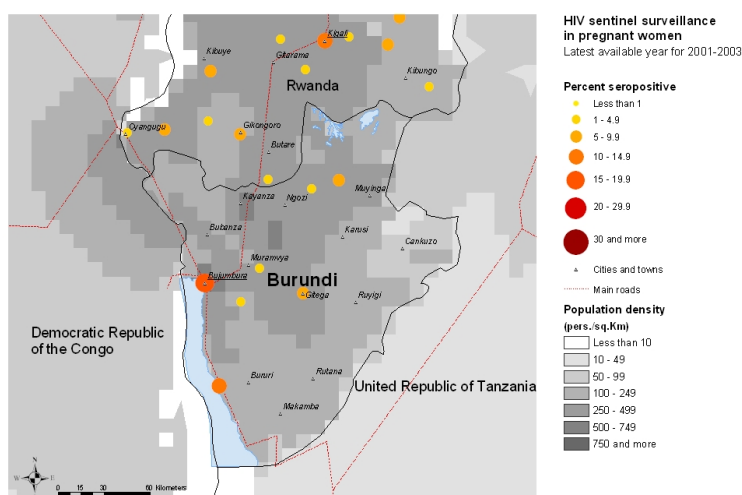


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 46 000*
 Antiretroviral therapy target declared by country: 12 500 by the end of 2005



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2003	7.2	UNDP
Population in urban areas (%)	2003	10	UNDP
Life expectancy at birth (years)	2005	43.6	UNDP
Gross domestic product per capita (US\$)	2002	95	IMF
Government budget spent on health care (%)	2004	2.4	Ministry of Health
Per capita expenditure on health (US\$)	2002	3	WHO
Human Development Index	2003	0.378	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

**=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* National estimates indicate that the adult prevalence of HIV/AIDS is between 3.6% and 8.8%, and that around 250 000 people are living with HIV/AIDS in Burundi. National estimates also indicate that at the end of 2004, 25 000 people needed antiretroviral therapy. HIV/AIDS estimates are currently under review. WHO/UNAIDS will provide updated HIV/AIDS estimates in May 2006. ** Multiple Indicator Cluster Surveys.

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	4.1 - 8.8%*	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	170 000 - 370 000*	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	6 416	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	46 000*	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Sep 2005	128	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	Jan-Sep 2005	55 957	Ministry of Health
Knowledge of HIV prevention methods (15-24 years)% - female°	2000	24	MICS**
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female**		NA	
Reported condom use at last higher risk sex (15-24 years)% - male**		NA	

3. Situation analysis

Epidemic level and trend and gender data

The first AIDS case in Burundi was diagnosed in 1983. Since then, the epidemic has grown rapidly, making HIV/AIDS one of the major causes of mortality in the country. At the end of 2003, an estimated 250 000 adults and children were living with HIV/AIDS, and an estimated 25 000 died from AIDS during 2003. Burundi is facing a generalized epidemic: adult prevalence rates are in the range of 3.6-8.8%, with a higher proportion in urban areas than rural areas. The prevalence appears to have stabilized in urban areas but continues to rise in rural areas. In 2002, a national survey showed that the HIV prevalence in the general population was 5.4% and that prevalence rates in urban, semiurban and rural areas were 9.4%, 10.5% and 2.5%, respectively. In 1989, the prevalence rate in urban areas was close to 11%, whereas the prevalence rate in rural areas was 0.7%. The 2002 national survey also indicated that women in urban areas were more likely to be infected than men, whereas the same proportion of men and women are infected in rural areas. The HIV seroprevalence among women attending antenatal clinics in Bujumbura (the capital) was 16% in 2001. The sociopolitical crisis of the 1990s, poverty and large-scale displacement of populations have contributed to the rapid spread of the epidemic.

Major vulnerable and affected groups

After more than 10 years of internal conflict, major vulnerable and affected groups include all armed forces (soldiers, customs agents, police officers, security forces and rebel groups), sex workers, youth (especially school dropouts) and internally displaced people and refugees. Women in general are increasingly vulnerable, especially in rural areas and refugee camps, as a result of their poor economic status, high rates of illiteracy and the prevalence of sexual violence against them.

Policy on HIV testing and treatment

The government has developed national guidelines on voluntary counselling and testing. Confidentiality and pretest and post-test counselling are recommended. There are plans to expand the provision of voluntary counselling and testing services, to strengthen the integration of voluntary counselling and testing services with health services such as clinics for tuberculosis, sexually transmitted infections, preventing mother-to-child transmission and others, and to develop a system for certifying centres. In 2004, the government launched a national policy on antiretroviral therapy to improve access to treatment. The government promotes the use of generic antiretroviral drugs and has implemented a policy that guarantees anonymous testing and counselling free of user charges. The policy on simplified antiretroviral therapy regimens has been finalized and validated nationally, based on WHO protocols. The government is committed to a policy of providing antiretroviral therapy free of user charges.

Antiretroviral therapy: first-line drug regimen, cost per person per year



The first-line drug regimen is zidovudine (or stavudine) + lamivudine + nevirapine. The government removed import duties from pharmaceutical products as of January 2000 and negotiated with major pharmaceutical companies to achieve lower prices. The annual cost of treatment dropped from US\$ 3600 in 2001 to US\$ 300-360 per person in 2004. As of November 2005, first-line antiretroviral therapy was available at US\$ 20-30 per person per year. A national therapeutic solidarity fund was established with an initial contribution from the government of US\$ 100 000, which also contributes to lowering antiretroviral therapy prices. In December 2003, the government authorized the Burundian civil service insurance company to cover 80% of the cost of antiretroviral drugs, in line with its policy on other medicines, bringing the price of antiretroviral drugs for civil servants to 20% of the total cost. This benefit was later extended to include the widows and children of deceased soldiers.

Assessment of overall health sector reponse and capacity

In 1999, the President declared that HIV/AIDS was a national emergency and committed to addressing the epidemic as a national priority. A National AIDS Control Committee was created in 2001 to provide strategic direction to the country's response to the HIV/AIDS epidemic and to support the government in implementing HIV/AIDS control programmes. The Ministry of HIV/AIDS within the office of the President leads the multisectoral effort and coordinates activities among national and international partners. The National Strategic Plan for 2002-2006 outlines 16 programmatic priorities, including promoting condom use, preventing mother-to-child transmission, voluntary counselling and testing, care and treatment for people living with HIV/AIDS including treatment for opportunistic infections and antiretroviral therapy, surveillance, community participation and protecting vulnerable populations. Sectoral plans at the central and decentralized level have also been developed. A national operational plan for scaling up access to antiretroviral therapy during 2004-2005 was developed in 2004 with the participation of all partners. The effects of the war substantially weakened health service infrastructure and human resource capacity, and efforts are currently underway to rehabilitate hospitals and health centres, strengthen operational capacity, support the decentralization of antiretroviral therapy delivery and train health workers. As of July 2004, about 115 physicians and 37 nurses had received training to deliver antiretroviral therapy services. By September 2005, 213 health workers had been trained to deliver antiretroviral therapy services. Burundi has been successful in implementing a home-based treatment and care programme that has moved the management of HIV treatment, care and support activities closer to affected communities, with the involvement of people living with HIV/AIDS and a strong and active network of nongovernmental organizations. This has played an important role in strengthening community participation, increasing the number of people accessing treatment services, facilitating the monitoring of people receiving treatment and adherence to treatment and reducing stigma and discrimination. The coverage of voluntary counselling and testing services has increased steadily in the past few years. In March 2005, the First Lady inaugurated a model urban centre offering HIV prevention and voluntary counselling and testing services for young people in Bujumbura with support from the Italian Cooperation and WHO.

Critical issues and major challenges

There is strong political commitment to scaling up antiretroviral therapy. National systems to fight HIV are in place, but strengthening them is necessary, especially in human resources and capacity-building at all levels. Scaling up antiretroviral therapy raises several issues, such as coordination, training, accreditation of sites and the logistics of delivering antiretroviral therapy. The operational capacity of the National AIDS Control Committee and the Ministry of HIV/AIDS needs to be strengthened. Coordination among national and international partners also needs to be strengthened, and overall management of the effort to scale up antiretroviral therapy needs to be improved. Drug procurement and supply management systems need to be strengthened. Prevention programmes need to be reinforced and HIV testing and counselling expanded. Greater decentralization of services will be crucial to reach people who cannot access the provincial hospitals. Monitoring and evaluation systems need to be strengthened.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US\$ 39.2 million and US\$ 42.2 million was required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 19 000 people in 2005.
- The main sources of funding for scaling up antiretroviral therapy include the government and bilateral and multilateral partners.
- The government was expected to have committed up to US\$ 47 000 in 2004 and US\$ 285 000 in 2005 to support the national HIV/AIDS response.
- Burundi submitted a successful proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 1, for total funding of US\$ 8.6 million, focusing on preventing mother-to-child transmission, expanding access to treatment for people living with HIV/AIDS, including antiretroviral therapy, and building the capacity of community-based organizations in HIV/AIDS prevention and care. As of November 2005, US\$ 8.2 million had been disbursed for implementation of the grant. Burundi also submitted a successful proposal to Round 5 of the Global Fund for total funding of US\$ 32.3 million to support decentralization of the national HIV/AIDS response and strengthen the health system.
- Burundi receives support for HIV/AIDS activities from the World Bank through its Multi-Country HIV/AIDS Program for Africa, including for purchasing antiretroviral drugs. Burundi also receives support from the World Bank through the Great Lakes Initiative on HIV/AIDS, which provides financing for prevention, care, and treatment programmes for refugees, migrant and transport workers and other highly infected groups, to the six countries of the Great Lakes region (Burundi, Democratic Republic of Congo, Kenya, Rwanda, Uganda and United Republic of Tanzania).
- In February 2004, the German Gesellschaft für Technische Zusammenarbeit (GTZ) signed an agreement with Burundi for US\$ 9.5 million to provide funding for rehabilitation of refugees and internally displaced people, including HIV/AIDS control.
- Other funding partners include United Nations agencies and nongovernmental organizations including Family Health International, Handicap International, CARE and Population Services International.

5. Treatment and prevention coverage

- In 2003, WHO/UNAIDS estimated Burundi's total antiretroviral therapy need for 2005 to be 38 000 people, and the WHO "3 by 5" treatment target was calculated as 19 000 people (based on 50% of estimated need). In 2005, WHO/UNAIDS estimated that Burundi's total antiretroviral therapy need had risen to 46 000 people.
- In its National Strategic Plan for 2004-2006, the government declared national antiretroviral therapy targets of 5000 people in 2004, 12 500 in 2005 and 25 000 in 2006.
- An estimated 2186 people were estimated to be receiving antiretroviral therapy at the end of 2003, mostly through nongovernmental organization services and private practitioners. By the end of 2004, this number had risen to 3900, and by December 2005, 6416 people were reported to be receiving antiretroviral therapy.
- The number of sites providing antiretroviral therapy increased from 12 in June 2004 to 21 by the end of 2004 and 25 by September 2005, covering 9 of 18 districts in the country. Of these 25 sites, 8 are in the public sector, 3 in the private sector, 1 operated by the United Nations Dispensary in Burundi and 13 operated by nongovernmental and faith-based organizations. Treatment sites will be gradually expanded to cover all districts.
- Burundi's Round 1 proposal to the Global Fund was recently revised to increase the number of people living with HIV/AIDS receiving antiretroviral therapy through the Round 1 grant.
- The number of voluntary counselling and testing sites increased from 80 at the end of 2003 to 115 at the end of 2004 and 128 by September 2005, covering all districts in the country. Of these, 37 are in the public sector, 4 in the private sector, 22 operated by nongovernmental organizations, 64 operated by faith-based organizations and 1 by the United Nations Dispensary. All voluntary counselling and testing centres perform rapid HIV tests, but few sites perform CD4 cell counts and viral load. The number of people tested at all sites has been increasing steadily. A total of 71 729 people received an HIV test in 2004, and 55 957 people received an HIV test between January and September 2005.
- Services for preventing mother-to-child transmission are also available in the country, but coverage remains limited. In September 2005, 13 sites provided services for preventing mother-to-child transmission, covering 7 of 19 districts.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The Ministry of HIV/AIDS is responsible for coordinating the multisectoral aspects related to the fight against HIV/AIDS through the National AIDS Control Committee (CNLS). The Ministry of Public Health provides leadership in all technical areas related to the health aspects of HIV. The key United Nations agencies involved in supporting the government in planning and management of HIV/AIDS programmes at the national level are WHO, UNAIDS and the World Bank.

Service delivery

The CNLS provides leadership in delivering services for HIV prevention, treatment and care services in collaboration with the Ministry of HIV/AIDS and the Ministry of Public Health. The CNLS is responsible for building capacity, developing guidelines and supporting the implementation of programmes. The National Institute of Public Health and the Faculty of Medicine support training activities. The Centrale d'Achat de Médicaments Essentiels du Burundi, a central, autonomous body attached to the Ministry of Public Health, leads supply chain management. Nongovernmental organizations are very active in delivering antiretroviral therapy, providing treatment through a range of HIV/AIDS centres, mainly in Bujumbura. They also provide HIV testing and counselling and home-based care. The Ministry of Public Health has started to deliver antiretroviral therapy in several hospitals. WHO provides normative support for developing treatment guidelines and training material. The Italian Cooperation supports voluntary counselling and testing and blood safety. The French Cooperation has provided support for strengthening laboratory services. UNICEF provides support for preventing mother-to-child transmission and prevention programmes for young people.

Community mobilization

The Ministry of HIV/AIDS and the Ministry of Public Health lead and manage communication activities related to HIV/AIDS programmes. Several nongovernmental organizations, local and international, as well as United Nations agencies and bilateral partners support programmes aimed at mobilizing communities to support people living with HIV/AIDS. Nongovernmental organizations support information, education and communication initiatives, HIV/AIDS counselling, psychosocial and material support and health care assistance for people living with HIV/AIDS and their families. Two model schemes for community-based prevention and support for people living with HIV/AIDS have been operational since the early 1990s: the Society of Women Against AIDS and the National Association of Support for People Living with HIV and AIDS. The Society of Women Against AIDS provides medical, economic and psychosocial support to 2500 people living with HIV/AIDS in Bujumbura and another 2000 in six provinces. The National Association of Support for People Living with HIV and AIDS operates a community pharmacy and day clinic for people living with HIV/AIDS. It also supports projects to enable people living with HIV/AIDS to earn a living.

Strategic information

The CNLS provides leadership in monitoring and surveillance activities and collects information for partners involved in scaling up antiretroviral therapy. It is developing a standardized monitoring system that will be used by both the private and the public sector. There are discussions about creating a HIV/AIDS reference centre.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Conducting a WHO scoping mission in February 2004 in collaboration with national partners to assess the status of antiretroviral therapy implementation and to identify opportunities and challenges for scaling up antiretroviral therapy and areas of WHO support
- Supporting the development of a national operational plan for scaling up antiretroviral therapy for 2004-2005
- Reviewing existing treatment regimens and protocols and providing technical assistance in finalizing them based on WHO simplified treatment protocols
- Supporting the development of training materials and roll-out of training within the context of the WHO Integrated Management of Adult and Adolescent Illness (IMAI) strategy
- Providing technical assistance for drug procurement and supply management
- Supporting the Ministry of Public Health in a home-based care programme for assisting people living with HIV/AIDS through several nongovernmental organizations
- Providing assistance in reinforcing partnerships at all levels
- Providing assistance for developing an HIV/AIDS laboratory plan
- Through the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, supporting the improvement of the geographical coverage of voluntary counselling and testing by creating three new sites; supporting the improvement of home-based care by providing access to care and treatment among people living with HIV/AIDS in Rutana and Makamba; and building the institutional capacity of the CNLS to improve the coordination and monitoring of activities to fight HIV/AIDS
- Establishing an HIV/AIDS country team to support the government and all partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Providing continued technical support for training and developing human resource capacity
- Providing normative guidance for the accreditation of training, treatment and voluntary counselling and testing sites
- Supporting the development of criteria to evaluate the quality of services delivered by providers of antiretroviral therapy
- Providing ongoing technical assistance for drug procurement and supply management
- Providing ongoing technical assistance for implementing the home-based care programme
- Providing technical support for developing an HIV/AIDS reference centre

Staffing input for scaling up HIV treatment and prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one international HIV/AIDS Country Officer and one National Programme Officer for HIV/AIDS. One additional HIV/AIDS National Programme Officer is in place under the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS and the Belgian Fund for Home Based Care Coordination.