



**REPORT OF THE CONSULTATION WORKSHOP ON THE PROGRESS OF CIVIL SOCIETY
ENGAGEMENT FOR UHC 2030 IN MALI**

ON JUNE 09, 2022

BAMAKO, MALI

SUMMARY REPORT OF FOCUS GROUP DISCUSSION RESULTS IN MALI

Prepared by

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- MALI -

APPENDIX: NOTE-TAKING MODEL

Date :	June 09, 2022	Lead organization:	The President of the Forum of Civil Society Organizations/ Reference of the Health Thematic Group
Number of focus group participants:	31 participants including the national consultant and the focal point	Provide a description of the composition of the group ¹ of discussing:	<p>The focus group mobilized 31 participants: 9 women and 22 men.</p> <p>As stated in the terms of reference of the consultation, the participants came from all the entities of the community. Indeed, in its composition, the working group was heterogeneous. The ethics, from the point of view of gender, were respected since the participants included women, men, young people, adolescents and the physically handicapped. The heterogeneity of the members of the working group also appears in their profile of intervention in the field. Among them, there were a few doctors</p>

¹Provide information that describes focus group participants. Be as descriptive as possible without identifying individuals.

			<p>and other health workers working in national and international NGOs such as Groupe Pivot Santé Population (GP/SP), Walé Santé, NGO Convergence d'Actions pour l'Environnement et la Santé (CAES), NGO Association for the Support of the Development of Population Activities (ASDAP) and Soutoura (Protecting honor). NGO Hinèso (Jigisèmèjiri) or “hope” in French which aims to develop projects and provide cash transfers to poor and food insecure households. Other participants evolve in organizations specialized in the defense and protection of human rights such as Association Droit de l'Homme au Quotidien (DHQ Mali) which has given itself the mission of building the capacities of young people on the functions of justice, legal and judicial procedures, and the protection of human rights in criminal proceedings, the Malian Association of Physically Handicapped Persons (AMPHP), the Coordination of Women's</p>
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			Associations and NGOs of Mali (CAFO). The Children's Parliament known as the "Children's Government",
Facilitator(s): (Name, Organization)	1. Tiéman Coulibaly, national consultant of the Institute of Human Sciences (ISH) of Bamako 2. Focal Point of the Support Mechanisms for Civil Society Organizations in Mali (DASC) of the Network for Access to Essential Medicines (RAME).	Note taker(s): (Names, email addresses)	1. Aminata Diarra, CANAM, E-mail : amidiarra06@gmail.com 2. Ibrahima Coulibaly, NGO AFAD E-mail : nescoul@yahoo.fr 3. Dr. Alou Sissako, GP/SP, Email: aliou.sissako@gpspmli.org
Number of breakout rooms:	2 rooms: the meeting room and a secondary room	Composition of breakout rooms	For the purposes of the consultation, the breakout room was divided into two parts. The first room hosted Focus Group 1 and Focus Group 2. Focus group 3 worked in room 2. Focus group 1 consisted of 8 participants: 4 women and 4 men. For the smooth running of the work, the group chose a President working in an NGO in the field of health and a woman was appointed as note taker. Focus group 2 had 7 participants: 2 women and 5 men. A woman chaired the group, and the note taker was a man.

			The third discussion group was composed of 11 participants: 3 women and 9 men. Here too, a woman chaired the group while one was the note taker.

Mandatory questions²	Summary Points (~5 bullet points)	Notable Quotes	other comments
1	In view of the answers given to question 1, it appears that a multisectoral approach is underway in favor of the commitment to UHC in Mali.	<i>“Yes, the National Council for Strategic Orientation (CNOS) is the body for coordinating social protection actions, with anchorage at the level of the prime minister and operational coordination at the level of the ministry in charge of social protection. (Focus group 1 of the workshop)</i>	
2	For mandatory orientation question (a), the participants have a limited perception of the groups of people who have difficulty accessing health services in Mali if we refer to their verbatim	<i>“People living with disabilities and the indigenous people (Focus group 1 of the workshop)</i>	

²Please list the required questions below, including language changes.

	<p>in the column of notable quotes.</p> <p>Seems that because of national policies that leave significant room for free health care such as caesarean operations and the prevention and management of malaria for children under 5 and pregnant women, participants did not or could not find an answer to mandatory question (b) of category 2.</p>		
3	<p>Participants have a disillusioned perception of the implementation of laws and policies concerning UHC in Mali.</p> <p>They also have a good knowledge of UHC monitoring mechanisms in Mali if we refer to the statement reported in the column of notable quotes</p>	<p><i>“Fraud and/or theft occurs at almost every level of the chain. This is a big hindrance to UHC (Focus group 2 of the workshop).</i></p> <p>“In Mali, the UHC monitoring mechanisms are essentially “the Mandatory Health Insurance (AMO) monitoring and control service and the Platform of Civil Society Organizations for the implementation of UHC” (Focus group 2 of the workshop)</p>	

4	Participants have a poor perception of the quality of health services in Mali in general. The shortcomings put forward are even disconcerting.	<i>“In Mali, health services are clearly below expectations: reception leaves something to be desired, incorrect diagnoses, unsanitary facilities, lack of ethics, frequent shortage of essential drugs. The shortcomings are too numerous to list them exhaustively. »(Focus group 2 of the workshop)</i>	
5	Participants have a good perception of where the government should spend more to achieve UHC. Evidenced by the verbatim advanced in the column of notable quotations	<i>“To achieve UHC, the government should spend more on effective staff training, health infrastructure to cover the whole country, quality control, recruitment of staff in quantity and quality, primary health care, information/sensitization of the population, the development of traditional medicine. » (Focus group 2 of the workshop)</i>	
6	In Mali, there are opportunities to involve organizations and civil society in the whole health process and even at the local level.	<i>“In Mali, the creation of the National Federation of Community Health Associations (FENASCOM) and the mission assigned to it are opportunities for individuals, civil society organizations and the private sector to get involved in planning, budgeting, monitoring, and evaluation of the health sector. » (Focus group 3 of the workshop)</i> <i>“At the community level, communities are engaged in local processes of planning, budgeting, and accountability in health</i>	

		<p><i>matters through: public debates, village/territorial community consultations, drafting of the initial budget, budget framework which is carried out according to the health pyramid starting with budget programming at the community level and the formulation of a letter of credit opening at the state level. However, despite the efforts, the effectiveness and efficiency of these opportunities for the engagement of civil society, in particular the most vulnerable and marginalized populations and communities, remains a major challenge. »</i></p> <p><i>(Focus group3 of the workshop)</i></p>	
7	<p>In Mali, in terms of health, stigma and discrimination could not be understood in the current context of inter-community conflicts that have shaken the country for several years.</p>	<p>“Community conflicts, in some localities of the country, have disrupted access to health services through ethnic origin, religion and socio-economic status. These obstacles to the exercise of the right to health are both the work of some health service providers but also of armed groups who attack all the socio-economic sectors of the country, including education. (Focus group 3 of the workshop)</p>	
8	<p>The panic that COVID 19 has sown in the</p>	<p><i>"Following the COVID 19 pandemic, the challenges of access to health services</i></p>	

	community and in hospitals will not end anytime soon. It has generated major challenges to be met if we refer to these verbatim at the column of notable quotations	<i>were significant and essentially problems of human resources, financial and geographical accessibility, and above all ethical problems as it has been observed that doctors indulge in practices of all kinds of corruption in the exercise of their profession. »</i> (Focus group 3 of the workshop).	
9	The majority of participants believed that the mandatory guiding questions touched on all aspects of health in the sense of UHC. However, for one focus group, in Mali, what these questions did not address was the health of young people in the broad sense of the term.	<i>“In the context of inter-community conflicts exacerbated by poverty and unemployment, young people and adolescents engage in risky activities that expose them to everything, diseases, delinquency, armed robbery, madness, prostitution. This causes a real problem of socio-economic and cultural integration.»</i> Focus group 2 of the workshop)	
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Additional Questions³	Summary Points (~5 Bullet points)	Notable Quotes	other comments
1	In Mali, multisectoral advocacy is carried out in favor of UHC. In addition, the	“Information meetings with the Ministries of Finance, Social Protection, Labor, Water, Education and Agriculture	

³Please list additional questions below.

	<p>government has made the COVID 19 pandemic a priority. However, during the COVID 29 pandemic, while policies and programs have not officially changed, in practice health centers have been less busy.</p>	<p>have been carried out. Advocacy was also initiated with the Ministry of Justice for the benefit of tuberculosis patients deprived of their freedom and with the Ministry of Health (of the Popular Pharmacy of Mali (PPM)) in order to find an appropriate response to the intermittent shortages of drugs and products against TB/HIV and malaria. The Ministries of Health, Education and the AMDH were approached for people living with disabilities. Awareness meetings were also held with the department of traditional medicine. (Focus group1 of the workshop)</p> <p>"During the period, in order to best facilitate access to care for populations and to combat the vulnerability of disadvantaged groups, COVID funds were set up and the care of all patients was free in all health centers in the country. (Focus group1 of the workshop)</p> <p>"The primary care system has been affected by the COVID 19 pandemic in that during the period there was very low attendance at primary health services. It has also been observed that the pandemic has led to a lack of care</p>	
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		for other diseases. (Focus group 3 of the workshop)	
2	<p>Group 1: participants know that there are laws in Mali to help vulnerable groups access the essential health services they need. But not only do they fail to decline them, but they also ignore the mode of operation of these laws. They were not even able to say something on what the law says about free health services, and that because for the ordinary Malian, the free services so vaunted by these laws leave something to be desired.</p> <p>The health services most negatively affected by direct payments are known</p>	<p>“The contours of these laws are so hazy that they leave Malians distraught, because in any case the health workers will extract money from you one way or another. (Focus group 1 of the workshop)</p> <p><i>“The health services most negatively affected by direct payments are ANAM, CANAM, AMO, RaMED, but the hardest hit remains ANAM through RAMED, which covers 85% of the poor , the remaining 15% falling to the Decentralized authorities who are unable to honor their commitments in several localities of the country. »</i> (Focus group 1 of the workshop)</p>	
3	<p>The laws in this area are known, they exist. What poses a problem in general in Mali is their correct implementation.</p>	<p><i>“The laws exist, among others, the law on decentralization, PRODESS, the National Gender Promotion Policy, the</i></p>	

		<i>Budget Monitoring Group. But despite this, a large segment of the population is outside the UHC system”(Focus group2 of the workshop)</i>	
4	The participants are fully aware of the low quality of health workers and their insufficiency for this vast country that is Mali.	"No, the country does not have adequate health workers due to budgetary constraints, insufficient training and qualified personnel, poor management of available personnel, low quality of health training structures, lack of follow-up, insecurity. In addition to all these constraints, the community health workers, who should make up for the shortage of health care personnel, are practically on a voluntary basis as long as a development partner project does not employ them or as long as they do not work in a sufficiently wealthy community. (Focus group 2 of the workshop)	
5	Health underfunding is a major threat to UHC in Mali	<i>" The policy guidelines and decisions for financing health and UHC have remained largely unimplemented in recent years. The health sector has benefited from Mali's economic growth only to a limited extent. Between 2015 and 2017, the government's budget from Mali's internal resources was allocated to seven sectors, including the health sector, which received the second-smallest</i>	

		<p><i>share of the total government budget. This means that not only is the Malian government not investing enough in health services, but worse, despite the galloping growth of the predominantly young population, the share of health in the state budget is not increasing. In recent decades, the country being confronted with an acute security crisis which threatens it even to its very foundation. (Focus group 2 of the workshop)</i></p>	
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Required Questions as Asked (Please provide questions per chat room)

1. To answer this first question of category 1, do we have to provide answers for each of these: agency/mechanism/government coordination department? (Workshop Breakout Group 1)
2. In reality, don't you know that all Malians have difficulty accessing health services? (Workshop Breakout Group 1)
3. What do we mean by "non-binary people?" (Workshop Breakout Group 3)
4. Is Mali really phasing out the COVID 19 response as vaccinations and testing continue? (Workshop Breakout Group 3)
5. Are human rights part of health and UHC? (Workshop Breakout Group 3)

Additional questions as asked (please provide questions per chat room)

No questions have been recorded at the additional questions level

Any other comments/notes

For the effectiveness of the next editions concerning this exercise, we propose to extend the work to two days, if 2 discussion groups are set up and to 3 days if we plan to work with 3 discussion groups, i.e., one discussion group per day so that the leader has the necessary time to follow up a lot and take a lot of notes.