AN MLI NARRATIVE:

HOW DID SIERRA LEONE PROVIDE FREE HEALTH CARE?

MLI
Ministerial Leadership Initiative
ASPEN GLOBAL HEALTH AND DEVELOPMENT
AT THE ASPEN INSTITUTE

Front cover photo:
Women and children waiting to benefit from the recently launched free health care program in Freetown, Sierra Leone.

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The first in a series of narratives on the inner workings of health ministries. In this MLI narrative, an in-depth look at the key moments behind how a war-torn nation started free care for pregnant women, breast-feeding mothers, and children under five years old.

By John Donnelly

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At a dinner during the European Development Days events in Stockholm, Sweden in October 2009, Mary Robinson, the former president of Ireland, turned to the gentleman sitting next to her. He was President Ernest Bai Koroma of Sierra Leone. The gathering was full of chatter about the emerging global financial crisis and its impact on aid to countries like Sierra Leone, but Robinson, then president of Realizing Rights, had something else on her mind. Sierra Leone was one of five countries supported by a program that she helped to start called the Ministerial Leadership Initiative for Global Health (MLI)[1], and she wanted to talk about the country's health system.

She asked Koroma if he had set his top priority.

"Maternal health," he said without hesitating. He then told Robinson a secret. He said he was about to set in motion a free health care plan for pregnant women, mothers who were breast-feeding, and all children under five.

"Really?" Robinson said, pleased with the unexpected news. "Are you meeting lots of resistance?"

Koroma laughed. "Oh yes, absolutely," he said. "The entire donor community is saying this couldn't happen. But I am the president, and this has to happen."

One month later, in November 2009, Koroma, not without some chutzpah, announced at a donors' conference in London that he was initiating a free health care plan on April 27, 2010. It was just five months away, coinciding with the 49th anniversary of the country's independence from Great Britain.

Now, one year and two months later, the first results are in: Sierra Leone's free health care plan has dramatically increased services for mothers and particularly for children. The number of children treated for malaria, for instance, has roughly tripled from the previous year, a powerful illustration of how the lack of money proved to be a barrier to care. Still uncertain is whether the program has been able to reduce the rate of women dying during childbirth, a key motivation for the initiative.

How did it happen in a country that had a barely functioning health system following more than a decade of brutal civil war? Several outsiders – they were among 25 people interviewed for this narrative on behalf of MLI – said the country's initiative was better organized and had a higher degree of cooperation among the government, donors, and development partners than virtually any other.

This narrative, based on these interviews plus two reporting trips to Sierra Leone before and during the launch, will examine a number of key factors and critical moments that played a role in Sierra Leone's eventual success. For some experts who have observed multiple countries in Africa and Asia launch free health care initiatives, the Sierra Leone example is an exemplary model, especially considering its standing at the bottom of the world's health care indicators.

[1] The Ministerial Leadership Initiative for Global Health (MLI) later became a program of Aspen Global Health and Development, a legacy of Realizing Rights: The Ethical Globalization Initiative.

LEADERSHIP 'GALVANIZED' THE HEALTH SYSTEM

"What happened in Sierra Leone was breathtaking," said Rob Yates, Senior Health Economist at the United Kingdom's Department of International Development a month after the launch. Yates has advised several governments in Africa on launching free health care initiatives. "In five months, they were able to do a systematic reform of the Sierra Leone health system," he said. "They had leadership that galvanized the whole system. We haven't realized the full importance of what they have done. The planning was more thorough than any I have seen. Other governments can learn from Sierra Leone."

In Sierra Leone, the key factor, according to those interviewed, was the president: he put the health care directive at the top of his priority list. Political will drove the process. Robinson said it directly, "For large initiatives like this one, the presidential will has to be there, and the donor community has to be ready to be more supportive of that. If you have the political will, as they did in Sierra Leone, the donors should be willing to follow, which they did in Sierra Leone."

But other factors also were critical:

* The Ministry of Health and Sanitation, which was responsible for implementation of the initiative, was fortunate to have key leaders in technical positions, such as the chief medical officer, the director of reproductive health services, and the head of human resources. They took on additional responsibilities at a time when the Ministry was without a minister.

* All involved – from the government to donors to development partners – operated under an organizational structure that forced them to work together and share responsibilities. Starting in January 2010, representatives from the Ministry of Health and Sanitation and donor communities served on one of six committees and reported to one steering group, giving the effort an overarching organization that had clear definable tasks and delivery dates for completion.

* Key problems were tackled head-on. Troubles included exceedingly low salaries, a payroll bloated with phantom workers, a need to hire hundreds of new workers to meet the expected demand, and the logistical nightmare of securing and distributing huge amounts of essential medicines in a tight time frame.

* The government committed substantial amounts of money to finance the initiative. Just a month before the launch of free health care, with health workers on strike, the government pledged its own funds to pay for increases in salaries. That was not lost on donors, and it later triggered more donor funds for the free health care initiative.

* Both the government and its development partners had to meet a deadline that was publicly announced, which continued to exert pressure to get tasks done. Some of those involved said that without a firm deadline (timed to the country's 49th anniversary of its independence), the process easily could have taken months longer or may not have happened at all.

THE BACKDROP

Sierra Leone was devastated by a civil war that started in 1991 and continued for 11 years. The war killed tens of thousands, and displaced 2 million people (nearly a third of the population). The fighters' signature act of brutality was the chopping off of hands and feet of thousands, leaving a large group of people maimed for life.

Literacy rates were low (35 percent), fertility rates high (five children born per woman, 21st highest in the world), and 42 percent of the population was under the age of 14. The health system, like all public systems, was in tatters. One of its most shameful realities – especially in the eyes of President Koroma – was that Sierra Leone had one of the world's highest rates of women dying while they gave birth. When Koroma, formerly an insurance executive, won the election in 2007, he placed health care near the top of his priority list. First, he focused largely on revitalizing trade and the economy.

Despite the president's attention to health care, prominent outside groups pressed forward with critical analyses on the condition of the health care system. On Sept. 21, 2009, Amnesty International released a report called "Out of Reach: The Cost of Maternal Health in Sierra Leone," bringing international attention to the fact that one in eight women died during pregnancy or childbirth. It called the situation a "human rights emergency."

Inside the Ministry of Health and Sanitation, the attention was unwelcome, and, many believed, unfair. They felt the Ministry was working hard to make conditions safer for women. Some donors in Freetown, however, believe that the report played a role in speeding up the planning for free health care. President Koroma said he had already made up his mind to do something dramatic and he cited the same statistics to marshal support for his plan.

"I inherited a health sector that was in shambles, a health sector that was giving us terrible health indicators, where one out of eight women were dying in childbirth, one out of every 10 children were dying before the age of five," Koroma said in an interview after the launch. "Our hospitals are not properly equipped and we have been lacking for the past 10 years in the human development health indicators."

Indeed, he saw problems everywhere. "There was a lack of motivation, the health infrastructure was far from being up to standards, and most of the contracts given out for construction were not completed. I decided that something had to be done about it. If we were to save this nation, if we want to build a healthy nation, if we want to have children with a future and families to be happy, there has to be a turnaround."

Where should he start? Koroma asked versions of that question often through open and back door channels, bringing in key people from the Ministry for meetings, but also meeting privately with people outside the government, including some key donor representatives. He eventually decided on a two-step plan: First to announce a health strategic plan in Sierra Leone and then to announce the free health care initiative at the London donors' conference.

Little hands with brightly colored bracelets lie listlessly at Ola During Children's Hospital while receiving medical attention provided free of charge for children under five years of age. Photo © Dominic Chavez.

A KEY PROBLEM INSIDE THE MINISTRY

Before anything could happen, Koroma had to get his house in order. Earlier in the year, the country's Anti-Corruption Commission began an investigation of his Health Minister, Sheiku Tejan Koroma (no relation to the president), for allegedly influencing a procurement contract in favor of a friend. Minister Koroma, who had been an engineer in Dallas for many years, had almost impulsively announced in August 2009 in a meeting with donors that he was about to start a free health care plan.

"Let's go to the radios," he told the donors then, sitting at the edge of his seat in a meeting at the Ministry of Health and Sanitation. "Let's go all over this country and say that anyone delivering (a baby) at home will go to jail. I know everyone will stop delivering at home then! I was asked if we had to pass a law for this, and I said no. We will just scare them. That will work."

While some donor representatives laughed, they were exceedingly skeptical, and many expressed those feelings quietly once the meeting broke up. Over the next weeks, Minister Koroma's idea fizzled out. Geert Cappelaere, UNICEF's country representative at the time, said he appreciated the Minister's initiative, but that more thought and planning was needed.

"Free health care doesn't exist. Someone is going to have to pay for it," said Cappelaere, who had been in Sierra Leone for more than four years and had talked frequently with President Koroma about the need for health care reform. "It will be a huge step forward when the country does offer free health care. But I very much agree a word of caution is critical. If you announce this, and there is no staff or no drugs available, it will be even more discouraging for people. People will very quickly feel betrayed."

Cappelaere outlined weaknesses. He said the Ministry was desperately in need of stronger leadership; leaders failed to set priorities and seemed unable to distinguish between small and large issues. His criticism included donors as well, saying they needed to work better with the Ministry, and not make the Ministry's work more difficult.

"RATHER THAN DOING THINGS IN A COORDINATED WAY, WE APPROACH THE MINISTRY INDIVIDUALLY FOR ONE THING OR OTHER," HE SAID. "THE DONOR PARTNERS SHOULD HAVE ONE VOICE, AND LET THE PEOPLE IN THE MINISTRY DO THEIR JOBS."

A CRITICAL MONTH

In November 2009, several events unfolded in rapid succession:

police arrested Health Minister Koroma and he was indicted on three corruption-related counts, to which he pleaded not guilty; President Koroma appointed his vice president, Samuel Sam-Sumana, as caretaker of the Health Ministry; Ministry officials unveiled their new health strategic plan in Freetown, a framework within which the free health care initiative would fit; and during the third week in November, the president made the free health care announcement.

The president turned the public spotlight from internal issues and focused on getting health care to women and children in order. "We had to do something for the children, mothers and pregnant women," he said.

President Koroma knew his announcement in London would set everything – and everyone – into motion. "We had to make a commitment to it," he said. "We had to announce it internationally and we had to do something to capture the attention of the donors and the people of the country."

The Ministry of Health and Sanitation offices are housed on the 4th floor of the Youyi Building, a poorly lit, dusty building on the fringes of Freetown's urban center. Change had moved slowly through the hallways here. And that was true immediately after the president's announcement. Many at the Ministry and some donors were surprised and only a few started work on it.

But after New Year's Day, the pace picked up and a sense of urgency filled the offices as the London-set deadline approached, said Faye Melly, a technical adviser to the Ministry from the Africa Governance Initiative, an effort started by former British Prime Minister Tony Blair. She said one thing drove the process then: an organizational structure of committees that attacked pieces of the work.

"Back in August 2009, once the Minister said he wanted to start free health care, we set up various committees, but not much happened," she said. "In October, we had a workshop and everyone was invited to attend – people from the Ministry and the donors. The committees were critical. With the committees, we now had many people working toward the same goals, with one steering group that would be led by a government leader."

In January 2010, she said, the committees reconvened and work began in earnest. The six groups oversaw human resources; drugs and logistics; finance; monitoring and evaluation; infrastructure; and communications. Each committee was co-chaired by a representative of the Ministry and by someone from the donor community. Each met weekly, and attendance, from the start, was high.

"I think having a co-chair from a donor organization was really important," Melly said. "Having that donor there made the Ministry people feel less that it was doing all the work. The meetings also added transparency to the whole process. Before, what struck me was how some donors would have their own meeting and talk among themselves and then come back and tell the Ministry, 'Why isn't it done?' But now there was more of the feeling that here are the five things to do, this is more of a joint activity, and we need each other's support to do this."

She added, "People were tough with each other in those meetings. There was no place to hide. People would say, 'I have done all I can do, and now I need help.' And they would turn to someone else at the meeting and ask them for help."

Susan Mshana, the Human Development Team Leader & Health Advisor for the UK Department for International Development (DfID), agreed that the committee work was instrumental in planning for the rollout. "We were able to break it down in bite-sized pieces," she said. "If you look at the human resources group, they met every week, created a kind of governance structure within which to work, and from that made a framework for development."

A FIRST: ALL PARTNERS SUPPORTING A PLAN

Mshana continued: “It was the first time all the partners – not just the funders and the United Nations, but the NGOs and service providers – all came together around one solid plan. And they were committed to go live on April 27 for this initiative, as the president said. That was the key thing – that date actually galvanized people. You had sub-groups co-chaired by an international NGO and the Ministry of Health and Sanitation, and you had NGOs working with the Ministry of Health on a government plan – it’s not often you have that.”

TOP: Dr Kisito S. Daoh, chief medical officer at the Ministry of Health and Sanitation in Sierra Leone, listens to concerns of colleagues during a staff meeting in Freetown, Sierra Leone. Photo © Dominic Chavez.

In the Ministry, underneath the president and vice president, several key leaders guided the process. Among them were two who stood out: Dr. Kisito S. Daoh, then the acting chief medical officer, and Dr. Samuel A.S. Kargbo, director of reproductive and child health.

For President Koroma, those two leaders became critical in his plan. "The chief medical officer (Dr. Daoh) and Dr. Kargbo were kind of the encyclopedia of the Ministry," he said.

"They were also very, very responsible on an issue. They could act fast on the ground, and I also saw in them that they had the right kind of leadership for the rest of the people in the Ministry. They were also hands-on managers and went out and did things themselves. They motivated people. It was just what I needed."

Daoh's office, in the absence of a Minister, became the center of activity. He was locked into meetings all day long, playing the role of a health diplomat to the long line of visitors from inside and outside the Ministry. "He was always knowing quite well what he wanted to do, but he did not adopt a direct nature of leading. It was conciliatory and warm and friendly. It was, 'Do you think we could do this?' instead of 'Why the hell has this not happened?'" said Melly, who along with Mohamed Massaquoi served as a top aide to Daoh during this period.

"What struck me was that he had the same approach with donors as he had with staff," Melly said. "He wasn't political. He always seemed this sweet-natured, friendly, non-aggressive person. He cultivates that image on purpose."

He was aware of the political sway of those who came into his office, she said, and adjusted accordingly. "I can remember that he got frustrated at times, but he was the one who educated me on how to get things done, and how respectful he needed to be," Melly said.

Across the hallway, Dr. Kargbo, known to everyone as SAS for the initials of his first three names, was a study in contrast. More than a decade younger than Daoh, Kargbo was more impatient and excitable. Sometimes, the helter-skelter atmosphere got him down, and he would raise his voice and then punctuate his loud messages with laughter.

Kargbo also took on the role as spokesman for the Ministry for free health care. He became quite adroit – even glib – in this role. "One consultant came to me after an interview and he said, 'SAS, are you an evangelist?'"

While Daoh often chaired the Steering Committee meetings leading the free health care initiative, Kargbo at first had a hard time fitting into the committee system. He eventually joined the infrastructure committee, and began to lead the effort in making sure all hospitals and health clinics had basic obstetric care facilities.

DISCOVERING ‘GHOST WORKERS’

One of the first jobs was to rid the payroll of phantom workers and then hire additional staff. Dr. Anthony Sandi, the human resources manager for the Ministry, oversaw the entire process. A 2007 country report found Sierra Leone had 67 medical officers and 225 nurses for a population of more than 5.5 million; with that population, according to World Health Organization indicators, the country needed at least 300 doctors and 600 nurses. In addition, doctors were paid $200 a month and nurses $100 a month – so low that it had become regular practice in Sierra Leone for them to charge patients for services in hospitals and clinics, even if the services were prominently advertised as free.

Going into the planning of the free health care initiative, Sandi acknowledged that he “had many nervous moments.” But Sandi, who had long felt a lack of support in the Ministry in terms of staffing and even basic supplies, finally had some help to do his job. A consultant from Booz & Company did an extensive analysis of the Ministry’s payroll of more than 7,000 workers, which included all employees, even those who worked in remote health posts throughout the country. The analysis found more than 850 phantom workers, who were mostly retirees still receiving their salaries, however paltry. Those people were removed from the payroll, allowing the Ministry to add 1,000 new workers.

This was easier said than done. A review by another outside consultant, Tim Heywood, whose seven-week consultancy was funded by Concern Worldwide, identified something that Sandi and others knew well: It could take months to add someone to the Ministry’s payroll. The bureaucracy, especially in the various Freetown ministries, brought all hiring to a standstill. But the Ministry of Health and Sanitation didn’t have months – or even weeks. Sandi, with assistance from Heywood and others, instituted a fast-track process for hiring. Most of the new hires, it turned out, were already working as volunteers in district hospitals or clinics. Instead of waiting months for approval, Sandi instituted a new process in which people could be hired by the government in a day, and he also gave new hiring powers to people in districts, further speeding up the process.

For Heywood, an expert from Wales in human resources and managing workplaces, the most important part of his job was to understand the priorities of Sandi and then find ways to support him. “My job was to be right beside him, and give any assistance he needed,” Heywood said.

NEWS OF A HEALTH WORKERS STRIKE

On Heywood's second day on the job, though, the whole initiative was suddenly thrown in doubt: The country's health workers went on strike for better pay and benefits less than six weeks before the start of the free health care plan, and quickly it became much greater than an ordinary human resources issue. Very quickly, the strike found its way to President Koroma.

From the start, negotiations were difficult. The government had always assumed the health workers' salaries would be substantially increased. But what was unresolved was who would pay the difference. After more than 10 days of stalled negotiations, President Koroma authorized the Finance Ministry to use government funds to pay the increase in salary. The government offered a range of increases, which included doubling and tripling salaries.

Kargbo, head of reproductive health services, was at the meeting in which the Finance Minister announced that the government would fund the salary increase. "The donors were watching what was happening," Kargbo said. "I think when the Minister of Finance said that the government will give the money to the health workers, I suddenly felt hopeful about the situation. We didn't have the promise from anyone to increase salaries. But having the government step forward, that changed things for me. It was the lighting of the candle, it was hope."

He also believed donors saw it this way as well. "It showed ownership from the government, a commitment from the government," Kargbo said. "If it had come from any of the partners, it would have created doubts in the minds of people. The next question would have been, 'What if your funds run out? Who is going to continue the funding?' But the pronouncement came from the government and the questions ceased."

That act of the government committing to pay salary increases did have a carry-on impact: Donors, seeing the government commitment, increased their funding. DfID led the way, committing £10 million pounds (US $16 million) over five years, and £5 million pounds (US $8 million) for drugs and supplies over the first year.

The strike – and who would fund the salaries – wasn't the only potential crisis. Another was whether the necessary drugs would arrive in Sierra Leone in time. UNICEF, which distributes drugs across the developing world, was in charge of the procurement and distribution.

For weeks, the government and its partners waited for the deliveries to arrive at port. The bulk of them arrived just two weeks before the launch, much to the relief of the planners, and the distribution began immediately throughout the country. "If they hadn't arrived, we would have been in big trouble," DfID's Mshana said. "But they were here, and we immediately sent them out. We didn't know what consumption and demand would look like, but we knew we needed much more than we had."

THE FINAL STRETCH

In the days before the launch, the teams stepped up their work. Kargbo, chief spokesman for the launch, began to go on radio shows and hold press conferences. Key leaders in the Ministry were assigned districts and each travelled to the areas a couple of days before the launch.

In Freetown, at the Ministry, Daoh was the field general and every day people lined up outside his office waiting to talk to him. In a free moment on the day before the launch, he didn't look well.

"High blood pressure," he said, laughing. "Plus a fever!"

"I'm dealing with calls from the districts now. We need to make the message clear that all the drugs we're sending them should only be used for pregnant women or children who are sick," he said. "We're concerned that they will give out the drugs to people who are well."

Across the hallway, Kargbo was going through reports from all parts of the country, and he also was giving interviews on radio stations. His message was in line with the problems crossing Daoh's desk: he said over and over that only sick children and mothers should come to receive care.

BUT EVEN AS HE SPOKE TO HIS COUNTRY ABOUT THE LAUNCH OF FREE CARE, HE SAID HE WAS LOOKING FAR BEYOND IT. "THE CEREMONY IS JUST A CEREMONY,'' HE SAID, "IT'S THE IMPLEMENTATION DOWN THE ROAD THAT I'M WORRIED ABOUT.''

LAUNCH DAY: LONG LINES, TREATMENT, BABIES BORN

At dawn on April 27, mothers and their young children began forming lines outside hospitals and clinics around Sierra Leone. They were anxious to receive medical attention that had been out of their reach.

At the Ola During Children's Hospital in Freetown, President Koroma told a crowd in English and the local Krio language that pregnant women, breast-feeding mothers, and children under the age of five will no longer have to pay for health care in government facilities. When he said the words in Krio, people in the crowd shouted out in joy.

"For many years, many, many pregnant women, breast-feeding mothers, and children under five have suffered and died because they simply could not pay fees for consultations, drugs and other services," Koroma said. "Today we are taking the biggest step ever to end this unenviable position."

Sierra Leone President Ernest Bai Koroma shakes hands outside the Ola During Children's Hospital with the women waiting to benefit from the recently launched free health care program. Photo © Dominic Chavez.

His vice president, Sam-Sumana, opened his remarks by asking for a moment of silence. "This moment is for all those in Sierra Leone who have prematurely died, all mothers and babies who died unnecessarily because of poor health care," he said. "May their souls rest in peace."

Just minutes before the two leaders spoke, a woman named Marie Smart, 30, delivered a baby boy by Caesarian section in an operating theater that was only 50 feet from where Sam-Sumana stood. Mother and child were healthy. She said later that she would name him Sallieu after her father. Asked about free health care, she said, "Thank God."

Her niece, Ramatu Fofanah, 22, said it would have been hard for Smart to pay the hospital fees for delivery. "It's a very important thing that the country has done," Fofanah said. "People are too poor here. We know of women who have died giving birth in homes. One neighbor lost her life, and lost the baby, too, when she gave birth in her home. With this free medical care, so many lives will be saved."

In the month before free health care, an average of 170,000 children received care from Sierra Leone's hospital facilities each month. In the months after free health care, the number doubled,exceeding 340,000.

"It's a very clear indication that there were major barriers accessing health care," DfID's Mshana said. "For treatment of malaria in children, we're seeing a three-fold increase. It's quite stunning, staggering even."

The effort to bring free health care to Sierra Leone was not easy or simple, and Ministry officials readily admit to making wrong decisions at points. In order to pull it off, scores of people worked long hours for months toward a single goal that they believed in. President Koroma, who now is looking at extending access to health care through community-based health insurance, said believing in the mission was key.

"YOU DON'T FIX A BROKEN SYSTEM IN SIX MONTHS," MSHANA SAID. "BUT WE SUCCESSFULLY LAUNCHED THIS INITIATIVE. IT TOOK A LOT OF THINKING OUT OF THE BOX, A LOT OF DIFFERENT IDEAS, AND DIRECT HANDS-ON WORKING."

‘THIS WAS NOT BUSINESS AS USUAL’

Melly of the Africa Governance Initiative said that one memorable moment happened a few weeks before the launch as she observed President Koroma during a site visit in Makeni, a community about a two-hour drive north of Freetown. Daoh had suggested to the president that he take a three-day tour to visit each district hospital around the country to check on progress.

In Makeni, the president was furious after his tour, Melly said. “He sensed that there wasn’t any urgency in doing the work and yet free health care was right around the corner,” she said. “He really grew upset and said people’s jobs were on the line. It was a little terrifying.”

The pace picked up in Makeni and elsewhere. People kept their jobs. President Koroma said later he needed to be tough.

“You have to get people to go along with you,” he said. “When you have an April 27 deadline, you have to make sure that the construction is done, the equipment has been ordered. Being a hands-on man, I decided to motivate the workers out there. After all, this was serious business that we were doing, this was not business as usual, where a pronouncement is made and they do things at same pace. We set a deadline and we would meet a deadline. That was very significant. And what I saw on that tour and others was that everyone was fully engaged. I was very encouraged by the sincerity of the efforts.”

He wasn’t the only person encouraged by the results. The health care workers, now earning a living wage, also expressed admiration for the broad effort, even as they struggled to keep up with the demand. On that first day of free health care, the pharmacy at Ola During Children’s Hospital had run out of antibiotics, among other things. Yet, Matthew Barnes, a pharmacy technician, motioned out to the line of people waiting for him and said, “It is an incredible day - all these people are getting care, many for the first time.”

At the registrar desk, worker Rachel Edwina Leigh filled out a form for child No. 295 at 4 p.m. on the first day of free care. It was triple the number of normal patients, but she wasn’t complaining.

“WE WILL STAY,” SHE SAID, “UNTIL WE ARE FINISHED WITH THE LAST PATIENT.”

John Donnelly, a senior consultant at MLI, is a writer specializing in global health issues. His reporting was sponsored by the Ministerial Leadership Initiative for Global Health.

ABOUT MLI

The Ministerial Leadership Initiative for Global Health (MLI) works with ministries of health in Ethiopia, Mali, Nepal, Senegal, and Sierra Leone to advance country ownership and leadership in three inter-related policy areas: health financing to ensure sustainable health care for all; donor alignment to ensure that donors work together to support country-led priorities; and reproductive health because the health of women is central to the health and stability of communities and nations. MLI, a program of **Aspen Global Health and Development at the Aspen Institute**, works in partnership with the **Results for Development Institute**. MLI is funded by the Bill & Melinda Gates Foundation and the David and Lucile Packard Foundation.

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