

MALI AND HIV/AIDS

Key Talking Points

Mali has one of the lowest HIV/AIDS prevalence rates in sub-Saharan Africa:

- The HIV prevalence rate in urban areas ranges from 2.5 percent in low-risk groups to 42.1 percent in high-risk groups. In rural areas it is 2.2 percent in low-risk groups and 52.8 percent in high-risk groups.
- 89,000 adults and children are currently living with HIV.
- 44,000 adult and child AIDS cases have occurred since the beginning of the epidemic.

AIDS Deaths 40,000 adults and children have died of AIDS since the beginning of the epidemic. Only six countries in the world have a lower life expectancy than Mali: the current life expectancy is only 47 years, and one out of every five children will die before age 5.

Women and HIV/AIDS There are currently 42,000 women between 15 and 49 years old living with HIV. Among sex workers in Bamako, the HIV prevalence rate rose from 39 percent in 1987 to 56 percent in 1995. HIV prevalence rates among sex workers in other regions range from 16 percent to 74 percent, depending on the site. In Bamako the HIV prevalence rate among antenatal clinic attendees increased from 1 percent in 1987 to 4 percent in 1994.

Children, Youth and HIV/AIDS An estimated 4,800 Malian children under age 15 are living with HIV/AIDS. Malian youth under age 25 represent two-thirds of the population and are the age group most vulnerable to HIV/AIDS infection. This group is also critical to the political stability and economic viability of Mali as a new and still evolving democracy.

Socioeconomic Effects of HIV/AIDS Significant seasonal migration of agricultural workers to Senegal, Côte d'Ivoire and France during Mali's off-season could have a serious impact on the spread of HIV in Mali in the coming years, particularly migration to and from Côte d'Ivoire, which has the highest HIV-prevalence rate in West Africa.

National Response Because of its overall poor health and economic status, Mali faces considerable challenges in the control of the HIV/AIDS epidemic. This situation is compounded by the fact that the government response has not been strong to date. Since 1994 the national response has been limited by capacity and funding mechanisms. In addition to strengthened government efforts, community participation at all levels is needed for effective HIV/AIDS care, prevention and support activities.

USAID's HIV/AIDS funding for FY 1998 was \$2.4 million. The mission supports the advancement of the syndromic treatment of sexually transmitted infections (STIs) in the public and private sectors. USAID's Young Adult Reproductive Health Services: HIV/AIDS and STI Prevention and Control Program is designed to improve prevention of HIV/AIDS and other STIs through behavior change communication (BCC), condom distribution, and improved STI case management.



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MALI AND HIV/AIDS

Country Profile

Mali is a landlocked Sahelian country with a per capita income of \$250 and a population of 10.1 million. Socioeconomic indicators put Mali's living standards among the worst in the world, with an infant mortality rate of 123 deaths per 1,000 births, an adult literacy rate of just 31 percent, and a primary school enrollment rate of 42 percent.

Overall health and education services are limited: Only 40 percent of the population have access to health services; 45 percent have access to safe water; and 31 percent have adequate sanitation.

Although a large portion of the population do have access to some health services, the use of such services, in particular reproductive health services, is not widespread. Currently only about 5 percent of women of reproductive age are using a modern

method of contraception. The total fertility rate is 6.7 children per woman, with only 24 percent of births attended by a trained health professional.

Since the 1991 overthrow of the 23-year-old one-party government, Mali has continued on an ambitious undertaking of social, economic and political liberalization. However, the World Bank still classifies Mali as a severely indebted, low-income country. Mali's chief development constraints include a rapidly growing population (3 percent annual growth rate), two-thirds of which is under age 25; producers still struggling to take full advantage of positive economic policy reforms; a fragile natural resource environment; and limited capacity of community-level organizations to play effective roles as partners in establishing a decentralized government.

HIV/AIDS in Mali

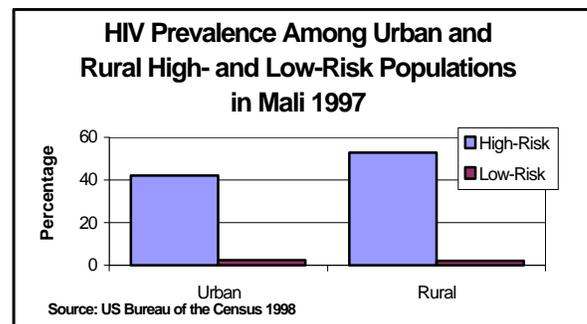
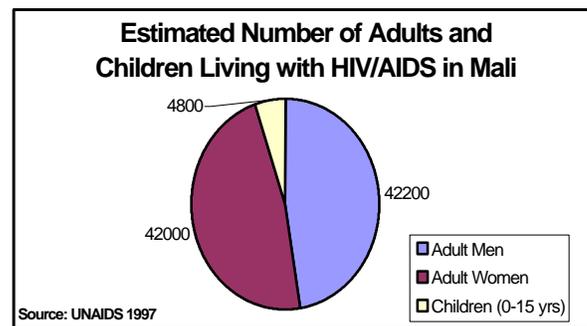
Mali has an HIV/AIDS prevalence rate which remains under 2 percent, one of the lowest in sub-Saharan Africa, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS). The primary mode of HIV transmission is through heterosexual sexual contact. It should be noted, however, that an effective sentinel surveillance system has yet to be established in Mali, and in some regions no surveillance surveys have taken place. As a result, it is difficult to determine the actual extent to which HIV has spread across the entire country.

UNAIDS estimates that:

- 89,000 adults and children are currently living with HIV.
- 44,000 adult and child AIDS cases have occurred since the beginning of the epidemic.
- 40,000 adults and children have died of AIDS since the beginning of the epidemic.

The U.S. Bureau of the Census estimates that in 1997 HIV prevalence rates in urban areas ranged from 2.5 percent in low-risk groups to 42.1 percent

in high-risk groups. In rural areas it was estimated at 2.2 percent in low-risk groups and 52.8 percent in high-risk groups.



MALI AND HIV/AIDS

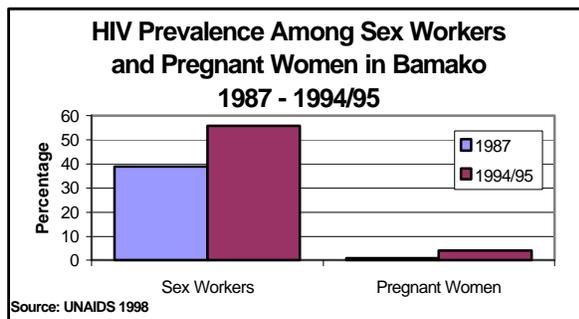
Knowledge of AIDS is almost universal. According to the 1995-96 Demographic Health Survey (DHS), 24 percent of women and 45 percent of men mentioned the condom as an HIV

prevention method. However only 6 percent of women and 24 percent of men said they had used a condom in the past two months.

Women and HIV/AIDS

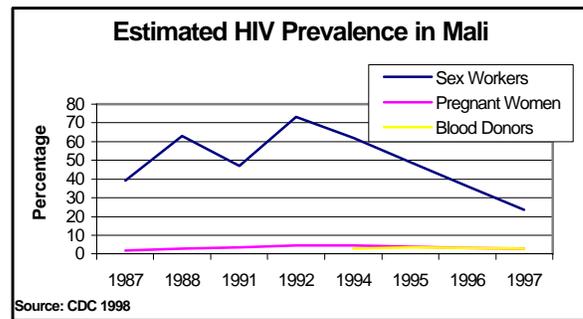
Socioeconomic disparities between women and men in Mali increase women's vulnerability to HIV/AIDS, in addition to women's greater biological susceptibility to HIV infection. Only 23 percent of women (compared with 39 percent of men) are literate, and female enrollment in primary and secondary schools is consistently lower than male enrollment. In general, women suffer from greater poverty due to lack of access to critical resources such as land, credit, extension services, and technology. This, in turn, limits their access to health and social services, in addition to leading some women to sex work as a means of survival.

- UNAIDS estimates that there are currently 42,000 women between 15 and 49 years old living with HIV.
- Among sex workers in Bamako, the HIV prevalence rate rose from 39 percent in 1987 to 56 percent in 1995.



- HIV prevalence rates among sex workers in other regions range from 16 percent to 74 percent, depending on the site.
- In Bamako the HIV prevalence rate among antenatal clinic attendees increased from 1 percent in 1987 to 4 percent in 1994.

Female genital mutilation (FGM) is still a common practice in Mali, despite active campaigns to end the practice. According to a 1997 USAID-funded study of over 9,000 women in Mali, 93.7 percent of women 15 to 49 years old had undergone FGM. The practice crosses religious, ethnic, age, and geographic lines. FGM is less common only among the ethnic groups in the north of the country. In Bamako and Koulikoro, two of the most densely populated areas, the rates are reported at 95.3 percent and 99.3 percent respectively. FGM places women at higher risk for transmission of HIV.



Children, Youth and HIV/AIDS

The HIV epidemic has a disproportionate impact on children, causing high morbidity and mortality rates among infected children and orphaning many others. Approximately 30 to 40 percent of infants born to HIV-positive mothers will also become infected with HIV, and most will develop AIDS and die within two years.

- 47 percent of the population is under age 15.

- An estimated 4,800 Malian children under age 15 are living with HIV/AIDS.
- An estimated 33,000 Malian children have become orphans due to AIDS since the beginning of the epidemic.

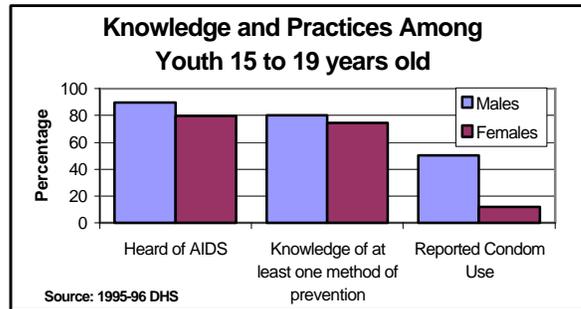
In addition, overall poor health conditions in Mali make children more susceptible to opportunistic infections.

MALI AND HIV/AIDS

- 30 percent of children under age 3 suffer from malnutrition.
- Less than 50 percent of 1-year-olds are fully immunized against diphtheria, polio and measles.
- Only six countries in the world have a lower life expectancy than Mali. In addition to a current life expectancy of only 47 years, one out of every five children will die before age 5.

Adolescents are particularly vulnerable to HIV infection due to high-risk behaviors such as multiple sex-partnering and drug and alcohol use. Young women, in particular, are vulnerable due to early initiation of sexual activity. By age

16, 50 percent of women are either married or sexually active. In addition, 49 percent of rural women 15 to 19 years old have had at least one child.



Socioeconomic Effects of HIV/AIDS

About 90 percent of reported AIDS cases are adults 20 to 49 years old. Since this age group constitutes the most economically productive segment of the population, an important economic burden is created. Productivity falls and business costs rise—even in low-wage, labor-intensive industries—as a result of absenteeism, the loss of employees to illness and death, and the need to train new employees. The diminished labor pool affects economic prosperity, foreign investment, and sustainable development. The agricultural sector likewise feels the effects of HIV/AIDS; a loss of agricultural labor is likely to cause farmers to switch to less-labor-intensive crops. In many cases this implies switching from export crops to food crops—thus affecting the production of cash and food crops.

There are also many private costs associated with AIDS, including expenditures for medical care, drugs, funeral expenses, etc. The death of a family

member leads to a reduction in savings and investment, and increased depression among remaining family members. Women are most affected by these costs and experience a reduced ability to provide for the family when forced to care for sick family members. And AIDS adversely affects children, who lose proper care and supervision when parents die. Some children will lose their father or mother to AIDS, but many more will lose both parents, causing a tremendous strain on social systems. At the family level there will be increased pressure and stress on the extended family to care for these orphans; grandparents will be left to care for young children and 10- to 12-year-olds become heads of households.

(For country-specific information on the socioeconomic impact of HIV/AIDS refer to the *analysis* presented by the Policy Project.)

Interventions

National Response

In response to the epidemic, the government of Mali established the Programme National de Lutte contre le SIDA (PNLS) in 1987 and carried out a baseline study of HIV prevalence among sex workers, prisoners, hospital patients, and pregnant women. An advisor from the World Health Organization (WHO) assisted Mali from 1989 to 1993 in developing two implementation plans with

the goal of improving and reinforcing efforts to inform the population about HIV/AIDS and control the spread of the infection. During the second implementation phase (1991 to 1993), several initiatives were introduced to strengthen HIV/AIDS prevention efforts. However, the program suffered from a lack of government commitment and resources, and poor management.

MALI AND HIV/AIDS

In 1993 WHO conducted an evaluation and supported PNLs in the development of a Strategic Plan covering the period 1994 to 1998. The four main strategies of the plan included:

- Prevention of sexual transmission through information, education and communication (IEC) campaigns targeting youth, sex workers, migrants, the armed forces, prisoners, health personnel, traditional healers, community leaders, and the general population.
- Prevention of sexual transmission through improved case management of sexually transmitted infections (STIs).
- Prevention of transmission by blood, through a reinforcement of testing of blood for transfusion

and training of health personnel and traditional healers in sterilization procedures.

- Reduction of the impact of infection on individuals and the community through a range of interventions aimed at infected individuals, their caregivers, families and communities; revision of professional guidelines and policies affecting infected persons; and encouraging support for people living with HIV/AIDS (PLWHA) in the community.

Since 1994 the national response has been limited by capacity and funding mechanisms. PNLs is currently developing a National Strategic Plan with support from the UN Theme Group.

Donors

External donors have provided almost all the financial resources allocated to the PNLs for HIV/AIDS activities. According to a

UNAIDS/Harvard University study, bilateral organizations contributed the following amounts in 1996-97:

Organization	Amount US\$ 1996-97
USAID	148,624
FED	43,333
Total	191,957

Bilateral organizations' contribution 1996-1997
(Source: UNAIDS/Harvard University)

USAID's HIV/AIDS funding for FY 1998 was \$2.4 million. USAID's health sector efforts are integrated with education assistance under a unified objective that focuses on improved social and economic behaviors among Malian youth (under age 25). This demographic group represents two-thirds of the Malian population and is critical to the political stability and economic viability of Mali as a new and still evolving democracy.

USAID's Young Adult Reproductive Health Services: HIV/AIDS and STI Prevention and Control Program is designed to improve prevention of HIV/AIDS and other STIs through behavior change communication (BCC), condom distribution, and improved STI case management. Non-formal sector outreach programs address peer counseling, youth centers, family life, and school-based service delivery. In addition, appropriate

operations research is being conducted to assess the impact of interventions.

USAID also supports the Centers for Disease Control (CDC) to institutionalize the syndromic treatment of STIs in the public and private sectors in Mali. Under the Participating Agency Service Agreement (PASA), CDC provides ongoing long- and short-term technical assistance in STI control and institutional capacity strengthening to PNLs and other organizations in Mali. Specific CDC collaborative activities include developing national STI patient treatment policies; introducing STI laboratory procedures; training primary health care workers in the use of diagnostic algorithms; and initiating a large, country-wide integrated behavior and STI prevalence surveillance system in collaboration with PNLs. The PASA agreement is a global project for \$5.5 million and is coordinated by the Division of STD Prevention at CDC.

MALI AND HIV/AIDS

Fonds Européen de Développement (FED) is working with laboratories and pharmacies to improve an essential drugs distribution network and in training district level personnel.

UNAIDS has a coordinating Theme Group chaired by the World Health Organization (WHO) with

other members from UNDP, the World Bank, UNESCO, UNICEF, UNFPA, and NAP.

Support from the UNAIDS cosponsors in 1996-97 and 1998-99 included:

Organization	Amount US\$ 1996-97	Amount US\$ 1998-99
UNDP	624,177	296,474*
UNAIDS	100,000	140,000
World Bank	49,101	n/a
UNICEF	44,559	n/a
WHO	42,000	35,000
UNFPA	4,373	n/a
Total	864,210	471,474

*1998 only

UNAIDS cosponsor contributions 1996-1999

(Source: UNAIDS/Harvard University)

UN-funded activities have included support to PNLs in the development of strategic plans; program evaluation and the decentralization of AIDS activities; sponsorship of special events and promotional materials; small grants programs; training activities; and community-based care initiatives, in addition to other logistical, management, and coordination support.

The World Bank has supported the Malian government's efforts to improve the health status and well being of the population, particularly women and children, through an integrated program of policy and institutional reforms and investments. In 1991 a loan of \$26.6 million was approved for a health, population and rural water supply project, \$1.4 million of which was dedicated to HIV/AIDS activities.

Private Voluntary Organizations (PVOs) and Nongovernmental Organizations (NGOs)

A number of PVOs implement activities funded by multilateral and bilateral donors. NGOs also receive funding from a variety of sources and carry out most of the HIV/AIDS prevention and

care activities in Mali. *See attached chart for USAID cooperating agencies and PVO target areas in HIV/AIDS. This list is evolving and changes periodically.*

Challenges

Because of its overall poor health and economic status, Mali faces considerable challenges in the control of the HIV/AIDS epidemic. This situation is compounded by the fact that the government response has not been strong to date, further weakening Mali's ability to control the epidemic. Strengthening of PNLs, both in terms of capacity, resources and effectiveness is critical at this stage. An appropriate sentinel surveillance system is also

needed to accurately track the epidemic and direct interventions to high-risk groups. In addition, there is significant seasonal migration of agricultural workers to Senegal, Côte d'Ivoire and France during Mali's off-season. This migration could have a serious impact on the spread of HIV in Mali in the coming years, particularly migration to and from Côte d'Ivoire, which has the highest HIV prevalence rate in West Africa.

MALI AND HIV/AIDS

The Future

The Malian government's commitment to decentralized health care delivery requires continued support and strengthening at all levels. In addition to government efforts, community participation is essential for effective HIV/AIDS care, prevention and support activities. An expanded national response to HIV/AIDS must involve many different government ministries and departments, NGOs, the private sector, and PLWHA.

There is limited appreciation and understanding of the potentially serious impact of HIV/AIDS on society. Aggressive public outreach campaigns and education interventions must continue to target key high-risk populations, such as sex workers, migrant populations, and adolescents. In addition, improved access to, demand for, and quality of reproductive health services, and in particular, STI diagnosis and treatment services, are essential at this stage of the epidemic.

Important Links and Contacts

1. Programme National de Lutte contre le SIDA (PNLS), Dr. Yaya Maiga, Tel. (223) 21 36 15
2. UNAIDS, Kékoura Kourouma, Inter-Country Program Advisor UNAIDS/Burkina Faso, c/o UNDP, 01 BP 575 Ouagadougou 01; Tel. (226) 30 67 62/63



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Mali

Organization	Intervention																
	Advoc.	BCI	Care/S	Training	Cond.	SM	Eval.	HR	IEC	MTCT	Research	Policy	STD	VCT	Orphan	TB	Other
Cooperating Agencies																	
JSI/FPLM					X								X				
TFGI/Policy Project	X																
PVOs/NGOs																	
PLAN International		X	x	X					X				X	X		X	
Civil/Military Alliance to Combat HIV/AIDS	X			X				X				X					

KEY:	Advoc.	Advocacy	MTCT	Mother to Child Transmission activities
	BCI	Behavior Change Intervention	Research	HIV/AIDS research activities
	Care/S	Care & Support Activities	Policy	Policy monitoring or development
	Training	HIV/AIDS training programs	STD	STD services or drug distribution
	Cond.	Condom Distribution	VCT	Voluntary counseling and testing
	SM	Social Marketing	Orphan	AIDS orphan activities
	Eval.	Evaluation of several projects	TB	TB control
	HR	Human Rights activities	Other	(I.e. blood supply, etc.).
	IEC	Information, education, communication activities		