



## HIGHLIGHTS

- ▶ More than 400 Somali health professionals participated in the first Somalia National Health Conference in Mogadishu
- ▶ Somalia certified free of Guinea worm disease by the International Certification Committee
- ▶ Child Health Days targeted more than 1 million children and 1.18 mothers with life-saving interventions
- ▶ High level meeting on Health Financing held with participation of Somali authorities and development partners
- ▶ Electronic system for disease surveillance and response launched in north-east regions of Somalia
- ▶ Treatment for multidrug resistant tuberculosis has begun in Hargeisa
- ▶ Studies on malaria prevalence, effectiveness of anti-malarial medicines and vector behavior in Somalia are ongoing
- ▶ Assessment on right to health, as well as on legal framework and public health laws in Somalia was finalized
- ▶ WHO two-year operational plan for Somalia completed, based on identified national priorities
- ▶ World AIDS Day 2013 commemorated in Somalia



The President of the Federal Government of Somalia Hassan Sheikh Mohamud, the Minister of Human Development and Public Services Mariam Qassim, and WHO Representative for Somalia DR Ghulam Popal address the 400 health professionals attending the Somali National Health Conference

### National Health Conference for Somalia

#### Transforming the Somali health sector

The first Somali national health conference was held in Mogadishu in November 2013. The conference aimed to address the key challenges that Somalia faces in the health sector, and to provide viable and practical solutions that are coherent with technical, socio-cultural and environmental context. It also intended to initiate concrete partnership amongst the health authorities, the academia, the diaspora, local health professionals, Somali civil societies and development agencies.

More than 400 health professionals, authorities and institutions

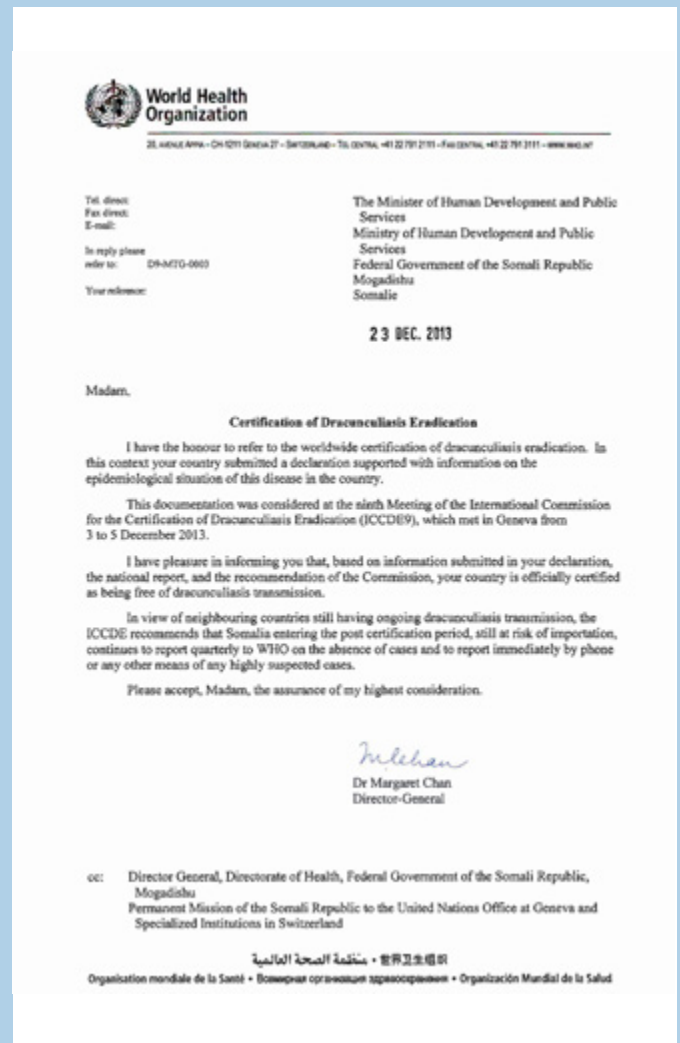
from across Somalia and abroad attended the event, organized by the Federal Ministry of Human Development and Public Services with the support of WHO. The conference resulted in specific commitments that were laid out in a Declaration, detailing concrete actions to promote universal health coverage, and to respond to the current and anticipated health needs of individuals, families and communities. The conference was attended by the President of the Federal Government of Somalia, the Prime Minister, cabinet members, and WHO Representative for Somalia.

## Somalia certified free of Guinea worm disease

On 4 December 2013, WHO certified Somalia Guinea worm disease free, following the recommendation of the International Commission for the Certification of Guinea Worm Disease Eradication. Extensive literature review and consultations with partners and community members, together with the opinion of experts, medical practitioners, academicians and researchers confirmed that the disease is not present in the country.

Between 2012 and 2013, a cross-sectional survey was conducted in accessible areas across Somalia to collect evidence of the absence of the disease. WHO teams visited more than 650 000 households enquiring on cases of Guinea worm disease. In addition, more than 1300 health workers were interviewed at sentinel sites across Somalia. More information on neglected tropical diseases [http://www.who.int/neglected\\_diseases/en/](http://www.who.int/neglected_diseases/en/)

**Dracunculiasis** (more commonly known as Guinea-worm disease) is a crippling parasitic disease caused by *Dracunculus medinensis*, a long thread-like worm. It is transmitted exclusively when people drink water contaminated with parasite-infected water fleas. In the human body, the larvae are released and migrate through the intestinal wall into body tissues, where they develop into adult worms. The female worms move through the person's subcutaneous tissue, causing intense pain, and eventually emerge through the skin, usually at the feet, producing oedema, a blister and eventually an ulcer, accompanied by fever, nausea, and vomiting. There are no drugs available for the treatment of this disease. However, it can be prevented by protecting water sources and filtering potentially contaminated water.



## Child Health Days to increase immunization coverage in Somalia

**More than 1 million children and 1.18 mothers targeted with life-saving interventions**

In an effort to increase immunization coverage, child health days were conducted in southern and central Somalia from 22 to 26 December 2013. The campaign, implemented over five days both in urban and rural communities, aims at delivering key child survival interventions to over 1 million children under the age of 5.

Children were vaccinated against measles, polio, diphtheria, whooping cough, tetanus, hepatitis B and *Haemophilus influenzae*. In addition, children received a package of other essential child health interventions, including vitamin A supplementation, de-worming and oral rehydration salts. More than 1.18 million women of childbearing age were also targeted with tetanus toxoid vaccination.

Regarding polio, only three new cases were confirmed in Somalia since the beginning of November 2013, bringing the total number of cases to 183 since. This decline is an outcome of the rapid and intensive immunization response, cross border coordination, and communication activities.



An expectant mother receives a tetanus toxoid vaccination

**Child Health Days**, a joint initiative of health authorities, UNICEF and WHO, is a health-promotion strategy to deliver essential child health interventions to children and women of childbearing age. They are implemented in urban and rural settings, including hard-to-reach areas.



## Harnessing health financing towards universal health coverage

### High level meeting held on health financing for Somalia

A high level meeting on health financing took place on 14-15 November 2013, with the participation of Somali authorities from different ministries and sectors, development partners, such as DFID, EU, GIZ, SIDA, USAID and the World Bank, UN organizations, as well as experts from specialized agencies.

The aim of the meeting was to discuss options for health financing to move towards universal health coverage, one of the top priorities in the Somali health system. Developing a health financing system that will increasingly rely on national resources and align external funding to national priorities is essential to ensure the provision of universally accessible, quality and affordable health services in Somalia.

In Somalia, the per capita allocation of public and donor funds to the health sector is only between 1 and 3 US\$ per year. The overall government revenue is very small, at about 5% of the Gross National Product, and only 1% is allocated to health. Information on health financing is not available and out-of-pocket expenditure is estimated at 80% with a growing unregulated private sector. High out of pocket expenditure pushes people into poverty and contributes to health inequity and social injustice.

The main themes addressed during the meeting included: harnessing health financing towards universal health coverage; health financing options; public sector financing; public finance management for service delivery; global agenda on health financing; and result based financing and contracting.

The dynamic debate on this critical public health topics resulted in the following recommendations:

- generate a better understanding about Somalia's health financing system through conducting an assessment on health financing and a first round of national health accounts (NHA);
- formulate a vision for health financing and develop a national health financing strategy;
- support Somali health authorities in strengthening public financial management;
- explore new funding opportunities from international financial resources and global health initiatives, such as Health 4+ and Global Fund;
- engage in alternative approaches, such as results based financing, contracting and public private partnership for service delivery.



**National health accounts (NHA)** provides evidence to monitor trends in health spending for all sectors- public and private, different health care activities, providers, diseases, population groups and regions in a country. It helps in developing national strategies for effective health financing and in raising additional funds for health. Information can be used to make financial projections of a country's health system requirements and compare their own experiences with the past or with those of other countries.

Between November and December 2013, the 195 sites of the Communicable diseases Surveillance and Response (CSR) network reported more than 300 000 consultations across Somalia. Malaria, diarrhoeal diseases and suspected measles were the leading causes of morbidity in the country.

Over 200 outbreak alerts, mainly for measles, were reported and investigated. Most of the measles cases were reported from central Somalia, where immunization coverage is very low. The number of polio cases remains at 183, with only three new cases confirmed since the beginning of November 2013.

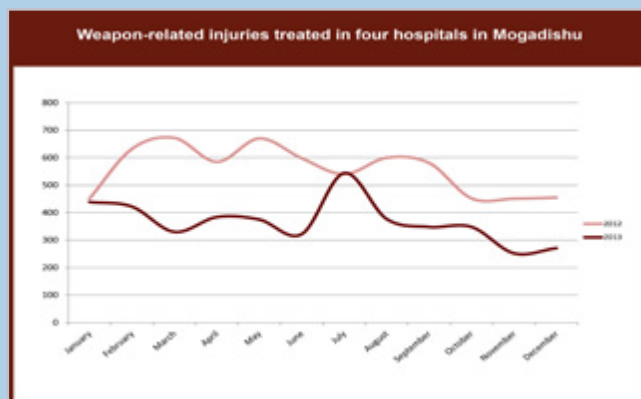
An increased number of suspected cholera cases were reported in December. WHO collected and analyzed 28 stool samples, which tested negative for cholera and other diseases like shigella and salmonella. However, about two thirds of the cases tested positive for rotavirus. Rotavirus is one of the major causes of acute watery diarrhea in Somalia, which highlights the importance of hygiene promotion activities to reduce the burden of the disease.

A total of 28 cases of fever, constipation, urine retention, neck and lower limbs stiffness were reported from El Ali village, including five children under 5 years and three deaths. Preliminary results of WHO's investigations excluded viral infections. Further investigations are ongoing. Most of the affected people are camel herders aged between 15 and 30.

An outbreak of acute watery diarrhea was reported from October village in Berdale district (Bay region) affecting nine people, including three children under 5 years. One death was also reported. Investigation and response were conducted immediately. All cases, who had drunk contaminated milk, have recovered and no new cases have been reported.



Incidences of violence have continued in southern Somalia. In November and December, over 500 wounded civilians have been treated at four major hospitals supported by WHO in Mogadishu. Another 121 civilians were treated at the main hospital in Kismayo. Despite continuous reports of violence, the number of weapon-related casualties received in the four hospitals in Mogadishu in November and December 2013 is 42% lower compared to the same period in 2012.



## Electronic system for disease surveillance and response launched in Somalia

### Strengthening communicable disease surveillance and response

In November 2013, WHO launched the electronic disease early warning and response system (eDEWS) in the northeast zone of Somalia (Puntland), in collaboration with the health authorities. The pilot project will allow healthcare professionals to communicate disease patterns more timely and accurately, thus allowing a prompter response to public health threats. It will also provide a platform for information sharing among government agencies and health partners.

The pilot phase involved 25 selected health facilities, which have started to report weekly through eDEWS. Forty health workers and health department officers were trained on the utilization of the system, as well as in case definitions, disease surveillance and public health response. The eDEWS system requires that weekly reports are submitted either through mobile phone or via internet from the health facilities or regional offices. Disease alerts are then automatically sent via short messaging system (SMS) to the surveillance teams for immediate response.

The eDEWS system will contribute to improving the disease surveillance capacity in Somalia through reducing the latency in data collection and collation, using a novel modeling approach that

facilitates the transformation of data into actionable information. Through eDEWS, communicable disease surveillance in Somalia will be more effective in saving lives, preventing diseases, rationalizing resources and fulfilling international health regulations commitments.



Surveillance team learns how to send disease alerts through SMS, as part of the electronic disease early warning and response system (eDEWS)



## Treatment for multidrug resistant tuberculosis has begun in Hargeisa

Treatment for multidrug resistant tuberculosis (MDR-TB) has started at the Hargeisa Tuberculosis Hospital at the beginning of September 2013. As of December 2013, 24 patients have enrolled the MDR TB programme recommended by WHO. The patients currently on treatment are monitored monthly by sputum smear microscopy and cultures.

Following MSF withdrawal from Somalia in August 2013, WHO and the health authorities have stepped in to follow the MDR-TB patients in Galkayo with a short treatment course regimen for nine months.

Multi drug resistant tuberculosis (MDTR-TB) is a major public health problem that threatens progress made in tuberculosis care and control worldwide. Drug resistance arises due to improper use of antibiotics in chemotherapy of drug-susceptible tuberculosis patients.



Patients wait at the Hargeisa tuberculosis facility to be administered anti-tuberculosis medicines

## Malaria prevention and control

### Studies on malaria prevalence, effectiveness of anti-malarial medicines and vector behaviour being conducted in Somalia

A Malaria Indicator Survey started in December, with the aim to collect data on several malaria indicators. It will provide information on malaria prevalence, use of low long-lasting insecticide nets, as well as on knowledge, attitudes and behavior of individuals towards malaria.

Moreover, a Vector Behavior Study will be conducted across Somalia between January and February 2014 to establish the behavior patterns of the Anopheles mosquitoes, whose bites are responsible for the transmission of malaria to humans. Understanding the behavior of these mosquitoes is crucial to enhance vector control activities and reduce malaria transmission at the community level.

A Therapeutic Efficacy Study of anti-malarial drugs, a study to

monitor the efficacy of antimalarial medicines in the high risk areas of Jowhar and Janale, was completed in November 2013 by a WHO team in collaboration with the National Malaria Control Programme. Globally, the resistance to antimalarial medicines of Plasmodium falciparum -the parasite causing malaria in human- has led to a substantial rise in malaria cases and deaths over the past decades. The findings of the study will provide evidence for guiding national malaria treatment policy.

Meanwhile, the ongoing active malaria detection activities were strengthened in the Puntland coastal areas affected by the cyclone in November 2013. In Bosasso, 15 volunteers were introduced to screen fever cases and provide malaria treatment at the village level.



A group of women receives insecticide-treated mosquito nets, distributed as part of malaria prevention activities

## Assessment on right to health

### Towards a legal framework and public health laws in Somalia

In collaboration with the health authorities, an assessment on right to health and public health law in Somalia was finalized in November 2013 by WHO. The purpose of this assessment was to determine the comprehensiveness of the country's health laws and their application in specific areas.

The assessment, carried out using WHO tools, reviewed the existing and past laws and regulations of the country, and specifically analyzed the four essential elements of the right

to health, as outlined in the General Comment No. 14 to the Universal Declaration of Human Rights.

The analysis of the elements provided an important framework to measure the population's level of enjoyment of the right to health, the existing inequities and other underlying factors influencing healthcare in Somalia. The finding of the final assessment report will serve as a basis to draft a legal framework and related public health laws in the three zones of Somalia.

## Joint programme review and planning mission for Somalia

On December 2013, the joint WHO/Somalia programme review and planning mission (JPRM) was conducted to agree on key priorities and operational planning for the biennium 2014-2015. The mission, led by the WHO Representative for Somalia, was composed of WHO senior management from the Regional Office for the Eastern Mediterranean and WHO country office met with the Somali health authorities, representatives of UN agencies and some donors.

This important exercise discussed WHO technical support to the government of Somalia and the coordination with the partners engaged in the health sector in Somalia. It aimed to ensure that WHO's interventions in the health sector are in line with the national health priorities and strategies and contribute to strengthening national capacities for achieving health goals and objectives.

Key health priorities for Somalia 2014-2015:

- vaccine preventable diseases;
- tuberculosis, malaria and HIV;
- non-communicable diseases, mental health and substance abuse;
- reproductive, maternal, newborn child and adolescent health;
- social determinants of health;
- national health policies, strategies and plans;
- access to medicines and health technologies and strengthening regulatory capacity;
- alert and response capacities and epidemic- and pandemic-prone diseases.



Somali health authorities and WHO team celebrates the certification of a Guinea worm free Somalia during the joint programme review and planning mission



## Somalia commemorates World AIDS Day 2013

### 'Treat More, Treat Better'

On 1 December 2013, Somalia joined the celebrations for World Aids Day holding several events across the country. In Garowe, an HIV testing and counseling campaign was conducted and key awareness messages were disseminated through the media, and with drama and sport activities. Sensitization workshops for people living with HIV were held in Mogadishu, targeting secondary school and medical students, health workers and religious leaders.

"Treat More, Treat Better" was the slogan of the 2013 campaign, which aimed at expanding access to good quality treatment, including anti-retroviral treatment (ART), and care. This was in line with the global theme "Getting to Zero: Zero new infections. Zero deaths from AIDS-related illness. Zero discrimination".

<http://www.emro.who.int/world-aids-campaigns/world-aids-campaigns-2013/index.html>

According to surveys conducted since 2010, the prevalence of HIV among pregnant women in Somalia is 1.1% in the northwest zones, 0.4% in the northeast and 0.3% south central zone.

Somalia faces a number of challenges to provide HIV treatment and care. Currently there is limited access to HIV treatment facilities with only 11 HIV sites available in the country.

WHO and partners support the Somali health authorities with HIV testing, counselling, care and treatment, including antiretroviral therapy (ART). By 2011, an estimated 20% of people living with HIV had been tested to know their HIV status. Only 32% of those diagnosed with HIV in 2011 had access to HIV care. In 2012, 1450 patients were on ART and another 856 on pre-ART HIV care and treatment. This number represents only 12% of those estimated to be in need of therapy.



Raising awareness on HIV for internally displaced persons in Garowe and Bossaso

## Other activities

### Emergency health response coordinated by the Health Cluster after tropical cyclone in Puntland

A tropical cyclone hit the north-east coast of Puntland in November. Puntland authorities declared a natural disaster emergency, affecting more than 30 000 people, including hard-to-reach nomadic families.

Jointly with the health authorities, the health cluster coordinated the emergency health response on the ground. Emergency

medical supplies, including two diarrhoeal disease kits and three interagency emergency health kits serving 30 000 people for three months, were made available. Ten mobile teams, two of which supported by WHO, were dispatched to deliver life-saving health services in the most affected areas, and multi-cluster assessments were jointly conducted.

### Training in preparation for baseline survey for maternal and child health in south central Somalia

In preparation for a planned population-based survey on maternal and child health, WHO organized a training of trainers (TOT) in Kampala, Uganda in November 2013, to orient participants on the questionnaire and to train them on interview skills. The survey will be conducted in Benadir, Lower Shabelle and Galgaduud regions in south central Somalia to collect baseline data. A survey plan was also drafted to cover the three regions, 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.

Piloting of the methodology and testing of data collection tools was carried out in December. The survey's results will help establish baseline for tracking progress of the Joint Health and Nutrition Programme (JHNP) interventions and for evaluating the results. The JHNP programme is a comprehensive multi-donor,

multi-partner multi-year programme aimed at achieving the Millennium Development Goals in Somalia.



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## Essential medicines

### Developing a Supply Management System for Somalia

To address the very weak supply management system in Somalia, a five-day consultative awareness workshop was held in November 2013 in Kampala, Uganda, with the main objectives to create understanding of different models of medicines supply management systems, and to outline a road map for the development of a master plan for supply management system of essential medicines in Somalia.

Fifty-three participants took part in the workshop including health officials from the Ministry of Health, Finance and Planning of the three zones, members of the medical and pharmaceutical associations, representatives from UN and partner NGOs.

Recommendations at the end of the workshop included: the finalization and endorsement of National Essential Medicines Policy, operationalization of the pharmaceutical supply master plan, sensitization of private sector, and the setting-up of an implementation committee.

Fig. 1-Essential medicines master plan – Strategic objectives

- ▶ Establish a pharmaceutical regulatory authority to govern the practice and quality of medicines;
- ▶ Establish a comprehensive inventory control system
- ▶ Source funding for pharmaceutical supply systems and services
- ▶ Train and deploy an adequate number of pharmaceutical managers and personnel
- ▶ Have fully operational and adequate number of warehousing facilities
- ▶ Establish a well-coordinated and collaborative mechanism for all stakeholders in supply chain
- ▶ Establish clear organizational and governance structures for pharmaceutical supply chain.



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#### For further information please contact:

Dr Ghulam Rabani Popal, WHO Representative for Somalia  
wroffice@nbo.emro.who.int, phone +254-20-7266716/04  
or  
WHO Somalia Communications  
communications@nbo.emro.who.int, phone + 254-20-7266702

WHO Somalia  
Warwick Centre, UN Avenue, Gigiri  
Phone +254-20-7266700  
www.emro.who.int/somalia  
https://twitter.com/WHOsom