



**DISCUSSION ORGANIZED BY THE WORLD BANK ON
THE MEASUREMENT OF SOCIAL PROTECTION
COVERAGE INDICATORS.**

**PRESENTATION OF MALI: financial accessibility to
care in terms of direct payments and free services.**

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PLAN



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REMINDER OF POLICIES AND STRATEGIES



- Social Protection in general is the set of measures recommended by the State and the Communities to ensure the management of social risks for the population.
- The National Social Protection Policy and its Action Plan were adopted on October 12, 2016 by the Government of Mali, whose vision is to "ensure a minimum of well-being for all Malians, by fighting against the monetary, social exclusion and discrimination".



REMINDER OF POLICIES AND STRATEGIES

- The National Policy for the Promotion of the Social and Solidarity Economy and its action plan were adopted in accordance with Decree No. 2016-0066 / P-RM of February 15, 2016. The government's vision in this area is to "Contribute to the strengthening of a democratic society in which poverty reduction will be achieved through the creation and redistribution of wealth through the promotion of companies and organizations based on solidarity and the primacy of the person".



REMINDER OF POLICIES AND STRATEGIES



- The National Funding Strategy for Universal Health Coverage and its action plan were adopted by the Council of Ministers following Decree No. 2018-0808 / P-RM of 23 October 2018. Its objective is to "contribute to the improvement of the state of health of the Malian population and the sustainable development of Mali".
- *The National Strategy for the Extension of Health Coverage by Mutual Health Insurance:*



REMINDER OF POLICIES AND STRATEGIES



- On February 9, 2011, the Government of Mali adopted the National Strategy for the Extension of Health Coverage by Health Mutuals and its five-year program "one municipality, one mutual" falling within the framework of Universal Health Coverage.
- All these policies are based on the Strategic Framework for Economic Recovery and Sustainable Development (CREDD).



FINANCIAL ACCESSIBILITY TO CARE : DIRECT PAYMENTS



Third party payer: The purchasing function suffers from the fragmentation of the health financing system and the limited role of prepayment. Strategic purchasing is virtually non-existent in Mali, where the function largely boils down to the relationship between provider and patient (direct payment). We also note that budgetary allocations are largely made on historical bases rather than needs.

- As a result, pricing is largely done by the act, a factor of inflation in consumption, irrationality in prescriptions and other well-known excesses.



FINANCIAL ACCESSIBILITY TO CARE:

Third-party payment :



Compulsory Health Insurance: instituted by law N ° 09-015 of 26 JUNE 2009

Targets: civil servants of the State and local authorities, soldiers and workers' deputies within the meaning of the Labor Code, pensioners from the public and private sectors, holders of parliamentary and military pensions and employers from the public and private sector and individuals affiliated to the INPS voluntary insurance scheme are registered with the AMO (17% of the population);

User fee: 30% for outpatient care and 20% for hospitalizations.

Mutual health :

- **Targets :** the informal sector and the agricultural world (78% of the population).
- **User fee:** generally 25% for outpatient care and 20% for hospitalizations



FINANCIAL ACCESSIBILITY TO CARE :

Full payment for care

- This type of payment concerns people who are not subject to any prepayment mechanism.

Freebies granted by the State

- Health spending is now 51% borne by households
(National Health Account **2017**)



FINANCIAL ACCESSIBILITY TO CARE :

list of state freebies

The various partial or total freebies and subsidies instituted by the Malian Government are as follows:

- The Cesarean section;
- HIV / AIDS (people living with HIV);
- Cancer (chemotherapy);
- Vaccination (children under 1 year old);
- Malnutrition in children under 5 and breastfeeding women;
- Social diseases (tuberculosis, leprosy, guinea worm);
- The various subsidies for fuel, electricity and water, seeds and fertilizers and food, livestock feed;
- Free education;
- The facilities granted to the elderly, people living with fistulas.



FINANCIAL ACCESSIBILITY TO CARE : The Medical Assistance Plan (RAMED)



- **The Medical Assistance Scheme:** instituted by Law No. 09 030 of July 27, 2009;
- **RAMED:** is a non-contributory public scheme that provides health coverage for indigent people and those admitted by right.
- **Target:** All indigent and legally admitted people who represent 5% of the population.



FINANCIAL ACCESSIBILITY TO CARE : PERSPECTIVES



- **RAMU:** The Universal Health Insurance Scheme aims to provide health care inherent in sickness and maternity to insured persons and members of their dependent families.
- Law No. 2018/074 of December 31, 2018 establishing the universal insurance scheme.
- **THE UNIFIED SOCIAL REGISTER:** An information and data management system allowing the identification, based on socio-economic variables, of all poor and vulnerable households potentially eligible for the various social protection and poverty reduction programs
- Authorization N ° AU-2017-006 / APDP-SG of March 09, 2017 authorizing the Ministry of Solidarity and Humanitarian Action to set up the Unified Social Register (RSU) in order to centralize the actions of actors in the field of social protection;
- Current coverage of social safety nets: 352,906 households.



FINANCIAL ACCESSIBILITY TO CARE: The national social protection floor in Mali (1/2)



Social protection floors are a set of nationally defined basic social security guarantees aimed at ensuring, at a minimum, everyone in need, throughout life, access to essential health care and basic security. which together guarantee effective access to goods and services defined as nationally necessary.



FINANCIAL ACCESSIBILITY TO CARE: The national social protection floor in Mali (2/2)



The package of 4 guarantees are:

- **Health guarantee:** all residents have access to essential health care services, defined at the national level.
- **Child guarantee:** all children enjoy income security, at least equal to the national poverty line (family allowances or other benefits) for their food, education and health care.
- **Active population guarantee:** all persons of working age without sufficient income benefit from minimum income security (social assistance, social transfers or employment guarantee scheme).
- **Elderly people guarantee:** all residents who are elderly or have a disability benefit from income security, at least equal to the national poverty line, through old age or disability pensions.



THANK YOU