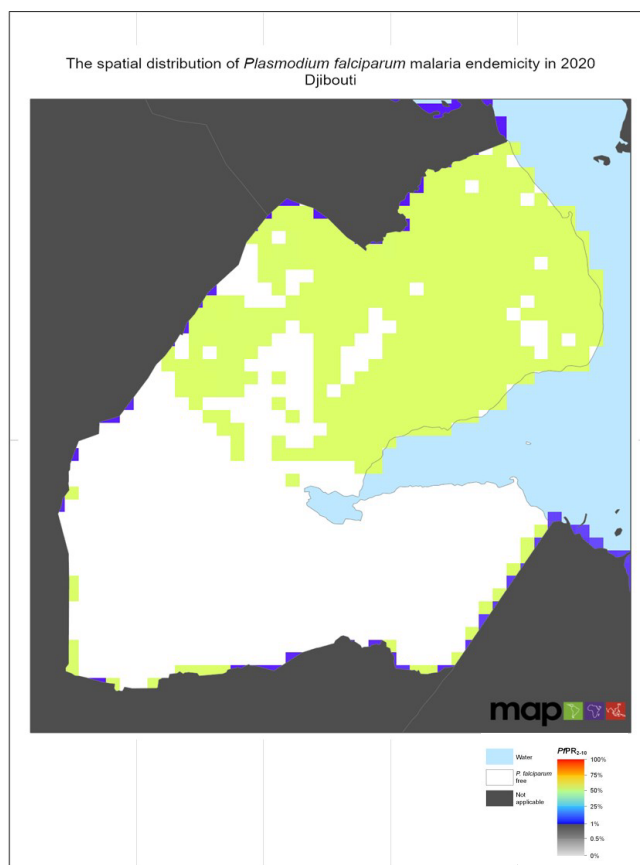


Scorecard for Accountability and Action



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 2024 was 39,523 and 36 deaths.

Metrics

Policy

Signed, ratified and deposited the AMA instrument at the AUC	Not on track
Malaria activities targeting refugees in Malaria Strategic Plan	Target achieved or on track
Malaria activities targeting IDPs in Malaria Strategic Plan	Not applicable
Zero Malaria Starts With Me Launched	Not on track
End Malaria Council and Fund Launched	Not applicable

Resistance Monitoring, Implementation and Impact

Drug efficacy studies conducted since 2019 and data reported to WHO	Target achieved or on track
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	Not on track 4
Insecticide resistance monitored since 2020 and data reported to WHO	Not on track
% of vector control in the last year with next generation materials	Progress but more effort required 100
ACTs in stock (>6 months stock)	No data
RDTs in stock (>6 months stock)	No data
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)	Not on track
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)	Not on track

Tracer Indicators for Maternal and Child Health and NTDs

Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2024)	No data
% of Neglected Tropical Disease MDAs Achieving WHO Targets	No data
National Budget Allocated to NTDs	No data
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2024)	Not on track 12
DPT3 coverage 2024 (vaccination among 0-11 month olds)	Progress but more effort required 77
Climate Change and VBDs in NDCs	Not applicable

Key

Target achieved or on track
Progress but more effort required
Not on track
No data
Not applicable

Malaria - The Big Push towards 2030

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. Countries must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, decreasing ODA, 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. To get back on track and eliminate malaria, US\$5.2 billion is needed annually to fully finance country national malaria plans, and urgently fill gaps created by the recent reductions in ODA. Extreme weather events and climate change present a significant threat. By the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Countries must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the invasive *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. 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. WHO have also recently approved the use of Spatial Repellents. 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. Malaria can serve as a pathfinder for primary health care strengthening, climate change and health, and Universal Health Coverage. Countries must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD Councils and Funds, which have raised over US\$218 million to date.

A recent report by ALMA and MNM UK, “The Price of Retreat,” highlights the expected impact of malaria between 2025-2030 on GDP, trade and key sectors for development in Africa. If Djibouti cannot sustain malaria prevention due to reductions in malaria financing, this would lead to an estimated 2,213 additional cases, 37 more deaths, and GDP loss of US\$21.1 million between 2025 and 2030. However, if we mobilise the necessary resources and achieve a 90% reduction in malaria, in Djibouti there will be a US\$47.5 million increase in GDP.

Global Fund Allocation

The Global Fund allocation for Djibouti for Grant Cycle 8 is US\$8.8 million for HIV, tuberculosis, malaria, and health systems strengthening for 2027-2029. The malaria component has been allocated US\$4 million. The allocations to the individual disease components are not fixed, and can be adjusted at country level. Djibouti is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to sustain coverage as much as possible.

Progress

Djibouti 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. The Honourable Minister of Health has been appointed as an ALMA RBM Malaria champion.

Impact

The annual reported number of malaria cases in 2024 was 39,523 and 36 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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Policy	Sign, ratify and deposit the AMA instrument at the AUC	Q1 2023		No progress reported
Impact	Work to address the increase in malaria incidence and mortality since 2015, and the lack of progress in reductions in malaria deaths which means that the country is not on track to achieve the 2025 target of a 75% reduction in malaria incidence and deaths	Q4 2026		The country aims to reach pre-elimination stage by 2031 and achieve Certification of complete Malaria Elimination by 2035. There is a positive national trend with a confirmed progressive decline in malaria incidence between 2020 and 2025 however the target is not yet reached. The country is working in collaboration with WHO and RBM in revision of the NSP ensuring high coverage of malaria intervention and strengthening the surveillance system.

The country has responded to the recommended actions on the lack of progress in 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 responded positively to the RMNCAH recommended actions addressing low coverage of ARTs in children.

Neglected Tropical Diseases

Progress

Djibouti is not carrying out preventive chemotherapy for soil transmitted helminths and is instead implementing NTD case management in health facilities for soil transmitted helminths.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Climate Change and health	Work to collate data on the impact of climate change on Vector Borne disease and incorporate into the next round on National Determined Contributions and National Climate Change Action Plans	Q4 2025		Djibouti is finalizing its Plan National Development Sanitaire (PNDS) by April. With the support from other relevant in-country partners/sectors the draft plan has included vector borne diseases in the National Determined Contributions and National Climate Change Action Plans.
NTDs	Submit data to the AUC on the national Budget Allocated to NTDs	Q4 2025		The country has no specific budget line for NTDs and NTD financial resources are only available from WHO. The country is working to mobilize government and other partners resources to be able implement leishmaniasis case management, a big problem to the country. Routine NTD case management is integrated in the health facilities package.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due