

## Burundi



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low income
<b>CURRENT HEALTH INDICATORS</b>	
Total population in thousands (2013)	10163
% Population under 15 (2013)	44.4
% Population over 60 (2013)	3.9
Life expectancy at birth (2013)	56 (Total) 58 (Female) 54 (Male)
Neonatal mortality rate per 1000 live births (2013)	30 (16-52)
Under-five mortality rate per 1000 live births (2013)	83 (50-129)
Maternal mortality ratio per 100 000 live births (2013)	740 (390-1400)
% DTP3 Immunization coverage among 1-year-olds (2013)	96
% Births attended by skilled health workers (2010)	60.3
Density of physicians per 1000 population (2004)	0.028
Density of nurses and midwives per 1000 population (2004)	0.191
Total expenditure on health as % of GDP (2013)	8
General government expenditure on health as % of total government expenditure (2013)	13.7
Private expenditure on health as % of total expenditure on health (2013)	45.3
Adult (15+) literacy rate total (2010)	67.2
Population using improved drinking-water sources (%) (2012)	75 (Total) 92 (Urban) 73 (Rural)
Population using improved sanitation facilities (%) (2012)	47 (Total) 43 (Urban) 48 (Rural)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2006)	81.3
Gender inequality Index rank out of 148 countries (2012)	98
Human Development Index rank out of 186 countries (2012)	178

**Sources of data:**  
Global Health Observatory, April 2015  
<http://apps.who.int/gho/data/node.cco>

### HEALTH SITUATION

The health situation in Burundi remains relatively precarious. The crude mortality rate is 15 per 1000 (2008 Population Census). This situation is associated mainly with the fragility of the health system, the heavy burden of communicable diseases, chronic noncommunicable diseases, neglected tropical diseases, the vulnerability of mothers, children and adolescents, and the role of the determinants of health (demographic pressure owing to a density of more than 310 people per km<sup>2</sup>, and very high rates of acute and chronic malnutrition, 6% and 58% respectively, in children between 0-5).

The most prevalent diseases in the epidemiological profile are communicable diseases that particularly affect the health of pregnant women and children, the most vulnerable population groups. The most prevalent diseases in this category are malaria, HIV/AIDS, tuberculosis, diarrhoeal diseases, vaccine-preventable diseases and acute respiratory infections. Diabetes and high blood pressure coexist in 30% of cases, according to a study done at the Kamenge University Hospital Centre, and are responsible for 73.17% of degenerative complications.

As regards the implementation of international agreements and commitments, very significant progress has been made on Millennium Development Goal (MDG) 6. Moreover, Burundi has just adopted an MDG acceleration framework for MDG 4 and 5, and with the support of its partners, has committed itself to accelerating all MDGs that still report mixed results. A bill on the Framework Convention on Tobacco Control is under review.

The main challenge of this strategic agenda is ensuring universal access to quality health care.

### HEALTH POLICIES AND SYSTEMS

The national health policy 2005-2015 and the national health development plan articulate the commitments made by Burundi (1) at national level through the Burundi Vision 2025 and the Strategic framework for poverty reduction, and (2) at international level through its adherence to International Health Partnership (IHP+) and the MDG targets.

The key areas of the national health plan that are producing increasingly visible results are: (i) decentralization through the establishment of health districts, since 2009; (ii) universal access to health care (approximately 50% of the population) through the free health-care policy for children under 5 and pregnant women, from 2006, and the introduction of the health insurance card for the informal sector; and (iii) the scaling up of the results-based financing approach in 2010. This last component, in conjunction with free health care, is the main incentive mechanism in Burundi and has yielded positive results. Among other things, it has resulted in increased use of health services (from 1.68 consultations in 2009 to 2.2 consultations in 2012 for children under 5), better quality of treatment, strengthening of the health system through private-public collaboration and community engagement, and greater numbers of health workers in peripheral zones.

Nonetheless, significant efforts are still needed to address the persistent major challenges associated with the achievement of universal health coverage. It is critical to take account of the determinants of health in national development policies and programmes in order to achieve the best health outcomes possible through coordination of intersectoral initiatives, particularly in the areas of nutrition and demographics.

### COOPERATION FOR HEALTH

Development partners have committed themselves to supporting implementation of the health component in the second Strategic framework for poverty reduction through the second national health development plan. An agreement has been signed by the Government and its technical and financial partners, including civil society, who meet regularly within a framework for collaboration among health and development partners. Burundi receives additional technical and financial support through other cooperation mechanisms, in particular UNDAF 2012-2016 (plus related programmes) and the Country Coordinating Mechanism. Bi- and multilateral cooperation agencies (the World Bank, the European Union, the Belgian Development Agency, USAID, the Swiss Agency for Development and Cooperation, GIZ, the Netherlands Development Cooperation, JICA, WHO, etc.) are involved in the cross-cutting aspects of health systems strengthening. UNICEF, the World Food Programme, WHO and the Food and Agriculture Organization of the United Nations make ongoing contributions in the field of nutrition and the United Nations Population Fund supports work on reproductive health.

Burundi has adhered to the various world and regional frameworks for collaboration, in particular IHP+, Harmonization for Health in Africa, the Busan High Level Forum on Aid Effectiveness, and the Commission on Information and Accountability for Women's and Children's Health.

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2009-2015)

Strategic Priorities	Country Cooperation Strategy Focus Areas
<b>STRATEGIC PRIORITY 1:</b> Communicable disease control	<ul style="list-style-type: none"> <li>• Support HIV/AIDS control programmes</li> <li>• Support tuberculosis control programmes</li> <li>• Support malaria control programmes</li> </ul>
<b>STRATEGIC PRIORITY 2:</b> Improved access to interventions to prevent and manage noncommunicable diseases and their associated risk factors	<ul style="list-style-type: none"> <li>• Facilitate the development of national multisectoral policies and plans to implement noncommunicable disease control initiatives.</li> <li>• Improve access to services dealing with mental disorders and disorders associated with the consumption of harmful substances</li> <li>• Improve access to quality nutrition services to control stunted growth, wasting and anaemia.</li> </ul>
<b>STRATEGIC PRIORITY 3:</b> Improved maternal, neonatal, child and adolescent health	<ul style="list-style-type: none"> <li>• Help the Government to develop policies, norms and standards to improve the quality of reproductive health services and child and adolescent health</li> <li>• Help the Government to strengthen the capacity of maternal, neonatal, infant and adolescent health services</li> <li>• Support government surveillance of maternal, child and adolescent health.</li> </ul>
<b>STRATEGIC PRIORITY 4:</b> Strengthening of health system capacities	<ul style="list-style-type: none"> <li>• Support the assessment and development of health policy in the national health development plan and the national operational plans for the health sector</li> <li>• Help the Government to strengthen the availability, accessibility, rational use and quality assurance of medicines, vaccines and other supplies</li> <li>• Intensify action on the determinants of health</li> </ul>
<b>STRATEGIC PRIORITY 5:</b> Intensification of alert and response capacities for disease outbreaks and emergencies, specifically natural and man-made disasters	<ul style="list-style-type: none"> <li>• Help Burundi to achieve the minimum core capacities for alert and intervention required by the International Health Regulations (2005)</li> <li>• Promote capacity-building for the development and implementation of operational plans in accordance with WHO recommendations for strengthening national resilience and preparedness, in relation to pandemic influenza and epidemic and emerging diseases</li> </ul>