

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **The Global Fund to Fight AIDS, Tuberculosis and Malaria** (the “Global Fund”) and the **United Nations Development Programme** (the “Principal Recipient”), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 13 October 2016, as amended and supplemented from time to time (the “Framework Agreement”), between the Global Fund and the Principal Recipient, to implement the Program set forth herein.

2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, representations, conditions, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the UNDP-Global Fund Grant Regulations).

3. **Grant Information.** The Global Fund and the Principal Recipient hereby confirm the following:

3.1.	Host Country or Region:	Republic of Burundi
3.2.	Disease Component:	HIV/AIDS, Tuberculosis
3.3.	Program Title:	Continued scale-up of diagnostic and treatment services for HIV and TB, at health facility and community levels
3.4.	Grant Name:	BDI-C-UNDP
3.5.	GA Number:	1589
3.6.	Grant Funds:	Up to the amount of USD 35,644,804.00
3.7.	Implementation Period:	From 1 January 2018 to 31 December 2020 (inclusive)
3.8.	Principal Recipient:	United Nations Development Programme Rohero II Avenue des Patriotes 10 BP 1490 Bujumbura Republic of Burundi Attention Dr. Garry Conille UNDP Resident Representative

		Telephone: +257 22 30 11 00 Facsimile: Email: garry.conille@one.un.org
3.9.	Fiscal Year:	1 January to 31 December
3.10.	Local Fund Agent:	Swiss Tropical and Public Health Institute Socinstrasse 57 P.O. Box - 4002 CH-4051 Basel Swiss Confederation Attention Mr. Jean-Pierre Juif Team Leader Telephone: +41612848674 Facsimile: +41612848101 Email: jean-pierre.juif@swisstph.ch
3.11.	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland Attention Tina Draser Regional Manager Grant Management Division Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: tina.draser@theglobalfund.org

4. **Conditions.** The Global Fund and the Principal Recipient further agree that:

4.1. Unless otherwise notified by the Global Fund in writing, prior to the use of Grant Funds to finance the procurement of second-line anti-tuberculosis drugs and for each disbursement request that includes funds for the procurement of multi-drug resistant tuberculosis medicines, the Principal Recipient shall deliver to the Global Fund written confirmation of the price estimate and quantities of the second-line anti-tuberculosis drugs that will be procured by the Principal Recipient from the Global Drug Facility's procurement agent, in form and substance satisfactory to the Global Fund.

4.2. The Principal Recipient shall cooperate with the regional Green Light Committee ("GLC") in the GLC's efforts to provide support to the Principal Recipient with respect to the monitoring and scaling-up of drug-resistant tuberculosis-related services provided in-country. Accordingly, the Principal Recipient shall budget, and hereby authorizes the Global Fund to disburse to GLC up to a maximum of US\$ 25,000, or a lower amount as agreed between GLC and the Global Fund, each year to pay for GLC services.

4.3. Force Majeure Conditions:

- (i) The parties acknowledge that as of 1 January 2018, the situation in Burundi has been characterized by high safety and security threats and political instability (collectively, the “Force Majeure Conditions”). Under the circumstances, the parties acknowledge and agree that:
- (a) In consultation with the Global Fund, the Principal Recipient may suspend or terminate the activities under this Agreement at any time if the Force Majeure Conditions so require;
 - (b) The budget and performance framework (including the frequency and contents of reporting) will be reviewed by the parties as needed, with a view to evaluating and accounting for any change in the Force Majeure Conditions in the country and its impact on the performance of the Grant, and, should the changes in the Force Majeure Conditions warrant a reprogramming of the Program, the Principal Recipient shall, at the request of the Global Fund, deliver to the Global Fund a revised budget and performance framework in form and substance satisfactory to the Global Fund; and
 - (c) Notwithstanding Articles 8 and 10 of this Agreement, and except in the case of gross negligence or wilful misconduct of the Principal Recipient, the Principal Recipient shall not be liable for the loss or damage to any assets financed under this Agreement (including Health Products), as well as for the loss of any Grant Funds (the “Relevant Assets and Funds”) caused by the Force Majeure Conditions, provided that the Principal Recipient (i) has fully complied with the other terms and conditions of this Agreement and has exercised due care and diligence and (ii) has exercised all reasonable efforts to mitigate the risk of loss of the Relevant Assets and Funds. Nevertheless, the Principal Recipient shall use its best efforts to seek and obtain recovery of any potential losses to the Relevant Assets and Funds.
- (ii) The parties agree that the aforementioned provision shall automatically terminate after the earlier of (a) 31 December 2018 and (b) the determination by the parties that the Force Majeure Conditions no longer exist, unless the period ending on the date referred to in (a) is extended by written agreement of the parties.
- (iii) The parties also acknowledge that the agreement by the Global Fund to the aforementioned provision does not commit the Global Fund to limit the liability of the Principal Recipient (a) if a loss of any Relevant Assets and Funds is not caused by the


Force Majeure Conditions or (b) under any programs implemented by the Principal Recipient in any other jurisdiction.

[Signature Page Follows.]

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IN WITNESS WHEREOF, the Global Fund and the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

**The Global Fund
to Fight AIDS, Tuberculosis and Malaria**

By: 

Name: Mark Edington
Title: Head, Grant Management Division
Date:

United Nations Development Programme

By: 

Name: Dr Garry Conille
Title: UNDP Resident Representative
Date:

Schedule I

Integrated Grant Description

Country:	Republic of Burundi
Program Title:	Continued scale-up of diagnostic and treatment services for HIV and TB, at health facility and community levels
Grant Name:	BDI-C-UNDP
GA Number:	1589
Disease Component:	HIV/AIDS, Tuberculosis
Principal Recipient:	United Nations Development Programme

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Burundi is a country of an estimated 10.5 million inhabitants in a 27,830 square-kilometre territory. According to WHO, TB incidence (all forms) has more than halved between 2000 (288 per 100,000) and 2015 (122 per 100,000). However, case detection is low (58%, 6969/11985, all forms). In 2016, the notified number of new TB cases (all forms) was 7,662 in 2016, 5% were among children (<15 years), and the male-to-female ratio was 1.8. In 2016, 80 patients started MDR-TB treatment; the estimated burden of MDR-TB is 3.2% among new TB cases, and 14% among retreatment cases, for a total of 193 estimated MDR-TB cases. HIV prevalence among TB patients is 14%, 95% of TB patients received HIV testing, and ART coverage among co-infected patients is 93% (2016).

Burundi has a generalized HIV epidemic with concentrated sub-epidemics among high-risk populations. According to the Demographic and Health Survey conducted in 2010 (the 2017 DHS results are expected end 2017), the average prevalence of HIV in the adult population was 1.4% (1.7% among women, 1.0% among men; 4.1% urban areas, 1.0% rural areas). According to the modes of transmission study (UNAIDS 2013), new HIV infections are particularly high among heterosexual couples (stable and casual partnerships), followed by sex workers (SW) and their clients, and men who have sex with men (MSM). HIV prevalence is estimated at 21.3% among SW and 4.8% among MSM (PLACE study, 2013). The results from the 2017 IBBS are expected end 2017.

According to the Spectrum estimates (2017), the number of PLHIV in Burundi is approximately 83,000 in 2017 (77,000 adults, and 6,000 children). As of December 2016, there were 51,725 ART patients (48,628 adults, and 3,097 children), amounting to an estimated ART coverage of 62% (63% among adults, 51% among children). Based on Spectrum estimates, the rate of mother-to-child transmission is estimated at 6.4% in 2016, with 81% of women received ARVs for PMTCT, and 10% of infants received HIV testing (early infant diagnosis) within 2 months of birth (2016).

UNDP is the Principal Recipient for the joint HIV/TB grant, working in close collaboration with the national programmes for HIV and TB, as well as with the NGO Croix-Rouge Burundaise.

Burundi has received financial support from the Global Fund since 2003, through the Round 1, Round 5 and Round 8 grants. The National Integrated Leprosy and Tuberculosis Control Programme (PNILT) had been the Principal Recipient for TB grant under Round 4, Round 7 and the TFM, as well as the NFM in 2016-2017. This grant focuses on increasing case detection and treatment of TB and MDR-TB during the period 2018-2020, continuing to build on the strategies and interventions implemented during the NFM (2016-2017). Strategies include the increased access and use of new TB diagnostic techniques such as GeneXperts, the cooperation between the PNILT and the National AIDS Control Program (PNLS) for improved care among co-infected patients, and the continuation of the MDR-TB program. The interventions are aligned with the country's National Strategic Plan for TB (2014-2020), as well as the joint TB-HIV action plan (2015-2017, to be updated).

The proposed HIV interventions will be implemented through two SRs: 'Programme National de Lutte contre le SIDA' (PNLS) and Croix-Rouge Burundaise (CRB), previously PRs during the NFM 2016-2017 grants. The strategies are aligned with the objectives of the National Strategic Plan for the fight against AIDS (2014-2017; the NSP for the period 2018-2022 is under development). The objectives include: achieving universal access to prevention, treatment, care and support services for persons infected and affected by HIV, including key populations. This will be achieved through strengthening of the health and community systems to ensure service delivery to vulnerable and affected populations.

2. Goals, Strategies and Activities

Goals:

TB:

- Reduce TB incidence rate (per 100,000) from 122 in 2015 to 98 cases in 2020
- Reduce TB mortality rate (per 100,000) from 3.8 in 2016 to 2.3 (including HIV-positive individuals)
- Increase case detection of TB cases (all forms) from 58% in 2015 to 85% in 2020
- Increase the number of notified TB cases from 7662 in 2016 to 9313 in 2020 (18% increase), including among vulnerable and high-risk populations (PLHIV, refugees, miners, prisoners, children)
- Increase the number of notified and treated MDR-TB cases from 80 in 2016 to 165 in 2020
- Sustain the TB treatment success rate at $\geq 90\%$ among bacteriologically confirmed TB cases, and among bacteriologically confirmed MDR-TB cases

HIV:

- Increase the 12-month ART retention from 90% in 2015 to 93% in 2020
- Reduce the rate of HIV transmission from mother-to-child from 6.4% in 2016 to $< 2\%$ in 2020
- Reduce HIV prevalence among SW from 21.3% in 2013 to 15% in 2020 among SW
- Reduce HIV prevalence among MSM from 4.8% in 2013 to 2.8% in 2020
- Increase condom use (with the last client) among SW from 45% in 2013 to 90% in 2020
- Increase condom use (with the last male partner) among MSM from 45% in 2013 to 85% in 2020



Strategies:

TB:

- Improve TB case detection by:
 - o Using new diagnostic technologies (LED microscopy, Xpert MTB / RIF)
 - o Strengthening the coverage of TB diagnostic services, with early detection of TB in key and vulnerable populations.
- Maintain/strengthen TB treatment success rate by ensuring:
 - o Regular supervision of the diagnostic and treatment services offered at the TB treatment centres
 - o Uninterrupted availability of drugs, including first- and second-line drugs
- Ensure proper treatment and monitoring of TB/HIV and MDR-TB cases, including nutritional support and transport for MDR-TB cases
- Improve systematic TB screening among PLHIV, in collaboration with the National HIV Programme
- Provide capacity building in management and coordination for the program at all levels.

HIV:

- Continue HIV prevention interventions in the general population, among pregnant women, and among key populations at high risk of HIV infection;
- Improve access to and quality of HIV care and treatment services, including antiretroviral therapy and biological monitoring;
- Improve access to and quality of services to prevent mother-to-child transmission of HIV;
- Provide support and improve respect for basic rights among the most vulnerable PLHIV;
- Improve collaboration between the national HIV and TB programs, in order to improve detection and treatment HIV-TB co-infected patients;
- Strengthen the coordination, management and monitoring and evaluation of the national response to HIV/AIDS.

Planned Activities:

TB:

- Procurement and supply management of first-line and second-line TB drugs
- Optimal utilisation of LED microscopes and GeneXperts, and strengthening laboratory capacity on the use of new technologies
- Accreditation of additional TB treatment centres to continue extending current service coverage
- Use of GeneXpert to detect MDR-TB cases among retreatment cases, contacts of MDR-TB cases, as well as among PLHIV and children
- Provision of nutritional support and transport for MDR-TB patients
- Systematic TB screening among PLHIV and other key populations (e.g. contacts of TB patients, including among children)
- HIV testing among TB patients, and provision of ARVs to co-infected TB-HIV patients, in collaboration with the National HIV Programme

HIV:

- Procurement of medications, consumables and reagents
- Procurement of male and female condoms and gels, for targeted population groups (MSM, SW, youth, prisoners, PLHIV, STI cases)



In collaboration with the SR PNLs:

- Continued access to high quality pediatric and adult HIV treatment and care services
- Strengthening of laboratory and diagnostic capacities, including increased access to viral load testing and EID
- Prevention and treatment of STIs and opportunistic infections
- Continued access and uptake of HIV testing services, and improved linkages into care
- Support of medical personnel providing ART services in the context of PLHIV organisations
- Condom availability through the healthcare setting, with a focus among PLHIV and STI cases
- Reinforcement of HIV/TB collaborative activities, including systematic offer of HIV testing among TB patients, TB screening among PLHIV, access to ARVs among HIV-TB co-infected patients, and scale-up of isoniazid preventive therapy (IPT) among newly enrolled and existing PLHIV in care
- Strengthening of the national HIV sentinel surveillance system, including routine data collection of early warning indicators for HIV drug resistance surveillance
- Cross-cutting HSS investments in the health information system, through the continued implementation of the DHIS2, including tools and mechanisms reaching health facilities (hospitals and TB diagnostic and treatment centres), and the inclusion of community level data

In collaboration with the SR Croix-Rouge Burundi (CRB):

- Peer education, distribution of condoms (male and female) and gels, and access to HIV testing among SW and MSM. Referrals and linkages to STI and HIV services among these same groups
- Support for the running of a hotline to answer questions relating to HIV, TB and access to health services
- Addressing gender-based violence through awareness-raising activities
- Psychosocial support and treatment support among PLHIV enrolled in care through health mediators at healthcare facilities. Their role also includes promoting retention in care, and seeking patients lost to follow-up
- Provision of nutritional support among eligible ART patients who are clinically malnourished, and women and infants in the context of PMTCT
- Community-level HIV, TB, malaria, and RMNCH awareness and prevention activities by Community Health Worker groups (GASC)

3. Target Group/Beneficiaries

TB:

- General population
- Children
- Contacts of TB patients

HIV:

- Adults and children living with HIV
- Pregnant women
- Infants born to HIV-positive mothers
- Sex Workers (SW)
- Men who have Sex with Men (MSM)
- Youth aged 15-24 years old

HIV-TB:

- HIV-TB co-infected patients



- Vulnerable populations: Prisoners, refugees, Batwa community, PLHIV, miners

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.



Country	Burundi
Grant Name	BDI-C-UNDP
Implementation Period	01-Jan-2018 - 31-Dec-2020
Principal Recipient	United Nations Development Programme

Reporting Periods	Start Date	01-Jan-2018	01-Jul-2018	01-Jan-2019	01-Jul-2019	01-Jan-2020	01-Jul-2020
	End Date	30-Jun-2018	31-Dec-2018	30-Jun-2019	31-Dec-2019	30-Jun-2020	31-Dec-2020
	PU includes DR?	No	Yes	No	Yes	No	No

Program Goals and Impact Indicators

- Contribuer à l'amélioration de la santé de la population burundaise en réduisant le fardeau lié à la tuberculose
- Les nouvelles infections à VIH sont réduites de 19% de 2018 à 2022
- La mortalité liée au VIH et au SIDA est réduite de 34% de 2018 à 2022

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	Comment
1 TB I-2: TB incidence rate per 100,000 population	Burundi	122	2015 WHO report (estimation)		N: 107 D: P: % Due Date: 31-Oct-2019	N: 102 D: P: % Due Date: 31-Oct-2020	N: 98 D: P: % Due Date: 31-Oct-2021	<p>Numerator:: number of new and recurring cases of tuberculosis during the year Denominator: general population during a given time period, reported per 100,000 inhabitants</p> <p>According to the 2016 WHO Report, the estimated incidence rate for Burundi, including HIV/ TB coinfection, is 122 per 100,000 population for the year 2015.</p> <p>After 2015, the End TB Strategy set a target of reducing the incidence of TB by 20 percent by 2020. Based on the estimated incidence of 122/100,000 in 2015, the expected incidence rates for each of the years from 2017 to 2020 are therefore 117, 112, 107, 102 and 98. With the acquisition of powerful diagnostic tools (GeneXpert, Xray, etc.) we expect improved performance in terms of the notification of TB cases. It is therefore possible that, with increased diagnostic capacity, the reported incidence of tuberculosis may not decline as rapidly as the national target predicts and may even increase at the beginning of the program.</p>
2 TB I-3(M): TB mortality rate per 100,000 population	Burundi	3.8	2016 WHO report (estimation)		N: 3 D: P: % Due Date: 31-Oct-2019	N: 2.7 D: P: % Due Date: 31-Oct-2020	N: 2.3 D: P: % Due Date: 31-Oct-2021	<p>The numerator is the total number of deaths due to tuberculosis (all forms), regardless of the HIV status, each year The denominator is the total number of TB cases (all forms), per 100,000</p> <p>WHO recommends measuring the number of deaths from tuberculosis using a national registry system in which the causes of death are coded according to the International Classification of Diseases (ICD-10). The latter has not yet been implemented in Burundi. Furthermore, in Burundi, no post-mortem is done to identify cause of death. For the time being, the system used in Burundi is the registration of deaths due to tuberculosis. For the 2015 cohort, of 6,969 AFTB cases, 371 deaths were thus recorded - a mortality rate of 5.3 percent.</p> <p>The strategy to end tuberculosis aims to reduce mortality by 35 percent by 2020. An annual reduction of 0.5 percent is projected compared to the mortality rate in 2015. The estimated mortality rate is thus 3.8 in 2016, 3.0 in 2018, 2.7 in 2019 and 2.3 in 2020.</p> <p>There is high mortality among TB/HIV coinfected patients (10.8 percent in the 2015 cohort).</p> <p>Strategies to reduce mortality among TB/HIV co-infected patients include screening for TB in PLHIV, implementing IPT in TB-negative patients with HIV, and initiating ART promptly using the "test and treat" approach adopted in Burundi in September 2016.</p>



	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment
3	TB I-4(M): RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB	Burundi	3.2	2015 WHO report (estimation)		N: 2.2 D: P: % Due Date: 31-Oct-2019	N: 2 D: P: % Due Date: 31-Oct-2020	N: 1.8 D: P: % Due Date: 31-Oct-2021	<p>The numerator is the number of new cases of tuberculosis that are resistant to Rifampicin (RR-TB) and/or multidrug-resistant (MDR-TB), multiplied by 100. The denominator is the total number of new tuberculosis cases that test positive for sensitivity to drugs/have a positive GeneXpert test result.</p> <p>The WHO Global TB Annual Report 2016 estimates that the prevalence of MDR-TB in new pulmonary cases is 3.2 percent and 14 percent for retreatment cases, which comes to 210 cases of MDR-TB in 2018, 224 MDR-TB cases in 2019 and 235 MDR-TB cases in 2020.</p> <p>With regard to the use in the next few years of GeneXpert in initial tuberculosis diagnosis, coupled with a high rate of therapeutic success ($\geq 90\%$), the target of the Program has been maintained at 70 percent of the WHO figures above, i.e. 147 MDR-TB cases in 2018, 157 MDR-TB cases in 2019 and 165 MDR-TB cases in 2020.</p> <p>The national resistance survey for 2017, the results of which are expected in October 2018, will reveal the true extent of resistance in Burundi.</p>
4	HIV I-6: Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	Burundi	6.39%	2016 Spectrum		N: D: P: 2.00% Due Date: 30-Jun-2019	N: D: P: 2.00% Due Date: 30-Jun-2020	N: D: P: 2.00% Due Date: 30-Jun-2021	<p>Numerator: Estimated number of children newly infected with HIV as a result of mother-to-child transmission (MTCT), out of all newborns born to HIV-positive mothers in the last 12 months. Denominator: Estimated number of HIV-positive mothers who gave birth in the last 12 months.</p> <p>The indicator is calculated from SPECTRUM projections. The target was set at <2% each year, in alignment with international targets.</p> <p>There are also plans for a study on MTCT of HIV, to provide non-estimated data for this indicator. The study will be completed in 2019 (requested under the prioritized above-allocation request (PAAR)).</p>
5	HIV I-9a(M): Percentage of men who have sex with men who are living with HIV	Burundi	4.8%	2013 Place	Age	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 2.80% Due Date: 31-Dec-2020	<p>Numerator: Number of men who have sex with men (MSM) having tested positive for HIV. Denominator: Number of MSM who took an HIV test.</p> <p>The data come from the PLACE survey (page 15 or 47).</p> <p>The Integrated Biological and Behavioral Surveillance Survey (IBBSS) scheduled for 2016 has been postponed. Preparations are currently ongoing, and the aim is to complete the survey before end-2017, with a target of 3.8%. The target for 2020 stands at 2.8 percent. The intention is to disaggregate the data by age range. Funding for the 2020 IBBSS is requested via the PAAR (for MSM, sex workers (SWs) and people who inject drugs).</p>
6	HIV I-10(M): Percentage of sex workers who are living with HIV	Burundi	21.3%	2013 Place	Age	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 15.00% Due Date: 31-Dec-2020	<p>Numerator: Number of sex workers (SWs) having tested positive for HIV. Denominator: Number of SWs who took an HIV test.</p> <p>The data come from the PLACE survey.</p> <p>The IBBSS scheduled for 2016 has been postponed. Preparations are currently ongoing, and the aim is to complete the survey before end-2017, with a target of 19%. The target for 2020 stands at 15 percent. The intention is to disaggregate the data by age range. Funding for the 2020 IBBSS is requested via the PAAR (for MSM, SWs and people who inject drugs).</p>



Program Objectives and Outcome Indicators

1	Augmenter la détection précoce de 7662 cas à 9313 cas de TB TTF dans la population générale y compris les groupes à hauts risques (PVVIH, Réfugiés, prisonniers, enfants) soit une augmentation de 18% de 2016 à 2020
2	Augmenter le dépistage des cas TB/MR en passant de 80 en 2016 à 165 cas TB/MR attendus selon l'estimation OMS soit une augmentation de 85 cas de 2016 à 2020
3	Maintenir le taux de succès thérapeutique des nouveaux patients bactériologiquement confirmés et des cas TB/MR à plus de 90%
4	Améliorer la prévention de la tuberculose (contrôle de l'infection dans les établissements de soins, le changement de comportement dans la population générale et la prévention par des médicaments), de sorte que le pourcentage de la population ayant une connaissance adéquate de la tuberculose passe de 76% à 90% en 2020
5	Améliorer les capacités de gestion du programme de lutte antituberculeuse: améliorer la surveillance, le système de suivi/évaluation et de recherche opérationnelle.
6	La couverture des soins ARV de qualité est augmentée de 60%(2018) à 85%(2022) chez les enfants de 0 à 14 ans et de 75% (2018) à 95%(2022) chez les adultes
7	% de PVVIH (d'adultes et d'enfants) qui ont commencé la thérapie antiretrovirale qui ont une charge virale indétectable à 12 mois (inférieure à 1000 copies /ml) est augmentée de 86 % à 89%
8	La prévention à l'INH chez 95% des PVVIH screenées TB négative et le traitement de la TB sont assurés chez 95 % des PVVIH coïnfectés par la TB
9	La couverture en ARV pour la PTME passe de 95% (2018) à 99% (2022) pour les femmes et de 95% (2018) à 99% (2022) pour les nouveau nés des femmes séropositives

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	Comment
1	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Burundi	76	2016 PNILT programmatic report		N: 79 D: P: % Due Date: 28-Feb-2019	N: 81 D: P: % Due Date: 28-Feb-2020	N: 83 D: P: % Due Date: 28-Feb-2021	<p>The numerator is the number of cases of AFTB (bacteriologically confirmed and with clinical diagnosis) against a denominator of 100,000 inhabitants.</p> <p>The database used is from 2016. Target calculations for 2018-2020 are based on AFTB results obtained by the PNILT in 2016, adjusted for the general population using recent data from the Burundian Institute of Statistics and Economic Studies (ISTEEBU).</p> <p>The main strategies to be implemented to improve the target are:</p> <p>(a) Strengthening the microscopy laboratory network by: (i) introducing Xpert as an initial diagnostic technique for all assumed TB cases with TB screening at all levels of the health pyramid, with a view to meeting targets more quickly (the End TB Strategy); (ii) using LED fluorescence microscopes in non-GeneXpert sites.</p> <p>(b) Increased detection and reporting of TB cases in accordance with the End TB strategy: detection of 90 percent of TB cases in general and 90 percent of TB cases in high-risk groups by: (i) continuing passive screening for patients presenting spontaneously to TTCs with symptoms of TB (cough lasting longer than 2 weeks) who do not belong to high-risk groups; (ii) the gradual replacement of microscopes with GeneXpert devices even for cases of drug-susceptible TB; (iii) using GenXpert Omni devices as planned for 2017 in health centres in order to solve the issue of sample transportation; (iv) implementing screening in at-risk groups through the systematic use of mobile digital X-rays for new PLHIV, contact cases and active screening in prisons and refugees/displaced populations; (v) the systematic use of GeneXpert Mobile Digital X-ray for PLHIV on ART and children with TB signs without microscopic evidence; (vi) active screening as a pilot approach for patients with diabetes in some health facilities, to be scaled up after evaluation; (vii) strengthening the strategy of community participation.</p> <p>The Global Fund's contribution to reaching the target is estimated at 90%, with the remainder of costs (10%) met by the Government (premises, salaries, operating costs and so on) and by the NGO Action Damien which provides bonuses to staff at CNR Kibumbu and CATB.</p>
2	TB O-2a: Treatment success rate of all forms of TB- bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Burundi	92.7%	2016 PNILT programmatic report (2015 cohort)		N: 7,426.45 D: 8,046 P: 92.30% Due Date: 28-Feb-2019	N: 7,797.5 D: 8,448 P: 92.30% Due Date: 28-Feb-2020	N: 8,187.01 D: 8,870 P: 92.30% Due Date: 28-Feb-2021	<p>The numerator is the number of successfully treated cases of AFTB that are bacteriologically confirmed and with a clinical diagnosis. The denominator is the total number of bacteriologically confirmed cases registered for treatment during the same period.</p> <p>The End TB Strategy advocates a "90-90-90" target (90 percent screening of the general population, 90 percent screening in high-risk groups, and 90 percent therapeutic success). According to the PNILT's 2016 activity report, the success rate for AFTB is 92.7 percent (6429/6969, 2015 cohort). As the country managed to exceed the WHO target, it was deemed necessary to maintain the therapeutic success rate for AFTB at over 90 percent.</p> <p>The main interventions relate to (i) the continuing and uninterrupted availability of quality drugs; (ii) the regularity of supervision in all care centers in all provinces; (iii) documentation of interventions that reduce the number of cases where treatment is abandoned, and ensure they are regularly monitored; (iv) the maintenance of a telephone network for following up patients and transfers, and a move towards a system based on applications and smartphone-based geolocation; (v) introduction of new paediatric TB formulations; (vi) the continuation of IPT in TB-free child TB contacts under five years of age.</p>



	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	Comment
3	<p>3 TB O-6: Notification of RR-TB and/or MDR-TB cases – Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of all estimated RR-TB and/or MDR-TB cases</p>	Burundi	41%	2016 PNILT programmatic report		<p>N: 147 D: 210 P: 70.00%</p> <p>Due Date: 28-Feb-2019</p>	<p>N: 157 D: 224 P: 70.08%</p> <p>Due Date: 28-Feb-2020</p>	<p>N: 165 D: 236 P: 69.91%</p> <p>Due Date: 28-Feb-2021</p>	<p>Numerator: the number of notified cases of bacteriologically confirmed drug-resistant TB (tuberculosis resistant to rifampicin and/or MDR-TB) Denominator: All estimated cases of MDR-TB.</p> <p>According to the 2016 WHO report, the rate of MDR-TB is 3.2 percent in PTB+NC and 14 percent in retreatment cases. Based on this WHO estimate, the WHO target in 2016 was 193 MDR-TB cases. However, the PNILT only tested 80 MDR-TB cases, or 41 percent (80/193).</p> <p>According to the PNILT 2016 report, the 80 cases of MDR-TB were as follows: 7 new MDR-TB patients were identified among the 4,343 PTB+NC (0.2 percent), and 73 MDR-TB cases were individuals previously treated for TB (73/334 retreatment cases, or 22 percent).</p> <p>Between 2018 and 2020, set against the WHO estimate for Burundi, the TB programme plans to increase the number of detected MDR-TB cases from 41 percent to 70 percent.</p> <p>The main interventions relate to contact tracing of MDR-TB, screening for MDR-TB among PTB+ cases and contacts, PTB+ with positive testing at 2 months and/or 3 months, screening for MDR-TB in TB/HIV co-infected cases and among the prison population.</p> <p>Powerful diagnostic tools such as GeneXpert and sensitivity tests will be used to achieve the desired results.</p> <p>The contribution of the Global Fund to reaching the target is estimated at 90 percent, with the remainder of costs (10 percent) met by the Government to cover premises, salaries, operating costs and so on, and by the NGO Action Damien which provides bonuses to staff at CNR Kibumbu and CATB.</p>
4	<p>4 TB O-4(M): Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated</p>	Burundi	90.2%	2016 PNILT programmatic report (2015 cohort)	TB case definition	<p>N: 133 D: 147 P: 90.47%</p> <p>Due Date: 28-Feb-2019</p>	<p>N: 142 D: 157 P: 90.44%</p> <p>Due Date: 28-Feb-2020</p>	<p>N: 149 D: 165 P: 90.30%</p> <p>Due Date: 28-Feb-2021</p>	<p>The numerator is the number of cases of bacteriologically confirmed tuberculosis resistant to rifampicin and/or MDR-TB that have been started on second-line tuberculosis treatment during the assessment period and successfully treated, multiplied by 100 (successful treatment refers to patients who are cured and those who completed treatment). The denominator is the total number of cases of bacteriologically confirmed TB resistant to rifampicin and/or MDR-TB that were started on second-line tuberculosis drugs during the assessment period.</p> <p>The base value used is that for the 2015 cohort. The PNILT's 2016 activity report shows a therapeutic success rate of 37/41, or 90.2 percent.</p> <p>The goal is to maintain a therapeutic success rate of over 90 percent for the period 2018 to 2020.</p> <p>The main interventions relate to (1) continuous and uninterrupted availability of quality first-line anti-TB drugs at all levels of the health system; (2) the continuation of the 9-month short-term MDR-TB regimen adopted by WHO; (3) nutritional and psychological support; (4) monitoring of response to treatment and management of side effects.</p>
5	<p>5 TB O-5(M): TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)</p>	Burundi	58%	2016 PNILT programmatic report (2015 cohort)		<p>N: 8,447 D: 11,429 P: 73.90%</p> <p>Due Date: 28-Feb-2019</p>	<p>N: 8,870 D: 11,172 P: 79.39%</p> <p>Due Date: 28-Feb-2020</p>	<p>N: 9,313 D: 10,991 P: 84.73%</p> <p>Due Date: 28-Feb-2021</p>	<p>Numerator: The number of new cases and relapses reported and treated Denominator: The estimated number of cases of TB (AFTB - bacteriologically confirmed and with clinical diagnosis) in the same year</p> <p>According to the 2016 WHO Report for Burundi, there were 122 AFTB per 100,000 population for 2015, i.e. 11,985 estimated cases of AFTB. The 2015 PNILT report states that 6,969 AFTB cases were reported and started on treatment, i.e. 58 percent (6969/11985) of the cases estimated in Burundi.</p> <p>The Program intends to increase this figure to 85 percent by 2020.</p>



	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	Comment
6	HIV O-1(M): Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy	Burundi	90%	2015 PNLs/IST Annual Report	Duration of treatment, Age, Gender	N: D: P: 91.00% Due Date: 15-Feb-2019	N: D: P: 92.00% Due Date: 15-Feb-2020	N: D: P: 93.00% Due Date: 15-Feb-2021	<p>Numerator: Number of adults and children still on antiretroviral therapy (ART) 12 months after commencing treatment. Denominator: Total number of adults and children who commenced ART in the 12 months prior to the reporting period, including those who died after commencing ART, treatment drop-outs, and those lost to follow-up in the 12th month.</p> <p>The baseline figure of 90 percent (F: 91 percent; M: 88 percent; under 15 years: 93 percent; 15 years and older: 90 percent) comes from the 2015 NACP/STI annual report. This indicator will be measured annually using data from the AIDSinfo database, and the annual figure will be reported in the PUDR for the first half of the following year. The data will be disaggregated by survival (12, 24, 36 and 60 months), gender (M and F) and age range (under 15 years and 15 years and older). The target for 2022 stands at 95 percent. There are plans to reconfigure AIDSinfo to include other variables and strengthen the database, and to expand AIDSinfo use to other treatment sites. We will measure this indicator based on AIDSinfo data concerning people living with HIV (PLHIV). There are also plans to use health mediators to support PLHIV in the community and keep them on treatment, and to build PLHIV treatment capacities among service providers (which will also boost treatment adherence and the retention rate).</p>
7	HIV O-4a(M): Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Burundi	45%	2013 PLACE	Age	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 85.00% Due Date: 31-Dec-2020	<p>Numerator: Number of MSM reporting the use of a condom the last time they had anal sex. Denominator: Number of MSM surveyed.</p> <p>The data for this indicator will come from an IBBSS (requested via the PAAR). The IBBSS scheduled for 2016 has been postponed. Preparations are currently ongoing, and the aim is to complete the survey before end-2017, with a target of 75% for 2017 and 85% for 2020. The intention is to disaggregate the data by age range. The intention is to use health mediators and peer educators (PEs) to conduct condom use awareness-raising activities.</p>
8	HIV O-5(M): Percentage of sex workers reporting the use of a condom with their most recent client	Burundi	45%	2013 PLACE	Age, Gender	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 90.00% Due Date: 31-Dec-2020	<p>Numerator: Number of SWs reporting the use of a condom with their most recent client. Denominator: Number of SWs surveyed.</p> <p>The data for this indicator will come from an IBBSS (requested via the PAAR). The IBBSS scheduled for 2016 has been postponed. Preparations are currently ongoing, and the aim is to complete the survey before end-2017, with a target of 90% (for 2017 and 2020). The intention is to disaggregate the data by age range. The intention is to use health mediators and peer educators (PEs) to conduct condom use awareness-raising activities.</p>



Coverage Indicators												
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
Treatment, care and support												
												<p>Numerator: Number of adults and children currently receiving ART in line with the treatment protocol approved at the national level (or to World Health Organization (WHO) standards) at the end of the reporting period. Denominator: Estimated number of adults and children living with HIV, HIV-positive pregnant women, HIV-positive children, TB/HIV co-infected patients, HIV-positive MSM and HIV-positive SWs.</p> <p>The figures come from SPECTRUM 2016. PLHIV (adults) aged 15 years or older: 75,307 in 2018, 75,449 in 2019, and 75,523 in 2020; children aged 0-14 years: 6,738 in 2018, 6,084 in 2019, and 5,494 in 2020.</p> <p>The baseline figures for June 2017 are: 69.1 percent (57,121/82,664), i.e. 71.5 percent (53,760/75,204) among adults and 45.1 percent (3,361/7,460) among children.</p> <p>Burundi has signed up to the global targets and will therefore need to achieve the national coverage targets: - For children: 60 percent (4,043/6,738) in 2018, 70 percent (4,259/6,084) in</p>

<p>TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy</p>	<p>Country: Burundi; Coverage: National</p>	<p>N: 57,121 D: 82,664 P: 69.1%</p>	<p>PNLS/IST Programme Data, Sem 1</p>	<p>Age Gender, Age, Target / Risk population group, Gender</p>	<p>N-Non - cumulative (other)</p>	<p>N: 60,685 D: 82,045 P: 73.9%</p>	<p>N: 60,685 D: 82,045 P: 73.9%</p>	<p>N: 60,685 D: 81,533 P: 74.4%</p>	<p>N: 60,685 D: 81,533 P: 74.4%</p>	<p>N: 60,685 D: 81,017 P: 74.9%</p>	<p>N: 60,685 D: 81,017 P: 74.9%</p>	<p>2019, and 75 percent (4,121/5,494) in 2020. - For adults: 75 percent (56,480/75,307) in 2018, 80 percent (60,359/75,449) in 2019, and 85 percent (64,195/75,523) in 2020. However, current funding (from the government, partners and the Global Fund) is sufficient to cover 60,685 patients in 2018, 2019 and 2020. In order to achieve the national targets, the government will need to provide additional funding to cover the additional patients in 2018, 2019 and 2020.</p> <p>The main interventions planned for this grant are as follows: decentralizing ART to the provincial level (all provinces); adopting and scaling up the test and treat initiative; task-shifting; developing linkages between screening and treatment services; and capacity building for treatment staff. The grant will also cover community interventions such as strengthening support groups; providing nutrition support to adults and children; and searching for patients lost to follow-up to improve retention among PLHIV on treatment (including strong involvement from health mediators). On pediatric care, the plans include mentor-led supervisions, as well as efforts to strengthen family screening and psychosocial support for children and their parents.</p> <p>The health mediators (351, financed by the GF) contribute to reaching the results. Most health mediators are PLHIV in health facilities, and act as liaisons between the health facilities and the beneficiaries. It is planned that each health mediator support 100 PLHIV, or 35,100 PLHIV each year (to be reported in the comments of the PU), in addition to punctual support to PLHIV. The interventions by health mediators will strengthen treatment adherence sessions, psycho-social support for children and adolescents living with HIV at pediatric ART sites and PMTCT sites.</p> <p>The total target (adults and children combined) is 60,685 patients (of which 4,360 children). The annual contributions are as follows: Global Fund: 55,500 patients (of which 3,500 children); government: 3,085 patients (4 percent, of which 2,825 adults and 260 children); U.S. President's Emergency Plan for AIDS Relief (PEPFAR): 1,500 patients (2 percent, ARVs for pregnant women); and UNICEF: 600 (children). The government's annual contribution for 2018-2020 stands at 4 percent, i.e. 2,788 patients (2017 Finance Act, assuming that the contribution remains constant). The national targets are as follows: 64K and 68K ART patients in 2019 and 2020, with an increase in the government's contribution (8K and 12K patients in 2019 and 2020) and/or a funding request via the PAAR. The PNLS will work in close collaboration with the government to ensure the financial mobilisation by the government, as per the programmatic gaps tables, to cover the following number of ART patients: 4,487 ART patients in 2018, 8,366 in 2019, and 12,201 in 2020.</p> <p>Estimates point to approximately 3,000 pre-ART patients per year (June 2017 estimate: approximately 6,000 pre-ART patients). If the country adopts the test and treat strategy, the NACP will need to explain how these patients will be funded. An ART patient cohort audit is currently ongoing (Q4 2017). The findings will be used to update the baseline value and the targets, if required. The country will need to continue lobbying the government and partners to secure funding for the ART patient cohort in line with national targets.</p> <p>Regarding VL coverage: The funded targets for VL are 50 percent, 55 percent and 60 percent in 2018, 2019 and 2020 respectively (national targets: 60 percent, 75 percent and 90 percent – included in the PAAR). The number of CD4 tests will fall as VL coverage increases. The Global Fund will receive an operational document, including details of the proposed CD4 strategy for patients that cannot receive a VL test. The baseline figure for VL coverage among ART patients is: 38.1 percent (21,735/57,121). The interventions planned for this grant for increasing VL coverage are as follows: expanding the number of VL machines (six new machines); using the GeneXpert machines purchased by the TB program (once pre-qualified by the WHO) [there are currently seven GeneXpert machines; a further 10 machines have been acquired under the current grant and seven more are on order]; capacity building for biologists; strengthening the VL sample transport and results reporting system at treatment sites; and signing contracts with private sector firms to carry out preventive and curative maintenance on VL machines. The Global Fund covers VL needs, but the national targets are only partially covered. Funding for the gaps will be requested via the PAAR. The remainder will be mobilized from OPP-ERA and other technical and financial partners (TFPs).</p> <p>Regarding nutritional support: The allocation takes into account 50% of needs among eligible individuals (ART patients with severe and moderate clinically diagnosed malnutrition, pregnant women in PMTCT, and infants of HIV-positive mothers in PMTCT), and 50% of the needs are in the PAAR request. The monitoring of nutritional support will be done via quarterly reports from the WFP transmitted to CRB (and to the GF every 6 months), as well as through supervisions by CRB staff (from intermediary or central level) every 6 months at ART sites.</p> <p>Numerator: Number of health care facilities dispensing ART reporting stock-</p>
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TCS-6: Percentage of ART sites that had a stock-out of any antiretroviral drugs during the reporting period	Country: Burundi; Coverage: National	N: 211 D: 678 P: 31.1%	PNLS/IST Programme Data, Sem 1	N-Non-cumulative	N: 34 D: 678 P: 5.0%	N: 34 D: 678 P: 5.0%	N: 34 D: 678 P: 5.0%	N: 34 D: 678 P: 5.0%	N: 34 D: 678 P: 5.0%	N: 34 D: 678 P: 5.0%	N: 34 D: 678 P: 5.0%	<p>outs of at least one required ARV for two weeks during the reporting period. Denominator: Total number of health care facilities offering ART, including hospitals, non-profit and private facilities.</p> <p>The baseline figure of 31 percent (211/678) comes from the NACP progress update report for the first half of 2017, and is calculated as the number of facilities reporting ARV stock-outs out of the total number of ARV sites.</p> <p>The ambition is to achieve a target of 0 percent between 2018 and 2020. The more realistic target, as mentioned in the performance framework, is 5 percent each year. This indicator will be monitored for all ARV sites. The denominator will be updated to reflect the actual value for each reporting period.</p> <p>The main interventions are as follows: helping the Central Purchasing Office for Essential Drugs (CAMEBU) to expand its drug storage facilities; setting up an alert system to avoid stock-outs; training personnel responsible for product quantification; streamlining treatment protocols; setting aside a four-month buffer stock at the central level; providing logistics support to transport drugs to the decentralized level; helping to establish a product safeguarding plan for CAMEBU; and providing three PSM experts to CAMEBU.</p> <p>Funding will come from the Global Fund, the government, USAID (via Quemonix) and other TFPs.</p>
PMTCT												
PMTCT-1: Percentage of pregnant women who know their HIV status	Country: Burundi; Coverage: National	N: 171,057 D: 260,024 P: 65.7%	PNLS/IST Programme Data, Sem 1	Y- Cumulative annually	N: 213,843 D: 267,304 P: 80.0%	N: 427,686 D: 534,608 P: 80.0%	N: 247,310 D: 274,788 P: 90.0%	N: 494,619 D: 549,577 P: 90.0%	N: 268,358 D: 282,482 P: 95.0%	N: 536,717 D: 564,965 P: 95.0%	<p>Numerator: Number of pregnant women seen at antenatal consultation (ANC) 1 who were screened and collected their results. Denominator: Estimated number of pregnant women in the last 12 months (expected number of pregnancies per year = total population x 0.05).</p> <p>The baseline figure of 65.8 percent (171,057/260,024) comes from the June 2017 progress update report and relates to the first half of 2017.</p> <p>The coverage rates for HIV tests among pregnant women come from the NSP 2018-2022, i.e. 90 percent (468,042/520,047) in 2018, 95 percent (507,878/534,608) in 2019, and 96 percent (527,594/549,577) in 2020. However, the targets for funding are based on a more realistic progression rate from the baseline value, i.e. 80 percent, 90 percent and 95 percent. The numerator for these targets is also included in the indicator on HIV testing among the general population (HTS-1).</p> <p>The main interventions are as follows: making screening tests available at all prevention of mother-to-child transmission (PMTCT) sites; systematically screening all pregnant women seen at ANC for HIV; incorporating syphilis screening; introducing community interventions led by mediators and community health workers (CHWs) (awareness-raising on testing and monitoring for HIV-positive pregnant women and promoting couple screening). Advocacy and awareness-raising activities involving the First Lady will help push up PMTCT service demand and supply.</p> <p>The contributions for HIV screening tests are as follows: PEPFAR: 416-432K kits; and Global Fund: approx. 91-115K tests. The country is requesting Duo tests (HIV and syphilis) – to be discussed with PEPFAR, since procurement plans for 2018 do not include Duo tests. Moreover, the country is required to share its national guidelines on use of the Duo test. The funding covers the performance framework targets, which are aligned with procurement and supply management (PSM) documents (80 percent, 90 percent and 95 percent).</p>	



Coverage Indicators												
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
PMTCT-2.1: Percentage of HIV-positive pregnant women who received ART during pregnancy	Country: Burundi; Coverage: National	N: 2,215 D: 2,600 P: 85.1%	PNLS/IST Programme Data, Sem 1		Y- Cumulative annually	N: 2,666 D: 2,806 P: 95.0%	N: 5,332 D: 5,613 P: 95.0%	N: 2,770 D: 2,885 P: 96.0%	N: 5,540 D: 5,771 P: 96.0%	N: 2,877 D: 2,966 P: 97.0%	N: 5,754 D: 5,932 P: 97.0%	<p>Numerator: Number of HIV-positive pregnant women having received ART in the last 12 months to reduce the risk of MTCT during pregnancy and childbirth. Denominator: Expected number of HIV-positive pregnant women in the year.</p> <p>The denominator – the expected number of HIV-positive pregnant women requiring ARVs – has been calculated by multiplying the expected number of pregnancies by the HIV prevalence rate among pregnant women (1.05 percent).</p> <p>The baseline figure of 85.1 percent (2,215/2,600) comes from the June 2017 progress update report and relates to the first half of 2017. Among the women on ARVs in the same period (January-June 2017), 1,169 were already on ARVs and 1,046 were new cases.</p> <p>Because Burundi is one of the 21 priority countries under the Super Fast Track initiative, the following ART coverage targets are required to accelerate progress towards eliminating MTCT: 95 percent (5,333/5,613) in 2018, 96 percent (5,540/5,771) in 2019, and 97 percent (5,754/5,932) in 2020 (NSP 2018-2022 targets).</p> <p>The interventions planned for this grant are as follows: scaling up option B+ at all PMTCT sites in the 18 provinces; task-shifting; improving ARV supply to PMTCT facilities; and monitoring bottlenecks for PMTCT service demand.</p> <p>At the community level, the following interventions will be strengthened: nutrition support for HIV-positive pregnant women; searching for patients lost to follow-up and drop-outs; and peer education by HIV-positive pregnant women (mother mentors).</p> <p>PEPFAR's contribution to mother and child treatment activities (ART and PMTCT) covers 1,469 mothers per year, for two years (source: PEPFAR Country Operational Plan (COP) 2017, page 28). The assumption is that the same contributions will be maintained in 2019 and 2020 (source: Funding Landscape Report: minutes of the TFP/NACP meeting of 30 June 2017, attached). The Global Fund covers the remainder of the targets.</p>
PMTCT-3.1: Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	Country: Burundi; Coverage: National	N: 704 D: 2,600 P: 27.0%	PNLS/IST Programme Data, Sem 1		Y- Cumulative annually	N: 2,021 D: 2,806 P: 72.0%	N: 4,042 D: 5,613 P: 72.0%	N: 2,164 D: 2,885 P: 74.9%	N: 4,328 D: 5,771 P: 74.9%	N: 2,373 D: 2,966 P: 80.0%	N: 4,746 D: 5,932 P: 80.0%	<p>Numerator: Number of newborns having received an HIV test in their first two months of life during the reporting period. Denominator: Number of pregnant women who gave birth in the last 12 months.</p> <p>The baseline figure of 27.1 percent (704/2,600) comes from the June 2017 progress update report and relates to the first half of 2017.</p> <p>Because Burundi is one of the 21 priority countries for elimination of mother-to-child transmission (eMTCT) of HIV, the following coverage targets are required for optimal early infant diagnosis (EID) among newborns born to HIV-positive mothers: 72 percent (4,042/5,613) in 2018, 75 percent (4,328/5,771) in 2019, and 80 percent (4,746/5,932) in 2020 (NSP 2018-2022 targets).</p> <p>According to SPECTRUM 2016, the MTCT rate for HIV will be 3.96 percent in 2018, 3.71 percent in 2019, and 3.41 percent in 2020. The number of infants who will receive a polymerase chain reaction (PCR) test two months after birth (positive PCR) is calculated by multiplying the number of infants born to HIV-positive mothers by the respective MTCT rates for HIV, which gives 222 in 2018, 214 and 202 in 2019, and 202 in 2020.</p> <p>The country currently has two Abbott machines, at Ngozi and the Institut National de Santé Publique [National Institute of Public Health – INSP]. There are plans to acquire three Roche machines, which are capable of performing VL and PCR tests simultaneously.</p> <p>The following interventions are planned: strengthening EID of HIV among newborns born to HIV-positive mothers; strengthening the sample transport and rapid results reporting system between institutions and service providers; capacity building for laboratory personnel responsible for EID; training service providers how to take samples on filter paper; ensuring facilities have the right supplies to perform EID; and strengthening the health mediators and CHWs system for monitoring of the mother-child unit.</p> <p>We have recently completed an assessment of the eMTCT Plan 2012-2016, with support from UNICEF and the Global Fund. The eMTCT Plan 2018-2022 will be finalized by the end of 2017.</p> <p>According to PSM documents, coverage is as follows: 1,425 by "other partners" and 3,000-3,500 by the Global Fund. The remainder is included in the PAAR.</p>

Coverage Indicators												
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
HIV Testing Services												
HTS-1: Number of people who were tested for HIV and received their results during the reporting period	Country: Burundi; Coverage: National	N: 704,199 D: P:	PNLS/IST Programme Data, Sem 1	HIV test status,Gender	Y- Cumulative annually	N: 537,675 D: P:	N: 1,075,350 D: P:	N: 548,864 D: P:	N: 1,097,727 D: P:	N: 560,476 D: P:	N: 1,120,952 D: P:	<p>Numerator: Number of people who received an HIV test during the reporting period and who know their result.</p> <p>The numerator and denominator include pregnant women, MSM and SWs.</p> <p>The baseline figure of 12.3 percent (704,199/5,710,115) comes from the progress update report for the first half of 2017.</p> <p>The targets mentioned here come from the NSP 2018-2022, i.e. 24 percent (1,408,800/5,869,998) in 2018, 26 percent (1,568,933/6,034,358) in 2019, and 28 percent (1,736,930/6,203,320) in 2020.</p> <p>The following interventions are planned: strengthening screening (fixed and mobile strategy), with an emphasis on pregnant women, key populations (SWs, MSM and people who inject drugs), other vulnerable groups (mobile populations, etc.) and areas of the country where HIV prevalence is high; and improving the availability of screening supplies at all levels.</p> <p>The Global Fund contribution is 222-255K tests per year, and the PEPFAR contribution is 852-868K tests per year (including tests for pregnant women). The national targets are as follows: 1,408,000 in 2018, 1,568,933 in 2019, and 1,736,930 in 2020. This leaves a gap of 333,450 tests in 2018, 471,206 tests in 2019, and 615,978 tests in 2020 (1,420,634 tests in total). A request for this gap has been made via the PAAR.</p>



Coverage Indicators												
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
Comprehensive prevention programs for sex workers and their clients												
KP-1c(M): Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Burundi; Coverage: National	N: 14,364 D: 55,278 P: 25.9%	CRB Programme Data, Sem 2		Y- Cumulative annually	N: 24,055 D: 57,963 P: 41.4%	N: 48,109 D: 57,963 P: 82.9%	N: 25,226 D: 59,354 P: 42.5%	N: 50,451 D: 59,354 P: 85.0%	N: 26,439 D: 60,779 P: 43.5%	N: 52,878 D: 60,779 P: 87.0%	<p>Numerator: Number of SWs having benefited from the defined package of HIV prevention services. Denominator: Estimated number of SWs at the national level.</p> <p>The denominator represents the estimated number of SWs in each year. It is calculated by applying a 2.4 percent progression rate to the 2016 baseline figure of 55,278, which gives 57,963 in 2018, 59,354 in 2019, and 60,779 in 2020.</p> <p>The country's annual targets come from the NSP 2018-2022, i.e. 83 percent (48,109/57,963) in 2018, 85 percent (50,451/59,354) in 2019, and 87 percent (52,878/60,779) in 2020.</p> <p>PEPFAR's annual contribution stands at 27,529 in 2018 and 28,869 in 2019 in Bujumbura Mairie, Bujumbura Rural, Kayanza, Ngozi and Kirundo provinces (57 percent of the national target in each of the two years). BRC's contributions, meanwhile, will increase in 2020 to cover all nine provinces (Bujumbura Mairie, Bujumbura Rural, Gitega, Muyinga, Rumonge, Makamba, Kirundo, Ngozi and Kayanza) because the PEPFAR-funded Linkages Project will end in 2019. As such, 52,878 SWs will benefit from prevention programs.</p> <p>The Global Fund contribution is as follows: 20,580 (43 percent) in 2018, 21,582 (43 percent) in 2019, and 52,878 (100 percent) in 2020. These targets will be monitored under this grant, alongside the national targets, which include contributions from other partners (such as PEPFAR) to program outcomes. The contribution by each partner will be mentioned in the comments of the PU/DR.</p> <p>To reach the targets, 320 PE have been budgeted. However, the minimum number of PE required to reach the targets, based on an assumption of 12 new SW reached per month per PE is: 142, 150 and 367 PE in 2018, 2019 and 2020 respectively.</p> <p>Under the current grant (2015-2017), BRC has set up interventions for SWs in nine provinces (Bujumbura Mairie, Bujumbura Rural, Gitega, Muyinga, Rumonge, Makamba, Kirundo, Ngozi and Kayanza). This new grant (2018-2020) will continue to target SWs in the four provinces not covered by PEPFAR (Gitega, Muyinga, Rumonge and Makamba), through strengthening of SW-friendly centers (counselor's wages, office rental).</p> <p>The minimum package of activities is clearly defined in the PE strategy manual, and includes a minimum of four awareness-raising sessions or themes from a list of seven predefined themes (HIV transmission and prevention; promotion of VCT and condom distribution points; sexual and reproductive health (SRH) and access to services; STI diagnosis and treatment; access to HIV services (pre-ART, ART and observance support); distribution of condoms and gels; and referral to HIV screening services and STI and HIV treatment services).</p> <p>Available supplies of condoms and lubricant gels are insufficient to set aside a buffer stock. In addition, for the first year, 25 percent of needs are included in the PAAR.</p> <p>The quantified figures per SW per year are as follows: 240 male condoms, 240 gels and 9.6 female condoms. The male and female condoms and gels will also be available on demand at fixed locations (bars, hotels/guest houses, etc.).</p> <p>PEs currently have access to all reporting tools. The focus for the 2018-2020 grant will be on producing more data collection tools and distributing them to SW PEs.</p> <p>Each new person will be counted in the PE report, and each person will be included in the figures once they have received awareness-raising on the four themes concerned. The PEs will submit their reports on a monthly basis, and the NGOs will submit quarterly reports to the PR. Data verification and audit missions will take place at the end of each half-year period.</p>



Coverage Indicators												
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
KP-3c(M): Percentage of sex workers that have received an HIV test during the reporting period and know their results	Country: Burundi; Coverage: National	N: 6,393 D: 55,278 P: 11.5%	CRB Programme Data, Sem 2		Y- Cumulative annually	N: 20,287 D: 57,963 P: 35.0%	N: 40,574 D: 57,963 P: 70.0%	N: 21,071 D: 59,354 P: 35.5%	N: 42,141 D: 59,354 P: 71.0%	N: 21,880 D: 60,779 P: 36.0%	N: 43,761 D: 60,779 P: 72.0%	<p>Numerator: Number of SWs who took an HIV test during the reporting period and who know their result. Denominator: Estimated number of SWs at the national level.</p> <p>The denominator represents the estimated number of SWs in the country each year. The numerator is the number of SWs requiring an HIV test each year under this grant. This figure has been calculated by multiplying the number of SWs that need to be reached by BCC activities each year under the grant, by the HIV test coverage rate among SWs and the NSP targets (70 percent in 2018, 71 percent in 2019, and 72 percent in 2020). This gives the following figures: 10,048/57,963 (17 percent) in 2018, 12,053/59,354 (20 percent) in 2019, and 28,065/60,779 (46 percent) in 2020.</p> <p>The contribution from other partners (in this case, the PEPFAR-funded Linkages Project) stands at 13,899 in both 2018 and 2019, while the contribution from this grant is 10,048 in 2018 and 12,053 in 2019. In 2020, the grant's contribution will increase to 28,065 SWs because the Linkages Project will end in 2019.</p> <p>Under the current grant (2015-2017), BRC has set up interventions for SWs in nine provinces (Bujumbura Mairie, Bujumbura Rural, Gitega, Muyinga, Rumonge, Makamba, Kirundo, Ngozi and Kayanza). This new grant (2018-2020) will continue to target SWs in the four provinces not covered by the PEPFAR-funded Linkages Project (Gitega, Muyinga, Rumonge and Makamba), which runs from 2018-2019 and will end in 2019, through strengthening of SW-friendly centers (counselor's wages, office rental). BRC's contributions will therefore increase in 2020 to cover all nine provinces (Bujumbura Mairie, Bujumbura Rural, Gitega, Muyinga, Rumonge, Makamba, Kirundo, Ngozi and Kayanza).</p> <p>The recommendation is for SWs to be tested every six months. The PEs will pass on this message to SWs, and will monitor SWs on a regular basis to help them access HIV screening services. Testing will be available at health care facilities in the areas covered by the interventions. These facilities will be asked to forward data on SWs to BRC and to the NACP. In addition: - referral coupons will be handed out at PE sessions, so that the number of referrals can be counted (to be inserted as a comment in the PUDRs); - PEs will document the number of SWs attending awareness-raising sessions who report having taken an HIV test at least once during the last six months. This figure will also be reported in the comments in the PUDRs for this indicator.</p> <p>The programmatic gaps (compared with the estimated number of SWs at the national level) are as follows: 22,042 (38 percent) in 2018, 20,426 (34 percent) in 2019, and 18,682 (31 percent) in 2020.</p> <p>The indicator will relate to the number of HIV tests administered, and may therefore include some SWs who have taken more than one test in the same year. With regard to the national program outcomes, the total number of SWs tested under this grant will be added to the number of SWs tested under other projects (such as the PEPFAR project). Reference will be made to this fact in the PUDR.</p> <p>With regard to the national program outcomes, the total number of SWs tested under this grant will be added to the number of SWs tested under other projects (such as the PEPFAR project). Reference will be made to this fact in the PUDR. PEs currently have access to all reporting tools. The focus for the 2018-2020 grant will be on producing more data collection tools and distributing them to SW PEs.</p> <p>The indicator will relate to the number of HIV tests administered, and may therefore include some SWs who have taken more than one test in the same year. With regard to the national program outcomes, the total number of SWs tested under this grant will be added to the number of SWs tested under other projects (such as the PEPFAR project). Reference will be made to this fact in the PUDR.</p>



Coverage Indicators												
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
Comprehensive prevention programs for MSM												
KP-1a(M): Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Burundi; Coverage: National	N: 1,833 D: 10,035 P: 18.2%	CRB Programme Data, Sem 2		Y- Cumulative annually	N: 4,157 D: 10,522 P: 39.5%	N: 8,313 D: 10,522 P: 79.0%	N: 4,364 D: 10,775 P: 40.5%	N: 8,728 D: 10,755 P: 81.1%	N: 4,579 D: 11,034 P: 41.4%	N: 9,158 D: 11,034 P: 82.9%	<p>Numerator: Number of MSM who have benefited from HIV prevention programs (information, education and communication (IEC)/behavior change communication (BCC), condoms, gels, referral and support - screening, STIs, pre-ART and ART). Denominator: Total estimated number of MSM at the national level.</p> <p>The country's annual targets come from the NSP 2018-2022, i.e. 79 percent (8,313/10,522) in 2018, 81 percent (8,728/10,775) in 2019, and 83 percent (9,158/11,034) in 2020. The denominator is calculated by applying a 2.4 percent progression rate to the 2016 baseline figure of 10,035, which gives 10,552 in 2018, 10,775 in 2019, and 11,034 in 2020.</p> <p>Under the current grant (2015-2017), BRC has set up interventions for MSM in seven provinces (Gitega, Cibitoke, Rumonge, Makamba, Bujumbura Mairie, Ngozi and Kayanza). This new grant (2018-2020) will cover four provinces in 2018-2019 (Cibitoke, Gitega, Rumonge and Makamba) and, in 2020, will support strengthening of seven community centers to target MSM in the seven provinces (since the PEPFAR-funded Linkages Project will end in 2019). Half-yearly coordination meetings will continue to be held in the provinces covered by MSM organizations and workers involved with this community.</p> <p>The numerator will be reported via program data (registers/records and PE reports), from interventions funded by PEPFAR and the Global Fund. Efforts to harmonize the prevention package and reporting tools and mechanisms are ongoing. Global Fund-funded activities will be implemented via a network of 180 MSM PEs (the Association Nationale de Soutien aux Séropositifs et Malades du Sida [National Support Association for HIV Patients – ANSS], which has extensive experience in implementing MSM interventions, has been chosen as a sub-recipient (SSR)). 180 PE have been budgeted each year - however, the minimum required number of PE, according to the targets, is: 99, 107 and 116 PE in 2018, 2019 and 2020. Each PE will need to educate at least four new people per month. Each person reached by this intervention will be educated on at least four themes (including condom and gel distribution), at four sessions over a period of one month (if the MSM is mobile and cannot attend four sessions, then a longer session covering multiple themes may be conducted). The PE may deliver these sessions to peers individually or in small groups. The PE will have the freedom to remain in regular contact with educated peers outside the four sessions, and may also record details of regular contacts in the reporting tools.</p> <p>The Global Fund contribution is as follows: 4,735 (45 percent) in 2018, 5,150 (48 percent) in 2019, and 5,580 (51 percent) in 2020. PEPFAR's annual contribution is 3,578 in 2018 and 2019 (34 percent in 2018 and 33 percent in 2019). In 2020, BRC will increase its contribution to cover all seven provinces with a high concentration of MSM (according to the PLACE 2013 study, i.e. Bujumbura Mairie, Cibitoke, Kayanza, Ngozi, Gitega, Rumonge and Makamba), since the PEPFAR-funded Linkages Project will end in 2019. PEPFAR's intervention covers 69 percent of the target in the following five provinces: Bujumbura Mairie, Bujumbura Rural, Kayanza, Ngozi and Kirundo.</p> <p>In terms of programmatic gaps, available supplies of condoms and lubricant gels are insufficient to set aside a buffer stock. For the first year, 25 percent of needs are included in the PAAR.</p> <p>Each contact will receive eight male condoms and eight gels, but this figure may be adjusted where necessary. The quantified number of male condoms per MSM per year is 96 on average, with a ratio of one male condom to one gel. The ratio for female condoms is 0.48 on average, although this figure is flexible depending on recipient needs. The male and female condoms and gels will also be available on demand at fixed locations (bars, hotels/guest houses, universities/university campuses, etc.).</p> <p>PEs currently have access to all reporting tools. The focus for the 2018-2020 grant will be on producing more data collection tools and distributing them to MSM PEs.</p> <p>Each new person will be counted in the PE report, and each person will be included in the figures once they have received awareness-raising on the four themes concerned. The PEs will submit their reports on a monthly basis, and the nongovernmental organizations (NGOs) will submit quarterly reports to the principal recipient (PR). Data verification and audit missions will take place at the end of each half-year period.</p>



Coverage Indicators												
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
KP-3a(M): Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	Country: Burundi; Coverage: National	N: 975 D: 10,035 P: 9.7%	CRB Programme Data, Sem 2		Y- Cumulative annually	N: 3,525 D: 10,522 P: 33.5%	N: 7,050 D: 10,522 P: 67.0%	N: 3,657 D: 10,775 P: 33.9%	N: 7,313 D: 10,755 P: 68.0%	N: 3,807 D: 11,034 P: 34.5%	N: 7,613 D: 11,034 P: 69.0%	<p>Numerator: Number of MSM who took an HIV test during the reporting period and who know their result. Denominator: Total estimated number of MSM at the national level.</p> <p>The number of MSM requiring an HIV test each year under this grant has been calculated by multiplying the number of MSM reached annually by BCC activities by the HIV test coverage rate among MSM. The NSP targets stand at 67 percent in 2018, 68 percent in 2019, and 69 percent in 2020. This gives the following totals (MSM requiring a test) for this grant: 3,172 in 2018, 3,502 in 2019, and 9,158 in 2020. The Linkages Project target is 3,578 in 2018 and 2019. Since the project will come to an end in 2019, BRC will increase its contributions and cover all seven provinces (Bujumbura Mairie, Cibitoke, Kayanza, Ngozi, Rumonge, Makamba and Gitega). Because this is a national indicator, BRC's data will be added to figures from the PEPFAR-funded Linkages Project.</p> <p>The recommendation is for MSM to be tested every six months. The PEs will pass on this message to MSM, and will monitor MSM on a regular basis to help them access HIV screening services. MSM will receive HIV tests at community centers, which also offer testing via mobile strategies. Moreover, testing will be available at health care facilities in the areas covered by the interventions. These facilities will be asked to forward data on key populations to BRC and to the NACP. In addition:</p> <ul style="list-style-type: none"> - referral coupons will be handed out at PE sessions, so that the number of referrals can be counted (to be inserted as a comment in the PUDRs); - PEs will document the number of MSM attending awareness-raising sessions who report having taken an HIV test at least once during the last six months. Male and female condoms and gels will also be offered during voluntary counseling and testing (VCT) sessions. The PEs will recommend that the beneficiaries take at least two HIV tests per year. <p>For 2018 and 2019, this grant will cover access to HIV tests for MSM in the provinces not covered by PEPFAR (3,172 and 3,502 respectively, in Gitega, Cibitoke, Rumonge and Makamba). For 2020, the grant will cover all seven provinces (7,428 in Gitega, Cibitoke, Rumonge, Makamba, Bujumbura Mairie, Ngozi and Kayanza), since the PEPFAR-funded Linkages Project will end in 2019.</p> <p>The indicator will relate to the number of HIV tests administered, and may therefore include some MSM who have taken more than one test in the same year.</p> <p>The programmatic gaps (compared with the estimated number of MSM at the national level) are as follows: 4,758 (55 percent) in 2018, 5,253 (51 percent) in 2019, and 5,775 (48 percent) in 2020.</p> <p>With regard to the national program outcomes, the total number of MSM tested under this grant will be added to the number of MSM tested under other projects (such as the PEPFAR project). Reference will be made to this fact in the PUDR.</p> <p>PEs currently have access to all reporting tools. The focus for the 2018-2020 grant will be on producing more data collection tools and distributing them to MSM PEs.</p>
RSSH: Health management information systems and M&E												
M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines	Country: Burundi; Coverage: National	N: 170 D: 170 P: 100.0%	PNILT Annual Report		N-Non-cumulative	N: 170 D: 170 P: 100.0%	N: 170 D: 170 P: 100.0%	N: 170 D: 170 P: 100.0%	N: 170 D: 170 P: 100.0%	N: 170 D: 170 P: 100.0%	N: 170 D: 170 P: 100.0%	<p>Numerator: The number of TTCs reporting in the timeframe set out by the national guidelines Denominator: All 170 TTCs.</p> <p>The number of reporting TTCs is 170. According to national guidelines, TTCs report to TTCs in their catchment area. TTCs alone compile the data to be transmitted to the next tier of the healthcare system.</p> <p>In the first half of 2017, of 2,320 PTB+ reported, 219 new patients were referred by 487 TCs, or 9% of the total number referred.</p> <p>The completeness of the TTC reports will also be noted during the PU/DRs.</p> <p>The number of health facilities (non-TTCs) reporting to TTCs (of the total number of health facilities electing to carry out testing and treatment as part of the decentralization of services) will be reported in the comments.</p>
TB care and prevention												



Coverage Indicators												
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
TCP-1(M): Number of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	Country: Burundi; Coverage: National	N: 7,662 D: P:	PNILT Annual Report	HIV test status, Gender, Age, TB case definition	N-Non-cumulative	N: 4,224 D: P:	N: 4,224 D: P:	N: 4,435 D: P:	N: 4,435 D: P:	N: 4,657 D: P:	N: 4,657 D: P:	<p>The numerator is the number of notified cases of all forms of tuberculosis (AFTB) with bacteriological confirmation and a clinical diagnosis (new cases and recurrences).</p> <p>The calculation was based on the AFTB results from the PNILT (National Integrated Leprosy and Tuberculosis Control Program) in late 2016, increased annually by 5 percent relative to the general population.</p> <p>Current and planned interventions will facilitate the detection of 8,447, 8,870 and 9,313 new cases and relapses in 2018, 2019 and 2020 respectively. Adult targets are 7,626, 7,999 and 8,376 cases; child targets are 449, 494 and 558 cases (7%, 10% and 13% more than the previous year) for 2018, 2019 and 2020.</p> <p>In the context of the early detection and diagnosis of tuberculosis (TB), the main intervention strategy during the grant implementation period will focus on (i) strengthening the microscopy laboratory network; (ii) improving the detection and reporting of TB cases in line with the "End TB" strategy: detecting 90% of cases of TB in a non-specific population and 90% of TB cases in at-risk groups; (iii) screening for TB in PLHIV; (iv) ensuring adequate follow-up of TB patients undergoing treatment, and patients with TB/HIV and MDR-TB, aiming for a therapeutic success rate of ≥ 90% and ensuring coverage of ARV treatment.</p> <p>The actual contribution of the Burundian government to TB control has not been quantified, in particular the cost of infrastructure, human resources in testing and treatment centres (TTCs) and treatment centres (TCs), and the operation of such centers. However, through direct cofinancing and willingness to pay, there is an annual allocation for TB control, to the amount of 692,640,665 BIF in 2018, 726,872,692 BIF in 2019 and 763,216,326 BIF in 2020 respectively, i.e. 406,864 USD in 2018, 426,972 USD in 2019 and 448,320 USD in 2020. This amount is primarily intended for the purchase of drugs to combat side-effects, and to support the Tuberculosis Centre in Bujumbura, as well as MDR-TB cases and the National Programme.</p> <p>Where gaps are not covered financially, funding has been requested as part of the Poverty Assessment and Analysis Report (PAAR) for (i) infection control activities, (ii) follow-up activities for TB patients undergoing treatment; and (iii) activities relating to the prevention of tuberculosis.</p> <p>Prisoners: In 2016, 70 prisoners were screened thanks to contributions from all stakeholders, including the community. According to reported cases of AFTB in 2013, the rate was 1,027 per 100,000 in prisons (Mpimba). According to 2016-2017 performance framework estimates, 85 cases were retained for two years, allowing us to set the following targets: 100 cases among prisoners in 2018, 98 in 2019 and 96 in 2020. PLANNED STRATEGIES (PRISONERS) - Strengthening the coordination of interventions for prisoners for TB control, - Continued training of "champion prisoners" in TB/HIV, malaria, sexual and reproductive health (SRH), and prevention of mother-to-child transmission (PMTCT) - Provision of data collection tools - Distribution of materials (umbrellas, briefcases, registers) to help champion prisoners raise awareness of TB - Radio advertising targeting specific groups including prisoners (according to the approved communication plan) to convey messages about HIV prevention, HIV and STI screening, TB, ETMS/IMCI, SR, and early NPC/CPoN, breastfeeding, and sexual and gender-based violence (SGBV) - Screening of TB for incoming and outgoing prisoners - Formative supervision in the country's 11 prisons.</p> <p>Refugees: Numerator: the number of AFTB cases notified among refugees. The baseline value is for cases reported in refugee camps (11 cases), in 2013 (PNILT). Planned activities include raising awareness among and mobilizing leaders in refugee camps, systematic screening for TB in refugee camps, training for refugee leaders in TB/HIV/PMTCT, and raising awareness of TB control. Estimated targets were as follows: - Refugee population (4 main camps): 37,788 (2013) According to reported cases of AFTB in 2013, the rate was 29 per 100,000 in refugee camps. The reporting rate may be lower than in the general population (83 per 100,000 in 2013) due to low coverage of services. A rate of 89 and 92 per 100,000 was therefore applied for 2016 and 2017 respectively, based on estimates of the PNILT reporting rate. This gives an estimated number of AFTB</p>



												<p>cases (allowing for a theoretical 2% increase in population size): 38 cases among refugees in 2018, 40 in 2019 and 42 in 2020.</p> <p>During the NFM funding period, 100 peer educators from the 4 main displaced persons camps were trained in issues relating to TB, including other topics such as SR/PMTCT/NUTRITION/SGBV/MALARIA.</p> <p>The population sizes of the camps are: Musasa : 6453; Gasorwe: 8102; Kavumu: 12570; Bwagiriza: 8942</p> <p>In each of the camps, the targets are 30%, 30% and 40% of the population ion 2018, 2019 and 2020.</p> <p>An SSR has been selected and is responsible for organizing activities including reporting. Reports are submitted monthly by the SSR to the CRB. The data collection tools in 2016 did allow us to disaggregate the indicator. To solve this, we will develop a tool that will allow us to ascertain this indicator.</p> <p>Biannual results among prisoners and refugees will be reported in the comments on the TCP-1 indicator.</p> <p>GF covers 100% of the TB drug costs (as per programmatic gap tables).</p>
TCP-2(M): Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	Country: Burundi; Coverage: National	N: 6,429 D: 6,969 P: 92.2%	PNILT Annual Report	Gender,HIV test status,Age	N-Non-cumulative	N: 3,713 D: 4,022 P: 92.3%	N: 3,713 D: 4,022 P: 92.3%	N: 3,898 D: 4,223 P: 92.3%	N: 3,898 D: 4,223 P: 92.3%	N: 4,094 D: 4,435 P: 92.3%	N: 4,094 D: 4,435 P: 92.3%	<p>The numerator is the number of bacteriologically confirmed cases of TB in a given period that have been successfully treated ("cured" and "completed treatment").</p> <p>The denominator is the total number of bacteriologically confirmed cases recorded on treatment during the same period.</p> <p>All TB cases that are detected should be treated.</p> <p>The End TB Strategy advocates a "90-90-90" target (90% screening of the general population, 90% screening in high-risk groups, and 90% therapeutic success).</p> <p>As the country managed to exceed the WHO target, it was deemed necessary to maintain the therapeutic success rate for AFTB at 92.3% between 2018 and 2020.</p> <p>The main interventions relate to (1) the continuing and uninterrupted availability of quality first-line anti-tuberculosis drugs at all levels of the health system; (2) the regularity of supervision in all care centers in all provinces; (3) documentation of interventions that reduce the number of cases where treatment is abandoned, and ensure their regular follow-up; (4) the maintenance of a telephone network for following up patients and transfers, and a move towards a system based on applications and smartphone-based geolocation; 5) introduction of new paediatric TB formulations; 6) the continuation of 5 years of preventive treatment with isoniazid in TB-free child TB contacts.</p>
TCP-3: Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period	Country: Burundi; Coverage: National	N: 169 D: 171 P: 98.8%	PNILT Annual Report		N-Non-cumulative	N: 171 D: 171 P: 100.0%	N: 171 D: 171 P: 100.0%	N: 171 D: 171 P: 100.0%	N: 171 D: 171 P: 100.0%	N: 171 D: 171 P: 100.0%	N: 171 D: 171 P: 100.0%	<p>The numerator is the number of laboratories with satisfactory performance for smear microscopy.</p> <p>The denominator is the total number of laboratories performing smear microscopy analysis.</p> <p>Currently, the country has 170 Testing and Treatment Centers (TTCs) and 1 National Reference Center for MDR-TB cases in Kibumbu, all of which are involved in quality control of TB screening slides.</p> <p>After each data validation and dissemination workshop, a sample of 13 slides is drawn by the TTC and NRC in Kibumbu for quality control and analysis by the NRL.</p> <p>In the event of underperformance of a particular TTC, formative supervision is organized by the NRL.</p> <p>With performance exceeding 99%, the target is set at 100% for each year.</p> <p>Satisfactory performance is defined as the achievement of satisfactory results (without major errors) in the quality control of TB screening slides received from the TTC/NRC Kibumbu by the NRL; this involves a re-reading of the TTC slides by 2 NRL technicians, and the results are compared with those initially reported by the TTC or NRC Kibumbu.</p>
TCP-4: Percentage of reporting units reporting no stock-outs of anti-TB drugs on the last day of the quarter	Country: Burundi; Coverage: National	N: 170 D: 170 P: 100.0%	PNILT Annual Report		N-Non-cumulative	N: 170 D: 170 P: 100.0%	N: 170 D: 170 P: 100.0%	N: 170 D: 170 P: 100.0%	N: 170 D: 170 P: 100.0%	N: 170 D: 170 P: 100.0%	N: 170 D: 170 P: 100.0%	<p>The numerator is the number of TTCs with no stock-outs lasting more than one week for first-line anti-tuberculosis drugs during the quarter.</p> <p>The denominator is the total number of TTCs.</p> <p>In order to include all health facilities, a decentralized approach was initiated as part of the Tuberculosis Program by establishing a system for the collection and transport of sputum.</p> <p>Upon diagnosis of a positive case by a non-TTC health facility, a drug kit is put together and made available to the facility Thus, 5 to 6 health facilities (897/170 TTCs) will be supplied with medicines by a TTC from their catchment area.</p> <p>Previous results for this indicator have been very satisfactory (100%), and the program intends to maintain this level of performance for the 2018-2020 funding period. This will be possible by building on the factors that have contributed to the successes seen to date.</p> <p>There is a need to continue collaboration between the Government of Burundi</p>

												<p>GDF/WHO and the Global Fund to ensure the continued availability of medicines and training and formative supervision of drug stock managers at all levels, including supply chain.</p> <p>In addition, the current distribution system, which operates according to a centripetal distribution method, will be maintained across the country. To all intents and purposes, any health center is a potential Treatment Center (TC). The latter is supplied by the TTCs, hence this document refers solely to TTCs.</p>
TCP-5: Number of children <5 in contact with TB patients who began isoniazid preventive therapy	Country: Burundi; Coverage: National	N: 1,171 D: P:	PNILT Annual Report		N-Non-cumulative	N: 671 D: P:	N: 671 D: P:	N: 738 D: P:	N: 738 D: P:	N: 833 D: P:	N: 833 D: P:	<p>Numerator: The number of children under 5 years with TB contacts who have started isoniazid preventive treatment (IPT).</p> <p>The results for 2016 show a 5 percent rate of AFTB in children. If powerful diagnostic tools are available, notification rates among children could increase by 7 percent in 2018, 10 percent in 2019 and 13 percent in 2020.</p> <p>The interventions and strategies to be implemented relate to the use of GeneXpert in children in contact with PTB+.</p>
TCP-7c: Number of notified TB cases (all forms) contributed by non-national TB program providers – community referrals	Country: Burundi; Coverage: National	N: 382 D: P:	PNILT Annual Report		N-Non-cumulative	N: 1,267 D: P:	N: 1,267 D: P:	N: 1,331 D: P:	N: 1,331 D: P:	N: 1,397 D: P:	N: 1,397 D: P:	<p>Numerator: Number of notified TB cases (all forms) from the community level (by community health workers)</p> <p>In 2016, 382 people were screened (PTB+) for TB as a result of the community contribution, which accounted for 4% of the total number expected. With GASC expected to be operational by late 2017, the community contribution could account for as much of 30% of the target as recommended by the national program. (CP PNILT: 8,447 in 2018, 8,870 in 2019 and 9,313 in 2020), with each year equivalent to the target set for the 2018-2020 funding, which is 2,534 in 2018; 2,661 in 2019 and 2,794 in 2020.</p> <p>As part of their activities, ASCs will refer to suspected cases of TB seen in the community (coughing for more than 15 days) in DTCs, which will then carry out TB testing in collaboration with providers, and data on detected cases resulting from the ASC references will be collected; this data will be used to report on the indicator.</p>
TB/HIV												
TB/HIV-3.1: Percentage of people living with HIV in care (including PMTCT) who are screened for TB in HIV care or treatment settings	Country: Burundi; Coverage: National	N: 27,472 D: 61,538 P: 44.6%	PNLS/IST Annual Report		N-Non-cumulative	N: 38,211 D: 63,685 P: 60.0%	N: 38,211 D: 63,685 P: 60.0%	N: 44,580 D: 63,685 P: 70.0%	N: 44,580 D: 63,685 P: 70.0%	N: 50,948 D: 63,685 P: 80.0%	N: 50,948 D: 63,685 P: 80.0%	<p>Numerator: Number of adults and children receiving HIV treatment who were screened for TB and had their result recorded during their most recent visit. Denominator: Total number of adults and children receiving HIV treatment during the reporting period.</p> <p>The baseline figure of 44.6 percent (27,472/61,538) is based on the number of PLHIV in the ART patient cohort for 2016 who were screened for TB in the same year. A field visit will be required to check and approve the figures for 2017. For this reason, the 2016 figures have been used.</p> <p>The targets come from the NSP 2018-2022, i.e. 60 percent in 2018 (37,905/63,175), 70 percent in 2019 (47,236/67,480), and 80 percent in 2020 (57,428/71,785). The denominators have been adjusted to bring them in line with the funded ART patient cohort (approximately 63,685 patients each year: 60,685 ART patients, and approximately 3,000 pre-ART patients). These figures are estimates. The denominators will be updated to reflect the actual values, and performance will be measured against the target as a percentage.</p> <p>All PLHIV monitored at health care facilities are screened for TB. Service providers have received training on how to manage TB/HIV co-infection from both the NACP and the National Tuberculosis Control Program (NTCP). The NACP and the NTCP will carry out supportive supervision missions under this grant to ensure that service providers put what they have learned into practice (TB screening and isoniazid preventive therapy (IPT) for PLHIV testing negative). Efforts will be made under this grant to strengthen coordination and joint validation of TB/HIV data.</p>



Coverage Indicators												
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
<p>TB/HIV-4.1: Percentage of people living with HIV newly enrolled in HIV care started on TB preventive therapy</p>	<p>Country: Burundi; Coverage: National</p>	<p>N: 198 D: 6,166 P: 3.2%</p>	<p>PNLS/IST Programme Data, Sem 1</p>		<p>N-Non-cumulative</p>	<p>N: 646 D: 1,846 P: 35.0%</p>	<p>N: 646 D: 1,846 P: 35.0%</p>	<p>N: 692 D: 1,846 P: 37.5%</p>	<p>N: 692 D: 1,846 P: 37.5%</p>	<p>N: 738 D: 1,846 P: 40.0%</p>	<p>N: 738 D: 1,846 P: 40.0%</p>	<p>Numerator: Number of adults and children commencing HIV treatment for the first time (i.e. enrolled in treatment (pre-ART and ART)) and having already commenced IPT (i.e. having received at least one dose) during the reporting period. Denominator: Total number of adults and children commencing HIV treatment for the first time during the reporting period.</p> <p>The baseline figure of 3.2 percent (198/6,166) comes from the progress update reports for the first half of 2017.</p> <p>The estimated size of the ART patient cohort (ART and pre-ART) stands at 63,175 in 2018, 67,480 in 2019, and 71,785 in 2020 (based on a similar progression to the recorded rate in 2011-2015). The number of people eligible for IPT (minus an estimated 0.19 percent to account for TB patients among PLHIV) is as follows: 63,055, 67,352 and 71,649. These figures include an estimate of approx. 3,000 pre-ART patients. These estimates exceed the estimates for the funded ART patient cohort (approx. 63,685 each year: 60,685 ART and 3,000 pre-ART). The estimated new inclusions have been retained for this indicator, albeit dependent on whether or not government contributions for inclusions above the ART patient cohort materialize.</p> <p>The quantifications are based on the total number of PLHIV enrolled in treatment who are eligible for IPT. The denominator for this indicator refers to the number of newly enrolled PLHIV, based on the average annual progression rate for 2011-2015 (3,692) (financially feasible if the ART patient cohort funding requested via the PAAR is obtained and/or if the government's contributions materialize). The total number of PLHIV on IPT will be mentioned in the comments in reports.</p> <p>Burundi has opted to scale up this strategy across the country under this grant (2018-2020). This, in turn, will allow the country to achieve the IPT coverage targets among newly enrolled HIV patients who receive a negative TB screening result: 70 percent (2,584/3,692) in 2018, 75 percent (2,769/3,692) in 2019, and 80 percent (2,953/3,692) in 2020. Given that past performance on IPT scale-up has fallen short of expectations (2016-2017), allocated funding stands at half the actual targets. The performance framework targets (which align with PSM figures) are therefore 35 percent, 38 percent and 40 percent. The denominators are estimated figures and will be updated during reporting. Performance will be measured against the target as a percentage.</p> <p>Personnel have received training on the strategy as part of TB/HIV co-infection management. The NACP and the NTCP will carry out supportive supervision missions under this grant to ensure that service providers put what they have learned into practice (TB screening and IPT for PLHIV testing negative). Efforts will be made under this grant to strengthen coordination and joint validation of TB/HIV data.</p> <p>The NTCP will supply isoniazid (INH), which will be funded by the Global Fund.</p>
<p>TB/HIV-5: Percentage of registered new and relapse TB patients with documented HIV status</p>	<p>Country: Burundi; Coverage: National</p>	<p>N: 7,345 D: 7,662 P: 95.8%</p>	<p>PNILT Annual Report</p>		<p>N-Non-cumulative</p>	<p>N: 4,055 D: 4,223 P: 96.0%</p>	<p>N: 4,055 D: 4,223 P: 96.0%</p>	<p>N: 4,258 D: 4,435 P: 96.0%</p>	<p>N: 4,258 D: 4,435 P: 96.0%</p>	<p>N: 4,470 D: 4,656 P: 96.0%</p>	<p>N: 4,470 D: 4,656 P: 96.0%</p>	<p>Numerator: The number of TB patients recorded during the reporting period whose HIV test is recorded in the TB registry at the time of TB diagnosis. Denominator: The total number of TB patients recorded during the reporting period.</p> <p>The preferred approach is for counselling and testing of HIV to be initiated by the provider. This ensures that every TB patient is aware of the need to be tested for HIV. HIV testing rates among TB patients are already high (96 percent in 2016). The PNILT intends to maintain this level for the period 2018 to 2020. Consequently, 8,109 of 8,447, 8,515 of 8,870 and 8,941 of 9,313 patients will be tested for HIV in each year of the period from 2018 to 2020.</p> <p>The service package aimed at achieving the outcome includes: (i) screening initiated by the provider; (ii) a joint approach to TB and HIV control; (iii) capacity building of coordination and cooperation among providers; (iv) the use of systematic digital radiography in addition to GeneXpert for new PLHIV; (v) the use of systematic digital radiography in addition to GeneXpert for PLHIV on ART for presumed TB excluding microscopy; (vi) the use of a TB Lamp (TB screening from urine) as a pilot intervention in HIV sites in Bujumbura for PLHIV with TB and a CD4 count of <100.</p>



Coverage Indicators												
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
<p>TB/HIV-6(M): Percentage of HIV-positive new and relapse TB patients on ART during TB treatment</p>	<p>Country: Burundi; Coverage: National</p>	<p>N: 795 D: 877 P: 90.6%</p>	<p>PNILT Annual Report</p>		<p>N-Non-cumulative</p>	<p>N: 662 D: 689 P: 96.0%</p>	<p>N: 662 D: 689 P: 96.0%</p>	<p>N: 695 D: 724 P: 96.0%</p>	<p>N: 695 D: 724 P: 96.0%</p>	<p>N: 682 D: 710 P: 96.0%</p>	<p>N: 682 D: 710 P: 96.0%</p>	<p>The numerator is the number of TB patients who are HIV+, recording during the information communication period, and who are receiving ART (who have commenced or who are continuing previously initiated ART). The denominator is the total number of TB and HIV+ patients recording during the reporting period.</p> <p>The estimated incidence of HIV in TB patients in Burundi is 17% (WHO 2016 Report). For the period 2018-2020, the assumption of 17% HIV+ patients in HIV-tested TB patients (of the 96% of AFTB tested) has been maintained. Thus, the number of HIV-positive TB patients is: 1,379 in 2018, 1,448 in 2019 and 1,520 in 2020.</p> <p>With the application of task delegation, awareness raising during data validation, joint supervision and the constant availability of ART in all TTCs, ART coverage in TB/HIV patients should be 100% but, as the technical platform is not yet operational in all TTCs, PNILT intends to increase this ART coverage from 91% in 2016 to 96% for the period 2018 to 2020.</p> <p>The number of patients coinfecting with TB/HIV and on ART will thus be 1,323 of 1,379 in 2018, 1,390 of 1,448 in 2019 and 1,459 of 1,520 in 2020.</p> <p>The service package will comprise (i) capacity building in coordination and cooperation among national programs and communicators in relation to TB/HIV management; (ii) HIV screening, treatment and care among TB patients; (iii) active searching for, diagnosis and treatment of TB among PLHIV; (iv) TB prevention (IPT and TB infection control).</p> <p>The Global Fund is contributing more than 95 percent. The Government's share is estimated at 5 percent (staff, infrastructure, TTC/TC running).</p>
MDR-TB												
<p>MDR TB-2(M): Number of TB cases with RR-TB and/or MDR-TB notified</p>	<p>Country: Burundi; Coverage: National</p>	<p>N: 80 D: P:</p>	<p>PNILT Annual Report</p>	<p>Age, Gender</p>	<p>N-Non-cumulative</p>	<p>N: 74 D: P:</p>	<p>N: 74 D: P:</p>	<p>N: 79 D: P:</p>	<p>N: 79 D: P:</p>	<p>N: 83 D: P:</p>	<p>N: 83 D: P:</p>	<p>Numerator: Number of notified cases of bacteriologically confirmed TB (rifampicin-resistant TB and/or multidrug-resistant TB)</p> <p>Targets are cumulative and represent 70 percent of estimated MDR-TB cases in Burundi: 147 in 2018, 157 in 2019 and 165 in 2020 (out of an estimated total of 210, 224 and 235).</p> <p>These estimates are based on the 2015 WHO Report published in 2016: of new cases of TB, 3.2 percent were estimated to be MDR-TB, and 14 percent of retreatment cases involved MDR-TB.</p> <p>Based on the WHO estimates for Burundi, an annual increase of 70 percent was applied.</p> <p>The suspected MDR-TB cases undergo GeneXpert, culture and sensitivity tests.</p> <p>The main activities financed by the Global Fund to meet targets include the detection of MDR-TB cases (procurement of GeneXpert devices, inputs and other related supplies), medical care (procurement of second-line therapies, in addition to the government allocation, and support for managing side effects), and psychosocial and nutritional support.</p> <p>The key challenge is the low reporting rate of MDR-TB cases.</p> <p>Strategies to overcome these challenges include (i) the use of GeneXpert for retreatment cases, patients testing positive in the third, fifth, sixth and/or eighth month of treatment, MDR-TB contact cases, patients with TB/HIV coinfection, PLHIV, children, and care providers in contact with MDR-TB cases; (ii) culture and sensitivity testing only if Xpert Rifampicin + and (iii) treatment of all MDR-TB cases.</p>



Coverage Indicators												
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Country: Burundi; Coverage: National	N: 80 D: P:	PNILT Annual Report	TB regimen, Age, Gender	N-Non-cumulative	N: 74 D: P:	N: 74 D: P:	N: 79 D: P:	N: 79 D: P:	N: 83 D: P:	N: 83 D: P:	<p>Numerator: The number of recorded drug-resistant TB cases (RR-TB and/or MDR-TB) that began a treatment regime for multidrug-resistant tuberculosis during the reporting period</p> <p>All MDR-TB cases are generally placed on treatment. The source of data is the MDR-TB Registry. All MDR-TB patients on treatment benefit from comprehensive care (medical, psychosocial and nutritional). Medical follow-up of MDR-TB patients is carried out in accordance with national guidelines on MDR-TB.</p> <p>The 9-month WHO-approved short course is operational in Burundi.</p> <p>The baseline is 80 MDR-TB cases receiving nutritional support (100%) by 2016. Dietary support consists of meeting the the nutritional needs of MDR-TB patients in hospital until a negative sputum test is obtained, which is usually between 4 and 5 months. After discharge, MDR-TB patients are followed up as outpatients for the 9-month treatment period.</p> <p>The target is to provide this nutritional support to 147 patients in 2018, 157 in 2019 and 165 in 2020.</p> <p>The targets will be adjusted according to the number of cases detected and placed on treatment.</p> <p>The cost of MDR-TB treatment drugs is covered 100% by the GF (as per programmatic gap tables).</p>



Workplan Tracking Measures

Intervention	Key Activity	Comments	Milestone Target	Criterion for Completion	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020
Comprehensive prevention programs for people who inject drugs (PWID) and their partners										
Behavioral interventions for PWID	<ul style="list-style-type: none"> - Training of 30 peer educators to reach 400-478 IDUs each year - Creation of 2 pilot community centers in Gitega and Bujumbura - Recruitment of counselors for the community centers 	<p>The Q1 2018 activity aims to reduce new infections among people who inject drugs through awareness-raising on behavior change and screening. The three-day training session will target 30 people who inject drugs from Bujumbura Mairie (10), Gitega (5), Ngozi (5), Muyinga (5) and Rumonge (5). Once trained, the peers will deliver the comprehensive prevention package to 400 people who inject drugs in 2018, 438 in 2019, and 478 in 2020. This activity will be monitored via a training report produced by the SR responsible for implementing activities for people who inject drugs and forwarded to CRB no later than two weeks after the training.</p> <p>There are two social centers for people who inject drugs (in Gitega and Bujumbura). Counselors will be recruited to coordinate the centers and carry out prevention, treatment and drug use harm reduction activities. The counselors will be recruited in the first half of 2018.</p> <p>The aim of the peer education outreach activities is to boost demand for, and access to high-quality prevention activities (condoms and gels, communication, HIV screening, STI screening and treatment, service provider and key population capacity building). Staff we be recruited for these social centers. Funding will be needed to pay two psychosocial counselors and two doctors, and to cover office supplies, telephone and internet for 36 months (2018, 2019 and 2020).</p> <p>This activity will be monitored via quarterly reports produced by the SSR and forwarded to the SR (CRB) and via supervision missions at the end of each half-year period.</p>	200 IDUs reached with the prevention package of services (peer education, condoms, gels, access to HIV testing and HIV/STI services) (S1).	200 IDUs reached (S1), as documented through the peer educators' reports compiled by the programme (SSR et SR CRB). not started= 0-15% IDU reached started = 15-50% IDU reached advanced = 50-80% IDU reached completed= 80-100% IDU reached with prevention package	X					
			219 IDUs reached with the prevention package of services (peer education, condoms, gels, access to HIV testing and HIV/STI services) (S1).	219 IDUs reached (S1), as documented through the peer educators' reports compiled by the programme (SSR et SR CRB). not started= 0-15% IDU reached started = 15-50% IDU reached advanced = 50-80% IDU reached completed= 80-100% IDU reached with prevention package		X				
			239 IDUs reached with the prevention package of services (peer education, condoms, gels, access to HIV testing and HIV/STI services) (S1).	239 IDUs reached (S1), as documented through the peer educators' reports compiled by the programme (SSR et SR CRB). not started= 0-15% IDU reached started = 15-50% IDU reached advanced = 50-80% IDU reached completed= 80-100% IDU reached with prevention package				X		
			400 IDUs (cumulative annually) reached with the prevention package of services (peer education, condoms, gels, access to HIV testing and HIV/STI services).	400 IDUs reached (cumulative annually), as documented through the peer educators' reports compiled by the programme (SSR et SR CRB). not started= 0-15% IDU reached started = 15-50% IDU reached advanced = 50-80% IDU reached completed= 80-100% IDU reached with prevention package			X			
			438 IDUs reached (cumulative annually) with the prevention package of services (peer education, condoms, gels, access to HIV testing and HIV/STI services).	438 IDUs reached (cumulative annually), as documented through the peer educators' reports compiled by the programme (SSR et SR CRB). not started= 0-15% IDU reached started = 15-50% IDU reached advanced = 50-80% IDU reached completed= 80-100% IDU reached with prevention package				X		
			478 IDUs reached (cumulative annually) with the prevention package of services (peer education, condoms, gels, access to HIV testing and HIV/STI services).	478 IDUs reached (cumulative annually), as documented through the peer educators' reports compiled by the programme (SSR et SR CRB). not started= 0-15% IDU reached started = 15-50% IDU reached advanced = 50-80% IDU reached completed= 80-100% IDU reached with prevention package					X	



Country	Burundi
Grant Name	BDI-C-UNDP
Implementation Period	01-Jan-2018 - 31-Dec-2020
Principal Recipient	United Nations Development Programme

By Module	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y2	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y3	Grand Total	% of Grand Total
Program management	\$831,817	\$467,321	\$435,506	\$440,993	\$2,175,638	\$923,143	\$472,771	\$431,980	\$450,854	\$2,278,748	\$1,170,970	\$455,008	\$445,815	\$467,537	\$2,539,329	\$6,993,716	19.6 %
Prevention programs for other vulnerable populations	\$30,051				\$30,051	\$15,013				\$15,013	\$24,777				\$24,777	\$69,841	0.2 %
Comprehensive programs for people in prisons and other closed settings						\$6,059				\$6,059	\$11,235				\$11,235	\$17,294	0.0 %
RSSH: Integrated service delivery and quality improvement	\$25,048	\$359		\$359	\$25,767	\$19,790	\$359		\$359	\$20,509	\$19,790	\$359		\$359	\$20,509	\$66,786	0.2 %
Prevention programs for adolescents and youth, in and out of school						\$66,006				\$66,006	\$122,950				\$122,950	\$188,956	0.5 %
TB care and prevention	\$877,304	\$84,750	\$21,201	\$20,681	\$1,003,936	\$788,177	\$35,684	\$21,477	\$20,956	\$866,295	\$807,166	\$35,830	\$22,226	\$21,102	\$886,323	\$2,756,554	7.7 %
TB/HIV	\$113,828	\$6,128	\$42,689	\$11,403	\$174,048	\$129,650	\$6,128	\$3,840	\$11,403	\$151,021	\$146,532	\$6,128	\$3,840	\$11,403	\$167,903	\$492,972	1.4 %
MDR-TB	\$214,336	\$44,994	\$16,821	\$16,821	\$292,972	\$245,602	\$45,321	\$17,160	\$17,160	\$325,243	\$214,345	\$45,660	\$20,648	\$20,648	\$301,302	\$919,517	2.6 %
Treatment, care and support	\$1,337,913	\$523,435	\$532,957	\$529,264	\$2,923,569	\$4,342,611	\$543,408	\$539,016	\$543,990	\$5,969,024	\$7,377,577	\$561,784	\$567,362	\$622,304	\$9,129,028	\$18,021,621	50.6 %
PMTCT	\$431,131	\$37,017	\$15,990	\$1,215	\$485,354	\$201,588	\$1,215	\$1,215	\$1,215	\$205,233	\$225,406	\$1,215	\$1,215	\$1,215	\$229,050	\$919,637	2.6 %
Prevention programs for general population	\$210,584	\$67,268	\$30,610	\$25,132	\$333,594	\$262,049	\$36,306	\$30,610	\$23,694	\$352,661	\$285,414	\$36,306	\$30,610	\$23,694	\$376,026	\$1,062,280	3.0 %
HIV Testing Services	\$19,756	\$2,591		\$2,591	\$24,937	\$263,070	\$2,591		\$2,591	\$268,252	\$229,101	\$2,591		\$2,591	\$234,282	\$527,471	1.5 %
Comprehensive prevention programs for sex workers and their clients	\$23,231	\$9,103	\$8,919	\$9,103	\$50,355	\$632,814	\$9,103	\$8,919	\$9,103	\$659,938	\$1,035,903	\$15,046	\$14,542	\$15,046	\$1,080,537	\$1,790,830	5.0 %
Comprehensive prevention programs for people who inject drugs (PWID) and their partners	\$3,188	\$8,412	\$2,104	\$4,710	\$18,413	\$3,466	\$4,710	\$2,104	\$4,710	\$14,990	\$3,699	\$4,710	\$2,104	\$4,710	\$15,223	\$48,626	0.1 %
Comprehensive prevention programs for MSM	\$14,002	\$8,910	\$8,181	\$8,910	\$40,002	\$48,392	\$8,910	\$8,181	\$8,910	\$74,392	\$81,719	\$12,541	\$11,813	\$12,541	\$118,613	\$233,008	0.7 %
RSSH: Health management information systems and M&E	\$165,879	\$185,503	\$215,390	\$113,781	\$680,553	\$156,271	\$115,180	\$90,935	\$119,718	\$482,104	\$97,155	\$104,037	\$76,037	\$95,808	\$373,037	\$1,535,695	4.3 %
Grand Total	\$4,298,067	\$1,445,791	\$1,330,369	\$1,184,963	\$8,259,189	\$8,103,703	\$1,281,686	\$1,155,436	\$1,214,662	\$11,755,488	\$11,853,740	\$1,281,215	\$1,196,213	\$1,298,959	\$15,630,127	\$35,644,804	100.0 %

By Cost Grouping	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y2	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	\$710,586	\$642,472	\$642,472	\$642,472	\$2,638,002	\$665,957	\$665,957	\$665,957	\$665,957	\$2,663,828	\$696,673	\$696,673	\$696,673	\$696,673	\$2,786,692	\$8,088,522	22.7 %
Travel related costs (TRC)	\$378,634	\$318,224	\$337,240	\$156,722	\$1,190,821	\$259,699	\$196,932	\$147,076	\$156,191	\$759,899	\$159,245	\$184,362	\$141,441	\$153,816	\$638,864	\$2,589,584	7.3 %
External Professional services (EPS)	\$27,520	\$64,264		\$35,890	\$127,674	\$35,051	\$57,532		\$15,000	\$107,583	\$18,890	\$28,632		\$15,000	\$62,522	\$297,779	0.8 %
Health Products - Pharmaceutical Products (HPPP)	\$1,001,500				\$1,001,500	\$2,974,342				\$2,974,342	\$5,330,017				\$5,330,017	\$9,305,859	26.1 %
Health Products - Non-Pharmaceuticals (HPNP)	\$766,761				\$766,761	\$1,776,043				\$1,776,043	\$2,239,791				\$2,239,791	\$4,782,595	13.4 %
Health Products - Equipment (HPE)	\$299,260				\$299,260	\$215,899				\$215,899	\$218,104				\$218,104	\$733,263	2.1 %
Procurement and Supply-Chain Management costs (PSM)	\$528,283				\$528,283	\$1,323,652				\$1,323,652	\$2,088,453				\$2,088,453	\$3,940,389	11.1 %
Infrastructure (INF)	\$7,155	\$17,000			\$24,155											\$24,155	0.1 %
Non-health equipment (NHP)	\$62,582	\$1,788	\$1,788	\$1,788	\$67,945	\$17,402	\$1,788	\$1,788	\$1,788	\$22,765	\$17,402	\$1,788	\$1,788	\$1,788	\$22,765	\$113,474	0.3 %
Communication Material and Publications (CMP)	\$19,976	\$66,260	\$8,438	\$17,172	\$111,845	\$39,749	\$16,919	\$8,438	\$39,674	\$104,779	\$39,015	\$16,919	\$8,438	\$17,172	\$81,543	\$298,168	0.8 %
Programme Administration costs (PA)	\$352,345	\$164,147	\$156,596	\$147,084	\$820,172	\$599,911	\$153,411	\$145,152	\$149,027	\$1,047,501	\$848,134	\$156,274	\$150,713	\$157,434	\$1,312,555	\$3,180,227	8.9 %
Living support to client/ target population (LSCTP)	\$143,464	\$171,636	\$183,836	\$183,836	\$682,772	\$195,997	\$189,147	\$187,026	\$187,026	\$759,196	\$198,016	\$196,568	\$197,161	\$257,077	\$848,822	\$2,290,789	6.4 %
GrandTotal	\$4,298,067	\$1,445,791	\$1,330,369	\$1,184,963	\$8,259,189	\$8,103,703	\$1,281,686	\$1,155,436	\$1,214,662	\$11,755,488	\$11,853,740	\$1,281,215	\$1,196,213	\$1,298,959	\$15,630,127	\$35,644,804	100.0 %



By Recipients	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y2	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y3	Grand Total	% of Grand Total
PR	\$3,358,491	\$450,474	\$469,695	\$336,948	\$4,615,608	\$7,166,344	\$374,308	\$327,045	\$320,024	\$8,187,721	\$10,885,324	\$347,334	\$323,443	\$330,646	\$11,886,747	\$24,690,076	69.3 %
PNILT	\$284,020	\$108,077	\$204,947	\$104,365	\$701,409	\$203,274	\$110,088	\$104,101	\$106,388	\$523,851	\$116,903	\$112,045	\$109,315	\$110,998	\$449,261	\$1,674,521	4.7 %
United Nations Development Programme	\$3,074,470	\$342,397	\$264,748	\$232,583	\$3,914,199	\$6,963,070	\$264,220	\$222,944	\$213,636	\$7,663,870	\$10,768,421	\$235,289	\$214,129	\$219,647	\$11,437,486	\$23,015,555	64.6 %
SR	\$939,576	\$995,317	\$860,674	\$848,015	\$3,643,582	\$937,359	\$907,378	\$828,392	\$894,638	\$3,567,766	\$968,416	\$933,881	\$872,770	\$968,314	\$3,743,380	\$10,954,728	30.7 %
PNLS /IST	\$473,982	\$480,824	\$371,142	\$355,194	\$1,681,142	\$396,844	\$373,114	\$328,345	\$391,303	\$1,489,605	\$403,178	\$370,842	\$344,270	\$377,943	\$1,496,233	\$4,666,980	13.1 %
Red Cross Burundi	\$465,594	\$514,492	\$489,532	\$492,821	\$1,962,439	\$540,515	\$534,264	\$500,047	\$503,336	\$2,078,161	\$565,238	\$563,038	\$528,500	\$590,371	\$2,247,147	\$6,287,748	17.6 %
Grand Total	\$4,298,067	\$1,445,791	\$1,330,369	\$1,184,963	\$8,259,189	\$8,103,703	\$1,281,686	\$1,155,436	\$1,214,662	\$11,755,488	\$11,853,740	\$1,281,215	\$1,196,213	\$1,298,959	\$15,630,127	\$35,644,804	100.0 %

