

# Equatorial Guinea

## PROJECT OVERVIEW

This programme was implemented as part of UNFPA's fourth Country Programme in line with national frameworks including the Health Development Plan (2003–2015) and the national plan for economic development and the fight against poverty.

Co-funded by the EC, UNFPA and the Government of Equatorial Guinea, the project was implemented by the Ministry of Health and Social Welfare through the National Reproductive Health Unit and the General Directorate of Public Health and Planning.

The programme was based on a national symposium on RH held a year prior to its design and development, which captured critical issues and thus reflected government priorities. All key governmental and non-governmental stakeholders were present including ARBIFAGE (the national IPPF Member Association).

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The programme funded a very significant proportion of all national investments in reproductive health and can be considered as a precursor initiative designed to assist the country in beginning to tackle critical RH issues starting from a very low level. It employed a very wide-ranging spectrum of intervention strategies. These included assistance with developing and implementing policy frameworks, strengthening and equipping health facilities, integrating emergency obstetric care into the minimum health care package, institutionalizing dedicated SRH modules in training curricula, strengthening

RH commodity supply, and raising the profile of fistula and cervical cancer across the country.

As a national level project, it directly or indirectly targeted most government health facilities nationwide.

## Increased access to services through national capacity building

From an extremely low starting point, Equatorial Guinea is in the process of rebuilding its health service infrastructure. One of the core project strategies was to make a significant contribution to the strengthening and equipping of health facilities, an essential step in boosting access to reproductive health services.

Key among these efforts was the construction and renovation of substantial numbers of health centres and maternity units, funded in collaboration with government counterparts.

These facilities, including district hospitals across the country, were provided with equipment and supplies for emergency obstetrics including post-abortion care. Essential drugs and supplies including contraceptives, family planning, pregnancy testing, suction and delivery kits were also supplied at the village council level.

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The project managed the procurement of these essential supplies for the government.

The strengthening of logistical capacity enabled 36 health centres and 18 district hospitals to establish a cost-recovery system

## FACTFILE

**Title** Strengthened RH Services

**Aim** To improve access to sexual and reproductive health services through national capacity building and boosting RH service delivery.

**Duration** 66 months: 2003–2008

**Budget** US\$1.430 million

## KEY ACHIEVEMENTS

- ▶ Increased access to services through national capacity building.
- ▶ Improved RH management and human resource capacities.
- ▶ Awareness raised on critical RH issues including fistula and cervical cancer.



## SUSTAINABILITY

From 2010, the government has committed to supporting the Road Map to accelerate the reduction of maternal and neonatal mortality. This has been validated by the Inter-ministerial Council and adopted by the President of the Republic. Around US\$11 million have been committed by the Government of Equatorial Guinea to taking this work forward.

As a follow-up to project work, from 2009, the landmark first national Demographic and Health Survey will be carried out with funding from the EC and co-financing from the government, ADB and UNFPA.

At the Africa-wide level, the campaigns to combat obstetric fistula and cervical cancer have provided the platform for the country's First Lady to initiate the creation of an Africa Fund. This is dedicated to supporting the African Vision 2010 initiative involving First Ladies across the continent to contribute to accelerating the reduction of maternal and neonatal mortality.

which by project end generated substantial funds to be used for resupply from 2008 onwards.

Evidence points to the very significant increase in equipped delivery points making a substantial contribution to the numbers of supervised deliveries, with women attending ANC clinics in greater numbers and completing ANC protocols. In addition, HIV and AIDS counselling and testing is now available at district/provincial hospitals.

## Improved RH management and human resource capacities

In the context of a severe lack of a cadre of qualified and trained doctors, nurses and midwives, the project focused strongly on building the capacity of government and its structures to train and retain qualified staff as a starting point to building human resource capacity.

The establishment of accredited training institutions with the capability of delivering a range of RH training courses is a minimum requirement for a sustainable reproductive health programme.

A lynchpin of project efforts has been the development of strategies and tools for incorporating RH in the School of Public Health and the Faculty of Medicine. RH modules (including essential obstetrics) were developed and incorporated in their programme of instruction.

Ongoing South-South collaboration with the Cuban medical brigade and the private sector has been crucial, training 43 nurses and midwives in RH and methodologies for developing SRH training modules, while more than 100 new medical doctors graduated from the University of Bata, all of whom are now integrated in the national health sector.

In collaboration with the Ministry of Education, UNICEF and the Global Fund, training modules on family planning and population topics were also developed and integrated into the secondary school curriculum.

## Targeted awareness campaigns on critical RH issues including fistula and cervical cancer

With the support of the First Lady, the project successfully launched a fistula campaign which reduced the stigma attached to this debilitating condition and encouraged women to come forward for surgery.

This campaign, along with the initiative for the early screening for cervical cancer, has been

cited as an example of project best practice. The campaigns contributed directly to the successful surgical intervention of fistula cases with support from a team of surgeons from Mali (an example of South-South cooperation). Informational tools on fistula are now integrated into the minimum health care package.

Awareness raising sessions were carried out at community level under the auspices of the First Lady. A documentary on obstetric fistula and uterine cancer was broadcast at the national level and has helped to raise public awareness of the problem.

A campaign for the early screening and treatment of cancer of the colon and uterus organized with the Spanish NGO Mujer y Madre has raised awareness of these conditions and paved the way for surgical procedures for women diagnosed with signs of pre-cancer.

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### LESSONS LEARNED

Anecdotal reports suggest that the HIV prevalence rate is much higher than the reported 7.2%, a statistic that dates back to 1994. Reports from antenatal care visits and other services show alarming levels of STIs and HIV in the country. It is important that the government conducts a survey as soon as possible to assess the extent of the problem and to seek appropriate measures to address it.

Future interventions should pay more attention to men's reproductive health needs. With high rates of untreated STIs in girls and women and a rising HIV prevalence rate, it is important to ensure that young men know about STIs and HIV, and have access both to condoms and to treatment and testing clinics.

