

EPIDEMIOLOGICAL CONTEXT

HIV prevalence

Overall population
1.1%¹

Key populations:

- Sex workers (SW): **24.2%**²
- Men who have sex with men (MSM): **13.7%**³
- People who use drugs (PWUD): **2%**⁴
- People who inject drugs (PWID): **5.1%**⁵

HIV / HCV coinfection prevalence among PWUD: 3%³

POLICY FRAMEWORK

People who inject drugs (PWID) have been identified as a key population in Mali since 2013, through their inclusion in the 2013–2017 National HIV Strategic Framework. However, the authorities' interest in public health issues related to the use of psychoactive substances is very recent and data is still scarce.

LEGAL FRAMEWORK

The current legal framework related to drug use and trafficking in Mali is repressive (Law No. 01-078 / an-RM, dated 18th July, 2001). The law legislates both the reduction of international and local traffic, and the use of psychoactive substances. As in many countries globally, the approach is psychiatric-based, and stigmatising, as people who use drugs are considered by law to be both delinquent and sick. PWUD are considered delinquent insofar as possession of drugs, even in small amounts for personal use, is punishable by 3 months to 1 year of imprisonment. They are considered sick to the extent that the law establishes the principle of "therapeutic injunction", coupled with a conviction exemption.

OUR ACTIVITIES

In Mali, ARCAD-SIDA, Coalition PLUS' member, implements various activities toward PWUD on two levels:

Harm Reduction:

- Behavioural Change Information, Education and Communication (IEC / BCC) (interpersonal and small group)
- Distribution of condoms and lubricating gels
- Distribution of sterile injecting equipment for people who inject drugs
- Syndromic diagnosis and treatment of sexually transmitted infections (STIs)
- HIV Voluntary Counselling and Testing
- Treatment, care and support of people living with HIV

Advocacy:

- Advocacy workshop at the National Assembly in May 2017 with health commission members as well as representatives of ministries involved (Health, Justice, Human Rights), of civil society organisations and of the Central Narcotics Office.
- Two other workshops were organized as part of the "Harm Reduction interventions". One at the Ministry of Health in July 2017, the other at the Ministry of Justice in August 2017.

1 Demographic and Health Survey V, 2012

2 SW Behavioural and Biological Survey, 2009

3 MSM Behavioural and Biological Survey, 2013

4 RDS Study, ARCAD-SIDA 2015

5 Ibid.

6 Ibid.



Drugs & HIV
MALI



PERSPECTIVES

The target size, geographical coverage and resources made available for ARCAD-SIDA activities are actually insufficient. In order to implement an effective project that responds concretely to the needs, ARCAD-SIDA advocates for:

- A national scaling up of the project implemented in Bamako: an extension to the regions of Sikasso, Kayes Koulikoro, Segou and Mopti in accordance with recommendations of the only two existing studies on PWID in Mali.
- Services adjustments that will be in line with the targets' and the program's needs.
- The establishment of an integrated HIV and opiates dependency management centre, including services ranging from medical care to psychosocial support.
- A legal framework reform, specifically with regards to substitution treatment authorisation.
- Integration of safe injection techniques training into project activities.

OBSTACLES

Legal framework:

- Criminalisation of methadone possession and use.

Medical framework:

- Substitution treatment is not allowed.

Socio-cultural framework:

- Stigmatisation of PWID



Nènè Diallo,
project manager

« In Mali, like everywhere else in the world, people who inject drugs are stigmatised. Marginalisation begins in family and close relationships, and the right for them to be supported and reintegrated are denied by society itself. At ARCAD-SIDA, we are advocating for this to change ! »



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ARCAD-SIDA

Created in 1994, ARCAD-SIDA is a key player in the landscape of the HIV response in Mali and West Africa. As a member of Coalition PLUS since 2008, the organisation is also part of the African Network on HIV/AIDS Training (RAF-HIV) and the AGCS network. As a strategic partner of the Malian Ministry of Health, ARCAD-SIDA, through the creation of Treatment, Support and Counselling Care Units (USAC) in 2005, initiated the decentralisation of antiretroviral treatment (ARV) access in the country. Today, ARCAD-SIDA extends its services nationally through its 18 USAC centres, reaching out to more than 23,000 patients, out of which more than 90% are on ARVs. Key populations, the most vulnerable to the epidemic, represent more than half of the patients receiving follow-up services in Mali. Since 2014, ARCAD-SIDA coordinates Coalition PLUS West Africa Platform.