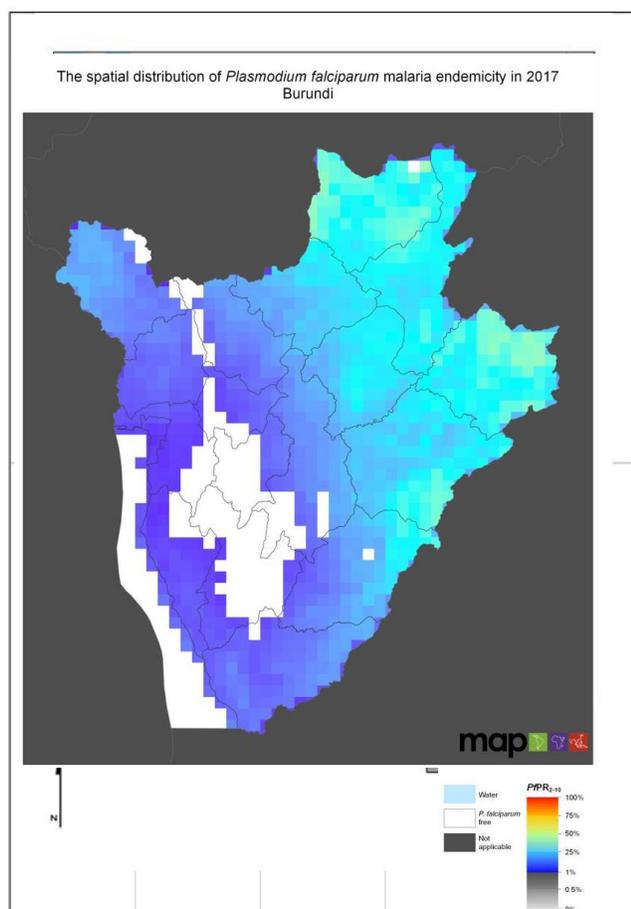


Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control

LLIN financing 2020 projection (% of need)	100
Public sector RDT financing 2020 projection (% of need)	15
Public sector ACT financing 2020 projection (% of need)	100
World Bank rating on public sector management and institutions 2018 (CPIA Cluster D)	2.3

Insecticide Resistance Monitoring, Implementation and Impact

Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	3
Insecticide resistance monitored since 2015 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Country Reporting Launch of Zero Malaria Starts with Me Campaign	
Scale of Implementation of iCCM (2017)	
Operational LLIN/IRS coverage (% of at risk population)	100
On track to reduce case incidence by $\geq 40\%$ by 2020 (vs 2015)	
On track to reduce case mortality by $\geq 40\%$ by 2020 (vs 2015)	

Tracer Indicators for Maternal and Child Health and NTDs

Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2018)	17
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2018)	80
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2018)	30
% deliveries assisted by skilled birth attendant	85
Postnatal care (within 48 hrs)	51
Exclusive breastfeeding (% children < 6 months)	82
Vitamin A Coverage 2018 (2 doses)	▲ 89
DPT3 coverage 2018 (vaccination among 0-11 month olds)	90

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 2018 was 5,149,436 with 2,481 deaths.

Malaria

Sustaining Essential Health Services During the COVID-19 Pandemic

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health including malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant. Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Burundi, with the universal coverage campaign for long-lasting insecticidal nets (LLINs) completed, it will be important to ensure that these nets are used by at-risk populations through targeted behaviour change communication. The planned indoor residual spraying (IRS) campaigns should also be completed as planned, and malaria case management should also be sustained. Without these malaria control and prevention interventions in place, there will be an increase in malaria cases and deaths. Under the worst-case scenario, in which there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 23.2% increase in malaria cases, and a 99.8% increase in malaria deaths in Burundi. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

Progress

Burundi procured sufficient LLINs to achieve universal coverage of the targeted at risk population. The country has secured sufficient resources to procure the LLINs, and ACTs required in 2020. 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.

Impact

The annual reported number of malaria cases in 2018 was 5,149,436 with 2,481 deaths.

Key Challenges

- The country has experienced a malaria upsurge from 2015.
- Gaps to further scale up IRS.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure the GF malaria funding application is submitted by Q2 2020 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2020		The country submitted its GF application in Q1

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Impact	Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020

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 (95%) and for onchocerciasis (83%). However, the country did not implement preventive chemotherapy for trachoma (0%). Overall, the NTD preventive chemotherapy coverage index for Burundi in 2018 is 17, the same as 2017 index value (17).

Burundi is commended for completing the required rounds of MDA for Trachoma, and reducing the prevalence to less than 5%. The country has also reached WHO targets for Preventive Chemotherapy for schistosomiasis, soil transmitted helminths and onchocerciasis.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
NTDs	Implement the preventive chemotherapy for Trachoma and work to reach the WHO targets	Q2 2020		In 2018 MDA for Trachoma was not organised as impact studies were being completed. Following the impact surveys, MDA was organised for 2019 and 95.1% coverage was achieved and these data have been submitted to WHO

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.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
RMNCAH ¹ : Impact	Ensure that essential RMNCAH services are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ RMNCAH metrics, recommended actions and response tracked through WHO