

Terms of Reference
Mali and Senegal Joint Study Tour to Rwanda
October 25-30, 2009

Context

Senegal and Mali face many similar problems in their health systems and both are seeking alternative financing mechanisms to address them. While much attention has been paid to the improvement of the Millennium Development Goals (MDGs), maternal and child health indicators are still alarmingly low, especially in rural areas. While there have been increases in public and external spending for health in each country over the past decade, affordability and utilization of services by the poorer segments of the populations remains low. The majority of the populations in Senegal and Mali work in the informal sector, shouldering the burdensome costs for health services through out-of-pocket spending.

In Senegal, the government is working toward increased financial access to health care and better outcomes through more equitable and results-based financing. Efforts are underway to identify new criteria for resource allocation and new mechanisms for distributing the health budget, with a priority on assuring needed resources for primary health care, including reproductive health services. In addition, Senegal is working to increase the use of risk pooling (health insurance) mechanisms. The government has developed a national strategy for expanding health insurance coverage to at least 50% of the population by 2015. Community-based health insurance schemes (“mutuelles de santé”) are considered the best vehicle for covering the majority (80%) of the population who is rural and works in the informal sector.

In Mali, mandatory health insurance for the formal sector and a fund to cover health for the poorest 5% of the population are being launched next year, in 2010. These two initiatives will cover approximately 20% of Mali’s population. The government and key stakeholders are attempting to ensure coverage for the remaining 80% of the population through the extension of health insurance to rural populations and the informal sector by scaling up “mutuelles de santé” and including some form of subsidy from the state.

Joint Study Tour

Senegal and Mali are both a part of the Ministerial Leadership Initiative for Global Health (MLI), which seeks to strengthen the leadership capacity of ministries of health in order to advance policy in three interrelated areas: health financing for equity, donor harmonization in health, and reproductive health. MLI is funded by the Bill & Melinda Gates Foundation and the David and Lucile Packard Foundation. Peer learning is an important component of MLI’s methodology and study tours provide an opportunity for senior Ministry teams from different countries to foster relationships and learn from each others’ experiences within the health sector. Very recently, in August 2009, the Ministry of Health in Mali hosted a high-level Senegalese delegation from the Ministry of Health in Senegal on the topic of donor harmonization and the International Health Partnership (IHP+) compact process.

Why Rwanda?

Rwanda has made extraordinary advances in developing alternative health financing policies. The rate of health care utilization in Rwanda has doubled in the past three years as a result of equitable resource allocation policies that have increased the affordability of health services. In addition, Rwanda has made impressive achievements in extending health insurance to cover both the formal and informal sectors through the combination of public financing principles, establishing financing and subsidization mechanisms for health insurance, as well as implementing community-based health insurance schemes, which now cover more than 80% of Rwandans.

This study tour is being held at a critical juncture for health financing reforms in both Senegal and Mali. The country delegations, made up of senior policymakers and technical experts, seek to obtain a deeper understanding of the conceptual underpinnings, operational approaches, and lessons learned from the Rwandan reforms. At the conclusion of the study tour, both delegations will rapidly translate what they have learned from Rwanda's experiences to their own health reform efforts underway.

Objectives

The overall objective of the joint study tour to Rwanda is to build relationships between Senegal, Mali, and Rwanda and to learn from one another's health reform experiences by discussing promising practices and shared challenges.

Senegal:

The delegation from Senegal aims to learn from Rwanda's reform experiences in three main areas: (1) institutional resource allocation mechanisms, with a focus on results-based financing, (2) reproductive health care, with a focus on increasing contraceptive use and family planning, and (3) risk pooling (community-based health insurance schemes) in the health sector. Specific objectives are to:

- Analyze the organization of the health system in Rwanda and the history of budget reform in the health sector;
- Understand the criteria for allocating resources in the health sector and the mechanisms for budget negotiations (conceptual and operational);
- Analyze the principles and organizational arrangements of community-based health insurance (mutuelles) and their adaptability to the context of decentralization in Senegal;
- Identify the role of government and key mechanisms of legal, financial, and technical support for extending health insurance coverage to the rural and informal sectors through mutuelles;
- Study Rwanda's experience with exemption policies for vulnerable groups;
- Analyze the institutional and sociocultural factors that have benefited family planning efforts in Rwanda;
- Document best practices in promoting family planning services in Rwanda; and

- Review innovative strategies for reducing maternal, infant, and child mortality and morbidity in Rwanda.

Mali:

The overall objective of the study tour is to support the development of strategies to extend health insurance coverage among those in the informal and rural sectors on the basis of information and lessons learned from other countries' promising experiences with scaling-up health insurance. More specifically:

- Analyze the principles and organizational arrangements of community-based health insurance schemes (mutuelles) and their adaptability to the context of Mali;
- Analyze operational arrangements for identifying indigents at the community level and how they are supported through community-based health insurance schemes;
- Analyze operational arrangements for State subsidies to mutuelles;
- Gather information on contractual arrangements, repayment terms, and sources of motivation of health care providers;
- Identify the role of government and key mechanisms of legal, financial and technical support for extending health insurance coverage to the rural and informal sectors through mutuelles; and
- Extract lessons to finalize Mali's national strategy to extend mutuelles nationwide and to inform the operationalization of the program « Une Aire de Santé, Une Mutuelle » in Mali.

Expected Outputs

Senegal:

The main expected output is a trip report (12 to 15 pages) summarizing the main lessons learned from the study tour, including:

- Organigramme of the health system in Rwanda
- History of the fiscal reforms in the health sector in Rwanda
- Budget structure of the health sector in Rwanda
- Mapping of the conceptual and operational mechanisms for resource allocation
- Review of lessons from Rwanda's social health protection strategy (mutuelles) that can inform Senegal's national strategy for expanding health coverage, including the role of government and principles and organizational arrangements of mutuelles in the context of decentralization
- Outline of best practices in reproductive health and factors that have favored improvements in family planning indicators in Rwanda

In addition to the trip report, the lessons from Rwanda on equitable and results-based resource allocation will be integrated in an important analysis of resource allocation reform options currently being prepared for the Ministry of Health in Senegal.

Mali:

Deliverables will include:

- Detailed trip report with two strategic notes and a policy brief
- Workshop in Mali to present and disseminate results and lessons learned from study tour
- Involvement of study team members in policy discussions and technical meetings on the development of mutuelles in Mali