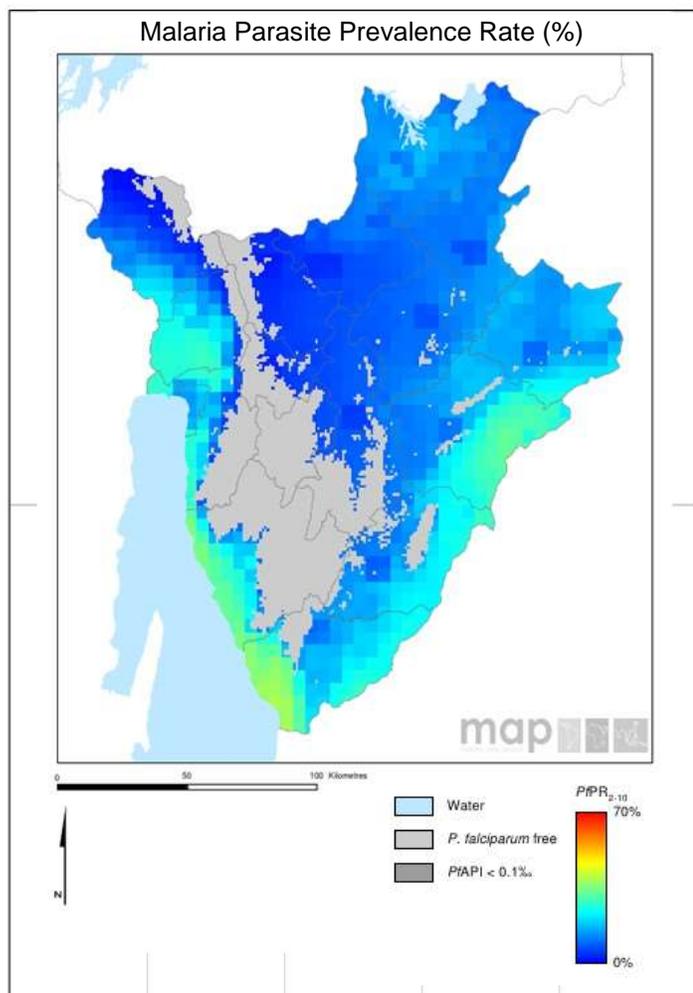


Scorecard for Accountability and Action



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)	2.6

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 (2016)	
Operational LLINIRS coverage (% of at risk population)	100
Estimated change in malaria incidence rate (2010–2015)	
Estimated change in malaria mortality rate (2010–2015)	

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

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

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		Burundi began IRS in the last quarter of 2016 and it is hoped that this will result in a decrease in cases
Malaria financing	Work to accelerate the procurement of ACTs and RDTs to fill gaps created by the increase in cases	Q2 2017		The country has quantified the ACT and RDT requirements and has requested emergency funding support to fill the outstanding gaps

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	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	Q2 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 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

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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