
Looking back at 2020, which changed everything we do in Somalia

WHO'S RESPONSE TO COVID-19 IN SOMALIA: A YEAR OF RESILIENCE, IMPACT AND INNOVATION



**World Health
Organization**

Somalia

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Foreword from the WHO Representative and Head of Mission



As we mark 1 year since the first laboratory-confirmed case of coronavirus disease 2019 (COVID-19) in Somalia, WHO continues its work with our government counterparts – the federal government and federal member states of Somalia – to end the COVID-19 pandemic in the country and keep everyone safe. It has been an unprecedented year where we have seen uncertainty and unpredictability about the trajectory of this health crisis, the most serious this century in Somalia and probably elsewhere. Reducing transmission of the virus to slow down its effect on mortality and morbidity has been at the forefront of our response. Early detection through case identification and targeted testing, suppression of the virus through contact tracing, self-isolation and appropriate home quarantine, and early recognition of symptomatic cases have been the hallmark of our collective response to break the chain of transmission. We have scaled up, accelerated and often innovated to make sure that our operational responses are effective, numbers of cases and deaths are kept low and the country's fragile health system is not overstretched.

During the first quarter of 2021, we have seen a more severe form of the disease, more deaths and increased transmissibility. The country's lack of ability to detect and monitor the circulation of new variants or any mutated strains of the virus severely limits our response capability. We are working on this issue to make sure that the genomic sequencing becomes part of the public health surveillance system in the country – not only for the COVID-19 virus but for all pathogens (bacteria and viruses) with epidemic potential. Learning from our experiences over the past year, we are determined to build back better and improve and strengthen the essential public health functions as core elements of our efforts to rebuild a resilient health system.

As the country marked 1 year of pandemic, it started vaccinating its frontline workers against COVID-19. Millions more must be vaccinated rapidly to effectively protect the country's population and prevent its health system from collapsing. We cannot and must not claim victory over the virus until we all are safe. We are not there yet, but we are hopeful and our hopes rely on how effectively we use science and innovation to our advantage in this fragile and vulnerable setting.

In this report, we in the WHO country office wish to share with you our story and journey over the past 1 year, a year that has changed the way we work in this country. Our staff, especially those working at the forefront of our pandemic response, are at the centre of whatever success we have achieved so far. I thank our donors and partners who have had confidence in us, supported and financed

Learning from our experiences over the past year, we are determined to build back better and improve and strengthen the essential public health functions as core elements of our efforts to rebuild a resilient health system

our field operations and trusted us to manage this pandemic with our government counterparts.

We are thankful to the thousands of health workers who have been at the front of the COVID-19 response in Somalia. It is a fitting tribute that 2021 has been designated as the International Year of Health and Care Workers to honour these health care workers and also recognize their value and importance in managing this pandemic. Our team at WHO Somalia is very grateful for the unwavering dedication of Somalia's health workers to the fight against the COVID-19 pandemic. The country's achievements to date are their successes. We remain committed to supporting them and Somalia's health authorities in the challenges ahead. It is our duty and it is our honour.

Dr Sk Md Mamunur Rahman Malik
WHO Representative and Head of Mission

Introduction

The year 2020 has changed the World Health Organization (WHO) country office in Somalia. In this report, covering 1 year of our response to COVID-19 since the first case of COVID-19 was reported on 16 March 2020, we report on how we have risen to the challenge of managing this pandemic in one of the most fragile and weak health systems. In this report, covering 16 March 2020 to 15 March 2021, we look back at how the WHO country office of Somalia has worked with its key partners and donors to operationalize and strengthen a public health response mechanism never before seen in the country. In terms of scale, magnitude and duration of the operational response to COVID-19, WHO's efforts in responding to this health event which unfolded unpredictably were first and fast. Furthermore, the WHO country office was challenged to help alleviate the strain the pandemic put on Somalia's fragile health system to deliver other essential and life-saving health services.

In line with WHO's COVID-19 strategic preparedness and response plan for pandemic, the report is divided into 6 sections. Every section describes WHO's response to the pandemic which had the following objectives – reducing exposure and suppressing transmission; reducing mortality and morbidity; building, aligning and scaling up coordination; supporting essential health care; and driving research and supporting innovation. The report also provides a set of lessons learnt by us as an agency which may be useful when considering how best to rebuild a health system that is more resilient and equitable and one that can handle the next emergency better by putting health at the heart of the response. The report (and annex) also highlights some of the key milestones achieved in the first 12 months of the pandemic in our response to the pandemic.

The report also provides a set of lessons learnt by us as an agency which may be useful when considering how best to rebuild a health system that is more resilient and equitable and one that can handle the next emergency better by putting health at the heart of the response

Section 1. Reducing exposure and suppressing transmission

Racing to detect, test, track and trace COVID-19 cases in Somalia





3327

community health workers were deployed for case detection and contact tracing



43%

of all the 9222 laboratory-confirmed cases reported were detected by the community health workers



4.4 million

households were reached by community health workers for community awareness



135 102

suspected cases of COVID-19 were investigated



24

testing laboratories were established for detection and diagnosis of COVID-19

In early 2020, as one country after another started testing for and detecting COVID-19 cases, Somalia found itself in a race against time. Lacking the capacity to test suspected samples of the virus or to diagnose cases, WHO Somalia negotiated with the Kenya Medical Research Institute for samples of suspected COVID-19 from Somalia to be sent to this institute for testing. In a matter of weeks, WHO joined forces with Somalia's Federal Ministry of Health and Human Services and other partners to procure, install and operationalize real-time reverse transcription polymerase chain reaction (RT-PCR) testing in three public health laboratories (in Mogadishu, Garowe and Hargeisa) to test for and identify COVID-19 virus – a critical need as part of WHO's strategy to "test, trace, track and treat" COVID-19. This catalytic support of WHO encouraged other partners and the government to set up three more laboratories with the capacity for real-time RT-PCR testing across the country. In addition, the capabilities of 21 tuberculosis detection centres were enhanced by providing testing cartridges for GeneXpert machines to enable them to test for COVID-19.

“Setting up and scaling up Somalia's capacity to test and diagnose COVID-19 cases, in a matter of just weeks, and in a fragile setting, was an extraordinary feat. Procuring the necessary equipment when global supplies were so low, transporting them and setting them up in challenging locations, and then ensuring that trained staff and essential supplies – including protective equipment for laboratory staff – were readily available has at times felt like moving mountains. Whilst these efforts have undeniably contributed to reducing transmission of COVID-19 across the country, they have also helped develop the country's overall diagnostic capacity, which will benefit the country for decades to come.”

HE Dr Fawziya Abikar Nur
Federal Minister of Health, Somalia

At the heart of WHO's strategy to test, trace, track and treat COVID-19 in Somalia are thousands of community health workers (CHWs). Bearing in mind that the country had acute shortages in the health work force¹, these CHWs were a vital cog in the country's surveillance system, linking communities and health facilities by identifying suspected cases and referring them for testing and treatment. Trained by WHO, these CHWs now have the skills to detect and identify suspected cases by asking household members in the community about COVID-19 symptoms, and to communicate health knowledge on prevention and mitigation measures. Importantly, in the course of their work, these CHWs have gained the trust of their communities. The key tasks of CHWs have been to raise awareness about COVID-19 and help prevent it spreading, and to detect, identify, quarantine, track and follow up on suspected cases of COVID-19 and their contacts. Every day, the CHWs visited between 30 and 50 households to educate people about COVID-19 and actively search for people with symptoms of COVID-19.

The CHWs functioned in tandem with district-level rapid response teams, which consisted of district polio officers, district medical officers and district social mobilization officers. WHO deployed 73 rapid response teams at the beginning of the COVID-19 epidemic in 51 priority districts – this number was reduced to 43 when the transmission slowed down towards the end of 2020. These rapid response teams are notified of suspected COVID-19 cases by CHWs and health facilities so that they can investigate and take samples from the suspected cases. In addition, district rapid response teams also conduct regular visits to health facilities to provide training to health staff, support the search for COVID-19 cases, ensure patients receive the treatment they need and document cases of COVID-19.

The Early Warning, Alert and Response Network (EWARN), the country's only syndromic-based surveillance system with an early warning function, was expanded during the pandemic from 584 health facilities at the beginning of the pandemic to cover 691 health facilities across the country. The timeliness and completeness of reporting from these facilities was over 80%. The expansion has enabled more health alerts to be investigated and other public health events of epidemic concern to be monitored and tracked.

¹ *The Sustainable Development Goal index threshold is 4.45 physicians, nurses and midwives per 1000 population. Somalia has only 0.11 such health workers per 1000 population.*

Box 1

Further reading on WHO's work on scaling up testing, tracking and tracing capacity

As Somalia races against time to limit community transmission of COVID-19, WHO helps ramp up testing capacity for diagnosis of the virus. COVID-19 information note 3, May 2020 (<http://www.emro.who.int/images/stories/somalia/covid-19-information-note-3.pdf>).

Developing the building blocks of public health – strengthening laboratory capacity in Somalia. WHO in Somalia, July 2020 (<http://www.emro.who.int/somalia/news/developing-the-building-blocks-of-public-health-strengthening-laboratory-capacity-in-somalia.html>).

WHO provides support to increase testing capacity for COVID-19 to limit community transmission. WHO in Somalia, July 2020 (<http://www.emro.who.int/somalia/news/who-provides-support-to-increase-testing-capacity-for-covid-19.html>).

EWARN increases surveillance for COVID-19. WHO in Somalia, April 2020 (<http://www.emro.who.int/somalia/news/somalia-rolls-out-ewarn-as-surveillance-for-covid-19-increases.html>).

As disease surveillance in Somalia needs to be scaled up during COVID-19, EWARN rolls out. COVID-19 information note 2, May 2020 (<http://www.emro.who.int/images/stories/somalia/covid-19-information-note-2.pdf?ua=1>).

Somalia expands surveillance to better track COVID-19 outbreak. WHO in Somalia, June 2020 (<http://www.emro.who.int/somalia/news/somalia-expands-surveillance-to-better-track-covid-19-outbreak.html>).

Responding to COVID-19 in real time: making data useful for public health. COVID-19 information note 6, October 2020 (<http://www.emro.who.int/images/stories/somalia/documents/covid-19-information-note-6.pdf?ua=1>).



Box 2

Stories from the field: developing robust health systems from the community level up

As a community health worker in Hudur, Bakool, Aisha Hussein takes her job and disease prevention seriously. Together with a social mobilizer, she keeps a physical distance of at least 1–2 m from the people they visit. They use face masks and wash their hands as often as they can. They also spread messages to people to do the same.

Ms Aisha visits about 30 to 50 households every day to see if there are any suspected COVID-19 cases, or people sick with any other diseases, such as malaria or acute diarrhoea. For chronic or complicated cases, her team encourages referral to the hospital for medical treatment.

She explains what kind of information they share during their visits.

“We inform families that COVID-19 is real and ask suspected cases to give samples for testing and to self-isolate until they receive the results. In the event someone is positive for COVID-19 and needs medical attention, we support with referrals, using a free ambulance service, to Hudur General Hospital for immediate medical check-ups. If the person is confirmed positive for COVID-19 and does not have severe illness, we ask him/her to stay at home and isolate, and avoid spreading the virus by keeping away from others.”

Before starting her work, Ms Aisha has to prepare her data collection tools, including her charged mobile telephone, face masks and gloves.

“Using my mobile telephone, I collect information and submit it to the district-level team in Hudur district, Bakool. Once I record information, I identify contacts and then follow up with family members to share the messages on COVID-19 prevention and management of cases. Together with the community mobilizer, we try to follow up with positive cases on a daily basis.”

Section 2. Reducing mortality and morbidity

Treating and managing COVID-19 patients in a fragile setting





19

treatment centres were established for COVID-19 case management



1320

patients received treatment for COVID-19 in the specialized treatment centres



14 000

full sets of personal protective equipment were distributed to all treatment centres



68

oxygen concentrators were distributed to all treatment centres



3

pressure swing absorption (PSA) oxygen plants were procured

When the first laboratory-confirmed case of COVID-19 was reported in Somalia in March 2020 and the outbreak was spreading rapidly across the country, there were no functioning treatment centres in the country specialized for the treatment of COVID-19, and none of the public sector hospitals in Somalia had medical oxygen available. WHO Somalia worked with the country's health authorities and partners to ensure functional COVID-19 treatment centres were put in place throughout the country. WHO supported the establishment of 19 such treatment centres and equipped them with supplies to protect health care workers and treat COVID-19 patients, including medical oxygen concentrators, refillable oxygen cylinders and non-invasive ventilators. WHO also trained over 8571 health care workers on COVID-19 treatment and case management. As of March 2021, 1320 patients with COVID-19 had received treatment from these centres. WHO also supported the operational cost of these centres to ensure they functioned effectively.

In 2021, when COVID-19 cases spiked in Banadir and other areas in Somalia, WHO urgently procured oxygen cylinders and made arrangements for them to be refilled.

Throughout the pandemic, WHO worked closely with its partners to bridge the gap in medical oxygen access and scale up its availability. This was achieved by rapidly shipping oxygen concentrators, oxygen cylinders and pulse oximeters to health centres throughout the country. Innovative solutions, such as the installation of solar-powered oxygen concentrators in Galmudug's Hanaano General Hospital, were pursued to sustain and increase oxygen supplies. WHO also procured three PSA-based oxygen plants for the country as a way to ensure a sustainable and more durable solution to the problem of limited medical oxygen.

The lack of medical grade oxygen in Somalia has been a critical issue for decades. Over a fifth of deaths in children under 5 in the country are attributed to pneumonia, a condition for which medical oxygen can be life-saving. The COVID-19 pandemic didn't reveal anything we didn't already know – but it provided us with the opportunity, thanks to increased attention and funds, to rapidly scale up oxygen availability in health facilities across the country. Partnerships such as with Grand Challenge Canada have also enabled us to innovate by installing solar-powered oxygen concentrators in hospitals. This oxygen is benefiting COVID-19 patients and also patients suffering from pneumonia, major trauma, shock and comatose, cardiovascular problems, asthma and emergency obstetric care. These developments, which speak to the particular needs of remote, rural health facilities in Somalia, offer a glimmer of hope in the health system's long journey ahead to recover and improve. If we manage to replicate and systemize the approach taken in this pilot scheme, we can save many more lives. This in turn will help us inch closer to attaining WHO's Triple Billion targets, and the health-related Sustainable Development Goals.”

Dr Mamunur Rahman Malik
WHO Country Representative in Somalia



Box 3

Stories from the field:

Looking after patients in the Baidoa treatment centre

Dr Abdirahman Mohamed Hassan is a doctor at the Baidoa isolation centre. While working at the hospital, he provides care for COVID-19 cases. He takes samples from suspected COVID-19 patients who visit with symptoms and from their contacts.

At the hospital, Dr Abdirahman needs to be careful that he does not get infected and carry the virus home to his 1-year-old daughter. He wears a full-body protective suit when he manages patients with COVID-19, and a mask, gloves and an apron when he attends to suspected cases. After contact with every patient, whether they are suspected or confirmed cases, he washes his hands thoroughly with alcohol or soap.

Dr Abdirahman shared one of his best experiences while working at the isolation centre. *“I was with a COVID-19 patient who needed oxygen for 2 days and nights. I decided to stay with him until he either got better or until the end. Finally, he recovered. Now, I see him in town and he always comes over to thank me.”*

On the other hand, he says, *“The saddest experience I had was a patient who I stayed with all night and who was better in the morning; I left him laughing and eating breakfast that morning. His relatives decided to take him home to care for him there. Unfortunately, a few days later I came to know that he had passed away at home as his health deteriorated suddenly and his relatives failed to bring him back to the hospital.”*

Box 4

Stories from the field: solar-powered medical oxygen systems saving lives in Somalia

On 5 February 2021, minutes after she gave birth to her eighth child at the Hanaano General Hospital in Dusamareb, 37-year-old Zahra's heart sank. Her doctor explained her baby had birth asphyxia, which meant she was having difficulties in breathing. She had an oxygen rate of less than 40%, compared with the required levels of 90% and above.

"I cried and was worried when I saw my child very ill," said Zahra. "I believed she would die."

Immediately, the baby was admitted to the maternity ward, where doctors rushed to offer her medical oxygen using one of the three solar-powered oxygen machines that had just been installed at the hospital.

"Now I am very happy – I saw the situation of my child improving and saw her receive oxygen for 24 hours a day, as needed. I am really grateful to the hospital team and the World Health Organization," said Zahra.

Dr Mohamed Abdi, the Hospital Director at Hanaano General Hospital, could not hide his gratitude towards the supporting partners either. Zahra's baby was special to him because she was the first person to use the solar-powered oxygen since it had been installed. Thanks to one of the new systems, Zahra's baby's oxygen saturation levels more than doubled, to 94%.

"I was responsible for laying the first brick in the Hanaano Hospital," said Dr Abdi. "Since then, this is the first time I have seen how one timely investment can save lives. Last year, sadly, more than 180 patients died in the hospital, due to the lack of oxygen. Many of them were children. This system will save many lives, and we are really grateful to the Government, WHO and all the actors who supported this intervention."

Box 5

Further reading on WHO's work to improve case management of COVID-19 patients and scale up oxygen capacity in Somalia

As disease surveillance in Somalia needs to be scaled up during COVID-19, EWARN rolls out. COVID-19 Information Note 2, May 2020 (<http://www.emro.who.int/images/stories/somalia/covid-19-information-note-2.pdf?ua=1>).

WHO intensifies support to improve case management in Somalia as cases soar. WHO in Somalia, May 2020 (<http://www.emro.who.int/somalia/news/who-intensifies-support-to-improve-case-management-during-covid-19-pandemic.html>).

Counting every breath: a data-driven strategy to improve access to medical oxygen for COVID-19 patients in Somalia. COVID-19 information note 4, September 2020 (<http://www.emro.who.int/images/stories/somalia/documents/covid-19-information-note-4.pdf?ua=1>).

Every breath counts: utilizing the COVID-19 response to increase access to oxygen. COVID-19 information note 9, January 2021 (<http://www.emro.who.int/images/stories/somalia/documents/covid-19-information-note-9.pdf?ua=1>).

Solar-powered medical oxygen systems saving lives in Somalia: using innovation to accelerate impact in a fragile setting. WHO in Somalia, April 2021 (<http://www.emro.who.int/somalia/news/solar-powered-medical-oxygen-systems-saving-lives-in-somalia-using-innovation-to-accelerate-impact-in-a-fragile-setting.html>).

Section 3. Building, aligning and scaling up networks and partnerships

Mounting a coordinated and collaborative response to COVID-19 in a fragile setting





7

coordination hubs were established with active support and engagement of WHO



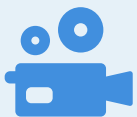
53

joint situation reports were published by WHO and the Federal Ministry of Health and Human Services



US\$ 23 m

were raised to support the government-led emergency response operation for COVID-19



35

videos were produced for social media



355

tweets were posted with over two million impressions

In January 2020, when WHO declared COVID-19 a public health emergency of international concern, the WHO country office and the Federal Ministry of Health and Human Services stepped up readiness and preparedness efforts for prevention of the likely introduction of the virus in the country. A crucial first step was the organization and roll-out of an incident management support team structure at both the country office and at the federal government and state level for coordination of the national response. The WHO country office supported the development and implementation of the national emergency preparedness and response plan for COVID-19, which was finalized on 30 March 2020. In addition to WHO's own country support plan – called the Emergency Operations Response to COVID-19 in Somalia – there was also a harmonized UN and partners' preparedness and response plan for Somalia². The WHO Somalia country office provided technical guidance in both the development and implementation of these plans. The country office also helped set up health-ministry-led strategic platforms for the coordination of the COVID-19 response at federal and state levels. These have proved key for sharing information and building trust among health actors engaged in the fight against COVID-19. The WHO country office's internal coordination platform – the incident management support team – was the main coordination body both within and outside the Organization responsible for supporting the national coordination platform and helping to produce one of the largest public health response measures in Somalia's history.

The main roles of the WHO country office in responding to the COVID-19 outbreak in the past year were:

- Coordination and leadership of the overall COVID-19 response led by the government;
- Information-sharing with key stakeholders, including UN agencies, donor agencies and other implementing partners, on the epidemic trajectory; predictive analysis of the situation; and identification of needs and gaps in funding and response;
- Provision of technical guidance on the development and implementation of national response plans to COVID-19;

2 *Somalia country preparedness and response plan (CPRP) – COVID-19. UN and partners' support towards the immediate humanitarian and socioeconomic consequences of COVID-19. April 2020* (https://fscluster.org/sites/default/files/documents/somaliacprp_final_subow_26_april_1.pdf, accessed 30 June 2020).

- Provision of technical, material and financial support to the response to the outbreak led by the Federal Ministry of Health and Human Services; and
- Serving as technical lead for the coordination, surveillance, laboratory, case management and vaccination response pillars of the UN coordination body.

Strong partnerships: at the heart of the COVID-19 response

“Implementing and financing the response to COVID-19 in Somalia has only been possible thanks to strong collaborations and generous contributions from donors. Amidst this global pandemic, our partners – old and new – stepped up to the unprecedented needs of the situation. Over the past year, it has become clearer than ever to us all that no country, regardless of its wealth, can tackle this crisis alone and all countries are vulnerable until every country is safe. Somalia’s success in controlling and recovering from the COVID-19 pandemic is therefore of global importance, and it will require global support.”

Dr Mamunur Rahman Malik
WHO Representative for Somalia

Timely support from and continued collaboration with donors, including through the regular participation of WHO in the Somali Health Donor Group, have remained the foundation of WHO Somalia’s efforts to respond efficiently and effectively to COVID-19. Between March 2020 and March 2021, contributions from donors amounted to about US\$ 23.4 million, which allowed WHO Somalia to work with health authorities and other partners to control, limit and contain the spread and impact of COVID-19 in Somalia.

“Canada knows that no one is safe from COVID-19 until everyone is safe, and is one of the leading contributors globally to purchase and equitably distribute tests, treatments and vaccines. In Somalia we’re also pleased to partner directly with WHO, the Ministry of Health and federal member states to support Somalia’s COVID-19 response plan. Together we’re helping to keep Somalis safe and save lives.”

David Da Silva
Chargé d’affaires ai, Embassy of Canada, Somalia

In the early days of the pandemic, the European Union Delegation to Somalia and WHO established a bilateral technical coordination mechanism to enhance their joint response to the COVID-19 outbreak. Through this mechanism, the European Union provided logistical and flight support to WHO and the health ministry to rapidly transport vital equipment, medical supplies and COVID-19 samples throughout Somalia, and WHO provided technical assistance and advice to ongoing and forthcoming European Union activities. Furthermore, the European Civil Protection and Humanitarian Aid Operations (ECHO) provided US\$ 1.9 million to WHO’s COVID-19 emergency preparedness and response operations in Somalia, which was followed by a US\$ 5.8 million multiyear contribution to WHO from the European Union Delegation to Somalia to support the strengthening of the public health system to prevent the large-scale community spread of COVID-19.

“At the heart of our partnership with the European Union is our belief that we are more effective when we join hands with trusted partners. We share a deep-seated commitment to the people of Somalia and strive to ensure our cooperation continues to save lives.”

Kyle Defreitas
External Relations Officer
WHO country office

“As we mark the one-year anniversary of the COVID-19 pandemic response in Somalia, this is a good opportunity to take stock of the great work that has been done so far and the important work that we need to continue in order to protect lives and livelihoods. In the past year, the European Union and WHO Somalia, in cooperation with the ministries of health both at the state and federal level, have established bilateral technical coordination mechanisms, deployed community health workers, set up a surveillance system and established testing and treatment facilities in order to prevent large-scale community spread and strengthen the country’s beleaguered public health system. The COVID-19 pandemic has reinforced our belief in collaboration and cooperation and that institutions and governments are stronger and more effective at responding to crises when they pool their resources and expertise.”

HE Nicolás Berlanga Martínez
European Union Ambassador to Somalia

Communication: a crucial component of the outbreak response

Communication, in its different forms, has been critical in WHO’s response to the COVID-19 outbreak in Somalia. Throughout the year of the pandemic, the WHO country office used various means of communication to reach stakeholders with information on COVID-19, such as one-on-one awareness-raising on COVID-19 through CHWs, to radio broadcasts, social media posts, publication of scientific studies and briefing of key partners and donors. These different communication activities were in line with three key strategic objectives: to raise awareness within communities about COVID-19, keep partners informed of the progression of the outbreak and response needs, and build knowledge to improve the response to this and future outbreaks.



“As a communication officer with WHO Somalia, my role has been to make sure that every single staff member in our country office understands the importance and truly embraces his or her role in communicating information on COVID-19. We have produced such a broad spectrum of communication products, always adapting the content and the form to the needs and characteristics of the particular audience. It has been an amazing opportunity for many of us to put our skills into practice, and to further learn. I feel great pride in the work that we have done communicating information on COVID-19 – it has helped shed light on the incredible work of our medical colleagues and it has undeniably contributed to saving lives.”

Ms Fouzia Bano
Communications Officer
WHO Somalia

Section 4. Translating knowledge into action

Driving research and innovation





9

research activities were supported (six completed and three are in the final stage)



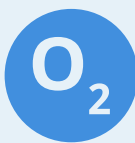
2

manuscripts were published



3

policy briefs were published



1

innovative solar-powered medical oxygen system was installed to serve three oxygen concentrators

A key COVID-19 lesson was that context-specific health research, policies and practices are needed even in low-resource settings, not only to better understand the unknowns but to bridge knowledge gaps in such settings, which can contribute to the global public good by providing evidence on what works better in such settings and to improve context-informed responses. The use of evidence from fragile countries such as Somalia to guide appropriate policy will go a long way to influence decisions that will contribute to improved health outcomes, realization of universal health coverage (UHC) and achievement of the Sustainable Development Goals. Using the experiences of the pandemic and understanding its determinants and effects will help the country to rebuild a resilient health system that is better able to face the next emergency. Such a health system will also result in a more inclusive and equitable society where no one is left behind. As such, funding research and building research capacity in fragile countries are vital to generate and manage the necessary knowledge that can lead to better health and a better future.

The WHO country office in Somalia, in collaboration with the health ministries, other international agencies and national and international academic institutions has supported a number of research studies as part of its response to COVID-19. The following were the main objectives of this support.

- Build the research capacity of government institutions to conduct high-quality public health research and translate the research findings into policies and practices;
- Support publication of such research in peer reviewed medical journals to illustrate the country's success and efforts in addressing important knowledge gaps; and
- Develop a culture of continuous learning and innovation to maximize the impact on health.

The research supported is outlined in the following paragraphs. It is expected that these research efforts will provide the government with opportunities to align its transformative agenda to reform the health sector in line with the outcome of this research.

Genome sequencing. Working with the Africa Centres for Disease Control and Prevention and its network of laboratories for genome sequencing, this study is helping the government to investigate and track the evolution and spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), to monitor and rapidly identify changes in strain and emergence of new variants, the effect of these changes on the severity of and mortality from COVID-19, and the efficacy of vaccines used in the country.



Seroprevalence study. WHO supported the health ministries of the Federal Government of Somalia and of Somaliland in conducting a population-based, age-stratified seroepidemiological investigation of COVID-19 infection. The study aimed to provide estimates of: (i) seroprevalence of antibodies to SARS-CoV-2 in different age groups, (ii) cumulative incidence of infection; (iii) infection attack rates; and (iv) extent of asymptomatic infection.

Rapid serosurvey. WHO supported the health ministries of the Federal Government of Somalia and of Somaliland to partner with the Department of Epidemiology of UCLA Fielding School of Public Health (University of California, Los Angeles) and the United States Centers for Disease Control and Prevention to conduct a rapid cross-sectional serosurvey to: determine age-specific susceptibility to vaccine-preventable diseases, including diphtheria, measles, mumps, polio, rubella and tetanus across the country; and identify key factors (age, sex, geographic area, nutritional status and other sociodemographic characteristics) associated with insufficient immunity to these diseases in the country.

Risk exposure and compliance with infection prevention and control measures in health care workers. This cross-sectional study was conducted to assess the practices of health care workers in hospitals with regard to infection prevention and control measures and their compliance with these measures.

Community deaths from COVID-19 using verbal autopsy. Using a modified verbal autopsy method, this study compared COVID-19 deaths reported officially through daily or weekly situation reports (deaths mostly occurring in hospital) with direct or indirect deaths attributed to COVID-19 occurring in the community.

Survival analysis. This study determined risk factors for death in critically ill patients with COVID-19 admitted to one of the main hospitals in Somalia and identified interventions that contributed to improved clinical outcomes in a low-resource and fragile setting.

COVID-19 infection in different types of health care worker. This study used retrospective data on COVID-19 infections in health care workers to identify those at most risk of acquiring the infection among the various groups of health care worker (doctors, nurses and informal health workers).

Role of CHWs in responding to the COVID-19 pandemic. This study aimed to determine the contribution of the CHWs deployed by WHO to contain COVID-19 transmission.

Secondary effect of COVID-19 on essential health care. This study determined the effect of the COVID-19 pandemic on essential health care by assessing changes in the use of routine immunization and maternal health care services.

Cost-effectiveness of solar-powered medical oxygen. Supported by the UNICEF/United Nations Development Programme (UNDP)/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, this implementation research gathered evidence on the feasibility, use, cost-effectiveness and impact on survival of solar-powered medical oxygen systems.

Impact of COVID-19 on infectious diseases. Partnering with the Centre for Humanitarian Data of the Office for the Coordination of Humanitarian Affairs, this study modelled the impact of COVID-19 on cholera, malaria and measles using a susceptible-exposed-infected-removed (SEIR) model.

These initiatives, undertaken by WHO as part of its response to COVID-19, have broad implications on health in the country. First, enhancing research capacity and translation of research findings into evidence-informed policies can help build a more equitable and resilient health system that can withstand the strain of any future public health emergency. Second, these studies are helping WHO and its partners identify critical gaps in Somalia's severely underfunded health system. This information may stimulate policy discourse on how future health investments in the country should be prioritized so that appropriate strategies, policies and practices can be implemented for real and sustainable health dividends. Third, the knowledge generated by these studies will help reform and transform the health sector.

Section 5. Supporting essential health care

Offsetting the effect of COVID-19 on health gains





407 956

children from 6 months to 5 years were vaccinated against measles and 459 456 children under 5 years were vaccinated against polio in an integrated campaign



99 085

people living in 20 489 households were protected against malaria by indoor residual spraying in Puntland and Somaliland



2.77 m+

children under 5 years were vaccinated with the bivalent oral polio vaccine in 19 regions across Somalia, a coverage of 97%



100 000+

people were protected against malaria by indoor residual spraying in flood-affected areas



1.3m

households received long-lasting insecticidal nets distributed by health authorities supported by WHO and UNICEF, which contributed to protecting of an estimate 2.6 million people

The COVID-19 pandemic severely strained the fragile health system in Somalia. The lockdown and the social distancing measures imposed to contain the virus also raised fear among health care workers about providing other routine essential health care, such as immunization for children, care of pregnant and lactating women, as well as care for malnourished children. The number of people visiting health centres for routine care also significantly dropped as a result of lack of public transport and other means to access facilities. Visiting health centres without personal protective measures, such as masks, and maintaining physical distancing also put individuals at risk. Owing to the lack of basic and essential protective equipment, such as masks and gloves, for health care workers, some vaccinators and other health care providers did not report to work during the year.

As a result, the COVID-19 pandemic potentially reversed some health gains. A modelling study showed that the disruption to routine health care services for a prolonged period could have a devastating effect in Somalia, including:

- 20% reduction in life-saving vaccination coverage
- 4% reduction in facility-based health care delivery
- 13% increase in childhood mortality.

Given the urgency of scaling up essential health services to protect health gains, the WHO country office, in partnership with UNICEF, United Nations Family Planning Association and other partners augmented essential health care services, which allowed immunization services, essential newborn care, care for pregnant and lactating women and other routine primary health care services to resume normally in the midst of the pandemic. Using physical distancing and other public health measures, WHO staff also increased monitoring and supervisory visits to these vaccination, maternal and child health care centres to ensure that routine health services resumed operations, while at the same time reducing the risk of both health care seekers and providers being exposed to COVID-19.

From 30 August to 3 September 2020, Somalia conducted an integrated measles and polio campaign in Banadir region – the first immunization campaign held since the COVID-19 pandemic had reached Somalia. This campaign, carried out while observing all necessary safety measures to minimize the risk of spreading COVID-19, was a chance to get back on track in protecting vulnerable children who have missed out on vital immunizations and additionally in building population immunity to polio and measles. About 408 000 children between 6 months and 5 years (92% of those targeted by the campaign) received vaccinations

against measles and 459 000 children under 5 years (93% of the target) were vaccinated against polio. In addition, 92% of children also received vitamin A and deworming tablets. This campaign proved that delivering health interventions amid COVID-19 in Somalia is achievable – and paved the way for subsequent campaigns to fill any immunity gaps.

Between September and October 2020, two rounds of house-to-house immunization campaigns were organized in south and central parts of Somalia to vaccinate almost 1.65 million children under 5 years in response to a circulating vaccine-derived polio virus which had paralyzed at least 19 children in the country since 2017.

“Amid the COVID-19 pandemic, we should leave no stone unturned to continue routine immunizations to prevent further outbreaks and protect children from deadly diseases.”

Mohamed Ayoya
UNICEF Somalia Representative

The first round was carried out between 20 and 23 September and reached 1 579 050 of children under 5 years. Post-campaign monitoring using lot quality assurance sampling showed a 94.6% coverage and a 94.0% pass rate (i.e. 94.0% of the lots assessed had fewer than three children out of 60 who were unvaccinated). The second round, conducted between 22 and 25 October, reached 1 537 556 children under 5 years with the second dose of the vaccine, and achieved 96.0% coverage and a 96.8% pass rate. Both rounds had a revaccination strategy for children in missed areas.

Between June and November 2020, WHO also negotiated and gained access to six previously inaccessible districts with an estimated 100 000 children under 5 years. Finally, in December 2020, the polio programme successfully vaccinated 2 767 525 of 2 893 292 children under 5 years with the bivalent oral polio vaccine in 19 regions across Somalia, a coverage of 95.6%. Vitamin A supplements were given to 1 130 180 children under 5 years in 10 regions. Post-campaign immunization monitoring using lot quality assurance sampling showed 96.0% coverage and 86.0% pass rate.

Despite the restrictions on movement during the COVID-19 lockdown and the challenges this posed, indoor residual spraying has continued throughout the country. This spraying has been an essential tool in the response to malaria outbreaks. Thus, this activity was prioritized and all precautions were taken during spraying to prevent transmission of COVID-19, including the use of personal protective equipment by all staff involved in spraying.





The successful completion of mass immunization campaigns, implementation of indoor residual spraying and maintenance of routine health care will not only protect vulnerable children against vaccine-preventable diseases and provide pregnant women with antenatal and postnatal care, these activities also demonstrate that it is possible to continue essential health care services in fragile settings even during a pandemic using standard health safety measures.

Despite the challenges of maintaining physical distancing, with the use of masks and other measures in health facilities and vaccination sites, WHO successfully provided the leadership to organize mass immunization and other disease control campaigns and support the resumption of other routine health services through effective planning, coordination and implementation of appropriate risk mitigation measures at the individual and population levels.

Box 6

Further reading on WHO's work in essential health care during COVID-19

WHO, UNICEF urge caregivers in south and central parts of Somalia to vaccinate children against polio, while observing health and safety measures for COVID-19. WHO in Somalia, 2020 (<http://www.emro.who.int/somalia/news/who-unicef-urge-caregivers-in-south-and-central-parts-of-somalia-to-vaccinate-children-against-polio-while-observing-health-and-safety-measures-for-covid-19.html>).

Somalia conducts successful first immunization campaign amid COVID-19. WHO in Somalia, September 2020 (<http://www.emro.who.int/somalia/news/somalia-conducts-successful-first-immunization-campaign-amid-covid-19.html>).

400 000 children to be vaccinated against polio and measles in Banadir in midst of COVID-19 pandemic. WHO in Somalia, August 2020 ([http://www.emro.who.int/somalia/news/400-000-children-to-be-vaccinated-against-](http://www.emro.who.int/somalia/news/400-000-children-to-be-vaccinated-against-polio-and-measles-in-banadir-in-midst-of-covid-19-pandemic.html)

[polio-and-measles-in-banadir-in-midst-of-covid-19.html](http://www.emro.who.int/somalia/news/400-000-children-to-be-vaccinated-against-polio-and-measles-in-banadir-in-midst-of-covid-19.html)).

Somalia responds swiftly to measles outbreak in Jubaland State. WHO in Somalia, August 2020 (<http://www.emro.who.int/somalia/news/somalia-responds-swiftly-to-measles-outbreak-in-jubaland-state.html>).

COVID-19 disrupts essential health services in fragile settings; risks reversing health gains. WHO in Somalia, June 2020 (<http://www.emro.who.int/somalia/news/covid-19-disrupts-essential-health-services-in-fragile-settings-risks-reversing-health-gains.html>).

Reaching the zero malaria target: Somalia scales up efforts to eliminate malaria from 6 pilot districts WHO in Somalia, April 2021 (<http://www.emro.who.int/somalia/news/reaching-the-zero-malaria-target-somalia-scales-up-efforts-to-eliminate-malaria-from-6-pilot-districts.html>).

Section 6. Building back better

Recovering from the COVID-19 pandemic in Somalia:
lessons learnt



As we enter the second year of the COVID-19 pandemic in Somalia, encouraging developments are in motion and lie ahead. The start of vaccinations against COVID-19 for frontline workers is underway, as are the numerous ambitious projects being developed to strengthen Somalia's health system and its ability to better care for the health of the country's population.

- The COVID-19 pandemic has shown that the virus knows no boundaries and any threat anywhere is a threat everywhere. Therefore, combating such health security threats in vulnerable settings requires strong international cooperation and leadership guided by a sense of shared responsibility and solidarity. Ensuring access to care and addressing health inequality in conflict, fragile and vulnerable settings are moral imperatives. In this interconnected world, the pandemic will end if we can end this outbreak of COVID-19 in such settings. Global cooperation and multilateralism will be key to save the health systems of these countries from collapse. If we can win in these settings, we can win everywhere. If not, the health crisis caused by the pandemic will only be prolonged.
- In conflict settings, shortages in the health workforce are common – in some conflict-affected countries, the health workforce density can be as low as 0.11 health workers (doctors, nurses and midwives) per 1000 population against a UHC requirement of 4.45 per 1000 by 2030). In these situations, more investment is needed in CHWs for managing response and surveillance. They are the vital cog in the health system of these countries and can provide health services in hard-to-reach areas and carry out door-to-door surveillance.
- International cooperation and global alliance will be key to improve health systems in fragile settings. An important lesson learnt from this pandemic is that it is not enough to fight one disease outbreak. We have to build health systems that can prevent future outbreaks. If the health systems in these countries remain weak, new viruses may emerge and spread rapidly and become the next pandemic. Thus, it is imperative to strengthen the health systems in these countries so they can rapidly detect and stop the spread of viruses.
- Another lesson learnt is that it is important to look beyond short-term, quick-fix support to transform health systems for the long term. Systems change comes not from focusing on short-term solutions over a few months, but from making long-term investments that last many years. We all need to be in this together. It will take all of us coming together to deepen our support through alliances, coalitions and partnerships.
- Any response made should be data-driven and based on scientific evidence. Countries with weaker health

systems should be supported to build evidence-informed policies and strategies to improve health systems and access to health care even during the pandemic. International cooperation will be vital to support these countries with data-driven strategies. It is also important to ensure that health systems come back better and stronger than before and are ready to respond to the next health crisis. This will only be possible if global cooperation is strong and inclusive.

In working to recover from the adverse effects of the COVID-19 pandemic, there are examples of how some health practices and measures have paid off in terms of ensuring access to health. These examples are our “beacons of hope”. We have learnt that through effective international cooperation, partnership and working together some of the pressing issues can be solved, even in the most challenging settings.

- International cooperation has helped set up testing facilities for COVID-19 in Somalia. Before the pandemic, there were no laboratories with RT-PCR testing or COVID-19 and other emerging infections. With funding from multilateral donors, WHO rapidly established three laboratories with RT-PCR testing capacity. WHO's effort in this field was catalytic: an additional 10 laboratories with PCR capacity have been established and other international agencies are now supporting the government to run and operate these laboratories with funds for training and supplies. The African Centres for Disease Control and Prevention is also supporting the government to establish sequencing capacity. International cooperation (especially from the World Food Programme (WFP) and European Union) also helped WHO to airlift laboratory equipment in support of this emergency need.
- Case finding and detection of COVID-19 were the two biggest challenges in Somalia, especially in conflict areas because of security concerns and restriction of movements. Believing in local solutions for local problems, WHO therefore deployed 3490 CHWs in the most disadvantaged and high-risk areas as part of the COVID-19 response. These CHWs, who were mostly females and belonged to the local community, were able to overcome these barriers of access and movement. They were allowed to move freely in the community and provide health services, including basic health care. By the end of December 2020, these CHWs had detected and identified 42% of all confirmed cases reported by the government and reached close to 8.23 million people.
- Oxygen is often vital for the recovery of patients in hospital with severe diseases. People have died in conflict-affected countries because of the lack of oxygen, not merely the absence of mechanical ventilators. Therefore, WHO procured and distributed

76 oxygen concentrators for use at the point-of-care in health facilities across Somalia. Through this initiative, WHO showed how oxygen concentrators can save lives and generate demand for health care including access to oxygen. As a result, recognizing the value of these oxygen concentrators, UNICEF procured and distributed an additional 124 oxygen concentrators. WHO's support was funded partly by Grand Challenge Canada and partly by the global Access to COVID-19 Tools (ACT) Accelerator partnership, once more highlighting the value of international cooperation. An important outcome is that these oxygen concentrators are now also being used to treat children with pneumonia and birth asphyxia as well as people suffering from trauma.

- Shielding elderly people has been a challenge in the response to the COVID-19 outbreak in Somalia. While 60–70% of the population is younger than 20 years, most of elderly people acquired COVID-19 at the household level. To tackle this issue, WHO worked with the UN Refugee Agency (UNHCR), International Organization for Migration (IOM), World Food Programme (WFP) and United Nations Development Programme (UNDP), as many of these agencies have development programmes targeting the elderly population. WHO deployed 776 volunteers whose main function was to disseminate risk communication messages about shielding elderly people: for example, avoiding going to mosque for prayers, avoiding public places, using a separate living space in the household, using a separate washroom, or eating and using washrooms at different times). This programme also ensured that elderly people did not have to visit health centres for their health care needs. A dedicated telephone call centre was established for elderly people to seek for health care, and special ambulatory care was provided by outreach services.
- Through international cooperation with the IOM, WHO also brought back a number of Somali health professionals living abroad. As Somalis, these health workers were able to work in insecure areas as their movements were not restricted. As such, they were able to deliver health care services to remote areas to serve the local community. WHO also worked with the WFP to airlift essential medical supplies, and with the European Union to deliver essential medical supplies to peripheral locations to ensure that essential health care was maintained during the pandemic, including routine immunization and other care for pregnant women.

Looking ahead

Somalia's fragile health context was a fertile ground for the COVID-19 outbreak to spread – undermining on its way health gains that had been made in recent years, including on immunization coverage. We have learnt much from the response to this outbreak and we have a duty to apply what we have learnt to our response to future outbreaks and to the strengthening of Somalia's health system. As we take stock of these lessons, we must also celebrate our achievements. There have been many, including the rapid scaling up of COVID-19 testing capacity, the pioneering installation of solar-powered oxygen concentrators in Galmudug and the ambitious research being carried out by health staff throughout the country. The start of the vaccination of frontline staff against COVID-19 also offers hope of a recovery from this pandemic – but vaccine uptake must be increased considerably in order to reduce the spread of the disease.

Beyond this vaccination effort, we must not lose sight of the fact that it is by strengthening Somalia's health system that we will ultimately help protect and sustainably improve the health of the Somali population. After decades of underinvestment in the health system, we cannot miss this opportunity to build back better together. In Somalia, this will require investing in building core public health capacities and the health workforce for surveillance, early detection and sharing of information on outbreaks. WHO's partnership with Somalia's Federal Ministry of Health and Human Services and Sweden, which aims to create an independent Somali public health authority and to modernize the country's health information management system, is such a step.

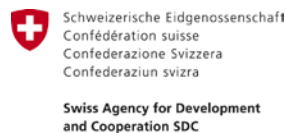
We must also innovate and fast-track greater use of digital technologies in health service delivery, including e-health and digital surveillance systems for infectious diseases. This is in motion thanks to a second joint project of WHO, the Federal health ministry and Sweden's SPIDER Centre, an institute based at Stockholm University. The initiative aims to help authorities digitalize the country's health information management system starting in three pilot locations and build a state-of-the-art integrated disease surveillance and response system.

Finally, achieving universal health coverage (UHC) must be made a priority of governments, donors and health partners. UHC is critical to strengthening collective health security and facilitating access to health services by the poorest and most marginalized people. Ensuring that all Somali people can access the health services they need – without facing financial hardship – is key to improving the well-being of the Somali people. Alongside the UHC roadmap, we must support implementation of the newly revised Essential Package of Health Services, which outlines a set of minimum services for maternal, newborn and child health, communicable and noncommunicable diseases, mental health, injuries, and pandemic and emergency preparedness.

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- The German Cooperation
- The Global Fund to Fight AIDS, Tuberculosis and Malaria
- The Italian Agency for Development Cooperation
- The Swiss Agency for Development Cooperation
- The World Bank, via the Pandemic Emergency Financing Facility

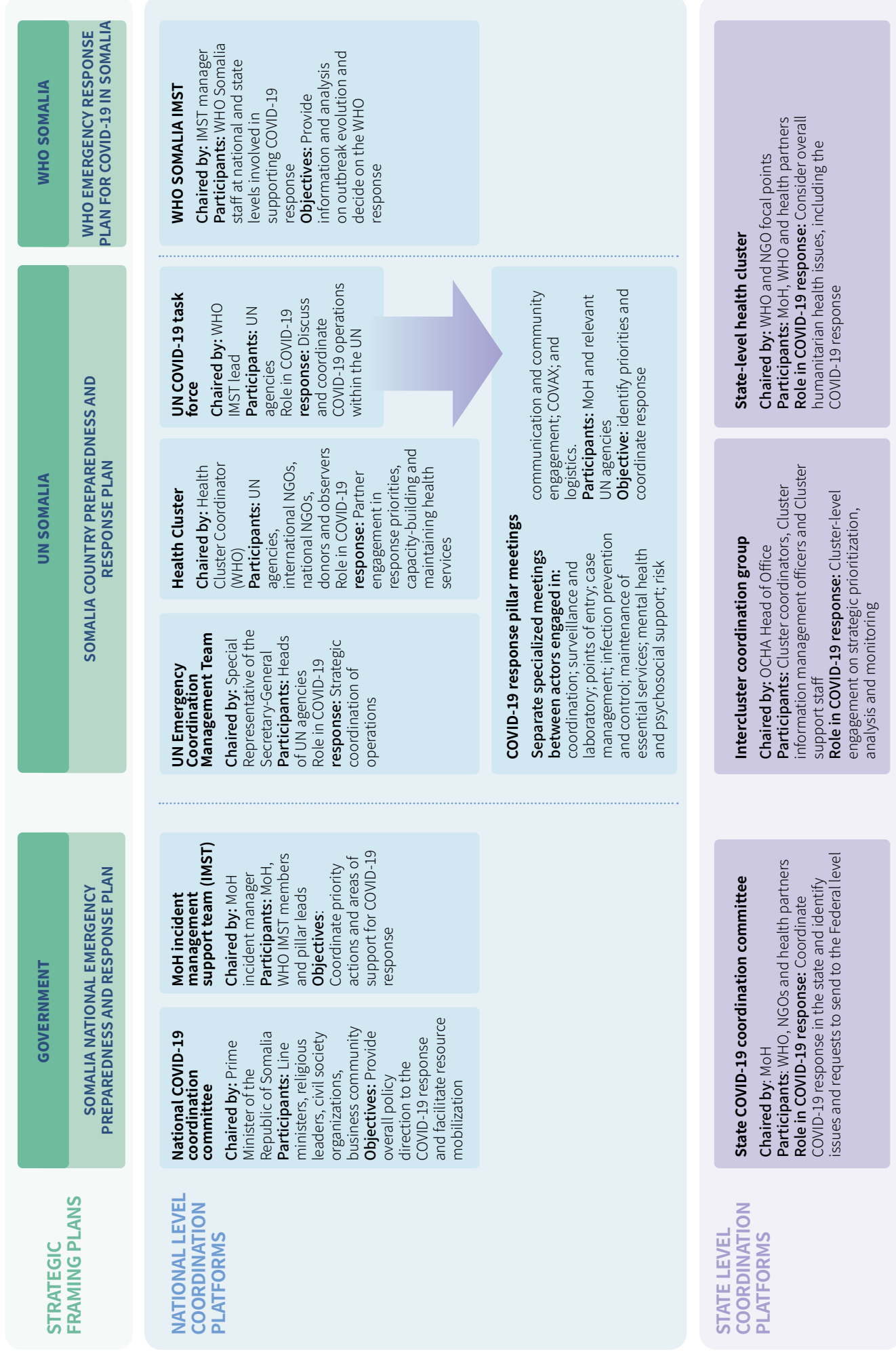


WHO's work in numbers: response to COVID-19 in 2020-2021

Response actions	No.
Health care workers trained in surveillance, case management and risk communication	8 571
Rapid response teams deployed for case investigation	73
Community health workers deployed for case finding and contact tracing	3 327
Sample collection kits distributed	14 952
COVID-19 samples transported for testing	5 009
Suspected cases investigated and tested for COVID-19	135 102
Households visited by the community health workers	4 170 686
Individuals reached by the community health workers with risk communication and awareness-raising information	8 828 341
Treatment centres established and supported	19
New health facilities added to EWARN	198
Alerts (from EWARN) investigated	1 040
New risk communication messages produced	131
Personal protective equipment kits distributed	14 000
Face masks distributed	130 000
Oxygen concentrators delivered	68

COVID-19: coronavirus disease 2019; EWARN: Early Warning Alert and Response Network

Fig. 1 Coordination structure of the COVID-19 response in Somalia involving the Somali government, UN and WHO, at national and states levels





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