



**World Health
Organization**

Somalia



MAIN ACHIEVEMENTS



WHO's work in Somalia on solar-powered medical oxygen was showcased in a global event on innovation organized by WHO headquarters.



Work on establishing Integrated Disease Surveillance and Response System in Somalia began.



Collaboration with Sweden to support the National Institute of Health and health information management system was formally agreed.



Polio transition officially gets underway.

Technical Programme Update
May-August 2021



Message from the WHO Representative



Our normative work in Somalia continues, in spite of ongoing challenges from security and political instability, as well as our work on the coronavirus disease 2019 (COVID-19) response. While we are feeling optimistic as COVID-19 vaccines have already been rolled out, we are also concerned because the uptake of vaccines has remained low in the country; when this update is published, probably only 1% of the population will have been fully vaccinated. This is very low compared with WHO's global target of at least 10% of a country's population vaccinated by the end of September and 40% by December 2021. Nevertheless, we remain hopeful that Somalia will overcome the political and security challenges and that people who so far could not be reached with COVID-19 vaccines will be reached; this is essential if we are to end the pandemic.

When this update is published, WHO will have released the results of its pulse survey. WHO conducted two rounds of this survey on the continuity of essential health services during the COVID-19 pandemic across 135 countries and territories, including Somalia¹. The first round was conducted during

March–June 2020, and the second round between January and March 2021. In the survey, senior ministry of health officials responded to questions on the health situation in their countries in the 3 months before submitting the survey. This survey looked at 63 core health services across delivery platforms and health areas. The purpose of the survey was to gain insight into and perspectives on the impact of the COVID-19 pandemic on essential health services and how countries were adapting strategies to maintain essential services.

The findings of the pulse survey in Somalia showed that during May–September 2020, 33% of essential health services had been disrupted (one out of three services), while during January–March 2021, the country reported continued disruption to 12% of essential health services (six out of 51 services), indicating that substantial disruptions persist even after 1 year of the pandemic. The services most affected are reproductive, maternal, neonatal, child and adolescent health services (between 5–50% disruption) and routine immunization services (5–20% disruption).

The potential indirect effect of COVID-19 on essential health services, especially on maternal and child health, could be catastrophic in Somalia and may put the lives of children and mothers at risk. The disruption of routine immunization services means that thousands of children have missed out on routine immunization. This situation thus threatens to undo decades of health gains made in the country and end the progress made in saving lives of mothers and children in one of the most fragile settings.

WHO will continue to work with its partners and advocate for redoubling efforts to ensure that the health gains are protected. It is imperative that we all understand the consequences of inaction; therefore, urgent work is needed to update the essential health services using primary health care as the main gateway.

Dr Mamunur Rahman Malik
WHO Representative in Somalia

¹The findings of the second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic for Somalia are available at: <https://www.who.int/teams/integrated-health-services/monitoring-health-services/national-pulse-survey-on-continuity-of-essential-health-services-during-the-covid-19-pandemic/dashboard>

Health emergencies: protecting the vulnerable

Innovation: Saving Lives by Scaling Innovation initiative and solar-powered medical oxygen



On 17 May 2021, 113 external guests and 1808 WHO personnel, 39 of whom were WHO representatives, logged on to a virtual event hosted by WHO headquarters, with support from the WHO Regional Office for the Eastern Mediterranean and WHO Somalia, to officially launch the “Saving Lives by Scaling Innovation” initiative, and showcase its pilot project of the solar-powered medical oxygen system installed at the Hanano General Hospital in Somalia.

Participants were able to pay a virtual visit to the Hanano General Hospital in Galmudug to witness the success and ongoing use of the solar-powered oxygen system. The team from the hospital interacted with Dr Tedros Adhanom Ghebreyesus, the WHO Director-General, who presided over the meeting and wanted to learn more about the project in Somalia.

Other participants at the event included Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, Dr Mamunur Rahman Malik, WHO Representative to Somalia, Dr Soumya Swaminathan, WHO Chief Scientist and Mr Bernardo Mariano Junior, WHO Director of Digital Health and Innovation².

² On 1 June 2021, Mr Mariano Junior was appointed Chief Information Technology Officer, Assistant Secretary-General of the Office of Information and Communications Technology at the United Nations.

Polio transition: integrating polio infrastructure within health programmes

From 18 to 24 May 2021, WHO Somalia organized a workshop to resume the polio transition process, which involves scaling down funding of the Global Polio Eradication Initiative and integrating the assets and resources of the initiative with other health initiatives.

Participants included the WHO Representative to Somalia and programme managers and other staff from: the polio eradication programme, the Expanded Programme on Immunization, the WHO health emergency programme, and the universal health coverage programme and supporting units. The workshop aimed to help participants: understand the concept and vision of polio transition and the stages involved; critically review the existing human resources structures within WHO and the Federal Ministry of Health; and propose the best model for integration. The participants identified synergies and gaps between the human resources of the health ministry and WHO, and identified potential areas of integration to ensure Somalia’s national health goals are met.

The workshop concluded with participants: finalizing and endorsing the roles and reporting lines for the Integrated Public Health Team; discussing proposed funding requirements and potential funding sources for 2022–2023 and once the Global Polio Eradication Initiative support ends; and discussing the key role of the health ministry in the transition process. Finally, the participants formed a WHO transition working group that includes key national staff, and developed a monitoring and evaluation framework for the transition process.

Following an internal WHO planning meeting in May 2021, the Federal Ministry of Health and WHO held a consultative meeting to develop a draft plan for polio transition in Somalia. The plan prioritizes retention and maintenance of essential functions of the polio network and infrastructure for national health security, improving routine immunization, preparing for and averting public health emergencies, and contributing to WHO’s triple billion targets.

First high-level workshop on health security: strengthening Somalia's preparedness



WHO has been supporting the Federal Ministry of Health to establish the Integrated Diseases Surveillance and Response System to strengthen early detection and reporting of and response to public health events that endanger people's lives. Following a baseline assessment of existing surveillance systems, the health ministry, with technical and financial support from WHO, conducted a high-level workshop on health security, public health emergency operation centres and the Integrated Diseases Surveillance and Response System in Somalia on 11–17 July 2021. The workshop aimed to: sensitize high-level officials on health security, hazard prioritization, public health emergency operation centres and the Integrated Diseases Surveillance and Response System; update the national list of priority hazards; draft the national all-hazard plan; and implement next steps to establish the surveillance and response system and the public health emergency operation centres in Somalia.

The workshop was attended by 60 representatives from the National Institute of Health, Federal Ministry of Health, State ministries of health, universities, WHO headquarters, WHO Regional Office, WHO Somalia, United Nations Children's Fund (UNICEF), International Organization for Migration, United States Centers for Disease Control and Prevention and the Public Health Agency of Sweden, among others.

The main achievements of the workshop included: updating the country list of priority hazards, which would guide the development of preparedness and response plans; identifying next steps and timelines to establishing public

health emergency operation centres and the Integrated Diseases Surveillance and Response System in Somalia; and drafting the 2021–2023 operational plan for implementation of the Integrated Diseases Surveillance and Response System. WHO will continue to provide technical support for the completion and implementation of the plans for the surveillance and response system and the emergency operation centres in Somalia.

Collaboration with Sweden: supporting the National Institute of Health and health information systems

On 16 June 2021, Dr Mamunur Malik, WHO Representative to Somalia, and His Excellency Staffan Tillander, the immediate past Swedish Ambassador to Somalia, signed an agreement to enable the WHO Somalia office to recruit and retain two senior-level national staff to support the activities of the National Institute of Health and health information systems in Somalia. This support, which amounts to US\$ 517 868, began through two non-financial memoranda of understanding, one between WHO and the Public Health Agency of Sweden, and the other between WHO and the SPIDER Center (Stockholm University). The former aims to support the establishment of an independent national institute of health in Somalia, and the latter aims to strengthen the digitalization of health information and the development of an integrated disease surveillance and response system across the country. The two staff members will act as WHO's primary focal points for close engagement and technical collaboration with these agencies, health authorities and other relevant partners. The signing of this agreement marks years of close collaboration between WHO and Sweden in Somalia.

Field epidemiology training: shaping the public health response

In line with the Somalia National Action Plan for Health Security, the Federal Ministry of Health, through the National Institute of Health, launched the Somalia Frontline Field Epidemiology programme on 29 August 2021. The 3-month

competency-based programme aims to improve the health ministry's epidemiological capacity through strengthened public health surveillance, improved outbreak investigation and response, improved data availability and quality for decision-making, and better public health communication.

The first cohort of the programme will include 26 national and state personnel and the programme will consist of both workshop training and on-the-job projects, coupled with close mentorship to improve skills at their workplace. Additional trainings will be conducted over the long term.

This programme, which is steered by the National Institute of Health, has been established in collaboration with the US Centers for Disease Control and Prevention, WHO, the Africa Field Epidemiology Network and the Intergovernmental Authority on Development (IGAD). The long-term goal is to have a fully-fledged, country-owned field epidemiology training programme in Somalia.

Subnational immunization days: using evidence-based planning



In efforts to prevent the spread of polioviruses and boost children's immunity, the Federal Ministry of Health of Somalia, with support from WHO and UNICEF, will implement subnational immunization days using the bivalent oral polio vaccine (bOPV). The subnational immunization days will target 1 623 805 children aged 0-59 months. The Federal Ministry of Health, in consultation with WHO and UNICEF, will decide on the date of subnational immunization campaign for the second half of September 2021.

COVID-19: continuing the fight

COVID-19 vaccination: starting on the second dose

In efforts to protect Somalis from COVID-19, Somalia introduced the second dose of COVID-19 vaccination in May 2021, starting with Banadir region and Puntland. The rest of the states joined the vaccination drive after intense planning, using lessons learnt during the roll-out of vaccination with the first dose. The vaccination drive started slowly in the states, particularly in South West, Galmudug and Jubaland states, due to communication and logistical challenges, including difficult terrain.

Overall, 274 185 individuals were vaccinated using the AstraZeneca vaccine and 5205 received the Sinopharm vaccine. The states that reported the highest vaccination coverage for the second dose were Hirshabelle, South West and Puntland and the lowest coverage was reported in Banadir region, Somaliland and Galmudug. The vaccination rate per 100 population in Somalia was 1.8.

The campaign covered Somalis mostly living in the urban areas (94.0%), followed by those living in rural areas (4.7%), nomadic communities (0.4%) and internally displaced persons (0.7%). Target groups included mainly the frontline workers, including health workers (22.0%), teachers (16.8%), municipality workers (11.1%) and others (29.9%).

Sixty additional teams were deployed to Banadir region to reach other people and social mobilization efforts, led by the health ministry, with support from UNICEF, led to an increase in vaccine uptake.

Medical face masks from Germany: helping to protect in the new wave of COVID-19

On 31 August 2021, Dr Mamunur Malik, WHO Representative to Somalia, met with the German Ambassador to Somalia, Her Excellency Annett Günther to acknowledge the donation of 1 386 000 German-made surgical and medical face masks to Somalia through the

support of WHO. Mr Omar Hussein Ali, Charge d'Affaires at the Somali Embassy to Kenya also attended the handover ceremony, which was held at the residence of the German Ambassador to Somalia.

This support comes at a time when Somalia is facing a new wave of COVID-19. The face masks will be distributed to the Federal Government and Federal Member States of Somalia as part of COVID-19 response activities, who will further distribute them to the general public and frontline workers involved in managing public services amid the ongoing COVID-19 outbreak in the country.

In addition to the masks, Germany has provided US\$ 1 million through a global funding arrangement in support of the WHO country office's response to COVID-19 in Somalia.



European Union's support of health in Somalia: strengthening the health system to prevent COVID-19 spread

In the second quarter of 2021, WHO, through a project funded by the European Union, continued to help the Federal Ministry of Health prevent large-scale community spread of COVID-19 through health system strengthening and operational support. The project included the following activities.

- Establishing a medical oxygen plant in Somalia, expected to arrive soon, to improve access to sustainable medical oxygen supplies for the management of critically ill patients, including COVID-19 patients, children with severe pneumonia and other patients who require oxygen therapy. WHO also supported the De Martino Hospital and

Garowe Hospital by covering the operational cost of refilling oxygen cylinders and transporting them to isolation centres to help critically ill patients.

- Training vaccination teams and covering the operational cost of implementation of the COVID-19 vaccination campaign in Somalia. In July, 63 health workers were trained in Banadir region and deployed to support the roll out of COVID-19 vaccination through outreach mobile teams, which resulted in a significant increase in vaccine uptake.
- Deploying rapid response teams and community health workers to enhance COVID-19 surveillance, case detection and testing, in addition to risk communication and community engagement activities. The project supported the operational cost of 1829 community health workers deployed across 51 districts in Jubaland, Galmudug, Puntland, Hirshabelle and South West states, Banadir region and Somaliland.

Serological survey: determining population immunity to COVID-19

A seroepidemiological investigation of COVID-19 and a serological study of population immunity against vaccine-preventable diseases were conducted across all regions in Somalia. With technical guidance and financial support from WHO, the Federal Ministry of Health supervised the serosurvey operations. Based on lessons learnt from the serosurvey in March 2021 in Somaliland, a training video was jointly developed for enumerators, phlebotomists and laboratory technicians on avoiding human errors.

Following two-day training, enumerators collected blood samples from 2069 participants of all age groups from May to August 2021 across all federal member states and Banadir region. They compiled data using a pre-tested electronic tool. The blood sera were processed and shipped to public health laboratories in Mogadishu and Garowe. After sample audits and quality checks were conducted, both laboratories performed enzyme linked immunosorbent assay (ELISA) tests for COVID-19. The dried blood-spot samples were also processed and shipped to the laboratory of the United States Centers for Disease Control and Prevention for immunity testing of vaccine-preventable diseases.

After completion of laboratory testing, it will be possible to: determine the seroprevalence of antibodies to COVID-19 in the general population in order to ascertain the cumulative population immunity; estimate the fraction of asymptomatic people in communities; determine age-specific susceptibility to vaccine-preventable diseases, including poliovirus, measles, mumps, rubella, tetanus, and diphtheria; and identify key factors (age, sex, geographic area, nutritional status and other sociodemographic characteristics) associated with insufficient immunity to vaccine-preventable diseases in Somalia.

Universal health coverage: ensuring health for all

Coordination meeting with Puntland Ministry of Health: enhancing communication and collaboration



WHO convened a high-level coordination meeting with the Ministry of Health of Puntland on 8 June 2021 in Garowe. The objective of the meeting was to improve communication and collaboration between both partners and conduct a review of all health programmes supported by WHO in Puntland.

The participants discussed key priority areas, including: scaling up essential and basic health services, and nutrition services; tackling gaps in human resource for health; improving governance and leadership of the health system; improving the ministry's health information system; and implementing activities related to health financing for universal health coverage. They also discussed ways to improve the physical infrastructure of the health sector,

enhance health emergency preparedness and response, and act on social determinants of health and health in all policies.

Both partners agreed to: develop a joint workplan for each programme and monitor the implementation of the planned activities; discuss and introduce realistic solutions to tackle surveillance issues, including the Early Warning Alert and Response Network (EWARN) system; offer capacity-building for personnel and revise the tuberculosis guidelines (multi-drug resistant); discuss and address payment issues using local banks/remittance companies; provide updates on the procurement and establishment of oxygen plants in Puntland; and continue to strengthen coordination activities between WHO and the Ministry of Health.

Intergovernmental coordination: tackling priority health problems in Somalia together

The intergovernmental coordination for health, effective since late 2020, sees the active participation of the federal and state ministries of health to address priority health issues in Somalia and related responsibilities at the different levels of the health systems.

Under this framework, in July 2021, ministers of health and officials of the Federal Government of Somalia and Federal Member States (Puntland, Galmudug, Hirshabelle, Jubaland, South West State and the Banadir Regional Administration) attended a 2-day intergovernmental meeting. The discussions focused on the *Damal Caafimaad* project supported by the World Bank and the Global Financing Facility, polio transition, the Human Resources for Health Regulatory Framework, the COVID-19 pandemic and response, and health sector review and planning to launch the development of the Somalia Health Sector Strategic Plan 2022–2026.

Health sector coordination meeting: committing to agreed actions

Health sector coordination involves stakeholders and development partners sharing information and coordinating their actions. To further health sector coordination in Somalia a meeting was held in July 2021 of health partners,

including United Nations agencies, donors, professional bodies and nongovernmental organizations. Participants shared updates on the implementation of the Essential Package of Health Services (EPHS), donor support and the findings made by Somali researchers on COVID-19. In addition, specific action points were agreed for agenda items discussed at the above-mentioned intergovernmental coordination meeting. Partners committed to regular information-sharing on, monitoring of and accountability for the agreed actions.

Anticipatory action project supported by CERF: reducing public health risks of drought



With the support of the Central Emergency Response Fund (CERF), WHO is implementing an anticipatory action project in 11 districts of Jubaland, Puntland, Galmudug and Hirshabelle states and Somaliland. The project, which runs from May to November 2021, aims to prevent and mitigate the public health risks of drought and limit excess deaths and diseases through timely anticipatory action.

The project mainly focuses on capacity-building of health care workers, procurement and prepositioning of medical supplies, and delivering operational support to detect, investigate, confirm and respond to potential outbreak-prone diseases in the targeted districts.

In collaboration with state ministries of health, WHO trained 260 health workers (151 males and 109 females) in surveillance of epidemic-prone diseases, outbreak investigation and confirmation, sample collection, packaging and shipment, infection prevention and control, water quality

testing, and integrated disease management focusing on diarrhoeal diseases, acute respiratory tract infections, malaria, measles and other common illnesses.

As a result of the project, 8274 alerts of epidemic-prone diseases were reported between May and July 2021 through the EWARN system, and 40 interagency emergency health kits, nine cholera kits, eight trauma kits, antibiotics and sample collection kits were distributed to the affected districts.

The initiative targeted 60 623 people (including 30 130 women and 12 730 children under 5 years) with health promotion and disease prevention messages, and lifesaving health services.

Emergency intervention for disabled persons and IED victims in Hudur: reaching every last person

The project is a collaborative effort between WHO, the Federal Ministry of Health and the Italian Agency for Development Cooperation. It is implemented in Hudur district of Bakool region, South West State. The focus of the project is on improving access to basic health services for vulnerable communities, mostly living as internally displaced people and nomadic populations living in hard-to-reach areas. The first phase of the project ended in April 2021, with encouraging results despite the COVID-19 pandemic. The project supported the following activities:

- The delivery of basic health services through outreach activities to hard-to-reach populations, including 25 094 people between August 2020 and April 2021. This population did not have access to health services.
- Capacity development for health care workers in different fields of practice. Seven technical training courses were delivered, which benefited 199 health workers. Training focused on: Mental Health GAP Action Programme (mHGAP); infection prevention and control; Expanded Programme on Immunization; integrated management of acute malnutrition; Early Warning Alert and Response Network surveillance system; community management of diarrhoeal diseases and basic obstetrics emergencies, and neonatal care.
- Support to the Hudur Hospital for improved capacity in diagnostic and patient care. Through this support, 46 071 patients received health services at the hospital between

August 2020 and April 2021. In addition, 7445 patients received mental health services following the mhGAP training for health workers and roll out of mental health services across Hudur district. Improvement of physical facilities is underway.

- Support to survivors of conflict, including referral services (particularly trauma patients) from peripheral facilities and conflict front lines to Hudur Hospital. Overall, 266 critical patients were referred to the hospital for trauma care.

Mental Health and Psychosocial Support Project: addressing an underserved area

The Mental Health and Psychosocial Support project is funded by the Peacebuilding Fund as a pilot project to determine the links between mental health and peacebuilding. The project is implemented by WHO, UNICEF and the International Organization for Migration in support of the Federal Ministry of Health. WHO, in collaboration with the Somali National University and the health ministry, supported training of health workers in Kismayo, Baidoa and Dollow on mhGAP. The health workers were supported to roll out mental health and psychosocial support services in their facilities. The mental health focal points were trained to serve as trainers of trainers, and to provide supportive supervision and on-job training in each district. During supervision, knowledge gaps emerged which could not be resolved by on-the-job training. A team from WHO, Somali National University and the Federal Ministry of Health reviewed the issues and it was agreed that debriefing and mentorship workshops be organized in each of the project sites to discuss and resolve any difficulties. Workshops were organized in June and August and have been useful in helping to resolve issues and provide opportunities for peer-to-peer learning.

The project has an operational research component that will look into links between youth, mental health and psychosocial support and peacebuilding in Somalia. The implementation of mental health services in these districts is being aligned with the revised Essential Package for Health Services, which now has mental services in the primary health care package for Somalia. WHO is supporting the research, the findings of which will inform future

programming in the field of mental health, youth involvement in peacebuilding and the approaches that can be used to improve mental health services and accelerate peacebuilding efforts. The project has a dedicated website, which covers project activities and has useful resources for mental health practitioners in the field (<https://health4peacesomalia.org/Home.html>).

Integrated Management of Childhood Illness: adapting guidelines and training for Somalia



As part of efforts to reduce child mortality and ensure children receive holistic support in health, WHO provided technical support to the federal and state health ministries to conduct a 3-day workshop in Mogadishu to adapt and review the national Integrated Management of Childhood Illness (IMNCI) guidelines for Somalia.

The main objectives of the workshop were to: (i) review the IMNCI guidelines, incorporate technical comments on them, and address issues that were raised during a training of trainers in Hargeisa on inconsistencies between the chart booklet and training materials; (ii) contribute to institutionalizing IMNCI training in the Somali health system; and (iii) strengthen the capacity of the health personnel in the children's health department to follow up on the IMNCI training.

The workshop included participants from the federal and state health ministries, WHO, UNICEF, Save the Children, the Somali Paediatric Association and the Somali National University participated in the workshop.

The national training package for IMNCI in Somalia has been finalized and is ready to be scaled up. As a next step, WHO will share the revised materials with the heads of the national HIV,

tuberculosis, nutrition and malaria programmes within the Federal Government for their final review and technical feedback.

Malaria control: training on case management and ELISA

WHO provided support to the health ministry to train 86 national personnel, including from the private sector, in malaria case management, and offered advanced training in ELISA for senior entomologists in Somalia and Somaliland. In collaboration with the WHO Regional Office, Somalia sent four national personnel to attend advanced ELISA training in Addis Ababa and Jimma from 16 to 22 August 2021. In addition, WHO supported the health ministry in supervising malaria control activities at state and regional levels. WHO also supported the national malaria control programme to investigate malaria cases in two districts under malaria elimination, and conduct a vector control needs assessment.

Health Cluster support: covering needed issues

In July, the Health Cluster carried out a 2-day information management workshop in Mogadishu, with participants attending online and in person. The workshop aimed to identify and resolve the reporting needs of partners, including in the use of the Health Resources and Services Availability Monitoring System (HeRAMS; a database to store information).



The Health Cluster facilitated the distribution of the second allocation of the Somalia Humanitarian Fund. This allocation of US\$ 26 million was assigned to respond to acute water shortages in areas with extended drought conditions and to support the scale up of the response to flood-affected people in critical locations mainly in Hirshabelle.

The Health Cluster also engaged a national consultant on gender-based violence to support WHO's work in this area. The consultant's work has included hosting forums with the Health Cluster partners on programming for gender-based violence, and review of: the translated, updated WHO guidelines on clinical management of rape; training materials on clinical management of rape; and updated information materials on gender-based violence.

To promote equity in health, the Health Cluster advocated for inclusion of marginalized populations in the vaccination programme for COVID-19 and requested its partners to identify these groups and help them get vaccinated.



World Health Organization

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Published by:

World Health Organization (WHO)

Mogadishu, Somalia

Correspondence: +252616695096

Email: emacosomwr@who.int; emacosomexr@who.int

URL: <http://www.emro.who.int/countries/somalia/index.html>



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