

Djibouti

Population (in millions) (2011)	0.9
Country classification (2012)	Lower–middle-income
Gross national income per capita (PPP int \$) (2011)	\$2450
Total health expenditure as % of GDP (2010)	7.24%
Per capita total health expenditure (PPP int \$) (2010)	\$170.01
Per capita government health expenditure (PPP int \$) (2010)	\$110.99
Life expectancy at birth (in years) (2009)	60
Human Development Index (2011)	0.430
Median age (in years) (2010)	21
Total fertility rate per woman (2010)	3.8

The Government of Djibouti reports as follows.

National coordination

There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. There are three full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

The government does not have a viral hepatitis prevention and control programme that includes activities targeting specific populations.

Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 but has not funded other viral hepatitis public awareness campaigns since January 2011.

The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

Evidence-based policy and data for action

There is no routine surveillance for viral hepatitis.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Of hepatitis cases, 7% are reported as “undifferentiated” or “unclassified” hepatitis.

Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally.

The government publishes hepatitis disease reports annually.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

Prevention of transmission

There is no national policy on hepatitis A vaccination.

Information was not provided on whether the government has established the goal of eliminating hepatitis B.

Nationally, 90% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 75% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is no specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings.

There is no national policy on injection safety in health-care settings. Single-use or auto-disable syringes, needles and canulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary

injections administered annually in health-care settings are not known.

There is no national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis C, but not for hepatitis B.

There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education).

There are no national clinical guidelines for the management of viral hepatitis. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

The government does not have national policies relating to screening and referral to care for hepatitis B or hepatitis C.

People testing for both hepatitis B and hepatitis C register by name, and there is open access to their names. Hepatitis B and hepatitis C tests are not free of charge for all individuals but are free for certain groups; information was not provided regarding which groups. Hepatitis B and hepatitis C tests are not compulsory for members of any specific group.

Publicly funded treatment is not available for hepatitis B or hepatitis C.

No drug for treating hepatitis B or hepatitis C is on the national essential medicines list or subsidized by the government.

The Government of Djibouti welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).