SITUATION UPDATE

The February 2 bulletin from the World Health Organization (WHO) Africa reports a cumulative total of 8,892,300 malaria cases and 3,294 deaths between January 1 and December 29, 2019. This reflects an 88% increase in the number of cases and a 62% increase in the number of deaths compared with 2018. As the total population was estimated to be 11,179,000 in 2015, this means that as many as 80% of Burundi’s population experienced an episode of malaria during the year of 2019.

According to the weekly epidemic report shared by the Ministry of Health (MoH), the incidence of new malaria cases decreased during the month of January 2020 compared with December 2019, as the average weekly caseload dropped from 150,000 to 129,130. Despite this decrease—which is mainly attributed to the recent distribution of insecticide-treated nets (ITNS) and the accompanying sensitization campaigns completed in the four provinces covered by International Medical Corps’ program—the majority of health districts are still above the alert line, which includes all priority districts including the four provinces supported by International Medical Corps. During the first three weeks of January, 164 deaths were reported, with the four provinces supported by International Medical Corps accounting for 54 (33%) of those.

Had the recent distribution of almost 6.9 million ITNs in all 47 districts, with the support of USAID and The Global Fund, been accompanied by awareness-raising and educational activities countrywide, its effectiveness would have been increased. However, during a health cluster meeting under the coordination of the WHO, it was reported that many ITNs distributed are being sold in markets all over the country, particularly in rural areas where they’re used for fishing. The same situation occurred in 2017, when mass distribution of ITNs was carried out without appropriate accompanying education and sensitization activities. If consistent education for behavior change is not carried out this time, the current trend of improvement in malaria incidence is expected to reverse in the coming months.

FAST FACTS

- There were 8,892,300 malaria cases reported during 2019, representing 80% of the total population of Burundi. 3,294 deaths were recorded.
- Countrywide, implementation of the new malaria treatment protocols was slow, and there was a lack of effective community awareness and educational activities accompanying the recent distribution of almost 6.9 million insecticide-treated nets (ITNs) to more than 2.4 million households by the MoH, with the support of The Global Fund and USAID.

INTERNATIONAL MEDICAL CORPS RESPONSE

- In January, International Medical Corps supported the training of 51 trainers and 279 service providers from the MoH at the national and provincial levels.
- International Medical Corps supported the MoH by developing a comprehensive training module for CHWs about new malaria treatment protocols.
- International Medical Corps is supporting the sensitization campaign for malaria prevention. The focus of the month of January was to deliver messages regarding the correct usage of ITNs. Strategies used for this activity have included radio spots that reached approximately 403,811 across the supported provinces, and mass sensitization campaigns coupled with trivia contests that 1,900 people, including community leaders, participated in.

According to the WHO, the major drivers of the malaria epidemic in Burundi include the lack of preventive measures, low population immunity, climate change, and the vector’s behavior and ecology (increased mosquito density and feeding habits—biting both indoors and outdoors, and higher aggressiveness). The limited effectiveness of the first line treatment of malaria in Burundi, comprising a combination of Artesunate and Amodiaquine (ASAQ), has been identified to be another contributing factor to the increased morbidity.2

Malaria continues to be one of the leading causes of mortality in Burundi. The impact of the epidemic goes beyond its direct morbidity and mortality, as it is also associated with other conditions such as anemia, which especially affects children under five and pregnant women, causing low birth weight.

Recent changes in the malaria treatment protocols (April 2019)—which recommended substituting Arthemether-Lumefantrine for ASQA, as well as an increase of early case management and community sensitization—have been identified as key elements in achieving reduction of the caseload in Burundi. As such, empowering community health workers (CHWs) with relevant knowledge and skills for home-based case management is essential. Other actions must also be considered as critical in malaria transmission:

1. protection against mosquito bites through the distribution of ITNs;
2. awareness-raising and communication about behavior change; and
3. vector control, through indoor residual spraying in zones with high malaria prevalence.

The impact of introducing the new malaria treatment protocol is limited, due to insufficient funding for comprehensive rollout. Training manuals need to be developed and disseminated; service providers at all levels need to be trained; procurement of drugs has to be sufficient for proper coverage; ITN distribution needs to be accompanied by massive sensitization and indoor residual spraying; and logistic support and human resources need to be made available for operating mobile clinics. As of January, the new malaria treatment protocol is implemented in only three provinces (Ruyigi, Kirundo, Muyinga), prioritized for their high malaria caseload.

**INTERNATIONAL MEDICAL CORPS RESPONSE**

Through generous funding from private donors (BMGF and LDS), International Medical Corps is helping the MoH implement the key pillars of the new malaria treatment protocol in the four northern provinces of Muyinga, Kirundo, Ngozi and Kayanza, covering more than 500,000 beneficiaries. Interventions focus primarily on capacity building of service providers and CHWs, as well as community mobilization toward adoption of malaria prevention behaviors.

**Capacity Building on the New Malaria Treatment Guidelines**

In January, International Medical Corps helped the MoH develop a comprehensive training module for CHWs about the new malaria protocol, and trained 51 trainers and 279 health service providers from health centers and hospitals in the four supported provinces. In February and March, International Medical Corps will provide training to 124 health service providers and 2,102 CHWs. According to the new guidelines, CHWs play a key role in the surveillance and administration of the first line of malaria treatment to children aged from 2 to 59 months who present signs of uncomplicated malaria.

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Community Sensitization Campaigns

In addition to the training program mentioned above, International Medical Corps has supported the MoH in efforts to conduct mass sensitization campaigns on malaria prevention through radio spots and sound trucks (vehicles equipped with loudspeakers for audio projection). The campaign is conducted by forming large community gatherings where residents are presented with trivia questions about their behavior in regards to malaria prevention, where correct responses are rewarded with a small gift. Feedback from community members who attended these campaigns revealed that participants who provided correct responses also regularly followed messages on the local radio about malaria prevention.

What Support Is Needed?

- A sufficient stock of the new malaria treatment drugs and rapid test kits to enable all districts to start treatment at the same time
- Training of all health personnel and CHWs on the new protocol in the affected districts
- Domestic intra-household spraying (PID) in all affected areas, not just a few
- Sensitization on the proper use of ITNs during and after distribution
- An analysis of existing barriers to the population’s adoption of preventative measures
- Stronger coordination at the district level, with additional resources
- Resources for the utilization of mobile clinics as a response mechanism

INTERNATIONAL MEDICAL CORPS’ EXPERIENCE IN COMMUNITY HEALTH AND INFECTIOUS DISEASE PROGRAMING

Family and community health programs are crucial to meeting public health needs, especially for those living in fragile environments. International Medical Corps works at the community level to promote health, prevent disease and ensure that all family members have the opportunity to survive and thrive. Our holistic approach ensures that even those living in precarious conditions can benefit from comprehensive, quality healthcare services. At the same time, we promote healthy habits and practices that can last a lifetime and that contribute to building resilient communities. As part of this process, International Medical Corps engages with both local government and community leaders as partners to help local residents identify their own health priorities and needs, and then explore the available local resources to meet them. International Medical Corps leads vaccine-preventable disease surveillance programs, and responds to disease outbreaks—such as Ebola, cholera, measles and others—in every country where it works.

INTERNATIONAL MEDICAL CORPS IN THE REPUBLIC OF BURUNDI

International Medical Corps has operated in Burundi since 1995. Over the past two decades, the mission has focused on children under five, pregnant and nursing women, and other vulnerable groups among internally displaced persons (IDPs) and Burundians returning from neighboring Tanzania. The mission’s lifesaving primary health and malnutrition treatment and prevention services have included integrated management of childhood illnesses (IMCI) and community management of acute malnutrition (CMAM). At the national level, International Medical Corps participated in the adaptation and rollout of Burundi’s IMCI and CMAM protocols. At the provincial and district levels, the mission has supported the revitalization of the health system by providing new or refresher training on child health and nutrition, and malaria prevention, to 8,792 frontline healthcare providers and senior health managers. The mission has also rehabilitated more than 90 health facilities throughout the country, and provided essential drugs, medical consumables, equipment and supplies, as well as furnishings. This capacity-building and infrastructure work has improved access to quality essential primary healthcare and nutrition services.
International Medical Corps has partnered with USAID/FFP on three AMASHIGA Development Food Assistance Program (DFAP) projects, most recently in Muyinga province from 2014 to 2019. In Muyinga province, International Medical Corps focused on preventing chronic malnutrition by building the capacity of health providers in nutrition and health, and by implementing and monitoring the Foyer d’Apprentissage Nutritionnel (FAN), which consisted of nutritional learning sessions to prevent chronic malnutrition within communities. At the community level, International Medical Corps has trained more than 700 Lead Mothers, in addition to volunteer CHWs, forming a large number of care groups and conducting health and nutrition promotion on optimal hygiene, infant and young-child feeding (IYCF) practices such as breastfeeding and health-seeking behaviors and practices. The FAN sessions covered a wide range of topics, including optimal health and nutrition practices; construction of improved latrines, hand-washing stations (tippy-taps) and promotion of their proper use; the benefits of pre- and post-natal care and health facility deliveries; and the prevention of malaria through the distribution of ITNs and instruction on their use. Project activities included providing technical support for FAN sessions, home visits by Lead Mothers and daily health-promotion sessions in the province’s 47 health facilities.

International Medical Corps has provided programming related to clinical care and psychosocial support for survivors of gender-based violence (GBV), and GBV prevention through community awareness-raising. In addition, the mission has collaborated with the government of Burundi and health authorities on AIDS-related initiatives. Since 1995, International Medical Corps’ programming has covered seven provinces: Muyinga, Kirundo, Kayanza, Rumonge, Makamba, Ruyigi and Cankuzo.

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