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The Granting of Special Quality Improvement Bonuses is an Efficient Means of Correcting Inequities and Accelerating Health Coverage in Mali's Results-Based Financing Model

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Abstract **Original Research Article**

This paper explores the effects of using special quality improvement bonuses (Special Quality Improvement Bonuses) as a strategy to address health inequalities and accelerate universal health coverage under a results-based financing model. The authors present a case study of a health facility located in a vulnerable and insecure area that received such a bonus, highlighting the positive impact on infrastructure, equipment, staffing and service delivery. The study highlights the effectiveness of these bonuses in improving the quality of health services and bringing quality care closer to vulnerable populations. Specifically, these incentives allowed health facilities to upgrade their technical staff, enabling them to implement the minimum package of activities. In addition, these bonuses were awarded based on quality scores and aimed at correcting inequities between competing health facilities, thereby further improving the staffing and service delivery capacities of these facilities.

Keywords: RBF, FOSA, PMA, BAQ-SPECIALS.

1. INTRODUCTION

In many regions of the world, and particularly in Sub-Saharan Africa, the health needs of the population are not met because health and social services are not accessible or are of poor quality [1, 2]. Initiatives aimed at improving the quality of these services, such as Primary Health Care [1], and the Bamako Initiative (1987), have only partially resolved these problems [2, 3]. Other initiatives focused on the performance and accessibility of health services have developed strategies that can lead to quality services at a lower cost, better accessibility, equitable, and sustainable [1, 2]. This is the case with performance-based financing (PBF), which contributes to good governance of health services. The desired effect of the PBF approach is to increase the coverage, utilization of health services, and the quantity and quality of care in health facilities (FOSA) [3]. The current approach developed in Mali [3], was implemented following two pilot projects (the first in 2012-2013 and the second in 2017).

The approach had set as its major objective to improve the supply of health care to vulnerable populations, while ensuring that its quality was improved and that inequities were reduced between competing health facilities. One of the approaches chosen to do this was through the provision of special quality enhancement bonuses [1]. This article presents the results

[1]In the program, each health facility that incorporated the approach received two bonuses for improving the quality of its services. This subsidy was used for the purchase of small equipment and the recruitment of the shortfall in qualified personnel. In addition to these two bonuses, others could be granted specifically to health facilities benefiting from a strong commitment of their beneficiary community and in a context of increased vulnerability, in order to quickly improve the level of its services. These special bonuses were granted by the national RBF technical unit on the basis of a needs assessment conducted by the district management team and after a rationalization of the latter's health map. In the Malian model, rationalization consists of awarding main contracts to subcontractors in order to avoid having zones of responsibility of more than 10,000 inhabitants by FOSA PMA, a threshold at which the population is considered underserved.

achieved in a very vulnerable health facility located in an area of very high insecurity.

2. Background, Rationale, and Objectives of the Study

The Bamako Initiative (BI) adopted in 1987 following a meeting of African Ministers of Health, aimed to improve access to primary health care by improving quality (WHO, 1988). It was based on the quest for financial sustainability and equity in health services. Therefore, health facilities should offer a minimum package of activities to meet the basic health needs of the communities. Access to medicines and community participation were core principles [1]. Thus, health facilities should have essential generic drugs to cover essential health problems. The Bamako Initiative also advocated for community participation in health decision-making. Health committees [2]. whose members are elected in their villages, are created. In several countries, it has also led to the implementation of a number of care activities (minimum package of care) aimed in particular at improving the care of mothers and children and controlling endemic diseases. It is particularly relevant to immunization, the supply of primary health care, and the sale of generic drugs (essential medicines policy, aimed at facilitating access).

To improve geographical and financial access to quality health care, as part of its march towards universal health coverage, Mali has been implementing a results-based financing program since 2020 [3-6]. This program enshrines the principle of free competition between public and private providers for access to the contract for the implementation of the minimum and complementary packages of activities. The minimum package of activities includes curative, preventive, and promotional care, also referred to as community health care in the RBF model developed in Mali [3], and includes 51 indicators.

Under this program, health facilities, which are health care providers, receive, in accordance with the type of contract signed (main contract or subcontract), subsidies proportional to the quantity of services offered (quantity for each indicator multiplied by the agreed unit price) and the quality of their services [3]. In addition, each health facility that incorporates the approach receives two bonuses for its first six months of operation for improving the quality [3], of its services for the purchase of small pieces of equipment and the recruitment of qualified staff shortfalls. In addition, one year after its integration, each health facility was also likely to receive seven quality improvement bonuses based on the level of its quality score. In addition to these financial benefits, partner health facilities receive equity bonuses [4], as well as special quality improvement bonuses [5], to help them reduce their inequities quickly.

The granting of these quality improvement bonuses to correct inequities between health facilities competing for results being a first of its kind and largely unknown, this article was initiated to share one success story among many others.

The Purpose of this Article is to highlight the Changes Brought about by this Approach

Specifically, the aim was to assess: the evolution of the infrastructure, equipment, personnel of the selected medical facility and the package of services provided by the medical facility; (ii) the evolution of the quality score of the health facility.

3. METHODOLOGY

This was a retrospective descriptive study of photos and medical verification reports of the N'gabacoro health facility located in the southeast of Nara Health District, 75 km from the district hospital and 40 km from all PMA health centers. The Nara Health District Hospital is located 480 km north of the capital.

4. OUTCOMES

As a result of the implementation of this subsidy, the purchase of which is final only if the agreed investments are made and verified by the contracting and verification agency, an additional contribution from the community has made it possible to build these infrastructures.

[2] In Mali, these committees are called community health associations with management bodies such as a general assembly of members, a board of directors that deliberates on the issue relating to the life of the association, a management committee responsible for the administrative and financial management of community health centers, and a supervisory committee responsible for monitoring the satisfaction of users of health centers.

[3] In Mali's RBF program, a quality improvement bonus (QBA) is equivalent to funding of 600,000 for PMA-level health facilities and 1000,000 for PCA-level facilities. As is the case for payment of output indicators, FOSA obtains funding from the BAQ after having made the investments agreed upon in their results plans in order to move towards greater quality.

[4] The calculation of these bonuses for the districts and regions takes into account the existence of obstacles to access to inputs for the supply of care, the level of poverty in the locality, the existence of structural deficits, and the potential workload.

[5] Special bonuses are granted by the CTN-FBR on the basis of an expression of needs derived from the evaluations of the regulators and beneficiaries.

Fig. 1
Source: *Medical audit reports.*

In addition to the extension and renovation of its buildings, the health facility has been equipped with technical equipment, office furniture, a solar electricity system, and a borehole with a basic water supply.

Thanks to its investments and the staff recruited (a nurse and a midwife), the health facility, which provided only reproductive health care (prenatal care, childbirth) and rudimentary curative care (provision of certain drugs, injections), was able to offer the entire minimum package of activities (ranging from curative care to promotional care and preventive care, including management of certain obstructed deliveries). Abortions and the provision of family planning and immunization services. In addition, the center has acquired all the necessary inputs for the care of malnourished children, surveillance of diseases with epidemic potential, and HIV-AIDS screening.

In addition to improvements in the supply of services, training has substantially improved its quality scores.

Tab. 1

Scores	**4th quarter 2022**	**1er trimesters 2023**	**2nd quarter 2023**	**3rd quarter 2023**	**4th quarter 2023**	**1er trimesters 2024**
Technical Quality Score	67	71	83	85	86	89
FOSA User Satisfaction Score	78	89	86	89	88	90
Financial Management Score	31	58	73	83	83	88

Source: *RBF portal*

It should be noted that because of its isolation and lack of information, this health facility had not been able to integrate the intervention. Thus, in the 4th quarter of 2022, the health facility integrated the intervention as a subcontractor on reproductive health issues. In view of its context and the commitment of the beneficiary community, it was established as the main contractor in the 2nd quarter of 2023 after the aforementioned investments were made.

5. CONCLUSION

The granting of special quality improvement bonuses in the context of results-based financing is an efficient way to enable health facilities to rapidly improve the condition of their facilities, technical facilities, and technical staff. These improvements allow more health facilities to implement the minimum package of activities, bringing quality health care closer to the most vulnerable populations.

Abbreviations

- ✓ ACV: Contracting and Verification Agency
- ✓ FOSA: health facility
- ✓ Prenatal consultation: Prenatal consultation
- ✓ CSCOM: Community Health Centre
- ✓ RBF: Results-Based Financing

Conflicts of Interest: No conflicts of interest were involved in the development of the protocol for this action research study or during its execution.

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