

CRC 1342 No.33

Social Policy Country Briefs



Equatorial
Guinea

Carmen Libertad Ballester Otero
María Goretti Morón-Nozaleda
Daniel Cobos Muñoz
Florentino Abaga Ondo Ndoho

The Health Care System in Equatorial Guinea



Global Dynamics
of Social Policy CRC 1342



Deutsche
Forschungsgemeinschaft

Carmen Libertad Ballester Otero, María Goretti Morón-Nozaleda, Daniel Cobos Muñoz, Florentino Abaga Ondo Ndoho

The Health Care System in Equatorial Guinea

CRC 1342 Social Policy Country Briefs, 33

Edited by Gabriela de Carvalho

Bremen: CRC 1342, 2023



SFB 1342 Globale Entwicklungsdynamiken von Sozialpolitik /
CRC 1342 Global Dynamics of Social Policy

A04: Global developments in health care systems and long-term
care as a new social risk

Contact: crc-countrybrief@uni-bremen.de

Postadresse / Postaddress:

Postfach 33 04 40, D - 28334 Bremen

Website:

<https://www.socialpolicydynamics.de>

[DOI <https://doi.org/10.26092/elib/2646>]

[ISSN 2700-4392]

Funded by the Deutsche Forschungsgemeinschaft

(DFG, German Research Foundation)

Projektnummer 374666841 – SFB 1342

Carmen Libertad Ballester Otero
María Goretti Morón-Nozaleda
Daniel Cobos Muñoz
Florentino Abaga Ondo Ndoho

The Health Care System in Equatorial Guinea

CRC 1342
No. 33

THE HEALTH CARE SYSTEM IN EQUATORIAL GUINEA

Carmen Libertad Ballester Otero*

María Goretti Morón-Nozaleda**

Daniel Cobos Muñoz***

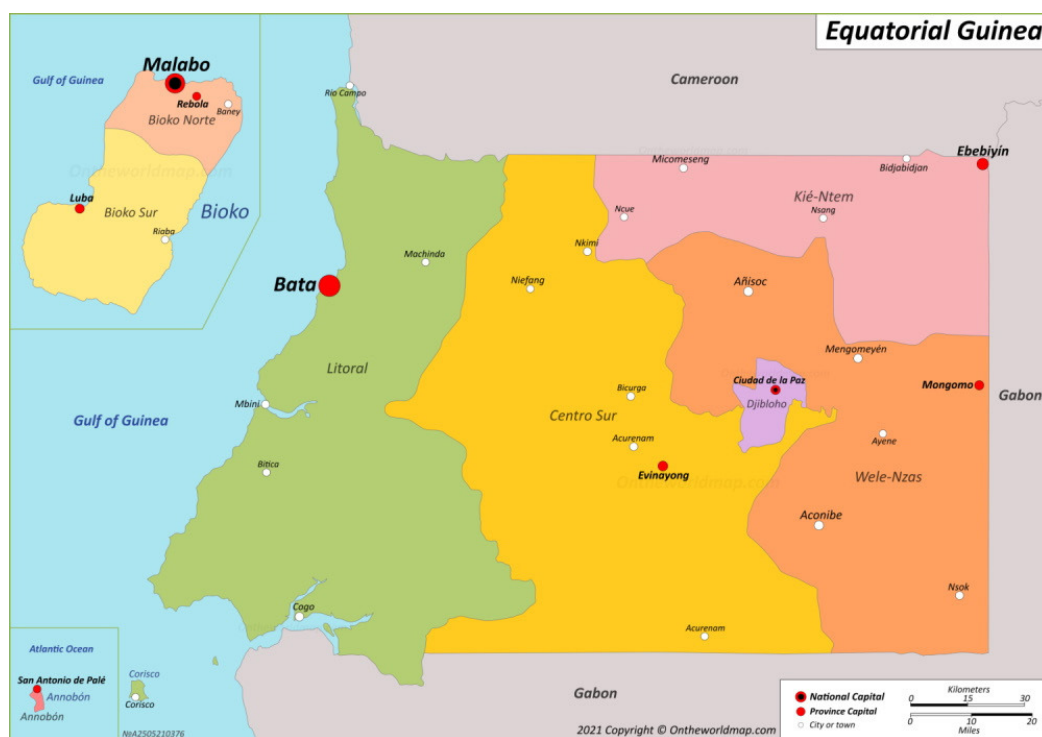
Florentino Abaga Ondo Ndoho****

Content

1. COUNTRY OVERVIEW (LATEST DATA AVAILABLE)	3
2. SELECTED HEALTH INDICATORS	3
3. LEGAL BEGINNING OF THE SYSTEM	4
4. CHARACTERISTICS OF THE SYSTEM AT INTRODUCTION	4
a. Organisational structure	4
5. SUBSEQUENT HISTORICAL DEVELOPMENT OF PUBLIC POLICY ON HEALTH CARE	4
a. Reform I	4
b. Reform II.	5
c. Reform III	6
d. Reform IV	6
e. Reform V.	7
6. DESCRIPTION OF CURRENT HEALTH CARE SYSTEM	8
a. Organizational structure	8
b. Provision.	9
c. Financing	9
d. Regulation of dominant system.	10
7. CO-EXISTING SYSTEMS	11
8. ROLE OF GLOBAL ACTORS	12
9. LIST OF RELEVANT LEGAL ACTS	12
REFERENCES	13

* carmenlballester@gmail.com; ** goretti.nozaleda@swlstg.nhs.uk; *** daniel.cobos@swisstph.ch; **** florentinohospital@gmail.com

1. COUNTRY OVERVIEW (LATEST DATA AVAILABLE)



Source: <https://ontheworldmap.com/equatorial-guinea/> (Accessed June 24, 2022)

- » Sub-Region: Middle Africa
- » Capital: Malabo
- » Official Language: Spanish, French and Portuguese
- » Population size: 1,450, 000 million in 2021 (UNdata, 2021)
- » Share of rural population: 27% in 2020 (World Bank, 2021)
- » GDP: 10,021.86 million dollars in 2020 (World Bank, 2021)
- » Income group: Upper-middle-income (WB, 2021)
- » Gini Index: 45.5 (World Bank 2021; 2004 value)
- » Colonial period: Portuguese colonial rule (1472–1778); Spanish colonial territory (1778-1968); Equatorial Guinea gained independence in 1968

2. SELECTED HEALTH INDICATORS

Indicator	Country	Global Average
Male life expectancy in 2020	58	71
Female life expectancy in 2020	60	75
Under-5 mortality rate (per 1000 live births) in 2020	79	37
Maternal mortality rate (per 100000) in 2017	301	211
HIV prevalence (Adult population, 15-49) in 2020	7.3%	0.7%
Tuberculosis prevalence – (per 100000) in 2020	280	127

Source: The World Bank (2021)

3. LEGAL BEGINNING OF THE SYSTEM

Name and type of legal act	Decree-Law of 25th of September 1981
Date of <i>de jure</i> implementation	1984
Brief summary of content	A decentralized and self-managed system was established in the District of Evinayong following the “Bamako Initiative” (World Health Organization, 1987). This first District Model would serve as a pilot for the different national health strategies to come. In 1984, an agreement was signed among the Government of EG, the Spanish Cooperation and the World Health Organization (WHO) to make Primary Health Care (PHC) the basis of the system. Further extension to the whole country resulted in a dramatic improvement of health indicators, the definitive adoption of the decentralization approach, and the development of legal and technical regulations in order to achieve the WHO objective “Health for all by the year 2000” (Sima, 2011).
Socio-political context of introduction	After the fall of the Francisco Macias Nguema regime and the rise to power of Teodoro Obiang Nguema Mbasogo in 1979, there was a process of openness in Equatorial Guinea’s (EG) international relations, mainly with Spain. On October 23rd, 1980, both countries signed an agreement of “Friendship and Cooperation” in Madrid in order to improve the living conditions in EG (Gobierno de España, 1981). One of the main objectives of the program was to strengthen the country’s weakened health system. As a result, Spanish health professionals of all levels of care travelled to EG to support health units, and the basis of the health system was established in the decree – law of the 25th of September 1981.

4. CHARACTERISTICS OF THE SYSTEM AT INTRODUCTION

a. Organisational structure

PHC has been the basic pillar of the health sector since 1985. In 1990, a Presidential Decree (Gobierno de Guinea Ecuatorial, 1990) established the three structures that would lead the district level health care:

- » District Development Committee (DDC): Chaired by the government’s delegate. Its function is the management of local initiatives and application of national and regional development guidelines. With a multisectoral composition, it is made up of the mayor and representatives of various social and religious services and institutions.
- » District Health Committee (DHC): In charge of developing the health sector. Chaired by the government delegate with the person in charge of health district and multisectoral representatives of different services and communities.
- » District Health Team (DHT): In charge of executing the district health activities, emanating from the operational plans of the District Health and Development Committees. Chaired by the Director of the Health District and includes members such as the director of the hospital, health responsibilities of every level, the hospital administrator and representatives of agents of health.

5. SUBSEQUENT HISTORICAL DEVELOPMENT OF PUBLIC POLICY ON HEALTH CARE

As of 2023, there has been no major reform of the healthcare system. Below we describe the developments of the system.

a. Reform I

Name and type of legal act	Decentralization policy
Year the law was passed	1997
Brief summary of content	Equatorial Guinea’s decentralization policy in 1997 was implemented by the government with the aim of transferring power and resources to the country’s regions. This policy sought to promote local development, strengthen citizen participation, and improve efficiency in public administration. Decentralization was carried out through the creation of regional and municipal councils, which would be responsible for decision-making and the management of local affairs. These councils would be made up of representatives elected by the population of each region or municipality. In addition, a system for transferring financial and

Brief summary of content (continued)	administrative resources from the central government to regional and municipal governments was established. This would allow the regions and municipalities to have greater autonomy in the management of their resources and development projects. The decentralization policy also sought to promote citizen participation in decision-making and the accountability of local governments. Citizen participation mechanisms were established, such as public consultations and the creation of local development councils to involve the population in the planning and execution of projects. However, despite the efforts made, the implementation of decentralization in Equatorial Guinea has faced several challenges. Among them are the lack of financial and technical resources, the lack of training of local officials, and the lack of effective citizen participation.
Population coverage	The health decentralization policy of Equatorial Guinea in 1997 is aimed at the general population of the country, with the goal of improving access and quality of health services in all regions and municipalities.
Type of benefits	The services provided through this policy include primary medical care, preventive care, health promotion, maternal and childcare, disease control, emergency services, and other basic health services. The structure of the health system was divided into three levels: central (Ministry of Health), intermediate (Provincial and Regional), and peripheral (District level), according to the administrative structure of the country (decree number 23, 16th December 1997). However, despite the formal creation of these structures, the health care system collapsed and health indicators declined dramatically because of the breach of agreement with the Spanish Cooperation in the 90's and the withdrawal of financial and human resources (Rodríguez-Núñez, 2005).
Socio-political context of introduction	This policy was launched in a socio-political context in which Equatorial Guinea was seeking to strengthen its health system and improve the quality of life of its population. The government recognized the importance of decentralizing health services to bring them closer to local communities and ensure equitable access to them. In addition, this policy is also part of the government's broader efforts to promote local development and strengthen citizen participation in decision-making. Health decentralization was seen as a strategy to empower local communities and offer them greater control over the health services provided in their areas. It is important to highlight that although this policy was implemented in 1997, its success and scope may vary depending on the resources available, the training of health personnel, and other socioeconomic and political factors.

b. Reform II

Name and type of legal act	National Policy
Year the law was passed	2002
Brief summary of content	The National Policy of Equatorial Guinea of 2002 establishes the guidelines and general objectives for the development of the country in various areas, including the economy, education, health, infrastructure, among others. Although detailed information on the specific content of the policy is not available, it is expected to address issues such as sustainable economic development, poverty reduction, improvement of education and health, promotion of gender equality, protection of the environment and the promotion of citizen participation. Equatorial Guinea is a country rich in natural resources, especially oil. However, the distribution and management of these resources can influence the availability of funds to effectively implement the policy.
Population coverage	The beneficiary population of the Equatorial Guinea National Policy of 2002 would be the entire population of the country, regardless of their geographic location or socioeconomic condition. The objective would be to improve living conditions and promote the well-being of all citizens.
Available benefits	Specific information is not available.
Socio-political context of introduction	The socio-political context in which this policy was introduced was that of a country that sought to boost its development and improve the living conditions of its population. Equatorial Guinea has experienced significant economic growth in recent decades due to its natural resources, especially oil, but it also faces challenges in terms of inequality, poverty, and limited access to basic services. The 2002 National Policy was implemented with the aim of addressing these challenges and promoting equitable and sustainable development in the country. However, it is important to note that the success and effectiveness of implementing this policy may vary depending on available resources, implementation capacity, and other socioeconomic and political factors.

c. Reform III

Name and type of legal act	Action Plan Horizon 2020
Year the law was passed	2007
Brief summary of content	<p>The Action Plan Horizon 2020 was a strategic development plan launched by the government of Equatorial Guinea in 2007. Its primary objective was to diversify the country's economy, reduce its dependency on oil revenues, and promote sustainable development across various sectors.</p> <p>In terms of health outcomes, the main goals of the plan were to: 1. Strengthen the organization and mechanisms for coordination and management of the national health system; 2. Improve the supply, informed demand, access, and quality of the services of health for the entire population; 3. Improve the health of mothers and women; 4. Improve the health of children, youth, adolescents, and men; 5. Strengthen the fight against endemic diseases; and 6. Strengthen surveillance and response to other endemic diseases.</p>
Population coverage	The plan aimed to benefit the entire population of Equatorial Guinea, including both urban and rural areas. Its focus was on improving the living conditions and well-being of all citizens.
Available benefits	The specific services and initiatives outlined in the Action Plan Horizon 2020 varied across different sectors. The plan aimed to invest in infrastructure development, education, health-care, agriculture, tourism, and other key sectors to foster economic growth and social development. It also emphasized the importance of human capital development, job creation, and poverty reduction.
Socio-political context of introduction	The introduction of the Action Plan Horizon 2020 took place in a socio-political context where Equatorial Guinea was seeking to diversify its economy and reduce its reliance on oil revenues. The country had experienced significant economic growth due to its oil resources, but there was a recognition of the need for long-term sustainable development and the reduction of socio-economic disparities. The plan was part of the government's broader efforts to transform Equatorial Guinea into an emerging economy by the year 2020. It aimed to leverage the country's resources and create a more inclusive and diversified economy that would benefit all citizens. It is important to note that the success and implementation of the Action Plan Horizon 2020 was dependant upon various factors, including the availability of resources, effective governance, and the ability to attract investments and partnerships.

d. Reform IV

Name and type of legal act	Proposal for updating the essential package of PHC activities and resources in Equatorial Guinea
Year the law was passed	2010
Brief summary of content	<ul style="list-style-type: none"> » Implementation of the District Development Committees and Health Committees. » Strengthen the District Health Teams for their operationalization through the formations and resource allocations. » Develop an instrument for carrying out activities and monitoring and evaluating the operation of the District Health Teams. » Government delegates should establish or adopt frequent meetings to reach consensus on decision-making, and analyse, supervise, and control the activities of Primary Health Services in the district. » Promote the training of quality human resources, especially in terms of community health. » Update the Presidential Decree on the operation of the Committees of Development and District Health Committees. » Apply decentralization mechanisms in the provision of resources for better use at the health district level.
Population coverage	The proposal aimed to cover the entire/whole population.
Available benefits	<p>To create annual action plans in the districts, to strengthen the management capacity of district health teams and to increase community participation.</p> <p>The essential package of health services by levels was reviewed and provide the necessary management tools for district health teams.</p>
Socio-political context of introduction	The proposal was launched after a multiagency conference held in 2008, coinciding with the 30th anniversary of Alma Ata and the campaign to relaunch Primary Health Care carried out by the WHO worldwide. The main objective of this conference was to promote a change of paradigm in the organization of the health system from a system centred on the hospitals, to a decentralized system based on primary health care.

e. Reform V

Name and type of legal act	National Health Development Plan
Date the law was passed	December 2020
Date of <i>de jure</i> implementation	2021-2025
Brief summary of content	It consists of four priority programs with 13 sub-programs, 51 expected results, and 248 process indicators which make it possible to monitor the implementation of the successive annual operational plans during the five-year life of the NHDP. The NHDP also includes the following objectives: (i) boost quality governance of the health system for greater service delivery and promotion of the culture of accountability, (ii) strengthen the organization and coordination and management mechanisms of the National Health System, (iii) improve the supply, informed demand, access, and quality of health services for mothers and women, children, adolescents and men, (iv) Strengthen the fight against endemic diseases (Malaria, Tuberculosis, HIV/AIDS, Hepatitis as well as neglected diseases), (v) strengthen the control of chronic communicable and non-communicable diseases, (vi) strengthen the health surveillance system and response to emerging and re-emerging endemic diseases and other public health events, (vii) substantially increase the quantity and quality of human resources in the health sector, giving priority to the national supply, including those in the diaspora, and (viii) develop a financing model that involves the participation of the private sector and other partners in health development.
Population coverage	This plan aims to improve equitable access of the population to quality health services to ensure Universal Health Coverage (UHC) and increase the utilization of quality health services for the entire population.
Available benefits	Equatorial Guinea has 18 public hospitals, 109 health centres and 387 health posts. Although most health centres and health posts are not functioning due to lack of personnel, equipment, and essential medicines. Despite these efforts, infrastructure development in the health sector does not yet have established standards in accordance with the needs and size of the population. Regarding Primary Health Care (PHC), the implementation of the strategy is still insufficient according to WHO standards and the real needs of the country. First level services (prevention and promotion) are carried out in only 225 out of 387 existing health posts (58.5%) and 47 health centers are considered operational, out of 109 existing ones (43.11%). This level (prevention and promotion) offers poor quality services due to a lack of human resources (in quantity and quality). Of the 18 public hospital, 11 district hospitals constitute the first reference level and 5 provincial hospitals correspond to the second level of health care. These both provide insufficient services due to the low quality of equipment, frequent stock-outs of medicines and supplies, as well as the deficient quantity and quality of personnel. The other two public hospitals are regional hospitals of Malabo and Bata which correspond to the third level of service provision. The Bata hospital is the university hospital due to its role in the training of human resources and health research. This level benefits from the presence of para-public and private care structures with more extensive and higher quality services, due to the technical equipment and the presence of qualified staff that integrates specialists in medical sciences to deal with complicated cases.
Socio-political context of introduction	The development of the National Health Development Plan (NHDP) by the Ministry of Health and Social Welfare (MOHSW), and with technical support from the WHO, was developed based on a roadmap that includes a situation analysis with a national team of MOHSW services and programs updating of the 2002 National Health Policy and development of the NHDP. The situation analysis of the National Health System highlighted the following major problems: (i) weak leadership and governance in the management of the health system, (ii) lack of a National Health Human Resources Development Plan, (iii) poor quality of available health infrastructure and medical equipment, (iv) irregular supply of electricity, drinking water, maintenance, and inadequate means of communication in several hospitals and health centres, (v) poor logistics management system for drugs and other health products, (vi) poor health financing, below the 15% committed in Abuja in 2001, (vii) poor National Health Information System (NHIS) at all levels of the national health pyramid and (viii) poor coverage and utilization of care services at different levels towards the goal of the Major Program "Health for All by Horizon 2020". The limitations in the expansion of the NHDP were mainly the insufficient statistical data - due to the failure to conduct the second Equatorial Guinea Demographic and Health Survey in 2017 which has not allowed to have updated indicators to assess the achievements reached in the different programs and projects and to establish the baseline targets of the NHDP in 2021.

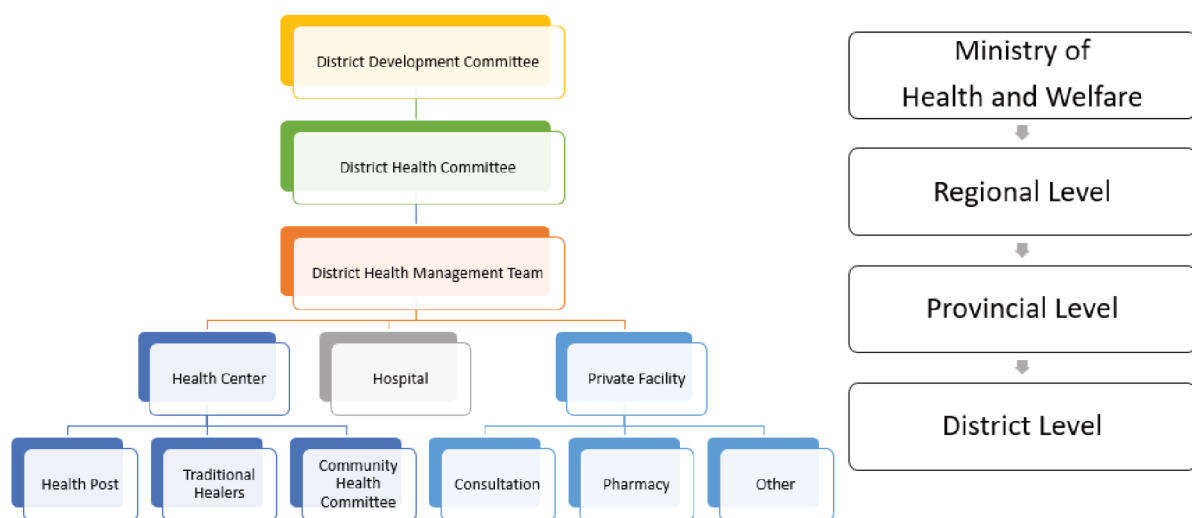
6. DESCRIPTION OF CURRENT HEALTH CARE SYSTEM

a. Organizational structure

The public health system is divided into three levels (Sánchez Zarzosa et al. 1997), corresponding to the administrative structure of the country (Figure 1):

- » Central (Ministry of Health): policy formulating and planning.
- » Intermediate (Provincial and Regional Level): technical and logistical support and coordination of operational level.
- » Peripheral (District Level): operational level. Each district is itself structured into three health care levels: tertiary (hospital), secondary (health center) and primary (health post).

Figure 1. Administrative Health System Structure in Equatorial Guinea



Source: Sánchez Zarzosa et al. 1997

This structure should allow participation of every level (MINSABS, República de Guinea Ecuatorial, 2002) (Gobierno de Guinea Ecuatorial, 1990). Nevertheless, planning, coordinating, and monitoring mechanisms are weak, leading to a highly centralized system, meaning most of the decisions are made at central level (Cobos & Monzon, 2010). Either regional nor provincial levels operate properly, making the communication between district and central level very difficult. Furthermore, district management structures are not operative. The recent approval of the National Health Policy 2020-2035 (MINSABS, República de Guinea Ecuatorial, 2020) aims to push the decentralization process.

- » **Regional allocation of responsibilities for healthcare:** The Ministry of Health is responsible for policy development, strategic planning, and resource allocation. National Disease Programs (vertical programs such as HIV, malaria, vaccination...) depend on the General Directorate for Public Health and Disease Prevention. They are implemented in a vertical style, meaning the central level not only leads the strategic guidance for services provision, but also takes operational responsibility (Cobos, 2016; Sanchez Zarzosa et al, 1997). The regional and provincial levels coordinate program activities and provide logistical support to districts. At the district level the main responsibilities are the implementation and monitoring of the different programs through the District Development Committee, District Health Committee and the District Health Team (Cobos, 2016; Sanchez Zarzosa et al, 1997).
- » There are no separate systems for different parts of the population within the main public health system. However, there are some co-existing systems providing coverage mainly to the rich population and public officers, as well as a widely disseminated informal system, mainly consisting of traditional healers.

- » **Eligibility/entitlement:** No condition of eligibility was found in the public health system, except being in a position to pay the fees.
- » **Coverage** (MINSABS. República de Guinea Ecuatorial, 2021):

Percentage of population covered by government schemes	Not available
Percentage of population covered by social insurance schemes	6.8%
Percentage of population covered by private schemes	Not available
Percentage of population uncovered	Not available

b. Provision

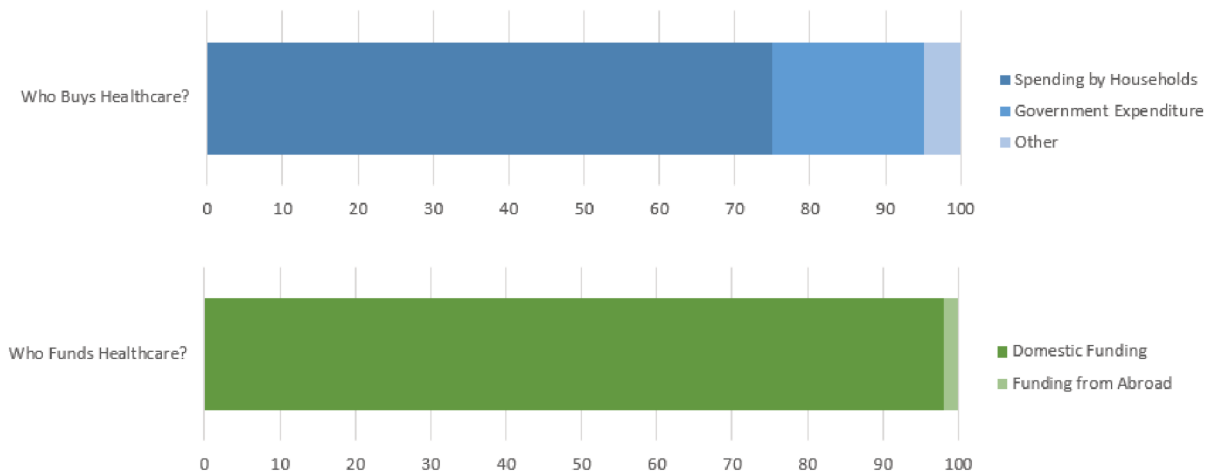
- » Lack of human resources both in quantity and quality is a big concern in the country. According to the census of health workers carried out by the Public Administration there are 110 medical doctors, 367 nurses and 104 midwives (MINSABS, República de Guinea Ecuatorial, 2020). Those data do not correspond to that published by the global health observatory of the World Health Organization (WHO, update 2018), with 507 medical doctors (density 4/10000 population) and 634 nurses and midwives (density 5/10000 population). After dividing by private, public or para-public sectors, health workers are distributed 0.6% in the public, 14% in the private, 5,1% in the para-public and 0.3% both in public and private sectors, with a large concentration of professionals in the cities of Malabo and Bata, to the detriment of other districts (MINSABS, República de Guinea Ecuatorial, 2020). Rural areas have 12,6% of health workers but 60% of total population (Roca, 2007).
- » **Number/density of beds in public, for-profit, not-for profit institutions:** 21 per 10,000 population Hospital Beds in 2010 (WHO, 2018). No data found on distribution.
- » **Importance of inpatient and outpatient sectors:** The average for the country is 3 hospitalizations per 100 inhabitants per year. The activity in general outpatient consultation is 0.22 per inhabitant and year; in prenatal care, it is 33 consultations per 100 women of childbearing age and year, being the first visit coverage 86% and the fourth visit coverage 37% (O'Shanahan, 2011). It is to be noted that distribution of health services is unequal within levels, with a high concentration of services in hospitals (including those corresponding to the PHC), and lack of primary health care activities in the health centres and posts (Cobos Muñoz, 2016).

c. Financing

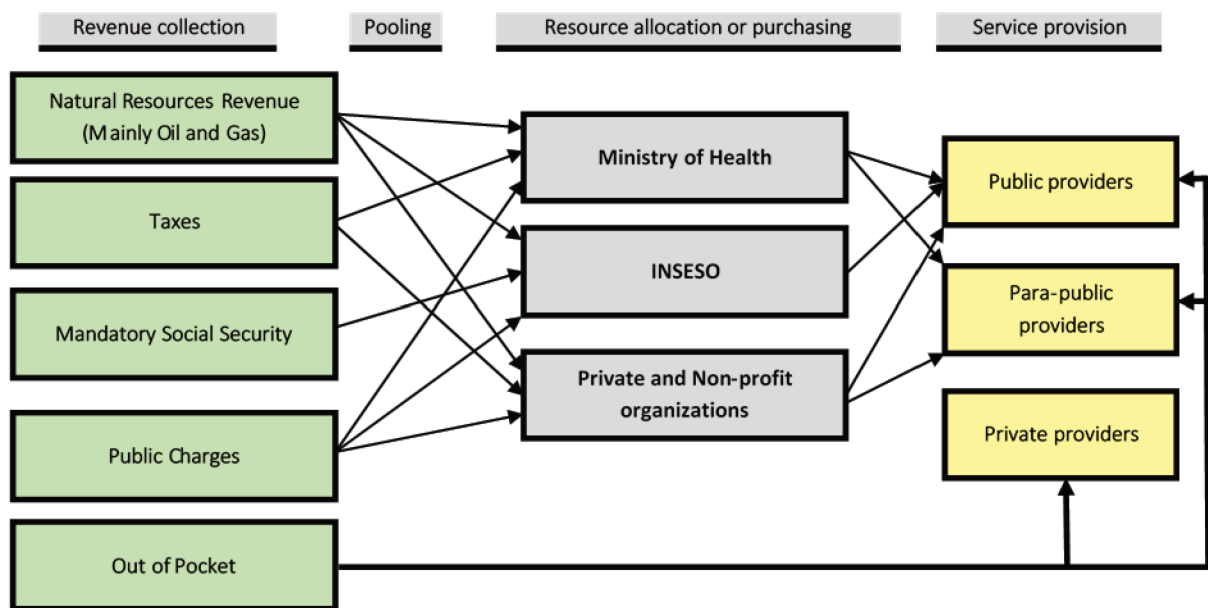
- » **Total expenditure for health:** In 2018, EG's GDP was 13.278 billion current US\$ (World Bank, 2021). General government expenditure (GGE) was 18% of GDP and the total health expenditure on health was 3% of GDP (The World Health Organization, 2021).
- » **Actor shares of financing / shares of financing sources:** The EG Health System does not have national health accounts. Thus, health expenditure and income remain unknown making it difficult to develop a budget and adequate allocation of financial resources (MINSABS, República de Guinea Ecuatorial, 2020). The Health System relies on three different financing mechanisms (MINSABS, República de Guinea Ecuatorial, 2002):
 - » Government and partnerships: Domestic funding represents 98% of total expenditure in health and General Government Health Expenditure represents 20% of Current Health Expenditure.
 - » Compulsory Social Security: Managed by the Social Security Institute (INSESO), it covers workers in both the public and private sectors (in 2007, only 3.7% of general population). Its budget is separate from the MoH and their affiliates out of pocket payment are still 50% of services fees.
 - » Out of pocket payment: Represents the 75% of Current Health Expenditure. Within each facility, pharmacy income generates a self-sustaining fund, but 80% of other activities revenue must be reimbursed to the MoH and only 20% remain for local budget (Roca, 2007) (MINSABS, República de Guinea Ecuatorial, 2020). Although some treatments and procedures are subsidized for target population groups (i.e. pregnant women, children, HIV/AIDS), quite often health facilities do not have enough funding to

provide them and face stock shortage. Private insurance schemes have risen in recent years due to an increase in the number of international corporations' workers but remain unusual for the local population.

Figure 2. Financing sources



Source: WHO Global Health Expenditure Database. Accessed April 13th 2021



Source: Health System financing function in Equatorial Guinea (Shieber & Maeda, 1997)

d. Regulation of dominant system

The Ministry of Health is the Government executive authority in the field of health, responsible for the regulation and organization of the health system.

The health facilities at different levels are regulated by the ministerial orders listed below. They include: the location, objectives, functions, structure, and competences; the worker 's responsibilities, disciplinary regime, and work schedule; evaluation of performance, patient transfer, rights, and obligations of the users and self-management of the facility:

- » *Law 3/2003 of Medicines* which regulates the activity of health workers prescribing and dispensing pharmaceutical and health products.

- » *Ministerial order 1/2006, December 14th* by which the internal regulations of the Provincial and District Hospitals and their modifications are approved.
- » *Ministerial order 2/2006 December 14th*, by which the internal regulations of the Regional Hospitals and their modifications are approved.
- » *Ministerial order /2010* by which the general regulation of the Health Centers in the Republic of Equatorial Guinea is approved
- » *Ministerial order /2010* by which the general regulation of the Health Posts in the Republic of Equatorial Guinea is approved

Beginning in 2006, Government funding was allocated/earmarked to make a public service package available. It is focused on prevalent diseases (malaria and diarrhea), maternal health (prenatal control and delivery) and child health (free of charge in all services for children under 5 years of age). Regulated by Decree 107/2006 for patients with HIV, counseling, medical consultation, diagnosis test, treatment with antiretroviral, and monitoring is subsidized: the Government covers 80% of the cost or 100% in case of children under 18 years or people without financial resources. However, health units do not offer several of these services in a comprehensive manner. Examples of this situation are the maternal and child health service (complete in 22.4% of hospitals and 11.4% of centers), management of HIV patients (complete in 27.8% of hospitals and 4.6% of centers), mental health management (complete in 27.8% of hospitals and 4.6% of centers) or diabetes management (complete in approximately 33% of hospitals and health centers) (Cobos Muñoz, 2016). Regarding the access to other medicines, the Medicines Supply Center (CENTRAMED) currently manages pharmacies in public hospitals and seriously limits the population's access to medicines by offering a disproportionate amount of brand names medications which are notoriously expensive (MINSABS, República de Guinea Ecuatorial, 2020).

7. CO-EXISTING SYSTEMS

Services provision is quite fragmented in EG with a growing power of private institutions in recent years. Thus, we can find different subsectors providing health care services (MINSABS, República de Guinea Ecuatorial, 2002): the public sector (the dominant system already covered above), the para-public sector, the INSESO and the private sector.

- » **Para-Public sector:** Facilities managed by NGOs and not-for-profit organizations, but providing services within the public sector, for example:
 - » Fundación de Religiosos para la Salud (FRS). With Spanish Cooperation funding, FRS supports several health centers and the MoH Primary Health Care strategy.
 - » The Red Cross of EG.
 - » Referral Center for Endemic Disease Control. Run by the Institute Carlos III as part of a scientific and technical cooperation program with the Spanish government.
- » **Private sector:** Several hospitals, small clinics and health centers (mainly in urban areas), health posts and pharmacies provide private care. Access to private hospitals (usually providing very good quality care) is only affordable for the high-income population, but the use of small clinics (usually providing very low-quality care) and traditional healers is widespread (no official data was found). Although they are not considered within the formal sector of health service provision, the traditional healers (both national and foreign) have a significant presence in the EG society. In this sense, both a General Directorate of Traditional Medicine and a National Association of Traditional Healers (ASOMETRAGE) exist, and they aim to promote integration of traditional health care within the public health system.
- » **The National Social Security Institute (INSESO):** Regulated by Decree 23/1984, it is financed with the mandatory contributions of public officials and workers in the formal sector. It has its own network of health facilities spread throughout the country. They can be accessed only if you are up to date with the payment of contributions. Financing, provision, and organization are independent from MoH and organically depend on the Ministry of Labor and Social Security.

8. ROLE OF GLOBAL ACTORS

Equatorial Guinea has very few real development partners. The United Nations' system meets with the diplomatic community every six months and their agencies are involved in healthcare reform processes, but do not have regulatory responsibilities.

The catholic organization, FRS, is widely spread through the country and supports several health centers and the MoH Primary Health Care strategy (with Spanish cooperation funds). The Red Cross of Equatorial Guinea is also operating in the country, as well as the Institute Carlos III, organization that provides technical cooperation to the Center for Endemic Disease Control.

9. LIST OF RELEVANT LEGAL ACTS

- » Decree 03/1981 dated September 25, which regulates the bases of the health system.
- » Decree 51/1983 dated May 21, which regulates free medical-pharmaceutical assistance in all hospitals and official health centres of the national territory.
- » Equatorial Guinea, 1984. Decree no. 23 approving the organic statute of the Social Security Institute (INSESO).
- » Equatorial Guinea, 1984. Decree no. 104 by which the law of social security of the Republic of Equatorial Guinea is promulgated.
- » Law 4/1985, dated October 24, creating the national traditional medicine service.
- » Decree 98/1985 dated October 16, creating the National Society of the Red Cross of Equatorial Guinea.
- » Decree-Law 3/1988 dated April 26, which prohibits smoking of tobacco by children under 18 years of age and restricts its consumption in certain public sectors of the national scope.
- » Presidential Decree 99/1990 by which the development and district health committees and the corresponding health teams are created nationwide.
- » Decree no. 100/1990 dated September 28, which approves the Regulation of the General Social Security Scheme.
- » Decree 37/1990 dated May 24, which regulates medical-pharmaceutical and hospital care in all hospitals and official health centres in the national territory.
- » Decree 122/1991 dated December 17, which regulates the pharmaceutical sector in Equatorial Guinea.
- » Law 3/1996 dated Jan 02 on family planning in the republic of Equatorial Guinea.
- » Decree 23/1997 dated Dec 16, which establishes the names of hospitals and health centres in the state.
- » Law No. 1/1999 of February 24, on the Regime of Non-Governmental Organizations.
- » Decree 78/2001 dated October 29, approving the strategic framework plan and the emergency plan to fight AIDS in Equatorial Guinea.
- » Equatorial Guinea, Ministry of Health and Social Welfare. National Health Policy, 2002.
- » Decree No. 97/2002 dated May 27, approving the document of the National Policy for the Promotion of Women and Gender Equality in Equatorial Guinea.
- » Decree 111/2003 dated April 28, which creates the national committee for the follow-up of the action plan adopted by the national health conference.
- » Law 3/2003 dated November 18, which regulates the pharmaceutical practice.
- » Decree no. 32/2004, of May 17, which regulates the methods of acquisition and dispensing of antiretroviral drugs.
- » Law 3/2005 dated May 9 on the prevention and fight against sexually transmitted infections /HIV-AIDS and the defence of human rights of the affected persons.
- » Decree no. 107/2006, of November 20, by which urgent measures are taken to stop the spread of HIV/AIDS in the Republic of Equatorial Guinea.
- » Ministerial Order 1/2006 dated December 14, which approves the internal regulations of the Provincial and District Hospitals and their modifications.
- » Ministerial Order 2/2006 dated December 14, which approves the internal regulations of Regional Hospitals and their modifications.
- » Law 7/2006 dated November 02 regulating health practice in Equatorial Guinea

- » Tax Law dated May 16, 2007.
- » Law 7/2009 dated October 28, which regulates the operation of private healthcare establishments in Equatorial Guinea.
- » Presidential Order 2009 dated August 14, approving the internal regulations of the steering committee and the technical committee of the 2009 demographic and health survey in the republic of Equatorial Guinea.
- » Presidential Order 2009 dated December 14, which annulled articles 4 and 5 of Ministerial Order No. 2, dated September 7, 2007 of the Ministry of Health and Social Welfare, on fees for the La Paz de Bata medical centre.
- » Ministerial Order/ 2010 approving the general regulation of Health Centres in the Republic of Equatorial Guinea.
- » Ministerial Order/ 2010 approving the general regulation of Health Posts in the Republic of Equatorial Guinea.
- » Ministry of Health and Social Welfare. National Mental Health Policy Document, 2010.
- » Ministry of Health and Social Welfare. National Mental Health Plan Document, 2011.
- » Basic Law of Equatorial Guinea, 2012 (Article 23.2).
- » Ministerial Order 1/2016, which regulates the control of imports and the price of medicines.
- » Ministry of Health and Social Welfare. National Child Health Policy Document, 2018.
- » Equatorial Guinea. Decree 73/2018, dated April 18 for the homologation and registration of medicines.
- » Ministry of Health and Social Welfare. National Health Policy, 2019.
- » Decree number 114/2019 approving the Organic and Functional Regulations of the National Statistics Council.
- » Ministry of Health and Social Welfare. National Health Development Plan, 2020.
- » Law number 4/2020, dated November 5, on Sexual Health or Assisted Human Reproduction Techniques in the Republic of Equatorial Guinea.
- » Decree creating the National Epidemiological Surveillance System.

REFERENCES

- Cobos Muñoz, D. (2016). *Descentralización de los sistemas de salud: revisión sistemática de la literatura y estudio de caso en Guinea Ecuatorial*. Tesis Doctoral, Universidad Complutense de Madrid, Medicina Preventiva, Salud Pública e Historia de la Ciencia, Madrid.
- Cobos, D., & Monzón, L. (2010). *Consultoría para la unificación del desempeño de las actividades de los centros de salud de FRS*.
- Gobierno de España. (1981). *Tratado de Amistad y Cooperación entre España y Guinea Ecuatorial*. Madrid.
- Gobierno de Guinea Ecuatorial. (1990). *Decreto 99/90 por el que se crean en todo el ámbito nacional los comités de desarrollo y de salud distritales y los equipos de salud correspondientes*. Malabo.
- MINSABS, República de Guinea Ecuatorial. (2002). *Política Nacional de Salud*. Malabo.
- MINSABS, Guinea Ecuatorial Salud. (2020). *National Health Development Plan 2021-2025*.
- O'Shanahan, J.J. (2011). *Consultoría para la propuesta de un modelo de distrito sanitario en Guinea Ecuatorial*.
- Roca, M. (2007). La ética en el sistema sanitario de Guinea Ecuatorial. *Journal of the International Society of Bioethics*, 17, 7-16.
- Rodríguez-Núñez, Á. (2005). *La antigua Guinea española: análisis y perspectivas*.
- Sánchez Zarzosa, I., Rodríguez González, J., Mateo Moraleda, M., Santiago Pastor, M., & Sales Encinas, R. (1997). *Atención Primaria de Salud. Organización distrital de los servicios de salud*. República de Guinea Ecuatorial, Salud y Desarrollo.
- Shieber, G., & Maeda, A. (1997). A curmudgeon's guide to health care financing in developing countries. En G. Shieber (Ed.), *Innovations in health care financing*.
- Sima, J. M. (2011). *Atención Primaria de Salud en Guinea Ecuatorial. Conferencia Nacional de Atención Primaria en Guinea Ecuatorial*. Bata.
- UN Data. (2021). *UN Data. A world of information*. <https://data.un.org/> (last accessed 13th of April 2021)
- World Health Organization. *Global health observatory of the World Health Organization*, <https://data.who.int/countries> Updated 2018
- World Health Organization. (2021). *Global Health Workforce Statistics database*. Last accessed 13th April 2021

World Bank. (2021). *The World Bank Database*. Last accessed 13th April 2021

World Health Organization. (1987). *Women's and Children's health through the funding and management of essential drugs at community level: Bamako Initiative*. World Health Organization Regional Committee, Bamako.

World Health Organization. (2008). *The World Health Report 2008: Primary Health Care – Now More Than Ever*. Geneva.