Table S2 – Grey literature studies of financing interventions included in systematic review

Author, Year of Publication, Country	**Financing intervention examined**	**Method of study**	**Population covered**	**Main Result**	**Incentive Provided?**	**Equity considerations**
Achadi et al 2014, Indonesia	Public insurance scheme for maternal services	Cross-sectional study of pre/post outcomes using qualitative and quantitative methods (including interviews, focus group discussions and a household survey).	Rural and urban.	The study found that utilization of the scheme was highest among women who were least educated, poor, and resided in rural areas. Utilization was also high among women with delivery complications.	Staff involved in claims verification received incentives to accelerate the verification process	The program targets women not previously covered by existing social health insurance schemes
Barroy et al 2014, Vietnam	Public insurance	A review of progress towards UHC, including successful strategies and remaining challenges.	All	A relatively high coverage rate (over 60%) has been achieved and substantial investments have been made to improve quality and equity yet OOP expenditures remain high.	NA	Subsidies to the insurance program are pro-poor but limited by ineffective risk pooling and capitation system.

Berman et al 2010, India	A transfer program to increase public expenditure on health by state governments	Retrospective review and modelling of government allocation and expenditure data from 1990-2007	Rural	Achieving increased expenditure targets is unlikely due to the fiscal implications of such large increases as well as the difficulties in actually spending rapidly increased budgets. To date, state governments have not been able to fully utilize additional funding provided by the central government.	NA	The transfer program is intended to improve access to effective health care for the poor residing in rural areas
Bredenkamp and Buisman 2015, The Philippines	Public insurance program	Longitudinal analysis of household survey data.	All	Health spending increased by 150 percent from 2000 to 2012 and the incidence of catastrophic payments trebled since 2000. The percentage of people impoverished by health spending has also increased.	Primary health providers receive incentives for completing patient health profiles	Coverage of the poor increased at a greater rate

Cairns and Hou 2015, Papua New Guinea	Government funding of health services	Analysis of government health expenditure patterns to support rural frontline service provision	Rural	There is wide variability in cash disbursements from central government to different provinces with systemic delays. More certainty is needed for stable service provision as well as clarifying the role of the various levels of government and non-government providers.	NA	Variations in funding across provinces
Honda et al 2016, China, Indonesia and the Philippines	Strategic purchasing models	A review of purchasing mechanisms in 3 countries, including design and implementation gaps.	All	The study highlights common themes in relation to strategic purchasing across the 3 countries and provides recommendations to overcome barriers and areas for improvement	NA	The equity of each purchasing mechanism is reviewed

Rao and Choudhury 2012, India	A transfer program to increase public expenditure on health by state governments	Used data from 14 major states for the period 1991-92 to 2007-08 to estimate the effect of changes in states‘ per capita own revenues, unconditional central transfers, specific-purpose central transfers for the health sector, and changes in priorities of the states on the changes in states‘ per capita health expenditures	Rural	Increases in the central government grants for the health sector have not led to increases in the states‘ health expenditure. The objective of increasing the expenditures to 2 percent of GDP has not been fulfilled, partly because the low-income states could not avail the grants by making their own contributions and could not afford to pay for the current component of spending.	NA	The transfer program is intended to improve access to effective health care for the poor residing in rural areas

Somanathan 2008, Indonesia	Subsidies for care	Used longitudinal survey data and a health care questionnaire to examine the impact of the Indonesian healthcard on health care use by children. Propensity score matching was used to control for systematic differences between treatment and control groups that could potentially bias the estimation of program effect.	All	Health care use declined for all children during the crisis years of 1997-2000 but the use of public sector outpatient services declined less for children with health-cards. The protective effect of the health-card on public sector use was concentrated among children aged 0-5.	NA	NA

Sun et al 2014, China	Provider payment mechanisms	Health centres in two counties were assigned almost randomly to two groups: (1) capitation or (2) capitation + P4P. Outcomes included appropriate prescribing and prescription cost. Impacts were assessed via multivariate differences-in-differences method.	Rural	P4P reduced inappropriate prescribing significantly in one county but end-line rates were still quite high. P4P had no effects on cost per visit	NA	Both groups had 20% of the capitated budget withheld but Group 2 received the 20% during each quarter following a quality review. Group 1 did not receive the 20% until the end of the year.
Tanner et al 2015, Lao PDR	Conditional cash transfers	Unmatched and matched difference in differences impact evaluation to investigate whether the intervention expanded coverage and changed health-seeking behaviours	All	The intervention had little effect on indicators pre-specified by the project. The evaluation finds an attributable effect on only one of the six formal project indicators: children in intervention areas were more likely to receive full	Public health centres were given incentives to provide more services	Despite limited effects of the intervention, the evaluation showed improvements for the poorest 40% of the population.

		among mothers who were pregnant or had a child under two years old		diphtheria, pertussis, and tetanus (DPT) vaccines.		