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. 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 rational 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 (Bemer 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, 2017). Beaussier (2017) argues that the use of theories and frameworks from political science would also strengthen comparative understanding of politics, governance and power in health financing policy processes in SSA, 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).

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).

### Table 1 Search terms in English and French

| Dimensions of search terms | English                                                                 | French                                                                 |
|----------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|
| **Databases**              |                                                                        |                                                                        |
| 1. Policy area of interest: | Global Health (Ovid), PubMed, Web of Science, PAIS index               | Couverture sanitaire universelle OU financement de la santé             |
| financing policies for UHC | ‘universal health coverage’ or ‘health financing’ or ‘health fi-     | OU financement santé OU assurance santé OU micro-assurance             |
|                            | nance’ or ‘health insurance’ or ‘health micro-insurance’ or          | assurance OU assurance à base communautaire OU assurance               |
|                            | ‘community-based insurance’ or ‘mutuelle’ or ‘vouchers’ or            | de santé communautaire OU mutuelle de santé OU vouchers OU fond        |
|                            | ‘community health fund’ or ‘user-fee exemption’ or ‘user-fee         | communautaire OU exemption des frais de santé OU gratuitité des soins  |
|                            | removal’ or ‘conditional cash transfer’ or ‘conditional cash       | OU conditional cash transfer OU financement basé sur la performance   |
|                            | payment’ or ‘performance-based financing’ or ‘results-based          | OU financement basé sur les résultats OU paiement à la performance     |
|                            | financing’ or ‘pay-for-performance’                                  | OU rémunération à la performance                                       |
| **AND**                    |                                                                        |                                                                        |
| 2. Object of interest:     | 2a OR 2 b                                                             | politiques publiques OU politique OU politiques OU action               |
| policy processes and change| 2a = 2ai AND 2aii                                                       | publique OU problème OU développement OU analyse                      |
|                            | 2ai (policy OR policies OR politics OR political)                    | OU processus OU décideur* OU acteur* OU entrepreneure* OU réforme*     |
|                            | 2aii (problem OR development OR analysis OR process OR decision-     | OU design OU cadre d’interprétation OU instrument* OU dialogue* OU    |
|                            |   mak* OR actor* OR entrepreneure* OR reform* OR design OR           | apprentissage OU réseau* OU agenda OU définition OU décision OU        |
|                            |   frame* OR instrument* OR dialogue* OR learning OR network*)       | élaboration OU émergence OU formulation OU adoption OU                  |
|                            | 2b (agenda-setting OR emergence OR formulation OR adoption OR       | mise en œuvre OU évaluation OU intérêt OU idées OU institution* OU    |
|                            | implementation OR evaluation OR interests OR ideas OR institution*  | discours OU récits OU référentiel OU pouvoir OU paradigme* OU          |
|                            | OR discourse OR framing OR power OR paradigm* OR                    | gouvernance OU stratég*                                               |
|                            |   governance OR strateg*)                                            |                                                                        |
| **AND**                    |                                                                        |                                                                        |
| 3. Geographical scope:     | Angola or Benin or Botswana or ‘Burkina Faso’ or Burundi or           | *Category 3 was not used to search Cairn (the only Francophone          |
| SSA                       | Cameroon or ‘Cape Verde’ or ‘Cabo Verde’ or ‘Central African Republic’ | database used) because it had no sophisticated search builder, and    |
|                            | or Chad or Comoros or ‘Côte d’Ivoire’ or ‘Democratic Republic of    | including this category frequently turned out 0 results when          |
|                            | Congo’ or Congo or Equatorial Guinea or Eritrea or Ethiopia or      | combined with categories 1 and 2.                                      |
|                            | 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’ |                                                                        |
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 | Scientific and grey literature published between 2000 and 2017, in English or French. 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. Policy studies including analysis of ideas and experiences of stakeholders in decision-making related to policy design, policy processes or policy change. | Presence of policy process or health policy-related mid-range theory or conceptual framework ex ante. Studies of countries in SSA (including upper-middle-income countries). |
| Exclusion | Conference proceedings, position/opinion/advocacy papers, commentaries, editorials, institutional reports, PhD theses, study protocols. 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). 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). Studies on preferences, perceptions and awareness of users and stakeholders about HF policies and HC. Studies on health economics, health spending trends, economic efficiency/cost effectiveness, expenditure analyses or modelling. | Presence of theory or framework ex post. Frameworks announced but none referred to explicitly (no reference from the literature). Frameworks without any empirical application. Theory-driven evaluation (intervention theory and logic models for policy evaluation). |
Table 3 Definitions of theories and frameworks

| Scale of abstraction | Conceptual framework | Mid-range theory | Programme theory | Low |
|---------------------|----------------------|------------------|------------------|-----|
|                     | A structure, schema or system of categories to describe empirical phenomena without providing explanations for them (Nilsen, 2015). | ‘A basic structure of ideas, which can be operationalized’ (Stinchcombe, 1968). | The hypotheses used to underpin a programme’s design, which people use knowingly or not (Weiss, 1997). |
| High                | 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 efforts included social science and public health researchers from carties. 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/conceptual frameworks to study health financing policy processes/ch, 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).
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; Kodua 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 ($n = 4$).
on its own, \( n = 3 \) in \textit{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 \textit{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 theory, such as adapting the Kingdon’s MST to look for change within
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

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

| 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** | | | | | | | | |
| | | 5 | 22% | | | | | |
| Kadio *et al.* (2017) | Mid-range theory | 3 | 60% | Kingdon (MST) | Kingdon (1984); Ridde (2007); Kingdon (2010) | Burkina Faso, Cameroon | UFE, PBF | Exploratory, Explanatory |
| Sickunou *et al.* (2017) | Mid-range theory | 1 | 20% | Sabatier (ACF) | Sabatier (1987) | Ghana | NHI | Exploratory |
| Zida *et al.* (2017) | Mid-range theory | 1 | 20% | Sabatier (ACF) | Sabatier (1987) | Ghana | NHI | Exploratory |
| **Conceptual frameworks** | | | | | | | | |
| | | 10 | 43% | | | | | |
| Abuya *et al.* (2012) | Policy triangle | 4 | 40% | Walt and Gilson (1994); Erasmus and Gilson (2008) | Walt and Gilson (1994); Erasmus and Gilson (2008) | Ghana | SV | Exploratory |
| Meessen *et al.* (2011) | Policy triangle | 1 | 10% | Herco *et al.* (2011), based on Walt and Gilson (1994) | Walt and Gilson (1994); Erasmus and Gilson (2008) | Burkina Faso, Burundi, Ghana, Liberia, Senegal, Uganda | UFE | Exploratory |
| Onsoka *et al.* (2013) | Policy triangle | 1 | 10% | Walt and Gilson (1994); Walt and Gilson (1994) | Walt and Gilson (1994); Erasmus and Gilson (2008) | Nigeria, South Africa | NHI, SHI | Exploratory |
| Thomas and Gilson (2004) | | | | | | | | |
| Olivier de Sardan and Ridde (2012) | Stages heuristic/policy cycle | 2 | 20% | Lemieux (2002); Ridde (2009); Sabatier (1999) | Lemieux (2002) | Burkina Faso, Mali, Niger | UFE | Exploratory |
| Ridde and Morestin (2011) | Stages heuristic/policy cycle | 1 | 10% | Lemieux (2002); Ridde (2009); Sabatier (1999) | Lemieux (2002) | Burkina Faso, Mali, Niger | UFE | Exploratory |
| **New institutionalism** | | | | | | | | |
| Bertone and Meessen (2013) | | | | | | | | |
| **Political economy of policy reform in LMIC** | | | | | | | | |
| Agyepong and Adjei (2008) | | | | | | | | |
| **Policy translation** | | | | | | | | |
| Fusheini *et al.* (2016) | | | | | | | | |
| 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% |  |  |  | South Africa | NHI | Exploratory |
| Chimbutu et al. (2015) | Bricolage | 8 | 35% |  |  |  | Tanzania | PBF | Exploratory |
| Kodiah et al. (2016) | Political science ++ | 4 | 50% |  |  |  | Ghana | NHI | Explanatory |
| Pillay and Skordis-Worrall (2013) | Interacting trends & shocks |  |  |  |  |  | South Africa | NHI | Explanatory |
| Pruce and Hickey (2016) | Political settlement |  |  |  |  |  | Zambia | SHI, CT | Explanatory |
| Gilson et al. (2003) | HPSR ++ | 3 | 38% |  |  |  | South Africa, Zambia | UFE, SIH, UF | Exploratory |
| Ridde et al. (2011) | Policy triangle + political economy + power |  |  |  |  |  | Burkina Faso | SV | Exploratory |
| Onoka et al. (2015) | Policy triangle + stages heuristic |  |  |  |  |  | Nigeria | NHI | Explanatory |
| Wilhelm et al. (2016) | Implementation science | 1 | 13% |  |  |  | Malawi | UFE | Exploratory |

**Political science**

- Advocacy coalitions (ACF)
- Multiple streams theory (MST)
- Policy translation
- Political economy of health reform
- Stages heuristic (policy cycle)
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 bricolures’ 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 re-arrange 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. Puce 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 framework 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 processes 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 conceptualisations 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 policymaking (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). 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; Kuduah et al., 2016; Pruce and Hickey, 2016), among other recent examples in the literature (Dalghish 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 (Pierce et al., 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 (Gilion and Raphael, 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 Bélard, 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 inter-disciplinary 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. Reflective 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 re organise 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; Gislason 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 (Detor 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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