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Scaling Up Community-Based Health Insurance in Mali

For more than 20 years, community-based health insurance (CBHI) has been a component of the health financing system in Mali. Known as mutual health organizations, or *mutuelles* in French, CBHI schemes are not-for-profit mechanisms of health financing grounded in principles of solidarity and risk sharing. The Government of Mali uses *mutuelles* to address limited access to and low utilization of priority health services. Although the legal framework was adopted by the Government in 1996 to support *mutuelles*, it was only in 2010-2011 that a national strategy for CBHI was developed and formally adopted. The development and adoption of the national strategy for CBHI is a major milestone in strengthening risk protection for the population. The implementation of the strategy will strengthen *mutuelles* from their initial status as isolated, individual community initiatives to a standardized national network.

In support of strengthening the Government's risk protection framework, technical assistance was requested by the Government from partners including Health Systems 20/20, the Gates Foundation and Packard Foundation-funded Ministerial Leadership Initiative for Global Health (MLI), and the World Bank. All three partners collaborated closely to accompany the government-led process of building consensus to reach a national strategy for the roll-out of CBHI. The partners leveraged resources to respond to the technical requests made by the Government to strengthen the application of CBHI as a platform for increased social protection.



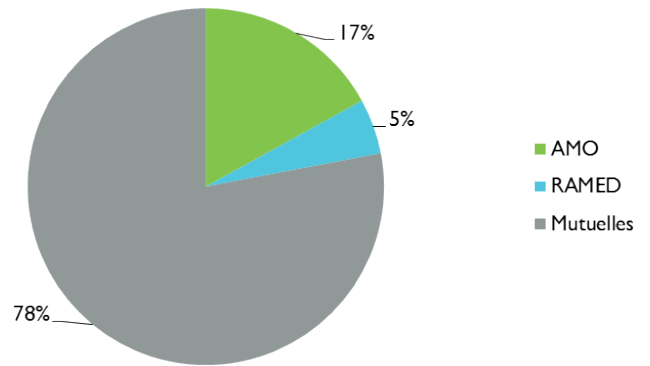
“The successful adoption of the National CBHI Strategy has provided a harmonized platform to expand health care coverage in Mali.”

“Involvement and leadership from the government was critical in the successful adoption of the National CBHI Strategy in Mali.”

**Mr. Luc Togo, National Director of Social Protection
Ministry of Social Development**

Mutuelles are one of the three pillars of the Government’s risk protection framework, which was established in 2009. Together, the pillars, which include the *Assurance Maladie Obligatoire (AMO)*, the *Regime d’Assistance Medicale (RAMED)* and the mutuelles, aim to provide universal health coverage. The AMO mechanism covers about 17% of the population through government and formal sector employees who contribute a percentage of their salary for medical insurance. It is anticipated that RAMED, a non-contributory scheme, will cover about 5% of the population, mainly indigent populations funded by the national and local governments. In the risk protection framework, mutuelles are intended to cover the remaining 78% of the population not covered by AMO or RAMED (See Figure 1 – Target Population of the Social Protection System in Mali).

FIGURE 1: TARGET POPULATION OF THE SOCIAL PROTECTION SYSTEM IN MALI

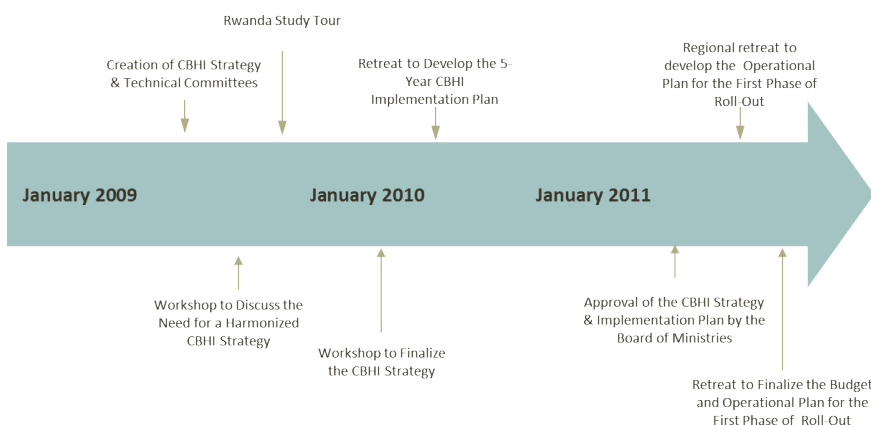


All three pillars of the Government’s risk protection framework (AMO, RAMED and the mutuelles) fall under the scope of the *Direction Nationale de la Protection Sociale et de l’Economie Solidaire (DNPSES)*, a directorate of the Ministry of Social Development, Solidarity and the Elderly. In close collaboration with the Ministry of Health (MOH), the DNPSES drives the CBHI movement and guides the implementation of the phased approach to CBHI scale-up. The *Cellule de Planification et de Statistique (CPS)* is the planning and statistics unit shared by the MOH, the Ministry of Social Development, Solidarity and Elderly, and the Ministry of Women Affairs and Family. It plays a fundamental role in linking the MOH with the DPSES for coordinated planning of CBHI roll-out and is actively engaged in the CBHI movement.

THE NATIONAL CBHI STRATEGY AND ROLL-OUT IN MALI

The national CBHI strategy was developed over a two-year period and included a study tour to Rwanda, and several workshops and retreats to build support and consensus (see Figure 2 – Timeline of the Development of the National CBHI Strategy).

FIGURE 2: TIMELINE OF THE DEVELOPMENT OF THE NATIONAL CBHI STRATEGY



of the Development of the National CBHI Strategy). The overall objective of the National CBHI Strategy is to reduce the financial barriers encountered by rural and informal sectors and improve their access to quality health services. To achieve this objective, the National CBHI

Strategy clearly defines the Government's contribution to subsidize premiums for CBHI. Mutuelle members contribute a one-time enrollment fee and a monthly or annual premium and in return co-payments for selected services at health facilities are reduced. The CBHI Strategy provided the foundation for designing the expansion of health coverage through a phased scale-up of CBHI.

The first phase of the roll-out of the standardized national CBHI approach will include three regions of the eight regions in Mali (Sikasso, Ségou and Mopti). The targeted number of beneficiaries in this first phase is approximately 1.2 million people, or about 40% of the target population in the three regions. This first phase will last three years and aims to produce 150 mutuelles, some of which will be restructured to align with the national strategy and others that will be created. One mutuelle will be established per commune (county) to align with the administrative jurisdictions. These 150 mutuelles operate within 21 health districts, 12 of which will create CBHI networks. The district-level CBHI networks will be responsible for managing the government co-payment and facilitating the relationships between the district hospitals and the regional hospitals. Both the DNPSES and the MOH are involved with the implementation of the first phase and the Government continues to engage the *Union Technique de la Mutualité* (UTM) to provide in country technical assistance at all levels of the system (see Box 1).

Box 1 : Union Technique de la Mutualité Maliennne

In 1998, the *Union Technique de la Mutualité* (UTM) was created as an association of mutuelles and a non-governmental organization that provides technical assistance to mutuelles. Since its creation, UTM has provided local technical expertise directly to mutuelles in addition to liaising with international networks of mutuelles that provide perspectives from other settings. UTM advocates for increased social protection and access to health services, using its experience in implementing and supporting mutuelles to increase financial protection and access to care for populations that have traditionally been excluded from formal risk protection programs. In addition to supporting direct implementation and advocacy, UTM plays a critical role in policy development at the national level. UTM organized the stakeholder workshop held in 2009 that brought together the major stakeholders in Mali to agree on the necessity of a consensus-based national CBHI strategy and commit to moving towards a shared CBHI vision. UTM will provide technical support for the implementation of the national CBHI strategy.

SUCCESS FACTORS IN THE ADOPTION OF THE NEW NATIONAL CBHI STRATEGY

Before the adoption of the current national strategy, mutuelles were created by individual communities and employer-based organizations (e.g., the *Mutuelle des Travailleurs de l'Education et de la Culture*), and were often limited in size, which resulted in a small risk pool and often isolation as there was no overarching national structure for implementation. The current national strategy for CBHI builds on the Government's long history with mutuelles and outlines a harmonized structure that aims to standardize structure and benefits across mutuelles. Table 1 highlights several factors that contributed to the successful development of a national CBHI strategy in Mali and the launch of the accompanying first phase of the expansion of CBHI.

Table 1: Success Factors in CBHI Strategy Development

Success Factor	Description
Accompany government-led processes	Donors and partners contributed to more sustained progress through accompanying country-led processes and being responsive to requests from the Government of Mali that provided strong stewardship and commitment to CBHI.
Institutional focal point	An institutional focal point – in this case the DNPSES – was an essential ingredient in providing leadership for the scaling-up effort.
Develop operational plan	Development of an operational plan and budget to complement the national CBHI strategy provided a basis for discussion with key stakeholders in the approval process, especially the Ministry of Finance.
Strengthen in-country technical capacity	Strengthening in-country institutional capacity provided a basis for sustained access to technical expertise from within the country.
Leverage partner contributions	Close collaboration among external partners resulted in leveraging of multiple sources of support and the benefit of complementary approaches.
Involve stakeholders to build consensus and foster ownership of the strategy	Although it can take more time to actively engage partners and stakeholders at multiple levels, the result of involving multiple stakeholders throughout the process was increased buy-in.
Provide government co-financing	Subsidizing premiums is a clear example of government commitment.
Support opportunities for joint learning and cross-fertilization	Donors and partners empowered counterparts and facilitated knowledge-sharing through structured exchange opportunities for countries to learn from one another's experiences. The Joint Learning Network for Universal Health Coverage, which Mali joined in 2011, is one example of such an opportunity.

CONCLUSION

The adoption of a national CBHI strategy in Mali provides a tremendous opportunity to help address financial barriers for Malians to access and use priority health services, especially in the informal and agricultural sectors, through a phased scale-up for expanded health coverage. The initial phase of the CBHI roll-out will allow time to make adjustments and determine the most efficient institutional arrangements for further scale-up. Based on the monitoring and measurement of CBHI implementation during the first phase, if modifications are required before full national scale-up, then improvements will be integrated into the national strategy before the second phase of the roll-out. Critical components of the first phase currently under development include a communication strategy, implementation plans for each mutuelle and district network as well as the establishment and implementation of a monitoring and evaluation plan. Although there is no one path to achieving universal health coverage, over a decade of experience with CBHI in Mali has shown that CBHI has the potential to act as a platform for catalyzing progress towards universal health coverage.

About the Better Health Systems: Strategies that Work Series

The Better Health Systems briefs explore Health Systems' 20/20 strategies and tools, why they work, and how they contribute to better health systems. Collectively, the series will distill valuable lessons learned in an effort to share the project's wisdom with our partners and colleagues. For more information, please visit www.healthsystems2020.org.

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Photo credit: Health Systems 20/20 staff

About Health Systems 20/20

Health Systems 20/20 is USAID's flagship project for strengthening health systems worldwide. By supporting countries to improve their health financing, governance, operations, and institutional capacities, Health Systems 20/20 helps eliminate barriers to the delivery and use of priority health care, such as HIV/AIDS services, tuberculosis treatment, reproductive health services, and maternal and child health care.

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