

# BURUNDI



## HEALTH SECTOR NEEDS ASSESSMENT

Despite progress made towards reconciliation and reconstruction, 68% of the population lives below the poverty line. Since the beginning of 2004, up to 140,000 internally displaced persons and more than 80,000 refugees have returned. Meanwhile, the situation of the estimated 10,000 Rwandese asylum seekers living in Burundi remains a matter of concern.

**DISEASE SURVEILLANCE AND CONTROL:** There are regular malaria, meningitis and cholera outbreaks. Respiratory infections and diarrhoea, triggered by poor environmental

conditions, inadequate hygiene practices and limited access to potable water, are also frequent causes of morbidity and mortality. The crude and the under-five mortality rates both exceed emergency thresholds (1 and 2/10,000/day respectively), ranging from 1.2 to 1.9/10,000 and from 2.2 to 4.9/10,000 per day respectively. HIV/AIDS prevalence – estimated at 6 to 8% with higher rates among women and young girls – is closely related to the increasing incidence of tuberculosis.

**ACCESS TO REPRODUCTIVE HEALTH SERVICES:** Two-thirds of the population is less than 25 years of age. Many adolescents do not have easy access to sexual and reproductive health information and services, resulting in unwanted pregnancies, unsafe abortions, higher maternal mortality rates and HIV/AIDS and sexually transmitted infections. At 1,000 per 100,000 live births, maternal mortality constitutes one of the most acute public health problems. Approximately 80% of deliveries take place at home without the assistance of trained health professionals. The fertility rate is high (6.8%) and contraceptive use low (5.4%). The problem of sexual violence is a concern, as it negatively affects the population's reproductive and psychosocial health. Health care to support victims of sexual violence is available in some urban areas, but is rare in the rural parts of the country where most of the population lives.



## HEALTH SECTOR PRIORITIES FOR 2006

- Reduce mortality/morbidity rates caused by malaria incidence
- Reduce the maternal mortality rate
- Reduce HIV/AIDS transmission, morbidity and mortality
- Reduce sexual violence incidence, improved service delivery to victims
- Strengthen surveillance capacities, response to health emergencies and coordination with national and provincial authorities
- Support the implementation of the national public health policy and advocacy for the review of sector cost-recovery policies

<b>WHO Proposed Projects in the CAP 2006</b>	<b>Funds Requested *</b>	<b>Implementing Partners</b>
Increase access to Essential Health Care Package (ECP) <b>BDI-06/H06C</b>	1,787,837	MoH, Provincial Departments of Public Health, NGOs
ECP-PLUS: Sexual and Gender-Based Violence (SGBV) prevention <b>BDI-06/H07C</b>	192,479	MoH, MASP, HIV/AIDS provincial committees, NGOs
Malaria treatment and prevention <b>BDI-06/H08B</b>	197,200	MoH, NGOs
Response to health epidemics and disease control <b>BDI-06/H09A</b>	962,800	MoH, NGOs, local communities
Strengthening coordination in the health sector <b>BDI-06/H14</b>	302,400	MoH, NGOs, UN agencies

\* Amounts given in US dollars.

**Total Funds Requested: USD 3,442,718**

2005 Donors: European Commission, United Kingdom, United States of America