

# CÔTE D'IVOIRE



## HEALTH SECTOR NEEDS ASSESSMENT

Since 2002, internal conflict in Côte d'Ivoire has caused severe instability and population displacements and disrupted access to essential social services. Following months of instability, the process for peace, disarmament and reunification resumed in April 2005. However, chronic lack of access to health care remains a serious concern for the 16.4 million Ivoirians and the estimated 70,000 refugees and 500,000 internally displaced persons.

**HEALTH INFRASTRUCTURE:** Access to social services (including health and education) is difficult for vulnerable groups in areas under control of the *Forces Nouvelles* (FN). In the West and North of the country, approximately 70 to 80% of the 547 health facilities are closed, whereas facilities in the South are over-stretched due to the demands from populations displaced by the war. Health facilities have been affected by fuel shortages and energy cuts. In the most unstable regions, many facilities have been looted.

**HEALTH CARE:** Under-five mortality increased from 142 to 192 per 1,000 between 1995 and 2003. The average immunization rate against the main childhood diseases is approximately 50%. With a HIV/AIDS prevalence rate of 7%, Côte d'Ivoire is one of the 15 most affected countries in the world. This high prevalence is likely to increase as a result of poor case management, mass population displacements and overcrowded IDP camps.

**NUTRITION:** The persistence of malnutrition in parts of the West and North are the biggest concerns in the health sector. A survey conducted by UNICEF revealed 17% of acute malnutrition and 5% of severe malnutrition among children under five years



old in that region. Nationwide, as much as 21% of children under five years of age are moderately to severely malnourished.

## HEALTH SECTOR PRIORITIES FOR 2006

- Improve access to health care for affected populations by supplying drugs and equipment to health facilities
- Create epidemiological surveillance posts in Man, San-Pedro, Bouna and Korhogo in the northwest of the country
- Enhance nutritional monitoring through surveys
- Intensify the routine immunization programme in all functional structures

<b>WHO Proposed Projects in the CAP 2006</b>	<b>Funds Requested *</b>	<b>Implementing Partners</b>
Disease surveillance and early warning system for epidemics <b>CIV-06/H09</b>	450,000	MoH, NGOs, UNICEF
Reducing morbidity and mortality due to communicable and epidemic prone diseases including Buruli Ulcer in the affected areas <b>CIV-06/H10</b>	889,520	

\* Amounts given in US dollars.

**Total Funds Requested: USD 1,339,520**

2005 Donors: Belgium, Ireland, Italy