

### Country Situation

#### Background Statistics

HIV prevalence - adults (ages 15-49) <sup>[1]*</sup>	3.3% [2.9-3.5%]	2009
HIV prevalence - pregnant women (all ages) <sup>[2]*</sup>	2.6%	2009
Number of women living with HIV delivering <sup>[3]</sup>	7,000	2011
Est. # children (ages 0-14) living with HIV <sup>[1]*</sup>	28,000 [17,000-40,000]	2009
Maternal mortality ratio <sup>[4]</sup>	800/100,000	2010
Est. annual births <sup>[5]</sup>	283,000	2010
Infant mortality rate <sup>[6]</sup>	88/1,000	2010
Under-5 mortality rate <sup>[7]</sup>	136/1,000	2010

HIV prevalence among adults (ages 15-49) in Burundi, estimated at 3.3% in 2009, has been declining over the past decade<sup>[1]</sup>. HIV prevalence is generally higher among displaced populations, compared to the general population, and also in urban areas compared to rural areas<sup>[8]</sup>. HIV prevalence among pregnant women (2.6%) is slightly lower than the prevalence in the general adult population (3.3%).

Burundi has a high maternal mortality ratio (800/100,000 in 2010), which may be linked to the low rates of skilled attendance at delivery (60%)<sup>[9]</sup>.

Burundi has adopted WHO Option B regimen for prophylaxis and a costed national MTCT of HIV elimination plan (2011-2015) is under development<sup>[6]</sup>.

### Reaching High Level Targets

#### Global 2015 Targets

- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

#### Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

**Figure 1:** Number of new child HIV infections due to mother to child transmission, by scenario, Burundi

Data not available

### Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections <sup>[3]</sup>	2,700	–	1,900	–	–	–	–
	Number HIV-associated maternal deaths <sup>[4]</sup>	380 (2005)	300	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	6% <sup>[10]</sup> (2008)	6% <sup>[4]</sup>	–	–	–	–	–
	ART coverage among children (ages 0-14) <sup>[3]</sup>	13%	–	14%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49) <sup>[3]</sup>	0.09%	–	0.08%	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49) <sup>[11]</sup>	29% (2002)	–	–	–	–	–	–
Prong Three	Mother-to-child transmission rate <sup>[3]</sup>	34%	–	27%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) <sup>[3]</sup>	19% <sup>a</sup>	–	38%	–	–	–	–
	Breastfeeding ARV Coverage <sup>[3]</sup>	19%	–	39%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment <sup>[3]</sup>	0%	–	0%	–	–	–	–

## PRONG 1 & 2 Primary prevention of HIV among women of childbearing age Preventing unintended pregnancies among women living with HIV

### Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

#### Background Statistics

Young people (ages 15-24) HIV prevalence <sub>[11]</sub> *	Female: 2.1% [1.6-2.7%]	2009
	Male: 1.0% [0.8-1.2%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months <sub>[9]</sub>	Female: –	–
	Male: 47%**	2010
Male partners of pregnant women attending ANC tested in last 12 months*	Male: –	–
Unintended pregnancies (ages 15-49) <sub>[13]</sub>	Female: –	–

\*\* Based on small denominator (25-49 unweighted cases)

### Key Points

Burundi has had a stable HIV incidence among women (ages 15-49) between 2009 and 2011—0.09% to 0.08%<sub>[3]</sub>. HIV prevalence among young people (15-24) is two times higher among females (2.1%) than males (1.0%) in 2009. Condom use at last sex among young men reporting multiple partners (ages 15-24) was 47% in 2010 (data are not available for young women).

## PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

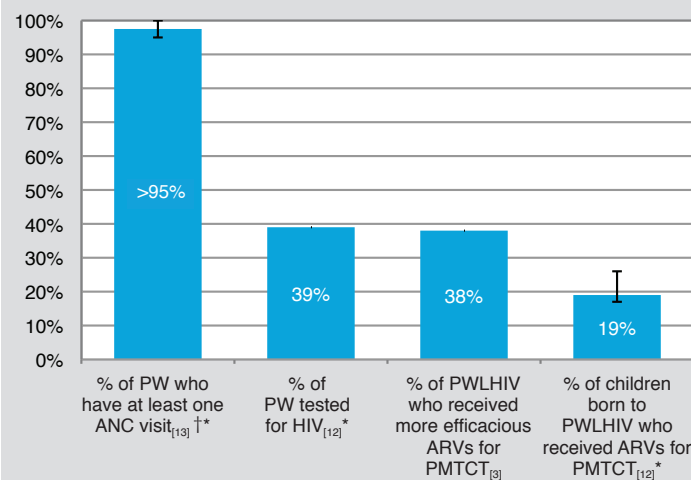
### Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

#### Background Statistics

Timing of 1 <sup>st</sup> ANC visit (months)	–	–
Percentage of women attending at least 4 ANC visits during pregnancy	–	–
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) <sub>[12]</sub> *	39%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT <sub>[12]</sub> *	19% [17-26%]	2010
Skilled attendant at delivery (%) <sub>[9]</sub>	60%	2010
Exclusive breastfeeding for infants <6 months <sub>[9]</sub>	69%	2010

**Figure 2: Coverage of selected PMTCT interventions (2010)**



† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

### Key Points

In 2010, most pregnant women in Burundi (>95%) attended at least one ANC visit, and an estimated 60% of pregnant women delivered with a skilled birth attendant. Despite high ANC coverage, only 39% of pregnant women were tested for HIV in 2010. One contributing factor is that only about one-third (35%) of ANC facilities were offering PMTCT services in 2010<sub>[13]</sub>. Few pregnant women living with HIV (38%) received more efficacious ARVs for PMTCT in 2011—up from 19% in 2009. Infant ARV coverage for PMTCT is much lower, with an estimated 19% of HIV-exposed infants receiving ARVs in 2010.

## PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

### Global 2015 Target

• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

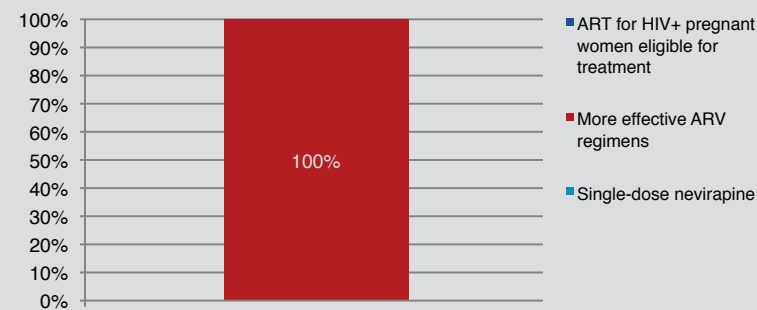
#### Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing <sup>[2]</sup> *	–	–
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth <sup>[12]</sup> *	19% [17-26%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth <sup>[12]</sup> *	7% [6-10%]	2010

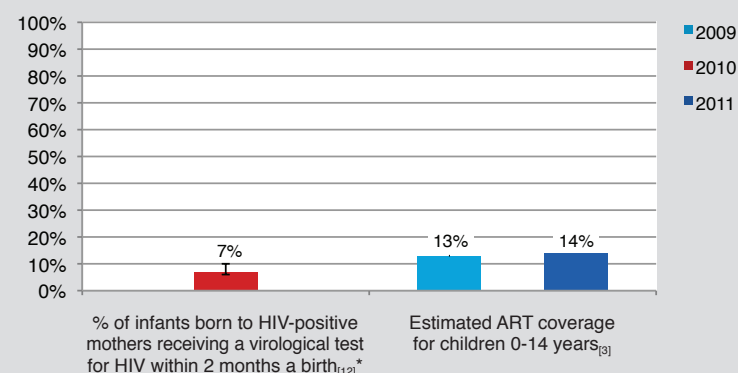
### Key Points

As of 2010, very few HIV-exposed infants (7%) received a virologic HIV test within two months of birth, as few facilities are equipped to provide early infant diagnostic (EID) services. Approximately 1 in 5 HIV-exposed infants (19%) received cotrimoxazole prophylaxis—an antibiotic that significantly reduces morbidity and mortality in infants and children living with or exposed to HIV. Paediatric ART coverage among children with HIV (ages 0-15) is also very low, at 14% in 2011 — up from 13% in 2009.

**Figure 3:** Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010<sup>[14]</sup>\*



**Figure 4:** Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



## Key Challenges & The Bottom Line

### Key Challenges

Limited access to PMTCT services, despite good ANC coverage

Few women access skilled attendance at delivery, despite good ANC coverage

Very few infants born to HIV+ mothers receive ARVs for PMTCT, CTX prophylaxis, or are tested for HIV within two months of birth. Few HIV+ children receive ART.

Data on some key PMTCT indicators are not available at the national level, hindering tracking of progress towards eMTCT targets.

### The Bottom Line

*If national EMTCT targets for Burundi are to be met by 2015, the following actions should be considered:*

Urgently scale up PMTCT service delivery and paediatric HIV care and treatment in primary health care facilities. This will require investments in strengthening the MNCH platform.

Improve equitable access to skilled birth attendance.

Expand the provision of CTX prophylaxis, EID, ARVs for PMTCT, and ART for children living with HIV.

Strengthen routine monitoring system to ensure timely collection and reporting of quality data on Global Plan indicators.

## References:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010
- 2 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2010
- 3 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS*, 2012
- 4 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010*, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012
- 5 United Nations Children's Fund, *State of the World's Children 2012: Children in an Urban World, 2012*
- 6 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011
- 7 Liu L, Johnson HL, Cousens S, et al, for the Child Health Epidemiology Reference Group of WHO and UNICEF. *Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000*. Lancet 2012
- 8 République du Burundi, Ministère de la Sante Publique, Mise en oeuvre de la Declaration d'Engagement Sur le VIH/SIDA, 2010
- 9 Burundi Demographic and Health Survey 2010, Preliminary Report
- 10 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2010*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2010
- 11 United Nations Statistics Division, Millennium Development Goals Indicator portal, <http://mdgs.un.org/unsd/mdg/Data.aspx>
- 12 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 13 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011
- 14 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. unpublished estimates, 2011*

## Notes:

- \* Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011***. Revised country data for this indicator will be published towards the end of 2012.
- \*\* Based on small denominator (25-49 unweighted cases)
- Data not available.
- † Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.
- <sup>a</sup> 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

## Acronyms:

- ANC: Antenatal care
- ART: Antiretroviral therapy
- ARVs: Antiretroviral prophylaxis
- CTX: Co-trimoxazole prophylaxis
- EID: Early infant diagnosis
- EMTCT: Elimination of mother-to-child transmission of HIV
- FP: Family planning
- L&D: Labour and delivery
- MMR: Maternal mortality ratio
- MNCH: Maternal, newborn and child health
- PMTCT: Prevention of mother-to-child transmission of HIV
- PWLHIV: Pregnant women living with HIV
- SRH: Sexual and reproductive health
- WHO: World Health Organization