

Burundi: PMTCT



UNITE FOR CHILDREN
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Statistics, 2010

Estimated # of children (0-14) living with HIV	28,000 [17,000 - 40,000] (2009)[3]
Population	8,303,000 (2009)[14]
Annual births	283,000 (2009)[14]
Neonatal mortality rate	41/1,000 (2004)[1]
Infant mortality rate	101/1,000 (2009)[2]
Under 5 mortality rate	166/1,000 (2009)[2]
Maternal mortality ratio	970/100,000 (2008)[13]
Adult (15-49) HIV prevalence	3.3% [2.9% - 3.5%] (2009)[3]
HIV prevalence young people (15-24)	female: 2.1% [1.6% - 2.7%] male: 1.0% [0.8% - 1.2%] (2009)[3]
Estimated # of pregnant women living with HIV	15,000 [8,400 - 21,000] (2009)[4]
Exclusive breast-feeding for infants <6 months	45% (2005)[12]
Comprehensive knowledge about HIV (15-24 yrs)	female: 30% male: -- (2005)[11]
Condom use at last higher-risk sex (15-24)	female: 25% male: -- (2002)[5]
Unmet need for family planning:	29% (2005)[5]
% ANC facilities that provide PMTCT services	testing: 41% testing & ARVs: 16% (2008)[4]
Timing of first ANC visit (months)	--
% of women attending at least 4 ANC visits during pregnancy	--

National Targets 2008- 2011 [6]

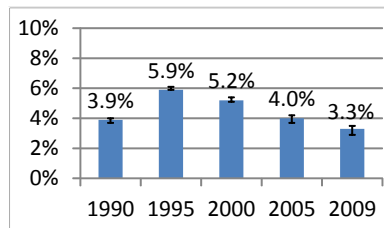
- Reduce mother-to-child transmission of HIV by at least 50%
- 30% more pregnant women make 4 or more prenatal visits in 2011 than 2008
- 60% of births are assisted by a skilled professional
- 50% of all pregnant women use family planning services
- 80% of children born to HIV-positive women are tested
- 80% of HIV-positive women receive ARVs for PMTCT in 2010.
- 80% of HIV-positive women and their families use HIV care and treatment services

Strategic Focus of National Plan [6]

- Decentralization of services
- Improving the reach and quality of PMTCT services
- Improving the effectiveness of PMTCT and paediatric interventions

HIV prevalence among adults 15-49 has declined

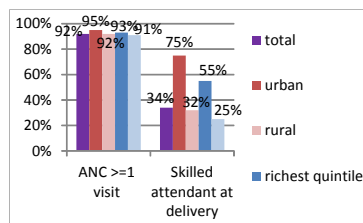
Adult HIV (15-49) prevalence (%) (1990-2009) [3]



Adult HIV prevalence appears to be declining, reaching 3.3% in 2009, though 2005 data suggests that prevalence among pregnant women may be as high as 9%. [6] Levels of infection are around 2 times higher among young women (2.1%) than young men (1.0%), and generally higher among displaced populations than the general population, and in urban areas than rural areas. [7]

Most women receive ANC care from skilled health professionals during pregnancy regardless of wealth status and residence; but few do during delivery

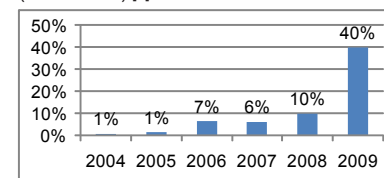
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (2005) [8]



Most women (92%), regardless of wealth status, avail themselves of ANC at least once during pregnancy. Rates of skilled attendants at delivery are overall very low though, at 34%, and there are marked disparities in access. 75% of urban women report access, while only 32% of rural women do. This has strong implications in light of Burundi's exceptionally high maternal mortality ratio (970/100,000 women). [13]

Four times as many pregnant women were tested for HIV in 2009 as in 2008, but levels remain low

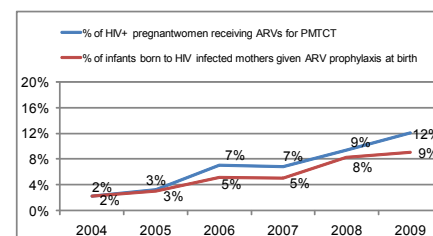
Trends in percentage of pregnant women tested for HIV (2004-2009) [4]



Testing rates have increased dramatically since 2008, now reaching 40% of pregnant women. This moderate rate of testing might reflect the modest availability of testing itself. 41% of ANC sites offer HIV-testing services.

Progress in coverage of ARVs for PMTCT is slow and remains very low

Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT, (2004-2009) [3]



In 2009, only 12% of HIV-positive pregnant women and 9% of HIV-exposed infants received ARVs to prevent infections among infants. Use of services appears to parallel availability of services. Though 41% of ANC sites offer testing services, only 16% offer antiretrovirals for PMTCT. Burundi will need to redouble its efforts to expand access to PMTCT services in order to meet its national target of 80% coverage of ARVs for PMTCT among women in 2011.

POLICY ENVIRONMENT

- 2008-2011 costed PMTCT scale up plan in place; ongoing review and costing of the 2010 -2015 national scale up plan
- WHO Option B adopted

BUDGET ENVIRONMENT

- Global Funds recipient: Rounds 1,5 & 8 [9]; re-programming of funds for PMTCT
- PEPFAR support recipient

Domestic Health Financing

- Govt expenditure on health, as per cent of total govt spending: 12.5% [5]
- Total health financing: [10]
Out of pocket: 75%; Public: 11%; Aid: 14%; Private (pooled risk): 0%

THE BOTTOM LINE

- If Burundi is to strive to meet its 2011 goals for PMTCT:
- ✓ **primary prevention** among women of childbearing age must be a strong emphasis
 - ✓ **improving equitable access** to skilled attendants at delivery is essential; exceptionally high out of pocket fees for health must be addressed.
 - ✓ **increasing availability of PMTCT services within ANC** must be prioritized. The high reach of ANC services is an opportunity to reach HIV-positive pregnant women that should not be missed.
 - ✓ **improving the quality of maternal and child health services** is essential.

References



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