BURUNDI: The Hills and the People

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WHO Special DG/RD Representative in Burundi

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GENERAL CONTEXT

- Burundi: Country located in Central-East Africa with 7 million inhabitants and approximately 27,850 km²
- Devastated by 10 years of civil war
- Humanitarian and Economic Disaster: IDPs, Refugees and poverty (important devaluation of the local currency)
- Insecurity all over the country (Phase III and IV of UN security), banditism, several rebel groups
- Arusha Agreement allowed the implementation of a political transition in two phases of 18 months each one (the second phase presently on the way)
- Implementation of the political transition supported by African Union Mission in Burundi (mainly South Africa)
- Result: rebellion containment process ongoing and financially supported by World Bank
- Support of the UN Country team needed
SECURITY PHASES PREVAILING IN BURUNDI

Phase III

- Bururi
- Makamba
- Rutana

Phase IV

- Bujumbura Rural
- Bubanza
- Kayanza
- Muramvya
- Cibitoke
- Buj. Urbain
HUMANITARIAN SITUATION

- Burundese refugees in neighbouring countries: 800,000 people
- IDPs: 281,628 people on 230 sites countrywide
- Temporary IDPs: about 100,000 people per month
- Refugees living in Burundi (other nationalities): 50,000 people
- Important Human Right violations
- Sexual Violences
- Malnutrition: situation with a particular attention in some provinces: Ngozi, Bubanza, Ruyigi, Muramvya, Bujumbura Rural, Kayanza (insecurity, looting by rebels)
- Coordination mechanism in place for Humanitarian Actors: Contact Group and Health Information Exchange forum
Humanitarian Interventions in Burundi

- Bujumbura
- Kirundo
- Muyinga
- Rutana
- Ngozi
- Kayanza
- Moramvya
- Bururi
- Makamba
- Bubanza
- Muramvya
- Mwaro
- Muyinga Rural
- Cibitoke
- Buj. Urbain
- Kigoma
- Cankuzo
- Kirundo

Organizations involved:
- MSF/F
- CORDAID
- IRC
- ADRA
- CICR
- CARE
- GVC
- IMC
- LVIA
- MSF/B
FIELD VISIT (1)

- Field Visit to Kabezi Health Center (Bujumbura Rural): health services supported by NGO GVC. Basic health care services available with a very well organised nutrition and complementarily food activities.
- Field Visit to The South Burundi: Bururi, Rutana and Makamba.
  - phase IV areas with 60% of IDPs and burundese refugees return waited
  - Area with insecurity (rebels infiltration) and banditism
  - IDPs living conditions very difficult with weak access to basic services
  - Very difficult living conditions in IDP camps and poor access to basic services
- Essential care package not available or incomplete (most health centers visited) and hospitals lacking basic technical equipment. Great job with MSF France support in Makamba hospital.

- Experiences of community participation and cost-sharing mechanisms supported by CORDAID in several health centres.

- No sufficient preparedness and no appropriate infrastructures for massive refugee repatriation

- Field Visit to Karuzi: preparation to the support to the obstetrical emergency referral system; MSF/B activities linking emergency response to development activities much appreciated
FIELD VISIT: Provinces Visited

Visited Provinces
Displaced Camps

<table>
<thead>
<tr>
<th>Region</th>
<th>IDP Count</th>
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<tbody>
<tr>
<td>Cibitoke</td>
<td>11,573</td>
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<tr>
<td>Bubanza</td>
<td>13,989</td>
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<tr>
<td>Buj. Urbain</td>
<td>17,514</td>
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<tr>
<td>Bururi</td>
<td>18,363</td>
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<tr>
<td>Rutana</td>
<td>21,328</td>
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<tr>
<td>Makamba</td>
<td>28,838</td>
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<tr>
<td>Gitega</td>
<td>90,558</td>
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<tr>
<td>Mwaro</td>
<td>90,940</td>
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<td>Muramvyia</td>
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<td>Kirundo</td>
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*Note: IDPs = Internally Displaced Persons*
Displaced Camps

- Demographics:
- Conditions
- Services available/accessible
- Return or settlements
HEALTH SITUATION IN GENERAL

- Many infrastructures destroyed during the war
- Migration and Lack of qualified health personnel
- Difficult access to health services (insecurity, public health expenditures representing 0.7$/inhbt/year, Health Budget: 2.2% of the National Budget)
- No equal support, complementarity issues within partners
- Malaria Epidemic from January to March 2003
- New Malaria Treatment Protocol (Artésunate + Amodiaquine) to be implemented in August 2003
- Cholera Epidemic from February to March: Sanitation problems in the plain of Imbo (along Lake Tanganyika)
- Meningitis Epidemic at the East part of the country: W135 identified
- HIV/AIDS seroprevalence survey in October 2002: 10% seroprevalence rate among pregnant women
CHALLENGES (1)

- The complexity of the situation with a lot of needs: humanitarian/development
- The implementation of new Malaria treatment protocol and monitoring related to
- National Capacities
- Health Sector Financing in general and costsharing policy in particular; Partners Contribution: 56% of Health expenditures
- Access to and quality of a minimum health care package to the IDPs and Refugees
- Community involvement and empowerment
- Global Fund: HIV/AIDS and Malaria proposals accepted
Health challenges (2)

- Malnutrition
- Epidemics
- Accessibility
- Functionality
- Affordability
- Equity
Next step

- Consolidated Appeal Process (CAP 2004) elaboration
- Country Cooperation Strategy (CCS) : October 2003
- Appropriate/Effective support to the peace process (including cantonment)
- Handle epidemics
- Appropriate management of the transition from emergency to development
Next step

• Effective and well coordinated partnership in the health areas with WHO providing technical support to MOH and other partners as well

• PEACE! PEACE!