



United States Department of State

Washington, D.C. 20520

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May 8, 2020

**MEMO FOR AMBASSADOR EUNICE REDDICK; U.S. AMBASSADOR TO BURUNDI**

**SUBJECT:** PEPFAR Burundi Country Operational Plan 2020 Approval

This memo represents the successful completion of the PEPFAR Burundi Country Operational Plan (COP) 2020 planning, development and submission. PEPFAR Burundi, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2020 in alignment with the directives from the COP 2020 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval memo for the PEPFAR Burundi Country Operational Plan (COP) 2020 with a total approved budget of \$24,262,381, 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:

Table 1. Total Budget

Burundi	New Funding (all accounts)	Pipeline	Total Budget FY 2021 Implementation
<b>Total Budget</b>	<b>23,515,284</b>	<b>747,097</b>	<b>24,262,381</b>
Bilateral	23,515,284	747,097	24,262,381
Central	-	-	-

This memo approves a total FY 2021 outlay for COP 2020 implementation that does not exceed the total approved COP 2020 budget of \$24,262,381. Any prior year funds that are not included within this COP 2020 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 2021 without additional written approval. The new FY 2020 funding and prior year funds approved within this memo as a part of the total COP 2020 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 2021– must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to the country platform to implement COP 2020 programming and priorities as outlined below and in the appendix.

**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 during the March 2-6, 2020 in-person planning meetings and participants in the virtual approval

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meeting; the final COP 2020 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

### **Program Summary**

Burundi has made remarkable progress in its HIV response over the past five years, and is poised to achieve epidemic control in fiscal years 2020-2021. In partnership with the Burundi National AIDS Control Program, the Ministry of Health and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), the PEPFAR Burundi Country Operational Plan (COP) 2020 will support a vision to ensure that quality HIV prevention and treatment services are delivered at national scale, supporting all 18 provinces to achieve 95% treatment coverage and viral load suppression. There are an estimated 84,702 persons living with HIV (PLHIV) in Burundi, of which, by the close of 2019, 71,743 persons were receiving HIV treatment. COP 2020 will work to maintain epidemic control across all ages and sexes, ensuring that 80,654 individuals are receiving life-saving treatment by the end of FY 2021.

The PEPFAR Burundi strategy for COP 20 implementation will focus on providing a client-centered approach to prevention and treatment service delivery. Through attention to where clients access services, retention in HIV treatment will be prioritized by ensuring that facility and community-based programs are implemented to respond to the needs of clients who must remain on antiretroviral therapy (ART) for life. In addition to continued acceleration of same-day test-and-start treatment initiation, PEPFAR Burundi will prioritize support for the rapid scale-up of multi-month dispensing (MMD) and full access to the most optimal ART regimens as recommended by WHO. The combination of these efforts is expected to improve patient retention significantly and ensure that all PLHIV are enrolled and retained on HIV treatment. PEPFAR Burundi will build on the important progress made in previous years to accelerate access to viral load testing to ensure both the quality of programs and high levels of community viral load suppression. Through a unique electronic communication platform, PEPFAR Burundi will implement a viral load test results return system, notifying clients that their results are available. Strengthening viral load testing capacity at all levels and engaging the client in their care will create a pathway to sustain and improve the 90% viral load suppression already achieved among persons with access to viral load testing.

Responding to the gaps in HIV treatment coverage, HIV case-finding efforts will focus on children, young people and adult men. Utilizing the strong antenatal care platform and prevention of mother-to-child HIV transmission, all children of HIV-positive women will be tested to ensure that no child has been missed or left behind. In the same way, utilizing the PEPFAR orphans and vulnerable children program, all enrollees will be tested for HIV. Index testing will be the HIV testing modality used to find those men that have not accessed HIV services to date, and their biological children. Community partnerships will be maximized to access men who are often highly mobile.

In COP 2020, PEPFAR Burundi will work in close collaboration with the Global Fund on specific prevention investments to maximize the resources available for investments in key population programs addressing HIV treatment needs through a range of community and peer-engagement strategies and patient navigation approaches. Consistent with the planned introduction of pre-exposure prophylaxis (PrEP) in Burundi through the support from the Global Fund, COP 2020 funding will introduce PrEP into key population programs and for serodiscordant couples with a target of providing sustained PrEP to 2,000 seronegative individuals.

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Above-site investments will continue to be aligned with site-level objectives, focusing on strengthening supply chain systems from central to site levels, optimizing lab networks and functionality, and expanding health information systems to serve the needs of a sustained epidemic control program.

During COP 2020, the PEPFAR Burundi program will build on its ambitious geographic expansion in COP19 through targeted and tailored technical assistance that focuses on working through the Ministry of Health District Health Teams. PEPFAR Burundi’s geographic approach will tailor the intensity and level of support in each province to match current progress toward achievement of the three 95 goals for epidemic control. New in COP 20 will be the introduction of Recency testing in high-burden areas to inform targeted HIV prevention interventions, to monitor the trajectory of the epidemic and to provide real-time information for HIV estimates in the country. Planning for a PEPFAR Burundi Public Health Impact Assessment (PHIA) will also begin in COP 20 with implementation planned for COP 21. While PEPFAR Burundi continues to support tuberculosis (TB) screening of all HIV-positive persons and the provision of TB preventive treatment (TPT) for TB-negative ART clients, new short-course TPT regimens will be introduced in COP 20 with an accelerated pace of enrolment on TPT. PEPFAR will also launch a new small grants program for civil society organizations to support community-led monitoring of ART services. PEPFAR Burundi is fully committed to active partner management and accountability, engagement with the Government of Burundi, and mobilizing all stakeholders to achieve these goals.

**Funding Summary**

All COP 2020 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.

Table 2a. Bilateral COP 20 Funding by Agency

	Bilateral				Applied Pipeline		Central Applied Pipeline	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
	New Funding				Applied Pipeline		Applied Pipeline				
	FY20				FY 19	Unspecified	Unspecified				
	Total	GHP-State	GHP-	GAP	Total	Total	Total				
Burundi											
DOD TOTAL	2,042,205	2,042,205	-	-	-	-	-	-	-	2,042,205	2,042,205
HHS TOTAL	-	-	-	-	-	700,000	-	-	700,000	-	700,000
HHS/CDC	-	-	-	-	-	700,000	-	-	700,000	-	700,000
PEACE CORPS TOTAL	-	-	-	-	-	-	-	-	-	-	-
STATE TOTAL	2,567,116	2,567,116	-	-	-	-	-	-	-	2,567,116	2,567,116
State/PRM	250,000	250,000	-	-	-	-	-	-	-	250,000	250,000
State/SGAC	2,317,116	2,317,116	-	-	-	-	-	-	-	2,317,116	2,317,116
USAID TOTAL	18,905,963	18,905,963	-	-	-	47,097	-	-	47,097	18,905,963	18,953,060
USAID, non-WCF	13,720,824	13,720,824	-	-	-	47,097	-	-	47,097	13,720,824	13,767,921
USAID, WCF	5,185,139	5,185,139	-	-	-	-	-	-	-	5,185,139	5,185,139
TOTAL	23,515,284	23,515,284	-	-	-	747,097	-	-	747,097	23,515,284	24,262,381

\* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2021

Table 2b. Bilateral COP 20 Funding by Agency and Initiative

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	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
<b>Burundi</b>				
<b>TOTAL</b>	-	<b>747,097</b>	<b>23,515,284</b>	<b>24,262,381</b>
<i>of which, Ambition</i>	-	-	2,395,265	2,395,265
<i>of which, COP19 Performance</i>	-	-	5,000,000	5,000,000
<i>of which, Core Program</i>	-	47,097	12,227,903	12,275,000
<i>of which, HKID Requirement</i>	-	-	1,500,000	1,500,000
<i>of which, One-time Conditional Funding</i>	-	-	2,317,116	2,317,116
<i>of which, Surveillance and Public Health Response</i>	-	700,000	75,000	775,000
<b>DOD TOTAL</b>	-	-	<b>2,042,205</b>	<b>2,042,205</b>
<i>of which, Ambition</i>	-	-	192,205	192,205
<i>of which, COP19 Performance</i>	-	-	867,656	867,656
<i>of which, Core Program</i>	-	-	982,344	982,344
<b>HHS TOTAL</b>	-	<b>700,000</b>	-	<b>700,000</b>
<b>HHS/CDC</b>	-	700,000	-	700,000
<i>of which, Surveillance and Public Health</i>	-	700,000	-	700,000
<b>STATE TOTAL</b>	-	-	<b>2,567,116</b>	<b>2,567,116</b>
<b>State/PRM</b>	-	-	250,000	250,000
<i>of which, Core Program</i>	-	-	250,000	250,000
<b>State/SGAC</b>	-	-	2,317,116	2,317,116
<i>of which, One-time Conditional Funding</i>	-	-	2,317,116	2,317,116
<b>USAID TOTAL</b>	-	<b>47,097</b>	<b>18,905,963</b>	<b>18,953,060</b>
<b>USAID, non-WCF</b>	-	47,097	13,720,824	13,767,921
<i>of which, Ambition</i>	-	-	387,873	387,873
<i>of which, COP19 Performance</i>	-	-	4,132,344	4,132,344
<i>of which, Core Program</i>	-	47,097	7,625,607	7,672,704
<i>of which, HKID Requirement</i>	-	-	1,500,000	1,500,000
<i>of which, Surveillance and Public Health</i>	-	-	75,000	75,000
<b>USAID, WCF</b>	-	-	5,185,139	5,185,139
<i>of which, Ambition</i>	-	-	1,815,187	1,815,187
<i>of which, Core Program</i>	-	-	3,369,952	3,369,952

\* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2021

**GHP-State Funds:** Upon the clearance of a FY 2020 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 2021 at approved COP 2020 partner budget levels to achieve FY 2021 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.

**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 2021 at approved COP 2020 partner budget levels to achieve FY 2021 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 2020 total budget level and documented within COP 2020 partner budgets are not to be executed or outlayed without written approval from S/GAC.

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**Earmarks:** The OU has planned for programming for FY2020 funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the OU. Upon approval of this memo, the amounts below will become the new earmark controls for the OU/Agency. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Table 3. Earmarks

Earmarks	COP20 Funding Level			Total
	FY20	FY19	FY17	
Care & Treatment	14,446,468	-	-	14,446,468
Orphans and Vulnerable Children	1,500,000	-	-	1,500,000
Preventing and Responding to Gender-based Violence	1,023,045	-	-	1,023,045
Water	-	-	-	-

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## FY 2021 Target Summary

FY 2020 funds are released and COP 2020 applied pipeline is approved to achieve the following results in FY 2021.

Table 4. COP 20 Targets by Prioritization

Burundi		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15			5,626	4,388		10,086
	15+			4,559	3,479		8,946
	<b>Total</b>	-	-	<b>10,185</b>	<b>7,867</b>	-	<b>19,032</b>
HTS_TST	<15			20,637	19,798		40,514
	15+			185,362	96,253		286,455
	<b>Total</b>	-	-	<b>205,999</b>	<b>116,051</b>	-	<b>326,969</b>
HTS_TST_POS	<15			821	633		1,461
	15+			2,405	1,791		4,567
	<b>Total</b>	-	-	<b>3,226</b>	<b>2,424</b>	-	<b>6,028</b>
TX_NEW	<15			867	685		1,559
	15+			2,231	1,719		4,303
	<b>Total</b>	-	-	<b>3,098</b>	<b>2,404</b>	-	<b>5,862</b>
TX_CURR	<15			3,214	4,043		7,337
	15+			25,974	39,342		68,568
	<b>Total</b>	-	-	<b>29,188</b>	<b>43,385</b>	-	<b>75,905</b>
TX_PVL5	<15			2,860	3,732		6,665
	15+			24,570	37,649		65,271
	<b>Total</b>	-	-	<b>27,430</b>	<b>41,381</b>	-	<b>71,936</b>
OVC_SERV	<18			1,334	5,819		7,153
	18+			263	1,583		1,846
	<b>Total</b>	-	-	<b>1,597</b>	<b>7,402</b>	-	<b>8,999</b>
OVC_HIVSTAT	<b>Total (&lt;18)</b>			<b>1,334</b>	<b>5,819</b>		<b>7,153</b>
PMTCT_STAT	<15			130	73		204
	15+			164,553	81,542		248,248
	<b>Total</b>	-	-	<b>164,683</b>	<b>81,615</b>	-	<b>248,452</b>
PMTCT_STAT_POS	<15						-
	15+			1,137	848		2,014
	<b>Total</b>	-	-	<b>1,137</b>	<b>848</b>	-	<b>2,014</b>
PMTCT_ART	<15						-
	15+			928	747		1,704
	<b>Total</b>	-	-	<b>928</b>	<b>747</b>	-	<b>1,704</b>
PMTCT_EID	<b>Total</b>			<b>1,082</b>	<b>807</b>		<b>1,917</b>
PP_PREV	<15						300
	15+						14,700
	<b>Total</b>	-	-	-	-	-	<b>15,000</b>
KP_PREV	<b>Total</b>			<b>8,806</b>	<b>17,607</b>		<b>26,413</b>
HTS_SELF	<15			212	1,040		1,252
	15+			4,334	31,674		36,008
	<b>Total</b>	-	-	<b>4,546</b>	<b>32,714</b>	-	<b>37,260</b>
PrEP_NEW	<b>Total</b>			<b>476</b>	<b>1,524</b>		<b>2,000</b>
PrEP_CURR	<b>Total</b>			<b>476</b>	<b>1,524</b>		<b>2,000</b>
TB_STAT (N)	<15			99	106		211
	15+			2,927	2,282		5,353
	<b>Total</b>	-	-	<b>3,026</b>	<b>2,388</b>	-	<b>5,564</b>
TB_ART (N)	<15			24	26		50
	15+			31	130		165
	<b>Total</b>	-	-	<b>55</b>	<b>156</b>	-	<b>215</b>
TB_PREV (N)	<15			1,504	1,645		3,179
	15+			9,440	13,869		24,513
	<b>Total</b>	-	-	<b>10,944</b>	<b>15,514</b>	-	<b>27,692</b>
TX_TB (D)	<15			3,253	4,114		7,447
	15+			26,496	40,133		69,949
	<b>Total</b>	-	-	<b>29,749</b>	<b>44,247</b>	-	<b>77,396</b>
GEND_GBV	<b>Total</b>			<b>1,458</b>	<b>1,258</b>		<b>2,933</b>

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

Note: The national target for patients on treatment in FY 2021 is 80,654. The TX\_CURR target of 75,905 represents the targeted number of patients receiving treatment through PEPFAR support.

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**COP 2019 Performance Funds:**

All partners must be managed throughout the implementation year as indicated in the COP guidance. Overall performance including activities tied to COP19 performance will be reviewed at Q3FY20 to determine if the programs are on track to access all funds at the start of COP 2020. This communication will come through the S/GAC Chair and POART process.

**Partner Management and Stakeholder 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 this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15% of target achievement at 3 months or (2) less than 40% of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX\_CURR) performance should be between 98% and 100% of the target. This can be adjusted in a country context where HIV treatment services are still scaling up and the treatment new target (TX\_NEW) is greater than 10% of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP has achieved less than 80% of its target at Q2, a performance review should be triggered. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85%. If the issue is retention it should be net new on treatment equal to 90% of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. 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 and findings from community-led monitoring. 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.