

Equatorial Guinea



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

WHO region	Africa
World Bank income group	Upper-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2011)	7
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	16
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	60.0 (Female) 56.6 (Male) 58.2 (Both sexes)
Population (in thousands) total (2015)	845.1
% Population under 15 (2015)	39.3
% Population over 60 (2015)	5.1
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (I)	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	94
Gender Inequality Index rank (2014)	...
Human Development Index rank (2014)	138
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	3.80
Private expenditure on health as a percentage of total expenditure on health (2014)	22.91
General government expenditure on health as a percentage of total government expenditure (2014)	6.96
Physicians density (per 1000 population) (I)	
Nursing and midwifery personnel density (per 1000 population) (I)	
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	33.1 [18.7-53.4]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	94.1 [65.3-133.0]
Maternal mortality ratio (per 100 000 live births) (2015)	342 [207 - 542]
Births attended by skilled health personnel (%) (2011)	68.3
Public health and environment	
Population using improved drinking water sources (%) (2015)	31.5 (Rural) 72.5 (Urban) 47.9 (Total)
Population using improved sanitation facilities (%) (2015)	74.5 (Total) 79.9 (Urban) 71.0 (Rural)

Sources of data:
Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Communicable diseases are still very prevalent in Equatorial Guinea, accounting for more than 85% of all medical consultations, especially malaria, acute respiratory infections and diarrhoea, which are the primary causes of death in children under 5. HIV prevalence was estimated at 7% in 2008, and this could increase unless appropriate and effective action is taken.

Equatorial Guinea has made significant health progress in the period covered by the previous cooperation strategy. A social development fund has been established, a number of hospitals and health centres have been constructed and renovated, onchocerciasis vectors have been progressively eliminated and the number of cases reduced on Bioko island, and the number of cases of leprosy, Buruli ulcer and trypanosomiasis has been reduced in the historic foci of Luba and Mbini. Malaria prevalence in children aged between 2 and 14 was significantly reduced in the period from 2004 to 2007, particularly on Bioko island.

Equatorial Guinea has committed itself to health system reform based on operationalization of health districts, and adopted a series of measures to promote the health sector.

The country has tangibly improved the health of its population and the remaining challenges have been incorporated into its Horizon 2020 strategy.

HEALTH POLICIES AND SYSTEMS

To respond to the increasing health needs of the population, the Government of Equatorial Guinea committed itself to health-sector reform in 1996. To fulfil this commitment, it elaborated successive health development plans covering the periods 1996-2000 and 2002-2006. The challenge has been to monitor the implementation of these plans.

The development in 2007 of Horizon 2020, the national plan for socioeconomic development, marked a significant step towards defining national health objectives. The Ministry of Health and Social Welfare, in conjunction with its technical, financial and social partners, has devised a health development plan for the period 2014-2020 (or 2015-2020) which will ensure the attainment of the health objectives under the Horizon 2020 national strategy.

COOPERATION FOR HEALTH

Like most African countries, Equatorial Guinea has very few real development partners and is entirely responsible for its own development. It does not depend on external health funding; public funds account for 95% of total expenditure on health. The United Nations system meets with the diplomatic community every six months to discuss matters connected with the implementation of the United Nations Development Assistance Framework (UNDAF).

The Government of Equatorial Guinea, through the Ministry of Foreign Affairs, which is responsible for international cooperation, adopted a cooperation strategy in 2007 based on Government priorities, transparency and mutual trust, enhanced coordination, and the assessment of cooperation to ensure a real impact on beneficiaries.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2008–2015)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Strengthen the institutional capacity of the Ministry of Health</p>	<ul style="list-style-type: none"> • Help to develop still-lacking policies and strategies • Help to develop tools to strengthen cooperation between the Government, the private sector, civil society and communities • Help to strengthen the national health information system and promote operational research through analysis of the determinants of health
<p>STRATEGIC PRIORITY 2: Health system strengthening and provision of quality health services</p>	<ul style="list-style-type: none"> • Provide multipronged technical support to commit Equatorial Guinea to control of AIDS, malaria and tuberculosis • Provide special support for the health system reform, taking into account all its components (provision of health services; strengthening capacities of hospital, health centre and health district management teams; health funding; medical products, vaccines and technology; leadership and governance in the health field)
<p>STRATEGIC PRIORITY 3: Improve maternal, child and teenage health</p>	<ul style="list-style-type: none"> • Implement a “road map” to reduce maternal, neonatal and infant mortality on the basis of the integrated action plans of health districts • Help to implement the reproductive health policy • Implement child survival initiatives through acceleration campaigns focused on the routine Expanded Programme on Immunization and maintain this level by strengthening the Reach Every District strategy, the implementation of Integrated Management of Childhood Illness activities, and the dissemination of norms regarding child nutrition
<p>STRATEGIC PRIORITY 4: Manage the health consequences of emergencies and disasters</p>	<ul style="list-style-type: none"> • Support initial and ongoing assessments of priority health needs to determine the health needs of affected populations and adapt the response, and to ensure the coordination of actions between the Ministry of Health and the different departments involved in crisis management • Strengthen local capacities to implement the contingency plan for epidemic preparedness and response
<p>STRATEGIC PRIORITY 5: Health promotion</p>	<ul style="list-style-type: none"> • Strengthen programmes to establish an environment conducive to health, focusing principally on schoolchildren and children from shanty towns • Support initiatives to promote behaviour change conducive to good health, in particular the control of tobacco, alcohol and other addictions • Strengthen environmental-health related activities