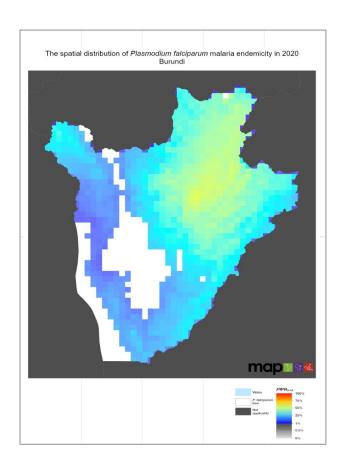
Burundi ALMA Quarterly Report Quarter Four, 2024



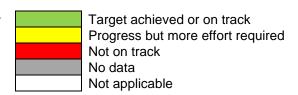
Scorecard for Accountability and Action



etrics		
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
Shaue:		
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		
% of vector control in the last year with next generation materials		41
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	5	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2023)	•	77
% of Neglected Tropical Disease MDAs Achieving WHO Targets		75
National Budget Allocated to NTDs		
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
Climate Change and VBDs in NDCs		

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 2023 was 5,619,763 with 1,831 deaths.

Key



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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\$125 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 Umaro 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 2023 was 5,619,763 with 1,831 deaths.

Key Challenges

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

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Impact	Work to address the increase in malaria incidence since 2015, which means that the country is not on track to achieve the 2025 target of a 75% reduction in malaria incidence	Q4 2025

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 A 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 and soil transmitted helminths. Preventive chemotherapy coverage in Burundi is 100% for trachoma as the disease is under surveillance only; high for onchocerciasis (83%) and for schistosomiasis (79%), but low for soil-transmitted helminths (55%). Overall, the NTD preventive chemotherapy coverage index for Burundi in 2023 is 77 and this represents a very substantial increase compared with the 2022 index value (17). Apart from soil transmitted helminthiasis, the country reached WHO MDA targets for other targeted diseases. Burundi has included Vector-borne diseases in the country Nationally Determined Contributions.

Previous Key Recommended Action

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 Q4 2024, the country has been engaged in conducting integrated MDAs for onchocerciasis and soil transmitted helminthiasis for children aged 12 to 59 months in the targeted implementation units. MDAs reports are being elaborated. MDAs for school age children (5 to 14 years) were not conducted due to limited resources and the country is working to mobilize the missing resources, to plan those MDAs in Q3 2025. Other routine activities including case management at health facility level and trachoma surveillance have been prioritized. The country is waiting for WHO feedback on the submitted trachoma elimination dossier			

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
NTDs	Submit data to the AUC on the national Budget Allocated to NTDs	Q4 2025

