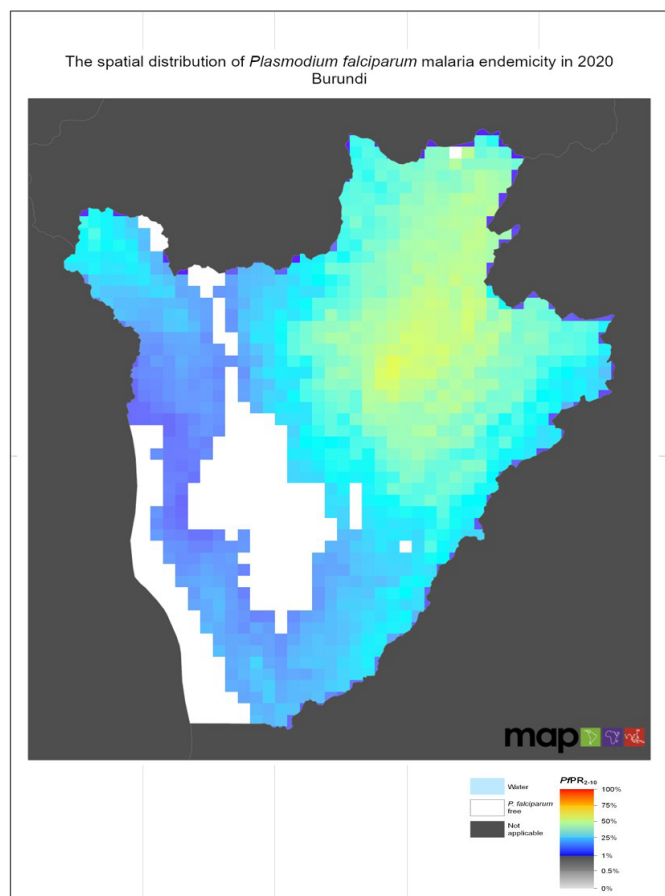


Scorecard for Accountability and Action



Metrics

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		3
Insecticide resistance monitored since 2020 and data reported to WHO		
% of vector control in the last year with next generation materials		65
ACTs in stock (>6 months stock)		
RDTs in stock (>6 months stock)		
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, %)(2024)		43
% of Neglected Tropical Disease MDAs Achieving WHO Targets		50
National Budget Allocated to NTDs		
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2024)		54
DPT3 coverage 2024 (vaccination among 0-11 month olds)		89
Climate Change and VBDs in NDCs		

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 2024 was 6,178,131 with 2,185 deaths.

Malaria - The Big Push towards 2030

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. Countries must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, decreasing ODA, 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. To get back on track and eliminate malaria, US\$5.2 billion is needed annually to fully finance country national malaria plans, and urgently fill gaps created by the recent reductions in ODA. Extreme weather events and climate change present a significant threat. By the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Countries must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the invasive *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. 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. WHO have also recently approved the use of Spatial Repellents. 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. Malaria can serve as a pathfinder for primary health care strengthening, climate change and health, and Universal Health Coverage. Countries must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD Councils and Funds, which have raised over US\$218 million to date.

A recent report by ALMA and MNM UK, “The Price of Retreat,” highlights the expected impact of malaria between 2025-2030 on GDP, trade and key sectors for development in Africa. If Burundi cannot sustain malaria prevention due to reductions in malaria financing, this would lead to an estimated 2,986,638 additional cases, 4,887 more deaths, and a GDP loss of US\$420 million between 2025 and 2030. However, if we mobilise the necessary resources and achieve a 90% reduction in malaria, in Burundi there will be a US\$1.6 billion increase in GDP.

Global Fund Allocation

The Global Fund allocation for Burundi for Grant Cycle 8 is US\$112.4 million for HIV, tuberculosis, malaria, and health systems strengthening for 2027-2029. The malaria component has been allocated US\$67.9 million. The allocations to the individual disease components are not fixed, and can be adjusted 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 coverage as much as possible.

Progress

Burundi 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, President Advocate Duma Gideon Boko, 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 a Malaria and HIV fund to

enhance domestic resource mobilization and multi-sectoral action.

Impact

The annual reported number of malaria cases in 2024 was 6,178,131 with 2,185 deaths.

Key Challenges

- The country has experienced a malaria upsurge from 2015.
- Gaps to further scale up IRS.
- Serious funding gaps to sustain essential life-saving malaria services including the impact of recent reductions in ODA

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Track the implications of the US Government actions related to PMI support and work to mitigate the impact. Work to ensure that malaria elimination is prioritised in the America First Global Health Strategy Country Memorandum of Understanding, and that costed prioritised plans are developed	Q1 2026		The Ministry of health has signed the 5-year bilateral MOU with the USG emphasizing support for the surveillance system for epidemic detection and management, availability of malaria commodities, data management, strengthening the laboratory system, and strategic investment.
Impact	Work to address the increase in malaria incidence since 2015, and the lack of progress in reductions in malaria deaths which means that the country is not on track to achieve the 2025 target of a 75% reduction in malaria incidence and deaths	Q4 2026		Deliverable not yet due

Reproductive, Maternal, Newborn, Adolescent and Child Health

Progress

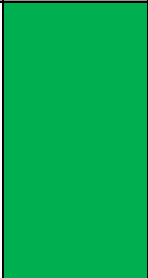
Burundi has achieved high coverage of the tracer RMNCAH intervention, DPT3. Burundi enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

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 helminthiasis. Preventive chemotherapy coverage in Burundi is 100% for trachoma (as the disease was eliminated in 2025 and is under surveillance); high for onchocerciasis (85%); very low for schistosomiasis (13%) and for soil-transmitted helminths (30%). Overall, the NTD preventive chemotherapy coverage index for Burundi in 2024 is 43 and this represents a decrease compared with the 2023 index value (77). The country did not reach WHO MDA targets for schistosomiasis and soil transmitted helminthiasis. Burundi has included Vector-borne diseases in the country Nationally Determined Contributions.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
NTDs	Work to improve Preventive Chemotherapy coverage for schistosomiasis and soil transmitted helminthiasis and reach WHO targets.	Q4 2026		In 2025 the country successfully completed Schistosomiasis and Soil Transmitted Helminthiasis (STH) targeted Mass Drug Administration (MDA) and reached WHO targets. The MDA coverage for both Schistosomiasis and STH were 92.9%.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due