

MALI

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UN WOMEN, UNESCO, WHO, UNAIDS SECRETARIAT, FAO, MINUSMA

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

In Mali, the Joint Team facilitated access to HIV testing services among young people and key populations enabling thousands of young people to know their HIV status and enrol on antiretroviral treatment. Units of Recovery and Intensive Nutrition Education (URENI) and sexually transmitted infection (STI) consultations were used as entry point to reach malnourished children and adults attending STI consultations with tuberculosis testing and treatment services. The Joint Team trained people living with HIV, healthcare providers, and psychosocial counsellors on nutrition and healthy meal preparation; and provided cash transfer and training on income generating activities to help people living with HIV maintain a healthy lifestyle and create livelihoods all aimed at improving their safety and overall health outcome. The Government was supported to substantially increase the number of sites offering prevention of mother-to-child transmission of HIV (PMTCT) services in Mali. Additionally, healthcare providers were trained to improve their skills on HIV case detection, early infant diagnosis, paediatric care, and viral load monitoring. Thousands of condoms were distributed to young people and internally displaced persons. Adolescent and young students were sensitized on HIV prevention and human rights; and former combatants were oriented on stigma and discrimination to curb new HIV infections and promote prevention services. The Joint Team led successful advocacy obtaining commitments from more than 200 communities to end female genital mutilations. Law enforcement officers, community leaders, and women were sensitized on various aspects of gender-based violence, including case reporting.

HIV TESTING AND TREATMENT

Technical assistance was provided to the Government for the development of the national HIV self-testing strategy and user guide; a plan to scale up the use of GeneXpert for early detection of tuberculosis; and a national guide on community-led HIV testing and dispensing of antiretroviral treatment. The guide on community-led HIV services was disseminated to 100 service providers in four regions to support differentiated service delivery among people living with HIV.

To improve access to HIV testing and counselling among vulnerable and key populations, the Joint Team supported HIV screening among 1554 young people (527 from the Gao region, which is heavily impacted by armed conflicts) and three young people who tested positive for HIV were referred to antiretroviral treatment services. In 2020, 2079 young people were tested for HIV in Bamako and no positive case was recorded.

In Sikasso region, the Joint Team further supported HIV testing and counselling services reaching 7697 people and the 346 people out of the 437 who tested positive for HIV were enrolled on antiretroviral treatment.

The Joint Team facilitated HIV testing services for malnourished children, people who were diagnosed with tuberculosis, and clients attending STI consultations at the reference centres in Ségou region. A total of 2824 malnourished children in Units of Recovery and Intensive Nutrition Education (URENI) were tested, of whom 87 children tested HIV positive and were enrolled on antiretroviral treatment—exceeding the project target of testing 2100 children. Additionally, 3173 children were screened for STIs (159% from the target) of whom 154 children tested positive for STIs and were put on treatment. A total of 555 people were tested for active tuberculosis and 43 people tested positive and were put on treatment.

Culinary demonstrations of healthy meal preparation and nutrition practices were conducted by the Malian Network of People Living with HIV (RMAP+) reaching 2160 people living with HIV, including 1512 women. The Joint Team also supported training of 40 healthcare providers to improve their understanding of healthy nutrition to help people living with HIV in the Gao region. Additional 15 psychosocial counsellors from five associations of people living with HIV were trained to guide their communities on healthy food and nutrition practices.

SOCIAL PROTECTION

To mitigate the socio-economic impact of COVID-19, the Joint Team and development partners supported 590 people living with HIV from 131 vulnerable households in the district of Bamako with cash transfers each worth US\$ 60-149 based on the size of the household.

The Joint Team supported a social protection pilot project benefiting 120 people living with HIV enrolled in the regional hospital, reference health centre, and Kenendou Solidarity Reference Centre (CERKES) in Sikasso. Benefits included a cash transfer to cover food expenses and transportation to antiretroviral treatment sites which helped to increase the attendance of people living with HIV to treatment and care appointments—from 53% in November 2020 to 97.6% in October 2021.

Capacity building sessions were provided for representatives of the local social development and solidarity economy service (SLDSES) and RMAP+ to improve their skills on the management of income generating activities, including financing, monitoring mechanism, contract with beneficiaries, and repayment of loans. Following the training, 10 individual income generating activities were provided with a seed funding; financial support was also provided to five cooperative income generating activities established in the Sikasso region.

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION AND PAEDIATRIC CARE

As a result of technical and financial assistance from the Joint Team, the Government was able to increase the number of sites providing prevention of mother-to-child transmission of HIV (PMTCT) services in Mali from 889 in 2019 to 1211 in 2021. A total of 763 healthcare providers in five regions were also trained on HIV testing, early infant diagnosis, and paediatric care to support the national plan for the expansion of PMTCT services in the country.

Technical support was provided for the development of a national guide on the management of clinical women living with HIV and HIV-exposed children for healthcare providers. Additionally, the Joint Team facilitated training for 475 healthcare providers in five regions to improve their skills in operating m-PIMA HIV 1/2 testing devices for early infant diagnosis and HIV viral load

testing, and HIV testing among pregnant and breastfeeding women. Viral load testing, early infant diagnosis, 11 m-PIMA equipment and reagents were also procured and distributed to 78 paediatric care sites to improve access to quality laboratory services for PMTCT programmes.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

To reduce new HIV infection among young people, the Joint Team facilitated the distribution of 17 726 condoms to young people through the Sogoniko Youth Centre, the National Assembly sites, and *Carrefour des Jeunes*—a youth centre—in Bamako. Technical and financial support was also provided for the distribution of 34 210 condoms and 2268 lubricants in health centres and communities in nine internally displaced people (IDP) sites in Kayes and Mopti regions.

The Joint Team supported training of 495 (47% females) students and members of youth clubs in Bamako, Mopti, and Segou to improve their knowledge of HIV prevention, human rights for adolescents and young people, and behaviour change communication (BCC) techniques. Additional 40 youth leaders in Bamako were trained to serve as HIV focal points in their neighbourhoods.

As part of the demobilization, disarmament and integration process of resolving the armed conflict in the country, the Joint Team conducted training for 423 former combatants in Gao, Kidal and Timbuktu to improve their understanding of HIV prevention. A total of 10 718 people were sensitized on stigma and discrimination towards refugees and internally displaced persons.

GENDER INEQUALITY AND GENDER-BASED VIOLENCE

Intensive advocacy coupled with technical and financial support for the Spotlight initiative led to 221 communities signing a commitment document to end female genital mutilation.

In 2020-2021, the Joint Team made significant technical and financial contributions to build the capacity of various stakeholders for the elimination of gender-based violence in Mali. Thus, 39 police officers, including 17 women, were trained on management of gender-based violence cases while 925 community leaders had training on reporting gender-based violence cases to the police and other authorities.

With the support of the Joint Team, 201 119 women were sensitized on various aspects of gender-based violence—participants included 273 healthcare providers and 2359 community activists. Additionally, 8216 members of the Malian Defence and Security Forces, including 3014 women were sensitized on sexual violence.

Through technical and financial assistance, the Joint Team supported the establishment of 10 one-stop centres in Bamako (communes V et I), Diéma, Gao, Kangaba, Koulikoro, Koutiala, Mopti, Ségou and Sikasso to improve access to integrated medical and psychosocial services among survivors of gender-based violence.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team provided technical support for the annual review of the Common Country Assessment and the development of the 2021 progress report for the Mali's United Nations Sustainable Development Cooperation Framework 2020-2024. The review showed that the needs of vulnerable groups were translated into the theory of change, following the "Leave no one behind" approach. The review also made it possible to monitor the progress on the National Framework for Economic Recovery and Sustainable Development, which in turn contributes to progress towards the Sustainable Development Goals (SDGs).

The *Mopti Resilient Region without AIDS* initiative led by the Joint Team was launched to stem the impact of the national security and humanitarian crisis on HIV services and reduce the disparity between different regions in access to these services. The initiative also seeks to accelerate progress towards the 95-95-95 targets and SDGs 3, 5, 10, 16 and 17.

As part of assistance to vulnerable people and the reduction of the socio-economic impact of COVID-19, the Joint Team provided cash transfers for food supplies, training on nutrition and healthy meal preparation, seed funding for establishing income generating activities among people living with HIV to improve treatment adherence and their overall livelihood and health outcome, a direct contribution to SDGs 2, 3, 5, 8 and 10.

The Joint Team collaborated with national and development partners, including Executive Secretary of the National High Council on HIV and AIDS (SE/HCNLS) for several advocacy, awareness creation, and capacity building efforts to address stigma, discrimination, and GBV, and uphold the human rights of all people in Mali—in line with SDGs 5, 10, 16, and 17.

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic and the socio-political crisis in 2021 and subsequent economic sanctions presented severe challenges for the national HIV response. Pandemic-related travel restrictions constrained support activities, including trainings and field missions. Besides, the absence of a coordinating committee in some districts for differentiated HIV testing services and the weak involvement of local associations of people living with HIV hampered provision and monitoring of HIV testing, treatment, and care services.

Multiple bottlenecks continued to impede the progress towards the elimination of mother-to-child transmission of HIV targets and the scale up of quality PMTCT and paediatric HIV services, including early infant diagnosis and viral load testing in Mali. These included low HIV testing coverage and antenatal care attendance among pregnant and breastfeeding women; low assisted child delivery; shortages of supplies and testing reagents; high turnover and low motivation among qualified service providers and inadequate supervision in the community health centres and laboratories; lack of regular maintenance of medical and laboratory equipment (beyond the warranty period); weak community involvement and psychosocial support; and HIV-related stigma and discrimination. Catch-up activities for pregnant women and children have been opportune to reach people who do not often access health structures, especially in insecure areas. To this end, advanced strategies for improving access to antenatal care must be scaled up.

Frequent movement of internally displaced persons in search of food and other necessities stopped them from attending Baroni sessions to gain information on various health issues, including HIV prevention, testing and treatment. Insufficient voice amplification equipment for Baroni sensitizers also added to the challenges among this groups. Lessons learned underscored the need to support Baroni sessions through the provision of equipment and training of refugee and internally displaced persons to serve as peer educators.

While efforts were made to reach vulnerable people living with HIV with nutrition and livelihood support, the coverage of nutrition services and social protection programmes remain below the demand. Experiences showed the need to strengthen the quality food and nutrition training for psychosocial counsellors; develop image boxes and body mass index reference table for service providers; and improve the quality of targeted information dissemination and communication between community associations and beneficiaries; address the delays in registering beneficiaries on the national social protection system.

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