

Approved



**Burundi**

**Country Operational Plan**

**FY 2014**

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.



## Operating Unit Overview

### OU Executive Summary

#### I. Country context

Burundi is a low-income country with a population of 10.5 million and is increasing by about three percent a year. Burundi's population density in 2012 – 328 inhabitants per square kilometer – was the second highest in sub-Saharan Africa. It remains one of the poorest countries in the world, ranked 178 out of 187 countries on the 2012 UN Human Development Index. Burundi suffers from chronic food shortages and high rates of chronic malnutrition among children under five. While its real economic growth rate averaged 4.4 percent during 2010-2012, its population also increased by 3.2 percent annually, producing a net economic growth rate of 1.2%. Burundi remains one of the poorest countries in the world with the latest United Nations' estimated per capita annual income of \$270, as of 2011. It is considered one of the world's 40 "Heavily Indebted Poor Countries". Additionally, a civil war that lasted 17 (1993-2010) years killed more than 300,000 people, severely weakened the health and social welfare systems and negatively affected donor support and private sector investment in Burundi.

#### Epidemiology

The 2010 Demographic and Health Survey (DHS) demonstrated that the HIV prevalence rate among adults aged between 15-49 years was 1.4 percent. The data suggested that women are almost twice as likely to be infected as men with a ratio of 1.7/1. Burundi is considered a low-prevalence mixed epidemic, as there are specific key populations, which demonstrate significantly higher prevalence rates. For example, a 2013 Priorities for Local AIDS Control Efforts (PLACE) Study showed the estimated HIV prevalence among female sex workers (FSWs) is approximately 22 percent. Amongst men having sex with men (MSM) the rate was 6 percent. The PLACE Study and other studies planned in the near future will help to better understand the dynamics of the HIV epidemic in Burundi and will ensure a targeted, effective response. Furthermore, the DHS revealed that the level of stigma and discrimination against people living with HIV (PLHIV) remains high with only 44 percent of women and 62 percent of men declaring tolerance towards an HIV positive person.

#### USG's Vision

In FY 2014 and beyond, the PEPFAR program, in close collaboration with the Government of Burundi (GOB) and the Global Fund, will strategically implement the scale up of HIV/AIDS interventions in Burundi to continue developing a more sustainable model. Based on the National AIDS Commission 2012 report, the country has an unmet need of 49 percent for ART services for adults, 58 percent for pregnant women and 85 percent for children. The COP 2014 represents the first full year with an expanded PEPFAR team. With the strong support of the Ambassador, the PEPFAR Team will be able to fully support the GOB and



the partners to achieve national coverage and to become a model in the region. In addition, USG's vision is set on ensuring PMTCT scale up and key populations are reached effectively.

#### USG's role in the National Response

In an effort to improve the national response to HIV, Burundi joined several international initiatives including the Commitment Declaration on HIV/AIDS, prevention acceleration, the 3X5 initiative, and universal access to prevention, treatment, care and support. Since 2002, Burundi has developed three national HIV strategic plans (NSPs) with the objective of defining clear priorities to coordinate the interventions of various donors. The most recent NSP 2012-2016 was prepared with the technical assistance from PEPFAR and sets realistic targets for prevention, treatment, care and support in light of the current financial environment and is currently undergoing a full mid-term review, also with PEPFAR's support. The results of this review will re-focus Burundi's HIV/AIDS priorities and set the country up to complete the requirements for the Global Fund New Funding Model. USG HIV/AIDS assistance is aligned with the national strategic plans and regular consultations with the GOB are frequently held. The USG is a voting member of the Country Coordinating Mechanism (CCM) and is the coordinator of the technical committee in charge of the development of proposals for the Global Fund and represented on the sub-grantee selection committee. A key strategy for the development of Burundi's COP 2014 was to discuss priorities with the appropriate GOB counterparts as well as other key stakeholders, including civil society, and other donors—most notably the Global Fund Principal Recipient. In FY 2014, the USG will continue to collaborate with the GOB and other donors to focus on gender issues and coverage for key populations and other vulnerable communities, PLHIV, and OVCs.

#### Other Contextual Factors

The civil conflict ended with the Arusha Peace Accord in 2000, although unrest continued until 2010, after Burundi completed its second set of democratic elections. However, the country continues its struggle to recover from the effects of massive displacement, social disruption, and ethnic and gender-based violence (GBV), as well as the 2010 post-election political crisis. Furthermore, the country is plagued by many health problems and human rights issues, which in combination with the HIV/AIDS epidemic undermine the well-being and productivity of the Burundi population. Burundi is making significant strides to emerge from conflict and to foster sustainable development. Economic growth and government services are recovering gradually, but unlike neighboring countries, Burundi's HIV/AIDS epidemic remains underfunded by the international donor community. In addition, with over half of the population affected by chronic under nutrition (58 percent) and 68 percent living in poverty, long term economic prospects for PLHIV are less than optimal.

A general lack of recognition of women's rights and traditional norms on household divisions of labor and high rates of gender-based violence, make it difficult for women to adequately participate in development.



This is aggravated by women's limited access to formal financial services due to the fact that women in Burundi legally cannot inherit land nor do they often hold clear title to property. Sexual violence (SV) and gender-based violence (GBV) is also widespread in Burundi, however, the health system is still not equipped to handle effective responses to both SV and GBV victims. A 2009 survey by the UNICEF found that 19% of adolescents had their sexual debut before age 10. The report also found that not only is SV a concern as a human rights issue, it is also associated with HIV infection and other adverse health outcomes. National strategies do not explicitly address gender-based violence (GBV) experienced by key populations and its impact on HIV prevention and uptake of services. In addition, the current legal framework does not adequately promote and protect the rights of all to enjoy lives free of violence, nor does it outline a meaningful response on the part of the national government.

## II. PEPFAR Focus in FY 2014

Late 2012, Burundi received visits from PEPFAR Headquarters (HQ) to evaluate the future of its USG HIV/AIDS programs, which included a visit in September from the Deputy Principals and in October 2012 from the Global AIDS Coordinator, which helped elevate the profile of PEPFAR and prepare for the new PMTCT acceleration efforts in Burundi. Throughout 2013, the PEPFAR Team hosted five technical assistance visits from PEPFAR HQ technical working groups (TWGs). The recommendations from the various visits, completed by the COP 2014 funding level letter, were critical in shaping the PEPFAR's priorities in Burundi summarized below:

1. Reinforcing prevention: PEPFAR will use new data and increase coverage for programs targeting key populations, such as FSWs and their clients, MSM, and other vulnerable populations. Focus programming on key locations with the most need and ensure prevention messages, condom distribution, STI treatment, and HTC. Expand coverage to 80 percent for PMTCT over the next two years by focusing on the current eight PEPFAR provinces and through consistent technical assistance in non-PEPFAR provinces.
2. Improving treatment coverage: In line with the new WHO guidelines for treatment, PEPFAR will support the use of lifelong treatment generated by the PMTCT platform and improve linkages with the Global Fund and GOB to provide ART and other treatment services to the majority of the eligible population. The target is to expand coverage to 80 percent for ART over the next two years by providing technical assistance to the entities in charge of the national HIV response.
3. Strengthening the National Response: PEPFAR will demonstrate continued and improved coordination with the GOB and the Global Fund to strengthen the national and provincial levels in managing the HIV response to better coordinate dissemination of policy, quality oversight, and supportive supervision.
4. Health Systems Strengthening: PEPFAR will bring its expertise in improving many areas of the health system including: supply chain, laboratory, quality assurance, human resources for health, health



management information, and strategic information.

Some of the priorities are detailed below:

1. Strengthening prevention programs targeting key populations. The PEPFAR program in Burundi will continue to focus on reinforcing the combination of structural, biomedical, and behavioral interventions targeting specifically FSWs and MSM, as well as mobile populations, truck drivers and other important key populations. In addition, Burundi will take advantage of the results of the PLACE Study on mapping locations of MSM and FSWs. With the results of the PLACE study, further IBBS and DHS planned in FY2014, and the detailed recommendations provided by the TWGs, prevention activities will be effectively programmed to identify new cases, reduce new infections, and increase access to prevention, care and treatment services. The activities will start small to demonstrate effective reach and then scaled up overtime, with sufficient resources, working closely with the Global Fund and the GOB. In addition, PEPFAR will negotiate with the GOB as needed to ensure key populations receive equal attention in the national strategic plans for health and HIV/AIDS for focused programming. PEPFAR will provide the required technical assistance (through LINKAGES) to make sure that the specific needs of key populations are addressed.

2. Continuing to work toward the elimination of mother to child transmission of HIV (e-MTCT). The award for the PMTCT Acceleration Project in mid-2013 puts PEPFAR at the forefront of PMTCT programming with the Global Fund and the GOB. The GOB reinforced PMTCT as a key intervention in the reduction of new pediatric infections. With recommendations from the PMTCT TWG to expand PEPFAR's reach, the team will provide additional technical assistance in non-PEPFAR provinces starting with COP2014. Focus will be on community mobilization and quality improvement at different service delivery levels. PEPFAR will continue to support the national quantification of HIV commodities and will bring its contributions to commodity procurement while providing technical assistance to contribute to avoiding stock outs at the national level.

3. Support for Integrated Services. Treatment is an essential component of an effective HIV/AIDS program. PEPFAR, which is not able to implement ART outside of PMTCT, will continue to partner with the Global Fund treatment program in the PEPFAR focus provinces, as well as provide technical assistance nationally. This will be accomplished through targeted technical assistance to the various levels of the health system; from training and supervision of the health providers to the provision of home-based care and support services. More importantly, PEPFAR will work closely with the GOB and the Global Fund to ensure that lifelong treatment needs generated from the PMTCT platform are assured over time. Specific coordination and mapping activities have been implemented and will continue to occur to ensure a non-duplicative, but coordinated, effective response nationally. In addition to treatment,



HIV testing and counseling is an important aspect of the program, and integrated into all program areas. The recommendations from the HTC TWG have started to be implemented and will continue throughout COP 2014. These include ensuring support for national and provincial HTC oversight functions, supporting the update of the HTC algorithm, as well as proficiency testing, quantification and procurement of reagents, and training of staff. Like treatment and HTC, laboratory quality and performance will be a significant focus for COP 2014, and work has already started to support a national working group, which will develop guidelines, framework, and develop a transport system to ensure effective linkages with all aspects of the GOB, Global Fund, and PEPFAR program (prevention/testing, PMTCT, treatment, etc.).

4. Strengthening the national response. Building a more sustainable response to fighting HIV in Burundi is a fundamental priority for the full USG team. The PEPFAR program has been involved in strategic engagement activities with the GOB over the last six years, as well as fosters a close and collaborative relationship based on annual Assistance Agreements and joint work planning to ensure that all our efforts are aligned. In addition, this year the PEPFAR program will develop in collaboration with the GOB a Sustainability Plan, which will be submitted to PEPFAR headquarters and will show the respective roles and responsibilities of the PEPFAR and the GOB. The solid base PEPFAR has built with the GOB is recognized by our government counterparts, despite not having a Partnership Framework. To further our joint planning and commitments, PEPFAR has implemented joint mapping activities, which agree on services and coverage between the GOB, Global Fund and PEPFAR. This is an ongoing activity, which produced a joint database and will produce joint GIS maps of all HIV/AIDS services and activities. Additional strategic engagement with the GOB, includes promoting the scale up of HIV/AIDS interventions in Burundi as a model program, which continues to be a priority for PEPFAR. In addition, ongoing approaches to continue coordination with the Global Fund are being explored and applied. USG is currently a voting member of the CCM and is the coordinator of the technical committee in charge of the development of proposals. Very recently, the National AIDS Commission and the PEPFAR team initiated a new coordination framework that will focus on information sharing and timely problem solving in the provision of HIV services.

5. Improving epidemiological data. PEPFAR will support the GOB and the Global Fund to conduct additional studies to assist in designing and geographically targeting programs. The GOB is already committed to implementing a DHS in COP 2014 with a large enough sample size to estimate HIV prevalence at the province level. The PEPFAR team believes that the information collected through the DHS will fill the gap of the AIDS Indicator Survey that was recommended during a TWG visit. In addition, plans are underway to implement an IBBS for key populations (MSM and FSW) in conjunction with the Global Fund and through DOD for the military. Since 2013, the PEPFAR team has been discussing with the GOB and the ANC sentinel surveillance TWG specific technical assistance needs, which will be addressed in FY 2014. Having additional epidemiological data and an improved ANC SS will make a



significant improvement in the GOB's ability to effectively plan, monitor and evaluate programs.

### III. Progress and Future

The USG-supported HIV/AIDS program is designed to provide the GOB with critically needed support to sustain and strengthen HIV/AIDS prevention and control while emphasizing national and local capacity building and key policy and structural reforms needed for a sustainable national response. PEPFAR Burundi and the GOB have six years of positive collaboration and partnership, evidenced by our annual Assistance Agreements, joint work planning, agreed technical support in the development and review of the National HIV/AIDS and Health Development Plans, National Health Accounts, and agreements to provide institutional capacity development to key Ministry of Health and the Fight against AIDS (MOHA) units. Although, a Partnership Framework is not officially in place there are significant examples of our ongoing partnership and mutual accountability. In addition, USG's support to the GOB in developing sustainable systems and activities together will be discussed in detail in the new Sustainability Plan, which will be submitted later this year and is evidenced in our joint high-level commitment to PMTCT and work to increase HIV/AIDS services/program coverage. The USG continues to capitalize on the GOB's high level of ownership and commitment to fighting HIV/AIDS to build an effective, mutually accountable partnership aimed at a country-led and owned response with the vision to support Burundi to be a leader in HIV/AIDS programming and coverage. This paradigm aligns with GHI and PEPFAR core principles, which place an emphasis on effective, efficient, and country-led platforms for the sustainable delivery of essential services and public health programs. Specifically, the continuing strategy in COP 2014 enables the USG to support the GOB in implementing the Burundi HIV/AIDS National Strategic Plan, National Health Development Plan, and Poverty Reduction Strategy by:

1. Improving access to high-quality HIV/AIDS prevention and care services;
2. Decentralizing HIV/AIDS services especially PMTCT services;
3. Building the capacity of civil society organizations to provide direct HIV/AIDS services;
4. Improving the performance of the national health system.

During TWG visits and discussions with DPs for Burundi throughout FY 2013, the importance of enhancing country ownership of the HIV response was highlighted. The Burundian national authorities are in agreement with this principle and are leading the development of key strategic policies and documents. Additionally, the GOB is consistently advocating for resource mobilization within its own government and the larger donor community, while also coordinating and overseeing the implementation of HIV/AIDS activities. Given its low-income status, Burundi is still far from being able to allocate sufficient internal resources to cover gaps in HIV services. About 50 percent of the national budget is expected to come from the international community. The 2009-2010 estimations of HIV resource flows and expenses report



shows that the most important source of funding for HIV and AIDS in Burundi consists of external resources, which represents 95 percent of the total funding.

The Ministry of Public Health and Fight against AIDS has advocated for increased HIV/AIDS funding budget line item of \$10 million from the national budget in addition to \$3 million already budgeted. When the World Bank ended their five-year project with the National AIDS Council in 2011, the staff salaries were picked up by the GOB. To express its commitment to the elimination of new HIV infections in children and keeping mothers alive, the MOHA designated a PMTCT task force in charge of accelerating the elimination of pediatric infections. At the request of the GOB, the USG is currently funding an organizational management specialist group to restructure and build the capacity and human resources of the department of HIV/AIDS at the MOHA to better manage and coordinate HIV/AIDS services in the country. These activities started in FY2013 and are already showing impressive improvements. Additionally, PEPFAR, through an integrated health project, will support capacity building for the local organizations involved in HIV/AIDS in order to graduate two or three of them as prime partners by year three.

In 2014, Burundi will continue to face multiple challenges. Health infrastructure continues to be weak and there remains the need to build local capacity to address the needs of the population in the area of PMTCT and overall clinical and community based services, including ART. Training and health systems strengthening will be essential to facilitate key activities for the success of GOB, Global Fund, and USG programming into the future. The PEPFAR is working with GOB and the Global Fund to ensure new and innovative models are shared and scaled up to address subjects such as increased male involvement in ANC, integration of the role of community health workers, and the identification and targeted service delivery to key populations within the general population, especially FSWs. Despite the challenges the GOB faces, the benefits of ongoing and if possible, increased USG support will be significant to the Burundian population. The PEPFAR team, with the GOB, is collaborating on finding practical, cost-effective, and results-oriented interventions to address these issues.

#### IV. Program Overview

The overarching goal of the PEPFAR program in Burundi is to strengthen the capacity of the Burundian government, civil society, and the private sector to plan, deliver, monitor, and evaluate high quality, sustainable HIV/AIDS prevention, care, and treatment services. Given current funding, PEPFAR assistance will focus on programming that mixes linked service delivery in priority areas, technical assistance in non-PEPFAR provinces, technical assistance for national and local capacity building, and preparation for longer-term policy and structural interventions.

#### Four Major Program Areas





## 1. Strengthening combination prevention programs for key populations and the general population

Based on increasing consensus that there is not one single set of behaviors or services that can effectively influence a long-term population-wide reduction in HIV incidence, the PEPFAR's response to HIV prevention in the key and general populations will continue and improve upon a combination prevention framework. The PEPFAR team believes this is the appropriate mix of behavior, biomedical, and structural interventions per the needs, culture, context and epidemiological profile of each targeted audience. However, programming will be targeted with separate programming for FSW, MSM, and the general population given each of the populations required tailored interventions. Behavioral interventions will aim to motivate behavior change within individuals, families, communities, and entire populations. These will address the reduction of sexual transmission and substance abuse. Biomedical interventions will intend to decrease infectiousness or prevent infection through early identification and treatment adherence, as well as post-exposure prophylaxis (PEP). Interventions include services and advocacy for condoms and lubricants, STI treatment, PMTCT, Positive Prevention services, RH/FP integration, and the prevention of medical transmission. Structural interventions will change the context in which people live to reduce vulnerability or risk to HIV. Structural issues in Burundi include but are not limited to poverty, gender, GBV, cultural and traditional practices and stigma and discrimination.

According to the results of the key populations bio-behavioral surveillance survey conducted in 2011, poverty is one of the main reasons women resort to commercial sex work. The same survey noted, FSWs engage in other economic activities in addition to sex work (small businesses, trade, agriculture, and livestock). Some FSWs consume alcohol and use drugs, and many FSWs are disempowered in their ability to make decisions regarding their sexual relationships. For both FSWs and MSM interviewed for the PLACE Study in 2013, the use of alcohol or drugs was prevalent, with over 80 percent reporting alcohol use at sites visited nationally and just over 10 percent in Bujumbura reporting drug use at sites visited. The majority of FSWs stated they were victims of verbal abuse (58.5 percent), 25.4 percent were arrested by the police, 17 percent experienced physical violence, and 15.4 percent were rejected by their parents.

Burundi will scale up prevention and treatment interventions targeting FSWs and MSM with the support of the LINKAGES mechanism proposed in COP2014, which will include the following activities:

- Venue mapping to profile the location of sites where sex workers and/or MSM are present including clinical services, density of sex workers, and MSM community members with exact locations, condom and lube distribution points, client habits, and landmarks of the priority sites where the project will be established. This will also be useful in identifying gender-related factors that may impact demand for, access to, and uptake of prevention, treatment, care and support services;
- A select few locations will be determined as demonstration sites;



Programming will prioritize:

- o national condom and lube distribution;
- o community services including outreach, crisis response, care, and identification of safe spaces;
- o clinical services: STI (periodic presumptive treatment initially), HTC, FP, ART, prevention of GBV and care of survivors.
  - A peer-focused program will be designed in close consultation with sex workers, their clients, and MSM.
  - o Establish one-to-one and group contacts between peers and the mapped population;
  - Establish safe spaces where drop-in centers and/or clinics can be co-located, separately for MSM and FSW.
  - o Identify a core cadre of health providers to be trained on specific health care issues for MSM and FSW;
  - o Ensure location of safe spaces is selected in close consultation with FSW, MSM, and LGBT community;
  - o Monitoring of safe spaces to assess whether it meets the needs of populations at risk and addressing barriers to access and use;
  - Implement a bio-behavioral survey design and data collection at the identified sites in collaboration with the Global Fund. Questions will address proximate and distal risk including the underlying factors and manifestations of GBV experienced by FSW and MSM, as well as other vulnerable populations.
  - An important program approach will include FSW as a priority group for PMTCT, and include referrals between FSW and PMTCT interventions.

In addition, advocacy activities aiming to set up an enabling environment (nondiscriminatory and responsive) for access to prevention, treatment, and care for FSWs and MSM will be conducted and will be focused on health care providers, police corps, justice officers, and community leaders. As in all of the PEPFAR interventions, program management capacity for the civil society organizations will be reinforced to allow for better management of the activities targeting FSWs and MSM.

PEPFAR activities will be coordinated with the Global Fund and other donors supporting HIV activities targeting FSWs and MSM in order to leverage resources. Prevention activities targeting the general population will be implemented and will include evidence-based communication and small-group/individual interpersonal interventions. To facilitate and sustain behavior change, PEPFAR-supported activities will strengthen peer education. Peer educators will implement messages that promote behavior change, increase access to condoms, testing and counseling services, sexual violence and GBV prevention and care, and decrease alcohol consumption. PEPFAR activities will also facilitate HIV prevention through positive behavior by working with the PLHIV association and by focusing interventions on the household unit. In addition, activities will include Behavior Change Communication (BCC) targeting young girls and family communication, use of post-exposure prophylaxis kits by the health centers, and training to ensure that CHWs, teachers, and health workers are capable of screening for and addressing risks for GBV, including providing or referring GBV survivors for PEP, care, and legal



services.

In order to improve the health outcomes for the Burundi National Defense forces, a new implementation structure was created by the USG in FY 2012, which includes four regional coordinators assigned at every military region and located within the camp. This strategy allows the USG to reach more military personnel more efficiently and for the targets to be met. Among military personnel, the HIV prevalence rate is 1.3 percent and in FY 2013, 9,468 were reached with prevention messages and 13,441 clients tested for HIV were military staff or members of military families. This strategy combined with the condom distribution strategy newly implemented among the military will contribute towards reducing the HIV prevalence among military populations and their families. The completion of the new DoD-supported military clinic, offering HTC, care and treatment services for military members, local civilians, and their families will also add to this reduction in HIV prevalence. Additionally, the Minister of Defense continues to support the first National HIV Strategic Plan 2012-2016. The four strategic axes are:

- Increasing prevention efforts to reduce HIV transmission;
- Improving the overall management and care of infected military and their dependents infected and affected by HIV/AIDS;
- Reducing the impact of HIV infection among the military population;
- Strengthening HIV/AIDS coordination, partnerships, and monitoring and evaluation.

## 2. Expanding PMTCT services and support

The USG and the GOB, along with other international and local partners, have made significant strides in PMTCT efforts. The USG is now implementing PMTCT interventions with our Integrated Health Project in four provinces: Kayanza, Kirundo, Muyinga, and Karusi. Activities such as community sensitization for HTC, male involvement in PMTCT, provider trainings, prevention messaging integrated with family planning (FP), testing and counseling services offered during ANC, and ART for HIV-positive mothers and infants are serving to contribute to the reduction of new HIV infections among children and women of childbearing age. In addition, PEPFAR will continue implementation of the PMTCT Acceleration Project, whose goal is to rapidly and effectively scale up PMTCT services in four additional provinces of Burundi: Gitega, Ngozi, Bujumbura (capital), and Bujumbura (rural). Using an integrated, community-based, family-centered approach, the USG will build on community-level synergies and provide quality access to additional critical services such as FP, ART, and psychosocial support for those who test positive. The mid-term goal is increased coverage of fully integrated PMTCT services such that 95-100 percent of all pregnant women presenting at ANC and labor and delivery services are tested for HIV and receive subsequent related services. Coverage for PMTCT is still low with an overall coverage gap of 59 percent nation-wide and among PEPFAR sites the coverage rate is 91 percent. PEPFAR will work with the GOB and Global Fund through COP 2014 to provide technical assistance in non-PEPFAR sites to increase



coverage and quality. The PMTCT Project also includes an emphasis on improving early infant diagnosis (EID) as a component of early identification of HIV-positive newborns and working with the GOB to eliminate barriers to EID.

FY 2014 will see the full scale up of the above-mentioned PMTCT activities in these four provinces. This will be reached through three underlying approaches: improving quality, implementing a family-centered approach, and creating linkages between the community and facility based services. Program interventions include HTC, HIV information and sensitization, linkages to nutrition and malaria care, and ongoing HIV prevention for HIV-negative mothers will be effective in reducing new HIV infections. Interventions such as referrals and access to care and treatment, FP, ART and breastfeeding guidance, provide PMTCT for HIV-positive pregnant women and provide care and treatment as necessary for their children and families. Three key components to support PMTCT efforts are being implemented and lessons learned will be shared. These activities include: increased male involvement in PMTCT and ANC visits, where targeted HTC services can be provided; involvement of traditional birth attendants (TBAs) and other categories of CHWs into the PMTCT circuit to allow for more comprehensive, community-based care; and development of a system for identifying and providing targeted care to key populations in the PMTCT system, especially FSWs.

In order to ensure continued quality and promoting best practices, mid-term reviews and data quality assessments will be implemented focused on service gaps, successes and challenges, and quality. The results will be shared with the GOB, the Global Fund, other stakeholders, and in regional forums. The lessons will also inform the technical assistance provided to the GOB and Global Fund as PEPFAR expands its reach to increase PMTCT coverage to 80 percent nation-wide.

### 3. Supporting Integrated Service Delivery:

The PEPFAR program will continue to build on the successes achieved and lessons learned thus far in Burundi and globally to support GOB priorities in HIV/AIDS, malaria, FP, and maternal, newborn and child health (MNCH). The USG will achieve this through investments and activities that seek to achieve three interrelated results: strengthened health management information systems; improved health seeking behavior and increased demand for health services. In addition, improved quality of health services as articulated in the approved GHI Strategy. The USG in Burundi will make a concentrated effort to leverage its resources and harmonize its strategies to attain greater impact. This includes close coordination among USG health teams and other health partners to increase efficiencies. As a contribution to the integration approach, PEPFAR funding will contribute to the following activities:

HIV/AIDS prevention and treatment services, including:

- HIV testing and counseling as the entry point to care, treatment, and support services. To make sure that HTC is in line with state-of-the-art practices, PEPFAR Burundi will implement the majority of the



recommendations from the technical assistance visit in this area from 2013 (new testing algorithm, etc.);

- Family-focused PMTCT (with targeted outreach to involve men);
- STI and opportunistic infection (OI) screening and treatment;
- Clinical youth- and family-friendly comprehensive Positive Prevention services;
- PEP for post-rape survivors and identification of survivors of GBV and their need for HIV services;
- Expanded condom and lubricant, basic care package for PLHIV, and home based care package distribution.

The PEPFAR program will contribute to the implementation of cross-cutting aspects at the facility level, including:

- Leveraging the ANC platform for PMTCT, FP, malaria in pregnancy, and emergency obstetric and neonatal care;
- FP for women of reproductive age, MNCH, PMTCT, and malaria services integrated into child health services;
- Integrating HTC into in- and outpatient clinics and services;
- Counseling within the facility with integrated messages;
- Linkages with ART programs for a strengthened continuum of care model
- Pharmaceutical management at the health facility level;
- Expanding ITN distribution to community at large, as directed by GOB policy (PEPFAR will not be procuring bed nets);
- Integrating health services into other health and non-health resources and programs (e.g. income generation; water and sanitation; food and nutrition).

It will also contribute to community-based services for specific target audiences, including:

- Community-based Positive Prevention;
- Home-based care;
- Services and support for OVC;
- Community-based condom, insecticide treated nets (ITNs), ORS, point-of-use water treatment, and FP distribution (via partners);
- Referrals to complementary services (e.g. food; agriculture; nutrition; economic strengthening);
- Implementation support for behavioral interventions/social and behavior change communications to targeted audiences;
- Implementation of male involvement strategies.

#### 4. Strengthen National Health Systems:

Burundi is implementing its Poverty Reduction Strategy Paper 2012–2015 in which health is a major focus. It also hosted a donor's conference to garner support for the Strategy, as well as specific technical



areas. The GOB has been charting its course to the Millennium Development Goals (MDGs), and its second National Health Development Plan (NHDP) 2011–2015 is currently undergoing a mid-term review to assess progress and make adjustments as necessary, with the support of PEPFAR. The GOB's health goals defined in the NHDP are to: reduce maternal and neonatal mortality; reduce infant and child mortality; reduce mortality from communicable diseases; and strengthen the health system. Through PEPFAR programming and other USG health programs, contributions are being made to the aforementioned goals. In the specific area of health systems strengthening, the PEPFAR program will focus on the two themes below, the list not being exhaustive.

1. Strengthening the laboratory system is one of PEPFAR's key focuses in the coming years, especially as it appears prominently in the NHDP 2011-2015. After a national laboratory assessment conducted in 2013, several weaknesses were identified. Laboratory activities will be supported starting with the creation of a national laboratory working group (TWG), which will develop guidelines and a framework, as well as a vision to ensure technicians are trained and effective. PMTCT activities, HTC, ART, malaria, and all MCH activities will all benefit from the improved system in the coming years. The TWG will ensure guidelines with a minimum package of HIV laboratory services, as well as a plan for a laboratory transport system to allow for timely, efficient, and accurate results. For detailed laboratory activities, refer to the technical area narratives (TANs).

2. The weaknesses of the supply chain (SC) system are being addressed; however continue to pose a challenge to Burundi's service delivery. The USG has worked closely over the last few years with the GOB and the Global Fund to ensure improved SC systems through training and coaching on procurement, quantification, warehousing systems, and monitoring and evaluation. In 2013, the PEPFAR supported the implementation of a supply chain work plan developed and validated by various partners, which will continue, more in-depth with the addition of a joint national Central Medical Stores Burundi (CAMEBU) work plan among key stakeholders (USG, UNICEF, Global Fund, and GOB). Some of these activities include:

- In collaboration with USG implementing partners (PEPFAR and PMI), ensure the procurement and secure and reliable delivery of PEPFAR-funded commodities;
- Support the strengthening of a coordination mechanism for SC within the MOHA, to maximize commodity forecasting and procurement, and monitor the implementation of an integrated SC involving the various stakeholders;
- Support the definition and establishment of a harmonized, standardized system for tracking commodities in the SC system;
- In collaboration with in-country partners, develop a framework for measuring performance of the SC in areas linked to supply chain support.



Other critical areas (developed in the TANs) where PEPFAR will be focused include human resources for health, quality improvement of services, health management information system and strategic information.

#### V. GHI, Program Integration, Central Initiatives, and other considerations

Burundi developed a GHI strategy in 2011 as an overarching umbrella that encompasses USG health-related programs on HIV/AIDS, malaria, MNCH, FP, and nutrition. It links closely to other U.S. Presidential development initiatives including PEPFAR and the President's Malaria Initiative, where synergies with GHI are possible. In addition, in 2014, USAID Burundi will finalize an integrated results framework and strategy to guide the mission's development assistance over the next five years. PEPFAR will be strategically involved in this activity. To have the vision in a concrete way, the beginning of 2014 coincided with the award of the Integrated Health Project which encompasses PEPFAR funding, FP/RH, Malaria, and Maternal and Child health funding. This project, which is in line with the NDHP, is built around the GHI principles which are: (1) applying integrated approaches to development, (2) building in sustainability from the start; (3) ensuring strong metrics, monitoring, and evaluation; (4) increase impact through strategic coordination and integration; (5) promoting innovation; and (6) building the capacity of local organizations and institutions. The IHP is expected to make meaningful contributions in support of the USAID Gender Policy's (see details in the Care TAN).

The Global Fund is a key player in the health sector and provides a significant share of funding to combat HIV/AIDS, TB, and malaria in Burundi. Through the implementation of the Round 8 HIV/AIDS grant (Phase II with more than \$80,000,000 over three years), the Global Fund is focused on prevention services among the general population and for specific at risk populations, provision of ARVs and improved diagnosis and treatment of sexually transmitted infections and integrating PMTCT and reproductive health services. The Global Fund is also working on enhanced prevention of HIV through blood transfusions, providing better case management of accidental exposure to blood, and to survivors of sexual violence, as well as expanded primary prevention of HIV infection in women of reproductive age. Although Round 8 will be ending in 2014, the New Funding Model will be applied with the support of the USG through the CCM and targeted technical assistance.

The PEPFAR program will continue to work closely with the Global Fund to make sure that necessary synergies are established and efforts to avoid duplication are successful and to finalize the first national mapping of HIV services and coverage for Burundi. This initiative will allow for more effective coordination and leveraging of resources between the Global Fund and the PEPFAR. This past year, the USG was a member of the CCM committee in charge of selecting the sub recipients to implement the



Round 8 phase II community component. This engagement of the USG field staff in such processes is a special opportunity to demonstrate its firm commitment to improving Global Fund program performance and the importance of civil society in the response. Additionally, the PEPFAR Burundi team works closely with the East Africa Regional Global Fund Liaison based in Nairobi to provide support to Global Fund activities in Burundi including coordination, care and treatment, and procurement technical assistance.

The USG team serves on committees for the Global Fund and has worked on several activities, assessments and documents with the Global Fund in Burundi and the GOB over the last few years:

- USG Burundi is a voting member of the CCM and lead for the proposal development committee;
- USG Burundi is a member of the selection committee of civil society sub-recipients of the second phase of the HIV/AIDS Community Component for the Round 8 grant;

Moreover, the USG supported the development of key GOB strategy documents, in collaboration with Global Fund, including the:

- National Health Development Plan and its mid-term review;
- National HIV/AIDS Strategic Plan review 2007-2011 and the development of a new plan for 2012-2016, as well as the mid-term review of the 2012-2016 plan.

PEPFAR Burundi is committed to an efficient, collaborative, and strong sustainable relationship with the Global Fund to ensure effective use of funds and resources that will result in the improved health and well-being of all Burundians.