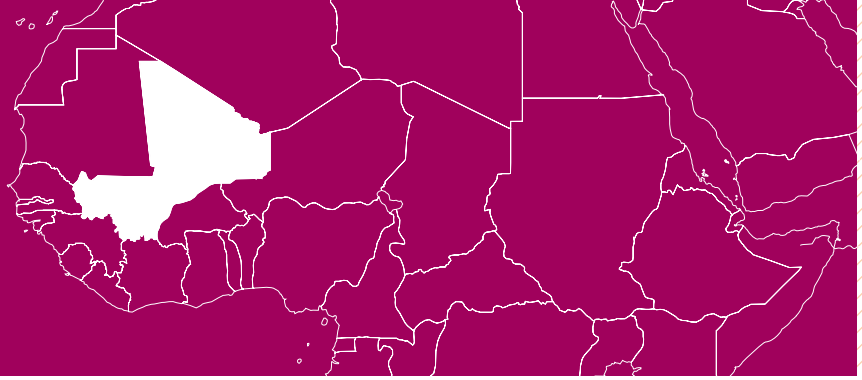
MALI

PAC-FP COUNTRY BRIEF



Postabortion care (PAC) provides a comprehensive approach to preventing morbidity and mortality caused by abortion complications (PAC Consortium, 2014). As per the U.S. Agency for International Development (USAID) PAC model, a critical component of PAC is providing access to family planning (FP) counseling and services. Providing these services helps meet the reproductive intentions of women who most clearly demonstrate an unmet need for FP, reduces unintended pregnancies, and prevents repeat abortions, thus reducing maternal deaths (Curtis, Huber, and Moss-Knight, 2010). The information below highlights the Republic of Mali's investment in providing PAC and FP services to women in need.

POLICIES, LEADERSHIP, AND GOVERNANCE

The Republic of Mali's national policy on family planning (FP) and reproductive health (RH) is included in a number of documents, including the 2002 Reproductive Health Law, the Policies and Service Provision Norms on Reproductive Health (2004), and the National Strategic Plan on Family Planning 2014–2018 (2014). The latter document aims to reposition FP and respond to the FP needs in the country to achieve 15% contraceptive prevalence by 2018. Mali is committed to strengthening the national FP campaigns institutionalized in 2005 under the Prime Minister. While postabortion care (PAC) was first introduced in Mali in 2006, the National Strategic Plan on Family Planning 2014–2018 includes PAC as a fully integrated component of the country's RH services.

Legal status of abortion

In Mali, abortion is legal in the case of rape, incest, and to save the life of the woman.

PAC TRAINING AND STANDARDS

With the support of international partners, Mali implements a training program for PAC trainers and providers to increase the availability of PAC throughout the country. The PAC training, which was updated in 2005, includes treatment of emergency complications with manual vacuum aspiration or misoprostol and provision of voluntary FP methods (including long-acting FP methods). This training targets obstetric nurses, medical students at the end of the clinical course, general practitioners, midwives, and gynecologists. Mali's clinical standards for PAC include counseling, the provision of the voluntary contraceptive methods, and patient referral to other services (as needed).

STRENGTHENING SERVICE DELIVERY

In collaboration with USAID and Jhpiego, the government of Mali has worked to improve the quality of health services through the Maternal and Child Survival Program, Mali (2014–2015). Jhpiego trained healthcare personnel in the provision of PAC, including distribution of long-acting reversible contraceptive methods, and provided four facilities in the Kayes and Sikasso regions and Bamako district with equipment for these services. As a result, the proportion of PAC clients counseled on contraception in project-supported facilities increased from 80% to 93% (Jhpiego, 2014).

PAC·FP THE POSTABORTION CARE FAMILY PLANNING PROJECT
Expanding contraceptive methods and informed choice to PAC clients

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Mali further authorized the establishment of private midwifery schools in rural remote areas, and, in collaboration with the Midwifery Association, redeployed midwives to remote areas. Health professionals serving these areas receive special compensation.

Approved PAC services include the use of misoprostol for PAC and the creation of PAC units in all emergency obstetric care facilities where clients can receive their preferred contraceptive method.

BARRIERS TO PAC

Women in Mali face multiple barriers to accessing PAC and FP services. The primary obstacle women face is the lack of infrastructure adapted to support provision of PAC. When health facilities do not offer confidential rooms dedicated to PAC, women are vulnerable to rumors in the facility that may spread to the community and related stigma. Mali also faces a shortage in healthcare personnel, making it difficult to provide services to women in need.

FINANCING MECHANISMS

Mali's health insurance plan covers PAC and FP services. Despite this, the country has yet to establish a permanent mechanism to finance PAC. Mali is nevertheless committed to identifying innovative strategies to diversify funding sources for family health and reproductive health activities, including by engaging the private sector (FP2020, 2016). The allocation of state resources to RH and FP has increased from CFAF 7.6 billion (approximately USD 13.1 million) in 2014 to CFAF 8.1 billion (approximately USD 13.9 million) in 2015 (FP2020, 2016).

MALI		Year	Source
Demographic/background indicators			
Country population	19,363,678	2018	World Population Review
Total fertility rate	6.1	2017	World Bank
Age at first birth	19.6	2012–2013	Demographic and Health Survey, 2012–13
Newborn mortality per 1,000 live births	34		
Infant mortality per 1,000 live births	56		
Under-five child mortality per 1,000 live births	95		
Facility-based delivery	55%		
At least one antenatal visit during previous pregnancy	74%		
At least one postnatal visit during previous pregnancy	52%		
Maternal mortality ratio per 100,000 live births	368	2014	EDSM V[1], SOMAGO[2]
Abortion and FP-related indicators			
Abortion complications is the fifth leading cause of maternal death		2009	Ministere de la Sante, SOMAGO
Proportion of obstetric complications that are abortion-related	9%	2003	Ministere de la Sante, SOMAGO
Number of unintended pregnancies	237,000	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Number of unintended pregnancies averted due to use of modern contraceptive methods	213,000	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Number of unsafe abortions averted due to use of modern contraceptive methods	76,000	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Number of maternal deaths averted due to use of modern contraceptive methods	900	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Modern method contraceptive prevalence rate, all women of reproductive age (WRA)	13.5 %	2017–2018	PMA2020, R5
Knowledge of FP, all WRA	84%	2012–2013	Demographic and Health Survey, 2012/13
Contraceptive use by type		2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Long-acting and permanent methods			
Sterilization (female)	1.1%		
Sterilization (male)	0.0%		
Intrauterine device	3.2%		
Implant	25.5%		
Short-acting methods		2017–2018	
Injection (intramuscular and subcutaneous)	40.4%		
Pill	27.7%		
Condom (male)	2.1%		
Condom (female)	0.0%		
Other modern methods (e.g., female condom, cycle beads, and lactational amenorrhea method)	0.0%		
Unmet need for FP[3] (2018)	26%	2012–2013	Demographic and Health Survey, 2012/13
Unmet need for spacing	19%		
Unmet need for limiting	7%		
Percentage of all women who received FP information during their last visit with a health service provider	16.4%	2012–2013	Demographic and Health Survey, 2012/13

[1] EDSM V. (2014). Enquête Démographique et de santé (EDSM V) 2012–2013.
[2] National Society of Obstetrics and Gynecology, Mali.
[3] Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report either not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior.

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