

# Mali

The Government of Mali reports as follows.

## National coordination

There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. It is not known how many people work full-time on hepatitis-related activities in all government agencies/bodies.

The government does not have a viral hepatitis prevention and control programme that includes activities targeting specific populations.

## Awareness-raising and partnerships

The government did not hold events for World Hepatitis Day 2012 and has not funded other viral hepatitis public awareness campaigns since January 2011.

The government collaborates with the following in-country civil society group to develop and implement its viral hepatitis prevention and control programme: SOS Hepatitis.

## Evidence-based policy and data for action

There is no routine surveillance for viral hepatitis.

There are no standard case definitions for hepatitis. Hepatitis deaths are not reported to a central registry. Of the hepatitis B and hepatitis C cases, 15%–20% and 4.98%, respectively, are reported as “undifferentiated” or “unclassified” hepatitis.

Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally.

The government publishes hepatitis disease reports annually.

It is not known whether hepatitis outbreaks are required to be reported to the government. There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

It is not known whether there is a national public health research agenda for viral hepatitis, or whether viral hepatitis serosurveys are conducted regularly.

Population (in millions) (2011)	<b>15.8</b>
Country classification (2012)	<b>Low-income</b>
Gross national income per capita (PPP int \$) (2011)	<b>\$1040</b>
Total health expenditure as % of GDP (2010)	<b>4.98%</b>
Per capita total health expenditure (PPP int \$) (2010)	<b>\$55.58</b>
Per capita government health expenditure (PPP int \$) (2010)	<b>\$25.89</b>
Life expectancy at birth (in years) (2009)	<b>53</b>
Human Development Index (2011)	<b>0.359</b>
Median age (in years) (2010)	<b>16</b>
Total fertility rate per woman (2010)	<b>6.3</b>

## Prevention of transmission

There is no national policy on hepatitis A vaccination.

It is not known whether the government has established the goal of eliminating hepatitis B.

It is not known what percentage of newborn infants nationally in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth or what percentage of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is no national policy that specifically targets mother-to-child transmission of hepatitis B.

There is no specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings.

There is a national policy on injection safety in health-care settings, which recommends single-use syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

It is not known whether the government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

## Screening, care and treatment

It is not known how health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis.

There are no national clinical guidelines for the management of viral hepatitis. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

The government does not have national policies relating to screening and referral to care for hepatitis B or hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge for all individuals, but they are free of charge for blood donors. Hepatitis B and hepatitis C tests are compulsory for blood donors.

Publicly funded treatment is not available for hepatitis B or hepatitis C.

The following drug for treating hepatitis B is on the national essential medicines list or subsidized by the government: interferon alpha. The following drugs for treating hepatitis C are on the national essential medicines list or subsidized by the government: interferon alpha and ribavirin.

The Government of Mali welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).