

## Health Research for Development in Burundi – a summary

Burundi is one of the 15 countries selected for the African Consultative Process in preparation for the Bangkok Conference. As part of the same process a National Consultative Meeting was held in Bujumbura in March 2000.

Burundi is a landlocked country, situated in Central Africa, covering a territory of 27,834 km<sup>2</sup>. It has a population of 6.2 million, of which more than 90% live in a rural environment. The population growth rate is 3% per annum. It is composed of three main ethnic groups with a mixture of Roman Catholic and Muslim religions. There is an adult literacy rate of 37% with 35% primary school enrolment. The GNP is estimated at US\$ 140 per annum, with 36% of the population living below the poverty line. Life expectancy at birth is 53.54 years with no more than 8% of the population having direct access to health care.

The report refers to the socio-political strife in October 1993, which marked the country and left thousands dead and a million displaced persons. These events have increased greatly the precariousness of life in the country and the propagation of disease. Much bilateral cooperation has been replaced by emergency multilateral aid. The 1996 embargo has also put a brake on national development efforts and been a source of inflation.

Health research began in the colonial period with some 200 publications. While there is no readily accessible information about the organisation of research during that time, it is clear that it was all done by external researchers and largely published abroad. With the foundation of the University in 1964 several research centres came into being, including two in Faculty of Medicine.

In 1983 the Department of Scientific Research was set up and focussed its activities on three main areas of interest: a regular inventory of national scientific and technological potential; the planning and coordination of research; and the organisation of science and technology information and documentation. In 1990 the Department was reinforced by a National Council and a series of special technical committees, which, the report indicates, have yet to be fully operational.

The structural organisation of research in the country functions at three levels: the decision making, general policy level at the ministerial level; the conceptual, planning, budgeting and management level run by the Department of Scientific Research supported by its committees; and the executive level in the work of the research centres, science and technology services etc.

The Ministry of Public Health is active in developing health research and setting health policy based on the right to health for all and equity. Nonetheless, the report suggests there is an absence of coherent national health research policy, in terms of planning, programming, budgeting, coordination, evaluation and dissemination. It refers to the need for a new national debate, with all stakeholders and development partners, to define the necessary strategies and elaborate a policy framework for research and to reinforce public support for research.

The report indicates a lack of coordinated priority setting. There is advocacy for according priority to health research and for procedures for setting national priorities in order that it respond to national targets. In addition there are virtually no research networks and the dissemination of research information and results is poor. Few results find their way into action or policy, despite allegedly good links with end users.

The country's research capacity suffers from insufficient institutional capacity, and shortcomings in human, material and financial resources. There are no training programmes

for the staff and a lack of incentives to keep them. While the level of individual researchers is satisfactory, the brain drain has aggravated the shortage of researchers. The budget for research, especially for health research, is said to be inadequate and occasionally wasted through irrational use of scarce resources. There is a need for mechanisms to identify resources and establish procedures for funding. Local financing of health research is no more than 30%. The rest is external.

The country's capacity to coordinate all aspects of research is in need of reinforcement. The work of the Department, the National Council and its special committees is a step in that direction. The challenges of the future will focus sharply on the overriding need for better coordination of the structures of health research.