1. In Burundi’s 2021-2022 state budget, the amount allocated to health is 228.8 billion Burundi francs (BIF), or 115.8 million US dollars (US$). It represents 13.4% of the total budget, compared with 13.6% in 2020-2021. Additional efforts are required to meet health needs.

2. The country has a chronic malnutrition rate of at least 52.2% of children under five, which corresponds to a nutritional deprivation for more than one in two children. Also, remarkable progress related to child and maternal health has been achieved in recent years, but constraints remain with regard to maternal mortality (334/100,000 live births) (EDSBIII 2017), neonatal mortality (23/1,000 live births), infant and child mortality (78/1,000 live births) which remain high considering the 2030 SDG targets, and also the poor nutritional health of adolescents and youth to meet the offered quality of care. This will require an increased budget allocation to maternal, child, adolescent and youth health services and nutrition programs.

3. The government continues its support for immunization with BIF 200 million, and the government counterpart for vaccines with BIF 2 billion.

4. As part of the management of the COVID-19 pandemic, the Ministry of Health plans to adapt existing health centers in all the country’s communes, to standards that will allow the integration of COVID-19 into health care structures.

5. In order to strengthen the coordination of health services, the MSPLS created new services, including the Burundian Medicines and Food Regulation Authority (ABREMA), the National Reference Centre for Kinesitherapy and Medical Rehabilitation (CNRKR), and the Management and Support Unit for Health Development (UGADES).

6. The Ministry of Public Health and AIDS Control (MSPLS) still has a very good absorption capacity with a budget execution rate of over 90.0% since 2016.

---

**Recommendations**

Considering the COVID-19 pandemic and the adaptation of existing health centres in all communes of the country to standards that can allow the integration of COVID-19 into health care structures, an increased budget must be allowed to peripheral health structures with the strengthening of community health structures in the most vulnerable areas is necessary, as well as a follow-up process. This could include strengthening the skills of community health workers (CHWs) on programs focused on improving the health of children and pregnant and lactating women, and reproductive health.

...
In June 2018, the Government of the Republic of Burundi adopted its National Development Plan for Burundi (NDP 2018-2027) and foresees in its first issue the improvement of performance and collaboration in the field of Health.

To achieve this, the Ministry of Public Health and the Fight against AIDS has drawn up the third generation National Health Development Plan (PNDS III), for the period from 2019 to 2023.

This document is consistent with the National Health Policy 2016-2025, as well as with the Declarations and international acts to which Burundi has subscribed, such as the Sustainable Development Goals (SDGs), the Astana Declaration on Sustainable Primary Health Care, etc.

According to the PNDS III, the Government of the Republic of Burundi is committed to improving the health of the population and intends to achieve Sustainable Development Goal 3 (SDG3): Enable All People to Live in Good Health and Promote the Well-being of All People of All Ages.

Like other countries around the world, Burundi is facing the COVID-19 pandemic. To this end, it has already made decisions to contain the spread of the disease, but the country needs to do more to help the sick people and protect frontline professionals who risk their lives to save others.

In addition, the government of the Republic of Burundi has been working closely with its technical and financial partners.

Meanwhile, the IMF and the Republic of Burundi have just concluded an ad-referendum agreement for financial assistance of US$78 million under the Rapid Credit Facility to support the Government's efforts, to address the impacts of the COVID-19 pandemic, including measures to support the economy and the population, as well as to strengthen health services.

Although the WHO Regional Office's analysis of the epidemiological trend classifies Burundi as a country with "moderate community transmission", in the current context of the emergence of a variant of Covid-19 known as Delta, it is imperative that Burundi continues to strengthen response interventions, including the promotion of voluntary testing and adherence to barrier measures, proper alert management, contact identification and follow-up, and effective case management to interrupt the circulation of the virus.

Furthermore, through the MSPLS, the government of the Republic of Burundi reaffirms its commitment to the well-being and health of the population through the strategy of improving the availability and quality of health infrastructures and equipment.

In this context, the MSPLS has identified health centers to be transformed into communal hospitals. For the hills that do not have a health center, the government will set up health posts and thus bring health services closer to the entire Burundian population.

At national level, 116 health centers have been identified and selected to be transformed into communal hospitals. Thus, all partners involved in the health sector, particularly in terms of health infrastructure and equipment, are invited to take these directives into account.

In recent years, Burundi has recorded better results in improving the performance of its health system, although mortality indicators remain at a high level.
According to the Demographic and Health Survey (DHS 2016-2017):
- The maternal mortality ratio remains high, at 334 deaths per 100,000 live births (NV), compared to the MDG target of less than 70 deaths by 2030;
- The neonatal mortality rate is around 23 deaths per 1,000 live births, while the MDG target is set at 12 by 2030;
- The infant and child mortality rate is 78 deaths per 1,000 live births, while the MDG target is 25 deaths per 1,000 NV by 2030;
- Young adolescents aged 15 to 24 represent 19.29% of the population, and their access to health services remains low (only 34%);
- The level of knowledge of methods to prevent HIV and sexually transmitted diseases remains low (42% of girls versus 50% of boys have a good knowledge of prevention methods);
- Teenagers and young adults are exposed to other problems such as malnutrition, use of alcohol, tobacco and other psycho-emotional substances.

Some key health statistics

<table>
<thead>
<tr>
<th>N°</th>
<th>Indicators</th>
<th>ISTEEBU values, DHS 2016-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Maternal mortality ratio per 100,000 live births</td>
<td>334</td>
</tr>
<tr>
<td>2.</td>
<td>Neonatal mortality rate per 1,000 live births</td>
<td>23</td>
</tr>
<tr>
<td>3.</td>
<td>Child mortality rate per 1,000 live births</td>
<td>78</td>
</tr>
<tr>
<td>4.</td>
<td>Chronic malnutrition rate among children under 5 (According to the 2020 SMART Survey)</td>
<td>52.2%</td>
</tr>
<tr>
<td>5.</td>
<td>Accessibility rate to health services for young people aged 15-24</td>
<td>34%</td>
</tr>
<tr>
<td>6.</td>
<td>Malaria prevalence</td>
<td>27%</td>
</tr>
<tr>
<td>7.</td>
<td>ARV coverage among children (Statistical Yearbook 2019)</td>
<td>32.6%</td>
</tr>
<tr>
<td>8.</td>
<td>Rate of children aged 6-59 months with anaemia</td>
<td>61%</td>
</tr>
<tr>
<td>9.</td>
<td>Rate of women aged 15-49 with anaemia</td>
<td>39%</td>
</tr>
<tr>
<td>10.</td>
<td>Share of health budget in total budget (FY 2021-2022)</td>
<td>13.4%</td>
</tr>
</tbody>
</table>

Sources: PNDS III, p. 15; Republic of Burundi, MFBPE, Finance Law 2021-2022

In Burundi, budget allocations to the Ministry of Public Health and the Fight against AIDS increased in nominal terms from 2011 to 2015. However, they fell in 2016 following the unusual decrease in external resources. The upward trend in budget allocations has resumed since the 2017 budget year.

For the 2021-2022 fiscal year, the budget allocated to the MSPLS amounts to BIF 228.8 billion compared with BIF 223.8 billion in 2020-2021, an increase of 2.2%.

According to this graph, the evolution of budgetary allocations in health, in nominal values, follows the same trend as those in real values, over the period under analysis (2011-2021/2022).

The share of the total government budget allocated to the Ministry of Public Health and the Fight against AIDS is 13.4% in 2021-2022, compared with 13.6% in 2020-2021. Despite the government’s efforts to prioritize health, this budgetary share remains below the Abuja commitments, which call for an annual budgetary allocation to health of 15% of the state budget..
In relation to the overall national economy, the budgetary allocations for the MSPLS represent 3.1% of GDP in 2021-2022 compared to 3.3% of GDP in 2020-2021, a decrease of 0.2%. It should be noted that budgetary allocations to health keep on increasing year after year, according to the needs, while maintaining existing health care coverage.

Over the period under review, the share of the total budget allocated to health remains below the commitment of the Abuja Declaration. Additional resource mobilization efforts are needed to reach the target set in the 2001 Abuja Declaration (15%). Budget allocations to health per capita, for the 2021-2022 fiscal year are BIF 18,014 (US$9.12) compared to BIF 17,999 (US$9.40) in 2020-2021. The calculations took into account an official exchange rate of BIF 1,976.04 per US$ and an estimated Burundian population of 12,706,151 in 2021-2022 and 12,439,117 in 2020-2021.

The figure 3 shows that budgetary allocations to health per capita have not yet reached BIF 20,000 over the period under analysis.

According to the current budgetary nomenclature, the budgetary allocations to health for the 2021-2022 fiscal year are composed of salaries, goods and services, current transfers and subsidies, and investments.

Thus, the share of the ministry’s budget devoted to investments is 58.2% in 2021-2022, 88.8% of which comes from external resources. Next, transfers and subsidies represent 21.9% of the ministry’s total allocations. Salaries account for 17.3% and goods and services for 2.6% of the ministry’s budget in 2021-2022. It should also be noted that external aid is composed entirely of investments.
Health budget forecasting and execution

This section analyses the differences between the voted and the executed budget for a financial year. This comparison gives an overview of the quality of the budgetary programming exercise and an idea of the budgetary execution.

According to expected results, we can notice that the budget execution rate in health has always been greater than or equal to 90%, which reflects the relative capacity of the health sector to use the available budgetary credits.

Fig. 5: Budget forecast and execution for health, in billions of BIF and %

Source: Republic of Burundi, MFBPE, Finance Laws 2016-2020/2021

Health budget allocations to deconcentrated and peripheral structures

- Burundi’s health system is organized in a three-tiered health pyramid, namely the central, intermediate and peripheral levels.

- The central level is responsible for policy and strategy development, planning, resource mobilization, management, performance monitoring and evaluation, regulation and coordination of the sector. It organizes and coordinates the intermediate and peripheral levels of the health system, and provides them with the administrative, technical and logistical means for their action.

- The intermediate level has 18 provincial offices responsible for coordination and support to the districts. The intermediate level is responsible for implementing health policies, coordinating activities and providing administrative, technical and logistical support. It ensures the equitable distribution and efficient use of resources to the districts. As part of his responsibilities, the Medical Director of the health province advises the Provincial Governor on health matters.

- The peripheral level is represented by the health district, considered as the basic operational entity of the national health system. It consists of an administrative base, a district hospital, and a network of public, accredited, or private health centers.

- Given the difficulty of displaying budget allocations to health according to geographical nomenclature, it is difficult to highlight the budget of peripheral health structures according to provinces or communes. Simply, the finance law can show certain budget lines which are executed at the decentralized and deconcentrated level such as the operating costs of the health provinces, the operating costs of the health districts, the allocations to hospitals, etc.
The health budget comes from internal and external resources (project grants). For the 2021-2022 budget year, the share of external resources in the total health sector budget represents 51.7% against 48.3% of internal resources. External support for health is made up of project grants for an amount of BIF 118.3 billion in 2021-2022, which is totally oriented towards investment.

![Fig. 6: Sources of health funding, in %](image)

**Fig. 6: Sources of health funding, in %**

**Sources:** Republic of Burundi, MFBCDE, Finance Acts (2011 to 2020-2021)

---

1. The budget allocated to health in 2020/2021 was BIF 223.8 billion, equivalent to US$116.9 million
2. Budget allocations in nominal terms are those that are shown in relation to a given period. Budgetary allocations in real terms are those that are adjusted for price increases relative to a base or reference period (here, the base period is 2011).
3. ISTEEBU population data

---

**Acknowledgements**

The budget analysis presented in this document is part of a series of analyses on the social sectors for the fiscal year 2021-2022. It is the result of a frank collaboration between the University Research Centre for Economic and Social Development (CURDES), the Ministry of Finance, Budget and Economic Planning and the Ministry of Public Health and the Fight against AIDS.

© UNICEF Burundi – 2021 - Photos credits: Burundi/Barikumbutsa / Graphic design and realization Claire Mabille - ClairmabStudio