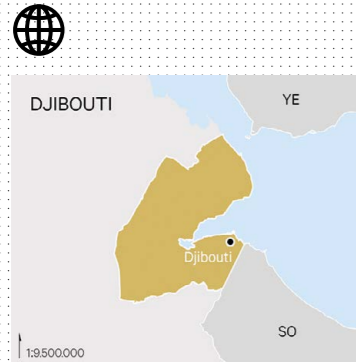




Djibouti



General data

POPULATION, 2024
1,168,722

PHYSICIANS/1000 INH, 2020-2022
N/A

Socioeconomic data

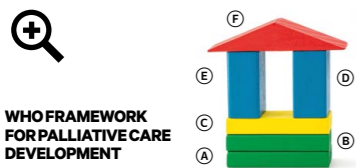
COUNTRY INCOME LEVEL, 2022
Lower middle

HUMAN DEVELOPMENT INDEX RANKING, 2023
175

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

HEALTH EXPENDITURE, 2021
87.75

UNIVERSAL HEALTH COVERAGE, 2021
44



- A EMPOWERMENT OF PEOPLE AND COMMUNITIES
- B POLICIES
- C RESEARCH
- D USE OF ESSENTIAL MEDICINES
- E EDUCATION AND TRAINING
- F PROVISION OF PC

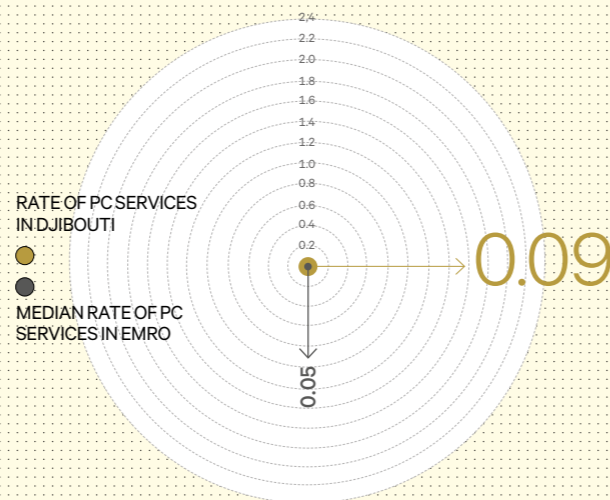


F Provision of PC (Specialized Services)

Total number of Specialized PC services **1**

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

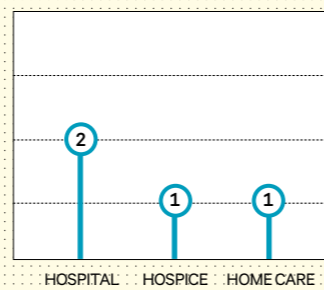
Djibouti in the context of EMRO



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

Geographic distribution and integration **1**

Total number **0**

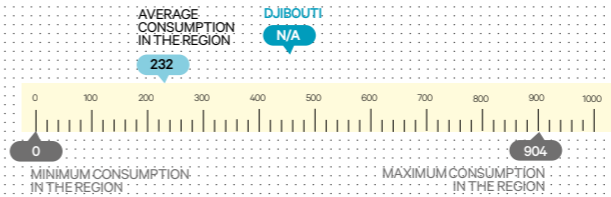


Djibouti

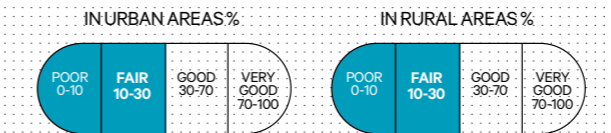
D Use of essential medicines

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

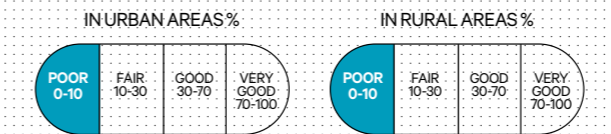
Djibouti in the context of EMRO



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 **1**

Existence of PC congresses or scientific meetings **1**

National Association: No.
Consultants: Awaleh Ahmed.

Data collected: December 2023 - March 2024.
Report validated by consultants: Yes
Endorsed by National PC Association: N/A
Report reviewed by the Ministry of Health
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**

EM Djibouti

People & Communities

<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</p>	<p>1 ○ ○ ○ ○</p> <p>Only isolated activity can be detected.</p>	<p>No evidence found.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p>1 ○ ○ ○ ○</p> <p>There is no national policy or guideline on advance care planning.</p>	<p>Djibouti has yet to establish a national policy on advance planning for end-of-life medical decisions. Currently, palliative care options are not systematically communicated to patients with terminal illnesses, and in the absence of formal guidelines, families often take the lead in decision-making.</p>

Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, program, policy, or strategy.</p>	<p>1 ○ ○ ○ ○</p> <p>Do not know or does not exist.</p>	<p>In Djibouti, the first national cancer control plan, which includes a palliative care component, is currently being adopted and is expected to be finalized by the end of 2024. A specific national palliative care plan is also being developed, but has not yet been validated.</p>
<p>3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.</p>	<p>2 ○ ○ ○ ○</p> <p>A national palliative care plan is in preparation.</p>	

EM Djibouti

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p>1 ○ ○ ○ ○</p> <p>Not known or does not exist.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p>2 ○ ○ ○ ○</p> <p>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>In Djibouti, palliative care is mentioned in Decree No. 2024-219/PR/MS, which regulates 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.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p>1 ○ ○ ○ ○</p> <p>There is no coordinating entity.</p> <p>1 ○ ○ ○ ○</p> <p>Does not have concrete functions or resources (budget, staff, etc.).</p>	<p>No evidence found.</p>

EM Djibouti

Research

<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p>1 ○ ○ ○ ○</p> <p>There are no national congresses or scientific meetings related to palliative care.</p>	<p>To date, there are no palliative care specialists or dedicated activities, coordinated or not, in this area in Djibouti.</p>
<p>Ind7</p> <p>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>	<p>1 ○ ○ ○ ○</p> <p>Indicates a minimal or non-existent number of articles published on the subject in that country.</p>	<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 Benin that met all the inclusion criteria for this indicator.</p>

Medicines

<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p>N/A</p>	<p>N/A</p>
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EM Djibouti

Medicines

<p>Ind9</p> <p>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.</p> <p>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>	<p>2 ○ ○ ○ ○</p> <p>Fair: Between 10% to 30%.</p> <p>2 ○ ○ ○ ○</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>
<p>Ind10</p> <p>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p>1 ○ ○ ○ ○</p> <p>Poor: Between 0% to 10%.</p> <p>1 ○ ○ ○ ○</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>

EM Djibouti

Education & Training

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)

0/1



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 harmonized 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.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.

0/1

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).

0/2

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.

0/2

Ind12

Existence of an official specialization process in palliative medicine for physicians, recognized by the competent authority in the country.

1 0 0 0 0

There is no process on specialization for palliative care physicians.

No evidence found.

EM Djibouti

Provision of PC / Specialized Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.

2 0 0 0

Isolated provision: Exists but only in some geographic areas.

13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.

2 0 0 0

Progressing. Ad hoc/ in some parts of the country.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).

1 0 0 0

Not at all.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

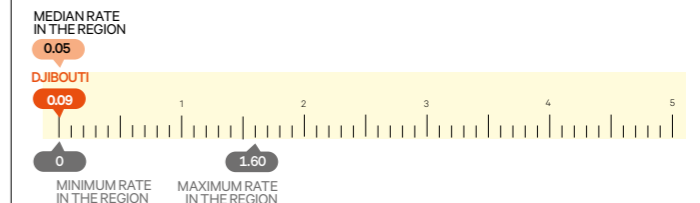
1 0 0 0

Not at all.

13.5. Total number of specialized PC services or teams in the country.

Djibouti has a single clinical service dedicated to palliative care, located in an urban area, 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.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



1 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.

1 0 0 0

No or minimal provision of palliative care specialized services or teams for children exists in country.

14.2. Number of pediatric specialized PC services or teams in the country.

0

PPC TEAMS

No evidence found.