

Mali



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)	14 854
% Population under 15 (2012)	47.14
% Population over 60 (2012)	4.29
Life expectancy at birth (2012) Total, Male, Female	57 (Male) 57 (Both sexes) 57 (Female)
Neonatal mortality rate per 1000 live births (2012)	42 [24-70] Both sexes
Under-5 mortality rate per 1000 live births (2012)	128 [91-177] (Both sexes)
Maternal mortality ratio per 100 000 live births (2013)	550
% DTP3 Immunization coverage among 1-year-olds (2012)	74
% Births attended by skilled health workers (2013)	58.2
Density of physicians per 1000 population (2010)	0.083
Density of nurses and midwives per 1000 population (2010)	0.43
Total expenditure on health as % of GDP (2012)	5.8
General government expenditure on health as % of total government expenditure (2012)	12.5
Private expenditure on health as % of total expenditure on health (2012)	61.0
Adult (15+) literacy rate total (2011)	33.4
Population using improved drinking-water sources (%) (2012)	67 (Total) 54 (Rural) 91 (Urban)
Population using improved sanitation facilities (%) (2012)	22 (Total) 35 (Urban) 15 (Rural)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2010)	50.4
Gender-related Development Index rank out of 148 countries (2012)	141
Human Development Index rank out of 186 countries (2012)	182

Sources of data:
Global Health Observatory, April 2014
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

The health situation in Mali has improved over the last 10 years due to a decline in infant and maternal mortality. Despite this, attention should focus on specific issues such as the low rate of contraceptive use: only 4.5% of women with steady sex partners were using a modern contraceptive method in 1996 and 9.2% in 2010. The external evaluation of the ten-year health and social development plan (PDDSS) reported that an estimated 31% of need remains unmet, and the annual rate of population growth remains high.

Morbidity and mortality rates due to communicable diseases are also high: malaria accounted for 35.35% of medical consultations in 2011 and 40.63% in 2012; in the case of tuberculosis, 69 patients per 100 000 of population were awaiting treatment in 2012; HIV/AIDS prevalence was 1.2% in 2012-2013, etc. Noncommunicable diseases (diabetes, cardiovascular diseases, sickle-cell anaemia, cancers, etc.) are becoming increasingly problematic, and neglected tropical diseases continue to be a considerable burden.

The 2012-2013 security and political crisis in Mali could impact negatively on the achievement of the Millennium Development Goals (MDGs), including forfeiture of economic and social gains and lost opportunities for development activities resulting from the crisis.

Maternal mortality will need to be reduced by nearly one fourth in order to achieve the goal of 144.3 per 100 000 live births set by the MDGs. Maternal deaths fell from 582 per 100 000 live births in 2001 to 368 in 2009, with considerable disparities between urban areas (115.2 per 100 000 live births) and rural areas (550 per 100 000 live births). The Malian Ministry of Public Health and Hygiene has been tasked with overseeing public health and sanitation to improve the prevention of communicable diseases and/or diseases related to environmental factors (malaria, acute respiratory infections, diarrhoea).

HEALTH POLICIES AND SYSTEMS

The implementation of the health and population policies adopted in 1990, reconfirmed by Health Guidelines Law No. 02-049 of 22 July 2002, establishes guiding principles for improving public health, extending health coverage, and seeking greater sustainability and performance in the health system. This has revolutionized community and partnership approaches to health and social development; it has also provided a basis for operationalizing the sectoral approach through the implementation of the PDDSS for 1998-2007 and two five-year health and social development plans (PRODESS I and II). Following an evaluation of the previous plan, a new PDDSS has been drafted for the period 2014-2023 and PRODESS III, covering the period 2014-2018, is being approved.

The Malian Government's vision for health is based on its declared determination to spare no effort to achieve the MDGs and reduce poverty, as stated in the Strategic Framework for Growth and Poverty Reduction (CSCR). This vision includes the best possible level of health for the Malian population in general, and specifically for women and children, by ensuring universal access to quality health care at all levels of the health pyramid.

The biggest challenge of PRODESS III is to contribute to health systems strengthening and improve maternal and child health, which are considered priority targets, in the areas of reproductive health and control of communicable and noncommunicable diseases.

PRODESS III will also provide a platform for reflection on the role of the private sector in meeting objectives and defining the principles of specific partnerships for the various areas of the private sector (health-care providers, support services, training, pharmacists, traditional medicine).

COOPERATION FOR HEALTH

The involvement of the sector's technical and financial partners in implementing PRODESS was organized through the Thematic Group on Health that brings together the specialized agencies of the United Nations system, bilateral partners and civil society.

Since 2013, the United Nations Country Team in Mali has been working within the Joint Transition Support Framework (CCAT), which has temporarily replaced the 2008-2012 United Nations Development Assistance Framework (UNDAF) while the new UNDAF is being prepared.

The Ministry of Public Health and Hygiene has signed a compact with technical and financial partners, and preparations are being made for a new compact following the finalization of PRODESS III.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2010-2015)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Communicable and noncommunicable disease control	<ul style="list-style-type: none"> • HIV: Develop a sectoral HIV plan and mother-to-child transmission elimination plan; case management capacity-building; strengthen the monitoring and evaluation system • Tuberculosis: capacity-building to implement the directly observed treatment, short course (DOTS) strategy • Malaria: Capacity-building to scale up interventions; prevention and control of malaria epidemics; strengthening of monitoring and evaluation, including impact assessments • Neglected tropical diseases: Pursue surveillance efforts to stop Guinea worm transmission; support leprosy control and control of other neglected tropical diseases • Vaccine-preventable diseases: Pursue poliomyelitis immunization campaigns and strengthen the Expanded Programme on Immunization; support risk analysis and response for measles; provide technical support for the introduction of new vaccines • Alert, surveillance, and response: Strengthen surveillance and response capacities for epidemics; provide technical support to implement the International Health Regulations; surveillance and prevention of noncommunicable diseases
STRATEGIC PRIORITY 2: Women and children's health	<ul style="list-style-type: none"> • Strengthen engagement capacities for reproductive, maternal, newborn, child and adolescent health, with a view to improving coordination, accountability and efficiency • Capacity-building to implement efficient, high-quality interventions • Monitor implementation of the roadmap to accelerate the reduction of maternal and neonatal mortality
STRATEGIC PRIORITY 3: Health promotion and healthy environment	<ul style="list-style-type: none"> • Adaptation of norms and guidelines; capacity-building to evaluate and manage environmental risks; drafting of nutrition policies and plans; prevention and management of water-related risks
STRATEGIC PRIORITY 4: Health system management	<ul style="list-style-type: none"> • Support finalization of the national health and social development programme; support health financing policies for universal coverage; coordinate partnerships for health • Strengthen the human resources for health management strategy • Technical support to improve the quality of clinics, laboratories, medicines and essential products • Strengthen the national health information system

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