

CASE STUDY 79

Performance-based Financing for improving population health, Mali

Authors/ Advisor Name(s): Dr Brahim KONE
Country & Sector: Mali, Base sector Health

Context

The Government of Mali adopted on December 15th 1990, the Health Sector Policy. The main objective of this policy is to provide health for all as early as possible. Priority strategies for implementation among other deductions include strengthening community involvement in the health system management. The 1993 decentralisation policy enabled the establishment in 1999 of three levels of local authorities, equipped with legislative and executive bodies. This empowerment of grassroots communities has helped create more than 950 community health centres (CHC) run by Community Health Associations (CHA). Skills and resources needed in specific areas such as health were transferred from the state to local governments. To facilitate the effective exercise of the powers transferred, SNV and KIT in collaboration with the Ministry of Health and its agencies, developed through a multi-actor process, tools and approaches in the health district of Dioila in Koulikoro region. This led to the establishment and strengthening of partnership between the three key players in the health system of Mali: State, local government and CHA. It contributed significantly to enhance the partnership between stakeholders at municipality and district health through the signing and implementation of the Mutual Assistance Convention (MAC), and clearly improved health indicators. But despite this good health coverage and multi-player partnership, performance remains below expectations. For a better implementation of MAC, it was appropriate to sign contracts between the key players, focused on results thus PBF (Performance-Based Financing). Number of questions became increasingly urgent among other things: How to increase the State and its partner's performance? How to achieve health MDGs by 2015? The answers to these questions justify the implementation of the PBF as an innovative approach. This contractual approach must be adapted to each country context with emphasis on results, support on the process and good preparation of actors.

The client

The support unit for decentralisation established in November 2007 is a central service of the Ministry of health with the mission to drive the process of decentralisation within the Department. As such, it shall: (i) monitor the process of powers and resources transfer from the State to the Local Health Authorities, (ii) assist the main actors involved in the implementation of the transfer process, (3) conduct research on approaches and tools to support local authorities in exercising their skills to improve health system performance.

In recent years, the Ministry of Health, the National Directorate of Local Authorities (DNCT), SNV and KIT combined their expertise to support the implementation of this new partnership to improve rural health. The developed program in Dioila, allowed the establishment of effective partnerships between technical services, CHA and local authorities. Activities are essentially based on developing approaches and tools that facilitate planning, monitoring and evaluation of health and empowerment of local authorities. SNV, KIT, The DNS and the CADD-MS initiated the signing of contracts focusing on results between the municipality and health services.

The National Board of Health as a central service of health Ministry is responsible for the implementation of health policy in the country. As such, it provides design, supports implementation and develops the standards of care. It is also a key

player in the implementation of the pilot phase of the PBF in order to accelerate the achievement of the health MDGs.

The Department agencies especially the Regional Directorate of Health in charge of monitoring the implementation of the policy are also involved in the process. All central services of the Department without being SNV clients, are involved in the PBF pilot phase to facilitate ownership by the state of the results as it was the case during the pre-pilot phase.

The technical and financial partners as the Embassy of the Kingdom of the Netherlands (EKN) and the World Bank also supported the implementation process.

The method

In collaboration with local stakeholders and the Ministry of Health, the Association of Municipalities of Mali (AMM) and the National Federation of Community Health Associations (FENASCOM), SNV and KIT supported the following activities: (i) Design and sharing tools for operationalisation and capacities building of PBF in a participatory manner taking into account local realities, (2) capacity building of key actors in management of health services on the application of the PBF approach through training and field visits, (3) support for contracting and payment of subsidies based on audited results. (4) capitalisation of experiences, (5) proposed options for scaling up and national guidelines. The PBF funding provides a financial incentive for health workers; it finances the operations and all innovative strategies which are likely to improve performances.

Outcome

The process of strengthening and technical support is not ended yet. However, SNV and KIT in collaboration with stakeholders at national and local levels have brought out some results which include: state of the partnership and capacity building of key players, the consensus of stakeholders on the assumption, the contract and business plan model. The concept note was also submitted to the EKN and the World Bank.

The Malian PBF model and the tripartite contract between the municipality, the Community Health Association and the Community Health Centre have been developed and validated at the national level, as well as the community health centre' first business plan. The next steps are known and the National Board of Health took into account some costs of the pilot phase in its 2011 operational plan financed by EKN.

Impact

The impact of PBF on populations at this stage is premature to measure. But we can acknowledge the impact on key actors: the motivation, commitment of stakeholders at all levels (state, local, civil society etc.) to continue the pilot phase, the determination of the Department and the technical and financial partners to quickly achieve the pilot phase to allow the State to proceed with the scaling up in the coming years.

It should be noted that the National Board of Health and EKN agreed to fund the implementation process of the pilot phase, pending funding from the World Bank.

Lessons learnt

FBR program helps speed up the achievement of PRODESS and particularly those of the millennium and greatly improves the availability and resource management with greater empowerment of communities and populations. The incentive system

of PBF strengthens the workers motivation who takes more initiatives to deliver more results.

Sustainability

The PBF program will become a national policy once the process is completed, therefore its sustainability guaranteed and its replication at national level will be ensured by the state and all partners.

The capitalisation of this case will be done with the state and sharing it with all actors is scheduled at all stages of its implementation. Lessons will be drawn at the end of the pilot phase and will be used for developing the national strategy. PBF is recognised as a promising strategy for accelerating the attainment of the Health MDGs and is therefore an opportunity for strengthening partnerships and resource mobilisation for the sector.

Photos and quotes

'PBF will enable communities to better mobilise and utilise resources to improve population health.' Mayor of Banco

'The implementation of this strategy will greatly assist CHA motivate staff and better meet the population's expectations.' The N'Golobougou CHA president



Community Health Centre of Banco/ Dioila

Standard Data

Start/end pre-pilot phase: 2010-2011

Implementation phase: 2011-2013

SNV staff: 03

LCB: N/A

External Consultant: 01

PPD invested: 190 days

Financial resources invested: Euros 6,556

Client satisfaction and enhanced capacity scores: 4