



**General Country Information:**

The Republic of Mali is located in western Africa, and borders Algeria, Niger, Burkina Faso, the Côte d'Ivoire, Guinea, Senegal and Mauritania. Mali is divided into eight regions and one district, and further subdivided into 49 cercles. Bamako, the capital, is the largest city of Mali.

Mali became a French overseas territory in 1880 and was known as French Sudan along with neighboring countries). In September 1960, it gained its independence from France.

Mali's population consists of diverse Sub-Saharan ethnic groups. In the northern areas live the Tuaregs, desert nomads, related to the North African Berbers. The Tuaregs traditionally have opposed the central government. In June 1990, seeking greater autonomy, armed attacks in the north led to clashes with the government army. During that time some 150,000 people, mostly Tuaregs and Moors had fled and found refuge in Mauritania, Algeria, Niger and Burkina Faso. In April 1992, the government and most opposing factions signed a pact to end the fighting and restore stability in the north. The peace agreement was celebrated in 1996 in Timbuktu during an official and highly publicized ceremony called *Flamme de la Paix*-peace flame. The last camp site in Mauritania was closed by the end of June 1996 and by March of 1997, some 100,000 Malian refugees had gone back to their country.

The latest United Nations Human Development Report (2006) ranks Mali as 175th country in the world out of 177.

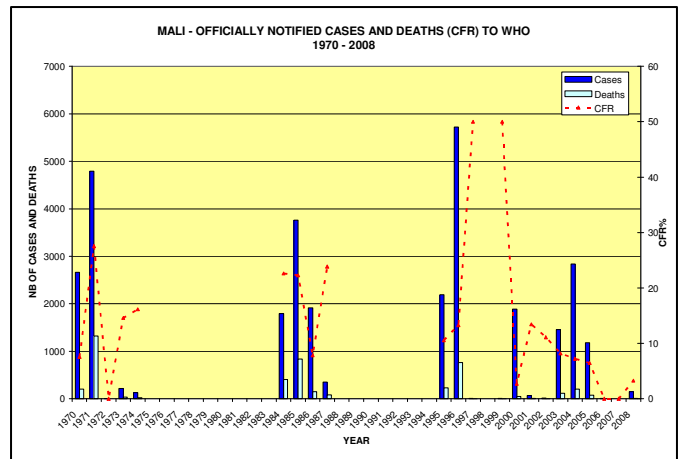
**Cholera Background history:**

The first outbreak in Mali was in 1970 when the current pandemic hit the African continent.

The years 1984/1985/1986 were marked by important epidemics with very high case fatality rates ranking from 8% to 22%.

In 1995, 1996 and 2000, major outbreaks occurred involving respectively 2191, 5723 and 1885 cases with 231, 761 and 51 deaths. (Case fatality rates, CFR of 10.5%, 13.3% and 2.7%)

In 2003, the outbreak started in August and was to continue unfolded until August 2004, accounting for 4'298 cases and 324 deaths. (CFR: 7.53%)



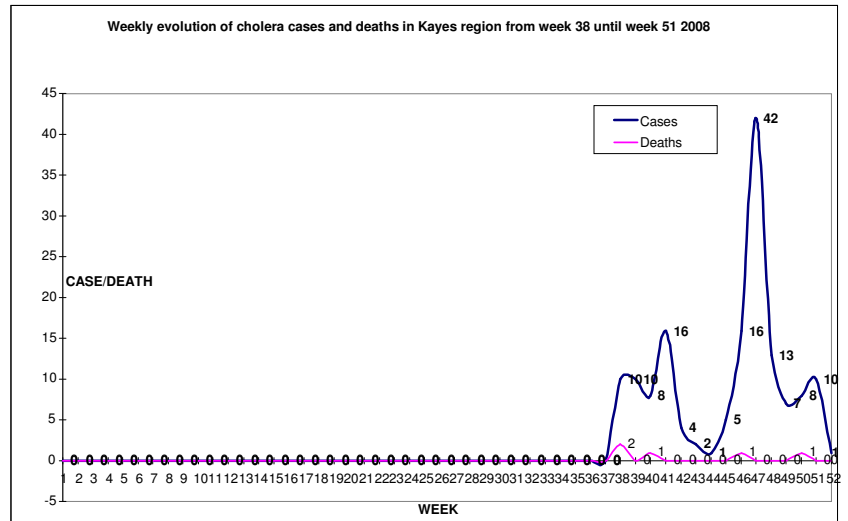
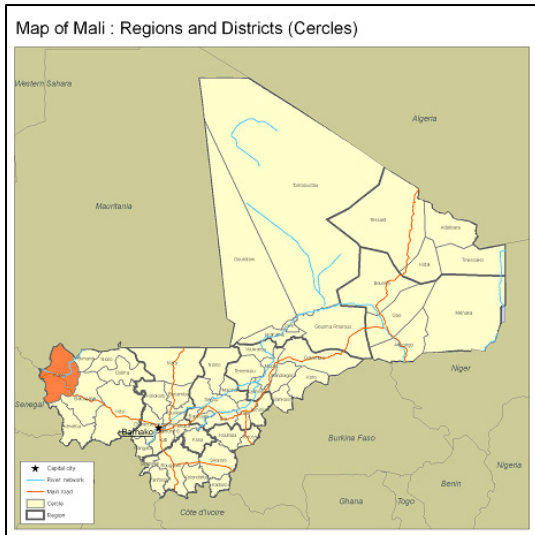
The first cases were recorded in the Segou region and the outbreak quickly spread to the neighboring regions following the course of the Niger river: Bamako, Koulikoro, Mopti, Segou, Timbuktu, Gao, Sikasso. Ultimately the epidemic also spread further into neighboring country Niger in May 2004 in the Tillabéri Region.

Outbreaks in Mali generally start during the rainy season (June to late October).

In 2005, the first cholera cases reported on 20 June 2005 occurred in the cercle of Kayes (Kayes region). The overall number of cases until January 2006, was 903, with 66 deaths and a CFR of 7.3%. The affected provinces were Kayes and Koulikoro with no clear link between the two. The cases reported in the cercle of Nara (Koulikoro region) in October most certainly came from neighboring Mauritania (Timbedra) with a transmission along the main road from Mauritania to Bamako.

In 2006, Mali reported 7 cases of cholera with no death and in 2007, Mali reported zero cholera case.

Between 14 September and 28 December 2008, Mali reported 153 cholera cases including 5 deaths (CFR 3.27%) in the Kayes district (part of Kayes region). At least 22 villages were affected.



**WHO Support Actions**

- 2003/2004: WHO provided technical support to MoH for outbreak response (ECHO funding)
- Direct country support through the West Africa Initiative to control cholera and other epidemic diarrhoeal diseases (established in 1996)

**Demographic and Socio-Economic Data:**

<b>Geography</b>	Total surface Capital Regions Official Language	1 240 192 km <sup>2</sup> (landlocked) Bamako (population in Bamako: 1 690 471) 8 (+ one capital district) French (Bambara is the largest spoken language)
<b>Environment</b>	Climate Rainy season Floods and droughts Desertification Natural resources	Tropical with marked dry season; hot and dry (February to June); rainy, humid, and mild (June to November); cool and dry (November to February) June to late October Recurring droughts; occasional Niger River flooding Deforestation and desertification are major concerns gold, phosphates, kaolin, salt, limestone, uranium, gypsum, granite, hydropower
<b>Demographics</b>	Population Religions Ethnic groups Migrants	13 518 000 90% Muslim, 1% Christian and 9% indigenous religions Mande (incl. Bambara, 50%), Fulani (17%), Senufo and Bwa (12%), Songhai (6%), Tuareg and Moor (10%), other (5%) Mainly refugees from Mauritania (6 185) and Côte d'Ivoire (2 704), 2004
<b>Economy</b>	Industry Farming	Food processing, construction, phosphate and gold mining Cotton, millet, rice, corn, vegetables, peanuts; cattle, sheep, goats
<b>Health Indicators</b>	Per capita total expenditure on health Life expectancy birth (yrs) Child mortality (per 1000)	39\$ Males: 44                      Females: 47 Males 230                      Females 208
<b>Communicable Diseases</b>	Located in meningitis belt; Malaria one of principle causes morbidity and mortality (> 30% of all OPDs) HIV prevalence (2005): 1.7%	
<b>Risk Factors for Cholera</b>	Population with access to improved water source Population with access to proper sanitation facilities Chronic Malnutrition	50% (2004) 46% (2004) 28% (2001-2003)

Sources for Document: WHO, UNHCR, UNICEF, UNDP



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