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General data

POPULATION, 2023  
**1,136,455**

PHYSICIANS/1000 INH, 2020-2022  
-

NURSES/1000 INH, 2020-2022  
-

LIFE EXPECTANCY, 2022  
**66.41**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Lower middle income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**176**

GDP PER CAPITA (US\$), 2023  
**3,554.84**

HEALTH EXPENDITURE, 2021  
**87.75**

UNIVERSAL HEALTH COVERAGE, 2021  
**44**



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



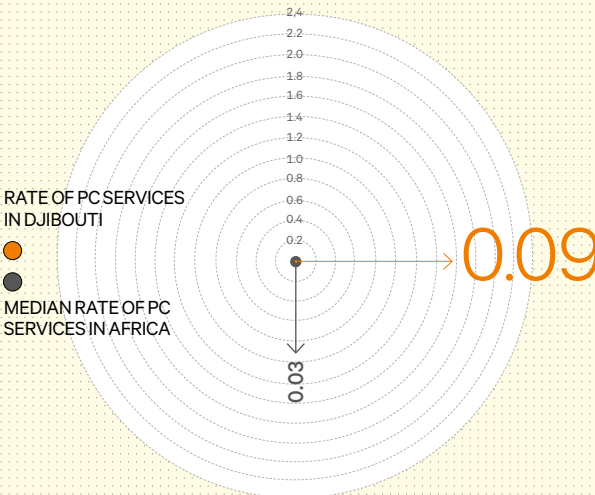
Djibouti

F Provision of PC (Specialised Services)

Total number of Specialised PC services  
**1**

Rate of PC services per 100,000 inhabitants  
**0.09**

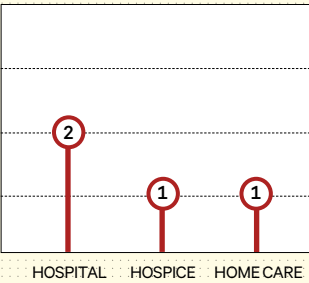
Djibouti in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION  
**1**

TOTAL NUMBER  
**0**

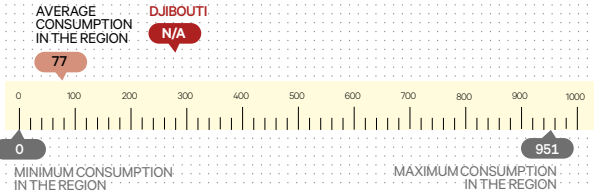
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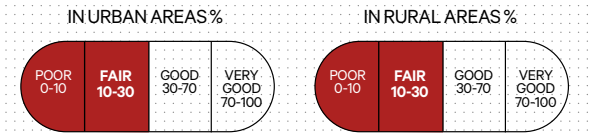
D Use of essential medicines

Opiods consumption (excluding methadone)  
**N/A**  
S-DDD/MILL INHABITANTS/DAY

Djibouti in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: No.  
Consultants: Awaleh Ahmed.

Data collected: From December 2023 to March 2024.  
Date validated by consultants: Yes  
Endorsed by National PC Association: N/A  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching  
**0/1**

Nursing schools with mandatory PC teaching  
**0/2**

Recognition of PC specialty  
**1**

B Policies

National PC plan or strategy  
**1**

Responsible authority for PC in the Ministry of Health  
**1**

Inclusion of PC in the basic health package at the primary care level  
**2**

A Empowerment of people and communities

Groups promoting the rights of PC patients  
**1**

Advanced care planning-related policies  
**1**

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Djibouti



<b>Ind1</b>  Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	<div><div>1</div><div></div><div></div><div></div></div> <div>Only isolated activity can be detected.</div>	
<b>Ind2</b>  Is there a national policy or guideline on advance directives or advance care planning?	<div><div>1</div><div></div><div></div><div></div></div> <div>There is no national policy or guideline on advance care planning.</div>	Djibouti does not have a national policy on advance planning for end-of-life medical decisions. Patients with terminal illnesses are not informed of palliative care options, often leaving decisions to families as per a lack of formalized guidelines.
<b>Ind3</b>  3.1. There is a current national PC plan, programme, policy, or strategy.  3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	<div><div>1</div><div></div><div></div><div></div></div> <div>Do not know or does not exist.</div> <div><div></div><div>2</div><div></div><div></div></div> <div>A national palliative care plan is in preparation.</div>	In Djibouti, the first national cancer control plan, which includes a palliative care component, is currently being adopted and was expected to be finalized by the end of 2024. A stand-alone national palliative care plan is also being developed, but it has not yet been validated.

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Djibouti

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	<div><div>1</div><div></div><div></div><div></div></div> <div>Not known or does not exist.</div>	
<b>Ind4</b>  PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	<div><div></div><div>2</div><div></div><div></div></div> <div>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</div>	In Djibouti, palliative care is mentioned in Decree No. 2024-219/PR/MS, which regulates the private sector healthcare facilities. Article 1 explicitly includes palliative care among the services provided by multidisciplinary clinics, polyclinics, and hospitals. These facilities must offer preventive, curative, palliative, diagnostic, hospitalization, and functional rehabilitation care. However, these services remain focused on individual services, excluding a collective prevention approach, which is the sole responsibility of state public services. This mention of palliative care, while present, remains limited in terms of implementation within the framework of primary care and universal health coverage.
<b>Ind5</b>  5.1. Is there a national authority for palliative care within the government or the Ministry of Health?  5.2. The national authority has concrete functions, budget and staff.	<div><div>1</div><div></div><div></div><div></div></div> <div>There is no coordinating entity.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Does not have concrete functions or resources (budget, staff, etc.).</div>	



# AF Djibouti

<b>Ind6</b> Existence of congresses or scientific meetings at the national level specifically related to PC.	 <p>There are no national congresses or scientific meetings related to palliative care.</p>	To date, there are no palliative care specialists or dedicated activities, coordinated or not, in this area, in Djibouti.
<b>Ind7</b> Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	 <p>Indicates a minimal or non-existent number of articles published on the subject in that country.</p>	A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, did not identify any peer-reviewed articles on palliative care in Djibouti that met the inclusion criteria for this indicator.
<b>Ind8</b> Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		No Data Reported for Djibouti.





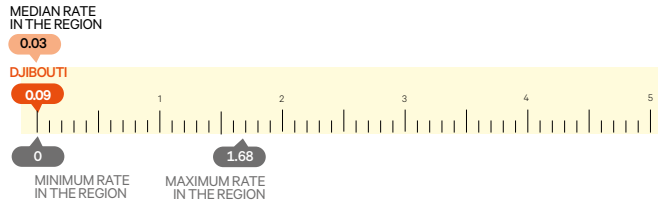


# AF Djibouti

<b>Ind9</b> 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.  9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.	 <p>Fair: Between 10% to 30%.</p>  <p>Fair: Between 10% to 30%.</p>	<p>In Djibouti, pain management medications classified as tier 1 and 2 are widely accessible across all health facilities and can be obtained over the counter in private pharmacies. However, access to tier 3 medications—specifically strong opioids—is restricted to level 3 hospitals and the national cancer center. This limited distribution confines the availability of essential analgesics for severe pain to a few specialized healthcare institutions.</p>
<b>Ind10</b> 10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).  10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	 <p>Poor: Between 0% to 10%.</p>  <p>Poor: Between 0% to 10%.</p>	<p>Immediate-release oral morphine is not available in Djibouti. Accessible strong opioids are only available in level 3 hospitals and the cancer center, and are not offered at the primary care level.</p>

AF Djibouti

<p><b>Ind11</b></p> <p>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.</p>	<p>0/1</p> <p>0/1</p> <p>0/2</p> <p>0/2</p>	<p></p> <p>The creation of the Faculty of Medicine in 2007 marked a turning point in addressing the shortage of physicians following independence. Before this initiative, medical training abroad—particularly in France, Africa, and Cuba—had mixed outcomes, as some students did not return or faced challenges reintegrating due to diverse educational backgrounds. With support from WHO and Tunisia, a harmonised medical curriculum was established, including seven years of study at the University of Djibouti and internships in Tunisia. Despite this progress, palliative care remains absent from the curricula of both medical and paramedical schools in the country. Neither the Faculty of Medicine nor the paramedical training institute offers dedicated instruction in this field, aside from a few limited modules related to cancer. Paramedical education includes nursing, midwifery, and other non-physician health professions.</p>
<p><b>Ind12</b></p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialization for palliative care physicians.</p>	

AF Djibouti

<p><b>Ind13</b></p> <p>13.1. There is a system of specialised PC services or teams in the country that has a <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in <b>HOSPITALS</b> (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing <b>HOSPICES</b> (including hospices with inpatient beds).</p> <p>13.4. <b>HOME CARE</b> teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>Isolated provision: Exists but only in some geographic areas.</p> <p></p> <p>Progressing. Ad hoc/ in some parts of the country.</p> <p></p> <p>Not at all.</p> <p></p> <p>Not at all.</p>	<p>Djibouti has a single clinical service dedicated to palliative care, located in an urban area and offering limited primary care services and inpatient beds. Furthermore, no specialized mobile team is available to provide care to patients at home or in the community, which significantly limits access to palliative care for patients living far from existing facilities. The ratio of specialized palliative care services or teams in the country is 0.09 per 100,000 inhabitants.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p></p> <p><b>1</b> ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p><b>Ind14</b></p> <p>14.1. There is a system of specialised PC services or teams for <b>children</b> in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p>	