

Mali

HIV/AIDS epidemiological summary

HIV information among antenatal clinic attendees has been available from Mali since the late 1980s. In Bamako, the major urban area, HIV prevalence increased among antenatal clinic attendees tested from 1% in 1987 to 4% in 1994 and 3% in 1997. However, these rates include HIV-2; information by virus type was not available. Outside Bamako, HIV prevalence information is available from Kayes, Koulikoro, Sikasso, Segou, Mopti, Tombouctou and Gao. HIV prevalence ranged from no evidence of infection to 9% in 1987, from no evidence of infection to 3% in 1987-89 and from 3% to 5% in 1994. Once again, these rates include HIV-2; information by virus type was not available.

Information on HIV prevalence among sex workers has been available since the late 1980s. In Bamako, 39% of workers in 1987 tested HIV-positive. HIV prevalence among this group reached 74% in 1992. In 1995, 56% of sex workers tested in Bamako were HIV-positive. Outside Bamako, information on HIV prevalence among sex workers is available from Kayes, Koulikoro, Sikasso, Segou, Mopti, Tombouctou and Gao. HIV prevalence ranged from no evidence of HIV infection to 40% of sex workers tested in 1987. In 1992, HIV prevalence ranged from 16% to 74% of sex workers tested in five sites. HIV prevalence rates for 1995 are only available from Mopti and Sikasso, where 21% and 72%, respectively, of sex workers tested HIV-positive. These rates include HIV-2.

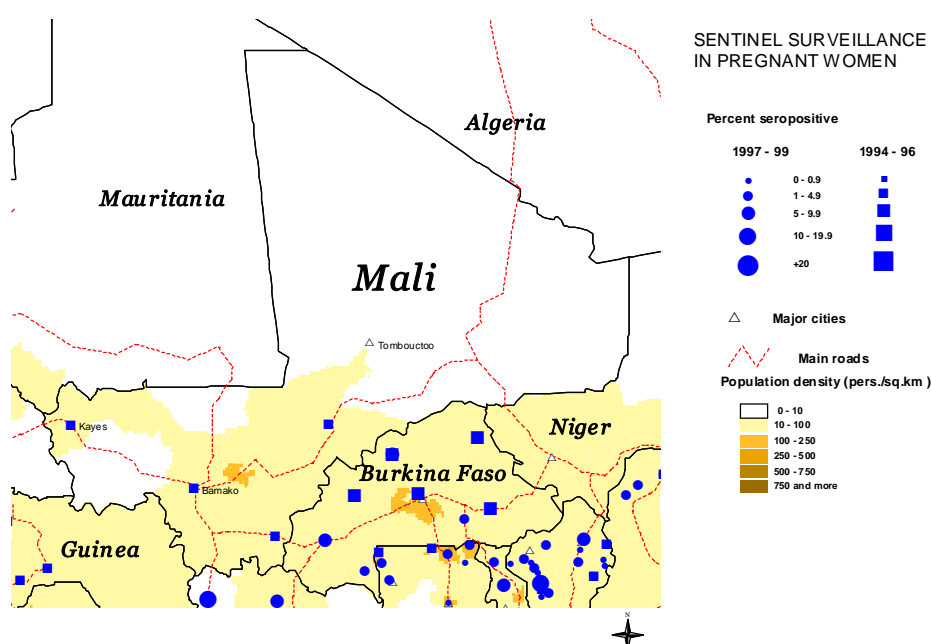
There is no information available on HIV prevalence among male STI clinic patients.

Estimated number of people living with HIV/AIDS, end 1999	Adults and children	Adults (15-49)	Adult rate (%)	Women (15-49)	Children (0-14)
Source: UNAIDS/WHO, June 2000	100 000	97 000	2.03	53 000	5000

Demographic impact of HIV/AIDS	Year	Estimate	Source
Children who lost their mother or both parents due to HIV/AIDS at age 14 or younger since the beginning of the epidemic	1999	45 000	UNAIDS/WHO, June 2000
Estimated AIDS deaths	1999	9900	UNAIDS/WHO, June 2000

Behavioural indicators	Year	Age group	Male	Female
Reported condom use during most recent intercourse with a non-regular partner (%)	-	-	-	-
Reported non-regular sexual partnership over a 12-month period (%)	-	-	-	-

Measured HIV prevalence	Year	Median	Min.	Max.
Women in antenatal care clinics – major urban areas (%)	1997	2.7	2.7	2.7



Economic impact of HIV/AIDS

Summary of the economic impact of HIV/AIDS

Data on the economic impact of AIDS in Mali are limited. International studies using models to explore the effect of AIDS on the education and health systems provide information on the potential impact in the country. However, as with many sub-Saharan African nations, the impact will be felt in each of the sectors identified here. Evidence shows the large expenditure on health care at the household level that may have an impact on savings. No data were found for the impact in the agricultural sector or for businesses, but it can be assumed that firms will have increasing costs as a result of AIDS-related medical and funeral expenses. In the public sectors, an education model developed by UNAIDS and UNICEF in 2000 shows how increasing mortality rates due to AIDS lead to discontinuity in teaching, with many pupils losing or having a change in their teachers. Further data are also required to understand how the epidemic is impacting on demand for education and health, as well as how supply in the health sector might be affected by rising infection rates in health care workers. There are still extensive investments required to scale-up AIDS programmes: equivalent to US\$ 2 per capita and 1.2% of GDP.

Macroeconomic impact

Not available

Economic impact of HIV/AIDS on households

Patient expenditures during hospitalization as a result of AIDS ranged from 100 000 FCFA to 150 000 FCFA in 1990 (1).

Economic impact of HIV/AIDS on agriculture

Not available

Economic impact of HIV/AIDS on firms

Not available

Economic impact of HIV/AIDS on education

Supply: A model developed by UNAIDS and UNICEF in 2000 shows that, of around 780 000 primary school students, 2000 would have lost a teacher to AIDS in 1999 (2).

Demand: Not available

Economic impact on the health sector

Supply: Not available

Demand: Not available

Resource gap: Annual cost of scaling-up HIV/AIDS programmes is estimated to be between US\$ 20 million and US\$ 30 million (3).

Management and implementation of the national response to HIV/AIDS

Policy formulation

Existence of national HIV/AIDS policy (either a written document or part of one)

Yes	No
	NA

Comments/Key elements: Not available

Source: CPA

Date: 22 June 2000

Existence of HIV/AIDS policy in the following sectors:

Sector	Yes	No
Agriculture		
Education		
Health		
Military		
Workplace		
Sports		
Others		

Comments/Key elements: Not available

Source: CPA

Date: 22 June 2000

Existence of HIV/AIDS-specific legislation against discrimination on the grounds of HIV

Yes	No
	X

Comments/Key elements:

Source: CPA

Date: 22 June 2000

Organizational structure**Existence of high-level structure in support of the national response**

(e.g. National AIDS Committee/Commission, Inter-Ministerial Committee, Presidential-level bodies)

Yes	No
X	

Comments/Key elements: National AIDS Committee

Source: CPA

Date: 22 June 2000

Planning and programming**Existence of national strategic plan on HIV/AIDS**

Yes	No
	X

Comments/Key elements: Under development

Source: CPA

Date: 22 June 2000

National strategic plan on HIV/AIDS includes clearly identified priorities

Yes	No
	X

Comments/Key elements:

Source: CPA

Date: 22 June 2000

Existence of budget for implementation of the national strategic plan

Yes	No
	X

Comments/Key elements:

Source: CPA

Date: 22 June 2000

General demographic and socioeconomic indicators

Demographic indicators	Year	Estimate	Source
Total population (thousands)	1999	10 960	UNPOP
Population aged 15–49 (thousands)	1999	4773	UNPOP
Annual population growth (%)	1990–1998	2.4	UNPOP
% of population urbanized	1998	28	UNPOP
Average annual growth rate of urban population (%)	1990–1998	4.2	UNPOP

Economic Indicators	Year	Estimate	Source
GNP per capita (US\$)	1997	260	World Bank
GNP per capita average annual growth rate (%)	1996–1997	3.5	World Bank
Human Development Index rank (HDI)	2000	165	UNDP
% population economically active	-	-	-
Unemployment rate	-	-	-
Education Indicators	Year	Estimate	Source
Total adult literacy rate	1995	31	UNESCO
Adult male literacy rate	1995	39	UNESCO
Adult female literacy rate	1995	23	UNESCO
Male secondary school enrolment ratio	1996	14.4	UNESCO
Female secondary school enrolment ratio	1996	7.3	UNESCO
Health Indicators	Year	Estimate	Source
Crude birth rate (births per 1000 pop.)	1999	46	UNPOP
Crude death rate (deaths per 1000 pop.)	1999	16	UNPOP
Maternal mortality rate (per 100 000 live births)	1990	1200	WHO
Life expectancy at birth	1998	54	UNPOP
Total fertility rate	1998	6.5	UNPOP
Infant mortality rate (per 1000 live births)	1999	116	UNICEF/UNPOP
Contraceptive prevalence rate (%)	1990–1999	7	UNICEF/UNPOP
% of births attended by trained health personnel	1990–1999	24	UNICEF
% of one-year-old children fully immunized-DPT	1995–1998	52	UNICEF

References

- (1) Tall CT. *Le coût et la prise en charge du SIDA en milieu hospitalier au Mali*. Bamako, 1990.
- (2) UNICEF. *The Progress of Nations 2000*. Background paper. New York, UNICEF, 2000.
- (3) Bonnel, R. *What Makes an Economy HIV-Resistant?* Draft report presented during the International AIDS Network Symposium, Durban, South Africa, 7-8 July 2000.