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# ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: MALI

July 2015

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## **The Health Finance and Governance Project**

USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, \$209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

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*Photo: Mothers and children wait to be seen by a surgical team on the last day of a clinic in Bamako, Mali.  
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# ACRONYMS

<b>AMO</b>	<i>l'Assurance Maladie Obligatoire</i>
<b>ASACO</b>	Community health association
<b>CSCOM</b>	Community health center
<b>EPHS</b>	Essential Package of Health Services
<b>PMA</b>	<i>Paquet minimum d'activité</i>
<b>RAMED</b>	<i>Régime d'Assistance Médicale</i>
<b>RMNCH</b>	Reproductive, maternal, newborn and child health



# ABOUT THE ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Package of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.



# THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN MALI

A comprehensive review of policy documents and gray literature reveals that Mali has an EPHS, which the government refers to as the *paquet minimum d'activité*. While the formal PMA is described in one national policy document, it appears that the government considers any service provided under a vertical program informally part of the PMA as well.

Several government policy documents reference the PMA (*Plan Decennal de Développement Sanitaire et Social 1998–2007*; *Programme de Développement Socio-Sanitaire 2005–2009*; *Plan Stratégique National pour le Renforcement du Système de Santé 2009–2015*; *Plan Decennal de Développement Sanitaire et Social 2014–2023*; *Programme de Développement Socio-Sanitaire 2014–2018*). The oldest of these documents (*Plan Decennal de Développement Sanitaire et Social 1998–2007*) contains the most information about the contents of the PMA, but keeps the description relatively general (see Annex A).

The Ministry of Health's document entitled *Evaluation du Plan de Développement Sanitaire et Social (2011)* appears to discuss the PMA in a contradictory manner. First, the document states that the PMA has been defined and that it includes a minimum list of curative, preventive, and promotional services that must be available in a community health center (CSCOM). However, this document also states that the PMA has evolved with the evolution of national program strategies, but that there have been no formal updates to the PMA over time. This information suggests that the formal PMA remains that of the *Plan Decennal de Développement Sanitaire et Social 1998–2007*, but that the government may consider the services provided by national vertical programs informally part of the PMA.

## Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of Mali's EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included.	38
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	1
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	3
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	18

The following four priority RMNCH interventions were excluded from Mali's EPHS:

**Implicitly excluded:**

- ▶ Interventions for cessation of smoking
- ▶ Safe abortion
- ▶ Social support during childbirth

**Explicitly excluded:**

- ▶ Routine immunization plus *H. influenzae*, meningococcal, pneumococcal and rotavirus vaccines

## Use of Selected Priority Services

The table below presents the country's data on common indicators. Empty cells signify that these data are not available.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)	2006		22.1	31.3
Births attended by skilled health personnel (in the five years preceding the survey) (%)	2006		66.7	12.1
BCG immunization coverage among one-year-olds (%)	2013	87		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	74		
Median availability of selected generic medicines (%)—private	2004	70		
Median availability of selected generic medicines (%)—public	2004	81		

Source: Global Health Observatory, World Health Organization.

## How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

Mali has 60 health districts, which are further divided into health areas. Health areas each have a community health center (CSCOM) with a dispensary, a maternity center, and a pharmacy warehouse. A community health association (ASACO) is contracted by the Ministry of Health to manage and operate the health area and provide the PMA to the community (Joint Learning Network 2014, Lodenstein and Dao 2011). These community-based CSCOMs are considered nonprofit private institutions (Joint Learning Network 2014).

Each health district has a public sector referral health center (comparable to district hospitals). In 2010 there were approximately 25 private sector facilities operating at the district level as well. Public hospitals located in the regional capitals constitute the second referral level of the public health system. There were seven public sector facilities but approximately 10 times that number of private sector

facilities at this level in that year. In 2010 there were also four tertiary care hospitals in the country (Joint Learning Network 2014).

Additionally, community health workers are responsible for delivering some of the services included in the PMA: nutrition promotion; simple newborn care; family planning; and treatment of moderate malnutrition, of simple malaria by artemisinin-based combination therapy after rapid diagnostic test administration, of diarrhea by oral rehydration salts and zinc, and of acute respiratory infection by amoxicillin; as well as referral to community health centers for complicated cases (SIAPS 2013).

## Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women,
- ✓ adolescents,
- ✓ the indigent, and
- ✓ rural populations.

See Annex C for the World Health Organization's full health equity profile of Mali based on data from a 2006 Demographic and Health Survey.

Key findings from the health equity profile include:

- ▶ Coverage of many services is quite low across several measures. Wealth quintile is not strongly associated with service coverage of reproductive health services, maternal health services, or child immunization except among the highest wealth quintile.
- ▶ Education level is associated with service coverage of services from all three health areas; for example, coverage of births attended by a skilled health personnel is almost four times higher among the highest-educated women than the coverage for the least educated women.
- ▶ Coverage of antenatal care and coverage of births attended by a skilled health personnel is also strongly associated with rural or urban place or residence.

The *Programme de Développement Socio-Sanitaire 2014-2018* discusses specific interventions for the following subpopulations: women, children, newborns, adolescents, the poor, and rural populations.

## Providing Financial Protection for the EPHS

- ✓ The government sponsors health insurance for civil servants.
- ✓ The government sponsors or regulates health insurance for nongovernmental formal sector employees.
- ✓ The government sponsors health insurance for informal sector employees (through a national insurance fund, through subsidies to community-based health insurance, etc.).
- ✓ Community-based insurance is available in parts or all of the country.

In 2009, the government of the Republic of Mali established a mandatory health insurance scheme called AMO, which intends to cover civil servants, contractors, employees, members of Parliament, and retirees, and their beneficiaries. The government also created a non-contribution medical assistance system called RAMED, which intends to cover the indigent. These two schemes, operational in 2011, are devised to cover just over 22 percent of the population. The government intended the remaining citizens (agricultural workers and the informal sector) to have access to voluntary health insurance through *mutuelles*, and has made grants available through the *Mutuelle* Expansion Strategy, which was approved in 2011 (Joint Learning Network 2014). *Mutuelles* currently cover only a small percentage of the population, and are unevenly distributed throughout the country. Efforts are under way to scale the *mutuelles*, with the aim of covering 40 percent of the population by 2023 (HFG 2014).

The government's social protection policy aims to have the three health insurance systems cover the same services, but these services are not explicitly tied to the PMA. The laws and decrees assured consistency in the services between AMO and RAMED when the two organizations were founded. Currently, coverage of services by *Mutuelles* is not consistent, and most *Mutuelles* limit themselves to the services provided at the CSCOM. The national *Mutuelle* extension strategy seeks to bridge this gap by establishing a *Mutuelle* Support Fund, which could pay for care at the secondary and tertiary levels as well.



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# ANNEX A. MALI'S EPHS

Source: *Plan Decennial de Development Sanitaire et Social 1998 - 2007*

## Contents of the Minimum Package of Activities

- ▶ Clinical activities including the diagnosis and treatment of common diseases (including parasitic diseases, tuberculosis, cataracts, mental illness, HIV/AIDS), with referral of complex cases to the district level
- ▶ Preventive activities
  - nutrition
  - immunization
  - antenatal and postnatal consultations
  - routine child consultations
  - hygiene activities
  - IEC
  - family planning
  - community development activities.
- ▶ Essential package of obstetric and neonatal services
  - simple assisted deliveries
  - active management of the third stage of labor
- ▶ Basic laboratory services (urine, feces, blood, tests, etc.)
- ▶ Distribution of essential drugs
- ▶ Management of health facility budget, analysis and reporting of health information.



# ANNEX B. COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
<b>Adolescence and pre-pregnancy</b>	<b>Level: Community Primary Referral</b>		
	Family planning (advice, hormonal and barrier methods)	Yes	Source: <i>Politique &amp; Normes des Services de Sante de la Reproduction (2004)</i> includes advice and “Contraception” for adolescents, not specifically hormonal and barrier.
	Prevent and manage sexually transmitted infections, HIV	Yes	Source: <i>Politique &amp; Normes des Services de Sante de la Reproduction (2004)</i> .
	Folic acid fortification/supplementation to prevent neural tube defects	Unspecified	Source: <i>Politique &amp; Normes des Services de Sante de la Reproduction (2004)</i> mentions “Promotion d’un bon état nutritionnel” for adolescents
	<b>Level: Primary and Referral</b>		
	Family planning (hormonal, barrier and selected surgical methods)	Yes	Source: <i>Politique &amp; Normes des Services de Sante de la Reproduction (2004)</i> includes advice and “Contraception” for adolescents, not specifically hormonal and barrier.
	<b>Level: Referral</b>		
	Family planning (surgical methods)	Yes	Source: <i>Politique &amp; Normes des Services de Sante de la Reproduction (2004)</i> includes advice and “Contraception” for adolescents, not specifically hormonal and barrier.
<b>Pregnancy (antenatal)</b>	<b>Level: Community Primary Referral</b>		
	Iron and folic acid supplementation	Yes	Source: <i>Politique &amp; Normes des Services de Sante de la Reproduction (2004)</i> .
	Tetanus vaccination	Yes	Source: <i>Politique &amp; Normes des Services de Sante de la Reproduction (2004)</i> .
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Yes	Source: <i>Politique &amp; Normes des Services de Sante de la Reproduction (2004)</i> .
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	Yes	Source: <i>Politique &amp; Normes des Services de Sante de la Reproduction (2004)</i> .
	Calcium supplementation to prevent	Unspecified	This service was not specified in reviewed

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	hypertension (high blood pressure)		documents
	Interventions for cessation of smoking	No	This services was not specified in reviewed documents and is not clinically related to included services. It is implicitly excluded.
	<b>Level: Primary and Referral</b>		
	Screening for and treatment of syphilis	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né (2009)</i>
	Low-dose aspirin to prevent pre-eclampsia	Unspecified	This service was not specified in reviewed documents
	Anti-hypertensive drugs (to treat high blood pressure)	Unspecified	This service was not specified in reviewed documents
	Magnesium sulphate for eclampsia	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né (2009)</i>
	Antibiotics for preterm prelabour rupture of membranes	Unspecified	This service was not specified in reviewed documents
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Safe abortion	No	This services was not specified in reviewed documents and is not clinically related to included services. It is implicitly excluded.
	Post abortion care	Yes	Source: <i>Politique &amp; Normes des Services de Sante de la Reproduction (2004)</i> .
	<b>Level: Referral</b>		
	Reduce malpresentation at term with External Cephalic Version	Unspecified	This service was not specified in reviewed documents
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Unspecified	This service was not specified in reviewed documents
<b>Childbirth</b>	<b>Level: Community Primary Referral</b>		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Unspecified	This service was not specified in reviewed documents
	Manage postpartum haemorrhage using uterine massage and uterotonics	Unspecified	This service was not specified in reviewed documents
	Social support during childbirth	No	This services was not specified in reviewed documents and is not clinically related to included services. It is implicitly excluded.
	<b>Level: Primary and Referral</b>		

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (as above plus controlled cord traction)	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)
	Management of postpartum haemorrhage (as above plus manual removal of placenta)	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)
	Screen and manage HIV (if not already tested)	Yes	Source: <i>Politique &amp; Normes des Services de Sante de la Reproduction</i> (2004).
	<b>Level: Referral</b>		
	Caesarean section for maternal/foetal indication (to save the life of the mother/baby)	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)
	Prophylactic antibiotic for caesarean section	Unspecified	This service was not specified in reviewed documents
	Induction of labour for prolonged pregnancy (initiate labour)	Unspecified	This service was not specified in reviewed documents
	Management of postpartum haemorrhage (as above plus surgical procedures)	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)
<b>Postnatal (Mother)</b>	<b>Level: Community Primary Referral</b>		
	Family planning advice and contraceptives	Yes	Source: <i>Politique &amp; Normes des Services de Sante de la Reproduction</i> (2004).
	Nutrition counselling	Yes	Source: <i>Plan Stratégique National pour l'Alimentation et la Nutrition</i> (2005)
	<b>Level: Primary and Referral</b>		
	Screen for and initiate or continue antiretroviral therapy for HIV	Yes	Source: <i>Politique &amp; Normes des Services de Sante de la Reproduction</i> (2004).
	Treat maternal anaemia	Yes	Source: <i>Plan Stratégique National pour l'Alimentation et la Nutrition</i> (2005)
	<b>Level: Referral</b>		
	Detect and manage postpartum sepsis (serious infections after birth)	Unspecified	This service was not specified in reviewed documents
<b>Postnatal (Newborn)</b>	<b>Level: Community Primary Referral</b>		
	Immediate thermal care (to keep the baby warm)	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)
	Initiation of early breastfeeding (within the first hour)	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)
	Hygienic cord and skin care	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	<b>Level: Primary and Referral</b>		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)
	Extra support for feeding small and preterm babies	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)
	Management of newborns with jaundice (“yellow” newborns)	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)
	Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)
	<b>Level: Referral</b>		
	Presumptive antibiotic therapy for newborns at risk of bacterial infection	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)
	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Unspecified	This service was not specified in reviewed documents
	Case management of neonatal sepsis, meningitis and pneumonia	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)
<b>Infancy and Childhood</b>	<b>Level: Community Primary Referral</b>		
	Exclusive breastfeeding for 6 months	Yes	Source: <i>Manuel de Référence du Mali – Soins Essentiels du Nouveau-né</i> (2009)
	Continued breastfeeding and complementary feeding from 6 months	Yes	Source: <i>Plan Stratégique National pour l’Alimentation et la Nutrition</i> (2005)
	Prevention and case management of childhood malaria	Yes	Source: Included under IMCI, Appendix A
	Vitamin A supplementation from 6 months of age	Yes	Source: <i>Plan Stratégique National pour l’Alimentation et la Nutrition</i> (2005)
	Routine immunization plus <i>H. influenzae</i> , meningococcal, pneumococcal and rotavirus vaccines	No	Source: <a href="http://apps.who.int/immunization_monitoring/globalsummary/countries?countrycriteria%5Bcountry%5D%5B%5D=MLI">http://apps.who.int/immunization_monitoring/globalsummary/countries?countrycriteria%5Bcountry%5D%5B%5D=MLI</a> ; Rotavirus is excluded
	Management of severe acute malnutrition	Yes	Source: Included under IMCI, Appendix A
	Case management of childhood pneumonia	Yes	Source: Included under IMCI, Appendix A
	Case management of diarrhoea	Yes	Source: Included under IMCI, Appendix A

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	<b>Level: Primary and Referral</b>		
	Comprehensive care of children infected with, or exposed to, HIV	Yes	Source: <i>Politique &amp; Normes des Services de Sante de la Reproduction (2004)</i> .
	<b>Level: Referral</b>		
	Case management of meningitis	Unspecified	This service was not specified in reviewed documents
<b>Across the continuum of care</b>	<b>Level: Community Strategies</b>		
	Home visits for women and children across the continuum of care	Unspecified	Appendix A mentions community development activities generically
	Women's groups	Unspecified	Appendix A mentions community development activities generically



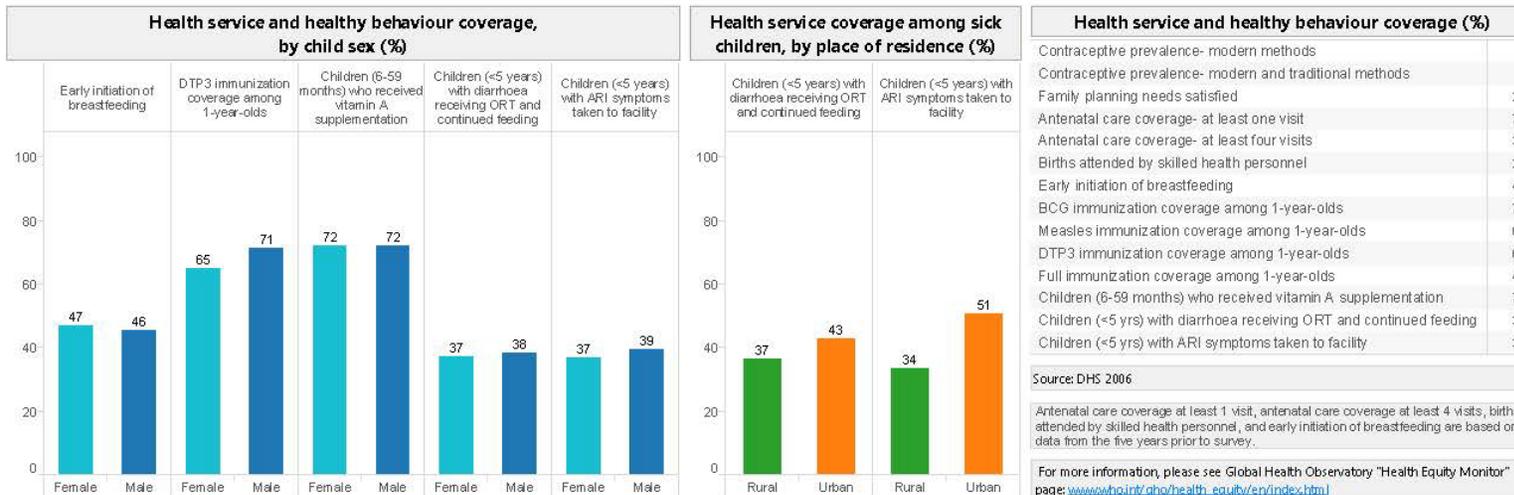
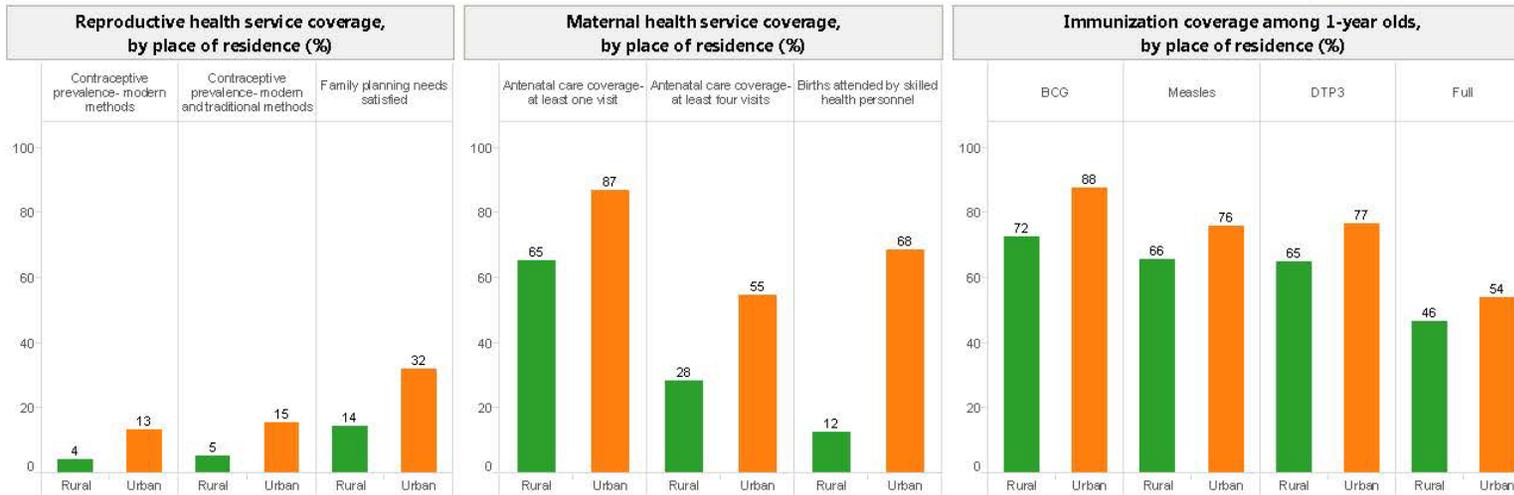
# ANNEX C: MALI HEALTH EQUITY PROFILE



Mali: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services



Mali: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services







**BOLD THINKERS DRIVING  
REAL-WORLD IMPACT**