



Alliance Burundaise
contre le SIDA
et la promotion de la santé



From research to action in Burundi

Using evidence gathered by people living with HIV to inform advocacy

Cédric NININHAZWE GNP+ Y+ fellow

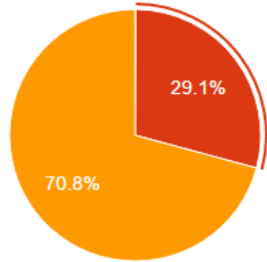
Presented at Share-Net Small Grants Dissemination
17th January 2017 Amsterdam Netherlands



Background

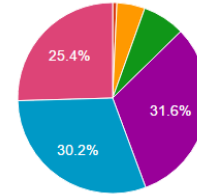
- **In 2014 5 Burundi PLHIV networks (with UNAIDS support) conducted the stigma index study**
- **In 2015 share-net approved the GNP + / ABS grant to support advocacy activities based on stigma index results and case studies**
- **With the FRAB project during 2015/6:**
 - stigma index results were shared with partners
 - case studies were prepared
 - an advocacy action plan was developed

Some Key Stigma Index results (1)

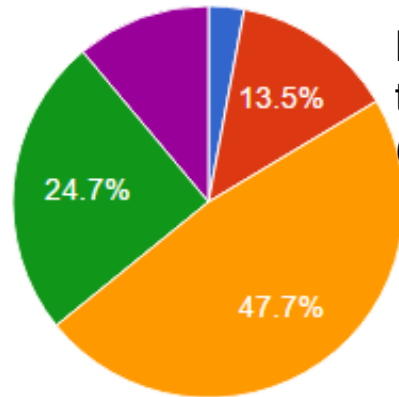


1264 (70.8% women and 29.8% men) People Living with HIV interviewed by other PLHIV

S1Q2 - How old are you? Most represented age group 30-39 years old 390 (31.6%)

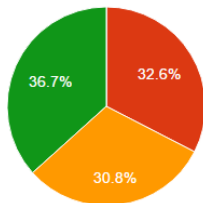


- Child aged 10-14 years (0)
- Youth aged 15-19 years (9)
- Adult aged 20-24 years (59)
- Adult aged 25-29 years (89)
- Adult aged 30-39 years (390)
- Adult aged 40-49 years (373)
- Adult aged 50+ years (314)



High level of access to ARV's (95.1%) but still high levels reported "poor" or only "good" health

- Excellent (37)
- Very Good (170)
- Good (602)
- Fair (312)
- Poor (140)



- A rural area (405)
- A small town or village (383)
- A large town or city (456)
- The countryside (0)

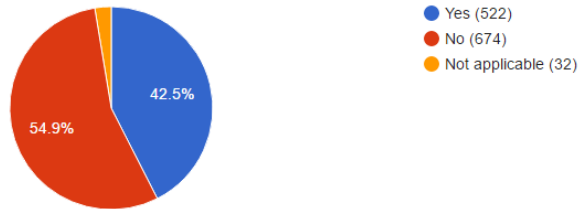
36.1% lived in urban areas (390)

- More than 67% of respondents are severely or moderately food insecure; 74.8% living below poverty threshold
- More women reported experienced stigma than men – across all areas of questions
- As respondents grew older perception of Discrimination /stigma decreased

Some Key Stigma Index results (2)

Some sexual and reproductive health issues

S3DQ3 - Has a health care professional ever advised you not to have a child since you were diagnosed as HIV-positive?

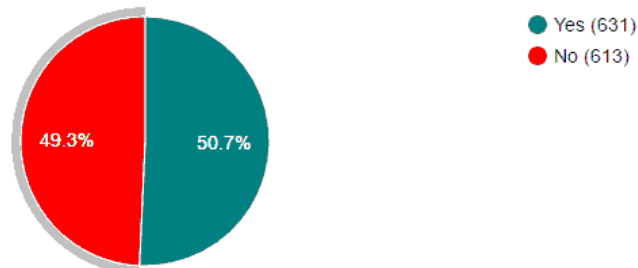


Interlinked issues of “poverty”, virulent discrimination in employment (with 70% of respondents being denied employment or having discrimination in employment because of HIV status), inadequate and outdated SRHR advice and practice and internalised stigma have been highlighted by the study

S3DQ4 - Has a health care professional ever coerced you into being sterilized since you were diagnosed as HIV-positive?



S2CQ2H - In the last 12 months, have you done any of the following things because of your HIV status? (I decided not to have (more) children)



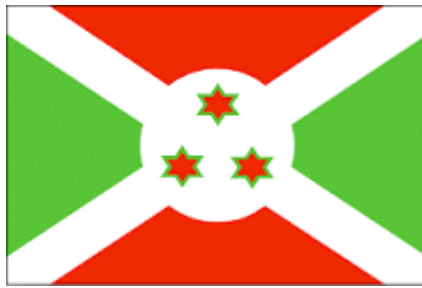
Actions

- **Amending the PLHIV Protection Act and make it widely available**
- **Establishing a legal assistance program for PLHIV for victims of violations of rights**
- **Enhance enforcement of laws and human rights**
- **Increase knowledge and capacity regarding rights and the fight against discrimination**
- **Building capacity and developing the personal and social skills of PLHIV**
- **Improving support services for PLHIV**

Implications

Work needs to be contextualised within larger approaches. For example:

- **Almost 70 percent of the population lives below poverty line, and the fifth poorest country in the world; work needs to happen within poverty eradication programmes**
- **Anti-retroviral drugs are free (provided by Global Fund) . but problematic access to basic healthcare, almost no support of costs regarding consultation and hospitalization; task shifting and community health systems strengthening is essential**



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In conclusion thanks to



For appreciation of how difficult the country context is in which this is being carried out and allowing us the extra time it is taking to fully accomplish

