

HOW TO READ THE COUNTRY PROFILE

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (5 DPs out of 23 participated), civil society organisations (13 CSOs participated) and private sector representatives (19 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoH.

The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). When relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented please visit [www.internationalhealthpartnership.net/comoros](http://www.internationalhealthpartnership.net/comoros).

NATIONAL HEALTH EXPENDITURE

Total health expenditure per capita

\$56.76

Sources of national health expenditure

DOMESTIC 69%

31% EXTERNAL

PUBLIC 33%

67% PRIVATE

Source: WHO, National Health Accounts 2014

COMMITMENT

TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY

PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

Alignment of support against the Health Sector Strategy

Target 100%

100%

100% of participating DPs confirm they align their support with the national (or sub-national /sector) Health Sector Strategy.

Was the national health sector plan jointly assessed?

DPs 80%

CSOs

PS

Stakeholders that supported the joint assessment

MUTUAL ACCOUNTABILITY IS STRENGTHENED

A national M&E plan for the National Health Strategy exists?

Target 100%

40%

40% of participating DPs only use national health sector indicators to monitor their support.

Target 100%

100%

100% of participating DPs confirm they participated in the mutual accountability processes

COMMITMENT

TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR

HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE

Government funds disbursed according to agreed schedules

DP funds disbursed to the government according to agreed schedules

Disbursement of funds

2005/07 2010/11 2012/13 2014/15

77%

90% TARGET

100%

Predictability of funds for the future

Rolling 3 year budget or Mid-Term Expenditure Framework in place:

2005/07 2010/11 2012/13 2014/2015

Target 79%

60%

60% of participating DPs have communicated their planned resources for the next 3 years to the MoH.

The Global Fund, UNICEF and UNFPA provide grants to the MOH for (at least) 3 years, WHO for 2 years. The AFD presents an annual programme budget, but financing of the whole programme is communicated to the MOH once signed (3 to 5 years).

HEALTH AID IS ON BUDGET

% of DP funds reported on budget

2014/15 2012/13 2010/11

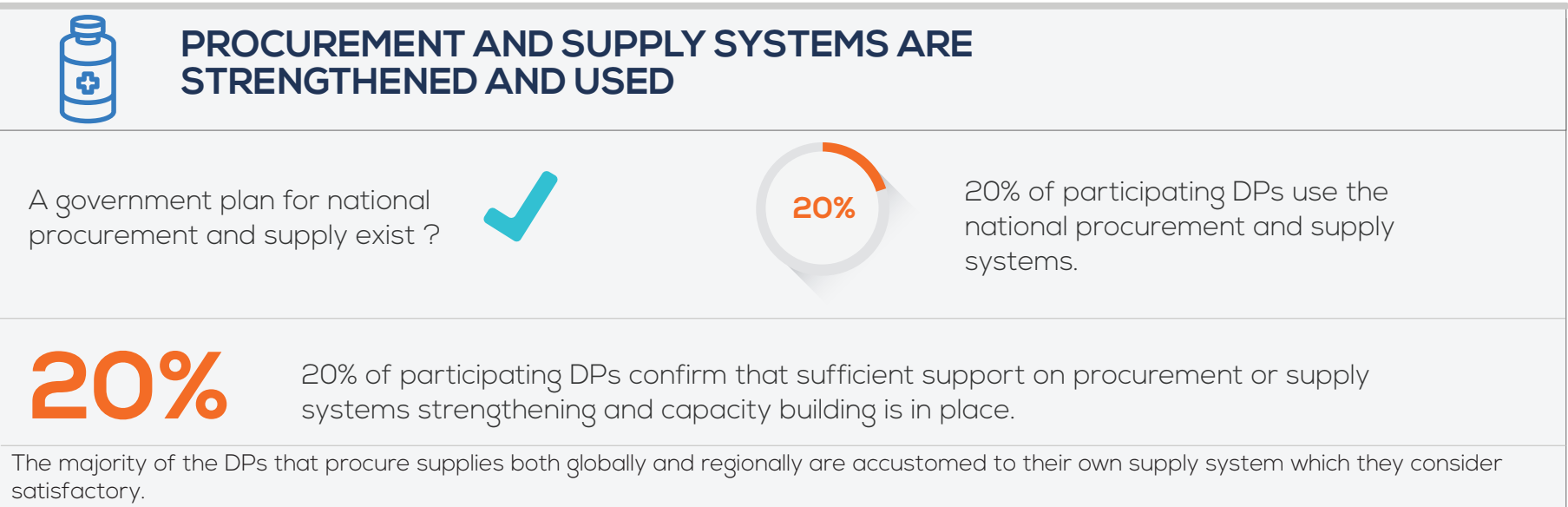
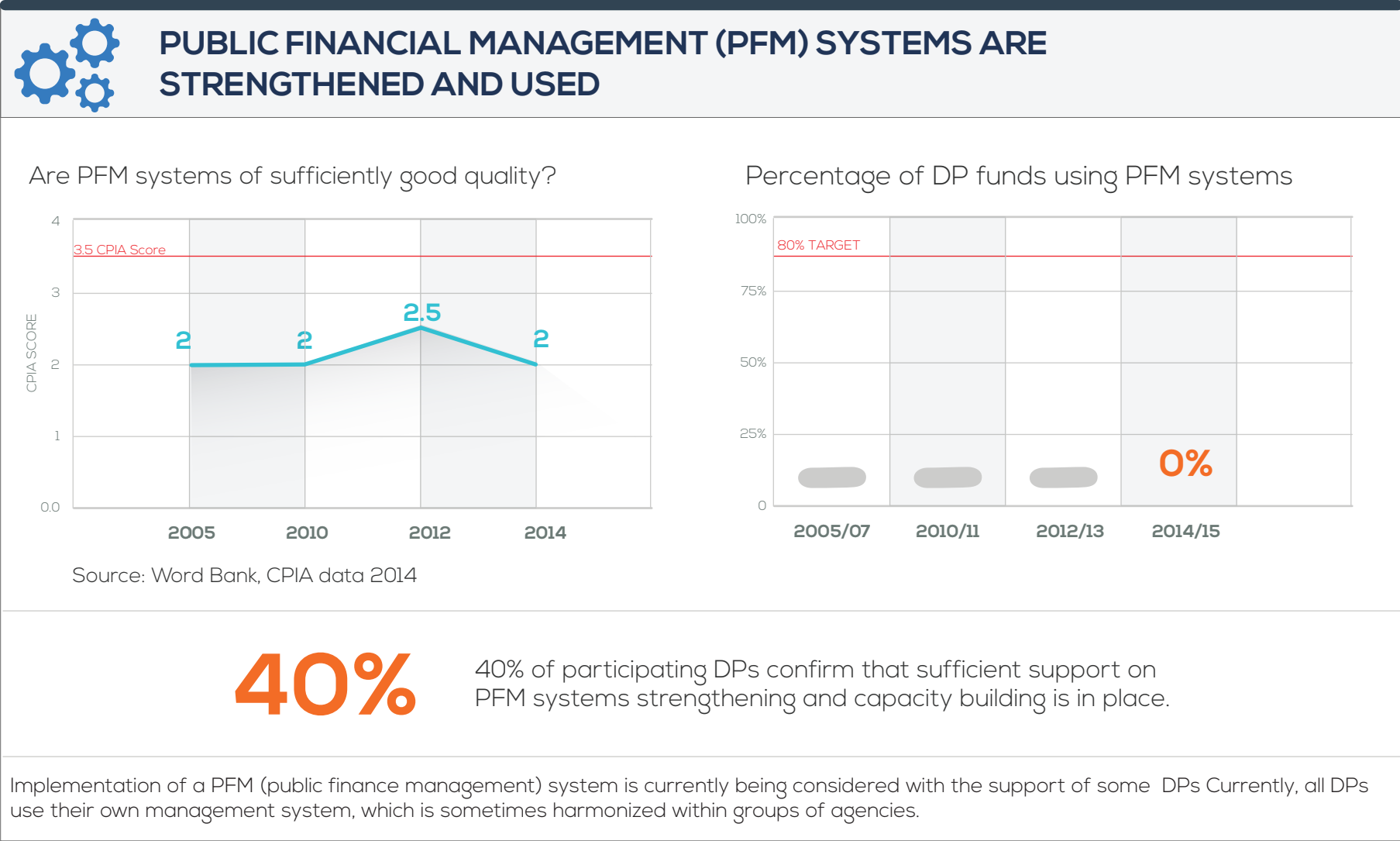
Target 85%

100%

Data for 3 DPs only (AFD, Global Fund and WHO). Note that registration is often made a posteriori to the approval of the annual budget by the National Assembly.

# COMMITMENT

TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS



# COMMITMENT

TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR

