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 2015 was 5,243,410 with 3,799 deaths.
Malaria
Global Fund Update
The Global Fund has announced that Burundi will receive US$ 72.3 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. 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$ 36.7 million. 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, as well as from domestic resources, to sustain the gains made in recent years.

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 2015 was 5,243,410 with 3,799 deaths. WHO estimates that the country has achieved a decrease of 20-40% in the malaria incidence rate and experienced a reduction of less than 20% in the malaria mortality rate for the period 2010 - 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>Burundi began IRS in the last quarter of 2016 and it is hoped that this will result in a decrease in cases</td>
</tr>
<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>
<td></td>
<td>The country has quantified the ACT and RDT requirements and has requested emergency funding support to fill the outstanding gaps</td>
</tr>
</tbody>
</table>
### New Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address funding</td>
<td>Ensure the GF malaria funding application is submitted by Q2 2017 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years</td>
<td>Q2 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 Recommended Actions

Burundi has responded positively to the MNCH recommended actions addressing low coverage of ART coverage in children and postnatal care and continues to track progress as these actions are implemented.

### Key

- Green: Action achieved
- Yellow: Some progress
- Red: No progress
- Gray: Deliverable not yet due

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