

Cote d'Ivoire



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Lower-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2015)	22 701.6
% Population under 15 (2015)	42.5
% Population over 60 (2015)	4.8
Life expectancy at birth (2015)	54.4 (Female) 53.3 (Both sexes) 52.3 (Male)
Neonatal mortality rate per 1000 live births (2015)	37.9 [28.3-49.1]
Under-five mortality rate per 1000 live births (2015)	92.6 [72.3-118.8]
Maternal mortality ratio per 100 000 live births (2015)	645 [458- 909]
% DTP3 Immunization coverage among 1-year-olds (2014)	67
% Births attended by skilled health workers (2011-2012)	56.4 56.9
Infants exclusively breastfed for the first 6 months of life (%) (2011-2012)	12
Density of physicians per 1000 population (2008)	0.144
Density of nurses and midwives per 1000 population (2008)	0.483
Total expenditure on health as % of GDP (2014)	5.7
General government expenditure on health as % of total government expenditure (2014)	7.3
Private expenditure on health as % of total expenditure on health (2014)	70.6
Adult (15+) literacy rate total (2007-2012)	57
Population using improved drinking-water sources (%) (2015)	93.1 (Urban) 68.8 (Rural) 81.9 (Total)
Population using improved sanitation facilities (%) (2015)	10.3 (Rural) 22.5 (Total) 32.8 (Urban)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2008)	23.8
Gender Inequality Index rank out of 155 countries (2014)	151
Human Development Index rank out of 188 countries (2014)	172

Sources of data:
Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Côte d'Ivoire has an annual population growth rate of 2.6% and a high proportion of young people (41.5%).

The health situation of the population is characterized by high maternal and under-5 mortality owing to poor-quality health care. The epidemiological profile is dominated by a high prevalence of HIV and a high incidence of malaria and tuberculosis in the population, respectively 3.7% (Demographic Health Survey/Multiple Indicator Cluster Survey, 2011-2012), 295 per 1000 among children under 5 years of age (Annual Health Statistics Report, 2013) and 170 cases [157-188] per 100 000 (WHO, 2013).

Noncommunicable diseases (NCDs) are on the increase, including cancers and high blood pressure. These are a matter of national concern due to changes in the lifestyle of the population and particularly to late diagnosis and management. NCDs are responsible for 31% of deaths in Côte d'Ivoire.

Furthermore, poor management of household, industrial, biomedical and other types of waste and the inappropriate use of sanitation facilities are the main causes of communicable diseases such as cholera, typhoid fever, and foodborne diseases, requiring prevention and health-promotion measures to control these diseases.

In the context of Ebola virus disease in West Africa, particularly in two countries that share a border with Côte d'Ivoire, the risk of epidemics and other emergency situations remains high. This justifies the strengthening of national capacities in the areas of prevention, preparedness and response to health emergencies.

To enable Côte d'Ivoire to make rapid progress towards an emerging-country status by 2020, and to achieve the health-related Sustainable Development Goals (SDGs) by 2030, resource mobilization for the effective implementation of high-impact interventions must be undertaken at all levels.

HEALTH POLICIES AND SYSTEMS

In past cooperation, WHO provided the Ministry of Health with the necessary support to develop national policies, strategies and plans and to strengthen the health system, including in specific areas such as maternal and child health and disease control. The country thus has a number of strategic documents that need to be updated.

However, challenges remain. The new 2016-2020 National Health Development Plan (PNDS) envisions a high-performing, comprehensive, responsible and efficient health system that guarantees the best possible standard of health for all people living in Côte d'Ivoire, especially the most vulnerable. This will support the country's growth and sustainable development with a view to attaining emerging-country status by 2020 and will enable WHO to direct its support towards addressing the following challenges: faster progress towards universal health coverage; reduction of maternal, newborn and child mortality; and disease prevention and health promotion.

COOPERATION FOR HEALTH

In Côte d'Ivoire, WHO fully assumes its coordinating role as the lead agency among technical and financial partners in the health sector. To this end, WHO intends to strengthen coordination, not only within the health cluster but also in partnership with the Ministry of Health through the health sector coordination mechanism, and by holding more frequent meetings to align its support with the implementation of the 2016-2020 PNDS.

Thus, technical teams from WHO Headquarters, the Regional Office, the Inter-Country Support Team for West Africa (IST/WA), and the Côte d'Ivoire Country Office will support the Government on the basis of the strategic guidelines of the 2016-2020 Country Cooperation Strategy (CCS).

Within the framework of the Delivering as One initiative, which Côte d'Ivoire endorses, and vis-à-vis other United Nations agencies, WHO support will help to strengthen governance and the development of human capital.

By working in cooperation with bilateral organizations and other non-State actors, and on the basis of this CCS, WHO will help to support national priorities.

The various international initiatives and partnership frameworks to which Côte d'Ivoire is a party (H4+, the Muskoka Initiative, IHP+, GAVI Alliance, Global Fund, Scaling Up Nutrition, Millennium Challenge Corporation, etc.), will continue to be used as channels for mobilizing resources to achieve the goal of improving public health.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2009–2015)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Strengthen health sector governance	<ul style="list-style-type: none"> • Support implementation and operation of a monitoring and evaluation framework for the 2016-2020 PNDS • Support development of national policies, plans and strategies • Support implementation of the health financing strategy
STRATEGIC PRIORITY 2: Strengthen the health system	<ul style="list-style-type: none"> • Contribute to the revitalization of primary health care • Support development and implementation of the new plan to develop human resources for health • Support implementation of the national pharmaceutical policy
STRATEGIC PRIORITY 3: Improve reproductive, maternal, newborn and child health	<ul style="list-style-type: none"> • Contribute to implementation of high-impact interventions in maternal and child health, including improving the quality of care • Support national efforts to improve immunization coverage for the diseases targeted by the Expanded Programme on Immunization (EPI)
STRATEGIC PRIORITY 4: Strengthen disease control	<ul style="list-style-type: none"> • HIV • Tuberculosis • Noncommunicable diseases
STRATEGIC PRIORITY 5: Strengthen emergency preparedness and response	<ul style="list-style-type: none"> • Support national efforts to implement IHR • Help the country to maintain its gains made towards certification of polio eradication • Assist the country in strengthening national capacities for health risk management, including prevention, preparedness, action and recovery