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 2014 was 4,831,758 with 2,974 deaths.

### Scorecard for Accountability and Action

#### Malaria Parasite Prevalence Rate (%)

#### Metrics

<table>
<thead>
<tr>
<th>Commodity/Indicators</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>LLIN financing 2016 projection (% of need)</td>
<td>100</td>
</tr>
<tr>
<td>Public sector RDT financing 2016 projection (% of need)</td>
<td>67</td>
</tr>
<tr>
<td>Public sector ACT financing 2016 projection (% of need)</td>
<td>87</td>
</tr>
<tr>
<td>World Bank rating on public sector management and institutions 2016 (CPA Cluster D)</td>
<td>2.5</td>
</tr>
</tbody>
</table>

#### Insecticide Resistance Monitoring, Implementation and Impact

- **Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010**: 3
- **Insecticide resistance monitored since 2014 and data reported to WHO**: 100
- **National Insecticide Resistance Monitoring and Management Plan**: 100
- **Scale of implementation of ICCM (2013)**: 100
- **Operational LLINIRS coverage (% of at risk population)**: 100
- **>75% Decrease in Malaria Incidence Projected 2000–2015**: 100

#### Tracer Indicators for Maternal and Child Health

- **Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)**: 54
- **Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2016)**: 29
- **% deliveries assisted by skilled birth attendant**: 60
- **Postnatal care (within 48 hrs)**: 30
- **Exclusive breastfeeding (% children < 6 months)**: 69
- **Vitamin A Coverage 2014 (2 doses)**: 69
- **DPT3 coverage 2015 (vaccination among 0-11 month olds)**: 94

#### Key

- **Target achieved or on track**: Green
- **Progress but more effort required**: Yellow
- **Not on track**: Red
- **No data/Not applicable**: Grey
Malaria
Progress
Burundi has made good progress in scaling-up coverage of key malaria control interventions. Burundi has procured sufficient LLINs to achieve universal coverage and sufficient resources have been secured to procure the majority of the LLINs, ACTs and RDTs required in 2016. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO.

Impact
The annual reported number of malaria cases in 2014 was 4,831,758 with 2,974 deaths. WHO, through modeling, projects that Burundi has achieved a 50%-75% decrease in malaria incidence between 2000 and 2015.

Key Challenge
- Reported malaria upsurges in 2015 and 2016.

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>Address malaria upsurge</td>
<td>Investigate and address the reasons for the increase in malaria cases in parts of the country in 2015</td>
<td>Q4 2016</td>
<td></td>
<td>Deliverable not yet due but the country has reprogrammed resources to address the upsurge and secured resources to procure additional supplies. Malaria cases have decreased but are still higher than normal. Burundi received technical support and training from WHO in data analysis and upsurge reporting and are working to identify the underlying causes of the upsurge</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</td>
<td>Q3 2013</td>
<td></td>
<td>There has been a 0.3 point decrease in the CPIA cluster D</td>
</tr>
</tbody>
</table>
New Key Recommended Actions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria financing</td>
<td>Work to accelerate the procurement of ACTs and RDTs to fill gaps created by the increase in cases</td>
<td>Q2 2017</td>
</tr>
<tr>
<td>Enact high level policy and strategy change</td>
<td>Investigate and address the underlying reasons for the decrease in CPIA cluster D</td>
<td>Q3 2017</td>
</tr>
</tbody>
</table>

MNCH Progress

Burundi has also achieved high coverage of tracer MNCH interventions, including exclusive breastfeeding and DPT3. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Previous Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
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</tr>
</thead>
<tbody>
<tr>
<td>MNCH¹: Optimise quality of care</td>
<td>Work to accelerate coverage of ARTs in children under 14 years of age</td>
<td>Q1 2017</td>
<td>Green</td>
<td>Burundi has increased ART coverage by 8% in the total population and 5% in children and is planning to increase ART coverage in children to 39% by 2017. The country is providing training in the management of paediatric HIV and is scaling up testing through integration with other child health services including through IMCI, vaccination services, paediatric appointments, centres for nutritional rehabilitation and paediatric in-patient services, as well as to the approach of screening the “family unit” with a view to enlisting a greater number of children</td>
</tr>
</tbody>
</table>

Key

- Action achieved
- Some progress
- No progress
- Deliverable not yet due

¹ MNCH metrics, recommended actions and response tracked through WHO MCA