



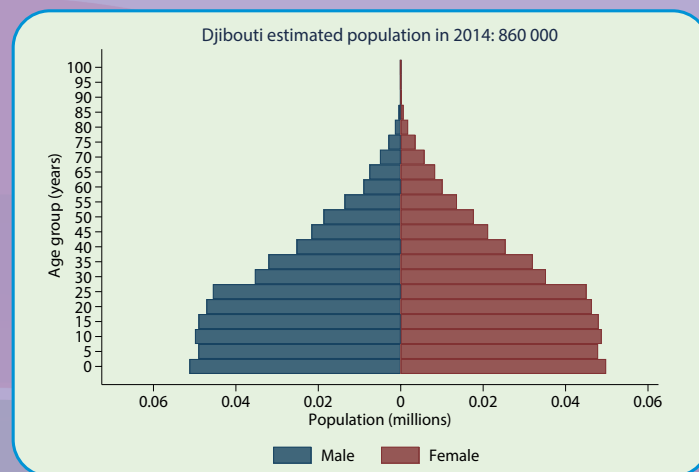
## Universal health coverage

UHC service coverage index (2017)	47
Primary health care facilities per 10 000 population (2013)	0.6
Hospital beds per 10 000 population (2013)	14.0
Demand for family planning satisfied with modern methods (%) (2017)	44.9
Antenatal care visits (4+ visits) (%)	...
Measles immunization coverage among 1-year olds (%) (2018)	86
Tuberculosis treatment success rate and relapse TB cases notified (%) (2017)	85
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2018)	84
Out-of-pocket expenditure (OOPS) as percentage of current health expenditure (CHE) (2016)	25.8
Domestic General Government Health Expenditure (GGHE-D) as % of General Government Expenditure (GGE) (2016)	3.1

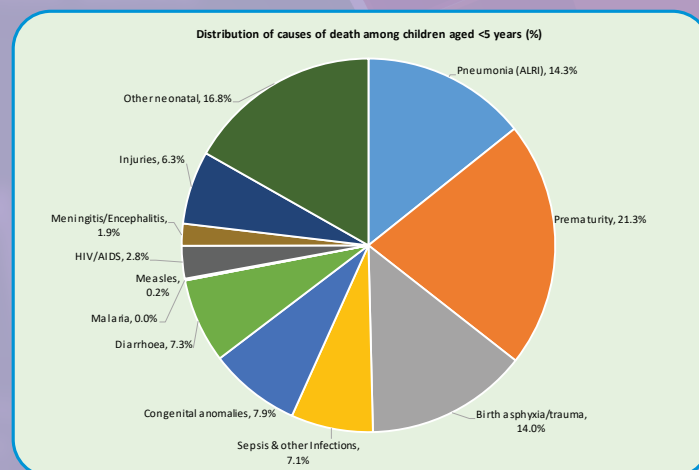
## Selected determinants of health

Population living in urban areas (%)	...
Annual GDP growth (%) (2018)	6.0
Population growth rate (%)	...
Children aged < 5 years with pneumonia symptoms taken to a healthcare provider (%) (2012)	94.4

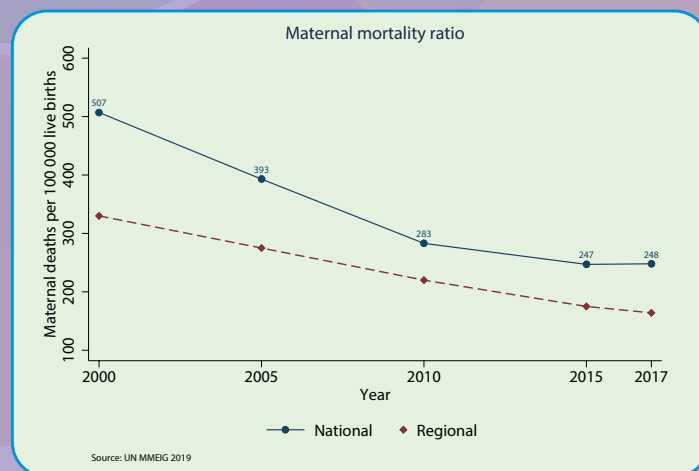
## Estimated population in 2014



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



## Trends in estimates of maternal mortality ratio



# Selected SDGs health-related indicators\*

## 1 NO POVERTY

Population below the international poverty line (2011) % ...

Proportion of employed population below the international poverty line (ILO estimate, 2016)

Male %	...
Female %	...

## 2 ZERO HUNGER

Children under 5 who are (2013)

stunted	%	33.5
wasted	%	17.8
overweight	%	8.1

## 4 QUALITY EDUCATION

Literacy rate (15-24 years) (2012)

Total %	...
Male %	...
Female %	...

Net primary school enrolment ratio per 100 school-age children (2014)

Total ratio	59
Male ratio	63
Female ratio	55

## 7 AFFORDABLE AND CLEAN ENERGY

Population with primary reliance on clean fuels and technologies at the household level (Global Health Observatory, 2017) % 13

## 6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015) % 90

Access to improved sanitation facilities (World Health Statistics, 2015) % 47

## 8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2019)

Total %	11.1
Male %	10.3
Female %	11.9

## 11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) ( $\mu\text{g}/\text{m}^3$ ) (WHO/CEHA, 2016)

Total	40.4
Urban	...

## 16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2012-2016) 2

\*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

# Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2018)	62.2	65.5	63.8
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2017 estimate)	—	—	248
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	32
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	52
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	62
Tobacco use among persons 15+ years (%) (2018)	18.6	1.1	9.9
Overweight (18+ years) (%) (2016)	...	...	38.6
Obesity (18+ years) (%) (2016)	...	...	13.5
Raised blood pressure among persons 18+ years (%) (2014)	...	...	26.8
Raised blood glucose among persons 18+ years (%) (2015)	...	...	8.1
Raised cholesterol among persons 18+ years (%) (year)	...	...	...
Probability of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory diseases, (%) 2016	...	...	19.6
Cancer incidence per 100 000 (2018)	...	...	87.9

**Universal health coverage (UHC)** means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

## 3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES  
AND PROMOTE WELL-BEING  
FOR ALL AT ALL AGES

## Voluntary National Review, include year(s) and link(s)

N/A

## National Focal Point for 2030 Agenda

Mariam Hamadou, Director of Economy and Planning at Ministry of Economy and Finance

## National Focal Point in Ministry of Health for health related SDGs

Madame Fatouma Ali Abdallah, Director of Studies, Planning and International Cooperation

### 1. What efforts have been made to agree on national targets for SDG3+?

In 2016, the Government of Djibouti and the United Nations system organized a workshop to disseminate the SDGs and to adopt a methodology to align the SDGs with the Accelerated Growth Strategy for Employment Promotion (SCAPE 2015-2019) which is the Vision 2035 operational 5-year plan. The opportunity of SCAPE 2015-2019 mid-term review was used to integrate the SDGs into SCAPE 2015-2019 and to strengthen the coordination, monitoring and evaluation. This was formally presented at a national workshop in December 2018. In addition, a framework for dialogue between the Government of Djibouti and the UN system is in place to coordinate the UN's contribution to meeting the SDGs through the UNDAF 2018-2022.

### 2. How is Djibouti incorporating SDG 3 targets in health policy, strategy, and planning?

The SDG 3 targets are incorporated in the National Health Development Plan (NHDP) 2019-2023 in the strategic priorities section and as part of the indicators framework. The NHDP 2019-2023 was developed during a national workshop with all health sector stakeholders and involved the identification of bottlenecks in SDG3+ implementation, key strategies to accelerate the progress and indicators for progress monitoring.

### 3. Are there any major partnerships for advancing the 2030 Agenda?

The government created a Framework of Dialogue for Aid Coordination under the leadership of the Ministry of Economy and Finance (MOEF) as part of the implementation of SCAPE 2015-2019. It involves all international development partners from all sectors; they are divided into groups and subgroups according to the axes of development in SCAPE. In 2017, the UN Country Team (UNCT) developed the UN Development

Assistance Framework (UNDAF) for next five years; they ensured that it included the 2030 Agenda and SDG targets. The SDG 3 targets formed the basis for identifying priorities and setting targets and indicators for the health sector. Monthly UNCT meetings include the coordination and monitoring of progress towards the 2030 Agenda and SDG targets.

### 4. Are there any major partnerships for advancing the health-related SDGs?

In 2009, the Ministry of Health signed the International Health Partnership (IHP+) Global Compact in the context of working towards the Millennium Development Goals for health. As part of these efforts, the Ministry of Health created the Health Partners Group (GPS) to strengthen the coordination of health interventions and the effectiveness of development aid for health. This partnership is still ongoing and will be used as a partnership for the health-related SDGs during the implementation of the new NHDP. In addition, in September 2018, the Government of Djibouti signed a new International Health Partnership, UHC2030 compact, which is a Global compact for progress towards the SDGs particularly for Universal Health Coverage.

### 5. Describe a success story or an example of efforts to accelerate action on the health-related SDGs.

The Universal Health Insurance Law was enacted in 2014 to ensure basic medical coverage for all people living in Djibouti, via two arrangements: the Compulsory Health Insurance scheme and the Social Assistance Programme for Health. The Compulsory Health Insurance scheme covers all those who have the capacity to contribute, while the Social Assistance Programme for Health covers the poorest sections of the population who do not have the financial capacity to make health insurance contributions. It is estimated that around 300 000 individuals (32% of total population) are currently being covered by the National Social Security Fund. This law guarantees a universal package of health services for the entire population. Two additional packages complement this: the Compulsory Health Insurance scheme and the Social Assistance Programme for Health. The first package is composed of basic care services such as consultations, radiology, essential medicines and delivery (including caesarean section), while the second package comprises curative care and all prescribed medical exams by specialist doctors. At the same time, the NHDP 2019-2023 is developed to strengthen the health system in order to provide access to all and everywhere.