

Demographic context

The population of Comoros progressively increased from 761,000 to 837,000 between 2017 and 2022. Infants less than 12 months and children under five years old account for less than 6% and 15% of the entire population respectively, in the same period.

Health context

The top three causes of deaths amongst the general population are neonatal conditions, lower respiratory tract infections and diarrheal diseases. The leading causes of morbidity and mortality among the under 5-year-olds are neonatal mortality, malaria, pneumonia and diarrheal diseases. The Universal Health Coverage (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.

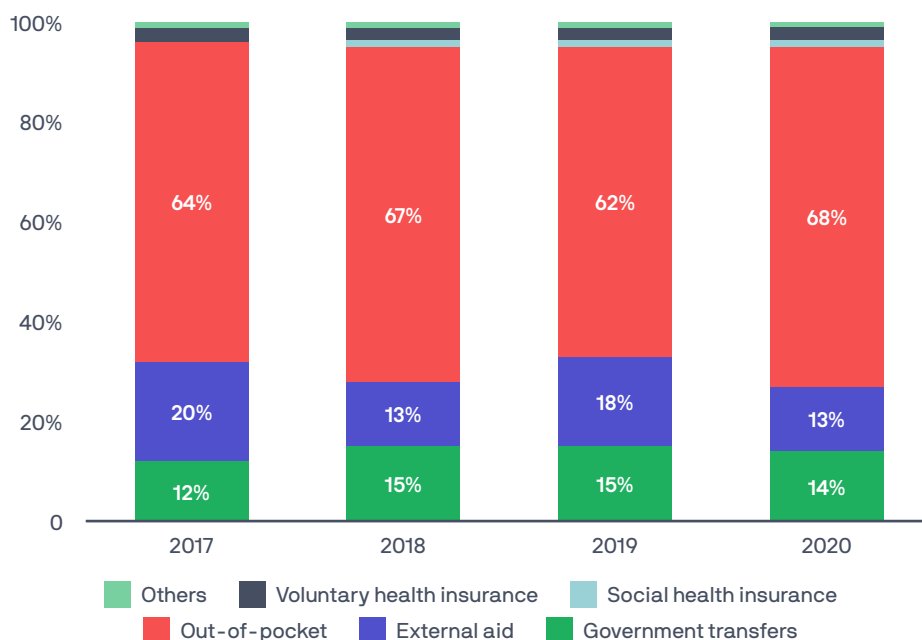
Health financing

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. 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. Out-of-Pocket (OOP) payments 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 1). 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.

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.

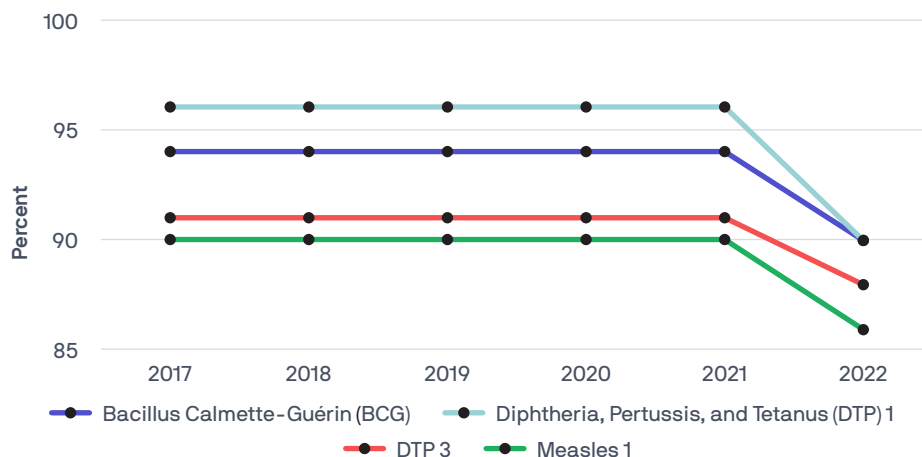
FIGURE 1. Health financing sources in Comoros



Immunization coverage

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

FIGURE 2. Immunization coverage in Comoros

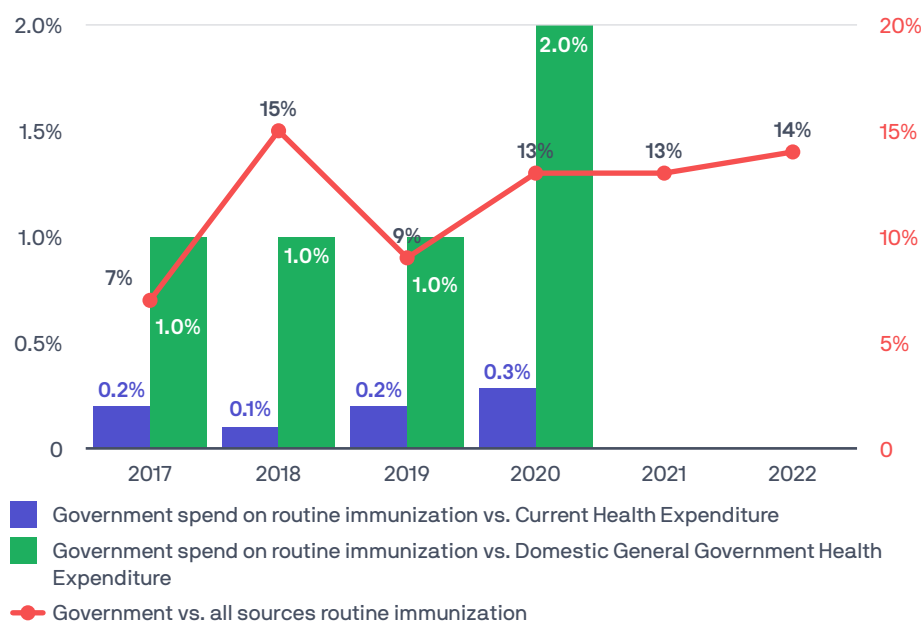


Source: WHO/UNICEF, Analysis by Consultant

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. 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 3. Government financing of Immunization

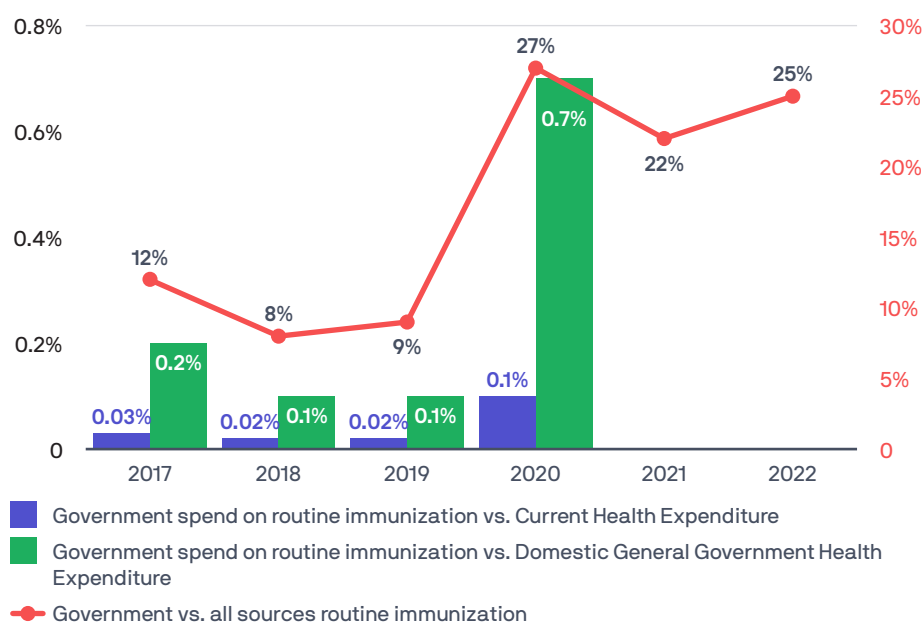


Source: WHO/UNICEF / Joint Reporting Form

Government funding as a source of immunization financing accounted for between 7% and 15% between 2017 and 2022 as shown in Figure 3. This accounted for below 0.3% of Current Health Expenditures and below 2% of the Domestic General Government Health Expenditure.

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 4.

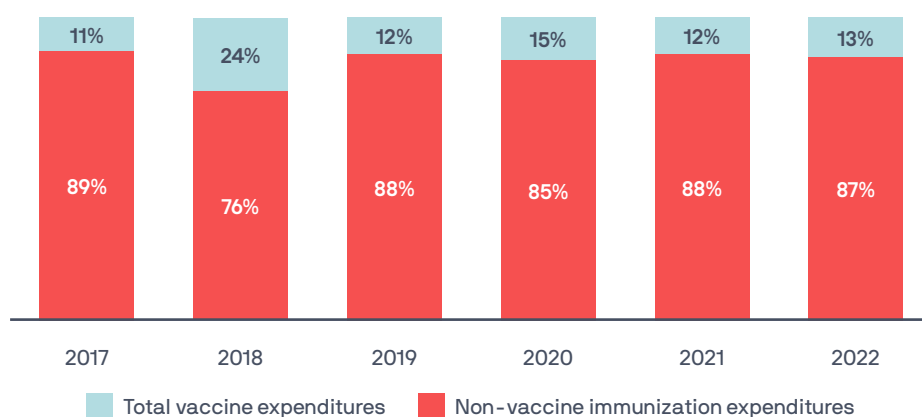
FIGURE 4. Government prioritization of vaccines



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 5.

FIGURE 5. Components of immunization expenditures in Comoros



Source: WHO/UNICEF/ Joint Reporting Form

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.

Top challenges to immunization financing in Comoros and recommended actions

Challenge	Recommended action to decision makers
1. Limited healthcare infrastructure: Scarce healthcare facilities and trained personnel hinder the effective delivery of vaccines and immunization services.	Expand healthcare facilities and train more healthcare workers, especially in underserved regions.
2. Vaccine procurement costs: The high cost of vaccines and supplies strains the healthcare budget, especially when introducing new vaccines.	Explore strategic collaborations for better vaccine pricing, domestic manufacturing, and allocate a dedicated budget line for vaccines.
3. Health workforce shortages: Shortages of trained healthcare workers, including vaccinators, impede vaccine delivery.	Create incentives to attract and retain healthcare professionals in underserved areas; and strengthen vaccine training programs.
4. Limited financial resources: Comoros, a low-income country, faces challenges allocating adequate funds to immunization programs amidst competing healthcare needs.	Prioritize immunization in the national healthcare budget; and explore innovative financing mechanisms such as Public Private Partnerships.
5. 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.	Develop contingency plans to mitigate funding fluctuations given the donor transitions.

References

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

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

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