



UNCLASSIFIED

May 7, 2019

ACTION MEMO FOR DEBORAH L. BIRX, AMBASSADOR-AT-LARGE; COORDINATOR OF THE UNITED STATES GOVERNMENT ACTIVITIES TO COMBAT HIV/AIDS AND U.S. SPECIAL REPRESENTATIVE FOR GLOBAL HEALTH DIPLOMACY

SUBJECT: Burundi Country Operational Plan 2019 Approval

Recommendations

Approve the Burundi Country Operational Plan (COP) 2019 with a total budget of \$19,400,000 including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

Burundi	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	17,809,557	1,590,443	19,400,000
COP 19 Bilateral	17,809,557	1,590,443	19,400,000

* New Funding may refer to FY 2019 or other FY appropriations newly allocated for implementation in FY 2020 with COP 2019; accounts indicated in detailed tables.

** Pipeline refers to funding allocated in prior years and approved for implementation in FY 2020 with COP 2019

Approve a total FY 2020 outlay for COP 2019 implementation that does not exceed the total approved COP 2019 budget of \$19,400,000. **Any prior year funds that are not included within this COP 2019 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2020 without additional written approval.** The new FY 2019 funding and prior year funds approved within this memo as a part of the total COP 2019 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2020– must be submitted to and approved by S/GAC.

Approved funding will be made available to agency headquarters for allocation to country platform to implement COP 2019 programming and priorities as outlined below and in the appendix.

Burundi must fully achieve approved COP 2018 (FY 2019) treatment current (TX_CURR) targets in order to execute the COP 2019 strategy. Suboptimal COP 2018 performance jeopardizes COP 2019 funding and may result in updates to this approval and a decrease to the COP 2019 funding.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders and implementing partners in Johannesburg, South Africa during the March 04-08, 2019 in-person planning meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Burundi's virtual COP 2019 approval with Ambassador Birx on May 7, 2019.

Program Summary

Funding and targets for Burundi's Country Operational Plan 2019 support PEPFAR Burundi's vision to ensure optimal quality service delivery of prevention and treatment services to national scale and support all provinces, working to ensure 95% coverage of testing, treatment, and viral load suppression across the country ensuring National control of their HIV pandemic and sustaining that control. Over the past three years, Burundi made significant progress in scaling prevention and treatment programs resulting in high HIV case finding and anti-retroviral therapy (ART) coverage. PEPFAR supported the national HIV plan by focusing on provinces with the highest burden of HIV, identifying the most effective means of quality health service delivery. Key program improvements required to ensure national HIV epidemic control include scale and fidelity of HIV case finding and index testing including pediatric case finding, expansion of viral load access, scale-up of TB preventative therapy, and effective strategies for reaching key populations and retaining them in treatment programs.

The PEPFAR Burundi strategy for programming to be implemented in FY 2020 is based on a thorough review of programmatic data, discussions with host government, civil society and community organizations, and implementing partners in a comprehensive and transparent manner. FY 2019 GHP-State funding notified in this CN will support the achievement of HIV epidemic

control, focusing programming on optimizing strategies to find HIV positive persons, link and retain them on treatment, and sustaining community viral load suppression. COP 2019 (FY 2020) activities will close the gaps in national program coverage among men, children and key populations by the end of FY 2020. Strong support for electronic patient data systems and identifying options for the use of unique identifiers features in COP 2019 (FY 2020) is also an important part of both achieving epidemic control but ensuring the sustaining of control by maintaining viral load suppression of all clients, using program data to track progress.

In support of the Government of Burundi to expand support to the Global Fund sites to increase the quality of programming, PEPFAR will engage in geographic expansion. To achieve geographic expansion, PEPFAR Burundi will execute a phased strategy starting in FY 2019 through FY 2020. Currently supported programs in six provinces (i.e., “legacy provinces”) will be maintained with services sustained through a minimum required support approach while retaining a higher level of support in high volume health facilities. District assessments will be conducted by PEPFAR Burundi in the remaining 12 provinces, focused on identifying required improvements in monitoring systems, level of quality of service delivery, and barriers to ensuring that investments are aligned to the areas with the greatest needs. Specific attention will be paid to validating the current HIV treatment cohort and activate a back to care program for any portion of the cohort that is not active on treatment. This will be done to support the COP19 goal of achieving national epidemic control and ensure that all provinces have equal levels of access to and quality care and treatment services. Based on these assessments, PEPFAR Burundi will support expansion of services and quality improvement in six new provinces by the first quarter of FY 2020 and the six remaining provinces by the second quarter of FY 2020.

With the COP 2019 shift to support all 12 provinces to achieve national HIV epidemic control, PEPFAR prioritized alignment of PEPFAR and Global Fund investments, including closing known gaps, maintaining achievements, and rapidly transferring successes through a new model of targeted and tailored technical assistance. Technical assistance will be directed to District Health Teams (DHT) and high-volume sites (200 of 700 facilities covering 85% of the national HIV burden). By focusing on the DHTs, a capacity to lead and manage will be embedded in the national health delivery system supporting a sustainable HIV response. Non-government, indigenous partners will also be supported including funding and development of core competencies in program execution and performance monitoring.

Funding notified in this CN will support activities across the HIV service delivery cascade. For HIV testing, the emphasis will be on scaling the positive yet nascent results in index testing as the primary mode of diagnosing HIV. Working with the district health team and with close partner oversight, PEPFAR support will focus on eliminating undifferentiated testing and move to focused case identification. Testing will eliminate the treatment coverage gap between men and women (e.g., HIV positive men are under identified) and increase coverage of pediatric testing and linkage to treatment. For all new HIV positive tests, recency testing will be performed under a surveillance protocol working to establish an understanding of new infections by geography and specific populations. The PMTCT platform will be used to proactively offer HIV testing of all children of HIV positive women and their male partners, and increase access to inter-partner violence with an emphasis in social risk reduction. PEPFAR partners will support mentor-mothers peer groups for adherence and retention optimization, and build on family-based differentiated care for women in reproductive years. Additionally, in COP 2019 (FY 2020) self-testing will gain momentum as a core testing modality, and the PEPFAR Burundi team will work to offer adaptive strategies for high-risk populations and increase access to services through extended hours in high volume facilities and “male-only” hours.

To ensure all HIV positive children are identified and supported with OVC programming, PEPFAR Burundi will implement strategies for targeted PITC at high yield entry points, case finding of children with HIV risk factors, and reinforcement of pediatric testing in OVC platforms and key population programs. PEPFAR Burundi will validate a new risk assessment tool that will be used to identify the most at risk children and thus optimize PITC as a successful HIV case finding modality among children.

The treatment program will focus on eliminating Nevirapine prior to the start of COP 2019 (by October 2019) and will continue to roll-out TLD as the preferred ART first-line regimen due to its more effective and tolerated profile. The Government of Burundi (GoB) confirmed its support of the shift to eliminate Nevirapine, and a full review of the ARV procurement plans for FY 2020 confirms the shift to TLD. PEPFAR is committed to controlling the TB epidemic and has integrated TB preventative therapy as a priority area in COP 2019 (FY 2020). HIV testing in TB clinics is part of routine care for TB positive persons, but the reverse, TB testing in HIV clinics, lags. PEPFAR will ensure that all cases of TB in HIV clients are diagnosed and treated and all HIV clients without active TB will receive TB preventive therapy dramatically impacting both the TB/HIV pandemic as well as the TB pandemic. PEPFAR Burundi will work with the GoB and other partners to scale-up testing for TB in HIV clinics using a clinical TB prevention screening tool followed by Xpert

testing for TB for all those with TB risk factors. PEPFAR will procure Xpert cartridges in a 50-50 partnership with the Global Fund. While isoniazid (INH) drug stocks are currently utilized, the GoB agreed to support procurement of the fixed dose combination (INH, Vitamin B and co-trimoxazole) regimen and remains open to procurement of the TB drug 3HP should the price be reduced.

To support PEPFAR's Global Health Supply Chain (GHS) agenda, PEPFAR Burundi is allocating \$1,698,141 to expand support for forecasting and quantification including multi-month scripting (MMS), quality assurance systems, warehousing, inventory management, and commodity distribution. PEPFAR Burundi will support implementation of the lab network strategy including access to viral load testing and optimal use of instrumentation.

To serve key populations, PEPFAR Burundi will continue to build on its index testing among female sex workers (FSW) and men-who-have-sex-with-men (MSM). To improve upon case finding among FSW and MSM populations, COP 2019 will focus on online platforms for service uptake promotion and adherence support, drop in centers and integrated HIV series at public health facilities with differentiated schedules will all be scaled. Outreach events based on hot spot mapping will be used to engage older MSM who are notably underserved and not on treatment.

In addition, COP 2019 above facility activities and support will focus on improving on and shifting to an electronic logistics management system; full roll-out of the electronic patient medical record system; improvements in lab performance and viral load access expansion including sample transport systems and results return and use; and implementing surveys among key populations (IBBS) and a public health impact assessment.

The plans outlined in COP 2019 meet the minimum program requirements. The Burundi team must assure that the transition away from nevirapine regimens continues on schedule with all nevirapine use in adults phased out by November 2019. Test and Start must complete expansion to all provinces by the end of fiscal year 2020. Linkage rates must continue to reach at 95% by fiscal year 2020. Scale up of index testing and self testing in all provinces while eliminating non-targeted testing within legacy provinces.

Funding Summary

All COP 2019 funding summarized in the chart below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and

Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

Burundi	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
DOD TOTAL	1,609,181	-	-	1,609,181	60,819	1,670,000
HHS TOTAL	700,000	-	-	700,000	-	700,000
HHS/CDC	700,000	-	-	700,000	-	700,000
<i>of which, Surveillance and Public Health Response</i>	700,000	-	-	700,000	-	700,000
USAID TOTAL	5,500,376	10,000,000	-	15,500,376	1,529,624	17,030,000
USAID, non-WCF	5,000,376	7,098,255	-	12,098,631	1,529,624	13,628,255
<i>of which, Surveillance and Public Health Response</i>	300,000	-	-	300,000	-	300,000
<i>of which, USAID LES</i>	400,000	-	-	400,000	-	400,000
USAID, WCF	500,000	2,901,745	-	3,401,745	-	3,401,745
TOTAL	7,809,557	10,000,000	-	17,809,557	1,590,443	19,400,000
<i>of which, Surveillance and Public Health Response</i>	1,000,000	-	-	1,000,000	-	1,000,000
<i>of which, USAID LES</i>	400,000	-	-	400,000	-	400,000

* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2020

GHP-State Funds: Upon the clearance of a FY 2019 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency’s internal process.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. Additional or remaining pipeline from previous year’s activities that are not currently captured in the COP 2019 total budget level and documented within COP 2019 partner budgets are not to be executed or outlayed without written approval from the Global AIDS Coordinator.

FY 2020 Target Summary

FY 2019 funds are released and COP 2019 applied pipeline is approved to achieve the following results in FY 2020.

Burundi		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15			6,857	2,280		9,137
	15+			17,118	12,517		29,635
	Total	-	-	23,975	14,797	-	38,772
HTS_TST	<15			28,915	9,271		38,186
	15+			288,271	156,315		444,586
	Total	-	-	317,186	165,586	-	482,772
HTS_TST_POS	<15			1,037	347		1,384
	15+			9,229	6,731		15,960
	Total	-	-	10,266	7,078	-	17,344
TX_NEW	<15			1,161	398		1,559
	15+			9,237	6,730		15,967
	Total	-	-	10,398	7,128	-	17,526
TX_CURR	<15			2,835	2,950		5,785
	15+			29,539	35,539		65,078
	Total	-	-	32,374	38,489	-	70,863
TX_PVLS	<15			2,140	2,593		4,733
	15+			22,969	30,641		53,610
	Total	-	-	25,109	33,234	-	58,343
CXCA_SCRN	Total (15+)			-	-		-
OVC_SERV	<18			3,975	4,527		8,502
	18+			160	205		365
	Total	-	-	4,135	4,732	-	8,867
OVC_HIVSTAT	Total (<18)			3,577	4,104		7,681
PMTCT_STAT	<15			171	34		205
	15+			174,037	74,876		248,913
	Total	-	-	174,208	74,910	-	249,118
PMTCT_STAT_POS	<15			-	-		-
	15+			2,377	1,098		3,475
	Total	-	-	2,377	1,098	-	3,475
PMTCT_ART	<15			-	-		-
	15+			2,353	1,080		3,433
	Total	-	-	2,353	1,080	-	3,433
PMTCT_EID	Total			2,295	1,076		3,371
PP_PREV	<15			-	300		300
	15+			-	14,700		14,700
	Total	-	-	-	15,000	-	15,000
KP_PREV	Total			20,380	13,766		34,146
KP_MAT	Total			-	-		-
VMMC_CIRC	<15			-	-		-
	15+			-	-		-
	Total	-	-	-	-	-	-
HTS_SELF	Total	-	-	16,325	12,792	-	29,117
PrEP_NEW	Total			-	-		-
PrEP_CURR	Total			-	-		-
TB_STAT (N)	<15			140	92		232
	15+			3,381	1,952		5,333
	Total	-	-	3,521	2,044	-	5,565
TB_ART (N)	<15			-	8		8
	15+			92	229		321
	Total	-	-	92	237	-	329
TB_PREV (N)	<15			929	1,336		2,265
	15+			9,151	17,508		26,659
	Total	-	-	10,080	18,844	-	28,924
TX_TB (N)	<15			2,967	3,052		6,019
	15+			30,816	36,875		67,691
	Total	-	-	33,783	39,927	-	73,710
GEND_GBV	Total			2,415	1,141		3,556

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

Budgetary Requirements

Burundi has programmed FY 2019 funding in support of required earmarks as follows:

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	7,885,964
HKID Requirement	1,508,891
Preventing and Responding to Gender-based Violence	967,425
Water	-
* Does not include central funds	

Monitoring and Partner Engagement

Agreements made during COP discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with the this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner found not to be on track to achieve 80% of its approved targets or outcomes by the end of the second quarter must be placed on an improvement plan with clear benchmarks to measure improvement. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement. This continued engagement will ensure all parties' understanding of Burundi's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.