

4 HEALTH SYSTEM ORGANIZATION

4.1 Brief History of the Health Care System

The first health facility in Djibouti was established in 1897 by the Ethiopian Railways Company. This facility was purchased by the State in 1901 to which was added a small facility for the tuberculosis patients and a pavilion of 12 beds for the medically indigent. In 1949, another pavilion for patients suffering from pulmonary diseases and a laboratory were added. The total capacity had become 330 beds then. In 1953, a surgical block was added named after Guibert Germain, as well as clinics for the civil servants, a blood transfusion unit and a new kitchen.

In 1955, the hospital is renamed after General Peltier, to commemorate his contribution as Chief Physician over 25 years; A new wing of operating theaters were also added then. In 1968, a 35-bed maternal ward (Maternite Martial), as well as a 30-bed pavilion for Eye and ENT were added. In 1989, the Dar Al Hanan Maternity ward was inaugurated.

4.2 Public Health Care System

Organizational structure of public system

A new organization for the Ministry of Health is being proposed, in an effort to promote decentralization. Several facilities are being considered for an autonomous status similar to the status currently enjoyed by the principal hospital, Hopital General Peltier. Autonomy is proposed for the secondary care hospital in Balbala, for the Dar Al Hanan maternity, for the Centre Paul Faure for Tuberculosis and Pulmonary diseases and for the Centre Yonis Toussaint dedicated for the screening, diagnosis, treatment and follow up of patients suffering from HIV/AIDS and other STDs. In addition to health care facilities, autonomous status is being considered for the Ministry's educational centre and for the Epidemiologic surveillance unit. Autonomy has also been granted to CAMME, the procurement and distribution agency established to insure the availability of medicines and medical supplies.

Decentralization is also granted to each of the five medical districts, at the governmental level. This could also promote the principles of community empowerment, multi-sectorial cooperation and grass root involvement in social and health affairs. The proposed decentralization scheme would produce the following organization chart for the Ministry of Health¹³:

1. Minister of Health
 - 1.1. Autonomous Facilities
 - Hopital General Peltier
 - Centre Paul Faure
 - Hopital de Balbala
 - Maternite de Dar Al Hanan
 - Centre de Transfusion Sanguine
 - CFPS
 - CAMME
 - 1.2. Advisory Boards

- Professional Orders
 - Conseil National de Sante Publique
- 1.3. Advisors
- 1.4. Inspection Generale de la Sante
- Inspection Technique
 - Inspection Administrative et Financiare
 - Inspection des Pharmacies
- 1.5. Secretaire General
- 1.5.1. Unite de Gestion des Projets
- 1.5.2. Direction des Etudes de la Planification Sanitaire et de la Cooperation Internationale (SIS, EP)
- 1.5.3. Direction d'Epidemiologie et d'Hygiène Publique
- Service de Contrôle des maladies Transmissibles
 - Service d'Hygiène Publique
 - Laboratoire de Santé Publique
 - Centre Yonis Toussaint
- 1.5.4. Direction des Soins de Santé de Base
- Service d'Organisation Sanitaire et de la Décentralisation
 - SME
 - SEPS/MEPS
 - Médecine Scolaire
 - Service National des Laboratoires
 - Organes Consultatifs et Comites techniques
- 1.5.5. Direction du Médicament et de la Pharmacie
- Service Réglementation
 - Service Pharmacopée
 - Service Contrôle de Qualité des laboratoires
 - Organes Consultatifs : Comite national des médicaments et Commission Contrôle Publicité Pharmaceutique
- 1.5.6. Direction Administrative et Financière
- Service Ressources Humaines
 - Service Financier
 - Service Juridique
 - Service Bâtiments, Equipements et Maintenance
- 1.5.7. CFPS

The referral system is based on the following structures:

- Health posts
- Community health centers
- District medical centers
- Units for Hygiene and Epidemiology
- Maternity at Hayableh
- Centre Yonis Toussaint
- Centre Paul Faure (Tuberculosis and Pulmonary)
- Maternity Dar Al Hanan

- Hospital Balbala
- Hospital General Peltier

The referral scheme, produced herewith below, depicts the regionalization of care and the four levels of the referral system¹⁴. Health posts would number 22 in the country; there will be 7 community health centers in Djibouti-town; each of the five regional districts would have community health centers with additional facilities for in-patient care for maternity and simple conditions (Level III). The central units, all in the capital, would provide the support in Level IV.

Every level of care has been detailed as far as the responsibilities attached to every unit. In addition, job descriptions of the human resources needed to staff these facilities have been drawn and approved, within the "carte sanitaire" health planning project¹⁵, initiated by WHO and finalized by the Planning Unit in the Ministry of Health.

Level I	<u>Health Posts</u>	Djibouti	Gabode (Prison) Dorale PK 12
		Ali Sabieh	Mouloud Assamo Dasbio Holl-Holl Ali-Adde Goubetto
		Dikhil	Yoboki As-Yela Gourabous
		Arta	Wea Damerjog
		Tadjourah	Sagalou Randa Adaylou Dorra Day
		Obock	Allaili-Dada Wadi Medeo (not functional)

Health posts undertake basic health needs and CPN/PF

Level II	<u>Community Health Centers</u>	Djibouti	Farahad Ibrahim Balala Ambouli Arhiba Einguella Balbala II Hayableh
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Community health centers offer in addition clinical services in General Medicine, Minor surgery, Nutrition. It also provides laboratory services and pharmaceuticals.

Level III	<u>"Centre Medico-Hospitalier"</u>	Ali Sabieh
		Dikhil
		Tadjourah
		Obock
		Arta

The "Centres Medico-Hospitaliers" offer in addition Minor surgery, Maternity, radiological services, and pharmaceuticals including treatment against Tuberculosis.

Level IV	<u>Hospitals</u>	Hopital General Peltier (Referral Hospital)
		Hopital de Balbala (General hospital)
		Maternite Dar Al Hanan (including Echography)
		Centre Paul Faure (Tuberculosis and Pulmonary)
		Centre Yonis Toussaint
		Service d'Hygiene

Key organizational changes over last 5 years in the public system, and consequences

Planned organizational reforms

4.3 Private Health Care System

The government puts great store by the promotion of private investment, which is the engine of economic growth. To achieve this objective, the government will finalize the revision of the laws on the various tax exemptions, with a view to harmonizing and

integrating them into the Budget Law and the General Tax Code. These arrangements will facilitate the simplification and streamlining of the exemptions system. The authorities undertake to adopt the Investment Charter in 2006.

The acceleration of growth that is at the heart of the economic reform cannot occur unless the private sector reacts favorably to the reforms. These essential structural reforms will be implemented on the basis of the following key positions:

- In the area of tax reform, the objectives are to improve revenue collection with a view to reducing the tax burden without disturbing the overall fiscal balance;
- For public expenditure, the objective is to improve management through more efficient functioning of the productive utilities and social services: education (including training) and health (including prevention and hygiene);
- For the structural reforms, the objective is to improve the external competitiveness of the economy, with the adoption of reforms of the Labor, Commercial, and Investment Codes, and to set up an operational one-stop shop;
- Improvement of the banking system through the enhancement of supervision; and
- Out of awareness that the establishment of a climate conducive to the development of private investment is dependent on reducing the costs of production factors, the government will, in particular, pursue in 2005 the reforms of public enterprises (Electricité de Djibouti, Office National des Eaux de Djibouti, and Djibouti- Télécom), as well as the improvement of their financial profitability. The finalization of these reforms will require the financial support of donors and lenders, and notably of the World Bank.

To achieve these objectives, the government will set up, within the Ministry Finance responsible for Privatization, a unit responsible for ensuring observance of the pertinent terms and conditions. The country's medium-term development strategy is announced in the PRSP finalized at the beginning of 2004. The program of reforms is hinged on the establishment of a favorable macroeconomic and structural environment with the following objectives:

- Adoption of a medium-term fiscal policy likely to reduce the financial vulnerabilities while improving the composition of public expenditure in support of growth and poverty reduction; and
- Growth driven by the private sector, with the promotion of an attractive climate for private investment.

The strategy pursued is based on four key actions: (i) the establishment of a legal framework conducive to private investment; (ii) the improvement of labor conditions; (iii) the pursuit of the reforms aimed at reducing the costs of production factors and improving the management of public enterprises; and (iv) the strengthening of good governance.

The authorities will promote the development of private initiative, with the implementation of a strategy and mechanisms in support of small and medium-sized enterprises and industries (SMEs and SMIs). The purpose of the approved management center set up within the Djibouti Chamber of Commerce is to assist private operators in their management and eventually to enhance their competitiveness on both the national and regional markets. The authorities will also strengthen the expansion of microfinance, in particular by formulating a national microfinance strategy, already being drafted in collaboration with the Central Bank of Djibouti.

4.4 Overall Health Care System

Organization of health care structures

Brief description of current overall structure

Djibouti's public health service is provided through seven hospitals, eighteen rural and eight urban dispensaries. Based on year 2000 data from CEDES, the main general hospital (Hospital Peltier) in Djibouti City has a capacity of 395 beds. The Paul Faure Center (204 beds), the second largest hospital, specializes in tuberculosis and other respiratory diseases. There is also a 60-bed maternity, pediatric and obstetric hospital (Balbala). The four district hospitals-with a total capacity of 300 beds and act as reference hospitals for the rural dispensaries. The private health care sector is relatively under-developed.

Based on data from a 1996 household survey, about 78 percent of Djiboutians have access to a health center in less than 30 minutes (in the rural areas), and most sedentary households have a dispensary within walking distance. Nomads do not use the health centers, because these are too far away and the trip is too expensive (to the transportation cost one needs to add subsistence for the sick, plus the opportunity costs of accompanying the sick person). Instead, nomads hire traditional healers, and go to a dispensary or hospital only in cases of severe illness.

Officially, drugs are provided free of charge by "Pharmacie Nationale d'Approvisionnement". In reality, drugs are rarely available, and the fact that the expenditure for drugs is the largest private expenditure component associated with health care as was found in the 1996 household survey, indicates that they are not free. Patients often have to go to private pharmacies to have their prescriptions filled.

Health and hospital services in Djibouti are available to everybody and are virtually free. As a result, sick people cross the border from Somalia and Ethiopia to obtain these services. Many of these patients are suffering from such protracted illnesses as tuberculosis (TB), and AIDS. Over 60 percent of persons hospitalized for TB in Djibouti are non-Djiboutians, as reported in several Government documents. Because the government's budget problems do not allow allocation of extra money to the health sector, it is impossible to rehabilitate the structures destroyed by the war.