



UNCLASSIFIED

May 10, 2021

**MEMO FOR MELANIE HIGGINS, U.S. AMBASSADOR TO BURUNDI**

**SUBJECT:** PEPFAR Burundi Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Burundi Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR Burundi, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2021 in alignment with the directives from the COP 2021 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Burundi Country Operational Plan COP 2021 with a total approved budget of \$30,970,700 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:

**1. Overall COP 2021 Budget Table**

|                  | New Funding (All Accounts) | Pipeline | Total Budget FY 2022 Implementation |
|------------------|----------------------------|----------|-------------------------------------|
| <b>TOTAL</b>     | 30,761,525                 | 209,175  | 30,970,700                          |
| <b>Bilateral</b> | 30,361,525                 | 209,175  | 30,570,700                          |
| <b>Central</b>   | 400,000                    |          | 400,000                             |

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$30, 970,700 without additional written approval. Any prior year funds that are not included within this COP 2021 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 2022 without additional written approval. The new FY 2021 funding and prior year funds approved within this memo as a part of the total COP 2021 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 2022– must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2021 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, local and global stakeholders and partners during the April 15-16, 2021 virtual planning meetings and participants in the virtual approval meeting; the final COP 2021 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 six years, and is poised to achieve epidemic control in fiscal years 2021-2022. In partnership with the Burundi National AIDS Control Program (NACP), the Ministry of Health and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), the PEPFAR Burundi Country Operational Plan (COP) 2021 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 81,797 persons living with HIV (PLHIV) in Burundi, of which, by the close of 2020, 71,348 persons were receiving HIV treatment. COP 2021 will work to maintain epidemic control across all ages and sexes, supporting the national treatment target of 79,113 individuals are receiving life-saving treatment by the end of FY 2022.

The PEPFAR Burundi strategy for COP21 implementation will build on the important progress made in COP19 and COP20 to close the testing, treatment, and viral load coverage and suppression gaps. The COP 21 vision will ensure that those currently left behind - principally children, young people, and men - are reached; that the quality of HIV and tuberculosis (TB) services is raised across all provinces using optimal antiretroviral therapy (ART) regimens and drug dispensing methods. Above-site interventions 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 biometric-based Unique Identifier (UID) health information system to serve the needs of a sustained epidemic control program. In close complementarity with the Global Fund, PEPFAR will continue to procure ARV drugs and other essential commodities to maintain the provision of high-quality HIV services and to meet expanding needs in COP21. PEPFAR Burundi will continue to invest in improved surveillance systems to enable tracking of all newly diagnosed individuals. These efforts will be complemented by a population-based HIV impact assessment (PHIA) that will directly measure HIV incidence, HIV prevalence, and HIV viral load suppression.

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.

Consistent with the planned introduction of HIV pre-exposure prophylaxis (PrEP) in Burundi through the 2021-2023 Global Fund funding request, COP21 funding will continue the

expansion of PrEP for KPs and serodiscordant couples, with a target of providing sustained PrEP to 2,671 seronegative individuals. This will be essential for a sustained epidemic control in Burundi. Building on the substantial successes in COP19 and COP20, the PEPFAR program will continue to support the optimization of integrated TB/HIV services, including TB screening of all ART clients and expansion of TB preventive therapy (TPT) for all those who are TB-negative, and the introduction of new and shorter course TPT regimens. During COP21/FY22, PEPFAR Burundi will contribute to cover the condom and lubricant gaps in support of HIV prevention services.

During COP 2021, the PEPFAR Burundi program will build on its ambitious geographic expansion in COP20 through targeted and tailored technical assistance that focuses on working through the Ministry of Health District Health Team structure to invest strategically in districts and sites with the greatest needs and greatest potential for improved performance. PEPFAR Burundi will continue to work closely with the NACP and the Global Fund to further refine the district approach and ensure the most effective and efficient use of PEPFAR contributions to the national HIV response in COP21. By supporting the government District Health Team structure, PEPFAR Burundi is investing in a sustainable model for the delivery of quality prevention and care. Follow protocol development and training in COP20, COP21 will introduce 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 development of country HIV estimates, along with incidence, prevalence, and viral load suppression data from the PHIA. 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.

### **American Rescue Plan Act of 2021 Summary Description**

This memo approves \$1,499,328 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$1,499,328 in ARPA funds, \$570,700 is expected to be implemented in COP 2021. The remaining \$928,628 is expected to be implemented in COP 2020. The table below shows the estimated breakout of outlays in COP 2021 versus COP 2020 by implementing agency and operational division.

| <u>Agency/OPDIV</u> | <u>ARPA Funds Programmed in COP21 FAST for COP21 Outlay</u> | <u>ARPA Funds To be Added to COP20 for COP20 Outlay</u> | <u>TOTAL ARPA Funds</u> |
|---------------------|---|---|-------------------------|
| <b>TOTAL</b>        | <b>\$570,700</b>  | <b>\$928,628</b>  | <b>\$1,499,328</b>      |
| DOD                 | \$98,592  | \$0   | \$98,592                |
| HHS/CDC             | \$0   | \$0   | \$0                     |
| HHS/HRSA            | \$0   | \$0   | \$0                     |

| PC        | \$0       | \$0       | \$0       |
|-----------|-----------|-----------|-----------|
| USAID     | \$171,273 | \$777,004 | \$948,277 |
| USAID/WCF | \$300,835 | \$151,624 | \$452,459 |

Any ARPA funds not outlayed in COP 2020 will be allowed to outlay in COP 2021, and this will be accounted for in the End of Fiscal Year exercise in the Fall of 2021. The entire ARPA amount must be obligated by September 30, 2022 and should, except in extraordinary circumstances, be outlayed during COP 2021.

These ARPA funds are being provided specifically to address the intersection of HIV and COVID to mitigate COVID-19 impact on PEPFAR programs and beneficiaries and support PEPFAR program recovery from the impacts of coronavirus. Over the course of COP 2020 and COP 2021, the ARPA funds will support the following:

Burundi's laboratory systems have been severely impacted by COVID-19, affecting the PEPFAR program's ability to process HIV samples, and increasing turnaround time for results and subsequent clinical management. Three ARPA-funded activities will be implemented through the existing Global Health Supply Chain Procurement & Supply Management mechanism in COP21 to strengthen the capacity of the laboratory system. PEPFAR Burundi will develop standard operating procedures for multiplexing equipment sharing and diagnostic network optimization, conduct in-service trainings for laboratory technicians for all of Burundi's labs on new equipment to increase access and to reduce user error and turnaround time, and provide laboratory consumables (disposable gloves and masks) as personal protective equipment for both laboratories and health facilities. These activities support the Government of Burundi's National COVID-19 Response Plan in which nine key pillars are identified, including "building laboratory capacity".

PEPFAR Burundi has experienced program impacts due to COVID-19, especially in the treatment program. Clients in PEPFAR's treatment program have experienced increased interruptions in treatment (IIT), as well as delays in pick-up of antiretroviral therapy (ART). In order to address these challenges, PEPFAR Burundi will expand existing virtual communication/telehealth support for health workers to ensure continuity of treatment through ensuring timely links to ART and helping newly diagnosed or reengaged ART clients establish and maintain long-term treatment compliance. PEPFAR Burundi will also leverage FY20 successes in decentralized drug distribution and multi-month dispensation (MMD) of ART by expanding the community-based model (PODI) and the establishment of community adherence clubs to reach additional clients on ART, including key populations and military personnel. Expansion of the PODI model will reduce the need for clients to attend the health facility for drug refills during the COVID-19 pandemic with the goal of enhancing retention and adherence to ART. The establishment of community adherence clubs will be a conduit for group-based treatment adherence counselling and support.

The COVID-19 pandemic has also impacted PEPFAR Burundi's prevention of mother-to-child transmission (PMTCT) program, with an overall decrease in performance for early infant diagnosis (EID) testing, likely due to challenges with clients accessing health facilities, use of platforms for COVID-19, as well as laboratory reagent stockouts. These challenges compounded

the pre-COVID-19 gaps in timely testing of HIV-exposed infants and poor involvement of health districts in supervision of PMTCT activities. PEPFAR Burundi will use ARPA funding to provide additional EID and viral load cartridges for GeneXpert machines to reduce long delays due to the use of Abbott machines originally procured for viral load/EID and repurposed for COVID-19 testing. These cartridges will be directed to the sites with the largest gaps for viral load coverage for pregnant women and EID testing.

## **Recency**

The implementation of the Recency activities has also been significantly delayed by COVID. Accordingly, any remaining Recency funds at the end of COP20 will be allowed to carry over into COP21. After exact amounts of carryover are determined during the End of Fiscal Year process in fall of 2021, COP 21 envelopes will be updated to account for this carryover.

### Funding Summary

All COP 2021 funding summarized in the charts 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.

### 2. COP 2021 Budget Table by Agency - Bilateral

|                | of which, Bilateral |             |            |            |           |     |         |           |           |         | Total COP21 Budget (Bilateral + Central) |                  |
|----------------|---------------------|-------------|------------|------------|-----------|-----|---------|-----------|-----------|---------|--|------------------|
|                | Total               | New Funding |            |            |           |     |         |           |           |         |  | Applied Pipeline |
|                |                     | Total       | FY 2021    |            |           |     | FY 2020 | FY 2019   |           |         |  |                  |
|                |                     |             | Total      | GHP-State  | GHP-USAID | GAP | ESF     | GHP-State | GHP-State |         |  |                  |
| TOTAL          | 30,570,700          | 30,361,525  | 30,361,525 | 29,790,825 | -         | -   | 570,700 | -         | -         | 209,175 | 30,970,700                               |                  |
| DOD Total      | 2,235,797           | 2,235,797   | 2,235,797  | 2,137,205  | -         | -   | 98,592  | -         | -         | -       | 2,235,797                                |                  |
| DOD            | 2,235,797           | 2,235,797   | 2,235,797  | 2,137,205  | -         | -   | 98,592  | -         | -         | -       | 2,235,797                                |                  |
| HHS Total      | 777,913             | 777,913     | 777,913    | 777,913    | -         | -   | -       | -         | -         | -       | 777,913                                  |                  |
| HHS/CDC        | 777,913             | 777,913     | 777,913    | 777,913    | -         | -   | -       | -         | -         | -       | 777,913                                  |                  |
| USAID Total    | 27,556,990          | 27,347,815  | 27,347,815 | 26,875,707 | -         | -   | 472,108 | -         | -         | 209,175 | 27,956,990                               |                  |
| USAID, non-WCF | 20,927,973          | 20,718,798  | 20,718,798 | 20,547,525 | -         | -   | 171,273 | -         | -         | 209,175 | 20,927,973                               |                  |
| USAID/WCF      | 6,629,017           | 6,629,017   | 6,629,017  | 6,328,182  | -         | -   | 300,835 | -         | -         | -       | 7,029,017                                |                  |

1/*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.*

2/*Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.*

### 3. COP 2021 Budget Table by Agency - Central

|                | of which, Central |             |         |           |           |     |         |           |           |   | Total COP21 Budget (Bilateral + Central) |                  |
|----------------|-------------------|-------------|---------|-----------|-----------|-----|---------|-----------|-----------|---|--|------------------|
|                | Total             | New Funding |         |           |           |     |         |           |           |   |  | Applied Pipeline |
|                |                   | Total       | FY 2021 |           |           |     | FY 2020 | FY 2019   |           |   |  |                  |
|                |                   |             | Total   | GHP-State | GHP-USAID | GAP | ESF     | GHP-State | GHP-State |   |  |                  |
| TOTAL          | 400,000           | 400,000     | 400,000 | -         | 400,000   | -   | -       | -         | -         | - | 30,970,700                               |                  |
| DOD Total      | -                 | -           | -       | -         | -         | -   | -       | -         | -         | - | 2,235,797                                |                  |
| DOD            | -                 | -           | -       | -         | -         | -   | -       | -         | -         | - | 2,235,797                                |                  |
| HHS Total      | -                 | -           | -       | -         | -         | -   | -       | -         | -         | - | 777,913                                  |                  |
| HHS/CDC        | -                 | -           | -       | -         | -         | -   | -       | -         | -         | - | 777,913                                  |                  |
| USAID Total    | 400,000           | 400,000     | 400,000 | -         | 400,000   | -   | -       | -         | -         | - | 27,956,990                               |                  |
| USAID, non-WCF | -                 | -           | -       | -         | -         | -   | -       | -         | -         | - | 20,927,973                               |                  |
| USAID/WCF      | 400,000           | 400,000     | 400,000 | -         | 400,000   | -   | -       | -         | -         | - | 7,029,017                                |                  |

1/*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.*

2/*Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.*

**GHP-State Funds:** Upon the clearance of a FY 2021 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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.

**ARP ESF Funds:** ESF funds must have both an HIV and COVID related purpose as laid out in relevant S/GAC guidance. Upon the clearance of a FY 2021 PEPFAR ESF 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. Upon receipt, 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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 2021 total budget level and documented within COP 2021 partner budgets are not to be executed or outlayed without written approval from S/GAC.

**Earmarks:** PEPFAR Burundi has planned for programming for FY 2021, FY 2020, and/or FY 2019 GHP-State 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 Burundi. Upon approval of this memo, the amounts below will become the new earmark controls for the PEPFAR Burundi program. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

#### 4. Earmark Budget Table

| Earmarks                             | COP21 Funding Level |            |         |         |
|--------------------------------------|---------------------|------------|---------|---------|
|                                      | TOTAL               | FY 2021    | FY 2020 | FY 2019 |
| Care & Treatment                     | 15,348,000          | 15,348,000 | -       | -       |
| Orphans and                          | 2,222,335           | 2,222,335  | -       | -       |
| Preventing and Responding to Gender- | 965,000             | 965,000    | -       | -       |
| Water                                | -                   | -          | -       | -       |

\* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

\*\* Only GHP-State will count towards the GBV and Water earmarks

### 5. Earmark Budget Table - AB/Y

| AB/Y Earmark   | COP21 Funding Level |                  |            |            |            |
|--|---------------------|------------------|------------|------------|------------|
|  | TOTAL               | FY 2021          | FY 2020    | FY 2019    | Applied    |
| <b>TOTAL Prevention Programming</b>                  | <b>1,142,221</b>    | <b>1,142,221</b> | -          | -          | -          |
| <b>Of which, AB/Y</b>                                | <b>290,000</b>      | <b>290,000</b>   | -          | -          | -          |
| <b>% AB/Y of TOTAL Sexual Prevention Programming</b> | <b>25.4%</b>        | <b>25.4%</b>     | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> |

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

### AB/Y Earmark Budget Justification

AB/Y requirement is not applicable as Burundi does not have a generalized epidemic.

### Initiatives by Agency

### 6. COP 2021 Budget Table by Agency and Initiative

|  | Total Central Applied | Total Bilateral Applied | Total Central - New Funding | Total Bilateral - New Funding | Total COP21 Budget |
|--|-----------------------|-------------------------|-----------------------------|-------------------------------|--------------------|
| <b>TOTAL</b>   | -                     | 209,175                 | 400,000                     | 30,361,525                    | 30,970,700         |
| <i>of which, Community-Led Monitoring</i>                      | -                     | -                       | -                           | 446,430                       | 446,430            |
| <i>of which, Condoms (GHP-USAID Central Funding) (Central)</i> | -                     | -                       | 400,000                     | -                             | 400,000            |
| <i>of which, Core Program</i>                                  | -                     | 209,175                 | -                           | 29,915,095                    | 30,124,270         |
| <b>DOD Total</b>   | -                     | -                       | -                           | 2,235,797                     | 2,235,797          |
| <i>of which, Core Program</i>                                  | -                     | -                       | -                           | 2,235,797                     | 2,235,797          |
| <b>HHS Total</b>   | -                     | -                       | -                           | 777,913                       | 777,913            |
| <i>of which, Core Program</i>                                  | -                     | -                       | -                           | 777,913                       | 777,913            |
| <b>USAID Total</b>   | -                     | 209,175                 | 400,000                     | 27,347,815                    | 27,956,990         |
| <i>of which, Community-Led Monitoring</i>                      | -                     | -                       | -                           | 446,430                       | 446,430            |
| <i>of which, Condoms (GHP-USAID Central Funding) (Central)</i> | -                     | -                       | 400,000                     | -                             | 400,000            |
| <i>of which, Core Program</i>                                  | -                     | 209,175                 | -                           | 26,901,385                    | 27,110,560         |



## FY 2022 Target Summary

FY 2021 funds are released and COP 2021 applied pipeline is approved to achieve the following results in FY 2022.

| Burundi        |              | SNU Prioritizations |                         |                         |                |                        | Total          |
|----------------|--------------|---------------------|-------------------------|-------------------------|----------------|------------------------|----------------|
|                |              | Attained            | Scale-Up:<br>Saturation | Scale-Up:<br>Aggressive | Sustained      | Centrally<br>Supported |                |
| HTS_INDEX      | < 15         | -                   | -                       | 1,412                   | 5,641          | -                      | 7,053          |
|                | 15+          | -                   | -                       | 5,984                   | 11,828         | -                      | 18,886         |
|                | <b>Total</b> | -                   | -                       | <b>7,396</b>            | <b>17,469</b>  | -                      | <b>25,939</b>  |
| HTS_TST        | < 15         | -                   | -                       | 2,637                   | 7,592          | -                      | 10,230         |
|                | 15+          | -                   | -                       | 148,872                 | 141,263        | -                      | 299,478        |
|                | <b>Total</b> | -                   | -                       | <b>151,509</b>          | <b>148,855</b> | -                      | <b>309,708</b> |
| HTS_TST_POS    | < 15         | -                   | -                       | 161                     | 296            | -                      | 457            |
|                | 15+          | -                   | -                       | 1,334                   | 3,239          | -                      | 5,028          |
|                | <b>Total</b> | -                   | -                       | <b>1,495</b>            | <b>3,535</b>   | -                      | <b>5,485</b>   |
| TX_NEW         | < 15         | -                   | -                       | 163                     | 292            | -                      | 455            |
|                | 15+          | -                   | -                       | 1,309                   | 3,110          | -                      | 4,853          |
|                | <b>Total</b> | -                   | -                       | <b>1,472</b>            | <b>3,402</b>   | -                      | <b>5,308</b>   |
| TX_CURR        | < 15         | -                   | -                       | 2,639                   | 4,783          | -                      | 7,502          |
|                | 15+          | -                   | -                       | 20,237                  | 45,621         | -                      | 69,466         |
|                | <b>Total</b> | -                   | -                       | <b>22,876</b>           | <b>50,404</b>  | -                      | <b>76,968</b>  |
| TX_PVLS        | < 15         | -                   | -                       | 2,356                   | 4,280          | -                      | 6,708          |
|                | 15+          | -                   | -                       | 18,887                  | 42,894         | -                      | 65,158         |
|                | <b>Total</b> | -                   | -                       | <b>21,243</b>           | <b>47,174</b>  | -                      | <b>71,866</b>  |
| CXCA_SCRN      | <b>Total</b> | -                   | -                       | -                       | -              | -                      | -              |
| OVC_SERV       | < 18         | -                   | -                       | 2,992                   | 7,453          | -                      | 10,445         |
|                | 18+          | -                   | -                       | 1,017                   | 2,538          | -                      | 3,555          |
|                | <b>Total</b> | -                   | -                       | <b>4,009</b>            | <b>9,991</b>   | -                      | <b>14,000</b>  |
| OVC_HIVSTAT    | <b>Total</b> | -                   | -                       | <b>2,992</b>            | <b>7,453</b>   | -                      | <b>10,445</b>  |
| PMTCT_STAT     | < 15         | -                   | -                       | 155                     | 48             | -                      | 204            |
|                | 15+          | -                   | -                       | 107,961                 | 88,252         | -                      | 197,633        |
|                | <b>Total</b> | -                   | -                       | <b>108,116</b>          | <b>88,300</b>  | -                      | <b>197,837</b> |
| PMTCT_STAT_POS | < 15         | -                   | -                       | -                       | -              | -                      | -              |
|                | 15+          | -                   | -                       | 495                     | 798            | -                      | 1,329          |
|                | <b>Total</b> | -                   | -                       | <b>495</b>              | <b>798</b>     | -                      | <b>1,329</b>   |
| PMTCT_ART      | < 15         | -                   | -                       | -                       | -              | -                      | -              |
|                | 15+          | -                   | -                       | 495                     | 791            | -                      | 1,322          |
|                | <b>Total</b> | -                   | -                       | <b>495</b>              | <b>791</b>     | -                      | <b>1,322</b>   |
| PMTCT_EID      | <b>Total</b> | -                   | -                       | <b>501</b>              | <b>786</b>     | -                      | <b>1,322</b>   |
| PP_PREV        | < 15         | -                   | -                       | -                       | -              | -                      | 300            |
|                | 15+          | -                   | -                       | -                       | -              | -                      | 14,700         |
|                | <b>Total</b> | -                   | -                       | -                       | -              | -                      | <b>15,000</b>  |
| KP_PREV        | <b>Total</b> | -                   | -                       | <b>15,213</b>           | <b>19,005</b>  | -                      | <b>34,218</b>  |
| KP_MAT         | <b>Total</b> | -                   | -                       | -                       | -              | -                      | -              |
| VMMC_CIRC      | <b>Total</b> | -                   | -                       | -                       | -              | -                      | -              |
| HTS_SELF       | < 15         | -                   | -                       | 66                      | 1,186          | -                      | 1,252          |
|                | 15+          | -                   | -                       | 10,244                  | 29,096         | -                      | 39,605         |
|                | <b>Total</b> | -                   | -                       | <b>10,310</b>           | <b>30,282</b>  | -                      | <b>40,857</b>  |
| PrEP_NEW       | <b>Total</b> | -                   | -                       | <b>196</b>              | <b>1,679</b>   | -                      | <b>2,013</b>   |
| PrEP_CURR      | <b>Total</b> | -                   | -                       | <b>249</b>              | <b>2,284</b>   | -                      | <b>2,671</b>   |
| TB_STAT        | < 15         | -                   | -                       | 94                      | 111            | -                      | 205            |
|                | 15+          | -                   | -                       | 2,748                   | 2,461          | -                      | 5,265          |
|                | <b>Total</b> | -                   | -                       | <b>2,842</b>            | <b>2,572</b>   | -                      | <b>5,470</b>   |
| TB_ART         | < 15         | -                   | -                       | 3                       | -              | -                      | 3              |
|                | 15+          | -                   | -                       | 230                     | 267            | -                      | 504            |
|                | <b>Total</b> | -                   | -                       | <b>233</b>              | <b>267</b>     | -                      | <b>507</b>     |
| TB_PREV        | < 15         | -                   | -                       | 707                     | 1,222          | -                      | 1,948          |
|                | 15+          | -                   | -                       | 5,292                   | 11,630         | -                      | 18,113         |
|                | <b>Total</b> | -                   | -                       | <b>5,999</b>            | <b>12,852</b>  | -                      | <b>20,061</b>  |
| TX_TB          | < 15         | -                   | -                       | 2,802                   | 5,075          | -                      | 7,957          |
|                | 15+          | -                   | -                       | 21,536                  | 48,722         | -                      | 74,302         |
|                | <b>Total</b> | -                   | -                       | <b>24,338</b>           | <b>53,797</b>  | -                      | <b>82,259</b>  |
| GEND_GBV       | <b>Total</b> | -                   | -                       | <b>1,438</b>            | <b>1,412</b>   | -                      | <b>3,078</b>   |
| AGYW_PREV      | <b>Total</b> | -                   | -                       | -                       | -              | -                      | -              |

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

**Partner Management and Stakeholder Engagement:**

Agreements made during COP 2021 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 with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent 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 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be triggered. For key populations programming, per MER Guidance and program requirements, HIV testing is a required element of the KP\_PREV indicator. HIV testing services (HTS) or referring an individual to HTS is required to be offered (at least once during the reporting period and/or in accordance with WHO/national guidance) unless the individual had previously been tested positive for HIV. HIV prevention services must be tailored to individual risks. If the individual is self-identified as HIV positive, then HTS provision or referral to HTS will not be a required element of this indicator. Workplans for IPs should reflect these HTS requirements for key populations programming. Additionally, where referral to HTS is made, IP workplans and program design should incorporate measures to follow through on HTS with KP clients to ensure referral completion. 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 percent. If the issue is retention it should be net new on treatment equal to 90 percent 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 2021 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.