



23 April 2020 – The number of confirmed COVID-19 cases continues to rise in Somalia, including associated deaths attributed to coronavirus disease. While the number of cases increase, there is increasing demand on the health system for patient care. When health systems are strained and overwhelmed, especially in fragile and vulnerable settings like in Somalia where adequate mechanical ventilators and other critical care support for patient care are basic, rudimentary or absent, mortality from the outbreak may increase substantially over time. Since the beginning of the outbreak, 7 associated deaths out of 135 cases were reported by the Government in Somalia as of 19 April 2020.

The COVID-19 epidemic in Somalia will disrupt life-saving health services and health care resources, including essential supplies and health manpower, need to be re-prioritized and re-directed towards reducing mortality as a result. It is also crucial to maintain other life-saving health services particularly maternal and child essential health care services and services for other vulnerable groups. During the 2014–2015 Ebola outbreak, analyses suggest that the increased number of deaths caused by measles, malaria, HIV/AIDS, and tuberculosis attributable to health system failures exceeded deaths that were directly attributable to Ebola virus disease. If viral transmission cannot be decreased, a patient surge and increasing demand for care could be overwhelming, putting an enormous strain on the fragile health system and severely impacting other life-saving services such as immunization, maternal care and other services aimed at limiting deaths from preventable diseases.

Maintaining key health interventions

Over the years, the country has made several health sector gains. The country has remained free from wild poliovirus since 2014. Without maintaining time-sensitive and active surveillance system for acute flaccid paralysis (AFP) throughout the country, including environmental surveillance, polio could resurge. In 2019, WHO staff from the polio eradication programme helped reach over 3 million children under 5 with lifesaving polio vaccine, collected 75 sewage samples and also detected 361 AFP cases. If these polio activities are not maintained or sustained even during this period of COVID-19, this will push back all the gains made over the years in the country to end polio.

Maintaining essential health services during this ongoing COVID-19 outbreak will also be critical to save lives from other ongoing infectious diseases threats in the country such as measles and cholera. The cholera outbreak continues to kill and so far in 2020, cholera has claimed 11 lives and made another 2600 people sick. Any disruption of essential care

and other key health interventions for managing cholera and other infectious disease threats may lead to an upsurge of cases and excess deaths. Maintaining these critical and life-saving services is the only way to end cholera by 2030 and limit avoidable deaths from this disease by 90%.

Dr Mamunur Rahman Malik, the WHO Representative for Somalia said, “While there is a need to fight with this virus on all fronts, we also need to ensure that essential health services are maintained to save lives. Our gains in protecting children against vaccine-preventable diseases, our victory in eradicating polio virus from the country, our focus on leaving no one behind in our efforts to achieve universal health care coverage will be lost forever if we can not support the health system to meet the increased demand for health care for COVID-19 and yet maintain the health services that are life saving in nature. Countries will need to make difficult decisions to balance the overwhelming demands of responding directly to COVID-19, while simultaneously engaging in coordinated action to maintain essential health service delivery”.

Partners

Working in partnership with other United Nations agencies such as the United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA), International Organization for Migration (IOM), the United Nations Office of the High Commissioner for Refugees (UNHCR) and the United Nations World Food Programme (WFP), the country office is supporting health authorities to improve and maintain essential health services for mothers, women, children, people with physical disability and older people, especially in internally displaced and refugee camps while balancing, the extra demand to respond to COVID-19. The primary health care centres which are the bedrock of essential health care in Somalia have been supported with personal protective equipment for the health care workers managing these centres as an incentive to keep them open while making sure that workers have the training and knowledge to do triage for COVID-19 for high-risk patients, refer them to other facilities and maintain routine health care services.

Surveillance

While EWARD – the early warning disease surveillance system – currently covering 535 out of 1075 health facilities in the country with an estimated 6.5 million population coverage, has been expanded to cover not only 14 epidemic-prone diseases, but to include the case definition of COVID-19 as another reportable health condition. The system enhancement has allowed WHO to monitor the trend of severe acute respiratory infection as a proxy for COVID-19, but the addition of distinct case definition of COVID-19 in the EWARD has been useful to capture any suspected case early.

Maintaining the routine immunization services for childhood diseases remain another key challenge, especially during physical distancing. However, efforts are under way to support health facilities deliver immunization services yet maintain social/physical distancing. A country where one in every 10 children does not receive life-saving vaccines, the suspension or breakdown of routine immunization services will have a devastating toll on the lives of vulnerable children in the country. Last year, WHO supported health authorities to reach out to every child with life-saving vaccines resulting in reaching out to 462 050 children under 1 year out of 602 195 (77%) completing the 3 doses of the pentavalent vaccine, while 430 275 (71%) received the measles-1 vaccine. Any disruption of routine immunization services will be a severe set back in making every child count.

A well-organized and prepared health system has the capacity to maintain equitable access to essential service delivery throughout an emergency, limiting direct mortality and avoiding increased indirect mortality. With the current situation of COVID-19 where caseloads are increasing and the pressure is mounting on the health system, the capacity to maintain routine service delivery, in addition to managing increased demand for COVID-19 patient care, needs to be maintained at any cost to protect the health gains achieved over the year. The WHO country office is supporting that to happen through strategic shifts ensuring that increasingly limited resources provide maximum benefit for the population.

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