

# MALI

## **National Public Health Policy**

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### *i. Environmental Health Situation*

The general unhealthy conditions that are characterised in the rural and especially urban areas in Mali, is the reflection of the behaviors and practices of individuals. On the level of the management of rainwater, the system of rain drainage is generally not in a good state. As to the management of wastewater and sewage water, because of the insufficiency of spillways of wastewater for the majority of the concessions, nearly 95 percent of the residences use non hygienic practices which lead to the deterioration of the environment and quality of life of the populations. Management of the household refuse, calls for a judgment on the state of the current results which fits in the same points relative to the management of wastewater, rainwater and sewage water.

## **II. National Policy**

The government of Mali has adopted the following principles based on the declaration of Alma-Ata on Primary Health Care in 1978, with the objectives of International Drinking Water Decade 1981-1990, with the principles of the World Health Organization and with the decisions taken at the top of the ground in Rio on June 1992 and the Bamako convention on the importation and the transit of dangerous waste. Thus the national Public health policy aims to improve the quality of life of the communities.

### *i. Orientation*

Priority will be accorded to education and information of the communities in order to obtain their full participation in programs and projects.

This sectoral public health policy is an integrated part of the national plan of environmental action which constitutes the level of global intervention as regards to the environmental framework of the protection of the environment and level of life.

1. To improve the behaviors of individuals and of the community in order to guarantee its implication in the management and the programme testing of public health.
2. To increase the financing of Public Health programs.
  1. To improve the coverage rate in the promotion of public health, and
  2. To set up a database on public health.

### *ii. Strategies*

The strategies to be implemented in line with public health must reconcile the economic realities and the social concerns in the country.

Information, education and communication efforts will be administered with the objective to change actions of individuals and collective hygiene of communities. The main part of the efforts will be on information and training of the populations particularly the women and children being the most vulnerable groups.

The centers of community health will constitute the heart, the starting point and the reference of the promotion of hygiene. Community associations will be the driving element for the diffusion of the messages and the control of the application of the norms of hygiene within the community.

***i. Roles and responsibilities of stakeholders concerned with the provision of public health services.***

A clear and precise definition of the roles and responsibilities are as follows :

1. At the policy level:

Creation of a national council of public health. Consultative organ presided by the Ministry in charge of public health, it will be charged to lay down the main trends of public health on the basis of the felt concerns and formulated by the communities, it provides political and moral support for the implementation of the actions selected, it examines the legislations and regulations proposed by the department in charge of public health, finally it supports the Ministry in charge of public health in the mobilization of resource in favour of promotion of public health, in particular in the cases of epidemics or of emergency situations.

It will be composed of the representatives of the democratic institutions of the state, the political parties, associations and organizations of the people, NGOs, and the members of the ministerial departments involved in the implementation of actions for the promotion of public health.

2. At the technical level:

The ministry in charge of public health will implement the hygiene policy through : national management of public health, the regional management of health; socio-medical services; and community health centers.

3. Decentralised communities are the principal actors and the first beneficiaries of the promotion of hygiene; to this end:

- a. They must adapt all the projects of the promotion of hygiene in their center.
- b. They must take part in the financing of the actions; and

- c. They must ensure that the rules are defined and enforced accordingly.
4. NGOs, Associations, GIE and other private: constituted and working within the communities, they must:
- a. Support in the final formulation of the local projects of the promotion of hygiene.
  - b. To take part in the financing of the aforesaid projects.
  - c. Execute on mandate of these communities projects for which financing is available.

#### ***IV. Implementation***

Implementation of the programme of the promotion of public health will be primarily based on hygiene education in order to succeed changing individual and community behaviours that pose a high health risk for the health and the good well-being of all and the adoption of those which are favorable to the prevention of diseases.

All the channels of communication will be used, in particular:

- a. Modern media: Television, radio, newspapers.
- b. Traditional media: songs and dances, folk tales, sketches, theatres etc.
- c. Participative techniques of interpersonal communication.