

Burundi: Government commitment to maternal and child health care

Burundi is one of the world's least developed countries. Protracted civil war and halting political restructuring have stymied economic and social progress. Poverty rates are soaring, with nearly 88 per cent of Burundians living on just US\$ 2 a day. Undernutrition affects 66 per cent of the population, and more than half of children under age five suffer from moderate or severe stunting. In 2005, women faced a lifetime maternal death risk of 1 in 16. The adjusted maternal mortality ratio stood at 1,100 deaths per 100,000 live births in 2005, and the neonatal mortality rate was 41 per 1,000 live births in 2004.

Burundi has learned through experience the importance of providing affordable, quality health care for the poor in general, and for mothers and children in particular. In February 2002, the Government implemented a cost-recovery programme that required patients to pay for medical consultations, tests and drugs. The initiative aimed to generate resources for a nascent health-care system and was implemented in 12 of 17 rural provinces, covering 5 million of the country's 8.5 million inhabitants. The programme's introduction increased the numbers of patients who were unable to pay for the medical services they received in public hospitals, and many of them were subject to detention in the facility. Women who had delivered by Caesarean section comprised an estimated 35 per cent of indigent hospital patients included in a 2006 Human Rights Watch report on patient detentions; 10 per cent of the indigent patients in the study were children. In addition to the burdensome expenses, health-care services for women and children were often of poor quality.

The current Government, led by President Nkurunziza, has begun to take steps towards tackling this health-care crisis. In 2005, when Burundi joined the International Monetary Fund-World Bank 'Heavily Indebted Poor Countries Initiative' with interim debt relief in 2005, the health budget was tripled. In 2006, the Government took the critical step of announcing free health care for pregnant women and children. A new policy, 'Road Map for the Reduction of Neonatal and Maternal Mortality', was drawn up and launched in that same year with the assistance of the United Nations Population Fund, World Health Organization, World Food Programme

and UNICEF. Another important step was taken in 2007, when Burundi was one of eight countries to join the International Health Partnership, a country-led and outcome-driven collaboration between governments, international organizations and non-governmental organizations. A major objective of this partnership is to identify a set of key goals, which include raising the number of institutional deliveries and increasing services to prevent mother-to-child transmission of HIV.

Burundi's National Reproductive Health Policy now includes newborn care as a critical strategy in reducing child mortality. A central feature of this policy will include scaling up services to prevent mother-to-child transmission of HIV. The median HIV-infection prevalence rate for young pregnant women aged 15–24 in Bujumbura stood at 16 per cent in 2005. One area for future programming may be securing greater male support for prevention of mother-to-child transmission strategies.

The country has also embarked on providing badly needed basic health care that will positively affect women and children. Immunization programmes have provided tetanus toxoid vaccine to nearly three quarters of women in high-risk districts. Such efforts have galvanized stakeholders at the national and local levels. But sustained governmental prioritization of health care for the poor will be necessary for the continued support of international and grass-roots actors in building Burundi's health infrastructure.

See References, page 112.