

PROMOTING MORE EFFECTIVE AID FOR BETTER HEALTH OUTCOMES
REPORT OF THE MEETING ORGANISED BY THE TASK TEAM ON HEALTH AS A TRACER SECTOR WITH THE
GLOBAL PARTNERSHIP ON COUNTRY SYSTEMS
BAMAKO, 22-23 MARCH 2010

On 22-23 March 2010, the Task Team on Health as A Tracer Sector met in Bamako, at the invitation of the co-chair of the TT HATS, also Director of planning in the Ministry of health of Mali. This was the first meeting of the TT HATS at the country level. This meeting was also a first attempt to team up with another group supporting the Working Party on Aid Effectiveness, the Global partnership on Country Systems, co-chaired by Ghana and the United States.

One of the co-Chairs of the Global Partnership on Country Systems, Dirk Dijkerman, representing the United States at the Development Assistance Committee of the OECD, actively contributed to the meeting. Martinus Desmet, representing Belgium at the OECD DAC, also brought in his experience of both the health sector and aid management in francophone Africa.

The TT HATS meeting was followed, on 24 March in the morning, by a field visit (village of Nougoula and health community center, 120 km North from Bamako, District of Barouéli).

Meeting documents attached:

- *List of participants*
- *Agendas and background notes*
- *Presentations:*
 - o *The needs and challenges for more progress in health and country systems (Sara Fyson and Elisabeth Sandor)*
 - o *Preparation process of the PRODESS 2 and link with the macro economic framework (Salif Samake)*
 - o *Reporting back from the 15 March workshop on private sector in health in Mali (Issa Berthé)*
 - o *GAVI presentation*
 - o *Conclusions of day 1 (Elisabeth Sandor)*
 - o *Supporting health procurement country systems in Africa through the Association des Centrales d'Achat de Médicaments/ACAME (Gérard Millot)*
 - o *Joint presentation by Ghana and Madagascar on health procurement country systems (Ben Amponoah and Tiana Lalaoarijona Vololontsoa)*
 - o *TT HATS programme or work and next steps (Elisabeth)*

The TT HATS/CS meeting was very successful and met important objectives:

- 1) The TT HATS meeting brought together **high-level and rich participation**: Ministers of Finance and Health came at the opening; the office of the President was represented throughout the meeting by Modibo Makalou, the Malian representative at the WP EFF ; key stakeholders in both Ministries of Health and Finance (budget, planning, aid coordination) actively contributed; the private sector including CSOs and even more the profit private sector (Bramali, Energie du Mali, Orange) contributed to panels and intervned in a number of occasions. Bilateral donors were essentially represented by the Acting ambassador of the Netherlands in Mali (the Netherlands is donor lead in health with 9 M Euros out of 59,5 M

Euros, mostly through sector budget support), the Acting head of USAID in Mali (Mali is one of the few countries to get budget support from the US; 2 M USD supporting the SWAp) and Canada (which is Lead donor in the country). Other bilateral donors represented included: Spain, Switzerland and France. UK, Germany and Sweden were not in the position to mobilize country participation.

- 2) “This has been **the best and most productive TT HATS meeting**” (conclusion by the WHO co-Chair). Main points discussed included:
 - a. The PRODESS has been a unique process, bringing together most stakeholders to support a medium-long term vision for health in the country, with strong link with the macroeconomic framework; the process now needs to bring in more stakeholders, including the for profit private sector which can bring interesting experience in quality control and information management
 - b. Money is moving too slowly from the central level to districts and it’s hard for local actors to mobilize funds. Donors are sometimes worried about corruption when it’s sometimes only about slow and inefficient processes. Donors need to support decentralization and capacity development rather than jeopardize them by specific requirement and processes. The Global Fund confirmed its intention to move towards better support to country systems and implementation of the PD/AAA but it was several times pointed out for asking reporting and accounts from the central level whilst all donors agreed to go with decentralized processes;
 - c. The rush to results to satisfy donor’s accountability whilst diminishing local accountability, country results in terms of dynamics, reforms and improving processes;
 - d. Too few donors are playing the game and donor Headquarters need to send more clearly the right incentives for behavior change at the country level; Trust is key and donors need to be much more specific and open about the real concerns they have to move towards implementation of the PD/AAA
 - e. Using parallel health procurement systems does not work better than using country systems, as illustrated by the ACAME (evaluation on HIV AIDS drugs in West Africa)
 - f. Mali is a quite unique and interesting case for supporting the development of a national statistical strategy (Institut national des statistiques to be created very soon) with articulation with sectors, particularly the health sector.
- 3) The meeting offered the opportunity to test the appetite from Mali to move forward as a “focus country”, which will benefit from more support from the WP EFF, potentially using the health sector as an entry point. The health sector benefits from strong leadership (Salif Samake), best existing sector strategy (PRODESS 2) and immediate opportunities for joint assessment of PRODESS 2 and preparation of future PRODESS 3 (2012), promising improved donor coordination around the PRODESS and through the International Health Partnership/IHP+, and effective collaborative work with the Ministry of Finance and country aid coordination teams.
- 4) Several opportunities for using the TT HATS platform function and WP EFF leadership to accelerate change have been mentioned. They include:

- a. Rapidly implementing a Joint Assessment of Health National Strategy (JANS, supported by WHO and related to the IHP+ process) which will contribute to the preparation of PRODESS 3 (the US could be interested in supporting the process);
 - b. Tracking expenditures in health from central to district level through a well prepared and timely Public Expenditure Tracking Survey.
 - c. Pushing for the Global Fund and GAVI to adopt new rules for using country systems: the TT HATS includes GF and GAVI members who participated in the meeting through VC. They responded to questions on parallel and specific reporting but some degree of dissatisfaction remained in the room. Several participants called on donors and Boards of both institutions to be more consistent.
- 5) The TT HATS/CS meeting illustrated the unique value of taking the aid effectiveness discussion to a pragmatic and concrete level, bringing together experts who don't always talk together nor understand each other but have obvious common interest for acting together. The meeting demonstrated the value of a pragmatic approach which can build on and support specificities and leadership of individuals in countries where some sectors can be more advanced and offer easier and more natural entry point for increased support. All bilateral meetings that followed the TT HATS/CS meeting confirmed that health should be the entry point, if any, for a country system initiative. Health would then become, in very concrete terms, a tracer sector for promoting PD/AAA in Mali.

Discussion of the TT HATS programme of work (2010-2011)

The group reviewed the TT HATS programme of work in the lead up to Seoul, on the basis of a presentation which also included some outcomes from the Bamako TT HATS/CS meeting.

Comments on the proposed outcomes touched on the need to: i) better integrate and report on the role of CSOs; ii) promote a realistic and balanced perspective on the role of the private sector; iii) for the TT HATS to play a more proactive role in certain areas to support the IHP+; to start bringing the outputs in a clearer and structured manner; to use all existing possibilities – at the country level (IHP+, donor coordination), at the regional level (Harmonization for Health in Africa) and at the global level (WP EFF, TT HATS and GPCS) to promote and scale up progress in countries.

The date of the next TT HATS meeting needs to be decided.

The field visit: An illustration of the decentralized Malian health system

On Wednesday 24 March, the CAEB (Conseils et Appui pour l'Éducation à la Base) had offered to take members of the TT HATS and GPCS to visit a village and a health community center (CESCOM) situated at 120 kms North from Bamako (village de Nougoula, Cercle de Barouéli). The CAEB provides support to this community in terms of capacity development and organization. The members of the village presented the main features of the mutuelle villageoise they had created a year ago. Through this system, a local agency (ASACO) manages the contribution (860 FCFA by year by individual) from 146 households (out of 169) and finances access to a wide range of health services (pregnant women, children until 5 years old, malaria, STI, transportation to reference center...). Important interventions were not covered (HIV AIDS, pneumonia, conjunctivitis, health transfusion...) and although the system seems to work well and people expressed satisfaction with health service, there are no alternatives. The health center, which covers a total of 22 000 people, is managed by one doctor, assisted by few non

medical staff and trainees. The most telling comment from him was about the great amount of time he spends on fulfilling diseases specific reports every month as well as one additional consolidated report every three months...

Communication:

The Millennium Foundation and OECD Secretariat met with two film producers who both seem good candidates for working on a movie on Mali for HLF 4 in Seoul. More work is needed for drafting a script, selecting situations and preparing a budget for this output.