

# LINKAGES BURUNDI

## *Summary of Achievements*

*August 2016 – September 2020*

The LINKAGES across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project was implemented in Burundi in partnership with government stakeholders, key population (KP) individuals, and local civil society organizations, with support from the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The project's activities enhanced the HIV prevention and care cascade for female sex workers (FSWs), men who have sex with men (MSM), and transgender (trans) people through creating and strengthening drop-in centers, conducting index testing and introducing self-testing, training staff on providing KP-friendly services, and engaging peer navigators to accompany KP individuals found living with HIV to clinics for same-day antiretroviral therapy (ART) initiation. LINKAGES Burundi consistently achieved high rates of case finding to newly identify individuals who are HIV positive, and of linking newly diagnosed individuals to treatment.

## BACKGROUND

Despite the low overall prevalence of HIV in Burundi — 1% of adults aged 15–49 are living with HIV<sup>1</sup> — the limited data available on KPs shows them to be at higher risk of acquiring or living with HIV than the general population. In 2013, MEASURE Evaluation conducted a Priorities for Local AIDS Control Efforts (PLACE) study in Burundi that identified two populations most at risk for HIV: FSWs and MSM. The study estimated a national population size of 51,482 FSWs and 9,346 MSM, with HIV prevalence rates of 21.3% and 4.8%, respectively.<sup>2</sup>

KPs experience high levels of stigma and discrimination in their communities, including by providers in health care facilities and within KP groups themselves. In addition, the Burundi penal code criminalizes sex work and homosexuality, and KPs are often subject to harassment and violence from law enforcement. These factors make it difficult for them to protect themselves from HIV and access services.

Burundi committed to the UNAIDS 95-95-95 goals to achieve epidemic control and laid out key priorities in the 2018–2022 Burundi HIV National Strategic Plan (NSP) that promote comprehensive prevention, care, treatment, and support for KPs, including FSWs and MSM. The NSP highlights that KP programs should be scaled up to increase coverage and use of HIV

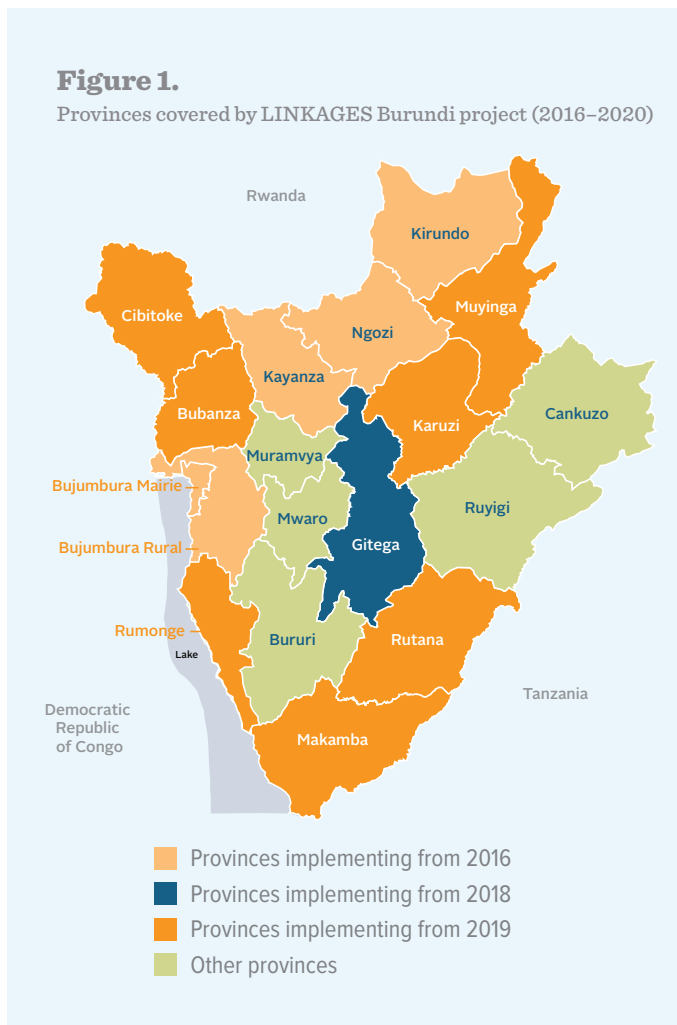
### Highlights

- Created three drop-in centers to serve FSWs, including provision of HIV testing, sexually transmitted infection (STI) diagnosis, and antiretroviral therapy (ART) services; strengthened an existing drop-in center to provide services to MSM and trans people.
- Reached 102,751 KP individuals, of whom 76,215 were tested; 5,900 were identified as living with HIV, and 5,259 were linked to treatment.
- Achieved case-finding rates through index testing of 22% and 9% for FSW partners and children, respectively, and 33% among partners of MSM in FY19. In FY20, the rates were 21% for FSW partners, 10% for children of FSWs, and 39% for partners of MSM.
- Introduced HIV self-testing, which contributed to 10% of case finding among FSWs and 17% among MSM.
- Peer navigators provided support to KP individuals found living with HIV, contributing to 90% linkage to ART over life of the project and 97% in the last year.
- During the implementation period, 2,346 KP individuals received viral load (VL) testing; 2,190 were found suppressed — a suppression rate of 93%.
- Trained law enforcement agents, policymakers, health care workers, and peer educators and navigators on violence prevention and response.

prevention (e.g., condoms and lubricants), testing services, and ART initiation and adherence, including viral load (VL) suppression.

LINKAGES was implemented in Burundi from August 2016 through September 2020 providing services to FSWs, MSM, and trans people. Initially covering five provinces, the project area was gradually expanded to six provinces by October 2018 (Bujumbura Mairie, Bujumbura rural, Gitega, Kayanza, Ngozi, and Kirundo) and another seven provinces by October 2019 (Bubanza, Cibitoke, Muyinga, Karusi, Makamba, Rutana, and Rumonge) to cover a total of 13 provinces by the end of the project (Figure 1).

Throughout the life of the project, LINKAGES Burundi worked to increase the availability of and demand for comprehensive prevention, care, and treatment services among KPs. It also strengthened systems for planning, monitoring, evaluating, and ensuring the quality of services.



Through the LINKAGES Burundi project, FHI 360 collaborated with four local implementing partners to achieve project goals among the following population groups:

- ABUBEF/ASSOUPEVU consortium (FSWs) (August 2016–September 2017)\*
- Society for Women Against AIDS in Africa (SWAA Burundi) (FSWs) (August 2016–September 2020)
- Association Nationale de Soutien aux Séropositifs et Malades du SIDA (ANSS)/MOLI/Remuruka/Humure/RCL consortium led by ANSS (MSM/trans people) (August 2016–September 2020)
- Réseau National des Jeunes vivants avec le VIH (RNJ+) (stigma index) (June 2020–September 2020)\*\*

## KEY PROGRAMMATIC ELEMENTS

The LINKAGES project in Burundi conducted two formative exercises to inform program planning and activities: a mapping/KP size estimation/microplanning exercise, and a formative health needs assessment among MSM and trans people. Using the results, the project then delivered a comprehensive package of services for KPs across the cascade of HIV services, including prevention interventions, HIV testing, linkage to and retention in care, initiation on and adherence to ART, and VL testing (Table 1). These services were delivered primarily through CSO-led drop-in centers (DICs) catering to KPs.

Providing places where KP members would feel comfortable receiving services, without fear of or actually experiencing stigma and discrimination, was a priority for the project. Accordingly, three DICs were created to serve FSWs in Bujumbura Mairie, Kirundo, and Ngozi, and an existing DIC was strengthened to provide services to MSM and trans people.

\* The ABUBEF/ASSOUPEVU consortium was dropped for noncompliance with the requirements of the Protecting Life in Global Health Assistance (PLGHA) policy. SWAA Burundi assumed their tasks, extending its geographical coverage and hiring ASSOUPEVU staff to ensure the smooth transition of activities.

\*\* RNJ+ was chosen by other people living with HIV (PLHIV) networks to lead the stigma index study in June 2020.

**Table 1.** LINKAGES Burundi package of innovations to increase reach, testing, linkage to ART, and viral load testing

### Reach, Test, and Prevent

- Peer education, risk assessment, counseling, risk-reduction planning
- Condom use promotion, distribution of condoms and lubricant
- HIV testing and counseling, including index testing, enhanced peer outreach approach (EPOA), targeted mobile testing at hot spots, and HIV self-testing, *grain* (French for seed) social gatherings for MSM and trans people at a bar or someone's home with HIV testing and other HIV services offered during the events
- Violence screening, and referral to medical, psychosocial, and legal services
- Syndromic screening and referral for sexually transmitted infections (STIs)
- Post-exposure prophylaxis (PEP) services
- Prevention and response to sexual and gender-based violence (SGBV)
- Stigma and discrimination reduction (in community and health settings)
- Information and communications technology for MSM and trans people, including program-specific social media, blogs, SMS messages, and online counseling
- Distance counseling through a toll-free line for FSWs (2016–2018)
- Locally adapted social and behavior change communication (SBCC) materials used for educational support by outreach staff

### Care and Treatment

- Link to care and treatment services, including ART initiation and re-initiation
- Peer navigation to support treatment initiation and adherence
- Treatment and referrals for STIs and other opportunistic infections (OIs)
- Referrals for prevention of mother-to-child transmission services for pregnant FSWs
- Peer navigation to increase adherence, VL uptake, and access to other HIV services
- Community care and support of PLHIV, both through support groups and home visits, for ART adherence
- VL testing and monitoring
- Undetectable = untransmittable (U=U) messaging to increase adherence to treatment and uptake of VL testing

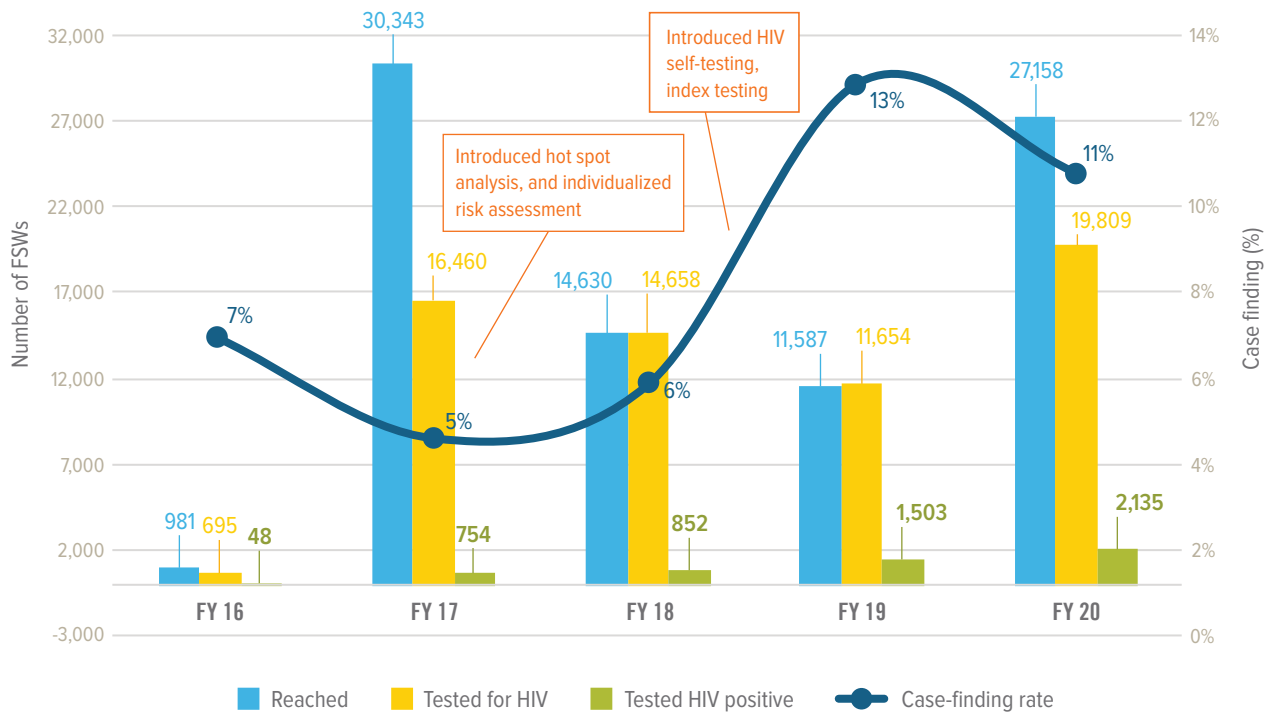
## SERVICE DELIVERY IMPACT

From the beginning of the project in August 2016 through September 2020, LINKAGES Burundi cumulatively reached 84,699 FSWs, 17,780 MSM, and 272 trans people, and tested 63,276 FSWs, 12,783 MSM, and 156 trans people. A total of 5,292 FSWs, 582 MSM, and 26 trans people tested HIV positive, and 4,713 FSWs, 524 MSM, and 22 trans people were linked to treatment. Figures 2–7 summarize the trends in HIV testing uptake, case finding, and linkage to treatment among FSWs, MSM, and trans people over the life of the project. They also indicate where specific innovations, such as HIV self-testing (HIVST), were introduced to explain increases in case finding and other trends.

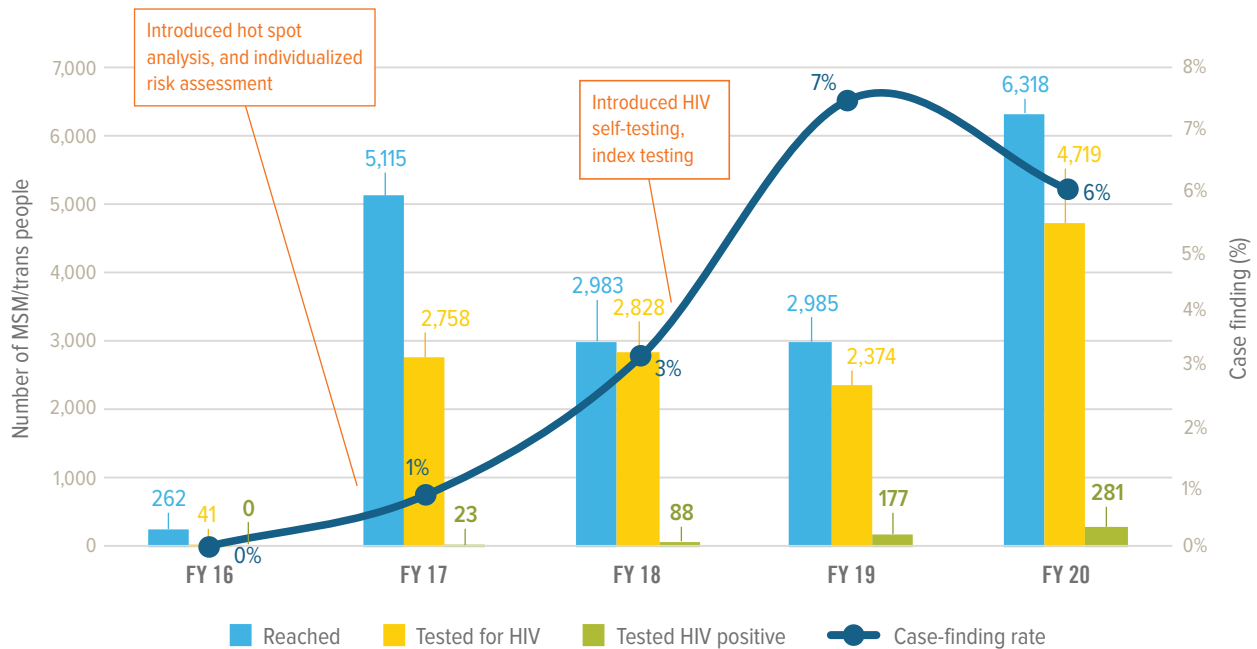
The introduction of HIVST and index testing in FY18 led to increases in case finding among both FSWs (Figure 2) and MSM (Figure 3).

Although the project began in FY16, it was only in FY18 that reports on transgender people became available by disaggregating them from MSM. Disaggregating trans data remains challenging due to high levels of stigma and criminalization in the country. The combination of two new testing modalities — HIVST and index testing — improved the level of case finding in FY19 (Figure 4).

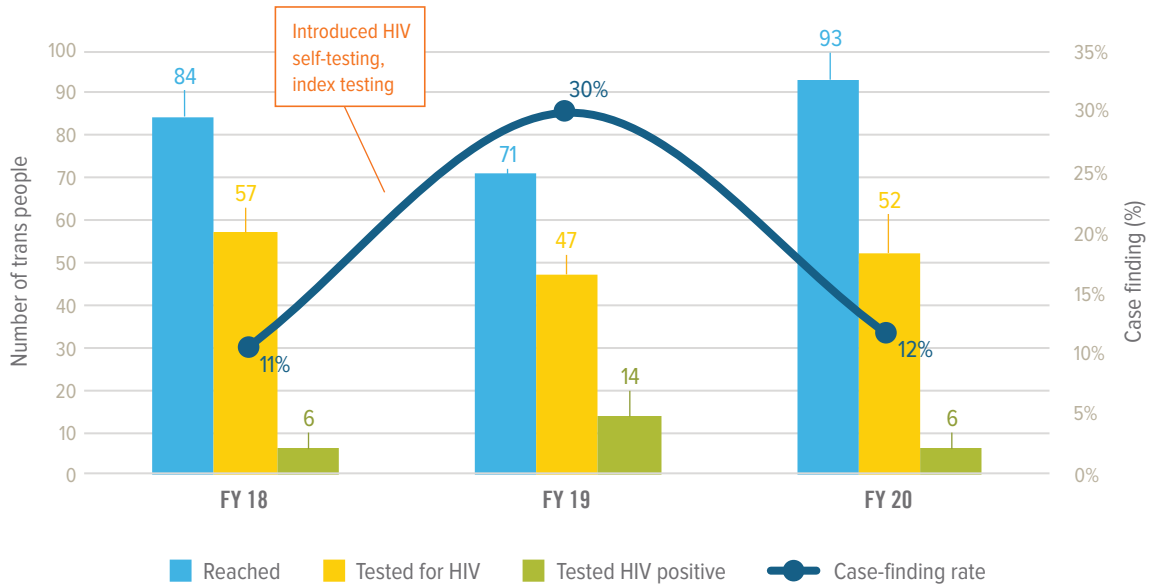
**Figure 2.** Life-of-project trends in uptake for prevention, testing, and case finding among FSWs in Burundi



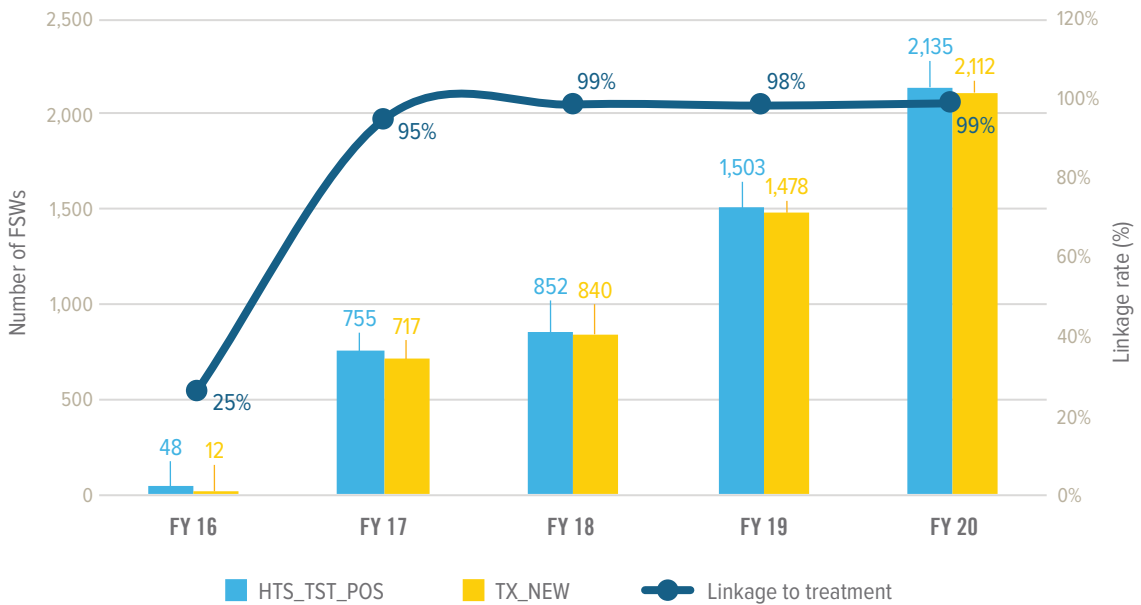
**Figure 3.** Life-of-project trends in uptake for prevention, testing, and case finding among MSM in Burundi



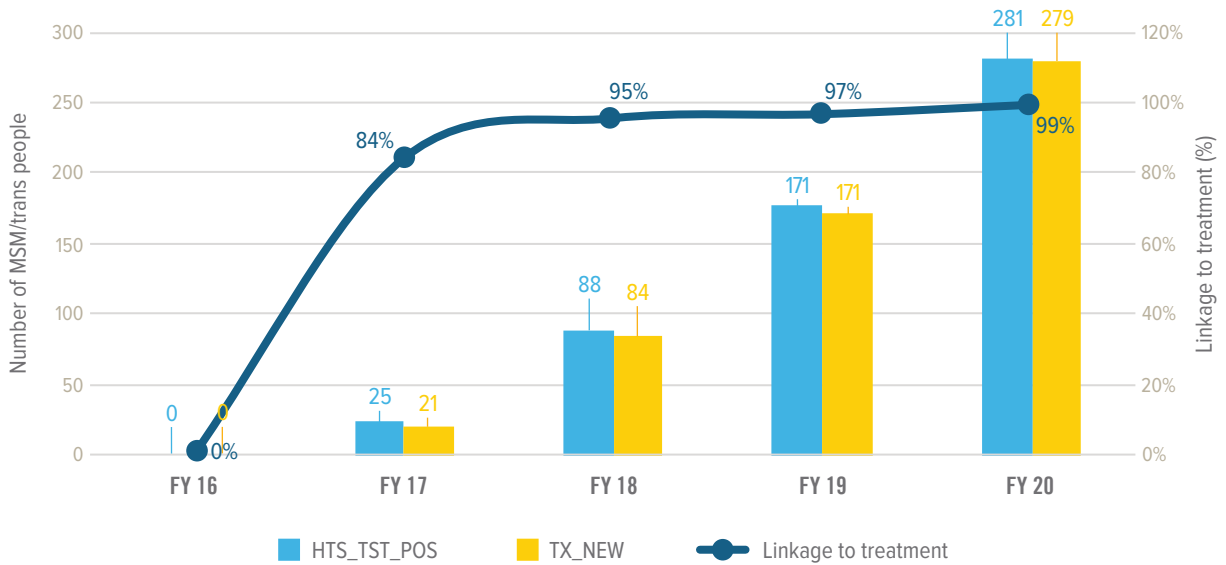
**Figure 4.** Life-of-project trends in uptake for prevention, testing, and case finding among transgender people in Burundi



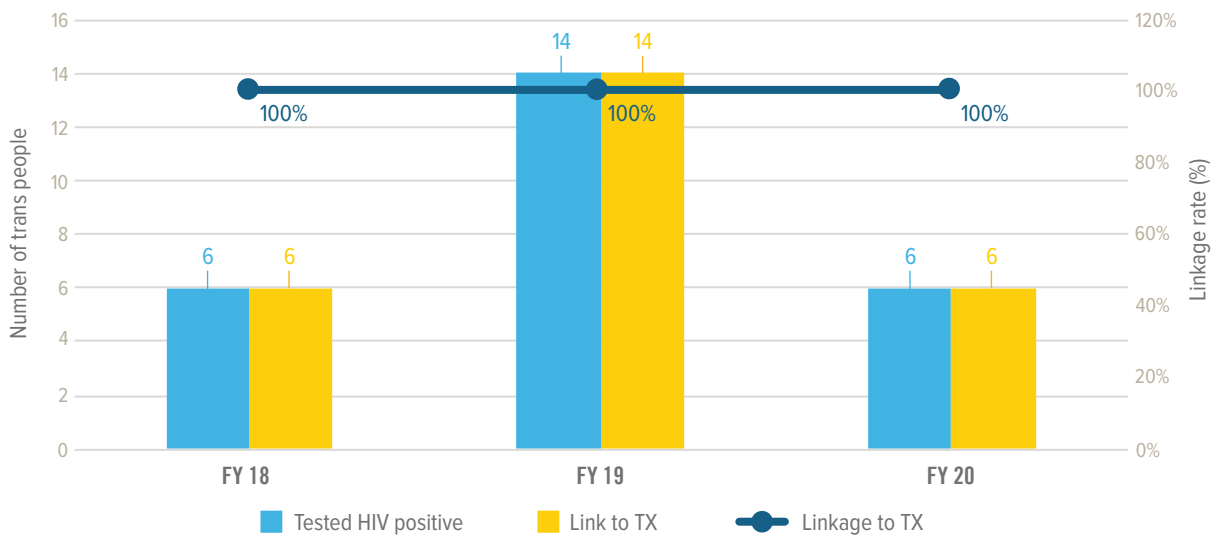
**Figure 5.** Life-of-project trends in case finding and linkage to ART among FSWs in Burundi



**Figure 6.** Life-of-project trends in case finding and linkage to ART among MSM in Burundi



**Figure 7.** Life-of-project trends in case finding and linkage to ART among transgender people in Burundi

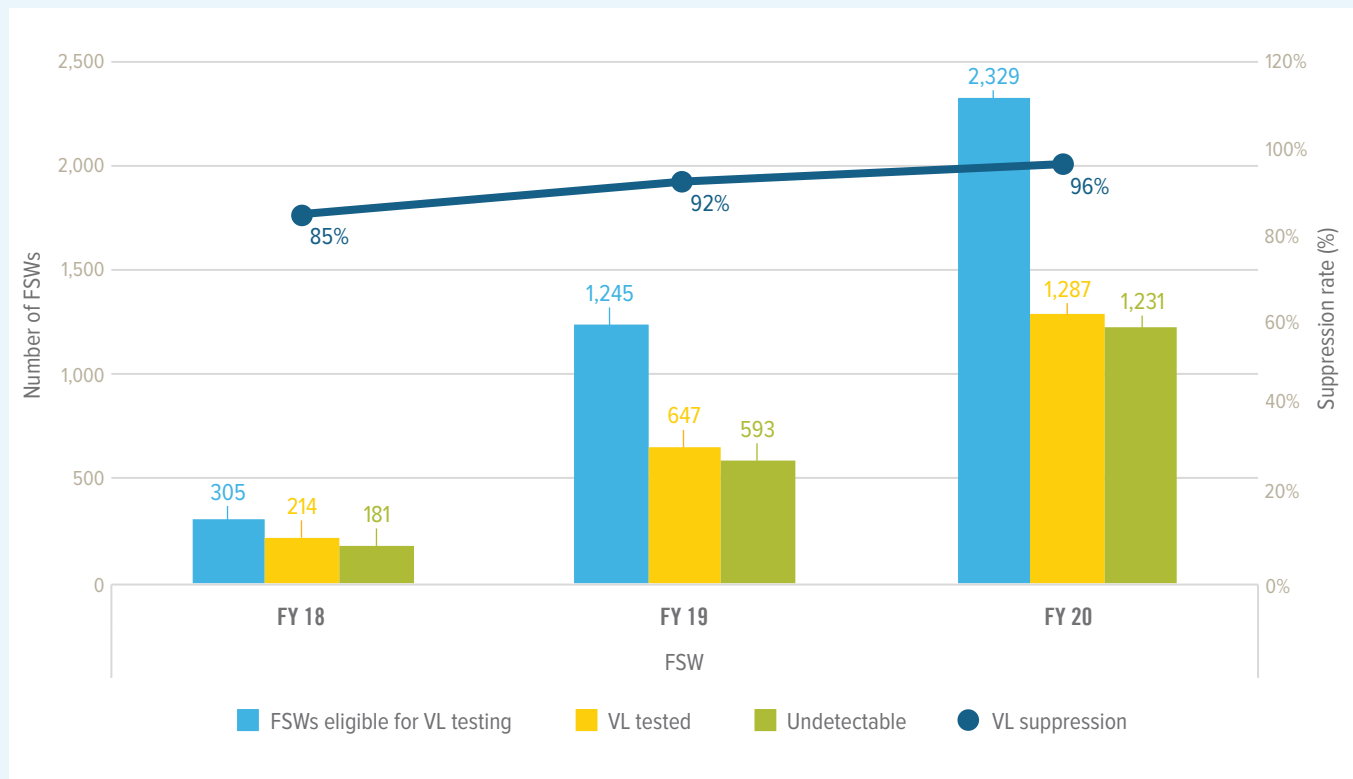


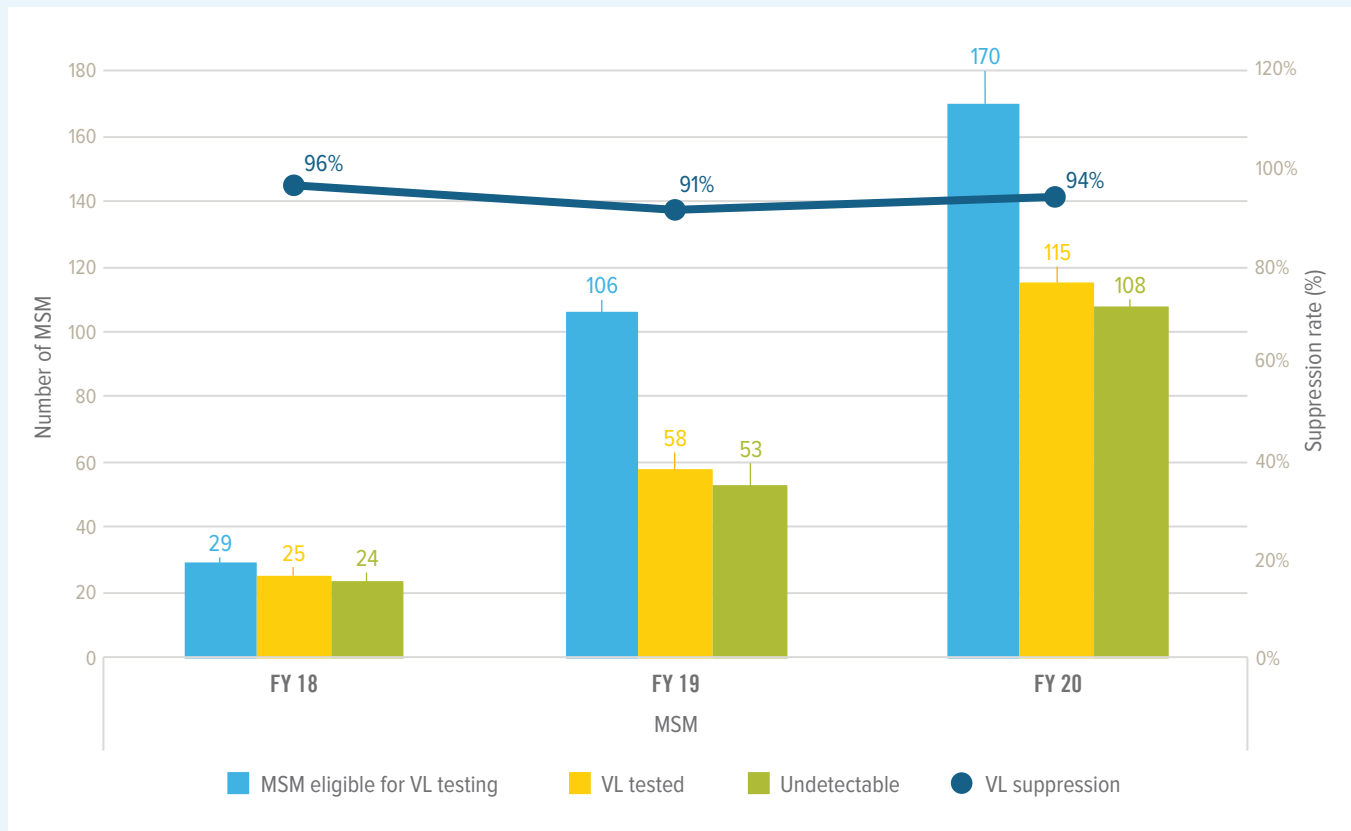
In addition, 214 FSWs and 25 MSM benefited from VL testing during fiscal year FY18, of whom 181 FSWs and 24 MSM were suppressed. In FY19, of the 647 FSWs and 58 MSM who received VL testing, 593 (92%) FSWs and 53 MSM were suppressed (91%). Then, in FY20, of the 1,287 FSWs and 115 MSM who received VL testing, 1,231 FSWs and 108 MSM were suppressed — an

average suppression rate of 96% for FSWs and 94% for MSM (Figures 8 and 9).

The suppression rate increased gradually over the years, due to support in ART adherence and the sensitization for VL testing by peer navigators in close collaboration with health care providers.

**Figure 8.** Viral load cascade among FSWs: FY18–FY20



**Figure 9.** Viral load cascade among MSM: FY18–FY20

## TECHNICAL HIGHLIGHTS

### MAPPING, KP SIZE ESTIMATION, AND MICROPLANNING

Mapping exercises conducted at various times helped set the stage for KP programming through LINKAGES Burundi. It was first conducted in October 2016 in the five provinces of the project coverage area (Bujumbura Mairie, Bujumbura rural, Kayanza, Ngozi, and Kirundo), building on the sites identified in the 2013 PLACE study. It consisted of systematic identification of sites (public, private, nongovernmental organizations [NGOs], and community-based organizations [CBOs]) where KPs (FSWs, MSM, or trans people) congregated and could be reached with services. It included an assessment of the availability of services near those sites, the number of KP individuals at the sites, and the times when they were present. In 2018, a second mapping exercise was conducted to update the 2016 database and incorporate the new project province of Gitega.

The results were KP estimates at the local or hot spot level, information on type of hot spots (e.g., bar, house, road), and evidence to guide the selection of services. This information was used to make decisions on the hiring and deployment of personnel including outreach staff, the locations and frequency of mobile testing, and the strengthening and creation of DICs. In 2019, a third mapping exercise was conducted to incorporate the seven new provinces and update the 2018 database. The results were used to inform FY20 program implementation and resource allocation per province and site. A fourth mapping exercise was conducted in September 2020 to update the 2019 database. The results of this last mapping will inform the implementation of the program in FY21, when it transitions to the Meeting Targets and Maintaining Epidemic Control (EpiC) project.



The mapping results showed a constant change in hot spots. For example, of 1,289 sites (1,161 FSW and 128 MSM) identified by PLACE in 2013, only 413 (32%) (363 FSW and 50 MSM) were still active in 2016, while also identifying 451 new sites (388 FSW and 63 MSM) that had emerged since 2013. In the 2018 mapping, the number of hot spots increased 25% compared to 2016 with a 37% decrease in hot spots in Bujumbura Mairie. In the FY20 mapping, 11 provinces accounted for 90% of KPs. Trans hot spots were also gradually identified: 18 in 2018, 44 in 2019, and 56 in 2020. The repeated programmatic mapping in the context of highly mobile KPs enabled effective distribution of resources, microplanning by local NGOs working with peer outreach workers, and rapid scale-up of programs.

### FORMATIVE HEALTH NEEDS ASSESSMENT

The formative assessment conducted August–September 2017 focused on the health needs of MSM and trans people, and their preferences regarding service delivery. While knowledge of HIV and MSM- and trans-focused services was high, many barriers to accessing available services were identified, including discrimination and lack of confidentiality by health staff, MSM and trans people's mistrust of health staff, discrimination from police, inappropriate care at service sites (e.g., delayed care, being asked offensive questions, spoken to harshly, or being the subject of staff gossip), and lack of money for medication and transportation to clinics. Based on these findings, facility staff (public, civil society organizations, and DICs) and providers were trained on KP-friendly reception and service provision and confidentiality.

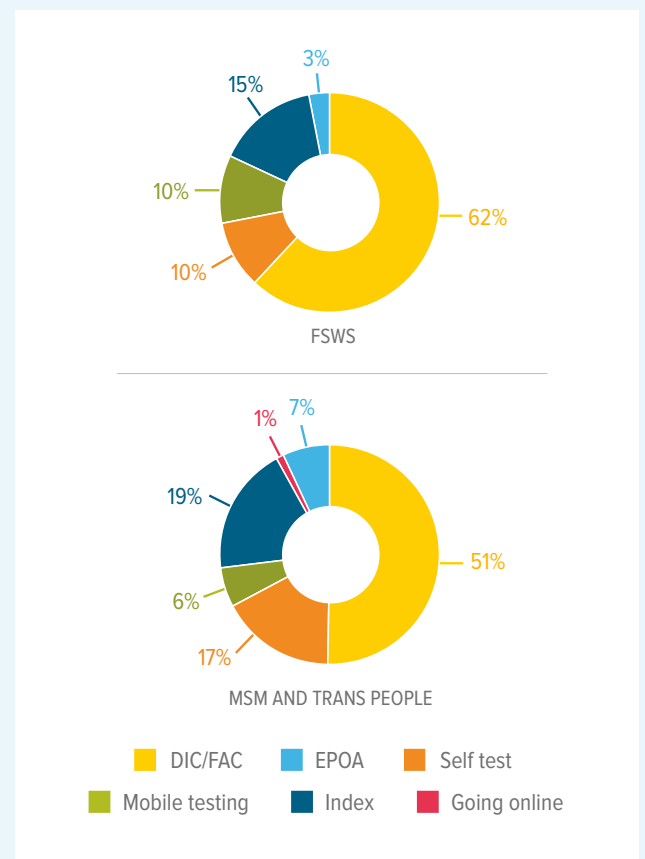
### CONTRIBUTIONS TO HIV CASE FINDING

Through LINKAGES, health care workers, peer educators, and peer navigators were trained on innovative approaches to increase HIV case finding, including HIV self-testing, index testing, EPOA, testing through mobile outreach services, and testing at the DICs and other facilities. Contributions of testing modalities to case finding are shown in Figure 10.

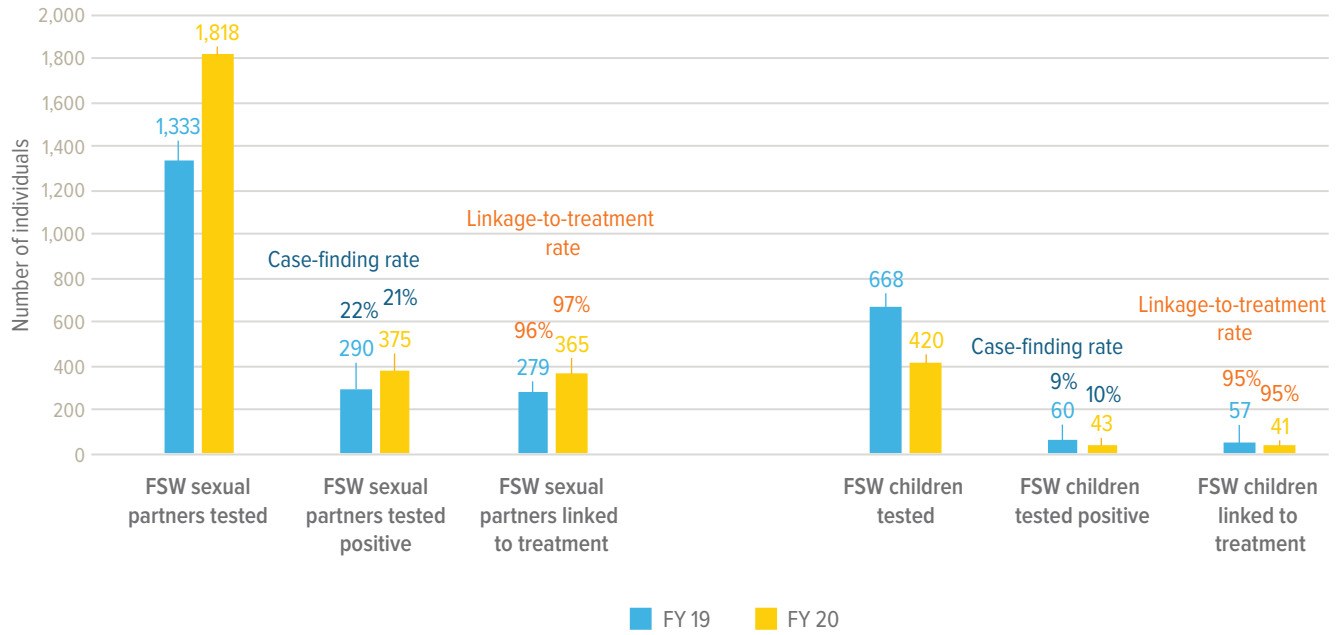
### INDEX TESTING

Index testing is when providers work with index clients — individuals living with HIV — to elicit their sexual or injecting partners, biological children, or biological parents (if the child is the index client) for HIV testing and counseling. The strategy was introduced through LINKAGES Burundi in FY19 after training health care workers in the facilities. Community partners, subaward partner field staff, and outreach workers were also trained to work with health care providers in reaching sexual partners to offer testing. During FY19 and FY20, the case-finding rate for sexual partners of FSWs was 22% and 21%, respectively (Figure 11). There was a 9% case-finding rate for children of FSWs who were tested in FY19, and a 10% case-finding rate in FY20 (Figure 11). For MSM, the case-finding rate from index testing was 33% in FY19 and 39% in FY20 (Figure 12).

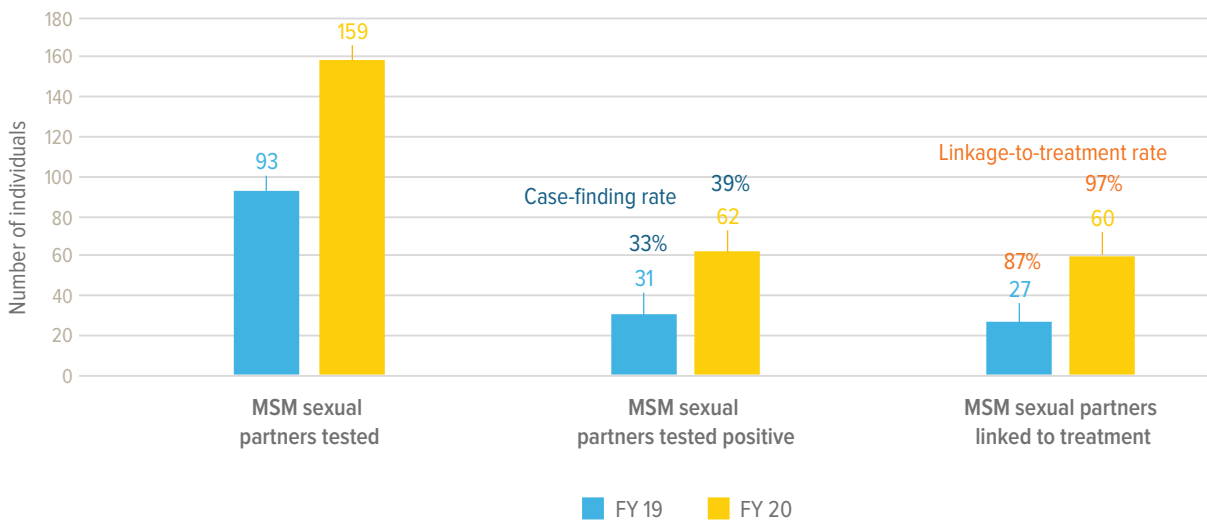
**Figure 10.** Percent contribution of each testing modality to HIV case finding (April 2018–September 2020)



**Figure 11.** Index testing for sexual partners and children of FSWs



**Figure 12.** Index testing for sexual partners of MSM



In June 2018, LINKAGES began implementing HIV self-testing using the directly assisted peer strategy. Peer educators and peer navigators screened peers on their past HIV testing history and behavioral risk to triage to the most appropriate testing modality. If HIVST was preferred by the peer, it was offered and then the peer staff would provide abbreviated pre- and post-test counseling, demonstrate how to use the OraQuick test, support the KP peer in conducting the test, and then provided direct referral to other services based on the reactive or nonreactive result. LINKAGES first started implementing HIVST in three project provinces: Bujumbura Mairie, Kayanza, and Ngozi. Then, in October 2018, HIVST was expanded to four other provinces including Bujumbura rural, Kayanza, Kirundo, and Gitega. In October 2019, the approach was extended to seven other provinces (Muyinga, Karusi, Rutana, Makamba, Rumonge, Bubanza, and Cibitoke).

HIV self-testing focuses on those not reached through traditional testing approaches. A pre-established risk assessment tool was used to help target individuals at high risk of being HIV positive. From Q3 FY18, when HIVST was introduced to the end of FY20, HIVST contributed 10% to overall case finding among FSWs (25% in FY18, 18% in FY19, 4% in FY20) and 17% among MSM (37% in FY18, 31% in FY19, and 3% in FY20). The percent contribution decreased over time due to the scale-up of the approach throughout the country, which led to saturation among those most at risk and willing to use self-tests, and a shortage of test kits at the end of FY19 and beginning of FY20.

### EPOA (ENHANCED PEER OUTREACH APPROACH)

EPOA<sup>3</sup> is a peer-led, performance-based, incentivized approach used to access hard-to-reach networks of KPs who are not using existing HIV services. Trained peer outreach workers invite KP members to become peer mobilizers (PMs), also called “seeds.” PMs, in turn, reach out to their social and sexual networks to encourage peers to get tested for HIV and seek other related services.

LINKAGES Burundi used the EPOA from April 2017 to the end of project, resulting in a higher numbers and rates of case finding. For example, during the May–June 2017 campaign, among 929 FSWs tested through EPOA, 100 tested HIV positive, for a case-finding rate of 11% compared to the average 5% from other testing modalities.

In FY18, LINKAGES Burundi organized two EPOA campaigns with both HIV-positive and unknown HIV serostatus PMs implementing the approach at different times to help the project learn which network



Participants perform an HIVST demonstration and conduct role-plays during the training session.

would be more likely to result in higher HIV case finding. HIV-positive PMs produced a higher case-finding rate than those with unknown HIV serostatus (10% versus 4%). These results demonstrate the potential added benefit of engaging HIV-positive PMs for identifying KP members who are HIV positive and initiating them on treatment.

## LINKAGE TO TREATMENT<sup>4</sup>

Following the country's national guidelines on using antiretrovirals (ARVs) for HIV prevention and treatment, LINKAGES Burundi significantly advanced implementation of the test and treat strategy by helping to initiate KP individuals found HIV positive on ART the same day they test positive, or at least within the first week of diagnosis if someone tested through mobile testing in the community. For example, the average linkage rate across the project was 90%, with 97% achieved in FY20. The high ART initiation rates are attributed to the combined efforts of a network of peer educators, peer navigators, counselors, and clinicians who build trust with the KP communities to seek services. With this trust, individuals who test positive are more likely to seek services and attend their clinic appointments.

Peer navigators have been a great source of support for KP individuals found to be living with HIV. Peer navigators are KP peers also living with HIV who have been trained as experts on the relevant facility- and community-based services available for the beneficiaries. Peer navigators often participate in mobile testing and are immediately linked to individuals found HIV positive who chose to receive peer navigator support. Peer navigators help link KP individuals living with HIV to clinical HIV services for treatment initiation by accompanying them to clinic sites or encouraging them to attend. They then support their adherence to ART by working with treatment facilities and health care worker teams and providing counseling. Due to peer navigator support, KP individuals who were diagnosed HIV positive had a strong linkage-to-ART rate — an average of 90% over the life of the project and a gradual increase to 97% in the last year.

## ABOVE-SITE ACHIEVEMENTS

### ADDRESSING THE ENABLING ENVIRONMENT

To create an enabling environment for delivery of services to KPs, LINKAGES Burundi collaborated with policymakers to develop more inclusive HIV policies and worked to reduce the perpetration of violence, stigma, and discrimination against KPs by those in positions of power. The project contributed to the national strategic plan and the national guidelines on using ARVs for HIV treatment and prevention. The project also coordinated with implementing partners to address cases of violence as they arose and trained health care workers, peer educators, and peer navigators on violence prevention and response. Comprehensive violence prevention and response plans were developed and implemented by

partner organizations. The project also supported LGBTI organizations to raise funds to respond to security emergencies. Health care providers were trained on how to provide KP-friendly services and reduce stigma.

### PARTNER COLLABORATION AND CAPACITY STRENGTHENING

To work toward increasing KPs' access to HIV services, the project coordinated closely with other USAID-funded health projects in Burundi including the Prevention of Mother-to-Child Transmission (PMTCT) project; Reaching an AIDS-Free Generation (RAFG) project; the Integrated Health Project in Burundi (IHPB); and Reaching Impact, Saturation and Epidemic Control (RISE) project. RAFG and RISE are clinical projects to ensure that KP members who are diagnosed HIV positive are linked and remain on treatment. The project also coordinated with the Global Fund subrecipient, the Red Cross, to advocate for an enabling environment for KP programming.

LINKAGES Burundi enhanced the financial and management capacities of local partners ABUBEF, ANSS, RNJ+, and SWAA by providing training and coaching in these areas. In addition, LINKAGES staff trained the partners on two databases, INFOLINK and the e-cascade developed on District Information Software 2 (DHIS2), to help them with data analysis, as well as with monitoring and improving the quality of the data. The e-cascade has led to improvements in data quality by allowing for more rigorous, individual-level, real-time data collection, analysis, and use in program interventions.

**“I could not imagine before this training how HIV, GBV, and KP access to services could be related. Now... I understand the gaps we have in our facility to detect and address cases of violence, particularly for KPs because [they] themselves don't disclose it. We were not asking any questions related to violence. I'm going to extend this information to my colleagues...I hope [now] we will detect and address all cases.”**

**Nurse, Bugendana Health Center,  
Gitega province**

## ADVANCING THE RIGHTS OF LGBTI BURUNDIANS

In 2018, FHI 360 and LINKAGES began partnering with the State of the Netherlands, via the Embassy of the Netherlands in Burundi, to advance the rights of LGBTI Burundians. Through this partnership, FHI 360 implemented the “Advancing the Rights of LGBTI Burundians through an HIV-Focused Intervention” project (November 2018–January 2020). The goal was to promote and protect the human rights of LGBTI people in Burundi so that all Burundians can achieve the highest attainable standard of health, live free of violence, and fulfill their potential as individuals and members of the communities in which they live. This project was implemented in six provinces of LINKAGES geographical area, including Bujumbura Mairie, Bujumbura Rural, Kayanza, Kirundo, Ngozi, and Gitega.

Partners included seven LGBTI-led CSOs: Rainbow Candle Light (RCL), Mouvement pour les Libertés Individuelles (MOLI), Humure, Tia Nguvu Pamoja (TIA), Muco, Together for Women’s Rights (TWR), and Turibamwe. The Centre Remuruka (operating under Humure) — a safe space for LGBTI people to gather, initiated by four of these organizations (RCL, MOLI, Humure, and TWR) — was also engaged. Association National de Soutien aux Séropositifs et Malades du SIDA (ANSS), an organization that supports the HIV clinical capacity of LGBTI-led organizations and provides technical assistance to the CSOs, was also engaged in the project.

This project allowed FHI 360 to assess needs and understand priorities of the LGBTI CSOs in Burundi. It also provided the opportunity to develop detailed security, capacity building, and advocacy plans to address identified needs. Implementation of those plans was subsequently funded by other stakeholders, including the Netherlands.

## FUTURE DIRECTIONS

As LINKAGES transitioned to the EpiC project in October 2020, geographical coverage remained the same. EpiC is building on LINKAGES’ achievements by strengthening existing strategies and bringing new innovations to achieve epidemic control among KPs, their sexual partners, and their children. EpiC continues to work closely with local stakeholders to ensure that services are complementary and that no one is left behind in accessing HIV services as we work toward reaching epidemic control in the country.

## REFERENCES

1. Ministère à la Présidence chargé de la Bonne Gouvernance et du Plan Burundi (MPBGP), Ministère de la Santé Publique et de la Lutte contre le Sida Burundi (MSPLS), Institut de Statistiques et d’Études Économiques du Burundi (ISTEEBU), et ICF. Burundi demographic and health survey 2016–2017 final report. Bujumbura, Burundi: ISTEEBU, MSPLS, ICF; 2017.
2. MEASURE Evaluation. Burundi PLACES report. Priorities for local AIDS control efforts. Chapel Hill (NC): MEASURE Evaluation; 2014.
3. For more information about EPOA, see LINKAGES [Enhanced Peer Outreach Approach Implementation Guide](#).
4. For more information about LINKAGES Burundi’s efforts and achievements in linkage to treatment, see [Linking HIV-Positive Key Population Members to Treatment: Burundi’s Five Secrets to Success](#).

### *Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)*

is a global cooperative agreement funded by USAID through PEPFAR. Led by FHI 360 with partners Pact, IntraHealth International, and the University of North Carolina at Chapel Hill, LINKAGES has worked in more than 30 countries since 2014 to reduce HIV transmission among key populations —sex workers, men who have sex with men, transgender people, and people who inject drugs — and to improve their enrollment and retention in care.

*This report is made possible by the generous support of the American people through USAID and PEPFAR through the terms of cooperative agreement #AID-OAA-A-14-00045. The contents are the responsibility of the LINKAGES project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.*

Suggested citation: LINKAGES. LINKAGES Burundi: Summary of Achievements August 2016–September 2020. Revised ed. Durham (NC): FHI 360; 2021.