

HARM REDUCTION INFORMATION NOTE BURUNDI¹

1. KEY EPIDEMIOLOGICAL DATA

A rapid assessment conducted in 2017 within the context of a Global Fund regional grant found there to be 127 people who inject drugs in Bujumbura.² However, there is ample evidence that is an underestimate. Within the current Global Fund supported programme work, it is reported that over 979 people who inject drugs in Bujumbura and Gitega have been reached by an awareness-raising intervention.³ An updated population size estimation study should be prioritized within the 2020-2022 Global Fund country proposal for Burundi.

The rapid assessment involving 127 people who inject drugs found 7% to be women, 22% to have no fixed abode, with the vast majority injecting heroin but a significant proportion injecting crack cocaine (10%). 21% reported daily injecting and 58% had shared injecting equipment in the last 3 months (including needles/syringes and filters).⁴

The rapid assessment found the prevalence of HIV among people who inject drugs to be 10.2%.⁵ This constitutes high disease burden within a key population as defined by the [Global Fund eligibility criteria](#), and is significantly higher than HIV prevalence within the adult general population in Burundi, estimated to be 1.0%.⁶ Within the small sample of people who inject drugs,⁷ women were found to have an HIV prevalence of 22% compared with their male counterparts at 10%, indicating that women who use drugs may be particularly vulnerable to HIV infection. This echoes findings from Kenya and Tanzania, where HIV prevalence has been found to be higher among women who inject drugs than men.⁸ Half of the people in the rapid assessment had ever received an HIV test and only 5% had ever previously been tested for hepatitis C. Within the sample, 6% tested positive for HCV and 9.4% for HBV. Over half of people in the sample had been in prison, and 34% had injected with used needles/syringes when last in prison,⁹ indicating the need for a harm reduction response both within prison settings and in the wider community. 51% had exchanged sex, with 63% reporting condom use at last instance of sex work.¹⁰

While there are no studies providing an indication of HIV incidence among people who inject drugs in Burundi, UNAIDS estimate the regional average of new HIV infections transmitted via unsafe injecting drug use to be 8%.¹¹

2. HARM REDUCTION - SERVICES AND INVESTMENT

Needle and syringe programmes (NSP) or opioid substitution therapy (OST) sites are not currently available in Burundi. Platt et al (2019) found that only 3% of people who inject drugs in their study had ever received drug treatment, with one-third of people reporting having had recent contact with a peer

¹ Compiled by Harm Reduction International with input from BAPUD, finalised on 19 March 2020.

² KANCO & ABS (2017) HIV and Harm Reduction among Injecting Drug Users - A Rapid Assessment.

³ Personal communication with BAPUD representative (March 2020)

⁴ Platt L, Stengel C, Nkurunziza M et al (2019) Assessing HIV and hepatitis C risk among people who inject drugs in East Africa. Findings from a rapid assessment. *Journal of Viral Hepatitis* 2019; 26:926-929

⁵ Platt L, Stengel C, Nkurunziza M et al (2019) Assessing HIV and hepatitis C risk among people who inject drugs in East Africa. Findings from a rapid assessment. *Journal of Viral Hepatitis* 2019; 26:926-929

⁶ <https://www.unaids.org/en/regionscountries/countries/burundi>

⁷ Platt L, Stengel C, Nkurunziza M et al (2019) Assessing HIV and hepatitis C risk among people who inject drugs in East Africa. Findings from a rapid assessment. *Journal of Viral Hepatitis* 2019; 26:926-929

⁸ HRI (2018) [Regional Overview: Sub-Saharan Africa in Global State of Harm Reduction 2018: 6th Edition](#). London: Harm Reduction International

⁹ Platt L, Stengel C, Nkurunziza M et al (2019) Assessing HIV and hepatitis C risk among people who inject drugs in East Africa. Findings from a rapid assessment. *Journal of Viral Hepatitis* 2019; 26:926-929

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¹¹ UNAIDS (2019) UNAIDS Data Report

educator. Of further concern, 40% had experienced an overdose, highlighting the need for peer distribution of naloxone and overdose prevention training. Most people reported obtaining injecting equipment from pharmacies but the cost and pharmacy restrictions were barriers to this, as well as police harassment and violence.¹²

While funding has not been directed towards priority NSP and OST interventions, donors have reported expenditure related to HIV among people who use drugs. For example, in 2016 PEPFAR reported spending USD37,929. The PEPFAR Country Operational Plan for 2019 mentions the findings of the Platt et al (2019) rapid assessment but no mention of funds going towards the introduction of harm reduction programmes, such as needle and syringe programmes, opioid substitution therapy and naloxone peer distribution. The PEPFAR meeting on Country Operational Plans (COP) took place from 2-6 March 2020 in Johannesburg (Group 3: Ethiopia, Kenya, Tanzania, Uganda, Burundi, Rwanda, South Sudan, Malawi, Vietnam), with the deadline for COPs between 23 and 27 March 2020.¹³

Via the Global Fund sub-regional East Africa programme, the amount of USD440,247 was allocated to prevention of HIV among people who inject drugs in Burundi between 2016 and 2018. During this time, awareness-raising, screening and referrals to health care services were piloted for people who inject drugs by ABS in Burundi, through the sub-regional HIV and Harm Reduction project led by the Kenyan AIDS NGOs Consortium (KANCO).¹⁴ The proposal also notes the formation of a friendly space for people who inject drugs and that in December 2016, parliamentarians adopted a memorandum to support the establishment of a programme to reduce the risk of HIV transmission, particularly among people who inject drugs.¹⁵ Also within this project, a site visit for a Burundian team of doctors, a counsellor and national coordinator of a network of people who used drugs was organized to inform the development of Burundian harm reduction programme. They visited the Reach Out Center Trust in Mombasa.¹⁶

Global Fund support has also funded two community-friendly centres in Bujumbura and Gitega, each with a psychologist (but no medical doctor), educational talks, awareness raising kits, condoms (male and female) and some running costs for the Burundian Network of People who Use Drugs (BAPUD).

The HIV/TB country envelope for 2020-2022 is USD38,883,452, which is 23% higher than that of the 2017-2019 window. This is an important opportunity to continue and expand current efforts to reach people who inject drugs in Burundi and begin implementing priority harm reduction interventions that are proven to reduce HIV transmission. It is also of note that there is an opportunity to include harm reduction activities in the prioritized above allocation request (PAAR), which has no upper limit. Grant savings and portfolio optimization allowed 30% of the PAAR to be funded in the 2017-2019 funding cycle.

3. NATIONAL CONTEXT

National policy in Burundi includes mention of drug treatment and a national goal of reaching universal health coverage by 2025. Harm reduction is not explicitly supported within national policy in Burundi. However, the National Strategic Plan on HIV/AIDS (2014-2017) specifies populations that should be targeted for the prevention of HIV transmission, including 'inmates' and 'injecting drug users'.¹⁷ The last

¹² Platt L, Stengel C, Nkurunziza M et al (2019) Assessing HIV and hepatitis C risk among people who inject drugs in East Africa. Findings from a rapid assessment. *Journal of Viral Hepatitis* 2019; 26:926-929

¹³ <https://mpactglobal.org/2020-pepfar-country-operational-plans-get-involved/>

¹⁴ Applicant self-assessment to inform program continuation submitted in 2018. Available on Global Fund Data Explorer

¹⁵ Applicant self-assessment to inform program continuation submitted in 2018. Available on Global Fund Data Explorer

¹⁶ https://www.unaids.org/en/resources/presscentre/featurestories/2019/june/20190625_harm-reduction-burundi

¹⁷ Plan stratégique national de lutte contre le SIDA 2014-2017. Secrétariat Exécutif Permanent du CNLS, Ministère de la Santé Publique et de la Lutte Contre le Sida, République du Burundi; 2014; cited in WHO Regional Office for Africa (2018) FOCUS ON KEY POPULATIONS IN NATIONAL HIV STRATEGIC PLANS IN THE AFRICAN REGION. <https://apps.who.int/iris/bitstream/handle/10665/275494/WHO-AF-CDS-HIV-02.2018-eng.pdf?ua=1>

Global Fund proposal from Burundi included mention of the development of a national HIV and human rights strategy for key populations.¹⁸

It is important to note that while harm reduction is not yet explicitly mentioned in national policy in Burundi, this should not hinder implementation. Many countries adopt harm reduction programmes prior to their explicit inclusion in national policy documents. Within Sub-Saharan Africa, examples of this include Cote D'Ivoire where OST programmes have begun, as well as Mozambique where NSP has been introduced. In developing national policy, looking to countries in the region that already have harm reduction included may be useful, such as Kenya and Tanzania.

Burundi has a national policy plan in place for hepatitis C (HCV). A recent policy change now means that people who are actively using drugs are not excluded from accessing hepatitis C treatment. HCV diagnostics are available in Burundi, including laboratory based antibody testing and antibody rapid testing (estimated cost through the public sector is USD5.29 and private sector USD6.35). Viral load testing is available but priced at USD 158.65 in the public sector and USD132.21 in the private sector. Genotyping and fibroscans are available within the private sector (USD158.65 and USD63.46 respectively). Solvadi is a registered medicine in Burundi but there is no available data on cost within the country. Burundi is included in Gilead and BMS's voluntary license. It is reported that the yearly HCV treatment uptake in 2018 was less than 1% of people living with chronic HCV.¹⁹

Two-thirds of people within the rapid assessment had been arrested in the past 12 months and a similar proportion had ever experienced police violence. Over half had been in prison.²⁰ **There is a need to increase political support for harm reduction in order to ensure a conducive legal and policy environment for its implementation.** Civil society must be supported to advocate for necessary legal and policy changes and for domestic resource mobilization to ensure sustainable harm reduction service provision. There are existing civil society organisations active in Burundi, for example, ANSS and BAPUD, who are represented on the Global Fund Country Coordinating Mechanism.

4. USEFUL GUIDANCE AND INFORMATION

The Global Fund (2020) [Guidance Note for Developing a Resilient and Sustainable Systems for Health Funding Request](#)

The Global Fund (2019) [Technical brief on HIV and key populations Programming at scale with sex workers, men who have sex with men, transgender people, people who inject drugs, and people in prison and other closed settings](#)

The Global Fund (2019) [Guidance Note Sustainability, Transition and Co-financing](#)

The Global Fund (2019) [Technical Brief: Community Systems Strengthening](#)

The Global Fund (2017) [Technical Brief Harm reduction for people who use drugs](#)

The Global Fund (2019) [Technical Brief HIV, Human Rights, and Gender Equality](#)

The Global Fund: [focus on universal health coverage](#).

ICASO (2019) Community Update for Key Population and Civil Society Advocates. [The 2020-2022 Global Fund Funding Cycle](#)

[WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users - 2012 Revision.](#)

UNAIDS (2014) [Reduction of HIV-related Stigma and Discrimination, Guidance Note](#)

¹⁸ Applicant self-assessment to inform program continuation submitted in 2018. Available on Global Fund Data Explorer

¹⁹ [MapCrowd](#) – Online global data on hepatitis C

²⁰ Platt L, Stengel C, Nkurunziza M et al (2019) Assessing HIV and hepatitis C risk among people who inject drugs in East Africa. Findings from a rapid assessment. *Journal of Viral Hepatitis* 2019; 26:926-929