

MALI

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By 2021, at least 90% of the people living with HIV know their HIV status and 90% of them are on antiretroviral treatment (ART) and 90% of those on treatment have undetectable viral load, including in humanitarian areas.	SLOW PROGRESS	At the end of 2020, 54% of the people living with HIV in Mali knew their HIV status, of whom 52% accessed ART (GAM 2021).
Prevention of mother-to-child transmission of HIV (PMTCT) and paediatric treatment coverage reach 90% by 2021.	SLOW PROGRESS	PMTCT coverage is at 28% in 2020 (GAM 2021).
By 2021, 90% of key populations and young people have access to HIV combination prevention services.	ON TRACK	With financial and technical investments from the Global Fund and the nongovernmental organisation FHI360, several awareness-raising and counselling initiatives targeting young people and key populations were implemented in the regions of Ségou and Sikasso reaching 80 182 young people with age-appropriate information on sexual reproductive health (SRH) and HIV. Additional 14 923 young people benefited from SRH services in life centres, community health centres, and school and mobile clinics (routine programme data).
Governance of the response to HIV is ensured for an effective and efficient multisectoral response.	SLOW PROGRESS	The coordination of the response at the central and decentralized level could not be effective as planned due to COVID-19 pandemic. However, virtual consultations were maintained to finalize the mid-term review of the National Strategic Plan which served as the basis for the development of the HIV and tuberculosis funding request for 2021-2023 to the Global Fund.

JOINT TEAM

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

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

Mali continues to make progress towards the 90-90-90 targets and the Joint Team provided significant support to scale up HIV services needed to attain these goals. In 2020, various health care services, including tuberculosis, STI and children vaccination and malnutrition services were targeted as entry points to deliver index HIV case finding and services for people at higher risk of infection yielding encouraging results. Health care providers and community counsellors were trained on PMTCT, early infant diagnosis, and blood sampling to improve HIV and viral load testing and treatment services. The Joint Team also focused its efforts on supporting and caring for gender-based violence survivors and train communities, service providers, and members of the law enforcement on elimination and management of gender-based violence cases. Furthermore, extensive effort went into creating awareness on and expanding HIV prevention, sexual and reproductive health and family planning services to young people and key populations.

90-90-90**TECHNICAL SUPPORT; CAPACITY BUILDING; COMMUNITY ENGAGEMENT; PARTNERSHIPS**

The Joint Team provided support for community-based index case finding efforts identifying 2410 people at high-risk of exposure, of whom 2154 (1682 women and 472 adolescents and young people) received HIV testing and counselling (HTC) services. 408 women and 182 adolescents and young people tested positive for HIV with 27% seropositivity and all were linked to ART services. In addition, 7135 people accessed HTC services in testing sites and laboratories and 1606 tested HIV positive, of whom 1287 were initiated on ART.

In addition, 2079 young people and 1167 female sex workers were tested for HIV in community- and health facility-based sites and 94% of the 23 people who tested positive for the virus were linked to ART services.

Three hundred and sixty-five viral load testing kits were procured, and sample transportation systems were established in 23 HIV service sites in Bamako, Kayes, Koulikoro and Sikasso to improve turnaround time for viral load results. One hundred health care providers were also trained on delivery of the differentiated care model in Kayes, Koulikoro, Sikasso and Mopti. The Joint Team supported the production of 9000 posters on clinical HIV treatment algorithm for children, adolescents, pregnant women, and adults and the subsequent distribution in health facilities across the country to improve service delivery among healthcare workers.

Support was provided to nongovernmental organizations, CERKES and WALE, to use tuberculosis, sexually transmitted infection (STI), and malnutrition services as an entry point for HIV testing and index case finding. As a result, 1664 malnourished children and 120 of their siblings in Segou were tested for HIV, and 27 of these children tested positive for the virus. Out of the 1176 beneficiaries of STI services, 1164 beneficiaries and 8 partners received HTC of whom 17 were tested positive for HIV; and 266 people affected by tuberculosis and 12 people identified through case findings were tested of whom 22 people were diagnosed with HIV and 94% of those who tested positive were enrolled on ART services.

Eight Recovery and Nutrition Education Units (URENI) in Segou received 463 severely malnourished children, of whom 451 received HTC services and 11 were tested positive for HIV. Index testing from the 11 positive cases enabled to reach 31 parents and siblings among whom 21 were found positive for the virus.

To improve the wellbeing and health outcome of people living with HIV, 15 psychosocial counsellors of people living with HIV from civil society organizations—who provide pre and post HIV test counselling, linkage to treatment, adherence, and distribution of ART services—were trained on food guidance and nutrition counselling, thanks to the technical assistance from the Joint Team. Another 23 psychosocial counsellors were trained on blood sampling technique (blotting paper and EDTA tubes). In 2020, the counsellors also facilitated community-based dispensing of ARTs for 2033 people living with HIV. The psychosocial counsellors also actively pursued 312 people living with HIV via telephone calls and home visits and successfully traced 150 people which were put back on treatment.

A cooking demonstration session organized in partnership with the Mali network of people living with HIV (RMAP+) reached 2160 people living with HIV improving their knowledge around diversified and healthy meal preparation in their households.

ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

The Joint Team supported the Government's efforts to build capacity of PMTCT and paediatric HIV service providers to eliminate vertical transmission of HIV. Thus, 473 providers from PMTCT and paediatric care sites in Kayes, Koulikoro, Sikasso, Mopti and Timbuktu improved their knowledge on paediatric care and polymerase chain reaction (PCR) tests through practical sessions. Another 48 maternity health workers received training on provision of quality provider-initiated HIV testing and PMTCT services in Bamako, Kati, Ségou and Sikasso. Eighteen agents from Voluntary Counselling and Screening Centres (CCDV) were also trained in quality HIV data collection to improve planning, implementation, and monitoring of HIV programmes in the country.

Through support provided by the Joint Team, PMTCT service sites in Kayes, Koulikoro, Sikasso, Segou, Mopti regions were equipped with six m-PIMA HIV-1/2 machines to improve viral load testing and monitoring among people living with HIV. 109 health professionals were trained on operating the equipment and provision of PMTCT services. A GenXpert expansion plan for early infant diagnosis and provider orientation guide on the management of women and children exposed to or living with HIV were developed to reduce new HIV infections and improve treatment services.

HIV PREVENTION AND SEXUAL AND REPRODUCTIVE HEALTH (SRH) TECHNICAL SUPPORT; PARTNERSHIPS; COMMUNITY ENGAGEMENT; CAPACITY BUILDING

In 2020, an estimated 137 728 vulnerable and key populations, including 94 339 young people, 5144 female sex workers, and 467 adults aged 59 years and older, were sensitized on HIV, STI, and SRH. Around 31 555 young people accessed SRH services in life centres and community health clinics, including mobile and in-school centres. 40 peer educators from Bamako and Segou were also trained on HIV prevention, care, treatment, and support services.

A partnership with local radio stations reached 78 785 young people with SRH and family planning messages while the *C'est la Vie* radio soap opera sensitized 17 968 young people on analogous issues. Besides, capacity building was provided for 20 informal education teachers and 150 peer educators in youth clubs improving their knowledge around HIV prevention, treatment and SRH.

In partnership with FHI 360 and the United Nations peacekeeping mission, 995 members of the Malian armed and security forces (FAMA) received voluntary HTC and 3700 male condoms were distributed in the military camps. Around 423 ex-combatants were trained, improving their understanding of HIV testing, and HIV and COVID-19 prevention methods as part of the demobilization, disarmament, and integration process. 17 FAMA peer navigators, 22 peer educators, and 30 community relay agents were also trained on prevention of HIV and COVID-19 and early HIV testing.

In 2020, out of 6605 gender-based violence (GBV) cases reported in the GBV information management system, 22% could not access psychosocial and medical, including HIV services due to lack of services in crisis-affected areas. To mitigate this, the Joint Team supported several capacity building efforts achieving the following results: a) 22 male and 17 female police officers, 273 health service providers, 2359 community leaders, and 2632 community members were trained on different levels of GBV case management; b) capacity building was provided for 150 members of civil society organizations and 202 community members on care and support for survivors of GBV in five regions, c) 5430 people (which included 2411 girls) were mobilized at women and girls centres and safe spaces improving their knowledge on sexual and reproductive health and rights, and d) 14 268 people (12 294 women) were sensitized on prevention of GBV, sexual exploitation, abuse, and COVID-19 in Mopti and Gao. A total of 117 community protection committees were either set up or strengthened in Timbuktu, Mopti, and Gao to prevent GBV and improve access to integrated physical and mental health services. The Joint Team also distributed 6500 dignity kits in the three regions.

SUSTAINABILITY OF THE HIV RESPONSE **TECHNICAL SUPPORT; PARTNERSHIPS; CAPACITY BUILDING**

The Joint Team provided technical support to the Government in strengthening the national HIV response. This included the development of the Integrated HIV, Tuberculosis, and Hepatitis Strategic Plan 2021-2025; HIV testing and treatment guideline to improve community-based services; and an acceleration plan for the HIV response for the period 2020-2021 comprising testing and treatment service scale up strategies tailored to each target populations, including pregnant and lactating women, children, and key populations.

Technical and financial support was provided to the Country Coordinating Mechanism (CCM) for the development of the Global Fund grants proposal for 2020-2022 resulting in the approval of EUR 93 265 117 for the national HIV response. The mid-term reviews of the National Strategic Framework for HIV/AIDS 2017-2021 and the treatment acceleration plan were also completed, and the results informed the 2020-2021 acceleration plan, Global Fund grant application, and the Health and Social Development Plan (PRODESS).

CONTRIBUTION TO THE COVID-19 RESPONSE

In collaboration with the Ministry of Health, 590 people from 131 households of people living with HIV benefited from food assistance in the form of cash transfer in Bamako's neighbourhoods most affected by the COVID-19 pandemic. A post distribution monitoring survey was conducted to assess use of the cash transfers and reviews of people living with HIV who benefited from the assistance. The results showed that 54.3% of beneficiaries participated in nutritional counselling sessions with the objective of improving food and nutritional practices; 98.8% were satisfied with the process and management of the distributions; 82% said they used the amount received to purchase nutritional products and the rest for economic activities, education and reimbursement. The results of the survey will be used to address the gaps in the cash transfer scheme and advocate for additional resources needed to scale up the programme to include other regions.

The Joint Team supported the National Directorate of Social Protection to ensure continuity of HIV services for people living with HIV and raise awareness on prevention of COVID-19 among key populations, including young people and internally displaced persons. About 8760 people were sensitized on stigma and discrimination towards refugees and internally displaced people (IDPs) and COVID-19 prevention and services in four IDP sites in Mopti. A total of 3023 displaced people were tested for HIV and the 23 people who tested positive for the virus were enrolled on ART. An estimated 34 210 condoms and 2268 gel lubricants were also donated to health centres and community relays in nine IDPs sites in Mopti and Kayes. Support provided to Malian youth organizations working on COVID-19 response reached 104 000 young people aged 15-24 years with prevention messages.

Capacity building was provided for members of RMAP+ strengthening their skills in monitoring access to treatment and support services for people living with HIV during the COVID-19 pandemic. The network raised community awareness on prevention of COVID-19 and extensively promoted multi-month dispensing (MMD) and community-based distribution of ART services during the pandemic.

To ensure the safety of healthcare providers and their clients, 275 PMTCT sites in these regions were supported with 3660 bottles of hydroalcoholic gels, 4018 washable masks, 876 handwashing devices, 4007 bottles of liquid soap, 1753 washable gloves, and 2403 bottles of bleach.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team procured US\$ 447 000 worth of medical equipment and biomedical supplies which were delivered to community health centres in 16 health districts in Mopti and Ségou as part of the Last Mile project aimed at improving access to family planning services in Mali. According to the distribution plan these supplies will cover the contraceptive demands for four months in all the community health centres in the 16 health districts. To further expand access to family planning services, 100 new contraceptive commodity distribution centres were established, and capacity building was provided for 200 community-based distribution agents. In the last 12 months, 8645 new female users obtained modern family planning methods from community health centres.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The COVID-19 pandemic compelled redirection of financial and technical resources from the HIV response. Although virtual methods were used to coordinate support efforts and conduct capacity building sessions, HIV service delivery and implementation of planned programmes were significantly disrupted throughout 2020.</p> <p>The change in Government that took place in August 2020 and the security concerns in Mopti and Timbuktu exacerbated the challenges for the HIV response in Mali. The teachers' strike that followed this change and the COVID-19 lockdown measures also affected planned in-school HIV and SRH activities targeting adolescent and young people.</p>	<p>Continue support to increase donor and domestic resources to ensure sustainability of the national HIV response.</p> <p>Continue to support HIV services continuity through the development and implementation of a national COVID-19 response plan; supporting health care providers to deliver services; and limiting the economic impact of COVID-19 on key populations via catalytic activities led by civil society organisations.</p>
<p>Stigma; insufficient psychosocial support; low community involvement; poor access to early diagnosis in children born to mothers living with HIV in the first 2 months of life due to the shortage of reagents; non-systematization of counselling and testing; low provider initiative of counselling and testing; weak involvement of the spouse who are not systematically solicited are some of the challenges in the national HIV response.</p>	<p>Support the Government in the implementation of differentiated service delivery models for HIV testing and community-based ART services.</p> <p>Provide technical support to accelerate operationalizing the transition to Dolutegravir.</p> <p>Support efforts to strengthen the capacity of healthcare providers involved in therapeutic care of people living with HIV on nutritional guidance and counselling to improve preparation and consumption of healthy diet in households of people living with HIV.</p>
<p>Poor quality of sample collection, transportation, late return of viral load results, shortage of testing reagents, and inadequate equipment maintenance led to a low viral load collection rate of 76.63% and 67% rate of results returned. This also affected early infant diagnosis services among HIV-exposed children.</p>	<p>Provide technical support to establish fixed and mobile point-of-care sites for Polymerase chain reaction (PCR) and viral load tests and implementation of the GeneXpert extension plan and its use for early infant diagnosis and viral load testing.</p> <p>Continue technical assistance to improve the stability and motivation of qualified personnel, particularly at the level of decentralized health facilities (CSCOM) and laboratories and strengthen the supervision of agents at all levels.</p>
<p>Insufficient PMTCT service sites, low antenatal care attendance, shortages of HIV test kits, non-systematization of HIV counselling and testing, low provider-initiated HIV testing, minimal involvement of the partners, and high rate of unattended child delivery resulted in low rate of HIV testing among pregnant women in high-prevalence areas.</p>	<p>Support the Government to increase access to PMTCT services in high-prevalence areas.</p> <p>Provide technical assistance to strengthen integration of PMTCT and maternal, new-born, and child health services.</p>

<p>There is a low level of knowledge about HIV prevention among target populations.</p>	<p>Assist efforts to scale up HIV combination prevention services for vulnerable and key populations.</p> <p>Continue support to expand quality HIV and tuberculosis co-infection management services.</p>
<p>Insufficient reporting of GBV cases from survivors in fear of social stigmatisation and lack of reliable information on available services affect the quality of services and effective management of GBV cases.</p> <p>In addition to the scarcity of GBV services, there is a lack of communication and capacity, especially at the community level on the management of GBV cases.</p> <p>There is also a need to scale up pilot projects on social protection which have already yielded good results.</p>	<p>Provide technical support to strengthen the prevention and management of gender-based violence cases, including by community protection committees; and support efforts to establish ten One Stop Centres across the country.</p> <p>Increase advocacy and technical support for respect of human rights and elimination of stigma and discrimination towards people living with HIV and vulnerable populations.</p> <p>Support efforts to ensure social protection for people living with HIV and implement community monitoring for social protection programmes.</p>
<p>Inconsistency of shared data and challenges associated with promptness and completeness of reports from sites to the central level fall short from providing an adequate picture of the response for planning and decision-making as well as to follow-up the treatment cascade. Granular data remain patchy.</p>	<p>Provide technical support to improve quality of data generation at sub-national level for effective planning and progress assessment of HIV programmes.</p>

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