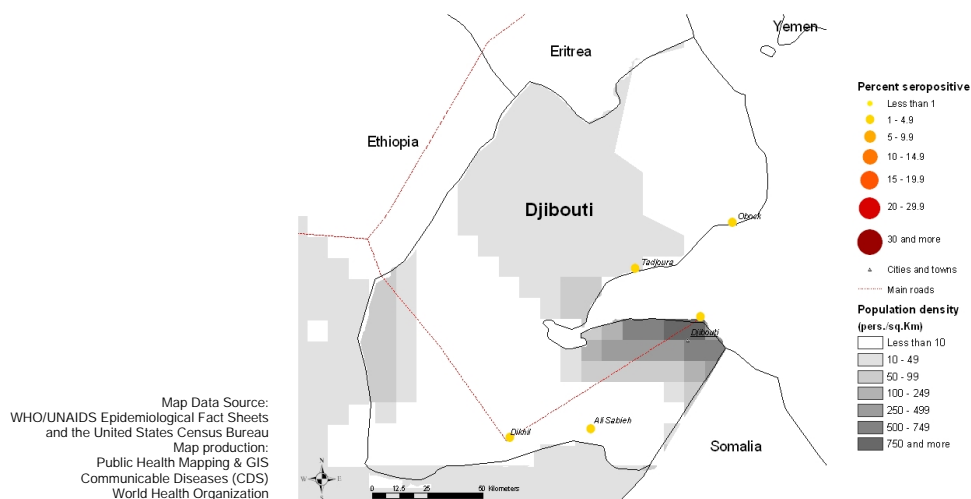


WHO estimate of number of people requiring treatment - end 2004: 1 350  
 Antiretroviral therapy target declared by country: 700 by the end of 2005



## 1. Demographic and socioeconomic data

## 2. HIV indicators

	Date	Estimate	Source
Total population (millions)	2004	0.7	United Nations
Population in urban areas (%)	2003	83.4	United Nations
Life expectancy at birth (years)	2002	49.6	WHO
Gross domestic product per capita (US\$)	2002	855	Banque Nationale de Djibouti
Government budget spent on health care (%)	2002	10.1	WHO
Per capita expenditure on health (US\$)	2002	54	WHO
Human Development Index	2002	0.454	UNDP

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.7% - 7.5%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	2 300 - 24 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15-49 years)	Jan 2005	220	WHO/UNAIDS
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	1 350	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2003	8	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	June 2004	4045	Ministry of Health
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	44.4%	WHO

## 3. Situation analysis

**Epidemic level and trend and gender data**  
 Djibouti faces a generalized HIV/AIDS epidemic. According to Ministry of Health sources, surveys conducted in 2003 indicated a total adult prevalence rate of 2.9%. Ministry of Health estimates also indicate that 3500 to 14 500 people were living with HIV/AIDS as of the end of 2003. In 2002, the prevalence was estimated to be 3.3% in Djibouti City and 1.1% in other districts, including Obock, Tadjourah, Ali-Sabieh and Dikhil. The same survey indicated that women are more severely affected than men; in Djibouti City, the prevalence is estimated to be 3.6% among women and 3.1% among men. In other districts, the estimated prevalence was 1.7% among women and 0.3% among men. People 20-29 years old have a higher prevalence rate of about 6%.

**Major vulnerable and affected groups**  
 The primary mode of transmission is through heterosexual contact. In addition to the vulnerability of youth and women, the major vulnerable groups are men in uniform, sex workers, dockworkers and truck drivers. The country also hosts a significant number of foreign military bases and hosts thousands of refugees who have been fleeing conflict throughout the Horn of Africa.

**Policy on HIV testing and treatment**  
 The policy on testing encourages people to undergo testing voluntarily. Before testing, pre-test counselling is offered, and post-test counselling takes into account HIV status. A national antiretroviral therapy protocol has been developed and revised in accordance with WHO simplified treatment guidelines.

**Antiretroviral therapy: first-line drug regimen, cost per person per year**  
 The first-line drug regimen for people without tuberculosis is zidovudine (or stavudine) + lamivudine + efavirenz (or nevirapine) for adults or teenagers; and zidovudine + lamivudine + nevirapine for women and for children younger than 3 years. For people with tuberculosis, the first-line drug regimen is zidovudine + lamivudine + efavirenz. The average cost per person per year is estimated to be US\$ 600.

**Assessment of overall health sector response and capacity**  
 The Government of Djibouti is strongly committed at the highest political levels to providing comprehensive care, including antiretroviral therapy to people living with HIV/AIDS. The government recently announced a decree to provide antiretroviral therapy free of charge to disadvantaged people. Djibouti's National AIDS Programme was established in 1994, and a National HIV/AIDS Strategic Plan was developed in 2003. An interministerial committee on HIV/AIDS has been established and is chaired by the Prime Minister. Eleven sites have been identified as antiretroviral therapy centres. For outpatients they are: Centre Yonis Toussaint, Health Centre of Einguella, Health Centre of Farah Had, Health Centre of Balbala, Health Centre of Arhiba, Organisme de Protection Sociale, Health Centre for the Ministry of Defense and Health Centre for the Police. Testing and counselling activities are planned but presently carried out only in the following antiretroviral treatment sites: Centre Yonis Toussaint, Health Centre for the Ministry of Defense and Health Centre for the Police.

**Critical issues and major challenges**  
 Djibouti's health system is weak. Health services need to be strengthened to provide a more vigorous response to the HIV/AIDS epidemic and to support scaling up antiretroviral therapy. The major constraints to scaling up antiretroviral therapy are the lack of human resources capacity and management skills. Drug procurement logistics systems are weak, and various parties run parallel procurement systems.

## 4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP



- WHO estimates that between US\$ 1.9 million and US\$ 2.1 million is required to support scaling up antiretroviral therapy to reach the "3 by 5" treatment target of 600 people by the end of 2005.
- Djibouti has been involved in a major process of health sector reform with financial support from the World Bank, which has committed US\$ 12 million over a period of five years (2003-2007) to improve health services. The World Bank Multi-Country HIV/AIDS Program for Africa covers mainly intersectoral prevention and will support the provision of antiretroviral therapy to 200 people. The United States Agency for International Development has also committed about US\$ 12 million essentially for primary health care, especially in remote areas.
- Djibouti submitted a successful proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 4 with a total funding request of US\$ 11.9 million and approved 2-year funding of US\$ 7.2 million. The programme specifically focuses on scaling up antiretroviral therapy. The money disbursed to date is US\$ 2.1 million. Djibouti may require support to enhance the absorption of available funding.
- About US\$ 303 000 is expected to be available from government sources to support scaling up antiretroviral therapy during 2004-2005. In addition, US\$ 226 000 is expected to be available from multilateral sources to fund scaling up antiretroviral therapy during 2004-2005 and about \$2.5 million through the Global Fund grant. Taking into account the funds committed to date, WHO estimates that the disbursement of these funds should not leave any funding gap for Djibouti to reach 600 people by the end of 2005.

## 5. Antiretroviral therapy coverage

- Djibouti's total treatment need for 2003 was estimated to be 1200 people, and the "3 by 5" treatment target was set at 600 (based on 50% of estimated need). In 2004, WHO/UNAIDS estimated that Djibouti's total treatment need had risen to 1350 people.
- The government originally declared a national antiretroviral therapy target of 1370 people by the end of 2005 and plans to reach 3785 people by the end of 2007. The national antiretroviral therapy target set by the government for the end of 2005 has since been revised. In response to human resources constraints, the National AIDS Programme has reduced this goal and plans to offer antiretroviral treatment to 700 people during 2005 with support from the Global Fund.
- As of March 2004, the government had already begun providing antiretroviral therapy to 40 people living with HIV/AIDS. As at January 2005, an estimated 220 people were receiving antiretroviral therapy according to the Ministry of Health.

## 6. Implementation partners involved in scaling up antiretroviral therapy

### Leadership and management

The Executive Secretariat of the Intersectoral Committee against AIDS, Tuberculosis and Malaria coordinates all activities related to HIV/AIDS. More than 11 ministerial departments and several nongovernmental organizations carry out HIV/AIDS control activities. In 2002, the government developed a national strategy for preventing and controlling HIV/AIDS that serves as a reference for all partners who would like to contribute to the national response against HIV/AIDS. The Ministry of Justice is involved in legal and policy-related issues. The Ministry of Finance is responsible for human resource planning. Other ministries play major roles such as the Ministries of Youth and Sports, Promotion of Women, Education, Interior, Labour, Information and Defence. United Nations agencies also support various components of the programme. The Country Coordination Mechanism coordinates the prevention, care and treatment scale-up activities related to the Global Fund. The Country Coordination Mechanism includes government representatives, United Nations agencies and civil society, including associations of people living with HIV/AIDS. WHO has been designated as a sub-recipient of the Global Fund grant, and will provide technical support for implementation of activities.

### Antiretroviral therapy service delivery

The Ministry of Health in collaboration with other sectors is responsible for overall coordination and management of the national antiretroviral therapy programme, strengthening health systems, laboratory services and capacity-building. The French Cooperation is especially involved in providing antiretroviral therapy services in hospitals, laboratory services and treating opportunistic infections.

### Community mobilization

A community support unit has been established as part of the Executive Secretariat. Currently, key nongovernmental organizations are being identified to support the antiretroviral therapy programme.

### Strategic information

The Ministry of Health coordinates the activities related to monitoring and evaluation with support from WHO.

## 7. WHO support for scaling up antiretroviral therapy

### WHO's response so far

- Conducting a scoping mission to assess the situation of antiretroviral therapy in Djibouti and to identify opportunities and challenges for scaling up antiretroviral therapy provision and areas for WHO support
- Reviewing and revising national antiretroviral therapy protocols and guidelines in accordance with WHO guidelines
- Supporting the development of an operational plan for scaling up antiretroviral therapy for 2004-2007
- Assisting in developing the Global Fund Round 4 proposal with a special focus on scaling up antiretroviral therapy
- Providing technical assistance in finalizing the implementation plan for the Global Fund Round 4 grant
- Supporting country participation in a workshop on drug procurement and supply management

### Key areas for WHO support in the future

- Establishing a "3 by 5" team in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy
- Developing a national human resource plan for scaling up antiretroviral therapy
- Developing a monitoring and evaluation system
- Supporting operational research, including drug resistance, economic impact and adherence to therapy
- Supporting training of all levels of service providers
- Playing a key role in capacity-building as the sub-recipient of the Global Fund Round 4 grant
- Advocating for the introduction of simplified treatment regimens

### Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Recruitment of a "3 by 5" Country Officer is under way.