

SOMALIA REPORT 2012



Mobile health clinics, Mogadishu, 2012
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INTRODUCTION

The year 2012 started with the ongoing response to the aftermath of the famine which was marked by huge displacement and humanitarian aid operations in Central and Southern Somalia. WHO Somalia was able to cover the humanitarian health needs of 4 million people with the necessary supplies and medical equipment by generous donor support.

Despite these challenges, WHO expanded its presence in Somalia and, in collaboration with health cluster partners, established and strengthened emergency health care services, and initiated treatment for children at community level. More operation theatres of hospitals in South Central Somalia were renovated for offering trauma surgery and caesarean sections to pregnant women.

The successful contribution of Child Health Days to routine vaccination was acknowledged by the GAVI Board by approving the introduction of Pentavalent. Somalia remained Polio-free during 2012, despite worrying signs of vaccine-derived polio cases due to limited polio immunity of around 1 million children in Southern Somalia. The Global Polio Eradication Programme keeps a close eye on Somalia. The disease surveillance and response network in Somalia received additional donor support to strengthen and expand activities.

Health sector development programmes such as Tuberculosis, HIV/AIDS, Malaria with a Health System Strengthening approach inspired a new programme, the Joint Health and Nutrition Programme, that will focus in the coming five years on improving child and maternal health care.

With the inauguration of the Federal Government of Somalia, the country turned a page in its history book. WHO Somalia is ready to increase further its current presence in the country to reach out to areas in Southern Somalia for technical assistance and support, in close collaboration with the Ministry of Human Development and Social Services.

I personally thank donors and partners for their continuous support to health sector development programmes and, where needed, to humanitarian health assistance, in an effort to serve the Somali people in their essential health needs.

Dr Marthe Everard, WHO Representative for Somalia

EMERGENCY HEALTH ACTION

2012 was marked by the consequences of the drought and famine that hit Somalia in 2011, with deteriorated health conditions for millions of people, especially women and children.

WHO's emergency response included the establishment of three makeshift hospitals, one in Bakool and two in Lower Juba, with the plan to later expand them into permanent hospitals. Another two hospitals were built, one in Gedo and another in Galgaduud. A further three hospitals in Bay, in Lower Shabelle and in Lower Juba were scaled-up and continue to be supported for emergency surgery and Comprehensive Emergency Obstetric Care (CEmOC). The hospitals serve a total catchment population of almost one million people, and each of them acts as a referral facility for the respective region. Furthermore, two mobile clinics were set up in Bay, to provide access to essential life-saving services to about 80000 people.

In South Central Somalia, including newly accessible areas, over 400 health workers have been trained in disease classification and outbreak response. Another 545 were trained in CEmOC, trauma surgery and Hygiene and aseptic measures.

The Communicable diseases Surveillance and Response (CSR) network reported over 1.5 million consultations, including almost 23,900 suspected cholera cases, and 136 outbreak rumours from across Somalia, 84% of which were verified within 96 hours. Over 450 samples were collected and tested for several diseases, including Dengue Fever, Cholera, Shigella, Measles and Diphtheria.

More than 220 tons of emergency medical supplies were provided by WHO in 2012, including 104 Interagency Emergency Health Kits, 67 Diarrhoeal Disease Kits, 36 blood transfusion kits, 21 Reproductive Health Kits, and 15 Surgical Supplies Kits, serving more than 350 000 beneficiaries for one year.

In 2013 EHA programme will continue and expand its activities, to improve emergency health services for the people of Somalia, with a particular focus on CEmOC and trauma surgery for the most vulnerable groups such as women and children. ■

HEALTH CLUSTER APPROACH

Effective coordination of humanitarian health interventions and timely information sharing are fundamental to enhance the provision of emergency health services. In 2012, the Somali Health Cluster coordinated the humanitarian health response of over 100 partners in Somalia, both from a programmatic and financial perspective. Regular meetings, continuous updates on health and nutrition status, need assessments, and response to service provision gaps were some of the activities of the cluster.

In 2012, a population of over 1 200 000 among IDPs and host communities received health care from health cluster partners at community, primary and secondary health care levels. Additionally, medical supplies were pre-positioned in key locations and distributed according to the needs.

To fill critical life-saving gaps, in 2012 new approaches were adopted, such as the integrated Community Case Management project. The Inter-Cluster coordination was active and promoted programmatic collaboration with other clusters - particularly Water and Sanitation and Hygiene (WASH), Nutrition, and Emergency Shelters.

In the three year CAP 2013-15, the health cluster seeks to address life-saving humanitarian response that would link to resilience building efforts. Continued support to primary health care services, reaching out to the most vulnerable populations in need, especially in newly accessible areas, remains a priority for the health cluster in 2013.

For more information on the Somalia Health Cluster please go to: www.healthsomalia.org ■





MALARIA ELIMINATION AND CONTROL

Malaria remains the most common cause of illness and death in Somalia, particularly among pregnant women and children under the age of five. During 2012, malaria trend continued to decrease, as a result of a coordinated effort of WHO, Health Authorities and partners against the disease.

At the core of the intervention was the strengthening of the detection system, followed by prompt and effective treatment. To improve the capacity for early diagnosis, WHO provided training in Rapid Diagnostic Testing (RDT) to 43 NGOs and in malaria microscopy to 30 health workers. In addition, Somali nationals received external training (three diplomas in malaria management, three in quality control and one in surveillance). Laboratory supplies and anti-malaria medicines were distributed, and five rooms for the National Malaria Control Programme were rehabilitated in Mogadishu.



Malaria surveillance activity, Garowe, April 2012
© WHO Somalia

Preventive activities were also scaled up to control malaria outbreaks. Almost 4500 Long Lasting Impregnated Nets were distributed to 41 hospitals and Insecticide-Residual Spraying (IRS) campaigns were carried out in almost 60 000 households throughout Somalia, mainly in IDP settlements in Mogadishu and targeted villages in northeast and northwest zones. Entomology surveillance and operational research of insecticide-resistance and anti-malaria drug effectiveness were also undertaken on a regular basis. Continuous technical assistance was provided to Health Authorities and partners. Response to the malaria outbreak in Bossaso was started in December 2012 and continues in 2013. Capacity building, malaria lab supplies and medicines, and technical assistance to Health Authorities and partners will be the focus of the malaria control programme in 2013.

TUBERCULOSIS CONTROL

The Tuberculosis (TB) programme made tremendous progress in 2012, as a result of an increased effort in case detection, recording and reporting. Almost 13 000 TB cases were detected in the 68 TB centers in the country, with a treatment success rate of over 85%. WHO support included intensive supervision and monitoring, as well as continuous capacity building, that resulted in a total of 511 health workers trained on TB case management. A pilot web-based reporting system was introduced to enhance timely TB case reporting.

A Multi-Drug Resistance (MDR) survey, concluded in 2012, showed a resistance of 5.3% among new TB cases and 41% among previously treated cases. To continue MDR monitoring, two GeneXpert® machines have been installed in Mogadishu and Bossaso. MDR treatment guidelines, as well as recording and reporting forms, were developed as a part of the preparation for opening a MDR facility that will become operational in 2013. ■

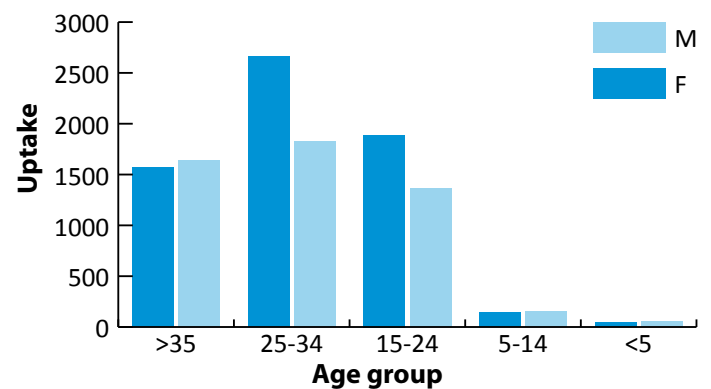
HIV PREVENTION AND TREATMENT

In 2012, WHO continued its support to the Health Authorities in the prevention of HIV/AIDS, as well as for the treatment and care of people living with HIV in Somalia. Approximately 1250 patients were effectively treated with Anti-Retroviral Therapy (ARTs) and more than 11 000 people were assisted in 30 Voluntary Confidential Counselling and Testing (VCCT) sites.

WHO increased its technical assistance in activities aimed at strengthening HIV/AIDS response. This included a revision of ART patient monitoring tools, to improve data generation and the overall clinical management of the patients. A countrywide transfer of patient data to the new system was initiated, after training 81 health workers on the new tools. Moreover, quarterly supervisory visits were organized to provide technical assistance to 10 ART sites, eight TB centers and 14 HIV counselling sites. In addition, the laboratories of Garowe and Galkaayo hospitals were equipped with two CD4 count machines, used to determine the appropriate time to initiate ART.

During 2013, support will continue towards consolidating the new patient monitoring system, enhancing quality of ART care, sentinel surveillance and HIV counseling and testing.

HIV counseling and testing (HCT) by gender and age group (2012)



TB/HIV collaborative activities were further strengthened in 2012. A total of 5359 TB patients, representing 74.0% of those treated at the 25 targeted TB facilities were tested for HIV, while at least 700 people living with HIV were screened for TB in 12 ART sites during regular visits. Among all the TB patients tested, 3.6% tested positive for HIV.

In order to sustain effective management of TB in people living with HIV, *Guidelines for Isoniazid Prophylaxis and TB Infection Control* were developed for use in TB and ART centres. Staff were trained and the roll out of the therapy is set to start in 2013. ■

POLIO ERADICATION

2012 marked the fifth year since the transmission of Wild Polio Virus (WPV) has been interrupted in Somalia. In the course of the year, two rounds of polio campaigns were implemented in all accessible areas of the country, reaching more than 2 million children under the age of five.

Despite this achievement, the country remains at high risk of WPV importation and circulation. Over the last three years, 800 000 children have not received polio vaccination, due to inaccessibility. This represents the largest pool of unvaccinated children in the world. With increased security, in the last two months of 2012 vaccination campaigns could be conducted in eight districts of South-Central Somalia that were previously not accessible, reaching over 120 000 children.

Polio surveillance indicators were maintained above certification standards at the national level, although some gaps were registered at the sub-national level. An Emergency Action Plan was established to reduce the immunity gap in South-Central Somalia, as well as to improve accountability and inter-agency coordination.

The polio programme has built an extensive network of trained surveillance staff, increasingly involved in other public health interventions. This network represents a major asset for current and future disease surveillance in the country.

In 2013, six mass vaccination campaigns are planned as part of the emergency action plan, targeting all children under five years of age residing in the accessible areas. With progressive improvement of access, it is hoped that the number of unvaccinated children will be reduced by 75% by end of 2013. ■

EXPANDED PROGRAMME FOR IMMUNIZATION

Vaccine preventable diseases remain a major cause of death for children in Somalia. In 2012, WHO continued its effort to increase vaccination coverage, with support to the Expanded Programme for Immunization (EPI) units in the three zones. To bridge immunization gaps, Somalia joined an Eastern Mediterranean region-wide vaccination week, conducted under the theme 'Reaching Every Community', which included advocacy campaigns in Garowe, Hargeisa and Mogadishu. With the support of partners, WHO conducted two rounds of Child Health Days campaigns, reaching more than 2 million children with routine vaccines, vitamin A, de-worming tablets and other child health interventions.

In the course of 2012, three outbreaks of measles were investigated and successfully controlled in Mogadishu and in the northwest zone. To increase detection capacity, a measles laboratory unit was established in Mogadishu.

Preparations were made for the introduction of a new 5-in-1 vaccine: Pentavalent vaccine. With the launch of the new vaccine in April 2013, children in Somalia will also be protected against *Hepatitis B* and *Haemophilus Influenzae type B*. ■





HEALTH SYSTEMS STRENGTHENING

Health System Strengthening (HSS) continues to be a priority area of WHO's intervention in Somalia. In 2012, WHO engaged in all six building blocks of the health system, particularly: Leadership and Governance; Financing; Medical products, vaccines and technologies; Information; Health Workforce; and Service Delivery.

In February 2012, zonal HSS Strategic Plan for 2013-2016 was endorsed by the Health Authorities from all three zones. The Strategic Plan, which comprehensively explains the planning and coordination arrangements for the implementation of HSS programme, was developed in consultation with the Health Authorities and other stakeholders.



Somali Health Authorities at signing ceremony, February 2012
© WHO Somalia

In order to respond to capacity building needs, a Leadership and Management Capacity Building Plan was developed and integrated in the Health Sector Strategic Plans, and will be implemented from 2013 onwards.

In support to human resources development, an assessment of health training institutions in the three zones was conducted. In addition, a new cadre of Female community-based Health Workers (FHWs) was introduced to improve access, quality and utilization of mother and child health services at the community level. After the development and translation of a training curriculum, a workshop was held to adapt it to the local context, as well as to practise training skills of 12 master trainers. The FHWs will be linked to Maternal and Child Health (MCH) centres for referral of complicated cases. Recruitment of 200 FHWs was initiated and will be completed in early 2013. Community based Health Management Information Systems was developed to be utilized by FHWs.

In order to strengthen the Medicines and Health Products building block, WHO supported the rehabilitation of blood transfusion units and quality assurance of medicines (see also Essential Medicines and Laboratory and Blood Safety Programme). ■

JOINT HEALTH AND NUTRITION PROGRAMME

The Joint Health and Nutrition Programme (JHNP) is a comprehensive multi-donor, multi-partner five year programme (2012-2016) aimed at reducing child and maternal mortality, while strengthening the systems that support improved access to quality health care, thus addressing the Millennium Development Goals 4 and 5.

In 2012, during the inception phase of JHNP, WHO provided technical support to develop the *Health Policy Framework for Puntland and South Central Somalia*, and the *Health Sector Strategic Plans (HSSPs) 2013-2016*. The strategic planning process was led by the Health Authorities, in consultation with WHO, UNFPA and UNICEF, and other key stakeholders. JHNP planned activities and outputs will be subsequently refined in line with the HSSPs.

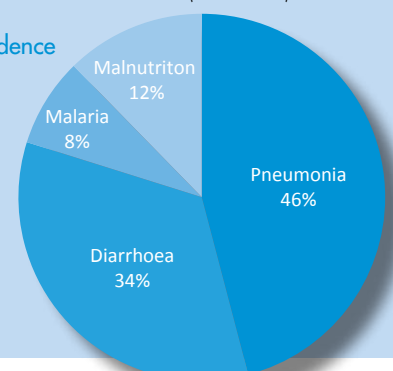
In 2013, WHO will assist the Health Authorities in a number of activities within the JHNP, including: Legal Health Framework; Implementation of the Leadership and Management Capacity Building Plan; Development of Human Resources for health policies and plans; consultation on Medical Supply Systems; and Assessment of the Health Financing situation in Somalia.

COMMUNITY-BASED HEALTH CARE

Pneumonia, Diarrhoea and Malaria are the three main killers of children in Somalia. In May 2012, in collaboration with UNICEF, WHO introduced the integrated Community Case Management (iCCM), a community-based approach aimed at tackling the high child mortality rates in Somalia. In this approach, community-based health workers diagnose and treat children for the three above mentioned diseases, provide nutrition screening, promote better referral practices, encourage the community to seek timely treatment and provide appropriate home care.

After being trained and provided with medicines, a total of 350 village health workers were deployed in their communities under WHO's continuous supervision. Since the introduction of the programme, a total of 11 615 children were treated against the three diseases and screened for malnutrition (see chart). ■

Proportional disease incidence
May–December 2012



REPRODUCTIVE HEALTH

Somalia has one of the highest maternal mortality ratio in the world, with 12 in 1000 women dying due to pregnancy and childbirth-related complications. In response to this alarming situation, WHO provided technical assistance to the Health Authorities and partners in the area of Reproductive Health (RH).

In 2012, a *Strategic Plan for Expanding Access to Skilled Birth Attendants* was developed. To improve the quality of RH services in health facilities, *Integrated Management of Pregnancy and Childbirth (IMPAC) Guidelines* were revised and adapted to the Somali context. The guidelines include: *Pregnancy Childbirth Postnatal Care (PCPNC)*, *Managing Complications in Pregnancy and Childbirth (MCPC)* and *Managing Newborn Problems (MNP)*. In addition, PCPNC was translated into Somali language.

With the objective to strengthen the Monitoring and Evaluation (M&E) capacity of the Health Authorities in RH programme management, WHO developed a RH M&E plan and conducted M&E training workshops for senior RH managers. In 2013, WHO will continue to provide technical assistance to the Health Authorities for the reduction of maternal mortality, and will develop Emergency Obstetric Surgery Diploma to train doctors, midwives and clinical officers. ■

NEGLECTED TROPICAL DISEASES

In 2012, WHO continued to work with partners for the prevention and control of neglected tropical diseases, particularly Kala-azar (Leishmaniasis), Leprosy and Schistosomiasis.

In 2012, a total of 330 cases of Kala-azar were confirmed in Bay and Bakool regions. WHO provided medical supplies and assisted the Health Authorities in the development of *Guidelines for diagnosis, treatment and prevention of Visceral Leishmaniasis* in Somalia and trained eight health workers in diagnosis, management and treatment of the disease.



Guinea-worm disease survey, Hargeisa, July 2012
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WHO provided technical assistance and medical supplies for the management of leprosy to selected facilities in Middle and Lower Jubba, Middle Shabelle, Bay and Hiraan. Three Somali doctors attended a training on Management and Control of Leprosy and HIV at All Africa Leprosy Research and Training Centre (ALERT) in Addis Abba. In order to raise awareness on stigma and discrimination, key messages

on leprosy were broadcasted throughout the country in partnership with Radio Ergo. WHO provided technical support and medical supplies for Urinary Schistosomiasis, a disease that represents a risk for an estimated 4 million Somalis, especially those living along the rivers Jubba and Shabelle. WHO worked with the Health Authorities on collecting evidence for a Guinea-worm (GWD) free certification in Somalia.

The final application for GWD-free certification will be submitted in 2013 to WHO and the International Commission for Certification of Dracunculiasis Eradication (ICCDE). ■

MENTAL HEALTH

It is estimated that one in three Somalis are affected by some kind of mental health disorder, a prevalence that is higher than in any other low-income country in chronic conflict situation. In 2012, a total of 2973 people were diagnosed with mental health disorders in the five mental health facilities supported by WHO.

To address this major public health concern, in 2012 WHO developed a *Mental Health Strategy for Somalia*, following extensive consultation with the Health Authorities and partners. As the mentally ill are generally chained in Somalia, WHO further strengthened the "Chain-Free Initiative", which advocates for chain-free hospitals, chain-free homes and a chain-free environment.

WHO's intervention included the provision of medicines to mental health care facilities, and organization of a series training courses. A total of 30 participants amongst the staff of Health Authorities, universities and NGOs attended a *Planning and Contextualization Workshop*, aimed at scaling up mental health services in Somalia and reducing treatment gaps for mental health disorders. In mid-2012, a training on *Mental Health Gap Action Programme* was held in Addis Ababa, with the objective to enhance the knowledge and skills of Somali mental health practitioners. One doctor from Hargeisa Group Hospitals (HGH) attended an *International Diploma Course in Mental Health Law and Human Rights*, conducted by the Indian Law Society in Pune, India. Consolidating and further expanding the "Chain-Free Initiative", providing medicines, building the capacity of health workers and increasing community awareness of mental health disorders are some of the key activities planned by WHO for 2013. ■

ENVIRONMENTAL HEALTH

The implication of environmental neglect and degradation is considered as one of the major social determinants of public health in Somalia. In 2012, WHO developed the first draft of the *National Environmental Health Strategy for Somalia*, based upon the findings of the situation analysis that had been developed in collaboration with the Health Authorities and other environmental health stakeholders. The strategy aims at addressing the most important environmental health challenges, such as the inadequate community awareness about the importance of environmental safeguard, and the absence of regulations and law enforcement measures to control environmental degradation.

In 2013, the Environmental Health programme will disseminate the Environmental Health Strategy, and collaborate with the Health Authorities to develop plans of action in line with the strategy. ■



Training at the Bossaso College of Health Sciences, September 2012
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HEALTH LABORATORY AND BLOOD SAFETY

Laboratory services perform an essential role in the diagnosis and monitoring of health events. In 2012, WHO continued to support the network of laboratories, blood banks and blood transfusion units established in Somalia. In September 2012, the first blood bank in Northeast Somalia was opened at the Bossaso General Hospital, bringing the total number to four. Reference blood bank centers are also capable of preparing different components of blood. Essential equipment, supplies, monitoring and supportive supervision were routinely provided to the 28 blood transfusion units in the country.

A customized training on Laboratory Quality Assurance was offered to 48 technicians from public and private hospital laboratories. In October 2012, a workshop was held to train tutors on the new curriculum developed for teaching medical laboratory technology. The curriculum has been adopted by Hargeisa Institute of Health Sciences and Bossaso College of Health Services.

In 2013, WHO will continue to support the provision of quality assured transfusion services, the implementation of the curriculum in selected medical institutions in Central and Southern Somalia. The establishment of a Laboratory Information System and of three regional laboratories is also planned, to provide timely diagnostic services for infectious diseases. ■

ESSENTIAL MEDICINES

In 2012, WHO continue its effort to enhance quality, storage and supply of essential medicines in Somalia. With improved security in the southern and central regions, WHO was able to rehabilitate the pharmacies of two regional hospitals in newly accessible areas: Merka General Hospital and West Beletweyne Hospital.

Capacity building remains a key component of WHO's intervention. In the northeast zone, 30 senior technicians received training in electronic data management of medicines and supplies. Technical support was also provided to Medicines Steering Committees, whose mandate is, among others, to oversee medicines quality awareness activities and to supervise the Medicines Therapeutic Committees established in some regional hospitals.

In collaboration with the Health Authorities, WHO initiated the drafting of the *National Medicines Policy*, as well as of the third edition of the *Somalia Standard Treatment Guidelines and Training Manual at Primary Health Care Level*, which will be published in 2013. An assessment of Medical Supply System in the country was also carried out.

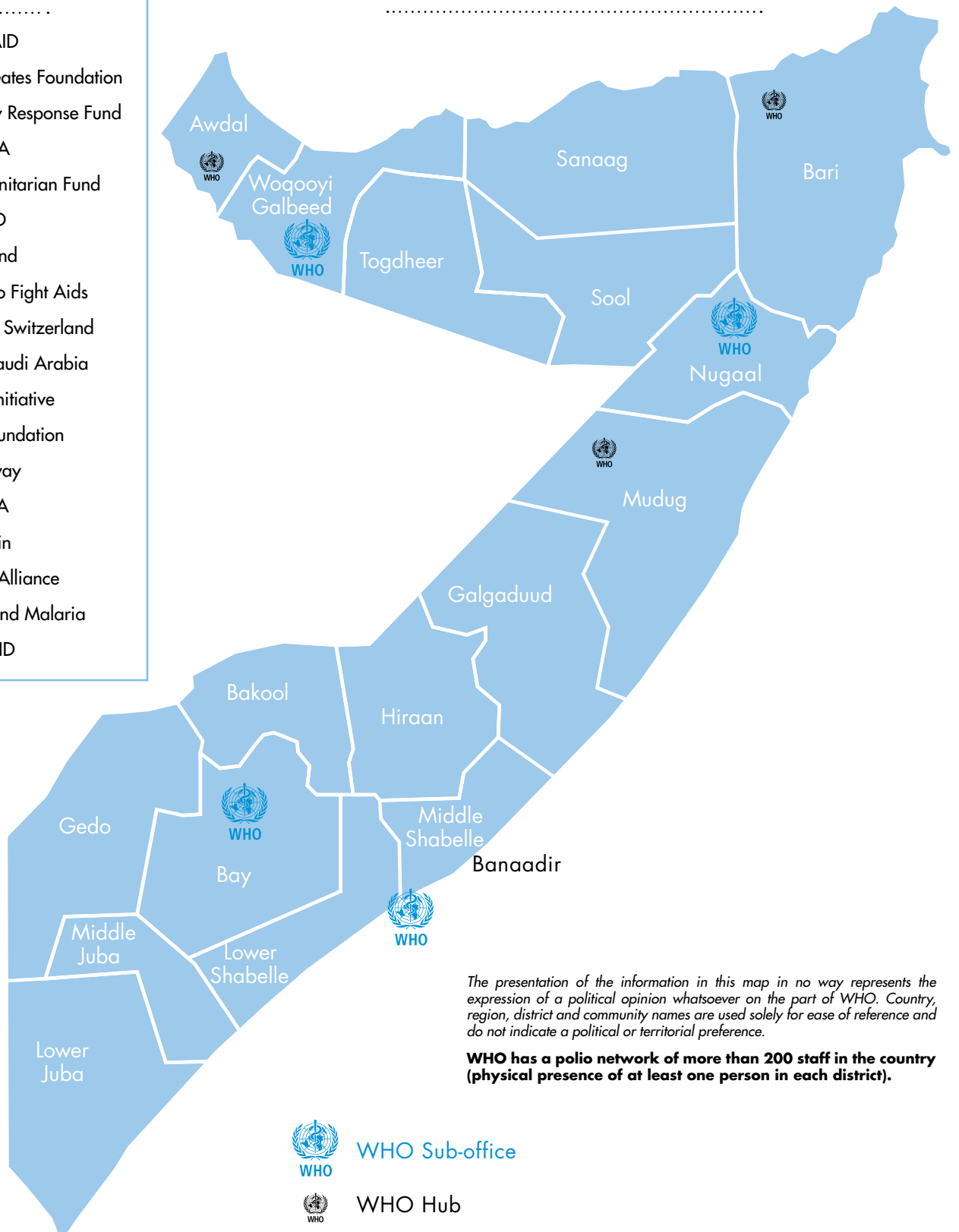
In the effort to enhance drug quality control and assurance, two Minilabs® were provided, one in Mogadishu and one in Galkaayo, bringing the total number of Minilabs® to six in the country. Regular random screening of medicines samples from public and private supply facilities continued in the northwest and northeast zones. ■



DONORS

- AusAID
- Bill and Melinda Gates Foundation
- Central Emergency Response Fund
- CIDA
- Common Humanitarian Fund
- DfID
- Finland
- Global Fund to Fight Aids
- Government of Switzerland
- Kingdom of Saudi Arabia
- Measles Initiative
- Nippon Foundation
- Norway
- SIDA
- Spain
- The GAVI Alliance
- Tuberculosis and Malaria
- USAID

WHO PRESENCE IN SOMALIA



The presentation of the information in this map in no way represents the expression of a political opinion whatsoever on the part of WHO. Country, region, district and community names are used solely for ease of reference and do not indicate a political or territorial preference.

WHO has a polio network of more than 200 staff in the country (physical presence of at least one person in each district).



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