Cote d'Ivoire



Country Focus Areas

- Operationalize the government's commitment, made at the first National Dialogue on Health Financing held April 15-18, 2019, to increase the health budget share by 15 percent a year.
- Increase public health spending on primary health care, including community health services, through decentralization, nationwide scale-up of strategic purchasing, and linking of the universal health insurance scheme.
- Involve private sector service providers in strategic purchasing reforms through regulation, accreditation, and contracting mechanisms.

RMNCAH-N

614 per 100,000 live births

33 per 1,000 live births

96 per 1,000 live births

Adolescent birth rate:

Percent of births <24 months after

Stunting among children under

Moderate to severe wasting among

Health Financing Core Indicators

Health expenditure per capita financed from domestic sources: US\$17.41

Ratio of government health expenditure to total government expenditures: 4.88%

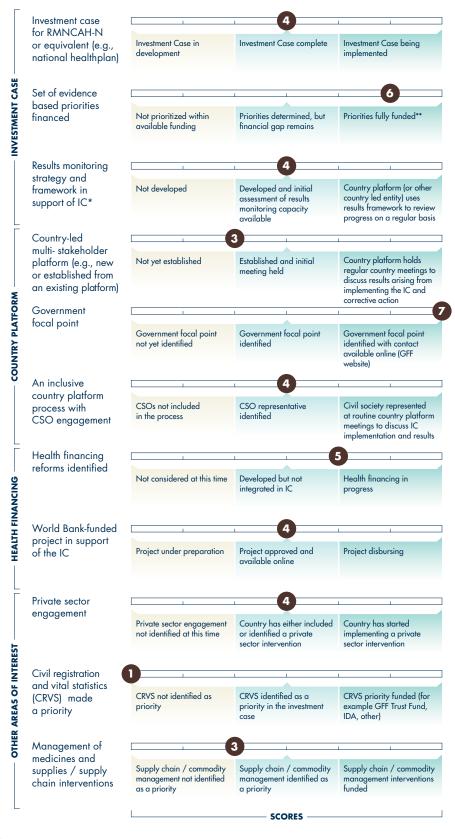
Percent of current health expenditures on primary/outpatient health care: **77.78**%

Incidence of catastrophic and impoverishing health expenditures: 8.82% catastrophic 1.73% impoverishing

Resource Mapping

Cote d'Ivoire has completed the first phase of resource mapping by estimating the total resources available for Investment Case implementation. Since the Investment Case has not yet been costed, there is no financing gap identified. We expect to have final results, including the financing gap, available by March 2020. Preliminary results for FY 2016-2018 (including commitments) indicate that their domestic government resources account for over 60% of financing for the Investment Case with external partners accounting for the rest. There are currently over 15 external partners in Cote d'Ivoire who are aligned with and committed to investing in the Investment Case.

Monitoring the Country-Led Process



- * Both included in the IC document or a separate document
- ** Meaning that funding was allocated, disbursed and released payment done
- *** ANC4 = four antenatal care visits

ART = antiretroviral therapy: ARV = antiretroviral: DTP3 = vaccination for Diphtheria. Tetanus, and Pertussis: ORS = oral rehydration solution: PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.

Core Indicators

Maternal mortality ratio:

Neonatal mortality ratio:

Under-five mortality ratio:

124 per 1,000 women

the preceding birth: 14.9%

5 years of age: **21.6**%

children under 5 years of age: 6%