



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	13.8 million (mid-2010)
Estimated Population Living with HIV/AIDS**	100,000 [88,000–120,000] (end 2007)
Adult HIV Prevalence**	1.5% [1.2–1.8%] (end 2007)
HIV Prevalence in Most-at-Risk Populations***	Sex Workers: 35.3% (2006)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy****	41% (end 2007)

*U.S. Census Bureau **UNAIDS *** Integrated Survey on Behavior and Prevalence for HIV and STI (ISBS) 2006 ****WHO/UNAIDS/UNICEF *Towards Universal Access*, 2008

Mali's first case of HIV was reported in 1985. The country's HIV prevalence rate remains low, compared to other African countries, estimated at 1.5 percent in 2007, and infections are concentrated in most-at-risk populations (MARPs). In 2010, there continued to be gaps in the response among some MARPs, which may play a key role as bridging populations, including men who have sex with men, injecting drug users, and miners and migrant populations. High-risk behaviors, including low condom use with regular partners and multiple and concurrent partnerships, continue to be of concern. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates 100,000 people in Mali were HIV positive in 2007.

The epidemic in Mali is feminized, with women disproportionately infected compared to men. According to UNAIDS, women account for approximately 60 percent of infections among adults aged 15 and older in the country. A 2006 sentinel surveillance study cited by the U.S. Centers for Disease Control and Prevention (CDC) found 3 percent of pregnant women in the Ségou region, 3.8 percent in the Koulikoro region, and 4.5 percent in Bamako district were HIV positive, compared to the 1.3 percent prevalence in the general population the same year, indicating a serious localized epidemic. Sentinel survey data from 2002 to 2006 indicated a 3 percent prevalence rate among pregnant women across the country. Use of prevention of mother-to-child transmission (PMTCT) services has been increasing, with 13.4 percent of HIV-positive pregnant women given antiretroviral therapy (ART) for PMTCT in 2007, up from 8.6 percent in 2006.

Sex workers are the population at greatest risk in Mali. There has been a steady increase in HIV prevalence within the population, from 28.9 percent in 2000 to 35.3 percent in 2006. Prevalence within this group varies based on how long a woman has been in the profession; women working for five years or less have a 36.1 percent prevalence rate, while those who have worked for six to 10 years have 50 percent prevalence, according to the 2008 United Nations General Assembly Special Session (UNGASS) report. Though 98.5 percent of sex workers reported they had used a condom with their last client, condom use with regular and non-paying partners is less common. The continued increase in prevalence among this population points to a need for expanded outreach, including prevention services, better access to care and treatment, and efforts to reduce stigma and discrimination. Other vulnerable populations include truck drivers, street vendors, miners, and seasonal workers.

Vulnerability to HIV infection in Mali is associated with a variety of factors, including poverty, poor health, having multiple concurrent sexual partners, and low literacy levels. Poverty often leads to increases in commercial sex and, consequently, increased vulnerability for HIV infection. Migration is also a contributor to HIV infection in Mali, as HIV prevalence in neighboring Côte d'Ivoire, at 3.9 percent, is substantially higher than in Mali. Development efforts in mining and agricultural zones have created increased migration, additional sexual networks, and unsafe sex work.

Mali has made progress in improving knowledge of HIV and preventive behaviors. According to the 2006 Demographic and Health Survey (DHS), 53 percent of women and 63 percent of men could correctly identify ways to prevent HIV, namely condom use and being faithful. Although prevention knowledge has improved, risky behaviors remain high. The early onset of sexual activity among young women poses an increased risk factor for infection among women ages 15 to 24, compared with men of the same age. It is estimated that 26.6 percent of girls have sex before age 15, compared with 1.5 percent of boys (UNGASS 2008). Additionally, only 16.7 percent



of women and 37.2 percent of men aged 15 to 24 used a condom the last time they had sex with a casual partner, according to the 2006 DHS. Cultural factors related to HIV vulnerability include male dominance and “wife inheritance,” the traditional practice of a man marrying the widow of his deceased brother.

The AIDS epidemic has had an impact on many children in Mali, with 44,000 children orphaned by HIV/AIDS and 9,400 children living with HIV/AIDS as of 2007, according to UNAIDS. Orphaned children are often raised by their grandparents or live in households headed by other children. As more parents die, the effect of HIV/AIDS on the country’s children cannot be overstated. Many children orphaned by AIDS lose their childhood and are forced by circumstances to become producers of income or food, or to become caregivers for sick family members. They suffer their own increased health problems related to inadequate nutrition, housing, clothing, and basic care. They are also much less likely to attend school, which in itself increases their risk for HIV infection, as studies from other countries suggest young people with little or no education may be 2.2 times more likely to contract HIV.

While not one of the World Health Organization’s (WHO’s) 22 high-burden tuberculosis (TB) countries, HIV co-infection with TB is a major concern in Mali. The country has an incidence rate of 320 cases per 100,000 population, according to the WHO, and 16 percent of TB cases are also HIV positive. HIV-TB co-infection presents a major challenge to the treatment of both diseases.

National Response

Since 1988, the response to the HIV/AIDS epidemic in Mali has emphasized communication and social marketing at the national and subnational levels. The Government of Mali restructured its National AIDS Program in 2002, creating the National High Council for AIDS (HCNLS), headed by the President. The reorganization aimed to bring Mali’s HIV activities in line with global priorities and strategies. In 2004, an Executive Secretariat was added to the HCNLS to coordinate multisectoral HIV/AIDS-related programming. In 2001, Mali created its first National Strategic Plan (2001–2005). The second National Strategic Plan (2006–2010) built on the content of the first and emphasized a multisectoral integrated approach to combating HIV, using methods sensitive to Mali’s sociocultural norms. To date, this second National Strategic Plan is under review in order to update priority actions for the third National Strategic Plan (2011–2015).

The Government provided resources for an initiative to provide ART starting in 2001. In 2004, the President declared that access to ART and related treatment would be free, and the country’s current National Strategic Plan aims for universal coverage by 2010. However, only 41 percent of HIV-infected women and men received ART in 2007, according to a WHO/UNAIDS/UNICEF report. Antiretroviral drugs are currently provided through the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, and the William J. Clinton Foundation.

In Mali, national and international commitments have resulted in the formation of multiple policies to protect those infected with and affected by HIV/AIDS. A National Strategy for the Promotion of the Rights of Orphans and Vulnerable Children was created with funds from the Global Fund, and the Network for Orphans and Vulnerable Children works to create and consolidate an institutional and legal framework that supports the rights of orphans and vulnerable children (OVC) within the context of HIV in Mali. The Network does research to better understand the situation of OVC in Mali, works with leaders across all sectors to improve the lives of OVC, and strengthens both national- and community-level responses for the care and medical support of OVC. In 2006, a policy was enacted to protect people living with HIV/AIDS (PLWHA) from stigma and discrimination, providing both protection under the law and a network of legal counsel available to PLWHA.

Public-private partnerships are being sought through the Private Sector Coalition in the Fight against AIDS in Mali, which is a member of the Pan-African Business Coalition on HIV/AIDS. The Coalition was created in December 2005 with the guidance of the HCNLS Executive Secretariat, in collaboration with SIDA-Enterprises and the support of the World Bank. As the need for expanded business operations to provide communication services, testing, and monitoring of ART patients has grown, the Government has recognized the importance of

engaging the business community. In 2008, a partnership between the U.S. Agency for International Development (USAID) Mali Mission and Morila Mine SA was created to target mine workers, a high-risk population, and communities around the mines with HIV prevention messages. A voluntary counseling and testing (VCT) center was also opened near the mine, which also undertakes outreach activities.

The World Bank is a major partner and funds the five-year, \$25.5 million Multisectoral AIDS Program (MAP) in Mali. MAP was recently approved for an additional \$6 million supplement and aims to build partnerships between the public and private sectors. The Global Fund has disbursed \$49.9 million since 2005 to support HIV/AIDS programs in Mali. The latest assistance was an eighth-round grant to support Mali's integrated and decentralized approach to fighting AIDS through community-based health care, which has had \$8.7 million disbursed to date. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's total contributions.

USAID Support

Through USAID, Mali received \$3.0 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Mali are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

The USG is Mali's lead bilateral donor in funding HIV/AIDS activities and is involved in donor coordination across HIV/AIDS-related interventions and programming. USAID activities focus on maintaining Mali's low national prevalence rate; reducing the prevalence of HIV and sexually transmitted infections (STIs) among high-risk populations; supporting the HIV prevention efforts of local nongovernmental organizations; improving the capacity of the Ministry of Health to administer, monitor, and evaluate programs; working with both religious and other leaders and community organizations in prevention, advocacy, and treatment efforts; and building capacity in the effort to reduce stigma and discrimination. In 2001 and 2006, USAID played the leading role in supporting national DHS+ surveys, which both included HIV biomarkers. In 2009, USAID conducted two major surveys – the integrated STI/HIV and behavioral surveillance survey and the antenatal care sentinel survey – to support epidemiological monitoring and quality control activities. In 2010, USAID undertook a GAP analysis while performing a strategic review of the HIV/AIDS sector. Mali was recently chosen as a GHI-plus country, creating the possibility of increased resources for the health services delivery system.

In an effort to reduce the number of sexual partners and increase the use of condoms by high-risk populations, USAID supports behavior change messages and programs that focus on sex workers, truck drivers, street vendors, miners, and seasonal workers. Since 2002, USAID has funded fixed-site VCT centers in Bamako, Ségou, Sikasso, and Kayes, and added capacity through supporting the expansion of these activities to include mobile VCT services for high-risk groups. The experiences of these four VCT centers in demonstrating international quality services have helped the Government build on USAID support in the development of political norms and procedures in this area. The number of VCT service outlets increased from 279 in 2008 to 324 in 2009. By expanding services and improving diagnostic capabilities, the number of Malians tested for HIV more than doubled from 18,650 in 2008 to 43,680 in 2009. Other efforts focused on the military, which has particularly felt the impact of HIV infection, and included educational events on STI/HIV transmission and prevention.

USAID recently introduced the AIDS IMPACT Modeling advocacy tool to create a supportive environment for HIV/AIDS programs. As of 2009, more than 3,000 trainers had received training on the model's presentation techniques, and these trainers have reached more than 22,000 people throughout the country. These ongoing efforts will open new dialogues about HIV/AIDS in rural and often underserved areas and disseminate data at a highly decentralized level.

There have been continued collaborations with religious leaders through USAID partnerships with the Government of Mali, Mali's High Islamic Council, and a research team to develop teaching tools and platforms for discussions. USAID also sponsors training for capacity building, leadership, and advocacy skills for Muslim imams. There is an increased demand from religious communities for more policy dialogue activities, as well as an increased commitment in Mali to assist PLWHA through citizen monitoring and capacity building. USAID is reviewing possible new funding and support in this area.

HIV/AIDS activities are also conducted in Mali through the USAID West Africa Regional Program, which was created to address development challenges through regional approaches that complement and support USAID's bilateral efforts. The West Africa Regional Program employs cross-border interventions, the sharing of best practices, policy and advocacy, capacity building, and small grants programs to reduce the spread of HIV/AIDS and the disease's impact on the region.

Important Links and Contacts

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USAID's HIV/AIDS Web site for Mali:

http://www.usaid.gov/our_work/global_health/aids/Countries/africa/mali.html.

USAID's HIV/AIDS Web site for the West Africa Regional Program:

http://www.usaid.gov/our_work/global_health/aids/Countries/africa/waregional.html.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids.

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