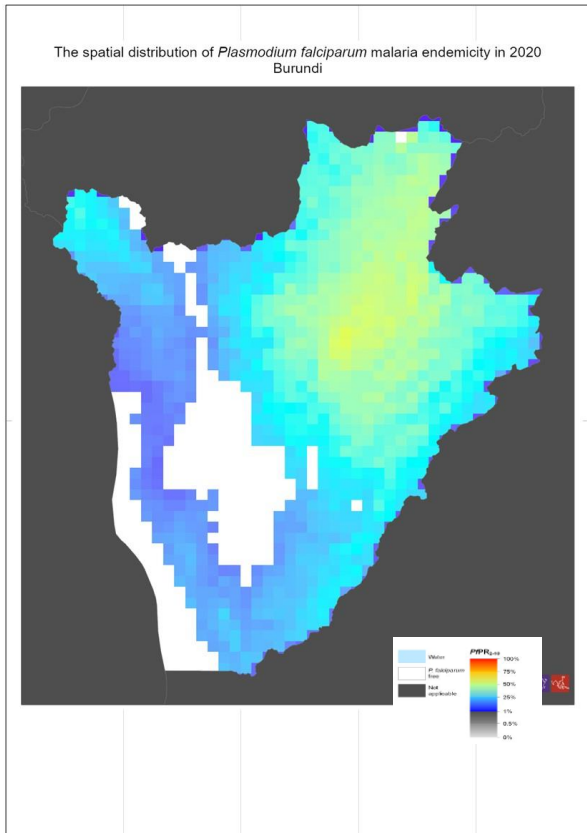


### Scorecard for Accountability and Action



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 2022 was 8,124,159 with 2,374 deaths.

#### Metrics

Financing		
LLIN financing (2024-2026) projection (% of need)		100
Public sector ACTs and RTDs financing (2024-2026) projection (% of need)		100
% of National Malaria Strategic Plan Financed (2024-2026)		32
Policy		
Signed, ratified and deposited the AMA instrument at the AUC		
Malaria activities targeting refugees in Malaria Strategic Plan		
Malaria activities targeting IDPs in Malaria Strategic Plan		
Zero Malaria Starts With Me Launched		
End Malaria Council and Fund Launched		
Resistance Monitoring, Implementation and Impact		
Drug efficacy studies conducted since 2019 and data reported to WHO		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		2
Insecticide resistance monitored since 2015 and data reported to WHO		
RDTs in stock (>6 months stock)		
ACTs in stock (>6 months stock)		
LLIN/IRS campaign on track		
% of vector control in the last year with next generation materials		0
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)		
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2022)		17
% of Neglected Tropical Disease MDAs Achieving WHO Targets		75
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2023)		60
Vitamin A Coverage 2022 (2 doses)		9
DPT3 coverage 2023 (vaccination among 0-11 month olds)		89

#### Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data
	Not applicable

## **Malaria**

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$60 million

## **Progress**

Burundi has secured sufficient resources to procure the ACTs, RDTs and LLINs required in 2024-26. The country has carried out drug resistance and insecticide resistance monitoring and has reported the results to WHO. The national strategic plan includes activities targeting refugees and IDPs. 65% of the insecticides and LLINs distributed in the country are next generation commodities designed to combat insecticide resistance.

In line with the priority agenda of the ALMA chair, His Excellency President Umuro Sissoco Embaló, Burundi has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control Scorecard. This scorecard tool has been updated and is being decentralized but has not yet been shared on the ALMA Scorecard Hub. The country RMNCAH scorecard has been shared through the Scorecard Hub. The country is working on establishing the End Malaria Council and Fund to enhance domestic resource mobilization and multi-sectoral action.

## **Impact**

The annual reported number of malaria cases in 2022 was 8,124,159 with 2,374 deaths.

## **Key Challenges**

- The country has experienced a malaria upsurge from 2015.
- Gaps to further scale up IRS.

# Reproductive, Maternal, Newborn, Adolescent and Child Health

## Progress

Burundi has achieved high coverage of the tracer RMNCAH intervention, DPT3. Burundi enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

## Previous Key Recommended Action

The country has also responded to the low coverage of vitamin and continues to track progress as the identified actions are implemented.

# Neglected Tropical Diseases

## Progress

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 trachoma (100%), for onchocerciasis (83%), for soil-transmitted helminths (98%) and zero (0%) for schistosomiasis. Overall, the NTD preventive chemotherapy coverage index for Burundi in 2022 is 17 and this represents a decrease compared with the 2021 index value (18). Apart from schistosomiasis, the country reached WHO MDA targets for other targeted diseases. Burundi has significantly enhanced the tracking and accountability mechanisms for NTDs with the development of a NTD Scorecard tool.

## Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Work to implement preventive chemotherapy for schistosomiasis and reach WHO targets	Q4 2024		In 2024, the country organized Mass Drug Administration (MDA) for onchocerciasis with a coverage of 81% and treated 93% of the target for Soil Transmitted Helminthiasis. Schistosomiasis MDA is planned by the end of the year. The country also submitted trachoma elimination dossier to WHO and is waiting for feedback. Other routine activities are being conducted as planned.

## Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due