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May 6, 2022

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

FROM: S/GAC – Dr. Rachel Golin, S/GAC Chair
S/GAC – Pooja Vinayak, PEPFAR Program Manager

THROUGH: S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

SUBJECT: PEPFAR Burundi Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Burundi Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Burundi, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2022 in alignment with the directives from the COP 2022 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) 2022 with a total approved budget of \$25,650,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

1. Overall COP 2022 Budget Table

	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
TOTAL	24,316,661	1,333,339	25,650,000
Bilateral	23,916,661	1,333,339	25,250,000
Central	400,000		400,000

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$25,650,000 without additional written approval. Any prior year funds that are not included within this COP 2022 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 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total COP 2022 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 2023– must be submitted to and approved by S/GAC, and documented in FACTSInfo NextGen via the Operational Plan Update process.

Approved funding will be made available to agencies for allocation to the country platform to implement COP 2022 programming and priorities as outlined below and in the appendix.

ARPA/ESF Funds

All ARPA ESF funds from COP21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP22/FY2023 on top of the approved COP22 envelope.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the March 21-24, 2022 virtual planning meetings and participants in the virtual approval meeting; the final COP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for Burundi's COP 2022 are approved to support PEPFAR Burundi's vision 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), 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 79,075 persons living with HIV (PLHIV) in Burundi, of which, by the close of 2021, 73,798 persons were receiving HIV treatment. COP 2022 will work to maintain epidemic control across all ages and sexes, supporting the national treatment target of 74,339 individuals receiving life-saving treatment by the end of FY 2023.

The PEPFAR Burundi strategy for programming to be implemented in FY 2023 will build on the important progress made in FY 2021 and currently being implemented in FY 2022 to close the testing, treatment, and viral load coverage and suppression gaps. The COP 22 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 strengthened across all provinces using approaches including bidirectional community-facility linkages, optimal treatment regimens and person-centered drug dispensing models. 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 ensure continuity of treatment in COP 22. Building on the substantial successes in COP 20 and COP 21, the PEPFAR program will continue to support optimized, integrated TB/HIV services, including TB screening of all ART clients, providing TB preventive therapy (TPT) for all those who are eligible among those screening negative for active TB, and improving TPT completion rates. During COP 22 / FY 23, PEPFAR Burundi will contribute to cover the condom and lubricant gaps in support of HIV prevention services.

PEPFAR Burundi will continue to invest in improved surveillance systems to enable tracking of all newly diagnosed individuals through the health system and implement recency surveillance in collaboration with the Ministry of Health and National AIDS Control Program. Responding to the gaps in HIV treatment coverage, HIV case-finding efforts will focus on children, young people and men. Utilizing the strong antenatal care and prevention of mother-to-child HIV transmission platforms, the program will ensure that children born to a mother living with HIV will be tested to improve pediatric HIV case finding. Index testing will remain an important HIV testing modality to diagnose children, youth, and men living with HIV who have not yet been diagnosed and/or linked to life-saving treatment.

During COP 2022, PEPFAR Burundi will continue the expansion of HIV pre-exposure prophylaxis (PrEP) for key populations (KPs) and serodifferent couples in addition to enrolling eligible AGYW on PrEP, with a target of enrolling 2,329 HIV seronegative individuals on PrEP. Evidence-based HIV prevention methods, such as PrEP, are essential for a sustained epidemic control in Burundi. In response to new survey data showing a high HIV prevalence, people who inject drugs (PWID) will be added as a key population group. The PEPFAR orphans and vulnerable children (OVC) program will continue to focus enrollment on CLHIV and will expand to include integrated gender-based violence (GBV) interventions, maternal and child health (MCH) programming, nutrition programming, and family planning services. Above-site interventions will continue to be aligned with national, provincial and site-level objectives, focusing on strengthening supply chain systems from central to site levels, optimizing lab networks and functionality, and expanding the biometric-based unique identifier (UID) health information system to serve the needs of a sustained epidemic control program. 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 2022 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 PEPFAR systems.

2. COP 2022 Budget Table by Agency - Bilateral

	Total	of which, Bilateral New Funding						Applied Pipeline
		Total	FY 2022		GAP	FY 2021 GHP-State	FY 2020 GHP-State	
			GHP-State	GHP-USAID				
TOTAL	25,250,000	23,916,661	23,916,661	-	-	-	1,333,339	
DOD Total	2,042,205	2,042,205	2,042,205	-	-	-	-	
DOD	2,042,205	2,042,205	2,042,205	-	-	-	-	
HHS Total	-	-	-	-	-	-	-	
HHS/CDC	-	-	-	-	-	-	-	
USAID Total	23,207,795	21,874,456	21,874,456	-	-	-	1,333,339	
USAID, non-WCF	18,231,671	18,231,671	18,231,671	-	-	-	-	
USAID/WCF	4,976,124	3,642,785	3,642,785	-	-	-	1,333,339	

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

3. COP 2022 Budget Table by Agency - Central

	Total	of which, Central New Funding				Applied Pipeline
		Total	FY 2022		GAP	
			GHP-State	GHP-USAID		
TOTAL	400,000	400,000	400,000	400,000	-	-
DOD Total	-	-	-	-	-	-
DOD	-	-	-	-	-	-
HHS Total	-	-	-	-	-	-
HHS/CDC	-	-	-	-	-	-
USAID Total	400,000	400,000	400,000	400,000	-	-
USAID, non-WCF	-	-	-	-	-	-
USAID/WCF	400,000	400,000	400,000	400,000	-	-

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

GHP-State Funds: Upon the clearance of a FY 2022 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 2023 at approved COP 2022 partner budget levels to achieve FY 2023 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 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 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 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: PEPFAR Burundi has planned for programming for FY 2022, FY 2021, and/or FY 2020 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 PEPFAR 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.

5. Earmark Budget Table

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	12,621,084	12,621,084	-	-
Orphans and Vulnerable Children	2,064,474	2,064,474	-	-
Preventing and Responding to Gender-based Violence	675,500	675,500	-	-
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

6. Earmark Budget Table - AB/Y

AB/Y Earmark	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
TOTAL Sexual Prevention Programming	948,427	948,427	-	-	-
Of which, AB/Y	670,000	670,000	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	70.6%	70.6%	N/A	N/A	N/A

**Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.*

AB/Y Earmark Budget Justification

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

Initiatives by Agency**4. COP 2022 Budget Table by Agency and Initiative**

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	23,916,661	1,333,339	400,000	-	25,650,000
<i>of which, Community-Led Monitoring</i>	350,000	-	-	-	350,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	400,000	-	400,000
<i>of which, Core Program</i>	21,457,705	1,333,339	-	-	22,791,044
<i>of which, OVC (Non-DREAMS)</i>	1,524,474	-	-	-	1,524,474
<i>of which, Surveillance and Public Health Response</i>	584,482	-	-	-	584,482
DOD Total	2,042,205	-	-	-	2,042,205
<i>of which, Core Program</i>	1,982,205	-	-	-	1,982,205
<i>of which, Surveillance and Public Health Response</i>	60,000	-	-	-	60,000
HHS Total	-	-	-	-	-
<i>of which, Core Program</i>	-	-	-	-	-
USAID Total	21,874,456	1,333,339	400,000	-	23,607,795
<i>of which, Community-Led Monitoring</i>	350,000	-	-	-	350,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	400,000	-	400,000
<i>of which, Core Program</i>	19,475,500	1,333,339	-	-	20,808,839
<i>of which, OVC (Non-DREAMS)</i>	1,524,474	-	-	-	1,524,474
<i>of which, Surveillance and Public Health Response</i>	524,482	-	-	-	524,482

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FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023.

Burundi		SNU Prioritizations			Total
		No Prioritization	Scale-up: Aggressive	Sustained	
TX_NEW	<15	20	76	79	175
	15+	262	1,226	2,324	3,812
	Total	282	1,302	2,403	3,987
TX_CURR	<15	98	1,843	1,997	3,938
	15+	3,790	25,427	38,379	67,596
	Total	3,888	27,270	40,376	71,534
TX_PVLS	<15	72	1,767	1,887	3,726
	15+	3,378	24,336	34,256	61,970
	Total	3,450	26,103	36,143	65,696
HTS_SELF	<15	-	-	-	-
	15+	265	20,795	41,940	63,000
	Total	265	20,795	41,940	63,000
HTS_TST	<15	319	1,576	2,612	4,507
	15+	9,114	164,816	176,476	350,406
	Total	9,433	166,392	179,088	354,913
HTS_TST_POS	<15	20	63	64	147
	15+	278	1,477	2,522	4,277
	Total	298	1,540	2,586	4,424
HTS_RECENT	Total	241	-	981	1,222
HTS_INDEX	<15	77	636	1,243	1,956
	15+	1,348	7,360	13,116	21,824
	Total	1,425	7,996	14,359	23,780
PMTCT_STAT	<15	1	155	48	204
	15+	1,420	99,922	81,463	182,805
	Total	1,421	100,077	81,511	183,009
PMTCT_STAT_P OS	<15	-	-	-	-
	15+	31	914	1,224	2,169
	Total	31	914	1,224	2,169
PMTCT_ART	<15	-	-	-	-
	15+	31	914	1,224	2,169
	Total	31	914	1,224	2,169
PMTCT_EID	Total	36	926	1,233	2,195
TB_STAT	<15	-	94	111	205
	15+	40	2,754	2,455	5,249
	Total	40	2,848	2,566	5,454
TB_ART	<15	-	7	12	19
	15+	15	620	544	1,179
	Total	15	627	556	1,198
TB_PREV	<15	19	292	405	716
	15+	246	2,916	5,050	8,212
	Total	265	3,208	5,455	8,928
TX_TB	<15	100	2,312	3,603	6,015
	15+	3,777	22,208	38,349	64,334
	Total	3,877	24,520	41,952	70,349
KP_PREV	Total	-	13,589	16,066	29,655
PrEP_NEW	Total	138	856	1,335	2,329
PrEP_CT	Total	35	93	399	527
PP_PREV	<15	300	-	-	300
	15+	14,700	-	-	14,700
	Total	15,000	-	-	15,000
OVC_SERV	<18	-	2,992	8,794	11,786
	18+	-	1,017	2,985	4,002
	Total	-	4,009	11,779	15,788
OVC_HIVSTAT	Total	-	2,992	8,794	11,786
GEND_GBV	Total	343	1,819	1,812	3,974

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

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Partner Management and Stakeholder Engagement:

Agreements made during COP 2022 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 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 outlays to date, 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 initiated. 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 2022 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.

COP21-COP22 Budget Shifts by Funding Agency and Program Area

7. Program Area Comparison Tables

COP 21 Budget by Funding Agency and Program Area

Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified	Not Specified as % of Total
CECL	34,979,700	100%	4,766,015	13%	9,585,441	27%	3,477,284	10%	8,466,894	24%	1,884,721	5%	1,185,400	3%	-	0%
DOD	2,235,797	7%	100,000	4%	769,143	2%	546,104	2%	683,329	2%	172,221	0%	-	0%	-	0%
HHS	777,913	3%	-	0%	-	0%	777,913	100%	-	0%	-	0%	-	0%	-	0%
USAID	27,956,990	80%	4,405,015	16%	8,787,278	25%	3,897,177	11%	7,808,520	22%	1,711,500	5%	1,185,400	3%	-	0%

COP 22 Budget by Funding Agency and Program Area

Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified	Not Specified as % of Total
CECL	25,633,000	100%	3,101,548	12%	8,566,997	33%	3,404,412	13%	7,217,332	28%	1,104,007	4%	1,134,041	4%	-	0%
DOD	2,982,206	12%	60,000	2%	570,551	2%	516,104	2%	753,329	3%	167,221	0%	-	0%	-	0%
HHS	-	0%	-	0%	-	0%	-	-	-	0%	-	0%	-	0%	-	0%
USAID	22,650,795	88%	3,101,548	13%	8,096,446	31%	2,888,298	11%	6,568,563	26%	1,538,786	6%	1,334,474	5%	-	0%

COP 21-22 Budget Shifts by Funding Agency and Program Area

Funding Agency	Total Change	Change in ASP	% Change in ASP	Change in C&T	% Change in C&T	Change in HTS	% Change in HTS	Change in PM	% Change in PM	Change in PREV	% Change in PREV	Change in SE	% Change in SE	Change in Not Specified	% Change in Not Specified
Totals	(1,530,700)	(1,504,467)	-33%	(166,233)	-2%	(83,978)	-3%	(1,181,977)	-13%	(163,781)	-11%	(148,004)	-13%	-	-
DOD	(183,592)	(40,000)	-40%	(178,592)	-24%	(80,000)	-5%	65,000	10%	(19,000)	-6%	-	0%	-	0%
HHS	(777,913)	-	0%	(777,913)	-100%	(777,913)	-100%	-	0%	-	0%	-	0%	-	0%
USAID	(4,349,195)	(1,504,467)	-35%	(690,832)	-8%	(879,219)	-23%	(1,246,957)	-16%	(173,794)	-10%	148,074	13%	-	0%