



Mogadishu, 8 March 2023 – The Federal Ministry of Health, in collaboration with the World Health Organization (WHO), commemorates International Women's Day under the theme of "DigitALL: Innovation and technology for gender equality" by calling on all the partners to collaborate in accelerating progress toward universal health coverage (UHC) by leveraging technological, social, and economic resources to ensure that all Somali women and girls can lead healthy, equitable, and quality lives.

The WHO Country Office has been supporting the Ministry of Health in advancing women's rights and the Sustainable Development Goals (SDGs), particularly Goal 3, "to ensure healthy lives and promote well-being for all" and Goal 5, "to achieve gender equality and empower all women and girls."

Appreciating the support provided by WHO Country Office in Somalia, Dr Naima Abdulkadir, Reproductive Health Manager at the Ministry of Health and Human Services, said, "In the given context of Somalia, addressing the gender inequalities remains a big ask for the Ministry. While managing a global pandemic, the country is dealing

discrimination and seek to ensure that every person, regardless of sex, can live a healthy life. However, to achieve this dream goal, we need sustained cooperation from WHO and other humanitarian partners to ensure that no one is left behind."

Somalia ranks among the countries with the lowest gender equality globally, with a gender inequality index of 0.776. Maternal and infant mortality rates remain alarmingly high, and early marriage is prevalent. Additionally, an overwhelming 99% of women and girls have undergone female genital mutilation and gender-based violence is widespread, with a prevalence of 14%, yet access to prevention and protection services remains limited. Additionally, despite the high mortality rates, no national maternal and perinatal death surveillance and reporting is in place, making evidence-based planning difficult.

WHO's strives for gender equality in Somalia

The WHO Country Office is supporting the Ministry of Health to address various gaps, challenges, and gender inequalities and inequities in health by generating more gender-segregated data used for improved planning and programming and enhancing service delivery, particularly for women and children. WHO has been supporting the Ministry of Health in improving access to health care for women and children, particularly in remote, underserved areas, by deploying over 2100 community health workers, of which more than 60% are women,

in 79 districts.

Dr Al-Umra Umar, Programme Lead for Reproductive, maternal, neonatal, child and adolescent health at the Country Office, said that “WHO teams have been collaborating with the government and partners to address the yawning gaps in gender equity and equality across Somalia by providing quality and accessible health services to women by employing innovative technological approaches like solarization of health facilities, capacity-building of women in health-related fields and providing employment to women. While progress has been made, there is still a significant demand for gender empowerment and skills development among Somali women in the digital age. WHO urges the donor community to support these efforts to help Somali women achieve greater empowerment and equality.”

WHO has delivered essential health care services to pregnant and lactating women in drought-affected areas. In 2022, over 124 000 pregnant and lactating women received iron and folic acid supplements, while over 34 000 pregnant women were vaccinated against tetanus-diphtheria. As part of the effort to promote optimal nutrition, health, and development for infants and young children (0–2 years of age), and safe and appropriate feeding practices, 626 000 mothers received education on infant and young child feeding.

To improve gender inclusion in the COVID-19 response, WHO Somalia conducted a gender, equity and rights analysis in November 2021 to identify gaps, challenges, and opportunities for improved integration of gender, equity and rights in the COVID-19 national response. This helped WHO to focus on gender balance in its vaccination, outreach, tuberculosis and cholera responses. By the end of 2022, WHO has recorded vaccinating 49% of women across Somalia with the COVID-19 vaccine; among all smear-positive pulmonary tuberculosis cases, 43% were among women, and women accounted for 49% of all reported cases of cholera/acute watery diarrhoea.

WHO, in collaboration with the United Nations Population Fund, funded health and gender-based violence-integrated projects through the Somalia Humanitarian Fund, reaching over 2100 women and girls with overall services, including services for the clinical management of rape. WHO has also been working with the Ministry of Health to prevent and respond to female genital mutilation by integrating a response into midwifery pre-service training, advocating against its medicalization, and enhancing the capacity of health workers to provide quality care for women and girls living with female genital mutilation.

To increase accountability for preventing and responding to sexual exploitation, abuse and harassment, WHO Somalia has made special efforts to ensure that policies, practices and interventions to prevent, detect and respond to sexual exploitation, abuse and harassment are in place. The WHO Country Office has prioritized addressing preventing and responding to sexual exploitation, abuse and harassment by implementing a multi-disciplinary risk-based approach and providing communication and training to over 90 staff and affiliates. Matilda Kirui, Health Cluster Support Officer and Gender Focal Point, said that "Collective efforts, including active participation of men in the promotion of and protection of women's rights, is paramount in advancing women's health."



Services delivery, vulnerable communities, and women's participation: a pivotal role in providing health
Status of women and girls in Somalia

Extended periods of droughts and subsequent food insecurity have negatively impacted the health and well-being of the Somali population, especially women and girls. Somalia is ranked sixth in Africa for a high maternal mortality ratio, estimated at 692 maternal deaths per 100 000 live births, and has the highest under-5 mortality in the Eastern Mediterranean Region, standing

at 117 per 1000 live births. One in 1000 women aged 15-49 die due to pregnancy- or birth-related complications, and 1 in 20 women is expected to die from pregnancy-related causes during their reproductive lifetime. Access to lifesaving reproductive, maternal, and child health services is limited, and only 32% of births are delivered with support from skilled health care providers, while 21% are delivered at a health facility.

The gender gap is vast, and women and girls face widespread gender inequality manifesting in numerous ways. Harmful practices, such as early marriage, gender-based violence and female genital mutilation, remain persistent, and 99% of women and girls aged 15–49 have undergone some form of female genital mutilation – the highest prevalence in the world. The medicalization of female genital mutilation is an emerging challenge as more health practitioners perform this practice in health facilities. Women and girls have very limited access to violence protection and prevention services, and most survivors of gender-based violence and other forms of violence depend on traditional justice mechanisms, including customary law, which has limitations in ensuring the human rights of the survivors.

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