



Strengthening Djibouti's Health System for Equity and Resilience Post-COVID-19

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Executive Summary

The COVID-19 pandemic served as a severe stress test for social policies worldwide, revealing profound vulnerabilities in the health systems of many African nations, including Djibouti. This brief argues that while the Republic of Djibouti has established a legal and policy framework aimed at improving health outcomes, its approach has lacked a transformative gender lens. Chronic underfunding, weak enforcement mechanisms and a failure to address the specific health vulnerabilities of women and girls have severely limited the system's effectiveness and equity. Our analysis, based on desk research and key informant interviews, finds that gender-blind policies during crises like COVID-19 disproportionately harm women. In Djibouti, prohibitive testing fees and resource shortages deepened existing inequalities, as women, who are often primary caregivers and more likely to live in poverty, faced greater barriers to care.

Furthermore, the weak enforcement of the law against Female Genital Mutilation (FGM) underscores a critical gap between legal progress and tangible protection for girls and women. To build a resilient and equitable health system, we recommend that the Government of Djibouti adopt a fundamentally more gender-responsive approach. Key recommendations include: (1) the full and public enforcement of the FGM ban coupled with community-led education; (2) the integration of gender-based analysis into all health budgeting and planning; (3) the provision of fully subsidised testing and care for vulnerable groups during crises; and (4) the establishment of a dedicated unit to monitor the gender-specific impacts of health policies. These steps are essential not only for safeguarding public health but also for unlocking the full human capital potential necessary for Djibouti's sustainable development.

Introduction

The COVID-19 pandemic highlighted the indispensable role of strong, inclusive social policies in protecting population health, especially during crises. For the Republic of Djibouti, the pandemic exposed and exacerbated pre-existing weaknesses in a health system already strained by resource constraints and structural inequalities. This policy brief analyses the evolution of Djibouti's health sector policies from the late colonial era to the post-pandemic period, evaluating their progress towards gender equity.

We define gender equity as fair and just treatment that addresses the distinct health needs of all genders, and transformativeness as the capacity to change underlying power dynamics and norms that perpetuate inequality. Our central thesis is that despite a pragmatic historical foundation and commendable legal frameworks, Djibouti's health policies have been insufficiently targeted to overcome the deep-seated socio-economic and cultural barriers that disproportionately compromise the health of women, girls and other marginalised groups.

Achieving national development goals requires a decisive shift towards policies that are not only equitable in design but transformative in impact.

Methodological Approach

Research was conducted under the Gender Equitable and Transformative Social Policy for Post-COVID-19 Africa project. The study utilised a mixed-methods approach to ensure a comprehensive analysis as follows:

1. Desk Review: This involved a systematic analysis of published and unpublished documents on Djibouti's health sector, including policy frameworks, legislative acts, programme reports, and public health data.

2. Key Informant Interviews (KIIs): Semi-structured interviews were conducted with officials from the Ministry of Health, experts from the Intergovernmental Authority on Development (IGAD), and academics from the University of Djibouti. These interviews provided critical insights into policy implementation challenges and gendered impacts.

Gendered Gaps in Health Policy and Implementation

Djibouti's post-independence efforts to expand health infrastructure and introduce priority programmes (e.g., maternal health, immunisation) have improved nominal access. However, a gender-aware analysis reveals significant shortcomings:

- **The Paradox of FGM Legislation:** The 1995 Penal Code criminalising FGM was a landmark achievement. Yet, its weak enforcement perpetuates a cycle of harm. The persistence of FGM demonstrates a failure to transform the patriarchal norms that value girls' bodies over their health and autonomy, leading to lifelong physical and psychological consequences.
- **The Gendered Burden of Disease and Poverty:** High mortality from communicable diseases like tuberculosis and malaria is not gender neutral. Women, often responsible for caring for sick family members, face increased exposure and burden.

As one interviewee noted:

“When a child has diarrhoea, it is the mother who misses work and risks her own health to provide care, often with limited resources.”

This caregiving role, combined with higher poverty rates, makes women more vulnerable.

- **COVID-19 Undermined Women's Access to Health:** The government's setting of a COVID-19 testing fee at 2,000 DJF (USD 12) was a gender-blind policy with gendered effects. For women heading households or dependent on male relatives for funds, this cost was a prohibitive barrier to diagnosis and treatment, increasing their health risks and economic dependence. Shortages of personnel and equipment at testing centres further compounded these disparities.

Conclusions

Djibouti's health sector policies have established a foundational framework for care but have failed to be truly transformative. The system's chronic underfunding, coupled with a lack of deliberate strategies to address gender-specific vulnerabilities, has left women, children, and persons with disabilities disproportionately at risk. The COVID-19 pandemic demonstrated that without policies that actively identify and remove gendered barriers to care, health crises will inevitably widen existing inequalities, undermining both social welfare and national development prospects.

Recommendations

To build a health system that is both equitable and resilient, policymakers must adopt a targeted, gender-transformative approach. We recommend the following actions:

1. Enforce and amplify the ban on FGM

Move beyond legislation to active implementation. Publicly prosecute perpetrators to create a deterrent

effect and launch nationwide, community-led awareness campaigns that engage men and boys to shift the social norms underpinning FGM.

2. Integrate gender-responsive budgeting

Mandate that all health sector budgets are analysed for their differential impact on gender groups. Allocate specific funding to address women's health priorities, including sexual and reproductive health services and mental health support.

3. Ensure universal access in crises

During pandemics or outbreaks, provide fully subsidised testing and treatment for vulnerable groups, particularly women-led households. Establish separate, well-staffed testing centres to ensure accessibility and dignity.

4. Fortify health infrastructure with a gender lens

Expand the network of health facilities, ensuring they are equipped with reliable supplies of essential medicines and staffed by trained personnel. Prioritise the construction of facilities in underserved rural areas and ensure all facilities have gender-segregated sanitation and safe spaces for women.

5. Establish a health equity monitoring unit

Create an independent unit tasked with continuously tracking health policy implementation to evaluate outcomes disaggregated by sex, age, and disability, and to report on progress towards gender equity goals.

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