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# HIV and AIDS in Burundi – Facing the challenges

## IPU Advisory Group on HIV/AIDS-MNCH\* field mission



The large number of children left orphaned by AIDS has posed a particular challenge for Burundi.

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Actions by Burundi's parliament – including helping to tackle stigma and discrimination, increasing access to affordable drugs and strengthening domestic funding – could boost the country's fight against HIV and AIDS, according to an IPU field mission in November 2013.

Against a backdrop of reduced overall prevalence rates and a political commitment to tackle the epidemic, Burundi's parliament invited IPU to help address the epidemic's impact on women and key populations, MPs' ability to strengthen access to modern treatment through laws and policies, on advocating for increased funding and strengthening parliamentary systems.

The IPU team, composed of IPU Advisory Group on HIV/AIDS-MNCH members from Zimbabwe and Bahrain and MPs from Tanzania, Uganda and Chad, had recommendations to offer. These included strengthening efforts on gender-sensitive policies and activity, reaching poor and marginalized people, caring for children orphaned by AIDS and enhancing coordination between key bodies and parliament.

### Challenges

Burundi's government and parliament are committed to strong leadership in fighting HIV/AIDS. President Pierre Nkurunziza has made the AIDS response – including preventing new HIV infections among children – a priority. The National AIDS Council, chaired by the President, coordinates national action.

Yet the challenges are formidable. With high infant and maternal mortality rates, demands on health services weakened by 13 years of civil war and political instability are significant.

The overall HIV prevalence rate has fallen to 1.4 per cent, but key groups suffer disproportionately. Some, notably sex workers and men who have sex with men, face stigma and criminalization, limiting their access to HIV services.

\*Maternal, newborn and child health



A Service Yezu Mwiza nurse gives medication to an AIDS patient also suffering from malaria at her home in Gatumba, outside Bujumbura. © Reuters/D. Z. Lupi 2013

### Contexts

- 69 per cent of people in Burundi live below the poverty line
- The overall HIV prevalence rate has fallen from 3.7 (2002) to 1.4 per cent (2012) – but rises to 6.1 per cent among urban women, 6.4 per cent among men who have sex with men and 22.5 per cent among sex workers. Women are more frequently affected than men
- Many children orphaned by AIDS are themselves vulnerable to HIV
- Health expenditure is 8.7 per cent of GDP whilst 95.7 per cent of HIV funding is external

Burundi's third HIV strategic plan (2012-2016) aims to:

- Reduce sexual transmission of HIV among young people and populations most at risk
- Eliminate new HIV infections in children
- Increase access to HIV treatment
- Eliminate stigma, discrimination and gender inequalities including gender-based violence

In the two Houses of Parliament, HIV/AIDS is dealt with by the National Assembly's Committee on Social Affairs, Repatriation, Gender, Equal Opportunities and the Fight against AIDS as well as the Senate Committee on Social Affairs, Youth and Culture.

### Strengthening capacity

A capacity building seminar for Burundi's MPs, organized and joined by IPU's team on 18-19 November, concluded that parliament should strengthen its institutional arrangements on HIV/AIDS. The relevant parliamentary Standing Committees cover many issues, making it difficult to sufficiently prioritize the epidemic.

Participants at the seminar agreed to establish an effective network of parliamentarians to give more visibility to HIV in parliament and to ensure that HIV is a priority in other standing committees' work. Formal recognition of this network will be sought from the Presidents of the National Assembly and the Senate and a constitution and action plan developed. MPs from Tanzania and Zimbabwe offered to share their constitutions with Burundian MPs through IPU.

The network will reach out to MPs from both Houses of Parliament. The IPU delegation recommended establishing a secretariat for the network inside or outside of parliament to ensure longevity, using IPU's guide – *Raising the Profile of HIV and AIDS in Your Parliament*.

In meetings with IPU, senior parliamentary and government officials gave their full support to this network's establishment.

### Field visit

On 20-22 November, the IPU delegation and Burundian MPs examined parliament's role in tackling HIV/AIDS. They met the Ministers of Health and the Fight against AIDS, Interior and Gender, the Deputy Presidents of both the National Assembly and the Senate, committee members from both chambers, civil society and service providers.

These discussions led to recommendations for the Parliamentary Network on HIV and AIDS and other bodies involved in the national AIDS response in Burundi.

### Funding

- Dependence on external funding for Burundi's national AIDS response is a major concern. Donors provide 95.7 per cent of funds. More domestic resources, including HIV and gender sensitive budgets, are needed. The IPU mission recommended that Burundi's MPs study examples of countries that fund the HIV response domestically, such as the AIDS Trust of Zimbabwe.

### Treatment

- Parliament should study and use flexibilities in the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property that ensure access to affordable drugs. As a Least Developed Country, Burundi has until January 2016 to translate these flexibilities into national legislation. Parliament should use assistance from UNDP and others for this.
- Antiretroviral drug administration – now at 52 per cent of affected adults and 13.7 per cent of children – will hopefully continue to increase, providing improved access to paediatric HIV treatment and third-line drugs.
- Burundi's forthcoming adoption of 2013 World Health Organization guidelines on use of antiretroviral drugs will substantially increase the number of those eligible for treatment. This means far more resources will be needed



Members from both IPU's Advisory Group on HIV/AIDS-MNCH and Burundi's parliamentary committees dealing with HIV and AIDS. © IPU, 2013

to sustain and improve treatment rates. Strategies are needed urgently to ensure access to treatment and adequate availability of drugs.

### Coordination

- The National AIDS Council's coordination of HIV work by government, civil society and others needs to include parliament, with MPs made more aware of the national strategy.
- Channels for regular interaction between the Ministry of Health, National AIDS Council and parliament should be established rapidly to provide updates on national AIDS strategy implementation, strengthen accountability and to seek parliamentary input in implementation. Future national strategies should reflect parliament's important role in HIV response.



Running out of HIV drugs is frequent in Burundi. The country is also facing a large gap between people's needs and access to treatment. © Reuters/S. Z. Tun 2012



A box where people living with HIV can anonymously leave suggestions for improved services. Stigma is widespread in Burundi and often deters access to services.

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### Marginalization and discrimination

- Burundi's government is working to eliminate mother-to-child transmission of HIV. Voluntary prenatal counselling and testing is available in 42 per cent of hospitals and health centres. More effort is needed to reach the poorest and most marginalized women and to strengthen men's involvement in testing and counselling programmes.
- There should be support for enhanced care and education for children orphaned by AIDS.
- As in many African countries, discrimination against people living with HIV can prevent access to HIV services, including treatment. To help key affected groups, taboos and stigmas should be tackled and open parliamentary engagement developed with organizations providing services for such groups.

- Inequalities and gender-based violence make women and girls more vulnerable, as the HIV strategic plan recognizes. Government policies and programmes must be gender-sensitive, with attention paid to this when parliament legislates on gender and HIV or discusses policies.

### Parliamentarians' key role

A more strategic approach globally could prevent at least 12.2 million new HIV infections and 7.4 million AIDS-related deaths. MPs can play a key role by introducing and implementing legislation, ensuring adequate health-care budgets and reducing stigma.

IPU promotes parliamentary engagement in the fight against HIV/AIDS by supporting parliaments, helping to strengthen leadership and fostering dialogue. IPU's Advisory Group on HIV/AIDS-MNCH, which leads the Organization's work on the epidemic, consists of a team of parliamentarians who champion the issue.

Visit participants: Thabitha Khumalo MP, Zimbabwe, Vice-President of the IPU Advisory Group; Somaya Aljowder MP, Bahrain, Member of the IPU Advisory Group; Sarah Kayagi MP, Uganda; Faustine Engelbert Ndungulile MP, Tanzania; Mahamat Malloum Kadre MP, Chad; Aleksandra Blagojevic, IPU Secretariat.



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