

## Gabon



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Upper middle-income
<b>CURRENT HEALTH INDICATORS</b>	
Total population (2012)	1 633 000
% Population under 15 (2012)	38.49
% Population over 60 (2012)	7.38
Life expectancy at birth (2012) Total, Male, Female	62 (Male) 63 (Both sexes) 64 (Female)
Neonatal mortality rate per 1000 live births (2012)	25 [15-42] both sexes
Under-5 mortality rate per 1000 live births (2012)	65 [48-79] (Both sexes)
Maternal mortality ratio per 100 000 live births (2010)	230 [130-390]
% DTP3 Immunization coverage among 1-year-olds (2012)	82
% Births attended by skilled health workers (2012)	89.3
Density of physicians per 1000 population (2004)	0.29
Density of nurses and midwives per 1000 population (2004)	5.01
Total expenditure on health as % of GDP (2011)	3.2
General government expenditure on health as % of total government expenditure (2011)	6.6
Private expenditure on health as % of total expenditure on health (2011)	46.6
Adult (15+) literacy rate total (2010)	88.4
Population using improved drinking-water sources (%) (2011)	88 (Total) 41 (Rural) 95 (Urban)
Population using improved sanitation facilities (%) (2011)	33 (Total) 33 (Urban) 30 (Rural)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	4.8
Gender-related Development Index rank out of 148 countries (2012)	105
Human Development Index rank out of 186 countries (2012)	106

Sources of data:  
Global Health Observatory, April 2014  
<http://apps.who.int/gho/data/node.cdo>

### HEALTH SITUATION

Malaria, premature birth, acute respiratory infections, HIV and diarrhoeal diseases are the leading causes of death among children under 5. Penta-3 immunization coverage is 79% and measles immunization coverage is 71% (2012). Gabon has fulfilled the standard criteria for certification of polio eradication. Since surveillance was put in place in 1999, only one case of wild poliovirus has been detected. Although progress has been made, Gabon will not achieve Millennium Development Goals 4 and 5 by 2015. Malaria remains the leading cause of morbidity for all ages, with nearly 200 000 (187 714) cases reported in 2008; the malaria mortality rate was 96 per 100 000 of population in 2009. HIV prevalence is low, estimated at 4.1% in 2012. Tuberculosis prevalence is 505 per 100 000 of population, with incidence estimated to be 450 per 100 000.

Human African trypanosomiasis (HAT) incidence has risen in recent years. Also noteworthy is the emergence and re-emergence of diseases such as Chikungunya, dengue and Buruli ulcer, which have been responsible for outbreaks since 2007. Outbreaks of Ebola-type haemorrhagic fever occurred in Gabon between 1994 and 2002. There has been an increase in the prevalence of noncommunicable diseases, in particular cardiovascular diseases, diabetes, renal failure and cancers. Gabon bears a double burden of communicable and noncommunicable disease. The mortality rate is 610 per 100 000 of population for communicable diseases and 716 per 100 000 for noncommunicable diseases.

### HEALTH POLICIES AND SYSTEMS

In 2010, a new national health policy was adopted, with the goal of improving public health and well-being by reducing maternal, infant and child mortality and the prevalence of malaria, HIV/AIDS, tuberculosis, neglected tropical diseases and noncommunicable diseases. In 2011 Gabon adopted a national health development plan for the period 2011-2015 with a view to implementing health policies that would expedite achievement of the health-related Millennium Development Goals. National policies on human resources and a human resources development programme have also been drawn up to address quantitative and qualitative shortcomings in this area.

Following a 2008 health financing reform, Gabon has put in place a system of mandatory health insurance and established a national mandatory health insurance and social security fund. Coverage for the poor is funded through an innovative tax on mobile phones and financial transactions. Today, this fund covers 60% of the population, in particular the poor, students and government and private-sector workers. The creation and institutionalization of health accounts enables countries to have access to evidence-based data.

The health system has a number of obstacles to contend with: some health departments are not operational, the quality of health care is poor, essential medicines are scarce, information systems are dysfunctional, and the community is not involved in the management of health issues. The principal challenges facing the health system are to reduce maternal and infant mortality, and to control communicable and noncommunicable diseases. Issues related to health and the environment are also national priorities, within the scope of the Libreville Declaration.

### COOPERATION FOR HEALTH

Only 1.2% of health sector resources came from external sources in 2010. Because of its GDP, Gabon has few bilateral and multilateral partners willing to invest in the health sector. Partner support is very often technical in nature, with some project financing. Most support comes from the specialized agencies of the United Nations system: WHO, UNICEF, UNFPA, UNAIDS and UNDP. Gabon adheres to the Paris Declaration on Aid Effectiveness; accordingly, it collaborates with partners in the Harmonization for Health in Africa mechanism, in particular the World Bank, the African Development Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the French Development Agency and the Japan International Cooperation Agency (JICA). Other bilateral partners (China, Italy, the United States of America and Canada) and the private sector also provide support.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2008-2015)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
<p><b>STRATEGIC PRIORITY 1:</b> Reduce the burden of communicable diseases, including HIV/AIDS, tuberculosis, malaria and neglected tropical diseases</p>	<ul style="list-style-type: none"> <li>• Improve access to essential interventions for persons living with HIV</li> <li>• Improve the number of tuberculosis patients treated successfully</li> <li>• Improve access to first-line malaria treatment for confirmed cases</li> <li>• Improve and maintain access to essential medicines for neglected tropical diseases</li> <li>• Immunization and Vaccines Development: Extend immunization coverage for hard-to-reach populations and communities</li> </ul>
<p><b>STRATEGIC PRIORITY 2:</b> Reduce the burden of noncommunicable diseases (cardiac diseases, cancer, lung diseases, diabetes, mental illness) and disabilities and injuries, through health promotion, risk reduction, prevention, treatment and surveillance of noncommunicable diseases and their risk factors</p>	<ul style="list-style-type: none"> <li>• Noncommunicable diseases: Improve access to interventions aimed at preventing and addressing noncommunicable diseases and their risk factors</li> <li>• Mental health: Improve access to interventions aimed at preventing and addressing noncommunicable diseases and their risk factors</li> <li>• Reduce risk factors for violence and injuries, with a focus on road safety</li> <li>• Reduce nutritional risk factors</li> </ul>
<p><b>STRATEGIC PRIORITY 3:</b> Reduce morbidity and mortality and improve health during pregnancy, childbirth, the neonatal period, childhood and adolescence; improve sexual and reproductive health; and enable all individuals to stay active and healthy as they grow old</p>	<ul style="list-style-type: none"> <li>• Improve access to interventions aimed at improving reproductive, maternal, neonatal, child and adolescent health</li> <li>• Increase the proportion of elderly people capable of living independently</li> <li>• Improve intersectoral policy coordination for action on the social determinants of health</li> <li>• Reduce environmental threats impacting negatively on health</li> </ul>
<p><b>STRATEGIC PRIORITY 4:</b> Contribute to strengthening health systems by focusing on integrated delivery of health services and health systems financing with a view to achieving universal health coverage; strengthen human resources for health and health information systems; and ensure access to quality medicines that are affordable, safe and effective</p>	<ul style="list-style-type: none"> <li>• Support comprehensive national health policies, strategies and plans updated in the last five years</li> <li>• Ensure the necessary policies, financing, and human resources are in place to improve access to integrated health services focused on the individual</li> <li>• Improve access to quality medicines and health technologies that are safe, effective and utilized more rationally</li> <li>• Support properly functioning systems of civil registration and national statistics</li> </ul>
<p><b>STRATEGIC PRIORITY 5:</b> Support preparedness, surveillance and effective response to outbreaks and public health emergencies; contribute to health security through proper management of the health aspects of humanitarian crises</p>	<ul style="list-style-type: none"> <li>• All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response</li> <li>• National capacity to manage public health risks posed by emergencies</li> <li>• No cases of wild poliovirus or cases related to vaccine-derived poliovirus type 2 worldwide</li> </ul>

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