

Djibouti: Health Systems Profile

Health status (2013)

Life expectancy at birth in years	total	62.0
	males	60.0
	females	63.0
Maternal mortality ratio per 100 000 live births	total	230.0

Communicable diseases (2014)

Tuberculosis notification rate per 100 000 population	316.0
Incidence rate of malaria per 100 000 population	...
Number of newly reported HIV cases	...

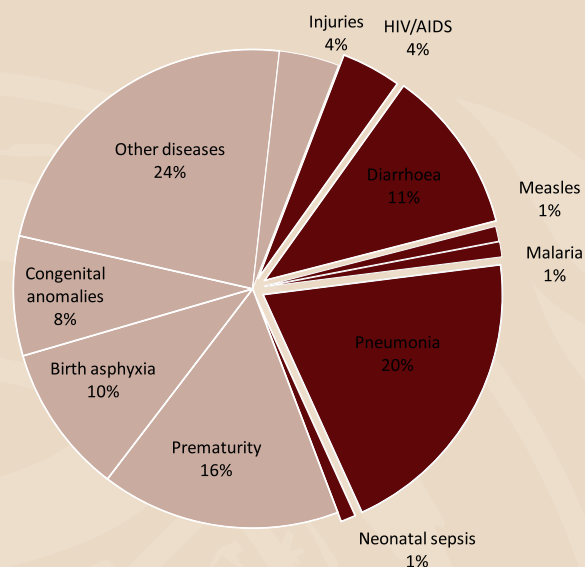
Behavioural risk factors

Prevalence (%)	males	females	total
Current tobacco smoking (2011)*
Insufficient physical activity (2008-)

Metabolic risk factors

2014 estimated prevalence (%)	males	females	total
Raised blood pressure	24.4
Raised blood glucose	8.7
Overweight	31.9
Obesity	9.6

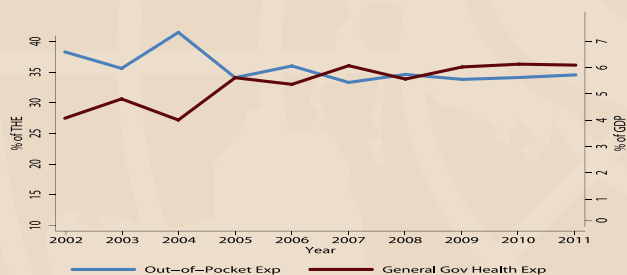
Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 49% of all deaths among children aged <5 years

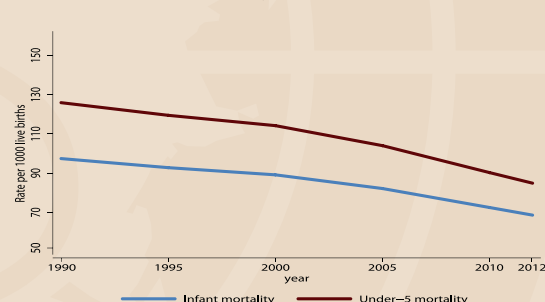
Expenditure and mortality trends

Health finance



*GGHE%GDP is the general government expenditure on health as % of gross domestic product
**OOP%THE is the out-of-pocket expenditure as % of total health expenditure

Infant and under 5 mortality rates per 1000 live births



Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2013)	...
Measles immunization coverage among 1-year-olds (2014)	71
Treatment success rate of new bacteriologically confirmed TB cases (2014)	31
DPT3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2014)	78

Health system: finance (2013)

General government expenditure on health as % of general government expenditure	14.1
Out-of-pocket expenditure as % of total health expenditure	39.7
Per capita total health expenditure at exchange rate (US\$)	137

Health system: workforce (2014)

Health workforce per 10 000 population	
Physicians	2.1
Nurses/midwives	5.1
Dentists	0.2
Pharmacists	2.2

Health system: information

Percentage of births registered	0.3
Percentage of causes of death recorded	0.09

Health system: medicines and medical devices (2013)

Availability of selected essential medicines and medical products in health facilities (%)	public	...
	private	...
Number of scanners (in public facilities) per million population ^c	CT	...
	MRI	...

Health system: service delivery (infrastructure) (2014)

Primary health care facilities per 10 000 population	0.6
Hospital beds per 10 000 population	14

... No data available

^a International Classification of Diseases

^b Gross domestic product

^c Computed tomography (CT) and Magnetic resonance imaging (MRI)

* Age-standardized estimated

Please note the data sources are in the attachment

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Djibouti, 2015

Strengths	Weaknesses
<ul style="list-style-type: none"> • High level of political commitment and engagement of development partners for improving health system performance • Development of a national health plan based on One Health Costing Tool and including a monitoring and evaluation framework • Tradition of community-based approach in establishing and integrating programmes of reproductive health, nutrition, access to safe water, presence of sewers and hygiene • The first batch of twenty physicians from national medical school graduated • Adoption and launching by the government the national universal health insurance delivering minimum package of health services for indigent population groups 	<ul style="list-style-type: none"> • Limited capacity of the Ministry of Health in areas of policy formulation and strategic planning with governance challenges in terms of accountability and effectiveness • Insufficient infrastructure and quality of primary care and hospital services with poor image and trust among population • Low availability of essential medicines and diagnostic capacity at health facilities • High disparity in the distribution of qualified human resources for health with heavy concentration at capital level • Weak health information system capacities, including civil registration and vital statistics • Absence of data quality assurance system and suboptimal use of data for decision-making • Utilization of health facilities remains low in all regions. • Decentralized management of the Health System at based on the district approach is not yet implemented
Opportunities	Challenges
<ul style="list-style-type: none"> • Strong political will on the part of the national government to improve the health care system, to combat poverty and promote development • Small country with predominantly urban population, friendly neighbours, without major political problems and an uncomplicated health system • Presence of many active international donors committed to health system strengthening and available funds for health system strengthening from Global Fund, and other development partners over the coming years • Continued commitment of UN agencies including WHO in providing technical assistance to the Ministry of Health • Due to the introduction of competitive bidding for purchasing drugs on the international market the costs of the medicines are reduced. • Signatory to International Health Partnership Plus (IHP+) in order to develop and align partners to one national strategic health plans • Scaling up of the World Bank Project over 5 years for 14 million USD project on Performance Based financing and MDGs to improve health system performance • Availability of grant from GAVI Alliance of 3, 5 million USD for health system strengthening for the next 5 years 	<ul style="list-style-type: none"> • Access to health services hindered by geographical and cultural barriers, low literacy and other social and environmental determinants of health. • Need to increase fiscal resources and reduce donor dependency in financing the health system • Disparity in access to health services (urban/rural/nomad; male/female; poorest/richest quintiles of the community) • Low capacity of storage and management of essential medicines and supplies • Dual burden for non-communicable and communicable diseases, and inability of the health system to cope with these • Low managerial capacity and poor performance of the system Refugees from neighboring countries (Somalia, Ethiopia, Eritrea, Yemen) burden on the health system
Priorities	
<ul style="list-style-type: none"> • Substantial investments required in health sector to rehabilitate and manage the health infrastructure, hire qualified personnel and increase availability of essential medicines and supplies • Increase allocation of resources to create more fiscal space for health and increase pre-payment schemes for greater financial risk protection through the national universal health insurance. • Improve access, coverage and quality of essential health services particularly for the underserved population in nomad areas by training / equipping community and allied health workers and ensuring referrals processes • Expand training of medical and allied health workers including community nurses, midwives and physicians to address the high burden of maternal and child health related problems and their complications • Improved capacity in financial management through enhanced role of the Ministry of Health in budget preparation, management and monitoring of expenditure and contract management ensure better use of the meagre health sector budget • Strengthen the national health information system with particular emphasis on civil registration and vital statistics and disease surveillance 	

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**World Health
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