



National strategy to expand health coverage through Mutuelles de Santé

Mali is beginning the pilot phase of its national strategy to extend health coverage to 80% (informal sector and rural agricultural workers) of its population through mutuelles de santé, or community-based health insurance schemes (CBHI).

Basic Facts

Place of Operation	Regions: Segou, Sikasso, Mopti
Year Launched	2011
Stage	Pilot Phase

Program Highlights

Challenge Addressed	Targeting and enrolling the informal sector
Focus of the Program	Leveraging external organizations for targeting and enrollment
Reported Results	Increased availability of services

Workshop Session:

Promising Operating Practices 1:
Leveraging external organizations for targeting and enrollment
Wednesday, June 8
9:00 AM – 12:30 PM

Implementation

Target Population	All informal sector
Implementing Organization	Gov. of Mali, CAMASC, Union Technique de la Mutualité Malienne
Implementing Partners	Government of Mali, CBHI members

Context

Despite impressive improvements made in extending geographic accessibility over the past 10 years, utilization of health services in Mali remains low – 0.33 per person per year. As a result, the government of Mali has turned to demand-side strategies to encourage utilization and ensure social protection for its population. In 2011, Mali launched mandatory health insurance for the formal sector and an equity fund to cover the indigent. These two schemes aim to cover up to 22% of Mali’s population. In order to reach the remaining majority of the population, Mali has validated a national strategy to extend population coverage through mutuelles de santé, or community-based health insurance schemes (CBHI), which today covers approximately 3% of the population in an uneven geographic distribution. Financial and human resources to accomplish the scale-up of this strategy are inadequate today. Given the enormity of the challenge, and learning lessons for success from other African countries, notably Rwanda, Mali has opted for a pilot phase prior to scale-up. Having a phased approach, beginning with a pilot, evaluating, and making adjustments along the way are all part of building up capacity to “go nationwide.” The involvement of a broad spectrum of stakeholders from government, civil society, and the technical/financial partners (PTF) at local and national levels in the development and design of a strategy to reach the informal sector provides a solid basis for support going forward. Technicians wanted to base the system of mutuelles at the district level, but elected leaders argued that the commune was more strategic and would promote political support for the system.

Key Components

The pilot is to take place in three of Mali’s eight regions and will create or restructure 150 mutuelles de santé de commune, 20 district unions and three regional federations to test/adapt the underlying principles of the national strategy to extend CBHI. The pilot phase also includes other key components, including a massive communications campaign, capacity building for key actors, reinforcing partnerships with stakeholders, and a rigorous monitoring and evaluation strategy. The mutuelles strategy is meant to

complete Mali's path toward universal coverage by reaching those not reached by the two other elements of Mali's social protection strategy. The target population for this strategy, however, is massive - the informal and rural agricultural sectors which constitute almost 80% of Mali's population spread across the vast country.

There are several key components to the national strategy that innovate on the model of CBHI that Mali has had for some 20-30 years, which will be tested and adjusted during the pilot phase. First there is a new structure to the system: instead of small, community-level mutuelles springing up organically, the strategy systematically creates a mutuelle at the level of each commune, to ensure a larger risk pool. Communal mutuelles are then networked at the level of the health district, and then district unions of mutuelles are grouped into regional unions.

Perhaps the main innovation is the concept that the government of Mali (GOM) will "co-finance" the mutuelles by making a contribution in theory equal to each member's contribution. This government investment is primarily intended to cover secondary care for mutuelle members, making it possible to offer a much more comprehensive benefits package than otherwise possible. The modalities of this government contribution have yet to be finalized however, and options will be tested during the pilot phase.

The institutional framework for the national strategy is built around a series of multidisciplinary committees at the various levels of the system. At the base, governance and management will be overseen by mayors of communes, while at the national level the primary ministry overseeing the strategy is the Ministry of Social Development. Technical assistance to the pilot phase at the field level will be provided by UTM. While there are not yet formal linkages from an institutional standpoint with the two other social protection programs (AMO, RAMEd), the mutuelles strategy is intended to cover the portion of the population that is not covered by the other two.

Results

The pilot is just getting started, so no results have been reported yet. The program is expected to increase availability of services as well as financial protection for the large informal sector, which accounts for approximately 80% of the population.

Looking Ahead

While the implementation of three schemes to achieve universal coverage is a major challenge for a resource-constrained country like Mali, the participatory approach of forming partnerships with various actors involved in CBHI (religious leaders, health providers, media, etc) taken to developing and now piloting the mutuelles component should contribute to its eventual success.

In terms of financing, beginning in 2011 there is a budget line item for the GOM contribution to mutuelles, thereby institutionalizing funding the strategy. The World Bank has also made GOM co-financing of the mutuelles strategy a conditionality, which should also promote regular and sustained funding. The modalities for using the GOM co-financing effectively and equitably are the big question mark today, and will be tested during the pilot phase.

A crucial immediate next step in Mali is sensitizing the PTF and getting their concerted investment to support the costs of the pilot phase, which is resource intensive. One idea on the table is to convene a round table discussion in summer 2011 to secure this commitment of support for 2012, which will be a critical first full year of the pilot phase.

References

- Ministry of Social Development, Solidarity and the Elderly, Republic of Mali, Pilot Phase of Implementation of the National Strategy for the Expansion of Health Coverage through Mutuelles in the regions of Sikasso, Ségou et Mopti 2011 - 2013, April 2011
- Ministry of Social Development, Solidarity and the Elderly, Republic of Mali, National Strategy for the Expansion of Health Coverage to the Informal and Agricultural Sectors through Mutuelles, 2011