



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	7.1	United Nations
Population in urban areas (%)	2003	9.8	United Nations
Life expectancy at birth (years)	2002	40.8	WHO
Gross domestic product per capita (US\$)	2001	103	IMF
Government budget spent on health care (%)	2001	8.1	WHO
Per capita expenditure on health (US\$)	2001	4	WHO
Human Development Index	2001	0.337	UNDP

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 reached alarming proportions, making the disease one of the major causes of mortality. Burundi is facing a generalized epidemic with adult prevalence rates in the range of 4.1%–8.8% with a higher proportion in urban areas than rural. Prevalence rates appear to have stabilized in urban areas but are continuing to rise in rural areas.
- 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 people at risk of sexual violence, specifically internally displaced people and refugees.
- Policy on HIV testing and treatment.** In 2000, the government implemented 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 government removed import duties from pharmaceutical products as of January 2000 and negotiated with major pharmaceutical companies to achieve lower prices. A national therapeutic solidarity fund was established with an initial contribution from

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
Cumulative number of reported AIDS cases	2001	25 361	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	2 186	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	38 000	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	35.2%	WHO

the government of US\$ 200 000, which also contributes to lowering antiretroviral therapy prices. The annual cost of treatment was US\$ 3600 in 2001 and has dropped US\$ 360 per patient in 2004. The first-line drug regimen is zidovudine (or stavudine) + lamivudine + efavirenz (or nevirapine).

- Assessment of overall health sector response and capacity.** Because the Ministry of Public Health has limited capacity, the Ministry of HIV/AIDS was created in the President's office to lead a multisectoral effort. This initiative is intended to reinforce the public system and support the decentralization of antiretroviral therapy delivery and the training of nurses to deliver antiretroviral therapy. About 115 physicians and 37 nurses have received antiretroviral therapy training. There are more than 80 voluntary testing and counselling centres, but the quality of services varies. Voluntary counselling and testing centres perform rapid HIV tests, but only two sites in Bujumbura (the capital) perform CD4 cell counts and viral load. The tuberculosis programme has started to test for HIV in several sites. Nine sites provide antiretroviral therapy, most of which are in Bujumbura. The effects of the war substantially weakened health services infrastructure and human resource capacity, and efforts are currently underway to rehabilitate hospitals and health centres and strengthen operational capacity.
- Critical issues and major challenges.** There is a strong political commitment to scaling up antiretroviral therapy. National systems to fight HIV are in place, but strengthening is necessary, especially in human resources and capacity-building at all levels as well as the coordination and overall management of the effort to scale up antiretroviral therapy. Decentralization will be crucial to reach people who cannot access the provincial hospitals.



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 19 000 people in 2005 is between US\$ 32 million and US\$ 41 million. The main sources of funding are the government, which has committed about US\$ 180 000 per year; the Round 1 grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria, which is anticipated to provide US\$ 4.1 million during 2004–2005 for treatment; multilateral partners, which have committed about US\$ 1.9 million and nongovernmental organizations, which are expected to provide about US\$ 400 000 during 2004–2005. The World Bank, through its Multi-Country HIV/AIDS Program for Africa, is in the final process of accepting to purchase antiretroviral drugs for several years.
- Taking into account funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Burundi to reach 19 000 people by the end of 2005 is between US\$ 25 million and US\$ 35 million.

5. Antiretroviral therapy coverage

- Burundi's total antiretroviral therapy need for 2005 is estimated to be 38 000 people, and the WHO “3 by 5” treatment target was set at 19 000 people (based on 50% of estimated need). 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.
- However, only 2186 people were estimated to be receiving antiretroviral therapy at the end of 2003, mostly through nongovernmental organization services and private practitioners.
- Burundi's Round 1 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria was recently revised to increase the number of people living with HIV/AIDS receiving antiretroviral therapy.

6. Implementation partners involved in scaling up antiretroviral therapy

- *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 Committee (CNLS). The Ministry of Public Health provides leadership in all technical areas related to the health aspects of HIV. With antiretroviral therapy being scaled up, several issues are being raised such as coordination, training, accreditation of sites and the logistics of antiretroviral therapy. The key United Nations agencies involved in supporting HIV at government level are WHO, UNAIDS and UNICEF (focused on preventing mother-to-child transmission and on youth).
- *Antiretroviral therapy service delivery.* As a central, autonomous body attached to the Ministry of Public Health, the Centrale d'Achat de Médicaments Essentiels du Burundi leads supply chain management. The CNLS provides leadership in building capacity, developing guidelines and accelerating prevention. 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. Extension to various provinces has started. 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.
- *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 to people living with HIV/AIDS and their families.
- *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. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Supporting the Ministry of Public Health in a home-based care programme for assisting people living with HIV/AIDS through a number of nongovernmental organizations
- Reviewing existing treatment regimens and protocols and providing technical assistance to finalize them based on WHO simplified treatment protocols
- Providing support for developing a Round 4 proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria
- Supporting training through WHO Integrated Management of Adult and Adolescent Illness training
- Providing assistance to reinforce partnerships at all levels
- Supporting the development of a national operational plan for scaling up antiretroviral therapy for 2004 and 2005
- 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.

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
- Providing technical support for developing human resources and training
- Supporting the government by supplying normative guidance such as accreditation of training, of voluntary counselling and testing and of treatment sites
- Supporting the development of criteria on which the quality of the work performed by the providers of antiretroviral therapy can be evaluated
- Conducting a mission to provide technical assistance on procuring antiretroviral drugs and diagnostics and supply chain management
- Technical support for the development of an HIV/AIDS reference centre

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 planned.
- An additional HIV/AIDS National Programme Officer is in place under the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS.

For further information, please contact:

World Health Organization
Department of HIV/AIDS

“3 by 5” Help Desk

E-mail: 3by5help@who.int

Tel.: +41 22 791 1565

Fax: +41 22 791 1575

www.who.int/3by5

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

