



Highlights

- ▶ **Joint Health and Nutrition Programme endorsed** by Somali Health Authorities to improve access to affordable quality health and nutrition services for **3.4 million people**.
- ▶ An **investigation by WHO rules out outbreak of viral haemorrhagic fever** in Mogadishu.
- ▶ **No new cases of polio reported from Banadir**, considered the 'engine' of the outbreak, since 19 July 2013.
- ▶ **1 million people affected by MSF withdrawal** from Somalia. US\$ 7 million still needed to run 12 essential facilities for one year.
- ▶ Two **tuberculosis centres** vacated by MSF in Puntland continue running with WHO's support.
- ▶ **Mass screening against malaria targets 200 000** people in Bossaso district.
- ▶ Serious **gaps in emergency surgery services** highlighted by WHO study.
- ▶ Three months **training for 45 Lady Health Workers** started in Mogadishu.
- ▶ **World Breastfeeding Week 2013** celebrated in Mogadishu to sensitize mothers on the importance of breastfeeding.



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A child being screened at Madina Maternal Child Health centre in Mogadishu

Historic Somali Joint Health and Nutrition Programme signed

Five-year plan endorsed by Somali Health Authorities to improve maternal and child health

The Somali Health Authorities, along with UNFPA, UNICEF and WHO, have renewed their commitment to work together to improve maternal and child health and to strengthen the Somali health system. The five year Joint Health and Nutrition Programme (JHNP) was signed at WHO Office in a ceremony chaired by the UN Resident and Humanitarian Coordinator Philippe Lazzarini.

Two decades of conflict have devastated Somalia's health sector, leaving the country with some of the worst health and nutrition indicators in the world. An estimated 70 000 children

a year die before their fifth birthday, and 30.5% of women of reproductive age die due to pregnancy related causes

Health and nutrition services supported by the JHNP target 700 000 children under five and 335 000 pregnant or lactating women across Somalia. Longer term goals include improving the health and nutrition status of Somali people and contributing to an overall reduction in maternal and child mortality.

The programme is led by the Somali Health Authorities with

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support from the joint UN partners – UNFPA, UNICEF and WHO. The current donors to this US\$ 236 million Programme are the United Kingdom's Department for International Development (DFID), the Government of Sweden, and the United States Agency for International Development (USAID). The Australian Agency for International Development (AusAID) also made a significant contribution and has been particularly instrumental during the inception of, and well into, the programme. The World Bank and the Swiss agency for Development and Cooperation (SDC) are also engaged.

The **Joint Health and Nutrition Programme** is a multi-donor and multi-partner five years programme that is aligned to the Somalia's Health Sector Strategic Plans (HSSPs). The JHNP is aimed at improving maternal and child health and at strengthening the health systems by improving quality and access to affordable quality health and nutrition services for 3.4 million Somalis.



Joint Health and Nutrition Programme (JHNP) signing ceremony at WHO office on 4 October 2013

Outbreak of viral haemorrhagic fever ruled out by WHO investigation

Confirmatory testing and entomological survey in progress

On 20 September 2013, the WHO Office in Mogadishu was notified of few cases of suspected unknown fever in Mogadishu. Eight patients reportedly presented symptoms of fever and jaundice; six of them had also haemorrhagic manifestations.

The notification prompted an immediate outbreak investigation by WHO staff on the ground. Initial laboratory results of blood samples from the affected cases were negative for viral infections.

A WHO team of four international experts, including one entomologist, reached Nairobi within days and subsequently travelled to Mogadishu between 10 and 13 October 2013 to join WHO experts already on the ground.

While the final results of the investigations will be available in November 2013, preliminary findings have proved that an outbreak of viral haemorrhagic fever is to be excluded. No other cases have been detected after the initial notification, which confirms that the identified cases were isolated incidences. However, targeted surveillance will continue in selected areas.

Confirmatory testing is in progress, and the entomological survey is underway in selected areas of Mogadishu, to identify the



WHO investigation team carrying out an entomological survey

existing vectors and guide the decision making for suitable control interventions.

Despite security challenges, the detailed investigation was conducted in wide areas of Mogadishu. This was made possible thanks to the collaboration of partners, particularly the UN Resident and Humanitarian Coordinator, UN Department of Security and Safety and the African Union Mission to Somalia.

Somalia experiences recurrent outbreaks of communicable diseases, particularly: polio, cholera, measles, malaria, dengue fever, whooping cough and diphtheria. The 195 sites of the Communicable diseases Surveillance and Response (CSR) network has reported over 1.4 million consultations, including about 650 000 children under the age of five, since January 2013.

Between August and October 2013, the observed trend for suspected cholera is stable compared to the same period in 2012. However, the number of cases is expected to increase with the onset of the Deyr rainy season in November. Since the beginning of the year, over 7000 cases were reported throughout Somalia. Three outbreaks were confirmed and effectively controlled by health cluster partners in Mogadishu prison (Banadir), Beletweyne town (Hiraan), and Mushani village (Lower Shabelle).

Suspected measles cases continue to be reported, particularly from southern and central Somalia, where access to routine vaccination is limited. Since January 2013, around 2700 cases have been reported from sentinel sites in the country. The risk of a large measles outbreak cannot be excluded, due to the low immunization coverage.

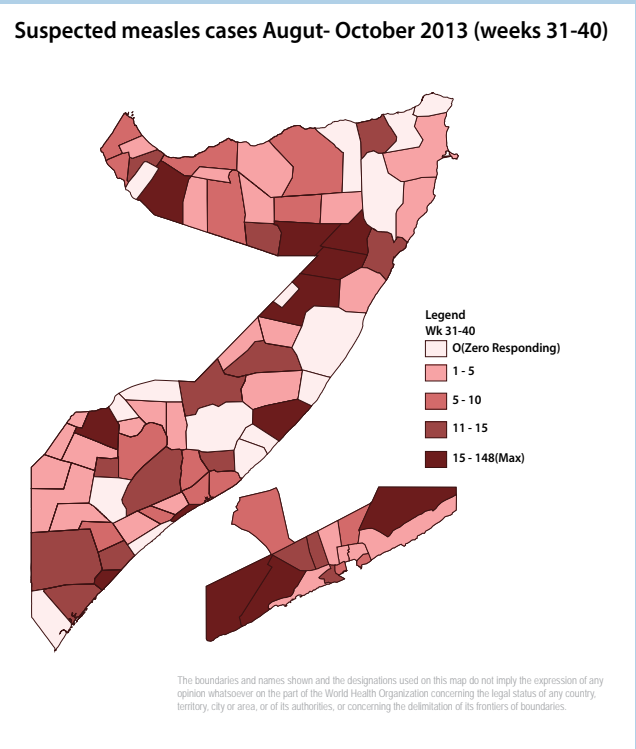
Incidences of violence have continued in southern Somalia, particularly in Mogadishu, Kismayo and Beletweyne. Conflict increases displacement of civilians, limiting their access to healthcare and amplifying the risk of outbreaks of cholera and other communicable diseases, as well as hampering polio vaccination campaigns.

Between January and October 2013, over 3800 wounded civilians have been treated at four major hospitals supported by WHO in Mogadishu. Another 1100 civilians were treated at the main hospital in Kismayo.



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Cholera Treatment Centre supported by WHO in Banadir Hospital in Mogadishu



Polio outbreak response campaigns showing results

No new case in Banadir since 19 July 2013



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IDP children in Mogadishu showing their ink-marked fingers to WHO representative Dr Ghulam Popal, after being vaccinated against polio

The current outbreak in the Horn of Africa has reached 200 cases, including 180 cases from Somalia. As a result of the intense outbreak response activities, no new cases were reported since 19 July 2013 in Banadir region, the epicenter of the outbreak.

In August 2013, three-month assessments of the polio outbreak response were conducted in all the zones of Somalia. The

assessments concluded that the response was rapid and aggressive, with strong national leadership and international coordination. However, the assessments highlighted that there is a significant risk that the outbreak will extend beyond 6 months, due to the large number of under-vaccinated children in Somalia. Outbreak response planning should therefore continue into 2014. Meanwhile, outbreak response is continuing across Somalia. The eight nationwide immunization campaign took place between 20 and 26 October 2013, targeting all the population, including adults. A further campaign in mid-November and one Child Health Day in December (including routine immunization services) are planned.

To reduce the impact of the spread of polio into security-compromised areas, permanent vaccination posts have been set up at 299 cross-border and transit points, vaccinating more than 50 000 children every week. Preliminary results of the independent monitoring conducted in 39 districts in the three zones revealed high awareness of the vaccination campaigns and identified the absence of the parents as the main reason for missed children.

One million people affected by MSF withdrawal from Somalia

Health Cluster supporting coordination to handover MSF facilities



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On 14 August 2013, Médecins Sans Frontières (MSF) announced the closure of all its programmes in Somalia. The entire MSF operation in Somalia has ended on 15 September 2013, and the MSF office in Nairobi closed on 31 October 2013.

The Health Cluster estimates that the withdrawal of MSF from Somalia will affect access to health care of approximately one million people, living in nine regions of Somalia - six of these regions are in southern and central zones.

The Health Cluster is working with all stakeholders to ensure the handover of MSF health facilities to partners with the capacity

to provide quality service to the Somali population. A committee with members from the Health Authorities, Health Cluster and Organization of Islamic Cooperation (OIC) was established to examine the expressions of interest from partners.

Funding received by the Common Humanitarian Funds will allow health partners to support the most vital MSF services for the coming six months. However, the lack of funding remains a challenge. According to the Health Cluster, the humanitarian community will require additional US\$ 7 million to run and maintain the most essential 12 of the 14 health facilities vacated by MSF.

Since 1991, MSF has supported a total of 20 hospitals and health centers across Somalia, in the regions of Banadir, Bay, Gedo, Lower Juba, Middle Juba, Mudug, Middle Shabelle and Togdheer. More than 1500 staff provided free basic healthcare, including: maternal and child health services, malnutrition treatment, of common illnesses, surgery, epidemic response, and immunization campaigns.

The **Health Cluster** is the coordinating body for humanitarian health activities in Somalia. Under the leadership of WHO, the Health Cluster coordinates the humanitarian health response of over 130 partners in Somalia. Regular meetings, continuous updates on health status, need assessments, and response to service provision gaps are some of the activities of the cluster.

Tuberculosis treatment

Two TB centres vacated by MSF in Puntland continue treatment with WHO support



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Patients waiting for tuberculosis treatment at a TB centre

Two TB centers in the districts of Burtinle and Galkaayo (Puntland) were left unsupported after MSF decision to close all its programmes in Somalia.

Based on a WHO assessment conducted in August 2013, 195 TB patients were under treatment in the two facilities, which see an average of 800 patients annually.

To fill the gaps created by the withdrawal of MSF, the Health Authorities stepped up to support the staff working in the TB centers, while WHO and partners will provide anti-TB medicines, laboratory supplies, technical assistance and monitoring of the patients.

Sufficient anti-TB drugs are available for the next eight months in the 68 TB centers in Somalia. The availability of medicines is a crucial component of TB treatment, to ensure that patients complete the whole course of TB drugs.

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The interruption of treatment can lead to the development of a multi drug resistant TB (MDR-TB), which is considered an emerging problem in Somalia. There are currently 13 MDR-TB cases treated at the Galkayo TB Hospital that will be included in the MDR-TB programme supported by WHO.

Multi Drug Resistant TB (MDR-TB) is a major public health problem that threatens progress made in TB care and control worldwide. Drug resistance arises due to improper use of antibiotics in chemotherapy of drug-susceptible TB patients. This improper use is a result of a number of actions including, administration of improper treatment regimens and failure to ensure that patients complete the whole course of treatment. A patient who develops active disease with a drug-resistant TB strain can transmit this form of TB to other individuals.

200 000 people screened for Malaria

Malaria prevention in Bossaso



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A patient is tested for malaria at the Bossaso General Hospital

A number of activities have been undertaken to prevent the reoccurrence of a malaria outbreak that affected Bosasso between December 2012 and June 2013.

Mass screening against malaria was undertaken in the district of Bosasso by the National Malaria Control and Elimination programme, targeting 200 000 people living in 15 villages affected by the recent outbreak.

Five mobile teams were set up to conduct screening activities through Rapid-Diagnostic Testing (RDT's). The exercise started at the end of August and will continue until the end of October 2013. The teams will also train 15 health workers, who will be based in each village to improve screening activities.

In August 2013, WHO provided 15 health workers (including doctors, nurses and laboratory technicians) with training on screening, diagnosing, management and referral of malaria cases.

Malaria Rapid Diagnostic Tests (RDT) assist in the diagnosis of malaria by providing evidence of the presence of malaria parasites in human blood. RDTs are an alternative to diagnosis based on clinical grounds or microscopy, particularly where good quality microscopy services cannot be readily provided.

More than 15 000 women assisted during childbirth in facilities supported by WHO

Obstetric care for the women of Somalia

It is estimated that every two hours a Somali woman dies due to pregnancy related complications. Mothers die due to lack of access to emergency obstetric care for timely treatment of the main complications of childbirth such as bleeding, obstructed labour, high blood pressure and infection.

On average, over 42% of pregnant women experience complications that would require medical assistance either during the pregnancy or during delivery. In 15% of all pregnancies, the complications are life threatening (UNFPA 2007). Early detection of such complications can allow timely referral of the women to equipped facilities with skilled health personnel.

Since 2011, WHO and partners have strengthened Comprehensive Emergency Obstetric Care (CEmOC) activities, with deployment of medical doctors, on-the-job and specialized training of health service providers, provision of medical equipment and supplies, as well as technical assistance to partners and supported hospitals. In the past three years, the number of partners supporting the

efforts for CEmOC has increased from two in 2011 to 12 in 2013. Thanks to this large-scale collaboration, more than 15 000 women were assisted during childbirth by skilled attendants in health facilities equipped for CEmOC supported by WHO.



CLICK TO VIEW VIDEO: http://youtu.be/c-rzHo_LE1Q

Monitoring and Evaluation training for the Communicable-disease Surveillance and Response teams in Somalia

From 12 to 16 August 2013, a Monitoring and Evaluation (M&E) training was held in Entebbe, Uganda, to strengthen the capacity and improve the performance of the Communicable-disease Surveillance and Response (CSR) network in Somalia. The CSR system in Somalia collects data from 195 sentinel sites across the country, to ensure timely reporting of disease alerts and outbreaks in Somalia. Monitoring and evaluation of the disease surveillance system was introduced at the end of 2012 to ensure that the data provided is timely, correct, complete and accurate.

The main objectives of the training were to review the surveillance system, assess the implementation of CSR monitoring and evaluation procedures, identify common mistakes made in collecting, storing and reporting M&E data, as well as to review outbreak investigation procedures and reporting of disease alerts.

The 23 participants included zonal focal persons, regional officers, representatives from the Health Authorities and program staff.

Building the capacity of laboratory technicians

In September 2013, WHO and the Health Authorities in Puntland conducted a training workshop on basic laboratory and blood safety procedures in Garowe. Participants included 19 among laboratory technicians and blood bank staffs from the five regions of Puntland. The main objectives of the training were to enhance the capacity of the participants in transfusion procedures and basic essential procedures, like urinalysis, stool analysis and serologic tests. Procurement, inventory and supply chain management were also among the topics covered during the five-day workshop.



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Serious gaps in emergency surgery services highlighted by WHO study

Surgically treatable medical conditions are among the 15 major causes of disability worldwide. To have an overview of the surgical capacity in Somalia, in 2012 WHO conducted a study in 14 health facilities located across the country.

surgical services at the country level. Renovation of health facilities, provision of equipment, as well as recruitment and training of health workers are among the priorities highlighted in this study.

The study identified significant gaps in the capacity of emergency and essential surgical services, and highlighted the inadequacy of infrastructure, human resources, available interventions and essential equipment (see Figure 1 and 2).

The results will serve as a basis for evidence-based decisions on resource allocation and provision of emergency and essential

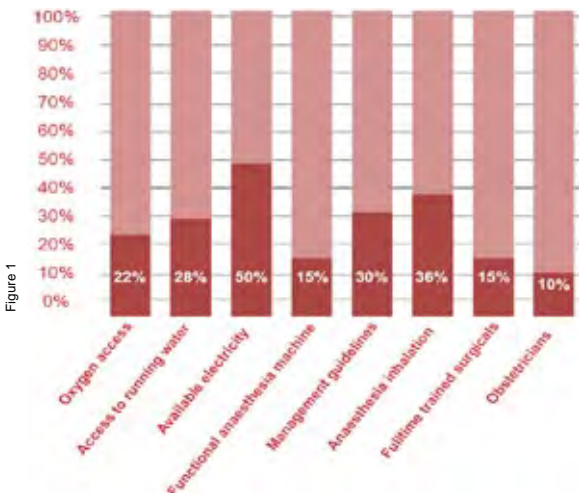


Figure 1

Results of WHO study on essential surgical capacity in Somalia

Infrastructure

- Only 22% had fully available oxygen access;
- 28% limited access to running water;
- Only 50% had fully available electricity;
- 15% access to a functional anaesthesia machine;
- Less than 30% had any management guidelines for emergency and surgical care.

Human Resources

- Only 15% were full-time trained surgical specialists;
- Only 10.9% were identified as obstetricians.

Interventions

- Only 36% were able to provide general anaesthesia inhalation due lack of skills, supplies and equipment;
- 93% facilities offer caesarean section;

Emergency equipment and supplies for resuscitation

- Basic supplies for airway management and prevention of infection and HIV transmission were severely lacking in most facilities.

Figure 2

World Breastfeeding Week 2013

In September 2013, WHO and the Puntland's Health Authorities conducted a training workshop on basic laboratory and blood safety procedures in Garowe. Participants included 19 among laboratory technicians and blood bank staffs from the five regions of Puntland. The main objectives of the training were to enhance the capacity of the participants in transfusion procedures and basic essential procedures, like urinalysis, stool analysis and serologic tests. Procurement, inventory and supply chain management were also among the topics covered during the five-day workshop.

The **World Breastfeeding** Week was marked globally from 1 to 7 August 2013 under the theme of "Breastfeeding support: close to mothers". The objective of the week-long celebration was to emphasize on the importance of breastfeeding for mothers and newborns, to encourage mothers to start breastfeeding as soon as the baby is born, to promote exclusive breastfeeding for the first six months to ensure infants get a strong and stable start to their lives.

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Three month training begins for Community Based Lady Health Workers



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Community-lady health workers in training

On 14 August 2013, the Federal Minister for Human Development and Social Services, Dr Mariam Qassim launched the first three-months training of Lady Health Workers in Mogadishu, in the presence of the Vice Minister and representatives from civil society groups and communities.

The training is aimed at improving access of the rural population to basic essential reproductive maternal and child health services. The 45 Lady Health Workers currently enrolled in the Mogadishu training will be later deployed inside communities, where they will provide basic health services, inform mothers about vaccination needs, promote health and hygiene and refer patients to the health facilities.

The training in Mogadishu is part of a larger programme that is being rolled out across Somalia, involving 200 Lady Health Workers and 40 Maternal and Child Health centres and attached health posts. The purpose of the programme is to increase the utilization of health services, immunization coverage and contribute to reducing high levels of death and disease among women and children.

Baseline survey for South Central Somalia

In Somalia the availability of reliable health data is extremely limited. Establishing a baseline is essential to assess needed health interventions, as well as to monitor health indicators.

From November 2013, WHO will start a baseline survey on child and maternal health issues in three regions of central and southern Somalia. The results of the survey will be used to

monitor progress and evaluate the impact of the Joint Health and Nutrition Programme.

The main outcome of the survey will be to provide evidence-based decision-making and improve resource allocation for an equitable delivery of health services.

Health priorities for 2014-2015

In preparation for upcoming Joint Programme Review and planning Mission (JPRM) 2014–2015, a number of meetings were held between the Somali Health Authorities and programme managers and technical officers from WHO.

The objective of the meetings was to identify priority areas for WHO's support to the Somali health sector in the next biennium.

In July 2013, WHO and the Health Authorities agreed on priority areas of cooperation out of the five WHO programme area of work (see Figure 3).

The priority areas are in line with the Health Sector Strategic Plans (HSSPs).

The **Joint Programme Review and Planning Mission (JPRM)** is a planning and consultative process between WHO and the Somali Health Authorities, which aims to ensure that WHO's interventions in the health sectors are in line with the national health priorities and strategies and contribute to strengthening national capacities for achieving health goals and objectives.

Priority areas of support for the Somali Health Sector

Communicable diseases

- Vaccine preventable diseases
- Tuberculosis/ Malaria/ HIV

Non-communicable diseases

- Non-communicable diseases
- Mental health and substance abuse

Promoting health through the life course

- Reproductive, maternal, newborn child and adolescent health
- Social determinants of health

Health systems

- National health policies, strategies and plans
- Access to medicines and health technologies and strengthening regulatory capacity*

Preparedness, surveillance and response

- Alert and response capacities
- Epidemic- and pandemic-prone diseases

Figure 3

*In addition to the 10 priorities, resources will also be allocated to Integrated people-centred health services

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