



HEALTH POLICY PROJECT / MALI

Building capacity for improved health policy, advocacy, governance, and finance



Photo by Ferdinand Reus

Overview

Mali is one of poorest countries in the world, with more than half the population living in poverty. While contraceptive prevalence is increasing slowly, the level remains low in comparison with most other countries in the region. The unmet need for family planning in Mali is 26 percent among married women. The level of contraceptive use, at 10 percent, is below the regional average of 17 percent. Additionally, maternal and child health indicators remain problematic and the country has one of the highest fertility rates in the region at six children per family.¹

To help address these issues, the Health Policy Project (HPP) provided assistance to the Ministry of Health (MOH) in the areas of family planning, HIV, maternal health, and malaria. HPP started its program in Mali by facilitating a joint conference with the White House and the Conference on Islamic Organization in November 2010 on the topic of “reaching each mother and child with emergency services.”

While the U.S. Government and many other donors suspended aid to the Government of Mali after the 2012 coup d'état, restrictions were lifted in 2013, following the democratic election of a new president. At the request of USAID, HPP resumed its assistance, helping the MOH to complete its five-year consolidated health and social development plan for the Timbuktu region (2014–2019). HPP also supported development of the country's Costed Implementation Plan for Family Planning, in line with other signatories of the Ouagadougou Partnership.

Governance and Leadership Strengthened for Sustainable Health Programs

HPP and its partners worked to strengthen national policies, advocacy, governance, and financing to support strategic, sustainable health programs, especially in the areas of HIV and family planning. HPP contributed to the following initiatives:

- Following the 2010 White House meeting, and with the Maternal and Child Health Integration Program, piloted a maternal, neonatal, and child health initiative (MNCH) in the Kayes District under the aegis of the Ministry of Health. MNCH messages were disseminated to hundreds of communities.
- In 2012, trained staff of the National High Counsel to Fight against AIDS on the use of the Goals (HIV costing) Model.² This training led to a national consensus on HIV data, followed by the integration of the model into the strategic planning process of the counsel.
- Provided technical assistance to help design a socio-sanitary health plan for the Timbuktu region.

Selected Publications

*Achieving the MDGs:
The Contribution of Family
Planning: Mali*

News Features

*Mixing Tradition and Technology
to Improve Women's Health*

*Religious Leader in Rural Mali
Becomes Example for Practicing
Family Planning*

*Imam Institutes Pre-Marriage
Counseling to Improve Family
Health in Mali*

- Trained networks of religious leaders to lead the fight against AIDS and also the National Assembly and other actors to lead activities related to policy dialogue and advocacy.
- Supported local family planning champions in the use of the *RAPIDWomen* tool,³ which was subsequently used independently to advocate for family planning.
- Strengthened collaboration with the MOH and other ministries, as part of the Family Planning Technical Working Group, to develop the Mali Costed Implementation Plan for Family Planning, outlining the resources required to achieve the national FP2020 targets and Ouagadougou targets.

As a result of HPP's activities and collaboration, several advocacy tools for religious leaders (Muslim and Christian) on FP, HIV, malaria, and MNCH (e.g., *RAPIDWomen* and AIM)⁴ are now used and disseminated by religious leaders without HPP support.

The Way Forward

HPP worked effectively with the MOH and civil society to build the advocacy capacity of key actors. Future efforts should include the following:

- Supporting government to effectively implement and operationalize the various family planning, MNCH, and HIV policies and strategies at the national, decentralized, and community levels.
- Building the capacity of policymakers and civil society to advocate to state and local governments for FP budget lines (creation, allocation, release, and expenditure) and increased funding to hire and train healthcare personnel. This would include using new tools and models for advocacy.
- Implementing a "Constructive Mens Engagement" approach to increase men's involvement in family planning decision making.
- Making progress toward girls and women's empowerment, including completing dissemination of the *RAPIDWomen* tool and application results.

Notes

¹ Westoff, Charles F., Kristin Bietsch, and Soumaila Mariko. 2014. *Family Planning in Mali: Further Analysis of the 2012-13 Demographic and Health Survey*. DHS Further Analysis Reports No. 91. Rockville, MD: ICF International.

² The Goals Model helps planners understand how funding levels and patterns can lead to reductions in HIV incidence and prevalence and improved coverage of treatment, care, and support programs. More information can be found at www.healthpolicyproject.com/index.cfm?id=software&get=GOALS.

³ *RAPIDWomen* is an interactive software tool that links family planning and women-centered strategies, thereby demonstrating how investing in these programs can increase quality of life for women, girls, and families, as well as overall development. More information can be found at www.healthpolicyproject.com/index.cfm?id=software&get=RAPIDW.

⁴ The AIDS Impact Model (AIM) projects the consequences of the HIV epidemic, including the number of people living with HIV, new infections, and AIDS deaths by age and sex; as well as the new cases of tuberculosis and AIDS orphans. More information can be found at www.healthpolicyproject.com/index.cfm?id=software&get=Spectrum.

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