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 2017 was 8,133,919 with 4,414 deaths.
Burundi procured sufficient LLINs to achieve universal coverage of the targeted at risk population. The country has secured sufficient resources to procure the LLINs, RDTs and ACTs required in 2019. Burundi has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control Scorecard. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and has developed an insecticide resistance monitoring and management plan. Burundi has significantly enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Control Scorecard.

Impact
The annual reported number of malaria cases in 2017 was 8,133,919 with 4,414 deaths.

Key Challenges
- The country has experienced a malaria upsurge from 2015.
- Gaps to further scale up IRS.

Previous Key Recommended Actions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Investigate and address the reasons for the increase in malaria cases</td>
<td>Q4 2019</td>
<td>-</td>
<td>The country has identified a number of underlying reasons for the increase in cases including increased rainfall, increased agriculture, poor compliance with the first line drug and poor durability of LLINs. In response the country is working on a emergency response plan, requesting emergency funds from the Global Fund and other partners, and is also exploring opportunities to accelerate the LLIN campaign and change the first line treatment of malaria</td>
</tr>
<tr>
<td>Enact high level policy and strategy change</td>
<td>Improve rule-based governance, quality of budgetary and financial management, efficiency of revenue mobilisation, quality of public administration, and transparency and accountability in the public sector. Identify and address the reasons for the declining performance</td>
<td>Q3 2013</td>
<td>No progress reported</td>
<td></td>
</tr>
</tbody>
</table>
RMNCAH and NTDs

Progress
Burundi has achieved high coverage of tracer RMNCAH interventions, including exclusive breastfeeding, DPT3, ART coverage and skilled birth attendance. Burundi enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Burundi is measured using a composite index calculated from preventive chemotherapy coverage achieved for onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Burundi is high for schistosomiasis (100%), soil transmitted helminths (94%) and for onchocerciasis (81%). However, coverage for trachoma is low (0%). Overall, the NTD preventive chemotherapy coverage index for Burundi in 2017 is 17 and this represents a slight increase over the 2016 index value (16).

Previous Key Recommended Actions
Burundi has responded positively to the RMNCAH recommended actions addressing low coverage of ART coverage in children, with a 2% increase in coverage reported in the last year, as well a slow coverage of PC for NTDs and continues to track progress as these actions are implemented.