World Health Organization

HeRAMS Mali - executive summary

Health Resource Availability Mapping System (HeRAMS)

December 2013

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1. Introduction

The main purpose of this report is to present the results of a survey to investigate the availability of health services and resources in Mali after the socio-political unrest and armed conflict of 2012.

Amidst massive population displacement with 300 783 IDPs and 174 129 refugees, access to health care was affected in various ways: through the destruction and looting of infrastructure, equipment and supplies, the departure of national staff and NGOs as well as the discontinuation of priority programmes.

2. Methodology

The cross-sectional survey was based on a structured questionnaire which was sent to each health facility and filled out by the social and health personnel. Where transport and/or movement was difficult, the questionnaire was filled out by district health staff through telephone interview. Data entry was done by the WHO country office in Bamako.

The survey was carried out throughout the country's 60 health districts in 1581 hospitals, reference health centres, community health centres, private and faith-based health facilities between April and May 2013.

The following regions/districts belong to the occupied northern areas hardest hit by the conflict: the regions Gao, Kidal and Tombouctou and the districts Douentza, Youwarou and Tenenkou of the Mopti region.

3. Results

Infrastructure

The vast majority of health facilities surveyed (71.9%) are public facilities at community level. In total, public facilities constitute more than three quarters of all facilities surveyed (77.0%).

Almost one in five health facilities was at least partially damaged (18.7%), with big regional disparities from 5.4% in Bamako to 71.0% in Kidal (see table 1). Most affected were the northern regions where 41.9 % of all facilities were at least partially damaged.

Table 1: Percentage of damaged health facilities

	Completely destroyed	Partially destroyed	Intact
BAMAKO	0.0%	5.4%	94.6%
GAO	10.1%	31.9%	58.0%
KAYES	0.0%	12.6%	87.4%
KIDAL	48.4%	22.6%	29.0%
KOULIKORO	0.5%	20.2%	79.4%
MOPTI	1.2%	7.3%	91.5%
SEGOU	0.0%	11.0%	89.0%
SIKASSO	0.0%	27.2%	72.8%
TOMBOUCTOU	4.0%	41.4%	54.5%
Grand Total	**1.8%**	**16.8%**	**81.3%**

Table 2: Percentage of functioning health facilities

	Not functional	Partially functional	Entirely functional
BAMAKO	0.7%	8.2%	91.2%
GAO	29.0%	46.4%	24.6%
KAYES	0.4%	4.5%	95.1%
KIDAL	71.0%	29.0%	0.0%
KOULIKORO	1.8%	8.8%	89.4%
MOPTI	0.6%	25.8%	73.6%
SEGOU	0.5%	3.7%	95.9%
SIKASSO	0.0%	4.9%	95.1%
TOMBOUCTOU	36.4%	28.3%	35.4%
Grand Total	**5.5%**	**11.7%**	**82.8%**

Between 95.9% (Ségou) and 0% (Kidal) of all health facilities remained completely functional. While country-wide four out of five facilities remained fully functional, this applied to only little more than a third (34.8%) of the facilities in the occupied northern regions.

Virtually all (96.6%) health facilities were accessible to its residents, only in Gao and Kidal were figures significantly lower with 80.6 and 56.3%, respectively. The main reason preventing access was the long distance of the nearest facility.

The figures were slightly lower (93.2%) for the displaced population, and fell below 90% in Gao (80.6%), Tombouctou (74.7%) and Kidal (37.5%). The main reason for non-access cited by displaced was security problems.

More than half of all health facilities (53.4%) surveyed were partially (45.8%) or entirely (7.6%) supported by partners. The principal support (82.1%) was provided by NGOs.

At national level, there is an average of 0.89 primary health facilities per 10 000 population, varying from 0.69 in Mopti to 1.39 in Bamako region (benchmark = 1.0/10 000 population).
There are 0.21 hospitals per 250 000 population (benchmark = 1.0/250 000 population), between 0.08 in Sikasso and 0.84 in Bamako.

Availability of key services

For the analysis of key services only those facilities were included that were accessible to residents and at least partially functioning. These criteria applied to a subset of 1490 out of the 1581 facilities. Virtually all facilities excluded were from the northern regions: 29.0% of all health facilities in Gao, 71.0% of those in Kidal and 36.4% of those in Tombouctou. For the other regions 0.5 to 2.3% of the facilities were excluded from further analysis.

The tables below specify per response domain the service coverage, i.e. the percentage of facilities covering a particular service at “satisfactory” or “perfectly satisfactory” level (the remaining options being “not covered” and “not planned”). A number of services is not meant to be available at the level of the community health centre but from referral health centre level upwards, which explains the partially low service coverage at primary care level, e.g. for basic laboratory and radiology services, stabilization centres or comprehensive emergency obstetric care.

None of the key primary services reach the benchmark of at least 1 facility per 10 000 population. At a national level, 2.3% of all new-borns were delivered per caesarean section, ranging from 0.3% in Tombouctou to 5.7% in Bamako. Bamako is thus the only region in Mali that reaches the benchmark (between 5 and 15% of deliveries).

I. General clinical services

Table 3: Coverage of general clinical services

Service	National level (%)	Northern areas (%)	Main reason for non-coverage (national)
Outpatient consultations	84.9	92.9	Lack of medical staff
Trauma management	76.7	61.9	Lack of qualification of medical staff
Emergency and elective surgery	11.5	6.0	Lack of medical staff
Inpatient capacity	52.0	61.3	Lack of medical equipment
Basic laboratory	19.2	3.0	Lack of medical staff
Basic radiology	6.8	1.8	Lack of medical staff
Blood bank	5.0	4.8	Lack of medical equipment
Basic drug store	83.3	81.6	Out of stock
Referral capacity	82.2	58.3	Lack of medical equipment

II. Child health

Table 4: Coverage of child health services

Service	National level (%)	Northern areas (%)	Main reason for non-coverage
EPI	73.7	67.3	Lack of medical equipment
Mobile teams	42.8	17.3	Lack of financial resources
Acute malnutrition screening	79.0	79.2	Lack of qualification of medical staff
Outpatient treatment of severe acute malnutrition without medical complication	76.0	70.2	Lack of qualification of medical staff
Stabilization Centre	8.3	15.5	Lack of medical equipment

III. Communicable diseases

Table 5: Coverage of communicable disease services

Service	National level (%)	Northern areas (%)	Main reason for non-coverage
Sentinel site of early warning system	61.5	64.3	Lack of qualification of medical staff
Diagnosis and treatment of malaria	94.0	88.7	Lack of medical equipment
Diagnosis and treatment of TB	56.5	39.9	Lack of qualification of medical staff
Diagnosis and treatment of Guinea worm	67.3	42.3	Lack of qualification of medical staff

IV. STI and HIV/Aids

Table 6: Coverage STI and HIV/Aids services

Service	National level (%)	Northern areas (%)	Main reason for non-coverage
Syndromic management of sexually transmitted infections	86.11	73.2	Lack of qualification of medical staff
Standard precautions	90.1	79.4	Lack of medical equipment
Availability of free condoms	21.1	33.9	Lack of financial resources
Prophylaxis and treatment of opportunistic infections	43.4	30.4	Lack of qualification of medical staff
HIV counselling and testing	47.5	23.8	Lack of qualification of medical staff
Prevention of mother-to-child HIV transmission (PMTCT)	30.5	17.3	Lack of qualification of medical staff
Antiretroviral treatment	13.4	14.3	Lack of qualification of medical staff

V. Maternal and newborn health

Table 7: Coverage of maternal and newborn health services

Service	National level (%)	Northern areas (%)	Main reason for non-coverage
Family planning	88.8	78.0	Lack of qualification of medical staff
Antenatal care	88.8	81.0	Lack of medical staff
Skilled care during childbirth	84.9	81.0	Lack of medical staff
Essential newborn care	82.6	65.1	Lack of qualification of medical staff
Basic emergency obstetric care (BEmOC)	44.2	31.0	Lack of qualification of medical staff
Comprehensive emergency obstetric care (CEmOC)	8.5	4.2	Lack of qualification of medical staff
Postpartum care	85.3	76.8	Lack of qualification of medical staff
Comprehensive abortion care	45.3	20.8	Lack of qualification of medical staff

VI. Sexual violence

Table 8: Coverage of sexual violence services