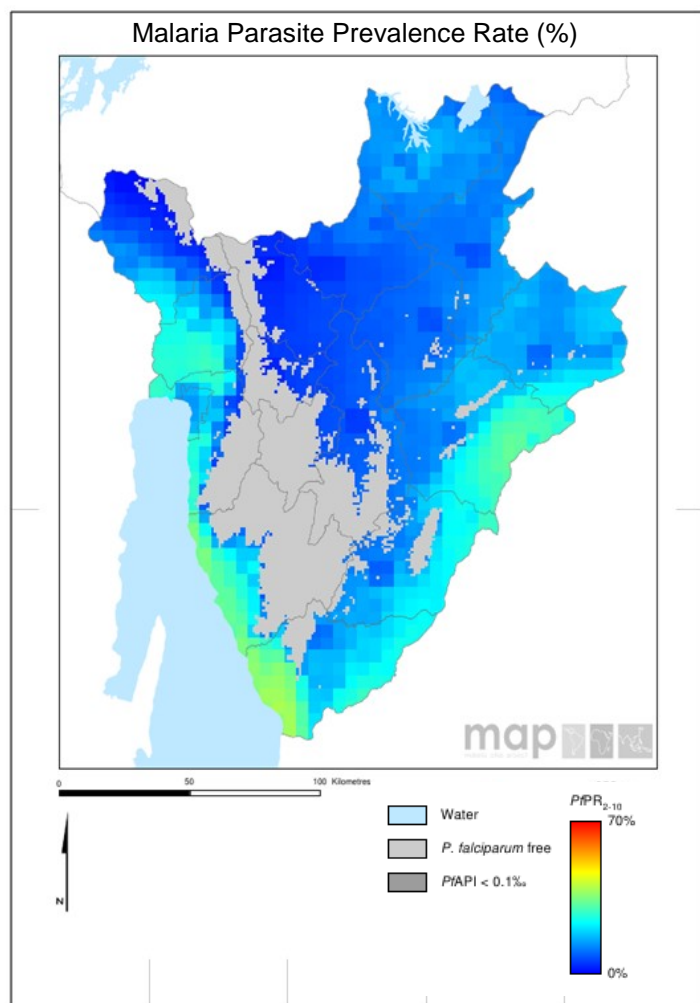


Scorecard for Accountability and Action



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

Metrics

Commodities Financed and Financial Control

LLIN financing 2016 projection (% of need)	100
Public sector RDT financing 2016 projection (% of need)	67
Public sector ACT financing 2016 projection (% of need)	87
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)	2.5





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	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of iCCM (2013)	
Operational LLINIRS coverage (% of at risk population)	100
>75% Decrease in Malaria Incidence Projected 2000–2015	

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 (2015)	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
	Progress but more effort required
	Not on track
	No data/Not applicable

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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address malaria upsurge	Investigate and address the reasons for the increase in malaria cases in parts of the country in 2015	Q4 2016		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
Enact high level policy and strategy change	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	Q3 2013		There has been a 0.3 point decrease in the CPIA cluster D

New Key Recommended Actions

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

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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	Work to accelerate coverage of ARTs in children under 14 years of age	Q1 2017		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

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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