This report is produced by OCHA Burundi in collaboration with humanitarian partners.

HIGHLIGHTS

- As of 10 April, 5 cases of COVID-19 have been confirmed in Burundi.
- On 12 April, Burundi recorded its first death related to COVID-19.
- A total of 34 people identified as contacts and monitored by the technical teams of the Ministry of Public Health and the Fight against AIDS (MSPLS): All these people were tested with negative results.
- 03 April: Launch of the Operational Plan for the response against COVID-19 by the MSPLS: $27.8 million required.
- After the launch of the Global Humanitarian Response Plan on 25 March, the process of updating it is underway.
- CERF allocates US$ 75 million for a humanitarian response to the COVID-19 pandemic

KEY FIGURES

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<tr>
<th>COVID-19</th>
<th>HRP 2020</th>
<th>CERF</th>
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<tr>
<td>5 Cas confirmés</td>
<td>1,74M Personnes dans le besoin</td>
<td>$2,5M Fonds COVID-19</td>
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<tr>
<td>1 Décès</td>
<td>630k Personnes ciblées</td>
<td>$114M Fonds requis (2020)</td>
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<td>$27,8M Fonds requis dans le Plan de Contingence du MSPLS</td>
<td>$17,3M Fonds reçus (2020)</td>
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SITUATION OVERVIEW

On March 11, the World Health Organization (WHO) officially declared COVID-19 a pandemic. According to current figures (as of April 14), worldwide, 1,934,557 laboratory-confirmed cases of COVID-19 have been reported, with 120,438 associated deaths. Based on the current epidemiological situation and projections, with the rapid spread of cases to neighboring countries, including those bordering Burundi, the risk to Burundi is considered high. Vulnerable groups, including internally displaced persons, returnees and refugees are particularly at risk due to
their limited access to basic social services such as water and health.

The Government of Burundi (GoB) is conducting investigations to identify all persons who have been in contact with the five affected persons, the results were negative but it recommends that the population observe preventive measures including systematic hand washing. Four patients are being cared for in one of the premises of the Prince Louis Rwagasore Hospital, located in Bujumbura City Hall, where measures have been taken to avoid any contamination; the fifth is in intensive care at the Kira Hospital in Bujumbura. The latter died on 12 April, following complications related to other pathologies.

On 3 April, the Minister of Health received a private sector grant worth $400,000, consisting of medical-technical equipment and materials to support the GoB’s efforts in the COVID-19 response.

At the National Institute of Public Health (INSP), the Permanent Secretary of the MSPLS launched the response plan against COVID-19 to donors and UN agencies based in Bujumbura. The budget for this Plan is $27.8 million for the next six months.

PREPARATION AND RESPONSE

The Government and its financial and technical partners have put in place three major tools to deal with a possible COVID-19 epidemic in Burundi: a Response Plan accompanied by an Operational Plan and a 72-hour Response Plan. Since 5 March 2020, the health authorities have put in place quarantine measures and strengthened screening and surveillance measures for travelers from highly affected countries. Laboratory capacity to test and diagnose COVID-19 has also been strengthened, although it remains insufficient and concentrated in the city of Bujumbura.

Among the measures taken, the Ministry of Transport has extended the suspension of international flights for an additional two weeks. However, these suspension measures do not apply to cargo flights, ambulance flights for medical evacuations, humanitarian action flights and diplomatic flights.

On 19 March, the Government of Burundi announced the suspension of all visa issuance until further notice, while the northern border with Rwanda and the western border with the DRC were closed on 27 March 2020, according to the communiqué of the Ministry of Foreign Affairs. At the same time, he appealed to people in possession of visas to return to Burundi within two weeks.

As of April 8, according to the MSPLS, 2,936 people have been quarantined in different provinces of the country. According to the Minister of Health, after 14 days of quarantine, 2,261 people have been allowed to reintegrate into the community and have been declared as showing no signs of COVID-19. 675 remain in quarantine in border areas where living conditions do not meet WHO standards. In addition, most of the people confined in these hotels find themselves without any capacity to honor their stay.

In support of the MSPLS Response Plan (operational plan), UN agencies have just finalized the Strategic Response Plan (SRP) which identifies areas of support to the GoB plan according to their mandate and areas of expertise.

As of March 25, 2020, the UN Secretary General launched the Global Humanitarian Response Plan (GHRP), which calls for $2 billion to combat COVID-19 in the world’s most vulnerable countries in order to protect millions of people. This plan mainly affects countries that are already facing a humanitarian crisis due to conflicts, natural disasters and climate change.
Humanitarian partners are analyzing the possibility of revising the 2020 humanitarian response plan to include the additional needs related to this pandemic but also the response actions to be implemented.

The major challenges in the implementation of the response plan are, alongside the mobilization of resources, among others the strengthening of emergency measures in terms of risk communication and community mobilization on COVID-19, the strengthening of the capacities of the Rapid Response Teams (RRTs) in the high priority health districts, the improvement of early detection of suspected cases through community surveillance and finally, the decentralization of diagnostic capacities.

**Funds Mobilization: Efforts of Technical and Financial Partners**

On 7 April, UN Under-Secretary-General and Emergency Coordinator, Mark Lowcock released a $75 million CERF allocation to support efforts to contain the spread of COVID-19, to ensure the continuity of essential health and humanitarian supply chains, to transport humanitarian workers and inputs, and to provide vital humanitarian assistance and protection to the most vulnerable people affected by the pandemic, including women and girls, disabled and elderly people, refugees and internally displaced persons.

A total of 26 countries have been selected for this allocation. Burundi, through three United Nations agencies, received $2.914 million.

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