Country Profile: Comoros

Demographic Context

The population progressively increased from 761,000 to 837,000 between 2017 and 2022. Infants aged below 12 months and those below the age of 5 years accounted for less than 6% and 15% of the entire population respectively as in **figure 2.**

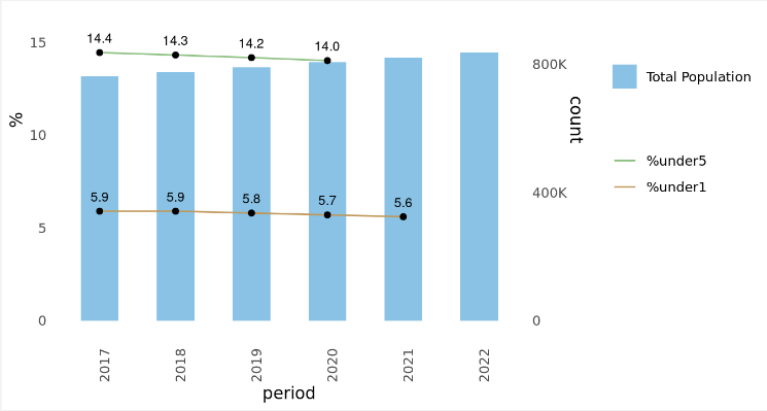

Figure 1: Population Profile in Comoros

Source: UN, Analysis by Consultant

During the same period, the Human Development Index was constant at 56%, an average performance on individual longevity, education and income capabilities **(Figure 3**). The Human Capital Index was 40% which was below average in terms of the expected productivity of future generations owing to deprivations related to health and education. The life expectancy at birth remained constant at between 63 and 64 years.

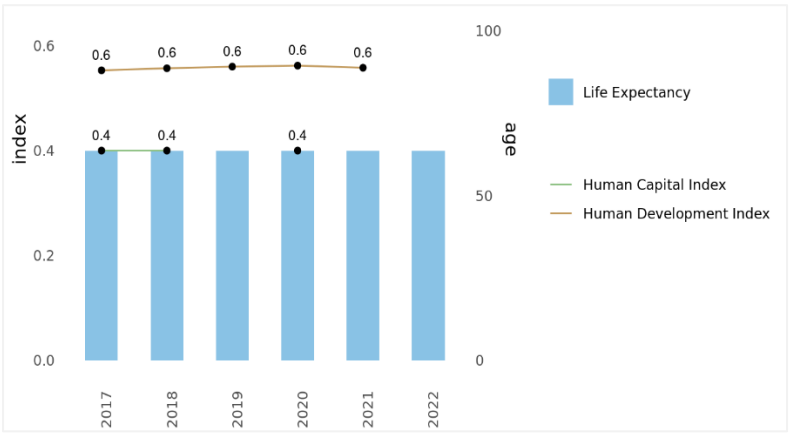

Figure 2: Development and Productivity Potential in Comoros

Source: World Bank Group, UNDP, Analysis by Consultant

Highlight

Advocacy for increased multisectoral investments in addressing the Social Determinants of Health and drivers of inequalities e.g., water and sanitation, infrastructure, education, employment etc.

Economic Context

The Gross National Income per capita ranged from USD 1421 to USD 1585 during the period of analysis. This matched the preparatory transition phase for GAVI eligibility[1] **(Figure 4).** Data on tax revenues was incomplete hence not fully included in the analysis except for 2021 (17% of GDP). The Debt to GDP ratio increased from 18% to 29%, which falls within the EAC regional threshold of 50% for debt sustainability and adequacy of financing public services without crowding out by debt repayment.

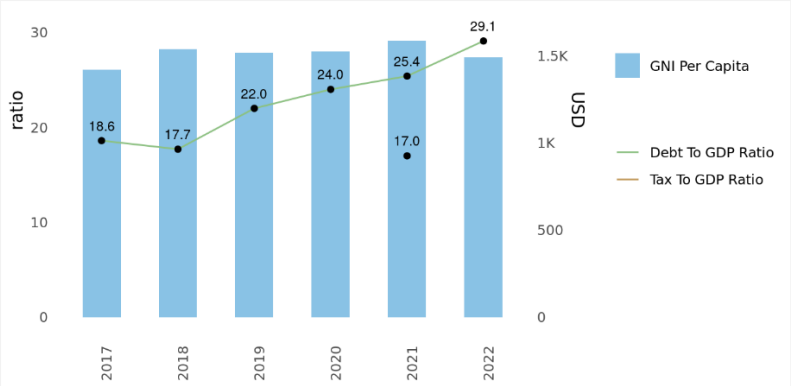

Figure 3: Economic Context of Comoros

Source: WHO, IMF, Analysis by Consultant

Highlight

The relatively low debt level increases the fiscal space for health hence the need for advocacy to increase budgetary allocations to health and immunization while maintaining prudence in public debt management.

Strengthen tracking and transparency in Public Finance Management.

Health Context

The top 3 causes of deaths amongst the general population were neonatal conditions, lower respiratory tract infections and diarrheal diseases. The leading causes of morbidity and mortality among the under 5 year olds were neonatal mortality, malaria, pneumonia and diarrheal diseases.

There was a steady decline in the Infant and Under Five Mortality Rates over the period of analysis. The Infant Mortality Rate (IMR) declined from 44 to 39 deaths per 1000 live births, while the Under Five Mortality Rate declined from 57 to 50 deaths per 1000 live births as shown in figure 5.

The UHC service coverage index in 2021 was 48% implying that only 48% of the population had access to essential health services including reproductive, maternal, newborn and child health, infectious diseases, and non-communicable disease services.

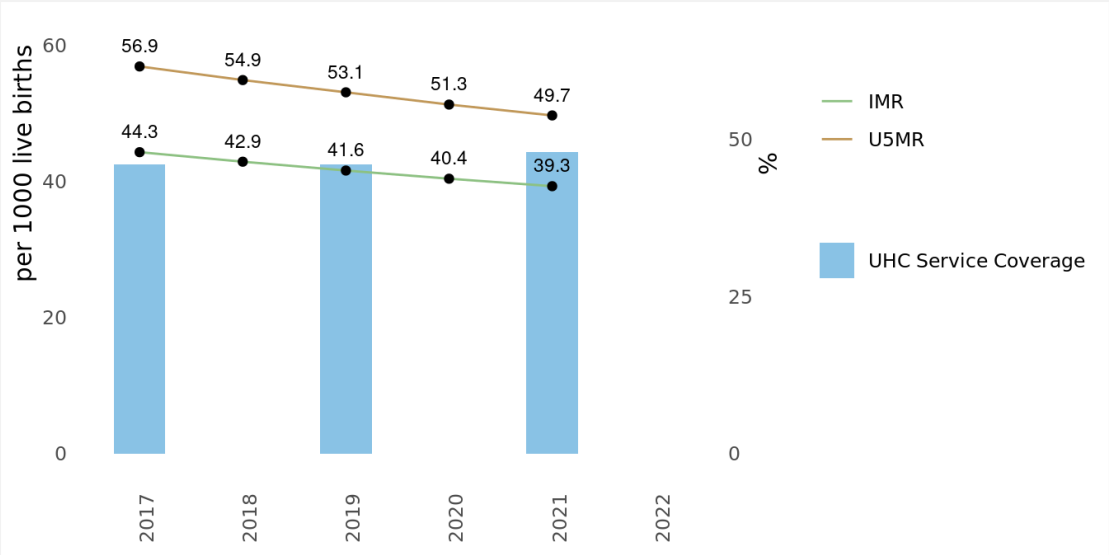

Figure 4: Health System Performance in Comoros

Source: World Bank, WHO, Analysis by Consultant

Health Financing

Government spending on health between 2017 and 2020 remained at 1% of the GDP which was markedly below the minimum of 5% recommended for progression towards UHC[2]. Although the per capita spending on health increased from USD75 in 2017 to USD 81 in 2020, it was slightly below the recommended per capita target of USD86[2]. Further, the government expenditure on health relative to other sectors remained stagnant at 4% across the years, which was substantially below the 15% Abuja target **(Figure 6).**

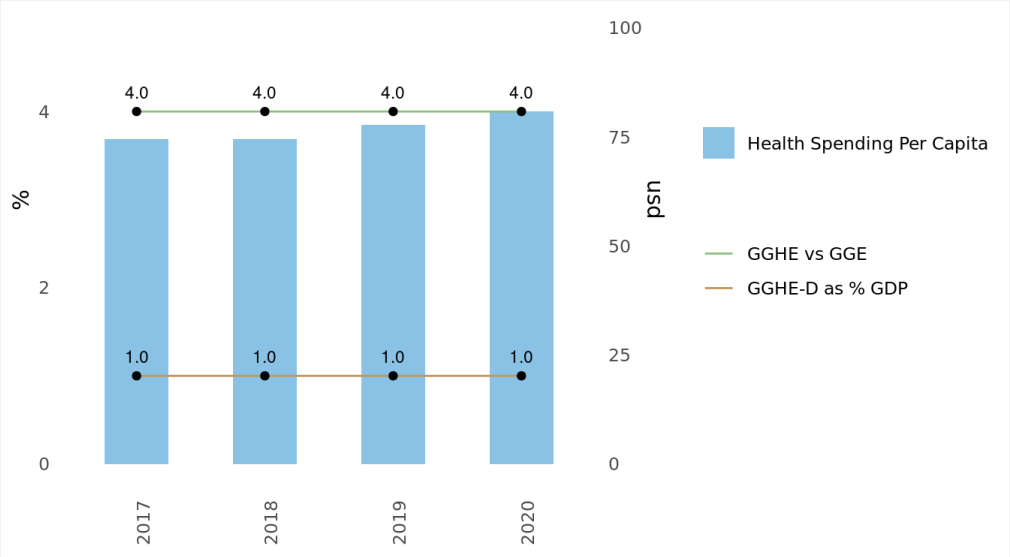

Figure 5: Health Financing trends in Comoros

Source: WHO Global Health Expenditure Database, Analysis by Consultant

Out of Pocket Payments (OOP) were the largest source of financing for health in Comoros between 2017 and 2020 accounting for between 62% and 68% of all health financing **(Figure 7).** This was followed by donor funding (13%-20%), then Government (12%-15%). Other sources accounted for less than 10% of health financing during the period.

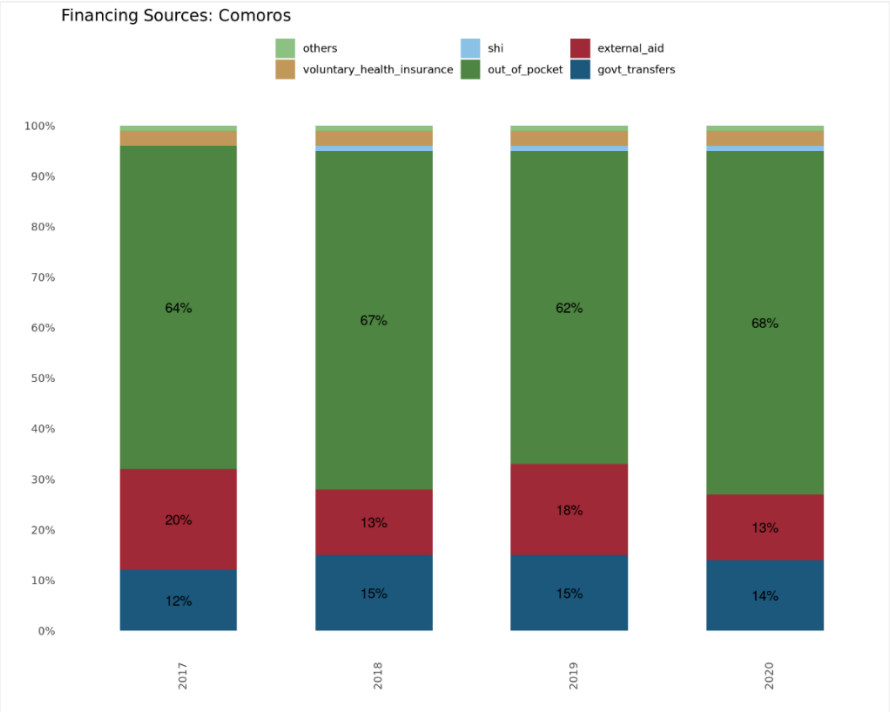

Figure 6: Health Financing Sources in Comoros

Source: WHO Global Health Expenditure Database, Analysis by Consultant

Highlight

The high dependence on donor financing and out of pocket payments for health threatens sustainability of financing and increases the risk for financial hardship as households seek for health services, including immunization. Increased government funding for health is thus urgent and necessary to ensure sustainability and access to health services.

Immunization Coverage

Overall, the national immunisation coverage rates have been high between 2017-2022 as shown in **figure 8**. However, Measles 2 coverage remains low (49%) in 2022. No data was available for measles 2 between 2017-2021.

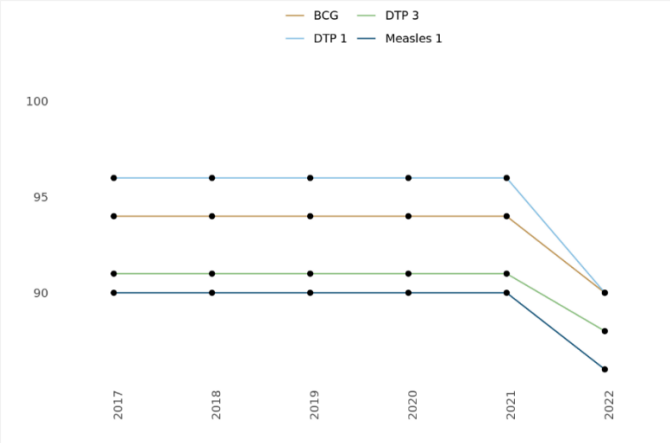

Figure 7: Immunization Coverage in Comoros

Source: WHO/UNICEF, Analysis by Consultant

Overall, lower income groups had higher under five mortality rates and lower immunization coverage which indicated income related inequities **(Figure 9).** There was limited equity analysis of immunization coverage beyond 2017, and zero dose children.

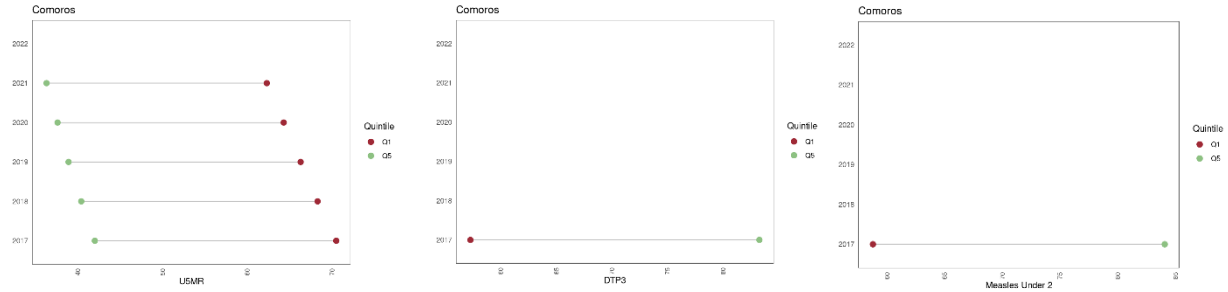

Figure 8: Equity in immunization coverage in Comoros

Source: WHO, Analysis by Consultant

Immunization Financing

Expenditures on Routine Immunization accounted for between 1% and 2% of the Current Health Expenditure (CHE); and between 6% and 17% of the Domestic General Government Health Expenditures between 2017 and 2020 (**Figure 10).**

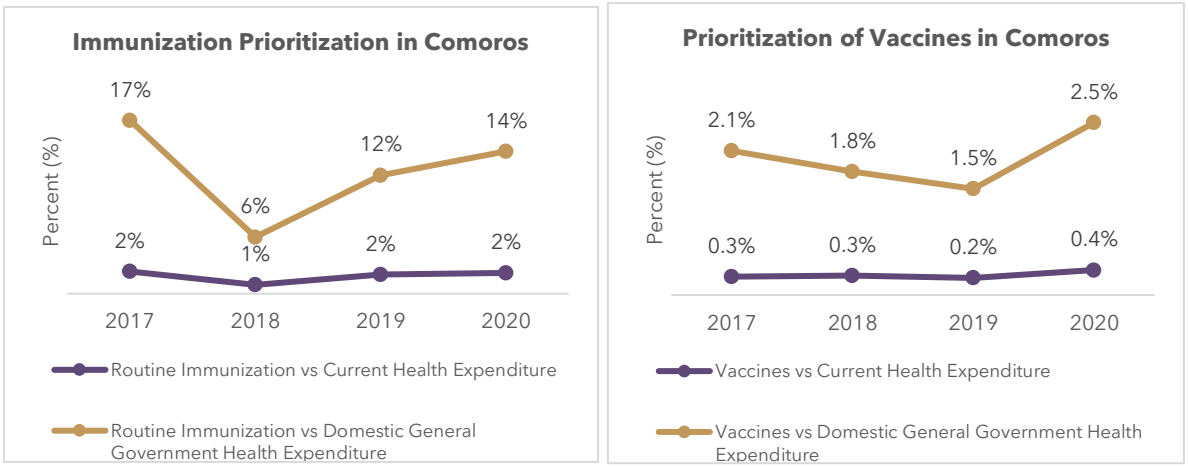

Figure 9: Prioritization of Immunization and Vaccines in Comoros

Source: WHO/UNICEF/ Joint Reporting Form

Procurement of vaccines accounted for less than 0.4% of the CHE, and less than 3% of the Domestic General Government Expenditures in Comoros.

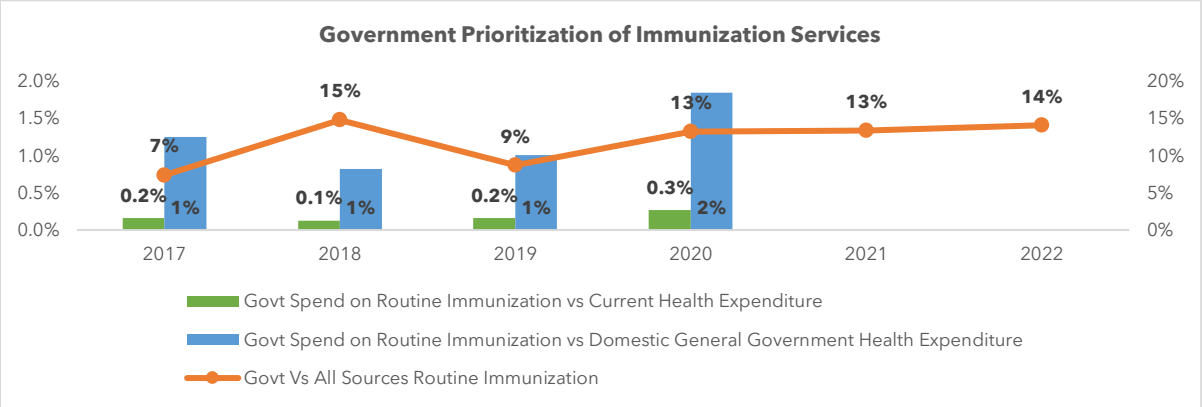

Figure 10: Government Financing of Immunization

Source: WHO/UNICEF/ Joint Reporting Form

Government funding as a source of immunization financing accounted for between 7% and 15% between 2017 and 2022 as shown in **Figure 11.** This accounted for below 0.3% of Current Health Expenditures and below 2% of the Domestic General Government Health Expenditure.

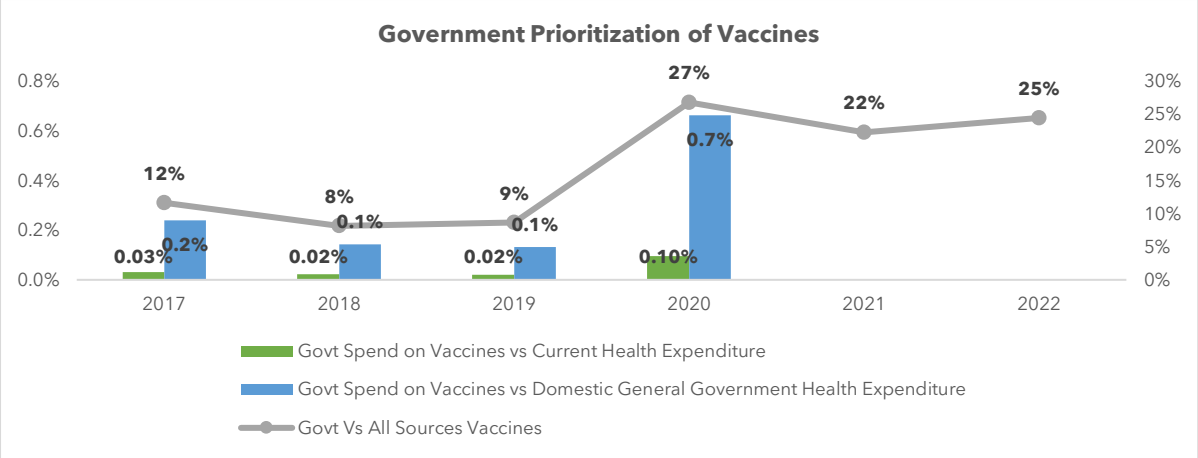

Figure 11: Government Prioritization of Vaccines

Source: WHO/UNICEF/ Joint Reporting Form

Government financing as a source of vaccine financing accounted for between 8% and 27% between 2017 and 2022. This accounted for less than 0.1% of Current Health Expenditures and less than 1% of the Domestic General Government Health Expenditure as shown in **Figure 12.**

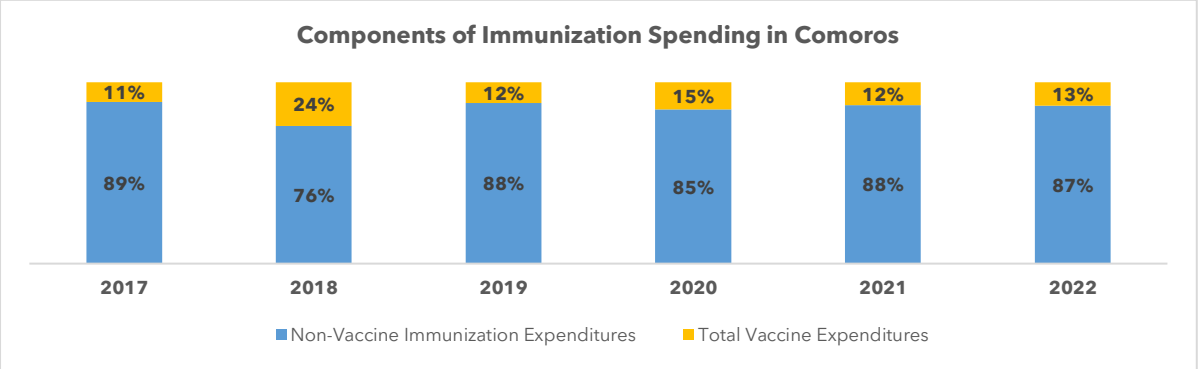

Figure 12: Components of Immunization Expenditures in Comoros

Source: WHO/UNICEF/ Joint Reporting Form

Procurement of Vaccines accounted for between 11% and 24% of the immunization expenditures between 2017 and 2022 in Comoros as shown in **Figure 13**.

Highlight

There is still significant dependence on non-state actors to finance about 85% of the immunization budget and 75% of vaccine costs. Increasing government allocations to immunization is essential for sustainability of immunization services in view of the ongoing donor transitions.

Improving efficiencies in vaccine delivery bears significant potential in maximizing value for immunization investments as the country prepares for transition.

Challenges to Immunization and Immunization Financing in Comoros

1. **Geographic Barriers**: The island geography of Comoros presents difficulties in distributing vaccines to remote and isolated communities, impacting accessibility.
2. **Limited Healthcare Infrastructure**: Scarce healthcare facilities and trained personnel hinder the effective delivery of vaccines and immunization services.

3. **Cold Chain Management**: Maintaining the cold chain for vaccines, particularly in areas with unreliable electricity, necessitates substantial infrastructure and equipment investments.

4. **Vaccine Procurement Costs**: The high cost of vaccines and supplies strains the healthcare budget, especially when introducing new vaccines.

5. **Health Workforce Shortages**: Shortages of trained healthcare workers, including vaccinators, impede vaccine delivery.

6. **Vaccine Hesitancy**: Misconceptions, mistrust, and lack of awareness about vaccines contribute to hesitancy in some communities.

7. **Health Information Systems**: Accurate data collection and monitoring systems are vital for immunization programs but require financial investments and capacity-building efforts.

8. **Limited Financial Resources**: Comoros, a low-income country, faces challenges allocating adequate funds to immunization programs amidst competing healthcare needs.

9. **Reliance on External Funding**: The country heavily depends on external donors and international organizations for immunization support, making it vulnerable to funding fluctuations and donor priorities.

10. **Data and Monitoring**: Accurate data collection and surveillance systems are vital for immunization programs but these require financial investments and capacity-building efforts.

11. **Global Health Priorities**: Shifting global health priorities and donor funding transitions can significantly impact the availability and stability of external funding for immunization programs.

Recommendations

1. **Geographic Access:** Invest in reliable transportation for vaccine distribution to remote islands; and deploy mobile immunization units to reach isolated communities.
2. **Limited Healthcare Infrastructure:** Expand healthcare facilities and train more healthcare workers, especially in underserved regions.
3. **Cold Chain Management:** Implement solar-powered refrigeration and backup generators in areas with unreliable electricity.
4. **Vaccine Procurement Costs:** Explore strategic collaborations for better vaccine pricing, domestic manufacturing, and allocate a dedicated budget line for vaccines.
5. **Health Workforce Shortages:** Create incentives to attract and retain healthcare professionals in underserved areas; and strengthen vaccine training programs.
6. **Vaccine Hesitancy:** Launch awareness campaigns and engage community leaders to promote immunization.
7. **Health Information Systems:** Invest in data infrastructure and real-time monitoring.
8. **Limited Financial Resources:** Prioritize immunization in the national healthcare budget; and explore innovative financing mechanisms such as Public Private Partnerships.
9. **Reliance on External Funding:** Develop contingency plans to mitigate funding fluctuations given the donor transitions.
10. **Data and Monitoring:** Invest in data quality improvements and integrate immunization data into the health information system.
11. **Global Health Priorities:** Advocate for gradual increase in national contributions towards immunization financing.

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1. GAVI. *Gavi Alliance Eligibility and Transition Policy Version 4*.; 2022. Accessed November 13, 2023. https://www.gavi.org/types-support/sustainability/eligibility

2. McIntyre D, Meheus F, Rottingen JA. What level of domestic government health expenditure should we aspire to for universal health coverage? *Health Econ Policy Law*. 2017;12(2):125-137. doi:10.1017/S1744133116000414