

Djibouti



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Djibouti is characterized by the aridity of its climate, limited natural resources and great vulnerability to natural disasters, notably drought and flooding. Three quarters of the population are concentrated in the capital, Djibouti City. Migratory flow from neighboring countries exerts significant pressure on the country's economy and health structures; in fact, more than one third of health care users are from neighboring countries. The country's economic situation has significantly deteriorated since the start of the 1990s, due to; the drying up of donations from friendly countries, the outbreak of an internal conflict in 1991 and the general laxity of the administration. At the same time, the main indicators of sustainable human development, the gross school enrolment ratio, the infant, child and maternal mortality rates and access to drinking water continued to deteriorate constantly.

In this context, the authorities have adopted a political and economic framework that creates hope for a better future. There has been an agreement with Bretton Woods financial institutions (International Monetary Fund and the World Bank), legislations have been enacted to favor internal and foreign investment, the privatization processes has been launched for a number of public institutions. Also, a number of major development projects have been completed. These are aimed at reinvigorating the country and spark economic growth.

HEALTH & DEVELOPMENT

Infant and maternal mortality rates are still among the highest in the world. The leading causes of death and hospitalization among children are diarrhea, acute respiratory infections (ARI), malaria and nutritional problems. The government has adopted a national immunization strategy and the integrated management of childhood illnesses (IMCI) strategy and is supported by the international partners.

Poverty and malnutrition are serious barriers to health development. More than 60% of the population lives below the poverty line. 27% of children under-5 years of age are underweight and 40% of women are found to be anemic during their first antenatal visit.

The country is vulnerable to communicable diseases and epidemics. The major causes of morbidity and mortality are infectious diseases; diarrhea, malaria, tuberculosis and HIV/AIDS. Poor sanitary conditions, the lack of water add to the risk of epidemics.

The Government with WHO support has launched a vast programme to reform the health system in order to improve the health care delivery system which is has weak health structures, lack of equipment, inadequate maintenance and a shortage of trained and motivated personnel. The donors led by the World Bank will provide the major part of the funds required.

The health care providers are the public sector (Ministry of Health, the Ministry of the Interior, the Ministry of Defense and the hospital run by the French military cooperation). There are also facilities of the Office of Social Protection (OPS) and the private sector.

Medicines availability and accessibility: As part of the health reform of 2002, a new medicines policy and a new organization, the "Medicines and Pharmacy Directorate" have been set up to ensure the supply of public health facilities with generic medicines.

There is an urgent need to reform the health financing system as the public investment in the health sector has followed a downward trend in the last decade.

Total population (2005) ¹	817 000
% population under 15 (2005) ¹	37.6
Population distribution: % rural ¹ (2005)	20
Life expectancy at birth ¹ (2002) years	44.1
Under 5 mortality rate per 1000 live births ¹ (2002)	124
Maternal mortality ratio per 100 000 live births ¹ (2002)	546
Total expenditure on health as % of GDP ¹ (2003)	5.7
General government expenditure on health as % of general government expenditure ¹ (2003)	10.5
Human Development Index Rank, out of 177 countries ² (2004)	148
Adult male (15+) literacy rate ¹ (%) (2002)	62
Adult female (15+) literacy rate ¹ (%) (2002)	38

References:

¹The Work of WHO in the Eastern Mediterranean Region – Annual Report of the Regional Director, Cairo, EMRO, 2006

²Human Development Report, New York, UNDP, 2006.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Strong desire by the Government to improve people health. • Existence of a clear national health policy and strategy. • Close involvement of donors and international partners 	<ul style="list-style-type: none"> • To rapidly reduce child and maternal mortality. • To adequately finance the health sector. • To quickly train and maintain health professional and managers. • To improve environmental health and nutritional status of people. • To expedite efforts towards achieving the national Millennium Development Goals (MDG)s • To quickly raise public awareness on health. • How to address the issue of khat utilization.

PARTNERS

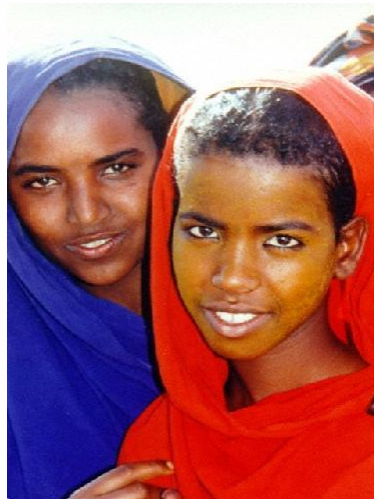
International cooperation fulfils an important role in public health in Djibouti. WHO, UNICEF and UNFPA are important in health, supporting the Ministry of Health. These agencies provide technical assistance and also cover the country's exceptional needs, especially in emergencies. The bilateral donors include France (has a pivotal position for historical reasons), Italian, Egyptian and Chinese Corporations. Large scale support also is being provided by the USAID and the World Bank with Japanese government assistance. Similarly, the AFDB and AFD and "Global Support" are helping with large amounts.

The "Poverty Reduction Strategy Paper" is the reference document for the efforts related to MDGs. Apart from the project management unit established within the Ministry of Health, there is no true coordination structure worthy of the name. However, throughout the cooperation project development process, the Ministry of Foreign Affairs and International Cooperation and the Ministry of Economy, Finance and Planning, are intimately linked. The United Nations System uses the United Nations Development Assistance Framework (UNDAF) 2003-2007, as a reference.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Presence of large number of international partners and supporters. • Large scale support from the USAID and the World Bank. 	<ul style="list-style-type: none"> • Improving the coordination among various partners. • How to pool the support of all partners to implement health sector reform. • How to effectively lobby for support to poverty reduction as a health concern • How to develop projects and secure external assistance for training of national health staff and future workforce • How to develop long term commitment with donors for providing the essential needs of the health sector.

WHO STRATEGIC AGENDA (2005- 2009)

- Reform of the health sector and establishment of a primary health care system.
- Financing of the system, including international aid.
- Development of human resources, and capacity-building of personnel of health facilities.
- Implementation of a national policy for quality essential medicines and strengthening the rational use of medicines.
- Support for the development and implementation of priority national programmes and basic health services, including quality of care.



ADDITIONAL INFORMATION

Country Office web site <http://www.emro.who.int/djibouti/>

WHO country page <http://www.who.int/countries/dji/en/>

WHO's Department for Health Action in Crises (HAC) country page <http://www.who.int/hac/crises/dji/en/>

EMRO country profile page <http://www.emro.who.int/emrinfo/index.asp?Ctry=dji>

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