

I. EXECUTIVE SUMMARY

1. This report, signed by EG Justice¹ and CESGE² has been developed through a process of consultation and meetings between January and July, 2018.
2. HIV/AIDS is a widespread epidemic that has not been effectively controlled in Equatorial Guinea due to weak institutional practice, poor governance, lack of investment in education, and disrespect for human rights. This report provides an overview of the epidemic from January, 2014 through August, 2018.
3. We emphasize the prevalence and increase of the HIV/AIDS epidemic in Equatorial Guinea. We highlight the institutional inability to fight against the epidemic through already established yet underdeveloped laws, campaigns, programs and policies that involve actors from government bodies, national and international NGOs.
4. This report provides information about the progress or lack thereof over specific commitments accepted during the Universal Periodic Review in 2014, which include to eradicate the HIV/AIDS epidemic, promote and maintain policies and programs that ensure prevention, universal access to care, and the protection of human rights.³
5. After signing numerous UN conventions the government of Equatorial Guinea has agreed to ensure the right to life, the right to the highest attainable standard of physical and mental health; the right to an adequate standard of living; the right to social security, assistance and welfare. Which in turn means the government must take necessary steps to combat HIV/AIDS, mental health, and other diseases. Furthermore as part of the Universal Periodic Review the government has agreed to various commitments, but as the report will show the actions undertaken by the government from 2014 to 2018 seriously hamper the enjoyment of those rights.⁴

¹ EG Justice is a NGO that promotes human rights and the rule of law, transparency and civic engagement to build a just and fairer Equatorial Guinea. <https://www.egjustice.org/>. Founded in 2007 with headquarters in Washington DC

² The Center for Equatoguinean Studies (CESGE) was funded in 2010 is a particular initiative of Equatoguineans and non-Equatoguineans interested in bring ideas forward through analysis and academic focus to debate, dialogue and negotiate the best options for the development of Equatorial Guinea at all levels.

³ Equatorial Guinea adopted the recommendations related to the HIV/AIDS epidemic made during the Second Review Session. UPR Info's Database of UPR Recommendations and Voluntary Pledges available here: https://www.upr-info.org/database/index.php?limit=0 & f_SUR = 54 & f_SMR = All & order = & orderDir = ASC & orderP = true & f_Issue = All & searchReco = & resultMax = 300& response = & action_type = & session = & SuRRgrp = & SuROrg = & SMRRgrp = & SMROrg = & pledges = RecoOnly

See also Human Rights Council Twenty-seventh session Agenda item 6 Universal Periodic Review Report of the Working Group on the Universal Periodic Review* Equatorial Guinea available here https://www.upr-info.org/sites/default/files/document/equatorial_guinea/session_19_-_april_2014/a_hrc_27_13_e.pdf

⁴ The Universal Declaration of Human Rights, the International Covenants on Economic, Social and Cultural Rights and on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Convention on the

II. PREVENTING AND FIGHTING HIV/AIDS

5. HIV/AIDS is a widespread epidemic in Equatorial Guinea, and constitutes one of the main causes of morbidity and mortality among the population.⁵ Since the beginning of the HIV/AIDS epidemic in 1987, the hiv1 type persists and its numbers have tripled: from 1.08% of the total population in 2000, to 1.2% in 2004, 3.1% in 2011, up to 6.2% in 2014.⁶ Infection and prevalence rates are estimated between 15 and 24 % of the total population, and these continue to be the leading causes of mortality in Equatorial Guinea.⁷ About 53,000 adults and children were counted as infected in 2017.⁸ Women and young individuals aged 15 to 19 years are currently the most afflicted.⁹

6. The national Law on prevention and fight against sexually transmitted disease and HIV/AIDS asserts that immediate action is needed to stop the spread of the epidemic in the

Rights of the Child is required to ensure the right to life, The right to the highest attainable standard of physical and mental health; the right to an adequate standard of living; the right to social security, assistance and welfare.

⁵ *Informe Nacional de Guinea Ecuatorial Sobre los Objetivos de Desarrollo del Milenio 2015: El Cumplimiento de los ODM y la Visión de la Emergencia al Horizonte 2020*, p. 68

⁶ República de Guinea Ecuatorial. Programa Nacional de Lucha Contra el VIH/SIDA. Informe Nacional sobre los Progresos Realizados en la Lucha Contra el VIH/SIDA. This report confirms a significant increase of infected people in Equatorial Guinea from 1989 to 2014. Women between the ages of 15 and 24 years, and people living in rural areas are the most affected. Available here:

<http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/> and http://www.unaids.org/sites/default/files/country/documents/GNO_narrative_report_2014.pdf

Also, the *Naciones Unidas, Comisión Económica para Africa, Perfil de País 2016*, states in p. 19: "with respect to efforts to combat HIV and AIDS, the available data indicates that prevalence among individuals aged 15-24 years of age was 3.1% in 2011, compared to 1.2% in 2004 and 1.08% in 2000. The prevalence is higher among women (5%) than among men (1%)." Available here:

https://www.uneca.org/sites/default/files/uploaded-documents/CountryProfiles/2017/equatorial_guinea_cp_esp.pdf

The results of HIV tests taken at a clinic in Bata between the years 2012-2016 confirm the serious rise of infection: throughout the entire year of 2012, 311 individuals were tested, and 31 (9.96%) resulted positive. In 2013, from January to December, 393 individuals were tested and 33 (8.4%) resulted positive. In 2014, 400 individuals were tested, and 42 (10.5%) resulted positive. In 2016, there was slight descend: 280 individuals were tested and 18 (6.4%) resulted positive.

⁷ *Asodegue 2nd Etapa, Noticias de Guinea Ecuatorial*. "AIDS is the main cause of death in the last two years in Equatorial Guinea." May 24, 2015. Available here: <http://www.asodeguesegundaetapa.org/el-sida-es-la-principal-causa-de-muerte-en-los-dos-ultimos-anos-en-guinea-ecuatorial-afirma-el-ministerio-de-salud-y-bienestar-social/>

⁸ ONUSIDA Country factsheets EQUATORIAL GUINEA 2017 available here:

<http://www.unaids.org/es/regionscountries/countries/equatorialguinea>

⁹ ONUSIDA Country factsheets EQUATORIAL GUINEA 2016 reflected 35,000 adults and children live with HIV. ONUSIDA Country factsheets EQUATORIAL GUINEA 2017 available here:

<http://www.unaids.org/es/regionscountries/countries/equatorialguinea>.

Informe Nacional de Guinea Ecuatorial Sobre los Objetivos de Desarrollo del Milenio 2015: El Cumplimiento de los ODM y la Visión de la Emergencia al Horizonte 2020, p. 68.

country.¹⁰ The Government of Equatorial Guinea claims to have developed programs to control and eradicate sexually transmitted diseases and HIV/AIDS.¹¹ These programs purportedly include campaigns,¹² emergency plans,¹³ health care centers specialized in treatment plans, committees of technical control, and universal free access to children and

¹⁰ Law No. 3/2005, dated 9, May, on the prevention and fight against HIV/AIDS, Decree No. 107 / 2006, dated 20, November. <https://leydeguinea.wordpress.com/2014/08/21/decretos-y-leyes-de-guinea-ecuatorial/>

¹¹ National Committee/National Program for the Prevention and Fight against HIV/AIDS, established by Decree No. 3 of January 20, 1988: BALANCE COMÚN DE PAIS (CCA) VERSIÓN FINAL VALIDADA 2006 available here: <http://www.cmeyanchama.com/Documents/Guinee/CCA-ESPANOL.pdf>

Existing laws and programs designed to prevent and treat sexually transmitted diseases, such as HIV/AIDS: The Constitution of the Republic of Equatorial Guinea contains the articles 5, 13 and 22; Law No. 3/1996, dated 2 February, which focuses on family planning; Law No. 3/2005, dated 9 may, focuses on the prevention and fight against HIV/AIDS, Decree No. 107 / 2006, dated November 20, that immediate action is taken to curb the spread of HIV/AIDS in the Republic of Equatorial Guinea. The Government claims to be developing important activities in the fight against sexually transmitted diseases in general and HIV/AIDS, through: (a) the implementation of national program such as: Multi-sectoral HIV/AIDS Program; National Reproductive Health Programme; Program of Prevention of the Transmission of HIV/AIDS of the Mother to Child; (b) the implementation of the Emergency Plan 2009-2010 in the fight against HIV/AIDS; (c) the implementation of the initiative of free HIV/AIDS patients access to antiretroviral drugs; (d) the free distribution of condoms to the sexually active population; (e) the continuing development of lectures of information and awareness about the prevention of HIV/AIDS, malaria, diarrhea and other related diseases, in the communities, and through radio and television; (f) the development of lectures in schools, aimed at students and teachers, on the behaviors to prevent HIV/AIDS. Available here:

<http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPrICAqhKb7yhslldCrOIUTvLRFDjh6%2FxpWBFNMG%2FJNNmBS15KsMqo4TawAq0tcB8c%2FGCIWuWqa82clesIfbkl3c2eRlq7ANGKbauDWEbFwj%2FHPPDeBSAzH7b%2FUvzk7TvrPuBpeLRFBwnUQ%3D%3D>

See also *Informe Nacional de Guinea Ecuatorial Sobre los Objetivos de Desarrollo del Milenio 2015: El Cumplimiento de los ODM y la Visión de la Emergencia al Horizonte 2020*, p. 69: the ONG called AMUSIDA released the national test for HIV campaign in December, 2014 with the slogan "I choose to know if I have HIV". See also *República de Guinea Ecuatorial. Programa Nacional de Lucha Contra el VIH/SIDA. Informe Nacional sobre los Progresos Realizados en la Lucha Contra el VIH/SIDA*. New framework, or the strategic for the period 2014-2018 of the national programme of fight against HIV/AIDS to develop, involves: universal access and equity, respect for human rights, logistics services based on the needs of the people, decentralization of services, organization, participation and shared responsibility, multi-sector, inter-sectoral and appropriation, good governance, respect for the traditions and values. P.45. Available here:

http://www.unaids.org/sites/default/files/country/documents/GNQ_narrative_report_2014.pdf

¹² PNUD *Informe Temático sobre el Objetivo de Desarrollo del Milenio N° 6: "Combatir el VIH/SIDA, el paludismo y otras enfermedades. Malabo, Mayo 2014*. The Ministry of Health and Social Welfare's national program for the fight against HIV/AIDS, 2009. The Protocol of prevention of vertical transmission mother child virus (PMTCT) of HIV was included to the agenda in 2008, following the WHO (World Health Organization) guidelines. The National Center of medicine Tropical of the Instituto de Salud Carlos III of Spain supports these programs.

¹³ The strategic framework plan and the plan of urgency of fighting AIDS in Equatorial Guinea, according to the 03 Decree 2001 78 29-oct. *Decretos y Leyes de Guinea Ecuatorial* available here: <https://leydeguinea.wordpress.com/2014/08/21/decretos-y-leyes-de-guinea-ecuatorial/>

pregnant women,¹⁴ in addition to laws aimed at protecting human rights¹⁵ and privacy.¹⁶ However, the epidemic not only prevails, but increased during the reporting periods. The level of prevalence of HIV infection among women has tripled in the past 11 years,¹⁷ and children, orphan minors, sex workers, immigrants, and military men remain as the most vulnerable among the population.

i. *Diagnosis and Prevention Campaigns*

7. At the last UPR, the Government of Equatorial Guinea committed to investing in awareness-raising initiatives to address HIV/AIDS, take measures aimed at stopping the spread of the disease, and supporting persons living with AIDS.¹⁸ However, the government has failed to implement any serious initiatives and consequently, the number of people living with HIV/AIDS increased 2014 and 2017.¹⁹

8. Equatorial Guinea set a goal to eradicate and reduce HIV/AIDS by 2015²⁰ through the effective strengthening of measures that prevent, diagnose, and provide care and universal

¹⁴ Compedio, p. 1541: Decree No. 32/2004, dated May 17, 2004 offers protection to pregnant women.

http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_126851.pdf

¹⁵ 031 law 3 2005 09-May on the prevention and combating transmission sexual HIV-AIDS infections and the defiance of the human rights of persons affected: *Decretos y Leyes de Guinea Ecuatorial* available here: <https://leydeguinea.wordpress.com/2014/08/25/derecho-sanitario-of-guinea-Ecuatorial/>

¹⁶ Decree number 107-2006 November, 20, issued by the Government required "all adults to undergo an AIDS test" to stop the alarming spread of the disease. In 2011, a circular prohibited the obligation of performing the test of HIV. See *República de Guinea Ecuatorial. Programa Nacional de Lucha Contra el VIH/SIDA. Informe Nacional sobre los Progresos Realizados en la Lucha Contra el VIH/SIDA period January - December 2013 deadline: April 15, 2014*, p.12. See also *Naciones Unidas Asamblea General Consejo de Derechos Humanos* https://digitallibrary.un.org/record/595271/files/A_HRC_4_NGO_147-ES.pdf

¹⁷ *Informe Nacional de Guinea Ecuatorial Sobre los Objetivos de Desarrollo del Milenio 2015: El Cumplimiento de los ODM y la Visión de la Emergencia al Horizonte 2020*, p. 68.

¹⁸ Human Rights Council Twenty-seventh session Agenda item 6 Universal Periodic Review Report of the Working Group on the Universal Periodic Review* Equatorial Guinea available here https://www.upr-info.org/sites/default/files/document/equatorial_guinea/session_19_-_april_2014/a_hrc_27_13_e.pdf

¹⁹ *Plan de Acción del Sexto Programa País 2013-2017 entre el Gobierno de la República de Guinea Ecuatorial y el Fondo de Población de las Naciones Unidas*.

²⁰ Equatorial Guinea participated in the Millennium Summit of the United Nations held in New York, 6-8 September 2000: "The Millennium Development Goals are to: (1) eradicate extreme poverty and hunger; (2) achieve universal primary education; (3) promote gender equality and empower women; (4) reduce child mortality; (5) improve maternal health; (6) combat HIV/AIDS, malaria and other diseases; (7) ensure environmental sustainability; and (8) develop a global partnerships for development." Available here:

http://www.un.org/en/events/pastevents/millennium_summit.shtml

See also PNUD The Millennium Development Goals Recent Publications available here:

http://www.gq.undp.org/content/equatorial_guinea/es/home/library/mdg.html

See also World Health Organization: African Health Observatory: MDG Goal 6: Combat HIV/AIDS, TB, Malaria and other Diseases available here:

http://www.aho.afro.who.int/profiles_information/index.php/Equatorial_Guinea:MDG_Goal_6:_Combat_HIV/AIDS,_TB,_malaria_and_other_diseases/fr

coverage for antiretroviral (ARV) treatments, and strict monitoring and evaluation of needs and progress.²¹ According to official reports, the Government of Equatorial Guinea funds national programs,²² so that individuals who live with HIV/AIDS and co-infections can receive free medical care and antiretroviral drugs.²³ National programs also provide condoms and antiretroviral drugs.²⁴ The diagnosis and prevention campaigns established in Equatorial Guinea during 2014 through 2018 to eradicate the HIV/AIDS epidemic have adopted the World Health Organization's prevention and care strategies.²⁵

9. Despite of all these assertions by the government, the prevalence of the disease persists,²⁶ especially among women and girls, children and youth.²⁷ Only a small

See also the investment in social protection programs (p.74) in *Fondo Monetario Internacional: Informe de País No. 18/146 Del FMI Republica de Guinea Ecuatorial. Programa Supervisado por el Personal Técnico del FMI Junio de 2018*.

²¹ *Informe Temático sobre el Objetivo de Desarrollo del Milenio N° 6: "Combatir el VIH/SIDA, el Paludismo y otras Enfermedades*. Pages 38 through 43 offer an extensive list of all of the politics, programs and projects elaborated to eradicate HIV/AIDS, in addition to the listing of the local NGOs dedicated to the disease.

Available here:

http://www.gq.undp.org/content/equatorial_guinea/es/home/library/mdg/informe-tematico-sobre-el-objetivo-de-desarrollo-del-milenio-n--.html

²² For instance: Prevention and Fight against HIV/AIDS, and Sexually Transmitted Diseases (Prevención y Lucha contra VIH-SIDA y Enfermedades Sexualmente Transmisibles). DECRETOS Y LEYES DE GUINEA ECUATORIAL, Decreto N° 30/2015, available here:

<http://www.guineaecuatorialpress.com/imgdb/2015/decretos.pdf>

²³ *Informe del Grupo de Trabajo sobre el Examen Periódico Universal: Guinea Ecuatorial*: July, 7, 2014. P.9

People with HIV and other illnesses receive free medical attention. Available here:

https://www.upr-info.org/sites/default/files/document/equatorial_guinea/session_19_-_april_2014/a_hrc_27_13_s.pdf

²⁴ "Guinea Ecuatorial funds national programs against HIV/AIDS, distribution of condoms, and antiretroviral drugs with the support of the United Nations Programme for Development. ONUSIDA Press Release available here:

<http://www.unaids.org/es/resources/presscentre/pressreleaseandstatementarchive/2012/october/20121012pseg>

²⁵ *República de Guinea Ecuatorial. Programa Nacional de Lucha Contra el VIH/SIDA. Informe Nacional sobre los Progresos Realizados en la Lucha Contra el VIH/SIDA period January - December 2013 deadline: April 15, 2014*, available here:

http://www.unaids.org/sites/default/files/country/documents/GNQ_narrative_report_2014.pdf

See also GARPR Global AIDS Response and Progress Reporting: "The strategic plan for the prevention and treatment of HIV/AIDS has already been developed and implemented by the authorities with the help of the agencies of the United Nations (UNAIDS) and World Health Organization (WHO)", available here:

<http://www.cmeyanchama.com/Documents/Guinee/CCA-ESPANOL.pdf>

²⁶ HIV prevalence throughout the country is on the rise. UNICEF Annual Report 2017: Equatorial Guinea, p.6:

https://www.unicef.org/about/annualreport/files/Equatoria_Guinea_2017_COAR.pdf. See also, p. 6. Plan de

See also *Acción del Sexto Programa País 2013-2017 entre el Gobierno de la República de Guinea Ecuatorial y el Fondo de Población de las Naciones Unidas*, available here: <https://www.unfpa.org/sites/default/files/portal-document/Equatorial.pdf>

See also how *Banco Mundial Datos* indicates HIV prevalence between 2000-2016 in Equatorial Guinea, available here: <https://datos.bancomundial.org/indicador/SH.DYN.AIDS.ZS>

The *Anuario Estadístico de Guinea Ecuatorial* shows prevalence, but needs to be updated. Available here:

<http://www.inege.gq/wp-content/uploads/2017/10/ANUARIO-GE-2017.pdf>

²⁷ UNICEF Annual Report 2017: Equatorial Guinea, p.6:

https://www.unicef.org/about/annualreport/files/Equatoria_Guinea_2017_COAR.pdf

percentage of the population among the youth use protection (13.7%),²⁸ and HIV testing has delivered semi-reliable figures.²⁹

10. The Government of Equatorial Guinea initiated the first phase of a curriculum and HIV modules to be integrated into the educational system the insular region only. The first phase has not been completed neither implemented nationwide. In this respect, the country has no sexual health education integrated into the educational system.³⁰ The already existing government funded awareness-raising initiatives to address HIV/AIDS do not reach out efficiently to all the population due to the lack of sexual health education at schools, inclusion of the media (i.e. radio and television), conferences and public meetings, and continued education directed to all health care professionals.³¹

²⁸ República de Guinea Ecuatorial. Programa Nacional de Lucha Contra el VIH/SIDA. Informe Nacional sobre los Progresos Realizados en la Lucha Contra el VIH/SIDA period January - December 2013 deadline: April 15, 2014, p. 10 http://www.unaids.org/sites/default/files/country/documents/GNQ_narrative_report_2014.pdf

²⁹ Equatorial Guinea sponsors HVI tests. Available here:

<http://embassyofequatorialguinea.co.uk/es/equatorial-guinea-implements-20-minute-hiv-test/>

Also, since 2004, there is a new approved diagnostic protocol, which consists in the realization of: first, a rapid test and second, the ELISA technique-based test to confirm results. In 2009, this protocol was updated as recommended by the WHO (World Health Organization). The change involved the adoption of a new strategy based on three rapid tests in one single act, and the training of personnel for its implementation (one single act/test) at the national level. Informe Temático sobre el Objetivo de Desarrollo del Milenio N° 6: "Combatir el VIH/SIDA, el Paludismo y otras Enfermedades" p.38, available here:

http://www.gq.undp.org/content/dam/equatorial_guinea/docs/ODM/Informe%20Tematico%20ODM%206%20FINAL.pdf

However, there is the need to improve HIV testing methods. In most cases, HIV tests need to be repeated because they may not be accurate. Sometimes these tests results positive, and individuals are required to have a second test.

³⁰ "The Ministry of Education and Science has taken steps to contribute to the creation of a culture of prevention of HIV, starting by school's Curriculum and HIV modules. In this way, the Ministry of Education has begun implementing the project entitled: "synopsis of the Tutorial about le EVP/EMP/HIV / AIDS in the teaching of Equatorial Guinea" to be implemented in 20 schools (pilot phase). Talks of prevention on HIV to the military and their wives, and training of peer educators from primary, secondary education and teacher training colleges. This tutorial is designed for self-learning of the learners and teachers of primary, secondary and university schools. In 2013, was a first phase of training 50 teachers in the different training modules of cross-training in the insular region of the country, financed by UNICEF, as well as the elaboration of didactic guides to be distributed among teachers. The project is expected to complete the phase of training teachers in the continental region."

<http://www.unaids.org/es/dataanalysis/knowyourresponse/countryprogressreports/2014countries>.

See the training module developed on reproductive health and HIV in 18 districts of the country in *Plan de Acción del Sexto Programa País 2013-2017 entre el Gobierno de la República de Guinea Ecuatorial y el Fondo de Población de las Naciones Unidas*. p.8, available here:

<https://www.unfpa.org/sites/default/files/portal-document/Equatorial.pdf>

See also *Informe Nacional de Guinea Ecuatorial Sobre los Objetivos de Desarrollo del Milenio 2015: El Cumplimiento de los ODM y la Visión de la Emergencia al Horizonte 2020*, p. 71.

³¹ According to interviewees, awareness campaigns do not to reach all, and there is not official sexual education in the schools. Sex is taboo. Interviewees referred to the case of the new released law that prevents pregnant women were banned from enrolling at school, however, the government has not made efforts to implement official sexual education. Available here: <http://www.elmuni.com/guinea-ecuatorial-la-escuela-prohibida-para-las-menores-embarazadas-prueba-de-embarazo-negativo-en-ristre-matricula-al-canto.html>

11. The Government of Equatorial Guinea received recommendations to improve public access to information on policy measures,³² however, public and accessible information on HIV/AIDS remains scarce.³³ The lack of the implementation of rigorous and nationwide sexual health education at schools, health care facilities and hospitals, contributes to the rise of the HIV/AIDS epidemic in Equatorial Guinea. The consequences of the shortage of sexual health education include resistance to fully understand HIV/AIDS, denial of the existence of the disease, and inability to understand treatment, follow-through with a complete treatment,³⁴ altogether key factors implied in the persistence of risky attitudes and practices.³⁵

12. The Government of Equatorial Guinea also committed to supporting free association.³⁶ Currently, non-governmental organizations involved in the fight against HIV/AIDS have actively contributed to raise awareness about the epidemic;³⁷ however, they face serious challenges due to governmental corruption³⁸ and repression. Theater Company Bocamandja successfully launched an awareness-raising campaign on July 15, 2016 in Bata, and carried-out their performances as scheduled prior to having their activities suspended by the government. Actors were harassed and threatened by security forces.³⁹

³² Human Rights Council Twenty-seventh session Agenda item 6 Universal Periodic Review Report of the Working Group on the Universal Periodic Review* Equatorial Guinea available here https://www.upr-info.org/sites/default/files/document/equatorial_guinea/session_19_-_april_2014/a_hrc_27_13_e.pdf

³³ One interviewee confirmed that there are not reliable statistics in Equatorial Guinea. It is difficult to trace how many people is infected by HIV/AIDS, how many die from AIDS, and consequent community needs. There are not public-made activities and progress reports on HIV/AIDS due to lack of serious research initiatives.

³⁴ According to one nurse interviewed, the procedures involved in the diagnosis and treatment of HIV/AIDS are complex: these processed most times involve travel, expensive consultation, equipment, tests, money, and on occasions, referrals to a psychiatrist, because individuals cannot believe they have the disease. Many have to be hospitalize, and on occasion, for months as it is the case at the regional hospital in Malabo.

³⁵ *Informe Nacional de Guinea Ecuatorial Sobre los Objetivos de Desarrollo del Milenio 2015: El Cumplimiento de los ODM y la Visión de la Emergencia al Horizonte 2020*, p. 72. Some of these behaviors are: not knowing what HIV/AIDS is, and avoiding contraceptive methods.

³⁶ “The Ministry of the Interior was taking action to introduce more flexible criteria for the granting of permits to the numerous associations and non-governmental organizations that operated in Equatorial Guinea. Restrictions on the media had been reduced, and the fact that numerous magazines and publications flourished in the country was evidence that no censorship was imposed,” see lines 24, 36, 37, 53, 76.

Document available here: https://www.upr-info.org/sites/default/files/document/equatorial_guinea/session_19_-_april_2014/a_hrc_27_13_e.pdf

³⁷ Groups like Theatre Company Bocamandja and ACIGE Equatorial Guinea Cinematographic Association, conduct campaigns for HIV Prevention in Bioko Island that conveyed messages on reducing stigma and discrimination against people living with HIV.

Available here https://www.unicef.org/about/annualreport/files/Equatoria_Guinea_2017_COAR.pdf

³⁸ Red Cross denounces corruption in several countries (Equatorial Guinea among them) in the campaigns against Ebola between 2014 and 2016. *Expresso* 5 November 2017. Another NGO works closely to denounce violations of transparency in the country.

³⁹ Interviewees ask the government of Equatorial Guinea to “let them do their job.” NGOs and members of the civil society feel they are not represented, and that their actions and thoughts are being repressed and controlled, “our hands are tied.” Theater group was arbitrarily ordered to cancel its activities related to an HIV prevention campaign, because the government concluded that their work amounted to sedition.” Available here: <http://www.egjustice.org/post/government-targets-independent-cultural-group>

ii. Prevention of Mother-To-Child Vertical Transmission (PMTCT)

13. The Government of Equatorial Guinea has committed to undertake awareness-raising campaigns about the HIV/AIDS epidemic, specifically to educate the population about the mother-to-child transmission. Equatorial Guinea accepted the recommendations formulated during the last UPR, calling on the government to ensure that all pregnant women in Equatorial Guinea are provided with diagnosis for HIV/AIDS and access to antiretroviral treatment free of charge, in order to prevent mother-to-child transmission.⁴⁰

14. However, compliance with the PMTCT protocol remains low. Women have access to antiretroviral therapy, but they do not receive enough support to continue receiving treatment on a regular basis for themselves and their children. Most are lost to follow-up. This is because the PMTCT program does not target the individual needs of pregnant women living with HIV.⁴¹ There are serious disparities and discrepancies in how to assess coverage at hospitals and health care facilities, and difficulties to access to health care centers at the national level.⁴² The lack of responsible care coupled with the inexistence of sexual health education, increases morbidity among these women, and further risk of infection and transmission.

15. In addition, the PMTCT's clinical procedures do not follow any standard and nationwide guidelines.⁴³ The PMTCT national protocol claims it will improve the quality of clinical management, and increment the number of specialized health care professionals in HIV/AIDS and mother-to-child transmission, however, this plan is not yet in place due to ongoing current evaluation to adopt the new recommendations of WHO presented in 2013.⁴⁴

⁴⁰Human Rights Council Twenty-seventh session Agenda item 6 Universal Periodic Review Report of the Working Group on the Universal Periodic Review* Equatorial Guinea available here https://www.upr-info.org/sites/default/files/document/equatorial_guinea/session_19_-_april_2014/a_hrc_27_13_e.pdf

⁴¹ One interviewee said: "Women are abandoned. Women are alone. There is no protection for women."

⁴² According to interviewees, coverage is unevenly distributed: 100% in the health centers in Bioko, 74% in the continental region, and 0% in Annobón. UNICEF Annual Report 2017 Equatorial Guinea Available here https://www.unicef.org/about/annualreport/files/Equatoria_Guinea_2017_COAR.pdf

Despite full coverage implemented toward primary care for children under 5, women, and individuals infected with malaria, TB and HIV/AIDS, individuals end up paying user fees.

⁴³ The national protocol recommends starting with a diagnosis of HIV in the sixth month of life, *Informe Temático sobre el Objetivo de Desarrollo del Milenio N° 6: "Combatir el VIH/SIDA, el paludismo y otras enfermedades."* Conflict arises among these recommendations written in paper and reality. A local doctor suggested testing and treating infants right at birth.

⁴⁴ *Plan de Acción del Sexto Programa País 2013-2017 entre el Gobierno de la República de Guinea Ecuatorial y el Fondo de Población de las Naciones Unidas*, p. 6 the Ministry of Health and Social Welfare and agencies of the United Nations, worked together on a program that aims to control and prevent mother-to-child prenatal care and adherence to the antiretroviral focused. The *Prevención de la Transmisión de la Madre al Hijo* (The Prevention of Mother-To-Child Vertical Transmission program, PMTCT) national protocol was updated in

III. Antiretroviral Treatment

16. The Government of Equatorial Guinea committed to improving access to health care for persons living with HIV/AIDS and other diseases, and access to antiretroviral treatment free of charge.⁴⁵ However, despite this commitment,⁴⁶ distribution of medical treatment remains limited. About 35,000 individuals were registered as HIV-infected in 2016, but antiretroviral treatment reached only about 15,000 (43%).⁴⁷ Rates of treatment coverage, and especially follow-up and full treatment cycles remain low among the child population (9.4%).⁴⁸

17. Despite many projects and activities organized and implemented to monitor antiretroviral drugs acquisition and distribution,⁴⁹ antiretroviral therapy do not reach the

2009 to adopt the new recommendations made by WHO. The national protocol plans to prevent mother-to-child transmission through the training of health personnel in the treatment centers, and by procuring ARVs. The number of health professionals trained in the management of prevention of vertical transmission of HIV from the mother to child has increased, according to the updated 2009 National Protocol. Currently, this protocol is being evaluated and updated to adopt the new recommendations of WHO presented in 2013. *Informe Temático sobre el Objetivo de Desarrollo del Milenio N° 6: "Combatir el VIH/SIDA, el paludismo y otras enfermedades"* p. 40, available here

http://www.gq.undp.org/content/equatorial_guinea/es/home/library/mdg/informe-tematico-sobre-el-objetivo-de-desarrollo-del-milenio-n--.html

⁴⁵ Human Rights Council Twenty-seventh session Agenda item 6 Universal Periodic Review Report of the Working Group on the Universal Periodic Review* Equatorial Guinea available here https://www.upr-info.org/sites/default/files/document/equatorial_guinea/session_19_-_april_2014/a_hrc_27_13_e.pdf

⁴⁶ Human Rights Council Twenty-seventh session Agenda item 6 Universal Periodic Review Report of the Working Group on the Universal Periodic Review* Equatorial Guinea available here https://www.upr-info.org/sites/default/files/document/equatorial_guinea/session_19_-_april_2014/a_hrc_27_13_e.pdf

⁴⁷ ONUSIDA Country factsheets EQUATORIAL GUINEA 2016 reflected 35,000 adults and children living with HIV. ONUSIDA Country factsheets EQUATORIAL GUINEA 2017 available here:

<http://www.unaids.org/es/regionscountries/countries/equatorialguinea>.

See also Monetary International Monetary Background 2016: 2,300 people currently on antiretroviral therapy. Available here: <https://www.theglobalfund.org/en/portfolio/country/?loc=GNQ & k = 42cc3494-bc21-45e8-8 c 04-157e6290abfd>

⁴⁸ *Informe Nacional de Guinea Ecuatorial Sobre los Objetivos de Desarrollo del Milenio 2015: El Cumplimiento de los ODM y la Visión de la Emergencia al Horizonte 2020.* p. 71, available here:

http://apps.who.int/iris/bitstream/handle/10665/137167/ccsbrief_gnq_es.pdf;jsessionid=C9A9E5705B36F6316B5658066388A7FA?sequence=1

⁴⁹ The United Nations Development Programme or UNDP supports the Ministry of Health and Social Welfare with financial and technical assistance, and the procurement and distribution of medications and retroviral products: UNDP Equatorial Guinea available here: <https://www.onlinevolunteering.org/fr/node/392078>

See also document called *PNUD ANEXOS – LA REPÚBLICA DE GUINEA ECUATORIAL Programa de las Naciones Unidas para el Desarrollo La Oficina Independiente de Evaluación Evaluaciones de los Resultados de Desarrollo/*

This document reviews some of the projects and activities organized between 2014 and 2015. For instance, some of these projects and activities include the implementation of national statistics for the monitoring of the Millennium Development Goals; antiretroviral drugs acquisition since 2008, purchase of medicines and antiretroviral in 2015, as well as products that support regional unit of infectious diseases.

population, especially children.⁵⁰ In addition, the rates of adhesion to treatment remain low. Insufficient institutional and organizational capacity of the national response in the fight against HIV/AIDS and sexually transmitted infections (IST), and poor and not fully committed epidemiological control systems contribute to weak social engagement, and inconsistent treatment and post-treatment monitoring procedures.⁵¹

18. Persons living with HIV/AIDS resist to access testing, counselling, and antiretroviral treatment due to the high risk of stigmatization and marginalization.⁵² Fear of discrimination increase risk behaviors, and poses challenges to eradicate HIV/AIDS that could be addressed and overcome if the government implements preventative measures such as nationwide sexual health education, the inclusion and effective monitoring and evaluation of protective laws and protocols, and the participation of multisectoral frameworks, such as the school of medicine, health care practitioners, and the public administration.⁵³

i. Co-infection

19. Equatorial Guinea committed to supporting persons living with AIDS,⁵⁴ however there is limited public information on how the Government intends to specifically address cases of HIV/AIDS co-infection with tuberculosis (TB) and other infections.

20. The estimated percentage of new cases of tuberculosis in people living with HIV that received treatment in 2014 for both infections was 7.8%.⁵⁵ Poor understanding of the causes and treatment of HIV co-infection, lack of fully funded health care programs that are efficiently coordinated to target co-infection cases, lead to insufficient coverage of treatment, and greater risk of infection.⁵⁶

⁵⁰ See also World Health Organization, Equatorial Guinea 2018 available here:

http://apps.who.int/iris/bitstream/handle/10665/137167/ccsbrief_gnq_es.pdf;jsessionid=C9A9E5705B36F6316B5658066388A7FA?sequence=1

⁵¹ See document BALANCE COMÚN DE PAIS (CCA) : VERSIÓN FINAL VALIDADA available here:

<http://www.cmeyanchama.com/Documents/Guinee/CCA-ESPANOL.pdf>

⁵² Hospitals do not provide protection to individuals. For instance, during 2015, it was noted that hospital spaces of distributions of antiretrovirals and other HIV/AIDS treatment violated privacy rights.

⁵³ *Informe Temático sobre el Objetivo de Desarrollo del Milenio N° 6: "Combatir el VIH/SIDA, el paludismo y otras enfermedades 2015.*

⁵⁴ Human Rights Council Twenty-seventh session Agenda item 6 Universal Periodic Review Report of the Working Group on the Universal Periodic Review* Equatorial Guinea available here https://www.upr-info.org/sites/default/files/document/equatorial_guinea/session_19_-_april_2014/a_hrc_27_13_e.pdf

⁵⁵ *Informe Nacional Sobre los Progresos realizados en la Lucha Contra el VIH/SIDA Guinea Ecuatorial_ Indicadores Básicos para el Seguimiento de la Declaración Política sobre el VIH/SIDA Periodo Enero-Diciembre 2013. Fecha de presentación: 15 de Abril 2014, p.14* available here:

http://www.unaids.org/sites/default/files/country/documents/GNQ_narrative_report_2014.pdf

Also, it is worth noting what a doctor we interviewed said: "There are 50 news cases of TB every month in Bata. The chances of HIV/TB co-infection are high".

⁵⁶ According to one doctor interviewed, the treatment of co-infections is not fully covered by national programs. Cases that involve HIV/TB co-infection are not being regulated appropriately. From the moment

21. Although national reports claim that the treatment of patients with HIV/TB, and availability of drugs have improved, the mortality rate unit to TB and co-infection cases with HIV has increased.⁵⁷ The annual percentage rate of HIV/TB case detection was 37.2% in 2016.⁵⁸ Occurrences of HIV cohabitation with Sexually Transmitted Infections (STIs) remain unknown.⁵⁹

ii. *Medical Care Distribution*

22. Equatorial Guinea committed to taking measures to strengthen institutional mechanisms and investment in education, health, public services to improve the access to care, and with regard to maternal and child mortality in rural areas; particularly, in remote areas.⁶⁰ Specialized health centers have been gradually incorporated in the country since 2014 to diagnose and treat HIV in Equatorial Guinea,⁶¹ however, those located in the urban areas are poorly staffed, and lack of appropriate equipment. Weak management force to control HIV/AIDS cases nationwide leads to severe obstacles such as insufficient access to health care for all.⁶²

23. By 2014, Equatorial Guinea opened 6 outpatient new treatment centers.⁶³ By 2017, Equatorial Guinea had 2 regional hospitals, 5 provincial hospitals, 65 existing health care

patients leave health care centers half treated, the reintegration of full cycles of treatment turn into challenges.

⁵⁷ *Informe Temático sobre el Objetivo de Desarrollo del Milenio N° 6: "Combatir el VIH/SIDA, el Paludismo y otras Enfermedades"*, p.70.

⁵⁸ World Health Organization, Guinea Ecuatorial Estrategia de Cooperación 2018:

http://apps.who.int/iris/bitstream/handle/10665/137167/ccsbrief_gnq_es.pdf;jsessionid=E68C492A8609D514397022CD19C06F3F?sequence=1

⁵⁹ According to "Study 2016: Adherence to therapy against Tuberculosis in Equatorial Guinea": 98 patients were interviewed. 51.2% of the respondents were women, and the mean age was 34.3 years. The clinical characteristics: 22.5% were HIV-positive, 83.2% did not know how it had acquired the TB, and the study of contacts had been undertaken in 46.9% of the cases. Available here:

https://www.reunionanualsee.org/2016/images/fotosg/tabla_2043_C0176.pdf

⁶⁰ Human Rights Council Twenty-seventh session Agenda item 6 Universal Periodic Review Report of the Working Group on the Universal Periodic Review* Equatorial Guinea available here https://www.upr-info.org/sites/default/files/document/equatorial_guinea/session_19_-_april_2014/a_hrc_27_13_e.pdf

⁶¹ *Informe Temático sobre el Objetivo de Desarrollo del Milenio N° 6: "Combatir el VIH/SIDA, el Paludismo y otras Enfermedades"*, p. 39: Health care infrastructures to receive treatment. See also page 71: geographical distribution of Health care centers in Equatorial Guinea that manage HIV/AIDS. (UREI, Unidad de Referencia de Enfermedades Infecciosas, CTA, Centro de Tratamiento Ambulatorios, CPT, Centros Provinciales de Tratamiento, APS, Atención Primaria de Salud). Available here:

http://www.gq.undp.org/content/equatorial_guinea/es/home/library/mdg/informe-tematico-sobre-el-objetivo-de-desarrollo-del-milenio-n--.html

⁶² A nurse described the distribution of care in the regional hospital in Malabo, and asserted that the Infectious Diseases Unit is at its fullest inpatient capacity. The clinic that tests and treats HVI is often closed and lacks personnel. The cycle that comprehends diagnosis and exclusive treatment at that hospital lead many individuals to travel long distances.

⁶³ 6 ARV treatment centers that perform HIV testing, care to children of infected mothers, and their respective monitoring up to 18 months. With the acquisition of equipment of viral load, these new centers may make

facilities (only 48 are functional), and 54 under construction in urban districts. However, many regions in the country still lack of health care facilities,⁶⁴ and the state of the existing ones located in the main urban areas is dismal. Equipment at regional hospitals and clinics is most cases outdated, which prevents full quality care. Hospitals and health care facilities do not function effectively.⁶⁵

24. A high percentage of individuals do not complete treatment due to the lack of strong support systems in health care. Individuals often find it difficult to access treatment centers.⁶⁶ Health care centers annexed to regional hospitals, and dedicated to HIV/AIDS counselling and treatment are habitually closed. There are no other similar centers in the rural areas and small cities. The Infections Disease Unit at the regional hospital in Malabo is overcrowded. The deficiencies in management, clinical operations, and financing to implement efficient communication and referrals mechanisms nationwide and across institutions impede full care delivery to the most vulnerable population.⁶⁷

IV. WOMEN, VULNERABILITY AND STIGMA

25. Equatorial Guinea signed the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, and therefore committed to taking all necessary measures to improve women's access to education and reproductive health and related services.⁶⁸ However, the rate of prevalence of the HIV/AIDS epidemic is much higher among women.⁶⁹ Prevalence remains remarkably high among pregnant women,

early diagnoses children of HIV-positive mothers before 6 weeks, which will constitute an important step in the prevention. 6 outpatient treatment centres: 2 UREI, 2 CTA, 2 CPT.

Informe Nacional Sobre los Progresos realizados en la Lucha Contra el VIH/SIDA Guinea Ecuatorial_ Indicadores Básicos para el Seguimiento de la Declaración Política sobre el VIH/SIDA Periodo Enero-Diciembre 2013. Fecha de presentación: 15 de Abril 2014 p.14 available here:

http://www.unaids.org/sites/default/files/country/documents/GNQ_narrative_report_2014.pdf

⁶⁴ This is the case of Southern Bioko, and Annobón. Health system distribution: World Health Organization summarized 2018 available here:

http://apps.who.int/iris/bitstream/handle/10665/137167/ccsbrief_gnq_es.pdf;jsessionid=C9A9E5705B36F6316B5658066388A7FA?sequence=1

⁶⁵ Interview data, 2018.

⁶⁶ A nurse mentioned that most individuals have their test done in their own towns. If they test positive, they are forced to travel long distances (i.e. Malabo) to receive treatment.

⁶⁷ Assistance centers do not have the capacity to operate full surveillance on patients. A high percentage of patients end up leaving treatment. *Informe Nacional Sobre los Progresos realizados en la Lucha Contra el VIH/SIDA Guinea Ecuatorial_ Indicadores Básicos para el Seguimiento de la Declaración Política sobre el VIH/SIDA Periodo Enero-Diciembre 2013. Fecha de presentación: 15 de Abril 2014*, p.15

http://www.unaids.org/sites/default/files/country/documents/GNQ_narrative_report_2014.pdf

⁶⁸ Human Rights Council Twenty-seventh session Agenda item 6 Universal Periodic Review Report of the Working Group on the Universal Periodic Review* Equatorial Guinea available here https://www.upr-info.org/sites/default/files/document/equatorial_guinea/session_19_-_april_2014/a_hrc_27_13_e.pdf

⁶⁹ *Informe Temático sobre el Objetivo de Desarrollo del Milenio N° 6: "Combatir el VIH/SIDA, el paludismo y otras enfermedades,"* p. 68. Available here:

with 7.8% (survey of HIV seroprevalence in pregnant women in 2008) and 8.8% in 2016.⁷⁰ According to basic indicators released in 2014, the most vulnerable to the risk and HIV infection were women between 35 and 39 years (13%), pregnant women who work as merchants (19.7%) and agricultural workers (15.4%).⁷¹ Women remain unprotected. The present deficiency of access and care in terms of prevention or care predominantly affects women.⁷²

26. Equatorial Guinea committed to accelerating the process of adopting specific legislation and a national action plan to combat all forms of violence against women, particularly those in vulnerable situations, including migrants, persons with disabilities and women in detention facilities.⁷³ However, minor orphans, sex workers, migrants, and injectable drug users represent the most vulnerable among the population because they do not have rightful access to free-quality health care.⁷⁴

27. The advancement toward the eradication of the HIV/AIDS epidemic in Equatorial Guinea depends greatly on the understanding of health care rights. The government is failing to provide adequate information to elevate such a crucial understanding. In this manner, HIV/AIDS infection increases vulnerability, especially among detainees. Authorities provide sporadic medical care to a limited number of detainees. Violation of

http://www.gq.undp.org/content/equatorial_guinea/es/home/library/mdg/informe-tematico-sobre-el-objetivo-de-desarrollo-del-milenio-n--.html See also Fund Monetary International IMF Country Report No. 16/341 Republic of Equatorial Guinea 2016 Article IV Consultation—Press Release; Staff Report; and Statement by the Executive Director for the Republic of Equatorial Guinea, November, 2016. P. 38, available here: <https://www.imf.org/external/pubs/ft/scr/2016/cr16341.pdf>

⁷⁰ World Health Organization summarized 2018 available here:

http://apps.who.int/iris/bitstream/handle/10665/137167/ccsbrief_gnq_es.pdf;jsessionid=C9A9E5705B36F6316B5658066388A7FA?sequence=1

⁷¹ *Informe Nacional Sobre los Progresos realizados en la Lucha Contra el VIH/SIDA Guinea Ecuatorial_ Indicadores Básicos para el Seguimiento de la Declaración Política sobre el VIH/SIDA Periodo Enero-Diciembre 2013. Fecha de presentación: 15 de Abril 2014* page 17, available here:

http://www.unaids.org/sites/default/files/country/documents/GNQ_narrative_report_2014.pdf

⁷² *Informe Temático sobre el Objetivo de Desarrollo del Milenio N° 6: "Combatir el VIH/SIDA, el paludismo y otras enfermedades" 2014*, available here:

http://www.gq.undp.org/content/equatorial_guinea/es/home/library/mdg/informe-tematico-sobre-el-objetivo-de-desarrollo-del-milenio-n--.html

⁷³ For example, the National Multisectoral Action Plan for the Advancement of Women and Gender Equity and the National Plan on Education for All, as well as the establishment of the Directorate-General for Family Health. Human Rights Council Twenty-seventh session Agenda item 6 Universal Periodic Review Report of the Working Group on the Universal Periodic Review* Equatorial Guinea available here https://www.upr-info.org/sites/default/files/document/equatorial_guinea/session_19_-_april_2014/a_hrc_27_13_e.pdf

⁷⁴ *Informe Nacional Sobre los Progresos realizados en la Lucha Contra el VIH/SIDA Guinea Ecuatorial_ Indicadores Básicos para el Seguimiento de la Declaración Política sobre el VIH/SIDA Periodo Enero-Diciembre 2013. Fecha de presentación: 15 de Abril 2014* p. 9, available here:

http://www.unaids.org/sites/default/files/country/documents/GNQ_narrative_report_2014.pdf

The situation of HIV/AIDS in Guinea among individuals in the military is precarious, since, its status remains secret.

health care rights caused the death of three inmates in 2015 due to lack of malaria and HIV treatments.⁷⁵

28. The enactment of laws and policies in Equatorial Guinea do not guarantee human rights, and do not protect health care rights.⁷⁶ Preventable deaths, health care access marginalization, and the inability to effectively address stigma, social discrimination and intolerance,⁷⁷ confirm that violation of human rights persist in Equatorial Guinea.

V. MENTAL HEALTH

29. The National Mental Health Policy implemented in 2010, and guided by the rise of cases of alcoholism, epilepsy and severe mental disorders (especially schizophrenia), attempted to develop accessible services equitable, sustainable and integrated, to the national provision of mental health care.⁷⁸ However, currently, there is no mental health care legislation or protocols in Equatorial Guinea.⁷⁹

30. Mental health illnesses are becoming more frequent among the population in Equatorial Guinea.⁸⁰ Due to the government lack of action, private institutions and NGOs have taken the lead role in mental health care. Two mental health clinics funded by religious philanthropy offer services in Bata and Ebibeyin, and a private mental health

⁷⁵ Death in prison. See *Informe de los Derechos Humanos 2015 Resumen*, p. 4, available here:

<https://photos.state.gov/libraries/equatorialguinea/231771/PDF/derechoshumanos2015spanish.pdf>

The advancement toward the eradication of the HIV/AIDS epidemic in Equatorial Guinea depends greatly on: 1) the understanding about what sex and HIV/AIDS may represent in relation to taboo matters, and 2) every individual deserve respect and access to treatment.

⁷⁶ *Informe Nacional Sobre los Progresos realizados en la Lucha Contra el VIH/SIDA Guinea Ecuatorial_ Indicadores Básicos para el Seguimiento de la Declaración Política sobre el VIH/SIDA Periodo Enero-Diciembre 2013. Fecha de presentación: 15 de Abril 2014*, p. 12: A circular promulgated in 2011 prohibited the obligation of performing compulsory test of HIV. Available here:

http://www.unaids.org/sites/default/files/country/documents/GNQ_narrative_report_2014.pdf

⁷⁷ *Informe de los Derechos Humanos 2015 Resumen*, p. 59. Available here: <https://gq.usembassy.gov/wp-content/uploads/sites/194/2017/08/EQUATORIAL-GUINEA-HRR-2016-SPA-FINAL.pdf>

In addition, it is important to consider the discrimination and marginalization of the HIV-positive and AIDS patients: there is no privacy in hospitals

⁷⁸ National Mental Health Policy, 2010: “[a]proposal for a national policy for mental health, approved in November 2010 and on which currently governed the country in this area. Its principles and guidelines affect, above all, the topics of alcoholism, epilepsy and severe mental disorders (especially schizophrenia), developing training processes for professionals and facilitating the availability of accessible services equitable, sustainable and integrated, to the national provision of mental health care.” *Hermanas Hospitalarias* available here: <https://www.fidmag.com/fidmag/pdf/contigo/CONTIGO-N4.pdf>

⁷⁹ Health care practitioners agreed on this: there is not there is no mental health care current legislation and protocols in Equatorial Guinea

⁸⁰ World Health Organization, Equatorial Guinea 2018 available here:

http://apps.who.int/iris/bitstream/handle/10665/137167/ccsbrief_gnq_es.pdf;jsessionid=C9A9E5705B36F6316B5658066388A7FA?sequence=1

center operates in Malabo.⁸¹ These private initiatives are unable to cover all of the social needs. Homelessness, social marginalization, and abandonment represent serious issues in Equatorial Guinea, especially in the urban areas. Individuals from the community and civil society local organizations execute outreach programs to identify and understand needs, and connect and offer possible care to these individuals. However, national NGOs do not receive support from the government to undertake any of their initiatives.⁸²

31. Equatorial Guinea committed to eradicating poverty, and protecting human rights and health care rights for all,⁸³ however, poverty, social marginalization, and mental disorders have not been addressed nationwide. Individuals with mental health needs are at a present and constant risk of falling victim to violence and all forms of abuse.⁸⁴

32. There are no departments of psychiatry established in public hospitals, and health care facilities dedicated to mental health are wholly insufficient.⁸⁵

33. Sampaka Hospital, a fully-funded psychiatric facility, opened in 2017. The hospital is the only one of its kind in the entire country,⁸⁶ and this means that only a small number of people with serious mental illness receive care. In addition, health care professionals at Sampaka psychiatric hospital, as well as other private mental health centers, hospitals and primary health care clinics are foreigners, many of whom are not familiar with cultural

⁸¹ Equatorial Guinea: Report of Human Rights 2016, p. 28

<https://gq.usembassy.gov/wp-content/uploads/sites/194/2017/08/EQUATORIAL-GUINEA-HRR-2016-SPA-FINAL.pdf>

Some of the private institutions found in Equatorial Guinea are among others: 1) La Fundación Benito Menni <http://www.fbmenni.org/que-hacemos/proyectos/proyectos-201>; 2) Las Hermanas Hospitalarias <http://www.hospitalarias.es/atencion-las-personas-enfermedad-mental-las-calles-bata/>. Las Hermanas Hospitalarias manage the Bata Mental Health Center where they also attends to homeless people with mental http://www.lrhbhsc.org/opencms/opencms/noticias/listado/Noticia_25.html. Las Hermanas Hospitalarias have another mental health center in Ebibeyin, where they treat general pathologies, as well as mental health. They project to focus on the mental health among immigrants and those at risk of trafficking <http://www.centropadremenni.org/noticias/solidaridad-mayusculas-11891.html>

⁸² Data from interviews at private health care facilities and hospitals.

⁸³ Human Rights Council Twenty-seventh session Agenda item 6 Universal Periodic Review Report of the Working Group on the Universal Periodic Review* Equatorial Guinea available here https://www.upr-info.org/sites/default/files/document/equatorial_guinea/session_19_-_april_2014/a_hrc_27_13_e.pdf See also: Equatorial Guinea's commitment to universal health care access and medical coverage. Available here: http://www.un.org/en/events/pastevents/millennium_summit.shtml

⁸⁴ Individuals with mental illness are badly treated and overly medicated at hospitals, and according to one interviewee: "prison's conditions are terrible." One particular case was also reported: a pastor chained up an individual at his home in July, 2018. After a few days, the individual was discovered and released. No lawful prosecution has been applied to the pastor. This case fomented discussion among the community, and interviewees expressed the need for protecting laws directed to individuals who suffer from mental health illnesses, and also for the need to integrate religion, traditional healers and biomedical mental health care.

⁸⁵ Interviewees confirmed that Equatoguinean and local health professionals are needed because they "understand the culture." Interviewees also confirmed that there are still individuals that are in need of care. Mental health professionals need to reinforce outreach work.

⁸⁶ Sampaka Hospital was inaugurated in Malabo, in 2017. It is the only hospital dedicated to mental health care. The challenges pertain to efficient outreach, follow-ups and distribution of medicines nationwide. <https://www.guineainfomarket.com/se-inaugura-el-nuevo-hospital-de-malabo-en-sampaka/>

norms or local languages. Only a limited number of Equatoguineans—all trained outside the country—are health care professionals dedicated to mental care.⁸⁷

34. The first National Conference on Mental Health in Equatorial Guinea took place in May, 2018.⁸⁸ Although the Government of Equatorial Guinea claimed that mental health in Equatorial Guinea is an indisputable social and sensitive issue, NGOs, and other civil society organizations are not allowed to fully participate in policy decision-making.⁸⁹ Despite the government's adopted commitments to support freedom of association,⁹⁰ civil society organizations find it challenging to promote policies of protection and support initiatives that guarantee protection and care.⁹¹

VI. RECOMMENDATIONS

The organizations urge the government to take the following measures:

Diagnosis and Prevention Campaigns

- Implement a comprehensive and country-wide sexual health education in the school system by the end of 2019 designed to reach all vulnerable populations, and that specially focuses on HIV/AIDS infection and risk behaviors, preventative methods, access to counselling and care.
- Combat stigma and discrimination against HIV/AIDS patients.
- Legalize and support NGOs and any other civil society groups working to raise awareness or eradicate HIV/AIDS.

Prevention of Mother-To-Child Vertical Transmission (PMTCT)

- Promote a healthcare framework that includes outreach programs, testing for HIV-AIDS and protection guidelines for pregnant women at all health centers and hospitals. These guidelines should specify how to effectively communicate with pregnant women about the accessibility, benefits and risks of specific HIV medication to help during pregnancy, childbirth, and beyond.
- Integrate continued education for health care practitioners, that ensures quality services, and includes means of support to HIV-infected women and their infants,

⁸⁷ Data from interviews, 2018.

⁸⁸ News about the congress: <http://www.lagacetadeguinea.com/single-post/2018/05/11/I-Congreso-Nacional-sobre-Salud-Mental-Un-sue%C3%B1o-hecho-realidad>

News about the congress and purpose: <https://agem.ma/congreso-sobre-salud-mental-en-malabo>

⁸⁹ One local NGO participated in the National Congress of Mental Health, and felt that their organization and initiatives, such as the national implementation of community psychiatry, went unheard. They seek government support to perform their roles. Their NGO do not receive any subvention at the moment.

⁹⁰ Human Rights Council Twenty-seventh session Agenda item 6 Universal Periodic Review Report of the Working Group on the Universal Periodic Review* Equatorial Guinea available here https://www.upr-info.org/sites/default/files/document/equatorial_guinea/session_19_-_april_2014/a_hrc_27_13_e.pdf

⁹¹ Data from interviews, 2018.

monitoring procedures, infant checkups at birth, and follow-up procedures to ensure complete compliance with PMTCT protocols.

Antiretroviral Treatment

- Implement a distribution systems that provides medication across all hospitals and health care centers, and includes standard national guidelines on how to maintain, administer, and monitor antiretroviral therapy; and how to provide counselling to help patients.
- Protect and provide adequate care for all Equatoguineans, including prisoners; and foment private and individualized clinical encounters in hospitals and health care centers.

Co-infection

- Extend full medical coverage and treatment, free of charge to people infected with HIV/AIDS, and ensure that medication and therapy are readily available.
- Invest in quality management and appropriately staffed health care centers, technical equipment and quality testing laboratories, and create nationwide networks among all laboratories at hospitals and health care centers to contribute to rapid testing and diagnosis, adverse effects, follow-up and referrals.

Medical Care Distribution

- Implement a comprehensive medical care distribution model which integrates HIV/AIDS care into primary health care, and prioritizes vulnerable communities.
- Coordinate networking and communication methods between the public administration, public and private health care centers, regional and provincial hospitals, and pharmacies in the urban and rural districts to enhance referrals for treatment and follow-ups, improve the exchange of resources and medicines, and provide technical support when needed to ensure complete compliance with treatment.

Women, Vulnerability and Stigma

- Develop and implement a national legislation to ban processes, policies and statements that stigmatize, discriminate, or violate other rights of HIV/AIDS patients. Ensure that new legislation protect and respect human rights, and the right to health care for all.
- Guarantee universal access to primary health care, free testing and treatment for all; and promote a culture of protective health care, respect and privacy in all hospitals and health care centers nationwide, through continued education and training

directed to all health care professionals and beyond about stigma, diversity, and tolerance.

Mental Health

- Immediately implement effective legislation and policy regulation on mental health care and practice, that protect health care rights, and that specifically stipulate procedures on how to protect individual's rights against abuse, violence, and discrimination.
- Create an enabling legal environment and provide financial support to local NGOs working on mental health issues in the country.