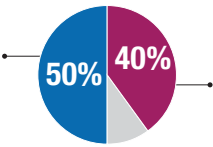


THE UNDERLYING DETERMINANTS OF HEALTH

Guinea-Bissau is currently **ranked 178** of 188 countries in the **Human Development Index** (HDI, a composite statistic index of life expectancy, education, and per capita income indicators, which are used to rank countries into four tiers of human development). With an **HDI value of 0.424**, the country remains below the average of 0.523 for countries in Sub-Saharan Africa, and below the average of 0.497 for countries in the low human development group. Moreover, when Guinea-Bissau's HDI is adjusted for internal inequality, the **HDI falls to 0.257**, indicating significant internal disparities in key human development indicators such as life expectancy.

per cent of the population lives in urban areas, with significant variations of health outcomes, and access to care



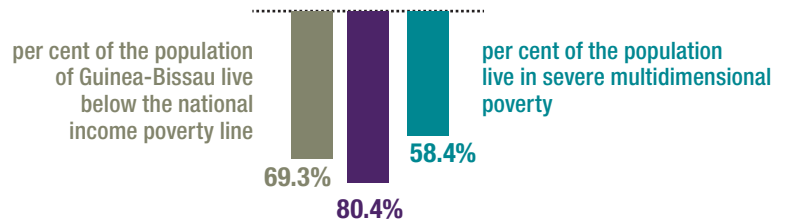
per cent of the population still lives five kilometres away from the nearest primary health care facility

There are few tertiary services available; the few people with financial means seek access to higher-quality services in Senegal, Portugal or other countries. A part of the health care budget finances health treatments abroad of up to 300 Bissau-Guineas per year.

The state of health of the population and effective access to doctors and medicines are determined by a number of social, economic and cultural factors, which are the underlying determinants of health. In Guinea-Bissau, these include, among others, **poverty**, as well as **challenges in access to safe drinking water** and **adequate sanitation, core infrastructure**, and **education**.

ENDEMIC POVERTY

WIDESPREAD POVERTY UNDERSCORES THE VULNERABILITY OF THE ENTIRE POPULATION.

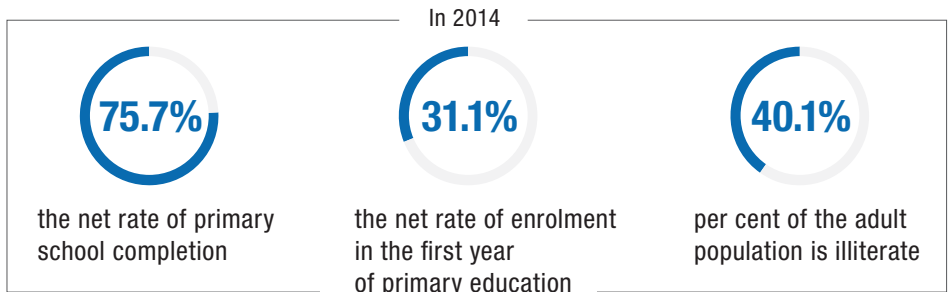


per cent of the population live in multidimensional poverty, i.e. suffer from deprivations in terms of education, health and living standards in the same household

DEFICITS IN ACCESS TO FOOD AND EDUCATION

A significant proportion of children under age five remains underweight, which puts them at greater risk of dying from common infections. Poor nutrition in the first 1,000 days of life is also associated with impaired cognitive ability and reduced school and work performance. The technical cooperation agreement between the Government of Guinea-Bissau, the Government of Brazil and the World Food Programme (WFP) on technical support towards the sustainable national school meals programme is a welcome step towards improved access to food by children of schooling age.

Education is a key social determinant of health, both directly in terms of improved health literacy, and indirectly in terms of higher educational attainment, and it is closely correlated with improved health outcomes. Educational attainment is limited in Guinea-Bissau.



COMPREHENSIVE HEALTH EDUCATION, INCLUDING ON SEXUAL AND REPRODUCTIVE HEALTH, IS VIRTUALLY NON-EXISTENT. THIS CONSTRAINS THE ABILITY OF THE POPULATION TO IMPROVE THEIR OWN HEALTH.



THE NATIONAL PUBLIC HEALTH SYSTEM

The Ministry of Public Health (MINSAP) is part of the State Secretariat for the management of hospitals and the Government Department responsible for formulating, proposing, coordinating and executing the Government policies on health and the fight against epidemics. MINSAP includes a general secretariat; a general inspectorate of health activities; the National Institute of Public Health (INASA); the Office for the Central Purchase of Essential Medicaments (CECOME); 11 regional directorates for public health; and general directorates for the prevention and promotion of health, the administration of the health system, and the administration of health care institutions.

Health remains a low priority for government expenditure. The proportion of the government budget spent on health is **5.18 per cent**, well below the commitment made by the Government in Abuja in April 2001, when African Union countries pledged to adopt a budgetary allocation of at least 15 per cent to improve the health sector.



GOVERNMENT EXPENDITURE ON HEALTH AS A PERCENTAGE OF GDP REMAINS AT AROUND 1 PER CENT.

AVAILABILITY

AVAILABILITY OF HEALTH CARE INFRASTRUCTURE AND GOODS

Availability of health care physical infrastructure is reasonable in Guinea-Bissau. However, such facilities are insufficient to constitute genuine availability under the right to health.

Most Type B and C facilities lack electricity or water supplies. Health care workers in a number of "Type C" health posts described **having to deliver babies by candlelight, without access to sterile water**, which may have an impact on the mortality rates of newborns and their mothers.

AVAILABILITY OF HEALTH CARE SERVICES

Guinea-Bissau's lack of sufficient human resources for health is one of its biggest challenges in delivering quality care to its population.

In 2014, there were 1.7 doctors per 10,000 people in Guinea-Bissau.

In 2017, there were only three pediatricians in the country, all expatriates, for a population of approximately **720,000 children** under the age of 15. There only **four obstetricians** and around **34 skilled midwives** in Guinea-Bissau, and only one anesthetist (an expatriate).

The surgery room of the maternity ward of Simão Mendes National Hospital, fully renovated and equipped in 2013, is not functional due to a lack of specialists including specialists in anesthesiology.

IN 2017 THERE WERE

1,137 nurses in the country $\xrightarrow{\text{representing a rate of}}$ **6.4 nurses per 10,000 people**

GUINEA-BISSAU IS AMONG THE 28 PER CENT OF COUNTRIES REPORTED TO HAVE LESS THAN 1 NURSING/MIDWIFERY PERSONNEL PER 1,000 POPULATION.

AVAILABILITY OF MIDWIVES IS ALSO VERY LIMITED, AS ENS STOPPED TRAINING MIDWIVES IN 2005 AND ONLY RESTARTED IN 2013. THE CURRENT UNMET NEED FOR MIDWIVES IS 79 PER CENT.

ACCESSIBILITY

NON-DISCRIMINATION

Gender-based discrimination remains a significant problem. The disproportionate burden of illness borne by women of childbearing combined with their specific needs for access to quality sexual and reproductive health care, means they have much greater exposure to the health system. Their needs merit extra attention and focused efforts by the State.

ECONOMIC ACCESSIBILITY

Economic accessibility may constitute the most pressing problem within the national health care system. vast majority of patients and their families do not have the financial means to pay for health care goods, services and facilities. Out-of-pocket payments are rampant. In 2012, it was estimated that **private household expenditure constituted 43 per cent of health care expenditure in Guinea-Bissau.**



PHYSICAL ACCESSIBILITY

Physical accessibility of health care facilities is affected by distance, poverty and a general lack of transport. Many health posts remain at a significant distance from the population they are to serve. During human rights monitoring and assessment visits undertaken in 2016, UNIOGBIS was informed that **52 per cent of people have to travel for over an hour to reach the closest health care facility**, which is usually a “Type C” facility providing only the most basic health care interventions.

INFORMATION ACCESSIBILITY

Accessibility of health information is hampered due to extraordinary illiteracy rates.

ACCEPTABILITY

Health facilities, goods and services must be provided in a manner respectful of medical ethics and culturally appropriate. As a general rule, health care goods, services and facilities in Guinea-Bissau are acceptable to the population. However, the delivery of family planning information and services to the **Islamic community**, which constitutes approximately **50 per cent of the population**, has proved challenging due to cultural practices and language barriers.



WHILE HALF OF ALL GIRLS AND WOMEN NATIONWIDE HAVE UNDERGONE FEMALE GENITAL MUTILATION, THE PRACTICE IS “NEARLY UNIVERSAL” AMONG THE MUSLIM COMMUNITY.

Activities to decrease the rate of female genital mutilation within this community are yet to yield the expected outcomes.

QUALITY

Facilities, goods and services must be scientifically and medically appropriate and of good quality.

MAJOR AREAS OF CONCERN RELATE TO

1 DATA TO INFORM PLANNING

The main challenges Guinea-Bissau still faces regarding data collection are the limited number of skilled researchers, and over dependence on foreign assistance. Moreover, there is little data collected on several topics of emerging interest, including on non-communicable diseases, given the overwhelming focus on communicable diseases and maternal mortality as key drivers of morbidity and mortality to date.

2 HEALTH CARE EDUCATION

For health practitioners to be able to protect the right to health of their patients and, at the same time, to be knowledgeable about their own human rights, human rights training must be integrated into the curricula of all health professionals.

3 HEALTH CARE PRACTICE AND KNOWLEDGE AND CAPACITY LIMITATIONS

When health care professionals unknowingly provide low-quality care, due to circumstances beyond their control, including lack of equipment, or gaps in capacity, this does not necessarily translate into violations of the right to health. Nevertheless, to fulfill its obligations to promote and protect the right to health, **the State must take measures to address systemic quality issues and prevent professionals from deliberately taking actions that contravene patients’ interests and may violate their rights.**

THE ACCOUNTABILITY FRAMEWORK

Accountability compels a State to explain what it is doing and why and how it is progressing, as expeditiously and effectively as possible, towards the realization of the right to health for all.

“ WIDESPREAD IMPUNITY AT ALL LEVELS

“widespread impunity at all levels” of the national health system, noting that even when managers try to enforce technical and financial standards, they face a lack of support and inevitably become frustrated and demotivated. Moreover, there appears to be a large deficit of accountability mechanisms in the health sector, as stakeholders highlighted there is no effective judicial or other mechanisms to consider complaints of health rights violations with the formal justice system not accessible for the majority of the population.

HOSPITALS, PATIENT CHARTERS ARE OFTEN LACKING.

It is encouraging that a new, formal complaints mechanism is being established at the Simão Mendes Hospital, which will be operated by the Ministry of Justice, with oversight by the Attorney-General. However, there is no clarity regarding: the legal status of this institution (judicial, quasi-judicial or otherwise); the procedures it will apply (e.g. formal, legal / evidentiary procedures, with lawyers/advocates); and whether and which remedies will be available to complainants. Moreover, it is unclear whether patients of regional hospitals or local health posts will have formal or effective access to the complaints mechanism established through Simão Mendes Hospital. **MINSAP, together with the Ministry of Justice, should ensure that a complaint mechanism is available to all citizens, and that the legal status of such mechanism, the courses of action complainants can utilize, and the remedies available, are clearly defined.**

THERE ARE NO PATIENTS' RIGHTS ORGANIZATIONS AND, TO DATE, NO HUMAN RIGHTS ORGANIZATION HAS SPECIFICALLY FOCUSED ON VIOLATIONS TO THE RIGHT TO HEALTH, ALTHOUGH DOCTORS ARE BECOMING INCREASINGLY ACTIVE WITHIN CIVIL SOCIETY.

HEALTH-RELATED ISSUES IN-FOCUS

CHILD AND MATERNAL MORTALITY

THE MATERNAL MORTALITY RATIO

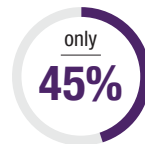
900 deaths
per 100,000 live births

AMONGST THE WORST IN THE WORLD
2007 – 2014

THE MATERNAL MORTALITY RATIO

549 deaths
per 100,000 live births

2015



OF BIRTHS WERE ATTENDED BY SKILLED PERSONNEL IN 2013 AND 2014
MICS 5 report for Guinea-Bissau

THE UNDER-FIVE MORTALITY RATE

92.5 deaths
per 1,000 live births

2016

THE INFANT MORTALITY RATE

60.3 deaths
per 1,000 live births

2016

THE NEONATAL MORTALITY RATE

36 deaths
per 1,000 live births

2010 – 2014

THE NEONATAL MORTALITY RATE

39.7 deaths
per 1,000 live births

2015

The major causes of death for children under five are **communicable diseases**, particularly **malaria**, **diarrheal diseases**, and **respiratory illnesses**. Of deaths under five, many are amongst children in their first month of life.

according to the MICS 5 for Guinea-Bissau

according to the World Bank



KEY DRIVERS OF MATERNAL AND CHILD DEATHS IN THE COUNTRY, WHICH ARE:

1 Insufficient availability of skilled birth attendants

2 Insufficient accessibility of key health care goods, services and facilities

3 Cultural norms discouraging women from attending health care facilities for delivery.

VACCINATION COVERAGE

Despite ongoing political instability, high vaccination coverage has proved effective in combating child mortality over the last decade.

IMPROVEMENTS IN ANTENATAL CARE AND MATERNAL MORTALITY DATA COLLECTION

Both access to, and quality of, antenatal care appear to be improving. Between 2010 and 2014, **92.4 per cent of women attended at least one antenatal care visit**, with **64.9 per cent of women attending at least four visits**.

INSUFFICIENT ACCESSIBILITY OF KEY HEALTH CARE GOODS, SERVICES AND FACILITIES

Economic accessibility has indeed been improved by the Government's policy of services being provided free for pregnant women. However, problems persist. Many diagnostic tests, medical interventions and drugs are not funded through the programme, which creates uncertainty and potential vulnerability for women.

COMMUNITY HEALTH PROGRAMME

There has been a community-approach in the delivery of basic interventions through community health workers and outreach services to complement the relatively weak primary health care system. Initial evaluations have suggested that UNICEF's delivery of 16 essential family practices by community health agents in nine regions has had positive results.

INSUFFICIENT AVAILABILITY OF SKILLED BIRTH ATTENDANTS, LEADING TO POOR QUALITY CARE

Few births in the country are attended by qualified health practitioners. **Only 45 per cent of women aged 15-49** with a live birth in the previous years **obtained professional assistance with their birth**.

CULTURAL NORMS DISCOURAGING WOMEN FROM ATTENDING HEALTHCARE FACILITIES FOR DELIVERY

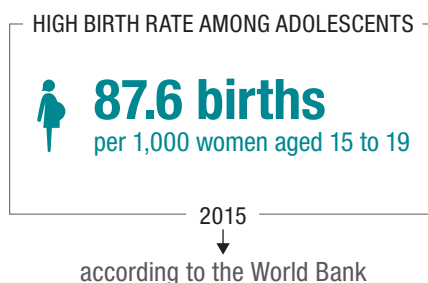
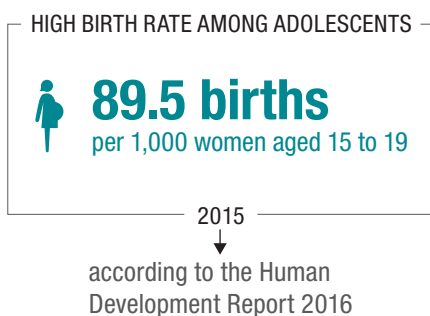
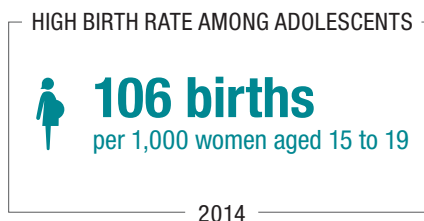
Many women have a strong cultural preference for home-based delivery of children, or may delay seeking care due to community pressure,

SEXUAL AND REPRODUCTIVE RIGHTS

Drivers of poor maternal health, include: lack of women's agency in their own reproductive health as reflected too in the third party consent requirement; low rates of contraceptive utilization; adolescent pregnancy; female genital mutilation; early, forced and child marriage; sexual violence and human trafficking.

THERE IS A CLEAR NEED FOR ONGOING SENSITIZATION OF MEN, WOMEN AND HEALTH CARE WORKERS IN THIS REGARD.

Substantial lack of access to modern and effective methods of contraception in Guinea-Bissau.



UNMET NEED FOR CONTRACEPTION WAS AT AROUND 22 PER CENT.

High rates of adolescent pregnancy generally go hand-in-hand with sexual violence, insufficient access to health care goods, services and facilities, and the presence of early, child and forced marriages.



HIV/AIDS

Guinea-Bissau is one of the few countries with incidence of both types of human immunodeficiency virus, HIV1 and HIV2.

YOUNG WOMEN ARE NEARLY TWICE AS LIKELY TO BE HIV POSITIVE AS YOUNG MEN.

3.7% HIV PREVALENCE AMONGST PEOPLE AGED 15-49 YEAR OLD

5% HIV PREVALENCE AMONGST PREGNANT WOMEN

8.9% HIV PREVALENCE AMONGST SEX WORKERS

The 2016 Guinea-Bissau National AIDS Response Report recorded

2,392 mothers in need of care of prevent mother-to-child transmission

1,571 mothers benefited from care in 2015, representing a coverage of **67.8%**

TUBERCULOSIS

TUBERCULOSIS IS WIDESPREAD

377 cases per 100,000 people in 2015

369 cases per 100,000 people in 2014

MALARIA

Malaria is widespread in the country although deaths due to malaria have steadily declined over the last decade.

MALARIA PREVALENCE IN REPRESENTATIVE SURVEYED AREAS OF THE COUNTRY DECLINED BY



AMONGST CHILDREN AGED SIX TO 59 MONTHS



AMONGST INDIVIDUALS OLDER THAN FIVE

2010 – 2014

The contribution of Community Health Workers towards early detection and prompt treatment initiation is a key element.

MENTAL HEALTH

Enjoyment of the highest attainable standard of mental health requires the creation of conditions assuring equal and timely access to appropriate mental health treatment and care.

The obligation of States to fulfill the right to health includes the obligation to promote and support the establishment of institutions that provide mental health services, which should be equitably distributed throughout the country. As a State party to the Convention on the Rights of Persons with Disabilities, **Guinea-Bissau must adopt a human rights-based approach to disability.**

Appropriate legislation protecting the rights of people with psychosocial disabilities, and the provision of mental health care in the country remains substantially inadequate to address the population's burden of mental illness.

Two mental health centres are operational in Guinea-Bissau



UNDERSTAFFED AND ILL-EQUIPPED

Enterramento



The Mental Health Centre in Bissau reopened on 10 August 2016 thanks to the support from the European Union.

Quinhamel



The Quinhamel Centre has **no electricity, no piped water, and only four beds** were available. Most patients were obliged to sleep on the floor.



Due to lack of funding, the main activities are limited to diagnostics and the issuance of prescriptions. The Centre has no psychiatrist or detoxification specialist. It also lacks equipment for Computed Axial Tomography, electroencephalograms and Magnetic Resonance Imaging (MRI) scanning.

Stigma surrounding mental illness often leads to the ill-treatment of people with mental illnesses, particularly in non-urban areas, and thus presents a significant barrier to families and communities seeking appropriate care for affected individuals.

■ ACCESS TO MEDICINES

State has the responsibility to ensure that medicines are available, accessible, culturally acceptable and of good quality.

■ CONCLUSIONS AND RECOMMENDATIONS

Full realization of the right to health in the country is hampered by serious remaining challenges. This includes aspects related to the underlying determinants of health, such as **endemic poverty; deficits in access to food, education, safe drinking water and sanitation; limited and inadequate infrastructure as well as other outstanding challenges to the availability, accessibility, acceptability and quality of the health care system.** There is also a continuous need to address a number of shortcomings so as to promote and enhance accountability for, participation in and monitoring of the public health system.

RECOMMENDATIONS TO THE GOVERNMENT:

- Improve the quality and availability of pediatric and maternal care, particularly neonatal care.
- Ensure the regular supervision and oversight of healthcare professionals.
- Take measures to ensure that mental health care facilities are available throughout the country.
- Ensure access to medical facilities, including by providing high-speed boats for medical evacuation from the Bijagos Islands to the main continental land and adequate numbers of ambulances, and equipment to health centres.
- Ensure access to doctors in all regions of the country.

▶ **With a view to strengthen the legal, policy and institutional framework impacting on the right to health, it is recommended that the State:**

- Adopt legislation and policies concerning sexual and reproductive health and rights.
- Refrain from any political interference with medical administration, including ending politically-motivated appointments and establish a system of periodical external auditing of the health expenditures.
- Develop a Patient Rights Charter grounded in human rights law.
- Establish a national mechanism through which patients and other actors can file complaints in case of mistreatment within the healthcare sector.
- Ensure that persons deprived of liberty have access to health care.
- Incorporate human rights training into medical, nursing and other healthcare curricula, along with professional ethics training.
- Adopt legislation to protect the rights of persons with psychosocial disabilities.



Make progress towards the implementation of the recommendations related to the right to health made in the context of the 2015 Universal Periodic Review of Guinea-Bissau, namely by:

- Enhancing efforts to reduce infant and maternal mortality.
- Increasing the health budget allocation to the recommended minimum of 15 per cent of GDP, in line with commitments under the Abuja Declaration.
- Taking all necessary measures to reduce the number of HIV/AIDS infections.

Take steps to implement the recommendations made to Guinea-Bissau on the realization of the right to health by other international human rights mechanisms, such as the Special Rapporteur on extreme poverty and human rights, the Committee on the Rights of the Child, and the Committee on the Elimination of Discrimination against Women. In line with the recommendations of the Committee on the Rights of the Child, the State should ratify the African Charter on the Rights and Welfare of the Child, among others, to create a comprehensive child rights policy and a strategy for its implementation, including the protection of the right to health of all children in Guinea-Bissau. The National Commission on Human Rights should monitor the status of implementation of all recommendations made by international human rights mechanisms.

Take further steps to ratify the optional protocols to the International Covenant on Economic, Social and Cultural Rights (ICESCR), to the Convention on the Rights of the Child (CRC) and to the Convention on the Rights of Persons with Disabilities (CRPD) all relating to the competence of the respective treaty body to receive individual communications, including on the right to health. It is also recommended that the State ratifies the Protocol to the African Charter on Human and Peoples' Rights on the Establishment of the African Court on Human and Peoples' Rights, to secure access to alternative mechanisms through which citizens can lodge complaints in the event of health-related human rights violations.