

MALI

General data

PHYSICIANS/1000 INH, 2020-2022

NURSES/1000 INH, 2020-2022

Socioeconomic data

HUMAN DEVELOPMENT INDEX RANKING, 2023

COUNTRY INCOME LEVEL, 2022 Lowincome

GDP PER CAPITA (US\$), 2023

HEALTH EXPENDITURE, 2021

UNIVERSAL HEALTH COVERAGE, 2021

EMPOWERMENT OF PEOPLE AND COMMUNITIES
POLICIES
CRESEARCH
USE OF ESSENTIAL MEDICINES
EDUCATION AND TRAINING
PROVISION OF PC

1 2 3 4

LIFE EXPECTANCY, 2022 60.89

POPULATION, 2023 23,293,698

0.2

0.35

188

869.27

40.13

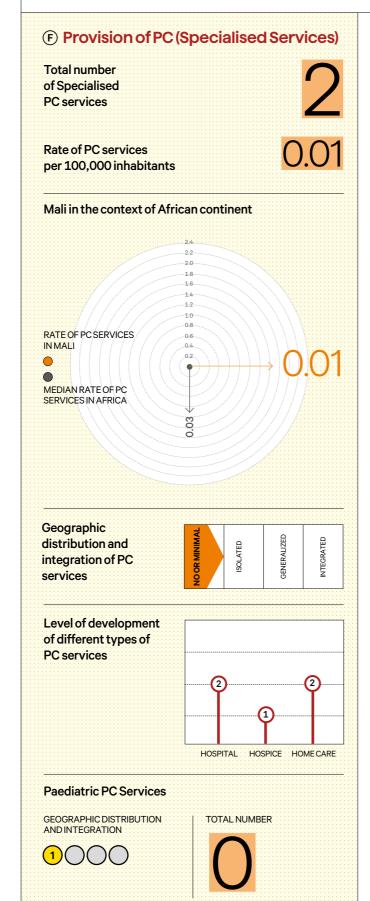
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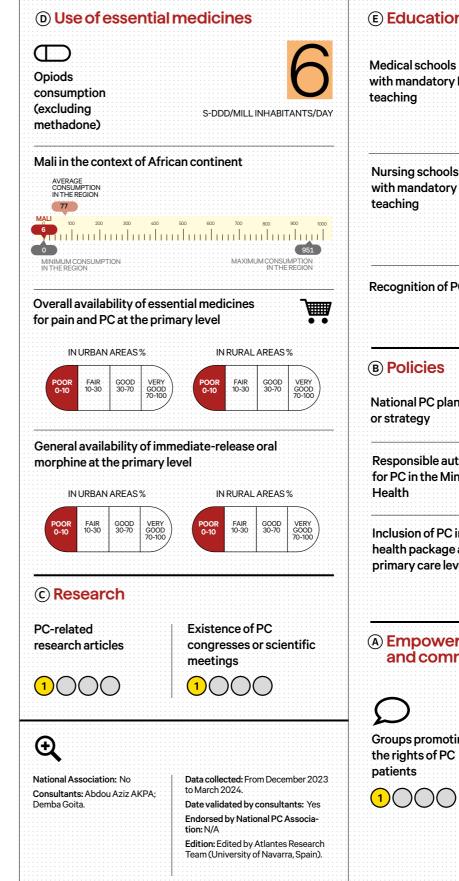
WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

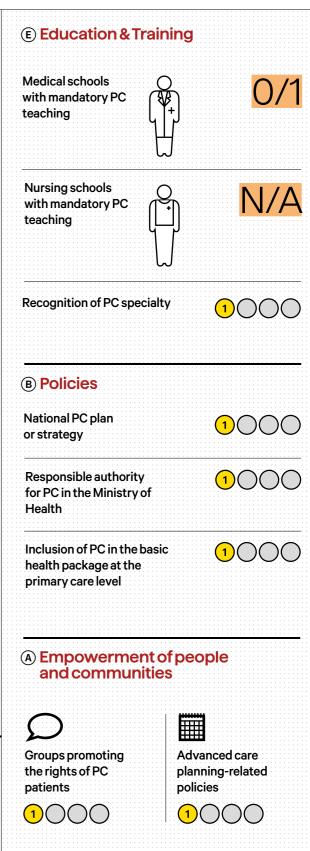






AF Mali







Ind1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.



Only isolated activity can be detected.

In Mali, a coalition of cancer-related associations has been established, but their activities are not specifically focused on promoting the rights of patients in need of palliative care or their caregivers. Their main areas of work include awareness-raising for early cancer detection and, occasionally, the distribution of small care kits to patients. No formal advocacy groups dedicated to palliative care or patient rights in this field have been identified.

Ind2

Is there a national policy or guideline on advance directives or advance care planning?



There is no national policy or guideline on advance care planning.

Ind3

- 3.1. There is a current national PC plan, programme, policy, or strategy.
- palliative care plan (or programme or strategy or legislation)





Do not know or does not exist.

3.2. The national Not known or does not exist neither is a standalone. standalone nor is included in another



national plan.



Mali

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.



Do not know or does not exist.

Ind4

- PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.



Not at all.

Ind5

- 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?



5.2. The national authority has concrete functions, budget and staff.

1000

There is no coordi-

nating entity.

Does not have concrete functions or resources (budget, staff, etc.).

Currently there are at least five doctors and a psychologist who have benefited from the introductory palliative care training organized by Hospice Africa Uganda. Among the trained doc $tors, three \, doctors \, work \, for \, Doctors \, Without \, Borders \, France,$ and all are basic general practitioners. The trained psychologist $\,$ also works for Doctors Without Borders. The other two doctors are government employees, including one doctor specializing in medical oncology and one specialist in general surgery.

COUNTRY REPORTS COUNTRY REPORTS



Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



There are no national congresses or scientific meetings related to palliative care.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Minimal or nonexistent number of articles published on the subject in that country.

A comprehensive scoping review conducted in March 2023, $covering \, publications \, from \, 2017 \, onward, did \, not \, identify \, any \,$ $peer-reviewed\ articles\ on\ palliative\ care\ in\ Mali\ that\ all\ met\ the$ inclusion criteria for this indicator.

Ind8

Reported annual opioid consumption -excluding methadone-in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020-2022.



MAXIMUM CONSUMPTION IN THE REGION

COUNTRY VS REGION 77

Mali

Ind9

-9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

-9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Poor: Between 0% to 10%.



Poor: Between 0% to 10%.

Ind 10

- 10.1. Percentage of health facilities at the primary care level in urban areas that have immediaterelease oral morphine (liquid or tablet).
- -10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.



Poor: Between 0% to 10%.

MINIMUM CONSUMPTION IN THE REGION



Ind 11

- 11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)
- 11.2. The proportion of medical schools with OPTIONAL teaching in PC.
- 11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with OPTIONAL teaching in PC.





There are two universities in Mali; the most important one being the Faculty of Medicine in the city of Bamako (University of Bamako), that has not palliative care as part of its curricula.

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.





There is no process on specialization for palliative care physicians.



AF Mali

Ind13

- 13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPH-IC reach and is delivered through different service delivery platforms.
- 13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- -13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.
- 13.5. Total number of specialised PC services or teams in the country.



No or minimal provision of palliative care specialized services or teams exist in the country.



Ad hoc/in some parts of the country.

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Not at all.

cer.

RATE OF SPECIALISED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION 0.03

Ad hoc/in some parts of the country.



In oncology, where there is a palliative care unit—the first in

Bamako and even in the entire country—there is no team ded-

icated to palliative care. Thanks to Doctors Without Borders,

three or four staff members have received introductory training

in palliative care from Hospice Arica Uganda but palliative care

still has a long way to go in Mali. There is a palliative care team

home visits per week to patients with breast and cervical can-

from Médecins Sans Frontières France that makes at least three



← SPECIALISED

Ind14

- 14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.
- -14.2. Number of pediatric specialised PC services or teams in the country.



care specialized

1000

No or minimal provision of palliative services or teams for children exists in country.

 $There \, is \, no \, specialized \, pediatric \, palliative \, care \, team.$

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