



World Health
Organization

Somalia

MAJOR ACHIEVEMENTS



**Over 1 million
children vaccinated**

with an integrated measles and polio vaccine



1 166

alerts in EWARN investigated
and 21 emergency response teams
deployed to flood and drought-affected areas



National capacity to respond to COVID
scaled-up with three PCR testing machines
and covid-19 related training of 798
front-line health workers



2 879 695

tablets of first-line tuberculosis (TB)
drugs and 1044 boxes of second-line TB drugs
distributed to tuberculosis management units
and multidrug-resistant TB treatment centres

Quarterly

Technical Programme Update

January-April

Marching towards the recovery of health systems

Message from WHO Representative



The year 2020 began with a renewed commitment to and hope of building on the promises and success of 2019. Strengthening the country's health system and achieving universal health coverage (UHC) for Somalia's population continue to be the guiding principles and inspirational focus for our work in 2020. Between January and April 2020, the WHO country office saw its transformative process move further forward with the reorganization of the country office structure, the alignment and harmonization of our work with WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13), the focus on integration and efficiency and the establishment of a structure and system for measuring the impact of what we do to improve health outcomes for the people of Somalia.

Between 11 and 16 January, a high-level technical mission from WHO headquarters and the WHO Regional Office for the Eastern Mediterranean, led by the late Dr Peter Salama, Executive Director of the Division for Universal Health Coverage – Life Course, made some ground-breaking progress on the roadmap towards achieving UHC in Somalia. The WHO country office staff were deeply saddened by the untimely death of Dr Salama on 23 January. He had been immensely touched by what

would be his last field visit – he was a true champion of strengthening public health in fragile settings. The announcement by WHO's Director-General, Dr Tedros Adhanom Ghebreyesus, that a fund will be created in Dr Salama's memory which will focus on improving access to health care in fragile settings is a testament to what he dreamt for Somalia and other countries suffering from protracted humanitarian crises.

As the first quarter of 2020 drew to an end and much of the world was engrossed in responding to the unprecedented COVID-19 pandemic, the WHO Somalia country office promptly provided support to the government-led COVID-19 preparedness and response efforts. In particular, the country office facilitated the rapid scale-up of surveillance, including provision of laboratory diagnostics and testing facilities for COVID-19 in the country.

The COVID-19 outbreak has put on hold a number of health-related activities planned by WHO and other actors, and threatens to dramatically affect the health and well-being of Somalia's population for months or years to come. Nonetheless, WHO's resolve to work with Somali health authorities and its partners to help build a strong and resilient health system able to respond to the health needs of communities in times of emergency is stronger than ever.

As an agency, we are responding to a global health crisis unlike any we have faced before. This situation demands extraordinary coping mechanisms. We also have a unique opportunity before us. If we can steer the recovery of the health systems properly, we will be able to push back this virus and build an architecture for public health in Somalia that is more resilient and more responsive – one that will not collapse in the face of such a crisis. We all have a responsibility to recover better from this crisis and must seize this opportunity. The WHO country office has come through enormous challenges before – together, we will do so again.

Dr Mamunur Rahman Malik
WHO Representative in Somalia

Addressing Health Emergencies

Protecting the vulnerable



COVID-19 preparedness and response

Six weeks after COVID-19 was declared a global pandemic, Somalia confirmed its first case of the disease on 16 March 2020. The WHO Somalia Health Emergency Programme provided, federal and state health authorities with support to respond to this outbreak in the following strategic areas.

Ensuring coordination and leadership. Towards the end of February, an internal committee was set up to conduct a comprehensive risk assessment on COVID-19, in consultation with a team from the Federal Ministry of Health and Human Services. The risk assessment informed the development of the health section of the National Emergency Preparedness and Response Plan for COVID-19 in Somalia. The plan was aligned with WHO's Strategic Preparedness and Response Plan guidelines and included preparedness and response in key sectors. An incident management support team was established at the country office to coordinate with the health ministry and other key partners and to systematically respond to the outbreak, facilitate information-sharing and operationalize the response operations.

Enhancing surveillance and testing. In March, WHO Somalia supported the collection of COVID-19 samples (40 samples) and shipped them to the Kenya Medical Research Institute in Nairobi for analysis. In an effort to

build Somalia's capacity to detect and confirm COVID-19 cases, WHO, with funding support from the Italian Development Cooperation, established three laboratories and equipped them with a real-time reverse transcription polymerase chain reaction (rRT-PCR) assay. This assay is regarded as the gold standard for diagnosis of COVID-19. These three laboratories have been set up in Mogadishu, Garowe and Hargeisa. The emergency programme also supported case investigations, contact tracing and follow up. By the end of March, 13 072 people had been screened for COVID-19 at entry and border crossing points.

Supporting case management. An assessment of 14 isolation facilities was conducted in the first quarter of 2020 in Somalia. Several areas for improvement were identified, in particular with regard to: bed capacity to manage severe COVID-19 cases; availability of qualified and trained health workers; and availability of operational support for the routine functioning of these centres. In response, WHO Somalia facilitated the training of 798 health care workers in March across the federal states.

COVID-19 RESPONSE AS OF APRIL 2020

- 40 COVID-19 samples collected and transported for testing
- Three PCR machines able to test for COVID-19 procured for laboratories in Mogadishu, Garowe and Hargeisa
- 798 front-line health workers trained in COVID-19 enhanced surveillance, case management and infection prevention and control
- 13 072 people screened for COVID-19 at entry and border crossing points
- Essential medical supplies sufficient to treat 500 cases of COVID-19 pre-positioned in different states

Facilitating community awareness and engagement. In order to engage with communities on COVID-19 prevention measures, the WHO Somalia office developed and translated into Somali communication materials which are being used by the health ministry and partners in their campaigns to raise awareness among the population. With support from Radio Ergo, which transmits humanitarian news from Somalia, programmes have been broadcast on a weekly basis that aim to counteract and stamp out false news and rumours and respond to community concerns. By the end of April, 3054 messages (and rumours) had been received and checked, and correct messages were sent out to counter any incorrect information and rumours.

As the COVID-19 pandemic spreads throughout Africa, WHO will continue to support the Somali health authorities at national and state levels to reduce the impact of COVID-19 in the country.



Emergency activities in flood-affected districts

In the first quarter of 2020, WHO Somalia's health emergencies programme continued to contribute to the drought and flood response. These activities were supported by funds from the Central Emergency Response Funds. The programme focused on interventions aimed at reducing avoidable morbidity and mortality. Between January and April 2020, 23 integrated emergency response teams were deployed to provide support on: disease surveillance, early detection and investigation; prevention, preparedness and response to communicable disease outbreaks; mass casualty incidents and provision of emergency life-saving

health services; management of cases of complicated severe acute malnutrition.

The drought response continued until the end of January in 10 priority districts. In January alone, 46 812 people (28 555 women and 18 257 men) received life-saving health services and health promotion activities, including primary health care services through mobile teams, treatment of diarrhoeal diseases and malaria, vaccination and health education. The flood response focused on the four most affected districts – Beletweyne, Baidoa, Berdale and Jowhar. During this period, nine mobile integrated emergency response teams, composed of 36 health workers, were trained in these four districts.

Early Warning Alert and Response Network (EWARN)

WHO Somalia continued to support the Ministry of Health and Human Services in reporting health alerts of epidemic-prone diseases, through its coverage of 538 health facilities across the country using the Early Warning Alert and Response Network (EWARN). Between January and April 2020, 3 156 alerts were reported - 1 166 (37%) of which were confirmed as genuine alerts.

These EWARN alerts were crucial in facilitating the detection and reporting of suspected cases of COVID-19 from remote districts. WHO plans to expand the EWARN system to an additional 200 health facilities in Somalia, with an additional community-based surveillance component that will support reporting of alerts on suspected COVID-19 cases at the community level.

Cholera outbreak

The WHO country office continued to support the health authorities by controlling and preventing the spread of cholera in hotspots, especially in camps for internally displaced people. Between January and April 2020, 2 390 suspected cholera cases were reported from 23 districts in Somalia: 1729 (72%) were children below the age of 5 and 1151 (48%) were females. The case fatality rate was 0.4% which is below the 1% threshold of emergencies.

The WHO supported the health ministry and non-governmental organization partners with the surveillance, testing and treatment of cholera cases. In

particular, WHO Somalia supported the collection of 29 stool samples from affected districts and their analysis at the national public health laboratory in Mogadishu. Seven cholera treatment facilities in Banadir, Beletweyne, Bosasso, Marka, Wardi, Jalalaqsi and Jowhar were supported with essential medical supplies so that each could treat 100 severe cases of cholera. They were also provided with airtime in order to ensure that cholera alerts were reported in a timely manner. Furthermore, 11 rapid response teams were deployed between January and April 2020 in affected districts and conducted field investigations to verify the alerts.

Universal Health Coverage

Making health count



Accelerating primary health care

WHO's commitment to supporting the Somali government in achieving UHC was deepened in January 2020 through a high-level mission from WHO headquarters and the WHO Regional Office for the Eastern Mediterranean led by the late Dr Peter Salama, Executive Director of the Division for Universal Health Coverage and Life Course. The mission visited Mogadishu, Baidoa, Hargeisa and Beletweyne

A series of dialogues and consultative meetings brought together senior members of Somalia's Ministry of Health and Human Services, Somaliland's Ministry of Health Development, WHO, the World Bank, United Nations Children's Fund (UNICEF), International Organization for Migration (IOM), and the Department for International

Development (DFID) of the United Kingdom of Great Britain and Northern Ireland, as well as other key agencies and donors. The role of primary health care as the key driver to achieving UHC in the fragile and vulnerable context of Somalia was re-emphasized during this mission. Deliberations also focused on a prioritized set of UHC services called the Minimum Essential Package of Health Services.

The mission identified ongoing discussions on the reform of the Somali aid structure as a critical component in Somalia achieving UHC. The mission recommended to move away from disjointed humanitarian and development strategies to multiyear planning and predictable funding. Adopting a coherent humanitarian/development/peace nexus approach would improve the health system's performance and address people's needs before, during and after crises. These topics are some of the key issues the WHO Somalia office will be focusing on in 2020 to accelerate primary health care in order to achieve UHC.

The Essential Package of Health Services, a cornerstone of UHC

In late 2019, Somalia's Ministry of Health and Human Services, in consultation with its health partners, established a task force to revise the Essential Package of

KEY STRATEGIC MEETINGS AND VISITS TO SOMALIA

- WHO headquarters and regional delegation visit focusing on "PHC for UHC" and virtual meeting of "Global Action Plan for Healthy Lives and Well-being for All partners" in support of UHC
- GAVI, the Vaccine Alliance, high-level mission to Somalia and Somaliland to look at progress and challenges affecting the Expanded Programme on Immunization
- WHO Somalia technical and management meeting that focused on integration as an approach to improve the effectiveness and efficiency of country programmes.

Health Services (EPHS). Initially developed in 2009, the EPHS is now outdated and unfit to meet the evolving health needs of the Somali people. The task force consists of key health partners including WHO, the World Bank, IOM, UNFPA, UNICEF, WFP and DFID.

The revised EPHS aims to reflect recent policy and strategic shifts adopted by the Somali government in line with the National Health Policy of 2014, the Somali roadmap for UHC 2019-2023, and other programmatic health strategies developed by the health ministry.

During the high-level visit of WHO delegates to Somalia in January 2020, further discussions were held on the revision process for the EPHS and linking it to the development of the UHC priority benefits package. As part of this process, a WHO team conducted the Somali burden of disease analysis which will inform the development of the health interventions in the revised EPHS. In February and March, a series of consultations were held, involving WHO, UNICEF, Ministry of Health and Human Services of Federal Government of Somalia, Ministry of Health Development of Somaliland and other partners, which set in motion the EPHS revision process. This work was ongoing at the time of publication of this report.

The revised EPHS is set to be implemented in January 2021. It is anticipated that the EPHS will strengthen the delivery capacity of the health system at the five levels of the health care system in Somalia. Crucially, the EPHS aims to strengthen the health system and national capacity to provide essential health services and prepare for future humanitarian crises should they occur.



THE GLOBAL ACTION PLAN'S SUPPORT TO THE UHC

At the United Nations General Assembly on 24 September 2019, 12 multilateral agencies launched a joint plan entitled: Stronger Collaboration, Better Health – Global Action Plan for Healthy Lives and Well-being for All. This Global Action Plan outlines how these multilateral health, development and humanitarian agencies will collaborate to deliver better and more streamlined support to countries to achieve the targets of the health-related Sustainable Development Goals (SDGs), including UHC. The Global Action Plan presents a new approach to strengthening collaboration and joint action by the organizations under seven accelerator themes:

- primary health care,
- sustainable health financing,
- community and civil society engagement,
- determinants of health,
- innovative programming in fragile and vulnerable settings and for disease outbreak responses,
- research and development, innovation and access; and
- data and digital health to promote primary health care for achieving UHC and the health-related SDGs.

The WHO country office has embarked on developing a joint action plan on six priority areas for enhanced collaboration between the Global Action Plan agencies and other partners. These areas include: strengthening of the role and capacity of the health ministry; improving access to a high-quality EPHS; strengthening emergency preparedness and response through UHC; establishing a coordination mechanism for the Global Action Plan; and harnessing the private sector for UHC.

Primary health care measurement and improvement initiative

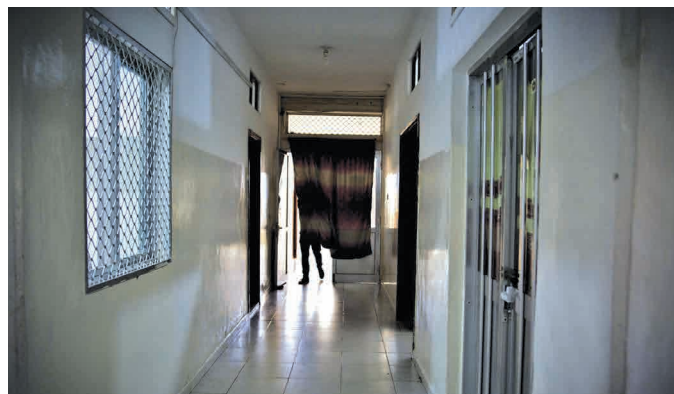
On 9 March 2020, WHO Somalia convened the first task force meeting of the Primary Health Care Measurement and Improvement Initiative in conjunction with UNICEF, United Nations Population Fund (UNFPA) and Save The Children. The meeting aimed to update participants on the progress made in the implementation of the Initiative since it was established, with a focus on nomination of task force members, their work plan, the review of the master list of indicators, the identification and mapping of data sources and the progress of the data-mining exercise.

Peacebuilding Fund and Mental Health Care and Psychosocial Services

On 12 March, WHO, UNICEF and IOM held the launch ceremony for their joint project aimed at improving mental health care and psychosocial services for conflict-affected young people in Somalia through a socially inclusive integrated approach for building peace. This pilot project is the first of its kind in Somalia, where an estimated third or more of the population suffers from mental health problems, and where much of the population faces psychosocial problems stemming from the effects of acute and protracted conflict, further exacerbated by climatic and other shocks.



Supporting access to essential medicines



Technical assistance visit to Puntland

Between 19 and 23 January, WHO Somalia's Essential Medicines and Health Product Programme carried out a visit to Puntland in order to provide technical assistance to relevant partners. The visit included meetings and exchanges with the health ministry, the Medicines Regulatory Authority, the National Supply Chain Management team and the School of Pharmacy at Puntland State University. These meetings and their outcomes are outlined below.

- **Medicines Regulatory Authority in Puntland.** Discussions focused on the 2020 work plan of the Medicines Regulatory Authority and on some of the challenges faced by the Authority in Puntland in carrying out its vital functions, in particular, staff capacity and financial resources.
- **School of Pharmacy/Puntland State University.** The Puntland State University's School of Pharmacy, is the first of its kind in Somalia. Established in October 2016, the pharmacy department initially admitted 35 students, who will graduate in October 2020. The 4-year Bachelor of Pharmaceutical Sciences provided by the school covers a wide range of essential topics. The School has several pharmaceutical science laboratories, which are equipped with some of the most advanced technology in the field.

As well as contributing to deepening the relationship between the WHO and its Somali partners, this visit to Puntland strengthened the engagement of the WHO programme: in building the capacity of the National Supply Chain Management team on the managing and storage of essential medicines; in supporting the role of the Medicines Regulatory Authority as a critical component of a strong health system; and in advocating for harmonization of the pharmacy curriculum in Somalia.

HIV/AIDS: ensuring universal access to treatment and care



Funding the fight against HIV/AIDS

In the first quarter of 2020, WHO Somalia's HIV programme provided technical support to the Ministry of Health and Human Services for the development of a funding application to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) for US\$ 18.6 million for the period 2021–2023. The submission includes a continuation of funding for HIV testing, treatment, interventions in key at-risk populations and advocacy against stigma and discrimination.

Boosting HIV testing capacity

The testing, counselling and treatment of people living with HIV continued to be a priority of WHO Somalia's HIV/AIDS programme. This work was facilitated by the programme's procurement and supply management activities, including the receipt of consignments of crucial products for HIV treatment, laboratory work and monitoring, and testing kits for rapid HIV diagnosis.

Between January and March 2020, and in line with global WHO recommendations:

- 95.7% (4196/4385) of new TB patients were counselled and tested for HIV, with a positivity rate of 0.9%
- 83.8% (31/37) of TB patients found to be infected with both TB and HIV were started on treatment for both infections.

Both of these figures exceed Global Fund grant targets and highlight the effect of the investment by WHO Somalia and the health ministry in boosting testing, counselling and treatment of HIV in the country.

Building capacity through training

Throughout the first quarter of 2020, support for HIV service delivery was provided through formal and on-the-job training. Formal training was held in Garowe in Puntland from 17 January to 1 February 2020. This training focused on provision of antiretroviral therapy (ART) and monitoring of patients. A total of 27 staff were trained (13 women and 14 men).

On-the-job trainings to improve HIV care and treatment were also provided in Hargeisa, Garowe, Bossaso, Galkayo and Mogadishu. These training sessions focused on viral load testing – a crucial indicator of the amount of the HIV virus circulating in the patient's blood.

Scaling up the fight to end tuberculosis



While the COVID-19 outbreak has delayed capacity-building activities planned for the first half of

2020, WHO Somalia's TB programme continues to carry out its regular activities in support of the diagnosis and treatment of TB cases.

Tuberculosis: a continuing public health focus

Between January and March 2020, the programme reported 4 385 TB cases from 93 TB treatment centres – 2 524 (57.6%) males and 1 859 (42.4%) females. Of these TB cases, only two were reported to have had previous treatment for TB.

Working to prevent stock-outs of tuberculosis medication

In the first quarter of 2020, WHO Somalia's TB programme continued to support the management of TB drugs throughout the country. Over this period, the programme received and cleared 6 486 900 tablets of first-line drugs for the treatment of drug-sensitive TB and 5808 boxes of second-line drugs for the treatment of drug-resistant TB. In order to prevent stock-outs of these critical medicines, 2 879 695 tablets of first-line TB drugs and 1044 boxes of second-line TB drugs were then distributed to the tuberculosis management units and multidrug-resistant TB treatment centres.

Supporting a funding application to the Global Fund to Fight AIDS, Tuberculosis and Malaria

In March 2020, the WHO Somalia's TB programme engaged a consultant to support Somalia in preparing an application for funds to the Global Fund. Despite the travel ban due to the COVID-19 pandemic, preparation of the applications is ongoing. As required, country dialogues between TB partners in Somalia (national and international implementing agencies, government

ministries, people living with TB and HIV, private sector, academia) are being conducted; Puntland has completed its dialogue and Somaliland and the Federal Government of Somalia will be concluding theirs soon.

Expanded programme on immunization: making every child count



Protecting children with an integrated measles, polio and vitamin A campaign

In the first quarter of 2020, WHO Somalia's Expanded Programme on Immunization (EPI) conducted an integrated campaign to provide measles vaccination, polio vaccination, vitamin A supplementation and deworming for children under 5 years in Puntland and Somaliland. In Somaliland, the campaign took place from 22 to 26 March and targeted 635 000 children. In Puntland, the campaign ran from 28 March to 2 April and targeted 433 000 children.

As part of this campaign, 46 master trainers and 248 regional staff were trained on campaign management including planning; supply chain management; supervision and monitoring; and data management. Furthermore, 104 districts polio officers from both states attended workshops on microplanning desk validation. Further cascade training sessions of 685 district focal assistants and 11 328 front-line workers were conducted across Puntland and Somaliland before the integrated campaign.

Similar integrated vaccination campaigns were organized in other Somali states in 2019, except for Banadir, where it has still not been done; it may be further delayed due to COVID-19.



Addressing data challenges through the Data Quality Improvement Plan

In order to address the chronic challenges of data quality in Somalia, the Health ministries with the technical support of WHO, UNICEF and financial support by GAVI successfully launched the Data Quality Improvement Plan in late February. This plan, funded by GAVI and supported by WHO and UNICEF, aims to strengthen the capacity of the authorities to record, compile, analyse and make effective use of data.

As part of this project, the WHO Somalia EPI will train health workers, especially data managers, on using data for timely decision-making, developing tools for immunization data, analysing data and making use of data to improve immunization coverage. To assist efforts to reduce the number of unimmunized children, WHO will also assist Somalia in digitalizing its immunization data which will improve evidence-based defaulter tracking.

High-level visit of GAVI to Somalia

In February 2020, WHO facilitated GAVI's first high-level visit to Somalia. The purpose of the visit was for the GAVI members to see the progress made by the EPI programme and meet with key stakeholders in Somalia and Somaliland. The visit included meetings with the Minister of Health and Human Services and key members of the country's immunization coordination committee. The visit enabled authorities to highlight the recent achievements in the field of immunization and provided a useful opportunity for GAVI members to witness first-hand the realities of field work and discuss solutions to existing challenges.



Polio: reaching every last child



Responding to outbreaks of circulating vaccine-derived poliovirus type 2

In December 2019, the polio programme detected circulating vaccine-derived poliovirus type 2 (cVDPV2) in Banadir through routine environmental surveillance. This surveillance monitors the presence of polio viruses in the sewer system and complements surveillance of acute flaccid paralysis. As a result of this detection, a full investigation of the outbreak was carried out in Banadir by a trained team of 15 people. The team, which was supported by WHO, conducted active case searches in upstream communities in the neighbourhoods that form the catchment zone for the sewer systems – this zone also included health facilities and the main referral hospitals in Banadir. Hospital registers were also reviewed for possible missed cases of acute flaccid paralysis. The team also assessed sanitation facilities serving markets and other common areas in order to establish their connections to existing sewer systems. This work formed the basis of a risk assessment that was presented to the Global Polio Advisory Group and which proposed and requested approval for a case response campaign in South and Central Somalia using monovalent oral polio vaccine type 2 (mOPV2).

Between January and March 2020, four more environmental samples from Banadir tested positive for cVDPV2 (these were in addition to the five positive samples collected in December 2019), but no human

cases were detected. These positive tests, reinforced by the risk analysis presented to the Global Polio Advisory Group, led to the approval by Global Polio Eradication Partners in Somalia (WHO, UNICEF and the health ministry) of two rounds of campaigns using mOPV2 vaccine.

The campaigns targeted 1 657 190 children under the age of 5 in 62 districts (39 in Central and 23 in South Somalia). The two rounds required 3 811 538 doses of the vaccine which were approved and released from the global stock. While all the 69 districts in South and Central developed comprehensive and integrated microplans (including social mobilization by UNICEF and supportive supervision by the health ministry) which were subsequently validated, the campaigns have been suspended for the time being because of the COVID-19 outbreak.

Towards the end of January, the programme also detected a vaccine-derived polio virus type 1 (VDPV1) in Lughaya district of Awdal Region of Somaliland through the surveillance system for acute flaccid paralysis. A comprehensive case investigation was conducted in February in which 20 community samples were collected and sent to the Kenya Medical Research Institute in Nairobi for analysis. All the samples tested negative.

The programme also conducted assessments of the waste drainage systems in Baidoa and Kismayo in February as part of plans to expand environmental surveillance to these cities. Two potential sites had been identified earlier, and were noted in the recommendations made at the outbreak response assessment meeting and Technical Advisory Group meeting in November 2018.

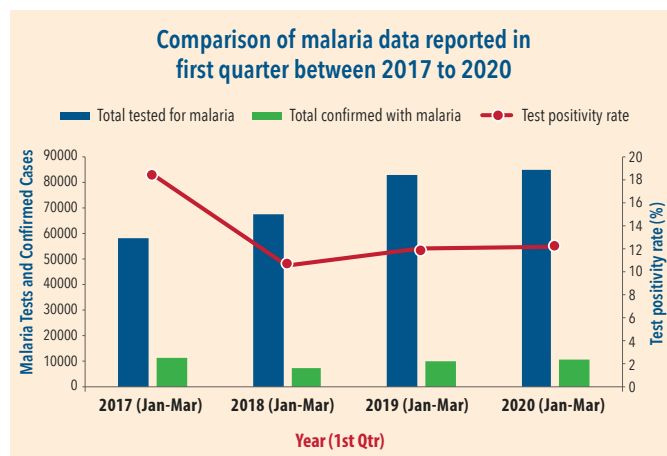


Aiming for malaria-free status



Malaria case management

In the first quarter of 2020, 10 470 cases of malaria were reported in Somalia, as compared to 10 111 in the first quarter of 2019 (Fig. 1). The slight increase is likely due to due to heavy rains that started last year and that have caused floods in certain parts of South and Central Somalia. Malaria cases are expected to increase in the coming months – but no outbreak has yet been reported.



Between January and March 2020, WHO Somalia's malaria programme also conducted quality-control supervision visits to 25 health facilities across Somalia. The teams cross-checked laboratory performance, monitored the availability of malaria-related supplies and provided on-the-job training as required. A total of 37 health facilities received malaria supplies.

A planned training in malaria case management for trainers had to be cancelled because of the COVID-19 outbreak. The

WHO Somalia malaria programme is working on developing an online training course in order to achieve this objective.

Malaria outbreak response

In response to the increase in rains and flooding in Puntland and Somaliland, which have led to increases in malaria cases, a large-scale indoor residual spraying campaign is planned for both states in the next quarter. The spraying campaign will be carried out in 17 villages and will protect 17 628 people (2 938 households) in Somaliland, and eight villages protecting 415 505 people (69 251 households) in Puntland.

In Bossaso, WHO initiated a pilot project in December 2019 based on larval source management which involved the rehabilitation of 200 berkit (reservoirs). This project is being monitored to measure its effect on the malaria burden (morbidity) in Bossaso.

Programme review

WHO supported Somalia and Somaliland to: carry out their malaria control programme performance review for 2020; update the National Malaria Strategy 2021–2025; and draft plans for monitoring and evaluation. All of these will soon be shared with relevant stakeholders.

Health cluster

Supporting a healthier humanity



The Somali Humanitarian Fund

In the first quarter of 2020, the Health Cluster participated in the prioritization of activities to be funded by the first allocation of the Somali Humanitarian Fund for 2020. About US\$ 22 million, representing 46% of the budget, was allocated to integrated health programming, water, sanitation and hygiene, nutrition and gender-based violence projects targeting the most vulnerable populations, particularly internally displaced people.

Facilitating the coordination of humanitarian health programming

The Health Cluster continued to successfully host regular cluster meetings with an average of 60 partners attending each meeting. These meetings were tailored to engage partners on different issues in humanitarian health programming, ranging from updates on recent outbreaks (COVID-19 and acute watery diarrhoea/cholera) to the

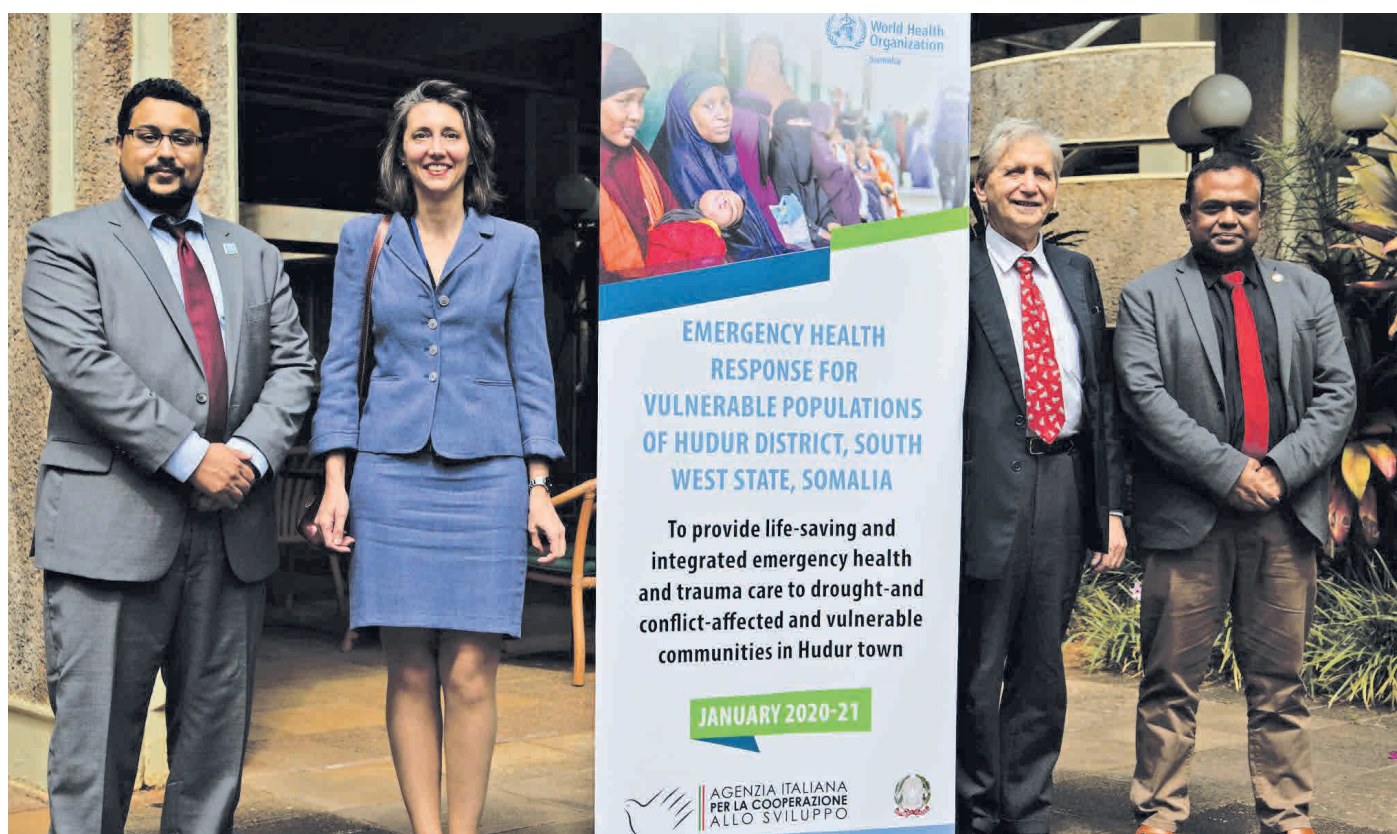
publication of the 2019 Year in Review, and the Humanitarian Response Plan 2020 Monitoring Framework.

Following the announcement of the COVID-19 pandemic, the Health Cluster increased the frequency and changed the format of its coordination meetings at the national level. Web-based meetings were held every week to provide a platform for partners to share information, guidance and response plans on the COVID-19 outbreak.

Since the beginning of the year, the Health Cluster has also strengthened inter-cluster coordination efforts, in particular with regard to the gender-based violence response and mental health and psychosocial support. The Health Cluster, together with the gender-based violence Sub-Cluster, identified priority areas for joint action, including the dissemination of guidance and delivery of training on the clinical management of rape and intimate partner violence.

External relations

Strengthening partnerships



Re-establishing and enhancing relations with and visibility among donors and partners

One of WHO Somalia's main priorities over the past year has been to re-establish and enhance relations with and visibility among donors and partners. As part of these efforts, the WHO country office hosted a high-level WHO mission in January 2020. The purpose of the mission was to reiterate WHO's commitment to Somalia across all

levels of the organization, with a focus on how WHO, health authorities and other partners could move forward on implementing the UHC Roadmap for Somalia, 2019-2023.

In addition, WHO Somalia organized a high-level dialogue on accelerating primary health care for UHC in the context of a humanitarian-development nexus. This meeting provided a unique opportunity for senior WHO staff together with HE Dr Fawziya Abikar Nur, Federal Minister

of Health and Human Services of Somalia to engage with donors and partners in discussing this topic. The event also provided an opportunity to highlight the contribution of the Italian Agency for Development Cooperation for a 2020–2021 project on emergency health response for

vulnerable populations in Hudur. This project will provide life-saving and integrated health nutrition services to host communities and internally displaced people, as well as support the provision of emergency obstetric and trauma care to pregnant women and other patients.



Participation in the Riyadh International Humanitarian Forum

On 5 and 6 March, WHO Somalia was invited to the Riyadh International Humanitarian Forum in Riyadh, Saudi Arabia, hosted by the King Salman Center for Humanitarian Aid and Relief. Both the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, and WHO Representative to Somalia, Dr Mamunur Malik, participated in panel discussions. Dr Tedros was as part of the panel focusing on the importance of the humanitarian–development nexus and Dr Malik was on the panel that addressed communicable diseases in a humanitarian context.

Reflecting on links between mental health and peacebuilding

In the second week of March, WHO Somalia organized an informal workshop at WHO's headquarters in Geneva with a number of renowned academics in the fields of mental health and peacebuilding from universities around the world, including Canada, Germany, United Kingdom of Great Britain and Northern Ireland and United States of America. The overall goal of this workshop was to understand how evidence could be generated that would show how improved mental health leads to improved social cohesion and peacebuilding.

This informal discussion continues as WHO seeks to conduct a study that would investigate these links through rigorous academic approaches. This study is part of an ambitious joint project funded by the UN Peacebuilding Fund and carried out by WHO, IOM and UNICEF which aims to improve psychosocial support and mental health care for conflict-affected young people in Somalia through a socially inclusive integrated approach for peacebuilding.

Supporting efforts to respond to COVID-19

The COVID-19 outbreak was characterized a pandemic by WHO on 11 March 2020 and the first case was reported in Somalia on 16 March. During this time, WHO Somalia refocused its activities in order to closely support the government-led COVID-19 preparedness and response efforts. By the end of March, and thanks to generous contributions from the Italian Agency for Development Cooperation and the Embassy of Switzerland, WHO Somalia and the health authorities were able to expand operational responses to COVID-19 in Somalia. The response included the rapid establishment and scaling up of laboratory diagnostics and testing facilities for COVID-19 in the country. In addition, the WHO Representative to Somalia was invited to brief and update the Somalia Health Donor Group on the COVID-19 situation in Somalia.

In the coming months, WHO Somalia will continue to work to meet the needs and expectations of the donors, partners and Somali health authorities in support of the Somali people,

especially in this unprecedented time of a COVID-19 pandemic and the devastating effect it could have in Somalia.

Business operations

Driving efficiency



Towards integrating functions at the WHO Somalia country office

In February 2020, the WHO Somalia office held its first technical and management staff meeting, which reflected on past challenges and achievements, and set out its ambitions for 2020. A particular focus of the meeting was the integration agenda, which has been a priority at organizational level for over a year. This integration process is crucial to identifying needed changes that would enable the office to function more efficiently and effectively. This process is all the more important in a context of diminishing resources, including the reduction in funds from the Global Polio Eradication Initiative and the global transitioning of the Polio Eradication Programme. Moving forward, the management team will work with business operations on a mapping exercise, and will develop a technical functional structure based on WHO's work in Somalia and align it with the country's administrative structure.

Maintaining security

In January 2020, the WHO Somalia field security office held a strategic security briefing for the WHO high-level delegation visiting Somalia. The field security officer highlighted the security situation in country, the threats and risk from Al-Shabaab tactics, as well as the security challenges faced by WHO Somalia's programmes in delivering UHC in Somalia. The field security officer provided security support for the delegation's movements while in the country, including to the Prime Minister's office for the launch of the UHC ceremony, to health facilities and to the Minister of Health in Hargeisa. Missions to health facilities in Baidoa and Beletweyne were also coordinated by the country security office.

The security officer and the local security assistant carried out further security assessments in Garowe and Hargeisa sub-offices in order to enhance access control for staff safety; recommended walk-through metal detection capability for both offices should soon be installed.

Moreover, WHO Somalia will be recruiting local and international security officers which will enable continued

security support to the country's critical program activities, in line with the government's health agenda.



Supporting WHO Somalia's ability to function

As the activities of WHO Somalia office scale up for the COVID-19 outbreak, the office business operations unit worked hard to ensure that the office could function smoothly. The unit engaged closely with the different programmes so that all activities would be appropriately staffed, repurposed and that they would be adequately budgeted, funded and reported on. Particular attention has been paid to strengthening coordination with ministries of health (Federal and State) so that it is more streamlined and better focused.

In line with the transformative agenda of the country office to make its operation more effective and fit for purpose, the office has been reorganized with a revised organigram in line with the recommendation of the country functional review. There has been a focus on building the capacity of national staff and filling critical positions that are important to measure, document and demonstrate the impact of the work of WHO country office in Somalia.



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