



THE CENTRAL AFRICAN REPUBLIC'S HEALTH SECTOR

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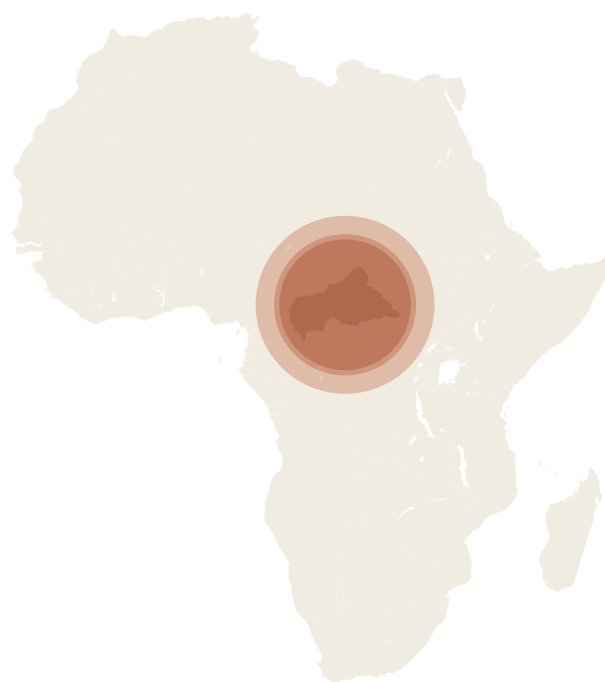
1. Country Overview

The Central African Republic (CAR), also referred to as République Centrafricaine, is a landlocked country with an area of 622,980 square kilometers. The country is an enclave situated in the epicenter of Africa surrounded by Chad to the North, Sudan, and South Sudan to the Northeast, Democratic and the Republic of Congo to the South, and Cameroon to the West. With a population of 4,830,000, the country has had foreign settlers occupying its land for 8,000 years.^[1] The capital city, Bangui was established as a French trading post in 1889 and stretches along the river Ubangi.

The official languages spoken in CAR are French and Sango. Sango is the most popular language, spoken by 90% of the population. Other languages used in the CAR include Baya, Banda, Sara, and Kare to name a few.^[1] In terms of religious beliefs, the majority of the population are Christians with a growing number of Sunni Muslims.^[1]

CAR was colonized by France, from which the country attained its liberation in 1960. The country's journey post-independence has been marred with cycles of violence and non-democratic transfers of power.^[2] The humanitarian situation has slumped since 2013, with around 648,516 internally displaced persons and 574,638 people claiming refugee status in surrounding countries.

Despite the hardships faced by the CAR, the country has access to duty-free and quota-free European Union access under the Everything but Arms scheme of the European Union.^[3] The CAR has been a member of the World Trade Organisation (WTO) since 1995, and a member of the General Agreement on Tariffs and Trade (GATT) since 1963.^[4] Additionally, the country has ratified the Africa continental Free Trade Agreement (AfCFTA), making CAR the 29th country out of the fifty-four signatories^[5].



1.1. Key Country Statistics [6-8]



53.28

Life expectancy at birth (yrs), 2019



2.97

GDP growth (annual percent), 2019



18.66

Exports as a percent of GDP, 2019



47.48

Imports as a percent of GDP, 2019



Top 3 export products, 2019: Rough wood (**\$37.4M**), gold (**\$13.3M**), saw wood (**\$11.4M**)



Top 3 import products, 2019: refined petroleum (**\$57.7M**), packaged medicaments (**\$25.2M**), petroleum gas (**\$20M**)



Deficit of balance of trade, 2019 **\$462.54M**

2. COVID-19

The latest COVID-19 numbers as of 23rd March 2022, reported from the CAR stands at 14,649 out of which 6,859 recovered and 113 deaths. The first case was announced on 14th March 2020 which prompted the government to close public and recreational places. However, many citizens felt that the government should have taken a more radical approach and shut the borders and airports, as seen in the neighboring countries. The looming 2020/2021 regional and general elections are said to have further aggravated the already fragile health system. ^[10]The United Nations Development Program (UNDP) stepped in through the Elections Assistance Project (PAPEC) to help smoothen the election process and allow citizens to maintain social distance during voter registration. Since CAR was one of the countries that were least prepared for the pandemic, multiple partners along with UNDP worked with the government to set out measures for prevention and control of the pandemic. They focused on health system strengthening, inclusive and integrated management and multi-sectoral response, socio-economic impact, and recovery. ^[10] Furthermore, the EU granted €54 million to CAR to increase government expenditure in containing the pandemic. ^[11] The country seems to have controlled the spread and lowered the number of positive cases. However, the true extent of the pandemic is unclear because testing has been very low. ^[12]

As of 9th March 2022, 15.85 percent of the population had been fully vaccinated and 0.80 percent partially vaccinated against COVID-19.

3. Health Overview

The healthcare system of CAR is divided into three tiers: ^[13] primary, secondary, and tertiary.

The Ministry of Health (MOH) portrays the healthcare system as reasonably financed, where they oversee 80% of the primary, secondary, and tertiary facilities. Allegedly, the MOH supervises the delivery of wide-ranging health services through a network of 650 health facilities with the help of central medical stores, staffed by a workforce of 3,500 civil servants. However, only 10% of the allocated finances was distributed in 2010 ^[13]. Literature suggests that a considerable number of health workers work off the books and are not well-equipped to provide quality services. ^[14]

The health sector of CAR is hindered by a dearth of resources, poor infrastructure, unskilled and disproportionately distributed workforce which are heavily concentrated in urban settlements. ^[13] Health services provided by the public, private for-profit, and private not-for-profit are not driven by robust policies. Few people have access to quality services. The private for-profit health units: Standalone practices and medicine stores provide services to a larger share of the population as they are smaller in size and relatively less regulated. ^[13]

Due to low population density, the spread of Human Resource for Health (HRH) is skewed towards urban areas. For instance, in the Northeast, there is limited health provision as the area is isolated and scarcely populated. ^[15] In the Northwest, all the national HRH have left due to insecurity, thus health provision is mainly provided by international agencies in that area. The southeast is staffed by Faith Based Organisations (FBOs) and non-profit providers. While the Southwest, housing the capital, Bangui accommodates a fifth of the population. It has seven large hospitals, and all the fourteen pharmacies exist in the country, all the 30 private medical clinics, large urban health centers, and numerous mini-pharmacists. ^[15]

The country has pledged to attain Universal Health Coverage (UHC) through the support of the UNC-Partnership (UHC-P) as well as Sustainable Development Goals (SDGs) for health by 2030 and has collaborated in various projects to achieve this target. ^[16] For instance, in 2018 the government along with the help of the Global Financing Facility launched a landmark project to increase coordination of interventions and accelerate human capital to improve the health and nutrition of mothers and children. ^[17] Additionally, the World Bank approved a \$53 Million grant to help strengthen CAR's health system. ^[18]

Top 10 causes of death^[19]



Tuberculosis



Diarrheal diseases



Lower respiratory infection



Neonatal disorders



Congenital defects



Malaria



Road injuries



Stroke



Ischemic heart disease



HIV/AIDS

3.1 Key health statistics [20]



10.99

Current health expenditure as a percent of GDP, 2018

42.36

Private health expenditure as a percent of Current Health Expenditure (CHE), 2018

6.26

Government health expenditure as a percent of CHE, 2018



41.67

Out Of Pocket (OOP) expenditure as a percent of CHE, 2018



829

Maternal mortality modeled per 100,000 live births, 2017



110.1

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

4. Key challenges faced by the private sector

- The private sector is fragmented which poses a challenge of regulation and unity.
- The cyclical post-independence violence and non-democratic transfers of power have led to poverty, poor infrastructure, corruption, and political instability resulting in risky investments and low provision of affordable and accessible healthcare.
- The health system is heavily reliant on donors for the delivery of essential healthcare to the population.

5. Key opportunities for the private sector

- The private health sector is still small and fragmented, allowing room for new entrants.
- Advanced medical treatment is needed as the country currently only provides treatment for common diseases.
- Renewed government keenness with the pledge to achieve UHC by 2030. Allowing an environment to explore Public-Private Partnerships (PPPs).
- Introduction of mobile health clinics to reach remote settlements.



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