

# PERFORMED-BASED FINANCING IN MALI: CAN IT BE CALLED EMERGENCE?

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## BACKGROUND ..... THEORETICAL FRAMEWORK ..... METHODS .....

- Numerous initiatives have been implemented to improve maternal and child health indicators in Mali
- Some of these initiatives addressed the efficiency of healthcare workers, e.g., accreditation and contracting approaches
- Performance-based financing (PBF) was tested with two pilot programmes (launched in 2012 and 2016): in three and 10 districts of Koulikoro region de Koulikoro respectively
- PBF is anchored as a « strategy » in the 10-year Health and Social Development Plan (2014-2023)

- Multiple-streams framework (Kingdon, 1984) and development anthropology (Olivier de Sardan, 1995)

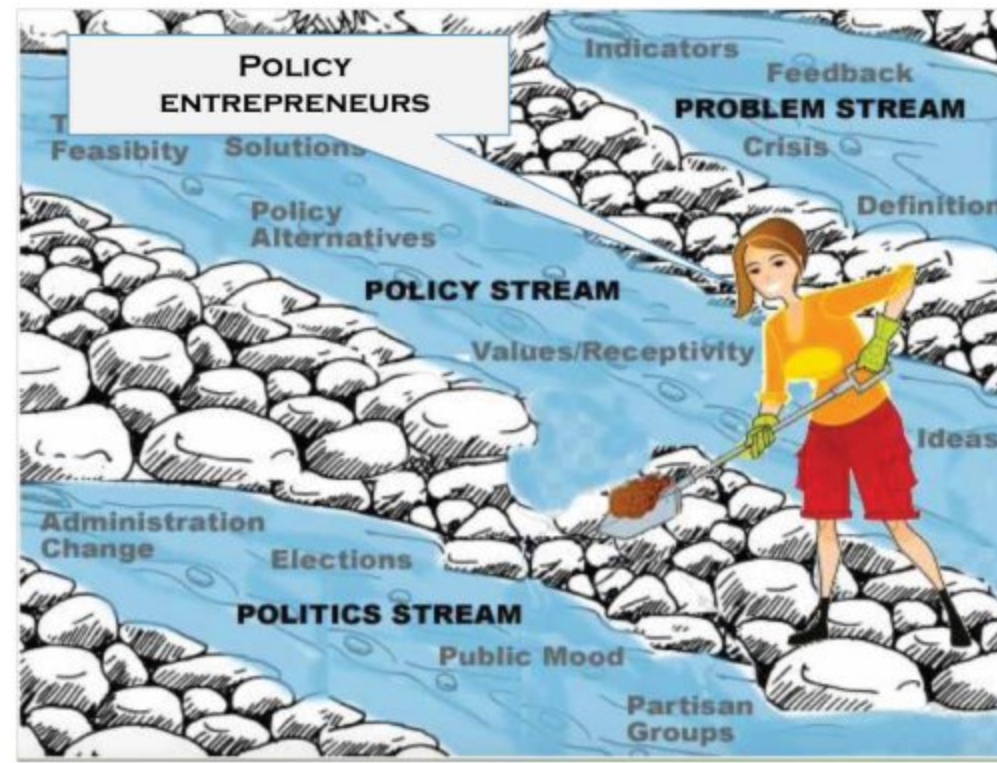


Figure 1. The Multiple-Streams Framework. Adapted from: Kingdon, J.W. Agendas, Alternatives, and Public Policies. 1984. Source: <https://fr.scribd.com/document/111266724/Educ875-Agendas-Alternatives-and-Public-Policies-pdf>

- Qualitative approach
- Data collection: 33 interviews (incl. three female participants): Ministry of Health (MoH) (N=3), services attached to the MoH (N=7), National Health Directorate (NHD) (N=4), national federations such as the National Federation of Community Health Associations (N=5), international organisations and non-governmental agencies (N=6), former NHD staff (N=5), health districts representatives (N=3)
- Content analysis.

### Research questions

How was the PBF approach conveyed in Mali? Which actors played an instrumental role in the process? At this stage of the process, can we speak of an emergence of PBF as a public policy?

## RESULTS ..... CONCLUSION .....

### Problem stream

- 60% of public officials lack motivation
- Low level of cost recovery in health facilities
- User-fee exemption initiatives spearheaded many disruptions and malfunctions in the health system.

*“Those who know of the health system in Mali are very much aware: indicators were not moving... And from the users’ side, people started to complain about quality of healthcare services.” (Staff member of a non-governmental agency)*



Figure 2. Front page of flyer developed by the KIT/CORDAID/CGIC Consortium

### Policy (solutions) stream (Figure 2)

- User-fee exemption initiatives to curb the most common pathologies were implemented in 2004 for HIV/Aids, in 2005 for C-section, and in 2007 for malaria
- Contracting policies, results-based management, accreditation
- Action-research in three health districts of Koulikoro region, with involved the collaboration between central-level technical services, communes, and Community Health Associations (ASACO)
- PBF represents a solution with potential added value.

*“Innovation is greatly needed, implementing results-based management is .greatly needed, involving all actors is greatly needed, performance is greatly needed: the PBF strategy resulted from these observations. And it should enable to solve these issues in terms of governance, in terms of partnership, in terms of motivation and, above all, to accelerate the achievement of MDGs.” (Staff member of a non-governmental agency)*

### Politics stream

- Many strategic plans have been implemented with no direct reference to PBF: Reproductive Health Strategic Plan 2014-2018; Family Planning National Action Plan 2014-2018; National Strategic Plan for Health System Strengthening 2009-2015
- Short reference to PBF in the 10-year Health and Social Development Plan (2014-2023).

### Policy entrepreneurs and windows of opportunity: the local PBF arena

#### Few policy entrepreneurs and with too little long-standing influence

- A few isolated non-governmental agencies outside the MoH: SNV and KIT/CORDAID/CGIC Consortium
- Frequent turnover impeding long-standing influence inside the MoH: a few high-level officials
- A powerful actor with an ambiguous role: the World Bank in Mali.

*“I was convinced that it [PBF] could bring something positive. So I tried to convince my other colleagues.” (Former National Health Director)*

*“We often shared results from other countries. This was done to convince national authorities that if such an approach was implemented in our system, there are indicators which do not move: these would move thanks to the [PBF] approach [...]. This was done to make them realise that it could help the Mali health system.” (Staff member of a non-governmental agency)*

### A scarcity of windows of opportunity

- Limited MDG5 Fund, enabling to finance only one pilot project
- Limited number of donors interested by PBF
- In Spring 2017, the MoH Secretary General, who was supporting PBF, left his office
- PBF only anchored as a « strategy » in the 10-year Health and Social Development Plan
- Limited number of initiatives to develop a national PBF expertise.

### Synthesis

The problem stream did not meet the politics stream. We cannot yet speak of the emergence of a PBF public policy in Mali for the following reasons:

- Limited number of policy entrepreneurs
- PBF programme implementation duration were very short (i.e., 18 months for the first pilot programme; 8 month for the second pilot programme)
- Apart from the MDG5 Fund, no other policy window has been seized
- Limited number of donors interested by PBF.

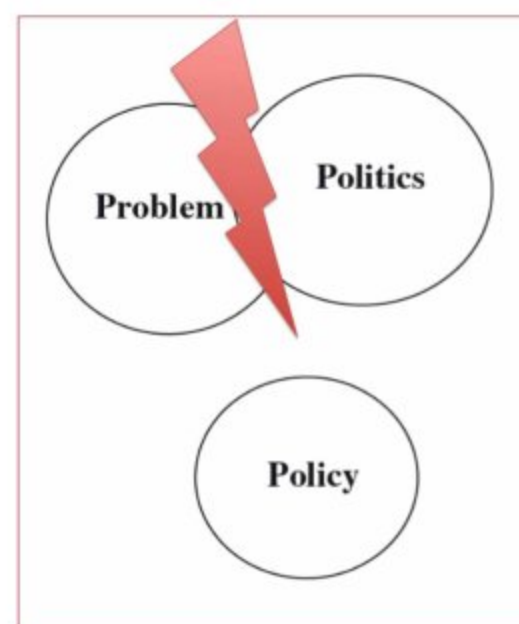


Figure 3. Policy emergence. Adapted from: Ridde, 2009.

## CONCLUSION .....

- Government’s commitment is instrumental to bring visibility to a policy intervention. (Hassenteufel, 2008). In Mali, government’s commitment for PBF has hardly been visible.
- In line with previous research on PBF in other African countries, we have observed the strong involvement of external actors in PBF introduction in Mali (Kiendrébéogo et al 2017 ; Meessen et al 2011 ; Siéleunou et al 2017).
- Beyond PBF, the present study critically uncovers the issue of introducing a global policy into a local context.

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