

BURKINA FASO AND HIV/AIDS

Key Talking Points

Burkina Faso has a steadily growing HIV/AIDS epidemic. The frequent movement of large numbers of Burkinabe to and from neighboring countries, in particular Côte d'Ivoire and Ghana, is playing an important role in the spread of HIV/AIDS:

- 350,000 adults are living with HIV/AIDS. This represents 7.17 percent of the adult population.
- 270,000 cases of AIDS have occurred in adults and children since the beginning of the epidemic. Of these cases, 250,000 have resulted in death.
- Almost 9 percent of truck drivers in urban areas were HIV-positive in 1994.

AIDS Deaths In 1997 alone, 42,000 adults and children died from HIV/AIDS. Life expectancy is only 47 years.

Women and HIV/AIDS Women represent almost 50 percent of the adult cases of HIV. In 1996 the HIV prevalence rate among pregnant women was 9.6 percent, and estimates derived from sentinel surveillance data suggest that an average of 40,000 HIV-positive women become pregnant each year. In 1994 the HIV prevalence rate among sex workers in Bobo-Dioulasso was 57.2 percent.

Children, Youth and HIV/AIDS In 1997 an estimated 22,000 children were living with HIV/AIDS. Over 200,000 children under age 15 have become orphans since the beginning of the epidemic.

USAID sexual and reproductive interventions in Burkina Faso are delivered under a regional Family Health and AIDS/West and Central Africa Program (FHA/WCA). Through strategic partnerships with four U.S. private voluntary organizations (PVOs), the initiative is developing regional models of integrated family health programs and addressing HIV/AIDS and disease transmission related to migration issues through social marketing and regional mass media interventions.

National Response Because of its overall poor health and economic status, Burkina Faso faces considerable challenges in the control of the HIV/AIDS epidemic. These are compounded by the fact that the government response has not been strong to this point. In addition to increased and strengthened government efforts, community participation at all levels is essential for effective HIV/AIDS care, prevention, and support activities.



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Country Profile

Burkina Faso is a landlocked Sahelian country that shares borders with six other nations. The country's high population density (sometimes exceeding 125 people per sq. mile) causes annual migrations of hundreds of thousands of Burkinabe to Côte d'Ivoire and Ghana for seasonal agricultural work. With a current population of 11.3 million, and a natural rate of increase of 2.9 percent, the population is expected to double in 24 years.

One of the poorest countries in the world, Burkina Faso has a gross national product (GNP) per capita of only \$300, and approximately 45 percent of the population live below poverty level. In addition, maternal and child health indicators are among the worst in the world. The total fertility rate is 6.9 percent, with only 4 percent of women using modern methods of contraception. The infant

mortality rate is 94 per 1,000 live births and life expectancy is only 47 years.

Few Burkinabe have received formal education. Schooling is free, but not compulsory, and only about 29 percent of Burkina Faso's primary school-age children receive a basic education. As a result, as of 1995, only 30 percent of men and 9 percent of women were literate.

Although there are basic health services available to the majority of the population, the quality and use of such services is limited. In 1996, only 42 percent of births were attended by trained health personnel. The maternal mortality rate remains high, at 930 deaths per 100,000 live births. Infectious diseases including tuberculosis (TB), malaria, and sexually transmitted infections (STIs) are widespread.

HIV/AIDS in Burkina Faso

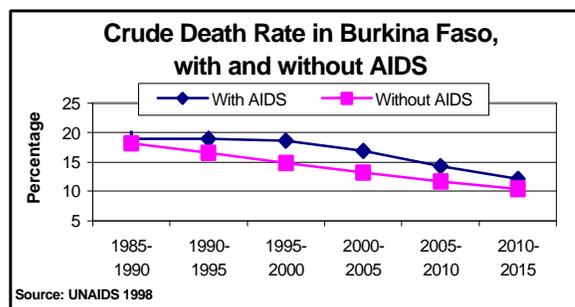
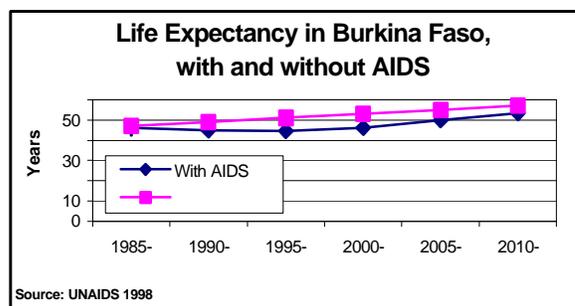
The first AIDS cases in Burkina Faso were reported in 1986. As of December 1997, 11,352 AIDS cases had been reported to the World Health Organization (WHO). This number represents only a fraction of the actual number, however, due to lack of a comprehensive reporting system and undiagnosed cases. In 1995 the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated the HIV prevalence rate among 15 to 45 year olds was 6 percent.

UNAIDS has reported the following estimates for Burkina Faso as of December 1997:

- 350,000 adults are living with HIV/AIDS. This represents 7.17 percent of the adult population.
- 270,000 cases of AIDS have occurred in adults and children since the beginning of the epidemic. Of these cases, 250,000 have resulted in death.
- 42,000 AIDS-related deaths among adults and children occurred in 1997 alone.

In 1992, 42 percent of STI patients in urban areas were infected with HIV. In 1994, almost 19 percent of truck drivers in urban areas were HIV-positive.

Frequent movement of large numbers of Burkinabe to and from neighboring countries, in particular Côte d'Ivoire and Ghana, also plays an important role in the spread of HIV/AIDS.



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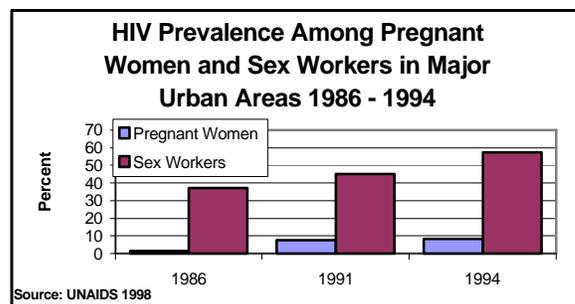
Although preliminary data from the 1998 Demographic and Health Survey suggests that condom use has increased significantly since

1993, the main mode of transmission of HIV remains heterosexual sexual contact.

Women and HIV/AIDS

As in many other countries, women's low social and economic status in Burkina Faso, combined with greater biological susceptibility to HIV, put them at greater risk of infection. Poor economic conditions, which make it difficult for women to access health and social services, compound this vulnerability.

- Women represent almost 50 percent of the adult cases of HIV.
- In 1997 approximately 170,000 adult women were living with HIV/AIDS.
- In 1996 the HIV prevalence rate among pregnant women 9.6 percent.
- In 1994 the HIV prevalence rate among sex workers in Bobo-Dioulasso was 57.2 percent.



According to official statistics, about 70 percent of women and young girls have undergone female genital mutilation (FGM). Because of the lack of hygienic conditions in which female circumcision is often performed, this practice puts women at greater risk of infection, including HIV.

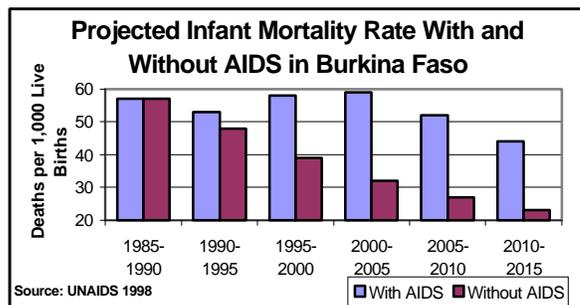
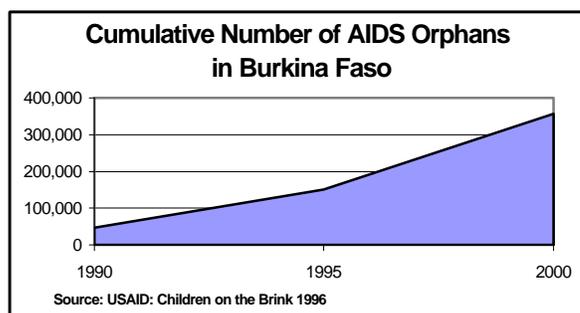
Children, Youth and HIV/AIDS

The HIV epidemic has a disproportionate impact on children, causing high morbidity and mortality rates among infected children and orphaning many others. In Burkina Faso, where 49 percent of the population is under age 15, approximately 30 to 40 percent of infants born to HIV-positive mothers will also become infected with HIV. Most of these infants will develop AIDS and die within two years. Estimates derived from sentinel surveillance data suggest that an average of 40,000 HIV-positive women become pregnant each year.

- In 1997 an estimated 22,000 children were living with HIV/AIDS.
- Over 200,000 children under age 15 have become orphans since the beginning of the epidemic.
- In the year 2000, 68 percent of all orphan cases will be attributable to AIDS.

Adolescents are particularly vulnerable to HIV infection, due to high-risk behaviors such as multiple sex-partnering, drug and alcohol use, and low perception of personal risk. Young women have an even greater susceptibility to HIV due to

biological, social and cultural factors. The early onset of sexual activity, lower levels of education (in comparison with men), and the inability to negotiate sex increases young women's risk for STIs and HIV infection.



socioeconomic impact of HIV/AIDS refer to the *analysis* presented by the Policy Project.)

Interventions

National Response

Burkina Faso's national response to the HIV/AIDS epidemic was launched in 1986, with the establishment of an HIV/AIDS technical committee within the Ministry of Health. This committee, with support from WHO, developed the Programme National de Lutte contre le SIDA (PNLS) and put into place a short-term plan covering the period 1987 to 1989. Activities under this plan had three main objectives: to initiate information, education, and communication (IEC) activities directed at the general public; to develop the national capacity to respond to the epidemic (institutional capacity, health infrastructure, training of personnel, etc.); and to conduct epidemiological surveillance to monitor the epidemic.

Since 1989, the PNLS has elaborated two Medium Term Plans, covering the periods 1990 to 1992, and 1993 to 1995. The current PNLS strategic plan, covering the period 1996 to the year 2000, includes the following activities:

- Supervision of the blood supply for transfusions to ensure proper screening. A situation analysis of the blood supply is currently underway.
- Mass media campaigns to promote positive behavior change.
- IEC interventions targeting high-risk groups such as youth, students, sex workers, truck drivers, migrant workers, factory workers and the military.
- Promotion of condoms and supervision of condom stocks to ensure adequate availability to the general public.
- Prevention of STIs: A situation analysis is currently underway, and a national document on the use of the syndromic management approach to STI case management is being distributed.
- Care and support for people living with HIV/AIDS (PLWHA) and their families. Community home-based care programs are currently being initiated.

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- Training of health personnel and community health educators.
- Epidemiological surveillance of the epidemic.

The PNLs is currently being restructured for greater decentralization, and HIV/AIDS and STI

treatment is being integrated into other health structures. In addition, epidemiological surveillance of HIV/AIDS/STI has been integrated into the existing national system for priority diseases, as well as into the health information system.

Donors

Multilateral and bilateral donors are actively engaged in HIV/AIDS activities in Burkina Faso. According to a UNAIDS/Harvard University

study, bilateral organizations contributed the following amounts in 1996-1997:

Organization	Amount US\$ 1996-97
GTZ	2,597,402
France	2,312,138
Canada	729,928
Belgium	472,143
EU	187,500
Netherlands	3,948
Total	6,303,059

Bilateral organizations' contributions 1996-1997

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Activities under this project are primarily regional in scope, with particular focus on four priority countries—Burkina Faso, Cameroon, Côte d'Ivoire and Togo—and three associate countries—Benin, Mali and Senegal. The strategic objective of the project is to increase the use of sustainable, regional, and selected reproductive health, HIV/AIDS/STI and child survival interventions in West Africa. Total HIV/AIDS funding for the West and Central Africa project was \$2,030,000 in 1996 and \$3,605,000 in 1999 (including \$200,000 in supplemental funding for children affected by HIV/AIDS).

The German Federal Ministry for Economic Cooperation and Development (GTZ) is supporting health services in rural areas, including care and support of HIV/AIDS and STI patients, IEC and sentinel surveillance.

The French Cooperation supports a comprehensive public health project which includes AIDS, TB, and pharmacy services, in addition to AIDS research.

The Canadian International Development Agency (CIDA) is also supporting a regional HIV/AIDS and STI prevention program in West Africa, which includes activities in Burkina Faso. Activities under this program include training, supervision and monitoring of health care personnel with respect to STI case management; the supply of essential drugs to health facilities; community participation activities; and operations research.

Johns Hopkins University provided technical assistance in the implementation of an IEC project in the areas of family planning, HIV/AIDS/STIs and women's rights. Funding for the three-year project (1995 to 1998) was \$455,611.

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The **UNAIDS** Theme Group in Burkina Faso is chaired by a WHO representative and functions with the active participation of members from UNDP, WHO, UNFPA, UNICEF, UNESCO,

FAO, WFP, CINU and the World Bank. Support from the UNAIDS cosponsors in 1996-99 included the following:

Organization	Amount US\$ 1996-97	Amount US\$ 1998-99
UNAIDS	176,324	358,817
UNDP	136,123	n/a
WHO	55,000	50,000
UNFPA	53,000	n/a
UNICEF	40,000	n/a
UNESCO	4,000	n/a
World Bank (1995-99)	140,712	26,300,000
Total	605,159	26,708,817

UNAIDS cosponsor support 1996-99

UNAIDS assists the PNLs in the mobilization of new partners, development of programs, management and coordination of the national response, research, and logistical and equipment support.

UNDP supports the PNLs in the reinforcement of the sentinel surveillance system and IEC activities in the health districts of three provinces, in addition to equipment and logistics support.

WHO provides technical assistance in the management and coordination of the decentralization process, IEC activities and special events, international conferences, and STI case management.

UNFPA supports IEC activities and condom logistics, in addition to supporting the Theme Group.

UNICEF provides support in the areas of IEC, provision of essential medicines, training and supervision of health workers, and special events.

The World Bank approved a loan in 1994 with the overall objectives of encouraging fertility decline by increasing the prevalence of modern methods of contraception, and slowing the spread of HIV infections by promoting behavioral change and treating STIs. The total amount of the loan was \$26.3 million, with \$15 million allotted to HIV/AIDS activities.

Private Voluntary Organizations (PVOs) and Nongovernmental Organizations (NGOs)

A number of PVOs implement activities funded by multilateral and bilateral donors. Some of the major USAID cooperating agencies include Johns Hopkins University Center for Communication Programs, The Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO), Population Services International, Tulane University, and the Population Council.

NGOs also receive funding from a variety of sources and carry out most of the HIV/AIDS prevention and care activities in Burkina Faso. *See attached chart for PVO, USAID cooperating agencies, and NGO target areas of activities in HIV/AIDS. This list is evolving and changes periodically.*

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Challenges

Major constraints to HIV/AIDS control in Burkina Faso include:

- Poverty and lack of resources to address HIV/AIDS and other health and development problems, particularly in rural areas.
- The weak social position of women, which continues to place women at higher risk of infection due to lack of resources and education and inability to negotiate safe sex.
- Migration to and from neighboring countries with high rates of HIV infection.
- Lack of government commitment in the implementation of a multisectoral response, compounded by a lack of coordination and management capacity.
- PNLs dependency on donor funding.
- The slow pace of behavior change and low perception of risk among the general population.
- Lack of civil society participation in prevention efforts.

The Future

Because of its overall poor health and economic status, Burkina Faso faces considerable challenges in the control of the HIV/AIDS epidemic. These are compounded by the fact that the government response has not been strong to date. Strengthening of the PNLs in terms of capacity, resources, and effectiveness is critical at this stage. An appropriate sentinel surveillance system is also

needed to accurately track the epidemic and direct interventions to high-risk groups.

In addition to government efforts, community participation at all levels is essential for effective HIV/AIDS care, prevention, and support activities. An expanded national response to HIV/AIDS must involve many different government ministries and departments, NGOs, private sector, and PLWHA.

Important Links and Contacts

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2. PNLs, Alahassan S. Seye, Secrétaire Executif, Tel: (226) 31 40 01; 32 41 88



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Burkina Faso

Organization	Intervention																
	Advoc.	BCI	Care/S	Training	Cond.	SM	Eval.	HR	IEC	MTCT	Research	Policy	STD	VCT	Orphan	TB	Other
Cooperating Agencies																	
JSI/FPLM					X												
TFGI/Policy Project	X																
JHUCCP									X		X						
International HIV/AIDS Alliance		X	X	X	X						X						
Population Council									X		X						
PSI						X			X								
MACRO International											X						
PVOs/NGOs																	
PLAN International			X	X					X				X	X	X		
Civil/Military Alliance to Combat HIV/AIDS												X					
JHPIEGO									X								
Tulane											X						
PSI, with funding from Kreditanstalt für Wiederaufbau (KfW)					X												
Lutheran World Relief									X								

KEY:	Advoc. Advocacy	MTCT Mother to Child Transmission activities
BCI Behavior Change Intervention	Research HIV/AIDS research activities	
Care/S Care & Support Activities	Policy Policy monitoring or development	
Training HIV/AIDS training programs	STD STD services or drug distribution	
Cond. Condom Distribution	VCT Voluntary counseling and testing	
SM Social Marketing	Orphan AIDS orphan activities	
Eval. Evaluation of several projects	TB TB control	
HR Human Rights activities	Other (I.e. blood supply, etc.).	
IEC Information, education, communication activities		