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HEALTH PROFILE: MALI

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	140,000 (low-high estimates 44,000–420,000)
Total Population (mid-2004)	13,409,000
Adult HIV Prevalence (end 2003)	1.7% (0.6–5.9%)
HIV-I Seroprevalence in Urban Areas	
Population most at risk:	
- sex workers	31.9%
- truckers	3.9%
- street vendors (female)	4.6%
Population least at risk:	
- general population men	1.3%
- pregnant women	3.6%

Source: UNAIDS, Population Reference Bureau, ISBS 2003, Sentinel Surveillance 2003

The first cases of HIV/AIDS in Mali were reported in 1985. While the adult HIV prevalence was still relatively low at 1.7% according to the 2001 Demographic and Health Survey (DHS), it is estimated that HIV prevalence in the general population could triple by 2010 if appropriate prevention measures are not taken immediately.

Vulnerability to HIV infection in Mali is associated with a variety of factors, such as poverty, poor health conditions, certain cultural practices, and low literacy levels. Cultural factors related to HIV vulnerability may include male dominance of women, the early onset of sexual activity among females, and polygamy, while poverty may result in increased prostitution. Migration is also a significant contributor to HIV infection, as HIV prevalence in neighboring countries such as Côte d'Ivoire and Burkina Faso is substantially higher than in Mali. Political and social troubles in countries like Côte d'Ivoire, Liberia, and Sierra Leone are also believed to contribute to increased HIV transmission across borders.

Recorded rates of HIV infection are higher in Malian women than in men, particularly among pregnant women 25–29 years of age, in whom prevalence is almost 5%. The estimated ratio of HIV-infected young women to young men is 4.5:1. Low condom use and a high prevalence of sexually transmitted infections (STIs) are important contributing factors for HIV transmission in Mali. Condom use by young males 15–24 years of age is approximately 30%, but among young females it is as low as 14%. Condom use is also low among other vulnerable populations, such as military personnel, truck drivers, and vendors. A recent survey found that only 12% of women vendors in Bamako (with an estimated HIV seroprevalence of 6.7%) reported using a condom with their last non-regular partner.

NATIONAL RESPONSE

The commitment of the Government of Mali to HIV/AIDS prevention and treatment is evident. The National AIDS Program was restructured in 2002, creating the Supreme National Council for AIDS (HCNLS), headed by the President of Mali; in 2004, an Executive Secretariat was added to the HCNLS to coordinate multisectoral HIV/AIDS-related programming. The National Strategic Plan for HIV/AIDS Control (2001–2005) was developed, and planning for a new strategic plan (2005–2009) has begun; in March 2004, the government signed a national declaration of HIV/AIDS policy.

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USAID is Mali's lead bilateral donor in funding HIV/AIDS activities and is actively involved in donor coordination of HIV/AIDS-related interventions and programming.

In January 2004, the President of Mali declared that access to antiretroviral drugs and related treatment would be free, and although the number of patients receiving antiretroviral therapy doubled from 2002 to 2003, the number of eligible patients receiving antiretroviral therapy was still quite low at 13%. Mali's First Lady, who is president of the Children's Foundation, plays a leading role in prevention of HIV, especially in the area of prevention of mother-to-child transmission (PMTCT). The Ministry of Health created the National Center for Disease Control to provide support to the various initiatives and programs, including clinical and vaccine trials.

By increasing knowledge and encouraging increased use of condoms, the Government of Mali has made reduction in sexually transmitted infections (STIs) and HIV in vulnerable populations a priority. The 2001 DHS found that more than two-thirds of women did not know the meaning of STIs, and roughly the same proportion of women aged 15–24 did not know three methods to prevent HIV infection. Many Malians—approximately 96% of women and 91% of men—have not been tested and are unaware of their HIV status, prompting the government to increase efforts related to counseling and testing. There are currently 15 counseling and testing centers in six regions (Bamako, Ségou, Mopti, Kayes, Sikasso, and Timbuktu), and continued support from various international donors will support the expansion of counseling and testing services throughout the country.

Increasing availability of PMTCT services is a key goal of the government, which hopes to provide antiretroviral prophylaxis to 80% of all pregnant women with HIV and their infants. Mali's strategy therefore includes offering PMTCT services to all pregnant women. Six PMTCT sites are located in Bamako, and eight new PMTCT sites will be opened in regional capitals. Various programs are also increasing the capacity of obstetric/gynecologic services to provide these services at eight regional referral hospitals. To date, however, only 15% of HIV-positive women in Bamako and 14% of babies born to HIV-positive mothers have received antiretroviral drug prophylaxis.

International donors continue to support Mali's fight against HIV/AIDS, and in June 2004 the World Bank Board approved an International Development Association Multisectoral AIDS Program grant of US$25 million to help Mali control the HIV/AIDS epidemic by reforming policy, building capacity, increasing awareness of HIV/AIDS, and increasing access to HIV services and care.

USAID SUPPORT

The United States Agency for International Development (USAID) is Mali's lead bilateral donor in funding HIV/AIDS activities and is actively involved in donor coordination across HIV/AIDS-related interventions and programming. Mali has been classified as a nonpriority country under USAID's "Stepping Up the Response" approach. As such, it is anticipated that management of HIV programs will be transferred to USAID's regional centers in Africa over the next two years.

Surveillance

USAID supports epidemiologic and behavioral surveillance studies in Mali. During FY 2003, sentinel HIV surveillance was carried out in 16 sites in Mali, and the second round of the Integrated HIV/STI Surveillance Survey (ISBS), conducted every three years, was carried out among vulnerable populations. In FY 2005, USAID support will be used to undertake another round of sentinel surveillance, and in FY 2006 the DHS+ and the third round of ISBS will be carried out.

HIV testing was included in a demographic and health survey for the first time in the world when it was included in the 2001 Mali DHS. Data collected as a result of this survey have been used by Mali to guide decisions regarding HIV/AIDS

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resources, policies, and programs. Inclusion of testing in the DHS was so successful that it prompted other countries, including Zambia and the Dominican Republic, to add HIV testing to their surveys.

Education and Behavior Change Communication

In an effort to reduce the number of sexual partners and increase use of condoms by high-risk populations, USAID is supporting behavior change messages and programs that focus on high-risk populations such as sex workers, truck drivers, street vendors, miners, and seasonal workers. One example is the *Prevention du SIDA sur les Axes Migratoires de l'Afrique de L'Ouest* (PSAMAO) program of the Pathways to Health project. The objectives of this project implemented by Population Services International (PSI) include:

- Reducing transmission of STIs/HIV
- Educating vulnerable populations about risk factors for STI/HIV infection
- Increasing vulnerable populations' knowledge of transmission and prevention of STIs/HIV
- Demonstrating proper use of condoms, correcting false rumors or myths about condoms, and promoting use of female and male condoms
- Promoting use of counseling and testing services

With funding from USAID, PSI has worked with the *Group Pivot pour la Sante et Population* to engage 23 local nongovernmental organizations in peer education and counseling activities with vulnerable populations. Activities included in this initiative include using peer educators to provide behavior change messages to Malian youth, mobile populations, and community clubs and village associations.

With USAID support, PSI and The POLICY Project have worked extensively with religious leaders in Mali to train them in advocacy development and message delivery, for example, helping the Malian League of Imams and Islamic Scholars to create four lessons for the imams' Friday prayers. These lessons include information on ways to prevent HIV infection, as well as messages to encourage the care of and compassion for people living with HIV/AIDS.

Counseling and Testing

USAID continues to support three counseling and testing sites and is providing technical assistance and funding to the Ministry of Health to finalize national guidelines on counseling and testing. With USAID funding, PSI provides counseling and testing services in Bamako, Kayes, and Ségou. The U.S. Centers for Disease Control and Prevention is working with PSI and the National Public Health Laboratory to conduct quality-control testing of samples from PSI's counseling and testing centers.

STIs and Condoms

The social marketing and distribution of condoms in Mali have been conducted by PSI for several years. *Protector* condoms have been distributed since 2001, and *Protectiv*' female condoms since 2002. In July 2003, PSI/Mali began a three-year project, Pathways to Health, that includes social marketing of condoms and an HIV project that focuses on high-risk populations around major transportation routes.

IMPORTANT LINKS AND CONTACTS

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USAID HIV/AIDS Web site for Mali: http://www.usaid.gov/our_work/global_health/aids/Countries/africa/mali.html

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For more information, see http://www.usaid.gov/our_work/global_health/aids