



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	13.4	United Nations
Population in urban areas (%)	2003	17.6	United Nations
Life expectancy at birth (years)	2002	41.7	WHO
Gross domestic product per capita (US\$)	2001	190	IMF
Government budget spent on health care (%)	2001	8.1	WHO
Per capita expenditure on health (US\$)	2001	6	WHO
Human Development Index	2001	0.33	UNDP

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	2.7 – 6.5%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2003	190 000 – 470 000	WHO/UNAIDS
Cumulative number of reported AIDS cases	2001	18 144	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	2 000	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	43 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	29.4%	WHO

3. Situation analysis

- Epidemic level and trend and gender data.** Burkina Faso is one of the most severely affected countries in Africa, characterized by a generalized epidemic. About 75% of people living with HIV/AIDS are 15–40 years old. Prevalence is high among pregnant women, estimated to be 6% in 2001.
- Major vulnerable and affected groups.** Vulnerable groups include female sex workers (with an estimated prevalence of 59% in Ouagadougou), truck drivers (estimated prevalence of 13% in Ouagadougou) and prisoners. Burkina Faso is also burdened by a high rate of tuberculosis and HIV coinfection.
- Policy on HIV testing and treatment.** Testing in Burkina Faso is voluntary and confidential and is mostly carried out by community-based organizations. The number of voluntary counselling and testing sites is limited, and existing sites are concentrated in urban areas. The National Strategic Framework for HIV/AIDS for 2001–2005 includes the provision of antiretroviral drugs and the treatment of opportunistic infections. Care and treatment protocols were revised in December 2003 in accordance with WHO recommendations. Treatment is not provided free of charge in Burkina Faso but at a subsidized rate. A CD4 count is mandatory before initiating antiretroviral therapy.
- Antiretroviral therapy: first-line drug regimen, cost per person per year.** Stavudine (or zidovudine) + lamivudine + nevirapine (or efavirenz). The average annual cost per person is about US\$ 912, but public subsidies reduce the user charge to US\$ 120 per year.
- Assessment of overall health sector response and capacity.** Burkina Faso has a high level of political commitment to scale up care and treatment for HIV/AIDS. The health sector response, outlined in the National Strategic Framework for HIV/AIDS for 2001–2005, is multisectoral and decentralized and covers prevention, surveillance, care and treatment and partnership-building activities. Financial management systems are well developed. The human resource capacity of the health sector is limited, both in terms of numbers and skills.
- Critical issues and major challenges.** One of the major challenges to scaling up antiretroviral therapy is the shortage of skilled human resources. A comprehensive human resource plan needs to be developed, taking into account providing adequate incentives for health workers in the public sector. Training tools also need to be developed and training organized for health workers providing care and treatment. Procurement mechanisms are well organized, but clear criteria need to be established for distributing antiretroviral drugs and forecasting the requirements. A limited number of sites provide treatment, concentrated in hospitals in urban areas. Mechanisms for monitoring and evaluation and surveillance of drug resistance need to be strengthened. Testing and counselling facilities need further development. The cost of antiretroviral drugs makes them inaccessible to the vast majority of the population, which constitutes a major barrier to scaling up antiretroviral therapy.



4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- WHO estimates that the total funding required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 21 500 people by the end of 2005 is between US\$ 22.5 million and US\$ 33 million.
- Since 1987, the government has significantly increased its financial commitment to the fight against HIV/AIDS. It is estimated that the government will commit about US\$ 3.2 million to scaling up antiretroviral therapy during 2004–2005.
- Burkina Faso submitted a successful Round 2 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria focused on meeting the gaps in implementing the National Strategic Framework for HIV/AIDS for 2001–2005, including expanding treatment and strengthening health systems. An estimated US\$ 4.2 million will be available from the Global Fund money to support scaling up antiretroviral therapy in 2004–2005.
- In May 2004, Burkina Faso submitted a proposal to the Treatment Acceleration Program of the World Bank, with a focus on capacity-building, monitoring and evaluation and community mobilization for scaling up antiretroviral therapy.
- The United Nations System provides funds through UNAIDS, the World Bank, UNDP, UNICEF, WHO, UNFPA and WFP. An estimated US\$ 1.6 million will be available from multilateral sources to support scaling up antiretroviral therapy in 2004–2005.
- Nongovernmental organizations such as Médecins Sans Frontières, the Red Cross and others have also committed funds to scaling up antiretroviral therapy at different levels.
- Bilateral sources of funding for HIV/AIDS include Belgium, China, Denmark, France, Italy and the Netherlands.
- Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Burkina Faso to reach 21 500 people by the end of 2005 is between US\$ 13.1 million and US\$ 23.5 million.

5. Antiretroviral therapy coverage

- In 2003, WHO and UNAIDS estimated Burkina Faso's total treatment need for 2005 to be 43 000 people, and the WHO "3 by 5" treatment target is 21 500 people by the end of 2005 (based on 50% of need).
- The country-declared antiretroviral therapy target is 20 000 people by 2005
- An estimated 2000 people were receiving antiretroviral drugs through various initiatives at the end of 2003.
- The World Bank Multi-Country HIV/AIDS Program for Africa provides antiretroviral drugs to 850 people living with HIV/AIDS, and the World Bank Treatment Acceleration Program plans to provide treatment to an estimated 18 000 people living with HIV/AIDS in Burkina Faso.
- The WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa is providing treatment to an estimated 140 people in collaboration with the French project ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau) and local partner organizations. Other key organizations providing treatment include the Red Cross and Médecins Sans Frontières.
- It is estimated that the funds committed to date to scaling up antiretroviral therapy, including funds available from the successful Round 2 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, will enable treatment for an estimated 6000 people living with HIV/AIDS.

6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* The Ministry of Health and the National AIDS Council (CNLS) provide leadership in coordinating the health sector response to HIV/AIDS. Burkina Faso is in the process of developing a national action plan that integrates all care-related interventions by collaborating partners under the same umbrella. The Ministry of Health takes the lead in national planning of human resources and in strengthening the health system.
- *Antiretroviral therapy service delivery.* The Ministry of Health provides leadership in delivering antiretroviral therapy services, assisted by the CNLS. The National Central Medical Store coordinates procurement of antiretroviral drugs and supply chain management. WHO supports the development of national guidelines and, along with GTZ, supports training activities. Several international partners support the delivery of antiretroviral drugs, including the World Bank, the Red Cross, Médecins Sans Frontières and the French project ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau).
- *Community mobilization.* Many nongovernmental organizations work in collaboration with the Ministry of Health to mobilize communities and support people living with HIV/AIDS. PAMAC, a network of community-based organizations and associations of people living with HIV/AIDS, actively provides community-based care and strongly advocates for prevention, treatment literacy and adherence, and voluntary testing and counselling.

- *Strategic information.* The Ministry of Health and the CNLS are responsible for monitoring and evaluation and surveillance. A national multisectoral monitoring system is being developed under the leadership of the CNLS to monitor all health sector information related to the care and treatment of people living with HIV/AIDS.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Carrying out a WHO scoping mission to Burkina Faso in November 2003 in collaboration with the Ministry of Health, CNLS and other partners to review the status of implementation of antiretroviral therapy, to identify opportunities and challenges for scaling up antiretroviral therapy, to map available and potential resources and to identify areas for WHO support
- Supporting national adaptation of guidelines and training manuals for various categories of health workers
- Supporting the standardization of care and treatment tools
- Supporting the development of tools for monitoring and evaluating the national HIV/AIDS care and support programme
- Supporting the development of a national operational plan for scaling up antiretroviral therapy, including reinforcing the health system
- Supporting the strengthening of procurement and drug management and distribution systems
- As part of the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, supporting a project coordinated by the CNLS that is increasing access to care and treatment in four districts (Dori, Kossodo, Bobo Dioulasso and Banfora); expanding and strengthening second-generation surveillance in eight districts; providing information, education and communication for reinforcing sexual behaviour change among young people recruited in military services in two districts (Ouagadougou and Bobo Dioulasso); and building institutional capacity for monitoring the fight against HIV/AIDS
- As part of the WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa, supporting improving blood safety, strengthening activities to prevent the mother-to-child transmission of HIV, testing and counselling in antenatal clinics and maternal and child health services

Key areas for WHO support in the future

- Establishing a "3 by 5" country team to support the government and all partners in scaling up antiretroviral therapy
- Supporting the Ministry of Health and the CNLS in implementing the national operational plan for scaling up antiretroviral therapy
- Harmonizing monitoring and evaluation tools in the context of a national monitoring and evaluation system and strengthening the surveillance of drug resistance
- Promoting operational research
- Finalizing the national training plan and supporting the organization of training activities for health personnel, laboratory technicians and community workers and the training of trainers
- Supporting the National Therapeutic Committee in developing national policy and strategies for expanding care and treatment for people living with HIV/AIDS

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Programme Officer for HIV/AIDS, and the recruitment of an international "3 by 5" Country Officer is currently underway.
- Under the World Bank Treatment Acceleration Program, the recruitment of one international staff member, two United Nations Volunteers and one administrative support staff member is planned.

For further information, please contact:

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This country profile was developed in collaboration with national authorities, the WHO Country Office for Burkina Faso and the WHO Regional Office for Africa.

