## **Burkina Faso 2022-2023**

Summary of the Joint Programme's support to the national HIV response in 2022-2023

Total Joint Programme expenditure in 2022-2023: US\$ 3 379 689



In 2022-2023, the Joint Programme supported Burkina Faso in building capacity, developing guidance and empowering vulnerable communities to improve HIV prevention, testing and viral load monitoring services in the country. A national strategy on HIV, hepatitis and sexually transmitted infections (STIs) was developed with the Joint Programme's support, and HIV testing guidelines were revised to better steer HIV testing programmes. Standard operating procedures on pre-exposure prophylaxis (PrEP) were also adopted to support PrEP programme implementation, data collection and monitoring in line with global standards (WHO).

Procurement of point-of-care equipment, community outreach, service promotion campaigns and client follow-up programmes increased access and uptake of early infant diagnosis services for HIV-exposed children. For instance, a family index testing initiative led by peer educators reached 372 children admitted to nutrition centres, 386 women and over 380 male partners with HIV testing services, and the 68 people found positive were referred to treatment (UNICEF).

Burkina Faso successfully transitioned all eligible people living with HIV to Dolutegravir-based antiretroviral treatment (ART) and rolled out multimonth dispensing of ART. The Joint Programme also supported the development of a national strategy and accompanying guidelines on differentiated service delivery, and further reinforced their implementation through capacity building sessions for healthcare providers (WHO). The establishment of community-based HIV service delivery systems, capacity building and catalytic funding also empowered communities to actively participate in decision making, planning, implementation and monitoring of HIV programmes, including differentiated HIV testing and treatment services (UNICEF, WHO, UNAIDS Secretariat).

To further improve access and quality of comprehensive sexuality education, teacher's training modules were developed and integrated into existing training programmes while a pool of 520 trainers and 625 schoolteachers were capacitated to provide family life education. As part of the zero pregnancy, zero gender-based violence, zero child marriage (3Z) approach, nearly 2800 schools in Central Plateau and Central West regions received Joint Programme technical support to ensure protection of vulnerable girls in an inclusive manner through the active engagement of adolescent and young people. This benefited nearly over 209 000 school directors, parents and representatives of parents' associations, associations of mothers' educators and school management committees, as well as 106 000 learners including 2924 pupils with disabilities (UNESCO).

Over 175 000 adolescents and young people received messages raising awareness on HIV, early pregnancy, hepatitis, COVID-19 and psychoactive substances through a digital campaign implemented in partnership with youth associations. Another 3500 young people participated in various sensitization initiatives on HIV and sexual and reproductive health, including educational talks and film screenings (UNICEF). Similarly, over 350 law enforcement officers, magistrates, healthcare providers, customary and religious leaders and community members received orientation on HIV, stigma, discrimination, gender equality and human rights to support implementation and further advocate for equitable and gender-sensitive health and social protection programmes for all. In addition, over 100 people working in prisons improved their knowledge on HIV and human rights, and on the management of prisoners living with HIV (UNDP).

## **KEY RESULTS**

- HIV services were expanded as a result of strengthened community-led responses and the introduction of innovative approaches including family index testing.
- Over 280 000 adolescents and young people benefited information on HIV, child marriages, pregnancies and gender-based violence through a school-based programme and a digital information campaign.
- All refugees are now included to access healthcare services through the national health system, and thousands of internally displaced persons and refugees accessed HIV services.
- Strategic support and guidance on prioritization provided by the Joint Programme strengthened Burkina Faso's efforts to successfully mobilize US\$ 244 million from the Global Fund for 2024-2026.

Joint UN Team on AIDS

UNHCR UNICEF WFP

**UNDP** 

UNFPA UNESCO WHO

UNAIDS Secretariat

World Bank

IOM OHCHR

Contributing to the UNSDCF and SDGs











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Contributing to a strengthened HIV response in humanitarian settings, the Government included all refugees to be eligible to access health services through the national healthcare system following advocacy and technical support from the Joint Programme. Besides, over 20 000 refugees, internally displaced persons and people from host communities improved their awareness of HIV and STI prevention and testing services, while 8845 people from these groups in Dori city were sensitized on HIV prevention. A total of 6000 refugees, internally displaced people and people from host communities accessed HIV testing services and five people who tested positive were enrolled on treatment. More than 10 000 condoms, 500 hygiene and menstrual kits for women and girls, and nutritional supplements were also distributed during these events (UNHCR). Collaboration with civil society organizations further expanded access to HIV prevention, testing and treatment services for internally displaced persons and their children in 7 communes (UNAIDS Secretariat). In four humanitarian sites located in Kaya and Ouagadougou, 2000 people, including internally displaced persons and pregnant women accessed hepatitis B and syphilis screening services (UNICEF).

Further strengthening sustainability of the national HIV response, Burkina Faso successfully mobilized US\$ 244 million from the Global Fund for the 2024-2026 period. Technical support and guidance from the Joint Programme helped in prioritizing the grants to continue scale up HIV services among populations and other people still left behind in the response.