

Review Article

Gabon health care system: a 20 year analysis

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Received: 07 May 2017

Revised: 05 June 2017

Accepted: 09 June 2017

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ABSTRACT

In response to a high prevalence of HIV/AIDS and malaria, the government of Gabon launched the National Insurance and Social Welfare Fund in 2008. It is a national health insurance fund voted by the parliament to extend health-care coverage to the country's different socioeconomic groups, bringing everyone under one social health insurance roof. Analysis of the WHO, World Bank and available data from 1995 to 2014 to evaluate progress before and after the creation of the universal health coverage. Maternal health is fully covered and the cost of medical care is reimbursed by 80-90%. However, out-of-pocket spending (21.87%) as a percentage of total health care spending is still higher than other Sub-Saharan African countries classified in the upper-middle income countries. The government and policy makers should increase health care system financing and work in partnership with private clinics regarding over-servicing and over billing.

Keywords: Gabon, Universal coverage, Health insurance, Health care financing

INTRODUCTION

The Republic of Gabon (Gabon) is a sub-Saharan African country with an estimated population (in thousands) of 1,843 with a life expectancy of 65 years.^{1,2} The country has a gross national income per capita over \$17,300; which places it among upper middle income economy in the world. However, 13.2% of the population still live in severe poverty.^{2,3} In addition, 19.6% live on less than \$2/day, and 32.7% live below the national poverty line.⁴ This level of poverty has consequently contributed to the deterioration of the health of its populations. With 16,000 (aged 0-17) orphaned due to AIDS and the entire population at risk of malaria, the government launched the National Insurance and Social Welfare Fund (Caisse Nationale d'Assurance Maladie et de Garantie Sociale, CNAMGS) in 2008. The CNAMGS is a national health insurance fund voted by the parliament to extend health-care coverage to the country's different socioeconomic groups, bringing everyone under one social health insurance roof.⁵ The insurance programme includes the

poor, students, civil servants and employees of private companies; dropping out-of-pocket health expenditures from 35% to 21%.⁶ While an affordable health insurance enables children to excel at school, adults to work more productively and people of all ages to live a longer and healthier lives, accessibility to high quality care and out-of-pocket expenditure are not often guaranteed for poor.⁷

In this paper, I make an assessment of the general health of the population in Gabon, the universal health coverage and analysis of the cost of health care in Gabon based on data from the World Health Organization (WHO), the World Bank and publicly available data from 1995 to 2014. I conclude with recommendations on health care reforms and future directions for health care policies.

GABON HEALTH PROFILE

Gabon's population is young with 35.5% of its population under 15 years of age with a healthy life expectancy of 54 compared to other countries of the same income group.²

Despite the government's recent investments in infrastructure such as the Libreville Cancer Treatment Institute, malaria, infant mortality and HIV/AIDS remain the leading causes of mortality.^{2,8,9} These leading causes of death could possibly be associated to the lower healthy life expectancy in Gabon. In addition, the number of hospital beds per 1,000 people is only 6.3 with only six doctors and four midwives per 10,000 population.¹⁰

GABON UNIVERSAL HEALTH CARE

Health care coverage and funding sources

The WHO defines Universal health coverage (UHC) as the ability for people to receive the health services without suffering financial hardship when paying for them.⁹ Gabon achieved universal health coverage in less than 10 years when compared to developed countries like the Republic of Korea who did it in 12 years.¹¹ The coverage was initially focused on providing insurance for the most vulnerable citizens, but since has been extended to government workers and private sector employees.¹⁰ Apart from maternal health, which is fully covered, the cost of medical care is reimbursed by 80-90%.^{5,10,12} All citizens regardless of their social status can now have access to health care. However with 32.7% living below the national poverty line, the remaining 10 to 20% might still be a challenge. The CNAMGS coverage includes medical consultation, dental, laboratory exams, hospitalization and even evacuations overseas after medical report shows that the patient could not be treated in Gabon.¹² Evacuation overseas raises three concerns. First, sending a patient overseas implies that the country does not have trained medical personnel and equipment to deal with the specific diseases. Second, if such diseases are recurrent or emerging, it is clear the CNAMGS is going to face some financial sustainability issues. Third, the CNAMGS does not have a list of diseases that may require overseas treatment. Also, what is covered is not specified (flight ticket, food, and treatment). The CNAMGS does not cover services from traditional medicine or plastic surgery unless it is a reconstructive surgery or orthopedics.¹² The CNAMGS has four sources of funding: contributions, mobile telephone companies, fast money transfers, and government subsidies (Figure 1).

Contributions are multiform and come from three main sources: the public sector, employees from the private sector and self-employed. Active employees from the public and private sectors are required to contribute 2.5% of their salary, the employer 4.1% and the retirees contribute 1.5%.^{10,12} Contributions from the insured self-employed are inclusive and depends of his/her ability to pay. Mobile telephone companies pay of their revenue to cover the health care cost of low income Gabonese, students and refugees, while fast money transfer companies such as Western Union and MoneyGram contribute 1.5% of their revenue to fund CNAMGS.^{10,12} Finally, the government also pays for the health coverage

through salaries paid to public health practitioners, and investing in infrastructures such as standard hospitals fully equipped with medical equipment.

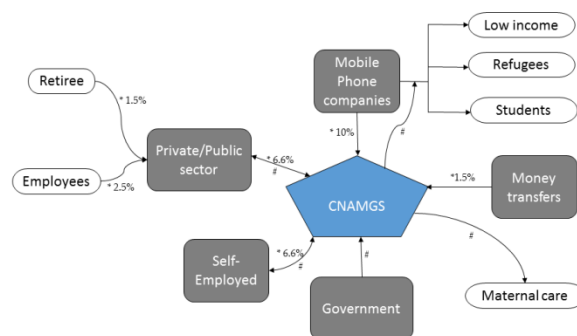


Figure 1: CNAMGS financing and services system.
*Contributions to CNAMGS, #Providing health care.

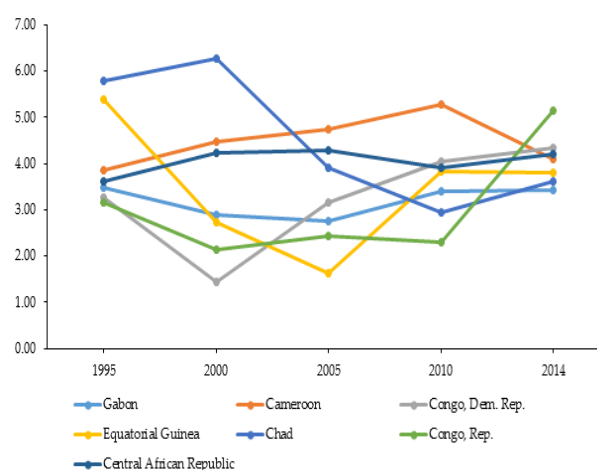


Figure 2: Gabon government health care financing compared to regional countries.¹

¹Data derived from the World Bank. Value reported for each year from 1995 to 2014 was used. Every 5 year interval was used to capture the plot and bring clarity to the figure.

Financing Gabon health care system

Total health expenditure (THE as% GDP) is the sum of public and private health expenditure, which covers provision of health services (preventive and curative), family planning activities, nutrition activities, and emergency aid designated for health but does not include provision of water and sanitation.¹³ As a share of THE as% GDP in 2014, Gabon is classified last in spending (3.44%) when compared to its regional neighbors (Cameroon (4.10%), Equatorial Guinea (3.80%), Democratic Republic of Congo (4.33%), Republic of Congo (5.15%), Chad (3.62%) and central Africa (4.20%)) despite being an upper middle income country (Figure 2).¹⁴ Since 1995 (previous years' data not available), successive governments in Gabon have never increased the THE as% GDP above 4% (exception of 1998, 4.24%).

Population out-of-pocket health care spending

Out-of-pocket spending is the direct outlay of households including gratuities and in-kind payments to health practitioners, suppliers of pharmaceuticals, and other goods and services whose primary intent is to improve health status.¹³ As of 2013, the under-five mortality rate (56 per 1000 live births) and maternal mortality ratio (240 per 100,000 live births) were worrisome.² These deaths mostly affected low income families. The decision from the government to fully cover maternal health has had a positive outcome on health and out-of-pocket health care spending. Before the launching of the universal health care in 2008, out-of-pocket health care spending was around 50% (1995-2008) (Figure 3). From 2009, after enrollment of government employees (highest employer in the country) and employees from the private sector in 2013, a sharp decrease in health care spending was observed from the launching of the universal health care (48.5%, 2008) to 2014 (21.87%). However, from 2010 to 2014 there has been a non-negligible increase of out-of-pocket spending as a percentage of total health care (18.47 to 21.87%). This increase may be due to private practices (private hospitals and clinics) increasing the prices of their services. A practice that the government has not yet address. Thus, while launching universal health care is salutary to the poor, it could also be seen as a great business opportunity by private clinics who potentially could be accused of over-servicing and/or over billing.

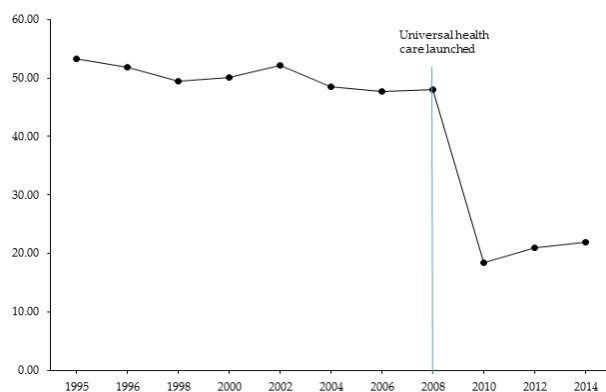


Figure 3: Gabon population out-of-pocket spending as a percentage of total health care spending.¹

¹Data derived from the World Bank and the WHO. Value reported for each year from 1995 to 2014 was used. Every 2 year interval was used to capture the plot.

In 2014, Gabon's out-of-pocket spending as a percentage of total health care spending (21.87%) (Figure 4), at the exception of citizens from Angola (23.96%) is still higher than Equatorial Guinea (20.15%), Botswana (5.19%), and South Africa (6.49%); all classified as upper-middle income countries in the Sub-Saharan Africa. Moreover, the World Bank and the WHO data indicate that at the exception of Gabon, the overall share of health cost that citizens from these upper-middle income countries in the

Sub-Saharan Africa pay out of pocket has been decreasing or close to flat since 2010 (Figure 4).

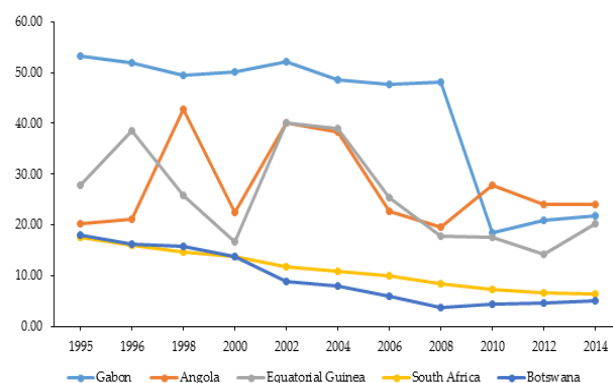


Figure 4: Sub-Saharan out-of-pocket spending as a percentage of total health care spending.¹

¹Data derived from the World Bank and the WHO. Data are from Sub-Saharan African countries classified in the upper-middle income countries. Value reported for each year from 1995 to 2014 was used. Every 2 year interval was used to capture the plot.

CHALLENGES AND POLICY RECOMMENDATIONS

The Gabonese universal health care system is a good initiative with potentials. However, like any other country with UHC, it has numerous challenges.

One of the major challenges is lack of participation of some private health care facilities. The Gabonese health insurance card has written on the back, the list of hospitals and pharmacies covered by the CNAMGS. This means that all private hospitals, clinics and pharmacies in the country are not associated with the universal health care system. Consequently, patients may not go to these health centers or doing so will result in them paying out of their pocket and not being reimbursed. Another consequence of non-involvement of certain clinics is that the 32.7% of the population living under the poverty line won't be able to have access to quality care or a specialist in a timely manner.

Another major challenge is the inadequate number of health care practitioners to serve the populace; Gabon has only six doctors and four midwives per 10,000 populations.¹⁰ This will create stress and poor health care quality for both the patients and the health professionals. The government should invest more resources in training medical doctors and other health care professionals. Maternal and infant mortality is still high. A study investigating the association between infant and maternal mortality with births attended by skilled health personnel could be a good indicator. The Gabon WHO statistical profile shows that only 89% of births is attended by skilled health personnel with a birth registration coverage of 90%.²

Furthermore the issue of, over-servicing and over billing in the private hospitals and clinics is a growing concern especially for underprivileged population. It is important for the government and the private clinics to agree on the amount charged for services. Private clinics often invest a lot of money in equipment and rarely have waiting lists. These clinics are often more expensive and mostly welcome higher income patients. Because the social status of an individual is often associated to his/her health status, the poor in Gabon are likely to suffer the most. Out-of-pocket spending on health has been on the rise since 2010 despite the universal health coverage. This indicates that the 10 to 20% that is left for the population to pay remains very high and may discourage the 32.7% of the population living under the poverty line to use health services.

The final challenge is that of lack of statistical data. Gabon health profile and determinants of health data are from the WHO and the World Bank. The country needs an epidemiological center that will support the Ministry of Health in decision making through health support and promotion. In addition, out-of-pocket spending on health care from the World Bank and WHO data does not specify if it is from insure individuals enrolled in employer-based coverage, personal coverage, and lower income category or from foreign population living in Gabon.

Funding: This work was supported by grant #2014-0289 from Keimyung University. Any views expressed in this article are those of the author. The sponsor had no role in study design; in the collection, analysis, or interpretation of data; in the writing of the report; or in the decision to submit the manuscript for publication
Conflict of interest: None declared
Ethical approval: Not required

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Cite this article as: Obounou BWO. Gabon health care system: a 20 year analysis. *Int J Community Med Public Health* 2017;4:2208-11.