



The Essential Package of Health Services and Health Benefit Plans in Mali



About the health benefit plan crosswalk analysis

An Essential Package of Health Services (EPHS) is a broad policy statement that identifies the services that a government has prioritized. The government seeks to ensure that these essential services reach the population equitably. A health benefit plan (HBP) specifies an explicit set of services and the cost-sharing requirements for beneficiaries to access those services.

In 2015, the USAID-funded Health Finance and Governance (HFG) project completed a landscape analysis of the EPHS in the 24 USAID priority countries for Ending Preventable Child and Maternal Deaths (EPCMD).¹ The analysis found that the government in most of the countries intends for the public and/or private not-for-profit facilities in the country to deliver the services in the EPHS. It also showed that several governments were implementing major HBPs (such as social health insurance schemes) as a primary strategy for moving toward universal health coverage. Yet it remained unclear how the EPHSs and HBPs are formulated, how they are modified, and the extent to which they overlap.

HFG conducted a second landscape analysis in 2016 to identify existing HBPs in the countries, and the services they cover. It then did a crosswalk analysis – a mapping of items on one list to equivalent items on another list – of the services specified in the country's EPHS and those identified in an HBP. This companion analysis to the EPHS country snapshot documented the degree of alignment between the EPHS and HBP.

This brief presents HFG's findings and observations for policymakers and program managers seeking to promote alignment of services in the EPHS with services covered in the HBP and move toward universal health coverage.

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¹ See HFG's series of country snapshots on EPHS here:
<https://www.hfgproject.org/ephs-epcmd-country-snapshots-series/>

Health benefit plans in Mali

Medical Assistance Plan

The Medical Assistance Plan (*Régime d'Assistance Médicale*, RAMED) was established in 2009 as a public non-contributory scheme fully financed by the central and local government. It is managed by the National Agency for Medical Assistance (*Agence Nationale d'Assistance Médicale*, ANAM). Membership is voluntary and covers indigent populations and other vulnerable groups, including 14–21 year olds currently in school, the handicapped, orphans, and pensioners. Members need a certificate of indigent status from the local mayor to be eligible for RAMED.

The RAMED network consists of public, private, and faith-based health facilities that were given temporary accreditation during the startup stage. ANAM pays network providers on a fee-for-service basis, using standardized tariffs. Payment rates are different for public and private facilities. Regional Social Protection departments must submit payment requests to centralized management in the capital.

Mali's Health Sector Development Program (*Programme de Développement Socio-Santaire*, PRODESS) is the five-year operational arm of the more strategic 10-year Socio-Health Development Plan. The previous PRODESS ended in 2011 and was not renewed due to political unrest in the country. Mali is currently developing a new PRODESS that focuses on improving health planning capacity with support of the Luxemburg-WHO partnership (EU/LUX-WHO, 2013). In 2014 Mali created a National Health Financing Policy to achieve universal health coverage under the supervision of *Caisse Nationale d'Assurance Maladie* (CANAM).

The services covered under RAMED include medical consultations, ambulatory care such as laboratory tests, medical examinations, and imaging, hospitalization, maternal care, and drugs.²

HFG did not identify a detailed list of services covered by RAMED and therefore could not perform a corresponding crosswalk analysis. It is noteworthy that some services listed in Mali's EPHS such as antenatal and postnatal consultations, essential package of obstetric and neonatal services including simple assisted deliveries and active management of third stage of labor fall under the broader 'maternal care and drugs' category listed under services covered by RAMED.

Mandatory Medical Insurance

Mandatory Medical Insurance (*Assurance Médicale Obligatoire*, AMO) launched in 2009 under the Social Protection Ministry to cover formal sector employees. The initial investment in the program was made through the state budget and by 2012 the scheme was mostly self-financed.

The scheme is funded in part by premiums paid by the employee and the employer and member copayments for services. Copayments amount to 20 percent of hospitalization costs and 30 percent of ambulatory care costs. Membership is mandatory for formal sector workers including public sector workers, private sector employees and self-employed workers, and pensioners in both the public and private sectors. Self-employed join voluntarily.

CANAM verifies claims, including whether the service(s) provided was necessary. CANAM transfers funds to the Malian Social Security Fund (*Caisse Malienne de Sécurité Sociale*, CMSS) to cover claim costs of government employees. CMSS then pays the provider. CANAM advances funds to the National Social Welfare Institute for payments to cover claims of private sector workers. All secondary and tertiary hospitals, half of health centers, and some community health centers participate in AMO. AMO also contracts 10 private health facilities and 300 private practices (Juillet 2016). Facilities were given temporary accreditation at the time of AMO startup.

AMO covers 80 percent of hospitalization costs and 70 percent of costs for ambulatory care in a contracted facility. It covers the following services:

- ▶ **Outpatient care:** General or specialized consultations, nursing, dental, laboratory analysis, and medical imaging
- ▶ **Pharmaceuticals**
- ▶ **Hospitalization:** Includes hospital accommodation excluding personal items, associated medical and surgical services, and transportation of the sick
- ▶ **Maternity:** Medical, pharmaceutical, hospitalization related to pregnancy, childbirth, and postnatal care³

² See RAMED benefits listed here <http://anam-mali.org/ramed/>

³ http://www.cleiss.fr/docs/regimes/regime_mali.html

HFG did not identify a detailed list of services covered by the AMO scheme and therefore could not perform a corresponding crosswalk analysis. It is noteworthy that some services listed in Mali's EPHS fall under the broad 'maternity' category listed under services covered by the AMO scheme: antenatal and postnatal consultations; essential package of obstetric and neonatal services including simple assisted deliveries and active management of the third stage of labor; and prophylactic antiretroviral therapy for babies exposed to HIV.

Community-Based Health Insurance: *Mutuelles de Santé*

Mutuelles de santé are community-based health insurance schemes coordinated with district mutuelle unions, regional federations of *mutuelles*, and, at the higher level, a national federation of *mutuelles*. The *Union Technique de la Mutualité Malienne* (UTM), created in the mid-1990s, provides political, technical, and administrative support for *mutuelles*. A 2011 pilot program established 150 *mutuelles* that operated in 21 health districts (Diallo 2011).

Mutuelles target informal sector workers and membership is voluntary. At end of 2014, there were 186 *mutuelles* covering 308,354 individuals (4.5 percent of target population) (Juillet 2016). The government subsidizes 50 percent of the premiums for members through a mutuelle support fund. Schemes are also funded by donors, local/territorial governments and member contributions.

Mutuelles contract with providers in the network and pay them on a fee-for-service basis. Member contributions are used to pay expenses incurred at the community health center level and the support fund is used to pay for expenses in referral facilities (Juillet 2016).

Mutuelles determine their own benefit packages. A mutuelle cover all or some of the services listed below:

- ▶ **Preventive and promotional health:** Prenatal and postnatal consultation, monitoring of healthy infants, vaccination, family planning, health education, sanitation, etc.
- ▶ **Curative care:** Consultations, nursing care, medications, laboratory analysis, chronic diseases, malnutrition and nutritional rehabilitation, etc.
- ▶ **Hospitalization:** Accommodation, medical and surgical services, and medication
- ▶ **Specialized care:** Medical specialists, medical treatment such as radiology, clinical laboratory, dental, ophthalmology, etc.
- ▶ **Medical transportation:** Evacuation and referral

Currently, a majority of *mutuelles* restrict benefits to primary care services that are delivered at the first level of care, often community health centers, and exclude the most expensive services (République du Mali 2010).

The HFG team did not identify a detailed list of services covered by *mutuelles* in Mali and therefore could not perform a corresponding crosswalk analysis. It is noteworthy that some services listed in Mali's EPHS fall under the broad 'preventive and promotional health' services category listed under services covered by *mutuelles*: family planning (advice, hormonal and barrier methods), antenatal and postnatal consultations, essential package of obstetric and neonatal services including simple assisted deliveries and active management of the third stage of labor. Vaccines excluded from Mali's EPHS are covered by *mutuelles* under 'preventive and promotional health.'



About HFG:

A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) project supports its partners in low- and middle-income countries to strengthen the health finance and governance functions of their health systems, expanding access to life-saving health services. The HFG project is a six-year (2012-2018), \$209 million global health project. The project builds on the achievements of the Health Systems 20/20 project. To learn more, please visit www.hfgproject.org.

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Cooperative Agreement Number:
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Agreement Officer Representative Team:
Scott Stewart (GH/OHS) sstewart@usaid.gov
Jodi Charles (GH/OHS) jcharles@usaid.gov



Abt Associates
abtassociates.com
4550 Montgomery Avenue, Suite 800 North
Bethesda, MD 20814

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Sources

Diallo, A., and C. Toure. 2011. *National strategy to expand health coverage through Mutuelles de Santé*. Joint Learning Network.

EU/Luxemburg-WHO Universal Health Coverage Partnership. 2013. *Supporting policy dialogue on national health policies, strategies and plans and universal coverage*.

Joint Learning Network. N.d. *Mali: Approaches to covering poor, vulnerable, and informal populations to achieve universal health coverage*. Accessed July 2016.

<http://www.jointlearningnetwork.org/resources/mali-approaches-to-covering-poor-vulnerable-and-informal-populations-to-ach>

Juillet, A., B. Toure, H. Ouedraogo, Y. Derriennic. 2016. *Évaluation du système de santé Mali 2015: Résumé*. Bethesda, MD : Health Finance and Governance project.

Ministère du Développement Social, de la Solidarité et des Personnes Agées. République du Mali 2010. *Stratégie nationale d'extension de la couverture maladie par les mutuelles de santé au Mali*.

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