

Guinea-Bissau



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

WHO region	Africa
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2015)	1844.3
% Population under 15 (2015)	40.8
% Population over 60 (2015)	5.3
Life expectancy at birth (2015)	58.9 (Both sexes) 60.5 (Female) 57.2 (Male)
Neonatal mortality rate per 1000 live births (2015)	39.7 [28.0-54.9]
Under-five mortality rate per 1000 live births (2015)	92.5 [68.9-120.8]
Maternal mortality ratio per 100 000 live births (2015)	549 [273 - 1 090]
% DTP3 Immunization coverage among 1-year-olds (2014)	80
% Births attended by skilled health workers (2014)	45.0
Infants exclusively breastfed for the first 6 months of life (%) (2010)	38
Density of physicians per 1000 population (2009)	0.07
Density of nurses and midwives per 1000 population (2009)	0.585
Total expenditure on health as % of GDP (2014)	5.6
General government expenditure on health as % of total government expenditure (2014)	7.8
Private expenditure on health as % of total expenditure on health (2014)	79.5
Adult (15+) literacy rate total (2007-2012)	55
Population using improved drinking-water sources (%) (2015)	79.3 (Total) 60.3 (Rural) 98.8 (Urban)
Population using improved sanitation facilities (%) (2015)	33.5 (Urban) 20.8 (Total) 8.5 (Rural)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	
Gender Inequality Index rank out of 155 countries (2014)	
Human Development Index rank out of 188 countries (2014)	178

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

HEALTH SITUATION

The epidemiological profile is still predominantly characterized by communicable diseases, an increase in noncommunicable diseases and the emergence of new diseases, exacerbated by unfavourable geographical conditions, widespread risk behaviours such as tobacco, alcohol and drug use, unsafe sexual practices, an unbalanced diet and rituals. This profile is also made worse by an underperforming health system that is unable to satisfy the needs of the population. The result is high maternal mortality of 89 % (multiple indicator cluster survey (MICS) 2014) caused principally by neonatal complications (23%), acute kidney failure (23%), malaria (21%), diarrhoeal diseases (19%) and malnutrition (33%).

The total fertility index is 4.9 children per woman of childbearing age (15-49). The fertility rate is 106‰ among 15-19 year olds (MICS 2014) given that women tend to have children early and continue until relatively late in life. The causes are early marriage and early sexual relations, especially among girls, and the low rate of contraceptive use. Female genital mutilation affects 44.9% of women (MICS 2014). According to the same survey, 41.8% of women approve of violence by their partners.

HEALTH POLICIES AND SYSTEMS

The health system is divided into three levels with 11 regions and 114 health districts. It includes the pharmaceutical sector, which is itself divided into a public and a private sector (for-profit and nonprofit). Given the complexity of the health sector, the Ministry of Health has drawn up a strategic plan for the socioeconomic determinants that brings together all development sectors, and is pursuing awareness-raising activities to ensure that all sectors get more involved.

The health information system which accompanies the plan is compromised by a shortage of competent data management specialists. The inclusion of data from the for-profit private-sector data is still limited. Steps are being taken to improve the management and quality of the data.

Under the Second National Health Development Plan (2008-2017), the authorities are endeavouring to build a health system capable of offering comprehensive, integrated care for the entire population. However, the reduction in resources following the withdrawal of the principal donors after the coup d'état of April 2012 is a problem. The Government that took power after the elections in 2014 has negotiated an ambitious programme covering the health sector in a round table exercise; but this is threatened by the ongoing political crises have affected state institutions since 2015.

In the area of human resources for health, the ratio of health workers to 1000 of population has increased. But there is still imbalance between regions and health facilities, and also within health facilities. This shortcoming also has an adverse impact on programme management. Opportunities for the recruitment of recently trained personnel are limited. The degree of user satisfaction regarding the quality of the health services offered still needs to be evaluated.

Health financing depends principally on external aid, which accounts for more than 70% of the budget. The state's contribution is limited to payment of salaries and other minor expenditures. Community funding is limited to out-of-pocket payment for treatment, which does not go far towards satisfaction of needs.

Community involvement in decision-making is hampered by organizational difficulties. The state is currently organizing a system whereby 50 families are put under the responsibility of a community health worker to facilitate the introduction of 16 hygiene practices in families. This structure will probably be unsustainable for want of funding.

COOPERATION FOR HEALTH

The Government has developed a National Strategic and Operational Plan for the period 2015-2020 and is organizing a round table to mobilize funds. It has developed legislation, policies and strategies to respond to public needs, for example through elections of local authorities, promotion of local governance and economic development. It is also a member of a number of international organizations. The economy, based on agriculture, has a weak resource base. According to the 2015 Human Development Report, Guinea Bissau ranks 178th out of 188 countries; the human development index is 5.5%. Income levels are low, with 33% of the population living on less than US\$ 1 a day. The wage share of the economy accounts for 67.4% of tax revenues (2013). Public investment has fallen and arrears have increased. The current political situation augurs well for a more harmonious development environment and the return of development partners, thus making it possible to honour the commitment made at Abuja to devote 15% of the budget to health. Under the H4+ initiative, health care has been made available free of charge to pregnant women and children under 5 since May 2015.

Guinea Bissau's strengths include the existence of mechanisms to improve the management of incoming funds from different sources, a Health Sector Coordination Committee (CCSS), membership of international health initiatives (IHP+, HHA, H4+), and subsidies to support investment in the health system (Ebola, Global Fund, GAVI).

WHO COUNTRY COOPERATION STRATEGIC AGENDA

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Strengthening of health partnership, characterized by widespread dissatisfaction about the lack of solutions to health problems	<ul style="list-style-type: none"> • Advocate for the introduction of reforms to improve coordination, including the establishment of a Health Sector Coordination Committee (CCSS) • Initiate political dialogue within the Ministry of Health to garner input from all partners • Encourage intersectoral activities with implementation of socioeconomic determinants
STRATEGIC PRIORITY 2: Better health system performance, a precondition for user satisfaction	<ul style="list-style-type: none"> • Review the Second National Health Development Plan, including a concept note to strengthen the health system and give new impetus to the compilation of National Health Accounts • Develop a new health policy and strengthen existing mechanisms to improve monitoring of funds earmarked for health • Support training and development of human resources and their equitable distribution • Organize integrated, high-quality mother and child health services, effective management of pharmaceuticals and other initiatives; strengthen the Health Information System • Strengthen pregnancy and delivery management services ; provide support for developmental problems of early childhood and adolescence (growth, nutrition, diseases, fertility)
STRATEGIC PRIORITY 3: Priority disease control, e.g. communicable and noncommunicable diseases and epidemics	<ul style="list-style-type: none"> • Pay special attention to control of communicable and noncommunicable diseases by providing support and technical guidelines, and through monitoring and evaluation of data in pursuit of quality in the respective services • Pay special attention to the prevention of and response to epidemics of cholera and possibly Ebola virus and other emerging diseases • Carry out supervisory and training activities among staff to prevent disease • Support national efforts to develop and implement national strategies to eliminate measles and rubella/congenital rubella syndrome • Support implementation of activities in connection with the national IHR plan

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