



Health

Budget Analysis 2022-2023

Key messages

1. In the 2022/2023 Burundian state budget, the amount allocated to the health sector is **228.7 billion Burundian francs (BIF)**, or 112.4 million US dollars (USD). It represents 9.6% of the national budget, compared to 13.4% in 2021-2022¹. This situation is explained by an increase in spending in the agricultural and infrastructure sectors, resulting in a sharp increase in the overall budget, and consequently a decrease in the proportion of budget allocations to health. Additional efforts are needed to reach the international target of 15% of the government budget², as set out in the “Abuja commitment”.

2. Burundi has **a chronic malnutrition rate of at least 55.8% for children under five**, which corresponds to a nutritional deprivation for more than one child in two. Attention must be paid to increasing the budget allocated to maternal and child health programs, including nutrition programs targeting chronic malnutrition.

3. The government continues to support immunization with a BIF 200 million budget and a government match for vaccines of BIF 2.5 billion. Remarkable progress has been made in child and maternal health in recent years. In Burundi, **85% of children aged 12-23 months have received all the basic vaccines**, and a proportion of women who have made at least four prenatal visits, the proportion of births that took place in a health facility, and the proportion of births attended by trained personnel are all increasing.

However, efforts are needed to improve:

- **child health**, as **61%** of children aged 6-59 months suffer from **anemia**, 84% for the 6–8-month age group,
- **sexual health**, given that the median age of first sexual intercourse is 19.6 years for women (22.9 years for men), and that only 29% of women aged 15-49 years living in union use at least one family planning method.

4. Although the health sector has made some progress, challenges remain in achieving the sustainable development goals (SDGs), particularly in terms of infrastructure, equipment, and advanced technology, and in terms of human resources, both in terms of staff numbers (**less than 1 doctor and less than 1 midwife per 10,000 inhabitants**), skills (specialist doctors) and competitiveness.

5. As part of the management of the COVID-19 pandemic, the Ministry of Public Health and AIDS Control continues to monitor the daily situation of cases and plans to adapt the existing health centers in all the country’s communes to the standards to allow for the integration of COVID-19 in the health care structures. In addition, **a single pool of funds to respond to COVID-19** has been established, welcoming any financial partner intending to support. An account has been opened for this purpose at the Bank of the Republic of Burundi.

6. The Ministry of Public Health and AIDS Control (MSPLS) still has a very good capacity to use funds showing a budget execution rate of over 90% since 2016.

Health

Recommendations

→ Considering government's priorities of universal access to health care and the effective implementation of communal hospitals, an increase in the budget for **peripheral health structures** is necessary with the strengthening of **community health structures** in the most vulnerable areas, as well as the follow-up elements. This could include strengthening the **skills of community health workers** (CHWs, in french ASC) in programs aimed primarily at improving the health of children and pregnant or lactating women, as well as reproductive health.

→ It is recommended that the government and its partners explore sustainable ways to finance vaccine supply and to meet program needs, estimated at **USD\$61 per fully immunized child in 2022 and USD\$59 for 2023**, in line with the internal fund mobilization strategy developed since August 2019 by the Ministry in charge of health and its partners such as WHO, GAVI and UNICEF.



Introduction

■ In December 2018, Burundi adopted a third generation **National Health Development Plan (PNDS III)** covering the period from 2019 to 2023. This plan is consistent with - the Burundi National Development Plan (PND Burundi 2018-2027) adopted in June 2018 and - the National Program for Capitalization of Peace, Social Stability and Promotion of Economic Growth (PNCP-SS-PCE), of which public health is one of the pillars.

- The PNDS III is also in harmony with the National Health Policy 2016-2025, as well as with the declarations, international treaties to which Burundi has subscribed such as the Sustainable Development Goals (SDGs), the Astana Declaration on Sustainable Primary Health Care, etc.

■ Through the PNDS III, the Government of Burundi has reaffirmed its commitment **to improving the health of its population and aims to achieve SDG 3: "To enable all people to live in good health and to promote well-being for all at all ages."** Although considerable progress has been made, Burundi still needs to make further progress to reach this goal.

■ In addition, the **TWITEHO AMAGARA MEZA program** promotes access to quality health care as a *"fundamental right for everyone"*, the Global Fund finances health products related to HIV, tuberculosis and malaria, while supporting national strategic plans in the fight against the three diseases, and the PBF provides external financing to improve the use and quality of health services offered to the population.

■ As part of **the fight against COVID-19**, Burundi continues to publish a daily report on the response to this pandemic. In recent years, Burundi has achieved better results in improving the performance of the health system, but mortality indicators remain high.

Health

■ According to the Demographic and Health Survey (DHS 2016-2017):

- The maternal mortality rate remains high. There are 334 deaths per 100,000 live births while the SDG target is set at less than 70 deaths by 2030.
- The neonatal mortality rate is 23 deaths per 1,000 live births, whereas the SDG target is 12 by 2030.
- The infant and child mortality rate is 78 deaths per 1,000 live births, whereas the SDG target is 25 deaths per 1,000 live births by 2030.
- Young adolescents aged 15 to 24 years represent 19.29% of the population and their access to health services remains low (34%).
- Knowledge of HIV and sexually transmitted diseases prevention methods remains low: 42% of girls versus 50% of boys have a good knowledge of prevention methods.
- Adolescents and youth are exposed to other problems such as malnutrition, use of alcohol, tobacco, and other psycho active substances.



Table 1. Some key health sector statistics

Indicators	Values	Sources
1. Maternal mortality ratio per 100,000 live births	334	ISTEEBU, EDS 2016-2017
2. Neonatal mortality rate per 1,000 live births	21 ‰	SOWC, 2021
3. Infant and child mortality rate per 1,000 live births (www.who.int)	56.6 ‰	SOWC, 2021
5. Rate of access to health services for youth aged 15 to 24	34%	EDS 2016-2017
6. Malaria incidence rate per 1,000 population	537.6 ‰	Statistical Yearbook 2021
7. ARV coverage rate among children	31%	(Statistical Yearbook 2021)
8. Rate of children aged 6-59 months with anemia	61%	SMART 2022
9. Rate of women aged 15-49 with anemia	39%	SMART 2022
10. Prevalence of stunting in children under 5 years of age	55.8%	SMART 2022
11. Prevalence of Global Acute Malnutrition (GAM)	4.8%	SMART 2022
12. Prevalence of Severe Acute Malnutrition (SAM)	1.4%	SMART 2022
13. Share of budget allocated to health as a proportion of total budget (fiscal year 2022-2023)	9.6%	Finance Act 2022-2023

Sources: PNDS III, MFBPE, 2022-2023 Budget Act, DHS 2016-2017



Health



Trend in budget allocations for the health sector (in BIF)



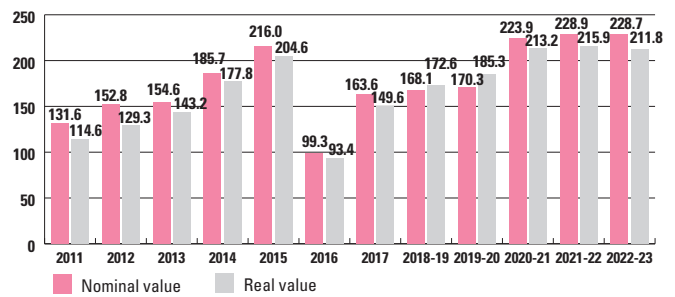
Budget allocations to the Ministry of Health increased in nominal terms from 2011 to 2015, and then declined in 2016. Since fiscal year (FY) 2017, they have resumed an increasing trend. For FY 2022-2023, the budget allocation for the Ministry of Public Health and AIDS Control is **BIF 228.7 billion**, a level almost equivalent to FY 2021-2022.

The figure 1 shows that the evolution of budgetary allocations in the health sector in nominal values follows the same trend as in actual values over the period from 2011 to 2022/2023.

In relation to the national economy, the budgetary allocation to the Ministry of Health has fallen slightly, to **2.8% of GDP in 2022-2023** from 3.1% in 2021-2022, a decrease of 0.3% age points.

Based on Burundi's population, per capita health care allocations have declined slightly to **BIF 17,640 (USD 8.67) in 2022-2023** from BIF 18,014 (USD 9.12) in 2021-2022. These calculations are based on an average official exchange rate of BIF 2,033.55 per USD in 2022-2023, compared with BIF 1,976.04 in 2021-2022, and on **an estimated population of 12,967,565** (ISTEEBU, UNFPA) in 2022-2023, compared with 12,706,151 (ISTEEBU, UNFPA) in 2021-2022.

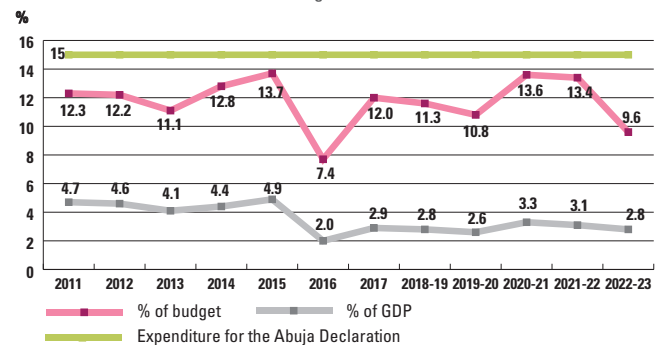
Fig. 1 : Trends in nominal and real health budget allocations, in billions of BIF



Sources: Budget Acts 2011-2022/2023

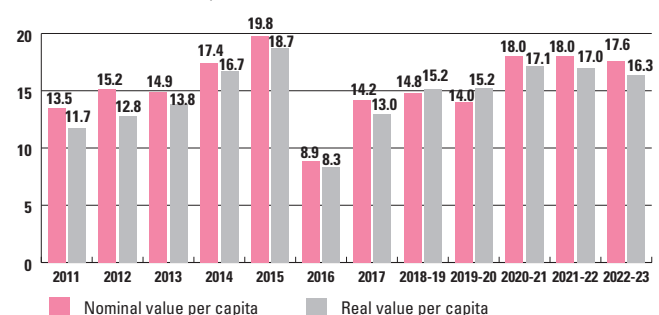
Budget allocations in nominal terms are those that are reported relative to a given period. Budget allocations in actual terms are those that are adjusted for price increases relative to a baseline or reference.

Fig. 2 : Evolution of health budget allocations as a % of GDP and as a % of total budget



Sources: Budget Acts 2011-2022/2023.

Fig. 3 : Trend health expenditure in per capita nominal and real values, in BIF



Source: Budget Acts 2011-2022/2023, ISTEEBU

Health



Composition of health sector budget allocations (in %)

■ Budget allocations are consisting of salaries, goods and services, transfers and subsidies, and investments.

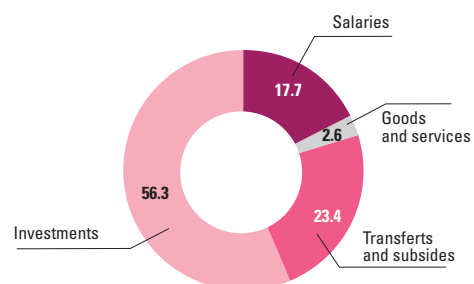
The largest share of the Ministry of Health’s budget is devoted to investments³ with **56.3%**, followed by transfers and subsidies representing **23.4%** of the Ministry’s total expenditure, and salaries and wages also constituting compulsory expenditure with **17.7%**. Goods and services account for only **2.6%** of the ministry’s budget.

The emphasis on investment is crucial to meet the challenge of infrastructure and equipment, and ultimately contributing to improve the quality of health care and services

■ Looking at the fiscal year 2022-2023 budget by economic nature, health sector salaries account for 8% of the overall state budget payroll, goods and services represent 3.9% of the overall goods and services budget. Transfers and subsidies account for 11.2% of the overall budget for this category of expenditure, and allocations for investments account for approximately 10.9% of the total state investment budget.



Fig. 4 : Distribution of health budget allocations by economic nature in 2022-2023, in %



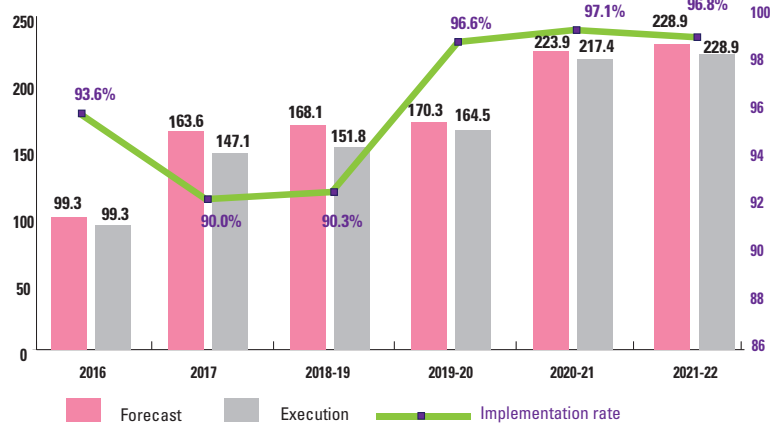
Sources: Budget Act 2022-2023

Credibility and budget execution

This section analyzes the variances between the voted budget and the executed budget for a given budget year. This comparison presents an overview of quality of the budget programming and an idea of the budget execution.

The results show that the budget execution rate in the health sector has always been **greater than or equal to 90%**, which reflects the relative capacity of the health sector to use the budgetary funds made available to it.

Fig. 5 : Budget forecast and execution for health (2016-2021/2022) in billions of BIF

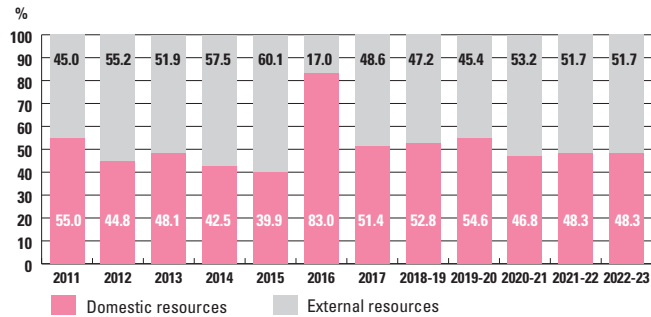


Sources: MFBPE, Budget Acts 2016-2020/2021

Funding sources

The health budget comes from both internal and external resources (donations, projects). For the 2022-2023 budget year, the share of external resources in the total health sector budget represents 51.7%, compared to 48.3% for domestic resources. External support for health consists of contributions to projects amounting to **BIF 118.3 billion in 2021-2022**, all of which will be directed towards investments.

Fig. 6 : Sources of Health Funding, 1n %



Sources: Budget Act 2011-2022/2023

1. The budget allocated to health in 2021/2022 was BIF 228.8 billion, which is equivalent to USD 115.8 million.
2. Economic Commission for Africa, Briefing Note: 10 Years After the "Abuja Commitment"
3. Investments mainly concern intangible assets (research and development costs), property, plant and equipment (machinery and equipment), securities and equity interests.



ACKNOWLEDGMENT

This budget analysis is part of a series of analyses on the social sectors for the 2022-2023 fiscal year. This budget analysis is the result of a collaboration with the University Research Center for Economic and Social Development (CURDES), the Ministry of Finance, Budget and Economic Planning and the Ministry of Public Health and AIDS Control.