

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Programme d'Appui au Développement Sanitaire (PADS)** (the "Principal Recipient") on behalf of Burkina Faso (the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 30 April 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.

2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014), available at <http://www.theglobalfund.org/GrantRegulations>). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.

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

3.1	Host Country or Region:	Burkina Faso
3.2	Disease Component:	Tuberculosis
3.3	Program Title:	Scaling-up of high impact interventions in the fight against TB
3.4	Grant Name:	BFA-T-PADS
3.5	GA Number:	1992
3.6	Grant Funds:	Up to the amount of EUR 10,298,113 or its equivalent in other currencies
3.7	Implementation Period:	From 1 January 2021 to 31 December 2023 (inclusive)
3.8	Principal Recipient:	Programme d'Appui au Développement Sanitaire (PADS) BP 7062 01 Ouagadougou Burkina Faso

		<p>Attention: Prof. Léonie Claudine Lougué/Sorgho Minister of Health</p> <p>Telephone: 0022625308846 Email: claudinelougue.ms@gmail.com</p>
3.9	Fiscal Year:	1 January to 31 December
3.10	Local Fund Agent:	<p>Swiss Tropical and Public Health Institute Socinstrasse 57 P.O. Box - 4002 CH-4051 Basel Swiss Confederation</p> <p>Attention: Odile Pham-Tan</p> <p>Telephone: +41 612848264 Email: odile.phamtan@swisstph.ch</p>
3.11	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland</p> <p>Attention: Maria Kirova Department Head Grant Management Division</p> <p>Telephone: +41587911700 Facsimile: +41445806820 Email: maria.kirova@theglobalfund.org</p>

4. **Policies.** The Grantee shall, and shall cause the Principal Recipient to, take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2019, as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee and the Principal Recipient, from time to time.
5. **Representations.** In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorized by or obtained all necessary consents, approvals and authorizations to execute and deliver this Grant Confirmation and to perform all the obligations on behalf of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.
6. **Covenants.** The Global Fund and the Grantee further agree that:

6.1 The Program budget may be funded in part by Grant Funds disbursed under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6 hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6 hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of this Grant Agreement.

6.2 Personal Data

(1) Principles. The Principal Recipient, on behalf of the Grantee, acknowledges that Program Activities are expected to respect the following principles and rights ("Data Protection Principles"): (a) Information that could be used to identify a natural person ("Personal Data") will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and (b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles: (a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and (b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

6.3 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

6.4 In accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), the Grantee shall:

(1) progressively increase government expenditure on health to meet national universal health coverage goals; and increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the costs of key Program components as identified in consultation with the Global Fund. The Principal Recipient acknowledges that the Global Fund may reduce Grant Funds during the current or any subsequent Implementation Period in the event the Grantee fails to meet these requirements;

(2) comply with the requirements to access the 'co-financing incentive' as set forth in the

STC Policy (the "Co-Financing Incentive Requirements"). The commitment and disbursement of EUR 1,272,721.92 (the "Co-Financing Incentive"), is subject to the Global Fund's satisfaction with the Grantee's compliance with the Co-Financing Incentive Requirements. The Global Fund may reduce all or part of the Co-Financing Incentive during the current or any subsequent Implementation Period, in the event the Grantee fails to comply with the Co-Financing Incentive Requirements; and

(3) acting through the Principal Recipient, no later than 31 March of each calendar year of the Implementation Period, submit to the Global Fund, in form and substance satisfactory to the Global Fund, information on funding received by the Principal Recipient and the Sub-recipients from the Government of Burkina Faso and other donors for the previous year as well as the planned contribution for the on-going year.

6.5 The procurement of Health Products shall be carried out through the Pooled Procurement Mechanism ("PPM") of the Global Fund, unless the Global Fund directs the Principal Recipient otherwise in writing. The Principal Recipient has all the necessary power and authority to execute, deliver and carry out its obligations under the wambo.org - PPM registration letter in the form approved by the Global Fund.

6.6 Fiscal Agent:

(1) Grant Funds may be used to pay for services performed by a fiscal agent retained by the Global Fund (the "Fiscal Agent") and the Global Fund may disburse such Grant Funds directly to the Fiscal Agent;

(2) The Principal Recipient consents to the terms of reference of the Fiscal Agent and agrees that such terms of reference may be amended from time to time at the Global Fund's discretion;

(3) The Principal Recipient shall take all necessary actions under applicable laws, regulations, rules and procedures to grant to the Fiscal Agent co-signature authority to all bank accounts of the Principal Recipient in which Grant Funds are held ("Program Accounts") and give full effect thereto, and shall provide evidence thereof to the Global Fund upon request. The Principal Recipient shall not change any Program Account without the Global Fund's prior written approval, which shall be subject, among others, to receipt by the Global Fund of evidence of co-signature authority pursuant to the immediately preceding sentence;

(4) The Principal Recipient shall cooperate fully with the Fiscal Agent to allow the Fiscal Agent to perform its services, including, but not limited to, by (a) providing all information requested by the Fiscal Agent or the Global Fund; (b) taking all necessary actions prior to collection of Personal Data and at all times thereafter to ensure that the processing of Personal Data by the Fiscal Agent does not violate any applicable law or regulation; and (c) implementing any recommendations made by the Fiscal Agent; and

(5) The appointment of the Fiscal Agent shall not, nor shall it be construed to, discharge the Grantee nor the Principal Recipient of their respective obligations under the Grant Agreement, which shall remain in full force and effect. The Fiscal Agent shall not have authority to act as the Global Fund's agent, unless provided otherwise in writing by the Global Fund. Accordingly, the Global Fund reserves the right to classify any expenditure

of Grant Funds as non-compliant, notwithstanding its verification or endorsement by the Fiscal Agent.

6.7 The regional Green Light Committee (the "GLC") shall provide technical and advisory support, including capacity building, to the Principal Recipient with respect to monitoring and scaling-up of DR-TB-related in-country services, and the Principal Recipient shall cooperate fully with the GLC to allow the GLC to perform its services. Up to a maximum of US\$ 50,000 in Grant Funds annually may be used by the Global Fund to pay for GLC services and the Global Fund may disburse such Grant Funds directly to the GLC.

6.8 The Program budget includes EUR 1,813,300.00 ("Matching Funds") programmed towards activities to support finding missing people with TB: Strategic Engagement in West and Central Africa (the "Catalytic Priority"). Notwithstanding anything to the contrary in the Grant Agreement, Matching Funds must remain invested in activities relating to the Catalytic Priority for the duration of the Implementation Period, and may only be reprogrammed for other activities supporting that Catalytic Priority, unless otherwise approved in writing by the Global Fund.

6.9 All pharmaceutical commodities procured under the Grant Agreement shall be stored and distributed by the Centrale d'Achat des Medicament Essentiels Generiques ("CAMEG") as constituted as at the effective date of the Grant Agreement. The Principal Recipient undertakes to give the Global Fund written notice of any anticipated material change to the legal status of CAMEG which may adversely impact on the storage and distribution of pharmaceutical commodities procured with Grant Funds. Upon receipt of such notification, the Global Fund has sole discretion to revisit and modify the storage and distribution arrangements of pharmaceutical commodities procured under the Grant Agreement.

6.10 Prior to the hiring of the Principal Recipient's Coordinator, Head of Finance and Account, Internal Auditor, Controller, Head of Procurement, Head of Monitoring and Evaluation, Logistician and Specialist in Supply and Inventory Management of Pharmaceutical Products and Medical Equipment (PSM), the Principal Recipient shall submit to the Global Fund, and obtain the Global Fund's written approval of, supporting documentation showing compliance with the terms of the Grant Agreement (including, but not limited to, Article 5 of the Global Fund Grant Regulations (2014) and Section 7.1 of the Global Fund Guidelines for Grant Budgeting (2019) (as amended from time to time)).

[Signature Page Follows.]

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

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

By: M. Eldon Edin

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Dec 18, 2020

**Programme d'Appui au Développement
Sanitaire (PADS)**
on behalf of Burkina Faso

By: Léonie Claudine Lougué

Name: Léonie Claudine Lougué/Sorgho

Title: Minister of Health

Date: 14 DEC 2020



Acknowledged by

By: Pascal Antoine NIAMBA

Name: Pascal Antoine NIAMBA

Title: Chair, Country Coordinating Mechanism of Burkina Faso

Date: 14/12/20



By: Geoffroy SAWADOGO

Name: Geoffroy SAWADOGO

Title: Civil Society Representative, Country Coordinating Mechanism of Burkina Faso

Date:

14 DEC 2020



Schedule I
Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

In the period between 2000 and 2018, TB incidence has increased by 16% while mortality has decreased by 12%. In 2018, an estimated 1,800 people died from TB in Burkina Faso, including the 300 deaths among HIV-infected TB patients. TB incidence was 48 cases per 100,000 population, resulting in an estimated 9,500 new TB infections and 10% of these were among people living with HIV.

The number of confirmed multi-drug-resistant or rifampicin-resistant TB (MDR/RR-TB) cases notified in 2018 was 89 out of an estimated 290, out of which 87 were started on treatment. The estimated proportion of new confirmed TB cases and 58% of the previously reported laboratory confirmed cases were tested for rifampicin resistance. Case notification remained flat in 2019 as opposed to 2018, with 5,916 cases reported. Treatment success has, however, risen to an unprecedented 84%.

Notification of MDR/RR-TB cases has decreased from 102 in 2018 to 74 in 2019. 54 MDR/RR-TB cases were enrolled on second-line treatment. Community contribution of TB cases is relatively high in Burkina Faso, i.e. 26%. Case notification in prisons overperformed against the target set, which could however also be due to conservative target setting.

Laboratory and health products management aspects being key in the program performance, Burkina Faso TB program:

- has adopted a new testing algorithm considering the WHO recommendation of using GeneXpert test as first choice for the diagnostic of TB cases. GeneXpert machines connectivity to clinical offices to improve patient results availability is also being considered;
- has put in place an integrated biological sample transport system from the district level to regional and national level laboratories using the Burkina Faso post office. Improvement of the transport of sputum sample from decentralized health facilities (CSPS to CDT) including GeneXpert sites has been considered;
- a new P3 TB laboratory is expected in country before the end of 2020 for liquid and solid culture as well as in-country DST tests with technical support of WHO;
- TB drugs have been continuously available from 83,50% in 2018 to 96% in 2020 (source: OSA); and
- full oral bédaquiline/delamanid regimen has been adopted as recommended by WHO.

In collaboration with USAID and the WB, an integrated eLMIS and last mile distribution system for all programs are being piloted to inform the roll out plan during the NFM3 implementation period in order to improve logistic data management and in-country distribution system.

1. Goals, Strategies and Activities

The goals of the Program are to:

- contribute to the improvement of the health status of the population of Burkina Faso by reducing the burden of tuberculosis by the end of 2025; and
- reduce the incidence of tuberculosis from 48 in 2018 to 40 cases/100,000 inhabitants in 2025 and the mortality rate from 7.8 to 5.7 deaths/100,000 inhabitants by the end of 2025.

The strategies consist of:

- Moving to use of GeneXpert as first diagnostic tool;
- Diagnosing and treating 40,641 TB patients from 2021 to 2025 with an increase in TB treatment coverage (reported/estimated incidence) from 63% in 2018 to 90% in 2025;
- Increasing the proportion of new patients and relapses of all forms of TB having benefited from the Xpert MTB/RIF test in initial diagnosis from 21% in 2018 to 98% in 2025;
- Increasing the treatment success rate of drug-sensitive TB patients from 79.1% (cohort 2018) to at least 90% (cohort 2024) and drug-resistant TB patients from 61.8% (cohort 2018) to at least 85% (cohort 2024);
- Reducing the death rate among TB/HIV patients from 20% (cohort 2018) to less than 5% (cohort 2024);
- Ensuring 100% TB treatment for TB patients in unsafe areas; and
- Strengthening the capacity of the NTP in the management of tuberculosis control by the end of 2025.

2. Target Group/Beneficiaries

The Program will target and benefit the following groups:

- TB patients and their families, including children;
- People living with HIV;
- People with diabetes;
- Prisoners;
- Women, miners, residents of slum areas;
- IPD/Refugees and host populations; and
- General population.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Performance Framework

Country	Burkina Faso																					
Grant Name	BFA-T-PADS																					
Implementation Period	01-Jan-2021 - 31-Dec-2023																					
Principal Recipient	Programme d'Appui au Développement Sanitaire (PADS)																					
Reporting Periods	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Start Date</td> <td>01-Jan-2021</td> <td>01-Jul-2021</td> <td>01-Jan-2022</td> <td>01-Jul-2022</td> <td>01-Jan-2023</td> <td>01-Jul-2023</td> </tr> <tr> <td>End Date</td> <td>30-Jun-2021</td> <td>31-Dec-2021</td> <td>30-Jun-2022</td> <td>31-Dec-2022</td> <td>30-Jun-2023</td> <td>31-Dec-2023</td> </tr> <tr> <td>PU includes DR?</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>No</td> </tr> </table>	Start Date	01-Jan-2021	01-Jul-2021	01-Jan-2022	01-Jul-2022	01-Jan-2023	01-Jul-2023	End Date	30-Jun-2021	31-Dec-2021	30-Jun-2022	31-Dec-2022	30-Jun-2023	31-Dec-2023	PU includes DR?	No	Yes	No	Yes	No	No
Start Date	01-Jan-2021	01-Jul-2021	01-Jan-2022	01-Jul-2022	01-Jan-2023	01-Jul-2023																
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PU includes DR?	No	Yes	No	Yes	No	No																

Program Goals, Impact Indicators and targets

- 1 Contribuer à l'amélioration de l'état de santé de la population du Burkina Faso en réduisant le poids de la tuberculose d'ici à fin 2025.
 To contribute to the improvement of the health status of the population of Burkina Faso by reducing the burden of tuberculosis by the end of 2025.
- 2 Réduire l'incidence de la tuberculose de 48 en 2018 à 40 cas/100 000 habitants en 2025 et le taux de mortalité de 7,8 à 5,7 décès/100 000 habitants d'ici à fin 2025.
 Reduce the incidence of tuberculosis from 48 in 2018 to 40 cases/100,000 inhabitants in 2025 and the mortality rate from 7.8 to 5.7 deaths/100,000 inhabitants by the end of 2025.
- 5

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
						N: 1.5 D: P: %	N: 1.4 D: P: %	N: 1.4 D: P: %
TB/HIV I-1 TB/HIV mortality rate per 100,000 population	Burkina Faso	N: 1.6 D: P:	2019 WHO TB report	Programme d'Appui au Développement Sanitaire (PADS)				
1 Comments								
						Due Date: 31-Oct-2022	Due Date: 31-Oct-2023	Due Date: 31-Oct-2024
Numerator: Number of HIV-positive people who die from HIV with tuberculosis as a contributory cause of death Denominator: Number of people in the population x 100,000 The baseline value is taken from the WHO report TB 2020 report giving the values for 2019. The values for 2015 are 1.7 per 100,000; 1.7 per 100,000 in 2016; 1.6 per 100,000 in 2017; 1.6 per 100,000 in 2018; 1.6 per 100,000 in 2019. These data show almost a drop of 0.1 point every two years, which will reach 1.4 per 100,000 in 2023. According to WHO estimates, the tuberculosis / HIV mortality rate is almost stable around 1.7 deaths per 100,000 inhabitants between 2015 and 2018. The interventions provided for in the TB and HIV NHPs aim to gradually reduce this mortality, through the strengthening of the management of co-morbidities, the extension of the TB / HIV single window, etc. These interventions could reduce this mortality from 1.6 deaths per 100,000 inhabitants to 1.5 deaths per 100,000 inhabitants in 2021, to 1.4 deaths per 100,000 inhabitants in 2022 and 2023.								
TB I-2 TB incidence rate per 100,000 population	Burkina Faso	N: 47 D: P:	2019 WHO TB report	Programme d'Appui au Développement Sanitaire (PADS)		N: 45 D: P: %	N: 44 D: P: %	N: 43 D: P: %
2 Comments								
						Due Date: 31-Oct-2022	Due Date: 31-Oct-2023	Due Date: 31-Oct-2024
TB I-3[M] TB mortality rate per 100,000 population								
						N: 9.1 D: P: %	N: 8.8 D: P: %	N: 8.3 D: P: %
3 Comments								
						Due Date: 31-Oct-2022	Due Date: 31-Oct-2023	Due Date: 31-Oct-2024
Numerator: Number of deaths due to tuberculosis (all forms) in HIV-negative individuals per year, Denominator: Number of people in the population x 100'000 According to the WHO Global TB Report 2020, the mortality rate from tuberculosis is estimated at 9.7 (5.7-15) cases per 100,000 inhabitants in Burkina Faso with a significant increase between 2018 (7.8) and 2019 (9.7). The interventions planned in the NSP 2021-2025 aim to progressively reduce mortality by improving access to care (diagnosis and treatment), updating the skills of health workers, and strengthening the management of co-morbidities (diabetes screening in TB patients and active TB screening in diabetic patients). Taking into account the country's context, which is marked by security deficit zones, these interventions could reduce the mortality rate from tuberculosis by 3%, 4% and 5% respectively in 2021, 2022 and 2023. The targets have been revised following the increase in the rate published in the WHO 2020 report.								

4	<p>TB I-4 [M] RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB</p>	Burkina Faso N: 2.1% D: P: 2.1%	2017 Drug Resistance Study	Programme d'Appui au Développement Sanitaire (PADS)	N: 1.7 D: P: %	Due Date: 31-Oct-2023	N: 1.7 D: P: %	Due Date:
Comments								

Numerator: Number of new cases of bacteriologically confirmed tuberculosis with rifampicin resistance and/or multidrug resistance x 100 Denominator: Total number of new bacteriologically confirmed tuberculosis cases with drug susceptibility test results/Xpert test result According to the results of the latest national tuberculosis drug resistance prevalence survey of 2017, the prevalence of multidrug-resistant tuberculosis among new bacteriologically confirmed cases was 2.1% [1.2-3]. A reduction in prevalence to 1.7% in 2022 (new survey) is envisaged as a result of improved program indicators. Targets are aligned with the NSP.

Program Objectives, Outcome Indicators and targets

- 1 Diagnostiquer et mettre sous traitement 40 641 malades TB de 2021 à 2025 avec une augmentation du taux de couverture du traitement de la TB (notifiés/incidence estimée) de 63% en 2018 à 90% en 2025. "To diagnose and treat 40,641 TB patients from 2021 to 2025 with an increase in TB treatment coverage (reported/estimated incidence) from 63% in 2018 to 90% in 2025."
- 2 Augmenter la proportion des nouveaux patients et rechutes de TB toutes formes ayant bénéficié du test Xpert MTB/RIF en diagnostic initial de 21 % en 2018 à 98% en 2025. "To increase the proportion of new patients and relapses of all forms of TB having benefited from the Xpert MTB/RIF test in initial diagnosis from 21% in 2018 to 98% in 2025."
- 3 Accroître le taux de succès au traitement des patients TB pharmaco sensibles de 79,1% (cohorte 2018) à au moins 90% (cohorte 2024) et ceux TB-résistante de 61,8% (cohorte 2018) à au moins 85% (cohorte 2024)
- 4 Réduire le taux de décès chez les patients TB/HIV de 20% (cohorte 2018) à moins de 5% (cohorte 2024). "Reduce the death rate among TB/HIV patients from 20% (cohort 2018) to less than 5% (cohort 2024)"
- 5 Assurer le traitement antituberculeux à 100% des patients TB des zones à déficit sécuritaire. "Ensuring 100% TB treatment for TB patients in unsafe areas"
- 6 Renforcer les capacités du PNT dans la gestion de la lutte contre la tuberculose ici à fin 2025. "Strengthen the capacity of the NTP in the management of tuberculosis control by the end of 2025."

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	Responsible PR	2021	2022	2023								
1	TB O-1a Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Burkina Faso	N: 28.3 D: P: 5,853	2019 NTP Annual Report		Programme d'Appui au Développement Sanitaire (PADS)	N: 32 D: P: %	Due Date: 28-Feb-2022	N: 33 D: P: %	Due Date: 28-Feb-2023							
Comments																	
2	TB O-2a Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Burkina Faso	N: 4,917 D: 5,853 P: 84.0%	2019 NTP Annual Report		Programme d'Appui au Développement Sanitaire (PADS)	N: 5,673 D: 6,303 P: 90.00%	Due Date: 28-Feb-2022	N: 6,109 D: 6,768 P: 90.00%	Due Date: 28-Feb-2023							
Comments																	
Numerator: Number of bacteriologically confirmed and clinically diagnosed tuberculosis cases (new cases and relapses) for the specified cohort that were subsequently successfully treated (sum of WHO outcome categories of "cured" and "treatment completed"). Denominator: Total number of bacteriologically confirmed and clinically diagnosed tuberculosis cases (new cases and relapses) recorded for treatment during the cohort period. The NTP/Burkina Faso had a treatment success rate of 84% in 2019. It is envisaged to optimize treatment outcomes including the treatment success rate in cases of drug-sensitive TB. To this end, it is planned i) the acquisition and uninterrupted supply of first-line antituberculosis drugs to the PEC structures; ii) the upgrading of agents who treat tuberculosis patients; iii) formative supervision at all levels including community; iv) consultation meetings (between TB PEC actors in major urban centers); v) community support for TB patients; vi) implementation of patient-centered care (information/education tools for patients and their families); vii) promotion of patients' rights and responsibilities with the support of former TB patients, etc.; viii) active search for absent patients for TB treatment; ix) active search for patients who are not in attendance for TB treatment; x) training of staff in the management of TB patients; xi) training of staff in the success rate in new TB patients and relapses from 84% in 2019 to at least 90% in 2021-2023. The targets are aligned with the NSP.																	

	TB O-5 ^(M) TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)	Burkina Faso	N: 5,916 D: 9,600 P: 62.0%	2019 NTP Annual Report	Programme d'Appui au Développement Sanitaire (PADS)	N: 7,003 D: 10,004 P: 70.00%	N: 7,542 D: 10,056 P: 75.00%	N: 8,087 D: 10,109 P: 80.00%																																																																																																																			
3	Comments					Due Date: 28-Feb-2022	Due Date: 28-Feb-2023	Due Date: 28-Feb-2024																																																																																																																			
	TB O-4 ^(M) Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	Burkina Faso	N: 63 D: 102 P: 61.8%	2019 NTP Annual Report	Programme d'Appui au Développement Sanitaire (PADS)	N: 95 D: 119 P: 80.00%	N: 114 D: 142 P: 80.00%	N: 129 D: 152 P: 85.00%																																																																																																																			
4	Comments					Due Date: 28-Feb-2022	Due Date: 28-Feb-2023	Due Date: 28-Feb-2024																																																																																																																			
<p>Coverage indicators and targets</p> <table border="1"> <thead> <tr> <th>CI Number</th> <th>Population</th> <th>Coverage Indicator</th> <th>Country and Scope of Targets</th> <th>Baseline Value</th> <th>Baseline Year and Source</th> <th>Required Disaggregation</th> <th>Include in GF Results</th> <th>Responsible PR</th> <th>Cumulation Type</th> <th>01-Jan-2021 30-Jun-2021</th> <th>01-Jul-2021 31-Dec-2021</th> <th>01-Jan-2022 30-Jun-2022</th> <th>01-Jul-2022 31-Dec-2022</th> <th>01-Jan-2023 30-Jun-2023</th> <th>01-Jul-2023 31-Dec-2023</th> </tr> </thead> <tbody> <tr> <td colspan="9">TB care and prevention</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td></td><td>TCP-1^(M) Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases</td><td>Country: Burkina Faso; Coverage: Geographic National, 100% of national program target</td><td>N: 5,916 D: P:</td><td>2019 NTP Annual Report</td><td>Age,Gender,HIV test status,TB case definition</td><td>Yes</td><td>Programme d'Appui au Développement Sanitaire (PADS)</td><td>Non cumulative</td><td>N: 3,151 D: P:</td><td>N: 3,152 D: P:</td><td>N: 3,394 D: P:</td><td>N: 3,394 D: P:</td><td>N: 3,639 D: P:</td><td>N: 3,639 D: P:</td></tr> <tr> <td>3</td><td>Comments</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td></td><td>Numerator: Number of tuberculosis cases (all forms: bacteriologically confirmed + clinically diagnosed) reported to NTP during the reporting period, new cases and relapses. NTP targets were set to achieve treatment coverage (reported/estimated cases) of 70% in 2021, 75% in 2022, and 80% in 2023. The interventions planned in the NTP include the extension of the GeneXpert MTB/RIF network (from 19 in 2020 to 51 in 2023) to improve access to suspected TB and suspected MDR-TB to the initial Xpert test, and the reinforcement of the transport of sputum samples, the extension digital radiography to reach hard-to-reach populations (children, IDPs, prison inmates) and the active search for TB cases in refugee camps. In the framework of the funding request, it is envisaged to cover 90% of the NSP targets in relation to the amount received (90% of 7003 in 2021; 90% of 7542 in 2022; 90% of 8087 in 2023). However, with the appearance of the country's security problems, there has been a significant decrease (23%) in the number of new cases and relapses reported in the CDTs of the Zones à Déficit Sécuritaire (ZADS) which went from 705 in S1/2019 to 546 in S1/2020. In addition, the COVID-19 pandemic also had a significant negative impact on the reporting of tuberculosis cases in the country. The number of new cases and relapses decreased from 2832 in S1/2019 to 2497 in S1/2020, a decrease of 12%. The Global Fund financed the recovery of tuberculosis data following the widespread strikes by health sector workers in Report 2020). 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CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Responsible PR	Cumulation Type	01-Jan-2021 30-Jun-2021	01-Jul-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	01-Jul-2022 31-Dec-2022	01-Jan-2023 30-Jun-2023	01-Jul-2023 31-Dec-2023																																																																																																												
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	Comments																																																																																																																										

Numerator: Number of bacteriologically confirmed and clinically diagnosed TB cases (new and relapsed), based on the cohort from the previous year's reporting period, that were subsequently successfully treated (sum of WHO outcome categories of "cured" and "treatment completed"). **Denominator:** Total number of bacteriologically confirmed and clinically diagnosed tuberculosis cases (new and relapsed) referred for treatment during the same period according to the DDF targets (80% of the NTP targets). It is planned to optimize treatment results, particularly the treatment success rate in cases of drug-sensitive TB. To this end, it is planned to: i) acquire and continuously supply the PEC structures with first-line antituberculosis drugs; ii) upgrade the level of the agents who take care of TB patients; iii) provide formative supervision at all levels, including the community level; iv) hold consultation meetings (between TB PEC actors in the major urban centers); v) provide community support to TB patients; vi) provide training to the agents who take care of TB patients; vii) provide training to the families, promotion of the rights and advocacy of patients with the support of former TB patients, etc.; viii) the active search for absent TB patients. These interventions will increase the success rate of new and relapsed TB patients from 84% in 2019 to at least 90% in 2021-2023. The therapeutic success rate is assumed to be constant between the two semesters of each year. Information on the treatment success rate will be obtained through the quarterly reports on treatment results (Cohort Report) and the annual activity report of the NTP. Performance will be measured against the 2019. This adjustment resulted in corrected data that were entered into the TB-Endorsement. The reference value of this indicator is therefore 84% (source: Endos-TB) instead of 80% (Source: WHO Report 2020). Indeed, WHO published the unadjusted data transmitted by the country before the adjustment.

4

	TCP-3 Percentage of laboratories showing adequate quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period	Country: Burkina Faso;	Coverage: Geographic National, 100% of national program target	N: 89 D: 106 P: 84,0%	2019 NTP Annual Report	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative – other	N: 109 D: 115 P: 94,8%	N: 109 D: 115 P: 94,8%	N: 115 D: 121 P: 95,0%	N: 121 D: 128 P: 94,5%	N: 129 D: 135 P: 95,6%	N: 134 D: 140 P: 95,7%
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Comments

Numerator: Number of laboratories performing satisfactorily on EQA smear microscopy Denominator: Total number of laboratories performing EQA smear microscopy analysis. External quality control for smear microscopy consists of double control of slides at the intermediate and central level of the TB laboratory network. This process takes time and results are available on average 6 months after start-up. The objective of optimal performance is to minimize major error. Any major error (high false positive or false negative rates) may indicate insufficient performance. A laboratory performs satisfactorily in external quality control when the sum of the high false positive rate (HFP) and the high false negative rate (HFN) is less than 5%. The denominator of the indicator will only consider functional laboratories in the laboratory network. The performance of the laboratories in the network will be reported through the quarterly external quality control reports. It is envisaged that the percentage of performing laboratories will remain at least 95% until 2023. Performance will be measured against the percentage target; denominators will be updated with actual values. The indicator will be reported each time on the basis of the average of the six months prior to the progress report.

5

	TCP-5.1 Number of people in contact with TB patients who began preventive therapy	Country: Burkina Faso;	Coverage: Geographic National, 100% of national program target	N: 793 D: 3,776 P: 21.0%	2019 NTP Annual Report	Age	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 598,77 D: 1,088,6705 P: 55,0%	N: 598,96 D: 1,089,016 P: 55,0%	N: 820,84 D: 1,172,627 P: 70,0%	N: 820,84 D: 1,172,627 P: 70,0%	N: 1,005,82 D: 1,257,2745 P: 80,0%	N: 1,005,82 D: 1,257,2745 P: 80,0%
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Comments

Numerator: Number of children under 5 years of age in contact with patients with tuberculosis (TB) who have started isoniazid preventive treatment (IPT). **Denominator:** Number of children younger than 5 years of age in contact with eligible tuberculosis (TB) patients expected. Awareness-raising/training activities for the initiation of preventive treatment for children in contact with eligible, bacteriologically confirmed TB cases will be strengthened during the implementation of the 2021-2023 grant. It is envisaged to put 55% of eligible child contacts under preventive treatment in 2021, 70% in 2022 and 80% in 2023. The targets per semester have been set with the assumption that the ratio of bacteriologically confirmed TB cases to new TB cases and relapses is 0.691 and the ratio of contact cases to bacteriologically confirmed TB index cases is 0.5.

6

	TCP-5.1 Number of people in contact with TB patients who began preventive therapy	Country: Burkina Faso;	Coverage: Geographic National, 100% of national program target	N: 793 D: 3,776 P: 21.0%	2019 NTP Annual Report	Age	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 598,77 D: 1,088,6705 P: 55,0%	N: 598,96 D: 1,089,016 P: 55,0%	N: 820,84 D: 1,172,627 P: 70,0%	N: 820,84 D: 1,172,627 P: 70,0%	N: 1,005,82 D: 1,257,2745 P: 80,0%	N: 1,005,82 D: 1,257,2745 P: 80,0%
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Comments

Numerator: Number of patients with tuberculosis (all cases all forms) reported by CDTs from areas with security deficits receiving treatment Denominator: Number of patients with tuberculosis (all cases all forms) reported by CDTs from areas with security deficits. Within the framework of NSP 2021-2025, it is planned to boost the detection and treatment of tuberculosis cases in the country's NSP and the numerators are deducted from the 100% target.

7

	Proportion of TB patients in CDTs in areas facing insecurity put on anti-TB treatment	Country: Burkina Faso;	Coverage: Geographic National, 100% of national program target	N: 1,469 D: 1,469 P: 100,0%	2019 NTP Annual Report	Age	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 736 D: 736 P: 100,0%	N: 736 D: 736 P: 100,0%	N: 792 D: 792 P: 100,0%	N: 792 D: 792 P: 100,0%	N: 849 D: 849 P: 100,0%	N: 849 D: 849 P: 100,0%
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Comments

Numerator: Number of cases of all forms of tuberculosis (new and relapsed) that received Xpert MTB/IR tests as an initial test during the reporting period. **Denominator:** Total number of reported cases of tuberculosis of all forms (new and relapsed) during the reporting period. The Xpert test will be used as a first-line diagnostic test for tuberculosis at all functional sites with GeneXpert machines. Taking into account the security situation in the country, this intensive use of GeneXpert machines would increase the value of this indicator from 24% in 2019 to 50% in 2021, 70% in 2022 and 85% in 2023. These data are reported semi-annually from the laboratory's susceptibility/Xpert test logs.

8

	TCP-8 Percentage of new and relapse TB patients tested using WHO recommended rapid tests at the time of diagnosis	Country: Burkina Faso;	Coverage: Geographic National, 100% of national program target	N: 1,180 D: 4,918 P: 24,0%	2019 NTP Annual Report	Age	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 1,575,5 D: 3,151 P: 50,0%	N: 1,576 D: 3,152 P: 50,0%	N: 2,375,8 D: 3,394 P: 70,0%	N: 2,375,8 D: 3,394 P: 70,0%	N: 3,093,15 D: 3,639 P: 85,0%	N: 3,093,15 D: 3,639 P: 85,0%
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		MDR TB-3□ Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Country: Burkina Faso; Coverage: Geographic National, 100% of national program target	N: 66 D: P:	2019 NTP Annual Report	Age,Gender,TB regimen	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 59 D: P:	N: 60 D: P:	N: 71 D: P:	N: 71 D: P:	N: 76 D: P:	N: 76 D: P:
Comments															
10		Number of cases of drug-resistant tuberculosis (rifampicin-resistant tuberculosis and/or multidrug-resistant tuberculosis) registered and started on a prescribed treatment regimen for multidrug-resistant tuberculosis during the evaluation period As part of the funding application, it is envisaged, among other things, to improve the program's capacity in the CEP of MDR-TB patients. These interventions will optimize the detection of MDR-TB cases and treatment coverage according to the NSP targets set at 119, 141 and 152 in 2021, 2022 and 2023 respectively. 100% of the cases of MDR-TB will be put under 2nd line treatment.													
Comments															
9		MDR TB-2□ Number of TB cases with RR-TB and/or MDR-TB notified	Country: Burkina Faso; Coverage: Geographic National, 100% of national program target	N: 74 D: P:	2019 NTP Annual Report	Age,Gender	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 59 D: P:	N: 60 D: P:	N: 71 D: P:	N: 71 D: P:	N: 76 D: P:	N: 76 D: P:
Comments															
Numerator: Number of cases of bacteriologically confirmed drug-resistant tuberculosis (rifampicin-resistant and/or multidrug-resistant tuberculosis) reported during the assessment period. Among others, it is envisaged to: i) Extend the GeneXpert MTB/RIF network (from 19 in 2020 to 51 in 2022) to improve access to the initial Xpert test for suspected MDR-TB patients; ii) Enhance transport of sputum samples from suspected MDR-TB cases. These interventions will increase the detection of MDR-TB/MDR-TB cases and achieve the respective NSP targets of 119, 141 and 152 in 2021, 2022 and 2023. The targets in 2021 have been reduced in relation to the funding request, as technical assistance will be hired to help implement the decentralization of MDR-TB management, so the scaling up will be gradual.															
TB/HIV															
1		TB/HIV-3.1a Percentage of people living with HIV newly initiated on ART who were screened for TB	Country: Burkina Faso; Coverage: Geographic National, 100% of national program target	N: D: P:	Gender,Age	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 4,414 D: 4,414 P: 100.0%	N: 4,414 D: 4,414 P: 100.0%	N: 4,068 D: 4,068 P: 100.0%	N: 4,068 D: 4,068 P: 100.0%	N: 3,691 D: 3,691 P: 100.0%	N: 3,691 D: 3,691 P: 100.0%	
Comments															
Numerator: Number of PLWHA newly initiated on ART who were screened for tuberculosis during the reference period. Denominator: Number of PLWHA who newly initiated ART during the reference period. This is a new indicator. Therefore, no baseline data is available. For the period 2021-2023, the program intends to improve TB screening, particularly among PLWHA newly enrolled in ARV treatment cohorts. Data will be extracted from the ENDOS-BF system using data from validated treatment sites.															
11		TB/HIV-5 Percentage of registered new and relapse TB patients with documented HIV status	Country: Burkina Faso; Coverage: Geographic National, 100% of national program target	N: 5,294 D: 5,916 P: 89.5%	2019 NTP Annual Report	Age,Gender,HIV test status	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 3,087,98 D: 3,151 P: 98.0%	N: 3,088,96 D: 3,152 P: 98.0%	N: 3,326,12 D: 3,394 P: 98.0%	N: 3,326,12 D: 3,394 P: 98.0%	N: 3,566,22 D: 3,639 P: 98.0%	N: 3,566,22 D: 3,639 P: 98.0%
Comments															
Numerator: Number of registered TB patients (new and relapsed) during the reporting period whose HIV test result was recorded in the TB registry at the time of diagnosis of TB. Denominator: Total number of new and relapsed tuberculosis patients during the reporting period. HIV testing is routinely offered at all CDTs to patients with tuberculosis and the results of patients tested are recorded in the TB/HIV co-infected patients in 2021-2023. To end this, the unmet need of HIV tests to CDTs will be ensured in order to perform HIV serology in all new and relapsed TB patients. This would allow to perform and document HIV test results in 98% of TB patients. The indicator will be evaluated in %, based on actual numerator and denominator data. The data source is the quarterly screening report. In addition, the Global Fund has financed the reconstruction of tuberculosis data following the generalized strikes by health sector workers in 2019. This adjustment resulted in corrected data that were entered into the TB-Endorsement. The reference value of this indicator is therefore 89.5% (source: Endos-TB) instead of 93% (Source: WHO Report 2020). Indeed, WHO published the unadjusted data transmitted by the country before the adjustment.															
12		TB/HIV-6□ Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Country: Burkina Faso; Coverage: Geographic National, 100% of national program target	N: 455 D: 457 P: 99.6%	2019 NTP Annual Report	Age,Gender	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 262,91 D: 265,56628 P: 99.0%	N: 262,99 D: 265,65056 P: 99.0%	N: 283,19 D: 286,04632 P: 99.0%	N: 283,19 D: 286,04632 P: 99.0%	N: 303,63 D: 306,69492 P: 99.0%	N: 303,63 D: 306,69492 P: 99.0%
Comments															
Numerator: Number of tuberculosis patients (new cases and relapses) and HIV-positive patients, recorded during the reporting period, who are receiving antiretroviral therapy (who have started or continued previously initiated antiretroviral therapy). Denominator: Total number of tuberculosis patients (new cases and relapses) and HIV-positive patients registered during the reporting period. In accordance with national guidelines, it is recommended that TB/HIV co-infected patients be routinely put on ARVs between D14 and D30 after initiation of TB treatment. As part of the application for the allocation, it is envisaged to provide ARV treatment for at least 99% of co-infected patients from 2021 to 2023. Performance will be measured on a % basis, with actual numerators and denominators as documented during the reporting period. In addition, the Global Fund has financed the recovery of tuberculosis data following the generalized strikes by health sector workers in 2019. This adjustment resulted in corrected data that were entered into the TB-Endorsement. The reference value of this indicator is therefore 99.6% (source: Endos-TB) instead of 82% (Source: WHO Report 2020). Indeed, WHO published the unadjusted data transmitted by the country before the adjustment.															



2	TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period	Country: Burkina Faso: Coverage: Geographic National, 100% of national program target	N: D: P:				Age,Gender,TPT regimen	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: D: P:	TBD	TBD	TBD	TBD	TBD										
Comments Numerator: Number of PLWHA on ART who initiated preventive treatment for tuberculosis (PTB) during the reporting period. Denominator: Number of PLHIV on ART who are eligible for TPT during the (same) reporting period. There is no baseline data for this indicator. The activity is part of national policy, but there is still reluctance at the provider level to prescribe TPT. A study of barriers will be done in 2021 and targets and activities will be proposed to expand the activity.																										

Workplan Tracking Measures

Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country

Comments

Country	Burkina Faso																			
Grant Name	BFA-T-PADS																			
Implementation Period	01-Jan-2021 - 31-Dec-2023																			
Principal Recipient	Programme d'Appui au Développement Sanitaire (PADS)																			
By Module	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total			
MDR-TB	€125,012	€45,870	€108,636	€73,779	€353,297	€147,635	€74,647	€71,643	€85,656	€379,580	€159,014	€57,898	€75,682	€85,808	€378,403	€1,111,280	10.8 %			
Program management	€141,057	€178,854	€212,671	€345,639	€878,221	€136,210	€158,155	€177,640	€209,603	€681,607	€137,674	€147,857	€189,413	€186,321	€661,265	€2,221,094	21.6 %			
RSSH: Health management information systems and M&E	€37,561	€131,894	€55,108	€133,470	€358,033	€28,727	€97,935	€60,574	€37,799	€225,035	€28,727	€21,985	€11,028	€30,909	€92,648	€675,716	6.6 %			
TB care and prevention	€1,242,662	€343,949	€168,988	€227,078	€1,982,677	€955,116	€472,258	€201,921	€208,560	€1,837,855	€1,009,900	€238,489	€171,998	€192,609	€1,612,996	€5,433,527	52.8 %			
TB/HIV	€23,579	€188,809	€68,750	€96,010	€377,148	€26,258	€85,977	€30,929	€85,977	€229,140	€29,119	€89,905	€41,280	€89,905	€250,208	€856,496	8.3 %			
Grand Total	€1,569,871	€889,376	€614,153	€875,977	€3,949,376	€1,293,945	€888,971	€542,707	€627,594	€3,353,217	€1,364,434	€556,133	€489,402	€585,551	€2,995,519	€10,298,113	100.0 %			
By Cost Grouping	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total			
Human Resources (HR)	€26,814	€10,044	€10,044	€10,044	€56,945	€27,736	€10,144	€10,144	€10,144	€58,169	€28,699	€10,246	€10,246	€20,663	€69,853	€184,967	1.8 %			
Travel related costs (TRC)	€230,818	€638,888	€418,740	€390,411	€1,678,857	€241,127	€693,065	€381,979	€338,112	€1,654,283	€271,311	€352,604	€317,444	€317,406	€1,258,766	€4,591,906	44.6 %			
External Professional services (EPS)	€27,400	€58,599	€27,400	€70,554	€183,953	€27,415	€27,415	€27,415	€70,569	€152,815	€27,430	€27,430	€70,584	€152,876	€489,643	4.8 %				
Health Products - Pharmaceutical Products (HPPP)	€233,790				€233,790	€258,949				€258,949	€278,200				€278,200	€770,939	7.5 %			
Health Products - Non-Pharmaceuticals (HPNP)	€33,134				€33,134	€27,296				€27,296	€27,213				€27,213	€87,643	0.9 %			
Health Products - Equipment (HPE)	€650,341	€24,064			€6,096	€680,501	€390,048			€390,048	€390,735				€390,735	€1,461,284	14.2 %			
Procurement and Supply-Chain Management costs (PSM)	€277,770				€277,770	€217,983				€217,983	€231,946				€231,946	€727,698	7.1 %			
Non-health equipment (NHP)	€2,744	€42,756	€39,235	€211,149	€295,885	€27,744	€44,321	€2,058	€78,622	€127,745	€2,744	€45,253	€2,058	€45,253	€95,309	€518,938	5.0 %			
Communication Material and Publications (CMP)		€1,220	€11,210	€89,571	€102,001		€1,220			€17,341	€18,561		€1,220	€5,605	€12,264	€19,089	€139,650	1.4 %		
Indirect and Overhead Costs	€18,919	€34,572	€39,382	€18,919	€111,792	€22,540	€22,540	€43,003	€22,540	€110,622	€22,427	€22,427	€42,890	€22,427	€110,172	€332,586	3.2 %			
Living support to client/ target population (LSCTP)	€61,433	€72,525	€61,433	€72,525	€267,917	€70,821	€82,979	€70,821	€82,979	€307,600	€76,258	€89,483	€76,258	€89,483	€331,481	€906,998	8.8 %			
Payment for Results	€6,708	€6,708	€6,708	€6,708	€26,831	€7,287	€7,287	€7,287	€7,287	€29,148	€7,470	€7,470	€7,470	€7,470	€29,880	€85,859	0.8 %			
GrandTotal	€1,569,871	€889,376	€614,153	€875,977	€3,949,376	€1,293,945	€888,971	€542,707	€627,594	€3,353,217	€1,364,434	€556,133	€489,402	€585,551	€2,995,519	€10,298,113	100.0 %			
By Recipients	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total			
PR	€1,211,431	€80,191	€167,862	€286,158	€1,745,642	€912,140	€35,330	€99,620	€97,540	€1,144,631	€943,229	€35,330	€107,385	€73,656	€1,159,600	€4,049,874	39.3 %			
Programme d'Appui au Développement Sanitaire (PADS)	€1,211,431	€80,191	€167,862	€286,158	€1,745,642	€912,140	€35,330	€99,620	€97,540	€1,144,631	€943,229	€35,330	€107,385	€73,656	€1,159,600	€4,049,874	39.3 %			
SR	€358,440	€809,185	€446,290	€589,819	€2,203,734	€381,805	€853,641	€443,087	€530,054	€2,208,586	€421,205	€520,803	€382,016	€511,894	€1,835,919	€6,248,239	60.7 %			
DRS	€16,169	€16,169	€16,169	€21,770	€70,278	€16,169	€16,169	€21,770	€70,278	€16,169	€21,770	€70,278	€16,169	€21,770	€70,278	€210,834	2.0 %			
DS	€77,138	€115,134	€77,138	€115,134	€384,544	€78,027	€303,435	€78,027	€96,083	€555,572	€79,200	€97,256	€79,200	€97,256	€352,913	€1,293,029	12.6 %			
Programme National de lutte contre la Tuberculose	€265,132	€677,882	€352,983	€452,915	€1,748,912	€287,608	€534,037	€348,890	€412,201	€1,582,736	€325,835	€407,378	€286,646	€392,869	€1,412,728	€4,744,376	46.1 %			
Grand Total	€1,569,871	€889,376	€614,153	€875,977	€3,949,376	€1,293,945	€888,971	€542,707	€627,594	€3,353,217	€1,364,434	€556,133	€489,402	€585,551	€2,995,519	€10,298,113	100.0 %			