



## SITUATION UPDATE

The December 29, 2019, bulletin from WHO Africa reports a total of 8,571,897 malaria cases in Burundi in 2019, with 3,170 deaths. As the total population was estimated to be 11,179,000 in 2015, as many as 77% of Burundi's people experienced an episode of malaria during the year. By comparison, as of January 7, 2020, there had been 3,274 confirmed cases of Ebola in eastern Democratic Republic of the Congo, with 2,235 deaths from the virus.<sup>1</sup>

According to the weekly epidemic report shared by the Ministry of Public Health (MoH), malaria cases have increased in weeks 47 and 48 compared to the previous three weeks. The report shows that 43 health districts out of 47 are now above the epidemic alert line. Malaria is a perennial threat, but these numbers outstrip those of prior years. In 2019 the country saw a 97% increase in the cumulative total from January 1 through December 15 when compared to that same period in 2018—for a total of about 40% of the population affected. In 2017, more than half of the population was affected.

Though the number of new cases continued to increase throughout the year, there was a slight decline at the very end of the year. The MoH credits this decline to the distribution of some 6.9 million insecticide-treated nets (ITNs) in all 47 districts, with the support of USAID and The Global Fund. This distribution was not, however, accompanied by awareness-raising and educational activities, which would have increased its effectiveness. In the meantime, the overall situation is not expected to change, as the country is still within the rainy season. Indeed, the situation may even worsen if no comprehensive response is provided.

The MoH, with the support of key partners, including the World Health Organization (WHO), has started to investigate the effectiveness of the

## FAST FACTS

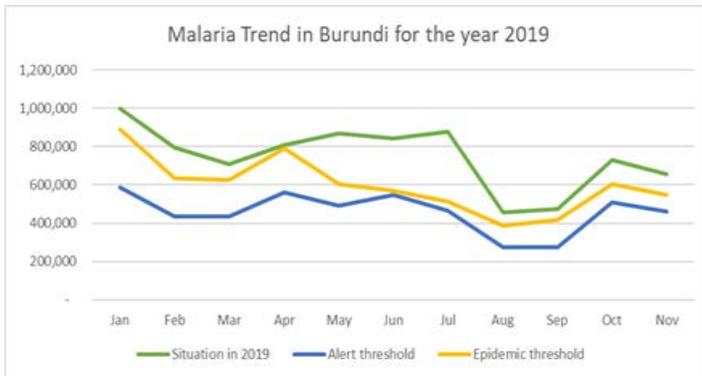
- More than 8 million malaria cases, representing 72% of the total population of Burundi, with 3,170 recorded deaths
- 43 of the 47 health districts in Burundi have passed the epidemic threshold

## INTERNATIONAL MEDICAL CORPS RESPONSE

- This month, International Medical Corps is planning to offer training-of-trainers sessions for Ministry of Public Health (MoH) staff at the national and provincial levels
- International Medical Corps will cascade the training to health staff, conduct supportive supervision and train CHWs on compliance and prevention messaging
- To sensitize the community, International Medical Corps will utilize CHWs, community leaders, community-based organizations and special radio broadcasts

<sup>1</sup> WHO Africa. *Health Emergency Information and Risk Assessment. Week 52: 23-29 December 2019.* 29 December 2019. Retrieved on January 7, 2020, from: <https://apps.who.int/iris/bitstream/handle/10665/330351/OEW52-31122019.pdf>

combination of Artesunate + Amodiaquine (ASAQ), which has been used as the first-line malaria treatment protocol in Burundi since 2002. In April 2019, a study conducted on four sentinel sites showed an efficacy rate for this treatment varying between 50% and 60%, while WHO's recommends an effectiveness rate of above 75%. Based on these results, in August 2019 the MoH issued a technical note stating that a combination of Artemether + Lumefantrine should be substituted for the existing protocol as the first-line malaria treatment in Burundi starting in January 2020. Evidence for the success of this protocol comes from Tanzania and Rwanda, where it has been used to treat the same strain of malaria and demonstrated to be more than 90% effective.

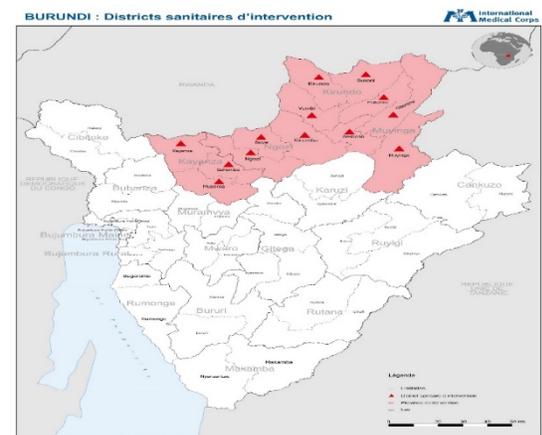


At the December 18, 2019, meeting of the Malaria Task Force, the MoH and partners identified many gaps in the actual capacity for dissemination of the new malaria treatment protocol. These gaps include the lack of availability of the new drugs, the need to train health personnel and community health workers (CHWs) on the new protocol and the need for community sensitization, surveillance and reporting.

The available stock of the drugs for the new malaria treatment protocol can cover only four districts for three or four months, so the task force proposed that the MoH start the implementation of the new protocol in three phases. The first phase will cover only the four most affected districts; a second phase can start following an evaluation, during the month of February 2020, depending on the availability of funds; the third phase would hopefully cover the entire country.

### INTERNATIONAL MEDICAL CORPS RESPONSE

International Medical Corps is supporting the MoH as it responds to the ongoing malaria outbreak in four northern provinces—Muyinga, Kirundo, Ngozi and Kayanza—with a population of 500,000 people. Thanks to generous funding from two private donors—the Bill & Melinda Gates Foundation and LDS Charities—International Medical Corps aims to contribute to the reduction of suffering from malaria through improved treatment and care services. To that end, International Medical Corps is training 403 healthcare providers drawn from 269 health facilities, including 12 hospitals, and more than 2,000 CHWs. The response is being managed from a dedicated field office located in the province of Ngozi.



### GAPS FOR WHICH SUPPORT IS NEEDED

- A sufficient stock of new malaria treatment drugs and rapid test kits, to supply 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
- Sensitization, during and after distribution, on the proper use of ITNs
- An analysis of existing barriers to the population's adoption of preventive measures
- Weak coordination at the district level, due to lack of resources
- Insufficient utilization of mobile clinics as a response mechanism, due to lack of funding

### **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 assure 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 contribute to building resilient communities. As part of this process, International Medical Corps engages both local government and community leaders as partners to help local residents identify their own health priorities and needs, and to then explore the available local resources to meet them. International Medical Corps leads vaccine-preventable disease surveillance programs, and responds to Ebola, cholera, measles and other disease outbreaks in every country where it works.

### **INTERNATIONAL MEDICAL CORPS IN THE REPUBLIC OF BURUNDI**

International Medical Corps has been operating 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 has participated in the adaptation and rollout of Burundi's CMAM and IMCI 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 on 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, to form a large number of care groups. We also have conducted 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, Kyanza, Romonge, Makamba, Ruygi and Cyankuzo.

#### **For additional information, please contact:**

**Hamit A. Nassour**

Acting Country Director

[hnassour@internationalmedicalcorps.org](mailto:hnassour@internationalmedicalcorps.org)

**Paula Olson**

Response Manager-West, Central, Southern Africa

[polson@internationalmedicalcorps.org](mailto:polson@internationalmedicalcorps.org)