

Burundi Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 01/01/2013

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: Une équipe multi-sectorielle comprenant les représentants du Gouvernement, des agences des Nations Unies, de la société civile, des partenaires techniques et financiers s'est réunie à maintes reprises dans les enceintes du SEP/CNLS pour statuer sur la procédure suivie en vue de rassembler et valider les données du NCPI.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: Les questions sujettes à divergences étaient discutées en toute franchise en privilégiant la source la plus récente. Le débat était très démocratique. Il faut noter ici qu'on a pas enregistré beaucoup de divergences mais si des divergences advenaient, les échanges entre les participants au débat étaient privilégiés jusqu'à un consensus.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): Pas de préoccupations majeures à signaler.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
SEP/CNLS	RIRANGIRA Jean	A1,A2,A3,A4,A5,A6
PNLS/IST	NKURUNZIZA Félicité	A1,A2,A3,A4,A5,A6

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
RBP+	NJIMBERE Jean Claude	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: Le plan stratégique national dont la revue est en cours couvre la période de 2012 à 2016.

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: Le plan stratégique national en cours a été élaboré avec le concours de tous les partenaires clés dans la lutte contre le VIH et le sida (le secteur public, le secteur associatif et privé ainsi que les religieux) et fonde ses forces sur les faiblesses et les bonnes pratiques qui ont été constatées au cours de l'évaluation du plan précédent.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: Le Secrétariat Exécutif Permanent du Conseil National de Lutte contre le Sida (SEP/CNLS) qui est l'organe du Ministère de la Santé Publique et de la Lutte contre le Sida chargée de la coordination multisectorielle de la riposte au VIH au niveau national.

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: Yes

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Le Parlement burundais

Included in Strategy: Yes

Earmarked Budget: Yes

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?: Les consommateurs de drogues injectables, s'ils existent constituent un groupe minoritaire de façon à ce qu'ils ne peuvent pas poser un problème de santé publique au Burundi mais il n'y a pas jusqu'ici une étude qui a été faite pour montrer la taille réelle de ce groupe de personnes.

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Les Batwa.

: Yes

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

d) An indication of funding sources to support programme implementation?: Yes

e) A monitoring and evaluation framework?: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: La société civile burundaise, avec l'appui de l'ONUSIDA a été un acteur privilégié dans l'élaboration de la nouvelle stratégie. En effet, les thématiques chères à la société civile en l'occurrence les droits humains, l'égalité des genres, les violences basées sur le genre, l'autonomisation...., ont attiré l'attention des planificateurs. Même dans la revue du PSN 2012-2016 encours, la société civile est visiblement associée.

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: Yes

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]:

:

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: Yes

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?: 4

4. Does the country have a plan to strengthen health systems?: No

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children:

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Many

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Few

g) ART and chronic Non-Communicable Diseases: Few

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: : La stratégie de lutte contre le Sida est multi-sectorielle et décentralisée jusqu'au niveau de la colline, elle se fait sur deux dimensions sanitaire (dans les structures de soins) et communautaire.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 9

Since 2011, what have been key achievements in this area: Un plan 2012-2016 de troisième génération a été élaborée et aujourd'hui ce plan est entrain d'être évalué.

What challenges remain in this area: Malgré tous les efforts fournis par tous les partenaires, un sérieux problème de notre système sanitaire reste d'actualité. En effet les indicateurs sanitaires restent faibles. Une restructuration de la pyramide sanitaire mettant en place des districts sanitaires est déjà réalisée. Le système reste handicapé par un manque de ressources humaines spécialisées et d'infrastructures notamment en équipement matériel moderne. En matière de VIH, la question de rupture de stock de réactifs/médicaments et est récurrente mais des solutions durables sont envisagées.

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: Les hautes autorités de ce pays ne cessent d'interpeller la population en général et les hommes en particulier à accompagner leurs femmes dans les consultations prénatales pour qu'aucun enfant ne doit plus naître avec le VIH.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed::

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Le Secrétaire Exécutif Permanent du Conseil National de Lutte contre le Sida, Dr RIRANGIRA Jean

Have a defined membership?: Yes

IF YES, how many members?: 30

Include civil society representatives?: Yes

IF YES, how many?: 5

Include people living with HIV?: Yes

IF YES, how many?:

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: Au sein du CCM, Country Coordinating Mechanism, la société civile, le secteur privé et le gouvernement se rencontrent pour harmoniser les interventions et les stratégies. Un autre cadre propice aux interactions est le CPSD qui est un cadre de concertation des partenaires du secteur de la santé. Notons aussi que le Conseil National de lutte contre le Sida a son sein des membres qui proviennent de la société civile.

What challenges remain in this area:: Les défis remarquables ces derniers temps est que la société civile qui a son actif des résultats réels et tangibles en matière de riposte a besoin d'un renforcement de capacité en leadership et management de projet.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

IF YES, name and describe how the policies / laws were amended:

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 8

Since 2011, what have been key achievements in this area:: L'implication au plus haut sommet du leadership national dans la riposte au VIH/Sida, la tenue des réunions de l'Assemblée Générale du Conseil National de Lutte contre le Sida (CNLS) dirigée par le Président de la République, implication active du Ministre de la Santé Publique et de la Lutte contre le Sida qui est président du Comité Exécutif du CNLS ,la création d'un Programme National de Lutte contre le sida et les IST(PNLS/IST) chargé de la réponse médicale et sanitaire au VIH,la création d'une ligne budgétaire dans la loi des finances du pays,la participation du SEP/CNLS au sein duCadre de Concertation des Partenaires de la Santé pour le Développement (CPSD) .

What challenges remain in this area:: Le renforcement du leadership et des compétences managériales au sein de la société civile. La forte dépendance extérieure du financement de la réponse nationale au VIH.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: Le Burundi a une loi qui protège les droits des PVVIH et contre la stigmatisation et la discrimination. Cette loi stipule spécifiquement le droit à l'éducation, l'accès au travail, accès au crédit, accès aux soins de santé, accès au logement, Les textes juridiques du pays dont la constitution, code pénal, ... ont des articles contre la discrimination en général. Une organisation a été créée et fait le suivi régulier du respect de cette loi.

Briefly explain what mechanisms are in place to ensure these laws are implemented: Un observatoire des droits des PVVIH a été mis en place.

Briefly comment on the degree to which they are currently implemented:

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: No

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: Plutôt les lois qui sont là sont favorables aux actions de prévention, de traitement et appui aux populations clés et aux groupes de populations vulnérables. Le budget de l'Etat a une rubrique consacrée à la lutte contre le VIH en général et dans les groupes à haut risque.

Briefly comment on how they pose barriers:

A.IV Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: Yes

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]: Une stratégie nationale pour la changement de comportement a été élaborée et mise en oeuvre. Une politique du préservatif a été développée et est encours de mise en oeuvre.

: No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?: Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?: Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy::

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs: HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Men who have sex with men: Condom promotion, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Sex workers: Condom promotion, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Customers of sex workers: Condom promotion, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Prison inmates: Condom promotion, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Other populations [write in]: population déplacée, hommes en uniformes, travailleurs saisonniers, chauffeurs, jeunes scolarisés et non scolarisés, ...

: Condom promotion, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 8

Since 2011, what have been key achievements in this area: Les populations clés font recourir à l'usage du préservatif lors des rapports sexuels par exemple 91% des professionnels de sexe utilisent le préservatif selon l'enquête BSS 2011. La population se fait dépister massivement et le pays essaie tant bien que mal de maîtriser les ruptures de stock des réactifs. La prévention de la transmission du VIH de la mère à l'enfant a progressé passant de 10.8% en 2009 à 43% en 2013.

What challenges remain in this area: Un accent particulier doit être mis dans la sensibilisation de la population pour la protection de la transmission du VIH de la mère à l'enfant parce que les taux, malgré de réelles avancées restent faibles.

4. Has the country identified specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: Le pays accuse des gaps importants dans la disponibilisation des réactifs de dépistage, ceci entraînant un faible taux de couverture PTME faute de dépistage précoce de femmes enceintes.

IF YES, what are these specific needs? :

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs:

HIV prevention for out-of-school young people: Strongly agree

HIV prevention in the workplace: Strongly agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men:

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: Strongly agree

Other [write in]:

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 7

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized:: - Prise en charge médicale y compris le traitement des infections opportunistes, - Prise en charge psychosociale par l'écoute, le conseil, les groupes de parole, les visites à domicile, - Prise en charge nutritionnelle par la distribution des vivres et l'organisation des ateliers culinaires.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Pour mettre en place ces services de traitement, de soins et de soutien aux PVVIH, la stratégie qui a été adoptée est de faciliter les demandeurs par la

réduction des distances à parcourir, la décentralisation et la délégation des tâches (la prescription des ARV) et l'intégration le plus possible des services.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Agree

Economic support: Agree

Family based care and support: Agree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Disagree

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Strongly agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Disagree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Disagree

Treatment of common HIV-related infections: Agree

Other [write in]::

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: - Fournir un paquet minimum de services aux OEV vivant avec le VIH et/affectés par le Sida, - Améliorer le programme activités génératrices de revenus (AGR) aux PVVIH et OEV, - Assurer la protection des droits des PVVIH et d'autres groupes vulnérables.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: No

IF YES, for which commodities?:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 9

Since 2011, what have been key achievements in this area?: Les personnes qui sont prises en charge du point de vue médicale n'ont cessé d'augmenter d'années en année, les personnes dépistées du VIH de même, la rupture des stocks des médicaments est plus ou maîtrisée.

What challenges remain in this area?: La réduction de l'impact du VIH reste problématique suite au nombre de ceux doivent être pris en charge qui ne cesse d'augmenter dans un contexte économique difficile. Il est aussi de même pour la prise en charge nutritionnelle insuffisante face au nombre élevé de nécessiteux, ruptures ponctuelles de certaines molécules.

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 7

Since 2011, what have been key achievements in this area?: Mise en place d'une politique nationale OEV qui donne les orientations sur la scolarisation, l'accès aux soins médicaux et appui en AGR aux familles de tuteurs des OEV.

What challenges remain in this area?: Besoins illimités face aux ressources limitées pour y faire face: nombre estimé d'orphelins très élevé suite au contexte de guerre civile que le pays a connu ces dernières et dont les séquelles restent perceptibles.

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation:: Le SEP/CNLS est en perpétuel recrutement du personnel en suivi/évaluation surtout du niveau décentralisé à cause des départs répétitifs dus en grande partie au maigre salaire qu'il perçoit.

1.1. IF YES, years covered: De 2012 à 2016

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, some partners

Briefly describe what the issues are:: Les grands partenaires sont alignés mais il persiste quelques difficultés qui sont progressivement corrigées.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 8%

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles:: Des TDR sont en préparation pour la mise en place d'une unité nationale de M&E. Toutefois des Experts en suivi/évaluation en provenance des agences des Nations Unies, de la société civile se réunissent pour traiter des questions d'importance nationale comme le GARPR for example.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: Yes

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
EXPERT M&E AU SEP/CNLS	Temps plein	Avril 2013
EXPERT M&E: PROJET PRIDE	Temps plein	2005
ASSISTANTE EXPERT M&E: PROJET PRIDE	Temps plein	2007
EQUIPE DES CHARGES DE S&E DANS LES PROVINCES	Temps plein	2004

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
	Temps plein	
	Temps plein	
	Temps plein	

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: Le SEP/CNLS a implanté un logiciel SIDA INFO dans toutes les structures de prise en charge médicale des PVVIH pour la gestion des données. Dans le cadre du financement basé sur les performances, le paiement des indicateurs contractualisés du VIH est conditionné par la mise en à jour régulière de cette base de données SIDA INFO qui génère les indicateurs recherchés par exemple le nombre de personnes enrôlées sur le traitement ARV. Cet outil a permis d'améliorer d'une manière extraordinaire le rapportage.

What are the major challenges in this area:: - Instabilité du personnel suite au salaire jugé insuffisant, absence de staff qualifié dans les structures de PEC, - Besoin personnel de former/mettre à niveau les nouveaux staffs des provinces, - Absence d'un comité national de suivi/évaluation.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: Une base de données nationale existe et s'appelle SIDA INFO en access. C'est une base de données qui est générée à partir de la centralisation des bases de données des structures de prise en charge réparties dans tout le pays. C'est l'unité de suivi-évaluation du SEP/CNLS qui la gère à travers son unité I&T.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?: - PVVIH sous ARV, - Femmes sous PTME, - Les OEV

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: Une base de données nationale SIDA INFO permet de faciliter la gestion du système de suivi/évaluation et est décentralisée jusqu'au niveau des structures de soins. Elle contient toute la population qui bénéficie des interventions y comprises les populations clés les plus exposées au risque d'infection à VIH.n

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: Yes

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?: Les personnes vivant avec le VIH/Sida, les femmes et enfants sous PTME, les orphelins et autres enfants vulnérables, ...

Briefly explain how this information is used:: Ces informations sont utilisées pour l'achat des médicaments antirétroviraux, l'achat des kits scolaires pour les orphelins et autres enfants vulnérables, l'achat du kit nutritionnel pour les PVVIH les plus démunies, ...

(c) Is coverage monitored by geographical area?: No

IF YES, at which geographical levels (provincial, district, other)?:

Briefly explain how this information is used::

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: Yes

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]: Pour éviter le double financement des activités et d'un groupe de personnes donné

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: Les données fournies par le service de suivi/évaluation sont utilisées dans la planification. Par exemple le plan stratégique national 2011-2015 a utilisé les données du suivi/évaluation. L'achat des médicaments ARV et IO utilise les données du S&E en vue d'éviter les ruptures de stock et/ou les surstocks.

10. In the last year, was training in M&E conducted

At national level?: No

IF YES, what was the number trained::

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities:

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 9

Since 2011, what have been key achievements in this area: Le logiciel de SIDA INFO a été améliorée et est constamment mis à jour dans tout le pays. La qualité des données est régulièrement vérifiée suite à un audit de la qualité qui a lieu tous les trois mois. Les outils de collecte standardisés ont été validés et disponibles dans toutes les structures sanitaires pour la collecte.

What challenges remain in this area: La fidélisation du personnel qualifié et formé par des salaires acceptables, l'absence d'un comité national de S&E est un défi qu'on compte relever le plus rapidement possible.

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 4

Comments and examples: La société civile a fait un plaidoyer fort pour la subvention de l'accès aux ARV. Elle intervient dans l'élaboration des stratégies, elle contribue dans la mise en œuvre des interventions

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 4

Comments and examples: Les membres de la société civile font partie des différents comités d'élaboration des politiques, plans et stratégies. Ils participent dans différentes réunions de planification et de suivi/évaluation.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 5

b. The national HIV budget?: 2

c. The national HIV reports?: 5

Comments and examples: Les membres de la société civile font partie des différents comités d'élaboration des politiques, plans et stratégies. Ils participent dans différentes réunions de planification et de suivi/évaluation. La prise en compte des budgets des acteurs de société civile n'est pas encore effective.

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 0

c. Participate in using data for decision-making?: 4

Comments and examples: Le comité national de S&E n'est pas encore mis en place mais les Experts de la société civile participent à toutes les rencontres de suivi/évaluation pour toute question d'importance nationale. Les données collectées au niveau de la société civile contribuent à alimenter le rapport national

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4

Comments and examples: Les réseaux des personnes vivant avec le VIH sida appartiennent à la société civile dont le plus important est le RBP+.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 4

b. Adequate technical support to implement its HIV activities?: 4

Comments and examples: Le Burundi bénéficie d'un financement à double voie et la société civile est bénéficiaire principal des financements du Fonds Mondial à la huitième round des propositions.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: >75%

Men who have sex with men: >75%

People who inject drugs:

Sex workers: >75%

Transgender people:

Palliative care : >75%

Testing and Counselling: 51-75%

Know your Rights/ Legal services: 51-75%

Reduction of Stigma and Discrimination: 51-75%

Clinical services (ART/OI): 51-75%

Home-based care: 51-75%

Programmes for OVC: >75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 9

Since 2011, what have been key achievements in this area: Forte représentation de la société civile burundaise au sein du CCM et d'autres instances de coordination de la réponse au VIH, représentation de la société civile comme bénéficiaire principal du financement du Fonds Mondial avec de nombreux sous bénéficiaires Concertation de la société civile à différentes étapes du processus d'élaboration et mise en œuvre du plan stratégique national.

What challenges remain in this area: Des capacités managériales au sein de la société civile restent à renforcer. Insuffisances de ressources humaines qualifiées.

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:: Toutes les populations clés en l'occurrence les PVVIH sont associées aux mécanismes de planification et à la mise en œuvre des plans et politiques nationaux. Les professionnels de sexe et certains représentants des minorités sexuelles sont consultés aux diverses séances de planification et de mobilisation des ressources.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws::

Briefly explain what mechanisms are in place to ensure that these laws are implemented::

Briefly comment on the degree to which they are currently implemented::

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies:: La loi pénalise les hommes qui ont des rapports sexuels avec les hommes (femmes ayant des rapports avec les femmes)

Briefly comment on how they pose barriers:: Ces personnes peuvent avoir peur des sanctions qui peuvent leur être infligées ce qui limite leur accès aux structures de soins pour y recevoir des conseils et prise en charge adéquat.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.:

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: No

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy::

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism::

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: L'appui nutritionnel, scolaire et AGR sont accordés aux personnes les plus vulnérables seulement.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: No

IF YES, Briefly describe the content of this policy/strategy and the populations included::

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: No

IF YES, briefly explain the different types of approaches to ensure equal access for different populations::

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law::

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

IF YES on any of the above questions, describe some examples::

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: No

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]::

: No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 6

Since 2011, what have been key achievements in this area:: Une loi protégeant les personnes vivant avec le VIH/Sida est en place.

What challenges remain in this area: Certaines PVVIH ignorent l'existence de la loi, pas de mécanismes pour le suivi du respect du contenu de ladite loi.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 5

Since 2011, what have been key achievements in this area?: Les organisations de la société civile ont multiplié les séances de sensibilisation de la population en général et des PVVIH et d'autres groupes vulnérables en particulier pour l'appropriation de ces textes de loi.

What challenges remain in this area?: Certaines PVVIH ignorent l'existence de la loi, pas de mécanismes pour le suivi du respect du contenu de ladite loi.

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: Il y a eu évaluation du plan stratégique national et détermination des besoins prioritaires en matière de prévention. Une étude sur l'évaluation des programmes de prévention a eu lieu en 2011.

IF YES, what are these specific needs? :

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Harm reduction for people who inject drugs:

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations:

Risk reduction for men who have sex with men:

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Strongly agree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 8

Since 2011, what have been key achievements in this area: Le test VIH ainsi que les antigènes HBS sont réalisés sur toutes les poches de sang à transfuser. Dans toutes les structures de soins l'utilisation des seringues à usage unique, forte promotion de l'usage du préservatif, forte implication des PVVIH dans la sensibilisation pour la population en général et particulièrement chez les jeunes scolarisés et non scolarisés, les services offerts pour l'élimination et la transmission du VIH de la mère à l'enfant.

What challenges remain in this area: Ruptures fréquentes des réactifs, faible taux de couverture PTME et en ARV, les stratégies de prévention restent classiques. Un effort pour la révolutionner est à initier.

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized: Prise en charge médicale, y compris pour les infections opportunistes, prise en charge psychosociale par les psychologues, les médiateurs de santé et les pairs (visites à domicile, groupes de paroles, ateliers culinaires), prise en charge nutritionnelle aux démunis.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Pour mettre ces services de traitement de soins et de soutien à l'échelle, la stratégie est de les approcher au demandeur par la réduction de la distance à parcourir, la décentralisation et la délégation des tâches (la prescription des ARV) et l'intégration le plus possible des services.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Disagree

TB preventive therapy for people living with HIV: Disagree

TB screening for people living with HIV: Disagree

Treatment of common HIV-related infections: Agree

Other [write in]::

:

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area:: - Traitement ARV selon les nouvelles recommandations de l'OMS, - Dépistage du VIH chez les tuberculeux, - Amélioration du taux de couverture en ARV chez les adultes.

What challenges remain in this area:: - Ressources humaines insuffisantes, - Ruptures occasionnelles de certaines molécules, - Difficultés d'obtenir les médicaments de 3ème ligne sur place, - Difficultés liées au suivi des malades sous ARV (CV, CD4).

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 6

Since 2011, what have been key achievements in this area:: Mise en place d'une politique nationale OEV qui donne les orientations sur la scolarisation, l'accès aux soins médicaux et appui aux en AGR aux familles de tuteurs.

What challenges remain in this area:: Des besoins immenses face aux ressources limitées pour les couvrir: un nombre estimé d'orphelins très élevé suite au contexte de guerre civile que le pays traverse.