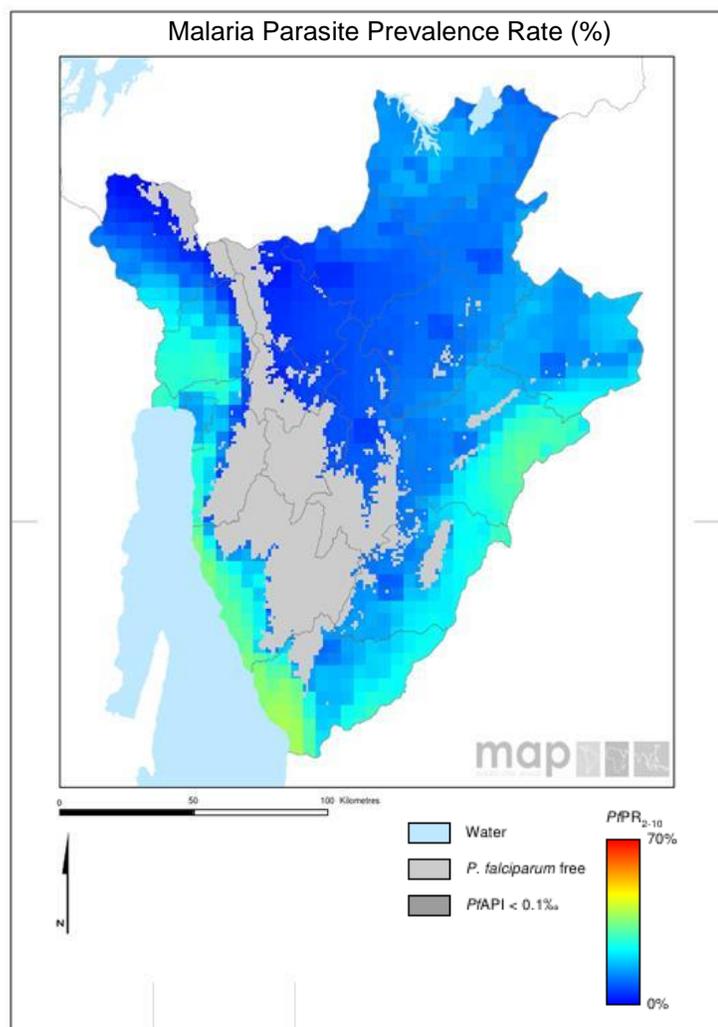


Scorecard for Accountability and Action



In Burundi, about 24% of the population is at high risk for malaria and nearly 22% live in malaria-free highland areas. The annual reported number of malaria cases in 2012 was 2,151,076 with 2,263 deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	Target achieved or on track
Community case management (Pneumonia)	Progress but more effort required
Community case management (Malaria)	Progress but more effort required
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)	Not on track 2.7
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	Target achieved or on track 99
Public sector RDT financing 2014 projection (% of need)	Not on track 26
Public sector ACT financing 2014 projection (% of need)	Target achieved or on track 100
Operational LLIN/IRS coverage (% of at risk population)	Target achieved or on track ▲ 100
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	No data/Not applicable
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)	Progress but more effort required 54
% deliveries assisted by skilled birth attendant	Progress but more effort required 60
Exclusive breastfeeding (% children < 6 months)	Target achieved or on track 69
Vitamin A Coverage (2 doses)	Target achieved or on track 83
DPT3 coverage 2011 (vaccination among 12-23 month olds)	Target achieved or on track 96
Postnatal care (within 48 hrs)	Progress but more effort required 30

Key

Target achieved or on track
Progress but more effort required
Not on track
No data/Not applicable

Urgent Global Fund Update

The Global Fund has announced that Burundi will receive US\$ 128.1 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on Burundi's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Burundi this is calculated at US\$ 36.3 million, including US\$ 16.3 million of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Burundi is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years.

Progress

Burundi has made good progress in scaling-up coverage of key malaria control interventions, in particular LLINs. Burundi has banned oral artemisinin-based monotherapies. In 2014, the country secured sufficient resources to sustain universal coverage of LLINs and ACTs. Burundi has achieved high coverage of tracer MNCH interventions, including exclusive breastfeeding, vitamin A, and DPT3 coverage.

Impact

The annual reported number of malaria cases in 2012 was 2,151,076 with 2,263 deaths.

Key Challenge

- Weaknesses in data quality to monitor the progress on malaria control.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the NFM concept note is submitted by Q1 2015 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q1 2015