



Laboratory technicians in Bamako are trained in fluorescence microscopy diagnostics, supported by the Global Fund TB Project.  
*Photo by CRS staff*

## CRS in Health

### TREATING PEOPLE AND STRENGTHENING MALI'S HEALTH SYSTEM

Poor health is one of the largest obstacles preventing individuals and communities from reaching their full potential. CRS strives to help build equitable and comprehensive health systems in the most rural, remote and marginalized communities, while increasing the capacity of national-level actors for sustainable structural improvements. CRS supports multi-level health systems strengthening to promote and sustain universal access to health services. Our approach enables people to live full and productive lives, and allows communities to prosper.

Working with local partners and directly with the Mali Ministry of Health, we strengthen the capacity of local healthcare professionals to prevent and react to diseases that ravage the region, including malaria, epidemic-prone diseases and tuberculosis. Our experience in health interventions in Mali, in the West Africa region and in the world, enables us to manage large multi-country projects and to ensure that the most vulnerable people receive the healthcare they need.

#### OUR WORK IN MALI

Placing partnership at the core of our programming, CRS works closely with counterparts in relevant Government of Mali ministries at the national, regional and district levels, as well as with local civil society partners in nearly every program. Working in Mali since 1999, CRS has proven experience coordinating complex, multi-stakeholder emergency and development projects, and has established offices in Bamako, Mopti, Timbuktu and Gao, and programming in all regions of the country, except Kidal.

NUMBER OF TREATMENTS  
ADMINISTERED BY ACCESS-SMC  
IN 2016

**9.17 million**

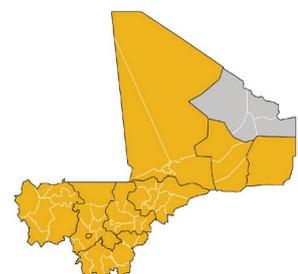
NUMBER OF HEALTH CENTERS  
ASSESSED FOR BIOSECURITY/  
BIOSAFETY RISKS

**51**

TOTAL VALUE OF CRS HEALTH  
PROGRAMMING IN 2016

**\$7.8 million**

CRS MALI HEALTH  
PROGRAMMING AREAS



## Strengthening laboratory capacity to prevent epidemics

As a key partner of the Global Health Security Agenda in Mali, CRS' Djomi Project, funded by the Centers for Disease Control and Prevention, reinforces the capacity of Mali's health system to prevent, detect and respond to epidemics. These activities focus on laboratory strengthening from the community to the national levels. Since 2016, CRS has supported 11 laboratories with materials to carry out key tests and trained 346 community health workers to recognize possible epidemic diseases and 160 laboratory operators on biosecurity, biosafety and the transport of samples. Djomi is also actively supporting 16 laboratories through the SLMTA process (Stepwise Laboratory Management Towards Accreditation). At the national level, CRS supports the government to strengthen laboratory network-coordination mechanisms and develop key national documents, such as laboratory standard operating procedures. Together, these efforts seek to empower Mali's health system to reduce the likelihood of future epidemics and to face those threats that materialize.

## Developing expertise and equipping health centers to combat tuberculosis (TB)

CRS has served as the principal recipient of the Global Fund tuberculosis grant in Mali since 2012 and was awarded the Global Fund's highest performance rating of A1 for its current grant. CRS works in partnership with the Ministry of Health's National Program for Tuberculosis Control at the local, regional and national levels to support healthcare workers to identify and treat TB. Since 2014, CRS has trained more than 1,400 health workers and over 240 rural doctors on TB treatment strategies. The project has also equipped health centers with essential diagnostic materials, including LED microscopes, GenXpert machines, chest X-ray equipment and diagnostic reagents. CRS' support through the Global Fund grant allows the government health system to track and treat TB patients across the country. In 2016, more than 28,100 people were tested for TB, with over 7,000 cases detected and treated. CRS also works in the fight against difficult-to-treat multidrug-resistant (MDR) and extensively drug-resistant (XDR) tuberculosis. When two cases of XDR-TB were discovered in Mali, CRS supported case investigation of the affected patients as well as the purchase of the extensive, long-term medication regimen required for treatment. In addition, the project strengthens the capacity of the Charles Merieux Center for Infectiology's specialized biosecurity level 3 laboratory to diagnose drug-resistant TB and to monitor evolving drug resistance.

## Engaging civil society in healthcare

With funding from Gavi, the Vaccine Alliance, and in partnership with FENASCOM (the National Federation of Community Health Associations), CRS strengthens civil society engagement in the health system. In the regions of Kayes, Segou, Koulikoro, Sikasso and Mopti, CRS and FENASCOM train members of participating civil society organizations (CSOs) in advocacy approaches, strategic planning, vaccine management, and fundraising, so that they are able to increase awareness of and demand for vaccines in key populations, especially mothers of young children. Through increased CSO involvement, CRS demonstrates the importance of civil society contribution in reaching the objective of the Global Vaccine Action Plan, a framework to prevent millions of deaths by 2020 through more equitable access to existing vaccines for people in all communities.

## Preventing malaria in children

According to the World Health Organization, seasonal chemoprevention treatment could prevent 75 percent of malaria cases in children. These treatments are simple to deliver and administer, allowing community members to ensure completion of the full three-day treatment cycle. In 2015 and 2016, CRS delivered malaria chemoprevention treatment to nearly 1.94 million children aged 3 to 59 months, to prevent malaria transmission during the high-risk period of July to October. An important determinant of CRS' approach has been the involvement of mothers in administering the second and third daily dosages to their children at home. With funding from UNITAID under the Achieving Catalytic Expansion of Seasonal Malaria Chemoprevention in the Sahel project, or ACCESS-SMC (2014 to 2017), the CRS-led treatment campaigns in Segou region led to a reported 46 percent reduction in malaria cases in 2015. With the closure of ACCESS-SMC in August 2017, CRS is continuing to deliver seasonal malaria chemoprevention treatment in 25 health districts, targeting 1.66 million children aged 3 to 59 months, with funding from the Global Fund malaria grant.



Health care staff teach a mother how to administer the first of three doses of seasonal chemoprevention treatment to protect her child from malaria. Photo by Michael Stulman/CRS

