**COTE D’IVOIRE**

**2016 IHP+ MONITORING ROUND**

**National performance review**

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (8 DPs out of 11 participated), civil society organisations (33 CSOs participated) and private sector representatives (3 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 health are captured in 4 commitments. The first three commitments present the performance of the government.

**HOW TO READ THE COUNTRY PROFILE**

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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/cotedivoire.

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**COMMITMENT**

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

**PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY**

<table>
<thead>
<tr>
<th>Alignment of support against the Health Sector Strategy</th>
<th>Target 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of participating DPs confirm they align their support with the national (or sub-national /sector) Health Sector Strategy.</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Stakeholders that supported the joint assessment**

- **PD**: 57%
- **OSC**: 57%
- **SP**: 57%

The partners’ interventions are aligned on the national priorities for inking the National Health Development Plan. The plan was participatory and inclusive with all actors in the health system: public, civil society, private sector, development partners. The NHDP 2012-2015 was not genuinely evaluated, only a review was carried out and the results made it possible to develop the NHDP 2012-2015. The JANS tool is not often used by the stakeholders and this is linked to a lack of knowledge of the tool by the different entities.

**MUTUAL ACCOUNTABILITY IS STRENGTHENED**

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

**Target 100%**

- 100% of participating DPs only use national health sector indicators to monitor their support.

- 57% of participating DPs confirm they participated in the mutual accountability processes.

The various DPs use the country’s monitoring and evaluation system. Sectoral or sub-sectoral plans have participatory and inclusive monitoring and evaluation plans that are validated by different entities. This plan integrates the various indicators for monitoring inter-sectoral interventions. In addition, some DPs have indicators specific to their programme. However, despite these mechanisms, the process is not fully functional.

**HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE**

Government funds disbursed according to agreed schedules

<table>
<thead>
<tr>
<th>2005/07</th>
<th>2010/11</th>
<th>2012/13</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>81%</td>
<td>66%</td>
<td>63%</td>
</tr>
</tbody>
</table>

Predictability of funds for the future

- Rolling 3 year budget or Mid-Term Expenditure Framework in place:
  - 2007/05
  - 2010/11
  - 2012/13
  - 2014/2015

- 50% of participating DPs have communicated their planned resources for the next 3 years to the MoH.

**HEALTH AID IS ON BUDGET**

<table>
<thead>
<tr>
<th>2012/13</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>48%</td>
<td>26%</td>
</tr>
</tbody>
</table>

The MoH budget is developed according to the actual needs of the sector. Disbursements are annual and are in the form of delegated credit and are based on the resources actually available during that period. Only 29% of the responding DPs reported their aid over the next 3 years to the country. For the most part, the estimate is annual and this does not allow the government greater visibility to plan its resources and expenditures.

**LEGEND**

- **Source**: WHO, National Health Accounts 2014

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Government consults CSOs in the design, implementation or monitoring of national health policies

36% of CSOs confirm they are consulted

Government provides financial resources

25% of CSOs receive financial resources

78% of DPs consult CSOs when developing their cooperation programme

36% of CSOs confirm they are consulted

67% of DPs provide financial resources

55% of CSOs receive financial resources

44% of DPs provide technical assistance

55% of CSOs receive technical assistance

Source: Word Bank, CPIA data 2014

http://www.ihplusrresults.net/cotedivoire

71% of participating DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

In general, DPs use their own management system for budget execution, audit and reporting procedures, except for those funds that are channelled through the state budget. This situation results from the multiplicity of procedures specific to each participant, as well as the financial cycle. In order to comply with international requirements, the country is committed to implementing directives of the West African Monetary Union on management of public finances. The strengthening of the mechanism for accountability and issuance of accounts could encourage DPs to use the national PFM system.

71% of participating DPs confirm that sufficient support on procurement or supply systems strengthening and capacity building is in place.

The country has a national supply system, but less than half of the DPs surveyed use it. However, DPs generally have their central medical stores and the national system is only used for a few products. This poses the problem of country visibility of supplies with consequence of under or over supply. The supply system is supported by DPs since a few years, through institutional strengthening, human resources and infrastructure in order to make it more efficient.

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25% of participating DPs provide TA in line with the national plan.

Unfortunately, the country does not have technical assistance plans for the health sector. Technical assistance requirements are expressed in terms of difficulties encountered in the implementation of interventions and are provided by the DPs on requests from local actors. Technical assistance is often not coordinated between the partners or between DPs and the State. There is no policy to promote South-South cooperation. A mechanism and framework for valuing this practice should be put in place.