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1. Country Overview

Djibouti is a small nation with an area of 23,200km² located in the Horn of Africa between Ethiopia, Somalia and Eritrea. Djibouti has a population of 973,560 which isquivalent to 0.01% of the total world population.

The four official languages spoken in the country include Arabic and French, while the indigenous languages include Afar and Somali.

The French took possession of Djibouti (formerly French Somalia) in 1884. It remained part of the French republic until 1977, when it gained independence despite conflicting Ethiopian and Somali claims. It later tried to remain neutral in conflicts between and within Ethiopia and Somalia. In 1981, Djibouti officially became a one-party state headed by a directly elected president.



Hassan Gouled Aptidon, Djibouti's first president, was reelected in 1981 and 1987. The country was the base of French operations during the 1991 Persian Gulf War. An Afar-based armed rebellion in the north that began in late 1991 soon gained control of much of the country ^[1].

Djibouti is a member of the World Trade Organisation (WTO) and the General Agreement on Tariffs and Trade (GATT). In 1983 and 1984, Djibouti alongside Ethiopia, Kenya, Somalia, Sudan and Uganda, acted through the United Nations (UN) to establish the Intergovernmental Authority on Development (IGAD) for development and drought control. In 1981, the country became a member of the Common Market for Eastern and Southern Africa (COMESA). Additionally, the country is a member of African Union, the Arab League, the Francophonie, and Organization of Islamic Cooperation (OIC).

The country is strategically located at the southern entrance of the Red Sea, marking a bridge between Africa and the Middle East. It is adjacent to some of the world's busiest shipping lanes making it a host for many military bases for France, the United States, Japan, China and the North Atlantic Treaty Organisation (NATO).

Djibouti's \$2 billion city-state economy is driven by a state-of-the-art port complex, which is among the most sophisticated in the world. Trade through the port is expected to grow rapidly in parallel with the expanding economy of the country's largest neighbor and main trading partner, Ethiopia. Djibouti has some natural assets that could be used for tourism, as well as untapped marine resources that could support more artisanal fishing, and an infrastructure of undersea telecommunications cables from which it could develop new digital and service industries. Renewable energy could be another source of growth, as Djibouti has geothermal, solar and aeolian potential ^[2].

1.1. Key Country Statistics



66.6 years Life expectancy, 2018



149 Exports of goods and services as a % of GDP. 2018



Exported products- Sheep and goats (\$27.1M), other animals (\$19.3M), coffee (\$10.7M)



7.77 GDP growth (annual %), 2019



139 Imports of goods and services as % of GDP, 2018



Balance of trade, 2019 **21.23%** increase from 2018



Imported products-Refined petroleum (\$1.15B), palm oil (\$334M), Raw sugar (\$191M)



GDP ranking, 2018 **167** out of 196 countries

2. COVID-19

Djibouti had its first confirmed case of COVID-19 on 18th March 2020. The government suspended all inbound and outbound international passenger flights the same day, closed schools and universities and ordered a general lockdown, which started on 27th March 2020. These restrictions were lifted incrementally from 11th May 2020 ^[7]. As of 10th March 2021, the country has confirmed 6,181 cases and 63 deaths [8].

The African Development Bank (AfDB) approved grants worth about \$41.16 million to Djibouti to bolster the national budget in support of government's efforts to mitigate national and regional impacts of the COVID-19 pandemic. The funding will take the form of an African Development Fund grant for \$4.12 million and a \$37.04 million grant from the Bank's Regional Operations Envelope. The bank is providing the funding under its COVID-19 Response Facility [17]



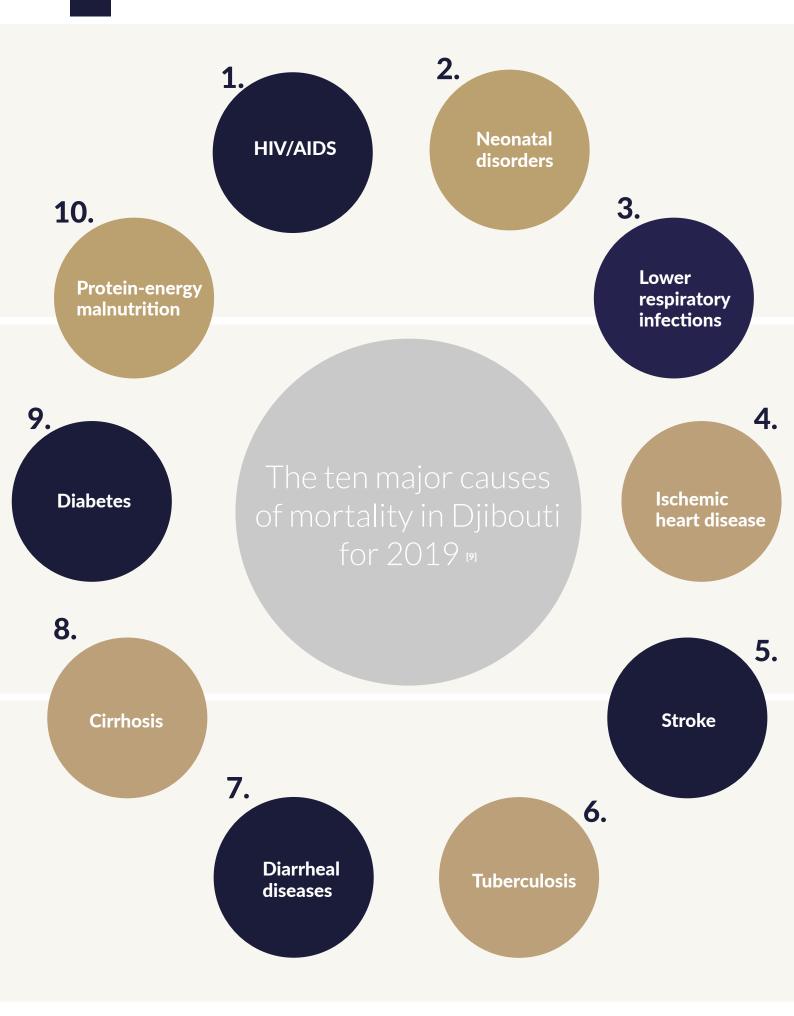
3. Health Overview

Djibouti's health system is organized as a three-tiered pyramid from the administrative as well as technical standpoints: [11]

- a) The central level has the units responsible for design, formulation, execution coordination and appraisal of health activities and national and/or specialized establishments: Pelletier General Hospital, containing the Dar El Hanan maternity facility; Balbala Hospital; Paul Faure pneumophysiology center and Bouffard military hospital. The new organization chart of the ministry of health was adopted in February 2002.
- b) The intermediary level comprises five health districts whose referral establishment is the district medical center/hospital (CMH) located in the district capital. The care provided is defined as an additional package of activities (PCA); and
- c) The peripheral level comprises 39 dispensaries and is responsible for the activities defined at the central level. The minimum package of activities should be provided at this level.

Djibouti's public health service is provided through 7 hospitals, 18 rural and 8 urban dispensaries. Based on year 2000 data from CEDES, the main general hospital (Hospital Peltier) in Djibouti City has a capacity of 395 beds. The Paul Faure Center (204 beds), the second largest hospital, specializes in tuberculosis and other respiratory diseases. There is also a 60-bed maternity, pediatric and obstetric hospital (Balbala). The four district hospitals with a total capacity of 300 beds act as reference hospitals for the rural dispensaries. The private healthcare sector is relatively under-developed.





3.1. Key Health Statistics [10, 12-16]

2.32



Current health expenditure (% of GDP)

30.60

Domestic private health expenditure (% of CHE)

49.57

Domestic general government expenditure (% of CHE)



28.89Out-of-pocket expenditure (% of CHE)



248

Maternal mortality rate (national estimate per 100,000 live births), 2017



57.7

Under 5 mortality rate (per 1,000 live births), 2019

4. Challenges Facing the Private Health Sector



Collaboration between the government and the private sector.



Cumbersome legal and regulatory framework.



High labour costs.



High cost of electricity and telecommunications.

5. Opportunities for the Private Health Sector

- Expansion into the rural areas of the country. Notably, the accessibility of healthcare for rural inhabitants of the country has been a continuous struggle.
- Increasing the financial accessibility to pharmaceuticals which remains a key challenge in the country. The Ministry of Health has attributed this to the lack of harmonization of prices in the private sector.
- Advocating and partnering with the government and international humanitarian agencies to come up with viable strategies aimed at preventing malnutrition and mitigating food shortages, which is another major health challenge in the country.
- Work with the government on the campaign of prevention of communicable diseases [21].





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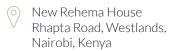
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