



## HIGHLIGHTS

- ▶ WHO and IOM join hands to build sustainable capacity of health authorities in Somalia
- ▶ Child Health Days conducted in Puntland to improve child health and immunization
- ▶ 5100 people screened and 1500 operated during Gift of Sight campaign in Kismayo
- ▶ 63 Lady Health Workers completed training in Garowe
- ▶ Inauguration ceremony of new WHO office construction in Garowe
- ▶ Somali students submitted drawings for the World Health Day 2014 art competition



Under the patronage of the UN Resident Coordinator Philippe Lazzarini, WHO Representative and IOM Chief of Mission sign the letter of understanding

### WHO and IOM join hands to build sustainable capacity of health authorities in Somalia

#### Expert from the Somali diaspora to strengthen the Ministry of Health in Somalia

On 25 February 2014, the International Organization for Migration (IOM) and the World Health Organization (WHO) signed a letter of understanding to develop sustainable capacity of the Somali health authorities.

The partnership agreement marks the start of a 3-year project to build the institutional capacity of the health authorities through placement of technical expertise from the Somali diaspora within the Ministry of Health. The project is based on the Migration for Development in Africa (MIDA), an approach used by IOM in Somalia for the last 4 years, which provides sustainable solutions to governments by using the country's diaspora as the main technical and capacity resource.

The letter of understanding was signed by the IOM Chief of Mission Mr Ali Abdi and the WHO Representative Dr Ghulam Popal, together with the UN Resident Coordinator for Somalia Philippe Lazzarini at the WHO Somalia office in Nairobi.

The ceremony was attended by the UNICEF Somalia Representative Sikander Khan, UNFPA Representative Cheikh

Tidiane Cisse, the Head of Development Cooperation of the Embassy of Sweden Urban Sjostrom, and the acting Director General of the Federal Government of Somalia's Ministry of Health Dr Mohamed Abdi Farah.

Within the project, IOM will be responsible for recruiting and contracting the Somali diaspora experts, while WHO will provide technical support to identify health priorities and human resource needs. The Government of Sweden is currently the main donor to this project and has been particularly instrumental during the inception phase.

In collaboration with Leeds University, WHO is supporting the health authorities to review the organizational structure of the Ministry of Health and develop a road map for future capacity-building and leadership management. As a way forward, a high-level meeting will be held in Kampala at the beginning of March 2014. The human resources gaps identified during this exercise will be addressed through recruitment and placement of the required technical advisors within the Ministry of Health.

## Improving child health and immunization in Somalia

### Five-day massive campaign targets over 1.5 million children and more than 1.7 million women



A child gets vaccinated against measles during the child health days in Mogadishu, Banadir region in December 2013.

From 1 to 5 March 2014, the children and mothers of Puntland, Somalia, received a package of critical health interventions. This effort completed the nationwide Child Health Days (CHD) campaign, that had already been conducted in Somaliland in January 2014 and in central and southern Somalia in December 2013.

Altogether, the CHDs aimed to reach over 1.5 million children under the age of five and more than 1.7 million women of childbearing age (15–49) across the country. Targeting every child in Somalia, even those in the most remote and underserved communities, the countrywide effort involved over 4000

field teams, deployed both to urban and rural areas to deliver child health package to all children.

The CHD package for under-five children included vaccinations against measles and polio, as well as Pentavalent, a newly introduced five-in-one vaccine, which protects against several potentially fatal childhood disease, including diphtheria, tetanus, whooping cough, hepatitis B and *Haemophilus influenza* type B, the bacteria that can cause meningitis and pneumonia. Vitamin A supplementation, deworming tablets and oral rehydration solutions (ORS) were also provided in the CHD package. In addition, women of child-bearing age received tetanus toxoid vaccination to protect the newborns against tetanus.

The 5-day massive campaign was conducted by the health authorities, with the support of UNICEF, WHO and partners, with funding from the Common Humanitarian Fund, the Measles/Rubella Initiative (MRI), and the multi-donor multi-partner Joint Health and Nutrition Programme.

Interventions like the Child Health Days are instrumental in addressing child mortality and accelerate the achievement of the health related Millennium Development Goals in Somalia.

Control of vaccine preventable diseases remains a huge challenge in Somalia, due to the low routine immunization coverage and the continued inability to reach around 500 000 under-five children with supplementary immunization activities. The polio outbreak that hit Somalia in May 2013 is a strong reminder of the risks posed by large cohort of immunized children.

## Giving back sight to the visually impaired in southern Somalia

### Thousands screened, treated and operated to prevent avoidable blindness

More than 5100 people from the Juba regions were screened for detection of eye diseases during the Gift of Sight campaign conducted in the port city of Kismayo between August 2013 and January 2014. The screening phase of the campaign was followed by surgical treatment to restore vision for more than 1500 patients. Another 1000 people were provided with glasses to correct refractive errors.

Blindness remains a public health problem in Somalia. It is estimated that about 140,000 people in the country are visually impaired, mainly due to cataract, corneal opacity, refractive errors and glaucoma. However, 80% of these cases are avoidable, preventable or curable through basic eye care and early treatment. The availability of eye care services in Somalia is very limited, and the cost of the basic eye care is unaffordable to most people. Despite being integrated in the essential package for health services, the implementation of the eye health programme in Somalia remains weak.

The campaign implemented by Al-Nur Foundation, was supported by the World Health Organization (WHO), in partnership with the Government of Norway. The Gift of Sight campaign in Kismayo is part of the implementation of the WHO Action Plan 2014-2019 for the prevention of avoidable blindness and visual impairment. The plan identifies its purpose as to increasing access to comprehensive eye care services that are integrated into health systems.

WHO works in partnership with national partners and the Somali health authorities to build the capacity of health workers in eye

care by facilitating training of Somali doctors. Five health care professionals in Kismayo were also trained to diagnose and treat common ophthalmic problems.

This outreach campaign for comprehensive eye care is part of a phased-approach to support secondary health care to the over 900 000 inhabitants of the regions of Lower Juba, Middle Juba and in Gedo. In collaboration with health partners, WHO intervention includes a planned renovation of the maternity wing of the major hospital in Kismayo serving more than half a million people.



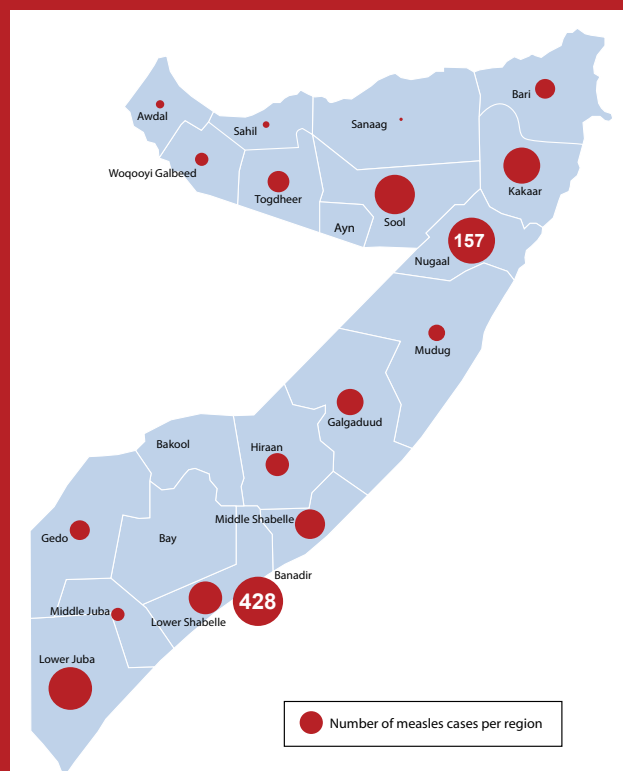
A doctor performs surgery on a patient at the Kismayo Hospital in January 2014

In January and February, over 360 000 health facility visits were reported from the 202 sentinel sites of the Communicable diseases Surveillance and Response (CSR) network in the country. More than 40% were children under the age of five. The majority of the cases were due to respiratory tract infections.

## Malaria, cholera, measles

The CSR network reported over 4000 cases of confirmed malaria, more than 670 cases of suspected cholera, and almost 1000 cases of suspected measles. A localized outbreak of measles was confirmed in Burtinle, Puntland, where 43 suspected cases were detected by the investigation team. Four of the 12 collected samples tested positive for measles. In response, from 1 to 5 March 2014 Child Health Days (CHDs) were conducted in Puntland.

Measles cases in Somalia since January 2014



## Polio

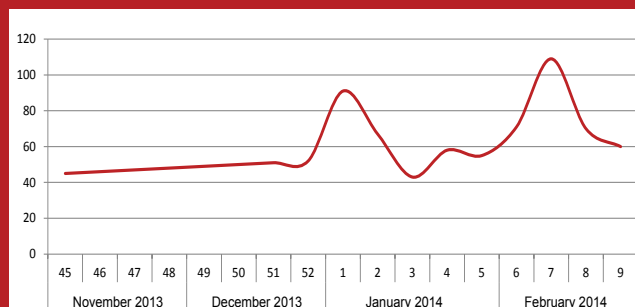
As of end of March, the total number of polio cases in Somalia stands at 194. The two most recent cases had onset of paralysis on 20 December 2013 and were reported from Bossaso, Bari region. An emergency response campaign was immediately conducted in Bari region targeting almost 120 000 children below the age of five, and was followed by a nationwide polio immunization campaign at the end of January targeting more than 2 million children below 5 years.

After several emergency campaigns, the polio transmission has drastically declined and the outbreak appears to be on its tail-end, with no new cases reported from Banadir region, the epicentre of the outbreak, since July 2013. The response activities will continue throughout 2014 to completely halt the outbreak and prevent further importation.

## Conflict related casualties

Several incidences of violence were reported from southern Somalia in January and February 2014. A total of 624 weapon-related casualties were treated in four hospitals supported by WHO in Mogadishu. This represents an increase of 20% in the number of reported casualties over the months of November and December 2013. Compared to the last two months of 2013, a 26% increase in the number of weapon-related casualties was observed in January and February also in Kismayo, where a total of 153 cases were admitted to a major hospital supported by WHO.

Weapon related casualties treated in four hospitals in Mogadishu



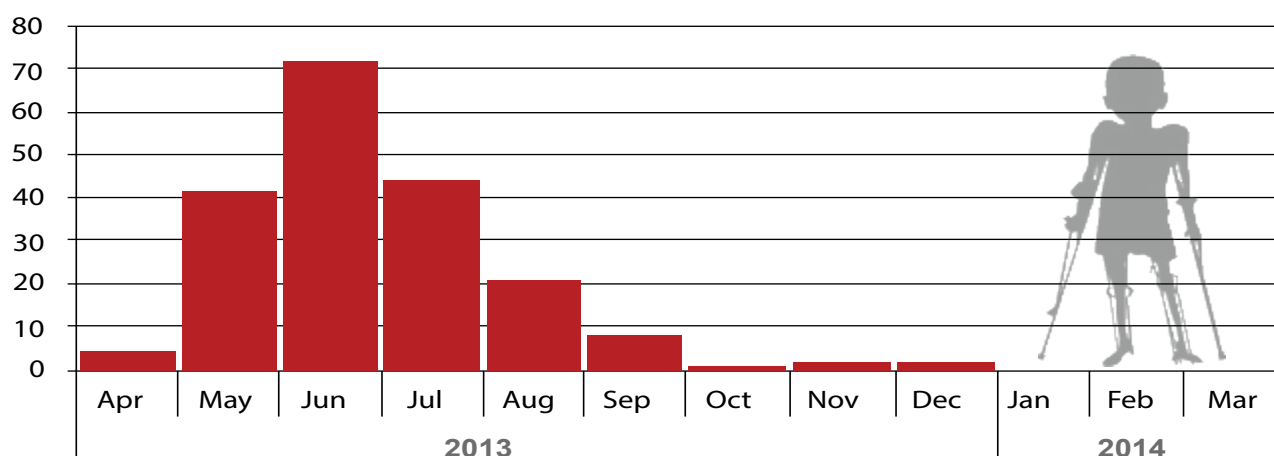
## Public health concerns

The cholera transmission season will begin with the onset of the Gu rains at the end of March. The Health and Wash Cluster urge all partners to remain vigilant and report any cases of Acute Watery Diarrhoea to the nearest Health Cluster partner office. WHO is prepositioning medical kits in strategic warehouses and cholera hotspots, for timely response in the event of an outbreak.

The military offensive that has begun in March is likely to affect a large population living in central and southern Somalia. 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 vaccination campaigns.

WHO is working with the Health Cluster partners to assess the most urgent needs, update the mapping of existing health services, and preposition equipment and medical supplies at supported health facilities in the affected areas. WHO has also re-deployed a medical team to Xudur, where thousands people have reportedly returned, to provide life-saving services to the population on the move.

Polio cases in Somalia





## 63 Lady Health Workers complete first phase of training in Garowe

### Providing basic health services at the doorstep of the community



Lady Health Workers hold their backpacks equipped with essential medicines after completing a 3-month training

On 13 February 2014, 63 women in Garowe completed a three-month full-time training preparing them to address basic health needs of women and children. The trainees are part of a new cadre of Lady Health Workers that have been introduced in Somalia in the past year, to address the high level of maternal and child mortality in the country.

The programme, led by the Somali health authorities in collaboration with Unicef and WHO and funding from the Global Alliance for Vaccine and Immunization (GAVI), aims to provide for unmet health needs in hard-to-reach communities and increase immunization coverage and access to essential health services. This pilot involves a total of 200 Lady Health Workers, who have already been recruited, trained and deployed in selected areas of Somaliland, Puntland, and central and southern Somalia.

Congratulating the Lady Health Workers during the ceremony, the Minister of Health of Puntland Dr Sadiq described them

as “frontline workers, serving communities at their doorsteps”. Selected from remote and urban slum areas, the Lady Health Workers will be deployed within their community of residence, where they will receive on-the-job training for nine additional months, under the guidance of a full-time supervisor.

Each lady will be equipped with a package of essential medicines, supplies, health education material and reporting tools, and will provide essential health services, inform mothers about vaccination needs, promote health and hygiene and refer patients to nearby health facilities.

Responsible for 600-1000 people in her communities, the lady will visit between five and seven households per day and will provide services in case of emergency. She will also be responsible for registering the population in her catchment area, and for recording and reporting all births, deaths and migrations.

## Inauguration ceremony of new WHO office construction in Garowe, Puntland



WHO and health authorities in Puntland lay the foundation stone at the office building site in Garowe on 6 February 2014

A foundation stone laying ceremony was held on 6 February in Garowe to officially signify the start of construction of a new WHO office in Puntland. The ceremony took place at the WHO office construction site and was attended by the Minister of Health Dr Saadiq Mohamed Enow, the Mayor of Garowe Mr Abdelaziz Nor Elmi Koor, the outgoing Minister of Health Dr Ali Abdullahi Warsame, and the WHO Representative for Somalia Dr Ghulam Popal.

The building will consist of more than 20 office rooms, conference facilities and a modern learning centre that will be accessible to all health professionals in Somalia and will provide free access to accredited distance learning courses among other opportunities. The construction will be complete by the end of 2015.

The office building will not only be landmark resource centre, but it also evidences the commitment of WHO to serving the Somali population, as well as the great collaboration with the health authorities and the government as a whole.

WHO has been working in Somalia since 1960 to reduce avoidable loss of life, burden of disease and disability, and to support the Somali authorities in building a comprehensive, inclusive and equitable health care delivery system. WHO has been able to maintain its presence in Puntland with a sub-office in Garowe and two field offices in Bossaso and Galkayo.

## Art competition for World Health Day 2014: vector-borne diseases

### Somali students submitted drawings for the World Health Day 2014 art competition

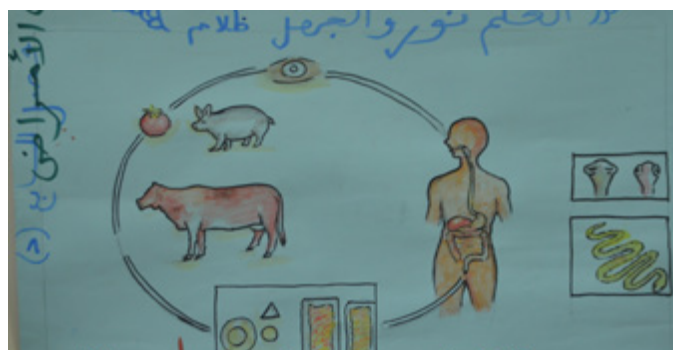
WHO Somalia has joined the initiative of the Regional Office for the Eastern Mediterranean to raise awareness of vector-borne diseases, which is the theme of the upcoming World Health Day 2014.

Students between 8 and 18 years were invited to participate in an art competition and submit drawings and paintings on the threat posed by vectors – such as mosquitoes, sandflies, bugs, ticks and snails – in transmitting certain diseases. To promote the initiative, WHO conducted outreach activities in schools across Somalia to raise awareness on vector borne diseases, while encouraging students to join the contest.

The World Health Day 2014 campaign will spotlight some of the most commonly known vectors responsible for transmitting

a wide range of diseases, with the objective to stimulate families and communities to take action to protect themselves.

Vectors are organisms that transmit pathogens and parasites from one infected person (or animal) to another. Vector-borne diseases are illnesses caused by these pathogens and parasites in human populations. Vectors cause many deadly diseases. Millions of people die as a result. The most deadly vector-borne disease, malaria, caused an estimated 660 000 deaths worldwide in 2010. Most of these deaths were among African children. However, the world's fastest growing vector-borne disease is dengue, with a 30-fold increase in disease incidence over the past 50 years.



Some of the drawings submitted by Somali students on the World Health Day 2014 art competition, depicting the theme of control of vector borne diseases

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