



Work – Justice – Solidarity  
 Ministry of Public Health and Hygiene  
**Commitments Made by the Republic of Guinea during the  
 International Conference on Family Planning in Addis Ababa,  
 November 11-15, 2013**

<b>Country: Republic of Guinea</b>		
<b>Goal</b>		
Increase the modern contraceptive prevalence rate (mCPR) from 7% in 2012 to 22.1% <sup>1</sup> in 2018 and decrease the unmet need for family planning from 44% to 20%.		
<b>Political Commitments</b>	<b>Financial Commitments</b>	<b>Fulfilling Commitments</b>
<ul style="list-style-type: none"> <li>Finalize and disseminate the national plan for accelerating progress on family planning by December 31, 2013</li> <li>Strengthen institutional instruments in order to put in place policies and structures which will effectively accelerate progress on family planning.</li> </ul>	<ul style="list-style-type: none"> <li>Fund the budget line<sup>2</sup> for the purchase of contraceptives.</li> <li>Strengthen transparency and eligibility mechanisms.</li> <li>Search for other types of resources for family planning.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen results-driven coordination, monitoring and evaluation mechanisms.</li> <li>Institutionalize the National Campaign for Family Planning Services<sup>3</sup>.</li> <li>Enforce the legal marriage age of 18 in accordance with the Children’s Code by 2018.</li> <li>Create and disseminate legislation to implement reproductive health law.</li> <li>Develop partnerships with the private sector to finance family planning.</li> <li>Integrate youth sexual and reproductive health (SRH) services into the basic services of health structures in 2 to 8 administrative regions by 2018.</li> <li>Increase service coverage by taking into account private and civil society structures in supplying family planning services.</li> <li>Improve the access of local populations to all family planning methods by using community-based service provision.</li> <li>Continue the roll-out of long-acting methods in the 15 health districts currently lacking them.</li> <li>Improve forecasts and data management to optimize the supply chain.</li> <li>Recruit additional personnel for rural zones<sup>4</sup>.</li> <li>Elevate the institutional standing of family planning by creating a Family Planning Division within the National Directorate for Family Health and Nutrition</li> </ul>

<sup>1</sup> This goal will only be reached if the number of women ages 15-49 using modern contraception increases continuously, going from 252,000 in 2013 to 772,000 in 2018, which corresponds to an mCPR increase from 7% in 2012 to 22.1% in 2018. The total cost for the Action Plan to Reposition Family Planning in Guinea is 23.7 million US Dollars. Most of the financing (\$21m or 90%) will go towards implementing activities at the regional level.

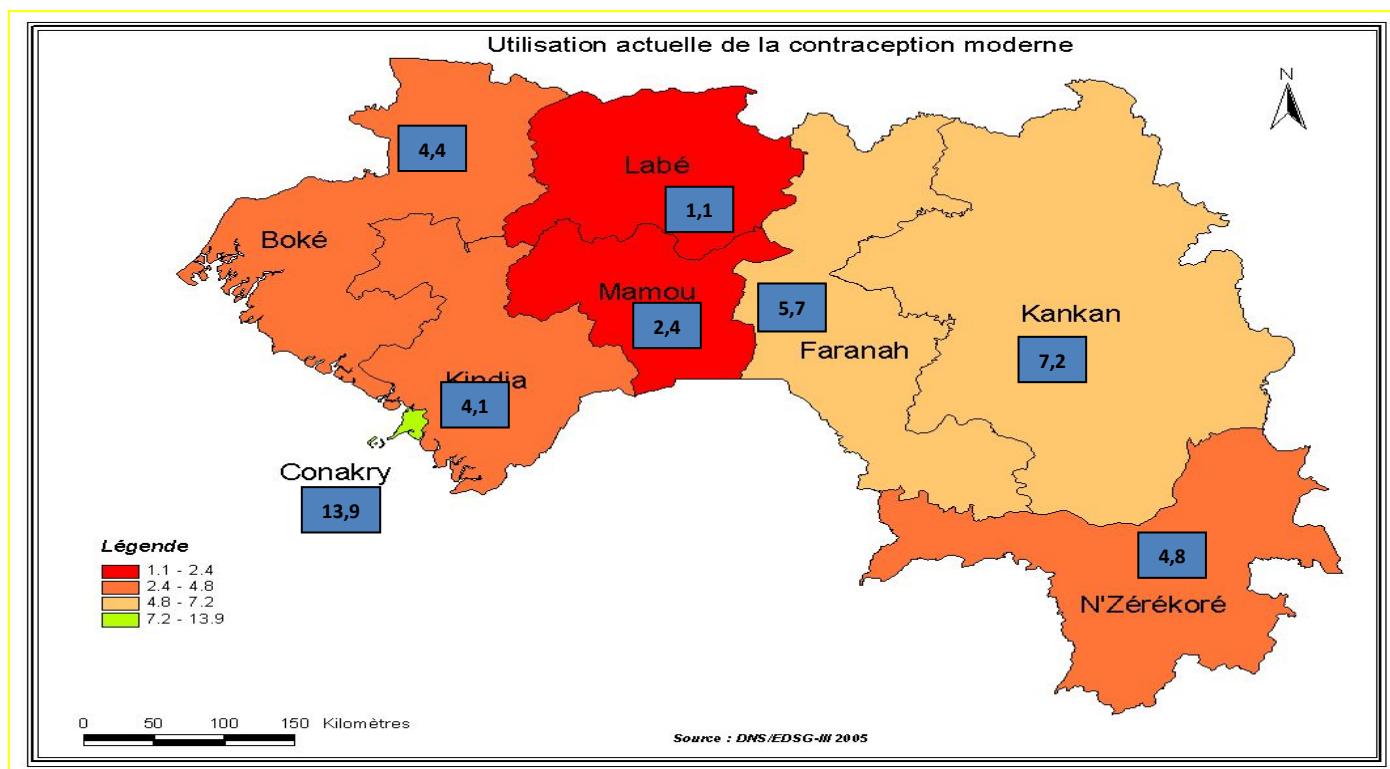
<sup>2</sup> From 2014-2018, \$743,493 will be appropriated annually for this budget line, constituting 50% of the cost of contraceptive products.

<sup>3</sup> The National Campaign for Family Planning Services, coupled with screening for cervical cancer, started in 2012 in Conakry. In 2013, the campaign was carried out throughout the country and was successful.

<sup>4</sup> The government commits to recruiting 2000 health workers in 2014, at a cost of 3.5 million US Dollars. Each year until 2017, the government will recruit an additional workforce of 51 mid-wives, 111 government-registered nurses for rural zones, and will convert 330 health technicians into mid-wives.

## REPUBLIC OF GUINEA

### Modern Contraceptive Prevalence by Region



**Goal of the National Action Plan to Reposition Family Planning in Guinea 2014-2018:**

**INCREASE THE NUMBER OF WOMEN AGES 15-49 USING MODERN CONTRACEPTION FROM 252,000 IN 2013 TO 772,000 IN 2018, CORRESPONDING TO AN mCPR INCREASE FROM 7% IN 2013 TO 22.1% IN 2018.**