



World Health  
Organization

Somalia



High  
Eme  
Plan

## MAIN ACHIEVEMENTS



4 524 050

doses of COVID-19 vaccine administered



455 705

children aged 6-59 months vaccinated for measles



2 400 000

schoolchildren treated to eliminate worm infections



Third oxygen plant installed



Three new public health laboratories with PCR capability established

## Technical Programme Update

May-August 2022



## Foreword

### making progress in the midst of uncertainty



Somalia is facing one of the worst droughts in its history. About 7.1 million people are in need of humanitarian assistance and nearly 1 million people have been internally displaced. A recent projection of the Famine Review Group, which is responsible for Integrated Food Security Phase Classification, showed that parts of the country may face famine during October–December 2022. This is alarming given that the country's fragile health system has not yet fully recovered from the coronavirus disease 2019 (COVID-19) pandemic which severely disrupted essential health services in the country. From the very beginning of this drought, World Health Organization (WHO) has clearly stated that the drought is a health crisis as much as it is a food and climate crisis. The strong advocacy of WHO to improve access to health care for those affected by the drought and those already vulnerable has gained ground. There has been increased integration of health with other life-saving interventions and coordinated delivery of interventions.

WHO's main concern has been to prevent excess deaths directly or indirectly attributed to drought. As such, WHO has stepped up its life-saving interventions and our efforts have had a meaningful effect: none of districts where drought has affected food, water and nutrition security, has observed any excess deaths attributed to drought. Data, from WHO sources and a Famine Review Group survey in August, did not show that deaths reported in the districts where these surveys were done had exceeded the emergency threshold for declaration of a famine.

Our work in Somalia got renewed momentum when Dr Ahmed Al-Mandhari, Regional Director for the WHO Eastern Mediterranean, visited Somalia in May this year. This was his second visit in less than 3 years which showed his commitment to improving the health system of the country through innovation, agile response and effective investment. WHO's emergency response plan for drought was launched during his visit with a request for US\$ 35 million from our donors and partners to support our work to save the lives of people trapped in the perpetual crisis of climate shocks.

Amidst many challenges, WHO's normative and technical works continue and we thank our partners and donors for their continued support to our ongoing work. We also thank our dedicated staff whose determination to serve the people, and improve and protect their health in a difficult and operationally challenging environment is already paying off.

**Dr Mamunur Rahman Malik**  
*WHO Representative in Somalia*

## Strategic priority 1 – Advance universal health coverage by accelerating the primary health care-led recovery with a view to supporting the goals of integrated health services



In line with WHO's strategic priority for advancing universal health coverage (UHC) in the country, the WHO Country Office continues to strengthen and support high-impact interventions that will bring the country closer to achieving the goals of Sustainable Development Goal (SDG) 3.

### *Strengthening routine immunization*

WHO continued to support the ministries of health and deployed integrated outreach teams in low-performing districts, including in drought-affected areas, to target children and women of child-bearing age who were due or had missed their routine immunization. The outreach teams are also providing basic treatment for simple medical conditions as well as micronutrient supplements to every child and pregnant and lactating women seeking services from these teams. During this 4-month period, the outreach teams succeeded in vaccinating 31 812 children with the Bacillus Calmette–Guérin (BCG) vaccine,

54 297 zero-dose children with the penta-1 vaccine, 44 961 children with the penta-3 vaccine, 40 636 children with the first dose of the inactivated polio vaccine, 55 207 children with the first dose of the measles vaccine and 35 879 children with the second dose of the measles vaccine. The teams also vaccinated 28 817 pregnant women with tetanus-diphtheria (Td) 1 vaccine and 20 633 pregnant women with the Td2 vaccine. In addition, 88 822 children were given vitamin A supplements and 30 000 sachets of oral rehydration salts were provided to families for treatment of sick children with diarrhoeal disease.

### *Eliminating worm infections as a public health problem*

WHO supported the launch of an 18-day campaign in May 2022 for mass drug administration of praziquantel and metronidazole to 2.48 million school-aged children (5–14 years) and adults in 39 districts to eliminate worm infections as a public health problem. Health care workers visited schools and Koranic schools to reach children and used community-based initiatives to target adults, especially among the most vulnerable groups such as internally displaced people. This mass drug administration will reduce the reservoir of schistosomiasis and soil-transmitted helminth infections and interrupt disease spread. In addition to offering these medicines, WHO supported the health authorities to increase public awareness about worm and helminth infections. The campaign and other interventions to eliminate worm infection from the country have been supported by the END Fund and Expanded Special Project for Elimination of Neglected Tropical Diseases.

### *Cooperating to improve resilience of the Somali health system*

WHO and the Italian Agency for Development Cooperation have joined to improve essential health services using a hospital-based care approach. The project, in line with

Somalia's new Essential Package of Health Services (EPHS) 2020, aims to improve delivery of essential health services at the secondary care level by building strong and resilient hospital-based care at Hudur General Hospital in South West state and Dhusamareb General Hospital in Galmudug state. Both these hospitals are currently unable to meet the health care needs of the populations within their catchment areas. The project will support integrated health care by strengthening hospital-based care, as well as improving hospital management systems for better stewardship and effective service delivery towards achieving UHC.

## Rolling out a RMNCAH strategy

A reproductive, maternal, neonatal, child and adolescent health (RMNCAH) strategy 2019–2023, which remained dormant due to COVID-19, was revived during May–August 2022. To this end, WHO obtained approval from the health authorities of the strategy's timeline up to 2027. Costing of the strategy and coordination with the ministries and stakeholders to finalize the goals post-COVID-19 are underway. With support from the WHO Regional Office for the Eastern Mediterranean, work was undertaken to develop guidelines on basic emergency obstetric and newborn care. The first draft of the guidelines and training manual are under review.

## Reaching the zero malaria target

The malaria control programme continued its efforts to reach the zero malaria target using: early testing and identification of cases; effective case management with the appropriate antimalarial drugs; and distribution of insecticide-treated bed nets and indoor residual spraying to reduce parasitic transmission in high and moderate malaria transmission risk areas. The malaria test positivity rate percentage and annual parasite index has continued to fall. Compared with 2021, there was a 266% reduction in annual parasite index/1000 and a 75% reduction in test positivity rate percentages during May–August 2022. The WHO country office facilitated workshops and surveillance training through the Global Malaria Programme and finalized: guidelines on distribution of long-lasting impregnated nets; a study protocol to monitor histidine-rich protein-2/3 and malaria resistance molecular markers in 10 health facilities; and guidelines on larval source management. Using the updated National Malaria Strategy and Monitoring and Evaluation Plan (2021–2025), the malaria control programme with support from WHO and other partners aims to achieve a zero malaria target in six districts in Somaliland and Puntland: Odweyne, Ainabo, Burao, Sheikh, Burtinle and Goldogob.

## Strategic priority 2 - Enhance health security by promoting emergency preparedness, surveillance and response using an all-hazard and one-health approach



WHO continues to ensure that essential public health functions are sustained under the new health security structure by providing policy and management support and making sure that emergency services reach the most vulnerable.

## Launching WHO's drought response plan

The WHO Regional Director for the Eastern Mediterranean, Dr Ahmed Al-Mandhari, launched the emergency health response plan for drought of WHO country office during his visit to Somalia in May. The launch was attended by: Her Excellency Dr Fawziya Abikar Nur, Minister of Health and Human Services of the Federal Government of Somalia; Mr Jocelyn Mason, United Nations Resident Coordinator for Somalia, *ad interim*; and Mr Mugatte Guisse, United Nations Humanitarian Coordinator for Somalia, *ad interim*. The ongoing drought in Somalia and across the Horn of Africa is the region's worst in the past 4 decades. In Somalia alone, an estimated 7.1 million people have been affected by the drought, of whom about 1 million have been displaced in search of water, food and pasture. WHO is asking for US\$ 35 million to support its emergency and life-saving interventions until the end of December 2022.

## Developing an integrated disease surveillance and response system



The WHO country office facilitated a workshop in June to help finalize the operational plan and guidelines for implementation of integrated disease surveillance and response (IDSR) in the country. Participants from several

agencies reviewed and revised the 3-year IDSR operational plan and the guidelines, which were later endorsed by the health authorities. Training modules to pilot IDSR implementation have been developed and will be rolled out in later this year. The roll-out of IDSRs will be a major achievement in building core capacities for the International Health Regulations (IHR 2005).

## Supporting new health security structure

During May–August 2022, the WHO country office continued to help build and improve essential public health functions at the peripheral level. As a result, three new laboratories with polymerase chain reaction (PCR) capability were established in Baidoa, Kismayo and Jowhar, which has increased the number of public health laboratories with molecular diagnostic capacity to six. Thus the country now has a decentralized capacity and laboratory infrastructure to conduct testing for COVID-19 and other epidemic-prone pathogens. In addition, another measles testing laboratory was established in Garowe and seven more were established in: Galkayo hospital Puntland; Burao and Borma hospitals Somaliland; Baidoa hospital South-West state; Jowhar and Beletweyne hospitals Hirshabelle state; and Dusamareb hospital Galmudug state. With measles and cholera cases increasing, this support from WHO will help improve access to testing and diagnosis. The second containerized pressure swing adsorption (PSA) oxygen plant has been installed in Garowe. WHO procured and delivered this plant with funding from the African Development Bank. The plant can serve up to 25 intensive care patients at once, and refill 100 40-L oxygen cylinders in a day. Furthermore, 61 oxygen concentrators were distributed in maternal and child health clinics in the drought-affected areas. To ensure sustainability of the PSAs, biomedical engineers and technicians were trained to manage the oxygen plants in Mogadishu and Garowe. Two additional solar-powered oxygen systems were installed in general hospitals in Kismayo and Baidoa, bringing the number now in place with WHO's support to three. As a result, 432 patients of all ages (3 days to 90 years) have received oxygen in these three hospitals so far. More

than 90% of these patients were discharged from hospital without any disability.

WHO has also supported the establishment of triage corners at 67 maternity and child health clinics in drought-affected areas: Galmudug 17, Jubaland 9, Puntland 14, South-West 21, Hirshabelle 3 and Banadir 4. The triage corners will help health practitioners provide life-saving services to patients in critical conditions.

WHO facilitated the training and mentoring of 25 frontline health workers (including four females) on field epidemiology under the field epidemiology training program (FETP). This was the second group of trainees. WHO also helped in the response to an exponential spike in measles cases in several parts of the country, mostly in the south Mudug region of Galmudug state and some parts of Puntland between January to June this year. In total, 455 705 children, 6–59 months old were vaccinated out of 488 332 in both Puntland and Galmudug, a coverage of 93.3%. While WHO continued to monitor the transmission of COVID-19, it also supported the administration of COVID-19 vaccines. As of 31 August 2022, Somalia had administered 4.52 million doses of COVID-19 vaccines with 13.3% of the population partially vaccinated and 15.5% of fully vaccinated.

## Ending polio



The first and second rounds of subnational immunization days were done during May–August. The WHO Representative in Somalia, Dr Mamunur Rahman Malik, was joined by the UNICEF Country Representative

Ms Angela Kearney, the Governor and Mayor of Mogadishu HE Omar Mohamed Mohamud Flish and Deputy Special Representative of the Secretary-General and the United Nations Resident and Humanitarian Coordinator for Somalia Mr Adam Abdelmoula to officially launch the national immunization day for polio on 6 June 2022. They visited a camp for internally displaced people in Manahijta and Waberi health centres in Banadir city to launch the day and vaccinate children against polio. Each round of the campaign targeted about 3.5 million children younger than 5 years and more than 95% of the targeted children were vaccinated.

## Responding to drought

WHO stepped up its drought response operations in 28 severely hit districts with key life-saving interventions. Using a combination of community-based and primary health care (PHC)-based interventions, WHO support has resulted in the following achievements.

- 13 923 children with severe acute malnutrition with medical complications were treated at the 53 stabilization centre, with a cure rate of 83%. Although admissions were higher (40–50% higher) than observed during the same period in previous years (non-drought years), the cure rate has been the same.
- 223 665 children younger than 5 years were vaccinated; 46 915 were zero-dose children who had never received any childhood vaccine in their life.
- 19 119 pregnant women were vaccinated with the third dose of tetanus toxoid vaccine.
- 43 511 sick children with diarrhoeal disease were treated either at their home by community health workers or by outreach medical teams.
- 185 727 children were screened for malnutrition in the community and were treated with micronutrient supplements and referred to feeding centres as appropriate.
- 133 021 children younger than 5 years received micronutrient supplements to boost their immunity.

### Strategic priority 3 – Promote healthier populations and well-being using multisectoral approaches to address the social determinants of health and risk factors



Considering the importance of a multisectoral approach to promote healthier populations and address the social determinants of health and risk factors, WHO initiated a number of projects which will have long-term impact on various risk factors undermining the health of local populations.

### Building an equitable health system

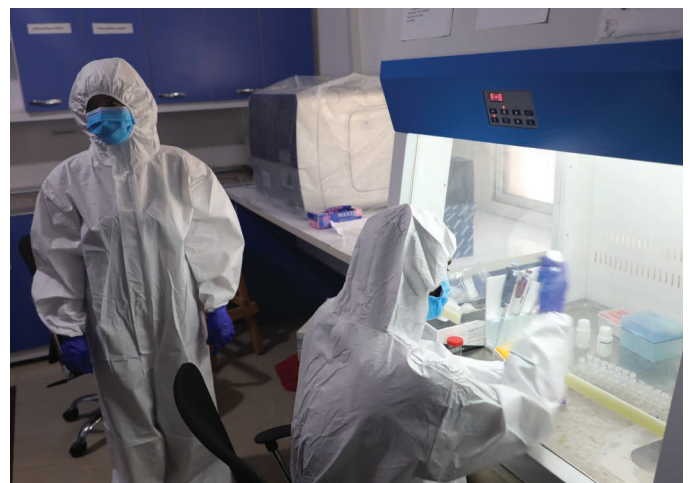
The WHO country office commissioned a study on health inequalities and social and environmental determinants of health in the country during this quarter. Despite data limitations and a paucity of information, the study looked at the evidence on the distribution of poor health outcomes among populations of different economic groups, educational attainment and residence and also identified levels of health inequalities in Somalia. As a follow up to this study, a systematic review is planned by WHO to determine and gather evidence from similar settings in Africa as to how cost-effective interventions and programmes can address health inequalities in disadvantaged groups.

### Assessing health care waste management

WHO provided technical support to the health authorities to conduct an assessment of health care waste management during this quarter targeting main health facilities and hospitals. This was done after training staff on the use of WHO's health care waste management rapid assessment tool. Although data from the country are not available, it is estimated that health care waste management in the country is basic and rudimentary. The findings of the assessment will help inform the development of a policy on health care waste management and a country-wide system to ensure safe and environmentally sound management of health care waste.

### Improving water quality surveillance

WHO, in collaboration with the local health authorities, undertook water quality surveillance in selected parts of the country by sampling and testing selected water sources according to WHO's drinking-water quality surveillance guidelines. The test reports were regularly shared with subnational health and WASH clusters. The drinking-water quality surveillance system will be gradually scaled up to other states facing severe drought. WHO is coordinating with the ministries of health and water resources to support the establishment of a countrywide water quality surveillance system.



## *Using renewable energy to electrify health facilities*

The WHO country office's innovative project – using solar power to provide electricity to 100 PHC centres – gained further momentum in May–August 2022. The office hosted a technical mission from WHO headquarters and the Regional Office for the Eastern Mediterranean which aimed to bring together key partners to explore and advocate for ways to reinforce the Somali health system using climate-friendly solutions, such as solar power for delivering oxygen and electrifying health facilities especially in remote and hard-to-reach areas. This mission was followed by a mission from the SELCO Foundation in August to complete the energy assessment required for procurement and delivery of a solar-powered system to electrify 100 PHC centres in the country. As evidence has shown elsewhere, it is expected that the use of solar energy in health centres will not only reduce carbon footprint and promote the use of renewable energy, it will also lead to increased use of health care services in hard-to-reach areas.

## **Strategic priority 4 – Strengthen health governance using the Global Action Plan for Health and Well-being to support joint and collective actions to achieve health-related SDG goals.**



The WHO country office continued to support activities that strengthen health governance by creating a platform for collaboration on health in a multilateral system and also

utilizing the support from other principals of Global Action Plan for Healthy Lives and Well-being for All. A case study in Somalia has been included in the 2022 progress report of the global action plan<sup>1,2</sup> showcasing how innovation and stronger collaboration with relevant agencies are helping the country to strengthen PHC services and promote an equitable and resilient recovery from the pandemic to support achievement of the health-related SDGs.

## *Assessing health facilities' readiness and capacity*

During May–August, WHO has supported the completion of the first phase of the harmonized health facility assessment of all health facilities (public, private and those managed by nongovernmental organizations) in the country covering Puntland, Banadir and South West state. The assessment evaluates the physical and functional availability of health facilities, and the readiness of the facilities to provide health care services, mainly essential health services. The information will provide important data for monitoring health system capacity to respond to population needs and health system performance, in addition to providing up-to-date data for planning and information on availability of and access to health care.

## *Supporting high-level discussion to advance health services delivery*

During May–August, the WHO country office supported the organization of two high-level events. The first event was in Geneva in May (during the seventy-fifth World Health Assembly) entitled “Improving health services delivery in a fragile setting through harnessing the power of innovation: a story from Somalia aiming to achieve universal health coverage”. The panel discussion was organized by the Federal Ministry of Health & Human Services and showcased the work of the government in harnessing the power of innovation to improve service delivery for UHC. The second event was a high-level policy dialogue on June in Mogadishu entitled “Building climate-resilient and

<sup>1</sup> Available at: <https://www.who.int/publications/i/item/9789240050846>

<sup>2</sup> Available at: <https://www.who.int/news-room/feature-stories/detail/bringing-innovation-scale-strengthen-phc-somalia>





environmentally friendly health systems in Somalia: use of solar power for medical oxygen and electrifying health facilities". The value and usefulness of solar-powered oxygen concentrator systems in Somalia were discussed as a means to improve survival of children, increase access to care and strengthen PHC services. Opportunities to build climate-resilient health systems using sustainable green energy to address inequity and fragility towards achieving UHC were also discussed. The WHO country office also organized two high-level events in June and July – a round-table discussion on how innovations in the roll-out of COVID19 vaccines and oxygen availability are opening opportunities for health systems strengthening, and a panel discussion to share innovations and best practices, and mobilize commitments to an inclusive vision of Health for All as an accelerator to achieve the SDGs.

### *Reviewing progress of WHO's collaborative works*

To transform the WHO's strategic priorities in line with the WHO Country Cooperation Strategy 2021-2025 for Somalia, in July and August, the WHO country office conducted mid-year review and planning meetings with

the Galmudug, Jubaland, Hirshabelle and South West state ministries of health, as well as with the Federal Ministry of Health and Human Services with representation from Banadir Regional Administration. All the line directors and focal persons from the ministries of health together with the WHO programme managers and technical specialists reviewed the progress of the joint work plans developed for 2022. Bottlenecks, best practices and ways to ensure the remaining planned activities are completed within the agreed timeline were identified and discussed. Given the ongoing drought and evolving crisis, additional priorities were also discussed and further activities were included in the work plans.

### *Exploring the establishment of a health information system*

A WHO fact-finding mission to ascertain the needs, challenges, requirements and approaches in relation to the establishment of a comprehensive, well resourced, monitored and reliable health information system was





conducted in June 2022. Meetings were held with heads of departments of the ministries of health, National Institute of Health, National Bureau of Statistics, Ministry of Interior and academic institutions. The mission team made field visits to Banadir hospital and a health centre in Mogadishu. The mission concluded with a virtual meeting with partners and stakeholders on health information for evidence and data for action in Somalia. The mission shared its findings with the health authorities, learnt about on-going involvement of various donors and partners in developing a health information system and discussed the way forward. Following this mission, WHO finalized a plan for a comprehensive assessment of health information systems in September 2022 with the view to inform the development of the health information strategy.



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