

Mali

Research conducted in

Mali addresses Alzheimer's disease within a developing healthcare framework that currently operates without a dedicated national dementia strategy. In the absence of specialised memory clinics, specialised care is centralised at major tertiary facilities like the CHU-Point G Teaching Hospital in Bamako. To ensure accurate diagnosis and overcome local literacy barriers, clinicians at these centers utilize culturally adapted screening tools, such as the Malian Mini-Mental State Examination (MAMSE). Beyond the hospital setting, long-term care remains deeply embedded within the family unit and is heavily influenced by traditional and spiritual beliefs, which can sometimes delay formal medical diagnosis. To combat this stigma and advocate for the development of improved public health resources, the Association Comprendre la Maladie d'Alzheimer (A.C.M.A) Mali is actively working to build early-stage awareness and support for affected families across the country.

Highlights

Health system **Universal, Mixed Funding (Mixed Provision)**

ADI member association(s): **Association Comprendre la Maladie d'Alzheimer (A.C.M.A) Mali**

National dementia plan:

Dementia plan funding: **No plan**

Dementia prevalence rate: **111**

Dementia incidence rate: **20**

Population: **25991632**

Median age: **16**

Health expenditure (% of GDP): **4**

Diagnosis

Mali has no standardised national Alzheimer's diagnostic pathway, with specialist assessment concentrated in Bamako and patients often referred only after substantial symptoms develop. Waiting times are undocumented but may be prolonged. Diagnosis combines clinical history, functional and neurological assessment, routine blood tests, and culturally adapted cognitive tools, including MAMSE and Dubois' five-word test. CT and MRI are available mainly through urban and higher-level facilities, while teleradiology supports regional access. PET is not routinely available, and genetic testing, CSF amyloid/tau analysis, and validated blood biomarkers are not established in standard care. Government schemes such as AMO and RAMEC cover diagnostic costs for eligible groups, but significant financial and geographical access gaps remain, particularly for rural populations.

Diagnosis pathway

Mali has no standardised national Alzheimer's diagnostic protocol, and specialist resources remain concentrated in urban centres, particularly CHU-Point G in Bamako. Patients are often referred only after significant symptoms develop. Assessment combines clinical history, functional and neurological evaluation, routine blood tests, and the culturally adapted Malian Mini-Mental State Examination.

In Mali, there is currently no standardised national clinical protocol or dedicated national dementia plan for diagnosing Alzheimer's disease. Like many low- and middle-income countries in Sub-Saharan Africa, Mali's national health priorities historically focus on infectious diseases (such as malaria and HIV/AIDS) and maternal-child health, rather than neurodegenerative disorders.

Across sub-Saharan Africa, clinical diagnosis is built from history, informant interview, functional assessment, and cognitive testing, with other causes of cognitive change needing to be excluded. Specialist resources remain limited, so referral to neurologists, psychiatrists, geriatricians, or similar specialists is often difficult and concentrated in urban areas. Patients are rarely diagnosed in primary care and are typically referred to urban tertiary centers—primarily the Neurology Department at the Centre Hospitalier Universitaire du Point G (CHU-Point G) Teaching Hospital in Bamako—only after severe cognitive or behavioral symptoms emerge. To overcome literacy barriers during specialist evaluations, clinicians utilise the Malian Mini-Mental State Examination (MAMSE), a culturally adapted cognitive assessment tool designed specifically for local populations, alongside basic neurological examinations and routine blood tests.

References

- <https://journals.sagepub.com/doi/10.1089/bio.2024.0038>
- <https://www.alzint.org/u/dementia-sub-saharan-africa.pdf>
- <https://www.hsd-fmsb.org/index.php/hsd/article/view/4048>
- <https://irispublishers.com/ann/fulltext/adaptation-of-mini-mental-state-examination-within-a-population-of-healthy-subjects-in-mali-the-mamse.ID.000584.php>

Wait times

Status: Long wait time

No published wait-time estimates are available. Overall diagnostic waiting times and systemic delays might span months to years.

Diagnosis cost

Status: Partially covered

Public schemes partially cover Alzheimer's diagnostic costs, but many people, especially in rural areas, lack effective access to funded services.

The costs of diagnosing Alzheimer's disease are partially covered by government health financing. Mali has a compulsory health insurance scheme (Assurance Maladie Obligatoire, AMO) for eligible formal-sector workers and pensioners, as well as a Medical Assistance Scheme (Régime d'Assistance Médicale, RAMED) that provides free healthcare for people living in extreme poverty. However, a large proportion of the population remains outside these schemes or has limited effective access to covered services, particularly in rural areas.

References

- <https://extranet.who.int/cpcd/health-legislation/loi-no-09-015-du-26-juin-2009-portant-institution-du-regime-dassurance-maladie>
- <https://extranet.who.int/cpcd/health-legislation/loi-no-2018-074-du-31-decembre-2018-portant-institution-du-regime-dassurance>
- <https://documents1.worldbank.org/curated/en/382171551732681185/pdf/mali-pad-02282019-636871609042094203.pdf>
- <https://documents1.worldbank.org/curated/en/929821547659438840/pdf/Project-Information-Document-Integrated-Safeguards-Data-Sheet-Mali-Accelerating-Progress-Towards-Universal-Health-Coverage-P165534.pdf>

Cognitive tests

Status: Available

In Mali, the main cognitive screening tools described in the literature are the Mini-Mental State Examination (MMSE) adapted into the Malian version of the MAMSE, and Dubois' five-word test, which was adapted and standardised for Malian socio-cultural conditions. The original MMSE was replaced by the French GRECO version and then modified for local context, including local vocabulary and culturally familiar tasks.

References

- <https://irispublishers.com/ann/fulltext/adaptation-of-mini-mental-state-examination-within-a-population-of-healthy-subjects-in-mali-the-mamse.ID.000584.php>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC5803075/>

Imaging tests

Status: Rarely used

Computed tomography (CT) and magnetic resonance imaging (MRI) appear to be available, but mainly through Bamako and other higher-level facilities rather than as evenly distributed services nationwide. Public facility listings show radiology departments and imaging practices in Bamako, including CHU Gabriel Touré, Polyclinique Pasteur, and other centres; Polyclinique Pasteur also describes a digital radiology service and a centre of imaging. A national

teleradiology programme linked Bamako to all seven regional hospitals and one private clinic, which suggests that advanced imaging expertise is centralised and that access outside the capital depends heavily on referral pathways. There is no public evidence of routine Alzheimer's disease positron emission tomography (PET) access in Mali.

References

- <https://www.medpages.info/sf/index.php?countryid=20&page=listing&servicecode=560>
- <https://cliniquepasteurmali.com>
- <https://www.medpages.info/sf/index.php?orgcode=388063&page=organisation>
- <https://pubmed.ncbi.nlm.nih.gov/25680387/>

Genetic tests

There is no evidence of genetic counselling and testing experience for hereditary neurological diseases.

Biomarker tests

There is no public evidence of routine cerebrospinal fluid (CSF) amyloid/tau testing or validated blood-based Alzheimer's disease biomarker testing in standard care.

Treatment & care

Dementia-specific care in Mali is scarce, with no dedicated memory clinics, Alzheimer's centres, day-care facilities, or community support network. Specialist management is concentrated in Bamako hospitals, while families provide most long-term and end-of-life care. Limited palliative services primarily focus on oncology and advanced HIV. There is no dedicated public funding for Alzheimer's treatment, and informal caregivers receive no specific allowance, paid caregiving support, or dementia-focused social protection, despite families carrying most responsibility for ongoing care.

Specialized facilities and services

Dementia-specific services in Mali remain scarce, with no dedicated memory clinics, Alzheimer's centres, day-care facilities, or community support network. Specialist management is concentrated in tertiary hospitals in Bamako, while families provide most long-term care. Palliative services are limited, primarily targeting oncology and advanced HIV rather than dementia.

Mali has no dedicated memory clinics or specialised Alzheimer's disease centres, and dementia care is at a very early stage of development. Diagnosis and management are provided mainly through general neurology, psychiatry and internal medicine services in tertiary hospitals in Bamako, including CHU-Point G, CHU Gabriel Touré, and a small number of private hospitals such as Clinique Pasteur, where neurologists manage Alzheimer's disease alongside other neurological disorders.

There is no established network of dementia-specific day-care centres, memory cafés or community support services for people living with Alzheimer's disease in Mali. Long-term care is provided almost entirely by families, reflecting strong cultural expectations that older adults are cared for within the household.

Specialist palliative care services are very limited in Mali and are primarily directed towards oncology or advanced HIV rather than people living with dementia. There are no dedicated palliative care facilities for Alzheimer's disease, and end-of-life care is usually provided by families with support from general hospitals or primary healthcare services where available.

Approved medication

*Namzaric = combination of Donepezil and Memantine

** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;

SPC: Summary of Product Characteristics - detailed product information

Treatment cost

In Mali, there is no evidence of a dedicated public funding scheme specifically for Alzheimer's disease treatment.

Caregiver support

Mali offers no dedicated financial support, caregiver allowance, or dementia-specific social protection for informal carers, despite families providing most Alzheimer's care.

Available evidence indicates that Mali does not provide financial support specifically for caregivers of people living with Alzheimer's disease. No national caregiver allowance, paid family caregiving programme, or dementia-specific social protection scheme for informal caregivers was identified. Dementia care is provided predominantly by family members, and there is no evidence of a national dementia strategy or formal care levels specifically for people living with Alzheimer's disease.

References

- <https://www.ssa.gov/policy/docs/progdesc/ssptw/2018-2019/africa/mali.html?>
- <https://rsu.gouv.ml/portail/1574-2>

Policy

Mali lacks a national dementia strategy, announced future plan, dedicated programme, or dementia-specific legislation, with care largely provided through general health services and families. Existing provisions reduce healthcare costs for older adults but do not specifically protect people with cognitive impairment. Religious and traditional beliefs also shape dementia perceptions, including Quranic practices and Dogon spiritual or customary healing. Although these approaches may coexist with biomedical care, they can delay formal diagnosis and reinforce interpretations of dementia as primarily a spiritual or cultural phenomenon.

National dementia plan

Mali does not currently have a national Alzheimer's disease or dementia strategy.

Upcoming plans

There is no publicly available evidence that Mali is developing or planning to announce a national Alzheimer's disease or dementia strategy.

Policy gaps

Legal barriers

Mali has no national dementia strategy, dedicated care programme, or dementia-specific legislation, with Alzheimer's care and patient rights largely addressed through general systems and family support.

Mali does not have a national dementia strategy or dementia-specific legislation governing the diagnosis, treatment, or long-term care of people living with Alzheimer's disease. According to the Mali chapter in *Dementia Care: International Perspectives*, there are no official national programmes for dementia care, and dementia is largely managed through general health services and informal family support. While Decree No. 95-368/P-RM (1995) provides free medical consultations for older adults and reduced healthcare costs, there is no legislation specifically addressing dementia, supported decision-making, advance care planning, driving, or the legal rights of people living with cognitive impairment. The authors identify the development of legislation providing free treatment for psychiatric illnesses, including dementia, as a major future priority.

References

- <https://academic.oup.com/book/25044/chapter-abstract/189128754?login=false&redirectedFrom=fulltext>

Cultural barriers

Dementia in Mali is understood through religious, traditional, and biomedical perspectives. Spiritual and customary practices may complement medical care but can reinforce non-medical interpretations and delay diagnosis.

Cultural beliefs play a central role in shaping perceptions of dementia in Mali. The most detailed country-specific account describes dementia as being understood through religious, traditional, and cultural belief systems, rather than exclusively as a neurological disease. Within Islamic traditions, recitation and teaching of the Quran may be regarded as both preventive and therapeutic, while among the Dogon people, dementia may be interpreted through traditional cosmological beliefs and treated using medicinal plants, spiritual practices, and customary healing methods. These approaches coexist with biomedical care rather than necessarily replacing it, but they can delay formal diagnosis and reinforce the perception that dementia is primarily a spiritual or cultural phenomenon rather than a medical condition.

Research

Mali's dementia research is supported by universities, teaching hospitals, research centres, and public-health institutions, with clinical studies overseen by national authorities and ethics committees. International registries provide trial information. Research remains primarily hospital-based, examining dementia prevalence, clinical and demographic characteristics, and risk factors to address underdiagnosis and provide evidence for improved diagnosis and neurological service development.

Selected academic institutions

[University of Sciences, Techniques and Technologies of Bamako](#) [Centre Hospitalier Universitaire \(CHU\) Point G](#) [Faculty of Medicine and Odonto-Stomatology](#) [Centre de Recherche et de Formation sur les Pathologies Moléculaires au Mali \(CREFPAM\)](#) [University Clinical Research Center](#) [National Institute of Public Health \(Institut National de Santé Publique - INSP\)](#)

Clinical trials and registries

The Ministry of Health and Social Development (Ministère de la Santé et du Développement Social), alongside national ethics committees, oversees the approval and monitoring of clinical research within the country. Mali does not maintain its own public-facing national clinical trial registry. Instead, researchers rely on the Pan African Clinical Trials Registry (PACTR) and global databases like ClinicalTrials.gov.

References

- <https://www.sante.gov.ml/>

Selected innovative methods

Mali's dementia research examines prevalence, clinical profiles, and risk factors, providing baseline evidence to improve diagnosis and guide neurological service development.

One of Mali's main research priorities is understanding the clinical profile and prevalence of dementia in the Malian population. Neurologists at CHU-Point G in Bamako have conducted hospital-based studies describing the demographic characteristics, clinical presentation, and risk factors of people living with dementia. These studies provide essential baseline data for improving diagnosis and planning neurological services in Mali, where dementia remains substantially underdiagnosed.

References

- <https://www.hsd-fmsb.org/index.php/hsd/article/view/4048>

Support

Mali has no identified dementia foundations or dedicated media outlets. ACMA Mali supports emerging advocacy, while formal community dementia programmes remain largely unavailable.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

[Association Comprendre la Maladie d'Alzheimer \(A.C.M.A\) Mali](#)

Selected initiatives

The available evidence suggests that dementia care in Mali remains largely family- and hospital-based, with advocacy and awareness activities still in the early stages of development. There are no Memory Cafés, caregiver cafés, Cognitive Stimulation Therapy programmes, or dementia day centres operating in Mali.

Dedicated media outlets

In Mali, there is no dedicated Alzheimer's disease or dementia media outlet.