

**Coordination of International Support to Somalis (CISS)  
IASC Health Cluster/Outbreak Taskforce**

**Endorsed Minutes**

**IASC Health Cluster/Outbreak Taskforce Meeting  
Wednesday February 16 2011 at 09:30 am.  
Somali Support Secretariat, Baobab Conf. Room, Ngecha Road**

**Participants:**

Name	Organization	Name	Organization
Dr Kamran Mashadi	Health Cluster Chair (WHO)	Abdiaziz A Omar	HDC
John Agbor	UNICEF	Imran Mizra	UNICEF
Eng Warfa Baiow	SWARDA	Abdikadir Mohamed Dahir	WARDI
Ahmed Muhumed	Somali AID	Fatuma K Muhungo	UNFPA
Murithi Gatumo	CESVI	Betty Oloo	Health Sector Coordination Unit
Osman G Amir	SOADO	Abdi Hersi	COSV
Dr. Abebe Aberra	Health Cluster Vice-Chair (Merlin).	Gemma Sammartin	COOPI
Mary Ayalo	OCHA	Dr Adenrele Koleade	WHO
Abdi Moge Mohamed	SAF	Cole Hansen	Intersos
Anthony Angaluki	WHO	Irene Mutuku	APD
Wairimu N	Mercy USA	Fatuma Iddris	IFRC
Dr Kerotoh Joseph	SAF UK	Mohamed Farah Mohamed	AVRO
AbdiRizak Hussein	Hopel	Mohamed Ali	Hijra
Abdi Hersi	COSV	Fatuma Ali	SOS Somalia
Raoul Kamdjeu	WHO	Abdi Raghe	AFREC
Mohamed Jama	HOPEL		

## **Agenda:**

1. Adoption of minutes for January meeting & follow up action points December and January
2. Update on latest outbreak rumours in Somalia
3. Partners feedback on drought situation
4. Update on CERF Allocation
5. Procedure for CHF Standard Allocation-2
6. Health cluster updates
  - Common cluster assessments
  - Coverage of under served areas
  - Information availability on websites
  - Health Cluster Meetings calendar 2011.
  - Involvement of field staff in consultative processes
7. AOB

## **Documents Distributed:**

1. January meeting draft minutes;
2. Proposed Agenda

## **Opening remarks (Dr. Kamran, Health Cluster Chair):**

Dr Karman asked members to do a round of self-introductions.

Dr Hersi from COSV, in his introduction also took the opportunity to inform members that he was leaving COSV.

<b>1. Adoption of previous minutes &amp; follow-up on action points.</b>
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Minutes of the previous meeting reviewed, and endorsed with amendments as a true reflection of the discussions that took place.

## **Review of Pending Action Points from December meeting:**

### **1.1 Dr Anthony - share summary on annual outbreak report.**

He informed the meeting that a summarised annual outbreak report is almost complete except for missing information for five epidemiological weeks. He plans to share a consolidated CRS data from previous years for comparison with 2010 trends. Additionally, he said that both reports will be posted on the cluster website followed by a presentation to cluster partners in March cluster meeting.

### **1.2 Dr Imram - HMIS update.**

Dr Imran informed the meeting that new HMIS officer is working on HMIS annual report and that 95% of the data is available. In addition, he gave a brief presentation on background of HMIS and progress made so far on the adoption of revised tools. He said that UNICEF started the revision process of manual HMIS tools last year. Between August and September,

the tools underwent a further revision following a request from OCHA to have gender component captured in the tools. Somaliland government has cleared the MCH registers and a pilot test carried out. All the registers have guidelines in Somali language and training for Somaliland partners on the use of tools is ongoing. Puntland partners' training is scheduled in March.

Puntland and Somaliland governments have both endorsed the new software. However, the old manual tools are still in use until the introduction of the new soft wares in two-month's time. Meanwhile the plan for this year is to develop Health post HMIS tools.

### **1.3 Dr Koleade - Clarification of issues on essential drug supply and promoting quality**

Dr Koleade, started the presentation by informing members that UNICEF does bulk of drug procurement compared to WHO Somalia. WHO make procurement for disease outbreaks and drugs for a few other diseases such as Schistosomiasis and Mental Health. Geneva based Procurements takes about 2-3 months.

He said that the purpose of the presentation is to raise awareness on quality consciousness in drugs procurement and on quality of drugs in the market. Currently, it is believed that about 75% of drugs used in Somalia are from private sector thus raising quality concerns.

In late 2009, WHO introduced medicine quality screening through the use of 'box-like' potable 'laboratories' called minilab™. Countries such as Kenya, Uganda, Ghana and Liberia have used the minilab to raise awareness on quality of drugs in the market. WHO Somalia, in collaboration, with National Quality Control Laboratory Kenya,(a WHO recognized laboratory) embarked on training of health staff in random sample collection and testing of medicines of public health importance such as Anti-malaria, TB, ARV's, anti bacterial and analgesic drugs with use of the minilabs.

In addition, the NQCL laboratory conducts re-confirmatory tests on field-tested drugs as well as testing of those drugs especially those from the private sector, whose 'standards' are not yet procured.

The health authorities both in Somaliland and in Puntland where the minilabs are presently in use fully support the ideas of promoting quality awareness in use of medicines because of a huge gap in determining quality of medicines in the market.

One of the major challenges anticipated in the roll out of the idea minilab was getting a buy-in from the private sector. However, in the first training on minilab use, twelve participants were involved, drawn from both the private and public sectors.

Achievements realised to date,

- WHO has managed to establish four minilabs, two in Puntland, and two Somaliland.
- Eighty-five samples (all from the public sector) had been analysed as at December 2010, fifty from Somaliland and thirty-five from Puntland.
- All the samples met specifications. The tested medicines were collected from global funded projects and therefore did not pose a major quality challenge.

The challenge ahead is testing drugs from the private sector. Currently there are seventeen samples of non-communicable disease drugs undergoing testing. In addition, plans are underway to start collecting medicines samples also in Mogadishu and environs for testing.

### Way forward

- The department plans to make operational Bossaso minilab
- Installation of a minilab in Gaalkacyo to screen drugs from south central zone.

### Concern and questions arising from the presentation

1. Whether, W.H.O is also looking at the possibility of equipping laboratories other than the minilabs.
2. Whether, there are plans to screen lab equipments coming into the country.
3. Why, W.H.O cannot strengthen the existing laboratories in Somalia universities.
4. If, W.H.O have a list of prequalified drug suppliers

In response, Dr Koleade informed the meeting that minilabs' are simple portable laboratory equipped with standard reagents and equipments that can be conveniently handled in the field. He went further to point out that of the twelve people trained in Somalia, only three are qualified pharmacists, the rest are lab technicians and Assistant Pharmacists

The minilab performs four basic tests, such as visual inspection that involves looking at the packaging materials for rapid rejection crudely presented counterfeits; simple tablet and capsule disintegration test for a preliminary assessment of deficiencies relating solubility and availability of the medicines to body's system after swallowing; simple colour reactions for a quick check of any medicines present, thus ensuring the medicine's identity; and finally, semi-quantitative 'thin-layer chromatography tests' for a check of any quantities of medicine present, thus ensuring medicine's identity.

He said that most Somalia universities are more established in Arts and social science and therefore not in a position to handle complex test such as toxicity and sterility tests

WHO Geneva has a list of have prequalified suppliers/manufactures. However, locally WHO Somalia can link partners with Drugs and Poison board of Kenya through the National Quality Control Laboratory that have a list of recommended drug suppliers.

Dr Koleade -was asked to share his email contacts with partners who might need further details on drug procurements

## 2. Update on latest Rumours outbreak in Somalia

Dr Anthony W.H.O informed the meeting that currently there is no reported outbreak, save for the internally declared outbreak in Banadir where there was one confirmed case of vibrio cholera. However, he said that the current concern is the impact of drought on health of already vulnerable populations.

Dr Anthony gave a presentation highlighting the health concerns based on different scenarios.

**First scenario- out -migration** -Population looking for pasture and water in sources that do not dry up. The example of population accumulation at a water source and a hundred deaths reported within a period of two months from Waambati village in Dinsoor area.

Due restricted access, it took surveillance team three weeks to access the area, and because of this delay, a retrospective verbal autopsy and grave count will be done to confirm the deaths. There is also need to establish health facilities in underserved areas of Xarardheere, Dinsoor, Tieglow and Xudur.

**Second Scenario -In -migration** - To urban areas in search of economic activities, he said that the current situation could easily be similar to 2007 disease trends

**Third scenario - Informal settlements.** Concerns are on Sanitation and Susceptible populations.

He further added that AWD is a major challenge expected in the month of March. Already there is an increase in the number of consultations in health facilities, and higher number of reported cases of AWD in comparison to 2010 during the same period. He also reported an increase in the number of diarrhoea cases reported from Marka district.

He summarised the current Public health risks as those related to Vaccine preventable diseases, Waterborne and other diseases.

#### **Concerns from Partners,**

How prepared is the cluster is to respond to any out break?

Dr Anthony said that the cluster is not fully prepared, however there are diarrhoea kits prepositioned in Waajid, Hargeysa and others destined for Mogadishu.

Each DD kit caters for 100 severe patients and since WHO alone cannot meet all the emergency supplies needs, all partners were requested to have a preparedness plan that would facilitate initial response to outbreaks in the areas where they work.

### **3. Update on Second CHF standard allocation-**

Dr. Kamran reminded members to check the website constantly for latest updates on the CHF second standard allocation. The documents highlight priority areas and envelopes for each cluster. The outcome from the Humanitarian Coordinator meeting will be posted on OCHA and Health Cluster website, immediately after the OCHA retreat

### **4. Health Cluster Update**

Dr. Kamran reminded partners of the importance of conducting a joint cluster assessment to give credibility to the findings. He further informed the meeting that UNICEF is assessing undeserved areas and asked partners with capacity and already functional on the ground to forward proposals to work in these areas. He reminded partners that in case there will be no partner submitting proposal then the allocation will be directed to WHO as the provider of last resort. He also reminded members to keep abreast with the health cluster-meeting calendar circulated together with the minutes.

#### **Action Points**

1. Dr Anthony -Complete the compilation of consolidated annual outbreak report and have it posted on cluster website as well as give a presentation in March cluster meeting
2. HMIS officer -Gives a Presentation of preliminary 2010 HMIS report in March cluster meeting.

3. Dr Imran- To Share with the cluster letters of agreement from Somali land and Puntland government on revised HMIS tools
4. WHO and UNICEF each to procure Diarrheal disease kit based on the burden of disease
5. Dr Koleade -To share his email contacts with partners who might need further details on drug procurements.

**The next IASC Health Cluster/Outbreaks Control Taskforce Meeting will be held on Wednesday, 9 March 2011 at 0900 hrs at SSS Conference Room, Ngecha Rd.**

