

BURUNDI

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UN WOMEN, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT, IOM

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

In 2020-2021, the Joint Team in Burundi focused its support under four strategic priorities—increasing the number of people living with HIV who know their status; improving access to quality antiretroviral treatment and follow-up services among people living with HIV; eliminating mother-to-child transmission of HIV and strengthening pediatric care; and boosting HIV prevention coverage among young people and key populations. Targeted and index testing approaches were implemented improving new HIV case finding in communities. The Government was supported to decentralize HIV treatment services, implement task-shifting strategies, multimonth dispensing and community-led delivery of antiretroviral treatment, and introduce Dolutegravir-based first line treatment regimen to improve access and adherence to treatment among people living with HIV. The Joint Team provided technical and financial support to sensitize communities, increase men's involvement and promote positive masculinity for the elimination of vertical transmission of HIV. Healthcare providers were also trained to strengthen early infant diagnosis services. Thousands of adolescents and young people were reached with accurate information on HIV and sexual and reproductive health services via a mobile app and social media outlets. During the COVID-19 pandemic, sex workers benefitted from a capacity building initiative to create alternative livelihoods and protect themselves from violence and HIV infection.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Joint Team supported the Yelia Association in the development and implementation of a social media initiative reaching 6160 in- and out-of-school adolescents and young people with accurate information on HIV prevention in 2020-2021. Technical and financial assistance was also extended for the development of the Hello Ado mobile app, reaching 1000 adolescents and young people with accurate information on HIV, including prevention methods and treatment adherence, sexual and reproductive health (SRH), and gender-based violence. The app is also used to promote HIV testing and counselling services, organize awareness raising and advocacy initiatives, and it acts as a platform for young people to exchange ideas and experiences.

Civil society organizations, including the National Association for the Support of People Living with HIV/AIDS (ANSS) and the Society for women and AIDS in Africa (SWAA Burundi) were supported to continue implementing HIV prevention and care programmes targeting key populations. Over the reporting period, these associations provided services to 798 men who have sex with men, 397 sex workers, and 47 people who use drugs.

The Joint Team supported the capacity building of more than 240 female sex workers from Bujumbura Mairie, Gitega, Kayanza, Kirundo, Muyinga, Ngozi, and Rutana provinces to improve their skills in basic sewing techniques and provided them with 100 sewing machines, thus empowering them to establish income generating activities. The women were also sensitized on HIV prevention to protect themselves from HIV infection and make safe decisions.

ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND PAEDIATRIC HIV SERVICES

Men involvement in the prevention of mother-to-child transmission of HIV (PMTCT) programmes, including couple testing and accompanying their partners to antenatal consultations remains low in Burundi. In response, the Joint Team focused its support towards increasing active male engagement and promoting positive masculinity for the elimination of vertical transmission of HIV. Technical and financial support was provided for 120 champions of positive masculinity and 25 representatives of civil society organizations to promote and increase uptake of HIV testing, PMTCT, and antenatal care services among pregnant and breastfeeding women and their families.

The Joint Team further provided capacity building for 57 male champions and 60 female mentors to improve their skills of mobilizing families affected by HIV and ensuring their active involvement in the national efforts for the elimination of mother-to-child transmission of HIV. A total of 156 mother mentors were also trained to boost demand for PMTCT and paediatric HIV services; and improve the delivery of community-led HIV care and support services among pregnant and breastfeeding women living with HIV.

As a result of technical support, 67 healthcare providers were trained to improve the quality of point-of-care viral load monitoring and early infant diagnosis services for pregnant and breastfeeding women living with HIV and HIV-exposed children in Cankuzo and Cibitoke provinces. Technical support was also provided for the review and validation of the national guidelines on management of children receiving antiretroviral treatment, including optimization of treatment regimens and delivery of differentiated services among children living with HIV.

HIV TESTING AND TREATMENT

Technical assistance was provided for the revision and implementation of the national HIV testing and treatment guidelines in all health facilities across Burundi. The Government was further supported to implement targeted and index testing approaches which have improved HIV case detection within families and communities. In 2021, an estimated 91% people living with HIV knew their HIV status, compared with 89% in 2019 (Report from the National AIDS/STDs Programme, 2021).

To improve the health outcomes of people living with HIV, technical support was further provided for the revision of the national HIV treatment guidelines which introduced Dolutegravir-based (DTG) first-line treatment regimen based on the World Health Organization's recommendations. Technical contributions were also made for the decentralization of antiretroviral treatment services and implementation of the *Test and Treat* policy in all health facilities; integration of HIV services and task-shifting in 16 health districts; and formative supervision and coaching of health care providers in 74 HIV service sites to ensure successful implementation of the revised HIV testing and treatment guidelines and improve access to quality HIV services.

The Joint Team provided technical assistance to the Ministry of Public Health for the development and rollout of the guidelines and operational plan for multimonth dispensing (MMD) of antiretroviral treatment, ensuring the continuity of treatment services among people living with HIV during the COVID-19 pandemic. Among people living with HIV on treatment, an estimated 0.2% accessed their treatment through more than six months MMD, 51.8% 3-6 months MMD, and 48% under three months MMD, during the pandemic. Financial and

technical support continued to be provided to civil society organizations to scale up antiretroviral treatment delivery at Point of Care sites—civil society organizations currently provide treatment services to more than 40% of the people living with HIV on antiretroviral treatment in the country.

Various networks of people living with HIV, including the Burundi Network of Religious Leaders living with or affected by AIDS (BUNERELA+) and the Collective of associations of People Infected and Affected by HIV/AIDS (CAPES+), were assisted to conduct several awareness raising workshops on COVID-19 prevention and management targeting people living with HIV. For example, the workshop conducted for female sex workers reached 240 participants, including women living with HIV, to increase their knowledge around COVID-19 prevention.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Following the “Delivering as One” approach, the Joint Team actively contributed to the implementation of the United Nations Development Assistance Framework (UNDAF) 2019-2023, towards realizing the 2030 Agenda and in particular outcome 2 on more equitable access to health, HIV, nutrition and sanitation services towards Universal Health Coverage.

For instance, the capacity building initiative supported by the Joint Team to empower female sex workers, help them establish income generating activities and inform them on HIV prevention contributed to the achievement of the Sustainable Development Goals (SDGs) 1 (No Poverty), 3 (Good Health and Wellbeing) and 10 (Reduced Inequalities).

To further integrate services and contribute to SDG 2 (Zero Hunger), the Joint Team also supported 16 trainers to educate 58 healthcare providers and mediators and 4172 people living with HIV on the integrated package of essential nutrition services (PISEN), in line with the Universal Health Coverage agenda and the *leaving no one behind* principle.

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic presented significant challenges for implementation, such as delays in the acquisition of the cornmeal fortification premix and disruptions of clinical mentoring missions due to occasional fuel shortages and pandemic-related restrictions, impacting implementation of the HIV response.

Government expenditure for the National HIV/AIDS Strategic Plan 2018-2022 was below the planned budget which prevented the implementation of some programmes included in the plan. While the Abuja Declaration recommends that States devote 15% of the national budget to the health sector, the Burundian State's allocation to the health sector stays close to 9%, while external funding are on the decline.

Lack of funding and HIV-related stigma and discrimination remain major impediments that limit key populations groups, particularly men who have sex with men and people who use drugs, from accessing HIV prevention services. The 2021 Stigma Index 2.0 study was conducted with technical support from the Joint Team; it showed that 41.8% of people living with HIV experienced discrimination either in the family, school, or work environment while 57.2% reported self-discrimination.

Inadequate Government recognition and lack of funding continue to limit committed youth groups from mobilizing wider communities to encourage couples to uptake and adhere to antenatal care and PMTCT services, promote positive masculinity, and ensure community support for the elimination of all forms of violence against women and girls.

Young people are still reluctant to have face-to-face discussions on issues related to HIV and sexual and reproductive health. Lessons learned underscore the need to scale up youth-friendly outreach initiatives using social media and other communication technologies.

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