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MANAGEMENT ASSESSMENT OF THE SECRETARY GENERAL'S OFFICE IN THE MALIAN MINISTRY OF PUBLIC HEALTH AND HYGIENE

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It was prepared by Joel Schlesinger and Rachid Ben Amor for the Health Finance and Governance Project.

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Submitted to: Christian Fung, USAID/Mali
Scott Stewart, AOR
Office of Health Systems
Bureau for Global Health

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Abt Associates Inc. | 4550 Montgomery Avenue, Suite 800 North | Bethesda, Maryland 20814
T: 301.347.5000 | F: 301.652.3916 | www.abtassociates.com

Avenir Health | Broad Branch Associates | Development Alternatives Inc. (DAI) |
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MANAGEMENT ASSESSMENT SECRETARY GENERAL'S OFFICE IN THE MALIAN MINISTRY OF PUBLIC HEALTH AND HYGIENE

CONTENTS

ACRONYMS

CPS	*Cellule de Planification and de Statistiques* (Planning and Statistics Unit)
CT	*Conseiller Technique* (Technical Advisor)
MA	Management Assessment
MOHPH	Ministry of Health and Public Hygiene
PTF	*Partenaires Techniques et Financiers* (Technical and Financial Partners, the international donor coordinating committee)
PRODESS	National Health Development Program
SEGAL	Secretary General of the Ministry of Health and Public Hygiene
TA	Technical Assistant
WHO	World Health Organization

EXECUTIVE SUMMARY

Background

All work is done in organizations and, to thrive, organizations must consist of an adequate number of qualified, motivated, productive, and committed staff working in a supportive environment. With this in mind, in June 2015, USAID/Mali requested that the Health Finance and Governance (HFG) Project develop the scope of work for a Management Assessment (MA) of the Office of the Secretary General (SEGAL) in the Ministry of Health and Public Hygiene (MOHPH). By showing how to build the management capacity of the SEGAL's Office, the MA will strengthen the MOHPH so it can successfully govern health affairs and improve the health status of all Malians.

USAID/Mali and the MOHPH approved the scope of work and requested that HFG implement the full MA November 7-19, 2015. Work began with the MA Team briefing the SEGAL, who specified that he wanted the MA to examine the present number and composition of his senior Technical Advisers (*Conseillers Techniques,* CT), so that the Office would better understand changes needed to increase its managerial effectiveness in its oversight of Mali's health programs.

The present five CTs are insufficient to meet the myriad requests for their services from other Ministry offices, and government departments as well as the private sector. The CTs estimate they spend a good portion – from 25 to 60 percent – of their time in meetings, both regularly scheduled and impromptu. Most of the remaining time is spent responding to requests for technical guidance that come principally from the Central Technical Services that direct the nation's health programs. These requests require written responses and sometimes consultation with the SEGAL. When one CT is absent, the other CTs must substitute for him/her. Such demands leave the CTs, who are all senior professionals, little time to analyze and evaluate the quality and effectiveness of the Ministry's ongoing health programs, or to propose strategic innovations or new initiatives to improve them. Well positioned by background and experience to intervene at the strategic level, the CTs' inability to do so represents a lost opportunity for the MOHPH and, therefore, all Malians.

Findings

Arrete No. 8, which established and directs the operations of the Office of the SEGAL, should be revised and updated. Arrete No. 8, issued by the MOHPH on February 29, 2008, establishes the specific roles of the SEGAL and five CTs in support of the Ministry's health programs. However, needs have evolved since Arrete No. 8 was issued. For example, hygiene and sanitation have emerged as vital health issues affecting national health status. Mali has confronted the peril of major diseases such as HIV/AIDS and Ebola, and there are growing threats of chronic and non-transmissible illnesses. Reproductive health status remains low. More sophisticated health information is needed. The MOHPH should revise and update Arrete No. 8 to provide the resources and organization the SEGAL Office needs to flexibly respond to changing health circumstances and better facilitate and coordinate effective service delivery.

There is strong justification for increasing the number of CTs. No MOHPH unit is presently dedicated to systematic strategic analysis. The current cadre of CTs is qualified to do such analysis, by evaluating current programs and proposing fresh initiatives with the goal of improving health service delivery. To enable the CTs to participate at this level, the MOHPH should increase the number of CTs and modify their scopes of work. This will reduce the overwhelming amount of time each CT now spends responding to issues from other MOHPH operating units or attending frequently required meetings. This MA suggests six potential candidates for new CT areas of intervention.

There is strong justification for hiring Technical Assistants to assist the CTs. In addition to increasing the number of CTs, the MOHPH should provide Technical Assistants (TAs) to help satisfy the enormous demand for CT-level technical services. If meetings, travel, or other matters call a CT away from technical duties, their unattended workload simply piles up or is shifted to other, already overwhelmed CTs. To properly support the CTs, the TAs should possess senior-level expertise and the ability to resolve issues under direct CT supervision. The SEGAL should also secure administrative assistant support to avoid routine administrative matters detracting from a CT's technical focus, to track and accelerate follow-up actions, and to maintain and ensure the security of important files.

There is a strong justification for naming a dedicated Coordinator for Donor Assistance. Mali's ability to deliver superior health services depends on substantial support from the bi- and multilateral international donor community. Indeed, the major bilateral donors, led by USAID, which recently assumed the chairmanship of the donor health coordinating committee (Partenaires Techniques et Financieres, or PTF), and including Canada, France, Spain, and The Netherlands, account for approximately 60 percent of the Ministry's recurrent budget. Multilateral partners include UNICEF, UNFPA, and the World Health Organization.

While donor support is valuable, it fragments the health system and a weak health system is a leading cause of Mali's poor health record. It is, therefore, essential that the MOHPH and donors ensure the efficient, effective use of every dollar spent on health care by, among other things, requiring strong coordination between the Ministry and its international partners. The MOHPH needs a full-time Senior Adviser, embedded within the SEGAL's office, dedicated to building powerful and meaningful coordination based on program evaluation, mutual analysis, and joint planning.

Women are underrepresented among senior MOHPH leaders. Women represent more than half of the country's population and Malian society places significant family and community health care responsibilities in their hands. While Mali has recorded some recent gains in the status of its women's health, the country continues to rank in the bottom five countries with respect to the quality of women's health; only two countries, for example, have higher fertility rates than Mali and this contributes directly and negatively to greater maternal, infant, and under-five mortality, worrisome levels of maternal and child malnutrition, and elevated numbers of stunted or disabled children. These are ominous tendencies in a country beset with early-age marriage, economic uncertainty, and political insecurity. Improving women's health status represents a critical priority in Mali's overall development strategy.

In order to be most effective, MOHPH programs should account for the opportunities and constraints that gender norms place on Malian society. Presently, only one woman sits among the eight senior personnel in the SEGAL's Office and she works primarily on legal affairs. The MOHPH should consider increasing the number of women in the SEGAL's Office and work with the Ministry of Women's Affairs to provide a voice for and ensure better integration of gender perspectives and priorities into all health programs.

There are systemic inefficiencies in the MOHPH. All health policy development and health service delivery takes place within organizations. Thus, organizational excellence is indispensable to maintain quality health services. Mali's MOHPH should organize its work to anticipate key issues, prepare timely responses, and implement effective programs. To do so, it should introduce measures to streamline communication and decision-making, improve teamwork, encourage free flow of information, and strengthen management and leadership performance.

Recommendations

The MOHPH should initiate actions that will provide the SEGAL's Office with the resources and organization necessary to support effective policy development and quality health service delivery. Some actions can operate concurrently while others will follow in sequence:

- **Revise Arrete No. 8.** Begin at once to revise and update Arrete No. 8 taking into account the analysis in this report. The revised Arrete No. 8 should include the new, expanded set of CTs with clear, actionable scopes of work including responsibility to engage in strategic tasks such as evaluation, analysis, initiation, and design of new MOHPH initiatives. It should specify the relationship of the CTs to the Central Technical Services and other MOHPH units and provide a framework to permit the Ministry to rapidly and flexibly respond to evolving health sector conditions.
- **Finalize new CT positions.** The MOHPH should immediately initiate a process to determine a final roster of CT positions needed to improve Mali's national health status. The process should define the final number of CTs, their technical sectors, scopes of work, and recruitment criteria. This report proposes six new CT areas of intervention; additional reflection among MOHPH senior personnel might lead to identification of others.
- **Obtain government approval and recruit additional CTs.** Once the MOHPH determines its final list of CT positions, it should seek government approval for the new CTs. Following approval, the Ministry should recruit and appoint the new CTs. The MA Team understands that the MOHPH has already begun the process of gaining approval for a CT devoted to public hygiene.
- **Finalize TA profiles and recruit.** The MOHPH should develop scopes of work for the new TA category. This should be done in consultation with the development partners who will be needed to finance these positions in the short and medium term. Once the scopes of work are approved by the Ministry, TA recruitment should be done using clearly established technical criteria and a transparent system that yields the most qualified candidates. Since government approval of the new CTs could take an extended period, hiring TAs to support the current CTs is urgent.
- **Create a team-based CT support structure.** In addition to the appointment of TAs, the SEGAL should establish a supportive context that could include quarterly meetings to review organizational efficiency and effectiveness, content meetings that focus on integrated approaches to health issues, and annual strategic work plan meetings. The SEGAL should also create a management system that holds the CTs accountable for performing in accordance with their scopes of work and Ministry goals.
- **Strengthen coordination mechanisms between CTs and Central Technical Services.** The Ministry should review and revise coordination mechanisms between the CTs and the Central Technical Services and other departments that efficiently communicate and systematically address technical issues in a timely manner. This may be accomplished through regular meetings with an agenda established by the concerned entities.
- **Name a dedicated Donor Assistance Coordinator.** USAID's recent assumption of the chairmanship of the PTF opens the door for the MOHPH and its donor partners to comprehensively review current and planned interventions to ensure they address the most important health issues, provide appropriate geographic coverage, and receive support from highly competent MOHPH strategic planning, supervisory, and service provider organizations.

  Among other responsibilities, the Planning and Statistics Unit *(Cellule de Planification et de Statistiques,* CPS) monitors overall relations between the Ministry and donors. Continuing poor health care performance, despite significant partner assistance, requires deeper program analysis and follow-up to verify that all resources have maximum effect.

More focused attention on MOHPH-donor coordination is vital. The MOHPH should appoint a full-time Senior Advisor, embedded in the SEGAL's office and dedicated to building powerful and meaningful coordination based on program evaluation, mutual analysis, and joint planning. This Advisor will not provide technical control but rather will be the Ministry's highly visible point person improving the coordination processes and mechanisms of donor interventions throughout the Ministry.

- **Ensure competency-based hiring and promotion practices are in place in the Ministry.** Of all the senior civil service officers closest to the Minister of Health, only one, the CT responsible for legal affairs, is a woman. The MOHPH needs to identify and address the reasons for this disproportionate representation. Including health professionals from all sectors of Malian society, including women, in senior positions within the SEGAL's Office could introduce new perspectives on health issues, priorities, and delivery mechanisms.
- **Undertake an organizational development exercise to improve Ministry operations.** The MOHPH should modernize its structures, processes, and relationships to more efficiently and effectively address the significant health issues facing Mali. To begin, the MOHPH should create an internal forum to identify improvements in system efficiency. This forum should solicit input from external sources including civil society and community organizations. The MOHPH should then develop the scope of work for an externally conducted organizational assessment that will propose a change process in support of excellence in strategic planning and service delivery.

  The organizational assessment exercise should proceed in two stages. The first would focus on the relationships and interactions between the SEGAL's Office and the Central Technical Services. The second, with a longer-term perspective, would focus on how the Ministry as a whole should organize and operate in a manner that substantially enhances health impact for all Malians.

1. INTRODUCTION

1.1 The current situation

In June 2015, USAID/Mali requested that the Health Finance and Governance (HFG) Project develop the scope of work for a Management Assessment (MA) of the Secretary General's Office (SEGAL) in the Ministry of Health and Public Hygiene (MOHPH). USAID/Mali and the MOHPH approved the scope of work and requested HFG to implement the full MA in November 7-19, 2015. The objectives of the MA are:

- Assess the current workload of the Senior Technical Advisors (*Conseillers Techniques*, CTs) to support an MOHPH request for additional CTs.
- Assess the advisability, scope of work, and recruitment of Technical Assistants (TAs) that donors might provide to support the CTs during a defined period.
- Review the relationships of two key Central Technical Service Departments to understand their impact on CT workload.
- Identify recruitment criteria for TAs and CTs.

The MOHPH exists to improve the health of all Malians – no easy task. With disturbingly low levels of literacy and persistently high fertility rates, the country presently ranks near the bottom of the world's nations in many critical health categories, especially in issues that significantly affect women's health status. Support from the bilateral donors, led by USAID and including Canada, France, Spain, and The Netherlands, accounts for approximately 60 percent of the Ministry's recurrent budget. UNICEF, UNFPA, and the World Health Organization (WHO) are the leading multilateral partners.

Two recent events open the door to change: The ascent of USAID to the chairmanship of the donor coordinating group (*Partenaires Techniques and Financiers,* PTF) provides a fresh opportunity for the Ministry to review and strengthen coordination among the donors and between the donors and the Ministry. Also, the MOHPH is presently in a period of transition, with the assumption of the chair of Minister by Dr. Marie Togo, a highly respected member of the Malian health community. This MA will provide valuable analysis to the Minister and entire MOHPH because it focuses on changes in system, structure, and responsibility at senior Ministry levels.

1.2 The problem

The Office of the SEGAL is directly or indirectly responsible for the implementation, coordination, and control of virtually all MOHPH programs in the country, yet the SEGAL has no assistant to support him in providing program oversight. He currently has five CTs, also without assistants, who are to work on broad policy issues. Instead, because of lack of other support, the CTs respond to assignments from the SEGAL and the Minister and provide services to the Central Technical Services, other units of the MOHPH, and the private sector – many of which could be managed at lower levels of the Ministry. Because of the demands at the central Ministry, the CTs lack an in-depth knowledge and understanding of what is happening on the ground. The SEGAL told the MA Team: "The *Conseillers Techniques* have a thousand things to do each day without counting the unforeseen."

This heavy workload does not permit the kind of strategic reflection, evaluation, and conception of new initiatives that could add significant value to the ability of the MOHPH to achieve greater impact. In addition, working alone, with very broad portfolios, obliges the CTs to work many overtime hours. This workload produces frustration and can lead to burnout; it is not a sustainable arrangement.

Arrete No. 8, issued eight years ago, established the SEGAL's Office and set out a broad scope of work for each CT. Thus, any transformation of the CT scopes of work should begin with a full review and revision of Arrete No. 8 to clarify tasks, including strategic engagement, and to define CTs' accountability. The MOHPH must adapt CT roles to changes in the international and Malian health context, and to alleviate, in practice, the inability of the CTs to respond to all of the present demands on their time. The present number of CTs is insufficient. At the initial briefing of the MA Team, the SEGAL expressed his belief that an increase in the number of CTs, a more rational allocation of tasks among them, and an increasingly stronger MOHPH will permit the anticipation and faster resolution of more issues. While the recommendations in this report pertain to the SEGAL's office, they aim to increase overall MOHPH efficiency and effectiveness.

1.3 Methodology

The MA Team began their work with briefings of the SEGAL and the Director of the USAID Health Office to clarify and finalize the MA scope of work. This first meeting with the SEGAL became a working session in which he clarified his expectations and confirmed his desire to expand the number of CTs so that they can focus on strategic-level interventions by obtaining donor funding to hire TAs to alleviate the CTs' workload.

The MA Team then conducted in-depth interviews with four of the five CTs using the questionnaire in Annex A to guide the discussion. (The fifth CT was away on travel.) The Team also reviewed pertinent government-issued documents including Arrete No. 8.

The MA Team also interviewed the Focal Point for HIV/AIDS, Malaria, and Tuberculosis. Assigned to the Office of the SEGAL, and technically at the same level as the CTs, the Focal Points support the Central Technical Services in their respective technical areas. Finally, the Team interviewed the Directors of the National Health Office and the National Office for Pharmaceuticals and Medicines using the questionnaire in Annex B. These two Central Technical Services manage the largest and most visible health programs and draw frequently on the services of the CTs. These interviews provided a very valuable perspective on CT roles, organization, and effectiveness.

The SEGAL's Office made all appointments and provided continuous support throughout the MA process for which the MA Team is sincerely grateful. The highly constructive interviews with the CTs, Focal Point, and the Directors of two Central Technical Services (and their senior staffs) demonstrated their eagerness to see their responsibilities more clearly defined and the resources available to them increased.

The interviews produced an initial set of findings and the Team organized working sessions with the Director of the USAID Health Office and his assistant to test their validity and appropriateness. The Team then presented its findings and conclusions in a second working session with the SEGAL, which clarified certain points and added others. Finally, the Team held a formal debriefing with the USAID Health Team and, separately, with the Mission Director.

2. MANAGEMENT ASSESSMENT FINDINGS

2.1 Arrete No. 8 should be revised and updated.

The MOHPH's Arrete No. 8, dated February 29, 2008, established the specific operations of the Ministry's General Secretariat and the CTs who support that office. In effect, it is the purpose of Arrete No. 8 to assign outstanding professionals, with the appropriate skills, to the most important technical issues, in a timely manner. The needs in these areas evolve over time but Arrete No. 8 has not been revised to take new or emerging circumstances into account since its issuance eight years ago. Any effort to increase the effectiveness of the SEGAL's Office should begin with a revision of Arrete No. 8 which presently provides for five CTs:

1. One CT responsible for public health
2. One CT responsible for health facilities
3. One CT responsible for pharmacy and medicinal products
4. One CT responsible for finance and economic affairs
5. One CT responsible for legal matters

The SEGAL's office also includes one Focal Point responsible for AIDS-related illnesses, malaria, and tuberculosis, and another for nutrition, the latter of which may soon be replaced by a full donor-supported unit. Arrete No. 8 does not mention the Focal Points which, though their focus is more technical, could have the same roles and responsibilities as the CTs who they sometimes replace. The output desired from CTs today may not conform to Arrete No. 8 issued in 2008. For example, the Arrete contains no explicit mandate for CTs to engage in strategic evaluation or development of new initiatives. Instead, the scopes of work in Arrete No. 8 focus on general follow-up and oversight with some responsibility for implementation and management. Responses to larger strategic issues often happen at the last minute because the many unforeseen daily requests to respond to technical level issues prevent the CTs from having the time to pursue strategic tasks in a timely, quality manner.

The scopes of work of the five current CTs in Arrete No. 8 do not precisely define their activities, initiatives, or behavior when responding to requests. Rather, in their broadly designated areas, the CTs provide technical follow-up and general oversight with reporting accountability to the SEGAL; they do not stand out as key positions within the overall Malian health system. To meet the standards of a key position, a revision of Arrete No. 8 should include:

- Clarity and precision in the scope of work.
- Specific mention of program evaluation, strategic planning, innovation, and leadership to maximize the impact of health services on the ground.
- Clear expectation of coordination between the Central Technical Services and other offices issuing requests and the responsible CT. The CTs should have a shared vision and measure of mutual accountability with regard to the scopes of their work.
- Collaborative practices that provide sound multi-perspective advice to the SEGAL.
- Precise CT scope of work terms such as "support", "monitoring", "implementation", "follow-up", and "supervision" related to operational reality. Instead, the kind of wording in Arrete No. 8 is illustrated in the following quotes:

1. "…the development and implementation of the health card, health information system, and health policy,"
2. "They are responsible for studies to facilitate the development and implementation of Ministerial policy, education, monitoring, and development of technical files."

The CTs have no staff, technical resources, or authority to develop and implement tools such as health cards or information systems, or conduct studies. Given their current workload, they have little time to devote to such tasks.

2.2 There is strong justification for increasing the number of CTs

The situation of the CTs is characterized by a work overload and a lack of logistical and technical support, which impede their being able to focus on strategic thinking, even though they are willing to do so and believe that this should be a priority.

Arrete No. 8's roles and functions for the CTs are to avoid duplication of effort among the CTs. All incoming formal communications pass through the SEGAL and are assigned to CTs in accordance with their designated functions. CTs are often aware of issues requiring their attention before formal communications arrive in part because of informal communication throughout the Ministry. CTs consult with each other. Though the CTs demonstrate a measure of interdependence, they do not function as an integrated team.

The CTs do not implement programs; they are supposed to provide technical oversight and specific guidance to the Central Technical Services, the private sector, the SEGAL, or the Minister. It is the Central Technical Services that oversees key health service delivery programs. However, lack of technical, managerial, and leadership capacity and empowerment among the Central Technical Services staff place substantial demands on the CTs. Even if CTs did conceive of new ideas and initiatives the implementation responsibility would remain with the Central Technical Services where the CTs have no direct authority.

The SEGAL believes that additional CTs and greater CT involvement at the strategic level would increase the overall impact of MOHPH health programs. Since there is presently no mechanism that would hold the CTs accountable for a shift from their current preoccupation with technical issues to include engagement on more strategic matters, the CTs would need to receive a specific mandate to that effect. During the course of their busy days, CTs:

- **React to unforeseen events.** CTs can arrive each morning with a plan for the day or an idea for a strategic initiative but then be called immediately to address an unending series of unplanned requests, upwards to the Minister and SEGAL and downwards to Central Technical Services. Absences, interruptions, numerous meetings, and the lack of CT back-up support can result in frequent delays and lengthy turn-around times to resolve these requests. The CTs are often forced to address larger-scale issues or obligations at the last minute despite knowing about them well in advance; little time remains for them to develop potentially important analyses or initiatives.
- **Respond to formal technical requests.** The flood of technical-level requests from within and outside the MOHPH prevents the five CTs from intervening at the strategic level. Requests arrive in the form of written documents, endless phone calls, or frequent knocks on the office door. Written requests usually number 7-10 per day, require written responses, and may need additional consultation time with the SEGAL. CTs find their days consumed by new requests which can delay responses to ongoing technical matters and require long hours during the week or on weekends. This schedule produces substantial frustration, a work/life imbalance that is detrimental to effectiveness, and is unsustainable over the long term.

- **Attend meetings.** The CTs estimate they spend between 25-60 percent of their time in meetings. One meeting alone, the Tuesday meeting to prepare the Minister for the Council of Ministers the following day, consumes at least five hours of the 40-hour week. The meeting list includes other scheduled meetings with the Minister, for example, to prepare for the annual budget submission or with the SEGAL to track technical requests. The CTs are also called to the National Assembly to respond to parliamentary questions, participate in numerous impromptu meetings or informal gatherings to review specific issues, or meet with outside visitors.
- **Travel.** Travel obligations and the time needed to prepare for them varies widely by CT depending on the area of assignment and scopes of work. Some CTs spend up to 20 percent of their time accompanying the Minister or otherwise representing Mali abroad. For example, the annual WHO Africa regional meetings require significant time preparing and advising the Minister. Or, CTs may travel to attend conferences, hospital board meetings, or other domestic MOHPH organizations.

Team characteristics. The CTs are professionals with complementary skills and expertise. They may confer with each other informally when needed. For example, in addressing an issue with vaccination campaigns, the CT for public health might seek guidance from the CT for finance or the CT for legal affairs. Overall, however, the CTs work independently. For example, improving nutritional status requires a concerted multisectoral effort yet it is difficult to get all concerned CTs around the table. Time constraints, the CTs' preoccupation with their own portfolios, and the lack of back-up support impede effective teamwork. There is no stated common vision that unites the CTs, no structure for setting common goals, and no measure of joint accountability for the success of MOHPH programs. Today's health issues require an integrated approach which could benefit substantially from greater teamwork.

Opportunity Missed

The CTs presently provide technical guidance upwards to the Minister and problem-solving advisory assistance downwards to the Central Technical Services. Consumed in service to levels above and below them, they are left with little time to evaluate, reflect, and originate new technical activities where they can bring knowledge, expertise, ideas, and motivation.

For example, one CT has long contemplated, yet been unable to pursue, changes that could improve MOHPH financial management from field to headquarters. He would welcome the opportunity to deepen his ideas, develop strategies, and draft an action plan for MOHPH leadership consideration.

CTs capable of making a vital difference face too many demands on their time that prevent initiation of new programs that could generate significant and lasting national impact.

Responding to challenges in the health environment. The world continues to present Mali with serious new health challenges. Regional threats such as Ebola demonstrate the need for greater technical capacity and the flexibility to rapidly address fast-breaking dangers. For example, the MOHPH needs an updated evidence-based health information system to track the most vital indicators and assumptions, collect accurate data in a timely manner, provide statistical analysis, and apply key findings and lessons learned as a basis for decision-making. In principle, the oversight of MOHPH health information systems and supporting the fight against major epidemics falls to the CT for public health. But that CT must also oversee, among other things, the fight against transmissible and vector-borne illnesses including malaria, diarrheal diseases, and tuberculosis, and pay increased attention to non-transmissible illnesses such as cancer, diabetes, and Lyme's disease. This CT must interface with donors on public health issues, monitor all public health programs, monitor midwife organizations, and elaborate a health card and health information system. This is too much for one individual to follow in depth. The exploding threat and complexity of these issues suggest that the MOHPH divide them into separate areas with focused senior attention.

The potential spread of infectious diseases such as HIV/AIDS and Ebola bring a regional dimension to protecting Mali's health status. The recent opening of a Global Health Security Center operating in Mali – the immediate consequence of the recent West African Ebola virus epidemic – offers the MOHPH an opportunity to connect to data, initiatives, and partnerships with international and regional actors and to monitor and prepare for future health threats that national borders cannot contain. Arrete No. 8 does not recognize the regional dynamics of potential threats or assign specific oversight responsibility to a CT.

Expanding the number of CTs. New CT positions will come from redistributing current tasks because certain issues have become so predominant and demanding that a single CT cannot adequately cover them all. The MA team proposes six new CT positions; MOHPH senior personnel might identify others.

- *A CT responsible for public hygiene:* Since the issuance of Arrete No. 8, the Ministry changed its name from the Ministry of Health to the Ministry of Health and Public Hygiene. Long-standing international research suggests that better hygiene, nutrition, and sanitation can have a major impact on a country's health status, often with low-cost interventions. The change of the Ministry's name reflects the significance of this vital area of public health. The MOHPH fully recognizes the urgent need for a full-time CT dedicated to public hygiene and recently initiated a procedure to create this position.
- *A CT responsible for monitoring and coordinating multi-donor health development program (PRODES) and non-communicable diseases:* The critical significance of the public health sector at both regional and national levels calls for a review of the functions of the CT responsible for public health to refocus and reduce his numerous obligations. The MOHPH should assign responsibility to one CT for monitoring and coordinating PRODES and overseeing the Planning and Statistics Unit (*Cellule de Planification and de Statistiques,* CPS) which presently handles this task. In addition, a series of non-communicable diseases such as cancer, diabetes, and Lyme's Disease represent major threats to the Malian population which deserve greater attention. These responsibilities should form the basis of the scope of work for an additional CT in the area of public health.
- *A CT responsible for gender issues:* Appointed a short time ago, a woman now serves as Health Minister. Like all political appointees, she serves at the pleasure of the government and is subject to change; the civil service provides ministerial continuity. Among the senior career civil service officers presently closest to the Minister, only one is a woman and her expertise is not in health. The addition or promotion of women health professionals to senior positions in the SEGAL's Office could bring a new vision of health issues, priorities, and delivery mechanisms. A CT with responsibility for gender issues could liaise with the Ministry of Women's Affairs to ensure synergy and address interrelated health and gender issues and accelerate progress against health indicators for Malian women and girls.
- *A CT responsible for the National Health Information System (System National d'information de Santé SNIS):* Numerous Malian and donor health institutions collect and report data which sometimes fails to produce a consensus concerning actual levels and meanings of health indicators. The MOHPH should develop a unified system to coordinate data collection activities, eliminate fragmentation, apply standardization, and structure effective communication among the various stakeholders. The availability of uniform, quality data represents a fundamental pre-requisite to establishing evidence-based health policies that inform program and service delivery. The Ministry requires strong oversight and assistance to ensure credible data analysis and distribution to decision-makers and implementers. Working with the CPS, the CT will oversee and coordinate the collection, timely processing, analysis, and dissemination of available, reliable health data.

- *A CT responsible for scientific research and training:* At present, there are approximately 20 state institutions carrying out scientific research. A CT for research and training would coordinate and ensure the systematic integration of scientific research into health policy formulation and quality service delivery. A focus on research and training will build competence and increase the availability of MOHPH staff to carry out their functions in accordance with the latest in global, African, and regional research. It should be noted that such a CT position previously existed but, for budgetary reasons, the Ministry merged its activities with other health units and facilities.
- *A CT responsible for reproductive health (System de Santé Reproductive, SRH):* Despite significant government and donor investments, Mali's reproductive health status remains disappointing. A CT for reproductive health will highlight the importance of reproductive health, coordinate among the various stakeholders to ensure better results from their activities, and encourage equitable distribution of reproductive health activities throughout the country. The strengthening of reproductive health services, especially among youth, will valorize Mali's investments in vaccination, antenatal care, and other front-line services.

2.3 There is justification for hiring TAs to assist the CTs.

To focus CT efforts on the strategic level, an increase in the number of CTs and a re-distribution of tasks among them represent necessary, but not sufficient, conditions; the overall demand for CT technical services and guidance will remain their primary task and the overwhelming requirement for such services will not diminish. For this reason, the MOHPH should consider the addition of TAs, one for each CT, who will free the CTs from many of their current tasks and permit them to focus more on substance, analysis, evaluation, and innovation – all intended to strengthen the household-level impact of health programs. Mali's development partners will need to provide initial funding for the TA positions.

Administrative Assistance

The CTs presently perform administrative tasks which detract from their ability to maintain a technical focus. To speed turn-around time, ensure continuity, and avoid misplacement or delay of important files, CTs need administrative assistance to receive and register correspondence and other requests, conduct minor research, record meeting minutes, maintain IT equipment, help draft, edit, and prepare responses, and track and follow-up actions.

In addition to senior TAs, some of the CTs suggested that the Ministry also seek partner-financed TAs to provide administrative assistance. The SEGAL acknowledged this issue and believes the MOHPH can meet this administrative need by assigning a small pool of executive assistants to the SEGAL's office to support the CTs on an as-needed basis.

Supervision. The TA should report directly to the CT to whom he/she is assigned to ensure proper short and long-term planning, continuity, and clear lines of accountability. The CTs will delegate tasks and approve all TA-completed assignments. The assigned TA scopes of work will complement the CTs and permit them to directly assist CTs in achieving their objectives. The TA scopes of work may need to be customized as the demands placed on CTs lack uniformity; for example, the TA needs of the CT for finance and economic affairs may differ from those of the CT for public health.

TA profile. Generally speaking, the TAs should be senior technical personnel with education, background, and experience similar to the CTs to whom they will be assigned. There exist differences of opinion among the CTs about the optimal level and background of the proposed TAs and the proposed MA recommendations reflect the different currents of thought shared with the MA Team. Therefore, it is possible that each TA could have a different scope of work, which makes the development of one generic scope of work unrealistic at this time.

Strong qualifications will permit the TAs to prepare responses on technical issues for CT approval and to fill in for the CT during absences thus decreasing the present demand on CTs to assume the responsibilities of their unavailable colleagues. In addition, the TAs could perform special tasks such as collecting research, reading and summarizing documents, and drafting agreed upon documents. The TAs:

- Must possess a senior level of technical expertise and educational qualifications that will enable them to address all of the issues pertaining to their scope of work.
- May have less experience than the CT which will require the CT to review and approve responses to technical issues.
- Must demonstrate a record of solid accomplishment in pertinent areas.
- Must be capable of representing the CT at all formal or informal meetings providing continuity.

TA recruitment. To the maximum extent possible, though not necessarily exclusively, the MOHPH should hire Malian nationals with previous experience addressing national health issues; in some circumstances, foreign technical assistants could be appropriate. Prior exposure to Malian public administration would be helpful, though the TAs will certainly need to master the necessary policies, rules, and procedures on the job. The TAs will work full time and share the work of the CT according to their skills and background. They will especially focus on responding to technical requests from the Central Technical Services thereby enabling the CTs to focus more on strategic level interventions.

The appointment of Malian TAs should speed up the process and cost less than external recruitment. TAs could come from the current ranks of the senior Civil Service, from among retired senior personnel who wish to continue to contribute, or from other outside sources. To obtain the best possible candidates for these critical positions, the TA selection process should remain transparent and competitive, with efforts made to recruit qualified male and female candidates.

Length of service. It is likely that the TAs will need to become permanent employees. In the short term, the TAs can dramatically reduce the demand on CTs until the government approves an increase in the number of CTs and the MOHPH revises Arrete No. 8 to adjust the CT scopes of work. With the new CTs on board, and all CTs increasingly engaged on strategic issues, the continuing high demand for technical guidance at the CT level will require ongoing TA support. To provide urgent immediate assistance, and enough time to obtain government approval and recruitment of new CTs, the MOHPH will need TAs for at least two years. The MOHPH should closely monitor the situation to refine TA scopes of work and to include funding for these positions in the Ministry's budget over the long term.

2.4 There is a strong justification for naming a dedicated Coordinator for Donor Assistance.

Mali's ability to deliver superior health services depends on substantial support from the bilateral and multilateral international donor community. Indeed, the major bilateral donors, led by USAID and including Canada, France, Spain, and The Netherlands account for approximately 60 percent of the Ministry's recurrent budget. Multilateral partners include UNICEF, UNFPA, and WHO.

Weak health system performance is a leading cause of Mali's poor health record. It is, therefore, essential that the MOHPH and donors ensure the effective use of every dollar spent on health care by enhancing the quality of health care services and the efficiency of the Ministry organizations that plan, supervise, and provide those services. Improving health system performance begins with closer, stronger coordination between the Ministry and its international partners. The MOHPH needs a full-time Senior Advisor, embedded within the SEGAL's office, dedicated to building powerful and meaningful coordination based on program evaluation, mutual analysis, and joint planning.

2.5 Ensure competency-based hiring and promotion practices are in place in the Ministry

Women are underrepresented among senior MOHPH leaders. While Mali has recorded some recent gains in the status of its women's health, the country stubbornly continues to rank in the bottom five countries with respect to the quality of women's health; only two countries, for example, have greater fertility rates than Mali and this contributes directly and negatively to high maternal, infant, and under-five mortality, worrisome levels of maternal and child malnutrition, and elevated numbers of stunted or disabled children. These are ominous tendencies in a country beset with early-age marriage, economic uncertainty, and political insecurity. Improving women's health status represents a critical priority in Mali's overall development strategy.

Recently, Mali's National Assembly approved a law requiring the allocation to women of at least 30 percent of senior government positions. While this legislation will undoubtedly increase opportunities, women do not currently constitute a large segment of the MOHPH senior-level workforce. Within the SEGAL's Office, only the CT for legal affairs and two Focal Points are women. The CT for Legal Affairs plays an important role in the management of Ministry business and processes, monitoring rules, policy, and agreements, observing activities of the private sector, drafting official Ministry bulletins, and structuring relations with the partner community. But she plays no direct role in the formulation of health policy or its implementation. In order to be most effective, MOHPH programs should account for the opportunities and constraints faced by men, women, boys and girls due to gender norms in Malian society and MOHPH staff should reflect those most qualified to lead health programs, whether male or female. The MOHPH may wish to examine the underlying causes of the under-representation of women in senior roles and then address these, as well as hire staff with specific gender expertise who can contribute to the design, implementation, and evaluation of programs.

2.6 The MOHPH should reduce systemic inefficiencies

The interaction between the SEGAL's Office and the Central Technical Services constitutes an essential axis within the MOHPH. The MA Team's interviews with the SEGAL, CTs, and Central Technical Services Directors revealed opportunities to modernize structures and procedures along this axis that could positively affect organization and efficiency. Focus areas could include boundary setting, team building, communication and coordination, and leadership and management. A thorough analysis of the relationships and systems between the SEGAL's Office and the Central Technical Services would discern specific major issues to address and changes to implement – all with the goal of strengthening the functioning of the MOHPH to improve health service delivery.

Streamlining Communications

An increase in the number of CTs and the hiring of TAs will facilitate faster turn-around of assigned technical files and permit CTs to focus more on strategic issues, but it would not necessarily enhance working relations between Central Technical Services and CTs, ensure an appropriate level of delegated authority to the Central Technical Services, or streamline the flow of communications.

Presently, for example, communications from technicians in a Central Technical Service Office seeking guidance from a CT must be approved by the Division Chief and National Director. Once transmitted to the SEGAL's Office, the SEGAL reads the request and forwards it to a CT. The CT's response must be approved by the SEGAL – who may seek further information since he may not be an expert on the specific issue – which is then sent back through the Central Technical Service Office National Director and Division Chief before receipt by the requesting technician. All requests must be made and responded to in writing. This process can consume a lot of time.

An organizational development exercise would analyze which communications, such as those with financial or policy implications, should be seen by senior MOHPH officers and which could pass directly from a requesting technical officer to a CT.

To develop and deliver quality health policies and services Mali's health institutions must operate at highly efficient levels. Essential components include understanding what competencies matter most for Mali's 21st century MOHPH, developing a Ministry that motivates workers to be their most productive, innovative, and committed, training organizational teams and not just individuals, and building first-rate leadership and management skills. Present MOHPH systems often result in last-minute responses to key events or issues. The organizational development exercise would begin with the key relationship between the SEGAL's Office and the Central Technical Services and, in a second stage, focus on the longer term to determine how the Ministry can efficiently operate to anticipate issues, prepare technically appropriate and timely responses, and implement high-impact programs.

Change efforts are time-consuming, demand skilled change management leadership that is often unavailable in organizations, and divert staff from focusing on their own work. For that reason, an organizational development exercise should be conducted by external experts to the MOHPH.

3. RECOMMENDATIONS

3.1 Critical assumptions

A form of hypothesis, an assumption is a supposition or premise clearly stated (explicit) or unstated (implicit). Organizational changes, like development projects, often fail to achieve their intended goals because of faulty assumptions. Leaders must take care to explicitly define all assumptions, monitor them for accuracy as a change process unfolds, and take corrective actions if they fail to materialize. For example, one assumption underlying this MA is that additional CTs will permit re-distribution of the workload of the current CTs so that they can more deeply focus on strategy-level issues. While this hypothesis appears reasonable, one can envisage circumstances in which this may not occur. For that reason, the SEGAL's office will need to monitor this assumption and propose modifications if it proves invalid.

Below is an illustrative list of assumptions associated with the findings of this MA:

- The MOHPH will revise Arrete No. 8 to respond to important changes in the health sector with enough flexibility to adapt to evolving future conditions. The number and scopes of work of the CTs will permit them to better respond to those changes.
- The provision of TAs at the senior and administrative level will reduce demand on CTs from other MOHPH units and enable the CTs to focus on larger-scale strategic issues.
- Strengthening and modernizing the relationship between the Central Technical Services and the SEGAL's Office will permit resolution of more problems at lower levels and reduce demands on CTs.
- Government will approve additional CTs and TAs and the Ministry will re-organize the SEGAL's Office accordingly.
- Donors will fund TAs, at least for an initial period.
- The MOHPH can identify qualified women health professionals who will accept appointment to senior positions in the SEGAL's Office and the Ministry will overcome perceived inequities in hiring and promotion to achieve a more gender-balanced leadership team.

3.2 Recommendations

The MA Team met with the SEGAL and the USAID/Mali Health Team at the conclusion of the on-site assessment period. During these meetings, the MA Team reviewed the findings, observations, and conclusions of its examination of pertinent MOHPH documents and its interviews with key MOHPH staff. The MA Team also presented a tentative set of recommendations for comment and feedback. The feedback received validated and strengthened the MA Team's final analysis and is reflected in the recommendations below. The MOHPH should initiate actions that will provide the SEGAL's Office with the resources and organization necessary to support strong policy development and quality health service delivery. Some steps can operate concurrently while others will follow in sequence:

- **Revise Arrete No. 8.** Begin at once to revise Arrete No. 8 taking into account the analysis contained in this report. The revised Arrete No. 8 should include the new, modified set of CTs with clear, actionable scopes of work including responsibility to engage in strategic tasks such as evaluation, analysis, and design of new MOHPH initiatives. The revised Arrete No. 8 should specify the relationship of the CTs to the Central Technical Services and other MOHPH units. It

should also provide a framework to permit the Ministry to rapidly and flexibly respond to evolving health sector conditions. In this regard, the Ministry's organization chart shows more than two dozen units reporting directly or indirectly to the SEGAL. The lone exception is the Minister's Cabinet Director. With no assistants, this very large contingent of direct reports requires the SEGAL's attention on a daily basis. In this regard, as part of the review of Arrete No. 8, the Ministry should consider provision of senior level assistants to the SEGAL or other changes that reduce the demand on the SEGAL's time and permit him to focus on the Ministry's health priorities.

The Minister should establish a group of senior advisers to review and revise Arrete No. 8 to ensure that the Ministry has the organization, resources, and flexibility to efficiently operate and support its programs throughout the country. Revisions should specify changes to the SEGAL's Office to reduce demand on the SEGAL by reducing his span of direct management control and ensure an appropriate number of CTs with realistic scopes of work that permit them to focus and concentrate on their primary responsibilities.

- **Finalize new CT positions.** This report proposes six candidates for new, separate CT areas of intervention; additional reflection among MOHPH senior personnel might lead to identification of others. The Ministry should organize a process to reach a final roster of CT positions needed to achieve the objective of improving Mali's national health status. The process should finalize the final number of CTs, their technical sectors, and recruitment criteria.

  Concurrent to the revision of Arrete No. 8, the Minister should establish a senior-level working group to recommend a complete list of CTs needed to provide strategic and technical support to other MOHPH units. The Ministry may wish to include a representative from the Prime Minister's Office in this review since, ultimately, the government must approve any additional CTs. Inclusion of a representative from the Prime Minister's Office will enable the government and MOHPH to share perspectives and constraints and establish a common understanding from which to move forward.

- **Obtain government approval for additional CTs.** Once the MOHPH determines a final list of CT positions it would like to add, it should seek government approval for the new CTs. Following approval, the Ministry should identify and appoint the new CTs. The MA Team understands that the MOHPH has already begun the process of seeking approval for a CT devoted to public hygiene.

- **Strengthen coordination mechanisms between CTs and Central Technical Services.** The Ministry should review current procedures and put in place clear coordination mechanisms between the CTs and the Central Technical Services and other departments to efficiently communicate and address technical issues. This may be accomplished through regular meetings with an agenda established by the concerned entities, or through delegated authorities that permit CTs and Central Technical Service personnel to resolve certain issues without prior SEGAL or National Director approval.

- **Finalize TA profiles and recruit.** Concurrent to the revision of Arrete No. 8, the Ministry should finalize the potential scopes of work for the senior-level TAs and begin conversations with its development partners to determine their ability to finance these positions for the short and medium term. Once approved by the Ministry and the development partners, TA recruitment should begin based on clearly established technical criteria and utilizing a system that seeks the most qualified candidates. Since it is assumed that government approval of the new CTs could take an extended period, TA recruitment to provide support to the current CTs takes on a sense of urgency.

- **Create a team-based CT support structure.** In addition to the appointment of TAs, the SEGAL should establish a supportive teamwork context that could include setting of SEGAL common objectives, quarterly meetings to review organizational efficiency and effectiveness, content meetings that focus on integrated approaches to health issues, and annual strategic work plans. The SEGAL should also create a system that holds the CTs accountable for performance in accordance with their scopes of work.
- **Name a dedicated Donor Assistance Coordinator.** USAID has recently assumed the chairmanship of the donor health coordinating committee (PTF). New leadership opens the door for the MOHPH and its donor partners to comprehensively review current and planned interventions and ensure that they address the most important health issues, provide appropriate geographic coverage, and receive support from highly competent MOHPH strategic planning, supervisory, and service provider organizations.

  Among its many responsibilities, the CPS presently monitors overall relations between the Ministry and the donors. Continuing poor health care performance, despite significant partner assistance, requires deeper program analysis and follow-up to verify that all resources are brought to bear with maximum effect. This makes more focused attention on MOHPH-donor coordination vital. The MOHPH should appoint a full-time Senior Adviser, embedded within the Ministry, dedicated to building powerful and meaningful coordination based on program evaluation, mutual analysis, and joint planning. The Senior Adviser will not provide technical control. Rather, this professional will serve as the Ministry's point person providing senior level visibility aimed at improving coordination and strengthening operations. The report recommends that the MOHPH create this position in the Secretary General's office to assist the SEGAL to manage donor interventions throughout the Ministry.
- **Review recruitment and hiring practices.** The Ministry must ensure that the most qualified candidates, whether male or female, are employed and address any potential systematic bias in the current hiring and promotion system. At a minimum, a CT for gender issues should be established, along with formalized linkages to the Ministry for Women's Affairs.
- **Undertake an organizational development exercise to improve Ministry operations.** The MOHPH should reorganize and modernize its structures, processes, and relationships to more efficiently and effectively address the significant health issues facing Mali. The current systems date from an earlier time and modernization will permit more focus, less bureaucracy, and faster execution. To begin, the MOHPH should create an internal forum to self-identify improvements in management, leadership, and system efficiency. This internal forum should seek input from external sources including civil society and community-level organizations. The MOHPH should then develop the scope of work for an externally conducted organizational development exercise that will propose a participatory change process that supports excellence in strategic planning and efficient and effective functioning of the MOHPH.

  The organizational development exercise should take place in two stages. The first stage would focus on the relationships and interactions between the SEGAL's Office and the Central Technical Services. The second stage, with a longer-range perspective, would focus on how the Ministry can organize and operate in a manner that significantly enhances health impact for all Malians.

ANNEX A. QUESTIONNAIRE: CONSEILLERS TECHNIQUES

1. **Approximately what percentage of your time each day is spent on:**
    - Meetings:
        - Scheduled meetings within the ministry
        - Scheduled non-ministry meetings
        - Informal meetings with colleagues
        - Informal meetings with non-MOH
    - Calls/Emails/texts with:
        - Other CTs or the SEGAL
        - MOH colleagues in other directions
        - Non-MOH private sector
        - Other GOM
    - Reading and responding to formal communications (from who?): record, read, and respond
    - Travel (for what purpose?)
    - Strategic Thinking: new initiatives: think, write, present
    - Evaluation of on-going programs
    - Other
2. **What could be done to reduce the demands on your time so you could play more of a strategic role and reduce time spent solving problems of others?**
3. **How many new programs have you initiated?** Are there any you would like to initiate? What obstacles do you face? To what extent are the obstacles related to not having enough CTs?
4. **Could you use a clerical and/or senior technical assistant?** What specific roles would they play? What qualifications would they need?
5. **Does the Secretary General's Office need more Conseillers Techniques?**
    - What roles would they play?
    - What selection criteria should be used to recruit them?

ANNEX B. QUESTIONNAIRE: DIRECTEURS DES SERVICES CENTRAUX

1. What are your specific roles and responsibilities?
2. Do you have all of the technical skills in your direction needed to conduct the unit's work?
3. Do you have all of the authorities you need to conduct your work?
4. Do you ever need to contact the *Conseillers Techniques* for guidance or approval? How do you contact them? How often does this occur?
5. What types of matters do you bring to their attention?
6. Do members of your staff ever contact the *Conseillers Techniques* directly? Why? How frequently does this occur?
7. Are the *Conseillers Techniques* available to work with you when you need them?

ANNEX C. PEOPLE INTERVIEWED

Name	Position	Organization
Dr. Christian Fung	Health Officer	USAID/Mali
Professor Ousmane Doumbia	Secretary General	MOHPH
Mme. Bijou Muhura	Deputy Health Officer	USAID/Mali
Mr. Sidy Cisse	Health Project Officer	USAID/Mali
Mr. Gary Juste	Mission Director	USAID/Mali
Dr. Lamine Diarra	Conseiller Technique	MOHPH
Mme. Keita Agnès Marie Christiane Traore	Conseiller Technique	MOHPH
Mr. Moussa Diawara	Conseiller Technique	MOHPH
Dr. Salif Samake	Conseiller Technique	MOHPH
Dr. Souleymane Sacko	Point Focal (HIV/AIDS, Tuberculosis, Malaria)	MOHPH
Dr. Binta Keita	Directrice, National Health Office	MOHPH
Dr. Yaya Coulibaly	Director, National Office of Pharmacy and Medicine	MOHPH

BOLD THINKERS DRIVING
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