Concept Note/Burundi Partnership Framework

(PEPFAR)

0. Purpose

The objective of the Partnership Framework is to support the Government of Burundi's (GOB) effort to develop a sustainable response to HIV/AIDS which aligns with the Burundi National HIV/AIDS Strategic Plan, the National Health Development Plan and the Poverty Reduction Strategy Paper. Its goals are:

1) **Improve** access to HIV/AIDS prevention and care services
2) **Decentralize** HIV/AIDS services in four provinces;
3) **Build** the capacity of civil society organizations
4) **Improve** the performance of the Health System

The proposed budget will be used as follows:

Fiscal year	Level of the budget (in US$)
1	8,000,000
2	11,500,000
3	11,500,000
4	11,500,000
5	11,500,000

Burundi is not a PEPFAR focus country and receives very limited resources. Current US Assistance for HIV/AIDS activities is approximately US $ 3,500,000 per year. The proposed Partnership Framework would simultaneously increase the GOB's ability to combat HIV/AIDS within its borders and compliment regional initiatives to reduce the negative impact of HIV/AIDS by serving Burundi based clients that frequently travel within the East African Community (EAC).

I. Background

The Government of Burundi's (GOB) vision in combating HIV/AIDS is *"a country where the population at the household level, at the workplace, at the commune and at the provincial level, is made of competent communities with enough skills to face HIV"*. The proposed Burundi Partnership Framework concept note is designed to provide the GOB with critically needed resources over the next five years to sustain and strengthen its prevention and control of Burundi's HIV/AIDS epidemic. Through the GOB leadership, commitment, and collaboration with donor partners, civil society, and the private sector, Burundi is fully engaged in the fight against HIV/AIDS by simultaneously reducing HIV/AIDS incidence, while reinforcing comprehensive and integrated health services. The timing of this Partnership Framework coincides with the expected revisions to the Burundi National HIV/AIDS Strategy 2007-2011 that will reflect an updated understanding of the Burundian HIV/AIDS epidemic and promote evidence-based practices in HIV/AIDS prevention, care, and treatment. Through the Partnership Framework, US Government (USG) assistance will shift from the paradigm of a donor-recipient relationship to a collaborative partnership focused on concrete goals that will reinvigorate the

overall health system. This paradigm shift is aligned with the new President's Global Health Initiative (GHI) which places emphasis on an effective, efficient and country-led platform for the sustainable delivery of essential health care and public health programs.
Burundi is a low-income developing country, which ranks 174 out of 182 in the Human Development Index (UNDP's 2009 Human Development Report). The total population is 8,038,000 and geographically very similar to Rwanda. Like other East-African countries, Burundi is seriously affected by the HIV/AIDS epidemic. For example, more than 70% of beds in the internal medicine departments of the main hospitals in Bujumbura are occupied by people suffering from an AIDS-related illness[1]. The workload burden coupled with scarce human resources directly effects the quality of health care delivered in those health facilities. In rural areas the situation is similar. Poor communities affected by the epidemic are further disadvantaged because of the costs of proper healthcare.

Significant improvements are being made in the area of HIV/AIDS in Burundi. In the early stage of the epidemic, HIV status was very difficult to disclose and HIV positive people were stigmatized and discriminated. The situation is significantly changing now. In prevention, voluntary counseling and testing (VCT) sites have been created. Burundi has 180 VCT functional sites (with need for expansion) and PMTCT (prevention of mother to child transmission) is being integrated in antenatal clinics. Behavior change communication on HIV prevention is delivered through health structures, local organizations, peer educators and many other actors.

Regarding treatment, access to ART (anti retroviral therapy) has improved from 600 patients receiving ART in 2002, to more than 12,000 patients who are now accessing free ART. Decentralization of these services is ongoing, and health workers are being trained to manage HIV/AIDS related issues.

In order to reduce the impact of HIV, limited social and economic support is available to infected or affected people. The Government of Burundi has removed all taxes on HIV medicines and commodities and ARV treatment is subsidized with the support of development partners. In an effort to improve the national response to HIV/AIDS, Burundi joined several international initiatives, such as the; Commitment Declaration on HIV/AIDS, prevention acceleration, 3X5 initiative, and universal access to prevention, treatment, care and support. The New Partnership for Africa's Development (NEPAD) to which Burundi adheres offers other opportunities for the accomplishment of African Union Objectives related to HIV/AIDS and the achievements of the Millennium Development Goals.

However, despite the significant improvements described above, HIV/AIDS remains a priority public health threat. The third national survey on HIV conducted in 2007 showed a national HIV prevalence of approximately 3% in the general population, with an HIV prevalence of 4.6%, 4.4%, and 2.8% respectively in urban, peri-urban and rural areas. Burundi is currently facing a generalized epidemic with limited resources. In particular, the prevalence in rural areas is concerning because of the dramatic increase over the past several years. Progression of HIV in rural youth is alarming, particularly as most people (90% of the total population) live in the rural areas. The HIV prevalence in sex workers is significant (38%) with a higher prevalence in rural areas (46%) as compared to Bujumbura (29%). There is an urgent need to target high risk groups

[1] Profile of the Burundian health system, Ministry of Public Health, August 2004

in order to decrease HIV transmission. The number of orphans due to HIV/AIDS is estimated to be 240,000 out of a total of 800,000.

Other findings from a national survey conducted in 2007 are alarming and need to be addressed. The proportion of young people (15-24 years of age) stating that they use condoms during paid sexual intercourse was only 22.6%. For adults (25-49 years of age), the situation is worse (only 18.6% use condoms). The proportion of youth declaring that they had at least one casual sexual encounter in the last 30 days was 70.6 %; while condom use was only 11.8%. The proportion of people who knew three ways to prevent HIV (condoms, fidelity, and abstinence) is very low (10.7 %); while those who had received an HIV test was only 17.3%. However 82% of all interviewed people knew that ARVs can prevent HIV transmission from mother to child.

Therefore, the main challenges and gaps of the National HIV/AIDS Burundi Program are:

- High risk behaviours among the general population, especially in the Most At Risk Populations (MARPs);
- Low rates of condom use;
- Limited availability of voluntary counselling and testing (VCT), no introduction of provider initiated counselling and testing (PICT);
- Frequent shortages of medicines, lab reagents and other consumables countrywide;
- Limited decentralization of PMTCT services, with lack of access to services in the rural areas;
- Lack of information and awareness about the risk of HIV through biomedical transmission, particularly for traditional healers, traditional birth attendants and hairdressers;
- Insufficient access to post-exposure prophylaxis to prevent HIV transmission, especially in cases of sexual violence;
- Insufficient knowledge and awareness by high risk groups of sexually transmitted infections and their interaction with HIV;
- Limited participation by civil society in HIV prevention efforts; and,
- Lack of sufficiently trained medical personnel for managing all aspects of HIV/AIDS care and treatment.

II. Summary goals

In Burundi, the largest donors in the HIV/AIDS sector are the Global Fund and World Bank, who are funding a set of HIV/AIDS services which include prevention, treatment, and care. All ARVs used at the national level are currently provided by the Global Fund. World Bank provides funding directly to the GOB, who then implements services in the health structures. In many GOB sites, HIV/AIDS services are still weak. For example, sites are in need of renovations, equipment, and sustained supervision to deliver quality services. Funding from the Partnership Framework will complement the work being implemented by the GOB and other development partners in selected provinces which are in great need. Subject to further discussion with the GOB during the preparation of the Partnership Framework, the proposed geographical provinces and the respective prevalence rates are: Ngozi (2.56%), Karuzi (4.46%), Ruyigi (3.73%) and Cankuzo (3.57%). According to the HIV survey results conducted in 2007, those provinces are among the geographic areas with the highest HIV prevalence rates.

The goals of the Partnership Framework concept note are to support the GOB to develop a sustainable response to HIV/AIDS which aligns with the Burundi National Strategic Plan HIV/AIDS, the National Health Development Plan and the Poverty Reduction Strategy Paper. Those goals are:

1) **Improve** access to HIV/AIDS prevention and care services
2) **Decentralize** HIV/AIDS services in four provinces;
3) **Build** the capacity of civil society organizations
4) **Improve** the performance of the Health System

USG resources will assist the government in selected interventions in all four areas listed above.

A. Improve access to HIV/AIDS prevention and care services (30% of the budget) _.

During the Partnership Framework period, USG resources will support Burundi to reinforce and expand its efforts in prevention interventions that address reducing the sources of new infections. Building on the results expected from the planned mid-term review of the National HIV/AIDS Strategic Plan and the results from the Demographic and Health Survey (which will begin in late 2010), the GOB and partners will implement focused activities to curb the spread of new infections. Prevention efforts will focus on understanding the current dynamics of HIV transmission in Burundi. An underlying strategy will be to balance interventions directed towards both the general population and MARPs. Prevention interventions will also be fully integrated into clinical services and coordinated with other programming. Importantly, the targeted activities will address key underlying factors that contribute to HIV risk, including gender, socioeconomic status, social and cultural norms, family communication around reproductive health, and gender based violence.

The USG, through USAID/Burundi, is currently involved in prevention activities. For example, during FY 2009, the USG in collaboration with three Northern provinces in Burundi reached 30,283 people (M: 14,893, F: 15,390) with HIV/AIDS prevention messages related to abstinence and/or being faithful using peer educators from community groups. Regarding other areas of prevention, depending on the results of the feasibility study on male circumcision (under preparation), a strategy and operational plan will be developed to sensitize the community about the benefits of male circumcision. Prevention interventions will also include improving injection safety practices; and intensifying infection control activities at the facility level, and healthcare waste management.

During FY 2009 and with U.S. assistance, operational service outlets for counseling and testing increased from 46 to 66. During the same period, 63,741 (M: 30,115, F: 33,626) individuals were counseled and tested for HIV, of which 61,773 of (M: 29,207, W: 32,566) received their test results. There were approximately 1,994 clients that tested positive for HIV (3%). In addition, 135 health care providers were trained to offer HIV counseling and testing (HCT) according to national standards. A manual was developed in the native language (Kirundi) and was used to train those who were not comfortable following the trainings in French. Although efforts have been made to increase the number of VCT sites, enormous gaps remain. Less than 1/3 of health centers are providing HCT for HIV (180 sites out of 700 health facilities). Through the Partnership Framework, the USG in collaboration with the GOB will expand the number of sites providing quality HCT. The percent of pregnant woman accessing PMTCT services is estimated

at less than 10% (national level). During FY 2009, with USG assistance, PMTCT service outlets moved from 44 to 64. Among the 59,932 pregnant women who attended the first ANC (antenatal care) visit, 44,358 accepted HIV testing and 443 of them (1% of the tested) were HIV+. Among the 443 pregnant women who tested HIV+, 427 (96%) were provided antiretroviral prophylaxis according to the national protocol and their infants were provided follow up care after birth. The proportion of pregnant women benefiting from PMTCT services in the USG-assisted provinces is more than 50%. Additional funding will be used to improve and expand the package of services in the targeted provinces. PMTCT services will be increased at the provincial and district levels to ensure that HCT is available at ANC clinics. Simultaneously, family planning services (using non-PEPFAR funds) will be offered to PLWHA (people living with HIV/AIDS) as well as improved efforts in couples counseling to reach discordant partners. Through the activities of community health workers (CHWs) targeted messages on behavior change, condom use and distribution will be offered.

In the area of basic care and support, the USG contributed to two interventions. First, preventive therapy against opportunistic infections using cotrimoxazole was provided to 4,972 individuals (M: 1,778, F: 3,194). Second, home based-care was provided to 4,364 PLWHA (M: 1, 427, F: 2,937) with a package of services including psychosocial support, healthcare assistance, nutritional support and funeral assistance, as needed by the beneficiaries. The availability of services combined with sensitization from PLWHA network (RBP+) volunteers contributed to reaching PLWHA. During FY 2009, USG assistance was provided to 6,000 OVC and was composed of a set of services including education, health care, protection, shelter and care and psychosocial support.

Additional funding will allow local organizations involved in providing basic care and support to OVCs and PLWHA to expand services. Basic care and support will include mitigating the impact of HIV/AIDS on PLWHA and OVC. This includes strengthening integrated, high quality care and support, including palliative care through home-based care for PLWHA, including but not limited to free access to ART, treatment of opportunistic infections, nutritional assistance, and psychosocial and economic support via income generating activities for the most vulnerable PLWHA. It will also include providing a comprehensive package for OVC infected or affected by HIV/AIDS with medical care, education and economic support to alleviate the burden of the disease.

The GOB established a treatment protocol for people living with HIV/AIDS. Patients are followed regularly to treat opportunistic infections at the early stage. Regarding prophylactic treatment, cotrimoxazole is systematically given to all HIV positive people to delay the occurrence of opportunistic infections. All ARVs used nationally are currently purchased with Global Fund money. USG assistance follows the same protocol and uses the ARVs provided by Global Fund. However, the USG procures reagents for testing, laboratory equipment including CD4 count machines, and laboratory reagents for biological follow-up. In addition, the USG brings technical assistance in terms of human resources for hospitals and local organizations. During FY 2009, antiretroviral therapy was provided in 6 service outlets with USG assistance. In order to bring services closer to beneficiaries, a new strategy consisting of an outreach approach at 8 heath centers has been initiated. At the end of FY09, the cumulative total of individuals who received ART was 2,409 (M: 834, F: 1,575).

During the Partnership Framework period, additional funding will increase the geographical coverage of key evidence-based interventions, including diagnosis and treatment of opportunistic infections in the targeted areas. Treatment services are of great importance for people suffering from advanced stage of AIDS. During the consultations conducted by USAID/Burundi during its health sector assessment with GOB officials, it was clear that the GOB is committed to continuing the scale up of quality treatment services in order to contribute to the goal of universal ART access. While significant strides have been made, the goal under the Partnership Framework will be to focus on key aspects of improving quality, such as enhancing clinical and laboratory monitoring, and improving the ability of clinical providers to identify treatment failure and ensure appropriate switches to second-line regimens. While ARV and cotrimoxazole for prophylaxis are being brought by different donor sources, there is lack of treatment for opportunistic infections. The additional funding will increase the capacity of the GOB to take care of the multiple opportunistic infections by providing necessary medicines.

The USG further collaborates with the Global Fund regarding HIV/TB co-infection. During counseling and testing sessions for HIV, clients are also screened for common signs of tuberculosis. If there is any suspicion, they are referred to TB centers to be tested. The same approach is adopted when people are being treated for TB; they are encouraged to accept HIV testing. Global Fund, Damien Foundation and Belgian Technical Cooperation are the main donors working with the National TB program. Once the diagnosis of TB is completed, a standardized TB treatment supported by the DOTS approach is undertaken. The first and intensive phase takes two months followed by the second one which lasts 4 months. Clinical and biological follow-up is conducted on a regular basis.

B. Decentralize HIV/AIDS services in four provinces (30% of the budget).

HIV prevalence is increasing rapidly in rural populations. Although some efforts are being directed towards reducing the numbers of new cases, significant gaps remain. Currently, Burundi has 180 VCT functional sites mainly in health facilities. This represents almost 26% of all the 700 health centers and hospitals in the country. In many places, only one site per commune is available. Civil society organizations (CSO) need to be supported technically and programmatically, and provided resources to work at the community level to increase the awareness of the general population. In addition, CSO are well situated to provide fixed and mobile VCT services. Furthermore, there is a need to ensure that rapid tests are available and stocked on a timely basis. The lack of ART services is more alarming. To decentralize ART services diagnostic tests such as CD4/CD8 machines and adequate reagents are required at selected provincial and key district health facilities.

With additional USG funding, activities will be focused in four provinces. The proposed provinces are Ngozi, Karuzi, Ruyigi and Cankuzo. Ngozi is in the northern part of Burundi and is surrounded by USG-assisted provinces. It is ranked seventh out of 17 among the provinces which have the highest HIV prevalence rates. Data from the general census show that Ngozi province is the second most highly populated province in the country. Karuzi province is the second highest prevalence province, after Kirundo, which is already receiving support from the USG. Currently, there are no development partners specifically involved in HIV/AIDS. Ruyigi and Cankuzo provinces are ranked respectively in the 4th and 6th positions for the highest HIV

prevalence rate. Those two provinces are supported by the USG in nutrition program, which will be integrated into the HIV/AIDS activities.

With additional funding through the Partnership Framework, the packages of services for PMTCT and care discussed in goal one will be implemented in the four new provinces. Furthermore, increased numbers of HCT and ART centers will be established at the peripheral level. In addition, key health centers will be identified, the health providers trained and linked through a dynamic referral system to district hospitals to refer clients for testing and then to provide ARV treatment to patients that live beyond the district hospital coverage area. Once the patients under ART are identified by the referral hospital, they will be followed by the closest health center (which will be providing ARVs) and if necessary, the health center will refer them to the hospital for specific follow-up. In the meantime, the hospital staff will perform formative supervision.

C. Build the capacity of civil society organizations (20% of the budget)

In Burundi, there is a shared view that CSOs played an important role in fighting HIV/AIDS in the early stages of the epidemic. With the increasing visibility of PLWHA networks, HIV/AIDS is progressively shifting from a tabooed subject to one where it is easier to disclose one's status. CSOs, including PLWHA networks, focus on prevention, care and treatment and advocacy. Currently, the Burundian HIV Positive People's network is one of the Principal Recipients of Global Fund Round 8 funding. Despite that recognition, CSOs still require in addition to capacity strengthening support, funding to implement community activities in diverse locations. In Burundi, the number of CSOs involved in HIV/AIDS is progressively increasing, and to work more efficiently, they have decided to create a network to coordinate their activities (Burundian Alliance against HIV/AIDS) which includes more than 87 local organizations of different sizes and experience. The organizations represent various populations; youth educated and not educated; women; orphans; widows; internal displaced people; sex workers; military; and faith-based organizations. The aim of these organizations is to support the GOB in its efforts to combat HIV/AIDS by implementing national policies.

Based on an assessment conducted in 2006 on the contribution of civil society organizations in HIV/AIDS, it was noted that local organizations were engaged in prevention (80%), income generating activities for affected people (72%), and in psychosocial and medical support (52%). Furthermore, it was also noted that 30% of CSOs had never benefited from significant funding. In addition, they were not equipped with oversight and monitoring tools, limiting their ability to document the real impact of their interventions at the community level. Most of the CSOs are dependent on external funding to implement their activities. The most significant donors are the World Bank and the Global Fund. Other donors including bilateral assistance, United Nations and international non-governmental organizations have funded local organizations. The additional funding from the Partnership Framework would support civil society organizations in the implementation of community based activities while strengthening their capacity in planning, implementation, oversight and evaluation.

D. **Improve** the performance of the Health System **(20% of the budget)**

One of the four goals of the Burundi Health Development Plan is related to enhancing the performance of the health system. Most development partners believe that by strengthening the health system, the quality of all the health services including clinical HIV/AIDS services will occur. Additional funding through the Partnership Framework could contribute to supporting the Burundi health reforms which are mainly focused on decentralization of the health system through the health district approach and by implementing Performance-Based Financing (PBF). The GOB is engaged in the PBF approach to improve overall health services and systems. With PBF, each structure under contract submits its work plan quarterly and is evaluated and incentivized according to its performance. As HIV/AIDS services are integrated into the minimum health package, the improvement of the delivery package would benefit HIV/AIDS services. Several parts of the country have already selected key HIV/AIDS indicators to track through PBF. The PBF is based on the principle of separate functions: service provision, regulation, verification, and buying services. During consultation workshops organized at the national level, some indicators related to HIV/AIDS/STIs and TB were proposed, such as: number of HIV positive pregnant women provided with ART prophylaxis, number of newborns from HIV positive mothers provided followed-up care, number of people HIV tested, number of new patients provided ART, number of clients receiving ART monitored over the past 6 months, number of STI cases treated, number of positive TB cases detected and number of TB cases treated and cured.

The health district approach is a new paradigm in Burundi and the formation of health district teams is underway. The key objective of the health district is to place the patient at the center of the health system. This will be achieved through the creation of new geographic operational clusters which cover 150,000 to 200,000 people. The health district is more manageable compared to the province where populations can reach 700,000 people. Significant gaps remain in the area of training, equipment, renovations of health structures, establishing health district offices, supervision, and essential medicines including medical consumables.

The additional funding from the Partnership Framework will support the decentralization process in the provinces. The assistance will be used to train the health districts staff to provide basic equipment, and depending on the availability of funding, to rehabilitate some health infrastructure. Regarding PBF, U.S. assistance will be used for targeted trainings already defined in the procedural manual in close coordination with other donors which will provide incentives for performance. It is important to note that USG assistance will not be financing performance indicators but will work in close collaboration with other donors like World Bank, European Union and CORDAID (Catholic Organization for Relief and Development Aid) which are financing the indicators.

III. Partnership Commitments

The Government of Burundi

The President of Burundi Pierre Nkurunziza, who is also the President of the National HIV/AIDS Council, stated that "*Burundians must take the initiative and the leadership in order*

to facilitate the technical and financial support of Burundi development partners" when introducing the HIV/AIDS National Strategic Plan. The Partnership Framework will capitalize on the GOB's exceptionally high level of ownership and commitment to fighting HIV/AIDS, and create a new development assistance paradigm. The Ministry of Public Health and the Ministry in charge of HIV/AIDS in conjunction with the National AIDS Council are leaders in the development of different HIV/ADS related policies and they will continue in their roles. They will collaborate in coordination with other partners involved in HIV/AIDS such as other ministries, research institutions, CSO and faith based organizations, and other donors.

As evidence of GOB commitment, the government has declared all HIV/AIDS services free of charges and for more than 10 years the GOB has committed US$100,000 in support of HIV treatment; in addition it has allocated US $2,500,000 from the highly indebted poor countries (HIPC) initiative for HIV/AIDS. All ministries have developed their own HIV/AIDS work place programs.

There was a Bilateral Agreement signed between the Republic of Burundi and the United States in 2007 to collaborate to improve the health of the Burundian population. As always, the GOB will make available resources, including human, infrastructure, and equipment to render the Partnership Framework funds more effective and efficient to reach beneficiaries.

United States Government

Pertinent clauses contained in the Bilateral Agreement between the two countries will apply to make the assistance more effective. Over the life of the Partnership Framework, the USG will provide technical and financial assistance to support quality improvement, health systems strengthening, host country ownership and sustainability, and improved coordination. The USG's support to health systems strengthening and capacity building will promote the sustainability of the Partnership Framework's achievements. It will also extend to improvements in national health information systems that will monitor ongoing programs and provide the evidence base for the results expected to be attained. The Partnership Framework will enhance the dynamic of cooperation among USG, GOB, other health sector donors, and important partners including civil society.

Donor coordination

The USG through USAID and the US Embassy in Burundi actively participate in the various coordination networks. At the highest level, the second Vice-President of the Republic in charge of Economic and Social issues regularly organizes donor coordination meetings. The Ministry of Public Health has established a Partner Framework for Health and Development which is headed by the Minister of Public Health and a donor representative. In this forum, all kinds of discussions related to health are organized. Technical representatives from the donor community also have a separate task force to discuss health issues. Regarding HIV/AIDS specific coordination networks, the National HIV/AIDS Council is the leading authority. There is also a UNAIDS (Joint United Nations Programme on HIV/AIDS) Thematic Group where the ministry in charge of HIV/AIDS and the Ministry of Public Health participate. The HIV/AIDS Technical

Working Group comprises the UN agencies and other development partners. Lastly, Burundi has a Country Coordinating Mechanism (CCM) where USG is represented by USAID.

IV. Financial commitments

The USG is currently involved in the HIV/AIDS sector in Burundi and is actively programming very limited resources in prevention, treatment and care for PLWHA and affected by HIV/AIDS. Voluntary counseling and testing, PMTCT, and preventive therapy (PT) with cotrimoxazole are being provided in 64 sites supported by US assistance. Due to limited resources, these interventions, which are highly appreciated by the beneficiaries and the government officials, are being implemented in only three out of 17 provinces. The level of funding has been US$2,247,000 in 2007, US$3,096,000 in 2008, and US$3,500,000 in 2009. The USG team in Burundi is expecting level funding for the coming years to maintain its minimum assistance in the HIV/AIDS sector. It is worth noting that the Department of Defense is also assisting Burundi military personnel in fighting HIV/AIDS. A clinic has been built with USG assistance and the military and their dependents come regularly for voluntary counseling and testing for HIV.

It is expected that during the Partnership Framework, the other main donors who will be involved in the HIV/AIDS sector include: The World Bank, German Cooperation, United Nations System and Global Fund especially with the Round 8 proposal in HIV/AIDS. The Global Fund is the largest donor supporting the HIV/AIDS program with $157,272,886 expected over 5 years.
However, additional funding is desperately needed to cover the gaps outlined in this concept note in BCC, VCT, PMTCT, ART service delivery, and OVC.

From the Burundi National Health Accounts 2007 (the most recent), the total expenditure for health and per capita is 17.4% (less than the proposed level of 34% to cover the optimal needs of the population in health). The Government contribution to health is very small, comprising of less than 7% of the total government budget. The National Health Accounts report shows that most of the resources used to support the HIV/AIDS sector, 74% come from external assistance; only 26% is provided by the GOB of which 24% are resources from HIPC initiative.

V. Indicators, Monitoring and Evaluation

The government monitoring and evaluation framework will be strengthened and used to track achievements and progress. Burundi's benchmark data will be determined in collaboration with stakeholders during the Partnership Framework development process and will be consistent with the Burundi's national HIV/AIDS Strategy under review and with its National Health Development Plan which is going to be revised in 2010. The indicators set will contribute to the achievement of the Millennium Development Goals.

The proposed activities in the Partnership Framework fall under the Investing in People Functional Objective of the State-USAID Joint Strategic Plan 2007-2012 and contribute to the achievement of U.S. transformational diplomacy objectives. U.S support for HIV/AIDS interventions also provides a substantive contribution to the implementation of the Burundi national health development plan, which targets HIV/AIDS as a serious public health issue.

The goal of the Partnership Framework is to assist the Government of Burundi and Burundian Civil Society Organizations (CSOs) increase the number of people served with HIV/AIDS, care, and treatment and support services through the implementation of effective programming.

Examples of the overall results for the Partnership Framework over a five year period are (to be refined during the Partnership Framework preparation process):

1. Increased number of PMTCT services offered including routine antenatal care services, screening for syphilis, counselling and testing for HIV, infant feeding, provision with a complete course of ARV prophylaxis to HIV+ mothers and their babies, mother to child follow-up, and preventive therapy using cotrimoxazole prophylaxis to infants exposed to HIV;
2. Increased number of individuals reached through community outreach that promotes HIV/AIDS prevention by abstinence and/or being faithful;
3. Increased number of targeted condom service outlets;
4. Increased number of individuals provided with HIV-related palliative care (including TB/HIV);
5. Increased number of orphans and vulnerable children served by OVC programs;
6. Increased number of individuals who received counselling and testing for HIV and received their test results;
7. Increased number of individuals receiving ART at the end of the Partnership Framework period (includes PMTCT+ sites);
8. Increased number of health workers trained to promote HIV/AIDS prevention, counselling and testing, and to deliver ART and PMTCT services, and HIV-related palliative care.

VI. Timeline and Resources Required

The USG/Burundi team would propose that the Partnership Framework begin in 2011 for a total of $54 million USD over five years.