

## WHO Priority Requirements for 2002/2003

### Emergency Preparedness and Response to Epidemics

Somalia witnesses its fair share of emergency situations. Cholera, measles, malaria and meningitis outbreaks have claimed the lives of many Somalis. The country, for instance, experiences yearly cyclic outbreaks of cholera, which is endemic in Mogadishu. As a result, there is a great need to strengthen WHO's surveillance system and response to emergencies/outbreaks.

This can be done by strengthening the technical capabilities of nationals; strengthening reporting, supervision and monitoring mechanisms; recruiting a short-term consultant to assess the trend of outbreaks and map out epidemic-prone areas so that epidemics can be prevented. Training of national health professionals on disease management and epidemiological surveillance is also crucial in a country of complex emergency like Somalia. Adequate drugs and supplies (such as emergency kits containing essential medical supplies and laboratory reagents) need to be prepositioned and delivered in time to respond to identified outbreaks.

In addition, the project management and administrative support needs to be improved so as to ensure a smooth flow of operations, monitoring and communication in general.

Although Somalia is not within the Meningitis Belt, the country experienced the first outbreak of meningitis in October 2001 in Hargeisa, Somaliland, where approximately 200 000 people were vaccinated with meningitis vaccines A and C. As part of WHO's preparedness plan, the need for prepositioning meningitis vaccines and other supplies (needles etc.) is strongly felt.

*Current situation: WHO has 54 sentinel sites in Somalia; all of whom should report on a weekly basis to the liaison office in Nairobi.*

Emergency Preparedness and Response to Epidemics	Amount Required (\$)
Technical assistance (including short-term consultant)	350 000
Logistics, supplies (including emergency kits, laboratory reagents)	440 000
Project management and programme support	131 100
<b>Total</b>	<b>921 100</b>

## Tuberculosis

WHO's Tuberculosis (TB) programme serves as an ideal example to other countries in complex emergencies. WHO currently supports 26 TB centres, covering all regions of the country. The case detection rate, however, is 42%, as some places still lack proper TB facilities. In 2001, a total of 6 834 cases were reported, out of which 4 633 were smear-positive.

One of the main problems faced in the expansion of TB programme activities is the lack of human resources. More staff members are required to monitor and supervise Directly Observed Treatment Shortcourse (DOTS) activities in each of the TB centres. In addition, technical support and training are required for staff of new TB centres and private practitioners.

TB accounts for a large number of deaths of the most productive age group of Somalis. In order to reduce this, it is essential to increase awareness and educate them on the spread and prevention of the disease.

*Current situation: WHO supports 26 TB centres all over Somalia. The treatment success in 2000 was 80%. The global target of 85% will hopefully be reached before the global deadline (2005).*

<b>Tuberculosis</b>	<b>(\$)</b>
Awareness campaign and health education activities (printing advocacy material, etc.)	70 000
Support for opening new centres	100 000
Monitoring and supervision	30 000
Training for public and private practitioners	70 000
Recruiting international expert	70 000
<b>Total</b>	<b>340 000</b>

## Malaria

WHO's Roll Back Malaria initiative aims to reduce mortality and morbidity – both of which affect mostly pregnant women and children under-five. This can be done by providing Insecticide Treated Nets (ITNs) as part of personal protective measures in the south and central zones and by increasing the use of larvivorous fish in various villages in the north-east and north-west zones as part of the biological method of controlling the disease. The latter is relatively cost-effective in the long run.

In order to assess the situation, operational research studies need to be carried out in the field - both on vectors and on the efficacy of anti-malarial drugs. This would further enable WHO to use the most appropriate control strategies and concentrate in the most affected areas.

Laboratory activities also need to be expanded (for evidence-based decision making); for which microscopes and laboratory reagents are needed.

*Current situation: WHO supports 42 malaria microscopy centres in Somalia. Since the beginning of this year, a total of 54 000 ITNs have been distributed.*

<b>Malaria</b>	<b>(\$)</b>
200 000 Insecticide Treated Nets (ITNs)	1 050 000
Operational research studies on vectors	15 000
50 malaria microscopes and reagents	100 000
10 fish nursery ponds	25 000
Advocacy and awareness: printing materials	20 000
<b>Total</b>	<b>1 210 000</b>

## Reproductive Health and Safe Motherhood

Although there are currently approximately 144 Mother Child Health clinics (MCHs) all over Somalia, due to lack of technical capabilities, WHO supports only a fraction. There is, however, a great need to invest in Information, Education and Communication (IEC) activities for mothers and mothers-to-be. This would enable more women to abide by safe motherhood practices, thus decreasing the number of diseases and risks both children and their mothers are subject to.

An essential way in which information can be spread is through health education programmes held in both rural villages as well as relatively urban areas. Traditional Birth Attendants (TBAs), physicians and midwives need to be trained on a regular basis. In addition, MCHs must be well equipped with TBA kits, Reproductive Health (RH)/ essential drugs and contraceptives.

*Current Situation: There are approximately 144 MCHs in Somalia. The crude birth rate for Somalia is 47.5, while the total fertility rate lies at 6.8.*

<b>Reproductive Health and Safe Motherhood</b>	<b>(\$)</b>
Information, education and communication activities for safe motherhood	10 000
Developing manpower capacity (training physicians, midwives and traditional birth attendants) and recruiting consultants	50 000
Provision of equipment/ supplies for MCH (TBA kits, Reproductive Health drugs/ essential drugs, training kits, educational material and contraceptives)	200 000
<b>Total</b>	<b>260 000</b>

Drugs required to be distributed at MCHs include Tetracycline HCL, Gentian violet, Amoxicillin and Miconazole; whereas there is also a need for equipment such as Salter hanging scales, adult weighing machines, stethoscopes and clinical thermometers.

<b>Child and Adolescent Health (including Integrated Management of Childhood Illnesses/IMCI)</b>	<b>(\$)</b>
Drugs and equipment for Mother Child Health (MCH) clinics	150 000
Providing supervisory skills trainings at health facilities	30 000
Provide vaccines for Eradication Programme Initiative (EPI)	?
<b>Total</b>	<b>180 000</b>

## Public Health Support

Somalia's civil war cost the country most of its infrastructure and the collapse of the state, as well as a skeletal health system. However, it is now time for rehabilitation and reconstruction. As part of its objectives to assist the Somali people in development of the public health system, WHO aims to strengthen the capacity of human resources in 2 medical schools and 3 nursing schools (see *Capacity Building*), by training teachers on identifying disease symptoms, prevention and basic treatment methods.

It would also be important to set up well-equipped documentation centres in all WHO sub-offices in the field. Information stored would serve as reference materials for WHO personnel as well as health personnel in the respective areas.

Short-term consultants must be recruited to assess the current standing of physicians, nurses, midwives, dentists and public health units and centres. This would help UN agencies and international non-governmental organisations make informed decisions regarding the health situation of the country.

<b>Public Health Support</b>	<b>(\$)</b>
Human resources (training of teachers, etc.)	? 350 000
Documentation	30 000
Recruiting consultants	30 000
<b>Total</b>	<b>410 000</b>

## Mental Health

Information in this sector is very scant. Mental health services are limited to psychiatric care in the Berbera Mental Health Hospital; the psychiatric ward in Hargeisa hospital and a few psychiatrists practicing in Mogadishu.

WHO has been providing essential drugs in this field to both Berbera and Hargeisa hospitals in the past. However, due to funding constraints, this activity has decreased. WHO currently aims to build the capacity of nationals in the management of mental health conditions by providing trainings and refresher courses in the region.

In the future, WHO would like to provide a project in Bosasso (with support from GRT) with essential psychiatric drugs for a period of two years

*Current Situation: GRT, in conjunction with UNA and the local community, run the Berbera Mental hospital, with technical support from WHO*

<b>Mental Health</b>	<b>(\$)</b>
Provision of essential psychiatric drugs	40 000
Training of nationals in management of mental health	20 000
Recruiting international consultant	70 000
Health awareness and education; carrying out social mobilisation activities	50 000
Providing nationals with refresher course in mental health (3 months)	50 000
<b>Total</b>	<b>230 000</b>

## Essential Drugs

Lack of access to essential drugs of good quality is making a large number of Somali people compromise their health and lives. There is no control of drug quality in the country, although the north-west and north-east have taken steps to initiate drug regulation in the market.

Public health institutions depend on international aid for the supply of essential drugs. Organisations such as UNICEF provide essential drug kits, whereas WHO provides technical support. In 2001, WHO recruited a consultant to carry out a situation analysis of the pharmaceutical sector in the country. The consultant also trained physicians and senior nurses in the north-east and central zones of the country. Treatment guidelines have been distributed in all zones, although they need to be field-tested and translated into Somali for a larger population to be able to use them.

Considering the flooding in of cheap, sub-standard drugs into the market, more trainings and workshops need to be held on the use of essential drugs in all regions of the country.

<b>Essential Drugs</b>	<b>(\$)</b>
Holding training workshops on the rational use of essential drugs	30 000
Duplication, translation and printing of Somali treatment guidelines	10 000
Carrying out quality control analysis of locally available drugs	50 000
Recruiting consultant to assess drug situation	70 000
<b>Total</b>	<b>160 000</b>

## Water and Sanitation

The poor quality of water and lack of sanitation throughout the country have increased the number of deaths caused by cholera and other diarrheal diseases.

In an effort to improve on these conditions, WHO needs to train chlorinators in the north-east and north-west zones on chlorination activities; as well as train health personnel on water-quality testing. In addition, WHO aims to recruit a consultant to analyse the water situation in the country.

<b>Water and Sanitation</b>	<b>(\$)</b>
Training of chlorinators in the north-west and north-east zones	20 000
Water quality testing	15 000
Recruiting 4 nationals for support	?
Recruiting consultant for the analysis of water situation	12 000
<b>Total</b>	<b>47 000</b>

## HIV/AIDS

Somalia's neighbours have a high prevalence of HIV/AIDS. This in itself is a risk for Somalia. Unless preventive measures are taken to curb its spread, AIDS and other Sexually Transmitted Infections (STIs) stand to claim more and more lives.

In 2001, during blood screening tests, 0.8% of blood donors tested positive for HIV/AIDS. In addition to this, in some TB centres supported by WHO, 10% of the patients were discovered to be co-infected with HIV. WHO supplies pilot sites in Somalia with drugs, manuals, diagnostic flow charts, reporting forms and tally sheets; and hospitals and laboratories with HIV testing kits.

WHO currently requires nationals and a consultant to assist in spreading awareness on STIs and drugs and other supplies to prevent further spread of the diseases.

*Current Situation: WHO, in conjunction with UNICEF, has established 13 pilot sites to combat STIs.*

HIV/AIDS	(\$)
Support of sentinel sites for syndromic approach management of STIs	70 000
Monitoring and supervision of HIV/AIDS/STI activities	5 000
Support nationals to participate in conferences (regional/national)	10 000
Continuous supply of screening kits	50 000
Conducting refresher training	20 000
Drugs for syndromic case management of STIs	100 000
Training staff on case management of STIs/AIDS	15 000
Translation and printing of guidelines on case management of HIV/AIDS	10 000
Recruiting international consultant	70 000
Recruiting 3 national staff members	18 000
<b>Total</b>	<b>368 000</b>

## Laboratory Support

WHO Somalia's laboratory programme has improved greatly since 1995. This year 28 rapid response kits containing essential materials have been distributed to hospitals in the field. However, there is still a great need for additional supplies and equipment, such as microscopes, incubators, refrigerators, water baths and weighing scales in laboratories.

WHO also carries out regular trainings for laboratory technicians in sputum and malaria microscopy, and other routine laboratory diagnostic techniques.

*Current Situation: WHO supports four reference laboratories, 26 blood banks, 26 TB centres and 42 malaria microscopy centres*

Laboratory Support	(\$)
TB laboratory supplies	39 800
Blood safety laboratory reagents	50 400
Malaria laboratory reagents	4 800
Cholera laboratory reagents	2 600
Training personnel at health facility level	30 000
Equipment for laboratories, eg. incubators, weighing scales	70 000
<b>Total</b>	<b>197 600</b>

## Capacity Building

One of the main objectives WHO has now is to begin to take up a more serious role in capacity building. By increasing the support provided to the 'ministries of health' of all zones, WHO would increase the number of fellowships for national staff, as well as send international consultants to the field (either to carry out assessments in coordination with nationals, or to share their expertise with nationals by training them in their respective fields).

WHO will provide technical assistance to both medical schools and nursing schools by: training teachers by sending them for refresher courses; increasing human resources; sharing information, such as journals or publications; and assisting them develop a common curriculum.

Capacity Building	(\$)
Support to 'Ministries of Health' of the north-west, north-east and central and southern zones	(?)
Technical support to 3 nursing schools in - Hargeisa, Mogadishu and Bosasso	(?)
Technical support to 2 medical schools - in Hargeisa and Mogadishu	(?)
Support hospitals: in emergencies/ accidents (E/A), casualties, operating theatres and labor rooms	(?)
<b>Total</b>	<b>?</b>

<b>Summary of Requirements (\$)</b>	<b>(\$)</b>
<b>Emergency Preparedness and Response to Epidemics</b>	<b>921 100</b>
<b>Tuberculosis</b>	<b>340 000</b>
<b>Malaria</b>	<b>1 210 000</b>
<b>Reproductive Health and Safe Motherhood</b>	<b>260 000</b>
<b>Public Health Support</b>	<b>410 000</b>
<b>Mental Health</b>	<b>230 000</b>
<b>Child and Adolescent Health (including Integrated Management of Childhood Illnesses/IMCI)</b>	<b>180 000</b>
<b>Essential Drugs</b>	<b>160 000</b>
<b>Water and Sanitation</b>	<b>47 000</b>
<b>HIV/AIDS</b>	<b>368 000</b>
<b>Laboratory Support</b>	<b>197 600</b>
<b>Capacity Building</b>	<b>?</b>
<b>Grand Total</b>	<b>\$ 4 323 700</b>