

Central African Republic



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2015)	4900.3
% Population under 15 (2015)	39.1
% Population over 60 (2015)	5.9
Life expectancy at birth (2015)	52.5 (Both sexes) 50.9 (Male) 54.1 (Female)
Neonatal mortality rate per 1000 live births (2015)	42.6 [24.9-68.3]
Under-five mortality rate per 1000 live births (2015)	130.1 [86.8-197.4]
Maternal mortality ratio per 100 000 live births (2015)	882 [508 - 1 500]
% DTP3 Immunization coverage among 1-year-olds (2014)	47
% Births attended by skilled health workers (2010)	40.0
Infants exclusively breastfed for the first 6 months of life (%) (2010)	34
Density of physicians per 1000 population (2009)	0.048
Density of nurses and midwives per 1000 population (2009)	0.257
Total expenditure on health as % of GDP (2014)	4.2
General government expenditure on health as % of total government expenditure (2014)	14.2
Private expenditure on health as % of total expenditure on health (2014)	51.0
Adult (15+) literacy rate total (2007-2012)	57
Population using improved drinking-water sources (%) (2015)	68.5 (Total) 89.6 (Urban) 54.4 (Rural)
Population using improved sanitation facilities (%) (2015)	43.6 (Urban) 21.8 (Total) 7.2 (Rural)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2008)	62.8
Gender Inequality Index rank out of 155 countries (2014)	147
Human Development Index rank out of 188 countries (2014)	187

Sources of data:

Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

The health situation in the Central African Republic has deteriorated as a result of the multiple crises affecting the country. The HIV/AIDS epidemic in the Central African Republic, together with seriously worsening living conditions and the parlous state of the health system (owing to pillaging and staff dislocation) are some of factors that explain the worsening rates of neonatal, infant and maternal mortality.

To achieve the Sustainable Development Goals, the Central African Republic must address the following challenges:

- 1) poor governance;
- 2) high maternal mortality (882 per 100 000 live births in 2015) and morality in children under 5 (130.1 per 1000);
- 3) the high prevalence of communicable diseases, specifically malaria and diarrhoeal diseases, and of noncommunicable diseases such as high blood pressure and diabetes;
- 4) the failing health system, specifically in terms of governance, supply of medicines (major gaps), facilities and human resources; and
- 5) health-sector financing, which remains strongly dependent on external aid and is poorly coordinated, thereby limiting its efficiency and effectiveness.

HEALTH POLICIES AND SYSTEMS

In accordance with its mandate to provide technical and financial support, WHO, together with its sectoral partners, is helping to develop the Health Sector Transition Plan for the period 2015-2017, the sole strategic reference document that guides the Government and its technical and financial partners. Support is being provided to the Central African Republic in the following areas:

- (i) strengthening institutional governance and making technical assistance available through the Ministry of Health, operationalizing health districts, strengthening capacity to manage the district and regional health teams, and organizing the monitoring and evaluation of service delivery in health facilities at health-district level;
- (ii) national health information system capacity-building through system evaluation and development of a restoration plan, including Integrated Disease Surveillance and Response;
- (iii) establishment of a human resources observatory and provision of technical and financial assistance to develop a human resources plan, including reform of the Health Sciences Faculty and its annexes in the short and longer term; and
- (iv) rehabilitation of infrastructure and facilities, including a review of guidelines and standards and support for reconstruction (with partners involved in rehabilitation and development).

COOPERATION FOR HEALTH

Health financing, including the supply of medicines, is a priority in the Central African Republic in the wake of the problems that have affected the country. Thus, WHO and the European Union have made international experts available to give careful thought to the issue of supplying medicines in the context of a central pharmaceuticals facility in deficit. The system of free medical care and service delivery has been evaluated and the findings have informed decision-making regarding the operation of health facilities on a semi-autonomous management basis. Identifying a mechanism to ensure access to essential services for the most vulnerable groups of the population, specifically children and mothers, remains a major challenge.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2016–2017)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Reduction of the communicable diseases burden (by the end of 2017)	<ul style="list-style-type: none"> HIV/hepatitis: Support for the development and implementation of national policies, strategies and programmes for prevention, testing, and universal access to HIV care. A national strategic plan for hepatitis Tuberculosis: Support to intensify the Stop TB campaign and to develop treatment and prevention, with emphasis on vulnerable populations and strengthening surveillance and better compliance with health plans Malaria: Support for the development and implementation of national policies, strategies and approaches to prevent, control and eliminate malaria, including generating and using strategic information for a malaria control programme; targeting based on malaria control interventions Neglected tropical diseases: Support for mass chemotherapy and the development and implementation of integrated policies, strategies and plans of action to control, eliminate and eradicate neglected tropical diseases Vaccine-preventable diseases: Support for the Reaching Every District (RED) strategy with a view to better coverage of immunization services
STRATEGIC PRIORITY 2: Reduction of the noncommunicable diseases burden (heart diseases, cancer, diabetes, lung diseases, mental disorders, disabilities and injuries)	<ul style="list-style-type: none"> Noncommunicable diseases: Support for the development and implementation of sectoral policies, strategies and programmes including research, specific expertise and surveys; monitoring and evaluation of health trends to prevent and control noncommunicable diseases and their risk factors, with the development of a strategic plan by 2017 Mental health: Support for the development and implementation of a strategic plan, including diagnostic systems and data ensuring access to recrudescing mental health and substance addiction problems resulting from the conflict and the atrocities that were committed Nutrition: Support for the development and implementation of a national plan of action for nutrition with special emphasis on surveillance and medical treatment of complications
STRATEGIC PRIORITY 3: Mother and child health: improving health in all age brackets, plus reproductive health	<ul style="list-style-type: none"> Reproductive health and maternal, newborn, child and adolescent health: Support for strategic plans that focus on providing enlarged access to high-quality services to stop avoidable deaths of mothers, newborns and children Social determinants of health: Facilitate the development and implementation of policies and programmes to improve health equity by strengthening coordinated collaboration and partnerships for action linked to the social determinants of health Health and the environment: Support for evaluation of health risks and development and implementation of policies, strategies or regulation to avoid, mitigate and manage the consequences of environmental and occupational risks to health by the end of 2017
STRATEGIC PRIORITY 4: Health system strengthening and health policies	<ul style="list-style-type: none"> National health policies, strategies and plans: Support for decentralization of financial and sociocultural health services and associated services, thereby improving geographical access, with emphasis on organizing health services, restoring health services and infrastructure and comprehensive inspections by the end of 2017; special support for the implementation of the health development plan for the period 2018-2022 Integrated person-centred health services: Support for government efforts to improve staff training at the Health Sciences Faculty and the motivation, retention and distribution of health workers with a view to moving towards Universal Health Coverage at national level, with a progressive strategy starting in 2017 Access to medicines and other health technologies, and regulatory strengthening: Support for the establishment of an essential medicines and health technologies supply structure; strengthening of the national regulatory authority by 2017 (a provisional structure will make good the deficiencies in the interim) Evidence-based data on health systems: Support for the reactivation of the national health information system to gather, analyse and disseminate information to facilitate decision-making by 2017, so as to have the necessary data to develop the health development plan for the period 2018-2022
STRATEGIC PRIORITY 5: Preparedness for and response to epidemic outbreaks and acute public health emergencies	<ul style="list-style-type: none"> Alert and response capacity: Support for implementation of strategies and technical advice in the area of information management for detection, verification, evaluation and coordination of the response to public health emergencies in accordance with the International Health Regulations by 2017 Epidemic- and pandemic-prone diseases: Support for strengthening the system of surveillance and response to priority epidemic-prone diseases (Integrated Disease Surveillance and Response) by 2017 Management of crises and the risks associated with emergencies: Technical support for managing risks to health associated with emergencies and disasters, through strengthening national capacities for emergency preparedness; assistance for response plans in the health sector and improvement in hospital safety by 2017 Eradication of poliomyelitis: Technical assistance to strengthen surveillance and achieve the required immunity threshold in the population to interrupt transmission of poliomyelitis by 2017 Epidemic or crisis interventions: Assistance to implement the Emergency Action Framework in acute or unforeseen emergencies and disasters with public health consequences, by 2017

我们的产品



大数据平台

国内宏观经济数据库

国际经济合作数据库

行业分析数据库

条约法规平台

国际条约数据库

国外法规数据库

即时信息平台

新闻媒体即时分析

社交媒体即时分析

云报告平台

国内研究报告

国际研究报告

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_27025

