

Guinea



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low income
CURRENT HEALTH INDICATORS	
Total population in thousands (2013)	11745
% Population under 15 (2013)	42.3
% Population over 60 (2013)	5.1
Life expectancy at birth (2013)	58 (Total) 57 (Male) 59 (Female)
Neonatal mortality rate per 1000 live births (2013)	33 (20-56)
Under-five mortality rate per 1000 live births (2013)	101 (82-123)
Maternal mortality ratio per 100 000 live births (2013)	650 (390-1100)
% DTP3 Immunization coverage among 1-year-olds (2013)	63
% Births attended by skilled health workers (2012)	45.3
Density of physicians per 1000 population (2005)	0.1
Density of nurses and midwives per 1000 population (2005)	0.043
Total expenditure on health as % of GDP (2013)	4.7
General government expenditure on health as % of total government expenditure (2013)	6.8
Private expenditure on health as % of total expenditure on health (2013)	64.2
Adult (15+) literacy rate total (2010)	25.3 41
Population using improved drinking-water sources (%) (2012)	75 (Total) 92 (Urban)
Population using improved sanitation facilities (%) (2012)	19 (Total) 33 (Urban) 11 (Rural)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2007)	43.3
Gender Inequality Index rank out of 148 countries	
Human Development Index rank out of 186 countries (2012)	178

Sources of data:
Global Health Observatory, April 2015
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

The health status of the Guinean population continues to give cause for concern. According to the Integrated Core Survey for the Evaluation of Poverty (EIBEP 2002-2003), access to health services (under 30 minutes) is 38.9% and rate of use is 18.6%.

Malaria is the primary reason for consultation (34%), hospital admission (31%) and death (14.2%) in all age groups. The prevalence rate of diarrhoea is 12.4% in children aged 0-59 months. Cholera has been endemic since 2003, peaking during the rainy season. In 2012 alone, Guinea recorded 11 941 cholera cases and 156 deaths. Tuberculosis is a major public-health problem with a case-fatality rate of 8%. The average prevalence of HIV in the general population has increased from 1.5% in 2005 to 1.7% in 2012. In Guinea, 31% of children are chronically malnourished and 14% are severely malnourished.

For the first time, the country has had to face an epidemic of Ebola virus haemorrhagic fever.

General mortality has been running at 10.19‰ in 2015. Maternal mortality is 650 per 100 000 live births. Neonatal mortality is 33‰ of live births and mortality in children under 5 years is 101 per 1000. This troubling picture is compounded by emerging and re-emerging diseases.

According to the STEPS survey conducted in 2009 on risk factors for noncommunicable diseases in Conakry and Lower Guinea, the prevalence of diabetes was 3.5% in the population aged 15-64 and 5.2% in the population aged 25-64 ans. Among cardiovascular diseases, the prevalence of high blood pressure alone was 28.1% in the survey population.

The Global Health Observatory reports that life expectancy at birth is 58 years.

HEALTH POLICIES AND SYSTEMS

Since the establishment of the Second Republic in 1984, Guinea's health policy has experienced profound changes. In that year, the country launched an extensive reform of its health system at the instance of WHO and the World Bank. Despite a slight improvement in some health indicators and the relaunching of primary health care in 2010 in the wake of the 2008 Ouagadougou Declaration, it is to be observed that the programme and project approach remains firmly entrenched in the health system to the detriment of a comprehensive, system-wide approach.

With support from WHO and other technical and financial partners, Guinea has embarked on health sector reform through national health consultations, which culminated in a review of the National Health Policy and the preparation of a new draft National Health Development Plan for the period 2015-2024, as well as the development and imminent signing of the National Compact. The reforms announced in the Minister of Health's engagement letter of February 2014 have been crystallized in the vision contained in the National Health Policy, which envisages "a Guinea where the entire population enjoys good health, is economically and socially productive, and has universal access to high-quality, fully inclusive health care and services." To achieve this vision, strategies and interventions have been developed to offset the low levels of health-care coverage resulting from the inefficient and poor condition of existing health infrastructure and facilities. To address the expectations of health service users, much remains to be done to improve the quality of care. On average, 53.7% of health-service users are dissatisfied with the care they receive. The main reasons given are the high cost of services (overpricing), the poor quality of the treatment, long waiting times and shortages of medicines.

The major challenge of the WHO Country Cooperation Strategy is to expand health coverage to the entire population by strengthening the delivery of health services and developing community health, against the backdrop of relaunching a health system badly affected in socioeconomic and health terms by the Ebola virus disease epidemic. Accordingly, WHO should help Guinea to strengthen its national health system, improve the prevention and management of diseases and emergencies, and promote the health of mothers, children, adolescents and the elderly. It will need to support implementation of the plan to relaunch the Guinean health system in the post Ebola period, and support implementation of the new National Health Development Plan, specifically by improving health sector governance; ensuring the availability of high-quality, motivated human resources; strengthening infrastructure and equipment; establishing suitable and equitable funding mechanisms; ensuring the availability of high-quality medicines, other health products and medical technologies; and boosting the effectiveness of the health information and research system.

COOPERATION FOR HEALTH

Development assistance through bilateral and multilateral cooperation, including agencies of the United Nations system and NGOs, represents an large proportion of health sector financing in Guinea. At 26.9% of all expenditure on health, this assistance is the second biggest source of health funding, and is concentrated in the area of investments such as infrastructure, capital assets and training.

The coordination of the various partners involved in the health sector is considered to be below standard. However, new impetus has gradually been given to coordination with the involvement of the Government in the health sector reform process. The former coordination bodies have been restructured. The Health Sector Coordination Committee, a multisectoral body, has been placed under the authority of the Prime Minister, the head of the Government. It is supported by a technical secretariat whose principal task is to implement the reform process road map.

In addition, the quarterly meeting of the technical and financial partners facilitates coordination of the various interventions and close monitoring of structural reforms currently under way, for example the organization of the national health consultations, the operation of the thematic groups, the process of revising the National Health Plan, and the preparation of the new National Health Development Plan under the auspices of WHO. Meetings of the technical and financial partners are organized around specific themes identified jointly by the Ministry of Health and the partners.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2008-2013)	
Strategic Priorities	Country Cooperation Strategy Focus Areas
STRATEGIC PRIORITY 1: Health system strengthening	<ul style="list-style-type: none"> • Health system organization: Advocacy for a higher profile for health in the Poverty Reduction Strategy, operationalization of the health component of the PRSP 4 to bolster the role of regulation, coordination, planning, monitoring and evaluation of the Ministry of Health. Implementation of the national policy on contracting, hospital reform, development of telemedicine, infrastructure maintenance and logistics at all levels of the health system and the national health accounts. New impetus to the bodies for coordinating and monitoring the National Health Development so as to establish arrangements for sustainable financing with a view to Universal Health Coverage and the establishment of national health accounts. • Human resources development: National capacity-building through initial and ongoing training and the development of national training institutions. • Management and use of health information, research and development: Capacity-building to manage the national health information system, coordination and dissemination of research findings and the capacity of the National Institute of Public Health, and development of essential research in health.
STRATEGIC PRIORITY 2: Comprehensive disease control and maternal and infant mortality	<ul style="list-style-type: none"> • Prevention, eradication and control/surveillance of communicable and noncommunicable diseases: Resource mobilization. Implementation of strategies to prevent, eradicate, control and ensure surveillance of communicable and noncommunicable disease. Strengthening of immunization, implementation of the Reaching Every District (RED) strategy and targeted campaigns to eliminate poliomyelitis, maternal and neonatal tetanus, leprosy and dracunculiasis control, provision of medicines linked to programmes (leprosy, tuberculosis, HAT and onchocerciasis), strengthening of laboratories involved in integrated disease surveillance, IPC and the implementation of the strategic plan for neglected tropical disease control. Implementation of integrated policies and programmes for control of the principal noncommunicable diseases. • Malaria: Implementation of national policies, strategies and approaches for malaria prevention, national capacity-building in integrated surveillance, monitoring and evaluation, prevention and management of malaria in pregnant women and children under 5, coordination and partnership. • Tuberculosis: Consolidation and extension of the DOTS strategy at community level and management of TB/HIV co-infection and MDR TB. • HIV/AIDS: Development and implementation of the national strategy framework for HIV/AIDS control. • Health of women, children, adolescents and the elderly: Scaling up of the strategy for integrated management of childhood illnesses, implementation of the strategic plan for health and development of adolescents and young people, implementation of the roadmap to accelerate the reduction of maternal, neonatal, infant and child mortality and the national policy on the health of the elderly.
STRATEGIC PRIORITY 3: An environment conducive to health	<ul style="list-style-type: none"> • Health and environment: Strengthening the legal and institutional framework of the health and environment component, national capacity for controlling water quality, hygiene and sanitation and implementation of the national occupational health strategy. • Food safety and nutrition: National capacity-building in the area of food safety, nutritional surveillance, micronutrient deficit control and promotion of essential nutrition actions. • Health promotion: Support implementation of the national policy on health promotion and improving health determinants.
STRATEGIC PRIORITY 4: Emergency management	<ul style="list-style-type: none"> • Emergency preparedness and organization of assistance: Advocacy for mobilization of the resources needed to implement the national plan on preparedness for and response to emergencies, epidemics and disasters. Action to reduce the vulnerability of refugees, displaced persons, and host populations affected by epidemics, emergencies, crises and conflicts and the victims of natural disasters.