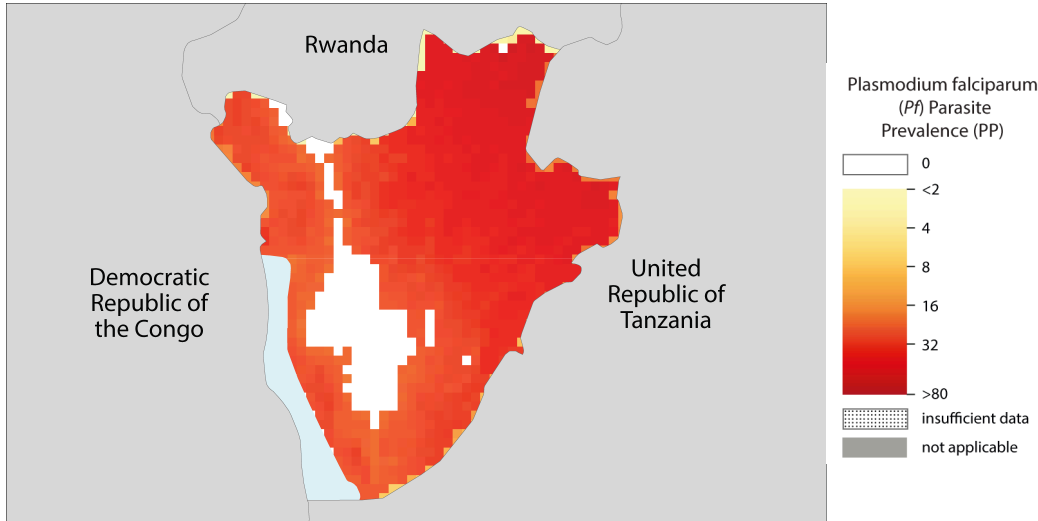


# Republic of Burundi

African Region



## I. Epidemiological Profile

### Population Distribution (Country reported)

Population	2024	%
High transmission (>1 case per 1000 population)	13.4M	100.0%
Low transmission (0-1 case per 1000 population)	-	0.0%
Malaria free (0 cases)	-	0.0%
<b>Total</b>	<b>13.4M</b>	<b>100%</b>

### Parasites and Vectors

#### Major Plasmodium Species

*P. falciparum*\*: 100%

*P. vivax*: -

\*Includes mixed infections and other species of Plasmodium

#### Major Anopheles Species

*An. gambiae* s.l., *An. funestus* s.l.

### Reported Cases and Deaths

Total cases (presumed + confirmed)	6.2M
Total confirmed cases	6.2M
Confirmed cases from public sector (health facility)	4.5M
Confirmed cases at community level	1.2M
Confirmed cases from private sector	488.7K
Reported deaths	2.2K

### WHO Estimates

4.4M
Estimated Cases
Confidence Interval: [2.6M,7.0M]
6.4K
Estimated Deaths
Confidence Interval: [5.2K,8.4K]

## II. Intervention policies and strategies

### Interventions and Policies

Intervention	Policies/Strategies	Policy	Year
Diagnosis	Malaria diagnosis with either microscopy or RDTs are free in the public sector	Yes	2005
Treatment	ACTs for malaria treatment is free in the public sector	Yes	2003
	ACT is delivered at community	Yes	2021
	Pre-referral Rx with rectal artesunate suppositories at community level	Yes	2019
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes*	2012
	The sale of oral artemisinin-based monotherapy drugs	has never been allowed	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2015
	Community based delivery of IPTp (c-IPTp) is used to prevent malaria during pregnancy aligned with WHO recommendation	Yes	2022
	Seasonal malaria chemoprevention (SMC) is used, aligned with WHO recommendation	No	-
	Perennial Malaria Chemoprevention (PMC) is used, aligned with WHO recommendation	Yes*	2024
	Intermittent Preventive Treatment in school-aged children (IPTsc) is used, aligned with WHO recommendation	No	-
Surveillance	Malaria is a notifiable disease	Yes	-
	Case investigation and classification is undertaken	No	-
	Foci investigation and classification is undertaken	No	-
	Case reporting from private sector is mandatory	Yes	-
ITN	ITNs distributed free of charge through through mass campaign to all age groups	Yes*	2011
	ITNs distributed free of charge through routine channels to all age groups	Yes	2011
	ITNs durability is monitored	Yes	2019
IRS	IRS is an intervention at the NMP	Yes	2009

### Antimalarial Treatment Policy

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	
First-line treatment of <i>P. falciparum</i>	AL	2019
For treatment failure of <i>P. falciparum</i>	DHA-PPQ	2019
Treatment of severe malaria	ART; AS	2019
Treatment of <i>P. vivax</i>	NA	

### Type of RDT used (public)

P.f only

### Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2021-2021	0	1.3	1.4	28 days	3	Pf
AS-AQ	2015-2019	2.8	7.3	7.7	28 days	5	Pf

### Resistance status by insecticide class (2020-2024) and use of class for malaria vector control (2024)

Insecticide class	(%) sites <sup>1</sup>	Vectors <sup>2</sup>	Used <sup>3</sup>
Carbamates	0 (0/11)	-	No
Neonicotinoids	0 (0/9)	-	Yes
Organophosphates	0 (0/12)	-	Yes
Pyrethroids	7.7 (1/13)	<i>An. gambiae s.l.</i>	Yes

<sup>1</sup> Percent of sites for which resistance is confirmed and total number of sites that reported data

<sup>2</sup> Vectors reported to exhibit resistance to insecticide class

<sup>3</sup> Class reported as used for malaria control in 2024

Intervention	Policies/Strategies	Policy	Year
	DDT is used for IRS	No	-
Larval source management	Use of Larval source management	Yes	2024

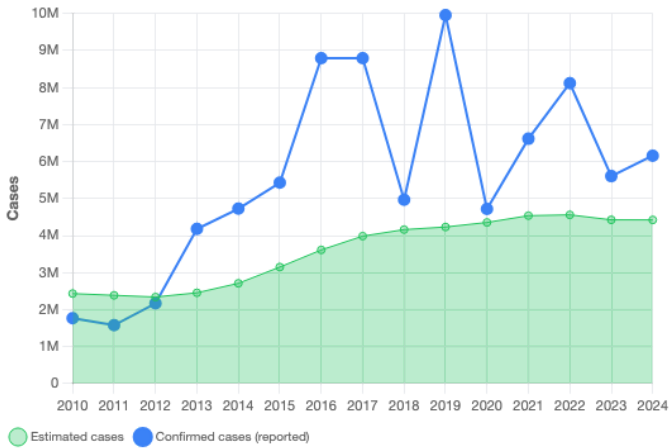
**Yes\*** = Policy adopted, but not implemented in 2024, or no data exist to support implementation

**No** = Policy does not exist or policy has been discontinued

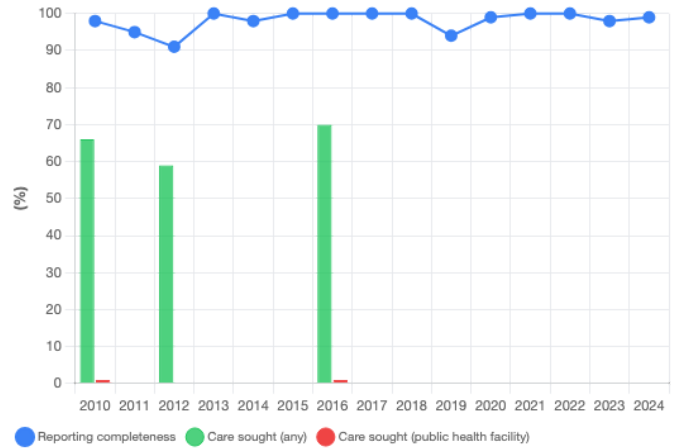
Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

### III. Data Visualization

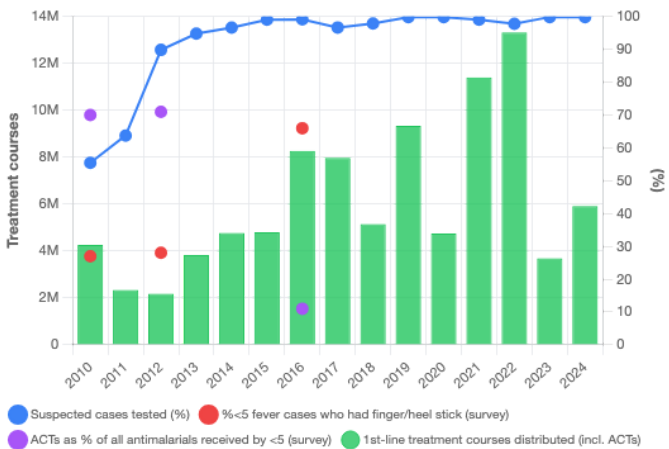
Estimated and reported cases



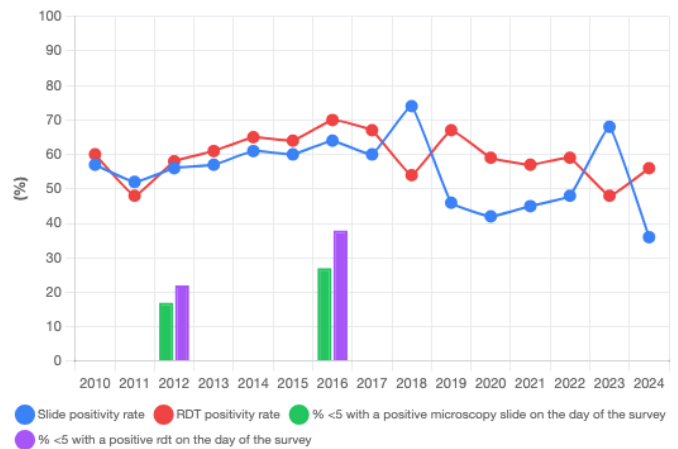
Treatment seeking and reporting completeness



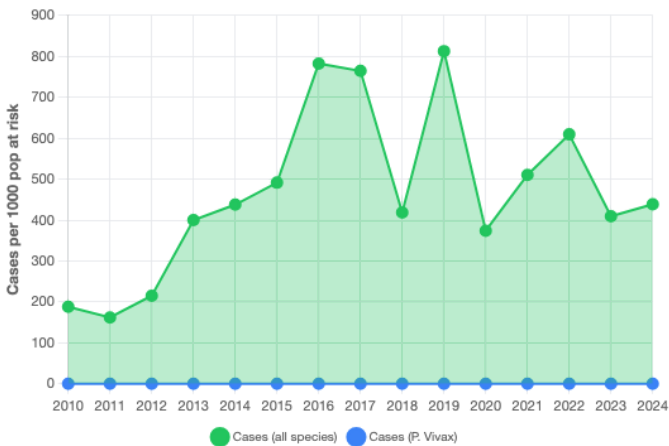
Cases tested and treated



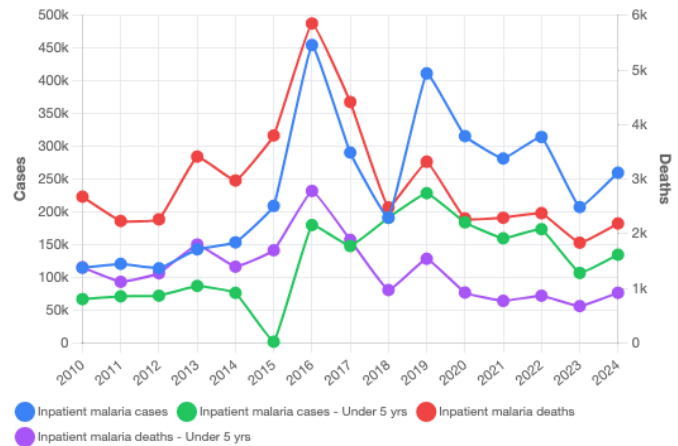
Test positivity



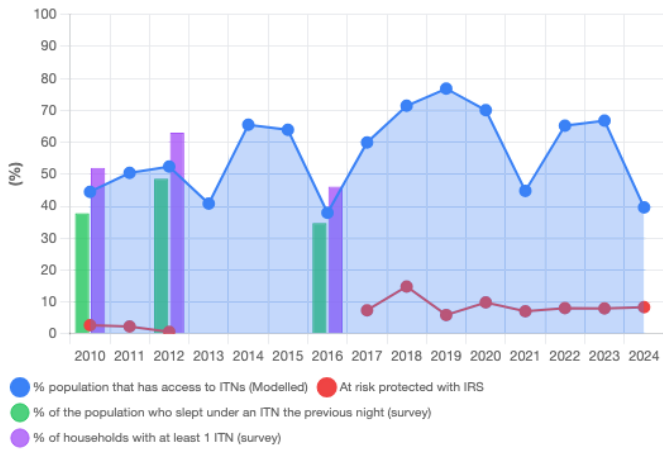
Confirmed malaria cases per 1000 population at risk



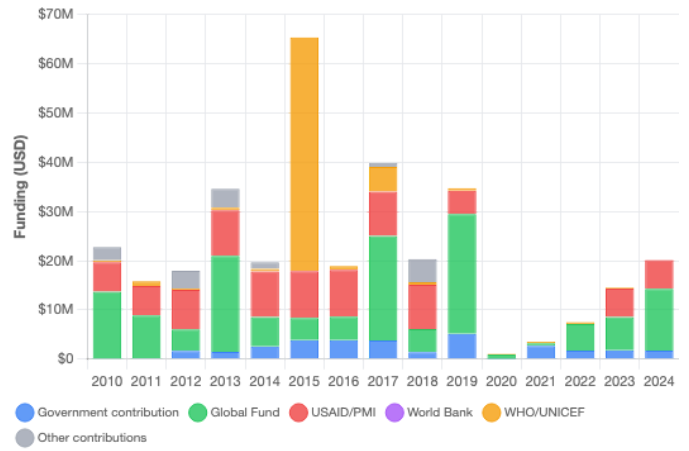
Malaria inpatients and deaths



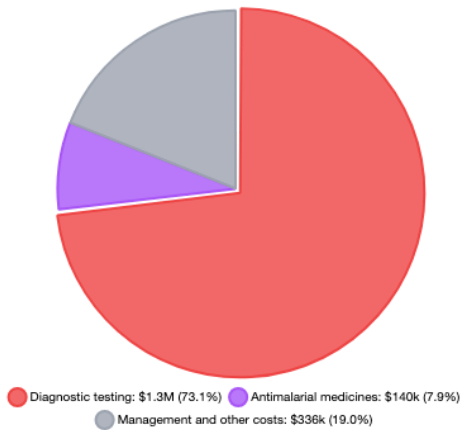
Coverage of ITN and IRS



Sources of financing



Government expenditure by intervention in 2024



Footnotes

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and areas asked to report to the Malaria and Neglected Tropical Diseases Programme annually. Country profiles are based on data validated by the countries as of 15 October 2025.

Survey sources: DHS 2010,2016, MIS 2012; DHS 2016, MIS 2012

The estimates presented in this country profile should be interpreted with caution; malaria cases are inferred from parasite prevalence measured in surveys and converted to incidence using spatiotemporal and prevalence-to-incidence models, with adjustments for major service disruptions. Malaria deaths were estimated by applying the proportion of child deaths due to malaria derived from multiple data sources to total child mortality and then extending the results to older age groups.

Further information on the methods used to estimate malaria cases and deaths can be found in Annex I of the 2025 WMR, and an explanation for the gap between estimated and reported confirmed indigenous cases is provided in mpac-april2018-erg-report-malaria-burden-session6.pdf ([https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/mpac-april2018-erg-report-malaria-burden-session6.pdf?sfvrsn=44e72782\\_2](https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/mpac-april2018-erg-report-malaria-burden-session6.pdf?sfvrsn=44e72782_2)).

World Malaria Report 2025