

**OXFAM INTERNATIONAL:**  
**A Situation Analysis On The Hiv/Aids Epidemic In  
Burundi and Oxfam International's Potential Role In The  
National Response To The Epidemic.**

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Oxfam International affiliates working in East and Central Africa:  
Oxfam GB, Novib, Oxfam Ireland, Oxfam Solidarite, Oxfam Quebec

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### **Acronyms and Abbreviations**

<b>AAB</b>	Action Aid Burundi
<b>ANSS</b>	Association Nationale de Soutien aux Séropositifs et Sidéens (National AIDS-HIV-victims support)
<b>APSS</b>	Association des Prisonniers Séropositifs et Sidéens (Association of prisoners (people living with AIDS))
<b>ARV</b>	Antirétroviraux (Anti retro viral therapy )
<b>ASB</b>	Association des Scouts du Burundi (Burundi scout association)
<b>ASBL</b>	Association Sans But Lucratif (Non profit making organisations)
<b>BM</b>	Banque Mondiale (World Bank WB)
<b>BRARUDI :</b>	Brasseries et Limonaderies du Burundi (Burundi Breweries and lemonade producers)
<b>BRB</b>	Banque de la République du Burundi
<b>CE</b>	Comité Exécutif (Executive Committee)
<b>CED</b>	Centre d'Entraide et de Développement (development and Aid Centre)
<b>CISMA</b>	Conférence Internationale sur le SIDA et les Maladies sexuellement transmissibles (CISMA) en Afrique. (International AIDS/STD Summit in Africa)
<b>COTEBU</b>	Complexe Textile de Bujumbura
<b>CRS</b>	Catholic Relief Services
<b>EPC</b>	Equipe de Prise en Charge (Support Organisation)
<b>FVS</b>	Famille pour Vaincre le SIDA (Families against AIDS)
<b>GCP</b>	Groupe Consultatif Pays (National Consultative Group)
<b>GIPA</b>	Greater Involvement of People infected or affected by AIDS
<b>IBAATA</b>	Initiative Burundaise d'accès accéléré aux Traitements Antirétroviraux (Burundi initiative for access to ARV)
<b>IEC</b>	Information Education Communication
<b>IH</b>	Institution Hôte (Host Institution)
<b>MFP</b>	Mutuelle de la Fonction Publique (National public Health Service)
<b>MST</b>	Maladie Sexuellement Transmissible (STD Sexually transmitted disease)
<b>OAC</b>	Organisation à Assise Communautaire (Community assembly Organisation)
<b>ONG</b>	Organisation Non Gouvernementale (NGO)
<b>PNLS</b>	Programme National de Lutte contre le SIDA (National AIDS control program)
<b>PNUD</b>	Programme des Nations Unies pour le Développement (UNDP United Nations Development programme)
<b>PTME</b>	Prévention de la Transmission de la Mère à la l'Enfant (Prevention of Mother to child transmission of HIV/AIDS)
<b>PLWA</b>	Persons living with HIV/AIDS
<b>RAF</b>	Projet Régional du PNUD (UNDP Regional project)
<b>RBP+</b>	Réseau Burundais des Personnes vivant avec le VIH/SIDA (Burundi network for AIDS-HIV victims support)
<b>SAO :</b>	Fonds d'affectation Spécial (Special needs Fund)
<b>SIDA</b>	Syndrome d'Immuno Déficience Acquise (AIDS Acquired Immuno Deficiency Syndrome)
<b>SIPAA</b>	Support International Project against Aids in Africa (Anti-AIDS project support in Africa)
<b>SWAA</b>	Society for Women and AIDS in Africa
<b>TPO</b>	Transcultural Psycho-social Organisation
<b>VIH</b>	Virus d'Immunodéficience Humaine (HIV Human Immunodeficiency virus)
<b>VLA</b>	Volunteer Living Allowances

VNU	Volontaire des Nations Unies (UN volunteer)
VNUN	Volontaire National des Nations Unies (UN national volunteer)

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## Introduction

With the aim of developing strategies for mainstreaming HIV/AIDS in the various programmes financed by Oxfam International (OI), OI commissioned an analysis of the HIV/AIDS situation in Burundi. This analysis was carried out in conjunction with a mapping of partners of OI in Burundi, to understand their HIV/AIDS programming capacities. It is within this framework that this work has been carried out, to enable OI to develop its strategic plan from a well-informed background.

This work is in two parts, but presented as separate reports:

- 1) Component 1: Analysis of the HIV/AIDS situation in Burundi
- 2) Component 2: Results of surveys carried out by Oxfam International's partners in Burundi

## Study methods

- Analysis of studies already undertaken and various documents, such as reports
- Analysis of data forms filled by OI' partner organisations
- Meetings with Oxfam partners and the partners they work with
- Interviews with key actors in the fight against AIDS and OI partners.

## Brief outline of the global HIV epidemic situation<sup>1</sup>

According to the UNAIDS report of December 2002, the cumulative number of people infected by HIV/AIDS is about 42 millions, of which 29.4 millions live in sub Saharan Africa. Amongst those, 19.2 millions are women and 3.2 millions are children under 15 years of age. It is estimated that out of the 5 million new HIV infections, 3.5 million occurred in sub-Saharan Africa. The number of deaths caused by AIDS in 2002 was estimated to be 3.1 million, of which 2.4 occurred in sub-Saharan Africa. The total number of children orphaned by HIV/AIDS since the start of the epidemic is estimated to be close to 14 million. The global epidemic of HIV/AIDS constitutes a global crisis and is one of the most threatening challenges to human life and dignity, as well as for the full exercise of human rights. AIDS has compromised the economic development of the world and affects society at all levels: global, national, community, at family and individual levels.

## HIV/AIDS epidemic situation in Burundi

Burundi is a Central African country of 27,834 km<sup>2</sup>, with a population of about 6,565,000 inhabitants. The urban population is about 9% while the population living in rural areas is about 91%. Life expectancy at birth in the year 2000 is estimated around 41<sup>2</sup> years old.

In Burundi, the first AIDS cases were discovered in 1983. According to UNAIDS estimates, Burundi is ranked as number 15, among countries most hit by the HIV/AIDS pandemic. The average HIV sero-prevalence rates by the end of the year 2001 were estimated at 8.3 % of the adult population (aged 15-49). AIDS has become the leading cause of death

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<sup>1</sup> ONUSIDA/OMS, le point sur l'épidémie de SIDA, december 2002

<sup>2</sup> PNLS/MST, bulletin épidémiologique annuel de surveillance du VIH/SIDA/MST, July 2001

among adults and a serious cause of death amongst young children in Burundi. The number of People Living with HIV/AIDS is 390,000 of which 190,000 are women (15-45 years) and 55,000 are children between 0-14 years old. Women are more infected by the disease than men. The number of children having lost their mother, father or both parents because of AIDS before the age of fifteen, since the start of the epidemic up until 2001 reaches 240,000. The estimate in the number of deaths caused by AIDS in 2001 was 40,000<sup>3</sup>.

Cross-sectional sero-incidence surveys not being easy to carry out, the HIV prevalence trends are followed through sentinel surveillance amongst pregnant women aged between 15-24, attending antenatal clinics. The current trends show a declining pattern of new infections. The 2002 national survey on sero-prevalence confirmed this observation. Data collection in Burundi has been getting better with time.

The data in tables 1 and 2 below show a tendency towards stabilisation, and even a decrease in urban areas and a tendency of rising prevalence in rural areas, especially the semi-urban areas. The differences observed in the rates of the last two years are not statistically significant, they could be due to sampling fluctuations.

**Table 1: HIV/AIDS trends in sentinel sites Burundi, 1995-2001<sup>4</sup>**

AREAS	SITE	1995	1996	1997	1998	1999	2000	2001
URBAN ZONE	CMCB	27,7%	20,6%	17,5% *	19,8%	15,9%	13,9%	<b>16,0%</b>
SEMI-URBAN ZONE	GITEGA	--	--	17%	19,4%	13,1%	11,1%	<b>8,7%</b>
	RUMONGE	16,6%	-	-	-	11,2%	5,0%	<b>12,8%</b>
	KAYANZA*	--39%	--	10,2%	▫-	5,5%-	11,6%	<b>5,6%</b>
RURAL ZONE	MURAMVY A	--	-6,9%-	14,7%	4,5%-	7,4%	3,7%▫	<b>3,5%</b>
	IJENDA	12,4%	5,9%	3,9%	3,8%	2,6%▫	3,8%	<b>1,1%</b>
	KIREMBA	7,7%		3,1%	4,0%	0,9%-	2,2%	<b>1,6%</b>

<sup>3</sup> ONUSIDA/OMS, Rapport sur l'épidémie mondiale du VIH, 2001

<sup>4</sup> PNLS/MST, bulletin épidémiologique annuel de surveillance du VIH/SIDA/MST, Juillet 2001

**Table 2: Results of a national survey on the sero-prevalence of HIV in 2002<sup>5</sup>**

<b>Sero-prevalence rates in</b>	<b>Women</b>	<b>Men</b>	<b>Average</b>
Population aged between 12 years old and above	3,8%	2,6%	<b>3,2%</b>
Urban areas	13,0%	5,5%	<b>9,4%</b>
Semi-urban areas	13,7%	6,8%	<b>10,5%</b>
Rural areas	2,9%	2,1%	<b>2,5%</b>

The HIV prevalence rates in urban areas (Bujumbura city-council) changed from less than 1% in 1983<sup>6</sup>, to 11% in 1990 and to 20% in 1996 amongst the adult population. As demonstrated in the above tables, the rates have been coming down since 1997. In 2001, it was 16% and according to a 2002 report, the prevalence rates were 9.4%. Efforts should now be focussed on awareness raising on HIV/AIDS in order to retain this low prevalence rates.

In semi-urban areas (Gitega Ngozi & Rumonge province city centres) the HIV/AIDS prevalence rates are worrying. The sero-prevalence in 2002 has been reported at 10.5%. In rural areas, prevalence rates though low, are having tendencies of going up. The sero-prevalence, which was estimated at 0.7% in 1990,<sup>7</sup> is now estimated at 2.5% according to the 2002 report on sero-prevalence.

The high vulnerability of women living in urban areas and semi-urban areas is exhibited by the doubling of rates. The sero-prevalence increases in women from the age of 16, while in men the rate only increases from the age of 20. In rural areas youngsters aged 12 to 20 are the most affected. One has to keep raising people's awareness, in order to keep the rates as low as possible.<sup>8</sup>

The sero-prevalence of HIV in blood donors is decreasing progressively, it was 7.3% in 1990 and 0.2% in 2001. This demonstrates that the qualitative selection and maintaining of voluntary blood donors protects people who have to under go blood transfusions.<sup>9</sup> On the other hand, 20,247 people in 2001 under went HIV/AIDS voluntary counselling and testing of which 15.09% were found to be HIV positive. Condom distribution has remained low with 2,616,464 condoms distributed in 1993 and 3,672,782 distributed in 2001, this is roughly one condom per sexually active couple per year.<sup>10</sup>

<sup>5</sup> PNLS/MST, bulletin épidémiologique annuel de surveillance du VIH/SIDA/MST, Juillet 2001

<sup>6</sup> PNLS/MST, bulletin épidémiologique annuel de surveillance du VIH/SIDA/MST, 1998

<sup>7</sup> PNLS/MST, bulletin épidémiologique annuel de surveillance du VIH/SIDA/MST, 1998

<sup>8</sup> PNLS/MST, bulletin épidémiologique annuel de surveillance du VIH/SIDA/MST, July 2001

<sup>9</sup> PNLS/MST, bulletin épidémiologique annuel de surveillance du VIH/SIDA/MST, July 2001

<sup>10</sup> PNLS/MST, bulletin épidémiologique annuel de surveillance du VIH/SIDA/MST, July 2001

Communities that are particularly vulnerable to HIV AIDS infection in Burundi  
According to the review of documents, sero-prevalence studies and the CAP survey of 2001, one can draw a list of people who are particularly vulnerable to HIV in Burundi, these include:

- Youngsters
- Women and young women
- Prostitutes (professionals or women who have multiple partners)
- Displaced people and disaster victims
- Militaries and people who wear uniforms
- Certain single people, depending on the region
- Seasonal/ migratory workers

Drivers and factors encouraging the spread of HIV/AIDS in Burundi

To reduce the spread of HIV, there is a need of promotion of behaviour change amongst all communities. An efficient prevention of HIV/AIDS should reflect a change in people's behaviours, especially as to what concerns their sexual behaviours. But in Burundi, in general, the change of behaviour has been extremely slow.

Direct causes or drivers of the epidemic

- The precocity of sexual intercourse (sex at an early age), particularly amongst young women
- The extent to which people have multiple sex partners (including non polygamous couples)
- Unprotected penetrative sexual intercourse
- The high frequency of STDs

Underlying factors

- The lack of information, counselling and targeted interventions for the prevention of HIV, including access to treatment of STDs.
- The lack of privacy in displaced people's camps and in suburbs, especially the slums
- Alcoholism and drugs that induce risky sexual behaviours such as the use of prostitutes, unfaithfulness and rape.
- Lack of communication within the families, between couples and parent-children on sexuality issues, which are regarded as a taboo
- Lack of family support to orphans following their parents' deaths.
- A weak network in terms of the marketing and the distribution of condoms.
- Commercial sex transactions
- Geographic celibacy of certain categories of people (militaries, workmen, truck drivers etc..), which encourages the need for the affected men and women to have a number of partners.

Deep-rooted drivers of the spread of HIV

- The growing poverty of the Burundi population
- The ongoing conflict: a socio-political crisis in Burundi
- The break down in social links due to the socio-political crisis

- The shifting of populations which give rise to poverty and despair
- The worsening of moral standards
- Feeling of lack of emotional and financial certainty
- A low level of education
- Socio-cultural barriers and taboos
- The low socio-cultural status of the Burundian woman
- Traditional practices such as: “gutera intobo” (the father in law has sex with the son’s wife), “gusobanya” (a man sleeps with his sister in law in the absence of his brother), “gucura” (widow inheritance by the father or brother in law ).
- Religious beliefs: the use of condoms goes against most religious practices.

## **IMPACT OF HIV/AIDS**

### **Impact on the health infrastructure and systems**

The chronic illness associated with HIV/AIDS has led to a reduction in the quality of health service provision and an increased mortality. 70% of hospital bed occupancy is attributed to HIV/AIDS, this has increased pressure and demand on the health infrastructure. The hospital manpower has been incapacitated because nurses and doctors are also affected by the pandemic.

### **Impact of HIV/AIDS on the structures and the education system**

There is a low quality education services, low school enrolment because, teachers are Sick and dying from HIV/AIDS, there is absenteeism from work, a decrease in the teaching staff. Sick parents and the many AIDS orphans mean that

### **Impact of HIV/AIDS on the economic systems**

HIV/AIDS affects mainly people in the economically productive years. In Burundi it is the head of the family who are poor, not insured and without social security support that are mostly affected. HIV/AIDS leads to increase of costs of health care for households, companies, social security and state. The HIV/AIDS impact on the people’s productive capacity has made direct impact on the agricultural sector, formal and informal private sector, the public at large.

### **Demographic impact of HIV/AIDS**

The UNAIDS report projects that , life expectancy at birth in Burundi will go down from 46 years of 1997 to 39 years in 2010.

### **Impact of HIV/AIDS on other social aspects**

HIV/AIDS affects has severely affected families, death of the bread winner or one of the parents, has a consequence of loss of income and deprivation of survivors of the emotional and material support. Orphans are a huge problem and on the other hand, women risk being deserted by husbands when HIV/AIDS positive status is discovered.



## Responses to the pandemic: National HIV/AIDS priority programmes

Sixteen action programmes are in the 2002-2006 national HIV/AIDS strategic plan. These actions are divided into three main intervention axes. These programmes are described in a multi-sector and multi-dimension context. The programmes will be implemented by the non-profit making sectors and the public sector.

**Table 3: A summary of the National strategic plan priority programmes**

<b>INTERVENTION AXES</b>	<b>PRIORITY PROGRAMMES</b>
<b>A. PREVENTION OF THE SPREAD OF HIV/AIDS</b>	<ol style="list-style-type: none"> <li>1. <i>Reduction of risky sexual behaviour through IEC actions on selected groups.*</i></li> <li>2. <i>Social marketing of condoms.*</i></li> <li>3. <i>HIV/AIDS screening and testing (promotion).*</i></li> <li>4. Early diagnosis and treatment of STIs.</li> <li>5. Lowering of the risk of HIV/AIDS transmission by blood transfusions.</li> <li>6. <i>Prenatal screening and control of HIV/AIDS transmission from mother to child (promotion and information).</i></li> </ol>
<b>B. CARE AND SUPPORT FOR PLWA AS WELL AS IMPACT MITIGATION</b>	<ol style="list-style-type: none"> <li>7. <i>Social and psychological care of PLWA.*</i></li> <li>8. Screening and treatment of opportunistic infections.</li> <li>9. <i>Better access to antiretroviral treatments against HIV/AIDS (advocacy).</i></li> <li>10. <i>Promotion of the links between health / human right / protection of persons living with HIV/AIDS and other vulnerable groups.*</i></li> <li>11. <i>Care and support to HIV/AIDS orphans.*</i></li> <li>12. Activities that generate income in favour of the poor PLWA.*</li> </ol>
<b>C. STRENGTHENING THE INSTITUTIONAL CAPACITIES FOR ADMINISTRATION AND FOLLOW-UP OF THE ACTION PLAN</b>	<ol style="list-style-type: none"> <li>13. Strengthening the surveillance, information collection and management system.</li> <li>14. Strengthening the capacities of development and follow-up of decentralized action plans.</li> <li>15. <i>Strengthening the capacities of civil society organisations, national, regional and local NGO's.*</i></li> <li>16. Strengthening the national AIDS control committee (Conseil National de Lutte contre le SIDA - CNLS).</li> </ol>

Out of the 16 programmes in the table above, OXFAM partners can contribute to various extents in at least ten (10) programmes: namely 1, 2, 3, 6, 7, 9, 10, 11, 12 and 15.

## **Current programmes on HIV/AIDS and key actors**

### **HIV/AIDS prevention interventions**

Research of the epidemiological trends

Investigations about the knowledge, the behaviours and practices

Prevention of transmission through blood transfusions

Prevention of sexual transmission

Prevention of mother-to-child transmission.

### **Care and support of PLWA**

The treatment of opportunistic infections using antiretroviral therapy, the cost of ARVs is listed in appendix 4. The ARV drugs in Burundi are lower than those in Europe and developed countries, because of the "ACCESS" programme, where government has negotiated prices without taxes for the medicine. The government has also created a national solidarity fund to improve access to care. Moreover, the generic ARV drugs are accessible in Burundi. This care is made possible by the collaboration between the public and private sector. Home care and day hospitalisation are primarily organised by community service organisations.

1) **Psychosocial support of PLWA :** There are about 80 VCT centres with staff for this purpose. There also are CSOs with programs that focus on psychosocial care of PLWA . The care staffs are within the health structures, essentially public and private health centres where voluntary screening is provided. In total, 58.2 % of the communes in this country have at least one centre for voluntary testing and counselling of HIV. VCT services made it possible for 26,500 persons to benefit from the psychosocial services in 2000 – which is rather a small number, compared to the target population of young adults. 7 provinces out of 17 and 36 communes out of 121 already have community AIDS control networks. Appendix 5 contains a list of screening centres where screening is done anonymously and is free of charge.

2) **Reducing the impact of HIV/AIDS on individuals, families and the community.**

- Providing material, medical and nutritional assistance to the PLWA, providing education to orphans and promoting income-generating activities.
- Improving the legal environment so that rights of persons infected or affected by HIV/AIDS are respected .
- Taking care of orphans – only about 230,000 orphans all across the country were taken care of by UNICEF and other non-profit-making organizations such as FVS or APECOS.
- Leading micro-projects that generate revenue – this is an important programme for the vulnerable; better strategies ought to be found to reinforce these actions, so as to achieve better cost-effectiveness.
- Providing PLWA and other affected persons a better access to social services (this is currently limited to programs of the non-profit making organisations).

3) **Programmes on HIV/AIDS and the work place**

AIDS is a problem at the core of socio-economic development in general. It has not only a great impact on infected individuals, but also their relatives, neighbours or colleagues at work are touched as well. The effects of HIV/AIDS reach national as well as international communities.

AIDS particularly affects the working sector because it reaches and kills the population bracket, which is sexually active (15-45), which is also the most productive. This is why programs are currently being organized in the working environment to protect the most active persons.

As part of this, HIV/ AIDS prevention and impact mitigation activities are promoted in some work places. HIV/AIDS workplace programs exist in 19 public and private institutions. Policies of medical care for employees infected by HIV/AIDS exist in a few private and parastatals, national or international NGO's. The response in the working environment are reinforced by actions of the GIPA project and other reinforcement programmes organized in the context of the multi-sector AIDS control programme

### **Key actors in the struggle against AIDS in Burundi**

Actors in the struggle against AIDS include the public and the private sectors. See table 1 and 2 in the appendices for the description of key actors in the fight against AIDS by province.

### **Mainstreaming of HIV/AIDS at the work place- institutions supported by the project GIPA**

Table 4 below shows the business communities where the mainstreaming of HIV in work places in collaboration with the UN project GIPA.

Table 5 shows employers who have initiatives for care and support of employees living with AIDS. Some of these institutions collaborate with the UN GIPA project. The strategic approaches are different from one institution to another, as the table shows it below.

**Table 4: Business communities that have HIV workplace programs**

Institutions hosting UN Volunteers of the project GIPA	HIV/AIDS workplace programme activities at host institutions				
	Existence of a workplace policy on AIDS	Sensitizing of the personnel	Association of fight against aids	Medical insurance	Assumption of responsibility of the ARV
1) BRARUDI	Yes	Yes	Yes	No	Yes
2) Ministry of trade, commerce and development	Yes	Yes	No	No	No
3) SWAA-BU	Yes	Yes	Yes	Yes	No
4) Ministry of Defense	Yes	Yes	Yes	Yes	Yes
5) COTEBU	Yes	Yes	Yes	Yes	No
6) ANSS	Yes	Yes	Yes	Yes	Yes
7) BRB	Yes	Yes	Yes	Yes	Yes
8) MFP	Yes	Yes	No	No	No
9) CED CARITAS	Yes	Yes	No	No	Yes
10) ASB	Yes	Yes	No	No	No
11) Action aid	Yes	Yes	No	No	Yes
12) INSS	Yes	Yes	Yes	Yes	Yes
13) MRRDR	Yes	Yes	In formation	In formation	No
14) FVS	Yes	Yes	No	No	No
15) Ministry of works and social services	Yes	Yes	No	No	No

**Table 5: Access to the ARV therapy through workplace initiatives**

Organization	Beneficiaries	Source of ARV treatment funds
1. Action Aid	Employee	Employer
2. ANSS	Employee	Employer
3. BRARUDI	Employee and spouse	Employer
4. BRB	Employee	Insurance fund by employer and concerned personnel
5. CED CARITAS	Employee	Employer
6. CRS	Employee	Employer and the interested one
7. INSS	Employee	Insurance fund by employer
8. Ministry of Defense	Employee and dependants	Insurance fund by employer and concerned personnel
9. SOCABU	Employee	Insurance fund by employer and concerned personnel
10. SWAA	Employee	Employer

The COTEBU is also planning to set up ARV treatment fund in April 2003. The origin of the funds will be mainly from the insurance fund, AMASICO

### **Mainstreaming HIV/AIDS in development and humanitarian work.**

There are few actors in Burundi who have policies for integration of the HIV/AIDS in development and humanitarian work. The integration or the mainstreaming of HIV in development is defined as the prioritising HIV/AIDS impact mitigation in development or humanitarian programs, by considering the impact of HIV/AIDS on development and the impact of development and humanitarian work on HIV transmission. The integration of HIV/AIDS necessitates a change in the way the actors think, the policies, strategies and key activities planned, executed, monitored and evaluated.

In Burundi the concept of HIV/AIDS mainstreaming, has mainly been developed by the UNDP. UNDP organized a training of trainers on the mainstreaming of HIV/AIDS. Other mainstreaming initiatives have been funded within the context of the UN GIPA project, in private and para-statal companies (BRARUDI, INSS, BRB, COTEBU, SOCABU) in the ministries (Ministry of defence, Ministry of integration, re-integration of moved people and refugees) in some project like the project of the AGETIP which is in conjunction with road construction companies, to create awareness among workers for AIDS control; and in the NGOs (Catholic Relief Services, Oxfam GB and Action Aid).

An evaluation study by Action Aid on HIV mainstreaming in Ruyigi province, 2002 reported the following experiences;

The process of mainstreaming HIV/AIDS included the following steps; Description of the problem, the context and the environment; good understanding of the notion of HIV mainstreaming and its importance as well as resource identification

Mainstreaming initiatives had had the impacts that are mentioned below ; Improved knowledge and behaviour changes among the workers and in the community they serve; Care and support for PLWA improved, reduction of impact of HIV on families and the community, strengthening of civil society organisations and institutional capacity.

The Action Aid and its partners in Ruyigi area included identified the major constraints of HIV mainstreaming that,

Lack of capacity: lack of means to reinforce capacities within the NGOs and associations dealing with development and humanitarian aid

Lack of resources: lack of human resources qualified in fighting AIDS, as well as lack of material and financial resources.

Lack of knowledge of best practices: little transfer of experience and knowledge on how things are dealt with elsewhere

Lack of commitment by NGOs: NGOs and CSOs seem not so keen on taking responsibility for the medical care of their staff .

## Proposed areas of Intervention and collaboration for Oxfam International and partners in Burundi

There are ten intervention areas that have been identified, in line with the 16 priority programmes described in the National AIDS Strategic Plan 2002-2006 :

Programme Component	Activity areas
Prevention	<ul style="list-style-type: none"> <li>• IEC campaigns to promote sexual behaviour change among targetted population</li> <li>• Social marketing and distribution of condoms: promote the use of condoms</li> <li>• Promotion of voluntary testing and counseling</li> <li>• Promote pre-nuptial and pre-conception testing, information on means to prevent HIV transmission from parent to child</li> </ul>
Care, support and impact mitigation among PLWA	<ul style="list-style-type: none"> <li>• Psycho-social support : provide staff/personnel with trained counsellors</li> <li>• Improve access to ARV therapy to fight HIV/AIDS: identify strategies to give access to ARV to sick staff</li> <li>• Promote links between health / human rights / protection of people with HIV/AIDS and other vulnerable groups</li> <li>• Take charge of HIV/AIDS orphans</li> <li>• Income generating activities for the needy: develop a policy giving access to AGR ( ? loans) financing for PLWA</li> </ul>
Capacity building	<ul style="list-style-type: none"> <li>• Reinforce the capabilities of national, regional and local associations and NGOs : develop training programmes for partners with a view to enable them to integrate the struggle against AIDS in their everyday work.</li> </ul>

### Proposed activities under HIV/AIDS mainstreaming

In the small survey undertaken with OI's partners, only three of them had started actions to fight AIDS. The others wanted to start as well, but had constraints with regard to both human and material resources. The following proposals for action result from a discussion with OI's partners on what actions would be taken to start the struggle against AIDS.

#### 1) Integrate the fight against AIDS in day to day life experiences (social-cultural considerations)

This is what is done in the work place: prevention actions, psycho-social counselling and ensuring medical treatment.

- Awareness raising seminars for the staff
- Develop and implement a strategy allowing sick staff to receive medical treatment

**Possible partners:** ONUSIDA, CNLS, Project GIPA, ANSS

#### 2) Develop a policy to integrate HIV/AIDS

Organise consultative workshops to develop policies on HIV/AIDS in collaboration with experts on HIV/AIDS.

**Possible partners:** ONUSIDA, CNLS, UNDP, Project GIPA

#### 3) Mainstream HIV/AIDS impact mitigation in development and humanitarian programmes

- Inform and train staff on general aspects of AIDS

- Reinforce capacities through training and, in order to improve productivity, advocate and promote care and support for PLWA, organization personnel and beneficiaries.
- Integrate prevention activities to beneficiaries of development and humanitarian programs.

**Possible partners:** ONUSIDA, CNLS, UNDP, Project GIPA, ActionAid

#### **4) Mainstream HIV/AIDS in humanitarian programmes**

In order to successfully implement HIV preventive measures in humanitarian programmes, the programs must be similar to those carried out among stable populations. SWAA-Burundi has good experience in the subject (activities in displaced people's camps at the start of the crisis in the municipality of Bujumbura)

- Provision of staff in humanitarian programmes with relevant information
- Integration of IEC seminars on AIDS in all humanitarian programmes

**Possible collaborators:** ONUSIDA, CNLS, Project GIPA, SWAA

### **Recommendations**

A consultative meeting with OI partners in Burundi made the following programming recommendations.

- Organise awareness-raising seminars for staff from OI's partner organisations.
- Organise a workshop to support implementation of staff work place policies with regard to HIV/AIDS and other long term illnesses ?
- Organise activities to launch actions to fight AIDS within staff of OXFAM International's partners on the National AIDS Control day
- Identify specific training required by partner organisations which would enable them to integrate the fight against AIDS in their development and humanitarian actions
- Identify the available resources and the different methodologies with a view to train trainers in the area of HIV/AIDS for OI's partners

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10. Social and peculiarities study of HIV-AIDS infection in Burundi, December 2001
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12. Mapping and documentation review of actors engaged in the fight against HIV-AIDS in Burundi / ACTIONAID BURUNDI, October 2001
13. Institutional analysis of the structures engaged in the fight against HIV-AIDS in Burundi, especially in: **Bubanza, rural Bujumbura, Cankuzo, Kayanza, Karuzi, Kirundo, Makamba, Muramvya, Mwaro, Rutana and Ruyigi.**



## Annexes

### Annex 1

The following report shows data from a study by IDEC in government ministries on AIDS control programming at a departmental level.

**Table n°1: Capacity of government ministries in HIV/AIDS programming**

Ministry	Existing USLCS	Date of commencement	Functional USLCS	Departmental strategy	Partnership
1. President of the Republic	-	-	-	-	-
2. Ministry of foreign relations and cooperation	x	2001	x	-	-
3. Ministry of domestic affairs and Ministry for Civil Defence	x	2000	x	-	-
4. Ministry of Justice	x	2000	-		
5. Ministry of National defence	x	2000	x	x	Unfor AIDS
6. Ministry for peace keeping	x	2000	x	-	PNLS
7. Ministry of Development and reconstruction	x	2001	-	-	-
8. Ministry of urban development*.	x	1999	-	-	-
9. Ministry of the public works and the environment	x	1998	-	-	-
10. Ministry of Finance	x	2000	-	-	-
11. Department of Education and Science	x	2000	x		
12. Ministry of Immigration	x	2001	-	-	-
13. Department of health	x	2000	x	-	Unfor AIDS/ PNLS
14. Ministry of Fisheries and food	x	2001	-	-	-
15. Department of Trade and industry and Ministry of Tourism	x	2000	-	-	-
16. Ministry of public works and development	x	2000	-	-	Unfor AIDS/ PNLS
17. Ministry of Transports and Post Office Board	x	2000	x	-	PNLS
18. Ministry of Energy supply and mines	x	2000	-	-	-
19. Social activities and	x	2000	x	x	-

Women's rights promotion Department					
20.Human rights Department	x	2000	-	-	
21.Ministry of information	x	2001	-	-	-
22.Department of public service	x	2000	-	-	-
23.Sport and cultural activities Department	x	2001	-	-	-

**USLCS = Departmental unit for fighting AIDS**

(12) The mentioned Departments existed well before the setting of the stop-gap Government in November 2001

## **Annex 2**

The following outline presents IDEC study data of the fight against AIDS engaged by local Governments and public bodies.

**Table n°2: Institutional capacity of para-statal and local administrative authorities for AIDS control**

<b>Local authorities and para-statal agencies</b>	<b>Existing USLCS</b>	<b>Date of commencement</b>	<b>Functional USLCS</b>	<b>Departmental strategy</b>
1. BEPES	x	2000	x	-
2. BER	x	1999	x	-
3. RPP	x	1998	x	-
4. PNLS/STD	x	1986	x	x
5. PNLT	x	2000	-	-
6. PNSR	x	1999	x	x
7. IEC/EPS service	x	1989	x	x
8. CNTS	x	1993	x	x
9. CHUK	x	2001	-	-
10.HPRC	x	1992	x	x
11. CNPK	-	1997	-	-
12. CPLR	x	1986	x	-
13.INSP	x	1999	x	-
14.Local authorities/ Bujumbura	x	2000	x	-
15.ENAPO	x	2000	x	-
16. PAFE	x	2000	-	-
17.Police forces/ Public safety	x	2000	-	-
18.Military hospital	x	1996	x	-
19.OCIBU	x	2000	-	-
20.COGERCO	x	2000	x	-
21.COTEBU (textile industry of Bujumbura)	x	2000	x	-
22.REGIDESO	x	2000	x	-
23.SOBUGEA	x	2000	x	-
24.OTRACO	x	2000	x	-
25.F.P.H.U.	x	2000	-	-
26.ISTEEBU	x	1999	-	-
27.INSS	x	2001	x	-
28.M.F.P. (mutual public association)	x	2000	x	-





**Table 3 : Table listing HIV/AIDS actors at provincial level**

DISTRICTS	ACTORS
1) <b>Bubanza</b>	Diocesan organisation for fighting AIDS; PSI Bubanza (Bubanza Population, Human health and information) ; Turemeshanye

2) a Mairie	Bujumbur	<p>           AVISI (Burundi AIDS-victims support)            APOPI (HIV and orphans assistance group)            PRAUTAO (Food self-sufficiency promotion and orphans support in rural areas)            ANSS (National assistance to AIDS-victims)            AGB            ARTS            ABUBEF (assistance for promoting the family well-being)            ADVS (Association for voluntary blood donors)            CESA (Federation)            IL EST VIVANT            A B S (Burundi partnership against AIDS)            MENYA-MEDIA            FVS (Families against AIDS)            CPAJ (Organisation for the support of juvenile association)            ASB (Burundi scout Organisation)            MESPS            AJS (Assistance for justice and solidarity)            18.GGB            TURWANYE ubukene            Nouvelle Espérance (new hope)            SRF            EJIAM            I S F (Women International)            FI C (Christian organisation for teachers)            SAJOMS            RJSI            PJSD            28.APECOS (Organisation for fighting AIDS)            AFOPROCA (Organisation for the development of pieces of work and against AIDS especially in yards where the need for labour has sharply increased)            F U S            J S R            . A A D            CEPROMET            AMS AIDS-victims assistance Organisation            SORETO (Organisation for the support and the solidarity of drug addicts)            ACSB            GIRIMPUHWE         </p>
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<b>3)</b>	<b>Bujumbura rural</b>	SWAA / Gatumba network ; Solidarité pour une meilleure santé et le développement en Afrique (SOSADA- Solidarity organisation for African development and for better health conditions) ; Appui aux orphelins et aux personnes infectées par le VIH (APOPI -HIV and orphans assistance group)
<b>4)</b>	<b>Bururi</b>	Community network for fighting AIDS Bururi Hospital COPED- Bururi ASVM AIDS-victims support Les Amis de la Culture (Culture friends) Association « Dufashe abana b'impfuyi » SWAA Burundi Rutovu network Anti AIDS unit – BUTUTSI project Association Savoir Plus (Organisations “savoir plus”) Bururi Diocese – Pastoral office Peace and development programme( Bururi) IRC (International rescue committee)-Tora Compréhension Science Conscience COSCO (Science understanding organisation) Organisation for AIDS orphans support ( SIJENAVYIGIZE) Red Cross ( BURURI) Association pour combattre le SIDA ACOS Séminaire de BUTA (Organisation for fighting AIDS – ACOS Buta summit) Programme de la santé reproductive PNSR (Programme for safety reproduction)
<b>5)</b>	<b>Cankuzo</b>	ACORD (Organisation for fighting AIDS) Cankuzo ; Muroro Human Health Committee; Cankuzo CDF (centre for steady family relations)



6)	<b>Gitega</b>	<p>Eglise du plein Evangile (Church)</p> <p>Eglise Episcopale du Burundi (Burundi Episcopal Church)</p> <p>Archidiocèse de Gitega ( BDAG-Promotion santé)/Diocese of Gitega (BDGA-health promotion)</p> <p>Association d'action familiale de Gitega (Family activities network of Gitega)</p> <p>Oxfam G.B. (U.K. Oxfam)</p> <p>Save the children</p> <p>Association des jeunes pour jeunes contre le SIDA (Juvenile commitment for fighting AIDS)</p> <p>Alliance contre le SIDA/ Gestion Equation Homme/Femme de Gitega (Alliance against AIDS/Men's sector/Women of Gitega)</p> <p>Association Nationale de Soutien aux Séropositifs et Sidéens (National AIDS-HIV victims support organisation)</p> <p>Association des Fonctionnaires pour le Bonheur familial (Happiness in the bosom of AIDS-victims families)</p> <p>Urumuri contre le SIDA (Urumuri against AIDS)</p> <p>Association pour encadrement des enfants orphelins (Orphans assistance organisation)</p> <p>Association pour l'encadrement des jeunes de Gitega (Organisation for the support of young people in Gitega)</p> <p>TABARA</p> <p>Jeunesse Providence AGAKURA (juvenile Providence)</p> <p>Association de lutte contre le SIDA (Organisation for fighting AIDS)</p> <p>SWAA Burundi</p> <p>REMESHA</p> <p>Appui psychosocial des victime du SIDA (AIDS-victims psychosocial support)</p> <p>Association Nationale de lutte contre le SIDA (ANSS)-antenne Gitega/ANNS</p> <p>National organisation for fight against AIDS – Gitega network</p> <p>ASS « Twungure ubumenyi mu rugamba rwo kurwanya SIDA)</p>
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<b>7)</b>	<b>Kayanza :</b>	SWAA / Kayanza network ; Association des Scouts du Burundi (Burundi scout Organisation) / Kayanza network; Réseau inter-confessionnel de lutte contre le SIDA (ROCSI)/ Confessional network for fighting AIDS ; Cellule de l'Eglise épiscopale (Episcopal Church unit) ; Kayanza CDF (centre for steady family relations)
<b>8)</b>	<b>Karuzi :</b>	APECOG war orphans support Gatonde Health authority and medical centre; Equipe de prise en charge des PVVS à Bugenyuzi (AIDS-HIV victims support organisation in Bugenyuzi) ; Karuzi CDF (centre for steady family relations)
<b>9)</b>	<b>Kirundo :</b>	Conseil Norvégien pour les Réfugiés CNR (Refugees Norwegian Board) ; ANSS – Kirundo Il est vivant (ILEV) – Kirundo
<b>10)</b>	<b>Makamba :</b>	Mother's Union IRC (International rescue Committee) / Makamba network ; CORDAID / Makamba network
<b>11)</b>	<b>Muramvya :</b>	SWAA / Muramvya network; Association des PVVS Twizere (AIDS-HIV victims support organisation in Twizere); Equipe de prise en charge de l'Hôpital Kiganda (Kiganda Hospital unit) ; Equipe de prise en charge de l'Hôpital Muramvya Croix Rouge ( Muramvya Hospital unit, Red Cross) Mbuye network

<b>12)</b> <b>Muyinga</b>	Service Humanitaire aux victimes du SIDA (AIDS-victims humanitarian service) Association des jeunes de MUYINGA (MUYINGA juvenile association) Abaremeshakiyago de GASORWE (GASORWE Abaremeshakiyago ) Abaremeshakiyago de RUGARI (RUGARI Abaremeshakiyago ) Abaremeshakiyago de la zone BUTARUGERA (BUTARUGERA AREA Abaremeshakiyago ) Abaremeshakiyago de MUGANO (MUGANO Abaremeshakiyago ) SWAA BURUNDI, MUYINGA network International Medical corps (IMC) Comité Provincial de lutte contre le SIDA (Provincial Committee for fighting AIDS) Twungubumwe Stop SIDA (Twungubumwe Stop AIDS) Burundi Red Cross Bureau Diocésain de MUYINGA (MUYINGA Diocesan authority) Local organisation support in fighting AIDS
<b>13)</b> <b>Mwaro:</b>	Rusaka women Association Cheval humanitaire (Humanitarian assistance) AMS AIDS-victims assistance Organisation;

<b>14)</b>	<b>Ngozi</b>	1.Comité provincial de LCS (Provincial Committee for fighting AIDS) 2.CC LS MWUMBA 3.Cellule comm. Gashikanwa (Gashikanwa unit) 4.AASIB 5. Kiremba Hospital 6.Jeho kuki 7.ARESOGI 8.PDCLCP 9.Ruhororo local unit 10.SWAA NGOZI (NGOZI society for Women and AIDS in Africa) 11.SWAA Gashikanwa (Gashikanwa society for Women and AIDS in Africa) 12.SWAA RUHORORO (RUHURORO society for Women and AIDS in Africa) 13.SWAA KIREMBA (KIREMBA society for Women and AIDS in Africa) 14.SWA MWUMBA (MWUMBA society for Women and AIDS in Africa) 15.ABUBEF NGOZI 16.Projet CARE 17.AFN 18.AFAVO 19.CDF Gashikanwa (Gashinkanwa centre for steady family relations) 20.CDF MWUMBA (MWUMBA centre for steady family relations) 21.CDF NGOZI ( NGOZI centre for steady family relations)
<b>15)</b>	<b>Rutana :</b>	Actionaid / Rutana International Medical Corps (IMC) ; CDF Rutana (Rutana centre for steady family relations) ; SPSVS (Organisation for AIDS_victims support and for prevention)

16)	<b>Ruyigi :</b>	Actionaid / Ruyigi ; Maison SHALOM (Shalom house) SWAA (society for Women and AIDS in Africa) / Ruyigi ; BDDR (Diocesan development Office in Ruyigi) ; AFPEOD (Women Organisation for have-not and orphans rescue); UNISIP (Union for fighting AIDS and poverty); CDF (centre for steady family relations) / Ruyigi.
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## Annex 4

### Cost of antiretro viral drugs in Burundi

#### I. TARGETED THERAPIES AND DRUGS

<u>PRODUCTS</u>	<u>PRICE IN FBU (Burundi francs)</u>
COMBIVIR Cp 300MG + 150MG	: 51.460 FBU
CRIVAN Cp 400 MG	: 43.200 FBU
EPIVIR Cp150 MG	: 16.540 FBU
RETROVIR Cp 300 MG	: 35 400 FBU
STOCRIN Cp 200 MG	: 36.650 FBU
VIDEX Cp 200 MG	: 22 860 FBU
VIDEX Cp 150 MG	: 16 550 FBU
ZERIT Cp 40 MG	: 3 750 FBU
ZERIT Cp 30 MG	: 3 160 FBU
<b>ABACAVIR* Cp 300 MG</b>	<b>: 81.250 FBU</b>

\* This product did not benefit by any cut in its price

Triple combination therapy costs on average 100 000 FBU (Burundi francs) and peaks from 42 560 to 160 850 FBU according to the different drug combinations.

#### II. GENERIC DRUGS

<u>PRODUCTS</u>	<u>PRICES IN FBU</u>
Divir (HIVID)	24800
Duovir Cp 300MG + 150MG (COMBIVIR)	23200
Duovir N Cp Cp 300MG + 150MG+ 200 MG (AZT+Epivir+Névirapine)	49200
Efavir Cp 200 MG (EFAVIRENZ)	41500
Lamivir Cp150 MG (EPIVIR)	11200
Lamivir S Cp150 MG (EPIVIR+ZERIT)	17800
Lamivir Oral solution (LAMIVUDINE)	4200
Nevimune Cp 200 MG (NEVIRAPINE)	17800
Nevimune Solution (NEVIRAPINE)	4200
Stavir Cp 40 MG (ZERIT 40)	4200
Stavir Cp 30 MG (ZERIT 30)	4200
Triomune (Zerit+Epivir+Nevirapine)	30800
Zidovir tablets Cp 300 MG (RETROVIR)	15000
Zidovir capsules (RETROVIR)	10000
Zidovir Oral Solution (RETROVIR)	3400

Triple drug therapy costs on average 46 250 FBU and peaks from 30 800 to 67 700 FBU (Burundi francs) according to the different drug-combinations.