Key stakeholders launch the health system strengthening programme (HSS2) in Mogadishu, Somalia, September 2018 – One of the best gifts a caregiver can give their child is a full and healthy life. In Somalia, this is difficult for families to provide as a significant number of children lack access to health services. Just under half of children under one year of age – the target for routine immunization – receive adequate immunizations. Additionally, one out of every 8 Somali children dies before the age of 5, which can be attributed to a number of reasons, including poor health.

Somalia’s Ministry of Health is working with WHO and UNICEF, with support from Gavi, the Vaccine Alliance, to change this situation. In September, they joined forces to launch a new, updated version of the health system strengthening (HSS) programme in Mogadishu, with various groups of the community in attendance, including elders, women’s groups, religious leaders, and Somali health authorities.

The event aimed to raise awareness of the benefits of immunization, increase demand for immunization, and inform Somalis about the kinds of vaccines available in the country.

With extensive support from Gavi, routine immunization services to children and women are being offered through Somali authorities, WHO, UNICEF and partners. Vaccinations offered include pentavalent vaccine, Bacillus Calmette–Guérin (BCG), measles vaccines, oral polio vaccine (OPV) and inactivated polio vaccine (IPV). However, challenges such as inaccessibility, insecurity, limited numbers of health facilities, low awareness of the benefits of immunization, and low engagement of local communities in immunization activities result in immunization rates that are below expected standards.
Known as HSS2, the newly introduced initiative builds on the success of a similar programme that was rolled out in 37 health facilities from 2012 to 2016 in Somalia. With GAVI’s support, HSS2 will strengthen poor national health systems, and avail routine immunization to children in 25 districts throughout the country. These districts were selected based on population size, programme accessibility, low coverage of pentavalent 3, high dropout rates for pentavalent 1/3, and the availability of immunization services.

HSS2 aims to support around 220,000 newborns and 290,000 women of childbearing age, with significant numbers among nomadic families and internally displaced populations – both high-risk groups in Somalia. It sets out to expand and strengthen available routine immunization services, enhance the physical capacity and effective management of cold chain and logistics systems, and increase demand for immunization services. The programme also works to strengthen leadership and management of Somalia’s immunization programme and to improve the availability, quality and use of data on immunization.

By increasing children’s access to immunization, HSS2 supports Somalia’s goals of enhancing universal health coverage, reducing child mortality, and realizing the third Sustainable Development Goal (SDG) of attaining good health and well-being.

“Even though we are making progress, Somalia needs more donors to boost immunization,” said Dr Ghulam Popal, WHO Representative for Somalia. “We encourage health partners to redouble their efforts to reach every child and every family with timely health services.”

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