

# Health Systems

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## Health development in Djibouti

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*Djibouti's difficult economic situation calls for reorganization of the health services and increased public participation in running and financing them.*

When the government drew up its national health development plan for 1991-1995, it had to take into account traditional medicine, services founded in the colonial era, and the need for primary care. The main strands of national health policy are discussed below.

### **Strengthening health services**

Although there are a large number of doctors in the country, more are needed. New graduates should be encouraged to pursue medical studies in Morocco, Tunisia, Senegal and elsewhere, and donors should be sought who will enable Djiboutian physicians to specialize in accordance with national requirements.

An in-service training programme for paramedical staff has been established. About 1200 people are employed in the Ministry of Health, but most of them are underqualified. As they retire, they should gradually be replaced by young people recruited from the country's technical training centres.

The traditional sector has not been integrated into the health system and is still not properly monitored. However, traditional birth attendants are working in the public health system.

They are trained by health ministry staff and receive supplies from UNICEF.

At present, 18 disease prevention programmes are active in Djibouti. The most important of these is the Expanded Programme on Immunization, which reduced infant mortality from 200 per 1000 in 1984 to 114 per 1000 in 1989. Aided by UNICEF, which pays for vaccines and cold-chain equipment, it is one of the activities of the maternal and child health protection centres and is strongly supported by a large majority of mothers.

Within the programme for the control of sexually transmitted diseases, strenuous efforts are being made to stem the advance of AIDS. Public education activities seek to make people aware that transmission of HIV occurs mainly through unprotected sexual intercourse. Blood transfusions are permitted only if testing has proved the blood to be uninfected with HIV.

The General Peltier Hospital is the only one in Djibouti which offers all the medical specializations available in the country. Unfortunately, however, it can no longer function properly for final referral and operates instead like a large clinic. It is in need of modernization and its role needs to be redefined so that the quality of care can be improved. With this in mind the authorities intend to make it autonomous. The health

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ministry has asked the World Bank for funds to refurbish it and improve its management.

High maternal and infant mortality rates persuaded the health ministry to adopt a family stability programme in order to protect the health of mothers and children. A long period of breast-feeding is encouraged, both for nutrition and as a means of spacing births. Birth control is recommended and women who wish to practise it are given supplies of contraceptives. Advice on this subject is available in many health facilities, and the United Nations Population Fund provides support.

### **Community participation and health financing**

Steps are being taken to increase community participation in health care. The community is involved in the control of AIDS and other diseases, in the training of voluntary district health workers, and in combating harmful traditional practices, among them the infibulation of young girls.

In Djibouti there has been a long tradition of free medical treatment in public health facilities, but this is having an adverse effect on the quality of care because it is no longer affordable. The population is increasing and consequently drug supplies are inadequate. Paid health staff, whose numbers are not rising, can no longer provide care on the scale needed, and as a result there are numerous voluntary workers in the hospitals. In general, the country's health facilities are overburdened and their equipment is breaking down.

This situation makes it essential for the community to assume part of the financial responsibility for health care. If people had to make a contribution to the cost of their treatment there

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would undoubtedly be fewer instances of health workers being called on to use their time unnecessarily. A study on the options for public participation in health financing is being undertaken with the support of the World Bank.

All public, semipublic and private health activities in Djibouti are being reorganized, regulated and harmonized. The private sector should be encouraged to develop in accordance with the geographical distribution of the population. Tax incentives should be offered for the establishment of private practices and dispensaries.

In order to further its broad objectives the health ministry should make use of private physicians, enlisting their participation by providing them with information on public health programmes, including those concerned with immunization, mother and child care, AIDS and tuberculosis. Private doctors should be given access to hospital facilities so that they can collaborate with public sector physicians, contribute to the training of health personnel, and undergo in-service training themselves. ■