

## **Greater Boghé Area Association, Inc.**

### **THE COMMITTEE CHARGED WITH IMPLEMENTING AND MONITORING THE PROJECT OF BUILDING A HOSPITAL FOR BOGHE**

Call for the building of a community hospital for the greater Boghé area

#### **I-HEALTH PROFILE:**

According to the Report on global health by WHO in 2000, Mauritania held the 111th place in terms of level of health among the 191 Member States of the ranking. Mauritania also ranked 169th in terms of overall performance of the health system in 2002.

The analysis of some indicators of health gives an idea of the seriousness of the health situation in Mauritania and therefore in the area of Boghé making the probability of achieving the Millennium Development Goals (MDGs) by 2015 at national and local levels, very low.

Indeed, the situation of health indicators in Mauritania are due to constraints of four groups: namely (i) the poor quality of services and failure of the health system, (ii) the problems of motivation and poor quality and quantity of the medical personnel, (iii) the austere environment: effects of drought on health, urbanization, bad sanitation, low access to drinking water and (iv) the socio-economic constraints: unfavorable international economic environment, poverty, promiscuity, social taboos, illiteracy, food habits.

#### **1. Diseases:**

Communicable diseases still represent the major cause of mortality, morbidity and disability in all age groups. Diseases commonly encountered are respiratory infections, malaria, diarrhea, and hepatitis B, among other endemic epidemics (tuberculosis, HIV / AIDS, etc.).

In 2001, the number of cases estimated cumulative HIV / AIDS were 10,000. The prevalence rate among pregnant women is 0.57%.

An estimate of the National Program for the Fight against Tuberculosis and Leprosy (NPTL) said that in Mauritania the expected number of cases per year is 7 000, although the number of cases actually recorded is 4 000.

Malaria is a major public health problem. Indeed, there is every year 250 000 to 300 000 cases of malaria, or 22% of the reasons for consultations at health facilities in the country. Malaria is also the 1st cause of death in the endemic Wilaya such as the area of Boghé where it is responsible for 60% of the hospital grounds.

Diarrheal diseases are the leading cause of death among young children in the country. Approximately 18% of children experience one or more episodes of diarrhea within 15 days.

The schistosomiasis such as bilharzias are a real public health problem, affecting nearly 60% of the population in the Wilaya of Brakna, including the villages around Boghé. The urinary form is endemic for decades, while the intestinal form is emerging and evolving very rapidly. Its explosion is linked to environmental changes due to developments in the Senegal River valley as the construction of dams in Diama and Manantali.

Epidemic-prone diseases are a major concern in the country. Over the past decade, Mauritania has experienced several outbreaks of communicable diseases: cholera, bloody diarrhea resistant to antibiotics, malaria, meningococcal meningitis, Rift Valley fever.

## **2. Non communicable Diseases:**

If the true extent of non-communicable diseases such as cardiovascular diseases, cancer and diabetes is not adequately documented in Mauritania, their emergence in recent years is noteworthy. The only information currently available on the cardiovascular related diseases is from hospital records.

## **3. Risks related to environment and lifestyle:**

The rapid urbanization has resulted in massive proliferation of informal settlements, the widening of the deficit in infrastructure, lack of urban planning, the impoverishment of the population have greatly contributed to environmental degradation and promoted very precarious lifestyles.

## **4. Malnutrition:**

Is prevalent in Mauritania? The results of recent surveys show that the prevalence of global malnutrition has increased from 23% in 1996 to 32% in 2000. Over a third of children under five (35%) suffer from chronic malnutrition among which approximately

17% have the severe form. Acute malnutrition affects almost 13% of children under five years of which 3% severe.

#### **5. Shortcomings of health coverage:**

The deficiencies found in the general health situation are linked to the weakness of the coverage and use of health services (45.39% in 2004), deficit and mismanagement of health personnel.

#### **6. Inaccessibility of health facilities:**

Access to care in public and private settings is limited to a small number of people because of the high cost of care for the majority of the population and poor management of the health personnel.

### **II-PURPOSE OF THE PROJECT:**

Despite international aid and financial resources, the health sector in Mauritania is still handicapped by the lack of an efficient national policy and mechanisms of care and access to care for the patients. Our people left to themselves are still faced with problems such as permanent rupture of stock of medicines in addition to those related to the sale of expired products by lack of control.

Faced with these serious challenges, citizens of the villages around Boghé on both sides of the Senegal River, bound by a common destiny decided by relying primarily on themselves to try to relieve the misery and suffering of their peoples by launching through this document, a call for awareness to mobilize all the forces and resources in place to build and equip a modern Medical Center in Boghé. It is understood that this does not intend to usurp the role of the State's national health ministry;

### **III-STRATEGY AND MECHANISM OF IMPLEMENTATION:**

Setting up a steering committee in Nouakchott where all components will be represented and coordinated by "MAURITANIA DEVELOPMENT ASSOCIATION (MDA)" in collaboration with elected officials, doctors, experts, the Diaspora etc...; Setting up focus groups at the international level by the committee of North America charged of implementing the project.

Awareness and mobilization of all the sons and daughters of Boghé, without distinction of any kind (sex, age, color or ethnicity, status of residence or nationality) are fundamentally important to the realization of this noble project.

In the near future the terms and forms of participation will be identified and brought to the attention of all the people of the Boghé Area.

The organization of awareness campaigns in the direction of the Diaspora of America has already begun and it will rapidly expand in Mauritania, Africa, Europe, the Middle East and Asia.

All structures, all organizations and associations must serve as channels to convey this message: from the official to the unemployed, from the worker to the merchant, from the disciples to the marabout, from the farmer to the herder, in the cities, villages and encampments.

#### **IV-DEVELOPMENT OF A STRATEGY FOR THE MOBILIZATION OF RESOURCES:**

- a)** Fundraising in the form of special events
- b)** Individual Donations
- c)** The villages
- d)** the contributions of village associations
- e)** Contributions of individuals and all the citizens of Boghé
- f)** The corporate contributions
- g)** The foundations and charitable organizations

Charitable organizations national and international, are invited, including NGOs in the recovery and recycling of hospital materials such as MedShare International, Government grants etc...



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*Committee responsible for monitoring the Hospital Project*