Together we RISE

A Report on the Five-Year Journey to **Reaching Impact, Saturation, and Epidemic Control (RISE) in Burundi**

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

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RISE
Reaching Impact, Saturation, and Epidemic Control

Reaching Impact, Saturation, and Epidemic Control (RISE) is a multi-year global project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) to assist countries to respond to HIV, COVID-19, and mpox health emergencies. A global consortium led by Jhpiego, RISE is implemented in Burundi by ICAP at Columbia University to support the government in achieving HIV epidemic control, working across the HIV prevention, care, and treatment cascade to reach the UNAIDS 95-95-95 targets.

From 2019 to 2024, RISE—in collaboration with key partners—provided HIV care and treatment services across 188 health facilities (HF) in 25 districts and eight provinces of Burundi. Over the course of the program, Burundi made remarkable progress in reaching the UNAIDS targets and is poised to be the first African francophone country to achieve sustained HIV epidemic control. By 2023, 93 percent of people living with HIV had been diagnosed, 99 percent of those diagnosed were on antiretroviral treatment (ART), and 93 percent of those on ART had a suppressed viral load (VL). Person-centered care catalyzed RISE Burundi's impressive success. Differentiated service delivery tailored to the individual worked to ensure that no person at high risk of or living with HIV would face limited access to or long-term use of HIV prevention, care, and treatment.

As the acronym suggests, the RISE program in Burundi has been dedicated to seeing the country and its people elevated to a new level of health and possibility. Over the course of five years, recipients of care have courageously risen above health challenges, armed with the knowledge of their status, access to safe care, and the power to maintain treatment. Health care workers have risen to meet incredible health service demands, closely following up with clients who had interrupted treatment, providing essential HIV testing to recipients of care, and rolling out multi-month dispensing of medication. Community workers—whether mentor mothers, peer educators, or other relay staff—have risen to facilitate community-based care, delivering self-testing, viral load testing, antiretroviral medications, psychosocial support, and other lifesaving resources directly to the homes of their neighbors.

This report charts the remarkable progress RISE Burundi has made over just five years, recounting the innovative approaches employed, and celebrating the people impacted and the people who made it possible—the nearly 10,000 people living with HIV who were newly identified at RISE-supported health facilities; the 930 community ART groups that gave a safe space to people living with HIV; the 1,720 individuals who initiated Pre-exposure Prophylaxis (PrEP); the 23 laboratories that received essential equipment; the hundreds of health staff trained on quality delivery of HIV services. RISE Burundi's legacy will be the thousands of people who are proof that when we come together to control HIV, we all rise as one.

RISE (RĪZ) VERB:
to advance, ascend, improve, increase, overcome, grow.

RISING TO THE CHALLENGE

The central-east African nation of Burundi is a densely populated country with a population of nearly 13 million, almost half of whom are under 15 years of age. The country faces an HIV prevalence rate of .9 percent. Since 2002, the government of Burundi has developed numerous strategic plans with the objective of defining clear priorities to coordinate targeted interventions for reaching epidemic control. **With support from PEPFAR, the Global Fund, and other partners, Burundi has made remarkable progress in its HIV response, nearly reaching the first and third UNAIDS targets and surpassing the second by 2023.**

Despite significantly decreased HIV prevalence rates nationwide, disparities in the HIV cascade remain among specific provinces and populations. Both male (2.1 percent) and female (3.2 percent) individuals between 50-54 years old face a disproportionate HIV burden. Overall, there is a 2.5 percent prevalence in the urban district of Bujumbura Mairie versus a 0.7 percent prevalence in the rural district of Bujumbura Rural. Across the age range of 15-49 years, there is a disproportionate HIV burden among women, who have a 1.1 percent HIV prevalence compared to men of the same age range who have a 0.8 percent HIV prevalence.

Partnering with the Ministry of Health (MOH), nongovernmental organizations, and other local stakeholders, RISE assisted the government of Burundi in attaining and maintaining epidemic

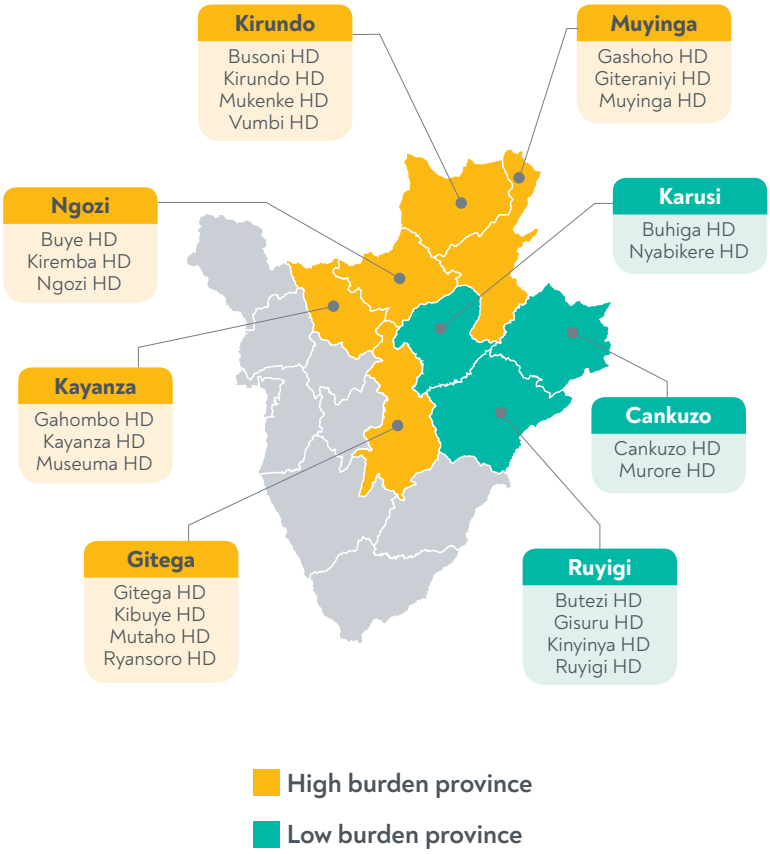
RISE Burundi collaborated with several key partners, including:

- USAID Burundi
- Programme National de Lutte contre le SIDA (PNLS), Ministry of Health (MOH)
- District Health Teams
- The Society for Women against AIDS in Africa (SWAA)
- Association Nationale de soutien aux Séropositifs et malades du SIDA (ANSS) - Santé Plus
- USAID GIR'ITEKA ("Be Respected") project
- Réseau Burundais des Personnes vivant avec le VIH (RBP+)
- The USAID WIYIZIRE Extension Activity
- FHI360/EpiC
- Data-Fi consortium
- GHSC-PSM
- CERPED

control by supporting sustainable, self-reliant, and resilient health systems. The program facilitated a person-centered approach to improve HIV testing and prevention services to close gaps in case finding and eliminate new HIV infections throughout the country, especially among hard-to-reach populations. These include key populations, children, adolescents, men, pregnant and lactating women, and those who are difficult to reach based on their geographic location. RISE Burundi reached these populations in part by mobilizing community workers, for example, mentor mothers—pregnant women living with HIV who support other pregnant living with HIV to adhere to treatment—or peer educators—adolescents living with HIV who help track their peers' missed appointments.

In year one, RISE supported 88 HFs in 13 districts across four provinces—Bujumbura Rural, Kayanza, Ngozi, and Kirundo. From year two, RISE expanded to 188 HFs in 25 districts across eight provinces—Kayanza, Ngozi, and Kirundo provinces continued to be supported by RISE; Gitega, Muyinga, Karusi, Cankuzo and Ruyigi provinces transferred to RISE support; and Bujumbura Rural transferred to FHI360 support from RISE. The intensity and level of RISE support in each province was tailored based on HIV burden and progress towards the 95-95-95 targets, prioritizing technical assistance to districts with the greatest need. RISE also provided direct site support to the high-volume HFs where approximately 80% of recipients of care access ART services. RISE-supported provinces and districts are shown in Figure 1.

Figure 1: RISE-supported provinces and districts



"The role of community is very important in RISE. RISE fostered a network with organizations to implement its approaches. Mentor mothers, for example, are involved in reaching communities with HIV testing. They also support ART continuity and reminders of appointments for viral load testing. This is to say the role of the community is from the top to the bottom of the HIV care cascade."

—Aimé Ndayizeye, director, PNLS

RISING ABOVE THE FIRST 95— CLOSING GAPS IN CASE IDENTIFICATION

Targeted, person-centered testing approaches were essential to reaching undiagnosed adults and children in Burundi. At the start of RISE, an estimated 12% of people living with HIV in the country (approximately 9,800 people) were undiagnosed, and the largest testing gaps were among children, adolescents, young men, and sex workers. Between October 2019 and June 2024, a total of 9,610 people living with HIV were newly identified at RISE-supported HFs. By 2023, Burundi had achieved the first 95 for the general population.

The percentage of children (under 15 years old) living with HIV who knew their status increased from 36% in 2019 to 65% in 2023, while the percentage of young men (aged 15-24 years) living with HIV who knew their status increased from 47% to 82%.

RISE instituted systematic reviews of recipient of care files to identify those who had not been offered index testing. Health care workers and community relay workers were trained and mentored in counselling index clients, eliciting contacts (e.g., sexual partners and biological children), assessing risks for intimate partner violence, and assisting with partner notification by phone or during home visits.

RISE demonstrated the effectiveness of index case testing in closing the case finding gap: 5,890 (11%) of the 54,040 people tested through index testing between October 2019 and June 2024 were diagnosed with HIV; and out of 9,610 people diagnosed with HIV at RISE-supported HFs, 61% were identified through index testing, including 334 children under 15 years old.

From year one, RISE staff intensified site support to ensure that the HIV status of all biological children less than 19 years old of women on ART was documented. Particular attention was given to recipients of care who were newly diagnosed or virally unsuppressed, and ICAP collaborated with WIYIZIRE Extension Activity to test children and adolescents, either through home visits or referral to HFs. Rigorous patient file reviews ensured that HIV-exposed infants were tested within two months of birth, while routine immunization sessions were also used to screen children under five for HIV exposure. Among people who were diagnosed with HIV at RISE-supported sites from October 2019 to June 2024, 2,778 (29%) were females 15-

29 years old, representing 49% of all women older than 15 who were diagnosed with HIV.

At 188 RISE-supported HFs, community outreach facilitated improved access to HIV testing for disproportionately affected populations. RISE supported sensitization and testing campaigns at hotspots for men, for example, who could benefit from HIV testing—e.g., motorbike taxi drivers, miners, police, and market vendors—as well as at refugee camps and in prison settings. At 54 HFs, RISE collaborated with the community-based organization RBP+ to implement outreach; at the other 134 HFs, RISE provided direct support for community counsellors.

RISE integrated assisted HIV self-testing for hard-to-reach contacts of index cases and priority populations into outreach activities in collaboration with RBP+. Community relay workers offered counselling, demonstrated how to use the test and interpret the result, followed up with recipients of care who had a reactive test, and ensured that they were linked to a HF for confirmatory testing. RISE also supported training for mentor mothers and adolescent peer educators on assisted HIV self-testing in the community.

Provider-initiated testing and counselling targeted individuals most in need of HIV testing services. These included recipients of care who presented at HFs with clinical signs and symptoms of HIV, all women in antenatal care and maternity settings, people receiving care after experiencing gender-based violence, and all recipients of care with presumptive Tuberculosis (TB) or active TB disease. At other inpatient and outpatient entry points, the national HIV testing eligibility screening tool was used systematically to minimize unnecessary testing while ensuring that those at risk for HIV were offered testing and counselling services.

"RISE has really taken the time to train the peer educators, the mother mothers, and the community relay workers. Thanks to the training, they are valued and when they make visits they are well received. People say, I know you, you do training at the hospital, and you teach our community, so tell me where I should go to get tested."

—Kanyekigo Spes Caritas, nurse at Gitega Hospital

"Person-centered care is essential to reaching HIV epidemic control in Burundi. It's important that we implement programs that recognize the unique experiences of an individual so that health services are context-appropriate and will ultimately lead to improved long-term health outcomes."

—Bonaparte Nijirazana, country director, ICAP in Burundi

RISING ABOVE THE SECOND 95—OPTIMIZING TREATMENT FOR PEOPLE LIVING WITH HIV

High-quality, person-centered ART services were key to maximizing progress and impact as Burundi successfully closed gaps in HIV case finding. Key challenges included maintaining high rates of linkage to ART, closing treatment gaps among priority populations (including children, adolescents, and young men), and making it as easy as possible for people living with HIV to continue on treatment.

Prompt ART initiation for those newly diagnosed with HIV was a major priority: people who were diagnosed at a HF were supported to initiate ART the same day through escorted referrals to the ART clinic, while those diagnosed in community settings were given one-week ART starter packs and clinic appointments to enroll in care. If a newly diagnosed person was not ready for same-day ART initiation, they were followed up by phone or a home visit. All newly diagnosed adults, adolescents, and children (plus caregivers) received tailored counselling to mitigate stigma, build treatment literacy (including "undetectable = untransmittable"), address concerns about ART, and promote adherence.

Over the course of the RISE program, more than 90% of recipients of care (97% by year five) initiated ART the same day they were diagnosed with HIV and at least 98% initiated ART within one week of diagnosis.

Burundi's transition to dolutegravir (DTG)-based regimens was accelerated with RISE support, including optimized formulations based on weight for children under 15 years old. Although a national stockout in 2020 slowed the pace of transition, 55% of recipients of care at RISE-supported HFs—including 51% of children—were on optimized regimens by the end of year one, 83% by the end of year two, and 98% by the end of year three.

TB prevention and treatment is critical for people living with HIV. Within ART clinics, RISE facilitated systematic TB screening, increasing access to diagnostic testing (both microscopy and GeneXpert) for presumptive TB patients, and increasing coverage of TB preventive therapy (TPT) for adults and children who screened negative for TB. Screening coverage was consistently high (98-99%) and TPT coverage increased steadily during years one to three; by the end of year three, 91% of eligible adults and children had completed a course of TPT. During year five, RISE supported MOH to introduce and roll out the new one-month TPT regimen of daily isoniazid and rifapentine (1HP), as well as weekly isoniazid and rifapentine for three months (3HP) for children under two years of age.

The COVID-19 pandemic brought numerous challenges for both recipients of care to maintain treatment and for health providers to consistently facilitate treatment. RISE supported HF teams and community partners to engage recipients of care and remove barriers to access (notably seasonal migration, travel costs, lack of time, health issues, and forgetting appointments), working closely with community partners to strengthen the clinic-community interface and ensure smooth coordination with their community-based volunteers.

"I am sharing my knowledge about HIV to my community. And for that, I am getting transportation and communication fees to make it easy to reach out, to show them the advantage of doing the testing, to take the medication, and to do regular follow-up during pregnancy, all for our good health."

—Ninkingi Agrippine, mentor mother at ABUBEF health facility, Ngozi

Improved appointment management processes were urgently needed to reduce the number of recipients of care missing appointments or interrupting treatment. RISE supported the introduction of standardized appointment cards and prompt tracking of recipients of care who missed ART pickups in collaboration with RBP+ and WIYIZIRE Extension Activity, in addition to a return to care package that included personalized adherence plans and enhanced adherence support. Appointments for ART pick-ups, TPT, clinical visits, and VL monitoring were harmonized to improve convenience for recipients of care, as were appointments for mothers and children. RISE staff intensified support to HFs with the highest unexplained levels of loss to follow-up, initiating active searches for missing recipients of care.

Quality improvement (QI) collaboratives enabled multiple HF teams to work together on a specific,

shared challenge. Beginning in October 2021, RISE supported a QI collaborative for the 20 HFs with the highest number of interruptions in treatment. A total of 421 recipients of care had interrupted treatment at these HFs, representing 62% of all treatment interruptions across the RISE Burundi program. Facility level QI teams, recipients of care, and district QI coaches came together to analyze the root causes of interruption in treatment, develop "change ideas" to prevent treatment interruption as well as support return to care, test these interventions, continuously monitor their impact, and validate best practices. When the QI collaborative concluded in December 2022, 720 recipients of care had been returned to treatment, and the number of treatment interruptions across the 20 HFs had fallen to 130, a reduction of 69% in 15 months. These improvements were sustained at the 20 HFs as well as replicated across the RISE program. By June 2024, there were 103 instances of treatment interruption across the 20 HFs and 245 across all 188 RISE-supported HFs—a 64% reduction since the QI collaborative began.

Differentiating Service Delivery

Multi-month dispensing of three months (MMD3) of ART was approved by MOH in May 2020 to reduce the frequency of clinic visits for individuals on ART during the COVID-19 pandemic. RISE supported district health teams to rapidly implement MMD3 for adults and children, including logistic support for drug distribution to district pharmacies and HFs.

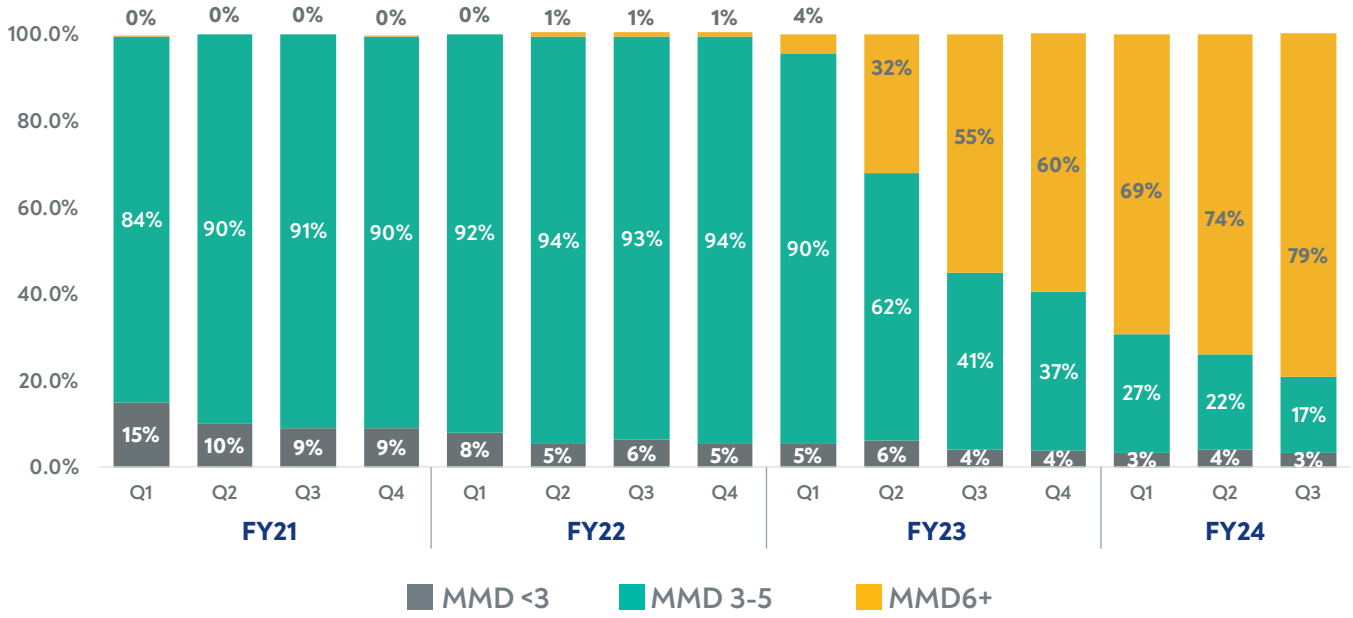
By September 2020, 73% of adult recipients of care at RISE-supported HFs were enrolled in MMD3, increasing to 92% of adults and 64% of children under 15 by September 2021.

In year four, RISE collaborated with other partners in supporting the MOH to plan for and roll out six-month dispensing of ART (MMD6). All 188 RISE-supported HFs implemented MMD6, and by June 2024, 80% of adults and 46% of children under 15 had been enrolled on MMD6.

"RISE implemented differentiated service delivery, which helped people living with HIV to access multi-month dispensing of medication. It was really an amazing thing that RISE did. It reduced cases of people needing to use their own money to take transportation to get to the clinic and it also led to fewer missed appointments. Now, we are seeing more cases of suppressed viral load in our communities."

—Rose, RBP+ representative, Ngozi Province

Figure 2: Rapid Scale-Up of Multi-Month Dispensing at RISE-Supported Health Facilities



Differentiated service delivery models benefit both recipients of care and the health system by reducing the frequency of HF visits, costs associated with travel and missing work, and overcrowding at clinics, while also freeing up providers' time for complex clinical cases. Beginning in year two, RISE supported MOH to offer a range of such models for established patients, integrated with multi-month dispensing, that are designed to facilitate continuation on treatment.

Recipients of care chose how to receive ART at RISE-supported HFs. There were five alternatives to "standard" monthly drug pickup appointments at the HF: 1) peer-led community ART groups, in which one member collects refills for the whole group; 2) clinic-based adherence groups for adolescents, youth, and pregnant women; 3) three-monthly clinic appointments with fast-track to drug pickup at the pharmacy; 4) six-monthly clinic appointments; and 5) individual outreach, where a community relay worker delivers refills to the home. In June 2024, 94% (24,722/26,259) of people on ART across 188 RISE-supported HFs were enrolled in a less intensive DSD model of care – 94% (23,919/25,337) for adults and 87% (803/922) for children under 15 – as shown in Figure 3.

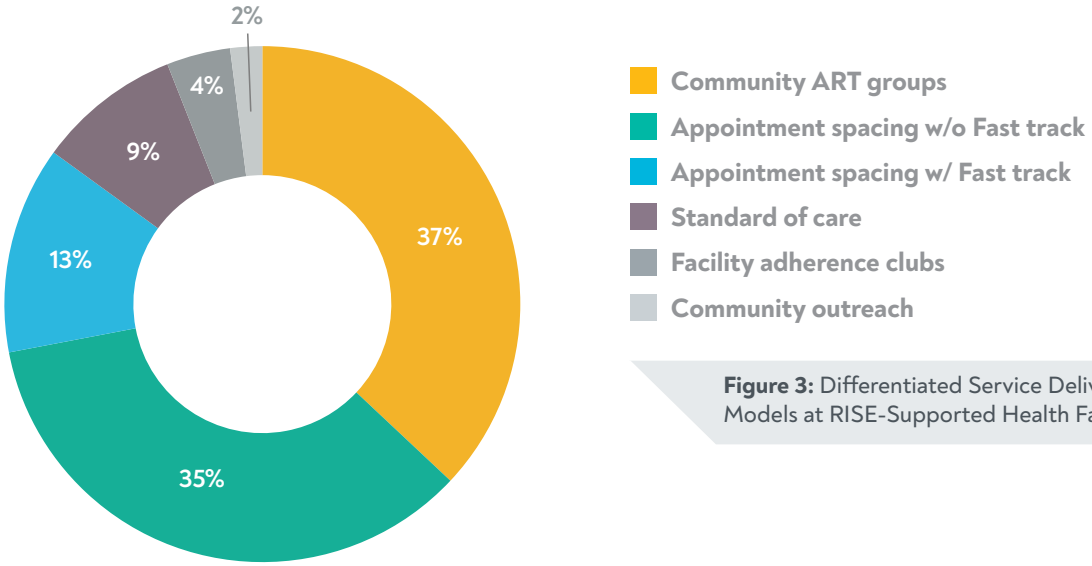


Figure 3: Differentiated Service Delivery Models at RISE-Supported Health Facilities

"I could never thank the mother mentor enough for watching over me and my children. They helped me a lot—followed me regularly, supported me, and never missed an appointment to take me to the hospital so that I can take my medication or to bring it to me at home."

—Perpetue, RISE recipient of care

Engaging Mentor Mothers

The mentor mother program was launched in early 2022 to support women living with HIV through pregnancy, breastfeeding, and monitoring of HIV-exposed infants.

Mentor mothers—mothers living with HIV—offer peer support with disclosure of their HIV status, ART adherence, VL monitoring, early infant diagnosis, male partner engagement, and index case testing, including through home visits, escorting mothers to the HF, and immediate outreach in case of missed appointments. RISE engaged mentor mothers as well as supervisors and community partners in developing counseling cards for use with recipients of care.

RISE initiated the mentor mother program at 25 health facilities, training 88 mentor mothers overall.

Mobilizing Youth

Adolescents living with HIV (aged 10-19 years) received age-appropriate clinical and psychosocial support at RISE-supported HFs. Facility-based adherence clubs served as safe, social spaces and offered adolescent-friendly services, including drug refills, weighing, checking ART regimens and dosage for accuracy, sample collection for VL testing, and enrollment on TPT.

Eleven HFs also offered adolescent-friendly services, including counseling for disclosure and adherence support, advice on positive living and sexual and reproductive health, and enhanced adherence counselling for adolescents with unsuppressed VL. These services were offered by adolescent peer educators—adolescents living with HIV who received training using ICAP's adolescent peer educator training curriculum, Positive Voices, Positive Choices. Peer educators also played an important role in supporting adolescents living with HIV to continue treatment by helping to schedule clinic visits and sending appointment reminders for drug pickups and VL testing.

"I know I am not alone. Not only did I regain hope, but I believed I could help others.

—Leilla Manirakiza, RISE peer educator

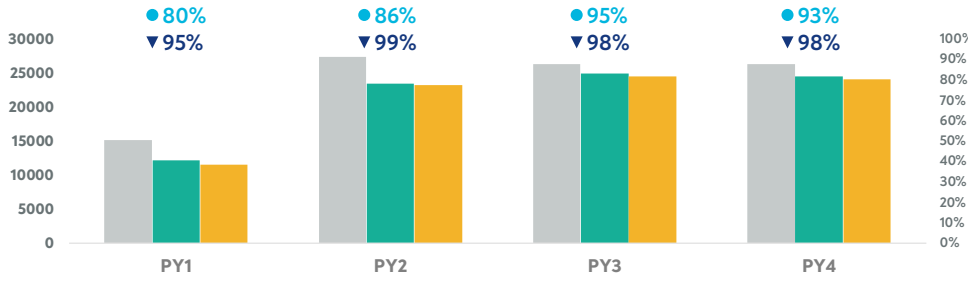
RISING ABOVE THE THIRD 95— IMPROVING VIRAL LOAD SUPPRESSION

At the start of RISE, Burundi had attained 88% VL suppression amongst all people living with HIV and on ART, but progress lagged among children under 15 (70%) and young men aged 15-24 (77%).

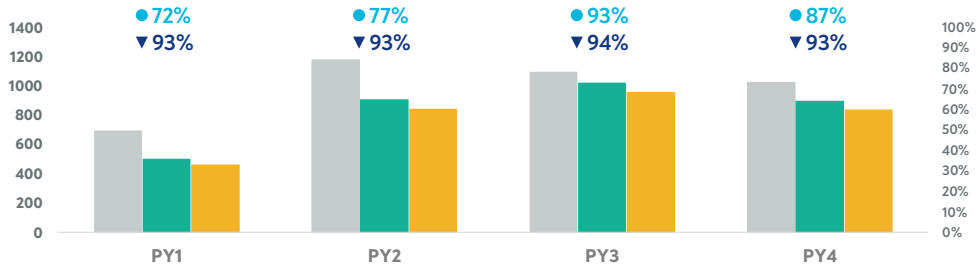
By 2023, the country had surpassed the third 95 target with 97% VL suppression among all adults and children on treatment and was poised to achieve the third 95 among both children (92%) and young men (94%).

RISE supported rigorous patient file review to identify recipients of care due for VL testing and "catch-up days" at high-volume HFs from quarter one of the project. RISE also offered blood draws during support group, adolescent adherence club, and community ART group meetings. Additional strategies to increase VL testing demand and coverage included integrating VL monitoring with antenatal care for women living with HIV, conducting testing campaigns in districts with lower coverage and during school holidays, and strengthening appointment management processes. VL flipcharts, introduced by ICAP, for adults, pregnant and breastfeeding women, children, and adolescents (developed by ICAP prior to RISE) were endorsed by PNLS as national tools and introduced at all RISE-supported HFs to strengthen treatment literacy and counselling on the importance of VL monitoring.

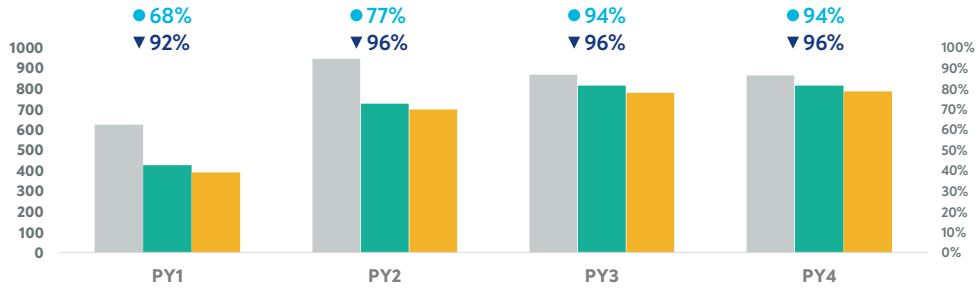
Figure 4: VL testing coverage and VL suppression by sub-populations



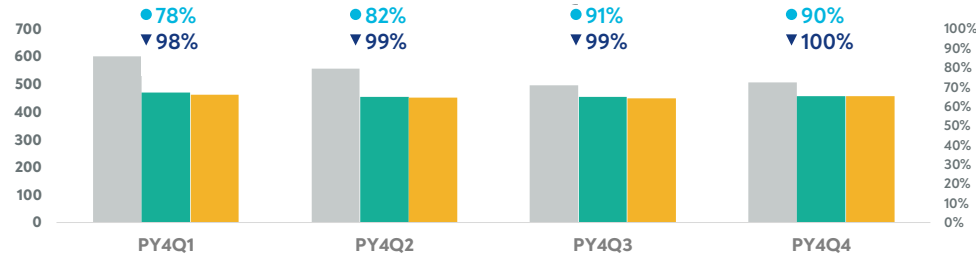
Trend of VLC & VLS: Overall



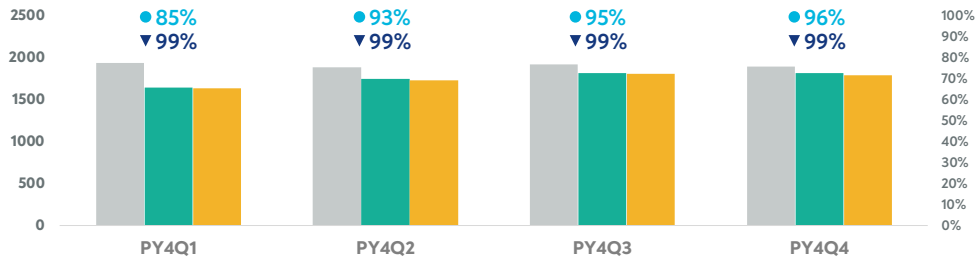
Trend of VLC & VLS: Children <15 yrs



Trend of VLC & VLS: Adolescents 15-19 yrs



Trend of VLC & VLS: Pregnant women



Trend of VLC & VLS: Breastfeeding women

VL eligible | VL documented | VL suppressed | % VL coverage | % VL suppression

By the end of year four, VL testing coverage at RISE-supported HFs reached 93%, including 87% of children under 15, 94% of adolescents aged 15-19, and 95% of pregnant and breastfeeding women. At least 98% of recipients of care tested from year three onwards had suppressed VL, including more than 92% of children, 95% of adolescents, and 97% of pregnant and breastfeeding women.

Prompt return and analysis of VL test results is vital for high-quality care, particularly among those with unsuppressed VL. RISE supported sample transportation from HFs to the three VL testing laboratories and HF laboratories with GeneXpert machines. As an interim strategy, paper-based results from the laboratories were routed through RISE's regional offices to reduce turnaround time and ensure that cases of unsuppressed VL were flagged immediately to HF teams. From year three, RISE supported MOH to roll out an electronic application called IBIPIMO, predominately at laboratories with high throughput platforms such as Gitega Regional Hospital laboratory. This allowed for an improved turnaround time of results to 14 days, compared to the previous average of 30 days, although consistent Internet connectivity remained a challenge.

Management of unsuppressed VL was strengthened at RISE-supported HFs through prompt initiation of enhanced adherence counselling sessions, peer support from experienced recipients of care, follow-up VL testing, and management of suspected treatment failure requiring second or third-line antiretroviral regimens.

"Before RISE, it would take two months from blood collection to analysis. But since RISE has been implemented, it takes only two weeks."

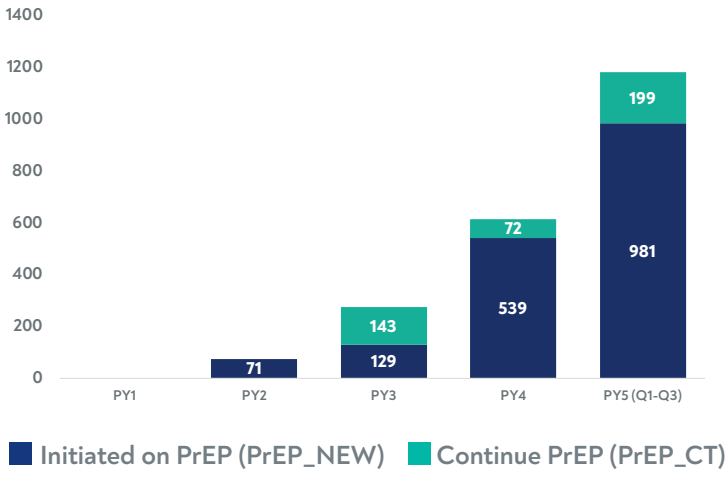
—Jose Ndikumana, lead, HIV Biomolecular Unit, Gitega Hospital Laboratory

RISING TO MEET THE DEMAND FOR HIV PREVENTION

RISE Burundi launched and rolled out pre-exposure prophylaxis (PrEP) from year two for HIV-negative partners within sero-different couples and other persons with certain risk factors. PrEP sensitization was integrated into counselling for recipients of care with detectable VL, and HIV-negative partners were invited to attend. At the community level, community relay workers and leaders of community ART groups sensitized sero-different couples about PrEP. A PrEP screening tool was implemented at outpatient and antenatal consultations to identify persons who could benefit from PrEP, and RISE collaborated with WIYIZIRE Extension Activity and the GIR'ITEKA project to reach at-risk adolescent girls and young women with information about PrEP and link them to services. From year four, RISE introduced HIV testing services for prevention and treatment, and increased linkage of individuals who tested negative for HIV but were at substantial HIV risk to PrEP services.

PrEP was offered at all 188 RISE-supported HFs, and a total of 1,720 individuals initiated PrEP from October 2019 to June 2024 at RISE-supported facilities, of whom 57% (981) initiated PrEP during Q1-Q3 of PY5.

Figure 5: PrEP uptake at RISE-Supported Health Facilities



Addressing Gender-Based Violence

In close collaboration with the GIR'ITEKA project, RISE implemented systematic intimate partner violence risk assessments at the same time as index case testing services and PrEP counselling. Clinical screening for gender-based violence (GBV) was implemented at antenatal care and maternity services, ART services for recipients of care who had missed appointments or interrupted treatment, consultations for family planning and sexually transmitted infections, and emergency services (internal medicine, surgery, and pediatrics). Survivors of sexual violence were provided with post-exposure prophylaxis. RISE provided site level support in six of the 24 supported districts, while the remaining 18 districts were supported directly by GIR'ITEKA. A total of 3,277 individuals received post-GBV clinical care in the 6 RISE-supported districts between October 2019 and June 2024, of whom 84% were women and 22% were children under 15 years old.

"Individuals who report a history of intimate-partner violence or gender-based violence are more likely than those who do not report such incidents to be at increased risk of acquiring HIV and facing difficulties in treatment adherence. It's important that our programs recognize this increased risk so that care can be tailored to the individual."

—Ruby Fayorsey, deputy director, ICAP's Clinical and Laboratory Unit; RISE global technical director

RAISING THE STANDARDS OF HEALTH SYSTEMS

RISE supported the updating of national policy and guidelines for HIV services, along with associated program tools, in line with the latest global recommendations and best practices. Senior RISE advisors were active in national technical working groups and other national forums, collaborating with PNLS, MOH, and other stakeholders to develop and finalize key documents. These included the 2023-2027 National HIV Strategic Plan and the 2024 National HIV Prevention, Care, and Treatment Guidelines, as well as the following:

- **HIV testing and prevention:** Updated three-test algorithm aligned with World Health Organization recommendations for HIV testing in low prevalence settings; 2020 national testing guidelines.
- **Optimized regimens:** 2021 national pediatric HIV guidelines on transition to pDTG 10 mg, transition of children <20 kg to DTG-based regimens, and MMD3+ for children under ten years of age.

› **Person-centered ART models:** MMD3 scale-up plan and quantification (2020); validation of USAID scaling tool for MMD6 (2022); standard operating procedures and monitoring and evaluation tools for community ART groups; design of differentiated service delivery models (who/what/when/where) plus associated SOPs, training modules, and rollout plans; mentor mothers training curriculum and counselling cards; VL flipcharts

Optimizing Data

Data management systems, data quality, and administrative burden at the facility level were transformed under RISE by the implementation of the national electronic medical record (SIDAInfo) and fingerprint-based unique patient identifiers, which help in ensuring no patient is lost to follow-up. RISE collaborated with other partners to support the rollout of SIDAInfo and the unique identifier (UID) through provision of equipment and commodities (computers, finger printers, UPS, internet routers and internet mega) to HFs and build the capacity of HF teams to use the systems effectively.

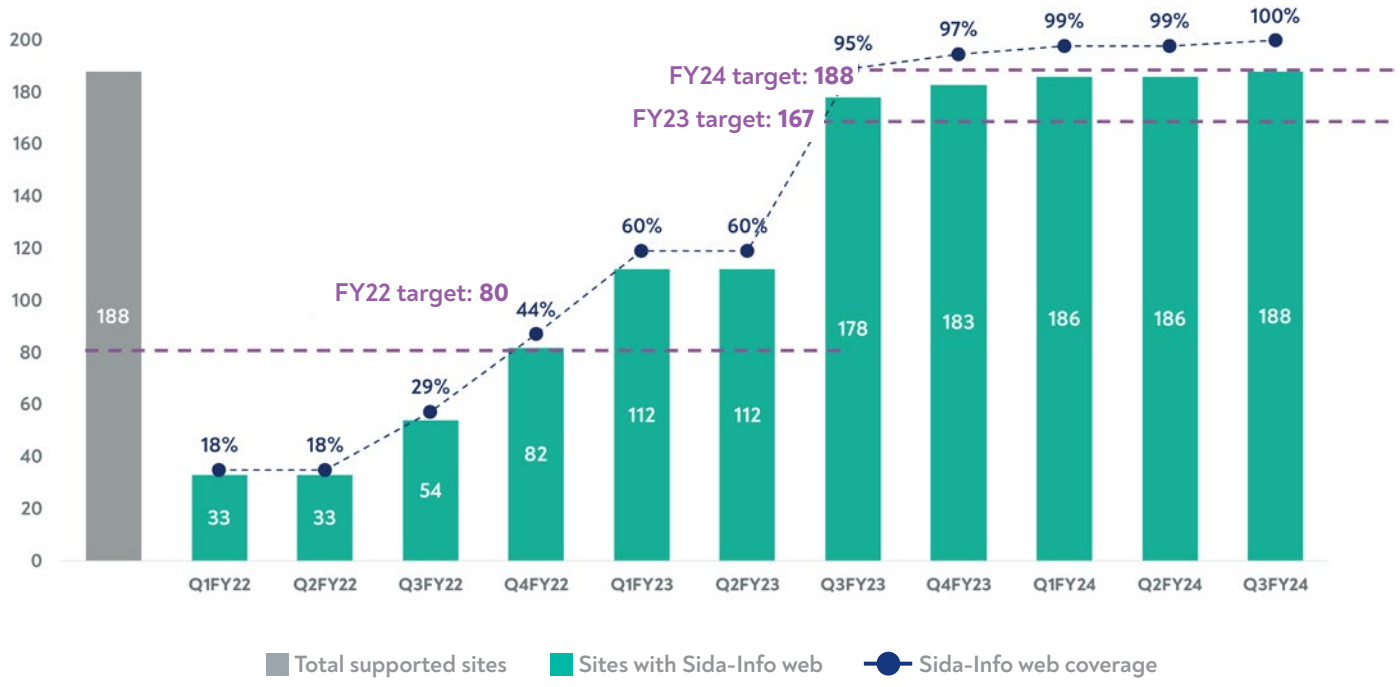
By June 2024, all 188 RISE-supported HFs had implemented SIDAInfo web and 90% (23,652/26,259) of people on ART across these HFs were registered using their fingerprint.

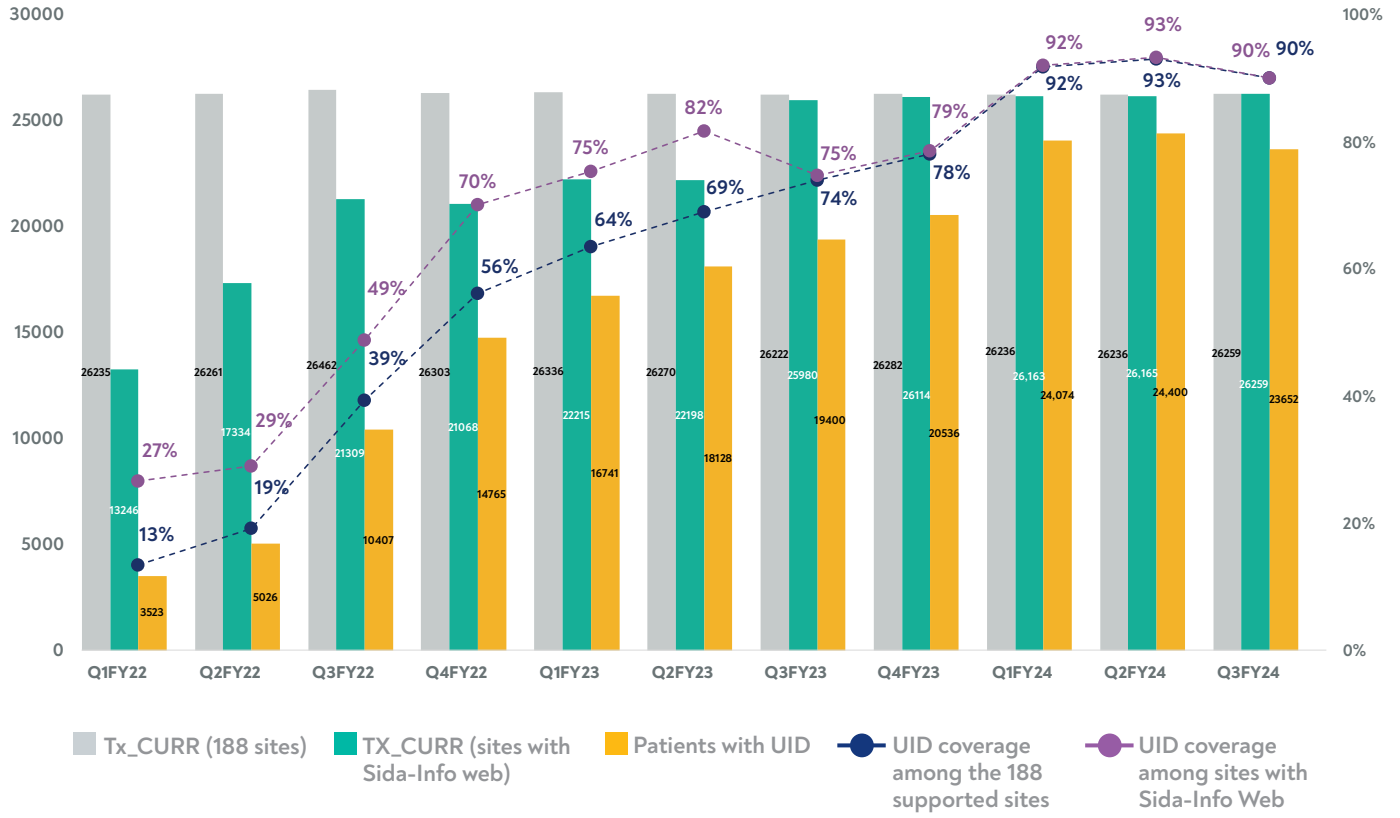
RISE also provided monthly support to HFs to ensure the quality of the data entered in the national MOH DHIS-2 database. This included developing and implementing robust data validation and data quality assessment tools for key indicators, including HIV testing, ART initiation, ART cohort, VL sample collection and test results, ART for pregnant women at antenatal care, and early infant diagnosis.

"RISE helps us to go to find the other partners of our people living with HIV in order to prevent transmission. For those new cases, we have a machine for the fingerprint to keep data (SIDAInfo) updated and easy to do the follow up."

—Jeanne d'Arc Niyuhire, Head of the care department at Kayanza Hospital

Figure 6: Sida-Info web and UID roll-out at RISE-Supported Health Facilities





Strengthening Supply Chains

Enhancing the supply chain for HIV test kits, antiretrovirals, TPT, laboratory reagents, and other essential commodities—preventing stockouts—was vital to ensuring continued progress towards the 95-95-95 targets. At the national level, RISE worked alongside PNLS, the central drug procurement office (CAMEBU) and GHSC-PSM to improve forecasting and quantification. RISE also built the capacity of district and HF staff to quantify needs for drugs and commodities and document consumption accurately. To assist MOH with the rapid rollout of MMD3 during the COVID-19 pandemic and the rollout of MMD6 in year four, RISE provided logistic support for "active distribution" of ART stocks from CAMEBU to district pharmacies and onward to HFs.

Laboratory support focused on improving access to VL and early infant diagnosis testing and minimizing the turnaround time for test results. RISE provided technical assistance to roll out the IBIPIMO application for immediate return of results and to optimize sample transportation networks. Logistical support included transportation of samples from clinics to pre-treatment laboratories (for centrifuging and aliquoting) and onwards to analysis laboratories, as well as contingency arrangements in case of machine downtime or stockouts at analysis laboratories.

Further, RISE increased access to VL monitoring and early infant diagnosis services, as well as diagnostic testing for TB and COVID-19, through supporting essential equipment delivery for 23 laboratories (mostly at district hospitals). Supplies included freezers, air conditioners, stabilizers, vacutainers, printers, electric centrifuges, cryoboxes, and consumables.

In collaboration with MOH, RISE supported the implementation of laboratory quality management systems, including through mentorship of technicians, quality assessments, and follow-up on corrective actions.

"When the staff is (working) in (civilian) clothes, when they go back to their homes, they bring some infection back to their community. So, by having these (PPE and scrubs) clothes that you see here, it has helped us to reduce the infection from the hospital to the community."

—Eric Ndihokubwayo, medical director, Hôpital Regional de Gitega

Oxygen compactors, hospital and intensive care beds, surgical equipment, nebulizers, gurneys, exam tables, wheelchairs, and personal protective equipment (PPE) improved quality of care and increased patient volume. Further, teams at these HFs reported an increase in community pride and trust in their hospitals, resulting in increased demand.

Mitigating the impact of COVID-19 on the national HIV program required targeted RISE support, including for the rapid rollout of MMD3. To enable HF teams to deliver critical HIV services while managing COVID-19 restrictions, RISE immediately implemented a standardized remote supervision grid and pivoted to remote support via WhatsApp and Zoom. Additionally, RISE supported HF teams to implement infection prevention control measures to ensure the safety of health care workers and recipients of care, including physical distancing in waiting areas, hand and cough hygiene, and triaging of COVID-19 suspect cases for testing and referral. In 2020, RISE supported MOH to develop the national COVID-19 training curriculum and train both national master trainers and health care providers.

"When a woman is coming to deliver in our hospital and we are giving the diapers to wear [donated by RISE], she is feeling proud, respected, and she is even inviting others to come to give birth in our structure when they hear such news."

—Esperance Nsengiyumva, head of CDS Izere care service, Kirundo

"To properly collect and transport samples, RISE invited us for training and capacity building for the secure transport of samples. In this training, we were shown how to collect, decant, and load for analysis at the laboratory."

—Shimirimana Anitha, laboratory lead, Ngozi Hospital

RAISING THE BAR FOR HIGH-QUALITY HIV SERVICES

Person-centered HIV services are key to achieving the 95-95-95 targets. RISE leveraged ICAP's leadership of the multi-country CQUIN learning network on differentiated service delivery to build capacity within MOH at the national and provincial levels to lead the scale-up of person-centered services using CQUIN guidelines, standard operating procedures, program tools, and quality assessments. CQUIN supported national stakeholder workshops in Burundi to stage the maturity of differentiated service delivery approaches for HIV testing, ART, and management of advanced HIV disease. MOH participated in CQUIN network meetings, country visits, and communities of practice, and this learning informed national and province level work plans and performance review meetings.

RISE prioritized the strengthening of district-level capacity to plan and oversee HIV services, provide feedback to HF teams on performance, and drive improvements in coverage and quality. RISE regional teams visited District Health Teams (DHTs) regularly, provided ongoing in-person and virtual support, and built district-level capacity in site support. DHTs received continuous feedback on performance based on weekly HF reports, and RISE instituted structured and quarterly performance review meetings with provincial and district-level HIV and monitoring and evaluation focal persons, as well as DHTs, heads of HFs, HIV clinic staff, and community partners.

In year five, RISE supported the creation of "teams of excellence" in five districts as a localized capacity building strategy. Comprised of DHT members and experienced providers from high-volume HFs, teams of excellence provided supervision and mentorship at lower-volume HFs that did not receive direct RISE support.

Site support visits (conducted monthly at high-priority HFs and at least quarterly at other HFs) focused on ensuring compliance with national guidelines, closing gaps in service delivery, and ensuring proper documentation. RISE regional staff, jointly with

district HIV and monitoring and evaluation focal points, provided the following support.

- Mentoring and training HF staff on implementation of new initiatives and program tools, as well as on specific tasks requiring improvement.
- Reviewing patient files to identify those not yet linked to ART, those eligible for MMD and differentiated service delivery models, and those in need of TPT, VL testing, or enhanced adherence counselling.
- Correcting discrepancies between patient files and reported data.
- Documenting corrective actions required to address HF-specific issues.

Competency-based training for health care workers and community relay workers underpinned the service delivery and health systems strengthening strategies described above. RISE supported MOH to update national training resources, as required, and collaborated closely with MOH and other implementing partners to plan and deliver in-person and virtual trainings. To address challenges with pediatric HIV care and treatment, specialists from ICAP headquarters and the national RISE office supported health care workers through weekly case discussions. Training on differentiated service delivery models was provided in collaboration with the multi-country CQUIN learning network on differentiated service delivery, which is led by ICAP.

RISE strengthened community partner organizations, including through sub-awards to ANSS Sante Plus and SWAA for the operation of HIV care and treatment clinics and to RBP+ for implementation of community outreach activities. ANSS Sante Plus and SWAA clinic teams also received monthly site support visits and engaged in monthly performance review meetings with RISE staff. RISE worked closely with RBP+, WIYIZIRE Extension Activity, and the GIR'ITEKA project to harmonize data collection and reporting systems, work plans, and implementation approaches. In addition, RISE reviewed performance data regularly with these partners to ensure that recipients of care received seamless community- and facility-based services.

RISE empowered health care workers and DHTs to use data to close performance gaps across the HIV clinical cascade. Monthly and quarterly performance review meetings were used to develop skills in reviewing data, analyzing performance, identifying gaps or bottlenecks in service delivery, and generating effective solutions. In year three, RISE introduced a data dashboard and built DHTs' capacity in data visualization. Routine weekly review of HF data on key indicators was introduced from year one, and RISE supported DHTs and HF staff to use weekly reports to address challenges in near real time. To support new initiatives or address known challenges, RISE coached HF teams in line-listing eligible recipients of care to ensure prompt follow-up, including for index case testing, optimized regimens, MMD, IPT, and early infant diagnosis. The "surge" approach—HF-specific daily targets, daily reporting, and intensive onsite mentorship—was also used to accelerate progress on index testing, pediatric treatment coverage, and retention of mother-infant pairs in care.

"RBP+ is made of people who are very committed, who are ready to work, provided that their peers regain health, regain dignity, regain hope."

—Benjamin Nicayenzi, RBP+ national coordinator

Together we RISE

Over the course of five highly productive years, the RISE program engaged a powerful collaboration of partners to facilitate innovative technical assistance, service delivery, research, and cross-cutting health systems strengthening with the goal of building sustainable local capacity for progress toward HIV epidemic control and tailored responses to emerging health challenges facing the country. Thanks to the visionary support of PEPFAR and USAID, and the leadership of Jhpiego, ICAP implemented a significant portfolio of successful activities that have left the country's health systems stronger and the people of Burundi healthier and better prepared for tomorrow.

This booklet was made possible with support from the U.S. President's Emergency Plan for AIDS Relief, through the United States Agency for International Development funded RISE program, under the terms of the cooperative agreement 7200AA19CA00003. The contents are the responsibility of the RISE program and do not necessarily reflect the views of USAID or the United States Government.