

COMOROS' HEALTH SECTOR

Contents

1. Country Overview	2
1.1. Key Country Statistics	2
2. COVID-19	3
3. Health Overview	3
3.1. Key Health Statistics	4
4. Challenges facing the private health sector	4
5. Opportunities for the private health sector	6
6. References	7

1. Country Overview

Comoros is an island country made up of four islands located off the East African coast. Grande Comore, Anjouan, and Mohéli are independent while the fourth, Mayotte, is still controlled by France ^[1]. The islands surfaced from the floor of the Indian Ocean due to volcanic activity. They are known for their picturesque landscape and are referred to as the “perfumed islands.” The official languages are Comorian, Arabic and French with Islam being the most pervasive religion practiced among the Comorians ^[1].



Out of its population of 850,886, 53% are under 20 years. This means that the country has a huge working age populous ^[2,3]. Comoros is one of the world’s most impoverished countries, with an economy that thrives on fishing and agriculture. However, despite having a strong agricultural presence, the country still imports food commodities to meet the demand ^[4].

The country has ratified many trade agreements. An example is the economic partnership agreement between the European Union (EU) and the Africa Continental Free Trade Agreement (AfCFTA). The partnership provides duty free access to EU markets and promotes intra-African trade ^[5]. Comoros is also a member of the Common Market for Eastern and Southern Africa (COMESA), African Union (AU) and the Arab League. All these organisations have a common aim of strengthening the economic growth and development among member states.

Comoros has endured a long history of political unrest with more than 20 coups and succession attempts. President Azali Assoumani, the current head of state, was elected in 2016. After these elections, a referendum was passed eliminating the need of vice presidents on the islands, drastically reducing the governance structure ^[4].

1.1. Key Country Statistics



2. COVID-19

The first case of the virus was announced on 1st May 2020. As of 11th March 2021, they have had 3,611 cases, 3,427 recovered with 7 deceased ^[7]. The government's response towards COVID-19 was swift and showed they were prepared. Preemptive measures such as banning of public gatherings, setting up a committee for the oversight of fundraising, logistics and health data collection, banning of international flights and setting up quarantine facilities were imposed even before the first case was recorded. These helped with the successful containment of the virus ^[8].

The United Nations Development Programme (UNDP) assisted in mapping out the overall national capacities and response programme which was budgeted for \$10 million. Only \$0.567 was available, creating a funding gap which is predicted to impede the country's success ^[8].

3. Health Overview

The health system is made up of the public and private sector.

Healthcare Facility	Public sector	Private sector
Health post	47	5
Health centre	10	2
District hospital	2	n/a
Provincial hospital	2	n/a
Regional hospital	1	n/a

Figure 1: Depicts a breakdown of the healthcare facilities in Comoros ^[13].

Public spending constitutes the smallest portion (8.7%), with out-of-pocket spending accounting for 45% health spending ^[9]. Comoros does not have any national health insurance. A small number of the population have health financial protection through health mutuals (a social financial protection system) where only 3.3% of the population was covered in 2012 ^[9].

Sixty percent of health workers in public facilities are volunteers ^[10]. As a result, the government has highlighted health as one of its major focus in the Accelerated Growth and Development Strategy 2018-2021 alongside attaining universal health coverage (UHC) ^[10].

Since the health system in Comoros is underdeveloped, the World Bank in 2019 approved the Comprehensive Approach to Health System Strengthening Project (COMPASS). They have allocated \$30 million from the International Development Association (IDA) with the aim of enhancing utilization of quality Primary Health Care (PHC) and strengthening the institutional capacity in Comoros. Although it aims to improve PHC quality for the entire population, special attention will be directed towards women, children under five and patients with non-communicable disease ^[12].

Top 10 causes of mortality are:^[11]



Stroke



Lower respiratory infection



Ischemic heart disease



Neonatal disorders



Tuberculosis



Diarrheal diseases



Malaria



Diabetes



Cirrhosis



Hypertensive heart disease

3.1 Key Health Statistics^[2]



4.59

Current health expenditure as a % of GDP, 2018

76.3

Private health expenditure as a % of current health expenditure, 2018

9.26

Government health expenditure as a % of current health expenditure, 2018



74.55

Out-of-pocket expenditure as a % of current health expenditure, 2018



273

Maternal mortality per 100,000 live births, 2017



62.9

Under five mortality rate per 1,000 live births, 2019

4. Challenges Facing the Private Health Sector

- Being an island, Comoros is isolated from other countries.
- Comoros has poor infrastructure and governance.
- Political instability.
- Low presence of international partners. In addition to the national Red Crescent there are only three resident UN agencies (WHO, UNICEF and UNDP). UNFPA and FAO have a field office with small project teams. There are no international humanitarian NGOs ^[8].

5. Opportunities for the Private Sector

- Systems strengthening through government.
- Health workforce training through mHealth.
- Large young working potential.
- Coastal area with easy access to international waters.

Do you need more in-depth information on Comoros's health sector and how your project or business can contribute?



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