

Burundi



Total population (2005) ¹	7 548 000
% under 15 (2005) ¹	45
Population distribution % rural (2005) ¹	90
Life expectancy at birth (2004) ²	42
Under-5 mortality rate per 1000 (2004) ²	190
Maternal mortality ratio per 100 000 live births (2000) ³	800
Total expenditure on health as % of GDP (2004) ⁴	3.1
General government expenditure on health as % of general government expenditure (2004) ⁴	2
Human Development Index Rank, out of 177 countries (2003) ⁵	169
Gross National Income (GNI) per capita US\$ (2004) ⁶	90
Adult (15+) literacy rate (2000-2004) ⁷	58.9
Adult male (15+) literacy rate (2000-2004) ⁷	66.8
Adult female (15+) literacy rate (2000-2004) ⁷	51.9
% Population with access to improved drinking water source (2002) ⁸	43
% population with improved access to sanitation (2002) ⁵	36

Sources:

- ¹ United Nations Population Division
- ² World Health Report 2006
- ³ World Health Report 2005
- ⁴ WHO data on National Health Accounts
- ⁵ Human Development Report 2005
- ⁶ World Development Indicators 2005 (World Bank)
- ⁷ UNESCO Institute for Statistics
- ⁸ WHO Country Cooperation Strategy for the Republic of Burundi 2005-2009

Burundi is located in the Great Lakes region of Central Africa, bordered by the Democratic Republic of Congo, Rwanda, and Tanzania. The total land area is 27 834 km²; the population is estimated at 7 548 000, with one of the highest densities of the African continent at 271 inhabitants per km². The country is divided into 17 provinces and 117 communes. The civil war that has ravaged the country since 1993, has claimed 300 000 lives and left 800 000 refugees and about 150 000 internally displaced persons. Political transition initiated in 2002 culminated in a tentative, still fragile, peace process and the establishment of new democratically elected institutions.

HEALTH & DEVELOPMENT

The political crisis and violence that Burundi has experienced since 1993 has resulted in the reduction by almost 50% of its gross domestic product (GDP) and the increase of the proportion of Burundians living with less than US\$ 1 per day to 67% according to 2002 estimates. Political instability, insecurity, violence, and population movements have affected national production and worsened food security, and decreased access to, and availability and use of, basic services (health, education and drinking water). All these factors have significantly aggravated the vulnerability of the population, in particular that of children, who have an acute malnutrition prevalence of 6 to 17.8%. Gross mortality rate, which oscillates between 1.2 and 1.9 per 10 000 inhabitants/day among adults, and 2.2 to 4.9 per 10 000 inhabitants/day among children under five, is higher than is generally observed in complex emergency situations (2004).

Malaria is the main cause of morbidity and mortality, being responsible for 40% of consultations in health centres and 47% of in-patient deaths. Epidemics are common in the high plateaus of Burundi. Respiratory infections are the second cause of morbidity and mortality among children under five and represent 15% of deaths registered at health care facilities. Epidemic diseases such as cholera and meningitis are continuous threats in the lowlands bordering Lake Tanganyika. Despite steady improvements in early detection of and rapid response to epidemics, inadequate infrastructure and basic services leave the population vulnerable to future epidemics.

HIV/AIDS prevalence was estimated at 3.6% in 2003 and more than 6% in the 15-44 age group, with rates above 10% in urban and periurban areas. The number of persons living with HIV/AIDS (PLWHA) is estimated at 250 000, of which 66% are women and 60 000 are children. Strong national commitment and coordinated support from financial and technical partners have helped mobilize resources towards the implementation of the 2002-2006 National Strategic Plan and its action plan for universal access to antiretroviral therapy (ART), which was developed in 2004. All these efforts have yielded positive outcomes: the number of PLWHA under ART has tripled in one year and increased close to 6-fold in two years (4000 in December 2004, 6416 in December 2005)^a.

Increased burden of maternal and neonatal morbidity and mortality is due to the low rate (20%) of deliveries assisted by qualified staff and the even lower access to emergency obstetrical care, as well as the total fertility rate (6.8%) and low contraceptive prevalence.

An essential primary health package and adequate reference care in hospitals are lacking. These constraints are more critical than the number of health facilities (health centres and hospitals) in limiting access to and use of health care services. When services are available, financial constraints limit access for the poorest section of the population. Deficiencies of the health system parallel the serious shortage of qualified staff (1 doctor per 34 744 inhabitants and almost no specialists in the hinterland): inadequate logistics, insufficient public funding (5 purchasing power parities (PPPs) per inhabitant per year in 1997 and 1998, of which 1.5 from Government funds and 3.5 from donors, out of total health expenditure estimated at 12 PPPs), high share of funding borne by households while existing social insurance mechanisms cover less than 10% of the population.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • The country is emerging from crisis, which would help break a vicious circle • A new national policy has been developed for the next ten years and has been adopted; it takes into account both short-term humanitarian needs and the Millennium Development Goals (MDGs) • Gradual awareness at political level of the links between health and development • National programme for poverty reduction being developed; debt relief initiative with the Heavily Indebted Poor Countries (HIPC) funds • Participatory process leading to the design of a National Health Development Plan (PNDS) • Several encouraging experiences taking place, namely: integrated surveillance, emergency obstetrical care, Integrated Management of Childhood Illness (IMCI), home-based care, and access to ART for PLWHA, community participation. 	<ul style="list-style-type: none"> • Need to be involved in reconstruction and development efforts and mobilize simultaneously appropriate responses to humanitarian needs • Need to identify and combine short-term and longer term responses regarding human resources, in order to improve availability and quality of services • Need to increase financial resources for health within the framework of the National Poverty Reduction Plan currently in development, while fostering access for the most vulnerable groups • Need to ensure involvement and good coordination of other sectors that can/should contribute to the good health of the population • Need to develop strategies to reduce the populations' vulnerability, along with adequate prioritization.

^a Conseil national de Lutte contre le sida (CNLS)

PARTNERS

International aid to Burundi has resumed following the Arusha peace agreements and the establishment of a political transition system in 2002. The health sector had 16 major partners in 2004. Multilateral donors include the European Union (mainly through budgetary aid, but also support to projects); the United Nations (UN) (the following agencies are important contributors: UNDP, UNFPA, UNHCR, UNICEF, WFP and WHO), and the World Bank/IMF; their contribution is coordinated under the 2004 drafted UN Development Assistance Framework (UNDAF) and is in line with national priorities. Bilateral donors support the many nongovernmental organizations (NGOs) working in the country and the UN agencies; some, such as China and Cuba work directly with the government. The Global Alliance for Vaccines and Immunizations (GAVI) and The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) are among Burundi's new partners.

Although humanitarian action is clearly dominant, support has been secured for the strengthening of the health system and development of human resources within the transition context.

Coordination mechanisms have gradually matured, leading to strong participation and good coordination during the development process of the National Health Policy and the implementation of the strategic plan for HIV/AIDS within the framework of UNAIDS' wider Thematic Groups. The positive experience seen in the context of the health sector for emergency and humanitarian action (e.g. through experimental joint supervisions, needs assessments, and collaboration around the Common Humanitarian Action Plan (CHAP) and the Consolidated Appeals Process (CAP), have contributed to these favourable developments.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Formal commitment from partners to increase their support for sustained peace Joint Health/Repatriation project (UNFPA, UNHCR, UNICEF, WHO) to help Burundi strengthen the health system and make available an essential healthcare package National Poverty Reduction Programme under development and expected to involve all sectors Use of emergency mechanisms (CHAP/CAP) and the PNDS, UNDAF, CCM with a view to improve coordination and strengthen national leadership. 	<ul style="list-style-type: none"> Need to ensure the required pragmatism and flexibility for coordination to facilitate both emergency action and reconstruction, and development related interventions Need to support Ministry of Health to fully play its role, despite its weak capacities, both with other partners/national sectors and international partners Need to ensure that all actors commit to a sector-based approach to health.

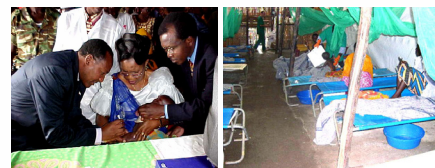
WHO STRATEGIC AGENDA (2005-2009)

WHO's strategic agenda in Burundi reflects a vision of what lies ahead for the country until 2015, that is, a country in sustainable peace and ready to meet the MDGs. The agenda takes into account national goals and priorities as set out by the 2005-2015 National Health Policy, including short and medium term priorities in relation to the humanitarian crisis which is expected to persist for several years to come. Lastly, the strategic agenda takes into account the activities and plans of other external partners.

WHO's cooperation with Burundi focuses on four major areas:

- Reducing malaria and HIV/AIDS induced morbidity and mortality:** monitoring and evaluating the implementation of the new protocol for malaria case management; strengthening prevention activities (impregnated mosquito nets); advocating for and developing strategies to ensure they are financially sustainable and accessible to the most vulnerable groups. HIV/AIDS; technical support to achieve universal access to ART, accelerating prevention activities, surveillance and monitoring, operational research, advocating for and developing strategies to ensure financial sustainability.
- Preparedness and response to emergencies and epidemics:** support to integrated surveillance system, strengthening national capacities for responses, joint needs and responses assessment, vulnerability and risk mapping, information sharing and facilitation.
- Strengthening interventions for safe motherhood:** designing the national roadmap for neonatal and maternal mortality reduction; advocacy and technical support for its implementation, monitoring, and evaluation; scaling up the experience by improving access to emergency obstetrical care across all provinces of the country.
- Strengthening the health system:** support for reform and effective decentralization, strategic planning, organization and management; IMCI; information system; human resources and development of funding mechanisms for the poor

WHO's contribution in these four areas will be supported by the following cross-cutting elements: (i) reinforcement of institutional capacities and human resources; (ii) partnerships and advocacy for new alliances and mobilization of financial resources; (iii) community participation; (iv) promotion of positive behaviour and healthy settings; (v) support to operational research to help implement the strategic areas, and, (vi) synergy and joint support of the Organization at large.



ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/bdi/en/>

WHO's Department for Health Action in Crises (HAC) country page <http://www.who.int/hac/crises/bdi/en>

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