Countdown To Zero

Elimination of New HIV Infections Among Children by 2015 And Keeping Their Mothers Alive

Unite For Children
Unite Against AIDS

Burundi (draft)

Country Situation

Background Statistics		
HIV prevalence - adults (ages 15-49)[1]*	3.3% [2.9-3.5%]	2009
HIV prevalence - pregnant women (all ages)[2]*	2.6%	2009
Number of women living wih HIV delivering[3]	7,000	2011
Est. # children (ages 0-14) living with HIV[1]*	28,000 [17,000-40,000]	2009
Maternal mortality ratio[4]	800/100,000	2010
Est. annual births[5]	283,000	2010
Infant mortality rate[6]	88/1,000	2010
Under-5 mortality rate[7]	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[1]. HIV prevalence is generally higher among displaced populations, compared to the general population, and also in urban areas compared to rural areas[8]. HIV prevalence among pregnant women (2.6%) is slightly lower than the prevalence in the general adult population (3.3%).

Only one in three ANC facilities offered PMTCT in 2010[2]. Burundi also 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%)[9].

Burundi has adopted WHO Option B regimen for prophylaxis and a costed national MTCT of HIV elimination plan (2011-2015) is under development[8].

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

Program Status According to PMTCT Prongs

Unite For Children
Unite Against AIDS

PRONGS 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[1]*	Female: 2.1% [1.6-2.7%] Male: 1.0% [0.8-1.2%]	2009 2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months[9]	Female: – Male: 47%**	– 2010
Male partners of pregnant women attending ANC tested in last 12 months*	Male: –	–
Unintended pregnancies (ages 15-49)[13]	Female: –	–

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

Key Points

Burundi has had a stable HIV incidence of 2% among women (ages 15-49) between 2009 and 2011[3]. 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).

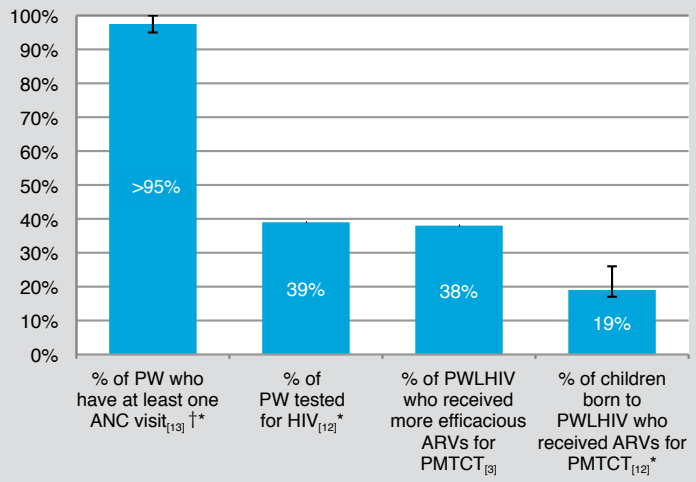
PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

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 1st 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)[12]*	39%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT[12]*	19% [17-26%]	2010
Skilled attendant at delivery (%)[9]	60%	2010
Exclusive breastfeeding for infants <6 months[9]	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, nearly all 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 this high first ANC visit coverage, only 39% of pregnant women were tested for HIV in 2010. One contributing factor is that only 35% of ANC facilities in Burundi were offering PMTCT services in 2010[2]. Few pregnant women living with HIV (38%) received more efficacious ARVs for PMTCT in 2011—up from19% in 2009. Infant ARV coverage for PMTCT is much lower, with an estimated 19% of HIV-exposed infants receiving ARVs in 2010[3].

Program Status According to PMTCT Prongs

Unite For Children
Unite Against AIDS

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[2]*	–	–
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth[12]*	19% [17-26%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth[12]*	7% [6-10%]	2010

Key Points

Very few HIV-exposed infants (7%) received a virologic HIV test by two months of age, as few facilities are equipped to provide early infant diagnostic (EID) services either onsite or through referrals. Approximately 1 in 5 HIV-exposed infants (19%) received co-trimoxazole prophylaxis—an antibiotic that significantly reduces morbidity and mortality in infants and children exposed to or living with HIV. Paediatric ART coverage among children with HIV (ages 0-15) has remained low with only a slight increase from 13% in 2010 to 14% in 2011.

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

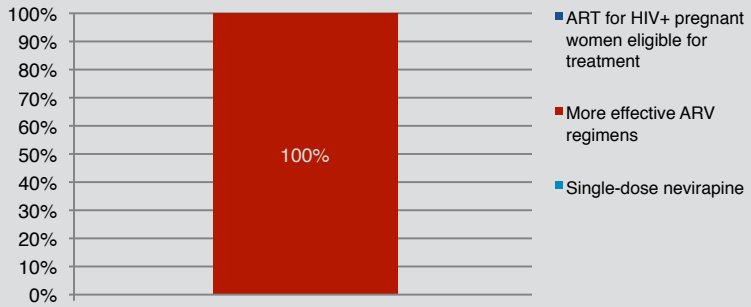
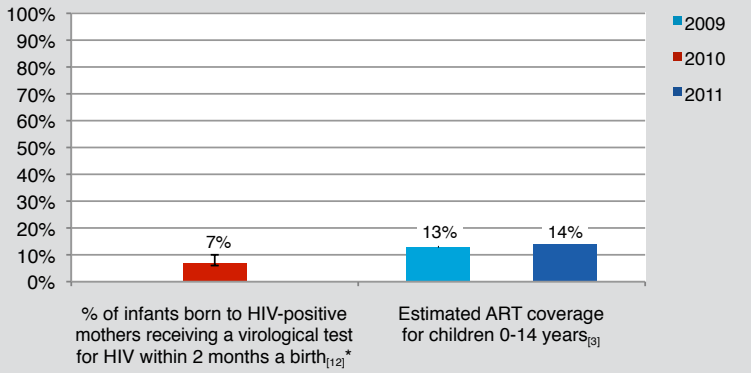


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



Key Challenges & The Bottom Line

Key Challenges	The Bottom Line
	If national EMTCT targets for Burundi are to be met by 2015, the following actions should be considered:
Very limited availability of PMTCT services with only 35% of ANC facilities offering PMTCT despite good ANC coverage	Rapid scale up of PMTCT service delivery and paediatric HIV care and treatment in all ANC clinics and other relevant primary health care facilities
Low performing MNCH service delivery system with weak linkages between ANC, PMTCT, childbirth and ART resulting in high dropout across the maternal and child care continuum (95% attend ANC, but only 60% deliver with SBA; 39% HIV T&C; 38% ARVs; 7% EID and CTX prophylaxis; 13% paediatric ART)	Investments in building the capacity within MNCH services and communities (HR capacity building; equipment for MNCH and PMTCT including CD4; linkages/referrals mechanisms within/between facilities and with communities) for the provision of quality follow up care
Weak M&E systems with non-availability of data on some key PMTCT indicators at the national level, hindering tracking of progress towards eMTCT targets	Strengthen monitoring systems at national and subnational levels to improve data collection, analysis and use

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, L*evels & 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.

[a] 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