



Somalia Report 2008



World Health Organization

The year 2008 in Somalia was marked by public health emergencies due to civil conflicts, drought and floods. The delivery of health services to the Somali population was severely affected by the ongoing crisis and a worsening security situation. Approximately 3.5 million people were in dire need of humanitarian assistance. Despite these deepening challenges, WHO maintained its presence in Somalia, and in collaboration with health cluster partners, established and strengthened primary and secondary health care services and established community-based initiatives. Rehabilitation of several hospitals began in collaboration with health partners. Medical supplies and equipment were pre-positioned at strategic locations to allow health partners to be able to adequately respond to emerging needs.

With the arrival of the new WHO Representative and additional technical staff, new health initiatives were instigated including Child Health Days, a component of the joint WHO/UNICEF Accelerated Young Child Survival Initiative. Somalia remained polio-free during 2008 and surveillance activities were strengthened for polio case detection and other infectious diseases. Other health programmes such those for tuberculosis, HIV/AIDS, malaria, blindness prevention, mental health, essential medicines, and laboratory services provided necessary supplies and equipment to and capacity-building for health care providers and staff of health authorities. Without the support of donors and health partners, WHO's programmes would not have been able to achieve their successes and positively impact upon the health of the people of Somalia.



Emergencies continue to happen Being prepared to respond

In 2008, the Emergency Preparedness and Humanitarian Action (EHA) programme focused on preparing and responding to the humanitarian crisis in Somalia through the provision of essential medical supplies, strengthening local health services, training of health care staff and health coordination.

Pre-positioning of essential supplies and equipment in strategic locations has proven to be an effective measure for ensuring prompt mobilization and rapid response to emergencies. EHA pre-positioned 25 diarrhoeal disease kits, 20 inter-agency emergency health kits and laboratory reagents in the different zones and regions of Somalia; laboratory equipment was provided to Berbera hospital and 2 trauma kits were pre-positioned in Hargeisa.

Rehabilitation of the Wajid Hospital was initiated in addition to the construction of a maternity and paediatric ward, and a surgical wing in Baidoa Hospital.

The EHA Programme supported 3 out-patient departments for mother

and child (MCH) services along the Mogadishu-Afgoye corridor to provide emergency health care, and supported kala-azar diagnosis, treatment and training in South and Central Somalia.

20 health workers from Lower Shabelle were trained on acute watery diarrhoea (AWD) preparedness and response, another 15 from Berbera town were trained on AWD case definition and management; 70 health workers from eight districts of the Lower Shabelle region were trained on hygiene and infection prevention; 26 traditional birth attendants from camps for internally displaced people (IDPs) around Garowe Town to increase IDP uptake of preventive and curative services at mother and child health centres (MCHs) and hospitals; and 40 health workers from Merka were trained on the use of the Early Warning Alert and Response System (EWARS).

The Health Cluster, under the leadership of WHO, launched the monthly Health Cluster Bulletin which disseminates regular epidemiological data collected through

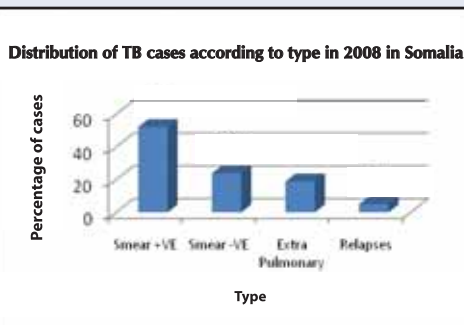
EWARS. Health cluster focal agencies were established in each region of South and Central Somalia. An outbreak control task force for disease surveillance and outbreak detection and response was established in Puntland by Merlin.

In 2009, the EHA Programme will focus on improving access to and availability of emergency obstetric care and other essential reproductive health services, and ensuring skilled birth attendants for displaced and host populations. The programme will also work to reduce morbidity and mortality in emergency situations by increasing the delivery and improving the utilization of facility-based and essential health care services, and improving health cluster coordination and emergency preparedness in the 3 zones of Somalia. Lastly, activities will be undertaken to ensure the timely detection, appropriate response and control of communicable disease outbreaks; and strengthen capacities at the zonal level in disease surveillance and outbreak response.

Stop TB Achieving Millennium Development Goal 6

Through its national TB Control Programme, WHO is striving to reduce the burden of communicable diseases like tuberculosis (TB) in the country. The TB case detection in Somalia rose from 73% in 2007 to 77% in 2008. A total of 12,481 cases of TB were reported in 2008 across the country. Of the total number of people suffering from TB in 2007, the percentage of patients who finished treatment successfully was 88%. Patients who died during this period was 4% while those who did not successfully respond to treatment was 2%. 4% discontinued treatment and 3% were transferred to continue with treatment elsewhere.

In March 2008, a mission from the Global TB Drug Facility to monitor and evaluate the use of anti-TB drugs



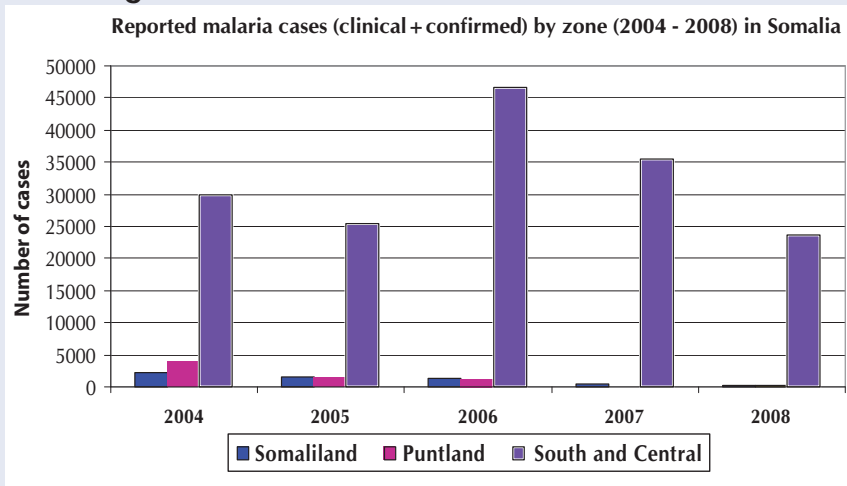
in the country was conducted. One of the mission's findings was that TB facilities in Somalia had adequate medicines in stock.

In 2008, 200 health workers and 100 laboratory technicians received training on TB case management and TB sputum smear microscopy respectively.

In 2009, the TB Programme will initiate a new TB recording and report-

ing system, and policy guidelines for internal and external laboratory quality control and assurance will be developed. Strategies for the implementation of public-public mix or public-private mix will be developed to incorporate the public and private health sector into the National TB Control Programme. Also a practical approach to lung health for health workers will be devised to improve TB case detection. In order to have TB control on the national development agenda and to create TB awareness in Somalia, an advocacy, communication and social mobilization strategy will be implemented. Lastly, a multi-drug resistant TB survey will be conducted in response to concerns over growing drug resistance within TB treatment.

Counting Malaria OUT



During 2008, the Malaria Programme initiated activities to ensure early diagnosis and prompt treatment of malaria, improve response to outbreaks and reduce malaria vector density in Somalia.

In 2008, suspected malaria cases have significantly reduced by 33%: Malaria cases have decreased from 36,060 cases in 2007 to 24,140

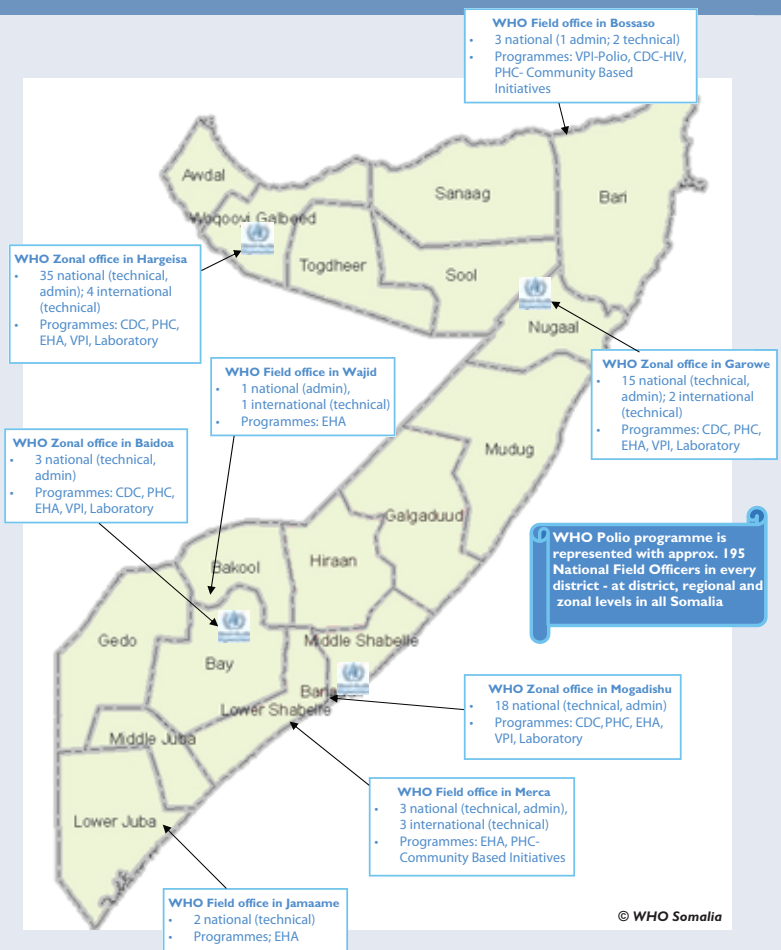
cases in 2008. This was achieved through the introduction by health partners of the antimalarial combination treatment and rapid diagnostic tests.

Vector surveillance was implemented in the 3 zones and reporting from sentinel sites increased to a rate of 80%. Over 100 health workers were trained on malaria treat-

ment, and laboratory equipment, anti-malarial drugs for complicated malaria were supplied to hospitals. WHO in cooperation with partners, UNICEF and Population Service International, took preventive measures against malaria outbreaks with the mass distribution of more than 250,000 long-lasting insecticidal-treated nets.

In 2009, malaria control activities through a community-based initiative project in the Merka Region will be implemented. 4 quality control laboratories will be established including the strengthening of quality control and assurance at peripheral laboratories. Malaria surveillance will be merged with surveillance systems of other health programmes to create an integrated disease surveillance system implemented throughout Somalia.

WHO'S PRESENCE AND PROGRAMMES



WHO relies on the support received from and strong partnership forged with donors to be able to work towards improving the health of the people of Somalia. In 2008, WHO's programmes in Somalia were supported by the Arab League, the Government of Australia, the Government of Belgium, CDC Atlanta, the Government of China, DfID, the European Commission, the Bill and Melinda Gates Foundation, the Government of Germany, Global Fund, Global Drug Facility, the Italian Cooperation, Measles Partnership, the Patient Helping Fund/Kuwait, Rotary International, SIDA, UNAIDS, UNDP, UNFPA, UNICEF, USAID/OFDA and the World Bank.

HIV/AIDS Responding to the epidemic

The HIV/AIDS and STI Programme, with the support of the Global Fund, has contributed to efforts of health partners to successfully prevent a generalized epidemic of HIV in Somalia. In 2008, the programme supported the implementation of integrated prevention, treatment, care and support (IPTCS) services. The uptake of these services continued to increase over 2008. Treatment for sexually transmitted infections (STIs) has been provided to over 16,800 clients.

In Somalia, 11 voluntary counselling and testing (VCT) centres provided services to over 13,000 people. While more men than women seek these services, the percentage of women who tested positive was 15%, compared to 10% of men. By the end of 2008, 520 people living with HIV/AIDS were receiving antiretroviral therapy (ART), 9% of the estimated 5,660 eligible patients for treatment

in the country. The proportion of patients who were still alive after initiating ART treatment was 74%.

A total of 3,380 health workers were successfully trained on aspects of HIV management in the 3 zones. An integrated behavioural and epidemiological surveillance survey for the most at-risk population was successfully conducted in Hargeisa, Somaliland.

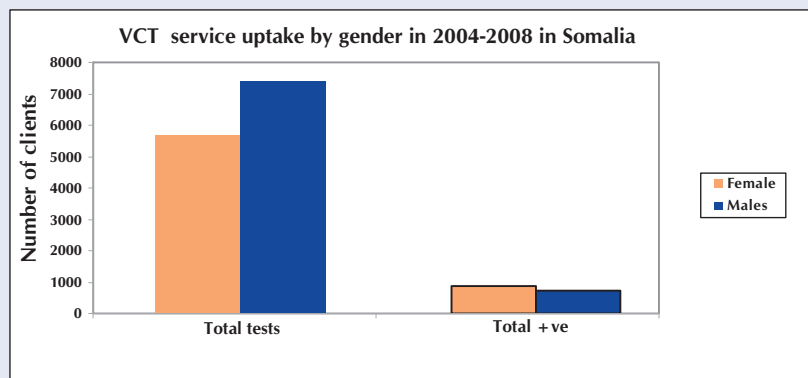
WHO and partners also contributed to a successful application to Round 8 of the Global Fund which for the first time will include a separate cross-cutting component for health systems strengthening.

In 2009, quality control and assurance of VCT sites will be initiated through the introduction of proficiency panel tests. Health workers at 12 TB centres and existing ART sites will receive training on the management of HIV/TB co-infection.

Essential medicines Quality is key

In 2008, WHO's Essential Medicines Programme supported the health authorities in setting up a basic inspection unit for monitoring of private pharmaceutical outlets for quality of medicines. 160 health staff from the 3 zones of Somalia were comprehensively trained on medicine management supply and the rational use of medicines. Reference documents including the Somalia Standard Treatment Guidelines (2008), WHO Guidelines for the Storage of Essential Medicines, and an essential medicines list for primary health care facilities have been widely distributed to health care providers.

In 2009, the programme, in collaboration with health authorities, will develop a national essential medicines policy as an "umbrella" guideline for Somalia. Zonal master plans will be developed after consideration of the priorities of each zone. The programme will also strengthen the capacity of the health authorities in monitoring the quality of life-saving medicines available on the market and provide training to commercial importers of medicines.



Laboratory services Confirming disease by rapid diagnosis

In 2008, communicable disease outbreaks were investigated in the country with WHO taking the lead in providing technical and laboratory support. Laboratory diagnosis of measles and rubella by the ELISA method was established at the Hargeisa Reference Laboratory and Garowe Hospital Laboratory. Ice-line refrigerators and haemoglobinometers were installed in Berbera and Burao hospitals. More than 100 technicians, including nurses, received training in blood

safety and cholera culture, malaria microscopy, laboratory diagnosis of infectious diseases and HIV/STI testing for behavioural studies.

In 2009, the Laboratory Services Programme will support activities in TB control including the training of 30 laboratory technicians in HIV testing for 12 TB centres and a training of trainers course for TB laboratory supervision. Laboratory support will also be provided for the implementation of a multi-drug resistant TB survey. An intermediary TB labo-

ratory to perform TB cultures will be established in Hargeisa. As part of the Roll Back Malaria Programme, laboratory technicians will receive refresher training on malaria microscopy and in quality control and assurance. HIV proficiency testing will be established at 11 HIV testing and counselling centres across Somalia. Supervisory activities and on-the-job training for laboratory technicians, who support health care delivery at health facilities, will be undertaken.

Routine immunisation Protecting the future of Somalia

WHO, alongside partners of its Expanded Programme of Immunization (EPI) and Somali communities, scaled up their joint efforts to improve the health of children through immunization activities. WHO has initiated the Reaching Every District (RED) strategy in 20 districts to improve immunization coverage. In 2008, the distribution of supplies, disease monitoring and capacity-building of health sector partners were the main activities undertaken. In addition, the Programme provided technical and financial support to 2 EPI units in Puntland and Somaliland.

The 2005-2007 measles campaigns that were conducted by WHO and its partners were successful in preventing outbreaks of measles and widespread deaths in Somalia. With an increase of measles cases in 2008 with reported 105 cases in Somaliland, laboratory investigations were carried out for 17 suspected cases of which 9 were confirmed as measles. A follow-up immunization campaign was initiated in late 2008 in Somaliland, along with other interventions as part of the new Child Health Days (CHD) Initiative, see below. Based on the findings, the outbreak was

successfully controlled. Also in 2008, WHO initiated a measles monitoring system in Somaliland and Puntland and trained health workers on its use and laboratory technicians on measles diagnosis.

In 2009, the programme will establish an EPI unit at the health ministry in South and Central Somalia.

Measles follow-up campaigns are planned for Puntland, and South and Central Somalia, as well as expanding the disease monitoring system to central and southern zones.

Child Health Days Routine vaccination in campaign mode

The Accelerated Young Child Survival (AYCS) Initiative, designed jointly by WHO and UNICEF, enhances child survival through reaching all children with a life-saving, high-impact package of interventions. The programme includes 3 modes of service delivery: facility-based services, community-based services, and population-oriented interventions delivered through campaigns conducted at 6 monthly intervals. In the light of the urgent need to scale

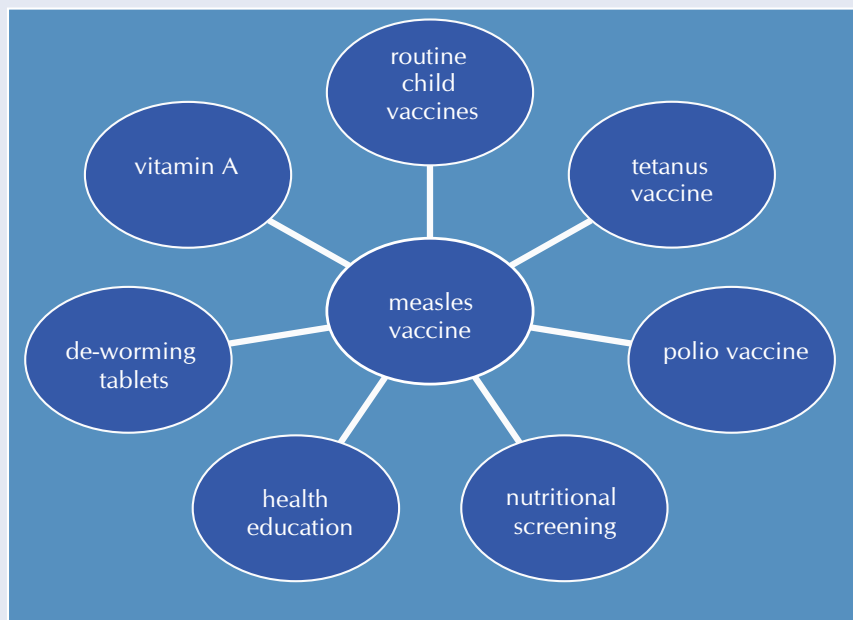
up access to life-saving interventions and based on the experience of the successful measles catch-up campaigns, implementation of CHD is being prioritized. The first round of CHD was successfully implemented in Somaliland in late 2008.

In 2009, the first round of CHD will be conducted in Puntland and South and Central Somalia followed by a second round in all zones of Somalia.

Polio eradication Somalia is polio-free

Somalia has maintained a polio-free status since March 2007 thanks to effective eradication campaigns that were carried out during 2006 and 2007. In 2008, 4 national immunization days (NIDs) targeting over 1.8 million children under the age of 5 were successfully completed. The polio team has been successfully integrating their activities with the distribution of supplementary vitamin A and deworming medication during the campaign activities. WHO's Polio Programme maintained its well-established surveillance system with national key indicators exceeding polio-free certification standards.

In 2009, 2 polio NIDs are planned in all regions of Somalia. Additional Acute Flaccid Paralysis (AFP) surveillance training and awareness-raising workshops will be conducted for health care providers from over 400 AFP reporting sites. The programme will also support the planning and implementation of 2 rounds of CHD.



Mental health A forgotten priority

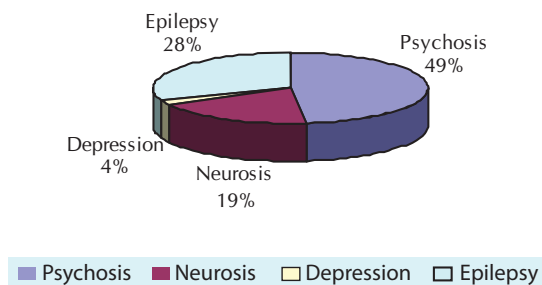
Somalia has 4 mental health centres that are in Hargeisa, Berbera, Bossaso and in Mogadishu providing care to people suffering from mental health conditions. In 2008, around 670 people with mental health disorders were admitted to the Hargeisa and Berbera hospitals. Habeb Hospital in Mogadishu admitted over 1,800 people suffering from the different mental health conditions.

The Chain-Free Initiative (CFI) is making human rights a reality for

people living with mental disorders in Somalia. Already implemented at the Habeb Hospital, the initiative aims to foster chain-free hospitals, chain-free homes and chain-free environments to ensure the dignity of people with mental health disorders in Somalia.

In order to reduce current treatment gaps, WHO supported facilities with medicines and other supplies for the management of patients suffering from mental disorders.

Breakdown of cases of mental disorders in Habeb Hospital, Mogadishu in 2008



In 2009, WHO will expand the CFI to Somaliland and support the second phase of the initiative at Habeb hospital with the further introduction at the community level. WHO will continue to support adequate and appropriate drug therapy to

reduce the prevalence of mental disorders. Capacity-building of health personnel will also be a priority activity. Lastly, mental health activities will be integrated within primary health care (PHC).

Preventing blindness Vision 2020

In 2008, WHO and partners continued their efforts to prevent blindness in Somalia through support for cataract surgery. WHO supported the National Eye Care Centre in Mogadishu, established by a non-governmental organization Manhal and health authorities, through the provision of 200 kits for cataract surgery. Since opening in 2008, the centre has carried out over 10,300

eye operations. Cataract, the leading cause of severe visual impairment in Somalia accounted for most cases in 2008. Free eye-care camps were initiated in across South and Central Somalia treating over 2,500 people with cataracts and 2,300 with intra-ocular lenses. Similarly, 370 cataract surgeries were supported in Puntland. Eye-care doctors were trained and the 2 main

Maternal health Making pregnancy safer

Maternal and neonatal health in Somalia remains in a precarious condition as most childbirths are not attended by skilled health care personnel. Around 80% of deliveries take place at home or by an unskilled traditional birth attendant (TBA). Somalia has an estimated lifetime risk for maternal death of one in every 10 women. To improve this situation, WHO supported a range of capacity-building activities for over 200 health workers which included clinical aspects of care as well as for human resource development: 170 TBAs were trained on data collection, reporting and infection control; 30 midwives and nurses on the management and care of newborn babies; and 22 midwives on tutorship for midwifery.

Finally, TBA kits, provided by WHO's key reproductive health partner UNFPA, were distributed to health facilities.

In 2009, WHO will work to strengthen monitoring and evaluation systems for maternal mortality, improve family planning services, and strengthen the referral system and emergency obstetric care. A reproductive health strategy will be developed which will aim to improve the coverage of safe deliveries by skilled attendants for all mothers.

eye-care centres in Somalia were provided with equipment and surgical supplies.

In 2009, eye-care activities will be integrated within PHC. Basic ophthalmic supplies will be made available to the eye-care units in Hargeisa, Garowe and Mogadishu and trainers will receive training in the prevention and control of blindness.