Burundi

Deprived of access to healthcare

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MEDECINS SANS FRONTIERES

Introduction

We are in a popular district on the outskirts of Bujumbura. The area is desperately poor like many others in the Burundian capital. Révérien is on the corner of the street, waiting for work. In general he carries bags for passers-by or does a bit of gardening. On fruitful days he can earn up to 150 Burundian Francs (Fbu) (0,15€), rarely more. It is barely enough to feed his two children. Certainly not enough to care for them when they are ill when a simple consultation in the local health centre at Musaga costs up to 2000 Fbu (2€).

As he explains:

> *"My wife died a few months ago. Very probably from malaria because she had a lot of fever and was also vomiting. But I don't know since she never went to the health centre as we didn't have enough money."*

The tale of Révérien is not an isolated case in Burundi. **Like him, there are hundreds of thousands of Burundians who have no access to basic health care for financial reasons.** And this is because since February 2002, the Burundian government- with support from the World Bank and the International Monetary Fund (IMF)- have implemented a policy of **cost-recovery for health services.**

Faced with only a small part of the national budget allocated to the health sector, the Ministry of Health saw no other choice but to impose the costs of all healthcare on 5 million people from a total population of 6.9 million[1]. The system means that the patient has to pay for medicines as well as tests and medical acts, thus the price paid by the patient depends on the illness and the prescribed treatment.

Concretely, the average price for a consultation under the cost-recovery system comes to 2254 Fbu (nearly 2,3€) and can climb to 3000 Fbu (3€) in certain health centres. No system exists for the destitute[2].

Furthermore, virtually all Burundians live in total poverty. **More than 99% of them live under the absolute poverty threshold of 1USD per habitant per day** and between 85-90% live subsist with less than **1USD per week**, which corresponds to the threshold of relative poverty which has been specifically designed for Burundi.

[1] The cost-recovery system is applied in 12 out of the 17 provinces which make up the country. An alternative system has been developed in other provinces with the collaboration of international NGOs (MSF, GVC). A part or the entirety of the heath centres in the provinces of Cankuso, Bujumbura Rural, Makamba and Ruyigi have implemented a flat fee system with the cost ranging from 50 (0,05€)-300Fbu (0,3€).
Another medical NGO, CORDAID, practices a system of 50% cost-sharing in the province of Makamba. This means that patients pay for the consultation, medical acts and 50% of the official price for medicines, the difference being subsidised by ECHO via CORDAID.

[2] In the cost-recovery system, less than 1% of patients possess a card giving them free access to healthcare.

The MSF Survey

Against the background of the precarious situation of the majority of Burundians, MSF led a nationwide retrospective epidemiological survey from November 2003 to January 2004- hence nearly two years after the introduction of the cost-recovery system in Burundi.

This survey allowed MSF to confirm the hypothesis that a large segment of the Burundian population has been excluded from basic primary health care due to the prohibitive prices inherent to the cost-recovery system.

More specific objectives were pursued: to measure the mortality rate among civilians in Burundi; gather data giving indications of the spending and revenue of the population, as well as the strategies used by households in terms of health care expenditure.

In addition, the access to healthcare indicators in the cost-recovery system were compared to those of alternative systems. Also noted were the problems of access raised at hospital level, but these have not (yet) been investigated.

Results of the survey

The results of the survey are alarming. They show the cost-recovery system to be totally unsuitable to the living standard of the Burundian population. Notably, it shows that the frequentation of health centres has significantly declined since the tariffs were increased.

Exclusion from consultations and treatment

The cost-recovery system is employed in four-fifths of the country and covers around five million people. According to the MSF survey, almost one-fifth of the population (17%) **has no access** to a straightforward consultation, mainly for financial reasons (82% of these sick people did not consult due to a lack of money). This meant that **almost one million people in Burundi do not have access to care**.

To this must be added the fact that among those patients who were able to find the financial resources to pay for a consultation, some of them (some 4.8%) do not have the money required to pay for any treatment or can only afford part of a treatment. Additionally, with no money, medicine cannot be bought.

This was the case with **Jean-Marc, 18 years old** and suffering from a fever, who at first hesitated before consulting the health centre in the Jabé district of Bujumbura Mairie. In this health centre, operating a cost-recovery system, a straightforward consultation costs 150 BFI (0,15€). He managed to get the money required for the consultation, but had nothing left to finance his treatment.

> *"That's a week now that I've had a fever. But I didn't have enough money to get treatment. I am originally from Gitega, a province in the centre of the country. I came to Jabé a few months ago looking for a small job that I could live off. I sell charcoal for a man in the district and I share lodgings with some friends for which we're paying 5.000 Fbu a month. I eat when I can. But selling charcoal doesn't always give me enough money to pay for food. So, when I fell ill, I first waited to see whether my health would improve while I carried on working in order to earn money. But this morning, I really felt too ill so I came to the district health centre. I don't really know what's wrong with me. You can read the diagnosis if you like. All I know is that it's not malaria. The rapid test was negative. The nurse simply asked me if I had medicines at home to treat myself. I replied that I had, but that's not true. Anyway, I don't have enough money to buy any. So I'm going to wait for my fever to go away without really getting myself treated. And if it doesn't get better in a few days time, I'll borrow the money. But I don't yet know who from."*

Recourse to extreme measures to pay for consultations

To pay for a consultation and receive care, a large number of Burundians have no choice but to resort to a extreme measures such as going into debt or selling essential goods; financial solutions that draw them further into poverty. **In fact, more than 81.5% of patients are obliged to go into debt or sell a proportion of their harvest, land or livestock in order to pay for healthcare.**

Running up a debt with a health centre is a common practice in Burundi. In addition, those running these structures indicate a large increase in the number of patients becoming indebted to their health centre. Patients run up debts as much for hospitalisation as for a straightforward out-patient consultation, for which the costs vary greatly.

In this extremely precarious context, some of the behaviour demonstrated by the people in charge of the health centres is often contrary to human rights and the dignity of the population. In order to recover the debts, these people confiscate identity papers, or some of the patients' belongings. Sometimes the patients are obliged to provide forced labour in order to compensate, for example by working in a field belonging to the health centre.

Another extreme practice used to oblige patients to pay their bills is to imprison them, which sometimes leaves them inside the health centre, but with no care. Some NGOs and other civil actors then reimburse all or part of the debt contracted by these people in order to obtain their release.

Clémentine, 18 years old, had just given birth in the health centre in Cibitoke, a private health centre practising the onerous system of cost recovery at 150%. She was kept imprisoned for a week in the health centre in her district until relatives paid the bill.

> *"I gave birth on 13 March in the Cibitoke health centre. I had contractions in the middle of the night and so I went to the health centre closest to me. After the delivery, I was presented with a bill for 30.900 Burundian francs. I didn't have money enough to pay that much. I am an orphan. My father died when I was still a baby and my mother was killed in front of my eyes at the beginning of the civil war in 1993. I live with a distant family member and I have no money. I stopped studying when I became pregnant. The father of my child has no money either. Anyway, he left me when he learned that I had to pay 30.900 BIF (30,9€) for the delivery. As I didn't have anything to pay that amount of money, I was imprisoned in the health centre. The person in charge insisted that I pay otherwise she would prevent me from leaving. I remained there for a week, in detention, without care and without food. It was the other women in the room who shared their food with me and helped me to wash. I was suffering from anaemia and my baby had respiratory and digestive problems.*
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> *But nobody looked after us. Finally, friends managed to get together a part of the money so that I could leave the centre. I will have to pay them back, but I don't know how. A national association for the defence of prisoners covered some more of the money. But I still owe 6.000 Burundian francs to the health centre, which charged me for the week of my detention. I'm out now, but I have to pay back a lot of money, and then my baby is still sick. He has diarrhoea. But I have no money to get care for him."*

Patients wait too long before they are able to attend a consultation

The delays in attending a consultation for a health problem that could be easily treated in the early stage can lead to a deterioration in the condition of the illness and sometimes to the need for more complex treatments.

In the cost-recovery system, for mainly financial reasons, most households attend a consultation only if they judge the situation to be quite serious. This attitude can prove dangerous since these households have no diagnostic knowledge and can arrive for

consultations at the health centres or hospital when it is too late. This practice could be one of the factors explaining the worrying mortality rates for malaria that have been observed in the cost recovery system.[3]

The majority of those who are ill have no alternative to obtain healthcare. In order to avoid paying the onerous sums required by some private health centres or health structures applying the cost-recovery system for the payment of care, patients who have the strength go to health structures charging lower tariffs, even if this sometimes means walking for several hours to reach the most financially affordable centre.

This was the case for **Félix**, originally from the commune of Bugenyuzi, who went with his two children to the health centre at Rusamaza (Karuzi province). It took two hours in the rain for the three of them, all sick, to get there.

> *"If I am here, it's because a consultation at our home health centre is very expensive. The costs go up to 1.500 Fbu (1.5€) per person. But there are three of us sick in the family at the same time. My two sons and myself have fever and have been coughing a lot for several days. I would never have had enough money to pay out 1.500 Burundian francs three times, which is what a consultation at the health centre in Bugenyuzi would have cost. So I came here where I paid 900 Fbu(0,9€) for the three of us. We came by bicycle and it took us two hours because I had a problem with the bike. Our family is very poor. I have a wife and five children. We live badly because of health problems and the poverty at home. I work on the land; I work in other people's fields to get a little money to live off. When I find work, I earn 200 Fbu per day and I sometimes work two or three times a week. But there are some weeks when I don't have a penny."*

Medical consequences

Since the increase in the tariff-setting system, attendance rates at the health centres have fallen off sharply. **The mortality rate[4], above the alert threshold** are high across the country with the principal cause being malaria which is endemic country-wide.

Révérien is among those who have lost a relative from the effects of malaria due to a lack of money. He lives in Musaga district, in Bujumbura Mairie. In this part of the country, health care has to be paid for through a cost-recovery system.

> *"My wife died a few months ago. Very probably from malaria because she had a lot of fever and was also vomiting. But she never went to the health centre. Because of the lack of money. I don't even have enough to feed my two children so how could I have paid the price of a consultation? I thought that she would eventually get better. That didn't happen. After four months in that state, she finally died."*

Other problems related to the tariff-setting system in place have been observed in terms of the quality and rationality of care. Payment per pill or other unit of medicine encourages treatments that run contrary to the national protocols, incomplete treatments or under-dosing. This affects not only the efficiency of the care provided, but includes other potential disadvantages such as the development of resistance. It is also in this way that a less expensive medicine can be prescribed when the protocol lays down a more effective medicine, but one that is more expensive.

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[3] In the cost recovery system, 36% of ill people consider who their state of health to be 'not serious' have not attended a consultation, mainly due to lack of money (for 58.7% of them). 14.5% of ill people who judge their state of health to be 'serious' have not attended a consultation (91% of them for financial reasons.)

[4] These rates are especially concerning within population groups living in the regions covered by the cost-recovery system where the mortality rates rise to 1.6/10.000/day, whilst the alarm threshold is 1 death/10.000/day. The children are particularly affected. In fact, for the under-fives, the mortality rates rise to 4.9/10.000/day depending on the region, thus clearly exceeding the alarm threshold of 2/10.000/day.

Households in jeopardy

The whole population- in the large part rural- is living in extreme poverty and the expenditure on health care is further exacerbating this precarious state.

The price of a consultation in a health centre utilising the cost recovery system is on average 2254 Fbu (nearly 2,3€). This means that a person suffering from an everyday-but potentially serious- pathology can spend up to twelve times [5] the amount earned in a day of agricultural labour for a basic consultation. The average pay for a day's work is between 250 Fbu and 400 Fbu (0,25€ and 0,4€), although the possibilities of finding work vary considerably according to the season and the type of agricultural land in the region. On average, a peasant succeeds in finding manual work for two or three days a week.

Siméon has nothing. No money, no job, just a few clothes. But he has a family to feed, and a young girl of three years of age who has second degree burns.

> *"Coming home a few days ago, I found my little girl with second degree burns having had boiling water accidentally poured onto her by her five year old brother. I was very worried and I brought my little girl to the health centre in my district in the south of Bujumbura.*
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> *But the nurse wouldn't see us as I didn't have any money to pay for the consultation.. So I had to take my girl back home without having received any care. Then I had no choice but to borrow 2000 Fbu (2€) from my neighbours for the consultation. I also bought a few medicines on the black market. Every day I pay back 150 (0,15€) of the 250 (0,25€) Fbu that I earn every day carrying bags. I have 100 Fbu (0,1€) left to feed my family. It's not a lot."*

Conclusions

The conflict is still having consequences on poverty and mortality

The results of our survey show that despite the beginnings of political stability in Burundi, the alarming mortality rates are well above those associated with even an emergency situation.

The violence has led to a scarcity of goods and services, supply and transport problems, an increase in violence and the destruction of family belongings. The violence may be ending, but its consequences persist over time.

This link between poverty and health is now well known. Populations in an extreme state of destitution and suffering from malnutrition become ill sooner and die faster from the effects of their illness. This straightforward link between poverty and illness is pointed out by the WHO's commission on Macroeconomics and Health [6], **which confirms that health is an essential requirement for economic development.**

Almost one million Burundians do not have access to health care

The study shows that Burundi's cost-recovery system excludes almost one million people from primary health care.[7] The effect of the cost-recovery policy on exclusion is such that the right to health, included in the national policy of the Ministry of Health, is being put in danger.

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[5] This ratio has been calculated taking into account the revenue and the healthcare cost in each household.

[6] World Health Organisation, CMH Support Unit, Investing in Health: A summary of the findings of the Commission on Macroeconomics and Health, 2002

[7] The cost recovery system is applied in public health centres which cover 4.922.241 people and 17.4% don't have access to consultation. Extrapolation of the totality of households who have the same revenue.

A large share of the households that manage to pay the price of these consultations is forced to resort to extreme solutions in order to get the money, such as becoming indebted to neighbours, selling off a part of their harvest, livestock, a piece of land, etc.

Although more than 85% of Burundians live with less than 1USD per person per week, in the current system, the cost of health care (acts, laboratory tests, medicines) is fully borne by the patient. The state takes responsibility for the infrastructure and the salaries, which are quite inadequate. However, the Burundian people do not have the capacity to bear these costs. The human cost of this cost-recovery system cannot be underestimated.

Access to health care for all requires adequate resources

The Ministry of Health's share of the country's total budget in 2003 was calculated at 2.2% but the essential expenditure required for health cannot be assumed by the national budget alone.

To impose a cost-recovery system on a population which has not yet emerged from 10 years of civil war is in reality to make them pay two times the price: the first price being that of the war, with the violence, massacres and atrocities which it heralds, and the second being that of the peace, with the pressure of donors who demand that the people sacrifice what little they have in order to survive.

It is the responsibility of donors to mobilise more funds for health care and to assure that these are used to guarantee better access to it.

At the donors conference held in Brussels in January 2004, donor countries pledged sums amounting to approximately 810 million Euros, or 1,032 million USD. The main themes focused on at the conference were demobilisation and the return of and reinsertion of refugees and the displaced.

These subjects are crucial for the future of the country, but the future of the health and education sectors, which is also very important, was not discussed at all. The allocation of the sums promised has not yet been made public.

Recommendations

A health system accessible to all

Given the results of the survey and through accumulated field experience, MSF states that, in spite of the presence of numerous actors, the cost-recovery system excludes a large part of the population from basic health care. In effect, with this tariff system in place in the majority of rural regions, nearly one million Burundians are totally excluded.

Given the precarious nature of the situation in which most of the population lives, bearing in mind the long term consequences of the war, such exclusion is completely unacceptable. Every actor working in health care should realise the serious extent of this exclusion and draw conclusions from these deeply worrying results. Every actor, be they governmental or non-governmental, operational or donor, is responsible for this alarming situation.

Given the gravity of the situation in terms of mortality, poverty and exclusion from essential care, MSF is committed to working towards free healthcare.

This would allow the removal of a significant financial barrier to health care for the majority of patients. Aside from the abolition of a direct financial obstacle, free care offers other advantages. In relation to other systems, free health care can play a role in avoiding certain management problems in health centres. In effect, given the extreme poverty of

the country, the resources generated by the sale of medicine represents significant financial interests at several levels. A free system avoids bad management of health centres and the conflicts created by this source of revenue, from which the population rarely benefits.

- **Particular attention to the most vulnerable**

Paradoxically, while this layer of the population requires their state of health to be followed more closely, it is the most vulnerable who have the least access to primary health care.

In contrast to the propositions laid out in the preparatory document of the fight against poverty (produced by the IMF and the World Bank), **the objective of assuring access for these populations to healthcare cannot in any way be a medium-term objective. It must be immediate.**

For reasons of humanity, the right to health is a right for all. The mortality rates show that non-access for these populations puts their lives in danger. Next, the economic reason. The proportion of vulnerable people in Burundi is significant and risks holding back the development of the human capital necessary for the growth of the country.

The system currently in place neither protects vulnerable people nor does it mitigate the exclusion of those too poor to pay for care. In addition, the exemptions allowed do not correspond to the characteristics of vulnerability present in the population.

- **A dialogue of all the actors concerned on financial access to care.**

Offering health care without direct financial contributions from the patients obviously requires that other financial resources are allocated to health care. The Burundian government, in function of its budget and of external aid received, can instigate a subsidised health care system in the public sector.

In the objective of discussing in an in-depth manner the importance of health in economic development of a country, and to render available the necessary means to the health sector, financial access to care deserves special reflection and close co-ordination among the actors concerned. This dialogue must exist on the national level as well as the international (Ministries of Health, Finance, Interior, donors and relevant NGOs in the health and economic development sectors).

From the results of this survey, it is clear that the Burundian population does not have the capacity to undertake the cost of health care. The human price of this cost recovery system must provoke a reaction among the relevant donors. For Médecins Sans Frontières, to ask a population in such a precarious situation to finance a health care system- even at primary level- for themselves, is in effect to deprive them of any health care at all.

The full report can be found at the following address:
http://www.msf.be/fr/pdf/burundi_eng.pdf