Nearly 50% of the population of Djibouti is at low risk of malaria, while the remaining in the desert is free of malaria. The annual reported number of malaria cases in 2017 was 14,671.
Malaria

Progress
Djibouti has secured sufficient resources to fund the ACTs and RDTs required for 2019 and has secured resources for IRS. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. Djibouti has decreased the estimated malaria incidence and mortality rates by more than 40% since 2010.

Key challenges
- Increases in malaria cases have been experienced in the country since 2015.
- Lack of resources to fully implement vector control 2018-2020, including the LLINs required to complement the IRS.

Impact
The annual reported number of malaria cases in 2017 was 14,671.

Previous Key Recommended Actions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Investigate and address the reasons for the increase in malaria cases</td>
<td>Q4 2018</td>
<td>✓</td>
<td>Djibouti has declared a malaria emergency and has prepared an emergency response plan. The country has secured emergency resources from the Global Fund for ACTs, RDTs and LLINs. The country is also working on an innovative communication strategy.</td>
</tr>
</tbody>
</table>

The country has responded to the recommended action on finalising the insecticide resistance management and monitoring plan, and continues to track progress as this action is implemented.

RMNCAH and NTDs

Progress
Djibouti has achieved high coverage of the tracer RMNCAH intervention skilled birth attendants.

Progress in addressing Neglected Tropical Diseases (NTDs) in Djibouti is measured using a composite index calculated from preventive chemotherapy coverage achieved for soil transmitted helminths. The country has not submitted data on preventive chemotherapy coverage for soil transmitted helminths to WHO.
## Previous Key Recommended Actions

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</thead>
<tbody>
<tr>
<td>RMNCAH¹: Optimise quality of care</td>
<td>Identify and address reasons for the decrease in coverage of DPT3</td>
<td>Q2 2018</td>
<td>🔵</td>
<td>The country reported an increase in DPT3 coverage in 2018</td>
</tr>
<tr>
<td>NTDs</td>
<td>Take steps to confirm the epidemiological situation of Soil Transmitted Helminths and Schistosomiasis to determine the extent to which interventions for preventive chemotherapy are required. For trachoma, should Djibouti wish to submit a dossier to be validated as having eliminated trachoma as a public health problem, begin compiling data using the WHO Dossier preparation guidelines</td>
<td>Q1 2019</td>
<td>🔵</td>
<td>The country received funds from ESPEN to support the NTD programme to conduct the mapping and is working to complete the implementation plan</td>
</tr>
</tbody>
</table>

Djibouti has responded positively to the RMNCAH recommended action addressing low coverage of exclusive breastfeeding and the country continues to track progress as this action is implemented. Djibouti has responded positively to the RMNCAH recommended action addressing lack of data on postnatal care coverage and low coverage of ARTs, with small increases recently reported and continues to track progress as these actions are implemented.

**Key**

- Action achieved
- Some progress
- No progress
- Deliverable not yet due

¹ RMNCAH metrics, recommended actions and response tracked through WHO