

MALI

People in need
6.3 million

People targeted
4.8 million

Requirements
US\$ 11.02 million

Context

The health situation in Mali continues to deteriorate. COVID-19 and the persistent conflict-related insecurity in a context already marked by droughts and seasonal floods are making the humanitarian situation more complex and increasing the number of people who are vulnerable. Many health needs of the most vulnerable populations remain unmet due to poor access to and poor use of quality basic health services. A comparative analysis of the number of consultations between 2020 and 2021 showed a difference of more than 2 million fewer consultations. Fewer than 50 000 assisted deliveries were reported in 2021. There was a considerable drop in monthly coverage of vaccinations in 2021, attributable to the COVID-19 pandemic. More than 5% of health structures are not functional, and there is a limited presence of partners working in the management of primary health care. Gender-based violence cases have increased over the years. The situation in northern and central regions of the country remains unstable, marked by an increase in direct or indirect attacks against national and international armed forces and the civilian population. Since the beginning of 2021, eight attacks on the health system have been reported by the northern and central regions and cases of gender-based violence have increased.

The health situation in Mali continues to deteriorate. COVID-19 and the persistent conflict-related insecurity in a context already marked by droughts and seasonal floods make the humanitarian situation more complex and increasing the number of people who are vulnerable. WHO and partners work to provide rapid multisectoral assistance to those in need.
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Response strategy

Partners in the Health Cluster will continue to respond to humanitarian needs in 2022. WHO and its partners will continue to strengthen the health information system, including the technical capacities of health workers at all levels to collect, analyse, and interpret health information from the operational level. WHO will also reinforce access to and the supply of quality health care for populations. WHO will continue monitoring access to the Minimum Package of services and Complementary Package of services, and ensuring quality of care is maintained for Basic Emergency Obstetric and Neonatal Care and Comprehensive Emergency Obstetric and Neonatal Care. WHO will also support strengthening mobile health services and community health centres in hard to reach areas with poor coverage. The referral system to ensure continuity of patient care will be improved. Vaccination sessions for children targeted under the Expanded Vaccination Programme will also be organized. Training, technical assistance, and supervision will be provided for health care providers. WHO's response strategy will also strengthen preparedness and response, with a focus on COVID-19, measles, and other potential epidemics. The technical capacities of health workers in epidemiological surveillance (detection, sampling, notification, and response) will be enhanced. Integrated surveillance and early warning systems will be improved. WHO will also work to ensure that populations, especially those impacted by gender-based violence, have access to psychosocial support services.



Country priorities

Humanitarian priorities

- Provide rapid multisectoral assistance (assistance and protection) in cash to at least 80% of internally displaced persons in emergency situations and living in sites for internally displaced persons in priority areas of the North, Centre, South, and West regions by the end of 2022.
- Ensure a reduction in mortality and global acute malnutrition rates of at least 80% of internally displaced persons and at least 80% of other people affected by conflict and insecurity, disasters, and epidemics in the targeted areas through adequate access to food, water, hygiene, sanitation, essential healthcare, and nutrition services by the end of 2022.
- Ensure 100% operationality of rapid response mechanisms in kind and in cash to meet the vital needs of people in emergency situations during forced displacement by the end of 2022.

COVID-19 priorities

Strengthen coordination and partnership for the response to COVID-19

- Mobilize 60 WHO staff to provide technical and logistical support to national, regional, and district response teams.
- Conduct high-level advocacy to mobilize resources for the regions.
- Mobilize technical, logistical, and financial resources and made available to health regions.
- Regular monitoring missions by WHO teams at national and regional levels.
- Ensure WHO recommendations and guidance are shared with all response actors.

- Develop and update response plans at national, regional, and district levels.
- Strengthen technical coordination at national, regional, and district levels.

Strengthen epidemiological surveillance, including community-based surveillance, and adequate contact tracing

- Strengthen epidemiological surveillance at national, regional, and district levels and entry points.
- Train and assign 100 personnel for surveillance at points of entry.
- Strengthen community-based surveillance at subnational level.

Support for strengthening and extension of diagnostic capacity

- Strengthen polymerase chain reaction diagnostic capacity in all regions.
- Train 50 health workers in regional laboratories on the use of COVID-19 rapid diagnostic tests.
- Ensure availability of rapid diagnostics tests and antigen tests across the country and at points of entry.

Support adequate management of confirmed cases of COVID-19 infection

- Reinforce care and follow-up of those sick at home at regional, health district, and community levels.
- Revise and implement national care guidelines revised in accordance with the latest recommendations.
- Strengthen intensive care unit capacities.

Support community engagement/participation and vaccination campaigns

- Strengthen risk communication and community engagement at the national, regional, and community levels.
- Strengthen National Controlled Recognized Environmental Condition capacities throughout the country.
- Strengthen national capacities for vaccination throughout the country.
- Ensure availability of vaccination centres in at least 80% of health facilities.

COVID-19 response

WHO Mali continues to respond to the COVID-19 pandemic through many interventions. WHO will continue to strengthen coordination and partnership for the response to COVID-19 and to improve epidemiological surveillance, including community-based surveillance and adequate contact tracing. WHO will also support the strengthening and extension of diagnostic capacity, and management of confirmed cases of COVID-19-related infection. WHO will likewise continue to support community engagement and vaccination campaigns.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.32	0.71	1.03
P2. Risk communication and community engagement	0.11	0.28	0.39
P3. Surveillance, case investigation, and contact tracing	0.21	1.88	2.09
P4. Travel, trade, points of entry and mass gatherings	0.11	0.18	0.29
P5. Diagnostics and testing	0.43	0.88	1.31
P6. Infection prevention and control	0.21	0.12	0.34
P7. Case management and therapeutics	0.16	1.78	1.94
P8. Operational support and logistics	0.16	0.60	0.76
P9. Essential health systems and services	0.75	1.82	2.57
P10. Vaccination	0.16	-	0.16
P11. Research, innovation, and evidence	0.13	-	0.13
Total	2.75	8.27	11.02

For more information

Dr Jean-Pierre Baptiste

WHO Representative
WHO Mali

baptistej@who.int

Dr Mohamadou Bachir Mbodj

Health Cluster Coordinator
WHO Mali

mbodjm@who.int

Dr Ghislain Poda

Programme Management Officer
WHO Mali

podag@who.int