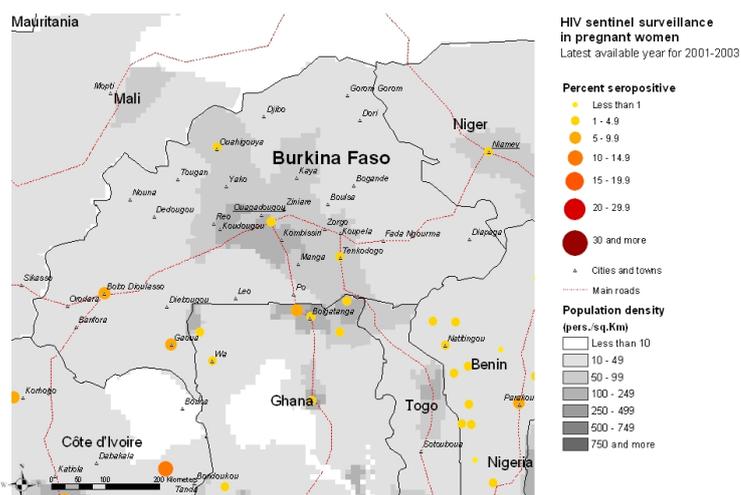


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 34 000  
 Antiretroviral therapy target declared by country: 30 000 by the end of 2006



## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	13.4	United Nations
Population in urban areas (%)	2005	18.6	United Nations
Life expectancy at birth (years)	2003	45	WHO
Gross domestic product per capita (US\$)	2002	259	IMF
Government budget spent on health care (%)	2002	9.2	WHO
Per capita expenditure on health (US\$)	2002	13	WHO
Human Development Index	2003	0.317	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 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.

\* Demographic and Health Surveys

## 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
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	8 214	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	34 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Dec 2005	86	National AIDS Council
HIV testing and counselling sites: number of people tested at all sites	Dec 2005	171 257	National AIDS Council
Knowledge of HIV prevention methods (15-24 years)% - female*	2003	15	DHS*
Knowledge of HIV prevention methods (15-24 years)% - male*	2003	23	DHS*
Reported condom use at last higher risk sex (15-24 years)% - female**	2003	54	DHS*
Reported condom use at last higher risk sex (15-24 years)% - male**	2003	67	DHS*

## 3. Situation analysis

### Epidemic level and trend and gender data

Burkina Faso faces a generalized epidemic. The first case of HIV/AIDS was reported in 1986. At the end of 2003, an estimated 300 000 adults and children were living with HIV/AIDS in Burkina Faso. About 75% of these people are 15-40 years old. In 2002, the median HIV prevalence among women attending antenatal care clinics at five surveillance sites was estimated to be 4.2%. The Demographic and Health Survey in 2003 reported overall prevalence of 1.8%, with higher rates in urban (3.1%) than in rural (1.0%) areas. There were more infected women (3.4%) than men (2.7%). An estimated 29 000 adults and children died from AIDS during 2003.

### 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 (9% in Ouagadougou and 11% in Bobo Dioulasso). 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. Guidelines for counselling and testing have been developed. 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. A CD4 count is mandatory before initiating antiretroviral therapy. A new Strategic Plan for 2006-2010 has been developed.

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

Stavudine (or zidovudine) + lamivudine + nevirapine (or efavirenz). Treatment is provided at a subsidized rate in the public sector. The average user charge is about US\$ 10 per person per year.

### Assessment of overall health sector response and capacity



Burkina Faso has demonstrated a high level of political commitment to scaling up care and treatment for HIV/AIDS. Four consecutive short- and medium-term HIV/AIDS plans were developed and implemented from 1987 to 2000. The National Strategic Framework for HIV/AIDS for 2001-2005, adopted in 2001, outlines a multisectoral and decentralized health sector response to HIV/AIDS covering prevention, surveillance, care and treatment and partnership-building activities. An initiative to expand access to antiretroviral therapy was launched in 2001, and antiretroviral therapy was introduced in public health facilities in 2003. A national plan for scaling up access to antiretroviral therapy has been developed. The National AIDS Council, established under the Office of the President, is responsible for implementing activities and coordinating the multisectoral response. It is supported by decentralized committees at the provincial and district levels. The government has committed increasing resources over the years to fight the epidemic, complemented by funding from local authorities, partners (multilateral, bilateral, nongovernmental organizations and associations), employers and communities. Financial management systems are well developed. A national solidarity fund for people living with HIV/AIDS and HIV/AIDS orphans was established in 1998. Health personnel are being trained to deliver antiretroviral therapy. By the end of 2005, more than 1000 health workers and more than 14 000 community supporters had been trained to deliver HIV/AIDS services in accordance with national standards.

#### Critical issues and major challenges

The human resource capacity of the health sector is limited, both in terms of numbers and skills, especially in delivering antiretroviral therapy. A comprehensive human resource plan needs to be developed. An adequate incentive system for health workers in the public sector has to be taken into account. Training tools using the WHO Integrated Management of Adult and Adolescent Illness (IMAI) approach have been developed and need to be disseminated, and training needs to be organized for the health workers providing care and treatment. Procurement mechanisms are well organized, but clear criteria need to be established for forecasting requirements and distributing antiretroviral drugs. A limited number of sites provide treatment, concentrated in hospitals in urban areas. Many nongovernmental organizations are supporting the delivery of antiretroviral therapy and providing psychosocial support to people living with and affected by HIV/AIDS. However, the capacity of the public health system is inadequate and access to referral services is limited. 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. There are concerns about the lack of adequate funding to scale up the national antiretroviral therapy programme, which is hindering the implementation of free provision of antiretroviral therapy in the public sector. Mechanisms for monitoring and evaluation and surveillance of drug resistance need to be strengthened. Testing and counselling facilities need to be developed further. Stigma and discrimination are widespread.

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

- WHO estimates that about US\$ 31.0 million was 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.
- Since 1987, the government has significantly increased its financial commitment to the fight against HIV/AIDS.
- Burkina Faso submitted a successful Round 2 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, with a total funding request of US\$ 16.4 million, focused on meeting the gaps in implementing the National Strategic Framework for HIV/AIDS for 2001-2005, including expanding treatment and strengthening health systems.
- Burkina Faso has received funding support from the World Bank Multi-Country HIV/AIDS Program for Africa since 2002 for scaling up prevention, building national capacity to provide care and treatment to people living with HIV/AIDS and providing support to communities affected by HIV/AIDS. Burkina Faso also submitted a successful proposal to the Treatment Acceleration Project of the World Bank in 2004, with a focus on capacity-building, monitoring and evaluation and community mobilization for scaling up antiretroviral therapy. In addition, the United Nations System provides funds through UNAIDS, the World Bank, UNDP, UNICEF, WHO, the United Nations Population Fund and the World Food Programme. National estimates indicate that funds available from multilateral sources during 2001-2005 totalled US\$ 16 million.
- Bilateral sources of funding for HIV/AIDS include Belgium, China, Denmark, France, Italy and the Netherlands. National estimates indicate that the total amount available from bilateral sources during 2001-2005 totalled US\$ 14 million.
- Nongovernmental organizations such as Médecins Sans Frontières, the Red Cross/Red Crescent and others have also committed funds to scaling up antiretroviral therapy at different levels. National estimates indicate that the total amount available from nongovernmental organizations during 2001-2005 totalled US\$ 2 million.

## 5. Treatment and prevention coverage

- Burkina Faso has set national antiretroviral therapy targets of 30 000 by the end of 2006 and 40 000 by the end of 2007.
- Antiretroviral therapy has been available in the public sector in Burkina Faso since 2003. National estimates indicate that between 1500 and 2000 people were receiving antiretroviral drugs at the end of 2003. By September 2004, 2734 people were reported to be receiving antiretroviral therapy. As of 31 March 2005, 4446 people were receiving antiretroviral therapy and by December 2005, 8214 people were receiving antiretroviral therapy.
- At the end of 2003, three facilities were providing antiretroviral therapy in Burkina Faso, with only 4% of districts having at least one antiretroviral therapy delivery site. As of March 2005, 34 health facilities were providing treatment, including university hospital centres, regional hospital centres and ambulatory treatment centres. By December 2005, there were 44 antiretroviral therapy delivery sites, of which 21 were in the public sector, 11 operated by nongovernmental organizations, 2 by faith-based organizations and 1 in the private sector. With this expansion, 36% of districts had at least one antiretroviral therapy delivery site. Treatment is provided with support from various initiatives, including the World Bank Multi-Country HIV/AIDS Program for Africa and Treatment Acceleration Project, the French project ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau), the Italian Cooperation, the French Cooperation, the Global Fund, the Red Cross/Red Crescent and Médecins Sans Frontières. TAN-ALIZ, a private company, is providing treatment to more than 500 people and Médecins Sans Frontières to more than 1000 people.
- The World Bank Multi-Country HIV/AIDS Program for Africa aims to provide antiretroviral drugs to 850 people living with HIV/AIDS, and the World Bank Treatment Acceleration Project will support treatment for an estimated 7000 people living with HIV/AIDS. The Global Fund Round 2 proposal plans to provide subsidized treatment to 6000 people within the first four years of implementation of activities.
- The number of voluntary counselling and testing sites has increased in recent years. The number of facilities providing services for voluntary counselling and testing increased from 29 at the end of 2003 to 86 by December 2005, of which 58 were in the public sector. The number of sites offering services for preventing mother-to-child transmission has also expanded gradually. As of September 2005, close to half the districts in Burkina Faso included at least one facility providing services for voluntary counselling and testing and one for preventing mother-to-child transmission.

## 6. Implementation partners involved in scaling up treatment and prevention

#### Leadership and management

The Ministry of Health and the National AIDS Council provide leadership in coordinating the health sector response to HIV/AIDS. The Ministry of Health takes the lead in national planning of human resources and in strengthening the health system. Burkina Faso is in the process of updating a national operational plan for scaling up antiretroviral therapy. WHO, UNAIDS and the World Bank provide support for planning and programme management.

#### Service delivery

The Ministry of Health provides leadership in delivering HIV/AIDS prevention, care and treatment services, assisted by the National AIDS Council. The National Central Medical Store coordinates the procurement of antiretroviral drugs and supply chain management. Drug procurement and supply in Burkina Faso is handled by a stand-alone, not-for-profit agency, the Centrale d'Achat des Médicaments Essentiels Génériques et des Consommables Médicaux. It has full legal status and its own director-general and is administered by representatives of the government and development partners (including community-based organizations). The William J. Clinton Foundation is providing support for negotiating lower prices for antiretroviral drugs and providing support for procurement. WHO supports the development of national guidelines and supports training activities. Several international partners support the delivery of antiretroviral drugs, including the World Bank, the Red Cross, Médecins Sans Frontières and ESTHER. The United States Agency for International Development, the Dutch Cooperation and the Belgian Cooperation support prevention programmes. WHO provides support for preventing mother-to-child transmission in collaboration with the Italian Cooperation and UNICEF. WHO also provides support for testing and counselling. The Italian Cooperation provides support for blood safety.

#### Community mobilization

Community involvement in the national HIV/AIDS response in Burkina Faso is strong, and many nongovernmental organizations work in collaboration with the Ministry of Health to mobilize communities and support people living with HIV/AIDS. PAMAC (Programme d'Appui au Monde Associatif et Communautaire), a network of community-based organizations and associations of people living with HIV/AIDS that is supported by UNDP, actively provides community-based care and strongly advocates for prevention, treatment literacy and adherence and voluntary testing and counselling. International nongovernmental organizations including Plan, Axiom, the Red Cross/Red Crescent and Population Services International also provide support to communities affected by HIV/AIDS. WHO also provides support for community and adherence modules training material.

#### Strategic information

The Ministry of Health and the National AIDS Council are responsible for monitoring and evaluation and surveillance. A national multisectoral monitoring system is being developed under the leadership of the National AIDS Council to monitor all health sector information related to the care and treatment of people living with HIV/AIDS. WHO provides support for epidemiological surveillance.

## 7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Carrying out a WHO scoping mission to Burkina Faso in November 2003 in collaboration with the Ministry of Health, the National AIDS Council and other partners to review the status of implementation of antiretroviral therapy, to identify opportunities and challenges for scaling up antiretroviral therapy and to identify areas for WHO support
- Supporting the development of a national operational plan for scaling up antiretroviral therapy, including reinforcing the health system
- Supporting the standardization of care and treatment guidelines and supporting national adaptation of guidelines and training manuals for various categories of health workers
- Developing a national training plan and supporting the organization of training activities for health personnel, laboratory technicians and community workers and developing a national adaptation of the WHO generic training materials using the WHO Integrated Management of Adult and Adolescent Illness (IMA) strategy in collaboration with ESTHER
- Supporting the development of tools for monitoring and evaluating the national HIV/AIDS care and support programme
- Supporting the strengthening of procurement and drug management and distribution systems
- Supporting the development of the World Bank Treatment Acceleration Project proposal and implementation of the project
- Supporting the mid-term review of the antiretroviral therapy component of the World Bank Multi-Country HIV/AIDS Program for Africa
- Supporting operational research on scaling up antiretroviral therapy in resource-constrained settings focusing on improving coordination between nongovernmental organizations and public health care facilities providing treatment
- As part of the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, supporting a project coordinated by the National AIDS Council to increase access to care and treatment in four districts (Dori, Kossodo, Bobo Dioulasso and Banfora): strengthening second-generation surveillance in eight districts; providing information, education and communication for reinforcing sexual behaviour change among young people in military services in two districts (Ouagadougou and Bobo Dioulasso); and building capacity for programme monitoring
- 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
- 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

- Supporting the Ministry of Health and the National AIDS Council in implementing the national operational plan for scaling up antiretroviral therapy and preventing mother-to-child transmission
- Providing ongoing support for rolling out training of health workers within the framework of the WHO Integrated Management of Adult and Adolescent Illness (IMA) strategy
- Harmonizing monitoring and evaluation tools in the context of a national monitoring and evaluation system and strengthening the surveillance of drug resistance
- Supporting the strengthening of health information systems and mapping key service delivery points at the region and district level using the WHO Service Availability Mapping (SAM) tool
- Supporting the implementation of the World Bank Treatment Acceleration Project
- Supporting the development of quality control (laboratory and testing)
- Supporting the implementation of the Global Fund Round 2 grant and development proposals to the Global Fund
- Supporting the development of a plan to scale up prevention
- Supporting the expansion of community involvement
- Supporting the coordination of the supply system for drugs and related supplies
- Supporting the implementation of phase II of the WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa

#### 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, one National Programme Officer for HIV/AIDS and an officer to support the World Bank Treatment Acceleration Project.
- Additional staffing needs identified include one field officer, two United Nations Volunteers and one administrative support staff to support the World Bank Treatment Acceleration Project.