

Djibouti : Health Systems Profile

Key health system indicators

Health status

Life expectancy at birth in years	total	53
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	males	352
	females	308
	total	330

Communicable diseases

Tuberculosis notification rate per 100 000	412
Incidence rate of malaria per 1000 population	...
Estimated number of people living with HIV	9200

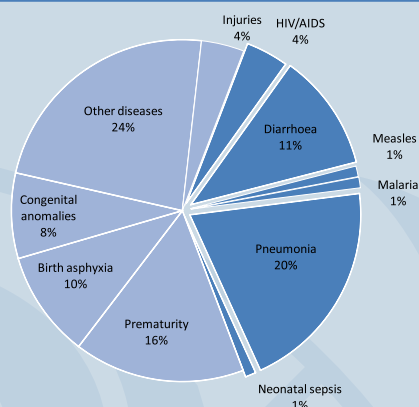
Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking
Physical inactivity

Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	38.8 [24.1-54.0]	32.5 [19.0-45.7]	35.6 [25.4-45.3]
Raised blood glucose	9.7 [4.0-18.1]	9.4 [3.9-17.4]	9.5 [5.3-15.2]
Overweight	30.2 [10.1-53.0]	37.4 [13.2-62.5]	33.9 [17.9-50.9]
Obesity	6.7 [1.3-16.2]	13.8 [2.8-30.4]	10.4 [3.8-19.8]
Raised cholesterol	36.8 [15.6-62.3]	36.3 [13.9-61.6]	36.7 [20.4-54.4]

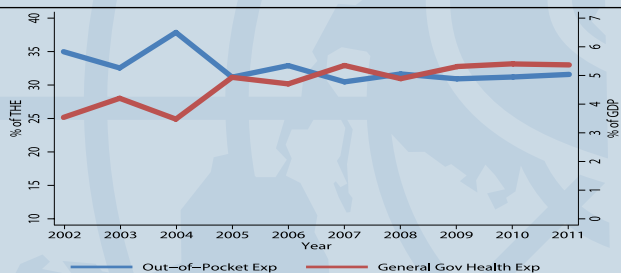
Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 38% of all deaths among children aged <5 years

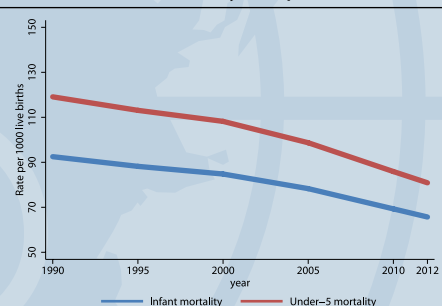
Expenditure and mortality trends

Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)
The out-of-pocket expenditure as % of Total Health Expenditure (THE)

Infant and under 5 mortality rates per 1000 live births



Health system: governance

Existence of a national health strategy/strategic plan and time frame	Yes (2012-2017)
Annual publication/dissemination of ministry of performance report	Yes
High level multisectoral advisory council for health available	Yes

Health system: information

Functioning civil registration and vital statistics

Percentage of births registered	89
Percentage of causes of death recorded	...
Year most recent use of ICD in mortality classification reported	...
Year most recent annual health statistics report published	...

Health system: health workforce

Health workforce per 10 000 population (2011)

Physicians	2.1
Nurses/midwives	5.1
Dentists	0.2
Pharmacists	2.2
Health professions education institutions	
Medical	...
Nursing	...
Percentage of doctors working in rural settings	...

Health system: service provision

Infrastructure

Primary health care facilities per 10 000 population	0.5
Hospital beds per 10 000 population	14.2
Service delivery	
Access to local health services (%)	95
Contraceptive prevalence (%)	13.3
Antenatal care visits (4+ visits) (%)	...
Measles immunization coverage among 1-year-olds (%)	83
Smear-positive tuberculosis treatment success (%)	80
Number of tobacco (m)POWER measures implemented at the highest level of achievement	...

Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	(2; 2002)
General government expenditure on health as % of GDP (2011)	5.4
Out-of-pocket expenditure as % of total health expenditure (2011)	31.6
General government expenditure on health as % of total government expenditure (2011)	14.1

Health system: technology

Existence and year of last update of published essential medicines list (EML)	Yes (2007)
Existence of a functional national regulatory authority (NRA)	Yes (medicines)
Number of MRI/CT scanners (in public facilities) per million population	Not available

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> • High level of political commitment and engagement of development partners for improving health system performance • Signatory to International Health Partnership Plus (IHP+) in order to develop and align partners to one national strategic health plans • Tradition of community-based approach in establishing and integrating programmes of reproductive health, nutrition, access to safe water, presence of sewers and hygiene • Recent establishment of medical school intended to develop indigenous capacity in production of physicians 	<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 facilities at health facilities • Lack of qualified and skilled health workforce at all levels of the health system • 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
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 • Djibouti is a 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 IHP+, GAVI Alliance and other development partners over the coming years • Continued commitment of UN agencies including WHO in providing technical assistance to the Ministry of Health 	<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) • Due to liabilities with foreign suppliers, purchases are made from more expensive private pharmaceutical companies that consume the limited health budget • Dual burden of disease for communicable and noncommunicable diseases, and inability of the health system to cope with these • Low managerial capacity and poor performance of the system
Priorities	
<ul style="list-style-type: none"> • Substantial investments required in health sector to rehabilitate 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 establish pre-payment schemes for greater financial risk protection • Improve access, coverage and quality of essential health services particularly for the underserved population in nomad areas by training community and allied health workers • 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 to avoid poor 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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