

Burkina Faso

HIV/AIDS epidemiological summary

HIV prevalence information among antenatal clinic attendees has been available since the mid-1980s from Burkina Faso. In Burkina Faso, Ouagadougou and Bobo-Dioulasso are considered major urban areas. From 1985-87 to 1996, HIV prevalence among antenatal women increased from nearly 2% to 10%. In 1997-8, 7% of antenatal clinic attendees were HIV-positive. Outside of major urban areas, median HIV prevalence among antenatal clinic attendees has ranged from 4% to 8% between 1994 and 1998.

HIV-1 and/or HIV-2 prevalence among sex workers in Ouagadougou and Bobo-Dioulasso increased from 17% in 1986 to 58% in 1994. Data were not available for the individual virus types. Nor were data available outside of the major urban areas among sex workers.

In 1990, 19% of male STI clinic patients tested in Bobo-Dioulasso were HIV-positive. In 1992, 42% of female STI clinic patients in Bobo-Dioulasso tested positive for HIV-1.

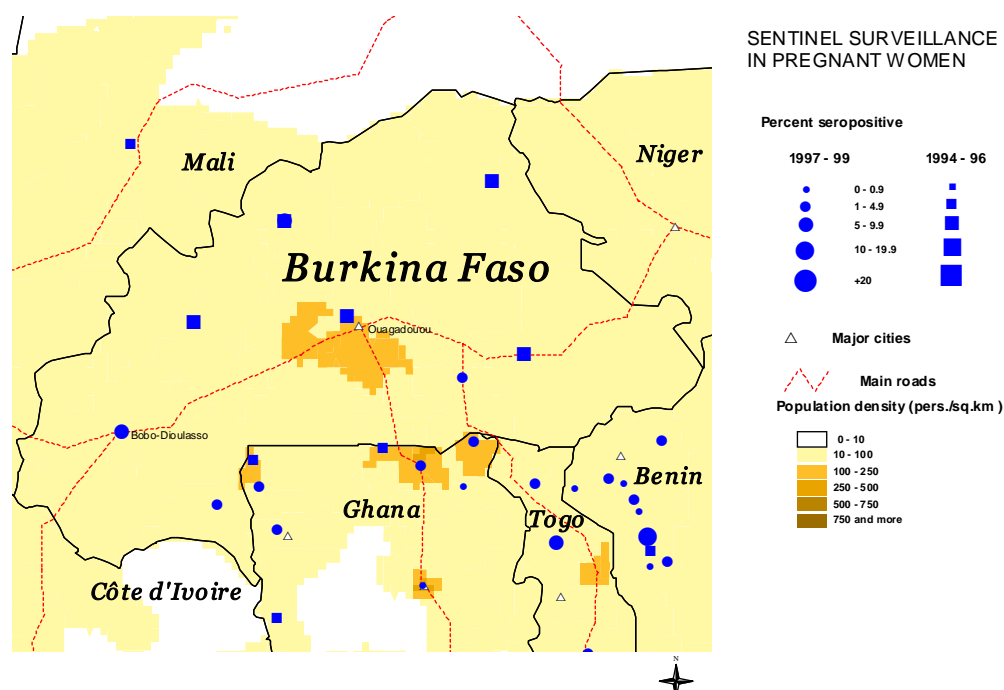
In 1994, 16% of truck drivers tested in Bobo-Dioulasso were HIV-1-infected.

Estimated number of people living with HIV/AIDS, end 1999	Adults and children	Adults (15-49)	Adult rate (%)	Women (15-49)	Children (0-14)
Source: UNAIDS/WHO, June 2000	350 000	330 000	6.44	180 000	20 000

Demographic impact of HIV/AIDS	Year	Estimate	Source
Children who lost their mother or both parents due to HIV/AIDS at age 14 or younger since the beginning of the epidemic	1999	320 000	UNAIDS/WHO, June 2000
Estimated AIDS deaths	1999	43 000	UNAIDS/WHO, June 2000

Behavioural indicators	Year	Age group	Male	Female
Reported condom use during most recent intercourse with a non-regular partner (%)	-	-	-	-
Reported non-regular sexual partnership over a 12-month period (%)	1992	15-24	61.3	31.4

Measured HIV prevalence	Year	Median	Min.	Max.
Women in antenatal care clinics – major urban areas (%)	1998	7.4	5.9	8.3



Economic Impact of HIV/AIDS

Summary of the economic impact of HIV/AIDS

Data on the economic impact of AIDS in Burkina Faso are extensive compared with other French-speaking African countries. Preliminary results of a recently developed model on the macroeconomic impact of AIDS show that the impact is average compared with other countries in sub-Saharan Africa. At the household level, AIDS expenditures are equivalent to double the GDP per capita. Individuals and families lose earning power as they face exorbitant medical costs that rapidly diminish savings. This loss in wealth is exacerbated by a decline in revenues as a result of AIDS morbidity and mortality in the agricultural sector. In the education sector, a UNAIDS/UNICEF model shows that increasing mortality rates due to AIDS leads to discontinuity in teaching, with many pupils losing or having a change in their teachers. The health sector studies show a large gap in funding required for a scaled-up care and prevention programme, equivalent to US\$ 3-4 per capita and 2.4% of GDP.

Macroeconomic impact

Preliminary results of a model developed in 2000 estimate the annual loss in GDP growth per capita as a result of AIDS to be 0.8% by 2010 (1).

Economic impact of HIV/AIDS on households

Family payments for the lifetime care of an AIDS patient were reported to be between US\$ 416 and US\$ 546—equivalent to two times the per capita income in 1993 (2).

Economic impact of HIV/AIDS on agriculture

A 1997 study carried out by the Food and Agricultural Organization in Sanguié and Boulkiemdé found shifting work patterns and an overall reduction in food production as a result of coping with AIDS in the household. In the same study, a 25-50% decline in net revenues from agricultural production was observed (3).

Economic impact of HIV/AIDS on firms

Not available

Economic impact of HIV/AIDS on education

Supply: A model developed by UNAIDS and UNICEF in 2000 shows that, of around 700 000 primary school students, 7400 children would have lost a teacher to AIDS in 1999 (4).

Demand: Not available

Economic impact on the health sector

Supply: Not available

Demand: More than 50% of hospital beds are occupied by those with AIDS-related illness (5).

Resource gap: The annual costs of scaling-up HIV/AIDS programmes nationwide is estimated to be between US\$ 37 million and US\$ 57 million (6).

Management and implementation of the national response to HIV/AIDS

Policy formulation

Existence of National HIV/AIDS policy (either a written document or part of one)

Yes	No
X	

Comments/Key elements:

Source: UNAIDS

Date: 20 June 2000

Existence of HIV/AIDS policy in the following sectors:

Sector	Yes	No
Agriculture		
Education		
Health		
Military		
Workplace		
Sports		
Others		

Comments/Key elements:

Source: UNAIDS

Date: 20 June 2000

Existence of HIV/AIDS-specific legislation against discrimination on the grounds of HIV

Yes	No
	X

Comments/Key elements:

Source: UNAIDS

Date: 20 June 2000

Organizational structure**Existence of high-level structure in support of the national response**

(e.g. National AIDS Committee/Commission, Inter-Ministerial Committee, Presidential-level bodies)

Yes	No
	X

Comments/Key elements: National AIDS Committee being restructured; decentralized structures being set up; AIDS/STI being integrated into health structures.

Source: UNAIDS

Date: 20 June 2000

Planning and programming**Existence of national strategic plan on HIV/AIDS**

Yes	No
X	

Comments/Key elements: A framework for the National Response has been completed, and an operational plan 2001-2003 is nearing completion.

Source: UNAIDS

Date: 20 June 2000

National strategic plan on HIV/AIDS includes clearly identified priorities

Yes	No
	X

Comments/Key elements: Priorities defined, but not ranked.

Source: Analysis of Completed Strategic Plans, Burkina Faso, Africa Desk.

Date: 5 June 2000

Existence of budget for implementation of the national strategic plan

Yes	No
X	

Comments/Key elements:

Source: UNAIDS

Date: 20 June 2000

General demographic and socioeconomic indicators

Demographic Indicators	Year	Estimate	Source
Total population (thousands)	1999	11 616	UNPOP
Population aged 15-49 (thousands)	1999	5110	UNPOP
Annual population growth (%)	1990–1998	2.8	UNPOP
% of population urbanized	1998	16	UNPOP
Average annual growth rate of urban population (%)	1990–1998	4.8	UNPOP
Economic Indicators	Year	Estimate	Source
GNP per capita (US\$)	1997	250	World Bank
GNP per capita average annual growth rate (%)	1996–1997	3.2	World Bank
Human Development Index rank (HDI)	2000	172	UNDP
% population economically active	-	-	-
Unemployment rate	-	-	-
Education Indicators	Year	Estimate	Source
Total adult literacy rate	1995	19	UNESCO
Adult male literacy rate	1995	30	UNESCO
Adult female literacy rate	1995	9	UNESCO
Male secondary school enrolment ratio	1996	11.7	UNESCO
Female secondary school enrolment ratio	1996	6.4	UNESCO
Health Indicators	Year	Estimate	Source
Crude birth rate (births per 1000 pop.)	1999	46	UNPOP
Crude death rate (deaths per 1000 pop.)	1999	18	UNPOP
Maternal mortality rate (per 100 000 live births)	1990	930	WHO
Life expectancy at birth	1998	45	UNPOP
Total fertility rate	1998	6.5	UNPOP
Infant mortality rate (per 1000 live births)	1999	97	UNICEF/UNPOP
Contraceptive prevalence rate (%)	1990–1999	12	UNICEF/UNPOP
% of births attended by trained health personnel	1990–1999	27	UNICEF
% of one-year-old children fully immunized-DPT	1995–1998	37	UNICEF

References

- (1) Bonnel, R. *What Makes an Economy HIV-Resistant?* Draft report presented during the International AIDS Economic Network Symposium, Durban, South Africa, 7-8 July 2000.
- (2) Comité National de Lutte contre le SIDA/ONUSIDA. *La lutte contre le VIH/SIDA et les MST au Burkina Faso*. 1997.
- (3) Food and Agricultural Organization. *The rural people of Africa confronted with AIDS: a challenge to development*. Rome, FAO, 1997.
- (4) UNICEF. *The Progress of Nations 2000*. Background paper. New York, UNICEF, 2000.
- (5) *Epidémie du VIH/SIDA au Burkina Faso: Diagnostics et Réponses Opérationnelles*. Preliminary. 4 December 2000. Ouagadougou.
- (6) World Bank and UNAIDS. *Costs of Scaling HIV Programmes to a National Level for Sub-Saharan Africa*. Draft report, April 2000.