

Ministry of Health Republic of Mali

----- One people - One goal - One faith

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The mandates of the actors and bodies of health development

The 2009 organization chart of the Ministry of Health

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Knight of the National Order

Under the Constitution of February 25, 1992, every Malian has the right to health (article 17). For to do this, under the authority and supervision of the Minister of Health, bodies and actors of different areas plan, organize, drive and control certain activities.

It can be noted, in relation to the planning, organization and impetus bodies of human resources and control, that there are public and parapublic services, the private stakeholders and institutional partners.

A. Public services in health development (article 3, law 94-009)

Public Services fall into one of the following 6 categories: - Central Administration

Services (consisting of the Superstructure Services

administrative and central services), - regional

and sub-regional services, - attached services (to the

General Secretariat of the Ministry of Health and to the Directorate

National Health Service), -

External Services, - Personalized

Services, - Decentralized Community

Services.

Heads of Central Administration Services, Services attached to the Secretariat

General of the Ministry and those of Personalized Services are appointed by decree taken in council of ministers.

The exception to this rule is that the teams of the executive offices of the professional orders Health officials are elected by their peers for a term of at least 3 years, renewable.

In the following pages: - The

bodies and their attributions in the health development of the country are listed

as they emerge from their creation texts (laws, decrees, decisions) themselves

inspired by law 94-009 containing fundamental principles of the creation, organization,

management and control of public services.

- The Public Services of the Ministry of Health are schematically represented on

lorganigramme joint.

"The organization chart gives an exact picture of the division of labor, indicates which positions

exist in the Organization, how they are grouped into units and how authority

formal communication circulates between them (Henry Mintzberg)".

It should be noted that the organization chart is, in essence, a graph that evolves according to needs of the administration.

## 1. Administrative Superstructure Services

### 1.1 The Minister of Health (Article 17, Law 94-009)

The Minister of Health is under the direct authority of the Prime Minister. His mission is to develop and implement national health policy.

In this capacity, he assumes the functions of planning, organization, and resource management. human and control of the following activities:

- the extension of health coverage
- the promotion of health policy for all
- health education of the population
- prevention and control of major epidemics and diseases constituting public health issues
- reproductive health
- the development of community health facilities - monitoring and control of health facilities
- monitoring the practice of medical and paramedical professions
- regular supply of medicines and biological products to the country.

The Minister of Health has 2 main bodies to carry out his mission; they are: - The Cabinet for political and protocol aspects (decree 94-201): it is composed of the chief of staff, 3 mission managers, the private secretary and the office attaché.

- The General Secretariat for the technical aspects which form the basis of the missions of the Minister of health (decree 94-202). It is composed of the Secretary General and 5 technical advisers (except in exceptional circumstances). He is the interface between the Minister of Health and the Central Services, the Related Services and Personalized Services.

### 1.2 The General Secretariat of the Ministry of Health (articles 22 and 23, law 94-009 and articles 7-11, decree 94-202)

Led by the Secretary-General, it is responsible for the design, coordination and monitoring the action of the Ministry of Health.

In this capacity, he plans, organizes, leads and monitors the following activities:

- Development of the department's policy on health development; - Programming and periodic evaluation of activities, - Preparation or final formatting of files relating to government meetings and the instructions of the Minister
- (Periodic) meetings related to the ministry's activity, - Conservation of archives
- Quality control of acts or draft acts prepared by the ministry, - Control of mail in accordance with the regulations established in this regard, - Supervision and evaluation of the activity of the Services and personalized organizations.

## 2. Central Services of the Ministry of Health (articles 8-15, law 94-009)

The Central Services are State Services with territorial jurisdiction, unique for the whole nation, located in principle in the capital, placed under the authority of a minister (article 7, law 94-009).

They are led by a management team that does not have financial autonomy; this team

includes, in addition to a (national) director and his deputy, the heads of divisions (at least 2 per directorate) with at least 2 sections per division (each section must have 2 manager positions).

They are the interface between the Regional Services and the Secretary General.

#### 2.1 The Pharmacy and Medicines Directorate (Dpm)

The Pharmacy and Medicines Directorate is responsible for developing the elements of the national pharmaceutical policy, ensuring its implementation and ensuring the coordination and control of the services which contribute to the implementation of this policy (article 2, order 00-039).

To this end, it is responsible for: -

defining pharmaceutical regulations - examining and monitoring national marketing authorization files for medicines - developing and implementing national essential

medicines programs - developing tools to support the rational use of medicines.

#### 2.2 The National Directorate of Health (DNS)

The National Health Directorate is responsible for developing the elements of national policy on public health, public hygiene and sanitation and for ensuring the coordination and control of regional services and its own attached services (article 2, order 01-020).

To this end, it is responsible for: -

designing and developing strategies in matters of public health, public hygiene and sanitation - developing regulations and

contributing to the development of standards and ensuring their application - carrying out all necessary research and

studies - preparing projects and programs and action plans and ensuring

the execution of said programs - coordinating, supervising and controlling the activities of the implementing services and

evaluating the results.

#### 2.3 The Finance and Materials Department (Dfm)

A department or group of ministerial departments may include, outside of the national directorates, a Logistics Service primarily responsible for organizational and administrative and financial management tasks (article 14, law 94-009).

The DFM's mission is to develop, at the level of the department or group of ministerial departments, the specific elements of the policy in the areas of management of financial and material resources and the supply of public services (article 2, order 09-010).

In this capacity, it is responsible for: -

Drawing up the budget of the department or group of ministerial departments and ensuring its execution; - Ensuring the execution

of public funds made available to the department or group of ministerial departments; - Proceeding with the establishment of the various

administrative accounts relating thereto; - Ensuring the supply of the department or group of ministerial departments

- Carry out public procurement contracts in accordance with current regulations;

- Ensure the maintenance of materials accounting.

#### 2.4 The Human Resources Department (HRD)

The Human Resources Department is responsible for developing, at the departmental or group of ministerial departments level, the elements of national policy in the area of human resources management and development (article 2, order 09-009).

In this capacity, it is responsible for: -

Designing and implementing human resources development plans and programs; - Applying the legislation governing human resources; -

Ensuring the management of the organic frameworks of the services of the department

or group of ministerial departments; - Ensuring the monitoring of the information and communication system on human resources;

- Provide advisory support to heads of department or group of ministerial departments in human resources management; - Ensure the monitoring and development of social dialogue.

#### 2.5 Health Inspection (Is)

If necessary, a ministerial department may also include a specialized inspection responsible for the internal control of Services placed under the authority or supervision of the minister (articles 15 and 16, law 94-009).

The Health Inspectorate's mission is to (article 2, order 00-058): - Monitor the operation and action of the Services and organizations under the ministry responsible for health.

- Monitor the application of laws and regulations in the public, private and community exercise of health professions.

- Ensure compliance with and application of legislative and regulatory provisions relating to the administrative, financial and material management of the Ministry's Services and organizations.

- Assist the Services with management advice or assistance with organization or by implementing Work of information or training program.

The Inspectorate carries out, at the request of the Minister of Health or ex officio with his agreement, all investigations or specific missions falling within the scope of its attributions.

### 3. Services attached to the General Secretariat of the Ministry of Health (articles 35-36, law 94-009)

Attached Services are decentralized State Services assuming () management functions in a sector of particular activities or execution of a specific mission of public interest for a fixed period.

They are equipped, due to the requirements or technicality of their mission, with a structural organization and an operating regime specific to them.

Attached directly, as the case may be, to the General Secretariat of the Ministry of Health or to a National Directorate, to a Regional or Sub-regional Service, they include health establishments, educational establishments, certain production units or those responsible for logistical tasks or research and studies (articles 35, law 94-009).

They can act as an interface between the Regional Services, or possibly between the Central Services, and the Secretary General in their areas of expertise.

### 3.1 The Health Infrastructure Strengthening Program Implementation Unit (Cepri)

In the field of civil engineering and equipment, Cepri's mission is to supervise, control and monitor health infrastructure strengthening programs (article 2, law 93-042).

To this end, it is responsible, in conjunction with the relevant departments of the Ministry of Construction and Urban Planning: - for monitoring,

coordinating and supervising, in the field of civil engineering and equipment, all studies and operations relating to health infrastructure reinforcement programs - for undertaking all additional studies required for the implementation of the civil

engineering and equipment component of the projects covered by said programs - for monitoring the complete execution of health infrastructure and the installation of medical-technical equipment - for

providing communities with equipment and infrastructure standards - for promoting a continuous mechanism for the maintenance of buildings and socio-sanitary equipment.

### 3.2 The National Center for Information and Communication for Health (Cniecs)

The Cniecs' mission is to design and implement information, education and communication programs with a view to effective social mobilization of populations around priority public health actions (article 2, order 01-006).

To this end, it is responsible for: -

coordinating the production of information, education and communication (IEC) material in health matters - ensuring the provision of IEC

services in the health field - designing and producing messages for IEC in health matters

- providing technical support to IEC Services - contributing to the implementation of

national campaign plans - disseminating health promotion education

themes through appropriate channels - evaluating the effectiveness of IEC

activities.

### 3.3 The Decentralization Support Unit (Caddms)

Its mission is to drive the decentralization/deconcentration process within the ministry responsible for health (article 2, decree 07-422).

In this capacity, it is responsible for the following tasks: -

Monitoring the process of transferring skills and resources from the State to local authorities in the area of health; - Proposing to the Minister all measures aimed

at ensuring the transfer of resources linked to the exercise of skills transferred to the commune and district levels in the area of health; - Preparing the regulatory texts to set out the details of the skills to be transferred to the region in the area of health; - Supporting the main stakeholders involved in implementing the transfer of skills and resources in the area of health; - Designing and

disseminating tools to support local authorities in the exercise of their skills in the area of health; -

Participating in the preparation and monitoring of cooperation

agreements with technical and financial partners;

- Support the ministry's decentralized services in planning their activities; - Propose to the minister all measures aimed at improving the functioning of the decentralized services.

#### 3.4 The Planning and Statistics Unit (Cps)

The CPS ensures the central planning and information mission in the different sectors (article 2, order 92-052).

To this end, it is responsible for: -

monitoring funding request files and technical cooperation - carrying out ex post evaluation of sectoral projects and programs - coordinating the preparation of plans, programs and projects as well as the analysis of the department's sectoral policies and strategies - coordinating, in conjunction with the Administrative and Financial Directorate, the training program in planning and statistics - identifying and formulating needs in terms of statistics and basic studies - ensuring coordination of the production of statistical information and basic studies with a view to their dissemination on the proposal of the Minister.

#### 3.5 The National Malaria Control Programme (NMP)

The National Malaria Control Program is responsible for leading and coordinating activities relating to the fight against malaria (Article 2, Ordinance 07-022).

In this capacity, he is responsible

for: - Contributing to the design and development of national strategies for the fight against malaria; - Coordinating research and studies in the field of the fight against malaria; - Contributing to the development of standards and procedures and ensuring their application; - Preparing action plans and ensuring their implementation.

#### 4. Services attached to the National Health Directorate (article 35, law 94-009)

The Vehicle Fleet and Equipment Maintenance Service (Sepaumat)

Sepaumat is a Service attached to the National Directorate of Health (article 24, decree 01-219). As such, its mission is: - to ensure preventive maintenance and curative maintenance of the proper functioning of the elements of the rolling stock of the Ministry of Health and the equipment in service in the operational units.

#### 5. Personalized Services of the Ministry of Health Personalized

Services (or organizations) are Services whose management has been entrusted by the public authority to a separate legal entity placed under its supervision and endowed with financial autonomy (article 39, law 94-009).

They include: - Public establishments (05 types at the Ministry of Health), - State companies whose capital is entirely subscribed by the State (01 unit), - Mixed economy companies in which the State (or a public authority) owns part of the capital.

The particularity of Personalized Services is that their animation is characterized by the establishment of management and administration bodies which are: - a deliberative body (the board of directors or the general assembly) - an executive body (the general management or the executive office) - one or more advisory bodies (the management committee, the specialized commissions, the scientific committee, etc.).

Public establishments of a professional nature "Epp" (article 39, law 94-009 and articles 2 and 5, law 96-032)

The professional health orders are the representative bodies of the health professions doctors (and nurses), pharmacists (and medical biology laboratory technicians) and midwives with the Public Authorities. Thus, on the professional level, they are the interface between the Minister of Health and health service providers in the sectors, public and private in this area (articles 18-19, law 85-41; article 2, law 96-032).

Governed by law 96-032, they are led by teams elected for a period of 3 years by their peers. Their management and administrative bodies are the general assembly (organ deliberative) and the national or regional executive office (executive body) and the commissions specialized (advisory bodies). They may be represented in the communities territorial areas such as the circle or the region (article 8, law 96-032).

Their mission, each in their own area, is as follows (articles 9 and 28, law 96-032 and articles 3, laws 86-35, 86-36 and 86-37):

- Validate the qualification of specialists (and specific skills).
- Control the contracts for which they establish the model.
- Ensure the principles of morality, probity and dedication - Ensure the defense of the honor and independence of the profession.
- Ensure compliance with professional duties and the rules set out in the codes of ethics.
- Sanction breaches of the rules set out in the code of ethics.
- Propose recommendations to the Public Authorities on issues falling within their remit professions.

It is important to note that, in relation to their mission, the professional health orders have prerogatives conferred on them by the laws. These include, among others:

a. Exercising the power of representation: a single order per profession

Advice and recommendations to the minister (any subject including staff training)

Legal action

b. Control access to the profession

Recognition of diplomas,

Compulsory registration,

Validation of qualifications and skills.

c. Control the exercise of professions Collection

of compulsory contributions, Validation of

contracts and company statutes

Verification of plate and prescription labels

d. Exercising disciplinary power

Sanction against breaches

Disciplinary action against officials

e. Exercising regulatory power Drafting

the code of ethics

Drafting of internal regulations

Development of a model contract f. Exercising

the planning and organisational power of health professions

Establishment of replacement procedures,

Establishment of the private custody schedule,

Post-graduate education Writing the order bulletin.

Public hospital establishments "Eph" (articles 5-6 and 39, law 94-009; law 02-048; articles 17-19, law 02-049 and 02-050)

The management and administrative bodies of the EPH are the board of directors, the general management and the executive committee and 4 advisory bodies which are the medical commission of the establishment (CME), the nursing care commission, the technical committee of the establishment and the technical committee of hygiene. As in the EPA, the EPH produce non-commercial services.

Their mission is to participate in the implementation of the national health policy (article 54, law 02-050 and laws 02-069 and 03-014 to 03-023 establishing 11 public hospital establishments). There is one per region (Kayes, Koulikoro Kati, Sikasso, Ségou, Mopti, Tombouctou, Gao and 4 in Bamako).

In this capacity, they are responsible

for: - ensuring the diagnosis and treatment of the sick, the injured and pregnant women - managing emergencies and referred cases - ensuring the initial and continuing training of health professionals - conducting research work in the field of health.

Public administrative establishments "Epa" (article 39, law 94-009 and law 90-110)

Public administrative establishments (EPAs) are governed by law 90-110 and responsible for managing a specific mission characterized by the production of non-commercial services (article 2, law 90-110).

For the purposes of their missions, they are administered and managed by the board of directors, the general management and the management committee or a scientific committee.

#### 5.3.1 The National Agency for the Evaluation of Hospitals (Aneh)

The mission of the Aneh is to ensure the effective implementation of the public hospital service (Article 50, Law 02-050).

This includes: - promoting, within public and private hospitals participating in the public hospital service, the development of the evaluation of care and professional practices - analyzing the activity and management of these hospitals - conducting an external evaluation of these institutions with regard to the quality of care, cost control and impact in terms of public health - providing hospitals with technical advice - giving the Minister responsible for health any advice it deems useful to enable hospitals to better fulfill their missions.

#### 5.4 Public scientific, technological or cultural establishments "Epstc" (article 39, law 94-009 and law 96-015)

Public scientific and technological establishments are specifically governed by law 96-015. They are responsible for carrying out research, training or cultural promotion activities.

For the purposes of their missions, their management and administrative bodies are the board of directors, the general management and the management committee and one or more advisory bodies (the scientific council).

#### 5.4.1 The National Food Safety Agency (ANSSA)

LANSSA's mission is to ensure food safety (article 2, law 03-043).



In this capacity, it is responsible for: -

coordinating all actions related to food safety - providing technical and scientific support to

control structures - ensuring the technical and scientific support necessary for the

development of regulations relating to food safety - assessing the health risks that may be presented by: food intended for humans and animals water intended for

human and animal consumption processes and conditions of

production, processing, conservation, transport, storage and

distribution of foodstuffs food additives residues of veterinary, phytosanitary

products and other contaminants residues of fertilizing materials and growing media packaging and materials

intended to come into contact with the above elements - supporting the

activities of surveillance systems

and epidemiological networks - ensuring communication on risks.

#### 5.4.2 The National Agency for Telehealth and Medical Informatics (Antim)

The National Agency for Telehealth and Medical Informatics is responsible for ensuring the promotion and development of telehealth and medical informatics (article 2, order 08-007).

To this end, it is responsible for: - Promoting

research in the field of information and communication technologies applied to the health sector; - Contributing to initial and continuing training in telehealth and medical informatics; -

Contributing to scientific and technical information on telehealth and medical informatics;

- Establish an electronic health system; - Ensure the harmonization

and standardization of processes, equipment and software in the health field; - Ensure communication on

telehealth and medical IT; - Provide services in

the field of its competence; - Provide technical and scientific support to structures in the

field of telehealth and medical IT; - Create and manage databases in the

field of telehealth and medical IT; - Encourage scientific exchanges and debates on telehealth and medical IT.

#### 5.4.3 The National Center for Support in the Fight against Disease (CNAM)

The Cnam's mission is to ensure the promotion of operational research, the monitoring of certain diseases and continuing training in the fight against disease, with a view to supporting peripheral health structures (article 2, order 01-036).

To this end, it is responsible for: -

promoting operational medical research on endemic-epidemic diseases; - maintaining and strengthening scientific achievements in training on leprosy, malaria, tuberculosis, HIV/AIDS, onchocerciasis, trypanosomiasis and other diseases.

related; - develop

and maintain a national capacity for epidemiological surveillance of sexually transmitted infections (STIs) and diseases with epidemic or endemic potential and to measure their impact on the health of the population; - promote national and international cooperation in the field of disease control; - develop a capacity in vaccinology; - participate in the university training of students and trainees.

#### 5.4.4 The Center for Research and the Fight against Sickle Cell Disease (CRLD)

The Sickle Cell Disease Research and Control Center's mission is to promote research and provide initial and continuing training on sickle cell disease (ordinance 08-046).

To this end, it is responsible in particular for: -

conducting medical research activities on sickle cell disease; - providing initial and ongoing training for medical personnel on sickle cell disease; - coordinating screening and prevention activities for sickle cell disease; - contributing to the promotion of national and international cooperation in the field of the fight against sickle cell disease. - developing Education, Information and Communication in the fight against sickle cell disease;  
- contributing to improving the care of sickle cell disease patients.

#### 5.4.5 The National Blood Transfusion Centre (Cnts)

The Cnts' mission is to collect, analyze, prepare, package and preserve human blood and its derivatives with a view to their distribution to approved public and private health establishments as well as to individuals (article 2, order 00-041).

In this capacity, he is responsible

for: - raising awareness, recruiting and retaining blood donors - carrying out biomedical analyses and forensic expertise - carrying out studies and research in the areas of his expertise - participating in the university training of students and trainees as well as the continuing training of executives.

#### 5.4.6 The Center for Research, Studies and Documentation for Child Survival (Credos)

The mission of the Credos (Article 2, Order 07-024) is to: - promote medical and sociological research related to child survival and well-being - ensure the evaluation and monitoring of activities carried out in the area of child survival - study ways and means to make the structures responsible for children's health efficient - create and manage a database on problems relating to child survival - provide technical and scientific support to structures operating in the field of early childhood research; - contribute to training and scientific and technical information on child survival and well-being; - ensure communication on the risks that children may face;  
- encourage scientific exchanges and debates on child survival problems; - provide services in the area of its competence;

- coordinate all activities related to child survival.

#### 5.4.7 National Institute for Training in Health Sciences (INFSS)

Its mission is to contribute to the development of human resources in health (article 2, order 04-032).

In this capacity, it is responsible

for: - ensuring the initial and continuing training of paramedical staff; - participating in research in the fields of health and training; - carrying out studies or expert assessments falling within the scope of its mission.

LINFSS brings together the 7 establishments already operational on behalf of the Ministry of Health in Bamako and across the country. These are 2 schools of the 1st cycle (in Bamako and Sikasso) and 4 of the 2nd cycle (in Bamako, Kayes, Mopti and Sikasso) and the Center for Specialization of Health Technicians.

The end of cycles of this institute are sanctioned by state diplomas for nurses of the 1st and 2nd cycles, midwives, laboratory technicians and sanitation technicians. Among other expected results, we can note the following (article 11, law 99-046): To make the learner acquire skills allowing him to integrate into working life or to continue his studies

Develop the ability of learners to plan and organize his learning and his improvement Train learners to know and practice the prerogatives and

obligations of an active member of the democratic society respectful of peace and the fundamental rights of Man and of the citizen The

INFSS must contribute to: "the creation, transmission, construction and development of knowledge. As such, its mission is to educate, instruct, socialize and qualify women and men in order to enable them to lead their personal and collective, civic and professional lives. "(article 5, law 99-046).

To fulfill its missions, the INFSS has administrative and management bodies which are the Institute assembly, the general management, the scientific and development council (article 5, ordinance 04-032).

#### 5.4.8 The National Institute for Public Health Research (Inrsp)

The Inrsp's missions (article 2, order 06-007 amending law 93-014 ratified by law 06-033): - to promote medical and pharmaceutical research in

public health, particularly in the fields of infectious, neoplastic and social diseases, family health, health education, environmental hygiene, clinical biology applied to nutrition and endemic-epidemic diseases, medical and experimental toxicology, genetic bromatology, socio-economics, medicine and traditional pharmacopoeia - to participate in technical training, development and specialization in the field of its competence - to ensure the protection of the scientific heritage within its field - to promote national and international cooperation within the framework of mutual assistance programs and agreements - to manage the research structures entrusted to it. - to ensure the reference in the field of clinical biology;

- to ensure the development and formulation of traditional medicines.

#### 5.4.9 The National Health Laboratory (Lns)

The National Health Laboratory's mission is to control the quality of medicines, foods, beverages or any other substances imported or produced in the Republic of Mali and intended for therapeutic, dietary or food purposes with a view to safeguarding the health of human and animal populations (article 2, ordinance 00-040).

In this capacity, he is responsible

for: - giving his technical opinion for the authorization or prohibition of the use of any product, medicine, food or drink for therapeutic, dietetic or nutritional use - preserving and analyzing samples in any unit of production, importation, distribution or conservation of medicines, water, various drinks, food and all other substances introduced into the human and animal body for a therapeutic, nutritional or other purpose and contributing to the improvement or deterioration of the state of health of humans and animals - participating in university and post-university training - undertaking scientific and technical research activities - contributing to the development of standards

and ensuring their application.

#### 5.5 Public establishments of an industrial and commercial nature "EPIC" (article 39, law 94-009 and order 91-014)

The management and administrative bodies of public industrial and commercial establishments (Epic) are the board of directors, the general management and the management committee.

##### The People's Pharmacy of Mali (PPM)

The main mission of the Mali People's Pharmacy is the supply, storage and distribution of essential medicines throughout the territory.

It also carries out an industrial and commercial activity relating to other medicines and medical consumables (article 2, law 93-032).

#### 5.6 State Companies (article 39, law 94-009 and ordinance 91-014)

State-owned companies (SE) have management and administrative bodies which are the board of directors, the general management and the management committee.

##### Malian Pharmaceutical Products Factory (UMPP)

LUmpp's purpose is the manufacture and sale of pharmaceutical products for the priority satisfaction of national needs (article 2, law 89-11).

#### 6. Support cells Support cells

are "ad hoc" bodies created by the Minister of Health for a particular activity. They cannot be classified in any of the categories provided for by law 94-009 (decision 05-1363).

Currently, there are 2: the Sectoral Committee Cell for the Fight against AIDS (decision 05-715), the Human Resources Development Cell (decision 05-1362). Their coordinators are part of the extended cabinet council of the Minister of Health.

They plan, organize, lead and monitor the technical secretariat activities of the Sectoral Committee for the Fight against AIDS (Csls) and the Human Resources Development Commission (Cdrh) in the health sector.

#### 6.1 The coordination unit of the sectoral committee for the fight against AIDS (art. 6, decision 05-715)

It is responsible for the following tasks: -

preparing and monitoring the implementation of cooperation agreements and

collaboration of the Ministry of Health with technical and financial partners and ensure their implementation; - provide support/advice to public

and private structures implementing the plan in the area of programming, development of standards and procedures and fundraising; - instruct all questions submitted to it by the Minister responsible for health; - prepare documents to be examined by the Sectoral

Committee; - provide secretariat services for meetings of the Sectoral Committee and ensure the implementation of its decisions and recommendations.

7. Decentralized Services of Central Services Regional Services of the Ministry of Health (articles 24 and 28, law 94-009)

The Regional Health Directorate (Drs) is a decentralized State Service, carrying out in the territory of its constituency, missions entrusted to the National Health Directorate in the image of which it is organized with a team composed of a director and division heads. For the moment, there is no formal deputy regional director.

It should be noted that the regional director of health is in a hierarchical position in relation to the national director of health; he is in a matrix position in relation to the directors of other central services and to the services attached to the general secretariat of the ministry of health (article 28, law 94-009).

Under the administrative authority of the governor and the technical authority of the national director, the Drs' mission is to (article 3, decree 90-264): - Develop, within the framework of national plans and programs, the multi-year and annual regional objectives to be achieved in terms of improving the health protection of populations, hygiene and environmental sanitation - Define the methods for achieving the objectives and periodic evaluations of the results obtained - Examine files relating to the opening, extension or closure of health and pharmaceutical establishments - Collect and centralize data with a view to developing health statistics.

Sub-regional Services of the Ministry of Health (articles 24 and 31, law 94-009 and articles 6 and 31, law 02-049)

The district health district or commune is managed by a team that includes the head physician and other physicians. At the moment, formally, there is neither a deputy head physician nor a division of work to be done.

The district health chief physician exercises the following responsibilities (article 6, decree 90-264): - Develop the multi-annual and annual objectives of the district or municipality within the framework of regional plans and programs for improving the health protection of populations, hygiene and sanitation of the environment ()

- Implement action plans and programs - Monitor attached Services and private, health or pharmaceutical establishments () and pharmaceutical depots - Monitor the application of hygiene and sanitation standards in the following areas: drinking water treatment and supply systems, industrial wastewater evacuation and treatment systems, industrial hygiene, health

public, health, classified establishments, sanitation in the context of emergency situations and population regrouping - Collect health statistical data ()).

- Supervise the installation of NGOs and associations.

More specifically, the head physician of the health district plans, organizes, leads and monitors the following activities (article 24, interministerial decree 94-5092): - running the secretariat of the health district management board; - regular supply of essential medicines under international common name (ICD); - establishing the health map; - maintaining the management account and statistics on the activities of the health district; - establishing the balance sheet of activities for the management board; - acting as technical advisor to the boards of directors of community health centers; - scheduling expenditures for the reference health center and co-signing subsequent checks.

8. Decentralized community services The community health center (article 24, law 02-049; decree 05-299)

Under Law 94-009, when health establishments (such as community health centres or others) are set up by decentralised communities as Law 95-034 gives them the right to do, they are part of the Public Services (Article 3, Law 94-009 and Articles 14-15 and 83-84, Law 95-034).

When they are installed by community health associations without the intervention of the town hall, they are private establishments even if, moreover, they are of public interest (law 85-41).

Its mission is to provide the minimum package of activities and in particular (article 2, decree 05-299): - Provide curative services such as routine care for the sick, screening and treatment of local endemic diseases, routine paraclinical examinations - Ensure the availability of essential medicines - Develop preventive care activities (maternal and child health, family planning, vaccination, health education)

- Initiate and develop promotional activities (hygiene and sanitation, information, education and communication).

The community health center is created by decision of the mayor (article 8, decree 05-299); it can be closed by a decision of the same mayor (articles 19-21, decree 05-299).

B. Parapublic actors 1. The Army

Health Services (law 93-039 and law 02-055)

The Central Directorate of Armed Forces Health Services (DCSSA) is responsible for providing health support to the armed forces and participating in the country's health development effort (Article 2, Law 93-039 and Articles 57-58, Law 02-055).

To this end, it is responsible for: -

the medical service of the Armed Forces, in particular curative medical-surgical activities in all their specialties; - preventive medicine, hygiene, occupational medicine in the military environment and

medical expertise with regard to military personnel; - administration, organization of logistics related to the conservation and recovery of personnel; - collection, sorting, preparation for evacuation, evacuation and treatment of the wounded in all circumstances and whatever their nationality; - pharmacy in a military environment; - veterinary activities in a military environment; It can be added that, in a subsidiary manner, the elements of the Army Health Services offer services to civilian populations.

This was the case during the cholera epidemics of the second half of the 1990s; the collaboration then developed on the ground with elements of the Army was beneficial in the prophylaxis of this disease. Added to this is their permanent presence in public health establishments (articles 55-58, law 02-055).

## 2. The National Institute of Social Security "Inps" (articles 39-64, law 62-68)

Under the terms of Law 62-68 establishing the Social Security Code, the following can be noted in Article 39: "Every

company must provide its workers with a medical and health service intended: - on the one hand, in the area of prevention, to avoid any deterioration in the health of workers due to their work, in particular by monitoring workplace hygiene conditions, risks of contagion and the state of health of workers; - on the other hand, and pending the establishment of a health insurance scheme, to provide care to workers and, where appropriate, to their families under the conditions and limits defined in this book."

The conditions defined in articles 41, 44, 64 of the same code are not in line with the spirit of the institutional framework which governs the private exercise of health professions (laws 85-41, 96-032).

## C. Private actors and bodies in health development 1. Private operators (law 85-41)

Law 85-41 authorizes the private practice of health professions. These professions can be practiced by a natural or legal person, individually or in a group (article 1, law 85-41 and articles 17-25, law 02-049).

Their mission is to contribute (article 3, law 85-41) to: - the general protection of public health - the socio-economic promotion of populations - the improvement of the country's health coverage.

Thus, private operators have the possibility of contributing to health development by associating with health professionals in professional civil companies (articles 59-62, decree 91-106; articles 7-20, order 91-4318; articles 52-58, laws 86-35, 86-36, 86-37; article 14, Constitution).

They provide financial resources as business assets to which professionals contribute with their diplomas which constitute the central element of the application file for a company's operating license.

## 2. Non-governmental organizations (NGOs)

Non-governmental organizations (NGOs) are authorized to offer or support the provision of health services to populations (article 23, law 02-049).

To be in harmony with the national health policy and to contribute usefully to the

health development, they must be recognized by the Ministry of Territorial Administration and sign a specific agreement with the Ministry of Health.

The work to be done by NGOs can be summarized as follows: - Contribute to health development in one or more of the 5 components identified for the Health and Social Development Program "Prodes" which are: extension of coverage and quality of services, fight against exclusion, health financing, development of human resources, institutional strengthening).

3. Private schools for training health professionals They are authorized by the education orientation law (99-046), the law on the status of private education in Mali (94-032).

They are under the supervision of the Minister of Health with the same level of attachment as public schools with the same activities (direct supervision of the National Directorate of Health).

The work to be done by schools consists of: -

Contributing to the training of health personnel: the missions are the same as for public schools.

4. Mutual societies

Missions:

Mutual societies are non-profit groups which, essentially through the contributions of their members, propose to carry out, in the interest of these members or their families, an action of foresight, solidarity and mutual aid (article 2, law 96-022).

In this capacity, they ensure in particular: - the

prevention of social risks linked to the person and the compensation of their consequences; - the protection of children, the family, the elderly or the disabled; - the cultural, moral, intellectual and physical development of their members and the improvement of their living conditions.

D. Institutional partners 1. Institutional

partners Contributions: These are financial institutions

or States; they contribute to the planning, organization, animation and control of the activities of the health development adjustment bodies (consultative bodies or deliberative bodies).

In this capacity, they are responsible for mobilizing the financial resources, human resources and material resources necessary for development.

E. Health development adjustment bodies These are spaces for discussion

or reflection on health problems. They are not Public Services under the nomenclature of Law 94-009. They are: - advisory bodies on ad hoc issues, particularly in the area of research in the health sector. They give opinions and make recommendations submitted to a decision-making body. - deliberative bodies that deliberate and make decisions and provide guidance. Their recommendations are, in principle, enforceable.

1. The health council Mandate:

The health

council is probably the first adjustment body established with the Minister of Health (1969).



Its mandate is to note the state of health of Malian civilian and military personnel and technical assistance with a view to giving its opinion on the need for: 1. sick leave; 2. convalescence leave; 3. care outside the territory of the Republic for illnesses whose cases exceed the technical possibilities of existing health facilities in Mali.

He sends his opinions concerning civilian, military and similar personnel to the reform councils.

It must meet once a week and may meet in extraordinary session at the request of its chairman.

Its opinions are transmitted in the form of certificates supported by summary minutes of the meeting to the Minister of Health, who makes the final decisions.

2. The National Ethics Committee for Health and Life Sciences (Cness, decree 02-200)

Missions:

The National Ethics Committee for Health and Life Sciences (Cness) has the following mission (article 2, decree 02-200): - to give opinions to the

Minister of Health on ethical problems raised by advances in knowledge in the fields of medicine, pharmacy, biology, health and other life sciences - to make recommendations on these subjects.

3. Other adjustment bodies (decrees 99-204, 01-115, 04-106)

2.1 The health district management board (articles 17-19, decree 01-115)

The health district management board (chaired by the chairman of the district council) has the following missions: - adopt the health

and social development plans of the health district - examine and adopt operational programs - ensure the monitoring and control of the execution of operational programs - report on its meetings to Crocep - take stock of the execution of the Asaco State mutual assistance agreements.

The decisions of the management board are enforceable provided that they are not contrary to the spirit of the institutional framework.

2.2 The health district management committee (inter-ministerial decrees 94-5092 and 95-1262)

The management committee is the executive body of the health district management board. As such, it is responsible for (articles 19 and 23, decree 95-5092 and decree 95-1262): - ensuring the

implementation of the decisions of the management board; - monitoring and controlling the management of the socio-sanitary service of the circle or municipality; - preparing the meetings of the management board and the files to be submitted to said meetings; - developing the internal regulations of the reference health center of the health district; - making any suggestions aimed at improving the operation of the activities of the health district.

The management committee is composed of a president, a vice-president, an auditor and a secretary (the head doctor of the health district).

2.3 The Regional Orientation, Coordination and Evaluation Committee "Crocep" (articles 12-16, decree 01-115)

The Crocep, chaired by the regional governor, has the following missions: - to examine and validate the health and social development plans and programs of the

health districts of the region - monitor the implementation of these plans and programs - propose operational research themes on priority subjects for the region and health districts. - review technical documents resulting from studies, surveys, research and evaluations at the regional level during the implementation of the Prodess - monitor the execution of budgets - report to the technical committee on all of these issues.

The decisions of the Crocep are enforceable provided that they are not contrary to the spirit of the institutional framework.

#### 2.4 The Technical Committee (articles 7-11, decree 01-115)

The Technical Committee, chaired by the Secretary General, is responsible for: -

preparing the sessions of the monitoring committee -

ensuring the technical coherence of the health and social development plans of the districts - examining the progress of the

operational program and giving directives for the preparation of future operational plans - examining the point of execution of the budgets allocated at each level in

accordance with the guidelines of the monitoring committee and proposing new budget allocations - examining all questions relating to specific programs and studying the conditions for their integration - reporting to the monitoring committee.

The recommendations of the technical committee are enforceable after approval by the monitoring committee.

#### 2.5 The Monitoring Committee (articles 2-6, decree 01-115)

Chaired by the Minister of Health, the Health Development Monitoring Committee is responsible for: - defining the guidelines

for the implementation and evaluation of the Prodess - promoting dialogue between the government

and its partners in the implementation of the Prodess - evaluating the progress of the Prodess and indicating solutions to the

problems encountered in its implementation - approving the activity reports and annual operational programs - examining the report

of the technical committee - supporting the health development plans of the health districts -

reporting to the interministerial committee for the

promotion of health and social action.

The decisions of the monitoring committee are enforceable.

#### 2.6 The Interministerial Committee for the Promotion of Health (Decree 99-204): The Interministerial Committee for the Promotion of Health and Social Action chaired by the Prime Minister is responsible for (Decree 99-204): - driving and coordinating the actions of departments

and organizations involved in the health and social action sectors - defining the strategy for political and social mobilization for the promotion of health and social

action and evaluating its implementation - proposing measures for mobilizing all technical and financial partners around the objectives and strategies of health and

social action policies - ensuring the achievement of the objectives of the ten-year health and social development plan

The decisions of the interministerial committee are enforceable.

#### 2.7 The National High Council for the Fight against AIDS (decree 04-106)

The High Council for the Fight against AIDS, chaired by the President of the Republic (decree 04-106), has the mission of defining the policy in the fight against AIDS and of setting the guidelines for the development of national strategies and related programs.

In this capacity, it is responsible for (article 2, decree 04-106): -

Ensuring the promotion of the national policy to combat AIDS - Monitoring intervention programs - advocating for the mobilization of resources and the full support of populations for the objectives, strategies and programs to combat AIDS.

The decisions of the National High Council for the Fight against AIDS are enforceable.

#### 2.8 The Intersectoral Group for the Eradication of Dracunculiasis (Decree 92-166)

Its mission (article 2, decree 92-166): - to ensure the monitoring and control of the implementation of the National Dracunculiasis Eradication Program in Mali; - to encourage the social mobilization of populations in favor of the eradication of dracunculiasis;

- to initiate or coordinate the actions of partners in the eradication of dracunculiasis; - to initiate or initiate contacts with other groups in the sub-region involved in the eradication of dracunculiasis; - to initiate all measures likely to promote or support the action to eradicate dracunculiasis.

The Intersectoral Group for the Eradication of Guinea Worm is chaired by General Amadou Toumani Touré.

#### 2.9 The Steering Committee for National Vaccination Days (NVDs) against poliomyelitis (decree 97-305)

The Jnv steering committee has the following missions (article 2, decree 97-305): - to define guidelines for the material organization of Jnv - to advocate for the mobilization of human, material and financial resources in favor of Jnv at the national and international level - to inform partners and the public on the organization of Jnv.

The Jnv Steering Committee is chaired by General Amadou Toumani Touré and the secretariat is provided by the National Director of Health who coordinates his relations with the National Jnv Organizing Committee. It meets once a week in ordinary session and in extraordinary session whenever necessary.

#### 2.10 The National Organizing Committee for the Jnv against poliomyelitis (decision 97-0565)

Its missions are to plan, organize, implement and control the following activities (article 2, decision 97-0565): - the development of mobilization plans and strategies; - the assessment of needs in human resources (including training), vaccines and logistical means; - the mobilization and implementation of the means necessary for the vaccination of all children aged 0-59 months against poliomyelitis.

Composed of 2 commissions (social and technical), the National Committee meets once a

week. It is chaired by a technical advisor responsible for public health and the secretariat is provided by the National Director of Health.

A local Jnv organization committee chaired by the administrative or municipal authority is created at the level of each region, district, municipality and community health center.

The local committee has the same missions, at the local level, as the National Committee. Its composition and operating procedures are set by decision of the administrative or municipal authority (articles 12-13, decision 97-0565).

#### 2.11 Boards of Directors of public institutions (Ca)

These are the deliberative bodies in the administration and management of Public Services in order to drive their management teams and guarantee the performance of results in the continuous provision of a quality public service (02-050, 02-048, 96-032, 96-015, 94-009, 91-014, 90-110).

Missions: -

decide on the planning, organization, animation and control of the activities of the general management of public establishments - take enforceable decisions for the purpose of resolving or minimizing unfavorable deviations identified in the life of the Organization. - provide guidance in the best interests of the Public Service concerned and its users to preserve the public service.

#### 2.12 Advisory bodies of public institutions

Advisory bodies are spaces for reflection in the process of administration and management of public services in order to create, at the best possible cost/efficiency, a permanent public service of good quality. Depending on the objects and circumstances, there are one or more per institution; they are permanent or ad hoc for specific problems (02-050, 02-048, 96-032, 96-015, 94-009, 91-014, 90-110).

Missions: -

Provide opinions on questions concerning life or gaps noted in the production process of a given public service.

- Propose recommendations on specific issues on which their members have given further thought.

The opinions and recommendations of the advisory bodies are not binding on the CEO or even on the Board of Directors.

#### 2.13 The Board of Directors of the Community Health Center (Ca - Cscm)

Their mission (article 13, decree 05-299): - to examine and adopt the budgets - annual activity programs of the Cscm; - to define the local mechanisms for the contribution of populations to the realization of these programs; - to ensure the monitoring and control of the execution of the

programs; - to recruit on the basis of contracts the personnel necessary for the operation of the Cscm; - to report to the general assembly of the association on the operating status of the Cscm.

#### 2.14 The Cscm management board (article 16, decree 05-299)

Its mission is to ensure the planning, organization, implementation and control of activities subsequent to the decisions of the board of directors.

In this capacity, he is responsible

for: - approving the monthly operating budget proposed by the head of the Cscm;

- make the obligatory expenditures for the proper functioning of the Cscom; - justify to the Ca Cscom the expenditures made; - decide on the disciplinary sanctions of the first degree for the staff.

It meets once a month in ordinary session and in extraordinary session as needed.

The health district management committee

#### 4. Associations of health professionals and civil society associations (law 04-038)

Associations are groups of people (called members) formed freely who do not seek to share profits. A priori, they are disinterested.

However, they may be less disinterested in defending the material interests of their members.

Missions: -

Pool the knowledge and activities of their members for a purpose other than sharing profits (article 2, law 04-038).

- Contribute to health development with reference to the 5 components of the Health and Social Development Program.

#### 5. Professional unions (law 92-020, law 02-053)

Their exclusive purpose is "the study and defense of the rights as well as the material and moral interests, both collective and individual" of their members.

"People with the same profession, similar trades or related professions contributing to the establishment of specific products or services may freely form a professional union (article L233, law 92-020)".

They are subject to prior declaration, as are political parties (article 2, ordinance 59-41; article 19, law 02-053) and have legal personality. They have a deliberative body (the general assembly of members) and an executive body (the executive office). There may be several unions; membership is not compulsory.

Missions: -

Claim new advantages in the context of collective bargaining through the action of union sections and union delegates. through interventions with the media through parades,

demonstrations or strikes - Take legal action before

any jurisdiction Defend its rights as a legal entity against other

signatory organizations, to obtain the execution of

commitments made within the framework of a collective agreement. Substitute itself for its members, to exercise personal actions of these, actions arising from a collective agreement or from non-compliance with the provisions relating to work (at home, temporary, to professional equality) Substitute itself for an employee in the context of a dismissal for economic reasons: the interested parties must have been informed of this and not have opposed it.

Defend the interests of the profession. Appeal against

regulatory acts concerning the status of personnel and against individual decisions affecting the collective interests of civil servants.

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