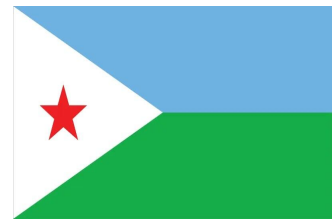


REPUBLIQUE DE DJIBOUTI
MINISTERE DE LA SANTE
PROGRAMME NATIONAL DE LUTTE CONTRE LE PALUDISME



CRSPC Sub-Regional National Malaria Programs and Partners Annual Meetings

Djibouti presentation

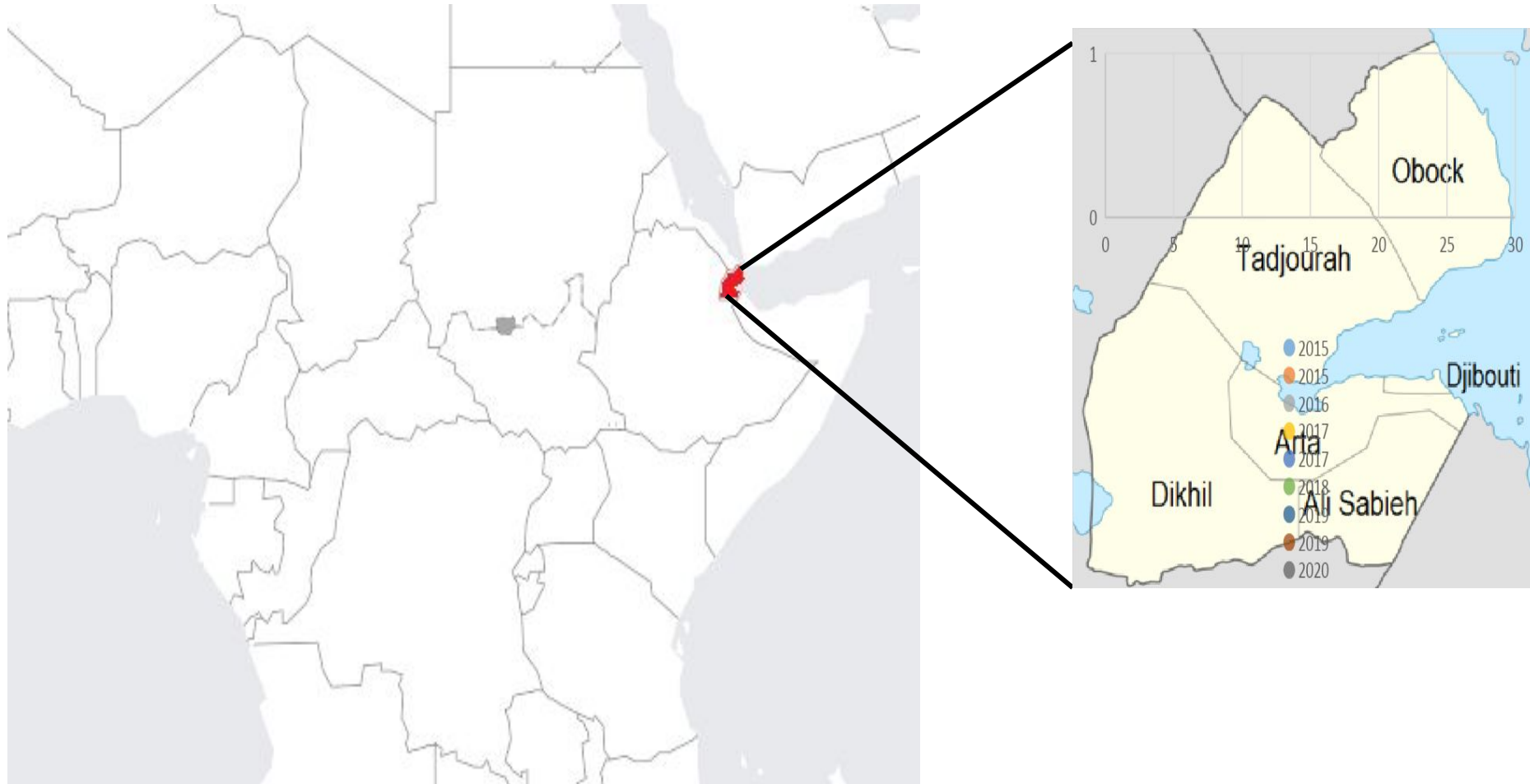
Speke Resort, Kampala Du 03 au 06 Octobre 2023

Mr Samatar Kayad Guelleh , NMCP Manager
and colleagues



Context

- This presentation explores the current situation, interventions of the NMCP, the monitoring methods, their recent results and future perspectives.



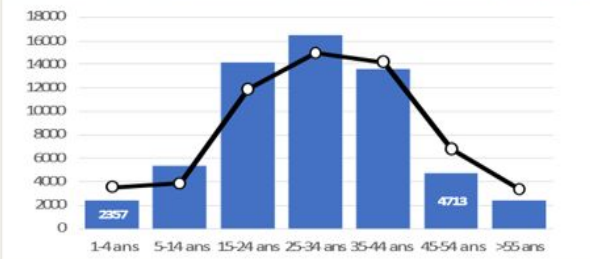
1. SO FAR WITH MSP TARGETS

2020-2024 MSP
2024-2026:MTR/MSP

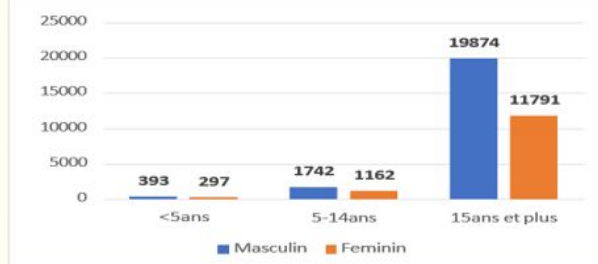
Goals

- ❖ Reduce malaria mortality in health facilities by the end of 2024
- ❖ Reduce malaria-related morbidity by 50% by 2024, compared with 2019 data

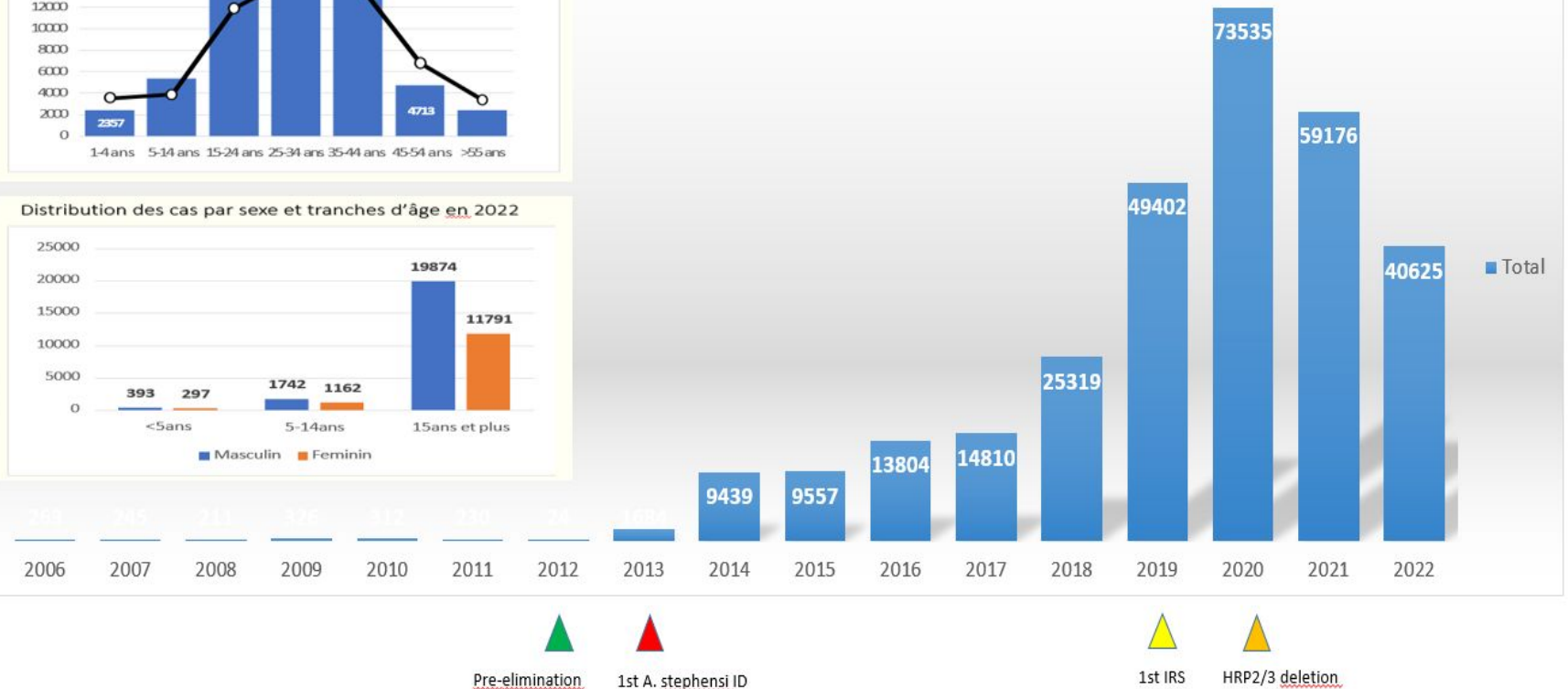
Distribution des cas de paludisme et incidence par tranches d'âge en 2022



Distribution des cas par sexe et tranches d'âge en 2022



MALARIA CASES/YEAR



Progressive decrease of malaria morbidity since 2021.

- 2021 to 2022: reduction of 19,50% .
- 2021 to 2022: reduction of 31,31% of malaria cases.

1. Malaria vectors transmission in Djibouti

Répartition de l'incidence du Paludisme en 2021

❑ Répartition des plasmodiums en 2022

Plasmodium Falciparum: 67%

Plasmodium Vivax: 33%

❑ Vectors:

Principal vector: Stephensi anopheles since 2012

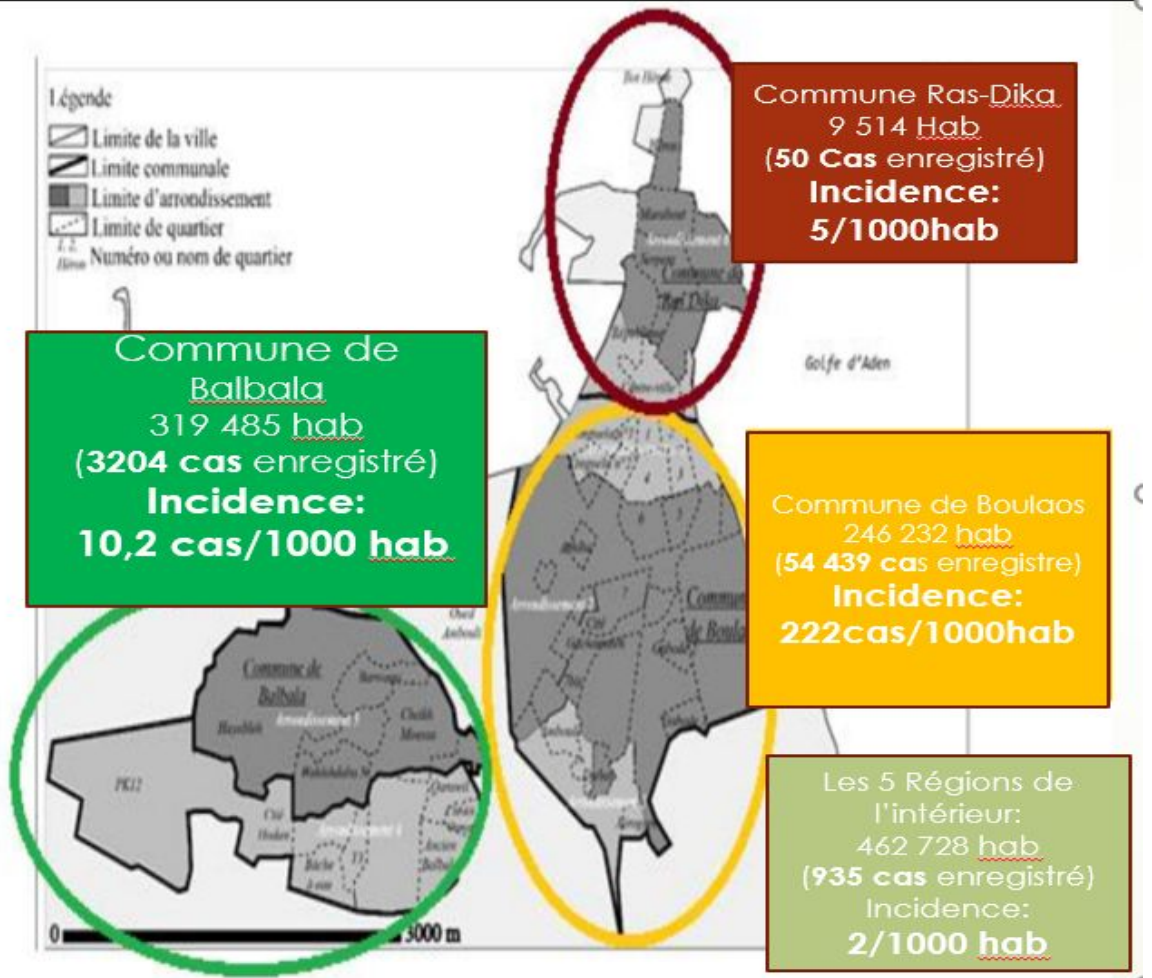
2nd vector : Gambiae anophèle

❑ Transmission

Annuelle: endémique

Pic saisonnier: Septembre-Avril

Haute transmission: Djibouti-ville



2. Major achievements

Vector control interventions

IRS 2021-2022



IRS : -05 districts .
4945/5735 ménages protégés
(86%) en 2020

IRS : -05 districts, 5825/7322
ménages protégés (80%) en 2021

IRS: -07 districts ,
8385/10628 ménages
protégés (79%) en 2022

LLNIs mass campaign distribution /2022

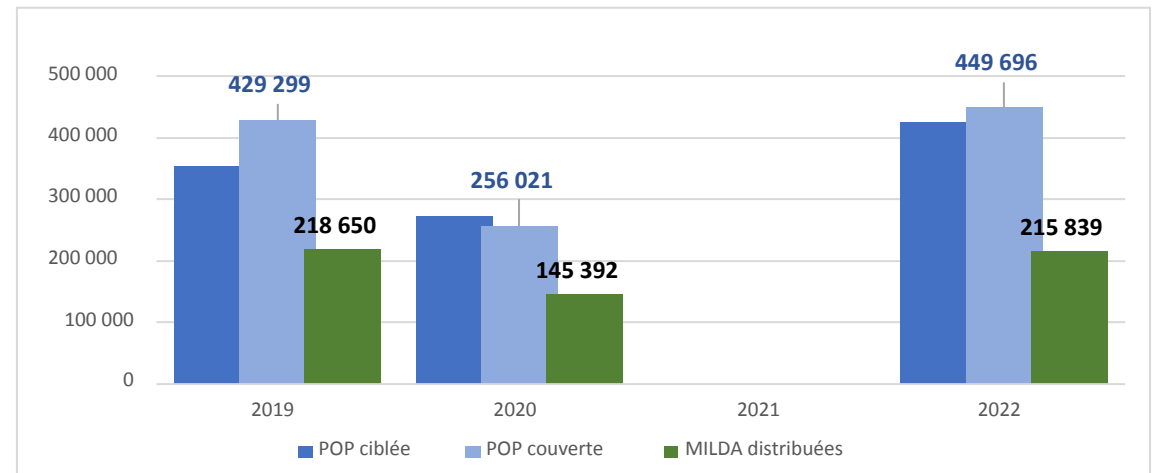


LSM: 2021-2022

Destruction activities for larval breeding sites are carried out regularly in all districts of Djibouti City.

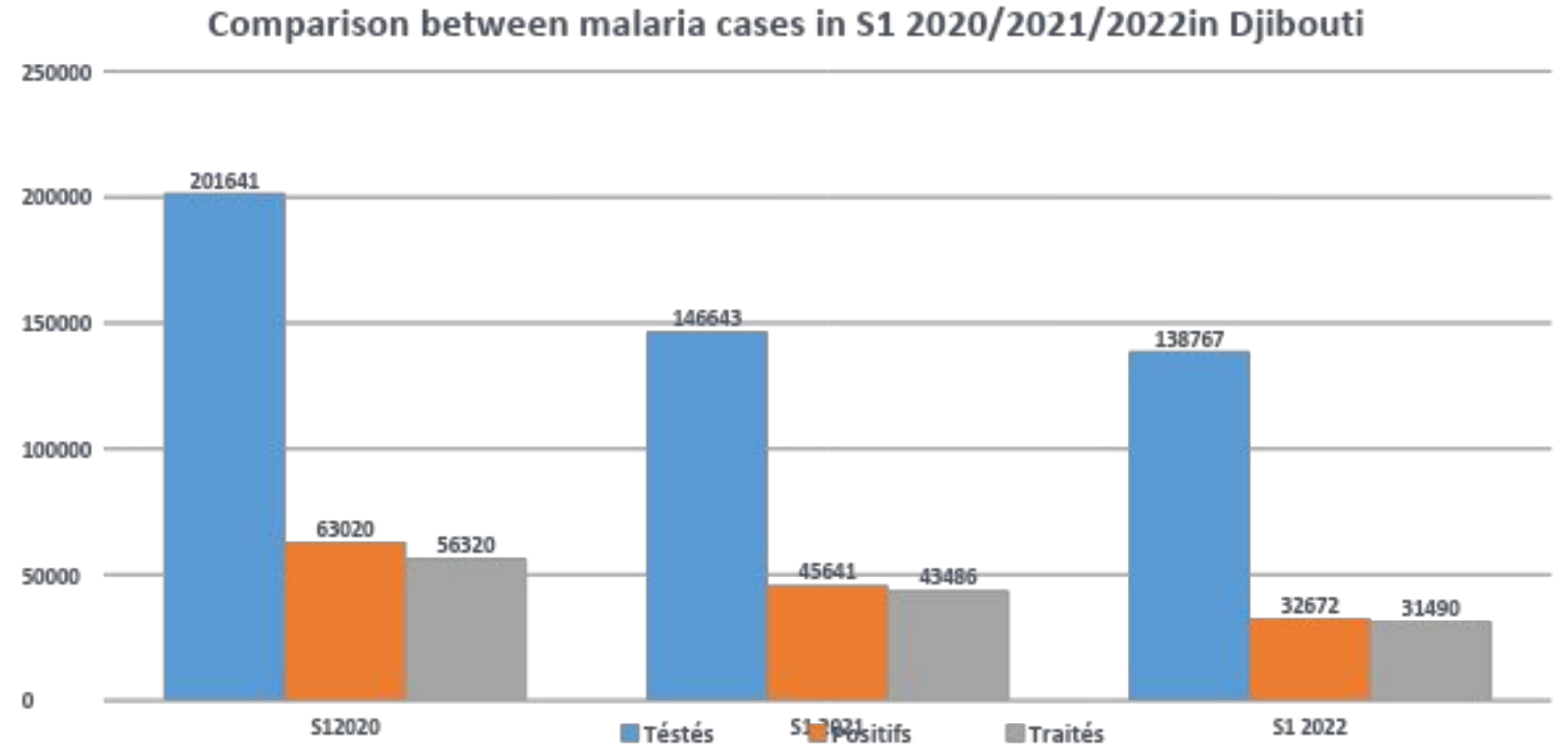


ITN Distribution campaign 2019-2022



2. Major achievements

Case management



Decrease of positive cases since 2020. More than 95% of positive cases received malaria treatment accordingly.

3. Best practices

- ❖ Establish the « push system» to timely supply in malaria commodities;
- ❖ Instaure new mecanism to track malaria commodities consumption:
 - using **m-supply** database at national and facility level (avoid overstock and follow up expiring products along with best moment for ordering);
 - Using DHIS 2: collecting epidemiological data in a timely manner in the various health structures.
 - Using **Kobotoolbox**: database to plan and collect timely data in IRS and LLINs mass campaign distribution

SITUATION DU STOCK ET BESOINS EN INTRANTS ANTIPALUDUQUES DES STRUCTURES SANITAIRES DE DJIBOUTI-Ville				
			Le 31/08/22	Commande à livrer
STRUCTURES SANITAIRE	MOLECULES	Nbre des cas /15Jr et Testé	STOCK ACTUEL	COMMANDE à livrer
KOR-BOURHAN	AL 24 (Bt 30)		4bts	6 boites
	AL18 (Bt 30)		3 Bts/30	2 boites
	AL 12 (Bt 30)		10 plaquettes	0 boites
	AL 6 (Bt 30)		0b/30	0 boites
	TDR (Bt25)		37bts	0 boites
	PREMAQUINE 7.5 (bt 100)		55Bts/100	0 boites
	G6PD			0 Boite
HAYABLEY	AL 24 (Bt 30)		12 Bts/30	0 boites
	AL18 (Bt 30)		7Bts/30	0 boites
	AL 12 (Bt 30)		15 plaquettes	0 boites
	AL 6 (Bt 30)		0 BT	0 boites
	TDR (Bt25)		8 bt/25	12 boites
	PREMAQUINE 7.5 (bt 100)		15 b/100	0 boites
POLYCLIQUE IFTIN	AL 24 (Bt 30)		7 Bts/30	3 boites
	AL18 (Bt 30)		6 Bts/30	0 boites
	AL 12 (Bt 30)		10 plaquettes	0 boites
	AL 6 (Bt 30)		20 plaquettes	0 boites
	TDR (Bt25)		19Bts	0 boites
	PREMAQUINE 7.5 (bt 100)		6 b/100	10 boites

4. Challenges

- ❖ Multisectoral approach for malaria fight;
- ❖ Entomological monitoring, larva source management, and social behavior change : less founded (Global fund only);
- ❖ Lack of surveys/researches to document impact and malaria tools effectiveness: LLIN durability, quality assessment of case management, TES, MIS etc).
- ❖ LLINS (for mass campaign distribution) and routine LLINs for children under five: not founded

Analyse des écarts financiers et programmatiques pour 2024

For 2024				Need	financed	gaps	commentaires
LLINs (<i>number of nets</i>)				45 723	19858	25865	Routine LLIN for children under 5 years not founded
IRS [US\$ or Households (<i>specify which</i>)]				18754	11744	7010	
ACTs (<i>number of treatment doses</i>)				41043	41043	0	
RDTs (<i>number of RDTs</i>)				205219	205219	0	
Total US\$ need essential services (<i>from your gap analysis</i>)				472 366	369 801	102 565	
Other costs (<i>add as required</i>)				347 498	187 295	160 203	
Total US\$ need malaria strategic plan				3 302 918	557 096	2 745 822	The gap is about routine LLIN, IRS in 5 areas and Health System Strengthening related to malaria

Analyse des écarts financiers et programmatiques pour 2025

For 2025			Need	financed	gaps	commentaires
LLINs (<i>number of nets</i>)			516890	194274	322611	
IRS [US\$ or Households (<i>specify which</i>)]			18754	11744	7010	
ACTs (<i>number of treatment doses</i>)			40223	40223	0	
RDTs (<i>number of RDTs</i>)			201114	201114	0	
Total US\$ need essential services (<i>from your gap analysis</i>)			1 612 508	786 270	826 238	
Other costs (<i>add as required</i>)			354 642	236 136	118 506	
Total US\$ need malaria strategic plan			3 997 009	1 022 406	2 974 603	The gap is about LLIN for mass campain in 2025 within 4 regions, routine LLIN and IRS in 5 areas and Health System Strengthening related to malaria

Analyse des écarts financiers et programmatiques pour 2026

For 2026				Need	financed	gaps	commentaires
LLINs (<i>number of nets</i>)				45616	20580	25036	
IRS [US\$ or Households (specify which)]				18754	11744	7010	
ACTs (number of treatment doses)				39419	39419	0	
RDTs (number of RDTs)				197092	197092	0	
Total US\$ need essential services (<i>from your gap analysis</i>)				2 912 522	366 133	2 546 389	
Other costs (<i>add as required</i>)				298 323	138 754	159 569	
Total US\$ need malaria strategic plan				2 086 866	504 887	1 581 979	The gap is about routine LLIN and IRS in 5 areas and Health System Strengthening related to malaria

Priorités pour les financements à mobiliser 2024 par RBM ou d'autres partenaires

❖ LAV

- Mise à jour de la résistance aux insecticides (IRM);
- Continuité de la PID dans les zones cibles et ménages spéciaux (prison etc)
- Disponibilité des MIILDa aux femmes enceintes et enfants dans les services de routine;
- Renforcer la surveillance entomologique au niveau national.

❖ PEC

- Initier l'approche de mentorat pour le suivi de la qualité de Prise en charge du Paludisme dans les structures de soins (diagnostic, traitement, gestion des intrants etc);
- Mettre à jour les directives de prise en charge du paludisme;
- Etendre la prise en charge communautaire dans les régions (pilotage),

❖ IEC/CCC

- Décentraliser les activités de communication;
- Développer une approche de suivi au niveau communautaire;

❖ S-E & recherche opérationnelle

- Enquête sur la qualité de la prise en charge du Paludisme;
- Enquête sur les indicateurs épidémiologiques du paludisme(MIS);



**THANK
YOU**

