

Opinion Article

The healthcare system in Africa: the case of guinea

Mohamed Elmahady Camara^{1*}, Ansoumane Yassima Camara², Nafissatou Camara³

¹National Pain Care, Gainesville Georgia and Faculty of Medicine, Pharmacy and Odontology-Stomatology of the University GAN of Conakry-Guinea

²Department of Public Health, Canada, Faculty of medicine and Pharmacy UGAN Conakry-Guinea

³Georgia State University

Received: 23 September 2015

Revised: 02 October 2015

Accepted: 10 October 2015

*Correspondence:

Dr. Mohamed Elmahady Camara,
E-mail: elmahady7@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: The aim of this article is to review the health system of Guinea from its past period to its recent period. The article gives an overview of the general situation of the country. It presents the political; economic, social situation of Guinea. It briefly addresses the country's situation before its independence and goes on to describe its health situation from its independence on October 2nd, 1958 to 2014.

Methods: This article is both retrospective and prospective. It highlights some epidemic diseases such as the Cholera, which has become almost endemic in the country. It also describes the current burden of diseases in the country.

Results: The environment is a factor contributing to the health issues in the Republic of Guinea; among others, we can list unsafe water, hygiene, and excreta disposal; urban air pollution; and indoor smoke. This article shows that the current health issues in Guinea are due to the above factors. The Ebola outbreak is an illustration of the Global Health problem that started in Guinea in 2014.

Conclusions: At the end of this article, changes and improvements to the healthcare system in the Republic of Guinea are proposed.

Keywords: Health, Global health, Burdens, Mortality, Endemic

INTRODUCTION

The Republic of Guinea is an African country. It is located in West Africa – Sub-Saharan Region. It shares its borders with Guinea Bissau and Senegal in the North; Mali and Ivory Coast in the East; Liberia and Sierra Leone in the South and Atlantic Ocean in the West. Guinea has four natural regions: coastal plain region; mountainous region; savanna region; and a forest region. Guinea has 57 years of independence.

Globally - the Population (2013): 11,745,000; Gross national income per capita (PPP international \$, 2013): 1; Life expectancy at birth m/f (years, 2013): 57/59;

Probability of dying under five (per 1000 live births,(0 unavailable); Probability of dying between 15 and 60 years m/f (per 1000 population, 2013): 301/267; Total expenditure on health per capita (Intl \$,2012): \$ 67; Total expenditure on health as % of GDP (2012): 6.3.¹

Guinea was colonized by France. It got its independence on October 02, 1958 after a massive No to the referendum proposed by General De Gaulle on September 28, 1958. Ahmed Sekou Toure became the first president of Guinea. The most important factor in the development of any country is the economic status. There is a high correlation between the country's global economy and its health status.

The degrading health situation in Guinea is the real picture of the global economic and political situation in the country. Corruption is embedded in the country. The education level is very low. Schools are overcrowded. A lot of teachers are incompetent due to the lack of a solid education. Health workers are not well paid and this has a negative impact on the services they provide to the population.

Guinea is faced with major health problems. There are communicable diseases and non-communicable diseases in Guinea as well. The burden of disease is the Ebola infection. Fortunately, the Ebola infection is regressing. Unfortunately, like every sub-Saharan country, malaria is one of the deadliest diseases in the country. TB is frequent, parasitic diseases are present. The Cholera is epidemic. Sometimes, it is endemic in some regions. The poor sanitation is the major contributing factor of the infectious diseases in the Republic of Guinea.

METHODS

It is retrospective and prospective. This is a literature review that aims to analyze the current Guinean health profile, including the country health economic status and its impact on the country's health system. This review of the country's health profile covers the period from 1958 to 2014. It is based on the facts. Then, the analysis is qualitative and the research was textual. It is also based on my perspective of the field.

RESULTS

Health economic profile

Guinea is rich in natural wealth; but it remains a poor country. The country is rich in national resources such as: Forest; Bauxite; Gold; and Diamonds. There is an abundant rainfall during the raining season which last almost 6 months. The lingering economic crisis in the country is due to a bad governance and corruption. The country is classified as one of the most corrupted countries in the world. According to Transparency International; "its Corruption Perception Index is 25/100 and ranked 145/175 countries".² The currency is the Guinean Franc (GNF) which is a non-convertible currency. The situation of that currency is one of the contributing factors to its economic problems. The health situation reflects the bad economic situation of the country. It is important to give an overview of the health economic situation of the Republic of Guinea where the majority of the population remains poor.

According to the World Health Organization; the Guinea Health Expenditure is as follows: "Total health expenditure in 2008: 1,234,993 billiards Guinean Franc (\$US 224 million). The total annual health expenditure represented 5.5% of GDP. It was 122,653 Guinean Franc (\$22.3) per capita. The total pharmaceutical expenditure in 2008 was 227,836 million Guinean Franc (\$41,424

million); the total per capita was 22, 627 Guinean Franc (\$4.11)".³ Those statistics show that the health profile is below average.

The importance of health economics has been recognized as interested in three related ways: 1- the size of the contribution of the health sector to the overall economy; 2- the national policy concerns resulting from the importance many people attach to the economic problems they face in pursuing and maintaining their health and 3- the many health issues that have a substantial economic element.⁴

Health profile from 1958 to 1984

Between the periods of 1954 to 1984, Guinea was ruled by a socialist government. The healthcare system was entirely controlled by the state. The system was based on the free healthcare system. In the event that the patient had to contribute to his or her care charge, his or her contribution was symbolic. The country had two "Teaching Hospitals" that had all major health services and those Teaching Hospitals trained the medical students. Each of the four natural regions of Guinea also had one regional hospital.

Two industrial hospitals had a high level of care. Those were established in Fria and Kamsar. Those special hospitals were sponsored and supported by mining companies respectively Friguia and CBG (Compagnie des Bauxites de Guinee). They were able to better take care of complicated health issues than other hospitals in neighboring countries or across the country. Their presence and their haute performance in that period limited unnecessary referrals in other countries. All state's pharmacies were provided by a government structure called 'Pharmaguinea'. Medications were globally less expensive. Sometimes, they were even free.

Due to the system of government in Guinea, the referrals were almost impossible. Serious health conditions were treated by the Teaching Hospitals or by the industrial hospitals. That situation rapidly changed between 1984 and 2014 when the military power ruled the country sometimes with iron wrists.

Health profile from 1984 to 2014

During the period of 1984 to 2014, the healthcare system had started to change. The private structures were widely approved while the public sectors were being closed. Private pharmacies started to be approved. The former teaching hospitals were transformed into the National Hospitals. The primary healthcare concepts were introduced. During the period 1986-1989; those structures were built around the country. That breakthrough had significantly improved the healthcare system in the country. Those centers were funded at the beginning by the foreign funds including the UNICEF and the World Bank with the participation of the

communities at the base. Those primary health structures were provided with medicines and other suppliers by a state structure called 'Central Pharmacy'. That structure remains funded by the government. After few years of being supported by some financial institutions, they got some autonomy, allowing them an auto-management.

Since the privatization of the health structures and pharmacies in Republic of Guinea, the cost of care became inaccessible by the population. The cost of healthcare remains very high while the quality of care is extremely poor. Very few people have health insurance. The social security is not organized. "In 2008, only 5% of the population were covered by public health insurance; the social security office 0.4% or other health insurance offices and 0.4% were covered by private health insurance".⁵

Guinea is faced with major health problems. Nowadays, the burden of disease is the Ebola infection. But, like every sub-Saharan country, malaria is one of the deadliest diseases in the country. TB is frequent, parasitic diseases are present. The Cholera is epidemic. Sometimes, it remains endemic in some regions. The number of typhoid fever is high. According to IPHD (2001); "The major diseases in Guinea are: Malaria; hepatitis A; yellow fever; schistosomiasis; typhoid fever; and diarrhea. The life expectancy is 49.3 years and the infant mortality is 94.4 per 1,000 births".⁶

Those statistics have not significantly improved since 2001. The mortality rate still remains high. All of those diseases as aforementioned persist. Now; since March 2014, Guineans are confronted with the Ebola Hemorrhagic Virus outbreak that spreads in some West African countries, even outside African countries. The Ebola disease is one of the deadliest diseases in the world. Indeed, it is in March 2014 that The Ebola Outbreaks occurred for the first time in Guinea; especially in the forest region, before spreading throughout the country, and in neighboring countries. "As on August 16th 2015, it has claimed the life of 14 people in Guinea, 53 people in Liberia, 17 people in Sierra Leone and 0 people in Nigeria".⁷

The burden of diseases

Ebola in Guinea infects people regardless age, gender or economic status. The distribution is very rapid and the contagiousness is very high. The poverty level is very high in Guinea. But, I believe that the contagiousness is not related to the situation of poverty in the Country. However, the poverty can affect the compliance of the basis hygiene rules (hand washing) that can facilitate the contamination. Ebola outbreak is a real burden of diseases on the health care system in Guinea since many people have died from that disease.

There are other burdens of diseases in the country that are endemic, but are not as deadly as compared to Ebola. For

example: Malaria is an endemic disease in Guinea which has a high rate of mortality in Children. In 2004, Guinea experienced a Cholera epidemic and an increase in cases of typhoid fever. Those communicable diseases are related to the poor hygiene and unsanitary situation of the Country. Malaria remains a serious problem. HIV is less prevalent nowadays. About the HIV infection in Guinea; UNICEF (2012) has published: "Adult prevalence in 2012 is 1.7%; People of all ages living with HIV in 2012 are estimated at 140,000."⁸ If in the past the cholera was epidemic and was only observed in the raining season; lately, the cholera was becoming endemic in some districts. It has been noticed that since the individual hand washing for these past two years, Conakry did not record any case of the cholera outbreak.

The healthcare system

The healthcare system in Guinea is not meeting the need of the population because there are less health professionals covering the entire population. "During the period 2000-2010, the number of the healthcare professionals was: Physician number: 940; Density for 10,000 of population: 1.0; Nurses: 401; Density for 10,000 of population: 0.4" (WHO; Statistics, 2011).⁹ The Guinean health system is pyramidal, at the top there are three National hospitals (Donka, Ignace Deen and Sino-Guinean); in each of the seven regions, there is a regional hospital; and in each of the 33 prefectures, there is a prefectural hospital, while each sous-prefecture has its primary health care center. There are also eight communal health centres in the country with some specialties included in the structure such as surgery service, maternity, dentist and ophthalmologist. The country also has several private healthcare facilities with different standings from medical offices to polyclinics.

Globally, those healthcare settings in Guinea do not meet the standard of developed countries. The overall analysis shows us an improvement in some sectors like the management of the Ebola outbreak sector. Unfortunately, other sectors have not improved. The sanitation problems are being contributed to the bad healthcare situation in Guinea.

DISCUSSION

The healthcare system in Guinea is the picture of the global situation of the country. Corruption is deeply embedded in the country. The education level is very low. Schools are overcrowded. A lot of teachers are incompetent due to the lack of a solid education. Teachers lacked new tools for a top education like in developed countries and some developing countries.

In Guinea, hygiene is one of the biggest problems. It is evident that hygiene is important for human life. Without clean water and sanitation, people would be exposed to various epidemics and endemic diseases. In some countries, waste disposals are well controlled; which

prevents people from getting some communicable diseases. In Guinea, there are almost no waste disposals in public places. People dispose of their trash anywhere they want without any negative consequences. Roads, houses, public places, even markets and restaurants are surrounded by wastes. Flies move around the food in the public markets. Those factors have contributed to the increase of the number of epidemic diseases such as the cholera. The country is also politically instable with high level of insecurities. Public sectors are badly organized. Motorcyclists do not wear the helmets. That factor increases the head injuries and the fatalities in case of accidents.

Despite those negative observations; like the HIV infection, the number of people dying from malaria is being decreased in Guinea and in the entire sub-Saharan region. “‘We can win the fight against malaria,’ says Dr Margaret Chan, Director-General, WHO. ‘We have the right tools and our defences are working. But we still need to get those tools to a lot more people if we are to make these gains sustainable’” (WHO: Media Centre, 2014).¹⁰

CONCLUSION

To sum up; Guinea is located in West Africa – Sub-Saharan Region. The country is faced with several economic problems. It has also major health problems. There are communicable diseases and non-communicable diseases in Guinea. Nowadays, the burden of disease is the Ebola hemorrhagic infection. But, like every sub-Saharan country, malaria is one of the deadly diseases in the country. TB is frequent, intestinal parasitic diseases are present. The Cholera is epidemic. It remains endemic in some regions.

The degrading health situation in Guinea is the real picture of the global economic and political situation in the Country. Corruption is embedded in the country. The education level is very low. Schools are overcrowded. The majority of teachers are incompetent due to the lack of a solid education. Health workers are not well paid and this has a negative impact on the services they provide to the population.

In Guinea, the hygiene is one of the biggest issues. It is evident that the hygiene is important for human life. Without clean water and proper sanitation, people would be exposed to various epidemics and endemic diseases.

Environmental health issues are major risk factors in the global burden of disease. Using a somewhat narrow definition of what is an ‘environmental’ cause of disease, one study of the global burden of disease suggests that about 8.4 percent of the total burden of disease in low- and middle-income countries are the result of three environmental conditions: unsafe water, hygiene, and excreta disposal; urban air pollution; and indoor smoke from household use of solid fuels.¹¹

In short, the healthcare system in Guinea is dangerously plunged due to the lack of the leadership in the healthcare system. Administrators and Managers of the healthcare settings are nominated based on their political belief. There are not appointed based on their skills and their qualifications. The Healthcare system of the Republic of Guinea is the best example of the healthcare system of many African countries. The Ebola infection is the best example of the global health problem in the world which is being stopped by a global response. “The progress in health status, however, has been very uneven. Hundreds of millions of people, especially poorer people in low and middle-income countries, continue to get sick, be disabled by, or die from preventable causes of disease” (Skolnik, 2012).¹²

Recommendations

On the light of these; we are providing the following recommendations to better qualify the Guinean health care system:

1. Appoint healthcare administrators as the managers of the hospitals and other healthcare structures.
2. Promote the global health program in the healthcare system.
3. Appoint Professors or PhD holders as the Clinical and Research Managers.
4. Promote an affordable healthcare system in the Country. Enhance the capacity of acting by diversifying the structures capability for specialized health care. That would allow them to provide a low cost of care, enforce the patient safety and provide the highest quality of care. Also, it would reduce the unnecessary referrals to the outside of the Country since those referrals are expensive and devastating.
5. Redeploy the health personnel around the country for equity in health care resources distribution between different regions for better care.
6. Implement the concept of clinical microsystem in some vast structures.
7. Empower the Guinean medical board for the ethical purpose and for the effectiveness of the system.
8. Redefine and respect the role of the National Hospitals (Donka, Ignace Deen and Sino-Guinean).
9. In the public settings, separate the personal activities from the public service.
10. Revalorize the health professional staff’s salary and encourage the rewarding of the medical personnel for their effective involvement in the care improvement.
11. Fight against the use of the medicines by the non-medical and the non-pharmacy professionals.
12. Reinforce the licensing process in order to work in the medical and pharmacy settings in Guinea.
13. A code of ethics will be established. Those guidelines must be respected since no one is above the law. Everyone must absolutely respect the code of ethics. Sometimes; disciplinary actions could be necessary. Those actions will include a verbal warning, a written warning, a suspension of the license and the revocation.

14. Ameliorate the sanitation systems of the healthcare settings. Provide the right disposal to the entire healthcare system.

The provision of adequate sanitation services is equally important. Proper disposal of all waste as well as control of the carriers of communicable diseases, including mosquitoes, rats, mice and flies, is crucial to mitigate health risks and prevent epidemics. But the optimum benefit from water and sanitation interventions can only be achieved if communities and individuals are made aware of the links between hygiene practices, poor sanitation, polluted water sources and diseases.¹³

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. WHO: World Health Organization: Countries: Guinea: statistics, 2013. Available at <http://www.who.int/countries/gin/en/>. Accessed 05 October 2015.
2. Transparency International: Corruption by Country / Territory: Guinea: Corruption Measurement Tools, 2014. Available at <http://www.transparency.org/country/#GIN>. Accessed 05 October 2015.
3. WHO: Republic of Guinea: Country Pharmaceutical Profile, 2011. Available at http://www.who.int/medicines/areas/coordination/Guinea_PSCPNarrativeQuestionnaire_FR_16062011.pdf. Accessed 05 October 2015.
4. Folland S, Goodman AC, Stano M. The Economics of Health and Health Care: The Economics of Health and Health Care: Introduction to the Economics of Health and Health Care: The Relevance of Health Economics: Seven Editions: By Pearson New International Edition: England: Pearson. 2014:11.
5. WHO: Republic of Guinea: Country Pharmaceutical Profile, 2011. Available at http://www.who.int/medicines/areas/coordination/Guinea_PSCPNarrativeQuestionnaire_FR_16062011.pdf. Accessed 05 October 2015.
6. IPHD: International Partnership for Human Development: Republic of Guinea, 2001. Available at <http://www.iphd.org/index.php/republic-of-guinea>. Accessed 05 October 2015.
7. WHO: World Health Organization: Ebola virus Disease, West Africa – update 19 August 2014. Available at <http://www.afro.who.int/en/clusters-a-programmes/dpc/epidemic-a-pandemic-alert-and-response/outbreak-news/4258-ebola-virus-disease-west-africa-19-august-2014.html>. Accessed 05 October 2015.
8. UNICEF: United Nations Internal Children's Emergency Found: At a glance: Guinea: Statistics, 2012. Available at http://www.unicef.org/infobycountry/guinea_statistics.html#119. Accessed 05 October 2015.
9. WHO: World Health Organization: Statistics, 2011: Health Workforce, Infrastructure, and Essential Medicines; Table 6; Page: 118. Available at http://www.who.int/whosis/whostat/EN_WHS2011_Full.pdf. Accessed 05 October 2015.
10. WHO: World Health Organization: Media center: Scale-up in effective malaria control dramatically reduces deaths, 2014. Available at <http://www.who.int/mediacentre/news/releases/2014/malaria-control/en/>. Accessed 05 October 2015.
11. Skolnik R. Global Heal Health 101: Series Editor: Richard Riegelman: The Environment and Health: Second Edition: By Jones & Bartlett Learning: Burlington, MA. 2012:141.
12. Skolnik R. Global Heal Health 101: Series Editor: Richard Riegelman: The Principles and Goals of Global Health: Second Edition: By Jones & Bartlett Learning: Burlington, MA. 2012:13.
13. UNHCR: United Nations High Commissioner for refugees: Water, Sanitation and Hygiene (WASH), 2008. Available at <http://www.unhcr.org/pages/49c3646cef.html>. Accessed at 05 October 2015.

Cite this article as: Camara ME, Camara AY, Camara N. The healthcare system in Africa: Case of Guinea. *Int J Community Med Public Health* 2015;2:685-9.