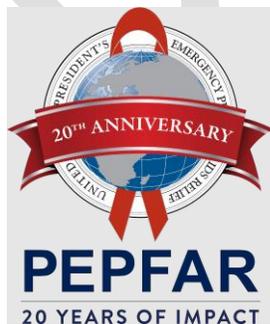


Burundi
Country Operational Plan
(COP) 2023
Strategic Direction Summary
04/19/2023



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Table of Contents

I. Tables.....	1
II. Figures	1
iii. List of Acronyms	2
1.0 Epidemic, Response, and Program Context.....	5
2.0 Goal Statement	9
3.0 Executive Summary.....	10
4.0 Plans by Strategic Pillars	13
4.1 Strategic Pillar 1: Health Equity for Priority Populations	13
4.1.1 Ending AIDS In Children.....	13
4.1.1.1 Ending preventable new pediatric HIV infections through PMTCT	14
4.1.1.2 Finding undiagnosed children and adolescents and ensuring their health.....	17
4.1.2 Ensuring Equity for Adolescent Girls and Young Women (AGYW)	19
4.1.4 Ensuring Equity for Key Populations.....	23
4.1.5 Finding Men	25
4.2 Strategic Pillar 2: Sustaining the Response	25
4.3 Strategic Pillar 3: Public Health Systems and Security	33
4.4 Strategic Pillar 4: Transformative Partners	37
4.5 Strategic Pillar 5: Follow the Science	40
5.0 Plans for Strategic Enablers.....	42
5.1 Strategic Enabler 1: Community Leadership.....	42
5.2 Strategic Enabler 2: Innovation	44
5.3 Strategic Enabler 3: Leading with Data.....	45
5.3.1 Unique Patient Identifier for the Health Sector	45
5.3.2 Electrification of Health Facilities & Internet Connectivity.....	45
5.3.3 Health Data Center which hosts the various databases of the health sector	46
5.3.4 Interoperability Framework.....	46
5.3.5 Continuous Pre- and In-service training.....	46
5.3.6 Data Quality.....	46
6.0 Core Standards	47
7.0 USG Operations and Staffing Plan.....	53
APPENDIX A. Prioritization	54
APPENDIX B. Budget Profile and Resource Projections.....	55

APPENDIX C – Above site and Systems Investments from PASIT and SRE58
Appendix D. Target Tables60
APPENDIX E. Additional Visuals.....62

DRAFT

I. Tables

Table 1: 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression	6
Table 2: Current Status of ART saturation	8
Table 3: Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention	55
Table 4: Table B.1.2 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Program Area.....	56
Table 5: Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary	56
Table 6: Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative	57
Table 7: ART Targets by Prioritization for Epidemic Control	60
Table 8: Target Populations for Prevention Interventions to Facilitate Epidemic Control.....	60
Table 9: Targets for OVC and Linkages to HIV Services	61

II. Figures

Figure 1: Maps of Burundi showing PLHIV, Treatment Coverage, and Viral Load Access and Suppression by Province.....	7
Figure 2: FY22 GEND_GBV Program Results by Age, Sex, and Violence Type	21
Figure 3: COP23 District Approach.....	28
Figure 4: Epidemic Cascade Age/Sex Pyramid – Source: Panorama.....	54
Figure 6: Desired medical information exchange framework through interoperability layer (Long Term vision).....	59
Figure 7: Burundi - Overview of 95/95/95 Cascade FY23 Results – Source: PEPFAR Panorama.....	62
Figure 8: Burundi - Clients Gained/Lost from ART by Age/Sex, FY22 Q4 - Source: PEPFAR Panorama.....	62
Figure 9: Prevention Continuum by Key Population Group - Source: Panorama	63

iii. List of Acronyms

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
ALHIV	Adolescents Living with HIV
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
CAGs	Community ART Groups
CAMEBU	Centrale d'Achat des Medicaments Essentiels du Burundi (Burundi Central Medical Stores)
CCM	Country Coordinating Mechanism
CHW	Community Health Worker
CLHIV	Children Living with HIV
CNLS	National AIDS Council (French acronym)
COP	Country Operating Plan
CoT	Continuity of Treatment
CSO	Civil Society Organization
CTX	Cotrimoxazole
DBS	Dried Blood Spot
DHIS2	District Health Information System 2
DHT	District Health Team
DHS	Demographic and Health Survey
DIC	Drop-in Center
DNO	Diagnostic Network Optimization
DOD	U.S. Department of Defense
DSD	Differentiated Service Delivery
DTG	Dolutegravir
EID	Early Infant Diagnosis
eLMIS	Electronic Information System
EMR	Electronic Medical Record System
EPOA	Enhanced Peer Outreach Approach
ER	Expenditure Reporting
FAST	Funding Allocation Strategic Tool
FBO	Faith-Based Organizations
FP	Family Planning
FSW	Female Sex Workers
FY	Fiscal Year
GBV	Gender-Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GOB	Government of Burundi
HEI	HIV-Exposed Infant
HIV	Human Immunodeficiency Virus
HIVST	HIV Self-Testing
HRH	Human Resources for Health
HSS	Health Systems Strengthening
HTS	HIV Testing Services
IIT	Interruption In Treatment
INH	Isoniazid
INSP	Institut National de Santé Publique (National Public Health Institute)
IP	Implementing Partner

IPV	Intimate Partner Violence
KP	Key Population
LGBTI	Lesbian, Gay, Bisexual, and Transgender individuals
LPV/r	Lopinavir/ritonavir
LTFU	Lost To Follow-Up
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MMD	Multi-Month Dispensing
MMS	Multi-Month Scripting
MSM	Men who have Sex with Men
MSPLS	Ministry of Public Health and the Fight Against AIDS
NACP	National AIDS Control Program (PNLS is the French acronym)
NGO	Non-Governmental Organization
NSP	National Strategic Plan
OI	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PBF	Performance-Based Financing
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Testing and Counseling
PLACE	Priorities for Local AIDS Control Efforts
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-To-Child Transmission
POART	PEPFAR Oversight and Accountability Response Team
POC	Point Of Care
PLL	Planning Level Letter
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
QA/QI	Quality Assurance/Quality Improvement
RCA	Root Cause Analysis
RTK	Rapid Test Kit
SCMS	Supply Chain Management System
SDS	Strategic Direction Summary
S/GAC	U.S. Global AIDS Coordinator and Health Diplomacy, Department of State
SI	Strategic Information
SID	Sustainability Index and Dashboard
SIMS	Site Improvement through Monitoring System
SNU	Sub-National Unit
STI	Sexually Transmitted Infections
TB	Tuberculosis
TG	Transgender Individuals
TPT	TB Preventive Treatment
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
USG	United States Government
U=U	Undetectable = Untransmissible
VL	Viral Load
WHO	World Health Organization
WLHIV	Women Living with HIV

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1.0 Epidemic, Response, and Program Context

1.1 Introduction

Burundi has consistently improved its HIV response achieving 93-99-93 in the HIV cascade and is on track to become the first African francophone country to achieve the 95-95-95 UNAIDS targets. These results are due to the leadership of the National AIDS Control Program (NACP, or PNLIS in French), aligned with planned investments from the Ministry of Public Health and Fight Against AIDS (MSPLS), the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) and the United States President's Emergency Plan for AIDS Relief (PEPFAR).

The Country Operational Plan 2023 (COP23) for Burundi focuses on PEPFAR's support to continue to build on achievements made to date and to swiftly close the geographic and demographic gaps in the epidemic response, with the goal to end Burundi's HIV/AIDS epidemic as a public health threat by 2030. This COP23 Strategic Direction Summary (SDS) concentrates on PEPFAR's contribution to strengthening the Government of the Republic of Burundi (GOB)'s leadership with stakeholders (including PLHIVs, key populations, priority populations, private sector and multilateral agencies) in a collaborative and inclusive environment.

1.2 Program Context

The Republic of Burundi is a small, landlocked country in the African Great Lakes region bordering Lake Tanganyika. The country shares borders with Rwanda, Tanzania, and the Democratic Republic of the Congo. With an estimated population of 12.6 million (2022), Burundi is the second most densely populated country in Africa, with about 463 inhabitants per square kilometer (2020). Burundi's total fertility rate of 5.1 children per woman, is one of the highest in the world. Burundi faces a large youth bulge, with almost half of the population below the age of 15 (45.25 percent).

Burundi is the poorest country in the world according to gross domestic product (GDP) per capita, with \$292 in 2022 and ranks 5th among the least developed countries according to the 2021 UN Human Development Index. The economy is predominantly agricultural, with 86.2 percent of total employment being in agriculture in 2019. Burundi remains a challenging operating environment for implementation of U.S. government (USG)-funded programs due to its fragility, low local capacity, and security and travel restrictions for USG personnel and IPs.

1.3 HIV Prevalence

According to 2023 Spectrum modeling, Burundi's HIV prevalence among adults over the age of 15 years is 1.1 percent. Prevalence varies according to age group (see Table 1.1 below). Overall, there is a trend toward urbanization and feminization of the epidemic. Substantial gains have

been made in reducing the HIV prevalence rate among adults 15-49 years by province when comparing 2021 data with 2022 data.

PEPFAR Burundi, through its implementing partners, aims to decrease HIV prevalence by targeting populations with higher mobility (e.g., truck and motorbike drivers) and other key populations and their social and sexual networks, with HIV prevention, testing, care, and treatment services. In 2020, Kirundo and Gitega had 1.5 and 1.2 percent prevalence and are now at 1.1 and 0.9 percent respectively. Even provinces with relatively low prevalence have seen declines; Rutana, the province with the lowest prevalence in 2020 at 0.9 percent is now at 0.4 percent. While the highest prevalence remains in Bujumbura Mairie at 3.4 percent, this is a marked decrease from 4.9 percent, documented in 2020.

Table 1: 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression

95-95-95 cascade: HIV diagnosis, treatment, and viral suppression										
General Population Cascade ^a										
Epidemiologic Data HIV Treatment and Viral Suppression HIV Testing and Linkage to ART Within the Last Year										
Blank	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV Diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	12,852,499	81,779	0.6%	77,926	68,566	83.8%	96.6%	470,376	6,577	6,519
Population <15 years	5,778,146	6,746	0.1%	4,409	2,425	27.6%	91.9%	26,810	285	282
Men 15-24 years	1,223,586	4,047	0.3%	3,320	1,904	34.7%	94.1%	15,436	162	157
Men 25+ years	2,248,470	24,861	1.1%	22,415	20,039	85.5%	96.6%	56,295	1,893	1,869
Women 15-24 years	1,223,779	5,001	0.4%	5,558	4,442	90.8%	95.3%	133,396	1,136	1,111
Women 25+ years	2,378,518	41,124	1.7%	42,224	39,756	101.5%	97.2%	238,431	3,100	3,100
Key Population Cascade ^b										
MSM	6,452	6%	Blank	Blank	472	Blank	97.2%	3,772	140	140
FSW	24,714	31%	Blank	Blank	4086	Blank	97.2%	18,119	949	965
TG	Blank	Blank	Blank	Blank	26	Blank	94.7%	246	10	10

Source: a) General population: Spectrum+DHIS2 and b) KP: Mapping from EpiC (2019) +DATIM -- Note: Population size estimates for KP are still yet to be implemented after the IBBS results made available.

Bujumbura Mairie alone has one third of the total persons living with HIV (PLHIV) (32 percent), followed by Kirundo and Gitega (respectively 10 and 9 percent). Muramvya, Cankuzo, Bubanza and Rutana have the lowest (1.5, 1.8 and 2 percent respectively). The same proportions are observed for the number of people on ART. Bujumbura Mairie has one third of PLHIV on antiretroviral therapy (ART) (26,468) followed by Kirundo and Gitega (7,882 and 7,226 respectively). Bujumbura Mairie has the highest viral load testing access at 92 percent. In COP22, PWID group was included as a key population group. As of Q1 FY23, 2 PWID were tested HIV positive and started ARV treatment.

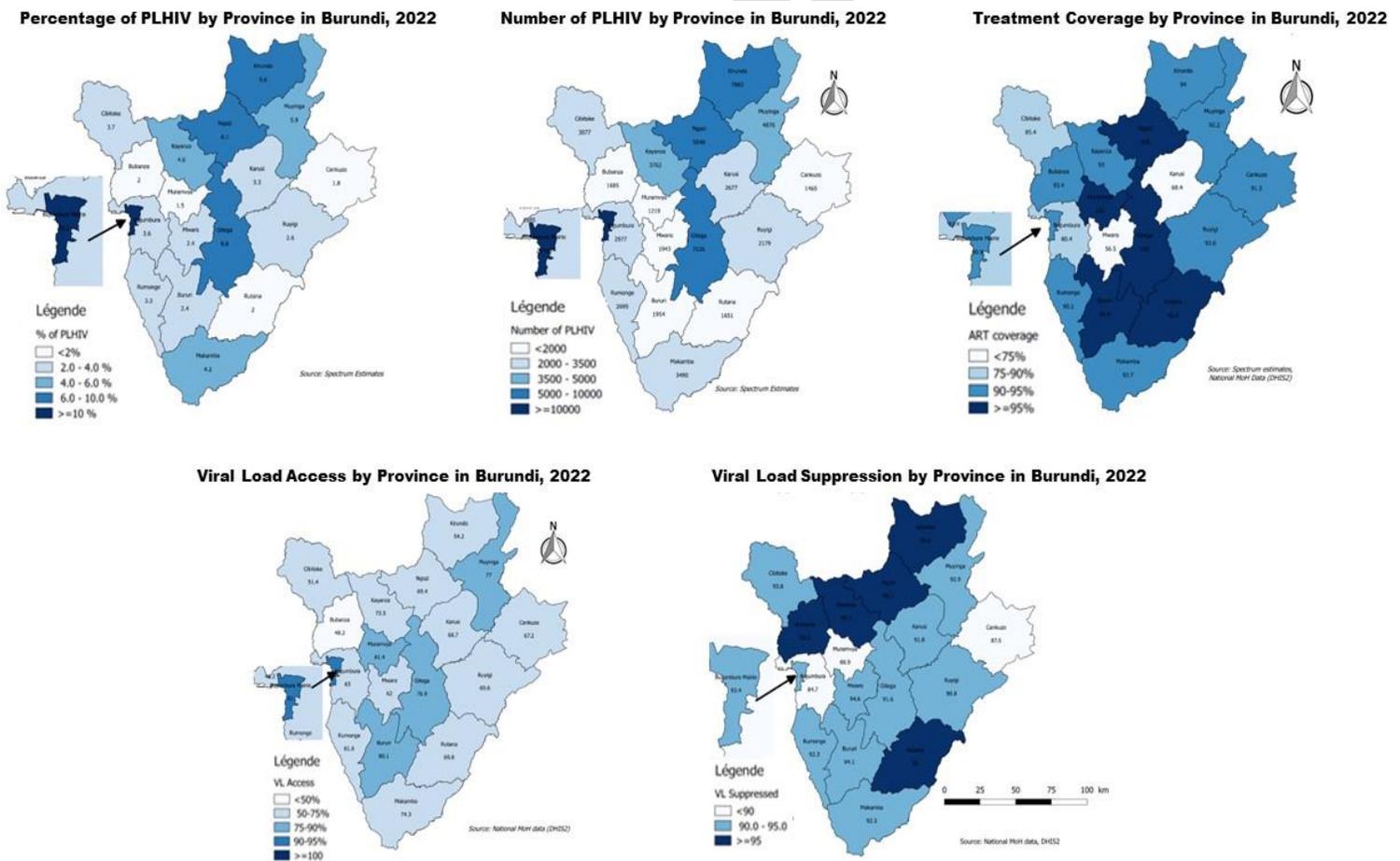


Figure 1: Maps of Burundi showing PLHIV, Treatment Coverage, and Viral Load Access and Suppression by Province

Table 2: Current Status of ART saturation

Prioritization Area	FY24 PLHIV Estimate	Percent to Total (FY24 PLHIV)	Current on ART (FY22)	Count of PSNU FY23	Count of PSNU FY24
Military	Blank	Blank	3,710	1	1
Scale-Up: Saturation	73,901	90.37%	58,089	39	14
Scale-Up: Aggressive	7,878	9.63%	6,767	10	4
Total National	81,779	100.00%	68,566	50	19

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2.0 Goal Statement

PEPFAR Burundi's COP23 goal is to support the government's leadership through a holistic approach of "one country, one program" in a collaborative manner with stakeholders including civil society, bilateral and multilateral partners, and the private sector, to reach 95-95-95 by 2025, and end Burundi's HIV/AIDS epidemic as a public health threat by 2030 while sustainably strengthening public health systems.

The GOB plans to operationalize, through PEPFAR support, a strong health system, to reach and sustain the UNAIDS 95-95-95 targets. In tandem with global perspectives, the GOB seeks to reduce new HIV infections and make significant gains towards tackling societal challenges including the global 10-10-10 targets (which call for the removal of punitive laws which criminalize sex work, same-sex relationships, and drug use) while sustaining the program.

PEPFAR Burundi plans to drive transformative change in its HIV/AIDS programming through the implementation of PEPFAR's 5x3 strategy which seeks to address five strategic pillars that support health equity for priority populations with focus areas on adolescent girls and young women (AGYW), children, key populations (KP); sustaining the response; strengthening public health systems and security; transformative partnerships; following the science and three strategic enablers; community leadership; innovation; and leading with data.

2.1 Shift in Strategic Direction for COP23

The GOB seeks to implement priorities of its strategic approach through the National Strategic Plan (NSP) for the Fight Against HIV, STIs and Viral Hepatitis (2023-2027) and the National Health Development Plan, both of which align well with PEPFAR's 5x3 strategies to strengthen outcomes and accelerate sustainability. A major outcome from the COP23 Planning Meeting is the GOB's articulation of continued leadership and ownership as demonstrated by increased investments in the national HIV program to support the country achieving 95-99-95 by 2025.

The NSP aims to reduce HIV incidence and new infections linked to HIV, STIs, viral hepatitis (HV) and other comorbidities, by:

- Amplifying combined prevention measures to eliminate mother-to-child transmission (eMTCT);
- Diversifying screening modalities, which must be strategically targeted to effectively reach populations most at risk of HIV and STI/HIV infection as well as hard-to-reach populations;
- Developing a holistic approach considering the life cycle of people living with HIV, including people of the third age; and
- Improving care for children and adolescents.

A cross-cutting theme is the creation of an enabling environment which removes barriers to service access for PLHIV and priority populations defined in the PEPFAR 5x3 Strategy.

3.0 Executive Summary

3.1 Aligning PEPFAR's 5 Strategic Pillars with the National Strategy

As part of the COP23 co-planning process, PEPFAR Burundi, along with government counterparts, civil society and donors, agreed on a roadmap to end HIV/AIDS as a public health threat by 2030 while sustainably strengthening public health systems. Key gaps remaining in Burundi were identified among children, AGYW, key populations, and case finding for men.

Priority interventions identified to achieve equitable services among these populations include:

- Increasing national and subnational collaboration and coordination across domestic government, donors and community actors.
- Investments in community leadership and engagement (e.g., community-led monitoring).
- Leading with data (from integrated health information systems, including surveillance, surveys, and other research methodologies).

The NSP 2023-2027 aligns with **Pillar 1 - Health Equity for Priority Populations** through the scale up of pre-exposure prophylaxis (PrEP), support for strengthened and institutionalized Mentor Mothers program, and advancing and supporting community led programs including undetectable = untransmittable (U=U) literacy for PLHIV.

PEPFAR Burundi will also continue to support efforts to reduce stigma, discrimination and violence in health services and society in general for key and priority populations, being intentional about addressing policy challenges and capacitating health systems staff around inclusiveness. In addition, PEPFAR Burundi will expand testing modalities for children including early infant diagnosis (EID); self-testing for hard-to-reach patients including children, KPs and AGYW and; targeted HIV/syphilis testing during antenatal care (ANC). COP23 programming will continue to: ensure that clients testing negative are appropriately linked to prevention services (including PrEP); support same-day ART linkages for those diagnosed with HIV; as well as ensure PLHIV on ART are maintained in care with viral loads monitored regularly for suppression.

Aligning **Pillar 2 - Sustaining the Response** with the NSP 2023-2027 will be actualized by sustaining the supply chain and laboratory operations systems, including improved management and supplies distribution. Governance of the HIV response is high on the country's agenda. The

NSP 2023-2027 also prioritizes effective, functional, and operational monitoring and evaluation and includes strengthening the operation of laboratories in alignment with the PEPFAR 5x3 strategy. Associated COP23 priorities include integration of services; improving the quality of lab services; strengthening the capacity and sustainability of CSO-led services; increasing coordination with the Ministry of Health, civil society, and other ministries; as well as expanding and enhancing community leadership within a fully integrated district approach.

For **Pillar 3 - Public Health Systems and Security** national stakeholders prioritized optimizing use of laboratory platforms for viral load (VL) monitoring and EID; operationalizing the integrated sample transportation plan; accelerating the electronic logistic management information system (eLMIS); and implementation of pharmaceuticals traceability and reporting. Other key elements of Pillar 3 include coordination and strengthening institutional capacities, integration of services of the Ministry of Health and civil society, capacity building and community health systems strengthening, quality assurance, and expansion of the district approach.

Under **Pillar 4 - Transformative Partnerships**, the NSP 2023-2027 refers to strengthening the involvement of the community system at all levels through the implementation of partnership contracts. This result-oriented strategy is grounded in mutual commitment towards the achievement of national objectives. The national stakeholders agreed that it is paramount to improve national and subnational coordination as well as work across ministries to enhance donor partnerships and leverage facility and community partnerships for safe and ethical index testing. Community engagement is considered a top priority and aligns well with the PEPFAR 5x3 strategy. PEPFAR Burundi will also explore private sector partnerships in COP23, such as working with a private clinic for cervical cancer treatment.

Under **Pillar 5 - Follow the Science**, national stakeholders agreed to increase support to ensure U=U literacy among PLHIV on treatment with an undetectable VL, which aligns well with GOB priorities. Recognizing the prevention benefits of undetectable VL, the national stakeholders also agreed on accelerating demand creation modalities through evidence-based approaches including awareness and sensitization strategies at the community level. PEPFAR Burundi will maintain efforts to address structural barriers (including policy barriers) that inhibit access to services. In collaboration with WHO, PEPFAR Burundi will support the GOB learning agenda on latest evidence-based and best practices, including WHO and international standards, towards alignment of the country's strategies with those of the East African Community. During FY24 and FY25 the following surveys and surveillance interventions will be implemented to better HIV inform programming in Burundi:

- Case-based surveillance
- Recent infection surveillance
- Seroprevalence and Behavioral Epidemiology Risk Surveys (SABERS)

- DHS (using other USAID funding sources – Malaria, Maternal Child Health, and Family Planning/Sexual and Reproductive Health)

3.2 Aligning PEPFAR’s 3 Strategy Enablers with the National Strategy

Enabler 1: Strengthening the Capacity of Civil Society is central to the National Strategic Plan. PEPFAR commends Burundi’s strong civil society as a leading force in the response to HIV since the beginning of the epidemic, providing expertise and relationship building with local communities and often informing the development/refinement of service delivery models. Communities –with emphasis on priority and key populations– are also engaged in planning and delivering services, and actively participating in planning.

During the COP23 planning process, stakeholders advocated for greater community engagement in PEPFAR programming. Hence, PEPFAR Burundi will strengthen various community systems, such as the community-focused Mentor Mothers' programs, increasing PLHIV and KP community empowerment, which will strengthen community-directed activities of group leaders, peer educators, treatment buddies and navigators. In COP23, PEPFAR Burundi, through its four PLHIV civil society organizations, will continue to expand and refine community-led monitoring (CLM), using data from the process to improve services. PEPFAR Burundi has made progress in recent years transitioning to local partners orphans and vulnerable children (OVC), KP and gender-based violence (GBV) programming, as well as Site Improvement through Monitoring System (SIMS) monitoring.

Enabler 2: Innovation is nourished through investment in incremental changes that are low risk but are anticipated to yield high impact. That said, with increased PrEP uptake, PEPFAR Burundi will transition to “status neutral testing” strategies, looking to find those individuals at higher risk and either enroll and sustain them on treatment if positive or on PrEP if negative. U=U literacy is relatively new in the communities and has the potential to increase community-led demand creation interventions that sensitize the community and improve VL suppression.

From its start PEPFAR has built on the importance of **Enabler 3: Leading with Data**, emphasizing the importance of analyzing and using data to inform all aspects of public health responses. PEPFAR Burundi will continue to build a culture of data use, supporting the health system at all levels (*Programme National de Lutte contre le SIDA* [PNLS], District Health Management Teams, health facilities and communities) to regularly review, use, and understand data to support continuing learning and reflection. Data from PEPFAR-supported sites will be used to plan and monitor PEPFAR’s program; and to inform partner-country responses to HIV and other public health maladies.

In sum, the GOB, supported by PEPFAR’s 5x3 strategy, will consolidate past gains, close gaps and continue enhancing capacities to advance the goal of optimizing health system strengthening

investments. COP23 will build on best practices to reach the last mile, further promoting local ownership.

4.0 Plans by Strategic Pillars

4.1 Strategic Pillar 1: Health Equity for Priority Populations

Burundi is close to ending HIV/AIDS as a public health threat nationally, thanks to the leadership of the GOB with support from donor-driven investments, including PEPFAR. During COP23, PEPFAR Burundi will continue to build on best practices and gains made to date (index testing and partner notification; linkage to treatment; viral load monitoring toward suppression, person-centered differentiated service delivery, and addressing structural barriers such as policy reform) to continue to support the national HIV/AIDS program.

In order for Burundi to end HIV/AIDS as a public health threat by 2030, in COP23, PEPFAR Burundi has worked with national stakeholders to identify persistent gaps including: case finding, continuity of treatment, viral load testing access and suppression; service gaps in pediatric and PMTCT programs; insufficient coverage for some sub-population such as children, adolescents, men, and key populations; and low geographic coverage particularly in Mwaro and Gitega.

To optimize case finding, PEPFAR will continue to focus on differentiated testing strategies to expand high quality testing services for children, women, men, and KPs, especially for hard-to-reach people by using safe and ethical family-based index testing and HIV self-testing (HIVST) modalities both at facility and community levels. Provider-initiated testing and counseling (PITC) will be optimized in high-yield service delivery points such as inpatient and sexually transmitted infection (STI) clinics, social network services (SNS) in KP networks.

Recent infection surveillance data will be used to continue to monitor epidemic trends to characterize recent HIV infections and monitor priority populations. Efforts made to date on same day linkage to ARV treatment for PLHIV will be maintained and sustained. The program will continue to work with its partners to provide person-centered differentiated services, such as decentralized drug distribution (DDD), including multi-month dispensing (MMD), to maintain PLHIV in care, and to provide support for timely and quality VL services for children, women, men and KP.

4.1.1 Ending AIDS In Children

Nationally, only 39 percent of children living with HIV (CLHIV) in Burundi are estimated to be on ART, with the largest pediatric ART gaps in seven provinces - Bujumbura Mairie, Makamba, Gitega, Kirundo, Muyinga, and Ngozi. During COP23 consultations, stakeholders identified equity gaps across the continuum of PMTCT and pediatric programs in Burundi which challenge triple elimination of vertical transmission of HIV (eMTCT), syphilis, and hepatitis B, including a

lack of coordination to ensure effective integration of HIV services into other primary healthcare services, and insufficient routine monitoring and course correction of PMTCT and pediatric HIV activities. Stakeholders noted gaps for pregnant and breastfeeding women (PBFW) living with HIV, their infants, and children and adolescents living with HIV (C/ALHIV). Gaps include timely HIV screening and diagnosis (particularly for HIV-exposed infants), continuity of treatment for mother-infant pairs and C/ALHIV, and viral load monitoring for mothers, infants, and C/ALHIV. PBFW who are adolescent and young women or female sex workers also experience equity gaps in Burundi; PEPFAR FY22 data showed that 45 percent of all pregnant women newly diagnosed with HIV at first antenatal visit were between 15-24 years old, and 2022 Integrated Bio-behavioral Survey (IBBS) data showed that only 63 percent of FSW LHIV are enrolled on ART, with just 59 percent of young FSW under 25 years of age receiving ART.

In COP23, PEPFAR Burundi plans to take a comprehensive, two-pronged family-based approach to ending AIDS in children through: 1) ending preventable new child HIV infections and 2) finding those children and adolescents who are undiagnosed, building on past successes in the PMTCT and pediatric program and focusing efforts in provinces with the largest pediatric ART gaps (Bujumbura Mairie, Makamba, Gitega, Kirundo, Muyinga, and Ngozi). PEPFAR Burundi will optimize maternal and pediatric case-finding, including through innovative approaches; ensure same-day linkage to ART; ensure linkage to community (e.g., OVC and KP) programs for additional support; offer differentiated service delivery models (including MMD) to meet mothers, families, children and adolescents where they are; and ensuring timely viral load monitoring, and clinical and community support for PBFW and C/ALHIV who are unsuppressed.

Towards sustainability, PEPFAR Burundi will build capacities of national leadership, providers, CSOs, and will support coordination and consensus-building across all stakeholders to help pave the way for Burundi's future eligibility for the WHO pathway to validation of eMTCT.

4.1.1.1 Ending preventable new pediatric HIV infections through PMTCT

Maternal HIV and Syphilis Prevention: Through COP23, PEPFAR Burundi will expand evidence-based practices to prevent vertical transmission, including prevention of infection among PBFW, and ensuring high coverage of PBFW testing. PEPFAR will build on best practices from FY22 implementation to expand offer of PrEP to HIV-negative PBFW at higher risk of HIV, such as women in serodiscordant relationships until their partner achieves VL suppression, and women who have multiple sexual partners such as FSWs. PEPFAR will ensure appropriate provider training and support on PrEP for PBFW and will involve the community through peer networks to reduce stigma around PrEP for PBFW; and will integrate PrEP screening into initial and repeat HIV testing opportunities for PBFW, understanding that a woman's risk may change during the pregnancy and lactation periods. For syphilis, PEPFAR will ensure the availability of HIV-1/Syphilis DUO test kits and linkages to syphilis treatment for PBFW. While PEPFAR will not support hepatitis B prevention activities for PBFW directly in COP23, PEPFAR will participate in

triple eMTCT coordination activities with the national program and other stakeholders, including WHO.

Maternal Case-finding, including ANC Site Approach: PEPFAR will support 100 percent offer of HIV testing to all women entering ANC, as well as post-ANC1 testing approaches for high-risk HIV-negative women in targeted entry points after first ANC visit (ANC1), such as labor and delivery, postnatal services including family planning settings, and at MCH or immunization clinics (also see Section 4.1.1.2 below for details on cross-collaborative support to pediatric case finding).

As most women in Burundi access ANC and PMTCT services at lower-level health facilities, PEPFAR Burundi will collaborate with other stakeholders to strengthen healthcare workers' (HCW) capacity to mentor and provide coaching and supportive supervision at PEPFAR-supported sites (Core Program) and non-PEPFAR supported sites (LIFT Up) to offer quality, integrated PMTCT services, including HIV testing, same day ART initiation, and VL and EID monitoring. Health districts and their pharmacies will be supported to ensure the availability of HIV-1/Syphilis DUO test kits and syphilis treatment. HIVST will be offer to pregnant women who do not access ANC in the formal healthcare setting and link them to confirmatory testing and ART or PrEP.

HIV Treatment and Viral Load Monitoring for PBFW: PEPFAR Burundi will continue to support the scale-up of a package of best practices tailored to PBFW, such as same-day linkage to optimized ART regimens and accompaniment throughout treatment. PBFW who are at higher risk of experiencing interruption in treatment (IIT), such as those women newly diagnosed at ANC1 or for PBFW who are also AGYW, will receive higher intensity active linking to community support such as Mentor Mothers, and/or other community outreach workers from the PLHIV network and the national system.

PEPFAR Burundi recognizes the importance of timely viral load monitoring, and in FY23, launched point of care (POC) VL monitoring for PBFW. In COP23, PEPFAR Burundi will increase demand creation for PBFW VL monitoring by working with health care workers (HCW), expanding Mentor Mothers activities and working with health districts to ensure the availability of POC and commodities for VL monitoring as well as the availability of pre-treatment services for whole blood samples. PEPFAR will support integrated sample transportation and remote sample logging efforts to help reduce VL result turnaround time to less than 15 days to facilitate timely clinical action taken to prevent vertical transmission.

Timely Infant Virological Testing (EID): PEPFAR Burundi has noted variable coverage of early infant diagnosis (EID) by 2 months of age during FY22 and FY23. In COP23, PEPFAR will build on approaches started in FY23 to ensure >95 percent of HIV-exposed infants receive a diagnostic test by 2 months of age, including listing of infants expected for EID, active tracking of HIV-exposed infant who missed EID, and integrating EID into immunization services/under-fives

clinics with verification of infant test status in the mother-infant booklet. PEPFAR Burundi will also leverage community approaches to improve case-finding through PMTCT, including Mentor Mothers and OVC. Furthermore, PEPFAR will support efforts to help reduce EID turnaround time to less than 7 days to allow timely clinical action.

Continuity of Treatment (CoT) for Mothers and Infants: PEPFAR Burundi recognizes the importance of a multi-level approach to ensure women living with HIV and their infants are engaged in the PMTCT program to reduce the risk of vertical transmission. In COP23, PEPFAR Burundi will work with the NACP and build on previous work to support expansion of MMD and DSD models for PBFW who are stable on ART and align routine clinic visits with ARV pickups. PEPFAR Burundi will support the integration of ANC and PNC into DSD models to allow women who become pregnant while receiving HIV care to remain in PNC for the duration of breastfeeding.

PEPFAR Burundi recognizes the strong community support from CSOs to mothers and children and the importance of linking PBFW to community-based follow up. Peer cadres will support CoT as Mentor Mothers, through the OVC program, and other community-based services. In COP23, PEPFAR Burundi will expand the Mentor Mother approach to reach higher-risk mothers living with HIV, including AGYW and FSW, and provide adherence and psychosocial support to mother-infant pairs to maintain them in care. PEPFAR will leverage routine home visits through the OVC program for follow-up of mothers and infants at high risk for IIT, e.g., pregnant and postpartum adolescents (more details below in OVC section).

To enable better monitoring of CoT among PBFW and their infants, PEPFAR Burundi will support HCW to conduct real-time longitudinal monitoring of mother/infant pairs to identify and prevent missed opportunities. PEPFAR Burundi will also build on prior improvements to the SIDAInfo PMTCT module to allow longitudinal tracking of mother-infant pairs to measure CoT.

Expansion of Mentor Mothers, including for AGYW and FSW: In COP22, PEPFAR supported training of over 100 Mentor Mothers to play a critical role in educating PBFW LHIV and supporting their access to services and continuity of treatment for them and their infants. In COP23, PEPFAR Burundi will train additional Mentor Mothers, including AGYW and FSW to improve the reach and support to these populations, especially in sites that have the poorest PMTCT outcomes and in provinces with the largest pediatric ART gaps. Mentor Mothers will be supported across several areas, including engaging male partners for HIV testing and linkage to PrEP or ARV treatment as appropriate; working with HCW for ART refills for PBFW; demand creation for EID and VL monitoring; supporting family planning education; and providing psychosocial support to PBFW LHIV.

To support the sustainability, PEPFAR Burundi will work with the NACP to explore institutionalization of Mentor Mothers as a national cadre and ensure harmonization of services provided with other community cadres.

Integration of PMTCT and MCH services: In COP23, PEPFAR Burundi will build on efficiencies realized from integration of HIV into MCH services, including labor and delivery rooms, through a one-stop shop approach where PBFW can receive all needed services in one visit. PEPFAR Burundi will systematize efforts launched in FY23 to integrate EID into immunization services. In addition, to address gender-related factors that make AGYW more vulnerable to HIV and hinder their access/adherence to HIV prevention/PMTCT, testing, care, and treatment, the program will support youth friendly services to integrate reproductive health, GBV, and PMTCT services.

Global Initiatives Aiming at Ending HIV/AIDS Among Children: Burundi aims to join global initiatives that contribute to ending HIV among children, such as the WHO Path to Elimination of MTCT, and the Global Alliance to End AIDS In Children. WHO will take the lead in helping the country to align with these initiatives, and PEPFAR, in close collaboration with WHO and other donors, will provide support.

4.1.1.2 Finding undiagnosed children and adolescents and ensuring their health

Case Finding and Linkage to ART: To find the missing children and adolescents living with HIV, PEPFAR Burundi will build on previous successes in supporting family index testing for all biological children and siblings <19 years and will strengthen case-finding among children of KP. Based on index testing data that showed that untested children were classified as “hard to find” (i.e., living away from their parents), PEPFAR Burundi will work with the PNLs to explore the use of home-based HIVST by caregivers to test their biological children >2 years in line with WHO guidance. Building on successes from FY22, PEPFAR Burundi will expand integration of HIV testing in well entry points through the “see, offer, test” approach, including in immunization services and under five clinics. Furthermore, the program will assess additional potential entry points where children and adolescents may attend, including maternal services, OVC, KP, and youth-friendly services.

In COP23, PEPFAR Burundi will continue to support same-day linkages to ART for C/ALHIV and bidirectional referrals between OVC and clinical partners to ensure that eligible children (and caregivers) are tested for HIV and linked to ART, and children on ART are referred to the OVC program by clinical partners.

Pediatric and Adolescent Treatment and Continuity of Treatment: PEPFAR Burundi has supported the national transition towards optimized ART regimens initiated during COP18 to enhance virologic suppression and to improve health outcomes for C/ALHIV. This has led to an increase in children and adolescents on DTG-based regimens, and the completion of a phase out of EFV-based regimens and NVP-based regimens in children. Since COP21, pediatric Dolutegravir (pDTG) has been available in Burundi, and PEPFAR Burundi will ensure the finalization of the transition of eligible C/ALHIV onto pDTG. To further support ART initiation for C/ALHIV in COP22, PEPFAR-supported sites will continue to encourage family-based appointments on the same day and with the same provider for the whole family.

To support CoT, C/ALHIV have been enrolled into the four DSD models outlined by the PNLS. PEPFAR will work with its partners to provide person-centered differentiated services, including DDD and MMD. PEPFAR will regularly review pediatric ART cohorts to identify children on suboptimal regimens, and work with stakeholders to develop implementation plans to roll out MMD3 and MMD6 to eligible children and young adolescents <15 years, including transition plans and provider training.

To ensure timely viral load monitoring for C/ALHIV, PEPFAR Burundi has prioritized pediatric VL sample collection and saw an increase to 9 percent of children on ART receiving a viral load test in the last quarter of FY22. In COP23, PEPFAR Burundi will work with the PNLS to expand POC VL testing to children to further increase VL test access and will further prioritize children <5 years who have consistently worse viral load outcomes. In addition, PEPFAR will support health facilities, in collaboration with community actors, to ensure timely VL for children and adolescents. Unsuppressed VL will be referred for appropriate clinical support.

Collaboration between Clinical and OVC Programs: PEPFAR Burundi remains committed to offering enrollment to at least 90 percent of C/ALHIV on ART under 19 years of age in high-volume facilities who live in OVC-supported provinces, with priority given to those who are newly initiating HIV treatment, experiencing interruptions in treatment and with poor viral suppression, with particular focus on adolescents and adolescent mothers. Only a few sites provide OVC programming, so it will be critical to leverage best practices from current OVC programming.

CLHIV who are also OVC will receive psychosocial support to enhance adherence to treatment and improve their ART continuity of treatment, VL suppression, and school continuity of treatment. Additionally, their parents/caregivers will receive socio-economic support through savings groups or income-generating activities to strengthen the household's ability to pay for school fees and medical costs for children under 18 years of age. In non-OVC-supported provinces, C/ALHIV will benefit from family support groups in the community, led by PLHIV CSOs as one of multiple interventions being supported to improve adherence to and continuity of treatment services. Adolescent and youth peer services will also be reinforced to provide needed support in adherence and continuity of treatment as well as transition to adult treatment.

Health districts with the largest gaps in CLHIV on ART will be prioritized for implementing best practices from pediatric surge activities to consolidate successes in linkage to ART, as well as gains made from COP19 to COP21 in ART optimization and above-site coordination. PEPFAR will continue to train, mentor, and provide supportive supervision to providers at site and district levels on CLHIV care and treatment, including age-appropriate status disclosure and transition to adult care that reflects the national guidelines.

OVC: Building upon ongoing achievements, OVC programming implementation by a local PEPFAR partner will continue. In COP23, the OVC program will continue to focus on key challenges for children including the pediatric treatment gap, the risk to children posed by poor adult continuity of treatment, and viral suppression rates. In COP22, the OVC program expanded

into one district in Ngozi province, and in COP23, the program will expand into Ngozi's remaining two districts. This expansion allows full geographic support across seven provinces (Bujumbura, Bujumbura Mairie, Kayanza, Gitega, Kirundo, Muyinga, and Ngozi). PEPFAR Burundi will also prioritize enrollment of survivors of sexual violence, children with caregivers LHIV (particularly those newly initiated on treatment, interrupted treatment, and with poor viral suppression), HIV-exposed infants (HEIs), and children of KP.

The OVC program will continue to maintain bidirectional referrals with clinical partners, data sharing agreements, and OVC-clinical case conferencing, to support uptake of services and clinical outcomes for C/ALHIV such as viral suppression, MMD6, optimized ART regimens, and TB symptoms screening with linkage to preventive (TPT) or curative TB services, accordingly. In collaboration with the clinical partners, the OVC program will continue to support the HIV pediatric and PMTCT challenge to improve EID services, case finding and linkage to treatment. The OVC program will increase support for HEI at greatest risk of IIT, through improved collaboration and bidirectional referrals with PMTCT sites.

Additionally, beyond HIV services, the OVC program will continue to provide additional support to children and their families to ensure they are healthy, safe, educated, and nourished. To that end, additional services include, but are not limited to, education support, vocational training, economic strengthening (e.g., saving groups and income generating activities), access to other health services through community health insurance schemes, as well as nutritional support.

4.1.2 Ensuring Equity for Adolescent Girls and Young Women (AGYW)

AGYW are the most vulnerable of the priority populations after the key populations. Due to poverty and socio-cultural and political barriers to female empowerment, they may have increased risk of unsafe behaviors such as transactional and unprotected sex, which can expose them to HIV, GBV, and other health conditions. The programmatic data of recent consecutive years have shown that among newly diagnosed clients living with HIV, AGYW between 15-24 years represents the highest rates of new HIV acquisitions. Additionally, AGYW have higher rates of school drop-out, and are at risk from unprotected sex, leading to an increased risk unwanted pregnancies and HIV and other STIs. They are the most affected by GBV with a high incidence of sexual violence also increasing their risk of acquiring HIV. The vulnerabilities of AGYW to HIV may also have a direct negative impact on their children if they also experience barriers in access to appropriate prevention, testing and treatment services.

In COP23, PEPFAR Burundi will increase investments in AGYW to improve their access to HIV prevention (including PrEP), testing, and treatment services, and viral load monitoring. Differentiated services will be offered to AGYW to identify those in need of HIV testing and PrEP such as expanding HIV self-test to improve testing access as well as in social networks such as community-based organizations, women's associations, saving groups and income generating activities led by women. Support to WLHIV-led organizations to enhance their capacity to

optimize the use of existing HIV focus community health workers (Mentor Mothers, PLHIV community outreach workers) will be prioritized to reach AGYW. Additionally, with the optimized use of SIDAInfo, PEPFAR Burundi will focus on continuity of treatment and access to PMTCT services for AGYW LHV to reduce vertical transmission. Further, PEPFAR Burundi will build on existing youth-friendly services in collaboration with other partners such as UNFPA to intentionally improve uptake and use of services and reach more AGYW through local youth networks which provide a safe environment in which to seek services.

4.1.2.1 Prevention Programming, Including PrEP

In COP23, PEPFAR Burundi will continue to support the NACP by incorporating evidence-based combination HIV prevention activities into all clinical and community-based programs. In addition, PEPFAR Burundi will support the expansion of PrEP. Prevention and PrEP services are well-positioned to learn from DSD approaches used in treatment programs. It is imperative that prevention programs adopt DSD models to ensure increased access to and uptake of services. Specific populations and approaches for prevention activities include:

In COP23, PEPFAR Burundi will support the NACP to expand PrEP for HIV-negative at-risk individuals. Additional contributions will cover condom and lubricant gaps. Target populations include KPs, serodiscordant couples, and other needed populations in alignment with national guidelines. PEPFAR Burundi will continue to provide prevention and offer PrEP to all priority populations.

PEPFAR clinical partners will continue to support health facilities to expand PrEP and increase access for specific populations, as well as strategies to retain individuals on PrEP. PEPFAR will continue to engage communities to assist in (a) developing and disseminating demand creation messages (including the use of PrEP Ambassadors), (b) addressing misconceptions, (c) retaining those enrolled-on PrEP, (d) building the capacity of health care workers to normalize and deliver PrEP, and (e) utilizing community-led monitoring (CLM) to improve services.

4.1.3 Gender-Based Violence (GBV)

GBV is widespread in Burundi with high incidence of sexual violence affecting females of all ages in all provinces. For women ages 15-49, the lifetime prevalence of physical and/or sexual violence is 40 percent, with 22 percent experiencing violence within the past year. [Source: Demographic and Health Survey, 2016-17] Children, adolescent girls, and young women are the main victims of GBV making them more vulnerable to HIV, unwanted pregnancies and psychological trauma forcing them to give up school and limiting their ability to seek HIV services due to stigma.

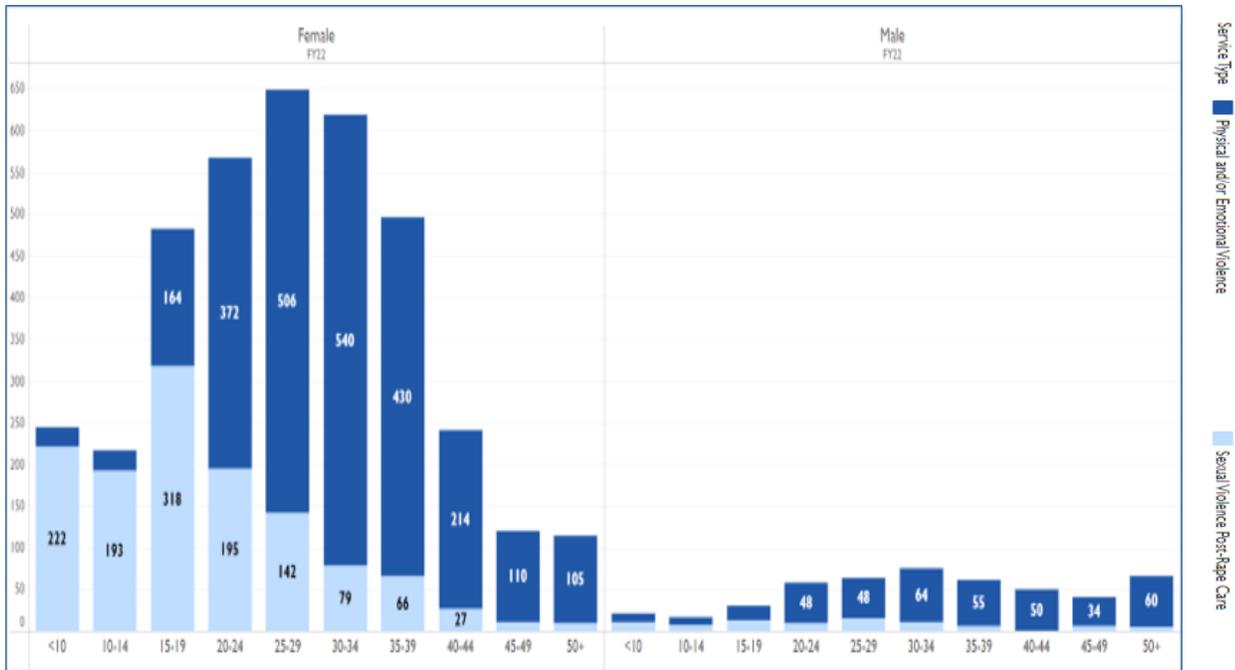


Figure 2: FY22 GEND_GBV Program Results by Age, Sex, and Violence Type

Source: PEPFAR MER Data, GEND_GBV Tableau Dashboard, FY22 Gir'iteka Results

In COP23, the GBV program will continue to be fully implemented by a local partner under a new award which will continue to reinforce the integration of gender-based violence (GBV) programming throughout the HIV clinical cascade. Given the high incidence of GBV and the unique socio-cultural and political context enabling GBV occurrence, a multi-sectorial response of GBV is critically needed. Under COP23, PEPFAR will collaborate closely with other development partners including UNFPA and UNICEF and the Government of Burundi through the Ministry of Health and the Ministry of Solidarity and other line ministries to align strategies and find synergies for a stronger response. Such collaboration will aim to leverage resources and reduce policy and structural barriers hindering the GBV response in Burundi. Supported interventions will include but not be limited to HIV prevention interventions (including PrEP), HIV case-finding (e.g., index testing) and strengthening the continuum of responses between GBV prevention and clinical post-violence care within the six current geographical intervention zones (Bujumbura, Bujumbura Mairie, Gitega, Kirundo, Makamba, Rumonge).

Under COP23, the GBV program will continue to engage community and religious leaders in GBV case identification, prevention, and response. The GBV program will continue to strengthen referral linkages to post-violence care, coordination with clinical partners, and the capacity of service providers in first-line support to survivors of violence. The program will also engage community actors in improving post-exposure prophylaxis (PEP) initiation and completion for survivors of sexual violence, arranging experience exchange between best performing sites and the least performing ones and on best practices and strategies, engaging community leaders in

dialogue sessions targeting categories of GBV perpetrators indexed by communities, as well as in implementing specific GBV prevention strategies for children and adolescents.

Case Finding

To optimize case finding, PEPFAR Burundi will prioritize implementing efficient strategies to find and test remaining gaps in case finding across all ages and sexes, including gaps among KP and priority populations (children, including HIV exposed infants, adolescents, men, pregnant and breastfeeding women), as well as across geographic areas, and among hard-to-reach clients. The program will work on both closing the small treatment gaps remaining in specific age bands and will consolidate gains and best practices in HIV testing learned from previous COPs.

Identified testing strategies will be implemented in all districts and will be adapted to the results of the IBBS and recency surveillance to follow the trend of the epidemic. Safe and ethical index testing strategies will continue as index testing is a modality that diagnostic and yields more for adults, children, and key populations. The program will continue to expand the HIVST for hard-to-reach clients, particularly populations with limited access to conventional testing services. Clients with reactive self-test will need further confirmatory testing and linkage to prevention, treatment and care services as needed. HIVST will continue to be expanded among key populations including injectable drug users.

During COP23, PEPFAR Burundi will increasingly focus its efforts in closing remaining gaps in case finding among key populations [men who have sex with men (MSM), female sex workers (FSW), transgender people (TG), and people who inject drugs (PWID)], priority population (children and adolescents, men, and pregnant and lactating women including young women), as well as geographic HIV testing gaps.

4.1.3.1 Plan to Address Stigma, Discrimination, Human Rights, and Structural Barriers

In Burundi, women's vulnerabilities traverse the biomedical, social, cultural economic, legal and political agenda. Women represent the majority of caregivers, while their livelihoods are most impacted by illness, poverty, and disparity. Gender-based violence amongst these populations is a growing trend and high incidence of GBV, including sexual violence, increases the vulnerabilities of AGYW to contract HIV.

The USAID Burundi gender assessment in FY22 suggested the that main challenges in HIV/AIDS prevention and response, and GBV prevention and response and nutrition programming in Burundi include the following:

- WLHIV are stigmatized in society, which further exacerbates their marginalization. Women living with HIV can be expelled from their homes —sometimes driven by influence from their husband's relatives —for having revealed an HIV-positive status or for not breastfeeding children to not expose them to HIV. Healthcare providers can also perpetuate stigmatization and discrimination of women with HIV/AIDS. Some providers

refuse to provide care to pregnant women with HIV during labor and childbirth or refuse to treat newborns of women living with HIV.

- Batwa households suffer from economic insecurity, a long history of marginalization, and lack of access to land. As such, they frequently move to different areas to secure livelihoods, which makes it difficult for them to register at clinics and enroll their children in school.
- In schools, girls who are older than the average class are vulnerable to sexual and gender-based violence perpetrated by classmates and even teachers.
- Children, adolescents, and youth are especially vulnerable due to gender norms that encourage child/early forced marriage, early pregnancy, and transactional sex.
- In addition to lack of control over agricultural income, women also have limited opportunities to engage in other income-generating activities and therefore have low purchasing power to reinvest in household needs, like nutritious, diverse food sources or enough food. They are also more vulnerable to unstable food prices, as they are often responsible for purchasing (or growing) food for consumption.

In COP23, PEPFAR Burundi will integrate stigma reduction across all the service delivery interventions to address stigma among service providers and communities. Additionally, more advocacy which targets leaders across levels to address policy, socio-cultural and political barriers hindering gender-based violence response and access to HIV services by priority populations especially AGYW and key populations.

4.1.4 Ensuring Equity for Key Populations

In COP23, the comprehensive KP program will use evidence-based strategies to maintain DSD programming for KPs. Recognizing challenges with socio-political environment which increase barriers to KPs accessing services, PEPFAR Burundi will continue efforts to address KP and HIV-related stigma, discrimination and violence, and reduce other structural barriers including policy reform.

The IBBS results will be used to improve the PEPFAR/MOH KP program, with a focus on the following KP:

1. Female Sex Workers (FSW),
2. Men who have sex with men (MSM),
3. People who inject and/or use drugs (PWID/PWUD), and
4. Transgender individuals (TG)

In FY22, the KP program fully transitioned to high-performing, KP-competent local partners: *Association Nationale de Soutien aux Séropositifs et malades du SIDA* (ANSS) and Society of Women Against AIDS (SWAA)/Burundi. In COP23, the local partners will maintain the KP program focus on person-centered services, ensuring KPs have access to comprehensive services

meeting them where they are: at facility sites, community, CSO sites and virtually. PEPFAR Burundi will continue and maintain a “do no harm” policy at all levels, working with NACP and National AIDS Council (CNLS) to educate parliamentarians and other national/local political decision makers on the importance of KP programming; the right to care for all KP populations in both public and community service sites; the importance of mitigating KP-related stigma, discrimination and violence, and the scaling of other evidence-based strategies, including U=U and PrEP.

To improve KP-centered services, PEPFAR will continue to scale ethically minded, evidence-based KP HIV case-finding strategies, including enhanced peer outreach activities (EPOA) and other social network testing, self-testing, and index testing, all transitioning to “status-neutral testing” schemes to find harder to reach KPs. PEPFAR Burundi will continue targeting both in-person and online platform hotspots to reach KPs. In addition, PEPFAR Burundi will continue FSW platforms and hotspots to reach and retain higher risk men, including men who purchase sex and long-term partners of FSWs.

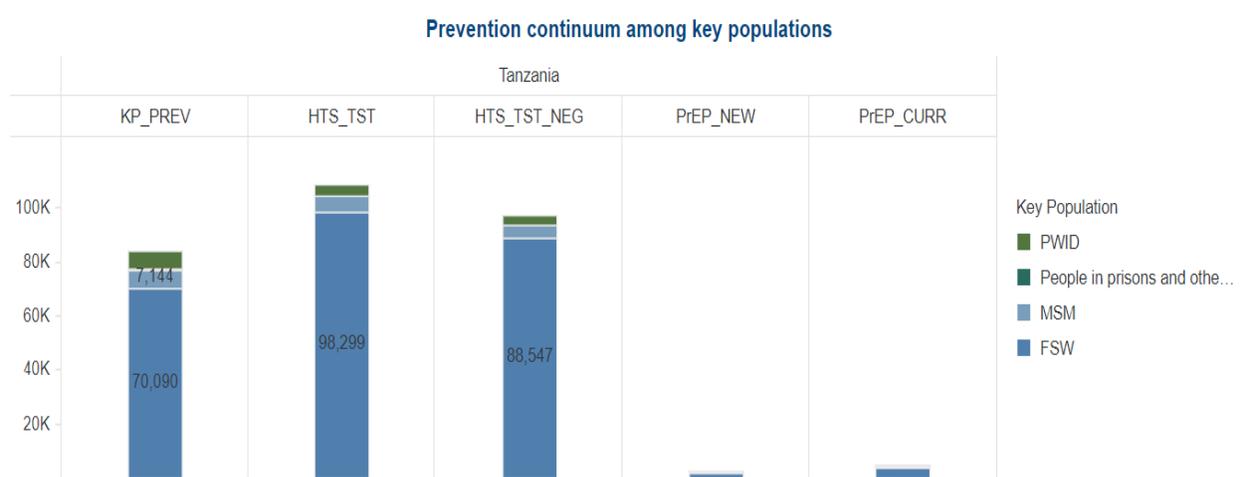
PEPFAR Burundi will scale efforts to strengthen the KP competency of all IPs, working to increase engagement from KP leaders and support KP-led organizations. In the case of MSM, TG and PWID, ANSS will maintain its consortia approach, funding MSM, TG and PWID-led organizations to assist in delivering services via drop-in centers, hotspot mapping and outreach and virtual means. For SWAA, additional efforts will be made to capitate FSW-led associations to take a greater management role in drop-in centers (DICs).

The results of the Stigma Index 2.0 and lessons learned from Burundi and elsewhere will serve to address structural barriers for KP services within private and public facilities. These will include but are not limited to: KP competency training for police and other law enforcement officials, health community workers, private sector, local administration; mitigation of stigma, discrimination and violence linked to KP status; and helping KPs understand their rights and responding when those rights are violated.

In all instances, the PEPFAR program will ensure competency in KP service delivery, including ensuring confidential services to mitigate harm, as well as offering differentiated service delivery models via KP-specific drop-in centers. Offering comprehensive health services, DICs support HIV testing and treatment with complementary services, such as family planning, mental health, and/or violence mitigation services, that increase the program’s ability to find, test, and retain KPs living with HIV.

The uptake of PrEP for KPs is suboptimal, however demand creation for PrEP is an important intervention to demystify the myths and misinformation that prevails. PEPFAR Burundi will work with the PNLs and CSOs to convene a prevention technical working group, helping to create greater demand and advocate for increased PrEP availability across all PEPFAR and GFATM supported sites.

Table 4.1.4 Prevention continuum among KPs



Source: PEPFAR Panorama, FY22 Results

Finally, the PEPFAR Burundi KP program will continue to ensure that GFATM prevention investments complement and contribute to the success of PEPFAR investments to support HIV epidemic control among KPs, through a range of community- and peer-engagement strategies, patient navigation approaches, and improved coordination among implementing partners.

4.1.5 Finding Men

One of the critical gaps in Burundi's HIV response is reaching men, especially young men between 15 and 34 years old. This group is essential for ending HIV/AIDS as a public health threat, but they tend to seek fewer facility-based services than women. Therefore, PEPFAR/Burundi has a key focus on finding and engaging men in community settings. In addition to existing community-based testing strategies, PEPFAR/Burundi will also use targeted demand creation for HIV testing among men, including self-testing as a crucial tool. Furthermore, PEPFAR/Burundi will support the GOB to provide appropriate prevention and treatment services for men who test positive, retain them in care through male-friendly and person-centered models, and prioritize viral load testing and suppression with U=U messaging and community-based demand creation. These strategies align with the priority populations and equity gaps identified in the HIV National Strategic Plan and the new PEPFAR Strategy/Pillar 1.

4.2 Strategic Pillar 2: Sustaining the Response

To ensure sustainability of the HIV response, PEPFAR continues to strengthen the country's ownership through improved policies and plans, enhancing technical and governance capacity to improve coordination, planning and monitoring and evaluation. Additionally, PEPFAR will support the establishment of effective technical working groups to support the country's coordination and planning in different areas of HIV programming including PMTCT, lab, and supply chain. Further, PEPFAR is building the capacity of local NGOs to improve their organizational and technical capacity to manage grants, and to implement effective HIV programs.

4.2.1 Engagement of all relevant stakeholders

The GOB has made significant strides in its capacity to develop, plan, budget, and coordinate HIV response activities. With the support of donors, the GOB developed an updated five-year integrated HIV/STIs and viral hepatitis National Strategic Plan (NSP 2023-2027) that details principles, priorities, and actions to guide the national response to the HIV epidemic. This NSP is aligned with the new National Health Development Plan 2019-2023 (NHDP III), which was developed based on a collaborative Health Sector Assessment and the new PEPFAR 5x3 strategy.

The GFATM Country Coordinating Mechanism (CCM) has been reconfigured. The new team is receiving technical assistance from the community of donors to reinforce its performance and to be restored to its central place as a national coordination body. A new GC7 is in preparation and its funds will cover the gap of the COP23.

The Health and Development Partner Framework (*Cadre de Concertation des Partenaires pour la Santé et le Développement* – CPSD) is functional under the leadership of the Minister of Health and the Fight Against AIDS and the active participation of health donors.

In COP23, PEPFAR will collaborate with UNAIDS and Global Fund to improve the technical leadership capacity of the MOH (CNLS/PNLS) to lead the HIV response and to collaborate with relevant partners and other line ministries to take the response to the next level and accelerate the country progress toward reaching and sustaining the 95 95 95.

In Burundi, there is active civil society engagement in HIV/AIDS advocacy, decision-making processes, and service delivery in the national HIV/AIDS response. Some key populations activities are now implemented directly with PEPFAR funds and others are sub-recipients of international NGOs. In the meantime, PEPFAR will continue to work with GOB to support the CSO capacity building in project development (e.g., setting targets and measurable indicators), fundraising, and management.

4.2.2 Strengthening Institutional Capacities

During COP23, PEPFAR above-site investments will continue to support the building of capacities at the national and district levels, with a focus on accountability to ensure impact. PEPFAR will

also work to strengthen locally led organization during COP23 to empower local ownership of the HIV response.

4.2.2.1 National Level

PEPFAR Burundi will support the GOB in the development of a roadmap that will guide the country and continue to strengthen supply chain management, in coordination with the GFATM, to assure adequate planning, ordering systems, distribution, and reporting, including communications, between central and peripheral levels to eliminate stock-outs in health facilities.

In 2022, UNDP, the principal recipient of the Global Fund, completed an institutional capacity assessment of the CNLS and PNLs and developed a three-year capacity development plan with focus on management, financial management and monitoring and evaluation. In COP23, PEPFAR Burundi will collaborate with the GFATM to implement the plan to improve the country's capacity to manage the HIV programming and response.

4.2.2.2 District Approach

The GOB and its partners are dedicated to reaching the UNAIDS 95-95-95 targets with the aim of achieving and sustaining 95-95-95 in each district and in each sub-population with focus on priority population. The district represents the operational entity of the health system that oversees the sites (clinical and community), and their role is critical to ending the HIV epidemic.

As part of COP19 planning, PEPFAR supported the MOH in developing and implementing a district approach to strengthen the capacity of the district team to lead the HIV response in their areas of responsibility in order to invest strategically in districts and sites with the greatest needs and greatest potential for improved performance, for maximum impact. During COP19 and COP20, the PEPFAR program expanded support to cover the country's 18 provinces and 49 health districts to ensure the broad coverage of effective HIV interventions needed to have a sustained impact on HIV epidemic control in the country.

In COP23, the main objectives of the district approach in are to: 1) increase the district health team (DHT) capacity to support HIV service delivery; and 2) create a "center of excellence" at the district hospital with community, private sites (not for profit including faith-based clinics) and skilled providers at the center of excellence will engage in hands-on learning and 3) improve the performance of DHT supervisory and support functions to health facilities (Figure 4.2.2).

PEPFAR Burundi's geographic approach will continue to tailor the intensity and level of support in each province to progress towards achieving the three 95 goals for epidemic control. In each province, PEPFAR programming will prioritize technical assistance to districts with the highest burden, the lowest ART and VL coverage and support sites with substantial continuity of treatment gaps and/or large ART cohorts, particularly district hospitals, sites associated with sizeable KP hotspots, and TB reference facilities, with the aim of directly assisting sites that collectively serve 95 percent of all ART patients in each province. The DHTs will continue to receive targeted technical assistance to ensure that they reach the remainder of the sites. By supporting the Burundi

government DHT structure, PEPFAR Burundi is investing in a sustainable model for the delivery of quality prevention and care.

In COP23, the district approach will be focused from providing technical support to districts that in turn support the low volume sites to a more system focus to improve coordination at the operational level, improve the last mile supply chain and the laboratory system as well as information systems that aim at improving data availability, quality and visibility for both clinical, laboratory and community services as well as the commodities logistic management information system. The aim is to reinforce a center of excellence at the district level to provide on-the-job training to visiting clinicians from sites which include the sites with PEPFAR indirect support. PEPFAR Burundi will use the recent results from the IBBS and from the surveillance of recent infections to refine its geographic approach.

In COP23, PEPFAR will collaborate with the Ministry of Health and other relevant stakeholders to develop a district maturity model to be tailored to the specific needs, available resources, capabilities and progress toward reaching 95-95-95 and health system strengthening core competencies of each district. PEPFAR Burundi will also continue to strengthen the capacity of the DHTs in routine supervision and mentorship using standardized checklists and tools, to improve the health information system, use of data for decision making, increase data quality assessments and implementation of site-specific activities in COP23.

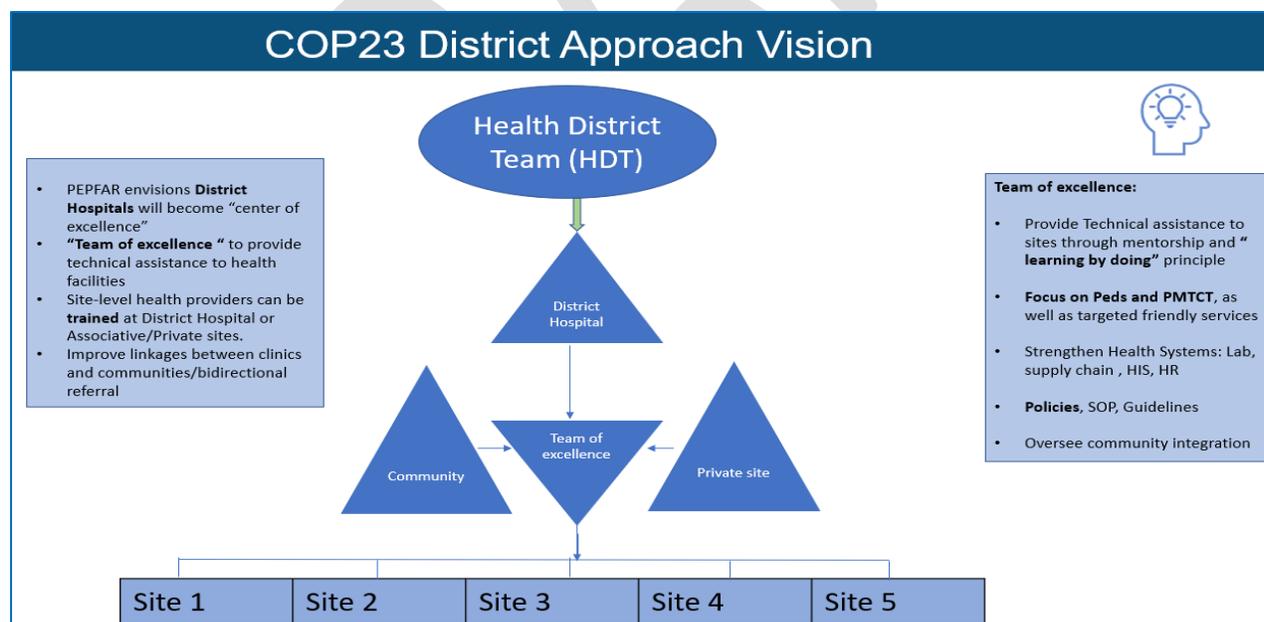


Figure 3: COP23 District Approach

4.2.2.3 Sustaining Impact Through Local Organization Implementation

Since COP22, PEPFAR Burundi transitioned key population activities to two local organizations, the Association Nationale de Soutien aux Seropositifs et Malades du Sida (ANSS) to implement

the men who have sex with men (MSM), transgender persons (TG), and people who inject drugs (PWID) sub populations; and the Society for Women against AIDS in Africa (SWAA/ Burundi) to implement the female sex workers (FSWs) component of the KP program.

In COP23, PEPFAR will continue building the capacity of local NGOs that are direct beneficiaries of USG funding to improve their organizational and technical capacity to manage grants, and to implement effective HIV programs. Additionally, support will be expanded to PLHIV networks to build their organizational capacity and improve their ability to manage community networks and cadres to contribute to close gaps in PBFW and children.

4.2.3 Resource Alignment and Domestic Resource Mobilization

Despite small increases in GOB contributions to the national response, further efforts are needed to improve resource mobilization and efficiency. Transparency around budget use is reviewed and approved continuously by the GOB and its partners. During the COP23 planning session in Johannesburg, PEPFAR Burundi, in collaboration with the Burundi Ministry of Defense (MOD), demonstrated how the MOH collects funds to finance some HIV inputs such as the procurement of drugs for opportunistic infections when needed. This is a good example for other ministries or the private sector to become more directly engaged in the funding of programming. For the next two fiscal years, PEPFAR Burundi will continue to work with GOB to raise awareness and increase domestic funding for HIV.

Based on available financial data, PEPFAR remains the largest contributor to Burundi's HIV response, followed by GFATM. Together, PEPFAR and GFATM fund 90 percent of the country's HIV program costs in 2022. In FY22, the Ministry of Health developed a five-year strategic plan 2023-2027 with a projected cost of US\$242,922,962. The plan will serve as an advocacy tool for more host Government contribution to the HIV response as well as other sources like the private sector. The plan aims at increasing domestic funding (from Government of Burundi, the private sector and community) by at least 1.5 percent per year.

Technical priorities for the current GFATM grant period include four key areas: 1. Development of a national VL strategy, including implementation of VL scale-up; 2. Improved access to and coverage of virological testing for infants born to women LHIV (early infant diagnosis); 3. Better quality of interventions for KPs; and 4. A comprehensive supply chain management plan for the country, including warehousing and distribution until the last mile. The GFATM continues to be the largest procurer of HIV-related commodities (including ARVs and non-ARV drugs, condoms, rapid test kits, reagents, and supplies). The PEPFAR program will complement the procurement of commodities (including ARV drugs, and GeneXpert cartridges,) and will continue to provide technical assistance to high-volume sites in supply chain management.

The GFATM programming cycle seven (GC7) is being planned in Burundi HIV, Malaria, TB and Health System Strengthening. PEPFAR Burundi continues to engage with the Government of

Burundi, the country coordination mechanism (CCM) and the GFATM and other partners to ensure resources alignment of the next grant cycle (2024-2026) that overlap with the two-year COP23 plan. The alignment will cover procurement of commodities serving a nationwide common basket, harmonizing intervention package across the HIV cascade, deduplicating support to sites and districts. Also, leverage each other's resources and capabilities in building the institutional capacity to the MOH institutions (e.g., Conseil National de Lutte Contre le SIDA (CNLS) , Programme National de Lutte contre le SIDA (PNLS) , Institut National de Santé Publique (INSP) and Centrale d'Achat des Médicaments du Burundi (CAMEBU)) establishing a country data exchange platform for the health information system and implementing diagnostic optimization network being planned. Further, interventions and priorities that will not be covered by COP23 will be integrated into the GC7. Examples include intentionally supporting prisoners and people with disabilities under the GC7 programming cycle.

4.2.4 Accelerating Integration of HIV Service Delivery

Burundi has made tremendous progress in the fight against HIV/AIDS and in reaching the 95-95-95 targets. To further close the gaps and realize the potential efficiencies gained through integration, PEPFAR Burundi will implement the integration of HIV services with other infectious, non-infectious, and chronic diseases services as well as other community health activities such as family planning, antenatal care, and immunization. This integrated approach will support the reach of clients who are as-yet undiagnosed as part of the routine testing and management of other diseases.

❖ *Sexual and Reproductive Health (SRH) and Maternal and Child Health (MCH)*

In COP23, PEPFAR Burundi will support the integration of SRH and HIV services to improve the access of HIV prevention, treatment and care. Integration of SRH and HIV prevention and treatment services, with a focus on AGYW tailored programs, will allow for increased access and uptake of services. In addition, sexual and reproductive health education and family planning services provide an additional area where HIV can be integrated and reach more AGYW and women efficiently.

Additionally, support to integrate SRH services with HIV services targeting key populations at the clinic setting, the community and dropping centers focusing on the following interventions:

- Provision of FP services within “key population-friendly” HIV care and treatment settings.
- Training of providers in HIV care and treatment settings to provide FP services to key populations in a non-judgmental, non-stigmatizing manner.
- Provision of counseling and service provision (or referral) to FP programs within drop-in centers or via peer educators, as well as referral for PMTCT/antenatal care (ANC) for pregnant clients.

- Close monitoring of referrals between sites serving key populations and FP service delivery sites to ensure uptake of services; and
- Focus on dual method use messages (e.g., a condom plus a more highly effective contraceptive method) in all behavior change communications messages directed toward key populations.

In COP23, PEPFAR Burundi will support the PNLs and PNRS (*program national de santé de la reproduction* – Reproductive Health Program) update existing guidelines to fully account the continuum of services from the clinic to the community integrating the program areas including PMTCT services, care and treatment centers and community point of dispensation of ARVs to integrate dispensation of contraceptives. PEPFAR will collaborate with the USAID Burundi SHR program and UNFPA to support the MOH in this integration agenda.

Integration of HIV services with maternal and child health services will continue through PMTCT and community health through community cadres that support pregnant and breast-feeding women and children in the community. In COP23, emphasis will be on scale up the integration of HIV and immunization services that started with COP22. Routine immunization services and national immunization campaigns will be leveraged to reach PBFW and children. Also refer to Section 4.1.1.1 for additional information on integration of PMTCT/HIV and MCH services.

❖ *Non-communicable disease (NCD)*

Today, approximately 30 percent people living with HIV in Burundi are 50 years old or older, with an increased risk of developing a non-communicable disease like hypertension and diabetes that can complicate HIV treatment.

In COP23, PEPFAR Burundi will support the implementation of person-centered care for older adults to facilitate treatment of multiple conditions at once, thus reducing facility waiting times. This support will include: 1) screening for hypertension and diabetes among all > 50 years old PLHIV at least annually; 2) providing health insurance card to the most vulnerable to give them access to essential hypertension and diabetes medicines for free 3) use of SIDAInfo to track patients with comorbidities.

❖ *Cervical Cancer*

Cervical cancer (CXCA) is the leading cause of death among all cancer deaths for women, especially among women living with HIV. In Burundi, researchers found a prevalence of cervical cancer between 10 and 16 percent, and with HIV infection, the risk was multiplied by 10. In 2021, WHO reported 1,500 cervical cancer deaths in Burundi and in 2020, Lancet Global Health reported 1,859 new cervical cancer cases in Burundi (2018) among which only 8 percent were WLHIV. In Burundi, cervical cancer is associated with HPV infection, early sexual intercourse (before age 19), multiple sexual partners, HIV immunosuppression, and other sexually transmitted infections.

The GOB, in collaboration with its partners, has already taken some preliminary actions to train 157 health care providers at all site levels in cervical cancer screening and plans to produce tools and national guidelines for cervical cancer treatment. Few CSOs are currently implementing screening for CXCA using visual inspection with acetic acid (VIA) for the identification of preinvasive cancer lesions and treatment using cryotherapy among WLHIV aged 25-49 years old in Bujumbura. Women with suspected advanced lesions are referred for further evaluation and management to the Centre Medico-Chirurgical De Kinindo (CMCK), a private hospital that offers surgical treatment through a public private partnership (PPP) with the GoB. CMCK also collaborates with other clinics in Rwanda to offer chemotherapy to patients with cervical cancer. With support from the World Bank, Burundi has developed national guidelines and tools to support implementation of cervical cancer prevention and treatment led by the national reproductive health program. However, the implementation of cervical cancer services based on these guidelines is yet to begin and as such, access to cervical cancer screening and treatment services are limited. The national strategy recommends a systematic screening for cervical cancer every three years for HIV positive women and five for other women in compliance with WHO guidelines. The country has introduced the HPV vaccine using Cervarix administered in two doses with a six-month interval and targeting.

In COP23, PEPFAR Burundi, in collaboration with the GOB, will strengthen cervical cancer services offered by civil society organizations, public and private hospitals enhancing the existing PPP to intentionally introduce cervical cancer screening and treatment services. PEPFAR Burundi will support improving the quality of cervical cancer screening and treatment services by strengthening the capacity of local CSOs, public facilities and the teaching hospital to offer more screening and treatment of preinvasive lesions targeting HIV positive women 25-49 years old. In FY24, PEPFAR will support above site interventions focusing on integration of services, and service delivery in the capital city Bujumbura that has at least 25 percent of WLHIV. Lessons learned in FY24 will inform potential scale up in FY25 and consecutive years. Specifically, intervention to be supported with COP23 funding include screening with HPV and VIA, treatment of preinvasive lesions with cryotherapy, thermal ablation, loop electrosurgical excision procedure (LEEP), or cold knife conization, histopathology services, and quality assurance activities. Patients with advanced disease will be referred to the teaching hospital or CMCK and as needed, palliative care for WLHIV with invasive cervical cancer.

4.2.5 Health Financing

In Burundi, there is a community insurance scheme that offers access to health services to households that detains an insurance card. It is a very cost-efficient intervention as a card cost about \$1.5 that can cover the whole household for a year. PEPFAR is offering this service to OVC and their households. In COP23, PEPFAR Burundi will expand this intervention to provide access to health services beyond HIV to PLHIV that do not health insurance coverage through their employer or the GoB (civil servants).

Additionally, PEPFAR will collaborate with the World Bank that is the main GOB partner on performance-based financing (PBF) to leverage PEPFAR health system strengthening interventions, avoid duplication and more importantly mitigate the negative impact of the PBF on HIV indicators as there is health facilities have a tendency to prioritize indicators covered by the PBF.

4.3 Strategic Pillar 3: Public Health Systems and Security

Burundi's National Public Health Institute (NPHI) is integral to a country-led epidemiology and public health response. In COP23 interventions will be designed for capacity building in disease surveillance, data collection and management, and laboratory systems to advance the gains made against HIV/AIDS and strengthen local preparedness and responses for other diseases and outbreaks.

4.3.1 Human Resources for Health (HRH)

Despite efforts to strengthen, the GOB currently does not have sufficient health care workers and volunteers to provide the suite of HIV/AIDS prevention, care and treatment services and other key health services in both health facilities and at the community level. Further support is needed to both grow the number of health workers as well as improve the quality of the varied cadres of health workers at all levels. However, all the staff of the public health facilities are recruited and paid by the GOB as well as some of the staff of the faith based and private not for profit organizations. In COP23, PEPFAR support will be provided to continue to build the capacity of available staff at the facility as well as available community health workers supporting the community programming in Burundi.

The PEPFAR program in Burundi is a technical assistance model for capacity building of government health workers to deliver services in a more integrated way across disease areas. At the operational level, PEPFAR provides a third of sites –which are high volume sites– with direct support focusing on building the capacity of the existing staff through training, mentoring, coaching and quality supportive supervision including data quality and analysis. Sites that do not receive direct support receive technical assistance from the DHT that have been capacitated by PEPFAR. Above site level, PEPFAR has embedded staff in previous COPs in some MOH institutions, including the national institute of health and the central medical store, to provide technical assistance to those institutions. In COP23, PEPFAR will continue to embed staff at INSP and eventually embed short term technical staff to support the CNLS/PNLS implementing a joint Global Fund and PEPFAR institutional capacity building plan to be draw from an assessment carried out by UNDP the principal recipient of the Global Fund.

Additionally, PEPFAR Burundi will leverage the technical assistance provided by other USG programs and initiatives (malaria, population and maternal and child health) to improve the

quality of services provided by the health care system. Further, more integration of services both at the clinic and community will be enhanced in COP23 to optimize the use existing human resources and improve efficiencies in collaboration with relevant stakeholders.

As the country is developing the GC7 grant proposal, PEPFAR will work with the MOH and CCM to ensure that necessary additional staff support will be covered in the proposal.

Enhancing the national workforce including service providers, managers and community health workers will aims at improving their skills in their areas of expertise to respond to their day-to-day work needs but also to services integration and to respond to emergencies so the country will continue to provide routine health services while addressing health threats and mitigating their negative impact to the health systems and their beneficiaries specifically, women, children and HIV positives patients.

4.3.2 Quality Assurance, including Data Visibility and Reporting

In COP23, PEPFAR Burundi will continue to adapt and implement high-quality person-centered, evidence-based solutions that are population-, age-, and gender-specific with the goal of targeting case-finding, ensuring continuity of treatment nationally, and closing the viral load (VL) access and suppression gaps. Interventions will target the continuum of the journey experienced by a PLHIV, between the facility and the community, to ensure high-quality services throughout the patient's experience and to meet the needs of all populations, but with specific focus on populations where treatment gaps continue to exist - in key populations (KPs), in children and young people, and in adult men. PEPFAR Burundi will ensure that for testing strategies, consent procedures and confidentiality are protected and assessment and follow-up/referral for intimate partner violence (IPV) is established.

The SIMS tool has been the principal standardized Quality Assurance (QA) tool used across PEPFAR supported sites to assess whether sites meet PEPFAR's quality standards. In COP23, Burundi will continue to use the PEPFAR SIMS tool as the main tool for QA. The PEPFAR team will perform site visits and supervision in PEPFAR supported sites. They will continue to sustain assessment visits and repeat visits followed by development and monitoring of implementation of action plans to address potential quality issues identified during the SIMS assessments.

In addition, PEPFAR will support implementation of QA/QI practices at supported facilities to reinforce quality of care, and support PNLs to validate the national QA/QI framework. PEPFAR Burundi will also disseminate the framework to supported districts and sites and continue implementation of a QI Collaborative on CoT at selected facilities reporting the highest numbers of IIT.

Burundi has sought to support improved data use from the CQI program at the national level for policy making. In COP23 PEPFAR will provide training, mentoring, and supportive supervision

to HIV testing service providers at the facility and community levels to properly and accurately document HIV testing results in registers and electronic systems.

4.3.3 Laboratory Systems

PEPFAR Burundi, with critical support and coordination leadership from GFATM and WHO, continued to support the implementation of the National Viral Load Scale-up plan under the umbrella leadership of the MSPLS.

PEPFAR Burundi will continue to support the GOB to improve the accessibility of HIV testing services by the implementation of continuous quality management system, the use of point-of-care testing for EID among infants and VL testing for children and pregnant and breastfeeding women and integration of testing and multi-disease testing services and systems.

To address programmatic sustainability, PEPFAR Burundi will support the building up of the capabilities of government to provide the technical assistance needed to strengthen expertise in laboratory services and systems, health financing, and program oversight. To this end, PEPFAR Burundi will support the laboratory of the National Institute of Public Health (INSP) to take on the supervision and capacity building of other laboratories.

Additionally, PEPFAR Burundi will continue to support the implementation of the all-inclusive system introduced in COP 21 and will advocate for the phase-out of WHO non-qualified machines to reduce instrument breakdown and improve access to HIV/TB testing.

In COP 23, PEPFAR will support the MOH to continue implementing the diagnostic network optimization (DNO) to increase access to testing, improve laboratory efficiency and reduce results turnaround time (TAT). Additionally, the laboratory information system will be scaled up to reduce TAT and have providers access to the results into SIDAInfo so they have all patient data into one place.

4.3.4 Supply Chain and Commodities

The GFATM continues to be the largest procurer of HIV-related commodities (including ARVs and non-ARV drugs, condoms, rapid test kits, reagents, and supplies). The PEPFAR Burundi program will complement the procurement of optimized ARV for adults and pediatric patients, rapid testing including tests for pregnant and breastfeeding women, laboratory reagents and consumables for viral load, EID and tuberculosis testing, tuberculosis preventive drugs, and PrEP commodities.

PEPFAR Burundi will continue to provide technical assistance in supply chain management. PEPFAR Burundi will help the programs to conduct annual forecast and quarterly review of the supply plan to correctly estimate commodity needs that are aligned to the planned interventions and activities for reducing HIV burden.

PEPFAR supports the GOB request for more granular-level reporting of supply chain data to ensure effective use of funding for commodities. In COP23 Burundi continues to coordinate resource alignment with the Global Fund and openly share supply chain and commodity data to ensure that the data informs the plans they have in place.

PEPFAR Burundi will also support the implementation of the eLMIS and Global Standard 1 (GS1) to track commodities and stocks along the pipeline to improve quality and availability of data for decision making. PEPFAR Burundi will also continue to collect supply chain data through the monthly Procurement Planning & Monitoring Report (PPMR-HIV) and the Quantification Analytic Tool (QAT).

4.3.5 Health Systems Support to Continuity of Treatment

In COP21, PEPFAR Burundi conducted a root cause analysis (RCA) in sites with high numbers of clients experiencing IIT. This RCA helped to identify the main cause of IIT and therefore recognize ways to ensure CoT for clients on ART.

In COP22, PEPFAR Burundi results showed growth from COP21 in the ART cohort. The following interventions contributed to this improvement: early active tracing & tracking of patients, person-centered approaches with harmonization of ARVs pick-ups, treatment adherence and continuity support and community/peer involvement. The web-based version of SIDA-Info and the unique identifier (UID) system which are being expanded in FY22, will also contribute to improve retention in care and therefore to treatment growth. PEPFAR Burundi is also leveraging the RCA findings to develop CoT strategies to address specific factors contributing to poor continuity of treatment at the site level, through demand creation and effective, person-centered interventions at the community, facility, district, and national levels.

In COP23, PEPFAR Burundi will conduct more site level data analysis and will perform specific RCA for children, pregnant and breastfeeding women and KPs. Furthermore, CoT interventions will be adapted to the different categories of priority populations, with a greater focus on children, OVC, KPs, and adolescents through differentiated person-centered services such as differentiated drug distribution models, and expansion of MMD3/6 to all eligible clients.

Children and Adolescents

PEPFAR Burundi will continue to carry out several analyses, such as root cause analysis of C/ALHIV identified to understand the profile of those who interrupt treatment and to develop interventions tailored by age and site, including an aging out analysis; interruption in treatment over time and after 3, 6, 12, 18 months on ART analysis; and a root cause analysis of reasons for interruption among C/ALHIV. The results from these analyses will be shared with stakeholders and used to develop evidence-based client-centered interventions to support children and adolescents on treatment.

OVC and AGYW

In the OVC program, collaboration and coordination with clinical IPs and clinical facilities will be continued and enhanced. MOUs between the clinical and OVC programs will continue to ensure prioritization of HIV testing for OVC beneficiaries, maintain OVC linkage coordinators/focal persons at facilities, maintain data sharing agreements and case conferencing meetings, and ensure integration with ANC, EID, clinical and community programs. The existing bidirectional referral network will continue to be strengthened between the PEPFAR clinical program and the OVC program to ensure coverage of services, including active TB case finding through TB symptoms screening, and to continue to increase the number of CLHIV enrolled in the OVC program.

For the AGYW, PEPFAR Burundi will work hand-in-hand with community partners to address challenges to service uptake and retention. Programming will be designed to meet AGYW where they are, with services that meet their needs. Continuous adherence and continuity of treatment support will be offered through peer adherence support groups. Stigma and intimate partner violence reduction at the community-level will be part of the prevention and treatment package. In Burundi, AGYW have the highest rates of new infections. As one of the most effective ways to prevent new infections, PEPFAR Burundi will continue to work with the NACP to expand PrEP for eligible AGYW.

Key Populations

For COP23, the KP program will continue to expand its use of information communication technology and social media to enhance access to services and continuity of treatment. With the overall geographic expansion being optimized based on KP hotspots along trucking routes, the program will continue its efforts to train public and private sector healthcare providers in KP-competent prevention and treatment services in general population facilities. Finally, the program will continue to roll out U=U messaging and measure stigma reduction related to the implementation of the KP strategies.

4.4 Strategic Pillar 4: Transformative Partners

The premise of Burundi's success lies in the meaningful partnerships that PEPFAR has built with private, multilateral, community and faith-based organizations. As a result, many PEPFAR investments have expanded to scale and are on the road to sustainability with the support and collaboration of partners who share the same vision to ending the HIV/AIDS pandemic as a public health threat by aligning national priorities and achieving efficiencies in programmatic work through intentional collaboration. In Burundi, multilateral partners, including the Global Fund, UNAIDS, WHO, UNICEF, and the World Bank play a critical role in supporting this joint vision. Within the country, PEPFAR Burundi will continue to encourage partnerships with all parts of the Burundian population, including civil society, which plays an important role in the fight against HIV/AIDS. Long-standing partner organizations which have previously been awarded PEPFAR

funds will be encouraged to include capacity building of smaller or more nascent organizations. PEPFAR will also encourage other donors active in this space to invest in capacity building and promote the creation of consortiums or the forming of associations for local and indigenous organizations. Further, public private opportunities will be explored to leverage corporate social responsibility of private companies.

4.4.1 National and Subnational Coordination

PEPFAR Burundi works closely with the GOB on its health priorities as aligned with the strategic approach through NSP 2023-2027 and the National Health Development Plan which are aligned with PEPFAR's 5x3 strategy, to strengthen outcomes and accelerate the road to sustainability. Sectoral HIV/AIDS units will need to be strengthened and made operational in all of Burundi's ministries and in large public and private sector and enterprises.

These HIV/AIDS sectoral units will help those ministries and large companies where there are many people working to have prevention messages, demand creation of HIV services such as testing, linkage to ART for PLHIV, and biological follow-up to have an undetectable viral load. They will also contribute to the HIV program ownership by those different ministries and companies and will also advocate for the creation of HIV solidarity funds in these entities.

The PEPFAR Burundi team will therefore continue to work in tandem with several national and sub-national health sector partners, including:

Ministry of Health: Provides overall coordination and oversight of the HIV response through different entities including the following:

- **The CNLS (Conseil National de Lutte Contre le SIDA):** Coordinates national HIV strategic planning, advocacy and fundraising. The latest strategy (2023-2027) was adopted in January 2023.
- **The PNLs (Programme National de Lutte contre le SIDA):** Leads on the implementation of the national HIV strategy. PEPFAR Burundi will continue to work with the PNLs and its clinical implementation partners on the safe and ethical index testing strategy in a network of health and community facilities. The different community health workers (KP peer navigators, community outreach workers living with HIV, community case managers) will be utilized to target appropriate populations.
- **The Health Districts:** Acts at the operational level, which is where implementation and data collection occur. All data in Burundi, collected in the PEPFAR sector (USAID and DOD), or the non-PEPFAR sector are collected by the health district and put into the national reporting system DIHS2.

Other GOB ministries: The PEPFAR Burundi team will continue to work with GOB ministries on HIV program in addition to Burundi MOH. The NSP 2023-2027 recommends the creation of a sectoral HIV/AIDS unit in each ministry. These HIV units will be coordinated by the MOH, through its PNLs and CNLS.

PEPFAR Burundi will also continue to advocate with all GOB ministries to consider more ownership and increased domestic funding for health in Burundi to ensure sustainability and alignment of health programming.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM): Global Fund and PEPFAR remain the primary funders of HIV programs. They work closely in-country with the Health Donors Group including PEPFAR. There are multiple areas of collaborative synergies including introducing /expanding: PrEP, HIV self-tests, syphilis test and treatment for FSW (30 percent prevalence), PMTCT implementation of the roadmaps developed for the four critical regions.

GFTAM in close collaboration with PEPFAR Burundi supports the harmonization of HIV services provided by CSOs and provides national guidance and recommended approaches, such as peer educator incentives improving ART retention through nutritional support. They also provide management and support, PMTCT, prevention, HIV differentiated testing services and HIV/TB co-infection, community system strengthening, human rights and M&E.

PEPFAR will support the CCM and the MOH in drafting the GC7 proposal for HIV, malaria, TB and health system strengthening. During the development of the proposal and its implementation PEPFAR will collaborate with the Global Fund to ensure resources and strategies alignment to improve efficiency and impact of the HIV response in Burundi.

UNDP: Principal Recipient in Burundi of the current GFATM Grant that ends by December 20, 2023. Collaborates with PEPFAR implementing partners to leverage each other's efforts. GC7 for 2023 to 2026 is in preparation now.

UNAIDS: UNAIDS and its 11 UN agency co-sponsors collaborate early and throughout the programming cycle. UNAIDS is an effective partner to advance the shared goal of achieving global targets, reaching 95-95-95 by 2025 and are a crucial partner of PEPFAR Burundi. UNAIDS provides the strategic direction, advocacy, coordination of the country-response, and technical support needed to catalyze and connect leadership from governments, the private sector and communities. UNAIDS is also the leader on the UNAIDS 10-10-10 societal enablers to reduce inequalities in the global HIV response.

In alignment with the 5x3 PEPFAR's pillars UNAIDS supports capacity strengthening of CSOs. They are also a member of the observatory (CLM) process. In addition, collaborate with the IBBS.

Last mile, the EMTCT survey, PrEP assessment, HIV and gender assessment and HIV and social protection assessment.

Further, PEPFAR will work with UNAIDS to improve coordination and collaboration and joint planning of the HIV response in Burundi. Specifically, support will focus on enhancing institutional capacity of the CNLS and PNLs to effectively manage technical working groups to make them functional, efficient and effective to serve as platforms that enable informed political decision-making initiative.

WHO: supports policy updates and ensures the country meets WHO and international standards in different program areas relevant to the HIV response.

WHO activities include: PMTCT triple elimination; PrEP for KP and other populations at high risk, UDI Guidelines on harm reduction; KP on HIV, Hep and IST; Global alliance initiative to end HIV/AIDS among children; certification for HIV elimination; health security.

PEPFAR is committed to strengthening its partnership with the Government of Burundi to ensure alignment with national priorities and investments. This relationship is strengthened in the 5x3 PEPFAR through coordination, engagement and collaboration.

World Bank: supports the country's performance-based financing that is the main source of income for health facilities as most of the services are offered for free. PEPFAR will leverage PBF to improve the quality of services at the health facility level including data quality and services integration.

4.4.2 Public Private Partnerships

In COP23, PEPFAR will explore public private partnership opportunities to leverage corporate social responsibility funding to support the Ministry of Health to close management and information system gaps to improve the MOH capacity to plan and manage resources and develop knowledge-based systems that improve collaboration and coordination among different stakeholders.

4.5 Strategic Pillar 5: Follow the Science

The GOB and PEPFAR Burundi are committed to following the science and utilizing data to drive programming decisions, policies, and guidance. Going forward, as Burundi is progressing towards the 95-95-95 targets, closing the remaining gaps for the “last mile” will require embracing and elevating the best new scientific innovations and ensuring that programming is data-driven. By supporting and enhancing surveillance, PEPFAR Burundi will ensure the deployment of next generation surveillance methods and lean into community-led monitoring to enhance ownership of program results.

4.5.1 Enhancing Existing Electronic Data Systems

During COP23, PEPFAR Burundi will continue to invest in an integrated information system to ensure availability and use of high-quality and timely information critical to reaching and sustaining epidemic control. PEPFAR will continue to support patient tracking information systems improvements, including scaling up web-based access to SIDA-Info, and finalizing interoperability between SIDA-Info and DHIS2.

In COP23, PEPFAR Burundi will enhance SIDAInfo's functionality by consolidating existing systems which are currently used to track clinical (Open Clinic), lab (IBIPIMO), and community services including OVC (ComCare) and recency testing (recency dashboard). PEPFAR will explore opportunities to integrate additional modules into SIDAInfo to make sure that all patient data needed from prevention, via testing to viral load suppression are available in real time in Sida Info.

4.5.2 U=U Literacy

PEPFAR Burundi will continue to support and promote U=U messaging and programming. PEPFAR Burundi in collaboration with the NACP will deliver this messaging to ensure PLHIV are aware of the importance of VL suppression.

4.5.3 Implementation/Operational Research for EID and ANC

PEPFAR Burundi, in partnership with the MOH, civil society and other donors have noted the underperformance in pediatric HIV and HIV services in ANC.

In partnership with the PNLIS, PEPFAR and its clinical and data implementation partners will take the lead in continuing to identify the root causes of this underperformance and work on them to improve performance across the cascade for PBFW, HEIs, children and adolescents in HIV services.

4.5.4 SABERS

Burundi's military environment is highly mobile with long deployment periods which take personnel far from home. This coupled with the availability of disposable income, and the increase in casual sexual relationship puts individuals in the Burundian military at an increased risk of contracting STIs and HIV. To better understand this priority population, the Seroprevalence and Behavioral Epidemiology Risk Surveys (SABERS) conducted among military personnel and individual-level information systems are sources of surveillance data on prevention. Last conducted in 2017,

in COP23, PEPFAR Burundi will support a new SABERS will utilize this data to help facilitate the prioritization and implementation of evidence-based HIV prevention, care, and treatment strategies to reduce HIV infection among military personnel.

4.5.5 Case-based Surveillance

Person-centered routine health data for all PLHIV or case-based surveillance continues to be a priority for PEPFAR Burundi to monitor the trend of the HIV epidemic and provide evidence-based evaluation of programs. Through scale up of the UID-powered SIDAInfo system, working collaboratively with GOB, PEPFAR Burundi aims to continue to improve HIV surveillance to identify program gaps, new cases and potential clusters in accordance with strict data security and confidentiality guidelines. The routine surveillance of all PLHIV cases will also enable the country to improve their national estimates of HIV burden through UNAIDS global AIDS monitoring indicators. As Burundi sustains epidemic control, routine person-centered surveillance data will be critical to effectively support continuity of treatment for all PLHIV, maintaining viral suppression and targeted prevention services when needed.

PEPFAR Burundi will continue to implement recent infection surveillance in COP23 in triangulation with routine surveillance data to monitor the trajectory of the epidemic, to provide real-time information on traits of recent infections and impact public health response through providing recency testing in 21 partner clinical sites and at 5 viral load laboratories. As outlined by S/GAC and PEPFAR, PEPFAR Burundi will work with NACP and with PEPFAR clinical implementing partners to ensure that recency results will not be returned to patients, and that the viral load will be processed for rapid test for recent infection (RTRI) cases in accordance with a recent infection testing algorithm.

5.0 Plans for Strategic Enablers

5.1 Strategic Enabler 1: Community Leadership

Civil society has been a leading force in the Burundian response to HIV since the beginning of the epidemic, with CSOs actively involved in: providing services; advocating on behalf of beneficiary populations; holding governments accountable; and promoting human rights to combat stigma and discrimination against key populations, people living with HIV, and other vulnerable groups while supporting data collection and promoting transparency.

In COP23, Community-Led Monitoring (CLM) will be prioritized to ensure a process initiated, led, and implemented by local, community-based organizations and other civil society groups. Many community initiatives are monitored across a wide range of issues associated with accessibility, and effective, and high-quality HIV service delivery. Implementers transform

community inputs into action, build sustainable relationships, and ensure that the communities needs and voices are at the center of the HIV response.

5.1.1 CSO Support to the Clinical Cascade

CSOs have articulated their needs across the clinical cascade and in COP23, PEPFAR Burundi will deliberately attempt to address these needs to empower CSOs to help improve access to prevention, testing, care and treatment services.

For the first 95, PEPFAR Burundi will empower CSOs to provide support for adaptive and innovative activities for the prevention of HIV transmission and activities for testing demand creation among high-risk groups including pregnant and breastfeeding women, infants, children, youth and other vulnerable populations. As part of this, CSOs will also continue to address stigma and discrimination.

For the second and third 95, PEPFAR Burundi will empower CSOs to play a significant role in continuity of treatment for KPs, newly diagnosed PLHIV, PBFW, and youth, and will support CSOs to improved access to viral load monitoring to address late results and reporting issues, while strengthening capacity building at the site level among constituents to improve viral load coverage and elevating demand creation activities in the communities for improved viral load.

Other community leadership activities to complement clinical cascade support in COP23 include Leveraging peer educators, youth network and CAG leaders to support activities along the entire clinical cascade, leveraging and expanding the OVC program and expanding the Mentor Mothers' program to children under 10 years.

5.1.2 Community-Led Monitoring (CLM)

To ensure that services are of quality and tailored to the community, PEPFAR Burundi is working to finalize its CLM strategy which will include a coordination mechanism composed of CSO advocates, PNLS, CNLS, UNAIDS, and Global Fund representatives and will improve PEPFAR Burundi's ability to leverage resources and activities across a broader range of partners at community level, including CSOs conducting CLM.

According to PEPFAR CLM guidance, MOH health managers and other partners will implement quarterly meetings with CSOs to gain input and recommendations. PEPFAR Burundi will also rely on technical support from global partners, such as the International Treatment Preparedness Coalition (ITPC) to work with the coordinating mechanism, and CSO CLM partners to define indicators to be measured, develop tools for data collection, analyze the data, and formulate recommendations for service improvements.

PEPFAR Burundi, through its implementing partners, has participated in several international conferences, where best practices and program results have been shared via oral communications and posters.

During COP23, PEPFAR Burundi will continue to work with all its partners to expand this research and share them with other countries. As a leader in reaching HIV epidemic control, -and the first francophone country in Central Africa to achieve it- PEPFAR Burundi has much to share with other countries and PEPFAR programs in this space.

5.2 Strategic Enabler 2: Innovation

5.2.1 HIV virtual Community of Practices (vCoPs)

The Department of Defense HIV/AIDS Prevention Program (DHAPP,) through partnership with Project ECHO® (Extension for Community Healthcare Outcomes), is an ECHO SuperHub that builds virtual communities of practice (vCoP) in support of Burundi's overall goals of HIV epidemic control.

ECHO is a proven, successful, and innovative educational model developed at the University of New Mexico Health Sciences Center that utilizes a “hub and spoke” structure to expand specialty care capacity in remote and underserved communities, reduce wait times and unnecessary travel costs for patients, while facilitating coordinated simultaneous multi-disciplinary consultations. The model also cuts time and travel costs for in-person training, thus saving resources.

In FY22, the DHAPP ECHO SuperHub supported the implementation and launch of the Burundi National Defense Force (BNDF) ECHO. BNDF ECHO currently conducts biweekly sessions reaching 7 sites and is attended by 12 participants on average.

DHAPP-supported country-level military HIV vCoPs are led and managed by local military leaders and designed to address country-specific goals and needs. This is key to the sustainability of the country's program. Hubs are strategically selected to strengthen the expertise of providers within primary care settings through regular virtual educational clinics with participation from local experts offering didactic lectures, mentorship, and consultative feedback on client cases.

Through expanded use of ECHO, partner military vCoPs are improving ongoing dialogue with all health delivery sites that are part of their system including support for deployed military members. It has been reported by military HIV POCs that participation in ECHO improves the management of clients, the knowledge of participating healthcare workers and the efficiency of disseminating new policies and practices.

The virtual nature and flexibility of the ECHO platform has allowed partner militaries to continue critical training and education during the COVID-19 pandemic, and its platform can be used in real-time to provide training and address other urgent needs as they arise.

It is expected that within the next two years BNDF ECHO will grow in the number of sites and participants, engage in evaluation and quality improvement activities, and increase its positive impact on the quality of HIV care and treatment.

5.3 Strategic Enabler 3: Leading with Data

The MOH conducted a Health Management Information Systems (HMIS) SWOT analysis, which identified the gaps which need to be addressed in collaboration with GOB, Global Fund, and the EU cooperation as well as PEPFAR. The analysis showed key weaknesses, including:

- Lack of integration of vital statistics and surveys in the DHIS2
- Lack of trained personnel on server maintenance
- Insufficient computer equipment
- Weak data analysis capacity at all levels (site, district, PNLs)
- Lack of electronic registry for facility, health worker, disease terminology, health products terminology, health services terminology and master patients index (patients registry including demographic and biometric UID)
- Weak interoperability of existing databases
- Weak reporting of data from the private sector (Facilities and laboratories) and national hospitals
- Lack of electronic medical records (EMR) for all disease (Open Clinic is used only by hospitals and is not web-based with biometric UID).

COP23 will support PNLs and DSNIS to address the following gaps in coordination with GOB, Global Fund, EU and other partners by strengthening health system building blocks such as: identity management for the health sector; policy for securing information and protecting beneficiary confidentiality; increased investments in infrastructure; digital health platform; and increased investments to improve health worker ICT skills.

5.3.1 Unique Patient Identifier for the Health Sector

Currently, the biometric UID that the SIDAInfo utilizes are only assigned for PLHIV's and not for those testing HIV negative, therefore, the EMR does not currently support tracking patients on prevention. COP23 will provide TA to MOH/ PNLs to adapt the legislation and/or regulations to protect the privacy and patient rights, led by the PNLs to regulate a digitized health sector, use of biometric UIDs for identifying PLHIVs in SIDAInfo with the potential to expand its use to the broader health sector.

5.3.2 Electrification of Health Facilities & Internet Connectivity

Burundi has a very low electrification rate of 11.7 percent (World Bank Report, third place from last) and urban centers regularly face power outages and consequently SIDAInfo is not regularly updated in some sites, and not consistently used as point of care as intended. This slows down real-time automatic data exchange to HMIS (DHIS2), and Lab App (IBIPIMO). In collaboration with GF, World Bank, GOB, COP23 will contribute to increase power and internet access to health facilities to increase the quality of services, use of SIDAInfo and IBIPIMO for data exchange with

DHIS2. COP23 will support the SMART facility approach lead by Global Fund in increasing power access by using solar energy.

5.3.3 Health Data Center which hosts the various databases of the health sector

Currently all databases are hosted via the cloud (SIDAInfo, IBIPIMO, DHIS2). GOB is requesting physical servers to host at national level all related health systems. To facilitate the repatriation of eHealth applications hosted outside the territory of Burundi on a national data center, in COP23 PEPFAR will collaborate with the Global Fund to design and implement a GoB owned IT infrastructure that meets the needs of the health system to achieve the host government digital health goal.

5.3.4 Interoperability Framework

The current Interoperability Layer (IOL) will be revised to ensure it can be readily adopted by implementers of new and existing systems. Additionally, a software accreditation policy for e-health applications is needed to ensure that applications used in-country adhere to national and international standards and protocols, including privacy and security, led by the Ministry's new structure coordinating eHealth, the *Programme de Gestion Informatique du Secteur de la Santé* (PROGISSA).

Currently, only point-to-point integration exists between HIV systems implemented by PEPFAR in the absence of an IOL that can mediate different point of care systems in the health sector (or HIV space). COP23 will continue to support the interoperability process in collaboration with key stakeholders.

5.3.5 Continuous Pre- and In-service training

Building staff capacity in IT development, system administration and management expertise, with an increased IT capabilities of the staff of the Ministry. The SIDAInfo/UID IT team, which is managed by the MOH, is wholly PEPFAR funded with very limited IT expertise coming from the PNLS. As the country starts rolling out solutions, such as eLMIS, basic IT will be integrated to improve the service providers and health system managers' capacity in collaboration with Global Fund and the Embassy of the Kingdom of Nederland (EKN). Further, PPP opportunities will be explored to support this initiative.

5.3.6 Data Quality

In COP23, PEPFAR Burundi will continue to support quality assurance and quality improvement activities at all levels to uphold core standards and regular program reviews. Along with the GOB, PEPFAR IPs and other partners, COP23 will support targeted QI initiatives (such as IIT) and provide training to update providers' skills or introduce new norms, protocols, and strategies.

In COP23, in collaboration with Global Fund, PEPFAR will leverage other USG programs to support the Ministry of Health in developing electronic based tools for data quality assessment, quality management tools to help the Ministry of Health programs including PNLS to monitor effectively the quality of services and quality of data coming from the sites, districts and

communities. These tools will be developed in line with the new PEPFAR and WHO strategies, protocols and guidelines. Formative supervisions will be conducted at all levels of the health system pyramid. Additionally, joint site visits and SIMS visits as well as DQAs with a focus on ANC/ PMTCT and TX indicators will be carried out with the Ministry of Health

6.0 Core Standards

PEPFAR Burundi's core standards include:

- 1. Offer safe and ethical index testing to all eligible people and expand access to self-testing.** Ensure that all HIV testing services are aligned with WHO's 5 Cs. Index testing services should include assessment of and appropriate follow-up for intimate partner violence. Offer HIV testing to every child under age 19 years with a biological parent or biological sibling living with HIV.
 - Since COP20, Burundi is focusing on ongoing rapid scale-up of index testing across all districts, and the ongoing roll-out of self-testing with a particular focus on the 13 provinces supported by the KP program. In COP23, Burundi is continuing to focus on index testing of all children under the age of 15 with a biological parent LHIV, and sexual partners.
 - SIMS will be used as a quality assurance tool to evaluate compliance with PEPFAR guidance across supported sites.
- 2. Fully implement “test-and-start” policies.** Across all age, sex, and risk groups, over 95 percent of people newly identified with HIV infection should experience direct and immediate linkage from testing to uninterrupted treatment.
 - “Test-and-start” policy was updated in December 2019 and reinforced in October 2020 to include adolescents and women of childbearing potential based on latest WHO guidelines. As of FY23 Q1, the overall linkage rate is 99 percent, and the linkage rate in the PEPFAR KP program is 100%.
 - In COP23, Burundi will continue to focus on same-day (>95 percent) linkage from testing to treatment across all age, sex, and risk groups.
- 3. Directly and immediately offer HIV-prevention services to people at higher risk.** People at a higher risk of acquiring HIV must be directly and immediately linked with prevention services aimed at keeping them HIV-free, including PrEP and PEP.
 - Burundi's PrEP guidelines were approved in 2021 and clearly state eligibility. Due to political sensitivities around family planning and use of condoms by youth, some reluctance exists from the PNLS to sensitize publicly on PrEP which impacts the provision of PrEP at site level. Despite that barrier, PrEP results in FY22 were more than double the achievements in FY21.

- PEPFAR Burundi will continue to support the PNLS so that all populations may benefit from PrEP such as high-risk PBFW and AGYW. PEPFAR Burundi will work with the PNLS to establish a Prevention TWG where all prevention aspects of the program are planned, monitored and evaluated.
4. **Provide OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes.** Provide evidence-based sexual violence and HIV prevention interventions to young adolescents (aged 10-14).
- In FY22, PEPFAR leveraged non-PEPFAR funding sources to expand the OVC package to offer nutrition services to OVC and enhance GBV prevention. In collaboration with clinical partners, PEPFAR is offering HIV testing to OVCs with an unknown HIV status and is continuing to offer differentiated services to CLHIV for better treatment outcomes.
 - In COP23, PEPFAR will continue to leverage family planning and maternal and child health funding to support the OVC program in providing nutritional support, sexual and reproductive health education as well as improving the socio-economic status of households through saving groups and income generating activities while improving prevention and treatment outcomes of children.
5. **Ensure HIV services at PEPFAR-supported sites are free to the public.** Access to HIV services, medications, and related services (e.g., ART, cotrimoxazole, ANC, TB, cervical cancer, PrEP and routine clinical services for HIV testing and treatment and prevention) must not have any formal or informal user fees in the public sector.
- In Burundi, no fees are charged for any of the HIV related services and other services offered to pregnant women and children.
 - PEPFAR Burundi will continue to work with the MOH so that all PLHIV continue to receive free services.
6. **Eliminate harmful laws, policies, and practices that fuel stigma and discrimination, and make consistent progress toward equity.** Programs must consistently advance equity, repudiate stigma and discrimination, and promote human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, children, and other vulnerable groups. This progress must be evidence-based, documented, and included in program evaluation reports.
- HIV prevention and treatment is offered to all clients of all age, sex, and risk groups.
 - Regarding children and AGYW, PEPFAR Burundi will build on the country's successful, established Mentor Mothers program to improve pediatric case finding

and maternal/infant outcomes among AGYW and KP mothers, while improving data quality and data capture to improve pediatric HIV estimates.

- Burundi has received 1 million in PEPFAR's Lift Up Equity Incentive for COP23 to close identified equity gaps among children, AGYW and key populations in Burundi.
 - i. For KP, this Lift Up Equity funding will help to implement optimal strategies to engage more KPs and their children in HIV services, to address structural barriers linked to stigma, discrimination, criminalization, and other social factors inhibit KPs from accessing services.
7. **Optimize and standardize ART regimens.** Offer DTG-based regimens to all people living with HIV (including adolescents, women of childbearing potential, and children) 4 weeks of age and older.
- The vast majority of eligible PLHIV weighing ≥ 30 kg, including children and adolescents and women of childbearing potential have transitioned to DTG-based regimens.
 - Quantification and procurement of pediatric DTG 10mg was completed, and SOPs for pediatric ART are available.
 - In COP23, Burundi will continue to support ARV optimization for all individuals on ART.
8. **Offer differentiated service delivery models.** All people with HIV must have access to differentiated service delivery models to simplify HIV care, including MMD6 and DDD, and services designed to improve ART coverage and continuity for different demographic and risk groups and to integrate with national health systems and services.
- During COP18, Burundi adopted MMD3 and MMD6 as part of national treatment guidelines. During the following years, significant progress was made in the implementation of MMD3 from 0 to 87 percent as of Q1FY23. However, there has been very slow progress for MMD6 in all districts from 0 to 7 percent as of Q1 FY23. In COP22, with PEPFAR mediation, there is a consensus between the PLS and PLHIV network to scale up MMD that has started in FY22 Q2. In COP23, the scale up of MMD6 will be a priority to give patients choice to go for MMD3 or MMD6 based on their individual needs.
 - In COP23, Burundi will continue to promote the rapid roll-out of MMD6 and to expand the adopted DSD models.
9. **Integrate tuberculosis (TB) care.** Routinely and systematically screen all people living with HIV for TB disease. Standardized symptom screenings alone are not sufficient for TB

screening among people living with HIV and should be complemented with more-sensitive and setting-specific, WHO-recommended screening tools. PEPFAR Burundi will work to ensure all people living with HIV who screen positive for TB receive molecular WHO-recommended diagnostic and drug susceptibility testing, all those diagnosed with TB disease complete appropriate TB treatment, and all those who screen negative for TB complete TB Preventive Treatment.

- Burundi adopted TPT policies for adults and children and revised the national TB and HIV guidelines. Since COP18, major progress has been noted for TB uptake. The TPT completion rate has reached 92 percent (above the PEPFAR 85 percent goal). Burundi's plan to roll-out shorter TPT regimen, mainly 1HP, represents a great opportunity to sustain gains achieved in TPT uptake.
- The latest PEPFAR results (Q4FY22) indicate that 93 percent of PLHIV were screened for TB, with a suboptimal positivity yield of 0.5 percent. TB diagnosis with GeneXpert testing remains to be challenging despite the increasing trend observed in recent years.
- In COP23, Burundi plans to complete full-scale TPT coverage for adults and children. PEPFAR Burundi will support national's active TB case finding efforts, through strengthening of the quality of TB screening and diagnostic testing, to increase the positivity yield from TB screening activities and case detection rate. Molecular recommended diagnostic assays, such as GeneXpert MTB/RIF Ultra, should be considered as initial diagnostic test for TB on all PLHIV
- Building on the substantial national successes over recent years, the PEPFAR program will continue to support the optimization of integrated TB/HIV services, including TB screening of all ART clients and expansion of TPT for all eligible PLHIV (including children) on ART, including introduction of optimized regimens.

10. Diagnose and treat people with advanced HIV disease (AHD). People starting treatment, re-engaging in treatment after an interruption of ≥ 1 year, or virally unsuppressed for ≥ 1 year should be evaluated for AHD and have CD4 T cells measured. All children < 5 years old who are not stable on effective ART are considered to have advanced HIV disease. The WHO-recommended and PEPFAR-adopted package of diagnostics and treatment should be offered to all individuals with advanced disease.

- PEPFAR is working closely with the IPs so that patients who interrupt treatment are tracked in all supported sites and efforts are made to bring them back to care. For all those who interrupted treatment, adherence sessions are conducted, and patients receive treatment. Further, PEPFAR will enhance the family-centered approach to enhance alignment of mother-child care and treatment to reduce miss opportunities for children.

- In COP23, PEPFAR Burundi will work with IPs so that each client who returns to treatment after an interruption of ≥ 1 year get a viral load test 6 months after re-initiation.
- In COP23, PEPFAR Burundi will explore the introduction and use of the urine lipoarabinomannan (LF-LAM) assay as a rapid point-of-care diagnostic test to rule in TB for patients with AHD. Testing with LF-LAM should be considered as part of the country algorithm for active TB case finding among all PLHIV, including children, in both in-patient and outpatient settings.

11. Optimize diagnostic networks for VL/EID, TB, and other coinfections. In coordination with other donors and national TB programs, PEPFAR Burundi will work to; ensure DNO and transition to integrated diagnostics and multiplex testing to address multiple diseases and work towards 100 percent EID and VL testing coverage and return of results within stipulated turn-around time.

- In COP 22, PEPFAR Burundi conducted a DNO to improve VL, EID and TB test access.
- In COP 23, PEPFAR Burundi, in collaboration with other laboratory stakeholders, will use the results of the DNO to better reallocate and use the VL/EID/TB testing machines to reduce the turnaround time for VL and EID tests to less than 7 days.

12. Integrate effective QA and CQI practices into site and program management. Program management must apply ongoing program and site standards assessments—including the consistent evaluation of site safety standards and the monitoring of infection prevention and control practices. PEPFAR-supported activities, including IP agreements and workplans should align with national policy in support of QA/CQI.

- PEPFAR Burundi continues to implement QA through SIMS. Mission staff perform formative supervision and mentorship throughout the fiscal year. In addition, quality improvement activities are implemented to track the continuity of treatment through RCA, DQM and robust evidence based CQI practices.
- In COP23, Burundi will continue district-level and clinical mentoring in all provinces, focusing on priority indicators. Burundi will work with the PNLs to include in SIDAInfo a module for Quality Assurance (data quality for key indicators and quality of services) that site teams can use for their own evaluation.

13. Offer treatment and viral-load literacy. HIV programs should offer activities that help people understand the facts about HIV infection, treatment, and viral load. The U=U messaging and stigma reduction campaigns which encourage HIV testing, prevention, and treatment should reach both the general population and health care providers.

- In all supported sites, during ARV initiation and adherence sessions, care providers help people to understand U=U literacy.
- In COP23, U=U messaging and VL literacy activities and tools implementation will continue in provinces supported by the KP program, including U=U education for leaders across institutions (National assembly, government leaders and local authorities) and levels (national, provinces, districts, and community).

14. **Enhance local capacity for a sustainable HIV response.** There should be progress toward program leadership by local organizations, including governments, public health institutions, and NGOs. Programs should advance direct funding of local partners and increase funding of organizations led by members of affected communities, including KP-led and women-led organizations.

- Localization and agency of local partners is progressing. In COP19, PEPFAR Burundi awarded two local partners, one for GBV (SWAA) and one for OVC (COPED). In the end of COP21, the KP program has transitioned to two local partners receiving direct awards - ANSS and SWAA.
- In COP23, PEPFAR Burundi will continue to advocate for increased government resource commitment and will put more efforts on localization. CLM program is planned to be awarded to a local partner.
- The new Care & Treatment that is the USAID Burundi HIV flagship mechanism has a local partner transition component with 1-2 local organizations identified to be a direct recipient USG funds by the end of the Activity

15. **Increase partner government leadership.** A sustainable HIV response requires coordinated efforts that enable governments to take on increasing leadership and management of all aspects of the HIV response—including political commitment, building program capacities and capabilities, and financial planning and expenditure.

- The GOB has increased its commitment year to year, and PEPFAR Burundi will continue to advocate for additional government leadership and ownership, especially at local levels.

16. **Monitor morbidity and mortality outcome.** Aligned with national policies and systems, collect, and use data on infectious and non-infectious causes of morbidity and mortality among people living with HIV, to improve national HIV programs and public health response.

- As of Q4FY22, 30 percent of HIV patients are aged 50+ years. PEPFAR tracks mortality and interruption in treatment data through the MER indicator TX_ML.
- In COP22 and COP23, mortality and morbidity will be integrated within SIDAInfo for better analysis on a frequent basis.

17. Adopt and institutionalize best practices for public health case surveillance.

Transfer/deduplication processes and a secure person-based record should be in place for all people served across all sites. Unique identifiers should also be in place, or a plan and firm, agreed-upon timeline for scale-up to completion should be established.

- The active development of a web-based version of SIDAInfo, with integrated biometric (fingerprint) UID was a focus in COP20. SIDAInfo has been installed in most supported sites in all 18 provinces. As of Q1 FY23, 78 percent of clients in PEPFAR supported sites have a biometric UID.
- In COP22 and COP23, PEPFAR Burundi will continue to expand SIDAInfo and add the systems interoperability and quality data for decision making in order to improve the person-centered care.

7.0 USG Operations and Staffing Plan

The PEPFAR-funded team includes the USAID HIV team (eight individuals), acquisition and assistance staff (one), financial staff (one), and the DOD team (two). The USAID Health Team Director, and the USAID PEPFAR Team Lead serve as points of contact to S/GAC in the absence of a PEPFAR Coordination Office. Due to the small staffing footprint the PEPFAR Burundi program uses a third-party contractor to conduct the majority of SIMS visits.

The interagency space is small, highly collaborative, and efficient. The USAID and DOD teams coordinate interagency processes seamlessly through monthly and quarterly joint data reviews with partners, regular technical discussions, POARTs, and COP development.

In COP23, the USAID PEPFAR Team will add two local employee staff positions: 1) a Deputy Health Team Director to support the Health Team Lead in overall management of the team and to provide a path for career progression for local employees, 2) A subject matter expert project management specialist that will full fill AOR/COR functions to augment the Health Team's capacity to manage local partner awards as direct funding to local partners increases. These positions have been approved by the Chief of Mission and are in the hiring process as of April 2023.

There are no major deviations in the Cost of Doing Business (CODB) from the previous year, both USAID and DOD budgets have decreased slightly due to staffing plan changes. The CODB budget has been strategically planned to adequately support the implementation of the COP23 program activities.

APPENDIX A. Prioritization

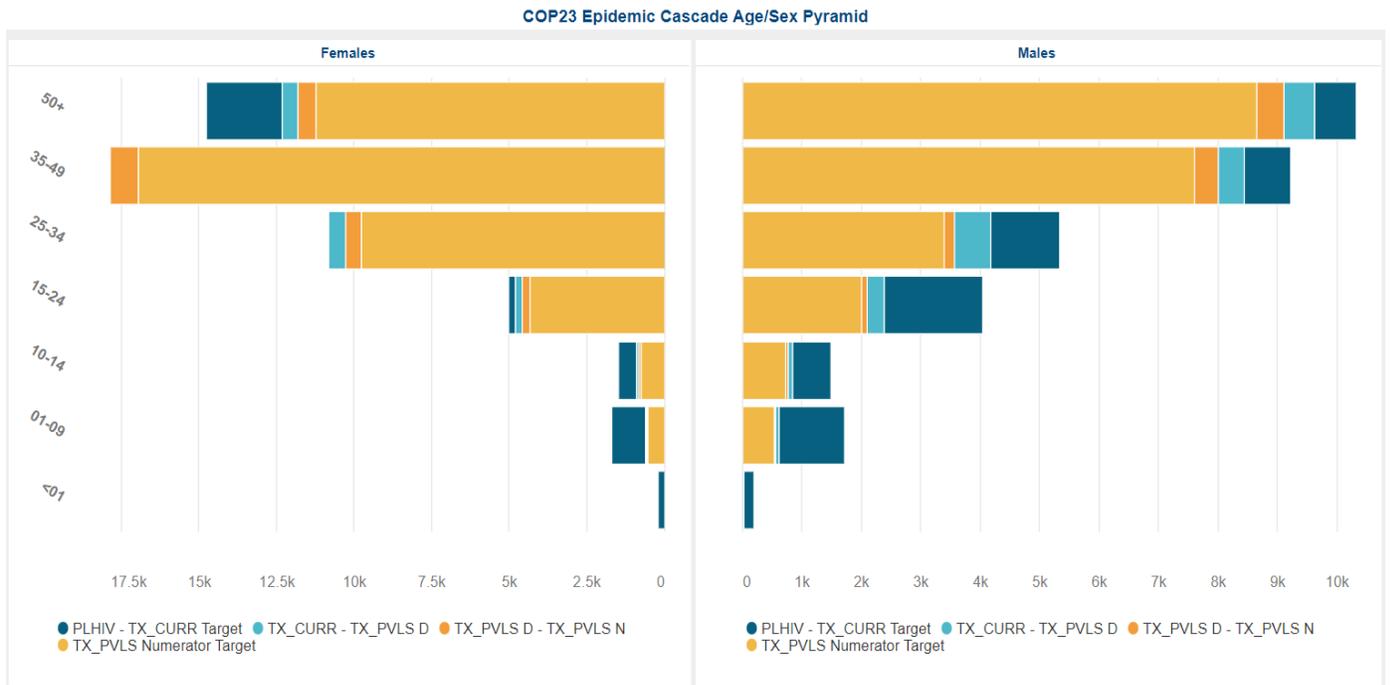


Figure 4: Epidemic Cascade Age/Sex Pyramid – Source: Panorama

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APPENDIX B. Budget Profile and Resource Projections

Table 3: Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention

Table B.1.1: COP22, COP23/FY 24, COP 23/FY25 Budget by Intervention

Country	Intervention	Budget		
		2023	2024	2025
Total		\$25,650,000	\$27,125,000	\$24,367,500
		\$25,650,000	\$27,125,000	\$24,367,500
Burundi	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	\$1,332,833		
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Children		\$250,000	\$0
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		\$1,552,267	\$1,540,000
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Pregnant & Breastfeeding Women		\$100,000	\$0
	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	\$378,980	\$520,000	\$350,000
	ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations		\$75,000	\$0
	ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations		\$110,000	\$113,000
	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		\$125,000	\$0
	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		\$790,000	\$885,000
	ASP>Management of Disease Control Programs>Non Service Delivery>Pregnant & Breastfeeding Women		\$100,000	\$0
	ASP>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$1,158,000		
	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations		\$328,947	\$350,000
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Military		\$475,000	\$0
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		\$70,000	\$64,926
	C&T>HIV Clinical Services>Non Service Delivery>Children		\$700,000	\$700,000
	C&T>HIV Clinical Services>Non Service Delivery>Key Populations	\$70,000	\$170,000	\$140,000
	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	\$1,948,217	\$1,290,000	\$1,050,000
	C&T>HIV Clinical Services>Non Service Delivery>Pregnant & Breastfeeding Women		\$650,000	\$600,000
	C&T>HIV Clinical Services>Service Delivery>Children		\$346,000	\$0
	C&T>HIV Clinical Services>Service Delivery>Key Populations	\$186,778	\$395,000	\$346,804
	C&T>HIV Clinical Services>Service Delivery>Military	\$451,663	\$461,663	\$428,198
	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	\$310,000	\$150,000	\$150,000
	C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women		\$20,000	\$0
	C&T>HIV Drugs>Service Delivery>Children	\$235,257	\$172,250	\$172,250
	C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	\$1,212,830	\$853,640	\$853,640
	C&T>HIV Laboratory Services>Non Service Delivery>Children		\$482,439	\$450,000
	C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	\$530,000	\$564,892	\$400,000
	C&T>HIV Laboratory Services>Service Delivery>Children	\$328,311	\$211,847	\$211,847
	C&T>HIV Laboratory Services>Service Delivery>Military	\$118,888	\$128,888	\$119,545
	C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	\$1,492,188	\$968,415	\$968,415
	C&T>HIV/TB>Service Delivery>Non-Targeted Populations		\$204,152	\$204,151
	C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$556,044		
	HTS>Community-based testing>Non Service Delivery>Key Populations	\$110,000	\$135,000	\$135,000
	HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations	\$190,305		
	HTS>Community-based testing>Service Delivery>Children	\$10,000		
	HTS>Community-based testing>Service Delivery>Key Populations		\$401,250	\$386,250
	HTS>Community-based testing>Service Delivery>Military	\$353,883	\$363,883	\$337,507
	HTS>Community-based testing>Service Delivery>Non-Targeted Populations	\$50,000	\$205,000	\$326,958
	HTS>Community-based testing>Service Delivery>Pregnant & Breastfeeding Women		\$40,000	\$0
	HTS>Facility-based testing>Non Service Delivery>Key Populations	\$68,000	\$84,006	\$76,000
	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations		\$400,000	\$400,000
	HTS>Facility-based testing>Non Service Delivery>Pregnant & Breastfeeding Women	\$328,980	\$650,000	\$750,000
	HTS>Facility-based testing>Service Delivery>Children	\$212,000		
	HTS>Facility-based testing>Service Delivery>Key Populations	\$534,604	\$95,000	\$95,000
	HTS>Facility-based testing>Service Delivery>Military	\$162,221	\$172,221	\$159,737
	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	\$70,000	\$364,216	\$474,216
	HTS>Facility-based testing>Service Delivery>Pregnant & Breastfeeding Women	\$397,136	\$892,500	\$892,500
	HTS>Not Disaggregated>Non Service Delivery>Key Populations	\$325,000		
	HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$100,000		
	HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$552,033		

PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	\$400,000	\$400,000	\$73,978
PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	\$3,935,716	\$4,366,336	\$4,087,245
PM>USG Program Management>Non Service Delivery>Military	\$265,000	\$205,000	\$205,000
PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	\$2,701,176	\$2,623,473	\$2,691,843
PREV>Condom & Lubricant Programming>Service Delivery>Key Populations		\$392,929	\$392,929
PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	\$400,000	\$7,071	\$7,071
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		\$35,000	\$35,000
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Military		\$172,221	\$159,737
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations		\$610,000	\$600,000
PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations		\$70,000	\$56,000
PREV>Non-Biomedical HIV Prevention>Service Delivery>OVC		\$250,000	\$250,000
PREV>PrEP>Non Service Delivery>Key Populations	\$95,232	\$90,000	\$85,000
PREV>PrEP>Service Delivery>AGYW	\$10,000	\$125,000	\$0
PREV>PrEP>Service Delivery>Key Populations	\$247,268	\$194,494	\$192,753
PREV>PrEP>Service Delivery>Pregnant & Breastfeeding Women		\$15,000	\$0
PREV>Violence Prevention and Response>Service Delivery>OVC		\$200,000	\$200,000
SE>Case Management>Non Service Delivery>OVC	\$100,000	\$40,000	\$40,000
SE>Case Management>Service Delivery>OVC	\$200,000	\$400,000	\$400,000
SE>Economic strengthening>Service Delivery>OVC	\$150,000	\$350,000	\$350,000
SE>Education assistance>Service Delivery>OVC	\$50,000	\$320,000	\$320,000
SE>Psychosocial support>Non Service Delivery>OVC	\$50,000		
SE>Psychosocial support>Service Delivery>Key Populations		\$100,000	\$0
SE>Psychosocial support>Service Delivery>Non-Targeted Populations	\$150,000	\$50,000	\$50,000
SE>Psychosocial support>Service Delivery>OVC		\$40,000	\$40,000

Table 4: Table B.1.2 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Program Area

Table B.1.2: COP22, COP23/FY 24, COP 23/FY25 Budget by Program Area

Country	Program	Budget		
		2023	2024	2025
		\$25,650,000	\$27,125,000	\$24,367,500
Total		\$25,650,000	\$27,125,000	\$24,367,500
Burundi	C&T	\$8,666,997	\$7,769,186	\$6,794,850
	HTS	\$3,484,162	\$3,803,076	\$4,033,168
	PREV	\$1,700,927	\$2,161,715	\$1,978,490
	SE	\$1,334,474	\$1,300,000	\$1,200,000
	ASP	\$3,161,548	\$4,496,214	\$3,302,926
	PM	\$7,301,892	\$7,594,809	\$7,058,066

Table 5: Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary

Table B.1.3: COP22, COP23/FY 24, COP 23/FY25 Budget by Beneficiary

Country	Targeted Beneficiary	Budget		
		2023	2024	2025
		\$25,650,000	\$27,125,000	\$24,367,500
Total		\$25,650,000	\$27,125,000	\$24,367,500
Burundi	AGYW	\$10,000	\$125,000	\$0
	Children	\$1,353,018	\$2,162,536	\$1,534,097
	Key Populations	\$2,094,381	\$2,362,679	\$1,940,736
	Military	\$1,513,876	\$1,978,876	\$1,409,724
	Non-Targeted Populations	\$18,428,135	\$16,428,409	\$15,640,443
	OVC	\$1,524,474	\$1,600,000	\$1,600,000
	Pregnant & Breastfeeding Women	\$726,116	\$2,467,500	\$2,242,500

Table 6: Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative

Country	Initiative Name	Budget		
		2023	2024	2025
		\$25,650,000	\$27,125,000	\$24,367,500
Total		\$25,650,000	\$27,125,000	\$24,367,500
Burundi	Community-Led Monitoring	\$350,000		
	Condoms (GHP-USAID Central Funding)	\$400,000	\$400,000	\$7,071
	Core Program	\$22,791,044	\$23,580,000	\$22,695,503
	LIFT UP Equity Initiative		\$1,000,000	\$0
	Other Surveys		\$475,000	\$0
	OVC (Non-DREAMS)	\$1,524,474	\$1,600,000	\$1,600,000
	Surveillance and Public Health Response	\$584,482	\$70,000	\$64,926

B.2 Resource Projections

Each mechanism was costed in the FAST by reviewing mechanism-level PEPFAR interventions, deliverables, and budgets. Given the resource envelope for COP23, budgets were carried forward by using COP22 as a baseline after which interventions were adjusted by PEPFAR Activity Managers based on agreed-upon shifts in policy and priorities. The PEPFAR team reviewed the FAST summary visualizations to ensure budgets were aligned in accordance with targets set in TaST and according to the overall programmatic strategies for COP23.

For COP23, the PEPFAR Burundi budget is projected to be \$27,125,000 which includes \$1,000,000 of approved LIFT UP Health Equity Funds. The COP23 Care & Treatment budget is \$8,578,294 which represents approximately 31 percent of the OU's total budget. For COP23, Burundi has met its OVC earmark, with \$2,000,000 allocated for OVC programming. Burundi received \$400,000 as part of USAID central funding for procurement of condoms. Of the total OU budget, 90 percent of the funding is allocated to USAID and 10 percent to DOD.

APPENDIX C – Above site and Systems Investments from PASIT and SRE

COP23 will continue to strengthen the Health System in collaboration with GOB, GF and other key stakeholders.

The following activities will be supported to fill some gaps on HSS:

- Above site TA to support the expansion of VL/EID sample collection, transportation and results return.
- Develop and implement EQA and QI programs at the lab hubs; sample transport system for rapid results return.
- Reinforce HIV case surveillance to capture and report continuous individual-level demographic, clinical, and behavioral data on all unique PLHIV diagnosed with HIV.
- Support for Recency coordination and other activities
- TA to organize annual and quarterly supply plan
- Provide technical assistance to ABREMA and DHTs to improve SC activities and logistics management systems, and ensure the rollout of eLMIS
- Support the implementation of recommendations of the DNO and continue CQI activities
- Ensure cost effective pricing, enable data visibility, establish a good equipment maintenance and data connectivity for INSP and Ngozi laboratories
- Provide TA to local organization ANSS, SWAA and OVC partners
- Support for CLM activity including a community monitoring system to assess the quality of HIV services and patient experience.
- Support National program to conduct DQA
- HIV Seroprevalence in Burundi military
- Site improvement through monitoring system (to assess the quality of services and data)
- EMR enhancement and interoperability activities which includes ANC and negative person data
- Contribute to put in place the data collection system that includes the chronic diseases as cervical cancer, diabetes, hypertension services
- EMR - Complete the expansion of the upgraded version of SIDAInfo and Unique ID in all PEPFAR directly supported sites
- Support MOH to design national interoperability layer and costing
- Implementation of EMR/SIDAINFO web based with biometric UID which includes ANC Data

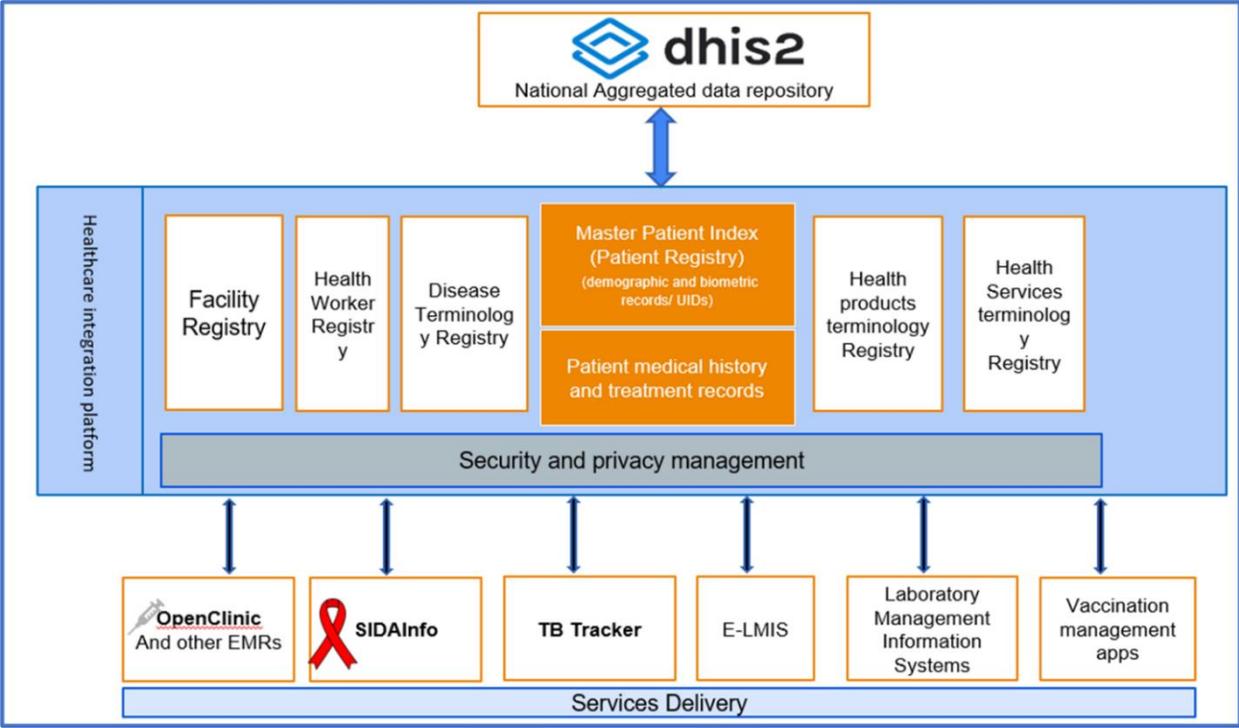


Figure 5: Desired medical information exchange framework through interoperability layer (Long Term vision)

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Appendix D. Target Tables

Table 7: ART Targets by Prioritization for Epidemic Control

Target Table D.1 ART Targets by Prioritization for Epidemic Control							
Prioritization Area	FY24 PLHIV Estimate	New Infections	Expected Current on ART (FY23)	Target current on ART (FY24)	Newly initiated (FY24)	FY24 ART Coverage	FY25 ART Coverage
Military	0	Blank	3,888	4,140	338	Blank	NA
Scale-Up: Saturation	73,901	1,254	61,033	62,730	3,388	84.9%	NA
Scale-Up: Aggressive	7,878	187	6,613	7,297	425	92.6%	NA
Total	81,779	1,441	71,534	74,167	4,151	90.7%	NA

Source: COP23, PAW

Table 8: Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Table D.2 Target Populations for Prevention Interventions to Facilitate Epidemic Control				
Target Populations	Population Size Estimate* (SNU)	Disease Burden* (PNLS Document)	FY24 Target (KP_PREV)	FY25 Target (KP_PREV)
FSW	24,714	30.9%	24,656	25,396
MSM	6,452	5.96%	5,425	5,588
PWID	7,557	15.3%	794	818
TG	Blank	Blank	264	274

Source: COP22 SDS and TST COP23

Table 9: Targets for OVC and Linkages to HIV Services

Target Table D.3 Targets for OVC and Linkages to HIV Services			
SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC OVC_SERV Comprehensive	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files OVC_HIVSTAT
Bujumbura Mairie, Bujumbura, Gitega, Kayanza, Kirundo, Muyinga, Ngozi	37,680	17,041	12,716
FY24 TOTAL	Blank	17,041	12,716
FY25 TOTAL	Blank	18,659	13,923

Source: COP22 SDS and COP23 PAW

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APPENDIX E. Additional Visuals

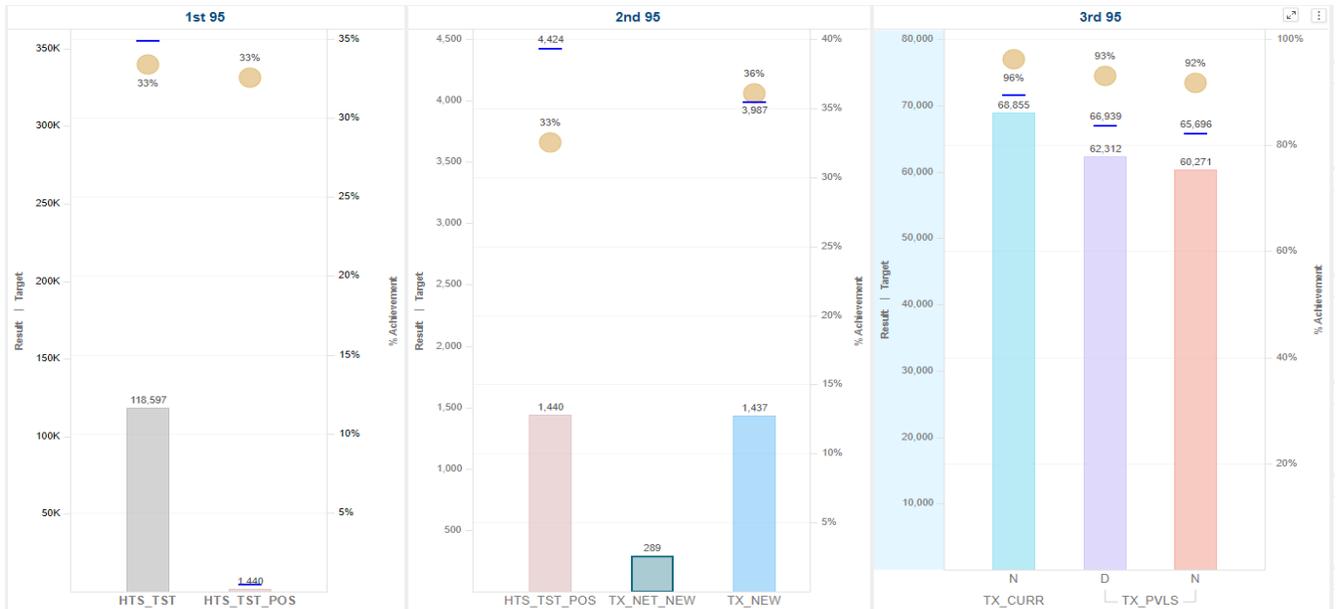


Figure 6: Burundi - Overview of 95/95/95 Cascade FY23 Results – Source: PEPFAR Panorama

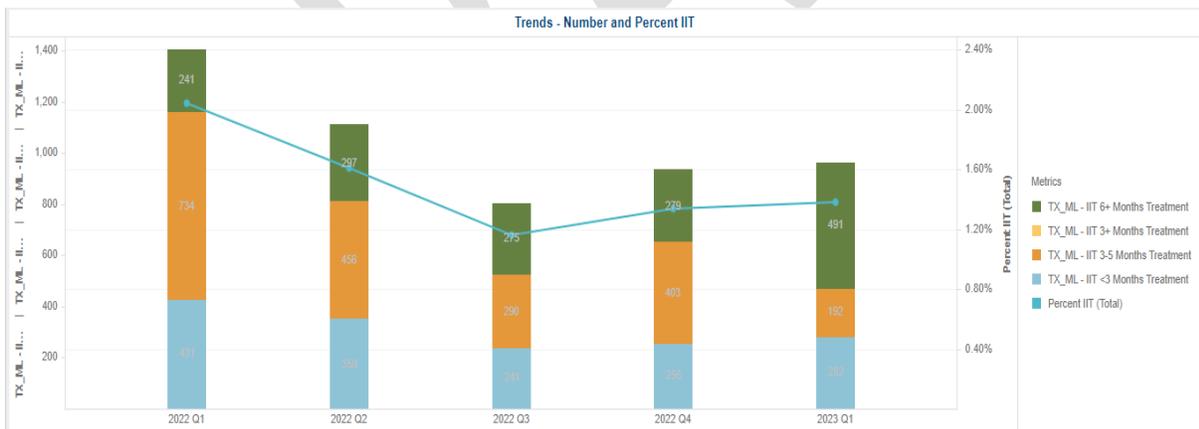


Figure 7: Burundi - Clients Gained/Lost from ART by Age/Sex, FY22 Q4 - Source: PEPFAR Panorama

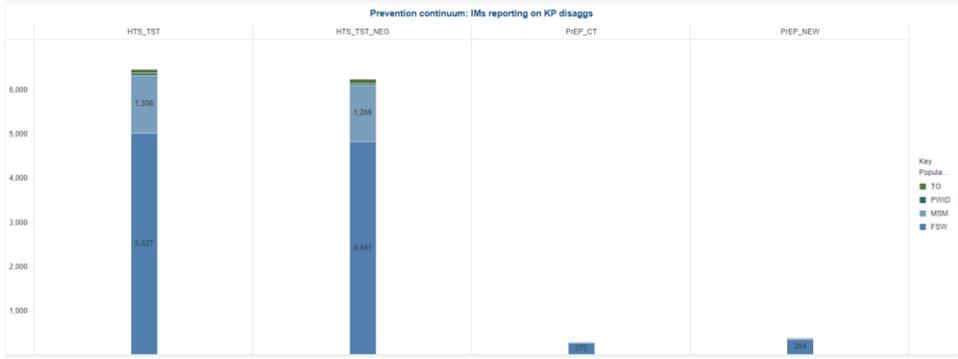


Figure 8: Prevention Continuum by Key Population Group - Source: Panorama

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