



## **Guinea – Researched and compiled by the Refugee Documentation Centre of Ireland on 11 February 2011**

### **Information on general health services in Guinea and access to same.**

A report from *IRIN News* published in June 2010 states:

“When several people in southeastern Guinea were hurt in road accidents during recent election campaigning, a regional public hospital treating eight of the injured ran out of emergency medical supplies.

“The hospital used up all the bandages, suture kits and other supplies on hand to treat the accident victims,” said a health worker in the regional capital N’zérékoré who preferred anonymity.

With all eyes on the presidential election, set for 27 June, health officials and aid workers hope political change will lead to improvements in a broken health system and other social services.

A more stable political situation is also expected to pull back much-needed donor assistance.

“Shortage of medicines in public health centres is one of our most serious problems,” said Mohamed Lamine Tounkara, regional health director in the Kindia region, 137km east of the capital Conakry. But he said he is hopeful that a successful election will help turn things around.” (IRIN News (23 June 2010) *GUINEA: Election raises hope for change*)

The report also states:

“The UN Children’s Fund (UNICEF) head in Guinea, Julien Harneis, said a successful election “will open the door to investments in infrastructure, the economy, social services and security sector reform - necessary conditions for Guinea’s development.”

Most major donors suspended aid to Guinea after the December 2008 coup d’état or the September 2009 violent crackdown on civilians by soldiers. A deterioration of social services dates back years, with a sharp dive since a political crisis starting in 2006, aid workers in Guinea say.

“The disintegration of the basic health care system in Guinea is the most pressing problem for the country,” Harneis told IRIN. “The shelves of rural health centres are bare, health centres have underqualified staff.” (ibid)

Under the heading “Stop-gap measures” the report notes:

“Childhood killers such as measles, tetanus and polio - all preventable - have returned because routine immunization coverage has regressed in the past few years, Harneis said.” (ibid)

Page 9 paragraph 6 of a *UN Human Rights Council* reports notes:

“Right to social security and to an adequate standard of living point 44:

CEDAW was alarmed at the persistent high maternal mortality rate.<sup>84</sup> It recommended that the State undertake appropriate measures to improve women’s access to health care and health-related services and information, including access for women who live in rural areas. It called upon the State to improve the availability of sexual and reproductive health services, including family planning information and services, and to achieve the Millennium Development Goal of reducing maternal mortality. [...]

Point 46

CEDAW expressed its concern that widespread poverty among women and poor socio-economic conditions are among the causes of discrimination against women. The Committee was especially concerned about the situation of rural women, particularly in view of their precarious living conditions and lack of access to, among other things, justice, health care, education, credit facilities and community services.<sup>87</sup>” (UN Human Rights Council (19 February 2010) *Guinea: "Compilation prepared by the Office of the High Commissioner for Human Rights in accordance with paragraph 15 (b) of the annex to Human Rights Council resolution 5/1; Guinea [A/HRC/WG.6/8/GIN/2]"*)

A report from *IRIN News* published in December 2009 states:

“Access to basic services such as water, healthcare and education – already low in Guinea – is being seriously affected by the current situation.” Any further deterioration of livelihoods may trigger population displacements within and outside the country,” said a UN statement issued after a 16 December meeting, when UN officials, donors and NGOs discussed the situation.” (IRIN News (December 2009) *Guinea: Bracing for tomorrow, but what about today?*)

The opening paragraph in the *Amnesty International* annual report for Guinea published in May 2009 states:

“There were protests against shortages in water and electricity, the rise in prices of basic commodities, and the lack of education and health care facilities.” Amnesty International (28 May 2009) Annual Report 2009 – Guinea)

Under the heading ‘Excessive use of force’ the report notes:

“Two people were killed and seven others were seriously injured when security forces broke up demonstrations in Mambya, near Kindia in October. The demonstrators were protesting against the lack of electricity, water, schools and health centres.” (ibid)

Page 140 of a report from the *ICRC* notes:

“Detainees benefit from vital nutritional supplies and improvements to sanitary conditions.

In Guinea's overcrowded and under-resourced prison system, many detainees suffered health problems aggravated by unsanitary conditions, insufficient food and inadequate medical services.

Severely malnourished detainees benefited from direct emergency feeding programmes run by the Ministry of Justice with ICRC support. Between February and April, for instance, detainees in 26 facilities received life-saving food supplies, improving their immediate nutritional well-being." (ICRC (2009) *Annual Report 2009 Guinea*)

Under the heading 'Wounded and Sick' the report notes:

"To ensure adequate care for casualties requiring emergency medical treatment, the health authorities and the ICRC coordinated their efforts to boost the capacities of Guinea's health services, providing training, material and structural support to 30 health facilities.

Some 250 staff members, including surgeons, nurses and stretcher-bearers, from Conakry's 14 health centres, 5 community medical centres and the military hospital, improved their skills in stretcher handling, triage, sterilization and war surgery through courses and simulation exercises run by Guinean doctors, the National Society and the ICRC. To develop the long-term capacity of the health service to deliver appropriate emergency care, teachers and higher education authorities agreed to introduce a new war-surgery module in the National University's surgery curriculum.

Medical facilities developed and tested emergency response strategies with ICRC support, improving their capacities to cope with a sudden influx of patients." [...] (ibid)

A June 2008 *IRIN News* report states:

"CONAKRY, 3 June 2008 (IRIN) - Aboubacar Traoré took his two-year-old daughter Hadya Bintou for emergency medical treatment at the Donka paediatrics hospital in Boké, Conakry after she had spent two days crying in pain.

A sign on the wall clearly marked the consultation fee of US\$5. But when Traoré tried to hand over the money the doctor asked for more.

"I refused to pay; the fee was clearly marked on all the official forms," Traoré said, "so the doctor made me take back our forms and ordered us to leave."

Traoré ended up paying the bribe he was asked for and his daughter was treated. "What choice did I have?" He asked IRIN.

These additional fees are crippling for many Guineans. Almost half the estimated population of 9.5 million lives on under US\$1 a day." (IRIN News (03 June 2008) - *Guinea: "We'll treat you, if you pay the bribe," doctors say*)

Under the heading 'Investing in People: Health' *US AID* states:

"USAID seeks to improve health service delivery to reduce maternal and child mortality, increase contraceptive use, and maintain a low HIV/AIDS prevalence—which is now only 1.5 percent. To keep the HIV/AIDS rate from rising, USAID supported 26 centers that have tested and counseled more than 52,000 people.

Three hospitals now provide USAID-supported obstetric fistula care, and more than 300 women were successfully treated for fistula in 2009. In addition, USAID helped fund measles vaccination and distribution of vitamin A supplements and de-worming medicine for approximately 2 million children. As a result of USAID support, 532 health centers now offer family planning services; 429 USAID-trained workers provide family planning supplies and services to hard-to-reach communities; and over 1 million contraceptives have been distributed to health facilities. USAID-assisted locations now have an estimated contraceptive prevalence rate of 13 percent—versus the national average of 6 percent.” (US AID (22 July 2010) *Guinea: Overview*)

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This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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