used in their health financing policy research and specify the reasons why they selected that theory or conceptual framework. Our findings also showed that authors use theory *post hoc* to reorganise data and present results according to conceptual structures that were not operationalised for data collection. We do not make a normative judgement about this practice, which is likely common. But we suggest that authors disclose this in their methods sections so that the use of policy theory in the HPSR field can be better appraised and understood. If journals included a reflexive section in their instructions to authors for the structure of articles, this would be one way to encourage and institutionalise this.

Integrate diverse policy theory into HPSR training at graduate and post-graduate level

Policy theory and conceptual frameworks for health financing policy analysis should be introduced to HPSR trainees and early career researchers in their formal and informal education and training. In Chapter 8 of *Theories of the Policy Process* (Weible and Sabatier, 2017), Heikkila and Cairney provide a useful and thorough comparison of seven key theories against three criteria: five core elements of theories, activeness of their research programmes and coherence, and how each approach explains 'the policy process' (pp. 301–327). A number of resources provide overviews of and introductions to key theories and conceptual frameworks of policy process and policymaking for public policy in general (Weible and

Sabatier, 2017; Cairney, 2020) and for health policy specifically (Buse *et al.*, 2012; Smith and Katikireddi, 2013; Gilson *et al.*, 2018; Browne *et al.*, 2019).

Training courses and modules for HPSR in SSA are generally given within MPH programmes, which can present challenges for integrating policy theory into curricula depending on the multidisciplinary capacities of human resources for teaching (Erasmus *et al.*, 2016). While there is evidence of institutional capacity and leadership from schools of public health in health policy research in East, Central and Southern Africa (Rabbani *et al.*, 2016), future training efforts should not neglect the disparities in HPSR training between these sub-regions and West Africa, particularly in Francophone countries (Defor *et al.*, 2017). For now, the open-source health policy analysis course from the Collaboration for Health Policy and Systems Analysis in Africa is available in English and French (including an exercise on theory using Kingdon's MST and the policy triangle).

Network to support collaboration and develop interdisciplinary teams with political scientists

The recommendations above would benefit from networking between researchers working on health financing policy with the broader HPSR community to explore possible collaboration. There may be interest from branches of the HPSR field using policy theory to support these recommendations and pilot ideas in research and training. This could build on existing conversations about research collaboration and shared interests between political science and public health (Bernier and Clavier, 2011; Gagnon *et al.*, 2017; Bekker *et al.*, 2018; Fafard and Cassola, 2020). Networking could foster discussions on questions about barriers, training needs and support via existing groups (ranging in formality), such as: HSG Thematic Working Groups on social science approaches and teaching/learning in HPSR, the Global Health Policy Research Forum, Emerging Voices for Global Health, the Alliance, the Collaboration for Health Policy Systems Analysis in Africa, or the African Health Observatory—Platform on Health Systems and Policies.

Strengths and limitations of the study

First, we focus on health financing policy as a policy domain, which means that papers that use theories and conceptual frameworks of the policy process for research in other HPSR domains in SSA are not captured in this study. We suggest that policymakers' high level of interest in health financing policy (e.g. how to develop and implement policy in this domain) justifies this focus (El-Jardali *et al.*, 2010; Bennett *et al.*, 2020). Also, by focusing on instruments of health financing policy (e.g. insurance), the study did not look at the large domain of public financing reforms that impact public policies for domestic financing and development assistance for health care and service delivery programmes.

Second, our search strategy did not limit terms for specific policy theories used in health policy research. The decision not to earmark some theoretical terms or authors (like windows of opportunity, streams, Kingdon, advocacy coalitions, Sabatier, path dependence, Baumgartner, etc.) may have limited our results. Despite our best efforts to design and implement a systematic search strategy, this limitation regarding the search terms may explain why some papers on health financing policy analysis in SSA using public policy theory and conceptual frameworks are missing from the results. There are also limitations related to the search for empirical material from the grey literature and non-indexed scientific production. Generally, scoping reviews cover a wider range of materials, with specific

efforts to include grey literature. We did not include research that was not found in scientific databases, which generally excludes non-indexed journals.

Third, our study selection criteria targeted research that uses theory from a deductive perspective. This excluded studies that used theory or conceptual frameworks *ex post* to critically discuss results [see Olivier de Sardan *et al.* (2015) and details in Supplementary File S1] or for triangulation or negative case analysis.

Conclusion

This paper sought to explore theories and conceptual frameworks that have been used to study health financing policymaking processes and policy change in SSA since 2000 and the challenges and learning from using them. The findings show a small group of policy theories and conceptual frameworks used in this area of HPSR, with little reflection on challenges and learning from their use. Drawing on a diverse range of theories can deepen our knowledge of policy processes. This will require a field-wide commitment to develop a more reflexive practice of theoretical work in HPSR, including shedding a critical eye onto our research practice and analytical lenses.

Supplementary data

Supplementary data are available at *Health Policy and Planning* online

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References

Abimbola S, Negin J, Martiniuk AL, Jan S. 2017. Institutional analysis of health system governance. *Health Policy and Planning* 32: 1337–44.

Abuya T, Njuki R, Warren CE *et al.* 2012. A policy analysis of the implementation of a Reproductive Health Vouchers Program in Kenya. *BMC Public Health* 12: 540.

Agyepong IA, Adjei S. 2008. Public social policy development and implementation: a case study of the Ghana National Health Insurance scheme. *Health Policy and Planning* 23: 150–60.

Aiafi PR. 2017. The nature of public policy processes in the Pacific Islands. *Asia & the Pacific Policy Studies* 4: 451–66.

Aoki M. 2001. *Towards a Comparative Institutional Analysis*. Cambridge: MIT Press.

Aoki M. 2007. Endogenizing institutions and institutional changes. *Journal of Institutional Economics* 3: 1–31.

Alexander SA, Jones CM, Tremblay M-C *et al.* 2020. Reflexivity in health promotion: a typology for training. *Health Promotion Practice* 21: 499–509.

Arksey H, O'Malley L. 2005. Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology* 8: 19–32.

Atuoye KN, Vercillo S, Antabe R, Galaa SZ, Luginaah I. 2016. Financial sustainability versus access and quality in a challenged health system: an examination of the capitation policy debate in Ghana. *Health Policy and Planning* 31: 1240–9.

Barzel Y. 1997. *Economic Analysis of Property Rights*. 2nd edn. Cambridge: Cambridge University Press.

Baumgartner F, Jones BD. 1993. *Agendas and Instability in American Politics*. Chicago: University of Chicago Press.

Baum F, Graycar A, Delany-Crowe T *et al.* 2018. Understanding Australian policies on public health using social and political science theories: reflections from an Academy of the Social Sciences in Australia Workshop. *Health Promotion International* 34: 833–46.

Baoussier A-L. 2017. Kingdon en Afrique? Théories de la mise sur agenda et le développement d'un programme d'assistance santé au Burkina Faso. *Sciences Sociales et Santé* 35: 69–80.

Bekker MPM, Greer SL, Azzopardi-Muscat N, McKee M. 2018. Public health and politics: how political science can help us move forward. *European Journal of Public Health* 28: 1–2.

Bennett S, Jessani N, Glandon D *et al.* 2020. Understanding the implications of the Sustainable Development Goals for health policy and systems research: results of a research priority setting exercise. *Globalization and Health* 16: 5.

Berlan D, Buse K, Shiffman J, Tanaka S. 2014. The bit in the middle: a synthesis of global health literature on policy formulation and adoption. *Health Policy and Planning* 29(Suppl): iii23–34.

Bernier NF, Clavier C. 2011. Public health policy research: making the case for a political science approach. *Health Promotion International* 26: 109–16.

Bertone MP, Meessen B. 2013. Studying the link between institutions and health system performance: a framework and an illustration with the analysis of two performance-based financing schemes in Burundi. *Health Policy and Planning* 28: 847–57.

Birken SA, Powell BJ, Shea CM *et al.* 2017. Criteria for selecting implementation science theories and frameworks: results from an international survey. *Implementation Science* 12: 124.

Boussaguet L, Jacquot S, Ravinet P. 2014. *Dictionnaire des politiques publiques. Références*. 4e édition edn. Paris: Presses de Sciences Po 772.

Breton E, De Leeuw E. 2011. Theories of the policy process in health promotion research: a review. *Health Promotion International* 26: 82–90.

Browne J, Coffey B, Cook K, Meiklejohn S, Palermo C. 2019. A guide to policy analysis as a research method. *Health Promotion International* 34: 1032–44.

Buse K, Mays N, Walt G. 2012. *Making Health Policy*. Maidenhead: Open University Press, McGraw-Hill Education.

Cairney P. 2020. *Understanding Public Policy*. 2nd edn. London: Red Globe Press.

Cairney P, Jones MD. 2016. Kingdon's multiple streams approach: what is the empirical impact of this universal theory? *Policy Studies Journal* 44: 37–58.

Calhoun C (ed). 2002. Theory of the Middle Range. In: *Dictionary of the Social Sciences*. New York: Oxford University Press. DOI: 10.1093/acref/9780195123715.001.0001.

Campbell JL. 2004. *Institutional Change and Globalization*. Princeton: Princeton University Press.

Chemouni B. 2018. The political path to universal health coverage: power, ideas and community-based health insurance in Rwanda. *World Development* 106: 87–98.

Chimhutu V, Tjomsland M, Songstad NG, Mrisho M, Moland KM. 2015. Introducing payment for performance in the health sector of Tanzania: the policy process. *Globalization and Health* 11:38.

Clarke B, Swinburn B, Sacks G. 2016. The application of theories of the policy process to obesity prevention: a systematic review and meta-synthesis. *BMC Public Health* 16: 1084.

- Colquhoun HL, Levac D, O'Brien KK *et al.* 2014. Scoping reviews: time for clarity in definition, methods, and reporting. *Journal of Clinical Epidemiology* 67: 1291–4.
- Crawford G. 2013. Partnership or power? deconstructing the 'partnership for governance reform' in Indonesia. *Third World Quarterly* 24: 139–59.
- Dalglish SL, Surkan PJ, Diarra A, Harouna A, Bennett S. 2015. Power and pro-poor policies: the case of iCCM in Niger. *Health Policy and Planning* 30: ii84–94.
- Darbon D, Diallo, RN Provini, O Schlimmer, S. 2019. Un état de la littérature sur l'analyse des politiques publiques en Afrique. *Papiers de Recherche AFD - Agence Française de Développement* no. 2019–98. <https://hal.archives-ouvertes.fr/hal-02531751> Last accessed: 4 Feb 2021.
- de Leeuw E, Clavier C, Breton E. 2014. Health policy—why research it and how: health political science. *Health Research Policy and Systems* 12: 55.
- de Leeuw E, Hoesjmakers M, Peters DTJM. 2016. Juggling multiple networks in multiple streams. *European Policy Analysis* 2: 196–217.
- Defor S, Kwamie A, Agyepong IA. 2017. Understanding the state of health policy and systems research in West Africa and capacity strengthening needs: scoping of peer-reviewed publications trends and patterns 1990–2015. *Health Research Policy and Systems* 15: 55.
- Degroote S, Ridde V, De Allegri M. 2019. Health Insurance in Sub-Saharan Africa: A Scoping Review of the Methods Used to Evaluate its Impact. *Applied Health Economics and Health Policy* 18: 825–40.
- Denzin NK, Lincoln YS. 2011. *The SAGE Handbook of Qualitative Research*. Thousand Oaks: SAGE Publications.
- Deville C, Hane F, Ridde V, Touré L. 2018. La Couverture universelle en santé au Sahel: la situation au Mali et au Sénégal en 2018. *Working Papers du CEPED* (40). Paris: CEPED, 39.
- Dunn W. 1981. *Public Policy Analysis*. New Jersey: Prentice Hall.
- Eden C. 1996. The Stakeholder/Collaborator Strategy Workshop. In: Huxham C (ed). *Creating collaborative advantage*. London: Sage Publications, pp. 44–56.
- El-Jardali F, Makhoul J, Jamal D *et al.* 2010. Eliciting policymakers' and stakeholders' opinions to help shape health system research priorities in the Middle East and North Africa region. *Health Policy and Planning* 25: 15–27.
- Embrett MG, Randall GE. 2014. Social determinants of health and health equity policy research: exploring the use, misuse, and nonuse of policy analysis theory. *Social Science & Medicine* (1982) 108: 147–55.
- Erasmus E. 2014. The use of street-level bureaucracy theory in health policy analysis in low- and middle-income countries: a meta-ethnographic synthesis. *Health Policy and Planning* 29: iii70–8.
- Erasmus E, Gilson L. 2008. How to start thinking about investigating power in the organizational settings of policy implementation. *Health Policy and Planning* 23: 361–8.
- Erasmus E, Lehmann U, Agyepong IA *et al.* 2016. Strengthening post-graduate educational capacity for health policy and systems research and analysis: the strategy of the Consortium for Health Policy and Systems Analysis in Africa. *Health Research Policy and Systems* 14:29.
- Erasmus E, Orgill M, Schneider H, Gilson L. 2014. Mapping the existing body of health policy implementation research in lower income settings: what is covered and what are the gaps? *Health Policy and Planning* 29: iii35–50.
- Fafard P, Cassola A. 2020. Public health and political science: challenges and opportunities for a productive partnership. *Public Health* 186: 107–9.
- François L, Gautier L, Lagrange S, Mc Sween-Cadieux, E Seppay, M. 2018. *Cahiers REALISME: La Pratique Réflexive en Santé Mondiale: Expériences et Leçons Apprises de Jeunes Chercheur.e.s et Intervenant.e.s*. Montreal, QC 68.
- Fushieini A, Marnoch G, Gray AM. 2016. Stakeholders perspectives on the success drivers in Ghana's National Health Insurance Scheme - identifying policy translation issues. *International Journal of Health Policy and Management* 6: 273–83.
- Gagnon F, Bergeron P, Clavier C *et al.* 2017. Why and how political science can contribute to public health? Proposals for collaborative research avenues. *International Journal of Health Policy and Management* 6: 495–9.
- Gautier L, De Allegri M, Ridde V. 2020. Transnational networks' contribution to health policy diffusion: a mixed method study of the performance-based financing community of practice in Africa. *International Journal of Health Policy and Management*, 1–14. Doi: 10.34172/IJHPM.2020.57.
- Gautier L, Ridde V. 2017. Health financing policies in Sub-Saharan Africa: government ownership or donors' influence? A scoping review of policy-making processes. *Global Health Research and Policy* 2: 23.
- Gautier L, Tosun J, De Allegri M, Ridde V. 2018. How do diffusion entrepreneurs spread policies? Insights from performance-based financing in Sub-Saharan Africa. *World Development* 110: 160–75.
- Gilson L. 2012. *Health policy and systems research—a methodology reader*. Geneva: Alliance for Health Policy and Systems Research and World Health Organization. www.who.int/alliance-hpsr/resources/publications/9789241503136/en Last accessed: 4 Feb 2021.
- Gilson L, Doherty J, McIntyre D *et al.* 1999. The dynamics of policy change: health care financing in South Africa, 1994–99. Monograph No. 66, Johannesburg: Centre for Health Policy, University of Witwatersrand/Cape Town: Health Economics Unit, University of Cape Town.
- Gilson L, Doherty J, Lake S *et al.* 2003. The SAZA study: implementing health financing reform in South Africa and Zambia. *Health Policy and Planning* 18: 31–46.
- Gilson L, Orgill M, Shroff ZC. 2018. *A health policy analysis reader: the politics of policy change in low- and middle-income countries*. Geneva: Alliance for Health Policy and Systems Research and World Health Organization. www.who.int/alliance-hpsr/resources/publications/hpa-reader/en Last accessed: 4 Feb 2021.
- Gilson L, Raphaely N. 2008. The terrain of health policy analysis in low and middle income countries: a review of published literature 1994–2007. *Health Policy and Planning* 23: 294–307.
- Gore R, Parker R. 2019. Analysing power and politics in health policies and systems. *Global Public Health* 14: 481–8.
- Grindle MS, Thomas JW. 1991. *Public choices and policy change: the political economy of reform in developing countries*. Baltimore: John Hopkins University Press.
- Hall P, Land H, Parker R, Web A. 1975. *Change, choice and conflict in social policy*. London: Heinemann.
- Henry AD, Ingold K, Nohrstedt D, Weible CM. 2014. Policy change in comparative contexts: applying the advocacy coalition framework outside of Western Europe and North America. *Journal of Comparative Policy Analysis: Research and Practice* 16: 299–312.
- Hercot D, Meessen B, Ridde V, Gilson L. 2011. Removing user fees for health services in low-income countries: a multi-country review framework for assessing the process of policy change. *Health Policy and Planning* 26(Suppl. 2): ii5–ii15.
- Honda A. 2015. Analysis of agency relationships in the design and implementation process of the equity fund in Madagascar. *BMC Research Notes* 8: 31.
- Jones CM, Clavier C, Potvin L. 2017. Adapting public policy theory for public health research: a framework to understand the development of national policies on global health. *Social Science & Medicine* 177: 69–77.
- Jones MD, Peterson HL, Pierce JJ *et al.* 2016. A river runs through it: a multiple streams meta-review. *Policy Studies Journal* 44: 13–36.
- Kadio K, Ouedraogo A, Kafando Y, Ridde V. 2017. Émergence et formulation d'un programme de solidarité pour affilier les plus pauvres à une assurance maladie au Burkina Faso. *Sciences Sociales et Santé* 35: 43–68.
- Kingdon JW. 1984. *Agendas, alternatives and public policies*. Boston: Little, Brown and Company.
- Kingdon JW. 2003. *Agendas, alternatives and public policies*. 2nd ed. New York: Longman Publishers.
- Kingdon JW. 2010. *Agendas, alternatives, and public policies*. 2nd ed., with epilogue on health care. Boston: Pearson.
- Kingdon JW. 2011. *Agendas, Alternatives, and Public Policies*. 2nd ed., Longman Classics in Political Science. London: Longman.
- Koduah A, van Dijk H, Agyepong IA. 2016. Technical analysis, contestation and politics in policy agenda setting and implementation: the rise and fall of primary care maternal services from Ghana's capitation policy. *BMC Health Services Research* 16: 14.
- Kpessa MW, Béland D. 2013. Mapping social policy development in sub-Saharan Africa. *Policy Studies* 34: 326–41.

- Kutzin J. 2001. A descriptive framework for country-level analysis of health care financing arrangements. *Health Policy* 56: 171–204.
- Kutzin J. 2010. Conceptual Framework for Analysing Health Financing Systems and the Effects of Reform. In *Implementing Health Financing Reform, Lessons from Countries in Transition* Eds. Kutzin J, Cashin C, Jakab M. Geneva: World Health Organization. ISBN 978 92 890 4211 6: 3–24.
- Kutzin J. 2013. Health financing for universal coverage and health system performance: concepts and implications for policy. *Bulletin of the World Health Organization* 91: 602–11.
- Kutzin J, Witter S, Jowett M, Bayarsaikhan D. 2017. Developing a national health financing strategy: a reference guide World Health Organization.
- Laffont J, Martimort D. 2002. *The Theory of Incentives. The Principal-Agent Model*. Princeton: Princeton University Press.
- Lavers T, Hickey S. 2016. Conceptualising the politics of social protection expansion in low income countries: the intersection of transnational ideas and domestic politics. *International Journal of Social Welfare* 25: 388–98.
- Lemieux V. 2002 *L'étude des politiques publiques: les acteurs et leur pouvoir*. Québec: Les Presses de l'Université Laval.
- Levac D, Colquhoun H, O'Brien K. 2010. Scoping studies: advancing the methodology. *Implementation Science* 5:69.
- McIntyre D, Kutzin J. 2016. *Health Financing Country Diagnostic: A Foundation for National Strategy Development*. Geneva: World Health Organization. (Health Financing Guidance No. 1). Licence: CC BY-NC-SA 3.0 IGO. https://apps.who.int/iris/bitstream/handle/10665/204283/9789241510110_eng.pdf Last accessed: 4 Feb 2021.
- Meessen B, Hercot D, Noirhomme M et al. 2011. Removing user fees in the health sector: a review of policy processes in six sub-Saharan African countries. *Health Policy and Planning* 26: ii16–29.
- Merton RK. 1968. On sociological theories of the middle range. In: Merton RK (ed). *Social Theory and Social Structure*. New York: Free Press, 39–72.
- Milgrom P, Roberts J. 1992. *Economics, Organization and Management*. New Jersey: Prentice Hall.
- Mintzberg H. 1983. *Power In and Around Organizations*. Englewoods Cliffs: Prentice-Hall.
- Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group. 2009. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Medicine* 6: e1000097.
- Nauleau M, Destremau B, Lautier B. 2013. « En chemin vers la couverture sanitaire universelle ». Les enjeux de l'intégration des pauvres aux systèmes de santé. *Revue Tiers Monde* 215: 129–48.
- Nilsen P. 2015. Making sense of implementation theories, models and frameworks. *Implementation Science* 10:53.
- North D. 1990. *Institutions, Institutional Change and Economic Performance*. Cambridge: Cambridge University Press.
- Nowlin MC. 2011. Theories of the policy process: state of the research and emerging trends. *Policy Studies Journal* 39: 41–60.
- Olivier de Sardan JP, Diarra A, Kone FY, Yaogo M, Zerbo R. 2015. Local sustainability and scaling up for user fee exemptions: medical NGOs vis-a-vis health systems. *Special Issue: User Fee Exemption Policies* 15: S5.
- Olivier de Sardan J-P, Ridde V. 2012. L'exemption de paiement des soins au Burkina Faso, Mali et Niger. *Les Contradictions Des Politiques Publiques Afrique Contemporaine*, 243: 11–32.
- Onoka CA, Hanson K, Hanefeld J. 2015. Towards universal coverage: a policy analysis of the development of the National Health Insurance Scheme in Nigeria. *Health Policy and Planning* 30: 1105–17.
- Onoka CA, Onwujekwe OE, Uzochukwu BS, Ezumah NN. 2013. Promoting universal financial protection: constraints and enabling factors in scaling-up coverage with social health insurance in Nigeria. *Health Research Policy and Systems* 11: 20.
- Peters DH, Adam T, Alonge O, Agyepong IA, Tran N. 2013. Implementation research: what it is and how to do it. *BMJ* 347:f6753.
- Pielke RAJ. 2007. *The Honest Broker: Making Sense of Science in Policy and Politics*. Cambridge: Cambridge University Press.
- Pierce JJ, Peterson HL, Jones MD, Garrard SP, Vu T. 2017. There and back again: a tale of the advocacy coalition framework. *Policy Studies Journal* 45: S13–46.
- Pillay TD, Skordis-Worrall J. 2013. South African health financing reform 2000–2010: understanding the agenda-setting process. *Health Policy* 109: 321–31.
- Porter RW. 1995. *Knowledge utilization and the process of policy formulation: towards a framework for Africa*. Washington DC: Academy for Educational Development.
- Pressman JL, Wildavsky A. 1984. *Implementation: How Great Expectations in Washington Are Dashed in Oakland*. Berkeley, Los Angeles, London: University of California Press.
- Pritchett L, Woolcock M. 2004. Solutions when the solution is the problem: Arraying the disarray in development. *World Dev.* 32(2):191–212.
- Proctor E, Silmere H, Raghavan R, Hovmand P, Aarons G, Bunger A, et al. 2011. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Health Ment Health Serv Res* 38(2):65–76.
- Pruce K, Hickey S. 2016. The politics of promoting social protection in Zambia. *WIDER Working Paper 2016/156*. Helsinki: UNU-WIDER. <https://www.wider.unu.edu/publication/politics-promoting-social-protection-zambia> Last accessed: 4 Feb 2021.
- Pyone T, Smith H, van den Broek N. 2017. Frameworks to assess health systems governance: a systematic review. *Health Policy and Planning* 32: 710–22.
- Rabbani F, Shipton L, White F et al. 2016. Schools of public health in low and middle-income countries: an imperative investment for improving the health of populations? *BMC Public Health* 16: 941.
- Reich M. 1996. The politics of health reform in developing countries: three cases of pharmaceutical policy. In: Berman P (ed). *Health sector reform in developing countries*. Cambridge: Harvard University Press.
- Ridde V. 2007. *Équité et mise en oeuvre des politiques de santé au Burkina Faso*. Paris: L'Harmattan.
- Ridde V. 2009. Policy implementation in an African State: an extension of the Kingdon's multiple-streams approach. *Public Administration* 87: 938–54.
- Ridde V. 2015. From institutionalization of user fees to their abolition in West Africa: a story of pilot projects and public policies. *BMC Health Services Research* 15: S6.
- Ridde V, Moresin F. 2011. A scoping review of the literature on the abolition of user fees in health care services in. *Health Policy and Planning* 26: 1–11.
- Ridde V, Pérez D, Robert E. 2020. Using implementation science theories and frameworks in global health. *BMJ Global Health* 5: e002269.
- Ridde V, Richard F, Bicaba A, Queuille L, Conombo G. 2011. The national subsidy for deliveries and emergency obstetric care in Burkina Faso. *Health Policy and Planning* 26: ii30–40.
- Robert E, Samb OM, Marchal B, Ridde V. 2017. Building a middle-range theory of free public healthcare seeking in sub-Saharan Africa: a realist review. *Health Policy and Planning* 32: 1002–14.
- Rogers M. 2012. Contextualizing theories and practices of Bricolage research. *The Qualitative Report* 17: 1–17.
- Russell J, Greenhalgh T, Byrne E, McDonnell J. 2014. Recognizing rhetoric in health care policy analysis. *Journal of Health Services Research* 13: 40–6.
- Sabatier PA. 1987. Knowledge, policy-oriented learning, and policy change an advocacy coalition framework. *Science Communication* 8: 649–92.
- Sabatier PA (ed.). 1999. *Theories of the Policy Process*. Boulder: Westview Press.
- Sabatier PA. 2007. *Theories of the Policy Process*. 2nd edn. Boulder, CO: Westview Press.
- Saetren H. 2005. Facts and myths about research on public policy implementation: out-of-fashion, allegedly dead, but still very much alive and relevant. *Policy Studies Journal* 33: 559–82.
- Sambo LG, Kirigia JM. 2014. Investing in health systems for universal health coverage in Africa. *BMC International Health and Human Rights* 14: 28.
- Schieber G, Baeza C, Kress D, Maier M. 2006. Financing Health Systems in the 21st Century. In: Jamison D, JG B, AR M, et al (eds). *Disease Control Priorities in Developing Countries*. Washington D.C.: *The International Bank for Reconstruction and Development/the World Bank*.
- Schmidt, V.A. 2008. Discursive Institutionalism: The Explanatory Power of Ideas and Discourse. *Annual Review of Political Science* 11(1): 303–26.

- Shearer JC, Abelson J, Kouyaté B, Lavis JN, Walt G. 2016. Why do policies change? Institutions, interests, ideas and networks in three cases of policy reform. *Health Policy and Planning* 31: 1200–11.
- Shiffman J. 2014. Knowledge, moral claims and the exercise of power in global health. *International Journal of Health Policy and Management* 3: 297–9.
- Sieleunou I, Turcotte-Tremblay AM, Fotso JCT *et al.* 2017. Setting performance-based financing in the health sector agenda: a case study in Cameroon. *Globalization and Health* 13:52.
- Smith K. 2009. Has Africa got anything to say? African contributions to the theoretical development of international relations. *The Round Table* 98: 269–84.
- Smith KE, Katikireddi SV. 2013. A glossary of theories for understanding policymaking. *Journal of Epidemiology and Community Health* 67: 198–202.
- Sriram V, Topp SM, Schaaf M *et al.* 2018. 10 best resources on power in health policy and systems in low- and middle-income countries. *Health Policy and Planning* 33: 611–21.
- Sterman JD. 2006. Learning from Evidence in a Complex World. *Am J Public Health* 96(3):505–14.
- Stinchcombe AL. 1968. *Constructing Social Theories*. Chicago: The University of Chicago Press.
- Stone D. 2004. Transfer agents and global networks in the ‘transnationalization’ of policy. *J Eur Public Policy* 11(3):545–566.
- Stone, D. 2008. Global Public Policy, Transnational Policy Communities, and Their Networks. *Policy Studies Journal* 36(1): 19–38.
- Stone D. 2010. Private philanthropy or policy transfer? The transnational norms of the Open Society Institute. *Policy Polit* 38(2):269–287.
- Stone DL. 2012. Transfer and Translation of Policy. *Policy Stud* 33(4):1–17.
- Thomas S, Gilson L. 2004. Actor management in the development of health financing reform: health insurance in South Africa, 1994–1999. *Health Policy and Planning* 19: 279–91.
- Topp SM. 2020. Power and politics: the case for linking resilience to health system governance. *BMJ Global Health* 5: e002891.
- Tosun J. 2017. Polycentrism in global health governance scholarship comment on “Four Challenges That Global Health Networks Face”. *International Journal of Health Policy and Management* 7: 78–80.
- van den Heever AM. 2016. South Africa’s universal health coverage reforms in the post-apartheid period. *Health Policy* 120: 1420–8.
- van Gestel N, Denis J-L, Ferlie E, McDermott AM. 2018. Explaining the policy process underpinning public sector reform: the role of ideas, institutions, and timing. *Perspectives on Public Management and Governance* 1: 87–101.
- Walt G, Gilson L. 1994. Reforming the health sector in developing countries: the central role of policy analysis. *Health Policy and Planning* 9: 353–70.
- Walt G, Shiffman J, Schneider H *et al.* 2008. ‘Doing’ health policy analysis: methodological and conceptual reflections and challenges. *Health Policy and Planning* 23: 308–17.
- Weible CM, Sabatier PA. 2017. *Theories of the Policy Process*. 4th edn. New York, NY: Routledge.
- Weiss C. 1997. How can theory-based evaluation make greater headway? *Evaluation Review* 21: 501–24.
- Wilhelm DJ, Brenner S, Muula AS, De Allegri M. 2016. A qualitative study assessing the acceptability and adoption of implementing a results based financing intervention to improve maternal and neonatal health in Malawi. *BMC Health Services Research* 16:398.
- Zaharadis N. 1999. Ambiguity, time and multiple streams. In: Sabatier PA (ed). *Theories of the policy process*. Boulder: Westview Press.
- Zida A, Lavis JN, Sewankambo NK *et al.* 2017. Analysis of the policy-making process in Burkina Faso’s health sector: case studies of the creation of two health system support units. *Health Research Policy and Systems* 15: 10.