

# Central African Republic COUNTRY PROFILE

Last update: 28 November 2006

## The Present Context

- The Central African Republic, 3,9 millions habitants is among **the poorest countries** in the world (71% of the population living under the poverty line). In 2004 GDP growth is estimated at 2,5%. Foreign direct investment, net inflows is US\$ 7.7 million in 2001; aid per capita decreased, from US\$ 33.3 in 1998 to US\$ 20.2 in 2001. As per the last world report on the Human Development Index 2006, CAR ranks 172d.
- World Bank, IMF and ADB are engaged in a process which could bring to the resumption of their business with CAR.
- From 1992 to 2002, CAR has experienced at least four mutinies. On 15 March 2003, General Francois Bozize took power and established a new government of transition (March 2003-May 2005) after a war which lasted almost six months.
- On 8 May 2005, Francois Bozize was elected President and the coalition supporting his candidature won the majority at the Parliament. These elections were generally qualified as fair and democratic. A new cabinet was formed on 19 June 2005.
- Some armed groups are still harassing people along the main roads and in the countryside looting their goods and even taking children as hostage against payment.
- Civil servants are irregularly paid.
- Since October 2005, two rebel groups, the *Union des Forces Démocratiques pour le Rassemblement* (UFDR) and the *Armée Populaire pour la Restauration de la République et la Démocratie* (APRD) increased their activities against the governmental army in the North and North East.
- Though some improvements are observed, CAR remains one of the least funded countries of the world. Lack of funding has limited the capacity of humanitarian agencies and discouraged international NGOs from operating in CAR (only 5 international NGOs are present).
- The UN has described this situation as “the world’s most silent crisis.” This crisis is multi-faceted with governance, development and humanitarian components.



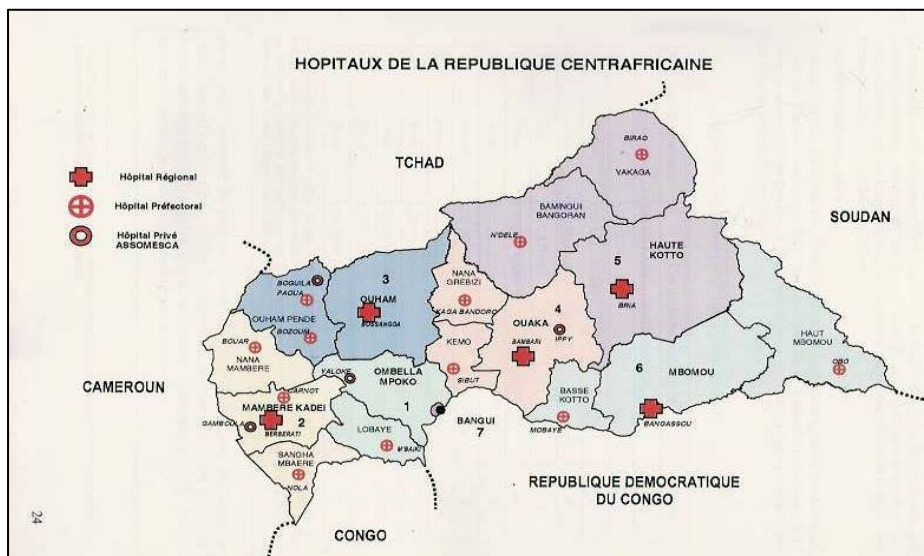
## Main Public Health Issues and Concerns

### Health status

- The deterioration of living conditions and notably the prolonged exposure to determinants of ill health has increased the vulnerability of the population to the most frequent diseases (diarrhoea, acute respiratory infections, and parasitic diseases).
- In rural areas, 68% of the population does not have access to safe drinking water.
- The available indicators confirm the severity of the crisis (RGP 2003). From 1988 to 2003 the life expectancy dropped from 48.9 to 42.7. During the same period the crude mortality rate went up from 16.7 to 20.36/1000. From 1995 to 2003, maternal mortality increased from 986 to 1355/100 000 and the under-five mortality rate from 157 to 220/1000.
- The epidemiological profile is predominantly marked by communicable diseases:
  - ✓ **HIV/AIDS:** At the end of 2003 the adult prevalence rate was 15 %; the estimated number of people living with HIV/AIDS was 300 000, 25 000 of which are under 15 years. Some 107 000 children (0-14 years) were orphaned by HIV/AIDS. More recent data show that the situation is quickly deteriorating.

- ✓ **Malaria**<sup>1</sup>: There were 2210 malaria cases per 100 000 people in 2000. In 2003, malaria-related mortality for all ages was 650/100 000 people; the malaria-related under-five mortality was much higher, at 777/100 000.
  - ✓ **TB**: In 2003, there were 252 tuberculosis cases per 100 000 people, ranked the 100th. Yet the TB-related mortality rate ranks much higher, the 10th, at 57.0/100 000.
  - ✓ **Sleeping sickness**: A recent WHO conducted survey (May 2004) in the four focal point (OUHAM, NOLA, LOBAYE, HAUT MBOMOU) showed the following consequences of the crisis: an increased contact between man and the vector, the rate of activities against Sleeping sickness hardly reach 10%, an increasing of the infected reservoir, an increasing of the high risk population from 30 000 in 2000 to 120 000 in 2004.
  - ✓ **Polio**: CAR experienced a polio epidemic with 30 cases registered in 2004. After a massive campaign of vaccination, no case of wild polio virus was confirmed since the 21 November 2004.
- Violence against women: about 180 raped women were recorded in Bangui and 250 in the rural. Those victims who accepted to stop hiding their situation suffer from physical and mental traumatism or HIV/AIDS.

### Health System Performance



**Seven (7) Health regions:** Ombella – Mpoko (1), Mambere- Kadei (2), Ouham(3), Ouaka(4), Haute Kotto (5), Mbomou (6), Bangui (7).

**Twenty four (24) districts:** Ombella-Mpoko(1), Lobaye(1), Nana Mambere(2), Mambere Kadei(2), Sangha Mbaere(2), Ouham(3), Ouham Pende(3), Ouaka(4), Kemo(4), Nana Grebizi(4), Haute Kotto(5), Bamingui Bangoran(5), Vakaga(5), Mbomu(6), Haut Mbomou(6), Basse Kotto(6), 8 districts Bangui(7)

**Health infrastructures:** Five(5) Regional hospitals, 12 district hospitals, 199 health centres, 422 health posts, private (7 clinics/hospitals, 48 health centres, 1 dental surgery).

- The health infrastructure is insufficient (1 medical centre/ 6000 people, 1 bed/ 1095 people), obsolete and for its most part destroyed or looted (including the cold chain). The infrastructure in the most affected zone has been partially rehabilitated.
- Human resources: the overall indicators (1 physician /17 850 people and 1 nurse /7812 people) hide substantial inequalities in the distribution of the workforce.
- The financing of the health sector relies heavily on external aid (which covers a share of 85%, while the Government contributes with 10% and the private sector with 5%).

<sup>1</sup> UNDP, 2000

<sup>2</sup> Carte sanitaire de la RCA 2003

- Health services coverage and access are very low because of their poor quality of the services combined to the system of cost sharing limiting access to very poor people (67% of the population lives under the poverty line).
- The surveillance system is disrupted and only 38% of the health centers are regularly reporting.
- Outbreaks are recurrent: Meningitis, Poliomyelitis, Measles, and Shigellosis.

### **Main Sector Priorities**

In this context the priority needs are:

- Rehabilitation of the Health Infrastructure
- Development of the capacities
- Setting up a system of alert and response to epidemics
- Reduction of the maternal and newborn mortality
- Reduction of the HIV transmission
- Reduction of the diseases preventable by immunization by national campaigns and the rehabilitation of the routine vaccination
- Therapeutic and supplementary nutrition for children aged under five
- Psychological assistance to the victims of violence particularly raped women

### **Other Priority Needs**

- Access to potable water
- Security
- The introduction of cost recovery system for health and other services: the overwhelming majority of the population cannot afford paying fees

### **WHO INTERVENTION (5 last Years)**

- The Country Office has a staff of 39 people including five international and nine NPO, 14 on EB funds
- The office was looted on 15 March 2003 and because of lack of resources the equipment couldn't be rehabilitated

### **Policy Documents and Strategic Planning**

- Elaboration of a CCS Document
- Support to the elaboration of the national policy for health, the national plan for health development, the national plan for human resources for health development
- Contribution to the CCA and the elaboration of the UNDAF

### **Capacity Building**

- Support to the rehabilitation of health infrastructures particularly capacity building for obstetric and newborn emergencies
- Initial or in service training of health workers (specialist, training of trainers, CAMES)
- Blood safety reinforcement (reagents, HIV testing, support to blood donors associations)

### **Reduction of Maternal and Newborn Mortality**

- Support to the elaboration of the national plan to accelerate the reduction of maternal and newborn mortality
- Contribution to capacity building for obstetric and newborn emergencies

### **Diseases Burden Reduction**

- Support to the implementation of DOTS (training and technical support to the national TB programme)
- Support to investigation and response to recurring epidemics (meningitis, measles, hepatitis E, shigellosis... )
- Support to national program for malaria (strategic planning, training, treatment guidelines, Improving the bed nets coverage)
- Support to the programmes of control/elimination/eradication of guinea worm, leprosy, trypanosomiasis and onchocercosis
- Support to the EPI programme (training, mass campaign for Polio eradication and AFP surveillance, implementation of RED strategy, national campaign of vaccination against measles)
- Support to the scale up of 3X5 strategy

### **Promotion of a Healthy Environment and Elimination of Behaviours Considered as Risk for Health**

- Support to elaboration of the national Code for Hygiene
- Support to the program " Ville –Santé à Bangui"
- Support to the implementation of the program "Ecole Propre - Ecole en Santé"
- Support to associations of victims of sexual based violence

### **Coordination and Resources Mobilization**

- Facilitation of a coordination monthly meeting of partners in the health sector
- Fund-raising for the acceleration of the reduction of the maternal and newborn mortality and for humanitarian response
- Technical support to the elaboration of the national proposals to the GFATM and technical implementation of the GFATM for TB

### **Emergency and Humanitarian Activities**

- Assessment of the needs in the health sectors of the displaced population in the North and North East
- Coordination of the medical assistance through a mechanism of sharing information
- Organization of a massive campaign of immunization (July-September-October) which rose the indicators from 29% up to 78% for DPT3 and from 33% to 97% for measles
- Medical equipment and drugs distributed through the NGOs (COOPI, MSF, Red Cross national section, Caritas) operating in the conflict zone
- Reinforcement of the capacity of the structures in charge of the obstetrical and newborn emergency care (Equipment, training) in Ouham, Ouham Pende and Ombella Mpoko
- Medical assistance to 180 victims of rape in Bangui and 250 in the rural
- A WHO sub-office is going to be established in Bossangoa starting 7 December 2006 (assessment, coordination, assistance to victims of the conflict)

| <b>General Indicators</b>   |                           |
|---|---------------------------|
| Population (2006)   | 3,912,000                 |
| Refugees  | 50,000 in South Chad GORE |
| Internally Displaced Persons <sup>2</sup>                         | 147 000                   |
| Healthy life expectancy at birth m/f (years) (2003)               | 42,7                      |
| GNI (Gross National Income) per capita (US \$, 2002) <sup>3</sup> | 260                       |
| Infant Mortality rate (deaths/1000 live births) (2003)            | 132                       |
| Under-five mortality rate (deaths/1000 live births) 2003          | 220                       |
| Total adult literacy by % m/f (2000)                              | 64,7/33,5                 |
| Population using improved drinking water sources(2000)            | 45%                       |
| Population using adequate sanitation facilities (2000)            | 25%                       |
| UNDP's Human Development Index ranking <sup>4</sup> (2006)        | 172/177                   |

| <b>Health Systems Profile</b>                      |      |
|--|------|
| Total expenditure on health as % of GDP (2003)     | 2,2  |
| Total per capita health expenditure (US \$) (2003) | 9,1  |
| Nurses rate per 100,000 population                 | 12,8 |
| Physicians rate per 100,000 population             | 5,6  |
| Hospital Beds per 1000 population                  | 0.9  |

| <b>Tuberculosis</b>        |     |
|----------------------------|-----|
| Prevalence per 100,000     | 252 |
| Mortality rate per 100,000 | 51  |

| <b>HIV/AIDS<sup>5</sup></b>  |         |
|--|---------|
| Adult prevalence of HIV/AIDS (15-49 years) (2003)                                | 15      |
| Estimated number of adults living with HIV/AIDS (2003)                           | 300,000 |
| Reported number of people receiving antiretroviral therapy (15-49 years) ( 2006) | 2 000   |
| Orphans due to AIDS  | 110,000 |

| <b>Malaria</b>             |     |
|----------------------------|-----|
| Mortality rate per 100,000 | 132 |

| <b>Immunization ( NOV 2006)<sup>6</sup></b> |     |
|---|-----|
| BCG   | 72% |
| DPT3  | 78% |
| Measles                                     | 97% |
| Polio                                       | 79% |

| <b>Women's Health</b>                    |      |
|--|------|
| Total fertility rate (2002)              | 5.0  |
| % of antenatal care coverage             | 62   |
| %of skilled attendant at delivery (2000) | 44   |
| Maternal mortality ratio (2003)          | 1355 |

<sup>2</sup> OCHA

<sup>3</sup> The World Bank Annual Report, 2003

<sup>4</sup> UNDP Human Development Report 2006

<sup>5</sup> UNAIDS 2005 Report on the global AIDS epidemic

<sup>6</sup> EPI Report

## Annex 2: Security<sup>7</sup>, accessibility and Essential for Logistics

| Security phase | Location  |
|----------------|---|
| II             | Sector One: Bangui(capital); Sector Three: Mbaiki and Lobaye  |
| III            | Sector Two: Bouar, Berberati, Bocaranga and Poua; Sector Seven: Mboki Sector Four: Bossangoua, Bouca and Ouham; |
| IV             | Sector Five: Kaga Bandoro and Ndele; Sector Six: Bambari.   |



### Accessibility and Essentials for Logistics<sup>8</sup>

- Landlocked and almost the precise centre of Africa; Border countries: Cameroon 797 km, Chad 1,197 km, Democratic Republic of the Congo 1,577 km, Republic of the Congo 467 km and Sudan 1,165 km
- Railways: 0 km; highways: total 23,810 km with 643 km paved and 23,617 km unpaved; waterways 900 km (traditional trade carried on by means of shallow-draft dugouts; Oubangui navigable all year to craft drawing 0.6 m approximately; 282 km navigable to craft drawing 1.8 m approximately)
- Ports and harbors: Bangui, Nola, Salo and Nzinga
- 50 airports, 3 with paved runways and 47 with unpaved runways<sup>9</sup>
- Tropical climate with dry winters and wet summers; northern areas affected by hot, dry harmattan winds
- Rainy season: mostly May to October; occasional floods; higher risk of malaria and extreme difficulty in access to logistics (extremely poor transportation) during this period.<sup>10</sup>

<sup>7</sup> UNSECOORD, 2004

<sup>8</sup> map from UN, 2002

<sup>9</sup> CIA, 2003

<sup>10</sup> Northstar Travel Media LLC, 2004