

# Financing for Cervical Cancer Elimination in CÔTE D'IVOIRE

## ACKNOWLEDGMENTS

ThinkWell would like to express our sincere gratitude to all individuals and organizations who contributed to the ideas presented in this report. We are especially grateful to the members of the Scale Up Cervical Cancer Elimination with Secondary prevention Strategy (SUCCESS) Consortium who provided valuable feedback and support for gathering country stakeholder insights. A special thanks to Dr. Marie-Jeanne Offosse whose insights and guidance were vital to the development of this report.

## AUTHORS

This report was prepared by ThinkWell.

## RECOMMENDED CITATION

Financing for Cervical Cancer Elimination in Côte d'Ivoire. March 2022. Washington, DC: ThinkWell.

*This report was commissioned by the Union for International Cancer Control (UICC) in the context of the Scale Up Cervical Cancer Elimination with Secondary prevention Strategy (SUCCESS) project, which is funded by Unitaid, led by Expertise France, and delivered in partnership with Jhpiego.*

**THINK  
WELL**



## ABBREVIATIONS

CNAM	Caisse Nationale d'Assurance Maladie (mandatory national health insurance scheme)
GFF	Global Financing Facility
HIV	human immunodeficiency virus
HPV	human papillomavirus
LMIC	low- and middle-income country
MOH	Ministry of Health
NHA	National Health Accounts
OECD	Organization for Economic Cooperation and Development
OOP	out-of-pocket expenses
PBF	performance-based financing
RAM	non-contributory scheme (Régime d'Assistance Médicale)
RGB	Basic General Scheme (Régime Général de Base)
RMNCAH	reproductive, maternal, newborn, child and adolescent health
SUCCESS	Scale Up Cervical Cancer Elimination with Secondary prevention Strategy
SWEDD	Sahel Women's Empowerment and Demographics Project
UHC	universal health coverage
UICC	Union for International Cancer Control
WHO	World Health Organization

## WHY DOES FINANCING MATTER FOR CERVICAL CANCER IN CÔTE D'IVOIRE?

To better understand how financing can accelerate global and country efforts to eliminate cervical cancer as a public health problem, the Union for International Cancer Control (UICC) engaged ThinkWell to conduct reviews of cervical cancer financing in four countries supported by the Scale Up Cervical Cancer Elimination with Secondary prevention Strategy (SUCCESS) project: Burkina Faso, Côte d'Ivoire, Guatemala, and the Philippines. This work builds on a seminal report titled “Global action on financing cervical cancer elimination” conducted in 2021 by the Economist Intelligence Unit also commissioned by the SUCCESS project<sup>1</sup>.

To produce the country profiles, ThinkWell conducted an in-depth review of the available literature and interviewed key stakeholders in each country to understand and bring to light the core financing challenges and opportunities for accelerating cervical cancer elimination in each country. Grounded in ThinkWell’s “fund flow map” methodology, each profile presents a snapshot view of the financing architecture for cervical cancer, explores the root causes of financing challenges, and concludes with policy recommendations for how those challenges might be resolved. By illuminating how health financing contributes to resource availability for cervical cancer services and documenting the extent to which financing influences access, the profiles can expand the solution set for policymakers, donors, civil society organizations, and implementing partners as they advocate for more sustainable and equitable financing approaches for cervical cancer elimination. These profiles reflect data and insights provided by local and national stakeholders, including government, civil society, clinical, multilateral, and nongovernmental organizations, ranging from five to twelve interviews per country.

Cervical cancer is the second leading cancer diagnosis among women in Côte d'Ivoire, with women facing 3.6% risk of developing cervical cancer over their lifetimes (Global Cancer Observatory 2021; WHO 2021). While the country has prioritized cervical cancer elimination strategies at a national level, coverage of cervical cancer services is unevenly distributed across

urban and rural settings. Treatment is only available in Abidjan, and fewer than 1% of women between 30 and 49 years of age have been screened in the past five years (Jaquet et al. 2021; WHO 2021). The country has one of the highest maternal mortality ratios in the world (61.7 deaths per 100,000 live births in 2017), an indicator of overall low access and low quality of care for women (Ministère de la Santé 2019).

In many respects, Côte d'Ivoire is a study in contrasts, with economic development trends being among the most promising in the Sub-Saharan African region but without commensurate improvement in health indicators. As a rapidly developing economy, Côte

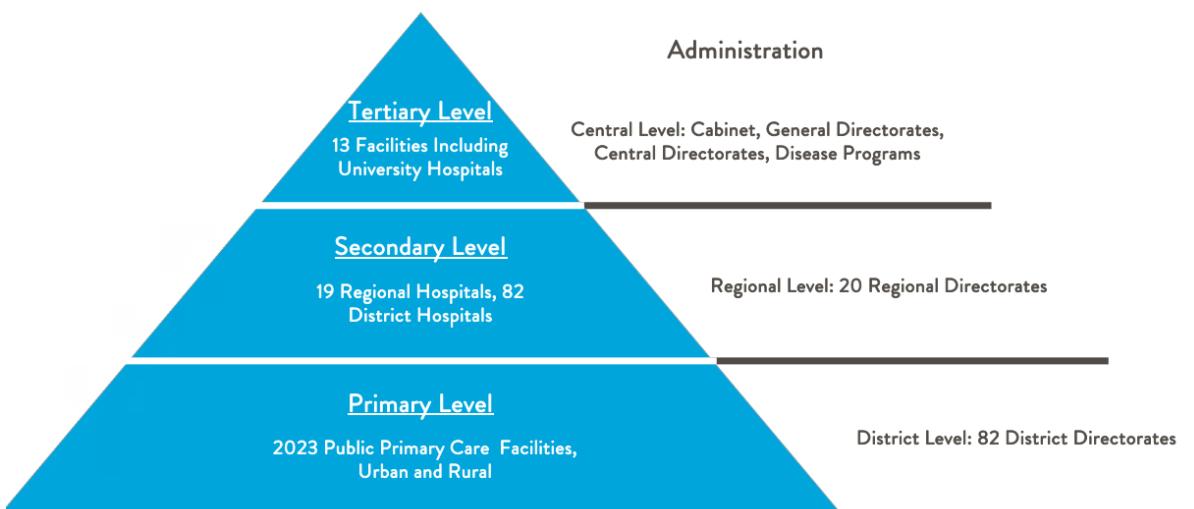
d'Ivoire is now confronting dual disease burdens, with non-communicable diseases and injuries increasing as a share of overall mortality, while communicable diseases still presenting major challenges for the health system and society (Ministère de la Santé 2019). The benefits of economic growth have not resulted in increased investment in the health sector; Côte d'Ivoire spends only around 1.6% of GDP of public spending on health, lower than both the regional average (2.4%) and the average for its income group (2.8%) (World Bank Group 2020). With 46% of the population living in poverty, Côte d'Ivoire's near-term decisions about investing in health and other pro-poor strategies will have impacts for generations to come (UNDP n.d.).

## HOW IS HEALTH CARE CURRENTLY ORGANIZED AND FINANCED IN CÔTE D'IVOIRE?

Health care in Côte d'Ivoire is provided through a mix of public and private sector providers; however, higher level care is only available in urban areas of the country, and basic services for the bulk of the population are underfunded and of low quality. Organized across three levels (Figure 1), the structure is pyramidal in nature, wherein basic services are overseen by the district level and secondary and tertiary care are governed by the regional and central levels, respectively.

As is common in other Sub-Saharan African countries with similarly structured health systems, resources are largely “captured” by the top levels of the system and very little funding reaches the lower levels and the people who rely on this level for basic care. Per a 2016 National Health Accounts (NHA) exercise, hospitals accounted for 25% of total spending; outpatient primary care received only 19% of total spending (medicines and supplies accounted for around 23%) (Duran et al. 2020).

Figure 1. Organization of the Ivorian Health System



\*The private sector plays a significant role in delivery across all levels, but provision and quality are not well-defined or well-regulated.

Source: Adapted from Duran et. al. 2020

<sup>1</sup> “Global action on financing cervical cancer elimination Funding secondary prevention services in low resource settings.” Economist Intelligence Unit. 2021. [https://www.uicc.org/sites/main/files/storms/files/eiu\\_uicc\\_global\\_action\\_on\\_financing\\_cervical\\_cancer\\_elimination.pdf](https://www.uicc.org/sites/main/files/storms/files/eiu_uicc_global_action_on_financing_cervical_cancer_elimination.pdf)

**Though Côte d'Ivoire has enjoyed a period of political stability and economic growth, spending on health has not increased.** Compared to other countries in the region and to countries at similar levels of economic development, Côte d'Ivoire spends modestly (between 4 and 5%) in terms of government health expenditure as percent of the overall government budget (Figure 2). This relatively low level of government spending in the health sector signals that health has not been a priority for public investment, although the government has recently committed to increasing its health budget by 15% per year (Ministère de la Santé 2019). While this commitment is important and necessary to increasing overall resources in the health sector, given that Côte d'Ivoire is starting from a low baseline, it will be important to track and monitor the net impact of this funding in terms of benefit.

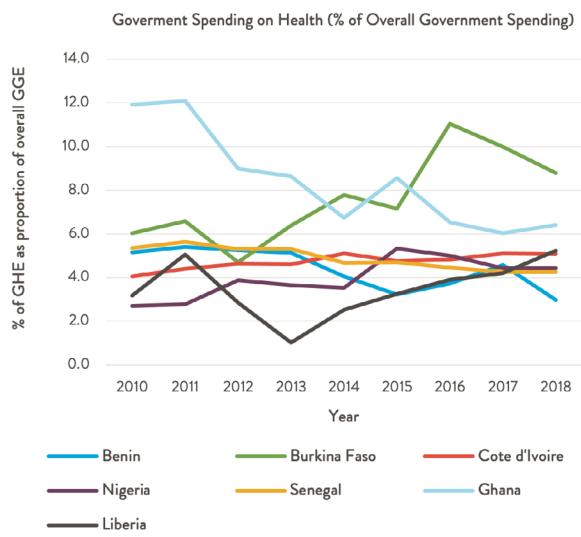
**Even if Côte d'Ivoire were to increase its health budget by 15% per year, this would not necessarily offset the challenges created by the health system's reliance on out-of-pocket (OOP) spending to fund the health system.** As shown in Figure 3, over 50% of total health expenditures come from individuals and households. High levels of OOP are also not evenly distributed across poorer and richer households; in 2015, around 17% of households in the poorest income quintile were pushed into poverty due to a catastrophic medical event compared to 6% in the highest income quintile (Duran et al. 2020). Further, as most of the public expenditure on health is consumed by public sector salaries and hospital budgets, any marginal increase in the public health budget is unlikely to have a significant impact on reducing out-of-pocket spending for patients.

## HOW DOES HEALTH FINANCING IMPACT CERVICAL CANCER ELIMINATION EFFORTS IN CÔTE D'IVOIRE?

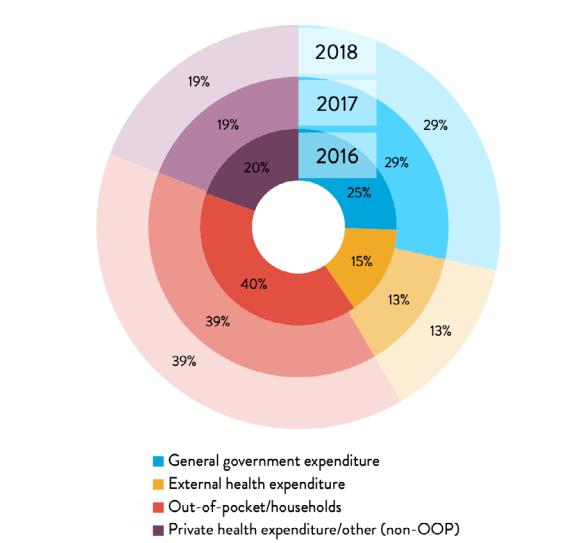
### Mapping The Flow of Funds for Cervical Cancer Services

The flow of funds (Figure 4) for cervical cancer services reflects the overall organization and financing of the Ivorian health system; the Ministry of Health (MOH) is the primary conduit through which public funds flow to the health system and other funding streams include external resources, and individual or private sources. The fund flow map below is a visualization of how health funds are organized

**Figure 2. Government Health Expenditure as % of Overall Government Spending, Selected Countries, 2010-2018**



**Figure 3. Health Expenditure Breakdowns by Source (as % of Total Health Expenditures), 2016-2018**



Source: World Bank World Development Indicators, 2022

for any given health priority or condition. Cervical cancer elimination strategies are generally delivered through different health system levels and elements; therefore, the fund flow map attempts to delineate the sources, pools, and purchasers that play a role in funding service delivery (labelled "Costs" in the graphic). It is not possible to disaggregate or quantify financing for cervical cancer prevention services from broader health system financing because expenditures for cervical cancer are not routinely tracked or reported.<sup>2</sup> The funding flow is described in greater detail in Figure 4.

<sup>2</sup> This is not unique to cervical cancer. Countries that do routinely collect health expenditure data are encouraged to use the System

## Sources

**Funds for the health system—thus for cervical cancer services—originate from general revenue (taxes), external resources (donors), and individuals (private OOP.)** As noted previously, the government of Côte d'Ivoire committed to an annual increase of 15% in the health budget until 2030<sup>3</sup>, which would be financed by tax revenues—a signal of the government's recognition both of health as a pro-poor and human capital investment as well as an effort to correct for past underinvestment in health. A comprehensive report conducted by the Organization for Economic Cooperation and Development (OECD) noted that the increase in tax-funded financing for the health budget was a step in the right direction, but that much more investment would be needed to achieve the following:

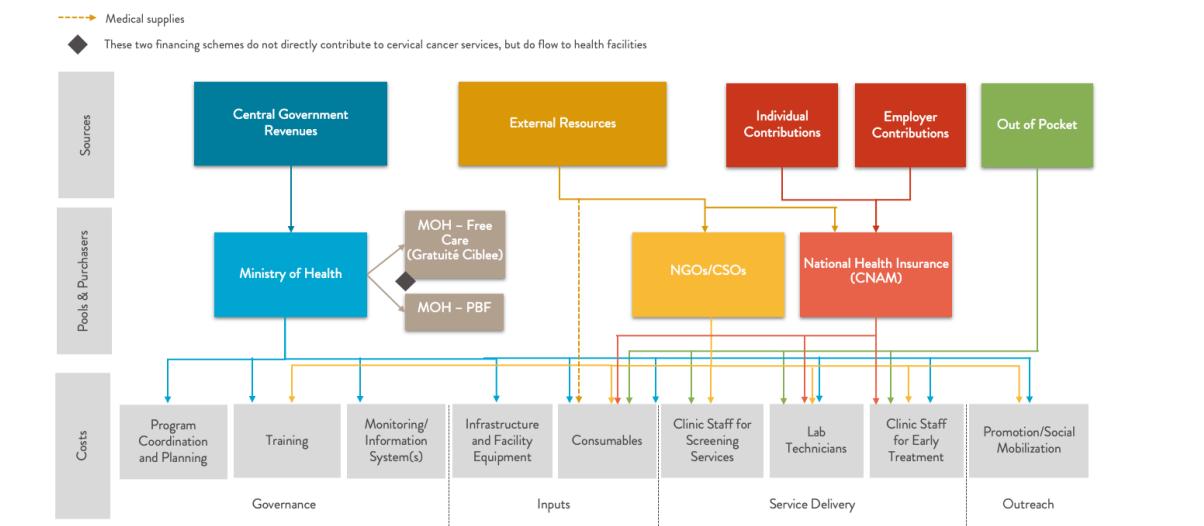
- Reach the health-related Sustainable Development Goal (SDG) targets
- Successfully transition away from donor support for the health system
- More equitably and efficiently finance achievement of universal health coverage (UHC) (OECD 2020)

Discussed later in the profile, there are a number of potential pathways for Côte d'Ivoire to consider as it seeks

to expand sources of financing for the health system; the question is whether there is sufficient political will to increase and improve health system financing and ensure that mobilized resources are used for the most cost-effective strategies to respond to citizens' health needs.

**External assistance plays an important role in health service delivery, particularly for communicable diseases like HIV, tuberculosis, and malaria, and for cervical cancer services as well—although not nearly at the level of other donor-financed agendas.** The Global Fund and the United States Agency for International Development (USAID) are two of the largest donors in Côte d'Ivoire; of the total 15% of health expenditures that come from external sources, around three quarters fund services across major communicable disease areas like HIV, tuberculosis, malaria, and immunization. Future sustainability is a concern. According to a report from the Center for Global Development, Côte d'Ivoire tops the list of countries that face a moderate fiscal risk as it transitions away from donor financing (Silverman 2018).<sup>4</sup> Donor financing is also largely “off budget,” which increases fragmentation, creates unpredictability, and challenges government capacity from a perspective of coordination and managing multiple funder relationships and structures.

**Figure 4. Fund Flow for Cervical Cancer Services**



of Health Accounts (SHA) 2011 Guidance from the Organization of Economic Cooperation and Development (OECD), and those guidelines do not specify categories for cervical cancer expenditures or many other disease-specific expenditures. For more information about SHA, please reference <https://www.oecd.org/publications/a-system-of-health-accounts-2011-9789264270985-en.htm>.

<sup>3</sup> Note: this commitment was made before COVID-19, and it is unclear if it will be maintained given the continuing economic impact of the pandemic.

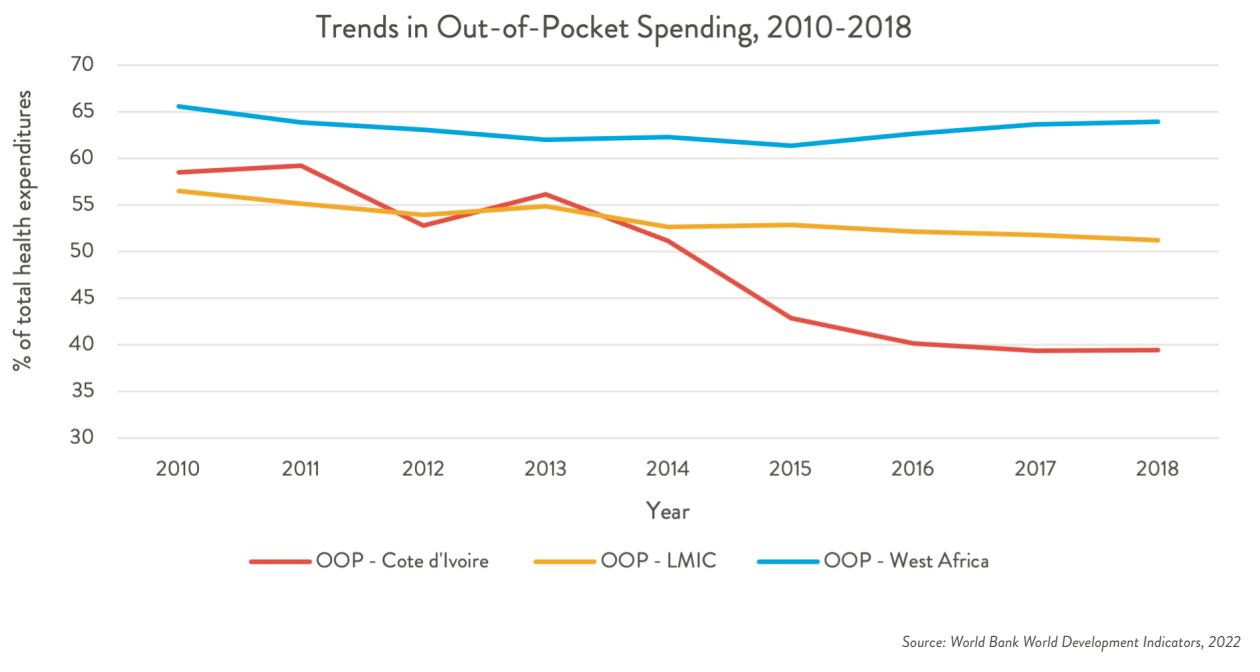
<sup>4</sup> Côte d'Ivoire is expected to transition simultaneously away from Gavi and the International Development Association (IDA) during the 2021-2025 period.

## Pools & Purchasers

**The Ministry of Health (MOH) is the primary pooling and purchasing entity for publicly provided health care in Côte d'Ivoire.** In effect, MOH funds are organized into three different budgets: an operating budget that pays for salaries and infrastructure; a budget for the free care scheme (*Gratuité Ciblée*), and a budget that funds a performance-based financing (PBF) pilot with support from the World Bank. The *Gratuité* scheme was launched in 2012 and aimed to reduce out-of-pocket spending for priority services (Box 1). Cervical cancer screening and treatment of precancerous lesions are not covered under the *Gratuité* scheme.

**The PBF pilot is currently being scaled up with support from the World Bank and focuses on integrating strategic purchasing into the national system through the scale up of PBF combined with rollout of national health insurance.<sup>5</sup>** During the pilot phase, the MOH paid health facilities and districts based on a set of predetermined indicators and considering quality of care and management capacity (Duran et al. 2020). Cervical cancer care was not included in the PBF pilots as a distinct category of performance-based payment indicators as the program is focused on maternal and newborn interventions.

Figure 5. OOP Trends in Côte d'Ivoire Compared to LMICs and West Africa, 2010-2018



<sup>5</sup> The Strategic Purchasing and Alignment of Resources and Knowledge in Health Project (SPARK-Health) was signed in 2019; it is a US\$220 million project with the development objective “to improve the utilization and quality of health services towards reducing maternal and infant mortality.”

Box 1. Service Covered Under Gratuité

### PREGNANT WOMEN

- Antenatal consultations
- Malaria
- Facility Delivery
- C-Section
- Inputs for deliveries
- Inpatient care for deliveries
- Two ultrasounds

### CHILDREN UNDER FIVE

- All outpatient visits
- Drugs for infections including malaria
- All complimentary health visits

### GENERAL POPULATION

- Malaria treatment
- Emergencies
- Diagnostic procedures and medications

Côte d'Ivoire launched a mandatory national insurance scheme—Le Caisse Nationale d'Assurance Maladie (CNAM)—in 2014, which has two elements: a contributory scheme known as the Basic General Scheme (*régime général de base*, RGB), and a non-contributory scheme (*régime d'assistance médicale*, RAM) which is intended to cover the informal sector and indigent populations. For those enrolled in the RGB, the monthly premium is 1000 CFA (around US\$1.75), and members can access services at contracted hospitals, facilities, and private pharmacies, with a 30% co-payment. For the non-contributory scheme, the government covers the premiums and co-payments of members. As of 2021, around 12% of the Ivorian population is enrolled in CNAM; 2% of the total enrolled are indigents. In terms of benefits covered, the package is currently narrowly defined given the overall limited resource mobilization potential caused by the low premium amounts and levels of enrolment and does not include preventive services or coverage for noncommunicable diseases. Cervical cancer care is not explicitly included in the current CNAM benefit package.

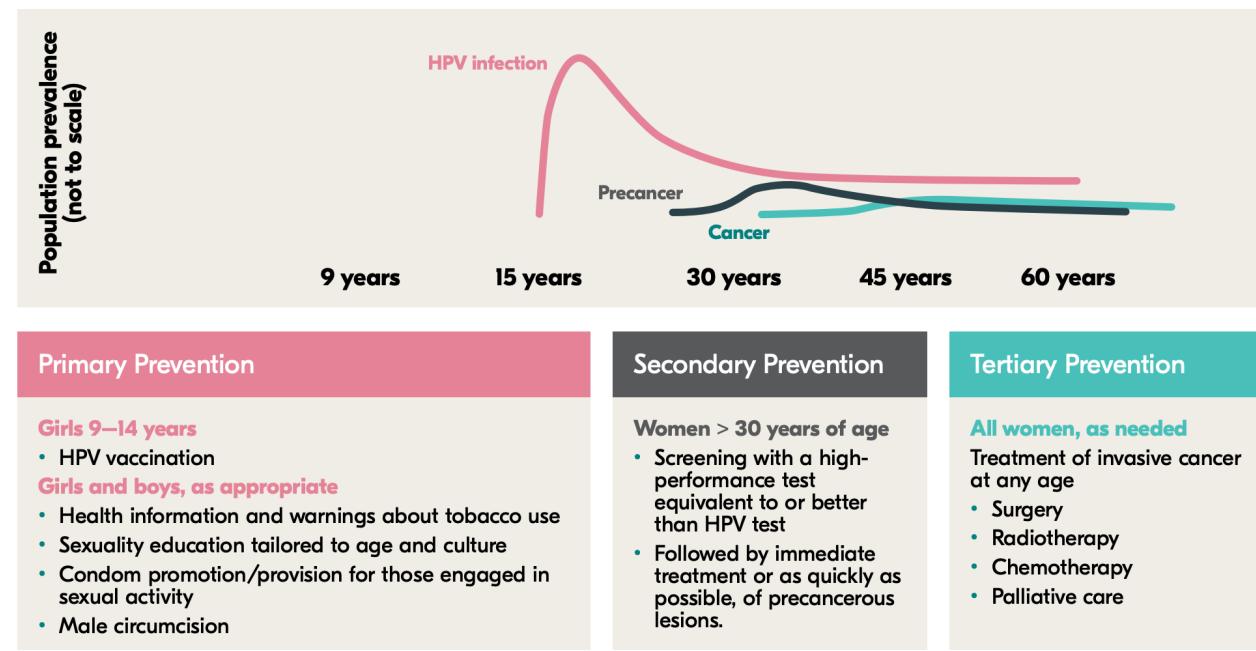
As already noted, individuals and households are significant purchasers in the Ivorian health system, meaning that for cervical cancer preventative care and treatment, women and their families are paying out of pocket. Though the share of OOP as a proportion of total health expenditures has fallen in Côte d'Ivoire

(Figure 5), OOP still exceeds all other sources of financing and is a marker of an inequitable and inefficient financing structure that unduly burdens those least able to cope with a potentially catastrophic health event: the poorest of the poor. According to the 2016 National Health Accounts, almost 50% of what households spend on health goes to medications or supplies that are either not available at public facilities or not covered under the free care scheme.

## Costs

**Costs related to cervical cancer interventions (Figure 6) are embedded within the structures and process of the overall health system with different sources and purchasers contributing to different inputs depending on the health system and care level.** As cervical cancer services are not currently covered by any of the current public schemes, women seeking screening or treatment either pay for the services themselves in the private sector or access services through NGOs. Though the government has prioritized national rollout of the HPV vaccine as part of its national immunization program, support for the program is funded through Gavi and with the country expected to transition out of eligibility by 2025, the relatively impressive gains the program has made since 2019 may be at risk.

Figure 6. Life-Course Approach to Cervical Cancer Interventions, WHO Global Strategy



Source: Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem, 2020

## WHAT ARE THE KEY CERVICAL CANCER FINANCING CHALLENGES IN CÔTE D'IVOIRE?

**Stakeholders interviewed during the development of this profile called out financing challenges across the board—from not having enough resources to support inputs for screening services to a need for expanded funding of the national HPV vaccine program which has been in place since 2019 but has yet to reach scale.** These insights are consistent with what has been documented in this profile: the Ivorian health system is underfunded, and without increased domestic resources for health, it will be a challenge for the country to make progress against any of its stated health priorities.

**Health financing—and thus cervical cancer financing—is inequitable in Côte d'Ivoire; households face significant risk of falling into poverty if confronted with a catastrophic medical expense.** Households bear the brunt of financing cervical cancer services, but interviewed stakeholders noted that even free services are not necessarily taken up by women due to social or other barriers that they face. Stakeholders interviewed cited fees between 2,000 and 5,000 CFA (US\$3.50-8.50) for screening and treatment of precancerous lesions, amounts which would likely pose a significant financial hurdle for many Ivorian households. Further, public resources for health are “captured” at higher levels in the health system, with hospitals accounting for over a quarter of all health expenditures in the country. Even if women were able to access services, the costs of advanced therapy for cancer are well-beyond the reach of most Ivoirians.

## RECOMMENDED POLICY ACTIONS TO IMPROVE CERVICAL CANCER FINANCING IN CÔTE D'IVOIRE

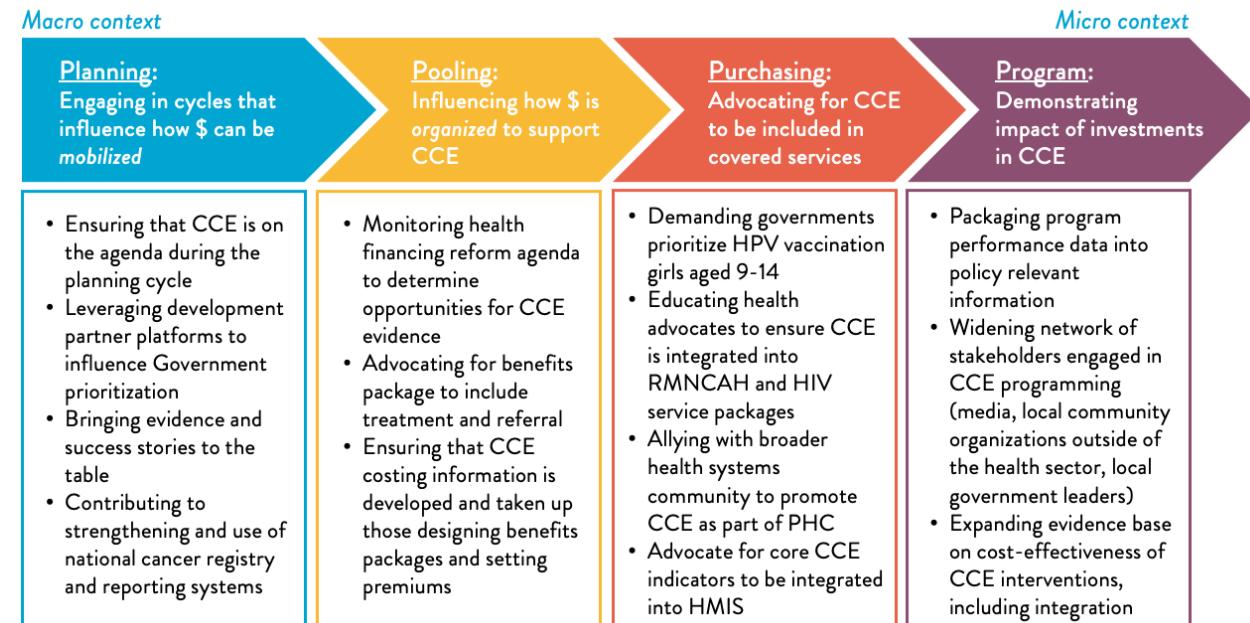
**Cervical cancer can be eliminated as a public health problem in Côte d'Ivoire, and advocates can work through multiple channels and financing elements to support efforts that will lead to increased and improved resources for its health system and cervical cancer elimination efforts.** As shown in Figure 7, these actions are all part of a continuum that spans the macro and micro contexts within any given country. While generalized, the framework shows how targeted policy

Côte d'Ivoire relies heavily on external funding for the health system, but this support also contributes to fragmentation. Per an interview with a key stakeholder, cervical cancer services are “totally reliant on international funding,” and “national financing is nonexistent.” The government essentially passes the costs of preventive services to donors; 78% of preventative care is funded through donors and those resources generally flow to donor priorities around HIV, tuberculosis, malaria, and reproductive, maternal, newborn, child, and adolescent health. Donor funding is also largely “off budget,” meaning that the government does not always have full visibility into what resources are coming in, where they are being spent, and to what end. Funding through separate channels also limits the potential for improving financial management capacity and increasing ownership and accountability, adding to an already long list of governance challenges that the Ivorian system faces.

**There is an overall lack of prioritization of cervical cancer as a national development or health priority.** While Côte d'Ivoire’s recently adopted national development plan calls out investing in gender equality and women’s empowerment as critical pillars of social and economic development, there is a missed opportunity to highlight cervical cancer services as integral to sexual and reproductive health services and maternal health services that are already supposed to be provided for free under the current system (World Bank Group 2021).

actions on different elements of health financing can lead to stronger investment in cervical cancer elimination. To activate any or all the proposed policy actions, advocates should use the evidence presented in this profile to work within and across various government and donor planning and coordination cycles to ensure that cervical cancer elimination services across a patient’s lifetime are elevated as being on the path to achieving the health SDGs and as integral to UHC.

Figure 7. Financing for Cervical Cancer Elimination Involves Policy Actions Across the Macro to Micro Contexts



Source: Authors, 2021

**Policy Action 1.** Call upon the government to increase and sustain public investment in the health sector, as a human capital investment and as an investment in women and girls. Côte d'Ivoire’s economic outlook is positive, given the government’s quick and strong response to managing COVID-19 (IMF 2021). The government is in the early stages of implementing its new National Development Plan 2021-2025, with important policy priorities around ensuring and enshrining free access to health care for women and children. Advocates can develop clear and evidence-based messages that clearly demonstrate how cervical cancer elimination—if sufficiently funded and operating at scale—can accelerate the country’s progress in reaching its own development goals.

**Policy Action 2.** Align advocacy activities around increasing investment in cervical cancer services to the MOH’s budget preparation calendar and cycle. In the beginning of each calendar year, advocates should work together to formulate a unified platform for how increases to the overall health budget can be used to promote cervical cancer elimination efforts. Advocates can bring forward evidence and information about where funding gaps exist and how filling those gaps will directly benefit Ivorian women and girls. Particularly important is relevant information about costs of services which will be necessary inputs into the design of benefits that would be covered under national health insurance.

**Policy Action 3.** Côte d'Ivoire is undertaking significant health financing reforms around pooling and purchasing, and the cervical cancer advocacy community will need to monitor the progress of these reforms while also ensuring that cost-effective cervical cancer prevention and care are included in the design and expansion of covered benefits under the various schemes. As the government moves to expand coverage under the national insurance scheme, evidence about how much services cost, the number of potential beneficiaries, the savings that investments in cervical cancer elimination will generate at a health system and societal level, and pressure from key influencers and media can all play a part in shaping the policy debate around what benefits are included, to what degree of comprehensiveness, and at what cost to the individual enrolled. Particularly for tertiary care, which is out of reach financially for most of the population, coverage of these services needs to be evaluated by the national health insurance program within the context of affordability and access for women.

**Policy Action 4.** Engage with and leverage existing development partner platforms to “crowd in” support for financing that will deliver better results toward cervical cancer elimination. Côte d'Ivoire’s health development partners have increased coordination using the Global Financing Facility (GFF)<sup>6</sup> framework to align activities and financing around

<sup>6</sup> The Global Financing Facility for Women, Children and Adolescents is a country-led, global partnership committed to ensuring all women, children and adolescents can survive and thrive. <https://www.globalfinancingfacility.org/>.

reproductive, maternal, newborn, child, and adolescent health (RMNCAH) investments, with multilateral and bilateral agencies working to harmonize their health sector contributions under this platform. Per interviews with stakeholders, if cervical cancer elimination is to be scaled up, financing from international partners would need to be accessed. If the government requests that cervical cancer elimination strategies be integrated into broader RMNCAH agendas supported by donors, development partners will be more likely to respond with financing and integrate cervical cancer elimination into strategies for improving RMNCAH outcomes. The convening power of the GFF and the World Bank is an

important asset that cervical cancer advocates can work to leverage in Côte d'Ivoire; engaging with the current country platform is vital to ensuring that cervical cancer elimination is integrated into both the scale-up of the PBF scheme and the expansion of national health insurance. Other opportunities include engaging with the Sahel Women's Empowerment and Demographics Project (SWEDD) to elevate cervical cancer elimination as a women's empowerment platform and as an important step towards accelerating the demographic transition for women and girls.

## CONCLUSIONS

**Health financing is a fundamental development challenge in Côte d'Ivoire, and cervical cancer elimination will not be possible without systematic and systemic reforms around how resources for health are mobilized, how the transition away from donor financing is planned for and managed, and how priorities are set and implemented to drive stronger performance of essential service delivery, and for cervical cancer elimination across a patient's lifetime.** This country profile offers cervical cancer advocates and stakeholders insights into the upstream contextual factors that influence downstream delivery of cervical cancer services, providing tangible and evidence-based policy actions that can be used to continue and accelerate the progress towards cervical cancer elimination in Côte d'Ivoire and beyond. As countries continue to grapple with the fundamentals of health financing—how to mobilize resources, how to expand

coverage, and how to create efficient and equitable purchasing schemes—cervical cancer elimination advocates can use these profiles to find pathways for addressing these important policy questions and be better positioned to influence these discussions.

**Cervical cancer can be eliminated as public health problem in Côte d'Ivoire, and sufficient and well-targeted financing can support the country's efforts to accelerate progress in reaching the WHO 90-70-90 targets.<sup>7</sup>** With strategic and sustained investment in cost-effective elimination strategies, the country can even overcome challenges that have stymied health and economic development challenges in other countries; it is a matter of political will and prioritization of “best buys” for women’s and girls’ health at the primary, secondary, and tertiary care levels of cervical cancer.

<sup>7</sup> The WHO's Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem calls for 90% of girls to be fully vaccinated with HPV vaccine by the age of 15; 70% of women screened using a high-performance test by the age of 35, and again by the age of 45; and 90% of women with pre-cancer treated and 90% of women with invasive cancer managed. World Health Organization. Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem. Geneva: World Health Organization, 2020. <https://apps.who.int/iris/handle/10665/336583>.

## LIMITATIONS

**This profile had several limitations.** First, while we aimed to reach stakeholders who would be able to give us deeper understanding of the financing challenges in the system, given the shifting dynamics of COVID-19 and lack of physical presence in Côte d'Ivoire, we were only able to reach a limited set of stakeholders to gather perspectives and insights into the state of cervical cancer financing in the country. Second, cervical cancer is not easily translatable into a “standalone” priority along the lines of HIV or tuberculosis or other “vertical” programs, and thus cannot easily be disentangled from broader health system and health financing challenges or opportunities that may be more apparent for programs that receive earmarked funding. Finally, as a study of overall upstream and broader health financing trends and their potential impact on cervical cancer elimination, we acknowledge that the recommended policy actions focus largely on system-level reforms that may not directly or explicitly correspond to alleviating resource constraints at the service delivery level. Finally, direct costs of or expenditures related to provision of secondary care are not routinely collected or reported in Côte d'Ivoire. Understanding how any new public commitments will impact cervical cancer services will require deeper analysis on what is currently spent on cervical cancer and how much an optimal cervical cancer elimination strategy would cost.

## REFERENCES

- Duran, Denizhan, Isidore Sieleunou, and Emre Ozaltin. 2020. “Health Systems Assessment for Côte d'Ivoire.” World Bank.
- Economist Intelligence Unit. 2021. Global action on financing cervical cancer elimination funding secondary prevention services in low resource settings. [https://www.uicc.org/sites/main/files/atoms/files/eiu\\_uicc\\_global\\_action\\_on\\_financing\\_cervical\\_cancer\\_elimination.pdf](https://www.uicc.org/sites/main/files/atoms/files/eiu_uicc_global_action_on_financing_cervical_cancer_elimination.pdf)
- The Global Cancer Observatory. 2021. “Côte d'Ivoire Cancer Fact Sheet.” International Agency for Research on Cancer.
- International Monetary Fund (IMF). 2021. “2021 Article IV Consultation with Côte d'Ivoire.” <https://www.imf.org/en/Publications/CR/Issues/2021/07/28/Cte-dIvoire-2021-Article-IV-Consultation-Press-Release-Staff-Report-Informational-Annex-462924>
- Jaquet, Antoine, Simon Boni, Boris Tchounga, Kouassi Comoe, Aristophane Tanor, Apollinaire Horo, Isidore Diomandé, Judith Didi-Kouko Coulibaly, Didier K. Ekouevi, and Innocent Adoubi. 2021. “Changes in HIV-Related Cervical Cancer Over a Decade in Côte d'Ivoire.” JCO Global Oncology, no. 7: 782–89. <https://doi.org/10.1200/GO.21.00006>
- Ministère de la Santé. 2019. “2020-2023 Republic of Côte d'Ivoire Investment Case.” World Bank. Accessed February 3, 2022. [https://www.globalfinancingfacility.org/sites/gff-new/files/documents/Côte-dIvoire-Investment-Case\\_fr.pdf](https://www.globalfinancingfacility.org/sites/gff-new/files/documents/Côte-dIvoire-Investment-Case_fr.pdf)
- Organization for Economic Co-operation and Development (OECD). 2020. “Mobilising Tax Revenues to Finance the Health System in Côte d'Ivoire.” Paris: OECD. <https://www.oecd.org/tax/tax-policy/mobilising-tax-revenues-to-finance-the-health-system-in-côte-ivoire.htm>
- Silverman, Rachel. 2018. “Projected Health Financing Transitions: Timeline and Magnitude.” SSRN Electronic Journal. <https://doi.org/10.2139/ssrn.3310454>
- United Nations Development Program (UNDP). N.d. Human Development Reports. Côte d'Ivoire Human Development Indicators. Accessed on February 3, 2022. <http://hdr.undp.org/en/countries/profiles/CIV/>
- World Bank Group. 2021. République de Côte d'Ivoire 2021-2030 - Sustaining High, Inclusive, and Resilient Growth Post COVID-19: A World Bank Group Input to the 2030 Development Strategy. <https://doi.org/10.1596/36454>
- . 2020. “Human Capital Index - October 2020: Côte d'Ivoire.” <https://www.worldbank.org/en/publication/human-capital>
- . N.d. World Development Indicators. Accessed January 2022. <https://databank.worldbank.org/source/world-development-indicators>
- World Health Organization (WHO). 2021. “Côte d'Ivoire - Cervical Cancer Profile.”