



General Country Information:

The Republic of Djibouti is located in the Horn of Africa and borders Eritrea, Ethiopia and Somalia with a coast line of 314km on the Red Sea and the Gulf of Aden. Yemen is 20 kilometres across the Gulf of Aden. Djibouti is divided into 5 regions which are further subdivided into 15 districts. The capital and its largest city is Djibouti town.

Djibouti was once called the French Territory of the Afars and Issas and gained its independence from France on 27 June 1977.

Two-thirds of the inhabitants live in the capital city, the remainder being mostly nomadic pastoralists. The economy is based on service activities connected with the country's strategic location and status as a free trade zone in northeast Africa. Limited rainfall reduces crop production to fruits and vegetables, and most food must be imported. It has few natural resources and little industry leading to a high dependence on foreign assistance to help support its balance of payments and to finance development projects. Recent fighting between Ethiopia and Eritrea has disturbed normal external channels of commerce.

The population is divided into two main groups, the Somali Issa (60%) and the Afar (35%). The remaining 5 % are Europeans (mostly French and Italians), Arabs and Ethiopians. Tensions between the Afar and Issa was the cause of the civil war which started in the early nineties and was to last until 2001.

Remote regions have a difficult access to healthcare facilities and infectious diseases such as HIV/AIDS, malaria and cholera are present.

Cholera Background History:

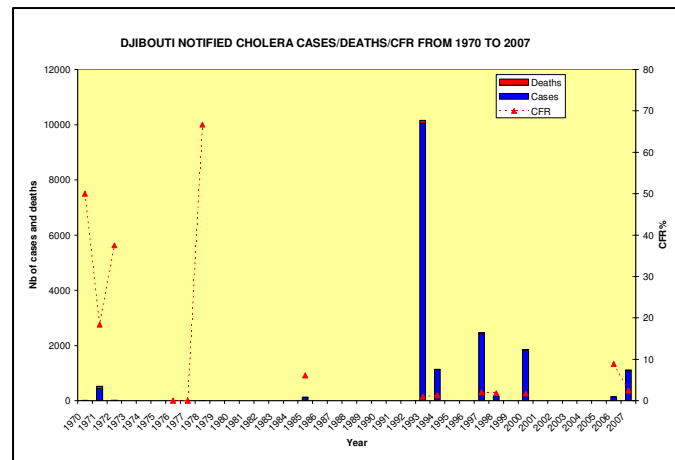
The first cases of cholera were reported in 1970-1971 when the current pandemic hit the African continent.

From 1993 to 2000, in a particularly difficult economical context, Djibouti faced 4 major cholera outbreaks linked to precarious sanitation conditions. Despite high numbers of cases, the case fatality rate was maintained below a 2% rate.

The outbreaks of 1994, 1998 and 2000 were triggered by heavy rainfalls and flooding. They mainly affected Djibouti town and its poorest neighbourhoods ("quartiers", Balbaba, Hayableh) where water supply is irregular or interrupted by pipes leakages. Inhabitants have developed other means for water provision: bole storage, clandestine wells. During heavy rains, the sewage system in those areas systematically overflows to mix with floods waters.

Cholera Outbreaks in 2006-2007:

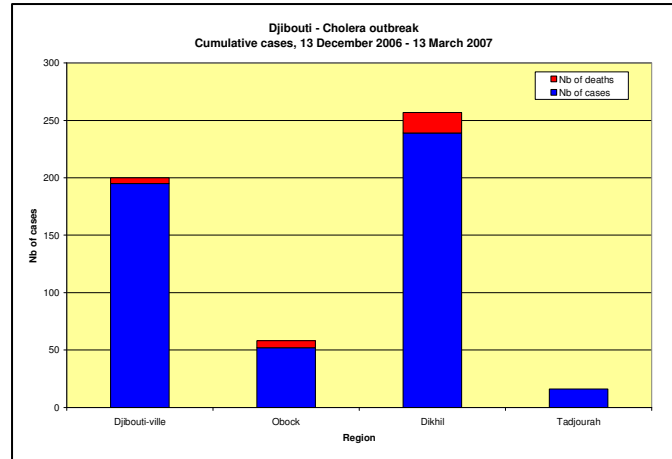
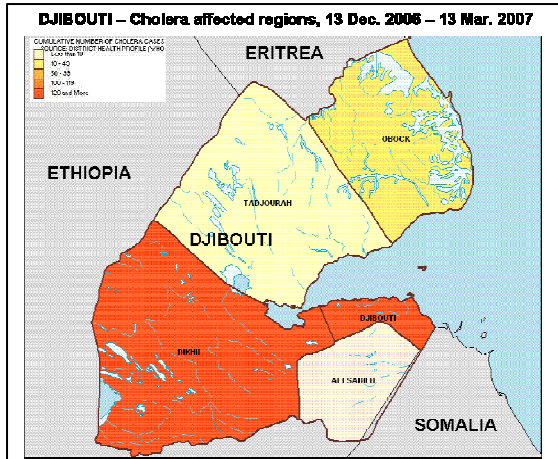
The outbreak started on 13 December 2006 when cases were reported in a rural area of Dikhil district very close to the Ethiopian border, unlike past cholera outbreaks which almost always started in Djibouti town. Most cases were reported in 8 locations: Ourgini, Yoboki, Hanle, Boukbouktou, Dagairou, Daihaitou, Damalafa, Agna.



All locations are rural with no access to health facilities except for Yoboki. Laboratory tests confirmed the presence of *V. cholerae* 01 Inaba in all the affected districts. As of 13 March 2007, the total number of cases reported is 502 incl. 29 deaths in four affected regions (Dikhil, Djibouti, Obock, and Tadjoura). The overall case fatality rate is 5.7%, however the majority of deaths occurred during the early days of the outbreak. Most cases are reported from Dikhil (239) and Djibouti (195), and the highest attack rates are found in Obock (0.17) and Dikhil (0.28).

In mid-May, 50 cases including 2 deaths were reported in a remote area of Tadjourah district located about 90km from the district capital very close to the Ethiopian border.

From the first to 24 November, 562 cases including 6 deaths affected mostly the district of Balbala 1 in Djibouti Ville.



WHO Support Actions:

- January and March 2007: the shipment of 2 Interagency Diarrhoeal Diseases Kits, technical support by country office
- December 2006: the dissemination of cholera control guidelines in French and English
- November 1998: Assessment mission for epidemic preparedness and response

Geography	Total surface	23 200 km ² (coastline 314km)	
	Capital	Djibouti (population: 486 730)	
Environment	Regions	5 (Ali Sabieh, Arta, Dikhil, Obock, Tadjoura)	
	Official language	Arabic and French (Somali and Afar widely spoken)	
Demographics	Climate	Very arid (June, July, August) with temperatures around 40°C, arid the rest of the year. Climate among the hottest in the world. Rains are usually distributed over 26 days during an entire year and are more important in the high altitude regions	
	Floods and droughts	Occasional cyclonic disturbances from the Indian Ocean bring heavy rains and flash floods	
Economy	Population	793 000 (2004)	
	Religions	Mostly Muslim, 6% Christian	
Health Indicators	Ethnic groups	Issa-Somali 60%, Afar 35%, French, Arab, Ethiopian, and Italian 5%	
	Migrants (refugees)	10 000 mostly from Somalia (July 2006)	
Risk Factors for Cholera	Nomadic people	One third of population are pastoralists (outside of capital)	
	Industry	Services	
Communicable Diseases	Farming	Fruits, vegetables; goats, sheep, camels, animal hides	
	Per capita total expenditure on health	72\$ (2003)	
Risk Factors for Cholera	Life expectancy at birth (yrs)	Males: 54	Females: 57 (2002)
	Under-five mortality rate (per 1000)	Males: 131	Females: 120 (2004)
Risk Factors for Cholera	Malaria, tuberculosis, measles, meningitis		
	Adults HIV prevalence rate (age 15-49): 3.1% (2005)		
Risk Factors for Cholera	Population with access to improved water source	73% (2004)	
	Population with access to proper sanitation facilities	82% (2004)	
	Population undernourished	26% (2001-2003)	

Sources for Document: WHO, UN (MDG), UNHCR, UNICEF, UNDP



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