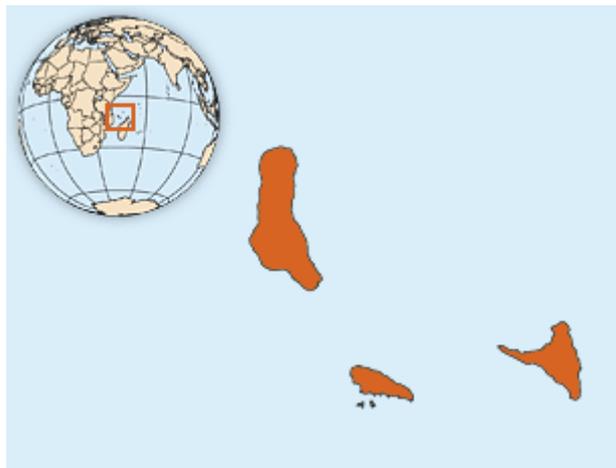


Comoros



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

WHO region	Africa
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2015)	788.5
% Population under 15 (2015)	40.3
% Population over 60 (2015)	4.6
Life expectancy at birth (2015)	61.9 (Male) 65.2 (Female) 63.5 (Both sexes)
Neonatal mortality rate per 1000 live births (2015)	34.0 [13.4-73.8]
Under-five mortality rate per 1000 live births (2015)	73.5 [39.4-144.6]
Maternal mortality ratio per 100 000 live births (2015)	335 [207 - 536]
% DTP3 Immunization coverage among 1-year-olds (2014)	80
% Births attended by skilled health workers (2012)	82.2
Infants exclusively breastfed for the first 6 months of life (%) (2012)	12
Density of physicians per 1000 population	
Density of nurses and midwives per 1000 population	
Total expenditure on health as % of GDP (2014)	6.7
General government expenditure on health as % of total government expenditure (2014)	8.7
Private expenditure on health as % of total expenditure on health (2014)	67.1
Adult (15+) literacy rate total (2007-2012)	76
Population using improved drinking-water sources (%) (2015)	89.1 (Rural) 90.1 (Total) 92.6 (Urban)
Population using improved sanitation facilities (%) (2015)	48.3 (Urban) 35.8 (Total) 30.9 (Rural)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	
Gender Inequality Index rank out of 155 countries (2014)	
Human Development Index rank out of 188 countries (2014)	159

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

HEALTH SITUATION

Life expectancy at birth has improved. Although there are some signs of improvement in the situation of maternal and child health, as evidenced by a reduction in maternal and child mortality, much remains to be done to make progress towards the health-related MDGs and to reduce the socioeconomic disparities between the islands, between rural and urban areas and between the sexes, which are the factors underlying these statistics. Support is needed to maintain the favourable mortality rate trends, given that there has been some inversion in the trend of late.

The epidemiological situation continues to be dominated by acute respiratory infections and malaria, despite the fact that malaria prevalence in the Comoros fell by more than 98% in 2013. The rate of HIV/AIDS prevalence remains low at 0.025%. There were 79 recorded cases of tuberculosis in 2005, 67 in 2006 and 56 in 2007, with a cure rate of 90%. There were 120 newly detected cases of leprosy in 2005, 121 in 2006 and 111 in 2007. Arboviruses continue to affect the population, and noncommunicable diseases are also a major concern; in 2008, 25.4% of the population had high blood pressure, 4.8% had diabetes and 25.9% had high cholesterol.

Neonatal mortality, malaria, diarrhoeal diseases caused by drinking untreated water, poor food quality, environmental effects and climate change are all causes of morbidity and mortality, particularly in women and children.

HEALTH POLICIES AND SYSTEMS

A new national health policy for the period 2015-2024 and a new national health development plan for 2015-2019 have been adopted. The vision underlying this policy is that "The Union of the Comoros should have an efficient health system that enables the entire population, and especially the most vulnerable and impoverished, to gain access to high-quality health care, with meaningful input from all public and private-sector stakeholders, in a spirit of solidarity, equality, equity and social justice." Other strategies such as the national development plan for human resources of health 2015-2019, the national development plan for health information systems 2015-2019 and the national centralized plan for monitoring and evaluation, which will be ready by the end of 2015, are intended to facilitate implementation of the national health policy for the period 2015-2024.

The complex national institutional environment is being strengthened, which will offset the current significant challenge of coordinating the health system with the existing coordination mechanisms.

The national health system of this island nation faces numerous challenges such as the proper management and utilization of the health workforce, the financing of universal health coverage, and the capacity to prepare for and manage epidemics and disaster risks.

COOPERATION FOR HEALTH

The Comoros have very few bilateral partners, which puts the country at a disadvantage in terms of mobilizing financial support for the health system. France provides health-sector assistance through a project financed by the French Agency for Development (AFD). Following the 2009 Doha conference on development in the Comoros, there has been a marked improvement in the level of support from Arab countries, particularly in the area of infrastructure. However, the harmonization and alignment of this support presents a real problem given the absence of effective mechanisms to coordinate assistance.

The usual partners among the specialized agencies of the United Nations system (WHO, UNICEF and UNFPA) nonetheless allocate considerable resources to supporting the development of the health sector. The proportion of technical and financial support from WHO is decreasing relative to that provided by other partners, thus impacting its leadership role as the pre-eminent partner in the Comoros.

The United Nations Development Assistance Framework (UNDAF) for 2015-2019 has been signed between the United Nations system and the Government with the vision statement "Going Forward United in Action"; the national sustainable development strategy for the period 2015-2019 has been adopted. The new Comoros CCS for 2016-2019 is currently in preparation; this will ensure harmonization and alignment with national policies and strategies and the SDGs, thereby facilitating alignment of the third generation of CCS.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2009–2015)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Health system and governance</p>	<ul style="list-style-type: none"> • Support the drafting and implementation of texts giving effect to the 2011 Health Code (regulation of the pharmaceutical sector and medical practice, reorganization of the structure of the health system, etc.). • Support the drafting and/or updating of sectoral policies and strategies (national health plan 2015-2024, national health development programme 2015-2019, national programme for health information systems development 2015-2019 and alignment with the accelerated growth and sustainable development strategy and UNDAF 2015-2019). • A third generation CCS (CCS 2016-2019) will be developed before the end of 2015 through a participative process involving all partners to ensure alignment with national policies and strategies and UNDAF, taking into account the post 2015 agenda.
<p>STRATEGIC PRIORITY 2: Reduction of morbidity and mortality caused by communicable and noncommunicable diseases</p>	<ul style="list-style-type: none"> • HIV/AIDS, TB and malaria: <ul style="list-style-type: none"> ○ Strengthen partnerships for HIV/AIDS, TB and malaria (national health plans) ○ Support continued prevention, treatment and surveillance in ongoing efforts to provide universal access to HIV and TB services and to control malaria ○ Support resource mobilization and programme monitoring/evaluation • Communicable disease control: <ul style="list-style-type: none"> ○ Support communicable disease control, in particular for leprosy and filariasis ○ Support control of diseases targeted by the Extended Programme on Immunization (EPI), with a view to scaling up coverage levels of immunization services ○ Strengthen HRH and laboratory capacity • Noncommunicable disease control: <ul style="list-style-type: none"> ○ Promote noncommunicable disease prevention (malnutrition, cardiovascular disease, diabetes, chronic respiratory diseases, oral and dental diseases, sensory impairments, mental illness, tobacco use, alcoholism) ○ Support injury and violence prevention through development of appropriate policies and strategies, training and surveillance • Health promotion: awareness-raising, capacity-building and implementation of regional strategies relating to: <ul style="list-style-type: none"> ○ Determinants of health (awareness-raising, conducting studies on health inequalities, and integrating the social determinants of health into multi-sectoral strategies) ○ Health/environment and climate change
<p>STRATEGIC PRIORITY 3: Reduction of maternal and infant mortality</p>	<ul style="list-style-type: none"> • Reduction of risks during pregnancy: support for eliminating maternal and neonatal tetanus, check-ups during pregnancy and assisted deliveries, maternal/infant health information management, PMTCT, and development of policies and strategies in partnership with the UNFPA • Child and adolescent health: support for IMCI and for the integration of high-impact interventions for child survival in partnership with UNICEF: EPI + VitA + insecticide-treated mosquito nets + deworming. Development of strategic policies for child and adolescent health • Reproductive health • Gender, women and health: mainstreaming gender into health policies and programmes
<p>STRATEGIC PRIORITY 4: Health partnerships</p>	<ul style="list-style-type: none"> • Strengthen national coordination by instituting meetings of health partners under the leadership of the Ministry of Health and WHO • A forum of health development partners based on the Paris and Abuja Declarations (e.g. Harmonization for Health in Africa (HHA), IHP+) has been led by WHO since the Comoros joined IHP+ in July 2014 • The Comoros will receive support for annual reviews, and a meeting of senior national health officials (representing the Union and the different islands) will be instituted as a forum for coordination between national and international partners
<p>STRATEGIC PRIORITY 5: Disaster risk management</p>	<ul style="list-style-type: none"> • Support implementation of the regional DRM strategy (establishment of sectoral coordination mechanisms, stakeholder training, assessment of national DRM capacities, etc.) • Support initial multisectoral and rapid health assessments in emergencies and disasters and develop resource mobilization plans • Provide support for epidemic and disaster response efforts