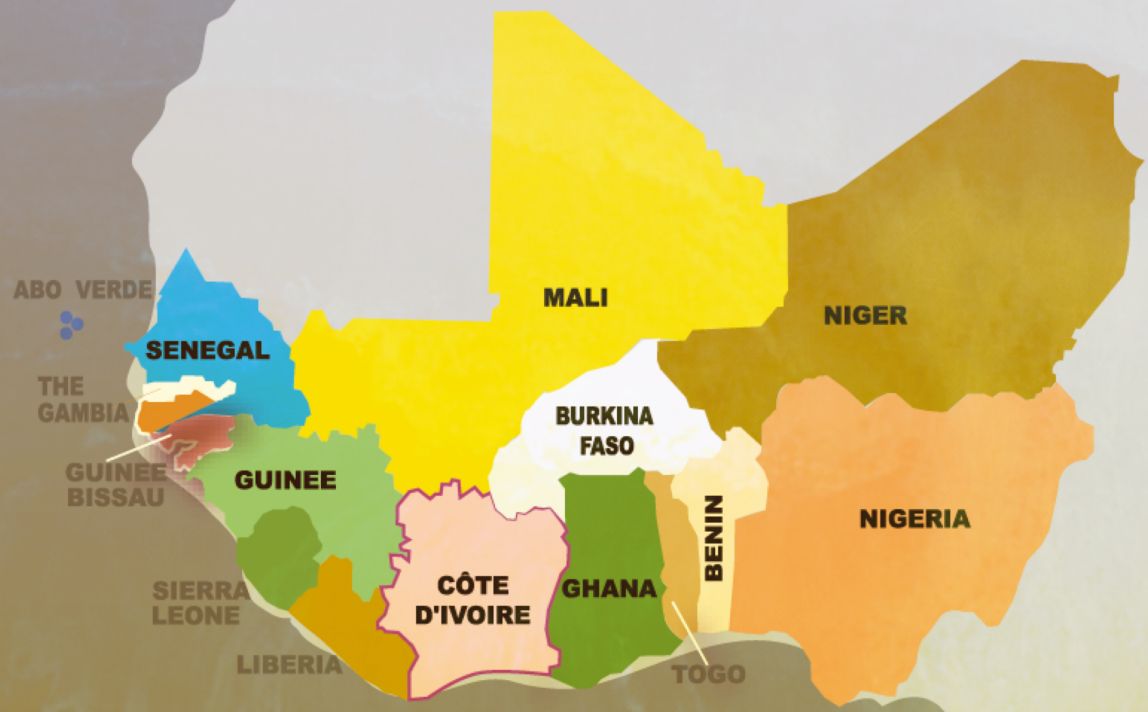
ORGANISATION OUEST AFRICAINE DE LA SANTE (OOAS)



PROFILE OOAS

2009

This document was developed jointly by :

Director of publication
Director General of WAHO

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- DDG /WAHO,
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PREFACE

In 2009, we made the firm commitment to regularly publish a document under the title «HEALTH PROFILE OF ECOWAS MEMBER COUNTRIES ». We are taking up our bet with the publication of the present number, the content of which deals with the events recorded in the area of health in the year 2009.

In its capacity as the specialised institution of ECOWAS for health issues, WAHO wishes, through this edition, to discharge its mission of ensuring the availability of relevant information to assist decision making by all users as a whole and more specifically the community of policy makers and health professionals.

There is no point in chanting further the merits and importance of information in the area of health; it is so evident that it goes hand in hand with multiple actions in terms of disease prevention and management for the well being of the populations.

This is why we are all involved in the production of this hand book the goal of which is to facilitate a more profound snapshot of the health realities of our common geographic space.

The accomplishment of the 2009 edition appears to be going along these rails on grounds of the strong participation of ECOWAS countries who are interested in assisting us to provide a well researched content.

The publication of health information for the year 2009 is based on a compilation and quality control of data emanating from information sharing between countries and WAHO. The detailed information available in the document deals with the demographic profile, the health status of the population and finally the performance of the health systems.

As I did on the occasion of the publication of the 2008 edition, I once again express the wish that this document may live up to our expectations in terms of information exchange and stimulate effective decision making for the benefit of the populations and also that it becomes a platform that will promote better knowledge of the status of our geographic space and encourage vigorous and concrete actions in favour of the Community.

Through my humble person, WAHO reiterates its commitment to pursue this work and addresses its acknowledgements and gratitude to the various contributors whose efforts have been crowned today with the publication of the present document.

Dr. Plácido Monteiro CARDOSO
Director General, WAHO

Introduction

The « Health Profile of ECOWAS Countries» the second edition of which the Health Institution has just published is the fruit of a long process marked by various important stages.

In response to a request by the West African Health Organisation (WAHO) the various ECOWAS countries, through their national directors of health information (NHIS), provided the information to address indicators identified in advance by WAHO.

The data thus gathered enabled the compilation and quality cross checking before verification and validation by the countries through the national directors of NHIS and of integrated disease surveillance and response to epidemics (IDSR).

Following profound examination, a multi-disciplinary group comprising members of the Technical Committee for Health Information Management within WAHO, the Coordinators of priority health programmes (HIV, Malaria/TB, SMI), the Programme Officer for Communication, the two Technical Assistants of the WAHO/AMDD and WA_LEAD partnerships, the Deputy Director General and the Director of Planning and Technical Assistance at WAHO all proceeded to finalise the document, before forwarding it to the printers.

The « Health Profile of ECOWAS Countries» 2009 edition is first and foremost the product of team work, consensual and forward looking whose exemplary character needs to be highly commended. The content carries forward the logic of improving upon information meant for publication and also ensuring the quality of the data received from the various sources.

The document comprises six (06) parts:

- Demographic Information;
- Situation health system financing within the ECOWAS region;
- Information on mother and child health;
- Information on priority communicable diseases;
- Availability of health care delivery services and human resources in health;
- Performance of national health information systems.

I. INFORMATION ON DEMOGRAPHICS

Information on the population in 2009 is based on estimates made as of the year of the last general population census held in each country (see Table 1).
It has to be pointed out that the year of the last census varies between 1981 (Togo) and 2010 (Cape Verde). The rate of population growth is based on these latest census figures.

Population growth varies from one country to the next: countries like Benin, Burkina Faso, Guinea and Niger present rates of increase higher than 3%. Cape Verde and Sierra Leone, on the other hand, present rates lower than 2%.

Table 1.1: Population of ECOWAS

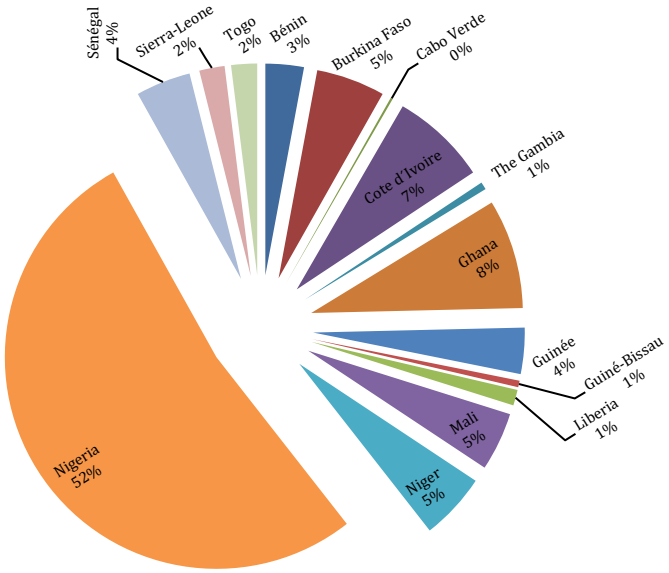
Country	Year of last census organised in the country	Rate of population growth, %	Estimated Population in 2009		
			Total Population	Proportion of population per country, %	Percentage of women
Benin	2002	3,3%	8.497.827	2,9%	51,1%
Burkina Faso	2006	3,1%	15.224.780	5,3%	51,7%
Cape Verde	2010	1,2%	491.575	0,2%	50,5%
Cote d´Ivoire	1998	2,8%	21.254.405	7,3%	52,0%
The Gambia	2003	2,7%	1.673.603	0,6%	50,6%
Ghana	2000	2,7%	24.252.438	8,4%	50,5%
Guinea	1996	3,1%	10.217.591	3,5%	51,0%
Guinea-Bissau	2009	2,5%	1.449.230	0,5%	51,5%
Liberia	2008	2,1%	3.476.608	1,2%	50,0%
Mali	1998	2,2%	12.958.391	4,5%	51,0%
Niger	2001	3,3%	14.825.071	5,1%	50,1%
Nigeria	2006	2,8%	152.096.201	52,5%	49,9%
Senegal	2002	2,6%	12.158.437	4,2%	50,6%
Sierra-Leone	2004	1,8%	5.607.930	1,9%	51,1%
Togo	1981	2,4%	5.731.720	2,0%	51,0%
ECOWAS		2,6%	289.915.807		50,4%

Sources : Country NHIS

In 2009 the population of the ECOWAS region was estimated at about 290 million inhabitants. Nigeria alone accounts for 52.5% of the ECOWAS population. Cape Verde, Guinea-Bissau and the Gambia represent respectively 0.2%, 0.5% and 0.6% of the ECOWAS population.

In almost all ECOWAS countries the female population represents a relative majority (50% and over).

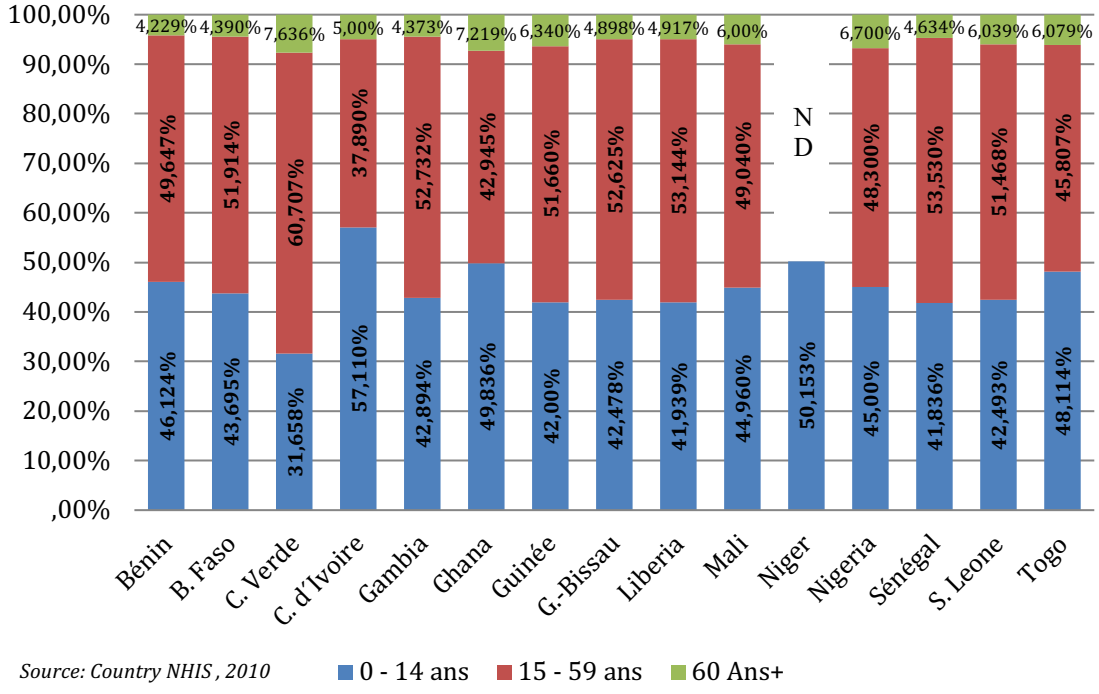
Graph 1.1: Propoportion of ECOWAS population per country



Source: SNIS Pays, 2010

The under 15 population accounts for over 40% in almost all countries, with the exception of Cape Verde (31.7%). The adult population aged 60 and above represents an insignificant burden in the demographic structure of all countries of the region, varying between 4.2% and 7.6%. Cape Verde and Ghana account for the highest proportions in this age group.

Graph 1.2: Proportion of population per age group , 2009



Source: Country NHIS , 2010

II. THE STATUS OF HEALTH SYSTEM FINANCING WITHIN THE ECOWAS REGION

According to available information the proportion of State budget allocated to health in each ECOWAS member country is below the target of 15% proposed in the Abuja Declaration. Ghana and Senegal have attained the level of 10%, whereas the Cote d´Ivoire, Nigeria and Togo are at the lowest level on the scale (4.4% - 5%).

As compared to the general public expenditure on health as a percentage of the total health expenditures it is observed that State contributions to the total health budget fails to cover the total health expenditures, generating a situation of dependency on external sources.

Table 2.1. Information on health financing systems, 2009

Country	Proportion of the National Budget allocated to health	General public expenditure on health as a percentage of the total health expenditure	Percentage of external assistance to the health budget
Benin	6,1%	21,0%	26,8%
Burkina Faso	9,5%	49,3%	50,7%
Cape Verde	ND	ND	ND
Cote d´Ivoire	4,4%	17,0%	13,0%
The Gambia	9,0%	-	-
Ghana	11,5%	41,5%	22,8%
Guinea	6,0%	3,0%	-
Guinea-Bissau	ND	ND	ND
Liberia	7,0%	15,0%	47,0%
Mali	6,7%	11,3%	17,0%
Niger	9,4%	33,1%	46,4%
Nigeria	5,0%	-	-
Senegal	10,3%	90,6%	-
Sierra-Leone	9,0%	19,0%	11,5%
Togo	5,0%	-	-

Source: Country NHIS, 2010

III. INFORMATION ON MOTHER AND CHILD HEALTH WITHIN THE ECOWAS REGION

3.1. Information on maternal and infant mortality

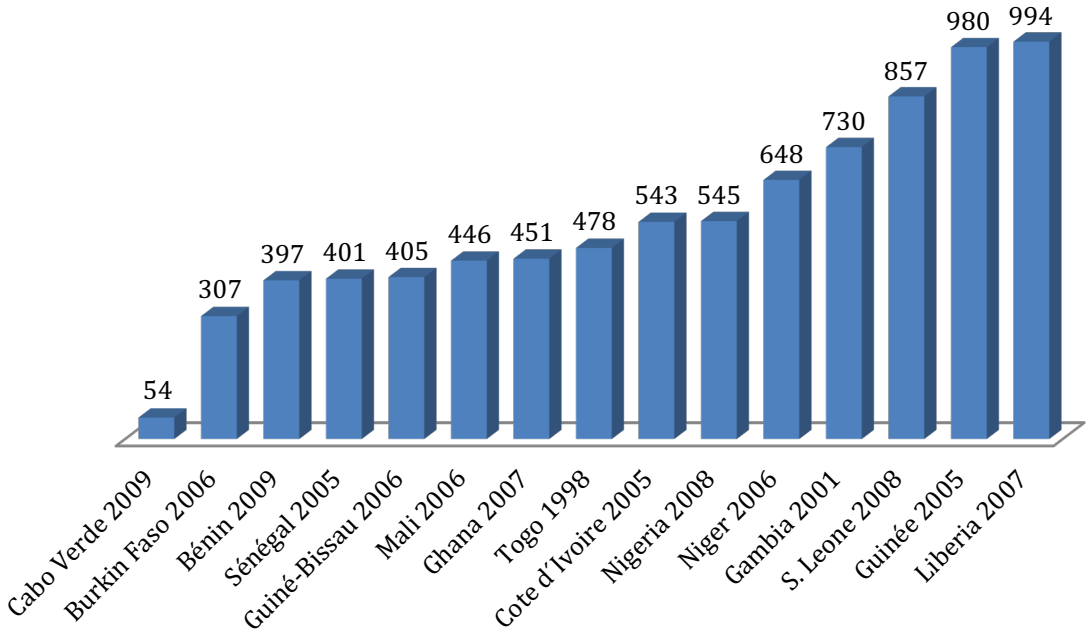
Maternal mortality

The data commented here concerns very different years: from 1998 (Togo) up to 2009 (Benin, Cape Verde). The real situation may have developed further in these countries. However, the levels of maternal mortality continue to be a source of concern (Table 3.1).

The lowest mortality rate was recorded in Cape Verde in 2009 (53.7 maternal deaths to 100.000 LB) and the highest in Liberia in 2007 (994/100.000 LB) see Graph 3.1.

As compared to the attainment of the MDG targets defined for 2015, all countries still have enormous efforts to make to achieve the reduction of maternal mortality within the geographical space.

Graph 3.1: Maternal mortality (per 100.000 LB) per ECOWAS country



Neonatal Mortality

The data commented here for this indicator concern various years: from 2003 (Burkina Faso) up to 2009 (Benin, Cape Verde). The situation on the ground may have developed positively since. Nevertheless the neonatal mortality rate (NMR) within the ECOWAS region continues to be a source of major concern. It is worth noting that there is no available data from the Gambia and Guinea Bissau.

Cape Verde recorded in 2009 the lowest NMR (13.7 newborn deaths to 1000 LB) and Mali recorded the highest rate in 2006 (46/1000).

Infant Mortality

The data on infant mortality concerns different years: from 2003 (the Gambia) up to 2009 (Benin, Cape Verde). The real situation may have developed positively since. Nevertheless, the infant mortality rate (IMR) within the ECOWAS region continues to be a source of great concern.

The trend observed in this case is similar to the previous ones:

Cape Verde in 2009 recorded the lowest IMR (20.1 deaths of infants under one year old per 1000 LB) and the highest was recorded in Guinea Bissau in 2006 (138/1000).

Infanto-juvenile mortality (0-5 years)

The data years for the mortality rate of children under the age of five years (U5MR) are identical to those for the infant mortality rate.

The highest (U5MR) rate is 223 / 1000 LB (Guinea Bissau in 2006) and the lowest 23.7/1000 (Cape Verde in 2009).

The average rate to be achieved by 2015 according to the MDGs for the region is 67/1000. The information displayed on Table 3.1, reveals that Cape Verde followed by Nigeria are the two countries most advanced towards the attainment of their targets under the MDGs.

Proportion of children under five with inferior weight for their age (%)

Data available for this indicator spread from 2005 (Senegal) to 2009 (Benin, Burkina Faso, Niger and Togo). This indicator was not completed for three countries (Cape Verde, Côte d'Ivoire and the Gambia).

Malnutrition among children under five appears to strike in particular Mali in 2006 (32%) and to a less extent Niger in 2009 (6.2%). The source of data for all countries comes from population studies whereas in the case of Niger it comes from the NHIS. However the EDS poll of 2006 in Niger produced a rate of 44% for underweight children.

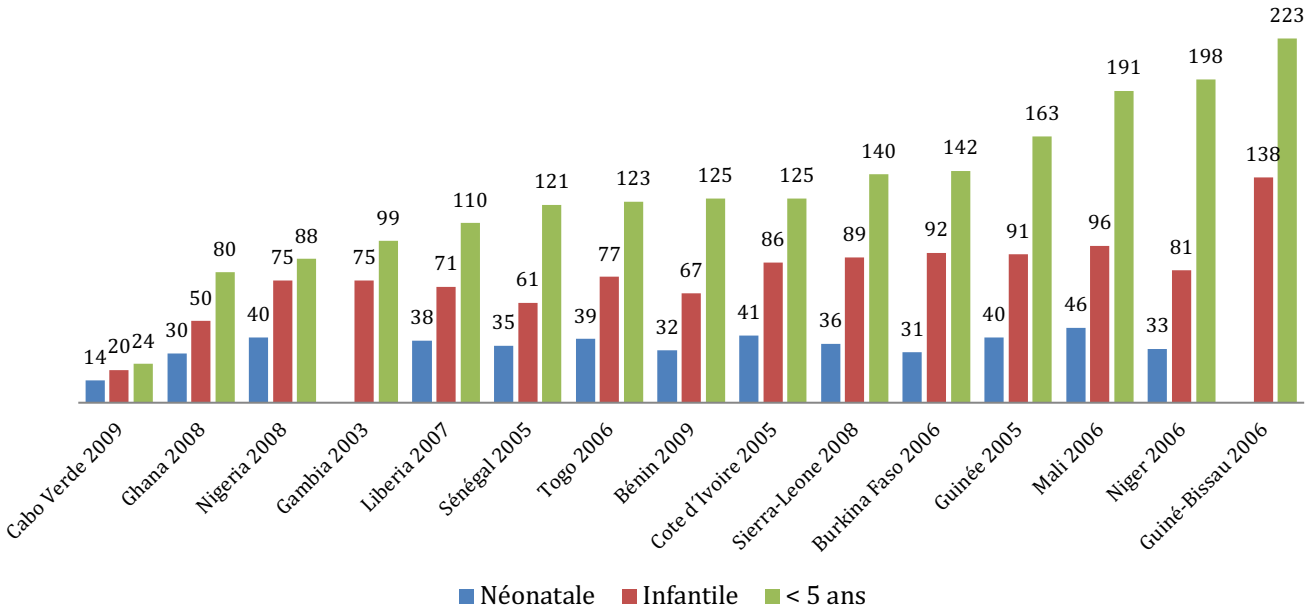
Table 3.1. Maternal mortality and of children under 5 per age group and per country

Country	Maternal mortality (per 100.000 LB)			Neonatal Mortality (per 1000 LB)		Infant Mortality (per 1000 LB)		Children under 5 mortality (per 1000 LB)			Children under 5 and under weight for their age, %	
	Value	Year	2015*	Value	Year	Value	Year	Value	Year	2015*	Value	Year
Benin	397	2009	248	32	2009	67	2009	125	2009	61	23,0%	2009
Burkina Faso	307,3	2006	233	31	2003	91,7	2006	141,9	2006	67	31,4%	2009
Cape Verde	53,7	2009	N/A	13,7	2009	20,1	2009	23,7	2009	21	N/A	
Cote d´Ivoire	543	2005	203	41	2005	86	2005	125	2005	50	N/A	
The Gambia	730	2001	275	N/A	N/A	75	2003	99	2003	51	N/A	
Ghana	451	2007	185	30	2008	50	2008	80	2008	39	14,0%	2008
Guinea	980	2005	400	40	2007	91	2005	163	2005	77	21,0%	2008
Guinea-Bissau	405	2006	228	N/A		138	2006	223	2006	80	23,4%	2006
Liberia	994	2007	140	38	2007	71	2007	110	2007	73	19,0%	2007
Mali	446	2006	300	46	2006	96	2006	191	2006	83	32,0%	2006
Niger	648	2006	300	33	2006	81	2006	198	2006	102	6,2%	2009
Nigeria	545	2008	250	40	2008	75	2008	88	2008	77	23,1%	2008
Senegal	401	2005	300	35	2005	61	2005	121	2005	50	17,0%	2005
Sierra-Leone	857	2008	450	36	2008	89	2008	140	2008	93	21,1%	2008
Togo	478	1998	160	39	2006	77	2006	123	2006	50	16,7%	2009

Source: Country NHIS

(*) Value expected for 2015 under the MDGs

Graph 3.2: Neonatal, infant and child mortality < 5 per country in the ECOWAS region



Considering the information displayed in Graph 3.2, it is clear that within the ECOWAS region an average of 50% of children under one year who die are new-borns. This proportion varies from 34% in Burkina Faso to 68% in Cape Verde. Likewise 31% of children under the age of 5 who die are newborns with variations spreading from 17% in Niger to 58% in Cape Verde. Finally on the whole 63% of children under 5 who die include children less than one year old with extremes of 41% (Niger) and 85% (Cape Verde and Nigeria). This figure gives an indication of the spread over what age groups there is need to concentrate interventions for a significant improvement in child survival.

3.2. Information on the utilisation of health services and disease prevention among children

Antenatal Consultation (ANC)

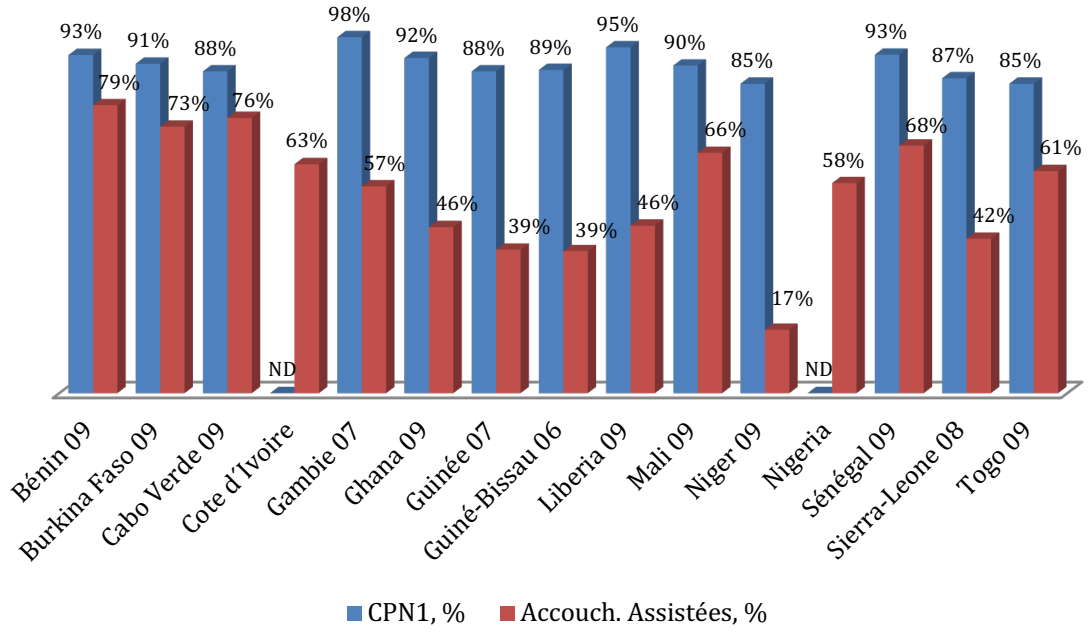
In general, the rate of utilisation of ANC services is almost everywhere higher than 80% with extremes of 85% (Niger and Togo in 2009) and 95% (Liberia in 2009) and an average of 90% (see Table 3.2 and Graph 3.3). The Côte d´Ivoire and Nigeria did not provide this kind of information.

Assisted deliveries

Coverage in terms of assisted deliveries within the ECOWAS space varies widely, spreading from 17% in Niger in 2009 to 79% in Benin in 2009, with an average of 55% for the region (see Table 3.2 and Graph 3.3). Some great disparities are observed between Ante-Natal

Consultation (ANC1) and assisted deliveries. This disparity is of for example 68 points in Niger. This raises, on the whole, the problem of accessibility, continuity and of the quality of services provided to the populations.

Graph 3.3: Utilisation of Ante-Natal Services (ANC1) and Assisted Deliveries within the ECOWAS region



Rate of Caesarian sections

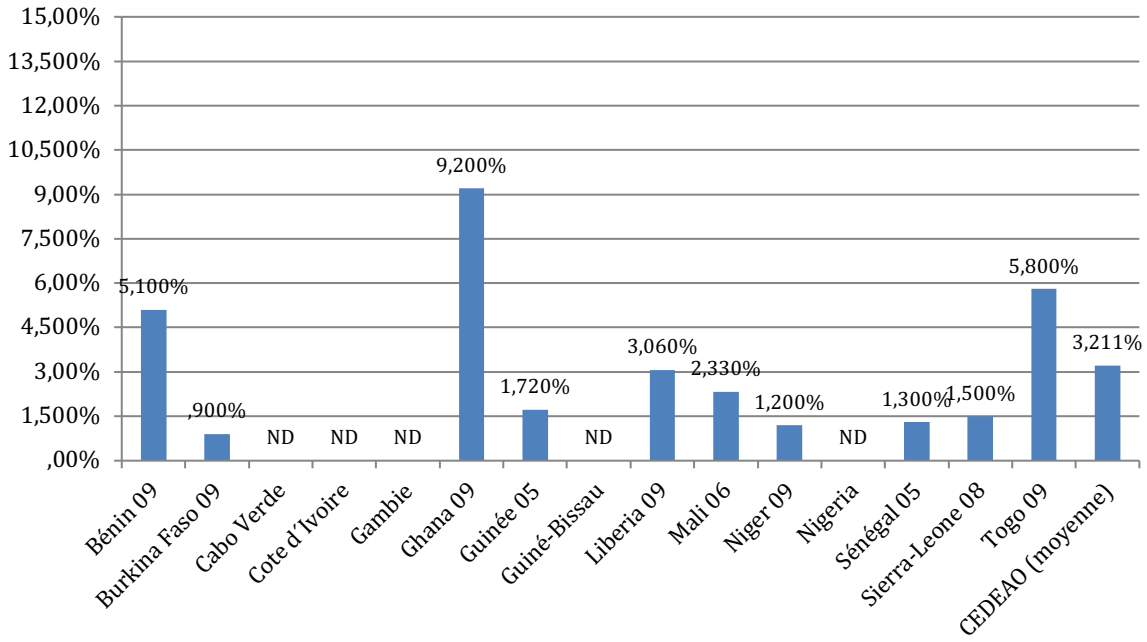
Data on this heading is not available for five countries of the region (Cape Verde, Côte d'Ivoire, Gambia, Guinea Bissau and Nigeria). Burkina Faso recorded the lowest rate in 2009 (0.9%) and Ghana the highest in 2009 (9.2). The regional average stand at 3.2% (Table 3.2 and Graph 3.4).

The rate of Caesarian sections, according to the recommendations of the WHO should be established between 5% (minimum) and 15% (maximum). Three countries attained the minimum threshold. However no country was able to attain the maximum level of Caesarian intersection as established.

Table 3.2: Information on the utilisation of ante-natal services, assisted deliveries, Caesarian, FP and PMTCT

	Rate of utilisation of ANC services (ANC1) %		Percentage of assisted deliveries		Percentage of caesarians		Rate of contraceptive prevalence, %		Unmet needs in FP, %		ARV coverage for IMCI	
Benin	93%	2009	79%	2009	5,1%	2009	21%	2009	N/A	N/A	46%	2009
Burkina Faso	91%	2009	73%	2009	0,9%	2009	27%	2009			85%	2009
Cape Verde	88%	2009	76%	2009	N/A	N/A	32%	2009	N/A	N/A	N/A	N/A
Cote d´Ivoire	N/A	N/A	63%	2008	N/A	N/A	7%	2008	29%	2006	62%	2008
Gambia	98%	2007	57%	2006	N/A	N/A	18%	2001	30%	1990	43%	2009
Ghana	92%	2009	46%	2009	9,2%	2009	31%	2009	35%	2008	22%	2009
Guinea	88%	2007	39%	2007	1,7%	2009	9%	2005	21%	2005	0%	2010
Guinea-Bissau	89%	2006	39%	2006	N/A	N/A	10%	2006	25%	2006	N/A	N/A
Liberia	95%	2009	46%	2009	3,1%	2009	11%	2009	36%	2007	15,0%	2009
Mali	90%	2009	66%	2009	2,3%	2009	7%	2006	31%	2006	N/A	N/A
Niger	85%	2009	17%	2009	1,2%	2009	16%	2009	N/A	N/A	82,6%	2009
Nigeria	N/A	N/A	58%	2008	N/A	N/A	15%	2008	20%		N/A	N/A
Senegal	93%	2009	68%	2009	1,3%	2005	10%	2005	34%	2005	43,5%	2009
Sierra Leone	87%	2008	42%	2008	1,5%	2008	8%	2008	28%	2008	N/A	N/A
Togo	85%	2009	61%	2009	5,8%	2009	7%	2009	40%	2006	N/A	N/A
CEDEAO	90%		55%		3,2%		15%		30%		44,5%	

Graph 3.4: Rate of Caesarian sections within the ECOWAS region, %



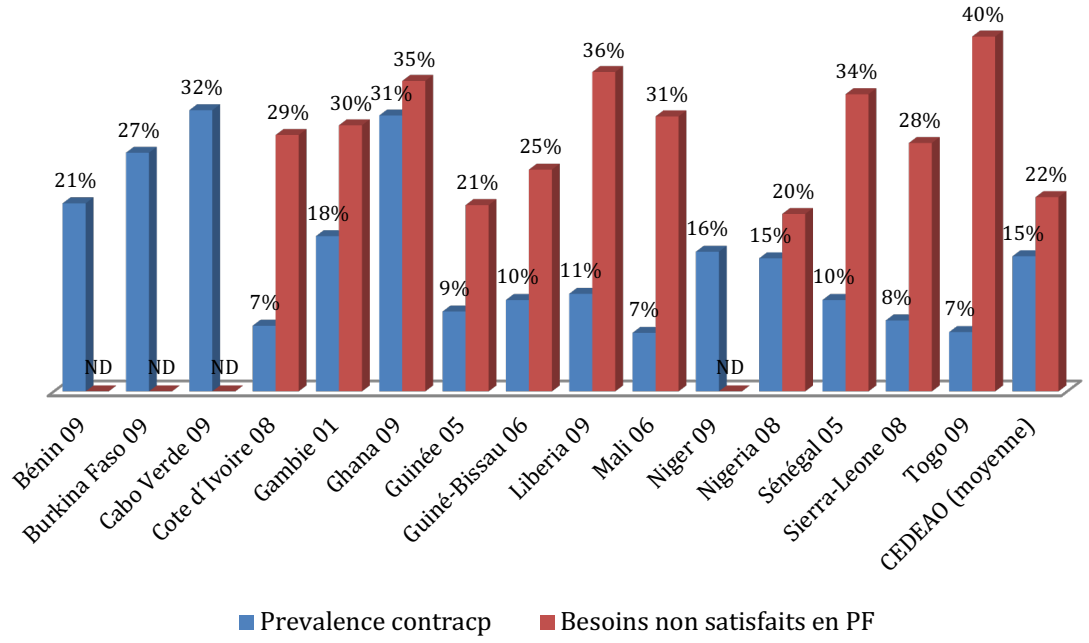
Contraceptive prevalence and unmet needs in family planning (FP)

Contraceptive prevalence spreads from 7% (Côte d'Ivoire in 2008, Mali in 2006 and Togo in 2009) to 32% (Cape Verde in 2009), with an average of 15% for the region (Table 3.2 and Graph 3.5). At the same time the unmet needs in FP spread from 20% (Nigeria) to 40% (Togo in 2006) with an average of 30%. In this way, one woman in three in child bearing age does not have access to FP services. It must be noted that the completeness of this data is unsatisfactory and for the data obtained the years vary widely (1990 to 2009).

Anti Retro Viral Coverage (ARV) in PMTCT

Information was not provided under this heading for Cape Verde, Guinea Bissau, Mali, Nigeria, Sierra Leone and Togo (Table 3.2 and Graph 3.6). For those countries who provided information, the coverage varies from 15% (Liberia in 2009) to 85% (Burkina Faso in 2009) with an average of 44.5%. This reveals the effort that is required to be made to ensure universal access to ARVs for sero-positive pregnant women with HIV in the region.

Graph 3.5: Contraceptive prevalence and unmet needs in FP within the ECOWAS region



Graph 3.6: ARV Coverage for pregnant women (PMTCT) within the ECOWAS countries, %

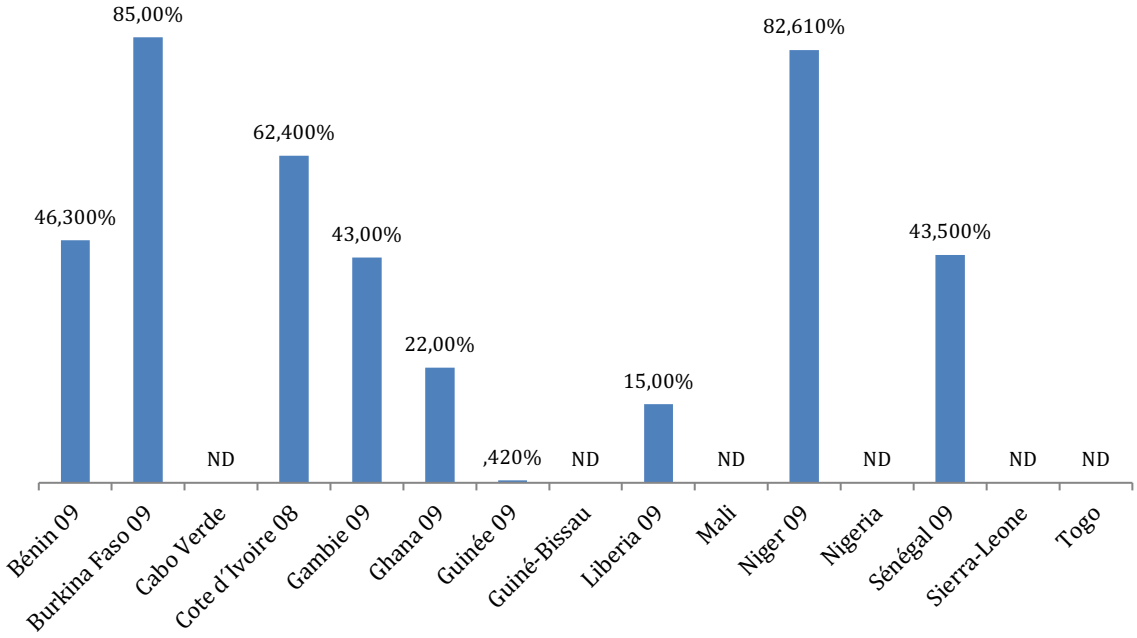


Table 3.3: Utilisation of insecticide treated bed-nets (ITNs) and vaccination coverage of children within CEDEAO

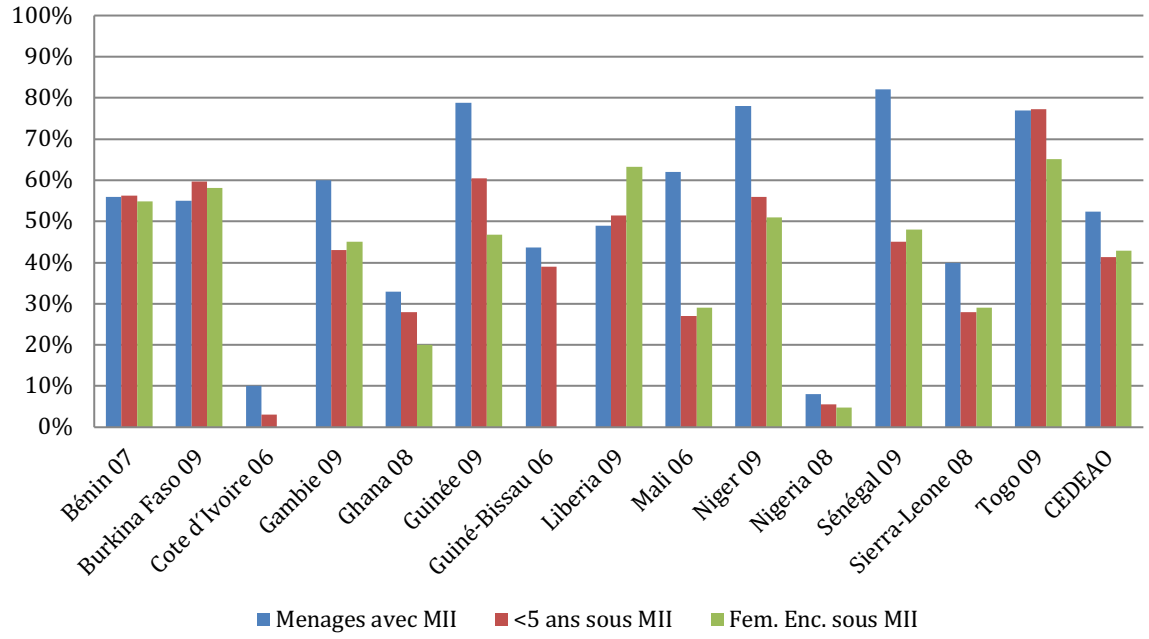
Country	% of households with at least one ITN		% of < 5 who spent last night under an ITN		% pregnant women who spent last night under an ITN		Vaccination Coverage anti-measles at one year old, %		% children completely vaccinated at 12 months old	
Benin	56%	2007	56%	2007	55%	2007	70%	2008	34%	2008
Burkina Faso	55%	2009	60%	2009	58%	2009	100%	2009	N/A	
Cape Verde	N/A		N/A		N/A		94%	2009	N/A	
Cote d´Ivoire	10%	2006	3%	2006	-		60%	2008	75%	2008
Gambia	60%	2009	43%	2009	45%	2009	96%	2009	96%	2009
Ghana	33%	2008	28%	2008	20%	2008	89%	2009	70%	2009
Guinea	79%	2009	60%	2009	47%	2009	91%	2009	91%	2009
Guinea-Bissau	44%	2006	39%	2006	N/A		76%	2006	40%	2006
Liberia	49%	2009	51%	2009	63%	2009	63%	2007	39%	2007
Mali	62%	2006	27%	2006	29%	2006	98%	2009	48%	2006
Niger	78%	2009	56%	2009	51%	2009	87%	2009	19%	2009
Nigeria	8%	2008	6%	2008	5%	2008	34%	2008	19%	2008
Senegal	82%	2009	45%	2009	48%	2009	80%	2009	75%	2009
Sierra-Leone	40%	2008	28%	2008	29%	2008	46%	2008	31%	2008
Togo	77%	2009	77%	2009	65%	2009	84%	2009	35%	2006
ECOWAS	52%		41%		43%		78%		52%	

Utilisation of insecticide treated bed-nets (ITNs)

In the region at least one half of all households are in possession of at least one ITN (see Table 3.3 and Graph 3.7). The proportion of households with at least one ITN varies widely from country to country (8% in Nigeria and 82% in Senegal).

The average rate of utilisation of ITNs among children under the age of five (05) is 41% (with variations of 3% in Côte d'Ivoire in 2006 and 60% in Burkina Faso and in Guinea in 2009). This indicator is 43% among pregnant women with extremes of 5% (Nigeria) and 65% (Togo) but this indicator was not quoted for the Côte d'Ivoire and Guinea Bissau. Cape Verde is in the process of eradicating malaria.

Graph 3.7: Utilisation of ITNs by households, by children < 5 and by pregnant women within the ECOWAS region



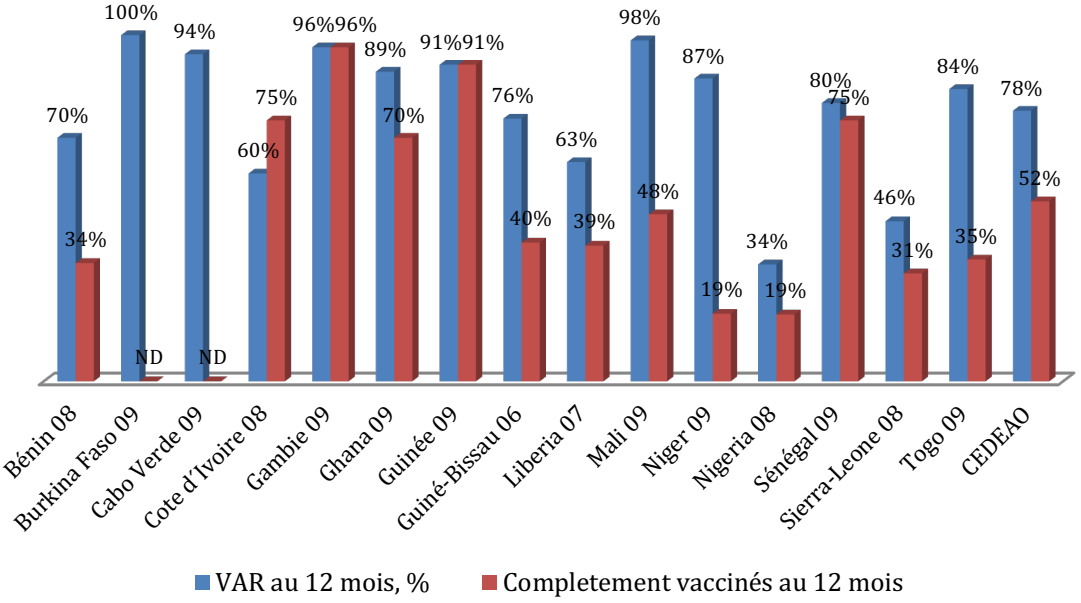
Anti measles vaccination coverage (AMV) and the proportion of children completely vaccinated

Information on children completely vaccinated was not provided for Burkina Faso and Cape Verde.

As regards anti-measles vaccination coverage, five countries (Burkina Faso, Mali, Gambia, Cape Verde and Guinea) out of the fifteen of the region attained or exceeded the target of 90%. The regional average is 78% with variations ranging from 34% (Nigeria) to 100% (Burkina Faso).

In the region half of all children are completely vaccinated at the age of 12 months. The lowest proportion (19%) was recorded in Niger and Nigeria and the highest in the Gambia (96%).

Graph 3.8: Percentage of children vaccinated against measles (AMV) and those completely vaccinated at the age of 12 months per country



IV. INFORMATION ON PRIORITY COMMUNICABLE DISEASES

4.1. Communicable diseases targeted for eradication within ECOWAS

In 2009, 510 cases of poliomyelitis, 502 cases of neonatal tetanus, 4425 cases of leprosy and 29 cases of human rabies were confirmed (see Table 4.1).

Out of the polio cases notified in 2009 throughout the ECOWAS region, 76% (388 cases) were notified in Nigeria, followed by Guinea with 42 cases.

Despite the different mass inoculation campaigns organised for the eradication of polio, it is noted that in 2009, 10 of the 15 ECOWAS countries notified polio cases.

Some cases of neonatal tetanus were reported in 13 of the 15 ECOWAS countries despite the existence of routine vaccination programmes of pregnant women.

Some 4,425 cases of leprosy were reported in all ECOWAS countries in 2009. The Côte d'Ivoire, Ghana and Niger were most affected by the disease.

4.1: Cases of diseases earmarked for elimination and eradication in ECOWAS countries, 2009

Country	Cases of Poliomyelitis confirmed	Cases of neonatal tetanus (NNT)	Leprosy Cases	Cases of Rabies
Benin	20	4	217	0
Burkina Faso	15	7	458	24
Cape Verde	0	0	4	0
Cote d´Ivoire	27	8	884	7
Gambia	0	0	2	6
Ghana	0	7	623	0
Guinea	42	36	535	0
Guinea-Bissau	0	3	84	3
Liberia	11	4	415	0
Mali	2	17	51	0
Niger	15	15	603	0
Nigeria	388	367	414	N/A
Senegal	14	13	352	4
Sierra-Leone	11	15	300	N/A
Togo	0	17	162	9
ECOWAS	510	502	4.425	29

Sources: Country NHIS/ISDR, 2010

4.2 Epidemic prone diseases in the region

The three most important epidemic prone diseases according to each country.

In order to list the most important epidemic prone diseases per country, each country was asked through their NHIS and ISDR directors, to provide a list of the three diseases of the highest concern. The responses received from countries were compiled and presented in Table 4.2.

Cholera was considered as the most important epidemic prone disease by seven (07) countries out of 15, namely Benin, Côte d´Ivoire, the Gambia, Ghana, Guinea-Bissau, Nigeria and Togo. Despite the concern expressed by the majority of countries in relation to cholera, meningitis and measles called for greater attention among countries like Burkina Faso, Guinea and Niger (meningitis) and Liberia, Senegal and Sierra Leone (measles).

The second most important epidemic prone disease in the view of member countries was meningitis (6/15 countries) and the third – measles (5/15 countries).

It is interesting to note that measles had been placed among the target diseases under surveillance for elimination. National mass inoculation campaigns aimed at the elimination were organises in all ECOWAS countries. Presently it is noted that the disease is becoming one of the most important epidemic prone diseases in all countries.

It is further noted that Lassa Fever represents a public health problem exclusively in countries like Liberia, Sierra Leone and Nigeria.

Table 4.2 : Number of countries reporting on the three most important epidemic prone diseases in 2009

Country	First most important epidemic prone disease/of greatest concern	Second most important epidemic prone disease/of greatest concern	Third most important epidemic prone disease /of greatest concern
Benin	Cholera	Measles	Meningitis
Burkina Faso	Meningitis	Measles	Cholera
Cape Verde	Dengue	H1N1 Flu	Rubella
Cote d´Ivoire	Cholera	Meningitis	Measles
Gambia	Cholera	Meningitis	Measles
Ghana	Cholera	Meningitis	H1N1 Flu
Guinea	Meningitis	Measles	Cholera
Guinea-Bissau	Cholera	Measles	
Liberia	Measles	Yellow Fever	Lassa Fever
Mali	Yellow Fever	Meningitis	Measles
Niger	Meningitis	Cholera	Measles
Nigeria	Cholera	Meningitis	Lassa Fever
Senegal	Measles	Bloody diarrhea	Yellow Fever
Sierra-Leone	Measles	Lassa Fever	Yellow Fever
Togo	Cholera	Meningitis	Measles
ECOWAS	**Cholera: 7/15**	**Meningitis: 6/15**	**Measles: 5/15**

Table 4.3 shows the number of epidemic prone diseases notified by ECOWAS countries in the course of the year 2009. With the exception of the Gambia, all 14 ECOWAS countries notified some cases of epidemic prone diseases. A total of 76 752 cases of meningitis, 66 679 cases of measles and 16 741 cases of cholera were notified. Meningitis and cholera are the most fatal epidemic prone diseases in 2009 with a total of 3 796 and 3 252 deaths respectively.

Information displayed in Tables 4.3 and 4.4 confirm the importance of the three epidemic prone diseases most reported upon by countries. Indeed, it is noted that epidemics of cholera, meningitis and measles were notified respectively in 5, 6 and 9 countries in the course of the year 2009.

Table 4.3: Countries that reported on the three most important epidemic prone diseases in 2009 with the number of cases

Country	**Meningitis**	**Measles**	**Cholera**	**Dengue**	**Rubella**	**H1N1Flu**	**Lassa Fever**	**Yellow Fever**
Benin	416	1.330	74	0	0	0	0	0
Burkina Faso	4.878	54.117	0	0	0	0	0	0
Cape Verde	0	0	0	21.137	11.329	118	0	0
Côte d'Ivoire	287	630	5	0	0	3	0	5
Gambia	0	0	0	0	0	0	0	0
Ghana	288	0	1.294	0	0	55	0	0
Guinea	129	5.269	42	0	0	0	0	3
Guinea Bissau	0	1016	5	0	0	0	0	0
Liberia	0	14	0	0	0	0	8	1
Mali	342	3.394	0	0	0	0	0	93
Niger	13.943	7429	0	0	0	0	0	0
Nigeria	56.128	0	14.961	0	0	2	111	0
Senegal	0	906	4	165	0	0	0	0
Sierra Leone	0	197	0	0	0	0	42	3
Togo	342	822	370	0	0	0	0	0
ECOWAS	**76.752**	**75.124**	**16.755**	**21.137**	**11.329**	**178**	**161**	**105**

Sources: Country NHIS/IDSR

Table 4.4: Cases of epidemic prone diseases notified by ECOWAS countries in 2009

Diseases	**Cases**	**Deaths**	**N° of countries notifying cases**
Meningitis	76753	3796	9
Measles	75124	408	11
Dengue	21302	6	2
Cholera	16755	3252	8
H1N1 Flu	178	0	4
Lassa Fever	161	54	3
Yellow Fever	105	6	5

Source: data from country NHIS

4.3. Other communicable diseases of public health importance

4.3.1. HIV and AIDS

HIV prevalence

Information on HIV prevalence among the ECOWAS population (Table 4.4) comes from different sources and concern various years.

HIV prevalence among pregnant women (Table 4.4 and Graph 3.10) varies from 0.5% (Cape Verde) to 5.8% (Guinea Bissau).

Table 4.4: Prevalence of the HIV infection among the various population groups (youth 15 to 24 years, pregnant women, sex workers, blood donors) within ECOWAS.

	HIV Prevalence among the general population, %		HIV Prevalence among the youth (15 - 24 years), %		HIV Prevalence among pregnant women, %		HIV Prevalence among the SW, %		Proportion of blood samples tested for HIV+, %	
	Value	Year	Value	Year	Value	Year	Value	Year	Value	Year
Benin	1,2%	2006	0,4%	2008	2,0%	2009	26,5%	2008	1,2%	2009
Burkina Faso	1,6%	2008	1,3%	2008	2,0%	2008	N/A		N/A	
Cape Verde	N/A		N/A		N/A		N/A		N/A	
Cote d´Ivoire	4,7%	2005	N/A		4,4%	2009	35,0%	2008	1,2%	2008
Gambia	N/A		N/A		1,9%	2007	N/A		N/A	
Ghana	1,9%	2010	2,1%	2009	2,9%	2009	N/A		N/A	2009
Guinea	1,5%	2005	0,9%	2005	2,8%	2005	34,4%	2007	2,0%	2009
Guinea-Bissau	N/A		N/A		5,8%	2009	39,6%	2010	6,8%	2009
Liberia	1,5%	2007	2,1%	2007	4,0%	2008	N/A		5,0%	2009
Mali	1,3%	2006	0,7%	2006	1,2%	2006	N/A		2,3%	2009
Niger	0,8%	2008	0,3%	2008	1,7%	2009	35,6%	2009	1,6%	2009
Nigeria	3,6%	2007	4,9%	2007	4,6%	2008	67,6%	2007	N/A	
Senegal	0,7%	2009	0,5%	2009	4,0%	2009	19,8%	2009	N/A	2009
Sierra Leone	1,5%	2008	1,0%	2008	3,5%	2008	8,5%	2005	N/A	2009
Togo	3,2%	2008	N/A		5,3%	???	N/A		1,1%	2009

Sources: Country NHIS and IDSR

A total of 7 countries out of 15 within the ECOWAS space present, in this group, a prevalence close to 4%.

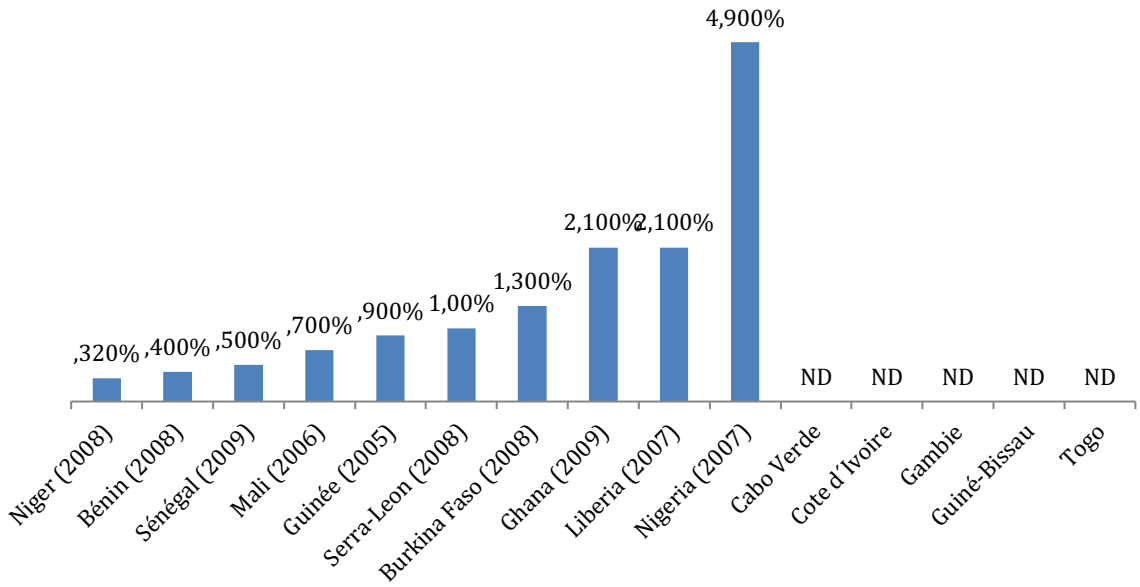
HIV prevalence among sex workers is high in all countries where data is available. It varies from 8.5% (Sierra Leone) to 67.6% (Nigeria).

Prevalence is high among blood donors. This prevalence leads us to assume a real risk of transmission during transfusion. The highest figures were recorded for Guinea Bissau 6.8% and Liberia 5%.

Conclusion:
ECOWAS countries present active epidemics. In the majority of cases, these are concentrated epidemics: high prevalence among sex workers (SW) and low among the general population (about 1%).

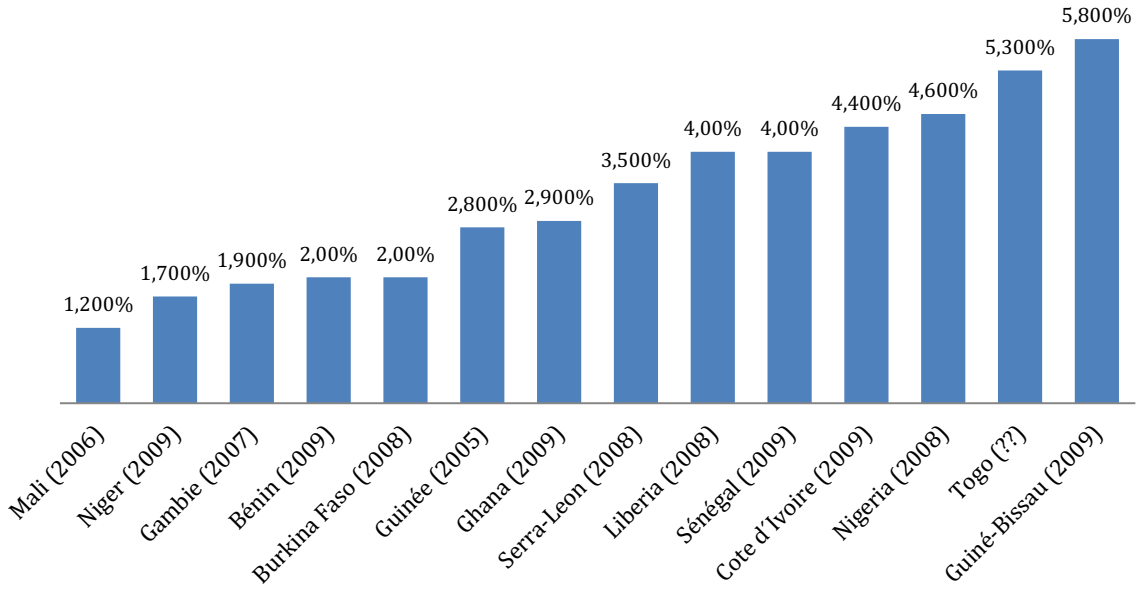
Nigeria presents data compatible with a generalised epidemic.

Graph 4.1: HIV prevalence among the youth (15 - 24 years), within ECOWAS



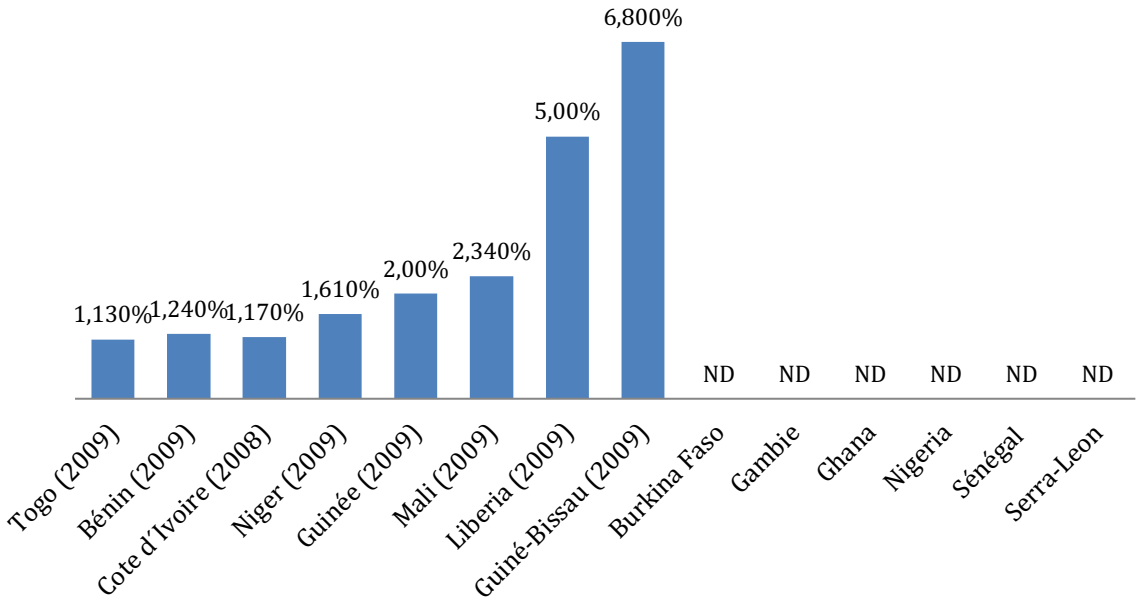
Sources: Country NHIS/IDSR, 2010

Graph 4.2: HIV Prevalence among pregnant women within ECOWAS



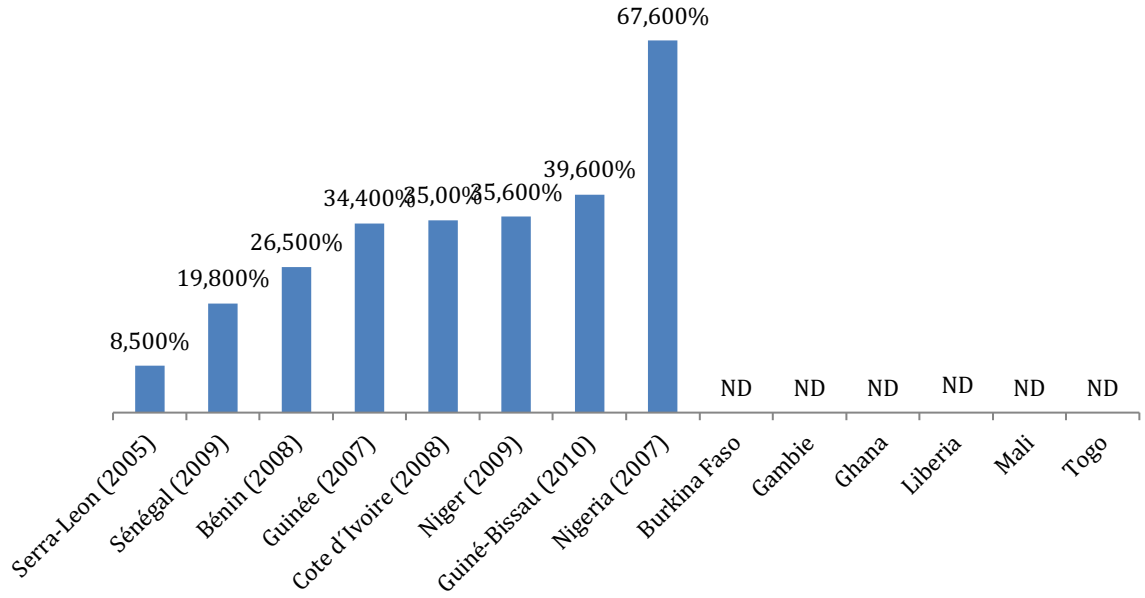
Sources: Country NHIS/IDSR, 2009

Graph 4.3: Proportion of blood samples tested for VIH+ per ECOWAS country



Sources: Country NHIS/IDSR, 2010

Graph 4.4: HIV Prevalence among Sex Workers within ECOWAS, %



Sources: Country NHIS/IDSR, 2009

Coverage of Anti-Retro-Viral Treatment (ARV):

Table 4.5: Coverage in terms of ARVT and % of PLWHIV of whom we have information regarding treatment 12 months after the start of the ARVT (adults and children) within ECOWAS countries in 2009

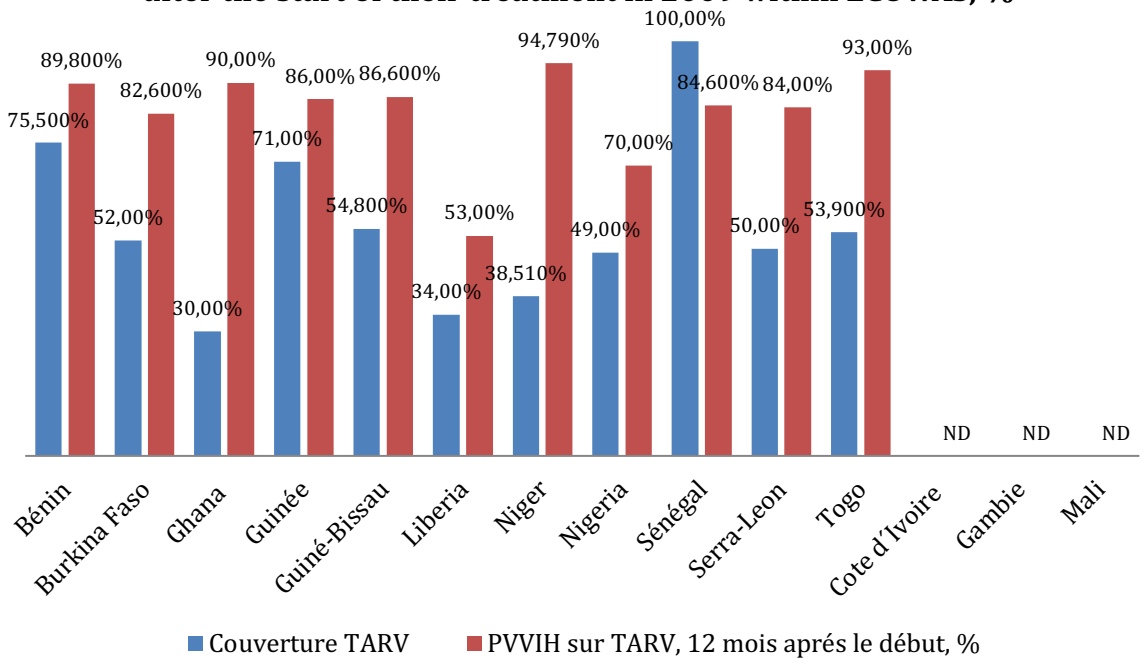
Country	Nº of PLWHIV being monitored	Nº of PLWHIV on ARVT	ARVT Coverage, %	PLWHIV on ARVT 12 months after start of treatment, %
Benin	17348	13098	75,5%	89,8%
Burkina Faso	51174	29023	52,0%	82,6%
Cape Verde	N/A	ND	N/A	N/A
Cote d´Ivoire	N/A	72011	N/A	N/A
Gambie	N/A	1306	N/A	N/A
Ghana	69431	40135	30,0%	90,0%
Guinea	55489	15876	71,0%	86,0%
Guinea-Bissau	7429	3061	54,8%	86,6%
Liberia	6194	3438	34,0%	53,0%
Mali	21100	29260	138,7%	N/A
Niger	7414	6574	38,5%	94,8%
Nigeria	857143	420000	49,0%	70,0%
Senegal	12249	9450	116,0%	84,6%
Sierra Leone	N/A	N/A	50,0%	84,0%
Togo	33959	17342	53,9%	93,0%

Sources: Country NHIS/IDSR, 2010

With regard to ARVT coverage, the situation is heterogeneous and varies between 30% (Ghana) and 100% (Senegal) and on the whole, 7 countries out of the 15 do not have data or are placed below 50%.

The survival rate of PLWHIV 12 months after the start of the treatment is high and is evidence of high quality management, in particular if it is based on the CD4 ≤ 200 criteria.

Graph 4.5: ARVT Coverage and PLWHIV still on ARV 12 months after the start of their treatment in 2009 within ECOWAS, %



4.3.2. Tuberculosis

Cases of tuberculosis notified in 2009 and the therapeutic success of the anti-tuberculosis treatment in ECOWAS countries

In 2009, 120.313 cases of TB were notified in all ECOWAS countries (Table 4.6).

The rate of TB-HIV co-infections (Graph 4.6) varies between 6.6% in Cape Verde and 33.3% in Guinea Bissau.

This co-infection rate is higher than 10% for all countries with the exception of Cape Verde, and is evidence that tuberculosis continues to be a very important opportunistic disease to be taken into account in the strategies for HIV control.

The objectives defined in the STOP TB Strategy are to achieve a minimal healing rate of 85%. According to information available here, only 3 countries out of the 15 recorded a satisfactory healing rate (Ghana, Sierra Leone and Benin).

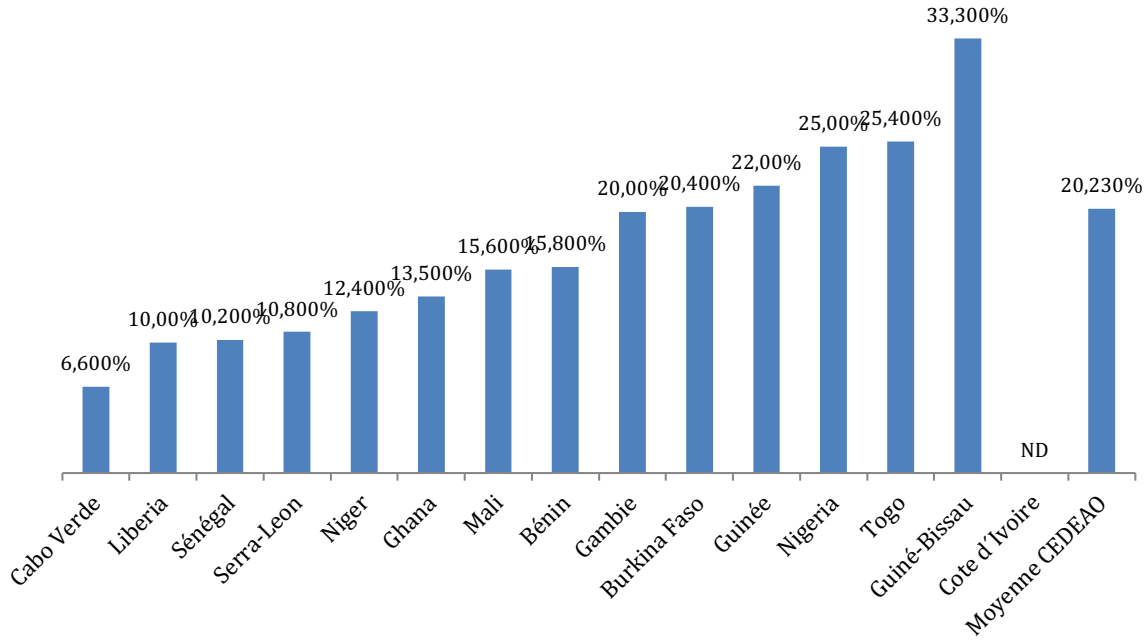
All other countries have recorded a rate higher than 70% except Cape Verde and the Côte d'Ivoire on which data is not available.

Table 4.6: Frequency of TB cases, % of TB-VIH co-infection and the rate of successful healing in 2009

Country	Cases of TB in 2009	Percentage of Cases of TB tested VIH+	% of successful treatment of TB
Benin	3987	15,8%	89,0%
Burkina Faso	3061	20,4%	76,2%
Cape Verde	266	6,6%	N/A
Cote d´Ivoire	24048	N/A	N/A
Gambia	2069	20,0%	84,0%
Ghana	15286	13,5%	85,6%
Guinea	10433	22,0%	71,0%
Guinea-Bissau	2188	33,3%	70,0%
Liberia	9472	10,0%	80,0%
Mali	6840	15,6%	80,0%
Niger	10282	12,4%	79,6%
Nigeria	9414	25,0%	82,8%
Senegal	11732	10,2%	84,0%
Sierra Leone	8747	10,8%	86,5%
Togo	2488	25,4%	79,0%
ECOWAS	**120.313**	**16,1%**	**80,6%**

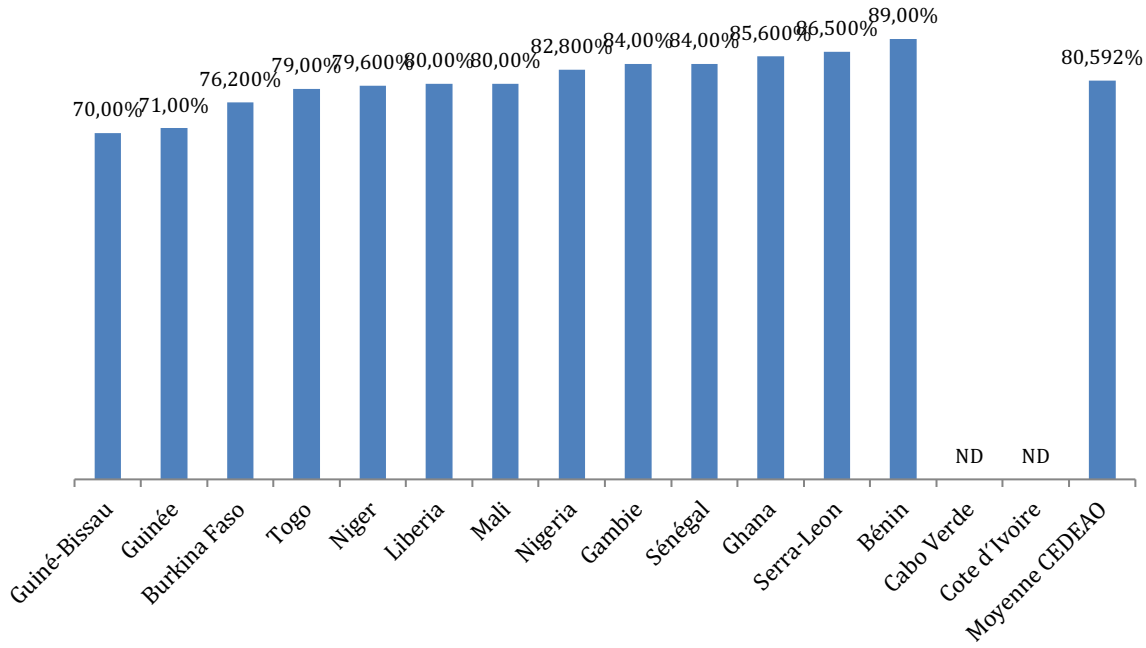
Sources: Country NHIS/IDSR, 2010

Graph 4.6: Percentage of TB cases tested for VIH+ in ECOWAS Countries in 2009



Sources: Country NHIS/IDSR, 2010

Graph 5.7: Therapeutic success of the DOT treatment, %



Sources: Country NHIS/IDSR, 2010

4.3.3. Malaria

Malaria Cases notified in 2009 in ECOWAS countries

The number of cases for the region is estimated at some 30 million that is 10% of the ECOWAS population (see Table 4.7). Stated differently, one out of every ten (10) people suffered a malaria bout within ECOWAS in the course of the year 2009. This is a heavy social, health and economic burden for the Community.

Malaria fatality is about 0.2% (data not presented).

Children under 5 represent, on the whole, over 1/3 of cases for all countries and even attain over 50% of cases in Niger and in Sierra Leone.

Cape Verde is the only ECOWAS country in which malaria is under complete control. Throughout the year 2009, the country recorded a total of 66 cases of malaria among which 2 cases among children under the age of 5. The country is at the stage of preparing to eradicate malaria.

Table 4.7: Cases of malaria notified in 2009 within the ECOWAS region by different population groups

Country	Total cases of malaria (adults + children)	Cases of malaria among children under 5 years	Cases of serious malaria among children under 5 years	Cases of malaria related death among children under 5 years	Cases of malaria among pregnant women
Benin	1.290.236	565.890	79.332	1.157	18.762
Burkina Faso	4.539.984	2.289.028	171.834	5.648	15.394
Cape Verde	66	2	0	0	1
Cote d´Ivoire	1.912.211	712.908	-	-	-
Gambia	529.010	198.157	198.157	111	14.366
Ghana	6.267.630	1.649.418	122.575	1.976	121.007
Guinea	830.007	216.575	28.959	416	-
Guinea-Bissau	140.645	65.793	1.004	209	4.319
Liberia	1.246.537	468.581	-	1.069	88.039
Mali	1.633.428	443.285	121.066	1.612	-
Niger	2.370.518	1.507.170	83.637	2.139	54.870
Nigeria	6.793.061	2.274.095	225.050	7.164	481.500
Senegal	174.890	30.800	2.828	348	6.749
Sierra Leone	907.466	683.530	-	-	-
Togo	961.807	349.269	20.833	1.135	50.358
ECOWAS	**29.597.496**	**11.454.501**	**1.055.275**	**22.984**	**855.365**

Sources: Country NHIS/IDSR, 2010

V. INFORMATION ON THE AVAILABILITY OF HEALTH CARE SERVICES AND HUMAN RESOURCES IN HEALTH

Number of health facilities (health centres and hospitals) and number of beds per 10.000 inhabitants (hbts).

Table 5.1 reveals the situation of countries in relation to the availability and geographical accessibility to health care services. Cape Verde did not provide information under this chapter. According to the information available on this section, one can conclude that:

- There are countries with less than one facility per 10.000 hbts: Benin, Côte d´Ivoire, Gambia, Guinea and Senegal;
- There are countries with 1 to 2 facilities per 10.000 hbts: Burkina Faso, Mali, Ghana, Guinea-Bissau, Sierra Leone, Liberia and Togo;
- There are countries with over 2 facilities per 10.000 hbts: Niger and Nigeria.

Table 5.1 : Availability and geographical accessibility of health care facilities

Country	Nº of facilities (health centres and hospitals) per 10000 hbts	Nº of beds per 10.000 hbts	Health facilities equipped to offer the minimum package of care in proportion to their level, %	Population located at less than 5 km from a nearest health care facility, %
Benin	0,7	4,7	N/A	N/A
Burkina Faso	1,1	9,5	83,2	N/A
Cape Verde	N/A	N/A	N/A	N/A
Cote d´Ivoire	0,8	??	99,8	64
Gambia	0,6	11,5	100	90
Ghana	1,3	9,1	N/A	N/A
Guinea	0,4	3,1	60	40
Guinea Bissau	1,1	7	N/A	N/A
Liberia	2	7	80	40
Mali	1,4	5,8	N/A	57
Niger	3,1	3,9	50	44
Nigeria	3,4	3,1	N/A	N/A
Senegal	0,8	13	100	77
Sierra Leone	2	10,3	N/A	74
Togo	1,4	7,5	78,5	88

Sources: Country NHIS/IDSR, 2010

On the subject of beds per inhabitant, we see that Guinea, Nigeria and Niger are the countries with fewer beds per 10.000 hbts despite the relatively high number of health care facilities per inhabitant.

The Gambia, Guinea Bissau, Senegal and Burkina Faso are countries with a relatively small number of health facilities but which have provided many beds. This could be explained by the existence of a high number of hospital facilities and very few health centres.

Geographical accessibility to health care services

Out of the 8 countries which provided information (Table 5.1) on this subject, 6 do have between 64% and 88% of their populations located at less than 5 Km from health care services (RCI, Gambia, Senegal, Sierra Leone and Togo). Guinea, Liberia and Niger do have less than 50 % of their population located at less than 5 Km from health care services (40% - 44%).

Delivery of health care services (minimum package)

In 3 out of the 9 countries which provided information (Table 5.1), all health care facilities propose the minimum package in accordance with their level (Côte d´Ivoire, Gambia and Senegal) and the next 5 provide between 50 % and 83 % of their services in line with the minimum package (Niger, Liberia, Guinea, Togo and Burkina Faso).

Availability of human resources in health

Medical doctors

According to information available to us (Table 5.2), 5 ECOWAS countries do have more than one Medical Doctor to 10000 hbts (Benin, Ghana, Guinea, Liberia and Mali). They have thus attained the ratio of Doctors /population recommended by WHO which is 1 Doctor per 10000.

On the whole 7 countries do have over 80% of Doctors who work in the health care facilities: Gambia, Guinea, Guinea Bissau, Liberia, Niger, Sierra Leone and Togo.

4 other countries do have between 60 and 80% of Doctors working in the health care services.

In Burkina Faso about 40 % of Doctors practice in the health care services.

Nurses

In accordance with information displayed in Table 5.2, all ECOWAS countries have attained the ratio Nurses / Midwives per population recommended by WHO which is 1 Nurse/ Midwife per 5,000 hbts.

Nurses and midwives practising in health care facilities: 10 countries out of 12 have more than 70% of their Nurses and Midwives practising in the health care facilities: Burkina Faso, Guinea, Guinea Bissau, Liberia, Mali, Niger, Senegal, Sierra Leone and Togo.

Benin, the Gambia and the Côte d´Ivoire do have between 30 and 55 % of Nurses and Midwives practising in the health care facilities.

Table 5.2 : Number of health personnel in the health care facilities

Country	Doctors		Nurses and Midwives	
	% of Doctors practising in health care facilities	Nº of Doctors in health care facilities per 10000 Hbts	% of Nurses and Midwives practising in health care facilities	Nº of Nurses and Midwives providing health care /10000 hbts
Benin	66,2	1,25	54,5	5,6
Burkina Faso	40,5	0,32	97	3,9
Cape Verde	N/A	N/A	N/A	N/A
Cote d´Ivoire	N/A	N/A	32,6	2
Gambia	100	0,7	42	5,4
Ghana	69,3	1,2	100	6,7
Guinea	96	2	99,9	2
Guinea Bissau	82,4	0,7	96,9	6,9
Liberia	87,6	2	100	6
Mali	62,5	1,37	89,8	6,1
Niger	93,4	0,28	99,1	2,3
Nigeria	N/A	N/A	N/A	N/A
Senegal	62,2	0,59	73,8	2,3
Sierra Leone	88,1	0,22	95,5	N/A
Togo	84,3	0,9	95,4	3,6

Sources: Country NHIS/IDSR, 2010

VI. INFORMATIONON THE PERFORMANCE OF THE NATIONAL HEALTH INFORMATION SYSTEMS

In the matter of health information, it can be said that the national health information systems provide a good level of completeness of activity reports (over 80%) on the whole. However, Nigeria, Sierra Leone and Guinea-Bissau present rates of completeness lower than 80%.

Table 6.1: Information on the performance of NHIS

Country	Nº of health care facilities (all levels put together) within the country	% of health care facilities which submitted activity reports (completeness)	% of health care facilities which submitted their activity reports on time (promptness)	% of health districts which attained 80% of promptness regarding activity reports	% of health districts which attained 80% of completeness of activity reports	% of health districts which organise meetings to review data from HIS
Benin	650	100%	N/A	N/A	100%	N/A
Burkina Faso	1697	98%	N/A	100%	100%	100%
Cape Verde	N/A	N/A	N/A	N/A	N/A	N/A
Côte d´Ivoire	3268	93%	N/A	N/A	88%	100%
The Gambia	100	96%	96%	100%	100%	100%
Ghana	2083	92%	91%	90%	100%	N/A
Guinea	1431	100%	0%	10%	95%	100
Guinea-Bissau	122	76%	39%	0,0%	91%	82%
Liberia	551	90%	85%	95%	80%	100%
Mali	1412	100%	47%	N/A	83%	N/A
Niger	3618	100%	20%	81%	57%	100%
Nigeria	31365	35%	N/A	0%	N/A	N/A
Senegal	2977	100%	70%	65%	63%	50%
Sierra Leone	1049	58%	85%	40%	62%	13%
Togo	725	88%	96%	100%	100%	N/A

Source: Country NHIS, 2009