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 2022 was 40,648 and 62 deaths.
Malaria

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a $1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another $5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US$50 million

**Progress**

Djibouti has sufficient funds to procure the necessary ACTs and RDTs for 2023-2026. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and has completed the insecticide resistance management and monitoring plan. The national strategic plan includes activities targeting refugees. The country should consider establishing an End Malaria Council and Fund to enhance domestic resource mobilization and multi-sectoral action.

**Impact**

The annual reported number of malaria cases in 2022 was 40,648 and 62 deaths.

**Key Challenges**

- Increases in malaria cases have been experienced in the country since 2015.
- Invasion of the *Anopheles stephensi* mosquito leading to increased urban malaria transmission.
## 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>Policy</td>
<td>Sign, ratify and deposit the AMA instrument at the AUC</td>
<td>Q1 2023</td>
<td>No progress reported</td>
<td></td>
</tr>
<tr>
<td>Impact</td>
<td>Investigate and address the reasons for the increase in estimated malaria incidence and mortality since 2015, which means that the country is not on track to achieve the 2025 target of a 75% reduction in malaria incidence and deaths</td>
<td>Q4 2024</td>
<td>Djibouti has identified key bottlenecks in the fight against malaria including: the increased prevalence of HRP gene 2/3 deletions leading to false negative diagnosis, vector resistance to insecticides; frequent floods that create favourable breeding sites for malaria vectors coupled with increased urbanization and poor environmental management; and the invasion of the <em>Anopheles stephensi</em> mosquito. To address these problems, the country continues to map the prevalence of parasite gene deletions, and has adapted procurement and case management strategies. The country has also increased the monitoring of mosquito insecticide resistance and response including the spread of <em>Anopheles stephensi</em> to guide choices of vector control interventions.</td>
<td></td>
</tr>
</tbody>
</table>

The country has responded to the recommended actions on drug resistance monitoring and finalising the insecticide resistance management and monitoring plan and continues to track progress as these actions are implemented.

### Reproductive, Maternal, Newborn, Adolescent and Child Health

**Previous Key Recommended Actions**

Djibouti has also responded positively to the RMNCAH recommended actions addressing lack of data on vitamin A coverage and low coverage of ARTs in children, with recent increases in coverage and continues to track progress as these actions are implemented.

### Neglected Tropical Diseases

**Progress**

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. Preventive chemotherapy coverage in Djibouti is zero for soil transmitted helminths (0%). Overall, the NTD preventive chemotherapy coverage index for Djibouti in 2022 is 0, with no change compared with the 2021 index value (0). The country did not organize any MDA in 2022. Djibouti have signed the Kigali declaration.
<table>
<thead>
<tr>
<th>Objective</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Optimise quality of care</td>
<td>Work to implement preventive chemotherapy for soil transmitted helminths and reach WHO targets.</td>
<td>Q3 2024</td>
<td>Green</td>
<td>Djibouti stopped Mass Drug Administration (MDA) for Soil Transmitted Helminthiasis (STH) since 2015 due to low prevalence. A situation analysis conducted in the main health facilities confirmed the ongoing absence of infection. The country is conducting disease surveillance and case management at health facility level, with special attention to visceral leishmaniasis which is highly endemic. Other routine activities are being conducted as planned.</td>
</tr>
</tbody>
</table>

**Key**

- **Green**: Action achieved
- **Yellow**: Some progress
- **Red**: No progress
- **Gray**: Deliverable not yet due