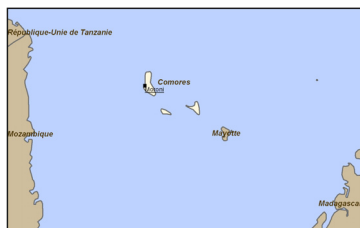


Comoros (the)



The Islamic Federal Republic of the Comoros is an insular, discontinued territory. The alarming socioeconomic situation, together with institutional and political instability which the country has experienced for several years, seriously impedes development. The Comoros ranks among the poorest countries of the world. The most vulnerable groups have difficult access to health services. Traditional organizational structures (the elderly and customary leaders, officials, religious authorities) are well organized, ensuring local values are maintained; they are profoundly respected by the population. However, the exclusion of women from some basic human rights generates inequalities and vulnerability. Throughout the territory, buildings are erected haphazardly and scattered dwellings aggravate waste disposal problems. There are many environmental problems; water supplied to most of the population is unsafe. The Comoros are volcanic islands, prone to natural disasters.

HEALTH & DEVELOPMENT

Total population (2005) ¹	575 660
% under 15 (2005) ¹	42
% rural population (2005) ¹	72
Life expectancy at birth (2004) ²	65.5
Under-5 mortality rate per 1000 (2004) ¹	113
Maternal mortality ratio per 100 000 live births (2000) ¹	380
Total expenditure on health as % of GDP (2004) ²	2.6
General expenditure on health as % of general government expenditure (2004) ²	6.9
Human Development Index Rank, out of 177 countries (2003) ³	132
Gross National Income (GNI) per capita US\$ (2004) ⁴	530
Adult (15+) literacy rate (2000-2004) ⁵	56.2
Adult (15+) male literacy rate (2000-2004) ⁵	63.5
Adult (15+) female literacy rate (2000-2004) ⁵	49.1
% population with sustainable access to an improved water source (2002) ³	94
% population with sustainable access to improved sanitation (2002) ³	23

Sources:

¹Recensement général de la population et de l'habitat (RGPH) 2003

²WHO data on National Health Accounts

³Human Development Report (2005)

⁴World Development Indicators 2005 (World Bank)

⁵UNESCO Institute for Statistics.

Complexity of the institutional situation: the signing in 2001 of the Fomboni Framework Agreement for Reconciliation in the Comoros opened the way to the resolution of the crisis and led to the creation of the Union of Comoros. The ensuing Constitution extends considerable autonomy to the three islands of Ngazidja (Grande Comore), Nzwani (Anjouan), and Mwali (Mohéli), each of which has its own government. Collaboration between the central Government and the islands' local administration is difficult and jurisdiction is frequently disputed, including in the sphere of health.

Malaria is the leading cause of morbidity, the most vulnerable groups being children under five and pregnant women. HIV prevalence is still low despite steady expansion of the pandemic disease. Lymphatic filariasis is a serious public health concern; its elimination, along with leprosy, has been initiated and is progressing. Noncommunicable diseases are increasing, including malnutrition, cancers and cardiovascular diseases, diabetes, mouth infections and eye damage, mental disorders and smoking. Maternal and child mortality rates are alarming.

Despite efforts to develop national policies, delivery of health services is highly constrained: access to a health centre within 5 km varies from 45% to 74% from one island to the next, while use of health facilities varies between 9% and 20%. An encouraging increase in health staff has occurred but staff distribution is unequal and overall, motivation is rather poor. Qualified staff is insufficient, especially in the public sector; there is a general lack of mentoring, retraining and resources for management. A large proportion of staff is trained abroad and many do not return. Despite a national supply policy, shortage of essential drugs occurs frequently. There is no national quality control laboratory. Illegal markets are thriving and prices of drugs vary from one facility to another. The country lacks a coordinated and integrated system for health information collection, analysis, and use. The private sector is expanding; however, it is uncontrolled, which adversely impacts quality of care and contributes to high and non-standardized costs.

Health funding is of critical concern: over the past years, the public health budget has dwindled. The financial input of the Comorian Diaspora is not clear; input from those living within the country is important but its management lacks transparency. There is no mechanism of care provision for the needy; mutual health initiatives are beginning but are not yet very functional.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Development in 2003 of the Interim Poverty Reduction and Growth Strategy Paper (DSCRIP) The institutional and political crisis is expected to end soon Organization in 2001 of the Estates General of Health, followed by the formulation of a National Health Policy and a National Human Resources Development Plan Inputs from the Comorian Diaspora Significant community solidarity. 	<ul style="list-style-type: none"> Without economic growth, poverty rates expected to reach 93% in 2015 (UNDP Human Development Report, 2003) Poor management in every component of the health system Poor technical support centres Need to increase awareness about health issues, despite the difficult environment.

PARTNERS

Over the past 6 years, the Union of Comoros has received multilateral assistance from the European Union, the United Nations (UN) System and the World Bank. China and France are essential bilateral partners for the health sector. Some international nongovernmental organizations (INGOs) are also involved. Recent partners include the Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM).

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> External partners may increase their interest once the institutional and political crisis is resolved The proportion of foreign aid allocated to health has increased steadily The good performance of some programmes (filariasis, poliomyelitis) may encourage more funding. 	<ul style="list-style-type: none"> Foreign aid declined in 2003 and grants allocated to health decreased markedly at the expense of loans Due to the institutional crisis, the Comoros are not receiving any budget support Despite efforts by the Ministry of Social Affairs and the UN system, coordination of interventions is yet to be addressed.

WHO STRATEGIC AGENDA (2005-2009)

WHO's Country Cooperation Strategy takes account of the UN Millennium Development Goals (MDGs) in general, and poverty alleviation in particular, as well as the goals of the New Partnership for Africa's Development (NEPAD) and the UN Development Assistance Framework (UNDAF) for the country. Mobilization and coordination of interventions are priorities for WHO, as well as the merging of a strong managerial approach with the promotion of innovative responses. The strategy focuses on:

- Institutional support to the health system:** consensus building for the national health policy and developing the tools for its implementation; proposing a minimum package of activities fitting each level of the health system and updating the list of essential drugs; providing strategic support to the improvement of the technical support centres, for maintenance of equipment, promotion of quality assurance and strengthened health staff technical capacities; promoting mutual health organizations and mechanisms for care provision to vulnerable groups.
- Reduction of morbidity and mortality due to communicable and noncommunicable diseases** through: adapting global and regional control strategies for priority diseases; supporting the creation of an integrated surveillance and response system to epidemics and health impacts of disasters; strengthening the promotion of health by involving religious and political authorities, in partnership with the media and NGOs.
- Reduction of maternal and child mortality**, including through the implementation of Safe Motherhood Strategies (SMS) and Integrated Management of Childhood Illness (IMCI), supporting the development of norms and standards, staff training, organization of supervision activities, strengthening the reference system, operational research; provision of equipment, supplies and emergency kits.



ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/com/en/>

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