

# **PEPFAR Burundi Addendum to COP23 Year One / FY24 Strategic Direction Summary**

## **1. Introduction**

With a remarkable achievement of 93-99-93 in the HIV cascade by the close of FY23, and thanks to the leadership of the National AIDS Control Program (NACP, or PNLS in French), Burundi stands poised to become the inaugural African francophone nation to achieve the UNAIDS 95-95-95 targets.

The two-year Country Operational Plan 2023 (COP23) for Burundi focuses on PEPFAR's overarching goal of ending HIV/AIDS as a public health threat by 2030, leveraging past successes while addressing the remaining geographic and demographic disparities in the epidemic response.

In FY25, the second implementation year of COP23, PEPFAR Burundi remains committed to implementing PEPFAR's 5x3 Strategy with fidelity, and in alignment with the National HIV Strategic Plan. To ensure Burundi achieves the UNAIDS 95-95-95 target by 2025, PEPFAR/Burundi will strive to close the remaining gaps in services for children, adolescent girls, and young women (AGYW), key populations (KP), and men's case-finding.

Throughout FY25, PEPFAR/Burundi's contribution will strategically focus on strengthening the Government of the Republic of Burundi (GOB)'s leadership to drive and coordinate the HIV response with stakeholders, including PLHIV, key and priority populations, civil society organizations (CSOs), and multilateral agencies, fostering a collaborative and inclusive environment for all key players.

## **2. Intervention Areas**

### **2.1. Primary Prevention**

PEPFAR Burundi, in collaboration with its implementing partners, will continue its targeted efforts to reduce HIV prevalence and incidence among key populations with higher mobility such as truck and motorbike drivers, and their social and sexual networks. These efforts encompass a comprehensive approach to prevention, testing, care, and treatment services, including:

- ✓ Provision of a comprehensive prevention package that includes pre-exposure prophylaxis (PrEP), condoms, lubricants, and transmission risk reduction messaging (U = U, or Undetectable = Untransmittable).
- ✓ Deployment of HIV post-exposure prophylaxis (PEP) in all decentralized facilities and provision of rapid HIV tests for individuals exposed to HIV.
- ✓ Ensuring effective coordination with the national program against AIDS (Programme National de Lutte contre le SIDA: PNLS) and the establishment of a new Prevention Technical Working Group (TWG) to enhance collaboration and strategic alignment in HIV prevention efforts.

## **2.2. HIV Testing Services (HTS) Strategies: Reaching & Maintaining Global 95-95-95 Goals**

PEPFAR Burundi will continue using various HTS strategies, including social network testing for KP. This includes index testing, a proven, evidence-based case-finding method. Burundi health care providers will continue to offer safe and ethical index testing to all eligible people and all PLHIV at risk of HIV transmission, i.e., individuals with recent HIV infection and PLHIV with detectable viral load (VL). Children under 19 born to HIV-positive mothers will also be offered testing under this approach.

Additionally, HIV rapid test kits will remain available in all healthcare facilities; mentor mother programs will sensitize HIV tests to pregnant women during their first antenatal care visits (ANC1). PEPFAR Burundi will further expand self-testing access for hard-to-reach populations, such as men who have sex with men (MSM) and young men.

## **2.3. Optimizing HIV Care and Treatment**

As of FY24 Q1, more than 90% of PLHIV are on Dolutegravir-based treatment regimens. To further optimize treatment regimens, Burundi will maintain and grow this cohort and sustain same-day linkage to antiretroviral (ARV) therapy (ART) for PLHIV across all age, sex, and risk groups.

### **Increased focus on tuberculosis (TB) detection in PLHIV**

The integration of TB care into HIV services is nearing completion. In COP23 FY25, PEPFAR Burundi and its implementing partners (IPs) will continue to conduct routine and systematic TB screening for all PLHIV at least annually. Those who screen positive for TB will be referred for GeneXpert testing, and those who test TB+ will be enrolled on TB treatment according to TB national guidelines. PLHIV who screen negative for TB and are eligible for TB prevention will be enrolled on TB preventive treatment (TPT) (1HP, 3HP) for one or three months as recommended by the HIV and TB national guidelines.

The Pediatric abacavir/lamivudine/dolutegravir 60/30/5 mg (pALD) regimen has been integrated into the new national HIV guidelines and accounted for in the most recent commodities quantification. The regimen will begin to be used in FY24 and will continue throughout FY25 for all eligible children.

### **Improving pediatric and adolescent HIV service delivery**

In FY24, PEPFAR Burundi is conducting analyses, including root cause analyses of children and adults living with HIV (C/ALHIV), aging out analyses, and evaluation of ANC surveillance data to understand the profile of those who interrupt treatment and to enhance the quality of available ANC data. The results of these analyses will inform the development of targeted interventions tailored by age and site in FY25.

### **Cervical cancer**

In collaboration with the GOB, through the Baho Mbeho Project, PEPFAR will continue to implement cervical cancer services during FY25. As these services began in FY24, cervical cancer screenings will be implemented only in Bujumbura Mairie at ANSS Bujumbura. Any suspected cases will be referred to Ministry of Health (MOH) facilities supported by performance-based financing from the World Bank.

### **Updated approach to improving VL testing among adults, children, and adolescents**

The Diagnostic Networks Optimization (DNO) pilot phase was completed in December 2023, and the report has since been published. PEPFAR Burundi, in

collaboration with other laboratory stakeholders, will use the results of the DNO to reallocate and utilize multiplex VL/early infant diagnosis (EID)/TB testing machines to reduce the turnaround time for VL and EID tests to less than seven days. This system will be fully functional in FY25.

### **Integrated service provisions for PLHIV**

In COP23 FY25, PEPFAR Burundi will continue to support the implementation of person-centered care for older adults (30% of people living with HIV in Burundi are over 50 years old) 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; and 3) use SIDAInfo to track patients with comorbidities.

In collaboration with WHO and GFATM, PEPFAR IPs will collect and report data on Syphilis and viral hepatitis B and C to ensure their availability and use.

### **2.4. PEPFAR's Key Populations Approach and Strategy**

During COP23FY24, Burundi witnessed an uptick in stigma, discrimination, violence, and other structural barriers for KPs, including policy and laws. However, Burundi will channel LIFT UP funds in COP23FY24 (when available) to engage IPs in collaboration with Burundi government, and UNAIDS will work to address stigma, discrimination, and violence, and reduce other structural barriers, including policy reform.

In COP23 FY25, PEPFAR Burundi will continue to provide KP-competent HIV services, including primary prevention and PrEP services, HTS and ART, and VL access. Innovations will include strategies such as self-testing and enhanced peer outreach approaches (EPOA), online services for prevention, case finding and treatment, and community empowerment strategies capacitating KP-led community-based organizations to implement and advocate for their services.

To expand the reach and impact of the KP program and reduce the gaps in HIV services access, the Burundi HIV military program will start work with female sex

workers (FSW) and their clients interacting with Burundi military, in close collaboration with other PEPFAR IPs to avoid effort duplication and double accounting in FY25.

## **2.5. Cross Cutting: Health Systems Strengthening (HSS)**

PEPFAR above-site investments will continue to support capacity-building at the national and district levels, with a focus on accountability to ensure impact. PEPFAR will also continue to strengthen and empower locally led organizations during COP23 FY25 to own the HIV response. All necessary technical working groups will be operationalized as well.

At the national level, PEPFAR Burundi will continue working with the MOH through CNLS and PNLs in collaboration with UNDP, the principal recipient of the Global Fund. This collaboration will focus on coordination and institutional capacity.

At the district level, PEPFAR Burundi will also continue to 1) strengthen the capacity of the District Health Teams (DHTs) in routine supervision and mentorship; 2) improve the health information system; 3) use data for decision making; 4) increase data quality assessments; and 5) increase ownership of all duties in the health district area. PEPFAR will also collaborate with WHO in its pilot program within ten health districts with low health indicator performance.

### **Laboratory strategies for a sustained HIV response**

PEPFAR will continue to support the MOH to continue implementing the DNO to increase access to VL results, improve laboratory efficiency, and reduce results turnaround time. Additionally, the laboratory information system (IBIPIMO) will be scaled up to reduce turnaround time and enable providers to access results in one central location (SIDAInfo).

### **Information security and protecting confidentiality**

The developers of the SIDAInfo database and software will continue to ensure the confidentiality of HIV data which may contain sensitive individual and personal information. Access to this data will be regulated by password authorizations, and

there will be different access authorizations depending on the level of responsibility of the users.

### **Evidence-based approaches and interventions for men**

Reaching men is one of the critical gaps in Burundi's HIV response, especially young men between 15 and 34 years old. It is essential to reach this group to end HIV/AIDS as a public health threat by 2030.

PEPFAR Burundi will continue to support the GOB to provide appropriate prevention, testing, and treatment HIV services for men. PEPFAR will ensure that those who test positive are linked to treatment, retained in care through male-friendly and person-centered models, and receive prioritized VL testing and suppression care, using U=U messaging and community-based demand creation.

### **Mental health and psychosocial support (MHPSS)**

With LIFT UP funds, PEPFAR will ensure KP competency for KP-specific MHPSS services, including ensuring confidential services to mitigate harm, as well as offering differentiated service delivery models via KP-specific drop-in centers (DICs). Offering comprehensive health services, DICs support HIV testing and treatment with complementary services, such as family planning, sexually transmitted infection (STI) screening, community engagement, and/or violence mitigation services, which increase the program's ability to find, test, and retain KPs living with HIV in FY24 and FY25. With KPs facing severe stigma, discrimination and violence, including incarceration, it is vital that PEPFAR scale KP-competent MHPSS services to maintain our goals of HIV epidemic control.

### **Behavioral and social sciences (BSS)**

In alignment with the PEPFAR Strategy 5x3 pillars and the HIV national strategic plan, and through its four PLHIV civil society organizations (CSOs) and in collaboration with the Global Fund, PEPFAR Burundi will continue to expand and refine community-led monitoring (CLM), using data from the process to improve services in FY25. All PLHIV categories, including KP, will be involved in CLM.

According to PEPFAR CLM guidance, MOH health managers and other partners will implement quarterly meetings with CSOs to gain input and recommendations.

### **Implementation 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 progresses 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.

PEPFAR will continue to support patient tracking information systems improvements, including scaling up web-based access to SIDAInfo and maintaining interoperability between SIDAInfo and DHIS2. PEPFAR will ensure that the IBIPIMO and recency dashboard modules integrated into SIDAInfo are functional.

In COP23 FY25, PEPFAR Burundi will use data from operational research for EID, ANC, and the military HIV prevalence survey SABERS conducted in COP23 FY24.

PEPFAR Burundi will continue to implement recent infection surveillance in COP23 FY25 in triangulation with routine surveillance data to monitor the trajectory of the epidemic and provide real-time information on traits of recent infections and their impact on the public health response. U=U messaging will continue to be supported and promoted.

### **Sustainability Roadmap**

The GOB is committed to developing the HIV response roadmap in close collaboration with UNAIDS and other stakeholders. Sensitization meetings have already been held to ensure a common understanding.

Burundi also hosted a three-day high-level workshop on health sector financing (February 12 to 14, 2024), during which the government was encouraged to increase domestic resources, including HIV funding.

PEPFAR Burundi will support the GOB and UNAIDS in the process of standing up a committee responsible for preparing this sustainability HIV roadmap, with the goal of publishing it for public use by December 2024.

**Annex 1:** Budget Tables

Table 1: OU Budget by Funding Agency

Operating Unit	Country	Funding Agency	DOD	USAID	USAID/WCF	Total
		Fiscal Year	Budget	Budget	Budget	Budget
Burundi	Burundi	2025	\$1,674,538	\$14,949,338	\$5,376,124	\$22,000,000

Table 2: OU Budget per Program Area



Country	Fiscal Year	2025
	Program	Budget
		\$22,000,000
Burundi	C&T	\$6,476,318
Burundi	HTS	\$3,587,561
Burundi	PREV	\$1,732,560
Burundi	SE	\$1,035,000
Burundi	ASP	\$2,317,000
Burundi	PM	\$6,851,561

Table 3: OU Initiatives

Country	Fiscal Year	2025
	Initiative Name	Budget
		\$22,000,000
Burundi	Community-Led Monitoring	\$250,000
Burundi	Condoms (GHP-USAID Central Funding)	\$400,000
Burundi	Core Program	\$19,943,601
Burundi	OVC (Non-DREAMS)	\$1,364,399
Burundi	Surveillance and Public Health Response	\$42,000

## Annex 2: Targets Tables

*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 <sup>a</sup>
<p>Epidemiologic Data</p> <p>HIV Treatment and Viral Suppression</p> <p>HIV Testing and Linkage to ART Within the Last Year</p>

<b>Blank</b>	<b>Total Popul ation Size Estimate (#)</b>	<b>Estimate d Total PLHIV (#)</b>	<b>HIV Prevalence (%)</b>	<b>PLHIV Diagnosed (#)</b>	<b>On ART (#)</b>	<b>ART Coverage (%)</b>	<b>Viral Suppression (%)</b>	<b>Tested for HIV (#)</b>	<b>Diagnosed HIV Positive (#)</b>	<b>Initiated on ART (#)</b>
<b>Total population</b>	13,719,393	78,269	0.57%	71,878	69,249	88.5%	97.5%	483,150	5,082	5,064
<b>Population &lt;15 years</b>	6,075,692	6,128	0.11%	2,663	2,175	35.5%	93.3	26,585	187	186
<b>Men 15-24 years</b>	1,384,359	3,616	0.27%	2,842	1,884	52.1%	95.6%	18,759	120	116
<b>Men 25+ years</b>	2,373,891	24,509	1.03%	22,579	20,224	82.5%	97.7%	61,324	1,513	1,504
<b>Women 15-24 years</b>	1,384,298	4,591	0.35%	4,702	4,336	94.4%	96.7%	137,832	907	895
<b>Women 25+ years</b>	2,501,153	39,425	1.57%	39,092	40,630	103.1%	97.8%	238,650	2,355	2,363

Source: a) General population: Spectrum+DHIS2 and b) KP: Mapping from EpiC (2019) +DATIM

**Table 2: Current Status of ART saturation**

<b>Prioritization Area</b>	<b>FY25 PLHIV Estimate</b>	<b>Percent to total (FY25 PLHIV)</b>	<b>Expected Current on ART (FY24)</b>	<b>Count of PSNU FY24</b>	<b>Count of PSNU FY24</b>
<b>Military</b>	Blank	Blank	3,992	1	1

<b>Scale-Up: Saturation</b>	70,080	89.54%	58,473	14	14
<b>Scale-Up: Aggressive</b>	8,189	10.46%	6,784	4	4
<b>Total</b>	<b>78,269</b>	<b>100.00%</b>	<b>69,249</b>	<b>19</b>	<b>19</b>

Source: TST COP23 Y2

**Table 3: ART Targets by Prioritization for Epidemic Control**

<b>Target Table D.1 ART Targets by Prioritization for Epidemic Control</b>						
<b>Prioritization Area</b>	<b>FY25 PLHIV Estimate</b>	<b>New Infections</b>	<b>Expected Current on ART (FY24)</b>	<b>Target Current on ART (FY25)</b>	<b>Newly Initiated (FY25)</b>	<b>FY25 ART Coverage</b>
<b>Military</b>	Blank	Blank	4,209	4,561	446	NA
<b>Scale-Up: Saturation</b>	70,080	1,171	63,128	64,829	3,048	92.5%
<b>Scale-Up: Aggressive</b>	8,189	166	7,406	7,550	302	92.2%
<b>Total</b>	<b>78,269</b>	<b>1,337</b>	<b>74,743</b>	<b>76,940</b>	<b>3,796</b>	<b>98.3%</b>

Source: TST COP23 Y2

**Table 4: Target Populations for Prevention Interventions to Facilitate Epidemic Control**

<b>Target Table D.2 Target Populations for Prevention Interventions to Facilitate Epidemic Control</b>				
<b>Target Populations</b>	<b>Population Size Estimate* (SNUs)</b>	<b>Disease Burden* (PNLS Document)</b>	<b>FY24 Target (KP_PREV)</b>	<b>FY25 Target (KP_PREV)</b>
<b>FSW</b>	24,714	30.9%	24,656	26,289
<b>MSM</b>	6,452	5.96%	5,425	5,588
<b>PWID</b>	7,557	15.3%	794	817
<b>TG</b>	Blank	Blank	264	271

Source: COP23 SDS and TST COP23 Y2

**Table 5: Targets for OVC and Linkages to HIV Services**

<b>Target Table D.3 Targets for OVC and Linkages to HIV Services</b>
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<b>SNU</b>	<b>Estimated # of Orphans and Vulnerable Children</b>	<b>Target # of active OVC OVC_SERV Comprehensive</b>	<b>Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files OVC_HIVSTAT</b>
Bujumbura Mairie, Bujumbura, Gitega, Kayanza, Kirundo, Muyinga, Ngozi	37,680	17,041	12,716
<b>FY24 TOTAL</b>	<b>Blank</b>	<b>17,041</b>	<b>12,716</b>
<b>FY25 TOTAL</b>	<b>Blank</b>	<b>15,414</b>	<b>11,464</b>

Source: COP23 SDS and TST COP23 Y2