



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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**Burkina
Faso**
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Country Situation

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In 2007, the process towards universal access to prevention, care, treatments and support related to HIV/AIDS was pursued and strengthened on a decentralized level by the National Council against AIDS and STI (CNLS/STI) with the active involvement of civil society. The transfer of responsibility in the management of GFATM and UNDP to national authorities and the 5-year evaluation of GFATM characterized 2007. The significant reduction in the cost of ART from FCA 5000 to FCFA 1500 was a major decision in the universal access process. National coordination for the response to HIV/AIDS is always encouraged by SP/CNLS and the CNLS is under the leadership of the President of Faso, which is a very significant and exemplary mechanism in the sub region as shown by the participation of the President of Benin at the 7th session in December 2007 accompanied by a strong delegation.

In 2007, the UN system contributed significantly to the mobilization of technical, material and financial resources for the response against HIV/AIDS. The budget mobilized by CNLS during 2007 was 22.39 billion (that is US\$ 49.7 million) and UNS/UNAIDS mobilized approximately 31.9% (US\$ 15.8 million). The level of annual mobilization of financial resources of CNLS in 2007 was 100.23%.

The undertaking of multilateral, bilateral partners such as international NGOs is constant and sustained. Multisectoral national responses were positive but effective mobilization of resources experienced a deficit as well as the rate of real absorption. The number of PLHIV with access to ART multiplied by 15 with regard to 2002/2003 (approximately 17 588 PLHIV were under ART at the end of 2007) and 96% of health districts have at least one CEP department for PLHIV under ART. The total cumulative number of VCT was estimated at 121 in 2007 compared to 116 in 2006. The rate of coverage of VCT in health districts was estimated at 73% in 2007. Approximately 20 million condoms were sold. In schools, a pilot programme enabled elaborating educational guides on HIV/AIDS and review of curricula. With regard to PMTCT 91% of health districts have at least one PMTCT site and more than 85% of pregnant women who tested seropositive benefited from PMTCT provisions in 2007.

The undertaking of civil society (PAMAC, CORAB) of customary and religious leaders, NGO/women, young people's associations (more than 120 associations) and parliamentarians significantly intensified in 2007.

UNAIDS activities at country level during 2007

Coordination, harmonization mechanisms, aligning of UNS

The UNDAF framework for 2006-2010 UNS (UN system) of Burkina Faso and the MDG were the baseline references for all actions for 2007. The GT/UNAIDS (HIV/AIDS subject group) defined a global strategy for 2007-2008 concerning the response to AIDS and a more operational annual plan denominated "Joint Programmes on HIV/AIDS" and each agency implements specific activities in relation to their programme of cooperation with Burkina Faso, the division of work but the strategic axes and national priorities of CNLS for 2006-2010 are the main references of UNS for the period 2006-2010.

GT/UNAIDS was operational and an evaluation was made in 2007 for the Joint UN Team HIV/AIDS to appreciate its efficacy. The programming of actions of GT/UNAIDS chaired in 2007 by UNPD, the analysis of results and taking of decisions were made jointly with the facilitation of the UNAIDS coordinator (UCC) by means of the mechanism "Joint UN Team HIV/AIDS" and the United Nations Country Team Meeting (UNCT). The collection and sharing of information was organized by means of meetings, consultation and meetings of GT/UNAIDS that have been integrated in those of UNCT since 2006 (jointly organized meetings and agenda).

The Joint UN Team on HIV-AIDS and the UNGT were operational in 2007 and all ordinary monthly meetings of these mechanisms were held as well as daily bilateral meetings with the SP/CNLS.

The CCM related to the Global Fund for Aids, Tuberculosis and Malaria has operated well with the active participation of the UNS. The request on HIV/AIDS was accepted in 2007. We can cite certain activities in 2007: the holding of the JMS 2007 in Manga in the presence of the Executive Director of the Global Fund and Regional UNAIDS office was also a strong moment for UNS and the Joint UN Team to intensify advocacy and strengthen leadership of the government.

UNAIDS achievements at country level during 2007

Joint UN planning and programming

The UN system joint planning and programming are the rules in application in 2007 in Burkina Faso. A role for advocacy and strengthening of leadership or government are regularly contributed to CNLS at all times. The participation and facilitation of the Joint UN Team of the 7th session of CNLSS chaired by the President of Burkina Faso is also an activity to support leadership and advocate in the presence of all key decision makers/actors and partners for development and the President of Benin. Regular consultation mechanisms organized in 2007 with SP/CNLS by GT/UNAIDS have enabled regular follow-up of strategic actions such as implementation of the common basket of donors and the investment plan for strengthening of capacities. A joint work plan was formulated for the internal plan in 2007 and two retreats to strengthen the capacities of members were organized.

The subject group by means of the UNCT initiated or boosted the strategy for involving leaders more in different professional social groups and the government, NGOs and the private sector.

The list of members of the Joint UN Team was updated and an assessment was conducted. However, challenges for harmonization of UNS procedure and improved coordination of actions remain.

Technical assistance and capacity building

With regard to results of strengthening of capacities, intermediate products and achievements are summarized as follows:

One of the obstacles towards universal access is insufficient technical capacities necessary for responses to HIV-AIDS.

In 2007, following information sessions on the importance of technical support within UNAIDS, an analysis of the situation was undertaken with the support of RST/AOC.

Axes for analysis are based on the "Three Ones" principles, national management and coordination of responses to SP/CNLS. Major obstacles to implementation of actions towards universal access have been exhaustively identified. Cash flow of key partners such as the World Bank, Global Fund were studied as well as sources and needs for technical support (technical support cartography) in Burkina Faso.

The study also covered the civil society sector, other bilateral PTF and international NGOs. The second phase was led in the 2nd quarter by the elaboration of the investment plan to strengthen technical capacities related to HIV/AIDS. The process of validation and adoption was implemented by CNLS with the support of DAT and the Joint Team. Furthermore, by means of PAF funds, some actions to strengthen capacities were developed in 2007 centred on the S/E device for HIV/AIDS data. Upon completion of these studies, the country has a technical support plan and implementation must begin in 2008 bearing in mind opportunities available in the context of CSLS 2006-2010. In conclusion, the experience and the process of Burkina Faso has significantly contributed to the elaboration of an orientation guide for the formation of a technical support plan for countries aimed at UNAIDS personnel.

Main challenges / activities for 2008

Challenges for 2008 are the following: (i) decentralization of services for prevention, care and support related to HIV/AIDS, (ii) availability of human resources, (iii) implementation of S/E systems, iv) the difficulties for efficient absorption and having positive impacts, (v) the coordination of actors and harmonization of interventions, (vi) stigma/discrimination related to HIV/AIDS, (vii) challenges for the implementation of SWAP/common basket and being able to render accounts transparently.

Questions that arise are: (i) problems related to gender and HIV/AIDS, progressive feminization of the epidemic (ii) resistance-related problems (iii) real requirements for treatments of HIV/AIDS (including ART, IO) that are disproportionate with regard to those available, the necessary support for PLHIV, especially the treatment of children affected with HIV/AIDS, (iv) the availability on a large scale of the female condom.