



Highlights

- ▶ Around **four million people across Somalia vaccinated against polio** in May and June 2013. So far, 72 polio cases confirmed and an additional 124 samples pending laboratory results.
- ▶ **A new initiative of Community-based Lady Health Workers launched.** 200 under training to provide essential health services to rural communities across Somalia.
- ▶ **Increased fighting in Kismayo leaves more than 300 injured in June.** In the capital Mogadishu more than 2000 wounded civilians are treated in the first 6 months of 2013.
- ▶ **Since January 2013, more than 7000 confirmed malaria cases** in Bosaso, Bari region in Somalia. Over 13 000 households were reached during Indoor Residual Spraying campaigns.
- ▶ Health workers are trained on **management and treatment of drug resistance in TB patients.**
- ▶ **World Blood Donor Day** celebrated for the first time in years in Mogadishu.
- ▶ **Publications:** Pregnancy, Childbirth, Postpartum and Neonatal Care (PCPNC), based on WHO guidelines adapted to Somali context.



The 3 vaccination campaigns in Mogadishu targeted all age groups

Polio outbreak in Somalia

Around 4 million people vaccinated in Somalia since the onset of the polio outbreak in early May

Somalia is currently affected by an outbreak of wild poliovirus. Forty-four cases of polio have been confirmed from 14 districts of Mogadishu and 28 cases in regions of Bay, Lower Shabelle, Middle Shabelle, Hiran, Middle Juba, Lower Juba and Sool. The first case was confirmed on 9 May, six years after Somalia's last reported case in 2007.

Outbreak response vaccination campaigns started within four days of the confirmation of the first polio case in Mogadishu. So far four outbreak response campaigns have been conducted and around four million people have been vaccinated against polio across Somalia. UNICEF and WHO provided support to Health Authorities to conduct the May, June and July campaigns.

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While polio mainly affects young children, adults are also considered to be at risk of the current outbreak. For this reason, for the first time in Somalia adults were vaccinated against polio together with children in Mogadishu, where the majority of the cases were reported.

The risk of a large polio outbreak in the Horn of Africa and beyond remains high. Urgent and active searches for additional cases of suspected polio in all health facilities are on-going in all of Somalia. All countries in the WHO Regions of Africa and the Eastern Mediterranean have been urged to heighten their surveillance for poliovirus. WHO's International Travel and Health

Poliomyelitis (polio)
 Polio is a highly infectious disease caused by the polio virus which invades the nervous system, and can cause irreversible paralysis (usually in the legs) or even death. The polio virus (scientifically known as the Wild Poliovirus - WPV) enters through the mouth, in water or food contaminated with faecal material from an infected person. The virus multiplies in the intestine and is excreted by the infected person in faeces, which can pass on the virus to others.

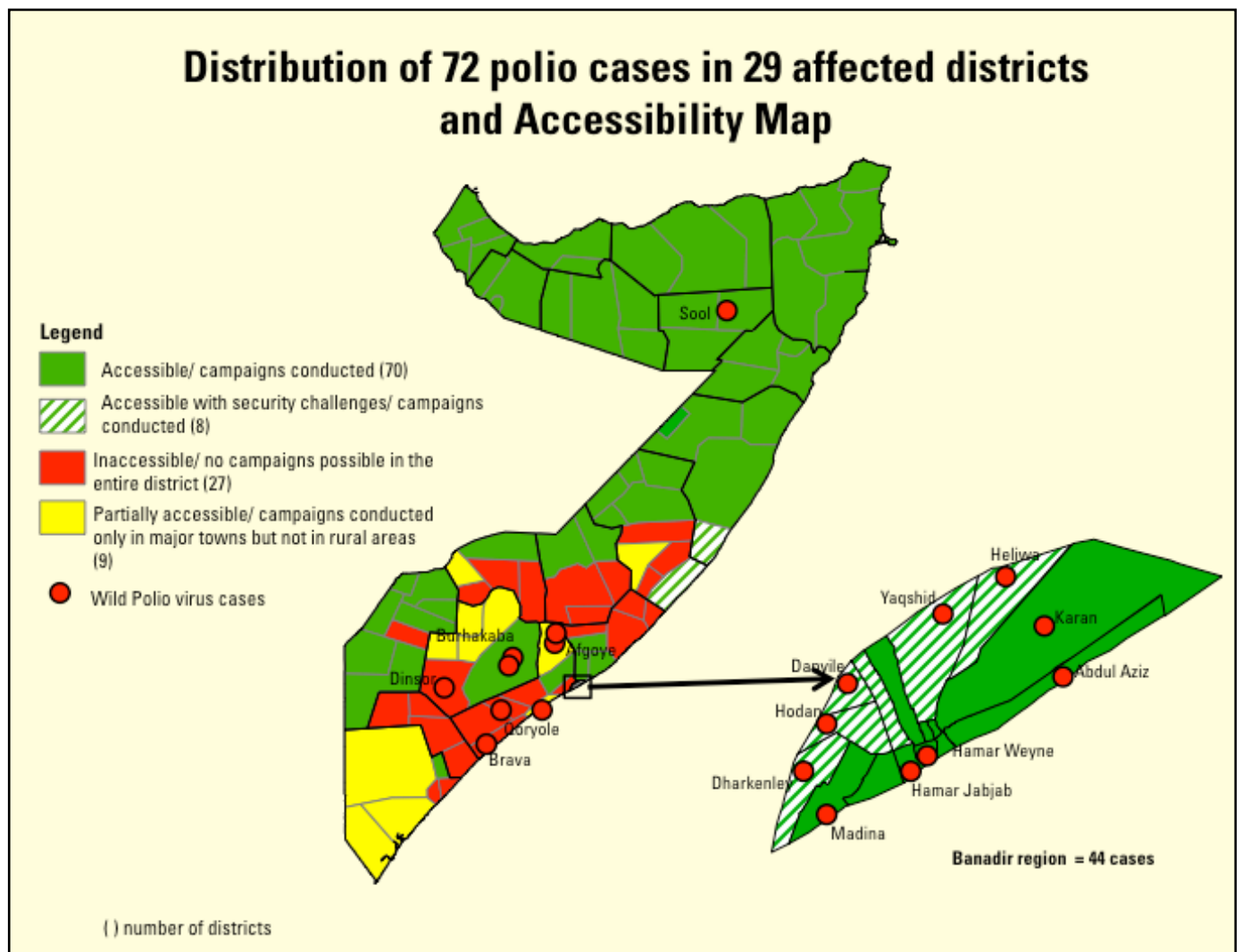
WHO/Lucy Ngugi



Children figure-marked after receiving the polio vaccine

recommends that all travellers to and from polio-infected areas be fully vaccinated against polio.

The humanitarian community joins hands against polio: Response to the polio outbreak was marked by an incredible collaboration of Health Cluster and other partners to assist the Health Authorities in vaccination activities. More than 50 staff members from UN agencies and NGOs have been mobilized to monitor the outbreak response vaccination in Banadir. Responding to the polio outbreak is considered as one of the top priority of the Somalia Humanitarian Country Team for the next six months.



One out of five children dies before seeing their fifth birthday; 215 000 children under-five are in urgent need of health care due to increased vulnerability to health complications related to malnutrition. Furthermore, one out of twelve women dies due to pregnancy-related causes. The lack of adequate pre-natal and maternal care, coupled with a high fertility rate (6.3), put women at elevated and recurrent risk. Obstetric haemorrhage and hypertension during pregnancy are the leading direct causes of maternal death.



Control of Vaccine-Preventable Diseases (VPDs) remains a challenge in Somalia due to low immunization coverage. Implementation of mass vaccination activities could not be conducted in some areas of south central Somalia since 2009. An estimated 500 000 children remain unvaccinated and are at high risk of preventable diseases, including polio and measles.

The number of weapon-related injuries continues to increase, due to recurrent conflict, with 2123 cases treated in 4 hospitals in Mogadishu in the first six months of 2013.

Statistics

| | |
|--|-----------|
| Total population | 9 331 000 |
| Life expectancy at birth (years) | 50/50 |
| Maternal mortality ratio (per 100 000 live births) | 1000 |
| Under five Mortality (per 1 000 live births) | 180 |
| Birth attended by skilled personnel | 9% |
| Immunization coverage - Measles | 46% |
| Physicians (per 10 000 population) | 0.4 |

Source: WHO World Health Statistics 2013

Health service provision is weak with one physician per about 25 000 and a nurse/midwife per 9 000 people, respectively. Health facilities are in poor conditions, with shortage of human resources, essential medicines, medical equipment and supplies including laboratories. Supporting and maintaining health services, as well as building the capacity of health-care providers in newly accessible areas is essential to save the lives of thousands of vulnerable people, such as women, children and the elderly.

Creating a new cadre of Community-based Lady Health Workers

200 lady health workers to bring health services to rural areas

Maternal and child morbidity and mortality are unacceptably high in Somalia and one of the key contributing factors is the low access to quality health services, especially in remote areas. Public health infrastructure in Somalia is poor, destroyed during the civil war and the lack of maintenance, staffed with under-skilled health work force, and concentrated in easily accessible areas. Considering the critical need to provide essential health services to the rural communities, the Somali Health Authorities, in collaboration with WHO, UNICEF and other health partners, have launched a training programme to introduce a new cadre of Community-based Lady Health Workers.

200 ladies have been selected for the training programme, that has already started in Hargeisa and Garowe, and will soon begin in Mogadishu. At the completion of the programme, the graduates will be deployed within rural communities across Somalia. Their role will be to provide basic health care, refer complicated cases, communicate messages to prevent diseases – such as hygiene and breastfeeding – as well as promote the use of basic health services – such as vaccination, antenatal and obstetric care.



WHO/Fawziya Nur

Trainee Lady Health Worker in a practical session in Hargeisa

The programme also includes a research component, to collect information about the utilization, impact and costs of services provided. The research will generate evidence for establishing service delivery models that are appropriate and affordable for Somalia.

Civilian casualties increase in Southern Somalia

Incidences of violence reported in Mogadishu, Kismayo and Baidoa in June

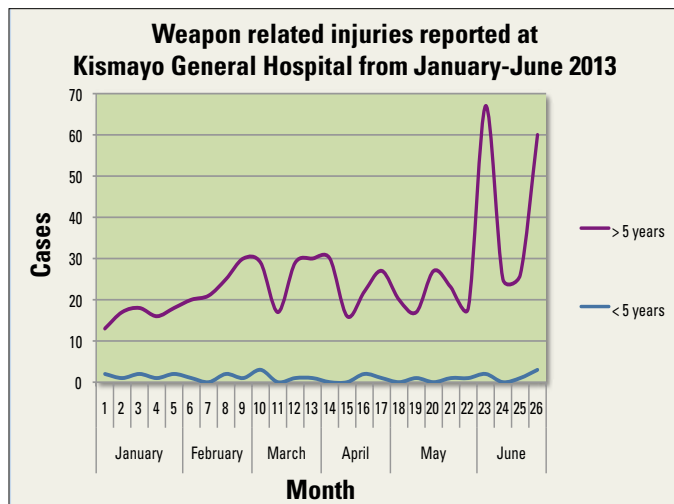
Fierce fighting between rival groups in the Somali port city of Kismayo, continues to have a profound impact on civilians and humanitarian aid work in the Lower Jubba region. This brings the total number of casualties in June to 314, including 15 female and 5 children under the age of 5. Of all casualties, 187 were treated at the Kismayo General Hospital. Almost 40 patients had to undergo surgical operations. The number of deaths were reported as 71, of those 11 in the hospital. WHO received reports that another 60 injured cases were referred to hospitals in Mogadishu and 51 to Galkayo for further treatment. Injuries and deaths

outside the hospital are estimated to be much higher but cannot be confirmed.

Following armed clashes in Baidoa and surrounding areas in June, 25 civilians were wounded and treated in Baidoa Hospital that is supported by WHO. Around 7 deaths were reported at the hospital.

In the month of June, 322 weapon-related casualties were treated in 4 hospitals in Mogadishu and, three deaths reported. On 19 June, there was a major incidence where the United Nations Compound in Mogadishu was attacked. Six people working in the compound were killed and three seriously wounded. Another 4 civilians killed and at least 20 civilians were injured outside the compound. Thirteen were treated in a major hospital supported by WHO and partners.

WHO supports major hospitals in Kismayo, Galkayo and Mogadishu, and has dispatched 2 Interagency Emergency Health kits to Kismayo and another 2 to Galkayo. Almost five tons of emergency medical supplies were prepositioned in Kismayo. WHO continues to support hospitals and health service providers in remote areas of south and central Somalia. Emergency trauma surgery, Comprehensive Emergency Obstetric Care (CEmOC) and emergency health are some of the services provided for the most vulnerable groups, such as women, children, and displaced people.



Improving health worker capacity for treatment and control of malaria

Training package for the control of malaria endorsed and a manual on Indoor Residual Spraying adapted

Following the Bosasso outbreak in early January, the Ministry of Health, WHO and partners undertook a number of control interventions including case management. More than 33 000 cases were tested, of which around 7000 were found positive. More than 13 000 households reached in the IRS campaigns.

Malaria remains the most common cause of illness and death in Somalia, particularly among pregnant women and children under the age of five.



Indoor Residual Spraying activity in Hargeisa

WHO/Lucy Nguigi

Malaria

Malaria is caused by a parasite called Plasmodium, which is transmitted via the bites of infected mosquitoes. In the human body, the parasites multiply in the liver and then infect red blood cells. Symptoms of malaria include fever, headache and vomiting, and usually appear between 10 and 15 days after the mosquito bite.

A training package for the management of malaria cases will now be available for tutors and trainees. The Health Authorities, the National Malaria Control Programme (NMCP) partners and academia gathered in Hargeisa from 10 to 12 June 2013 to finalize and endorse the training package.

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Indoor Residual Spraying (IRS) is one of the key preventive and curative interventions for the control of the disease. To improve the capacity of spray workers involved in IRS campaigns, a **Manual for Indoor Residual Spraying, Application of residual sprays for vector control**, has been adapted to the Somali context and translated into Somali language. A

consultative workshop was held in Hargeisa from 15 to 16 June, with the participation of the director of the National Malaria Control Programme and entomology focal persons from all zones of Somalia. WHO continually provides health workers with malaria microscopy refresher training.

Management of Multi Drug Resistant tuberculosis

76 field health workers were trained on management and treatment of drug resistance in TB patients

In Somalia, tuberculosis (TB) is a serious public health problem, with 3300 cases detected in the first quarter of 2013. Resistance to anti-TB drugs is considered an emerging problem, as the prevalence of Multi

Drug Resistant (MDR) TB is found in 5.2% of new and 41% of previously treated TB cases¹. Since the beginning of 2013, WHO has engaged with all partners involved in the TB program in Somalia to initiate MDR-TB management in Somalia. The rehabilitation of the MDR-TB ward in Hargeisa Hospital, supported by WHO, has been completed. For the first time, second line TB drugs, used for multidrug-resistant tuberculosis (MDR-TB) cases, will be available in the country in mid July 2013.

Capacity building of new health workers is a major component of the MDR-TB management activities. In May 2013, 76 field health workers were trained on management and treatment of drug resistance in TB patients. Treatment of MDR-TB is essential to halt further transmission of the disease.



WHO/Lucy Ngunji

Queuing up for TB drugs at a TB centre in Garowe

¹ Somalia DRS survey results 2010-2011

Upcoming events

National Medicines Policy for Somalia will be launched soon

The Somali Health Authorities will soon launch a National Medicines Policy. The policy, first of its kind in Somalia, was developed in consultation with both the public and private sector, and with technical support of WHO. The document contains the pharmaceutical policy guidelines governing the supply and management of medicines, quality control of medicines, human resources development and technical cooperation among countries and regional bodies. The policy aims at contributing to ensure availability and accessibility of safe and quality essential medicines.

National medicines policy

- ▶ selection, procurement and production of medicines;
- ▶ distribution and rational use of medicines;
- ▶ medicines quality assurance;
- ▶ medicine financing;
- ▶ medicines legislation and regulation;
- ▶ monitoring and evaluation of the implementation of national medicines policies;
- ▶ human resources development;
- ▶ medicines research,
- ▶ technical cooperation among countries and regional bodies.

World Blood Donor Day celebrated in Mogadishu for the first time in years

“Hibee nolol: bixi dhiig” – Give the gift of life: donate blood



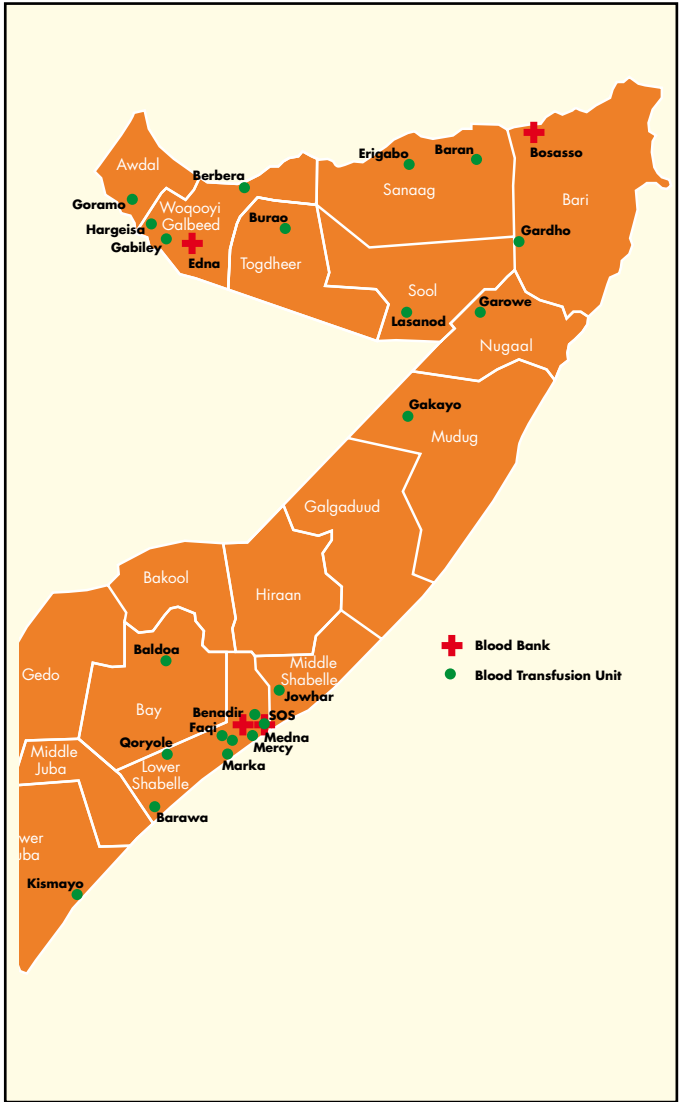
WHO/Lucy Ngunji

Medical student in a procession to mark World Blood Donor Day at Banadir hospital in Mogadishu on 14 June 2013

World Blood Donor Day, celebrated on 14 June every year, serves to raise awareness of the need for safe blood and blood products, and to thank voluntary blood donors for their life-saving gifts of blood. This year’s campaign, the 10th anniversary of World Blood Donor Day, was on blood donation as a gift that not only saves lives, but also helps people live longer and more productive lives.

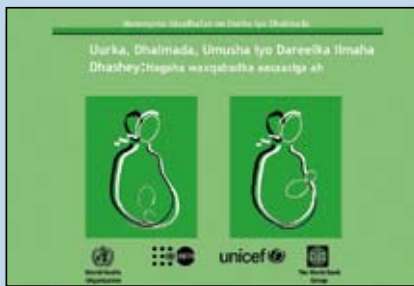
For the first time in recent years, the Directorate of Health (DoH) officials, Banadir hospital staff, medical students from Banadir University and WHO marked this event at the Banadir hospital, a major hospital in Mogadishu. The celebrations climaxed when volunteers donated blood at the blood bank facility within the hospital.

Somalia faces a number of challenges to ensure a safe blood supply and safe blood transfusion services. WHO supports the Somali Health Authorities to put in place a national blood safety system, which will ensure timely access to safe and sufficient supplies of blood and blood products, and adherence to good transfusion practices. With the support of the Global Fund, there are currently four functional regional blood banks and 26 blood transfusion units that provide quality-assured transfusion services to the Somali people.



WHO Strategy for Blood Safety and Availability
 Blood Transfusion Services are a vital component of any health care service delivery system and help save lives. An integrated strategy for blood safety is required for the elimination of transmitted infections by transfusion and for the provision of safe and adequate blood to patients in need.

Pregnancy, Childbirth, Postpartum and Neonatal Care (PCPNC)



A WHO international guideline, Pregnancy, Childbirth, Postpartum and Neonatal Care, has been revised, adapted and translated to the Somalia context. The guideline will be used to train midwives on management of maternal, newborn and child health. The PCPNC guideline will be disseminated to health facilities and used by health workers across the country. It will serve as a reference document to improve quality and equity to health services, in order to reduce illnesses and death of mothers, newborns and children in Somalia.

New WHO Representative for Somalia



Dr Ghulam Rabani Popal joined WHO Somalia in May 2013, as new WHO Representative.

Before his assignment in Somalia, Dr Popal served as WHO Representative in Yemen and Iraq. Also he worked in the capacity of Regional Advisor for External Relations, Coordination and Resource Mobilization at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt. Dr Ghulam also served as Technical Officer for Emergency Relief Operations at the WHO Regional Office for the Eastern Mediterranean from 1995 to 1999.

Prior to joining WHO, he held a number of posts in Afghanistan, including Director-General of International Relations at the Ministry of Public Health, and Medical Director and Executive Board Member of Afghan Health and Development Services, a nongovernmental organization.

WHO Somalia office would like to acknowledge with thanks and appreciation the following partners and donors for their support to the Somalia programme.



and the Global Fund, Central Emergency Response Fund (CERF), Common Humanitarian Fund (CHF) and Emergency Response Fund (ERF).

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Epidemiological Surveillance (May/June, 2013)

Table 1 Disease Alerts

| Suspected disease | Zone/ Region/ District/Village | Alerts date of notification | Date of verification | Response |
|-----------------------|--|-----------------------------|----------------------|--|
| Suspected measles | Southern/Bay/Burhakaba/Bula Nasib | 24 May | | Between 20 and 30 May, six cases including three children under the age of 5 were reported from Bula Nasib. Immunization activities are ongoing in accessible areas. |
| Suspected cholera | Southern/Lower Shabelle/Kurtunwarey/Bulo Marer-Diblay | 5 June | 8 June | Between 2 and 10 June, 22 cases and three-related deaths were reported. Three stool samples were collected and tested negative of all infections. The situation is under control. |
| Acute watery diarrhea | Southern/lower Jubba/Badade/Hoosingo | 5 June | 7 June | 30 cases including 73% (22) children < 5 years reported. Partners responded to the alert and the situation is under control. |
| Suspected measles | Somaliland/Sool/Bocame | 10 June | | 18 cases were reported in suspected measles in Karangorfod, Fardhidin and Bocame villages. Ministry of Health conducted verification and response. |
| Suspected Measles | Southern/Lower Jubba/Afmadow and Badade/Deg Elma and Warak | 25 June | | 19 cases including 18 children under the age of five were reported from Deg in Doble and 10 cases under the age of five from Warak in Badade. Immunization activities are ongoing in accessible areas. The Jubba regions remain relatively inaccessible for mass vaccination activities. |

Table 2 Monthly aggregated data from sentinel sites in all four zones

| Priority disease under surveillance | May 2013 | | June 2013 | |
|-------------------------------------|---------------|------------|---------------|------------|
| | Total cases | Percent | Total cases | Percent |
| Suspected Cholera | 852 | 0.45 | 384 | 0.34 |
| Suspected Shigellosis | 33 | 0.02 | 13 | 0.01 |
| Suspected Measles | 315 | 0.17 | 153 | 0.14 |
| Acute Flaccid Paralysis | 22 | 0.01 | 33 | 0.03 |
| Suspected Diphtheria | 1 | 0.00 | 0 | 0.00 |
| Suspected Whooping Cough | 87 | 0.05 | 39 | 0.03 |
| Confirmed Malaria | 3851 | 2.03 | 2234 | 1.99 |
| Suspected Neonatal Tetanus | 13 | 0.01 | 5 | 0.00 |
| All other consultations | 184217 | 97.27 | 109322 | 97.45 |
| Total consultations | 189391 | 100 | 112183 | 100 |

Table 3 Monthly consultations by zone and timely reporting

| Zone | N. Sentinel sites | May 2013 | | June 2013 | |
|------------|-------------------|--------------|--------------------|--------------|--------------------|
| | | Caseload (%) | % timely reporting | Caseload (%) | % timely reporting |
| Somaliland | 54 | 24 943 (13) | 100 | 18 645 (14) | 99.5 |
| Puntland | 45 | 36 344 (19) | 100 | 20 508 (15) | 100 |
| Central | 60 | 88 649 (47) | 88.9 | 65 671 (49) | 98.3 |
| Southern | 36 | 39 455 (21) | 98.3 | 27 867 (21) | 88.9 |

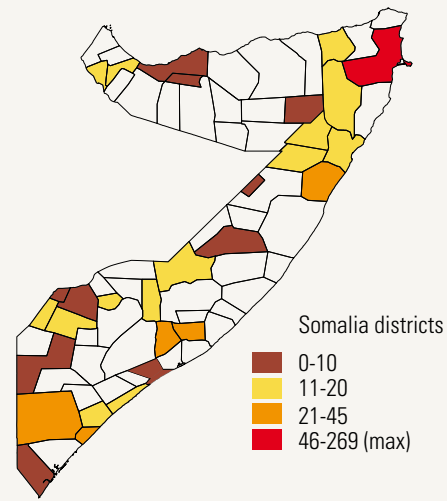
Suspected measles

Suspected measles cases continue to be reported across Somalia. Since January 2013, more than 1600 cases, have been reported from sentinel sites in the country.

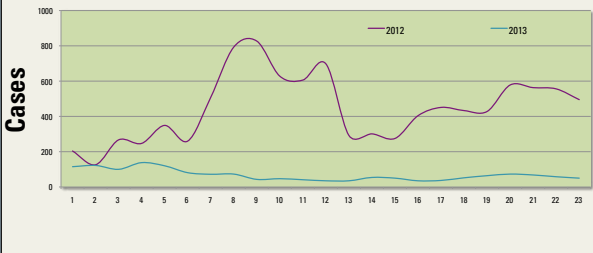
Vaccination coverage remains low, at 46%, as implementation of routine and mass vaccination activities could not be conducted in most parts of South and Central Somalia between 2008 and 2012.

The risk of a large measles outbreak cannot be excluded, especially in the Southern and Central zones.

Districts that reported suspected measles cases from Jan - June 2013



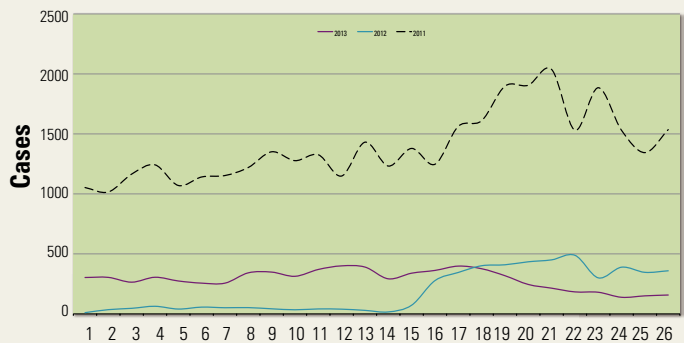
Suspected measles cases by year



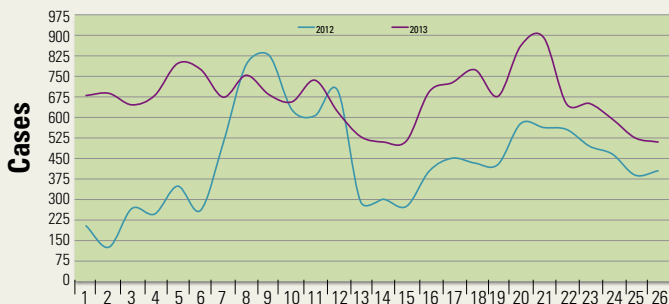
Suspected cholera

As the rainy season comes to an end, a steady decrease in the number of reported cholera cases has been observed. Since January, more than 7000 cases have been reported, including 77% (5390) children under the age of 5. Sixty deaths were also reported.

Suspected cholera cases by year



Confirmed malaria cases by year



Confirmed malaria

The trends for reported confirmed malaria cases is as expected in relation to the seasonal changes, with cases reducing steadily as the rain season comes to an end. From week 1 to 26 (January to June), over 17 500 cases have been reported from sentinel sites across Somalia.