TITLE: Community health workers in Mali, costs of including their services in the PHC-UHC

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THEMATIC TRACK: #4 Community Health Systems – Where Community Needs are Located

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ABSTRACT (400 words)

**Background**:

Current and future health workforce production worldwide fails to meet the requirements for Universal Health Coverage (UHC). Primary health care (PHC) built around Community Health Workers (CHWs) can serve as the foundation for UHC and play a central role in achieving the health-related targets of the Sustainable Development Goals (SDG). Village-based Community Health Workers (CHWs) in Mali have been a cost-effective alternative to boost access to, demand for, and use of key primary health services by bringing services closer to over three million Malians living in rural areas. However, this highly donor-dependent program is not sustainable in an era of stagnating international development assistance for health. There is an urgent need to support a transition from external to domestic sources of funding to ensure service continuity at community level. To support the Government of Mali (GOM) in understanding the funding and workforce situation, costs of the CHW program and threats to the sustainability of this frontline health workforce, the USAID-funded HP+ conducted expenditure and resource mapping exercises followed by costs analyses.

**Methods:** HP+ applied computerized cost modeling and mapping methods to look at expenditures, funds available, and CHW service package cost. Information collected included CHW numbers and deployment, expenditures mapped by region and source, funding commitments by source and area of investment, and program input unit costs. Funding needs from cost projections were compared to actual expenditures and funding available to estimate gaps in the next five years.

**Results**: The average cost of the package of service provided by CHWs is estimated at $6.79 and will decrease to $2.52 by 2020 if benefits of increased workforce productivity, technical and allocative efficiency from compliance to national standards are leveraged. The gap analysis that in 2015, US$8.36 million was needed for the CHW program, and this is expected to rise to $14.15 million by 2020. Meanwhile, funding from donors is expected to fall from $13.01 million in 2015 to $9.71 million in 2020, resulting in a cumulative financial gap of $18.75 million for underfunded areas by 2020 (12.8% of government health expenditures per 2014 National Health Accounts).

**Conclusions**: To ensure adequate funding for village-level community health services we propose a two- pronged approach:

-Increased domestic resource mobilization and targeted financial support by GOM to the CHW program

-Improved coordination among donors to avoid duplication