



## The Present Context

Burundi, with over 58% of its population living with less than 1 dollar a day, is ranked 169 out of 177 on the UNDP Human Development Index scale. Since the 2003 ceasefire agreement, the country has progressed towards reconciliation and reconstruction and at least 165,000 IDPs and more than 80,000 refugees have returned. Mid-2005, an estimated 117,000 IDPs and 485,000 refugees remained. A return programme for refugees in Tanzania is on going.

Resettlement remains precarious due to continued violence and unresolved fundamental issues, such as land rights. The situation

of the estimated 10,000 Rwandese asylum seekers living in Burundi remains a matter of concern. The Mandate of the UN peacekeeping mission in Burundi (ONUB) has been extended till June 2006. Burundi continues to be impacted by the crisis in Democratic Republic of the Congo (DRC), and it is estimated that 49,000 refugees from DRC are currently residing in Burundi.

Included in:  CAP 2006

Crisis involving: The Whole Population

## Millennium Development Goals in Burundi

Eradicate extreme poverty & hunger	Achieve universal primary education	Promote gender equality	Reduce child mortality	Improve maternal health	Combat HIV/AIDS, malaria etc.	Ensure environmental sustainability	Global partnership for development
Slipping back	...	...	Far behind	...	...	...	...

Note: Information is based on one to two specific targets for each major goal. The selection of goals and targets in the table is based principally on data availability.

Source: UNDP, Human Development Report. 2002

## Main Public Health Issues and Concerns

### Health Status

- Crude mortality and under-five mortality rates ranging from 1.2 to 1.9 and 2.2 to 4.9 per 10,000 per day respectively have been recorded during an inter-agency evaluation carried out by WHO, UNICEF and CDC in 2005, far exceeding the established emergency thresholds (CAP 2006).
- Infant and under-five mortality rates, at 114 and 190 per 1,000 live births respectively, and maternal mortality, estimated at 1,000/100,000 live births per year, are above regional averages.
- Malaria, mostly caused by *P. falciparum*, is responsible for 50% of hospitals deaths among children under five and 40% of the caseload in health centres. An artesunate/amodiaquine combination is the first line drug for uncomplicated malaria.
- Acute respiratory illness (ARI) and diarrhoea – especially in young children – are another cause of morbidity. They are related to overcrowding and poor housing conditions, inadequate sanitation and unsafe water (less than 50% of the population have access to potable water).
- Meningitis and cholera are also endemic diseases in the country.
- About 44% of children under five years of age are chronically malnourished or stunted and 56% suffers from anaemia, above the emergency threshold of 40%.
- Conditions that require referral for surgical care such as pregnancy and childbirth complications, and injuries are also causes of ill-health.

### Disclaimer

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- About 19% of Burundian adolescents and women have been victims of sexual violence and the number of people infected with HIV/AIDS, which has tripled in the last decade, is 6%.
- The nutrition situation has improved, as evidenced by the decline in admissions to feeding centres between January-July 2005. The situation remains precarious as overall admissions remain above the 2002-2004 average. Food insecurity is widespread.

## Health System

- Availability of health services is good: 80% of the population lives within 5km of a health facility (public, private or missionary). Average utilization rate is 0.4 to 0.8 consultations per habitant per year. However, access and quality of services are insufficient to address the basic needs: cost recovery-sharing schemes vary from province to province and cause great inequities. It is estimated that 50 to 90% of patients go into debt or sell assets to pay for care.
- The inter-agency health access and essential package programme (ECP), which started in 10 provinces in 2004, expanded to cover 312 health centres in 16 provinces in 2005. It offers a combination of essential drugs and equipment, basic mother and child healthcare provision and training, HIV/AIDS prevention and reproductive health activities and referral services for returning refugees at transit centres.
- The use of ACTs in malaria treatment protocols, triggered by chloroquine resistance, have led to higher costs.
- The referral system is not functioning well due to lack of communication and transport from health centres to referral hospitals. Many hospitals do not have the staff and/or equipment to carry out emergency care such as surgery. Shortage of qualified health personnel is widespread.
- HIV/AIDS has been declared a government priority. Condoms and family planning services are generally available in most health centres but the uptake rate – especially for family planning – is very low.
- Services for managing the consequences of sexual violence are available in some urban settings but lacking in rural areas where the majority of the population lives. Reproductive health services for adolescents are rarely available, leaving youth who are sexually active particularly vulnerable.
- Feeding centres that were the responsibility of non-governmental organizations during the war are now being integrated into the national health system.
- In 2001, the total expenditure on health as a percentage of the GDP was 3.6%, or about USD 4 per capita. Private contribution to the health expenditure was 41%.

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## Main Sector Priorities

The main health sector priorities, as outlined in CAP 2006 for Burundi, include:

- Reducing malaria mortality and morbidity;
- Reducing maternal mortality;
- Reducing HIV/AIDS transmission, morbidity and mortality;
- Reducing the incidence of sexual violence and improving service delivery to victims;
- Strengthening surveillance capacities, response to health emergencies and coordination with national and provincial authorities;
- Supporting the implementation of the national public health policy and advocating for the review of sector cost-recovery policies.

Main activities include:

- Implementing and strengthening the essential care package programme;
- Enhancing early warning and epidemics/outbreaks rapid response;
- Continued implementation of the malaria treatment protocol;
- Strengthening support to obstetrical emergencies and referral systems;
- Expanding ARV treatment and outreach/home-based services for HIV/AIDS patients.

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More information can be obtained from the [CE-DAT](#), a database on the human impact of complex emergencies part of the SMART initiative launched in June 2002 by a consortium of UN agencies, NGOs and academic institutions.