

# Health and Family Planning Overview

## GUINEA



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Population:	7.8 million (BUCEN 2002)
Infant Mortality Rate:	98 (DHS 1999)
DPT3 Coverage:	46.2%, children 12–23 mos. (DHS 1999)
Nutrition:	26.1% stunting, children 0–59 mos. (DHS 1999)
Total Fertility Rate:	5.5 (DHS 1999)
Maternal Mortality Ratio:	528 (DHS 1999)
Contraceptive Prevalence Rate:	4.9%, all women, modern methods (DHS 1999)
Adult HIV Prevalence:	2.8%, pregnant women (Guinea HIV Prevalence Study 2001); 1.54% (UNAIDS 1999)
Current Living AIDS Orphans:	21,037 (UNAIDS 1999)
Demographic and Health Surveys:	1992, 1999
Multi-Indicator Cluster Surveys:	1996

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### Country Profile

Although the quality of life in Guinea is still considered poor, it has moved up in the last decade from the lowest spot on the United Nations Development Program's Human Development Index. The country has a wealth of natural resources, including mineral and agricultural assets, but remains impoverished. The majority of the population is employed in agriculture. Adult literacy is low, life expectancy is only 46 years, and mortality among infants less than 1 year old is nearly 10 percent. In the last year, Guinea has assumed major policy significance as a state upon which the containment of West African instability and conflict depends. Unrest in neighboring countries seriously threatens Guinea's stability, and hundreds of thousands of refugees are living both in and out of camps. They are an added burden on a weak and impoverished nation, increase environmental degradation, and exacerbate political, socioeconomic, and ethnic tensions.

**HIV/AIDS in Guinea.** In 2001, USAID/Guinea sponsored a comprehensive HIV/AIDS prevalence survey. The results suggest the epidemic may be far worse than previously estimated. The survey estimated HIV prevalence among urban pregnant women at 4.4 percent, compared with a previous UNAIDS estimate of 1.5 percent. In addition, high rates of HIV/AIDS in commercial sex workers, tuberculosis patients, transporters, military personnel, and miners suggest a high potential for the future spread of infection in the general public. The population's knowledge of HIV/AIDS prevention practices is increasing, but very few Guineans are changing risk behaviors. Young adults are most affected by HIV/AIDS, with 20- to 29-year-olds accounting for 40 percent of reported AIDS cases between 1996 and 1998. At the end of 1999, approximately 55,000 Guineans were infected, more than half of them women of reproductive age.

### USAID Strategy

In addition to political and economic participation, USAID/Guinea's 1998–2005 country strategic plan emphasizes reproductive health, basic education, and natural resources management. The Mission pursues an integrated health strategic objective focusing on HIV/AIDS/sexually transmitted infection (STI) prevention, maternal and child health (MCH), and family planning (FP). Strategies emphasize engaging both the public and private sectors.

**Strategic Objective:** Increased use of essential FP, MCH, and STI/HIV/AIDS prevention services and practices

### Intermediate Results:

- Increased access to FP, MCH, and STI/AIDS services and products
- Improved quality of FP, MCH, and STI/AIDS services and products
- Increased behavior change and demand for FP, MCH, and STI/AIDS prevention services, products, and practices
- Effective response among donors, government, community organizations, nongovernmental organizations, and private sector in addressing critical health systems constraints



## Major Program Areas

**HIV/AIDS.** With the results of the 2001 survey indicating higher rates of HIV/AIDS than previously estimated, USAID is taking several steps to expand its HIV/AIDS strategy. At the end of 2001, the Mission added a personal services contractor to coordinate its HIV/AIDS program and was developing a multisector HIV/AIDS prevention and support strategy. This strategy targets high-prevalence areas of the country and high-risk populations such as miners, the military, commercial sex workers, transportation workers, and adolescents. The Mission will continue to support its condom social marketing program, which has established a nationwide network of commercial outlets for selling condoms, and to focus on STI treatment and prevention. USAID-supported behavior change communication activities have increased the Guinean population's knowledge of HIV/AIDS, other STIs, and their prevention.

**Health and Family Planning.** USAID/Guinea supports programs designed to stimulate demand and behavior change in family planning and reproductive health. These programs include efforts to reach religious leaders and key community members. To increase access to family planning and child health products, the Mission is helping to expand community-based distribution and other outreach efforts. Private sector activities have expanded through social marketing and increases in the number of commercial sales points. In conjunction with local nongovernmental organizations, USAID/Guinea is working with traditional health practitioners and religious leaders to discuss and develop strategies to eradicate female genital cutting. In partnership with the Ministry of Health and other donors, the Mission is increasing use of essential health services and products by improving their quality and increasing access and demand. Child health activities include a recently completed review of the Ministry of Health's child survival program. The review determined that the Ministry is ready to implement the Integrated Management of Childhood Illness strategy. The Mission also supports community-level micronutrient activities. Together, the Mission and Ministry of Health are drafting a micronutrient action plan to address vitamin A and iron deficiencies and other nutritional problems. The Hearth program, supported by USAID through a number of private voluntary organizations, teaches mothers nutrition skills and helps malnourished children achieve and maintain appropriate weight. Other child survival activities are aimed at improving immunization coverage, preventing and treating diarrheal diseases, improving maternal health care services, and preventing and controlling malaria and other infectious diseases.

## Results

- The 1999 DHS found that 29 percent of women and 55 percent of men knew that condoms can stop AIDS, up from 6 and 23 percent, respectively, in the 1992 DHS.
- In impoverished Upper Guinea, USAID-supported interventions improved the quality of health care services.
- During a National Immunization Days campaign, 95 percent of children under age 5 in Upper Guinea received polio vaccine and 97 percent received a vitamin A supplement.
- National measles vaccination coverage rose from 40 percent in FY 2000 to 52 percent in FY 2001.
- 49 percent of mothers in Upper Guinea now receive three or more prenatal care visits, exceeding the target.
- Between FY 2000 and FY 2001, couple-years of protection provided by hormonal contraceptives sold through USAID's social marketing program increased from 87,000 to nearly 97,000.
- Social marketing condom sales increased from 5.6 million in FY 2000 to 5.9 million in FY 2001.
- Contraceptive services are now available through the social marketing program in 96 percent of health centers in target areas and 89 percent of the whole country.
- In the Hearth program for malnourished children, mothers increased their knowledge of nutrition; 82 percent of participating children achieved healthy weight.

## Major Implementing Partners

USAID/Guinea's partners in implementing population, health, and nutrition activities include Management Sciences for Health, Johns Hopkins University Center for Communication Programs, and Population Services International. Africare, Save the Children, and Adventist Development & Relief Agency are partners funded by USAID/Washington.



This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP ([info@phnip.com](mailto:info@phnip.com)).

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