

## Health Research in Burkina Faso – a summary

Burkina Faso lies within the Sahelian enclave and covers a territory of 274,200 km<sup>2</sup>. It has a population of 10.3 million, with a growth rate of 2.37%. The mortality rate is 16.4 per 1,000, and life expectancy at birth is 52.2 years. Women make up 52% of the population, which is essentially young, with nearly 48% under the age of 15. The literacy rate is no higher than 26%, with major disparities between urban and rural communities. There are some 60 ethnic groups within the country, of which the Mossi comprise 48%. Islam is the predominant religion (52%). Administratively the country is divided into 45 provinces and 350 departments. Economically Burkina Faso is considered underdeveloped, with a dependence on the export of agricultural produce and the public sector. While, in 1998, the economy grew by 5.7% , some 44.5% of the population lived below the poverty line.

The establishment of national research programmes dates back to the beginning of the 1920s with the opening of agricultural centres. After independence and through the 1960s management of these programmes was entrusted to French institutes (IFAN and ORSTOM). In 1970 IFAN became the Volta Centre for Research into Rice Growing (CVRS). Several regional and international related programmes were set up. In 1978 scientific research underwent major changes with the creation of higher education and scientific research following the transformation of the CVRS into the National Scientific and Technical Research Centre (CNRST).

The CNRST is organised in 4 institutes and oversees national research policy. It guides research towards solutions to the constraints to development of the country. It coordinates and controls all research activities under way in the country. In 1997 the Ministry of Health set up the Health Research Office to reinforce this work. In co-operation with the University, the CNRST and other ministries and institutes, the HRO organized the first symposium on EHHR in the country (*New Strategy for Action for Health and Human Development*). Building on the work accomplished in 1995, when health was included as one of the four national priorities, the symposium resulted in the setting of priorities within the health sector, by identifying 20 vertical (disease) priority areas and 20 horizontal (health system) priorities.

Today research is accepted as an integral part of the evolution of medical practice and health programmes in the country. This is reflected in the adoption of an Action Plan for the development of ENHR for 1999-2001 and the strengthening of various institutions engaged in health related activities.

Nevertheless the general research situation faces a number of constraints, such as a lack of coordination, fragmentation of activities, the dispersion of researchers and an imbalance of financing. There is still too much focus on health issues of interest to the industrialised countries, and not enough on epidemiology, public health policies, social sciences, and the practical use of research findings. The major challenges that the country must address in the future in the field of health research include the provision of adequate resources, mechanisms for coordination and planning, the shortage of institutional structures and discrepancies between set priorities and research topics chosen.