



HIGHLIGHTS

- ▶ More than 1600 children affected by measles in May and June 2014
- ▶ Towards the development of a public health law for Somalia
- ▶ Four polio case reported and confirmed in 2014 in Mudug region
- ▶ Looming drought conditions to impact on the health of the Somali people
- ▶ Emergency Directors mission to Somalia
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- ▶ Reviewing the progress of the Health Systems Strengthening programme in Somalia
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A child gets vaccinated against measles at a mother and child health care centre in Garowe, Puntland

Measles cases still on the rise

More than 1600 children affected in May and June

Outbreaks of measles continue to be reported in Somalia. Around 4000 suspected cases of measles were reported between January and June 2014, more than double the suspected cases seen in the same period last year. Three quarters of cases were reported in children under 5 years. The risk of a large and deadly outbreak is looming, with less than a third of Somali children under one year vaccinated against measles in 2013 through routine immunization services. With this low immunization coverage the majority of Somali children still remain unprotected.

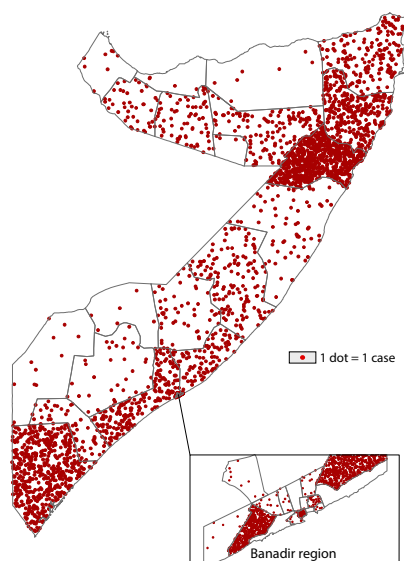
Through its extensive network of surveillance system, WHO has been monitoring the trend of reported measles cases and has supported laboratory investigations of blood specimens collected from samples of cases in all zone.

Somalia faces some of the worst health indicators in the world; only 30 per cent of people have access to health services and one in five children die before their fifth birthdays. Measles is one of the leading killers of young children, especially among young, malnourished children, a situation made worse by the lack of health services.

In response to the outbreak, the health authorities with the support of UNICEF and WHO, will conduct mass measles vaccination campaign for the entire country to prevent thousands of avoidable disease and death. The United Nations Central Emergency Response Fund (CERF) has allocated US\$1.4 million for an emergency campaign to combat the outbreak of measles in Somalia, to vaccinate 520,000 children under 5 years in the worst affected

areas of Banadir, Lower Juba and Puntland. The CERF allocation will be complemented by \$300,000 from the Somalia Common Humanitarian Fund.

Suspected measles cases 1 January - 29 June 2014



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Towards the development of a public health law for Somalia

Health authorities review the health legislation framework

In May 2014, a consultation meeting was convened to develop the “public health law” for Somalia. The deliberations focused on the findings of the national public health legislations assessments, and right to health analysis conducted in Somalia in 2013. This is the first time public health law and the right to health is being discussed that aims at building a national consensus on identified challenges and gaps and finding a way forward. The two-day meeting was attended by the WHO representative, key participants from the ministries of health, parliament officials, the National Health Professional Council, the Somali Medical Association and civil society representatives.

Public health law is an effective tool to strengthen a country's national health systems, regulate and deliver essential public health functions, and support a government in achieving its public health policies and priority health programmes.

In 2012, during the WHO Regional Committee for the Eastern Mediterranean, member states including Somalia identified public health law as one of the regional priority areas. A resolution was made to address issues that include reviewing and updating of the public health laws; developing norms and standards in order to ensure health equity and achieve the right to health principles and values; as well as promoting quality and safety of care delivered in the public and private sectors.

In support of the ongoing Somali government reform and structural changes, a key outcome of the meeting was recommendation to establish a steering committee in each zone, under the leadership of the Ministry of Health with the overall objective of facilitating the bottom up approach process of public health law review and development.



Participants at the consultative meeting to review the public health law for Somalia

Training for laboratory diagnostics and blood transfusion

In May, WHO conducted training on quality assured laboratory diagnostics and blood transfusion in Garowe. The training targeted 25 laboratory technicians and blood safety staff working in public and health private sector and from the health institution in Puntland.

The objectives were to train them on the essential laboratory and blood safety tests and quality control procedures; the standard procedures of collecting specimens during a disease outbreak; proper storage of blood after donation; proper documentation and record keeping; and laboratory management and biosafety.



Participants attending the theoretical sessions of the training in Garowe, Puntland

New polio cases confirmed in Mudug region

Four cases of polio were reported in June 2014 in Mudug region. This brings to 198 the total number of cases in Somalia since the outbreak of polio was confirmed in May 2013. The Ministry of Health with the support of WHO, UNICEF and partners carried out case investigation as well as outbreak response activities. A total of two vaccination campaigns are being conducted in all districts in Mudug region, the first campaign to target children below five years and thereafter children below 10 years. A third campaign will target children below five years in all the regions of Puntland.

Since January 2014, a total of 9 rounds of vaccination campaigns have been conducted targeting more than 1.5 children under the age of five. More campaigns will be carried out to the end of 2014.

During the month of May, WHO convened a cross-border meeting in Jijiga, Ethiopia to further improve the cross-border coordination and collaboration in order to reduce the risk of polio virus spreading in the bordering countries of Somalia, Kenya, Djibouti and Ethiopia.

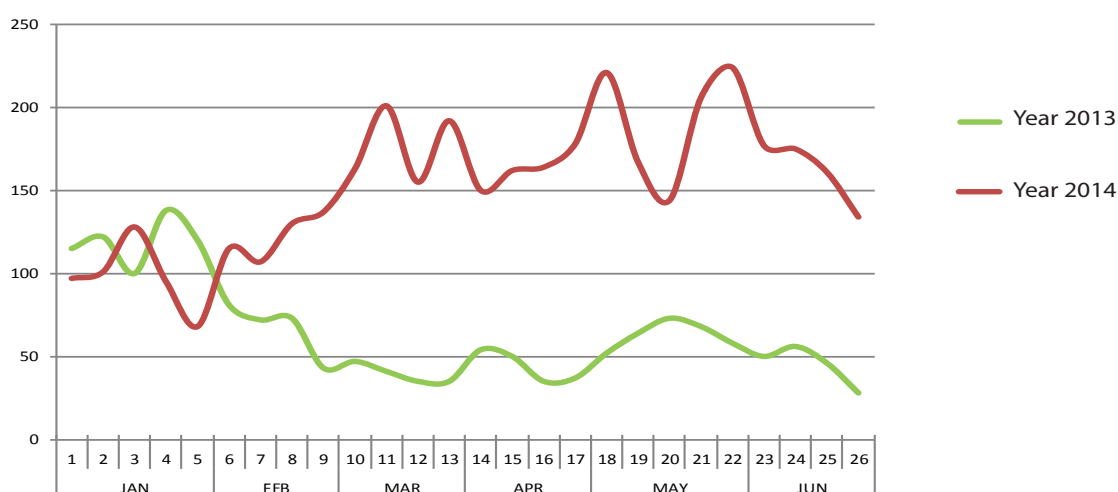


A child receives just two drops in the mouth of the polio vaccine during a vaccination campaign

Communicable diseases trends

In May and June, the disease surveillance network reported 3497 cases of confirmed malaria and 1320 cases of suspected cholera. Suspected measles cases have alarmingly increased threefold to over 1609 from about 495 cases reported in the same period in 2013. Of the 405 disease alerts during this period, suspected measles and suspected cholera cases accounted for 82% and 7% respectively.

Suspected measles cases



Civilians affected by ongoing conflict

Violence and conflict continue to take a heavy toll on civilians in Somalia with parts in southern and central Somalia affected most by ongoing conflict. This has resulted to interruption of health services. In May and June 2014, around 1200 weapon related injuries treated in eight hospitals in Mogadishu, Kismayo, Mudug and Baidoa, with more than 100 deaths reported. This is a 4% increase in cases reported as compared to the months of March and April

In emergency secondary health care, doctors conducted more than 2200 surgeries in WHO supported hospitals in Baidoa, Mogadishu, Galkayo, Dolow and Kismayo. The highest numbers of surgeries were on 116 patients with weapon-related injuries and 75 caesarean operations.

Looming drought conditions to impact on the health of the Somali people

Food security situation in Somalia is expected to deteriorate in the second half of the year, according to FAO's Food Security and Nutrition Analysis Unit (FSNAU) and Famine Early Warning Systems Network (FEWSNET).

The food crisis could worsen due to poor and erratic rains, continued conflict, restricted flow of commercial goods, increasing malnutrition and surging food prices. Due to below normal rains, the overall harvest is expected to be poor, resulting in cereal prices rising significantly in the southern parts of Somalia. About 2.9 million people in Somalia need urgent life-saving and livelihoods support, a situation which is likely to worsen.

The poor health status of the Somali population is one among many factors that will influence the impact of the looming drought. The overall increase in morbidity and mortality is due to reduced nutritional food intake, increased risk of infectious diseases such as cholera, typhoid fever, diarrhoea, acute respiratory infections and measles and, population movement that limit people's access to health services.

To reduce disease and death resulting from drought and food insecurity, the anticipated health needs would be among others, surveillance and control of communicable diseases, assessment and surveillance of nutritional status of the affected population.



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Partners provide health care services to internally displaced persons (IDP) in Mogadishu

Emergency Directors mission to Somalia



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An injured boy with a broken leg after receiving treatment at the Kismayo General hospital

The Emergency Directors mission to Somalia took place in June 2014. The mission's overall objective was to create a shared understanding of, and identify potential solutions to, the challenges in the humanitarian situation and response in Somalia. Specifically, the mission was to enable the Emergency Directors take stock of the humanitarian situation and effectiveness of the response in Somalia, and its impact.

The Directors mission held meetings with the authorities; humanitarian partners, including national and international NGOs, UN partners, Member States and donors to advocate for the humanitarian space and principles, and to enhance coordination. A key outcome was to advocate with the government on protecting and supporting an operational environment conducive to safe, timely and needs-based humanitarian action.

Part of the team visited the port city of Kismayo in Lower Juba region, to see the situation of the internally-displaced persons (IDPs) camps in the area, patients affected by measles at the Kismayo hospital, the operation at the hospital's surgical ward admitting civilians with weapon-related injuries; the ongoing rehabilitation of the hospital, the operating theatre (OT), the laboratory, and the paediatric and maternal complex.

The Kismayo hospital is an example of the strong collaboration and coordination among WHO, health cluster partners, the local authority and local community to achieve a critical humanitarian health intervention, in a fragile context.

The first ever health conference and exhibition held in Somaliland

In June 2014, the health authorities in Somaliland organized its first ever annual health conference in Hargeisa. The main objective of the Somaliland health conference was to inform the public and stakeholders in health about the important developments made in the health sector. As a side event, an exhibition was set up to showcase the latest development and innovations in the health sector by the public, private and non-governmental institutions. The event that was supported by WHO and other UN agencies, and focused on the scaling up of Somaliland's health sector development.

Highlighted during the conference was the established coordination mechanisms, health systems strengthening opportunities and critical evidence-based information of the successes, challenges and lessons learnt.

A wide range of participants from private and public health institutions, the pharmaceutical sector and health product manufacturers, academia as well as national and international NGOs, UN and donor agencies had the opportunity to interact and engage in a comprehensive range of discussions on health-related topics.

A panel of speakers presented and discussed ways to improve the quality of health care service delivery and health sector coordination.

This was the biggest annual health event in Somaliland and provided opportunities of learning, information sharing and collaboration of stakeholders in the Somaliland health sector. The ongoing exhibition provide an opportunity to present the latest research, development and innovations in health, medicine, laboratory technology, diagnosis, surgery, transplants, physiotherapy, patient referrals, diets and other health-related issues.



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Various stakeholders from the Somaliland Health Sector in attendance at the first ever health conference organised by the health authorities with the support of WHO and partners

Reviewing the progress of Health Systems Strengthening programme in Somalia



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Members of the GAVI mission assess progress of the health activities in Somaliland

A joint WHO, UNICEF and GAVI secretariat mission to Somalia took place in June 2014 in Hargeisa to review the Health systems strengthening (HSS) programme with the Ministry of Health representatives from the three zones working in the area of HSS, routine immunization, Health information and Monitoring and evaluation.

The objectives of the mission were to:

- review the utilization of GAVI funds for HSS and Immunization system strengthening
- assess the immunization coverage improvement plan as well as the status of its implementation
- identify together with the ministries of health and partners actions to be taken to utilize the resources of the Polio Eradication Initiative in order to strengthen routine immunization and the Immunization Monitoring Group and to prepare for the introduction of the Inactivated polio vaccine
- review the status of the expanded programme for immunization.

With the GAVI HSS Grant, the ministries of health together with UNICEF and WHO are implementing activities that include the deployment of a new cadre of 200 lady health workers (LHWs) to remote communities, support to the implement the essential package of health services (EPHS) and, engagement in operational research on appropriate service delivery models, as well as, increasing the demand for immunization and other basic health services through behavioral change communication.

Baseline survey for South Central Somalia in final stage

Baseline data on maternal and child health issues in three regions of south and central Somalia is currently being analysed by technical experts at the WHO regional office. This follows a WHO population-based survey on maternal and child health issues conducted in 2013 in Benadir, Lower Shabelle and Galgaduud regions to collect baseline data. These regions are inhabited by

around 3.4 million people, including 700 000 children under the age of five, an estimated 170 000 pregnant women and 135 000 breastfeeding women. 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.

Events

Somali's donate blood to mark World Blood Donor Day 2014

Somalia commemorated on 14 June the World Blood Donor Day. The theme of this year is "Safe blood for saving mothers, a campaign aimed at highlighting the importance of blood donations, to increase access to safe blood and blood products, and prevent maternal deaths. In Somalia, almost 4000 women die every year from pregnancy or childbirth-related complications. Severe bleeding during delivery and after childbirth is one of the most common causes of maternal death and long-term disability. Timely access to safe blood transfusion is one of the key interventions in cases of complications during pregnancy or delivery.

This year's event was celebrated in the major towns of Mogadishu, Hargeisa and Garowe. Health authorities organized street processions as a way to create awareness that culminated in donation of blood by the members of the public at the major hospitals.

In 2013, over 26 000 units of blood were donated through the blood transfusion networks supported by WHO in Somalia. One unit of blood can save up to three lives. Somalia has 25 blood transfusion units and four blood banks currently functioning in the country. Almost

70% of donated blood was transfused to mothers.

Safe blood transfusion can save thousands of women in Somalia. Yet access to safe and sufficient blood remains very difficult. Laboratories and blood transfusion units are few, and they are mostly confined to urban areas. Where transfusion units exist, they lack trained staff, proper equipment, routine supplies and basic amenities such as water. A poor health care system and infrastructure, coupled with limited access due to insecurity, complicate even further the provision of safe blood transfusions.

WHO's laboratory and blood safety programme works with health authorities to ensure that all blood transfusions are safe and comply with established quality standards. In 2014, the programme continues to support the blood transfusion network to accelerate access to safe blood transfusion. However, only 40% of the US\$ 1 million requested to meet needs until the end of the year have been received so far.

Read more on World Blood Donor Day 2014

<http://www.emro.who.int/som/somalia-news/mothers-in-somalia-need-more-blood-donations.html>



A voluntary donor gives blood at the transfusion unit in Garowe hospital



Students from medical institutions prepare for a street procession to mark World Blood Donor Day

In Focus

Health partners hold consultative session to finalize the mental health strategy for Somalia

Mental health partners are holding consultative sessions to finalize the Mental Health Strategy for Somalia. The overall goal of the strategy is to strengthen the integrated response of the health sector through the implementation of evidence-based plans, to promote mental health and, the prevention and treatment of mental disorders, with respect for human rights and social protection. The strategy is in line with the priority health policy of the Somali health sector, guided by the Regional Mental Health Strategy and Global Mental Health Action Plan 2013-2020. For each strategic direction, short term, medium-term and long term activities have been identified.

Strategic directions:

- Leadership and governance
- Integrated Community-based provision of mental health care
- Development and strengthening the human resources
- Enhancing information sharing, monitoring and evaluation

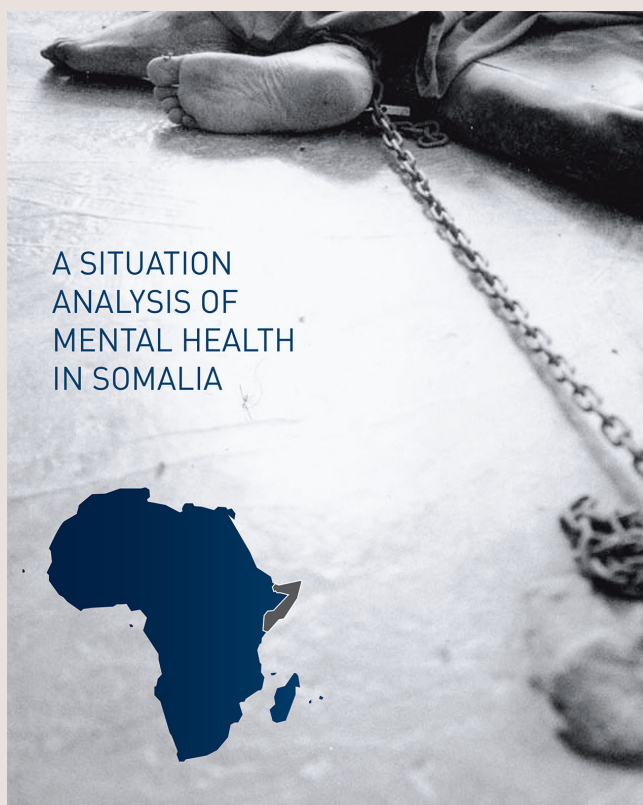
Mental health is a public health priority for Somalia. It is estimated that the prevalence of mental health disorders in Somalia is higher than in other low-income and war-torn countries (one person out of three has been affected by some kind of mental health problem). There are many determinants that explain the high rate: overall insecurity (such as displacement and violence), war traumas, poverty, unemployment and substance abuse.

Published by WHO in 2010, the mental health situation analysis, acts as a stepping stone towards an increased international commitment to strengthen the delivery of quality mental health services to the Somali population. It is further intended to support the health authorities in establishing a fully functional mental health system and promote community based mental health programmes for the relief of the thousands of people suffering from mental health disorders.

The existing mental health services in Somalia are insufficient in number, lack proper equipment and geographical coverage is limited for addressing all the needs of the country. Currently only eight facilities exist and psychotropic drugs, essential for medical treatment and for managing the most acute and initially aggressive cases, are not always available at the facility level. The availability of human resources is one of the areas of concern to strengthen the mental health system and the delivery of quality and equitable mental health services. Only three psychiatrists are reported to be working in the facilities.

Mental health is still seen as an isolated sector and should be integrated into primary health care as well as other development sectors such as education, gender policies, demobilization, livelihoods and human rights programmes. Many areas of mental health still need to be better explored and investigated especially in the field of post-conflict, substance abuse, gender-based violence (GBV) and children.

Mental health has been an underfunded and neglected sector in Somalia with lack of funds due to poor allocation of resources by the donor community as well as by the public health local authorities. Health authorities lack the technical, managerial, and financial capacities to implement a sustainable and equitable mental health programme.



A SITUATION ANALYSIS OF MENTAL HEALTH IN SOMALIA



Read more on the Mental Health Situation Analysis 2010

http://www.emro.who.int/images/stories/somalia/documents/Situation_Analysis_Mental_Health_print.pdf

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