Mali — BASICS II Country Program

Mali’s infant mortality is among the ten highest worldwide and more than one in five children dies before the age of five years. Sixty percent of adults are illiterate. Per capita purchasing parity is a low $740,¹ and nearly three-quarters of the population lives below the poverty line.² Notwithstanding these extremely poor levels of health, education, and poverty, Mali lately has made remarkable progress on its political and economic fronts and has been commended by international agencies for its economic reforms and government policies of decentralized decision-making.

Child Survival Program

Overview

After a smooth transition from BASICS I, the BASICS II team joined their Malian counterparts to review child health programs, identify gaps and constraints, and develop a plan to address needs. This assessment was a follow-up to an external review in 1998 of the Expanded Programme on Immunization (EPI), which indicated that fewer than one-third of children were fully immunized, according to vaccination cards. In 2001, BASICS II began work with the Centre National d’Immunisation (CNI) and its partners to improve coverage and quality of immunization services.

Technical Approach

BASICS II focuses its resources on strengthening the national immunization program, particularly through the national-level support of the CNI, as well as on improving district immunization activities. The Project has engendered a collaborative approach that brings together partners, both international and local, to maximize the use of limited technical and financial resources. This leveraging addresses shortfalls in technical capacity that contribute to low levels of immunization coverage and quality. Although BASICS II program work is based at the central level, its focus includes the most populous regions of Mali—the districts of Bamako, Kayes, Koulikoro, Mopti, Segou, and Sikasso.

An emphasis on micro-planning helps motivate front-line workers and mobilize community resources to strengthen the routine immunization program. This approach encourages the development and implementation of innovative approaches and is in keeping with government policy for decentralization. A communication and behavior change strategy that includes advocacy and social

¹. Gross national income adjusted to reflect U.S. purchasing parity.
mobilization tools has been developed to increase and sustain demand for immunizations in the long term. Additionally, through the Peer Teaming Strategy, a management team of professional staff and community leaders from a low-performing district travels to a higher performing district to observe and exchange ideas.

The BASICS II comprehensive approach to measles control includes assistance with a national campaign and support for strengthening routine immunization, particularly program quality and injection safety issues. In addition, the Project will document and disseminate throughout West Africa an initiative to implement the High Risk Approach for maternal and neonatal tetanus.

**Interventions**

**Immunization**

Initial results of numerous interventions to strengthen immunization and to improve coverage show DPT3 coverage has risen from 59% to 71% nationwide. For three regions, the Project helped to analyze the reasons for non-immunization of children under one year of age and child-bearing women, and the results were used to develop a national EPI communication plan. Also, as a result of its initial success, the Peer Teaming Strategy for improving district approaches to immunization will be scaled up within Mali and transferred to other countries.

Measles program quality and injection safety. BASICS II worked closely with the Ministry of Health and other partners to develop a comprehensive approach for measles control, which included a national campaign that achieved reported coverage of 97%. The Project also developed a plan to improve injection safety during campaigns.

Efforts to strengthen routine measles coverage have included a focus on long-term program quality. With Project technical support, the MOH expanded the national disease surveillance system to include surveillance of adverse events following immunization (AEFI).

**Tetanus initiatives.** A focused strategy for the reduction of maternal and neonatal tetanus was developed. Its implementation, with the MOH, UNICEF, and other partners, uses a High Risk Approach for improved targeting of women and children for tetanus immunization. During tetanus campaigns in two high-risk districts, the Project, UNICEF, and partners field-tested the pre-filled UNIJECT syringe, which is being supported as an improved mechanism for delivering tetanus vaccination.

Introducing new vaccines. BASICS II participated in preparation of national plans for the successful application to GAVI (Global Alliance for Vaccines and Immunizations) for funding from the Vaccine Fund. As a result, the country is introducing two new vaccines for hepatitis B and yellow fever.
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**Key Partners**

- Ministry of Health:
  - MOH: national, regional, and district levels
  - CSCom (Centres de Santé de Commune): community level
- International Organizations: global, national, and regional levels
  - UNICEF
  - World Health Organization
  - The World Bank
  - Japanese International Cooperation Agency
  - Save the Children
- Youth Fulfillment Program (USAID bilateral): regional level

**Country Contact**

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**Health Status Overview**

- Total population of Mali: 11 million
- Under 5 mortality (CRM): 219.5/1000 live births
- Infant mortality (<1 year) (IMR): 113/1000
- Neonatal mortality (<1 month): 57.1/1000
- Low height for age <3 years (<2 SD): 30.1%
- DPT3 coverage (among children 12–23 months): 32%

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