

Gabon

Country programme document 2012-2016

The draft country programme document for Gabon (E/ICEF/2011/P/L.23) was presented to the Executive Board for discussion and comments at its 2011 annual session (20-23 June 2011).

The document was subsequently revised, and this final version was approved at the 2011 second regular session of the Executive Board on 15 September 2011.

<i>Basic data[†]</i> <i>(2009, unless otherwise stated)</i>	
Child population (millions, under 18 years)	0.6
U5MR (per 1,000 live births)	69
Underweight (% moderate and severe, 2000)	8
(% urban/rural, poorest/richest)	7/12, 15/4
Maternal mortality ratio (per 100,000 live births, 2008)	260 ^a
Primary school enrolment (% net, male/female, 2008)	96/96 ^b
Survival rate to last primary grade (% , 2002)	69
Use of improved drinking water sources (% , 2008)	87
Use of improved sanitation facilities (% , 2008)	33
Adult HIV prevalence rate (%)	5.2
Child work (% , children age 5-14)	—
Birth registration (% , children under age 5, 2000)	89
(% male/female, urban/rural, poorest/richest)	89/90, 90/87, 88/92
GNI per capita (US\$)	7 370 ^c
One-year-olds immunized with DPT3 (%)	45 ^d
One-year-olds immunized against measles (%)	55 ^d

[†] More comprehensive country data on children and women are available at www.childinfo.org/.

^a 260 deaths per 100,000 live births is the adjusted estimate for 2008 by the Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA and World Bank, together with independent technical experts) adjusted for under-reporting and misclassification of maternal mortality. For more information, see the website www.childinfo.org/maternal_mortality.html.

^b Survey of 66% of schools. Source: Statistical Analysis Bulletin on Primary Education in Gabon, 2008.

^c \$12,460 (GNI per capita in PPP, 2009).

^d Owing to the lack of new surveys, estimates continue to be extrapolated from the 2000 survey (1999 birth cohort, linear extrapolation). WHO and UNICEF will also continue to recommend that a high-quality survey should be conducted in Gabon in order to validate the current levels.

The situation of children and women

1. Gabon, with an estimated population of 1.5 million, 50 per cent of whom are young people, and with a high rate of urbanization (85 per cent), is a country of paradoxes: it has low social indicators, but per capita income in purchasing power parity was estimated to be \$12,460 in 2009 (Human Development Report of the United Nations Development Programme (UNDP)), making it one of richest countries in sub-Saharan Africa. This income is unequally distributed: the wealthiest quintile controls 50 per cent of national income while 33 per cent of the population live below the national poverty line.¹ An analysis of equity and disparities in Gabon shows that the most disadvantaged children come from the poorest groups, followed by those living in rural areas, with no distinction as to sex. Given the country's high rate of urbanization, three quarters of those in poverty live in cities.

¹ Gabonese Poverty Assessment Survey, 2005.

2. The new president, who was elected in 2009, has developed a policy aimed at making Gabon an emerging country by 2025; one of his strategic focuses is the reduction of inequality, exclusion and poverty. Wide-ranging reforms are beginning to be implemented in key sectors, particularly in the social sphere, and universal health insurance that includes coverage for people with low incomes is currently being phased in. Other limited social protection or assistance mechanisms exist that could serve as a good basis for the development of social protection policies.

3. It will be difficult to gauge the results of this policy and the progress achieved because all sectors face a general lack of data (most of which dates back to 2000) and weak statistical systems. The demographic and health survey now in progress will fill crucial gaps in current data in the social sphere.

4. According to the third national progress report on the Millennium Development Goals (MDGs) issued in 2010, Gabon has made uneven progress towards achieving the MDGs. There is a high probability that goal 2 will be attained, but the probability of achieving goals 3, 4 and 7 is still medium, while it is low for goals 1, 5 and 6.

5. The under-five mortality rate, estimated at 69 per 1,000 live births, is mainly due to neonatal illnesses, acute respiratory infections, diarrhoea and malaria. Malaria is no longer the primary cause of mortality thanks to the use of mosquito nets and treatment, the rates of which rose, respectively, from 18 per cent to 55 per cent and from 41.3 per cent to 48 per cent between 2006 and 2008. Vaccination coverage remains relatively low. In 2009, immunization coverage for the combined diphtheria/pertussis/tetanus (DPT3) vaccine was 76 per cent (according to administrative data) and was estimated at 45 per cent according to extrapolation of the data from the 2000 demographic and health survey, with significant disparities: 71 per cent of children from the richest families have been vaccinated against measles, compared to 34 per cent from the poorest families, according to the 2000 survey. This situation appears to be linked to a health system that is overly hospital-centric with highly vertical and unintegrated health programmes, compounded by limited community participation in health care activities. All of this restricts access to services; affordability in particular represents a barrier for the poorest. The private and para-public sectors account for 17.5 per cent of health centres, which operate independently of and parallel to the health information system. The low quality of public services leads people to turn to these sectors despite their limited affordability.

6. The Gabonese Government finances the bulk of the health care budget (6.83 per cent of the national budget in 2009). Development partners in this sphere — the World Health Organization (WHO), UNICEF, the United Nations Population Fund (UNFPA), the African Development Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria — tend to provide technical rather than financial assistance.

7. HIV prevalence was estimated at 5.2 per cent in 2009, ranging from 3 per cent to 8.7 per cent depending on the province. The rate is estimated at 8.1 per cent among pregnant women and rose from 3.6 per cent in 2007 to 4.8 per cent in 2009 among young people age 15 to 24. National coverage by services for the prevention of mother-to-child transmission (PMTCT) of HIV remains low (48.5 per cent), despite the fact that there is no charge for testing or for antiretroviral (ARV) drugs. Early diagnosis and treatment for infants exposed to HIV remain at a nascent level.

8. The net primary school enrolment rate is at 96 per cent, with parity between the sexes, although the quality of the system is affected by internal performance weaknesses, with relatively high rates of repetition. To address this situation, major reforms resulting from the 2010 National Education Conference are under way. These reforms are actively supported by multilateral and bilateral partners, first and foremost Coopération française and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

9. The principal challenges in the protection of children are linked to the prevalence of real problems, such as trafficking in children (which requires a regional approach) and violence against children, that are not fully understood in all their dimensions; other problems, such as child work and children living on the street, are on the rise.

Key results and lessons learned from previous cooperation, 2007-2011

Key results

10. The Gabon-UNICEF programme of cooperation contributed to the development of the national Accelerated Child Survival Plan, together with an investment plan developed through the marginal budgeting for bottlenecks tool. It was incorporated into national health policy and the national Health Development Plan. Immunization coverage has increased, rising from 38 per cent in 2006 to over 76 per cent in 2009, as a result of Government efforts through the “reach every district” approach. No cases of measles, polio or yellow fever have been detected since 2008. Through UNICEF advocacy and technical support and PMTCT, the four areas of focus in UNICEF efforts on HIV/AIDS (prevention, care, treatment and protection) have been included in the national HIV/AIDS strategic plan for 2008-2012 funded by the State and supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

11. The percentage of pregnant women tested for HIV rose from 8 per cent in 2007 to 48.5 per cent in 2010 and the percentage of HIV-positive women who have received ARV treatment is estimated at 32 per cent. Two centres that provide information and counselling to young people on sexuality, sexually transmitted diseases and HIV/AIDS are operating through a partnership among the private sector (Tullow Oil), the Ministry of Education and the non-governmental organization (NGO) Lumière.

12. With funding from the Swiss UNICEF Committee, the capacities of every school in the country have been strengthened using the competency-based approach, through training for all teachers and access to teaching coaches. The education statistics system has been revitalized at the central and provincial levels, as evidenced by the production and distribution of annual statistical analysis bulletins (2008 issued and 2009 in progress). These results have been achieved under the coordination of the Ministry of Education and with the support of United Nations agencies (UNESCO, UNFPA and the International Labour Organization (ILO)) and the French Development Agency.

13. Through UNICEF advocacy and technical support, there has been significant progress in legislation (adoption and implementation of laws): promulgation of the

law on sexual violence and female genital mutilation (2008), enactment of the law on justice for minors (2010), a national manual of procedures on caring for child victims of trafficking (2008) and ratification of the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (2010). The capacities of care and reintegration facilities for children in difficulty have been enhanced, resulting in the protection of 518 child victims of trafficking and the repatriation of 420 of them to their countries of origin. The Economic Community of Central African States has established a Child Protection Unit. Lastly, 94.3 per cent of indigenous children from target villages received birth certificates in 2007.

14. Three studies funded by UNICEF have provided evidence to support enhanced advocacy and dialogue in favour of children, the development of appropriate investment policies and the allocation of adequate resources for basic social services: a study on violence against children (2010), a budget analysis of child-focused sectors (2009/2010) and a study on the development of social policy in Gabon (2010). The latter two studies established a causal relationship between resource allocation policy, the quality and effectiveness of social expenditure and the movement of social indicators in Gabon. They also revealed the inadequate coverage and lack of efficiency of existing initiatives, particularly for the most vulnerable groups. They provided insights into ways of ensuring more efficient budgetary policy, a higher level of funding for social sectors and a more coherent and synergistic system of universal social protection. The recommendations derived from these studies will be followed in the present cooperation programme.

15. As a result of advocacy conducted jointly with other technical and financial partners for the updating of the 2000 data, a demographic and health survey is in the start-up phase and other databases, such as the Integrated Management Information System, are being consolidated. The updated data (the report will be completed by the end of 2012) will contribute to better analysis of the situation of women and children and the refinement of strategies for the programme of cooperation.

16. All of these results have been achieved through national coordination of ministerial departments in charge of planning, health, social affairs, education, justice and human rights and with the participation of youth groups, NGOs (Service international de la formation des enfants de la rue et de la traite et exploitation des orphelins déscolarisés (SIFOS), CARITAS Gabon and Mission Nissi) and professional organizations. Close cooperation with United Nations agencies (UNFPA, UNESCO, Joint and Co-sponsored United Nations Programme on HIV and AIDS (UNAIDS), UNDP and WHO) made it possible to provide mainly technical support, and to a lesser extent financial support, for certain supplementary immunization activities funded primarily by the State and the Global Fund. UNICEF supported social mobilization during vaccination campaigns and the mobilization of private-sector partners (Marathon Oil and TOTAL Gabon) and its procurement hub was used for the supply of inputs. Partnerships with the embassies of France and the United States of America also contributed to the results.

Lessons learned

17. The programme achieved most of these results through two strategies: (a) advocacy for progress on legislation on the protection of children and updating of the statistics required to develop child-focused policies and strategic plans; and (b) capacity-building for stakeholders in all areas of the programme. The next programme will continue to focus on these strategies, based on more refined analysis of the situation of children in terms of geographic, socio-economic and gender disparities.

18. National implementation of the Accelerated Child Survival and Development Strategy is well behind schedule. Significant progress might have been made if high-impact interventions had been scaled up at the community level. Enhanced capabilities for families and parents to prevent and manage common childhood diseases, in conjunction with more effective action by the health care system, will contribute significantly to reducing child morbidity and mortality.

19. The study on violence against children showed that most violence takes place within the family, which underscores the need for activities that place a greater focus on families and communities, particularly by raising awareness about the rights of children, publicizing the laws and providing support and sensitization to ensure that people resort to those laws.

20. In the effort to combat the trafficking of children, bilateral agreements between Gabon (primarily a destination country) and other States, particularly in Western Africa, should complement and strengthen the subregional agreements between the Economic Community of Central African States and the Economic Community of West African States.

The country programme, 2012-2016

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Advocacy, social policy and partnerships	1 500	2 000	3 500
Capacity-building for child survival, development and protection	1 500	5 000	6 500
Cross-sectoral costs	750	1 000	1 750
Total	3 750	8 000	11 750

Preparation process

21. The country programme document was drawn up by all stakeholders (Government, civil society and UNICEF), led by the Ministry of Economy, Trade, Industry and Tourism. The initial stage consisted of further developing the analysis of the situation of children and women carried out in 2009 while highlighting the equity dimensions. Given the delay in drafting the new growth and poverty reduction strategy paper, the Government agreed that the United Nations Development Assistance Framework (UNDAF) should be prepared on the basis of

an economic and social policy letter that sets out the strategic direction for the policy of emergence. The UNICEF country programme is guided by the Framework in anticipation of contributing to the achievement of the UNDAF strategic outcomes developed during the planning workshop held on 13-15 December 2010.

22. The selection criteria for the country programme priorities are the following: acuteness/seriousness of the problem, gap to be addressed, value added by UNICEF, complementarity with other agencies and focus on the most disadvantaged groups. The present document was validated by the partners who prepared it, and by the representatives of those engaged in multilateral and bilateral cooperation (including France, Japan, Spain, the African Development Bank and the United Nations system), during the workshop held on 21 January 2011.

Programme and results of components and strategies

23. The Gabon-UNICEF programme of cooperation 2012-2016 will help to accelerate achievement of the MDGs and the implementation of national policies and priorities on accelerated child survival and combating inequality and exclusion. It will contribute to a better balance of economic and social indicators by giving children higher priority in the national development agenda and by strengthening the capacities of institutions that provide services to families in order to enable the full realization of children's and women's rights. In view of the priority challenges facing children and the organization's limited resources, it has been agreed with the Government that the focus should be on the most promising interventions that have the greatest impact on children. The programme therefore focuses on the themes of the survival and development of children and adolescents and the protection of children against all forms of violence, which will be supported by the development of social policy for children.

24. The main results expected from this cooperation by the end of 2016 are the following:

(a) Social policies as well as advocacy mechanisms and partnerships for the benefit of children, particularly the most disadvantaged, have been developed and implemented, and the resources allocated to the relevant priority social sectors are increased and better utilized; and

(b) Children, particularly the most disadvantaged, and their mothers receive a minimum package of appropriate advocacy, prevention and treatment services aimed at improving their survival, development and protection, including in emergency situations.

25. Advocacy and partnership are the main cross-cutting strategies that will support the achievement of results in the first programme component. By producing evidence to underpin advocacy, these strategies will aim to: (a) influence the adoption of inclusive social protection policies and strategies for the poorest and most disadvantaged children; (b) ensure that national strategic plans and programmes place greater emphasis on reducing inequalities; (c) encourage budgetary allocations to social sectors, particularly health, education and social protection; (d) guide strategic resource allocation, particularly in the area of health, reduce the level of resources going to hospitals and increase resources for primary health care; (e) influence the scaling-up of high-impact interventions for child

survival and protection; and (f) develop a more woman- and child-friendly legal and social environment.

26. Given the overall sparseness of data, the programme will support the continuous updating of statistical data (particularly on children) to promote better understanding of the situation of children and to support advocacy and planning. Lastly, collaboration with other United Nations system agencies will be enhanced through joint programmes and thematic clusters.

27. The main strategy for the second component of the programme is strengthening the capacities of children, families and communities to assert their rights, the capacities of national authorities to fulfil their obligations and the capacities of other stakeholders to identify priorities for action, taking into account the gender, disparities and vulnerability of the most disadvantaged children. At the same time, the programme will support strategies aimed at communication for development, with particular emphasis on improving family practices crucial to child survival and on civil society participation in altering behaviour and social norms.

28. The programme will be national in scope with a focus on the most disadvantaged areas, particularly the suburbs of large cities (Libreville, Port-Gentil and Franceville), which are home to large numbers of people living in precarious conditions.

Relationship to national priorities and the UNDAF

29. The programme of cooperation will contribute to the achievement of the national results set out in the economic and social policy letter, the action plans of the national programme on good governance, the national policy on health, the national health development plan, the national HIV/AIDS strategic plan and the national gender strategy. The programme results will contribute to the achievement of five of the six UNDAF strategic outcomes.

Relationship to international priorities

30. The programme results are aligned with the Millennium Declaration and the Millennium Development Goals, with a focus on equity. They also take into account the guidelines of the 2006-2013 UNICEF medium-term strategic plan. The programme will help develop the country's capacities to respect, protect and promote the rights of children and women as set out in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. It is also in line with the principles of the Paris Declaration on Aid Effectiveness and the Third High-Level Forum on Aid Effectiveness (Accra High-Level Forum).

Programme components

31. The programme will support the design and implementation of the national poverty reduction strategy. It will have two programme components.

32. The **advocacy, social policy and partnerships** component will support the implementation of the strategic focus contained in the vision of the Head of State on combating inequality, poverty and exclusion. It will promote the development of strategies and policies aimed at ensuring better allocation of resources to priority

social sectors and better intra-sectoral distribution of budgets. It will support the development of the national system of disaggregated statistical information on children and will ensure the promotion and protection of children's rights at all levels of society. It will also support the updating of a legal framework that is harmonized with the international instruments ratified by the country.

33. The programme will achieve these results by promoting: (a) the development of the national goals on reducing disparities and countering exclusion and their effective inclusion in the design and implementation of national development strategies and in public expenditure analysis, with the aim of increasing budget allocations for priority social sectors and achieving more effective distribution of budgets within sectors; (b) the development of a child-sensitive social protection floor fuelled by the production of evidence and the strengthening of national capacity; and (c) the regular collection and analysis of quality data on children and women with an emphasis on living conditions, poverty, disparities, exclusion and gender.

34. In addition, strategies on evidence-based advocacy and resource mobilization will be implemented and partnerships will be established to promote the survival, development and protection of children in the most disadvantaged urban and rural areas.

35. The aim of the **capacity-building for child survival, development and protection** component is to strengthen the capacities of families, service providers and policymakers in the areas of child survival and protection. This component will involve ensuring that children, particularly the most disadvantaged, and their mothers receive a minimum package of appropriate advocacy, prevention and treatment services aimed at improving their survival, development and protection, both in ordinary circumstances and in emergency situations. This will be achieved by supporting national institutions (such as the Ministry of Health) in a review of improvements to the mechanisms and systems through which services are provided to the poorest children, analysis of budgets to achieve more effective budgetary allocations, and support for capacity-building. Strategies on communication for development will also be implemented to develop knowledge and practices among families and communities that promote better child survival and to promote changes in behaviour and norms within society.

36. More specifically, the following outcomes are expected: all children under the age of one are properly vaccinated in accordance with the routine immunization schedule, regardless of location, including in emergency situations; at least 80 per cent of children under the age of five receive proper care as soon as the first symptoms of diarrhoea, acute respiratory infections or malaria appear; 50 per cent of families are convinced of the effectiveness of the four key family practices for child survival and are using them; 80 per cent of HIV-positive pregnant women have received ARV drugs for PMTCT; 60 per cent of HIV-positive children age 0 to 14 eligible for ARV treatment have received it; 80 per cent of young people age 10 to 24 engage in responsible behaviour to protect themselves from HIV.

37. Support will be provided to the Government for the establishment of a comprehensive national child protection system that will include a minimum package of integrated services.

38. **Cross-sectoral costs** will support overall implementation of the programme and, in particular, operational and logistical aspects as well as some general programme costs.

Major partnerships

39. Partnership with the private sector, and particularly with large companies, will be developed and expanded. Coupled with State resources, the funding mobilized will be crucial to strengthening the technical capacities of service providers and promoting key practices for child survival and protection within families and communities. Strategic alliances and regular contact will be continued and strengthened with donors, media, NGOs, religious and other influential groups, grass-roots organizations and Government counterparts. This strategic partnership and the alliances formed will provide important support to our advocacy for a decent environment for children.

40. Collaboration with United Nations agencies will be undertaken within the UNDAF. The office's involvement in joint programmes of support for the Government by the United Nations system (particularly in the area of HIV/AIDS) will be continued and encouraged.

Monitoring, evaluation and programme management

41. The Ministry of Economy, Trade, Industry and Tourism, through the Directorate for Comprehensive Planning, is the national coordinating body for the programme of cooperation. The Directorate organizes all periodic reviews of the programme of cooperation and coordinates joint programming with the United Nations system. Coordination of monitoring, research and evaluation for the country programme will be conducted under a five-year integrated monitoring and evaluation plan. The plan will be implemented on the basis of a multi-year budget approved by the country office management team.

42. UNICEF will support its partners in the implementation of the programme of cooperation through rolling work plans. Opportunities and obstacles to the achievement of outcomes will be identified annually by means of a logical framework. This procedure will make it possible to identify the critical determinants that the programme must affect to have a significant impact on the situation of children and women throughout the programme cycle. The mid-term review of the programme of cooperation will be conducted in 2014.
