



World Health
Organization

Somalia



Quarterly

Technical Programme Update

September-December 2019

MAJOR ACHIEVEMENTS



570 000

flood-affected beneficiaries supported
with life-saving health services



1 787 700

children vaccinated
against integrated measles and oral polio vaccine



140

additional surveillance sites
added to EWARN with surveillance coverage
increased to cover 6 700 000 people



Universal Health Coverage Road Map
launched



Pharmaceutical sector assessment survey
launched



National Action Plan for Health Security
finalized

Shaping our work



Since our previous quarterly update in September, we have continued our efforts to change the narrative in Somalia and have launched several new initiatives with far-reaching impact. Our work in universal health coverage (UHC) for Somalia gained impetus in September during the visit of the WHO Regional Director for the Eastern Mediterranean, Dr Ahmed Al-Mandhari, when the Ministry of Health and Human Services officially launched the UHC roadmap. The roadmap serves as a strong commitment from the Government to work alongside all partners to achieve more equitable access to health care and better health outcomes for all Somalis.

We have also entered into a number of important partnerships in the past quarter. We recently launched a new project co-partnering with the International Organization for Migration (IOM), United Nations Children's Fund (UNICEF) and the Somali National University to improve mental health care and psychosocial support in Somali young people affected by the conflict in the country. This innovative project will help to build evidence and links between mental health and peacebuilding at the community level.

We made public health history in Somalia for several reasons. In October, WHO's Global Commission for the Certification of Poliomyelitis Eradication declared the global eradication of indigenous wild poliovirus type 3 which was prevalent in Somalia. Our Polio Programme colleagues were commended for their efforts in eradicating this debilitating disease by being awarded the

WHO Director-General's Team Award for Excellence (2019). They continue their great work in eradicating other strains of polio in Somalia. In November, WHO launched the first ever nationwide, integrated immunization campaign for polio and measles targeting over 2.6 million children, for which we partnered with UNICEF and the federal Ministry of Health and Human Services. Our vaccinators have worked hard, going door-to-door in each community to reach every child with lifesaving measles and polio vaccines, deworming tablets and vitamin A capsules. The results have been encouraging so far and set a precedent for future integrated approaches to public health campaigns. We are now partnering with United Nations Population Fund (UNFPA) to establish a blood bank in Mogadishu – an essential health service that can greatly benefit from expert technical guidance and support.

The recent floods in Beletweyne and neighbouring areas propelled our emergency response operations into swift action, mitigating the adverse health effects of the floods and preventing potential disease outbreaks. It is reassuring that, so far, we have been able to prevent any deaths or epidemics that can be directly attributed to the after-effects of flooding.

Finally, WHO has embarked on an in-depth review of the humanitarian-development nexus in the Somali health sector, including a focus on assessing the current aid structures for humanitarian and development financing, as well as the potential effect that multiyear predictable funding would have for meeting the health-related indicators of the Sustainable Development Goals (SDGs) in Somalia. This follows the transition from the current focus on emergency/humanitarian funding to financing of long-term sustainable development. We expect to publish the results of this assessment by early 2020, and we look forward to sharing the findings with all partners.

We will endeavour to build on innovation, while making measurable results the basis of everything we do to improve health outcomes for the Somali population. We thank all our partners and donors, for whom this quarterly update has been developed, for their active and ongoing support. We wish you a peaceful and joyous holiday season as we move together into 2020.

Dr Mamunur Rahman Malik
WHO Representative in Somalia

Technical Programmes

Protecting the vulnerable



Flood response

In October, Hirshabelle, Jubaland and South West states in Somalia experienced floods which affected about 547 000 people and displaced 370 000 people in a country that already has an estimated 2.6 million internally displaced people and 2.2 million in need of urgent humanitarian assistance. In response to the emergency, WHO as the lead agency for health, intensified its effort to support health authorities in coordination and leadership.

The health emergencies programme conducted a rapid needs assessment in the flood-affected districts of Beletweyne, Berdale and Bardheere to identify the acute health needs in order to mitigate the negative effects of the floods. The results showed: a shortage of medical supplies for the management of severe acute malnutrition with medical complications and minor injuries; a need to establish outreach and mobile primary health care services for displaced communities; insufficient distribution of long-lasting insecticidal nets for malaria prevention; the need for improved access to safe water and proper sanitation in flood-affected communities; and a need for fumigation to prevent outbreaks of vector-borne diseases such as malaria, dengue fever and chikungunya.

The programme trained and deployed 20 integrated emergency response teams to Beletweyne, Berdale and Bardheere districts. These teams treated 16 655 patients,

of whom 40% were female and 39% were children under five years of age, who received lifesaving primary health care. A total of 3369 patients (30% male and 70% female) received health messages on diseases prevention, hand-washing, vaccination, nutrition and prevention and control of malaria and diarrhoea. In addition, 13 rapid response teams were trained on surveillance of the important epidemic-prone diseases, thresholds for alert investigation, and rapid assessment and response to emergencies. These teams were subsequently deployed for alert investigation and rumour verification in the flood-affected districts.

Emergency medical supplies were also dispatched. A total of 2323 boxes of medical supplies – cholera kits, antibiotics, trauma A and B kits, and interagency emergency health kits – were dispatched to flood-affected districts, including Beletweyne, Berdale and Bardheere, in response to the ongoing drought, flood and conflict. The supplies are enough to treat 19 600 patients.

Health worker training

In this quarter, the health emergencies programme conducted multiple training workshops for health workers. Rapid response training for health workers was held in Jubaland, Hirshabelle and South West states in collaboration with the state health authorities. In Baidoa, 40 health workers – 9 of whom were women – were trained on EWAR. In addition, 30 health workers were trained on inpatient management of severe acute malnutrition with medical complications and standard case management of cholera and measles. These health workers were then deployed to the flood- and drought-affected districts including Beletweyne, Berdale and Baidoa.

The health emergencies programme also provided training for 20 integrated emergency response teams on primary health care and health promotion for communities in emergency settings. Each team had four health workers who were deployed to provide integrated primary health care services and conduct health promotion activities. In Hirshabelle, South West and Jubaland states, these teams treated 2377 people (53% female and 47% under 18 years) for various diseases,

including pneumonia, measles, helminth infections, malaria and diarrheal diseases.

The programme supported federal and state ministries of health in November in training 108 health workers on sample collection and rapid diagnosis of suspected cholera and malaria, and procuring 3000 Cary-Blair transport media kits.

Support for severely malnourished children

In September 2019, WHO supplied the stabilization centre in the Hiran regional hospital with two kits to treat severe acute malnutrition with medical complications. The kits are sufficient to treat 100 cases of severe acute malnutrition with medical complications.

EWARN

The EWARN system in Somalia monitored trends for 14 priority diseases through surveillance, analysis and sharing of information with partners and national authorities for informed decision-making. Forty (40) health facilities were added to EWARN in Bay region through UN Central Emergency Response Funds (CERF) which supported the expansion of surveillance sentinel sites. An additional 100 priority health facilities will be added from Middle Shabelle, Lower Shabelle and Gedo regions by the end 2019.

National Action Plan for Health Security (NAPHS)

In November, the programme started the development of the National Action Plan for Health Security, which is an all-hazards, multisectoral 5-year plan to improve health security in Somalia. Consultative meetings with the health authorities from around the country were held to estimate the cost of the national action plan. The programme also conducted a post-immunization evaluation in the six districts where oral cholera vaccines campaigns were carried out in 2019 in order to assess the quality of the campaign and provide advice on corrective action in areas where coverage was low. Final results on both activities are due by the end of 2019.

Leaving no child behind



Integrated measles and polio vaccination campaign

The Expanded Programme on Immunization (EPI) conducted an integrated measles and polio vaccination campaign in November in federal member states in Somalia. Immunization teams visited every settlement to vaccinate more than 1.8 million children with measles and polio vaccines, and provide vitamin A and deworming tablets.

Leadership

Together with the ministries of health in Puntland, Somaliland and federal member states, the programme provided joint support supervision of routine immunization and job orientation for field staff. Mid-term reviews were conducted in Somaliland for health ministry staff including regional medical officers, EPI managers and EPI partners from six regions of Somaliland. In order to improve routine immunization coverage, the programme also provided related skills orientation for 15 members of the Immunization Coordination Committee including five women from different ministries in Somaliland.

In October, WHO participated in a joint appraisal meeting with UNICEF and Somali health ministry staff in Kigali, Rwanda to review progress made in the first 2 years of the Health Systems Strengthening Project-2 and formulate plans for the coming years. Based on the challenges identified, the team developed plans for next 2 years. A data quality improvement plan was also discussed and

agreed on. In addition a partner engagement framework plan for 2020–2021 and a proposal for additional funds were discussed and finalized.

Training

The programme conducted training for 56 vaccinators on immunization practices to improve their knowledge and skills in delivering immunization services. As part of the pilot project in Baidoa on accelerated immunization activities to improve immunization coverage, 38 vaccinators were trained on the development of microplans based on the Reaching Every Community approach and implementation of outreach sessions. Vaccinators will perform outreach activities 2 days a week for 3 consecutive months, and provide vaccines against eight vaccine-preventable diseases: childhood tuberculosis, diphtheria, haemophilus influenza type B, hepatitis B, measles pertussis, polio and tetanus. More than 20 000 children will be reached out with vaccines through this outreach service.

Reaching the last mile



Immunization

In September, the polio programme implemented round three of the case responses using monovalent polio vaccine type 2 which targeted 174 304 children under 5 years of age. A total of 170 072 children were vaccinated in the 12 targeted districts in Somaliland and Puntland. Of the total vaccinated children, 2124 (1.2%) were vaccinated for the first time.

The second subnational immunization days campaign was implemented in September using the bivalent polio vaccine. This campaign targeted 41 high-risk districts in Somalia and 1 636 139 children under 5 years. In all, 1 590 000 children under 5 were vaccinated. Of the children vaccinated, 26 057 (1.6%) were vaccinated for the first time. According to lot quality assurance sampling data, 46.7% of the children vaccinated were girls and 53.3% were boys.

The polio programmes supported the Ministry of Health and UNICEF in conducting an integrated measles and polio immunization campaign. The campaign aimed to immunize children living in 71 districts of south and central Somalia – over 1.8 million children under 5 years of age with the bivalent oral polio vaccine and 1.6 million children between 6 and 59 months of age with the measles vaccine. The campaign was implemented by 2432 outreach and fixed teams, of which 65% of the team members were women. Training for the campaign included a workshop on microplanning and monitoring for 110 district polio officers from south and central Somalia.

The first round of the short interval additional dose polio immunization campaign was conducted in November in the newly accessible settlements of El Der district. Subsequent rounds are planned for December 2019, and January and February 2020.

Surveillance

The programme conducted an external surveillance review in the first week of December in Mogadishu with the support of the Bill and Melinda Gates Foundation.

A review was conducted on the reverse cold chain process, protocol development and work plan for the implementation of log tags, with support from the United States Centers for Disease Control and Prevention. This findings of the review will help the programme to maintain the quality of stool samples to be tested from the time of collection to their arrival at the laboratory in Nairobi, Kenya. The project is to be implemented in the

first quarter of 2020 in nine regions that have low non-polio enterovirus isolation rates.

In recognition of the eradication of indigenous wild poliovirus from Somalia, the Polio Programme was awarded the WHO Director-General's Team Award for Excellence (2019) in December – an honour that recognizes the hard work and dedication of the Programme to improve health and well-being in Somalia, and an inspiration to work towards eradicating more diseases in the country.

Ending TB and HIV/AIDS



Policy development

The tuberculosis (TB) team revised treatment guidelines for multidrug-resistant tuberculosis (MDR-TB) in September following the recent update to WHO recommendations on MDR-TB management. Standard operating procedures for diagnosis and management of active TB drug-safety monitoring and management for MDR-TB cases were also developed and distributed to the three MDR-TB centres in Somalia as well as all TB care partners.

As follow up to the recommendations on the treatment of latent TB infections made at the UN General Assembly High-Level Meeting on Ending TB in September 2019, the programme developed treatment guidelines for latent TB infections for Somalia. Currently the programme is working with partners to review Somalia's national strategic plan for TB prevention, care and control. This process is expected to end in late December with a

validation workshop in Uganda that will bring together TB partners in Somalia, national TB programme managers, principal recipients (of funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria) and implementing partners.

Training

Following the review of MDR-TB guidelines, health professionals including doctors and nurses from the MDR-TB centres in Hargeisa, Mogadishu and Galkayo were trained on MDR-TB treatment and management and active TB drug-safety monitoring and management in September.

Also in September, the programme installed line probe assay equipment in the Somalia National Reference Laboratory at the MDR-TB Centre in Mogadishu. Four health professionals from the Mogadishu TB culture laboratory were trained on this assay at the WHO supranational TB reference laboratory in Kampala, Uganda. Laboratory technicians from Hargeisa's TB culture laboratory received training on drug sensitivity testing in October. As a result, the TB culture laboratory in Hargeisa is now able to perform TB culture testing and line probe assays for both first- and second-line TB drugs, and TB drug sensitivity testing. In order to strengthen the management of the two TB laboratories in Mogadishu and Hargeisa, staff from both laboratories were also trained on laboratory inventory. In addition, the staff received laboratory audit training in December 2019 at the WHO supranational TB reference laboratory in Kampala.

TB/HIV global indicators

As of the end of September 2019, three out of four TB/HIV indicators show that Somalia has exceeded the targets of the Global Fund to Fight AIDS, Tuberculosis and Malaria: 90.3% of people with TB tested positive for HIV; 73.2% of patients enrolled in HIV treatment programmes have documented TB screening status; and 84.0% of people co-infected with TB and HIV are enrolled in antiretroviral therapy. As regards the fourth indicator – percentage of newly enrolled HIV/AIDS patients on isoniazid prophylaxis

therapy – procurement delays among partners have lowered the numbers enrolled. The programme is working to improve performance on all indicators.

Analysis of sentinel survey data on HIV prevalence

In October and November 2019, the programme analysed sentinel data for 2018 on HIV prevalence in Somalia. The results show a continuing decline in HIV prevalence in pregnant women and patients with symptoms of other sexually transmitted infections in Somaliland, Puntland and south and central Somalia. The full report is being finalized for distribution before the end of the year.

Distribution of HIV test kits

The programme distributed test kits for HIV and related supplies to TB sites around the country in September. In addition, supportive supervision was conducted in September for HIV and TB facilities in the following areas:

- Somaliland: Berbera, Borama, Burao, Gabiley, Las Anod, Gabiley, Sheikh and Herriard
- Puntland: Garowe, Bossaso, Gardo and Galkayo
- South and central Somalia: Dusmareb, Kismayo, Baidoa Banadir and Martini.

HIV testing for external quality assurance

The programme conducted external quality assurance testing from November to December for staff from health facilities that carry out HIV tests, including HIV treatment facilities, maternal and child health centres, hospital maternity services, TB sites, blood transfusion services and general hospital laboratory services in Somaliland, Puntland and south and central Somalia. Staff at designated locations were given blood serum samples (without disclosing HIV status) to test and report their findings. The reported results will be compared against the true HIV status of the serum samples as determined by the laboratory of the Kenya Medical Research Institute in Nairobi to determine the accuracy of HIV testing and diagnosis. The findings will guide on-the-job and formal training plans for 2020.

Towards a malaria-free country



Malaria case management

In Somalia, 24 911 cases of malaria have been reported and treated since January 2019. During the reporting period, there has been a slight seasonal increase in the number of malaria cases; this is expected to rise by the end of the year because of heavy rains in Somalia, which are causing floods in certain parts of south and central Somalia.

The programme has conducted quality control supervision at health facilities across Somalia by cross-checking laboratory performance and availability of malaria-related supplies. Private sector health workers have been trained to refer malaria-positive cases to the nearest public health facility for treatment. The programme also supported malaria microscopy and malaria case management training in Somaliland, Puntland and south and central Somalia.

Malaria outbreak response

In response to the increase of rain and flooding in south and central Somalia, Somaliland and Puntland, the programme conducted following activities: 14 days of fogging in Beletweyne and Berdale; emergency indoor residual spraying and training on spraying in Somaliland and Puntland; and community outreach activities in Borama, based on WHO's test, treat and track initiative.

Training

Two senior national staff in vector control attended training in Casablanca, Morocco for a training-of-trainers workshop on indoor residual spraying for control of malaria and leishmaniasis. Three senior vector-control national staff attended training in Singapore for vector-control surveillance.

Monitoring and evaluation

WHO supported Somaliland to finalize the Malaria Programme Review (MPR 2019) thematic reports as part of the Malaria Programme Review phase 2 and the provided refresher training for the national officer for the malaria database.

Every mother, every newborn



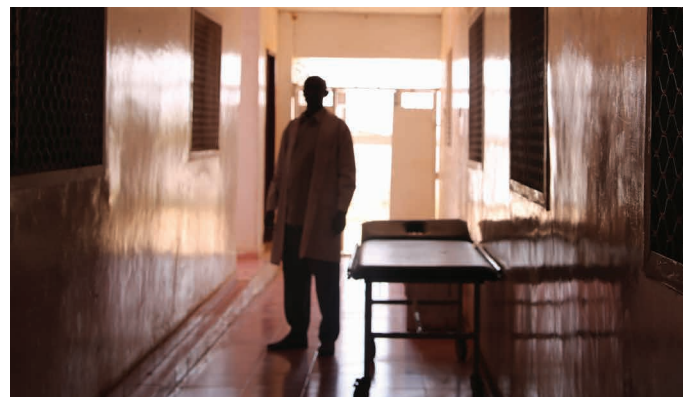
Training

WHO held training on integrated management of neonatal and childhood illnesses (IMNCI) for 20 doctors involved in paediatrics and child health from Somaliland, Galmudug, Jubaland, South West state, Hirshabelle, and Banadir in December 2019. The training, which included 6-day standard case management training as well as a training-of-trainers module, is intended to produce a core of trainers who are familiar with the IMNCI guidelines and capable of transferring knowledge to other health workers. Such training will contribute to institutionalizing IMNCI training in the Somali health systems and strengthen the capacity of child health departments. The IMNCI guidelines presented during the training were jointly

developed by WHO in consultation with the health authorities and partners.

WHO also provided support for three doctors from Somalia's federal Ministry of Health and Human Services to participate in an international course on management of cholera, invasive diarrhoea and malnutrition in emergencies held in Dhaka, Bangladesh in November.

Scaling up mental health care



WHO received US\$ 1.5 million for a proposal jointly made with UNICEF and IOM under the 2019 Youth Promotion Initiative of the UN Peacebuilding Fund to improve mental health and psychosocial support for young adults and adolescents in areas affected by conflict in Somalia. The project entitled *"improving psychosocial support and mental health care for conflict-affected youth in Somalia: a socially inclusive integrated approach for peacebuilding"* will provides mental health support, mainly in Kismayo, Baidoa, Galkayo and Mogadishu. The project's direct beneficiaries are estimated at 26 500 individuals, most of whom will be young people in camps for internally displaced people and their families, with an emphasis on reaching young women. The estimated number of indirect beneficiaries is 288 520 – entire communities in which the interventions are being undertaken and who will benefit from improved social cohesion and collective well-being.

Accessing essential drugs for UHC



World Antimicrobial Awareness Week 2019

The essential medicines and pharmaceuticals programme supported an awareness campaign in Mogadishu in November on the misuse and over-prescription of antibiotics as part of the 2019 World Antimicrobial Awareness Week. This awareness week was held in conjunction with the antimicrobial resistance team in WHO Regional Office for the Eastern Mediterranean and was attended by officials from Somalia's Federal Ministry of Health and Human Services.

Pharmaceutical sector assessment survey

In November, 22 national staff (15 men and 7 women) from Banadir, Jubaland, South West state, Puntland and Somaliland were trained on data collection for the pharmaceutical sector assessment survey. The data collectors will use the *WHO Operational package for assessing, monitoring, and evaluating country pharmaceutical situations* which is a practical indicator-based tool for gathering data on more than 20 indicators to show availability, quality and rational use of medicines. This information is presently missing for Somalia and the survey will provide decision-makers with information on gaps in the pharmaceutical sector in the country. The survey is expected to be carried out in the first quarter 2020.

Somali essential medicines list

Procuring medicines on the Somali essential medicines list is a priority in order to meet health care needs and improve access to good quality medicines for the Somali population. In October, the Somaliland Ministry of Health Development, with support from WHO, endorsed the updated Somali essential medicines list of 2018. The list has been revised to better account for the country's needs and is part of a broader series of actions to promote the best use of medicines and limited health care resources.

The programme supported malaria, HIV and TB programmes in collecting antimalarial, antiretroviral and anti-TB medicines for testing by preparing related documentation, and screening medicines for these three priority diseases.

Support to national supply chain management

The programme visited the warehouse of the National Supply Chain Management offices in Mogadishu to meet the manager and also the advisor to the Federal Ministry of Health and Human Services on supply chain management. The programme gave guidance on improving the storage conditions as well as a generic checklist for use in warehouse management.

The programme team visited the Banadir Hospital in Mogadishu in September to review its medical warehouse and assess storage needs. Based on the review, the programme bought three computers in December to improve the data management capacity of the warehouse.

In October, the team met with the Director of Health Services, System Development and Hospital, health ministry officials, the Medicines Regulatory Authority and the National Supply Chain Management in Hargeisa to discuss strengthening both the Regulatory Authority and the National Supply Chain Management. The visit resulted in the provision of reagents to the Somaliland Ministry of Health Development for mini-laboratory kits to conduct quality control on medicine testing.

Health for everyone, everywhere



Somali roadmap for UHC

The roadmap for UHC for Somalia was launched in September 2019 in a formal ceremony at the Somali state house. The UHC roadmap was developed jointly by WHO with the Federal Ministry of Health and Human Services, the UN and development partners, civil society organizations and the donor community. It provides the strategic framework and medium-term goals for the Somali health sector. The three strategic goals of the UHC roadmap for 2019–2023 are:

- More Somali people will benefit from universal health coverage
- More Somali people will be better protected from health emergencies
- More Somali people will enjoy better health and well-being

Revision of essential package of health services

In follow up to the release of the UHC roadmap, WHO developed terms of reference for revision of the essential package of health services. This was drafted in line with recommendations of the Disease Control Priorities, 3rd edition (DCP3), and shared with health authorities, donors and partners. Negotiations for coordinating support for the package are ongoing and expected to be finalized by mid-2020.

Business Operation

Managing security



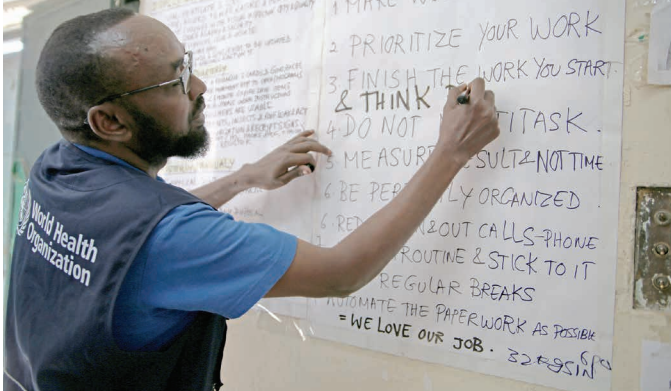
The security office supports all programmes and projects, ensuring safety and security-compliance from planning to execution of WHO's works in Somalia. During the reporting period, the security office facilitated the installation of a biometric access system at the WHO premises in Mogadishu. The machines will provide secure access to the office, minimizing entry by unauthorized people, and reducing the loss or theft of WHO-owned equipment as well as personal items of the staff. The access machines are also being installed at WHO field offices in Garowe and Hargeisa.

WHO's proposed new office building in Garowe, which has remained unopened since 2016, is currently undergoing modifications to comply with the UN minimum operating security standards (MOSS). Because of the high-risk environment, security measures for the Garowe office also include armed security; to meet essential security requirements, 22 armed guards will be needed at a cost of US\$ 196 500. Secure office premises will enhance WHO's ability to support the Ministry of Health in the region, and also offers a safe workspace for smaller UN agencies that may wish to collocate while providing support to government authorities in Puntland.

The security office facilitated training on safe and secure approaches to the field environment (SSAFE) for 10 national staff members. The training provides security awareness for staff who may have to conduct low-profile missions in high-risk areas across the country.

Donor Relations

Managing strategic partnership



Over the past few months, WHO in Somalia has worked hard to enhance its relations with and visibility amongst its donors and partners. As a result, it has successfully secured several critical contributions in support of health responses to the recent drought and flood emergencies, through CERF, as well as a US\$ 1.5 million contribution from the UN Peacebuilding Fund for a mental health project.

In addition, WHO expects final confirmations from GAVI (the Vaccine Alliance), the Bill and Melinda Gates Foundation, World Bank and the Italian Agency for Development Cooperation for contributions collectively totalling about US\$ 2.3 million in support of various activities to take place during 2020. This includes improving EWARN, which will raise disease surveillance coverage from 5 million people at present to about 7 million, and mapping the Somali pharmaceutical sector which can improve access to medicines for all Somalis.

Another project is strengthening capacity at Hudur Hospital in Bakool region which will: (i) provide lifesaving and integrated health nutrition services to 85 000 people in the host community and in camps for internally displaced people, including 41 650 women and 43 350 men, and (ii) support the provision of emergency obstetric and trauma care services to 17 000 pregnant women and 7200 trauma patients.

WHO has also re-established positive contact with Canada, the UK Department of International Development, the European Civil Protection and Humanitarian Aid

Operations, Germany, Japan, Norway, Sweden, Switzerland, and the Office of the US Foreign Disaster Assistance at the United States Agency for International Development.

While avenues for potential future cooperation are still being explored, some concrete opportunities for cooperation have already been identified. For example, WHO, with support from Sweden and the Ministry of Health, is looking to support the development of an independent public health Institute and a consolidated health information management system. WHO, with the UK Department of International Development and World Bank support, will conduct the review of Somalia's essential package of health services.

Furthermore, recent positive meetings with the King Salman Humanitarian Aid and Relief Center in Saudi Arabia has led to a US\$ 4.44 million contribution, which will focus on activities in support of UHC and primary health care services. WHO's visit to the Islamic Development Bank also shows promising signs in establishing future cooperation related to UHC, immunization, and EWARN, among others. WHO in Somalia will continue in its efforts to diversify its donor and partner base in an effort to help improve health outcomes for all Somalis.

Country Cooperation Strategy

Unlocking the potentials



Country Cooperation Strategy, Somalia, 2020-2024

The Country Cooperation Strategy for Somalia has been drafted in line with WHO's Thirteenth General Programme

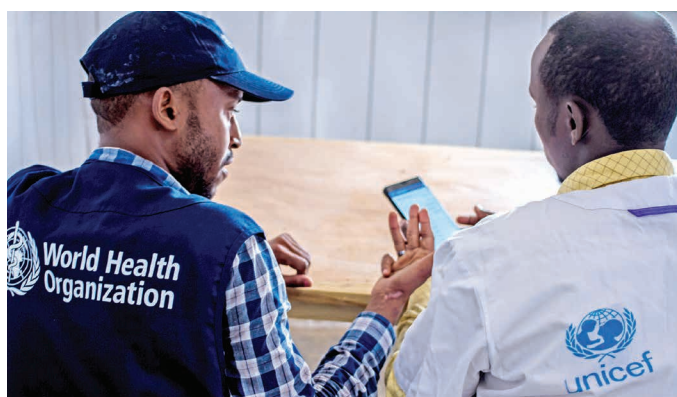
of Work (GPW 13) after consultation with Somali health authorities, WHO Somalia staff and partners. The strategy sets WHO's goals and vision for the next 5 years and aligns with the UN Cooperative Framework (2021–2025) as well as the National Development Plan-9 of the Government of Somalia. The strategy was revised and finalized during a workshop in December in Nairobi, Kenya.

Global Action Plan for Healthy Lives and Well-being for All

WHO country office will pilot the implementation of Global Action Plan (GAP) for Healthy Lives and Well-Being in Somalia as part of its enhanced collaborative role. The country office has developed an action plan to implement the GAP primarily through coordinating the work with other UN agencies.

Health Cluster

Leading from the back



During the reporting period, the Health Cluster led the process for developing the health components of the 2020 Humanitarian Needs Overview and Humanitarian Response Plan. Among other things, this involved participating in multicenter needs assessments, arranging regular monthly national cluster meetings, with emphasis on partner engagement for the 2020 Humanitarian Needs Overview and Humanitarian Response Plan, and completing the health strategy for the 2020 Humanitarian Response Plan. In addition, the Health Cluster started orientation for undertaking the review of the health resources and services availability monitoring system (HeRAMS), which will help to facilitate seamless access to information about the

availability of health facilities and services across the country. HeRAMS will provide critical and essential health information that will support informed decision-making, responses and coordination for Health Cluster actors and other partners operating in emergencies across Somalia. It is expected that the HeRAMS review will be completed during the first quarter of 2020.

During recent floods, the Health Cluster closely supported response planning and, alongside subnational cluster hubs, is in the process of facilitating the release of US\$ 1.7 million through the Somalia Humanitarian Fund to partners in affected areas to effectively respond to health, nutrition and WASH needs in an integrated way.

Furthermore, in November, the Health Cluster organized an awareness workshop for partners on gender-based violence to mark the 16 days of activism against gender-based violence and address such violence in emergency settings. The event was attended by 28 members of the Health Cluster from international and national nongovernmental organizations and the federal Ministry of Health, including seven women. The workshop emphasized the efforts of the Health Cluster to ensure the integration of prevention of gender-based violence in all of its activities, as well as protection concerns and responses in all emergency programming (including floods).



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Somalia

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