



MAIN ACHIEVEMENTS



Somalia achieved the COVID-19 vaccination target of 40% coverage



Food insecurity and health preparedness and response strategic framework is rolled out



2 311 076 children aged 6-59 months were vaccinated against measles



2 million children were given vitamin A and deworming tablets



2 339 780 long lasting insecticidal nets to control malaria were distributed in targeted areas



298 788 children younger than 5 years were screened for malnutrition



Somalia piloted the RMNCAH programme management training course



WHO conducted surveys on WASH, infection protection and control and medical waste management



Three new solar-powered oxygen concentrator systems were installed in three states

Technical Programme Update

September-December 2022



Foreword

Pushing back famine, hunger, diseases and deaths and rebuilding the health system



Somalia is on the edge of a catastrophic humanitarian situation, never seen before. About 7.1 million people or half of the population in the country are in need of humanitarian assistance and nearly 1 million people have been internally displaced. Though the recent projection of the Famine Review Group, which is responsible for Integrated Food Security Phase Classification, showed that famine might have been pushed back from its earlier projected period of October–December 2022 to April–June 2023, the situation remains dire and alarming.

The country's fragile health system has not yet fully recovered from the coronavirus disease 2019 (COVID-19) pandemic which severely disrupted essential health services in the country. Yet, the country faces food insecurity and severe acute malnutrition amongst 1.8 million children under 5 between now and the middle of 2023. Half of these children may die if we do not provide rapid treatment for them. Many of them will need urgent medical attention.

WHO continues to work with its partners and the national and local health authorities to avoid excess deaths and morbidities

from preventable causes by scaling up its emergency health response operations and life-saving interventions amongst the marginalized and displaced communities. The World Health Organization (WHO) has clearly stated that the drought is a health crisis as much as it is a food and climate crisis. We have clearly stated that we are on the brink of an unprecedented health crisis if we don't act now to prevent famine. We will see more people dying from the disease than from hunger and malnutrition combined if we do not act now. The cost of our inaction will mean that children, women and other vulnerable people will pay with their lives while we hopelessly, helplessly witness the tragedy unfold.

Our strong advocacy to improve access to health care for those affected by the drought and those already vulnerable has gained strong momentum. There has been increased attention to the integration of health with other life-saving interventions such as food, nutrition and WASH and coordinated delivery of these interventions. We are providing health care close to people in hard-to-reach communities despite security concerns and a broken and fragile health system.

As we continue to push back hunger, diseases and deaths, we also strive to help the country rebuild its health systems and recover from the COVID-19 pandemic. As such, WHO has stepped up its life-saving interventions and at the same time, our efforts continue to help the country build resilience of the health systems, mitigate climatic shocks on the health system and put the country on track towards achieving sustainable development goals. Amidst all these challenges, WHO's normative and technical works continue and we thank our partners and donors for their trust, confidence and continued support to our ongoing work to better serve the Somali people. We also thank our dedicated staff whose determination to protect health in a difficult and operationally challenging environment is exemplary.

We wish all our colleagues, patrons and partners a happy and prosperous new year 2023.

Dr Mamunur Rahman Malik
WHO Representative in Somalia

Strategic priority 1 – Advance universal health coverage by accelerating the primary health care-led recovery with a view to supporting the goals of integrated health services



Accomplishing a nationwide integrated measles and polio campaign

The national integrated immunization campaign (12–16 November) successfully vaccinated 2.61 million children (0–59 months) with the trivalent oral poliomyelitis vaccine (tOPV) and 2.31 million children (6–59 months) with the measles vaccine, and provided 2 million children younger than 5 years with vitamin A and deworming tablets to help boost their immunity against vaccine-preventable diseases. This is the first time that Somalia used tOPV in a campaign.

Continuing vaccination campaigns to end polio

Two supplementary immunization campaigns and special campaigns in inaccessible districts successfully vaccinated 5 193 468 children, including 29 888 zero-dose children (0–59 months), against polio.

Reaching 40% COVID-19 vaccination coverage

WHO helped Somalia achieve the milestone (and surpassed) the target of 40% of the population fully vaccinated against coronavirus disease 2019 (COVID-19) by running accelerated campaigns across the country with a focus on the most vulnerable and high-risk populations. As of 31 December 2022, Somalia had fully vaccinated 6 529 808 (41.7%) individuals against COVID-19.

Achieving declines in malaria test positivity rates

WHO's malaria and vector control programme carried out integrated intervention and response measures based on the national malaria strategic plan and national malaria guidelines to control the country's malaria burden. Malaria positive cases steadily declined from 4.5% in September to 3.5% in December. Across the country, 311 011 suspected malaria cases were tested while 11 011 (3.5%) were laboratory-confirmed. In addition, WHO provided 2 339 780 long-lasting insecticidal nets in targeted areas, carried out high-throughput *Plasmodium falciparum* gene deletion surveillance and trained five entomologists on polymerase chain reaction.

Tackling neglected tropical diseases

WHO implemented leprosy outreach and screening through which 2258 cases were detected and started on multidrug therapy. The fourth round of mass drug administration of single dose of mebendazole was completed with 98% success rate among target population of children aged 4–15 years to reduce soil-transmitted helminths morbidities, including anaemia, growth retardation and poor intellectual and cognitive development. The WHO country office also developed a neglected tropical diseases master plan 2023–2027 to streamline future activities.

Piloting first RMNCAH programme management training

Somalia achieved the distinction of being the first country in the WHO Eastern Mediterranean Region to draft, customize, design and pilot a 5-day programme management training on reproductive, maternal, neonatal, child and adolescent health (RMNCAH) for 17 health managers from across Somalia, including nine women. These people are mostly clinicians or paediatricians who have limited knowledge of running the programme at the national/subnational level. Following a successful piloting of this training at the national level, there are plans to cascade the training at regional, state and district levels.

Advancing the agenda for improved health of mothers and children

WHO Somalia worked with the Federal Ministry of Health to review, update and standardize the training package and guidelines on basic emergency obstetric and newborn care. Subsequently, 38 service providers (including 31 women) attended the training to orient them about the guidelines. WHO has also worked with the Federal Ministry of Health to develop and validate national guidelines covering antenatal care, postnatal care, post-abortion care, labour care and an essential medicines list for RMNCAH. Additionally, 30 gynaecology examination beds were distributed in Banadir and Puntland hospitals to strengthen the RMNCAH units.



Strategic priority 2 – Enhance health security by promoting emergency preparedness, surveillance and response using an all-hazard and one-health approach



Rolling out the Food Insecurity and Health Preparedness and Response Strategic Framework

To scale up its emergency response during the prolonged drought in the country, WHO set up an incident management support team to roll out the Food Insecurity and Health Preparedness and Response Strategic Framework. The framework is based on five pillars: (i) coordination and collaboration; (ii) surveillance and information; (iii) outbreak prevention and control; (iv) support of essential nutrition services; and (v) essential health services actions. This framework is designed to mitigate the health and nutrition risks of food insecurity while strengthening the resilience of the health system. With the support of the United Nations (UN) central emergency response fund, WHO's contingency fund for emergencies, and funding from the governments of Germany, Japan and European Civil Protection and Humanitarian Aid Operations and the United Kingdom of Great Britain and Northern Ireland, WHO is providing vital life-saving support in hard-to-reach and newly accessible areas affected by the drought.

Aiding drought-affected areas through the Integrated Response Framework

WHO became part of the Integrated Response Framework which was endorsed by the humanitarian country team in October 2022. Under this framework, WHO, World Food Programme, United Nations Children's Fund (UNICEF) and International Organization of Migration collaborate to identify the target villages in priority 1 (hard hit by drought) areas to provide joint response activities. Under the framework, WHO deployed 148 outreach teams who administered pentavalent 1 and 3 vaccines to 256 895 children younger than 5 years, tetanus vaccine to 22 126 pregnant women, and iron and zinc supplements and oral rehydration salts to more than 8000 children. The teams also provided outpatient consultations to 172 264 patients.

Continuing community-based surveillance and care

More than 2000 community health workers continued to serve their communities by providing community-based surveillance to detect cases of epidemic-prone diseases, raise alerts using the early warning alert and response network (EWARN), and provide first-line care and referral services for children/patients to nearby health facilities and WHO-supported stabilization centres and cholera treatment centres. These health workers made 1.9 million house visits, helped screen 298 788 children younger than 5 years for malnutrition and referred 14 787 children with severe malnutrition or complications to stabilization centres. These teams also treated 26 312 children younger than 5 years for various diarrhoeal diseases and referred 5371 children with low oxygen saturation to nearby health facilities for oxygen therapy. Additionally, the teams administered deworming tablets to 100 317 children and iron/folic acid tablets to 79 103 pregnant women.

Strengthening capacities of laboratories

WHO provided training and logistical support to state laboratories to sustain the quality of services for PCR, and measles and cholera testing. WHO distributed equipment to state laboratories in Kismayo to support the confirmation of *Vibrio cholerae* and other enteric pathogens. Measles laboratory testing was strengthened in Hirshabelle through technical support and orientation for laboratory technicians on the enzyme-linked immunosorbent assay (ELISA) machine. Galkayo hospital technicians received technical support on laboratory diagnosis of measles. Quality assurance training was conducted for 30 laboratory technicians from the six PCR laboratories in the country.

Stabilizing nutrition in children

WHO continued to support 64 stabilization centres across the country by providing severe acute malnutrition kits and supportive supervision. By the end of October, 21 348 new admissions of children were registered: 19 787 were cured (91.6%) and 477 died (2.4%). At the same time, an assessment tool to measure capacity and gaps at stabilization centres for planning activities and support was finalized and will be rolled out in 2023. An automated system for reporting data from stabilization centre has also been finalized and will be included in the country dashboard in 2023.

Establishing public health emergency operation centres

Three major milestones for strengthening the health infrastructure in the country were achieved: first, six public health emergency operation centres were established across the country; second, the Federal Ministry of Health approved the roll-out of the integrated disease surveillance and response system to ensure availability of reliable and real-time health data; and third, continued capacity development of frontline field epidemiologists across the

country was ensured. The public health emergency coordination centres were established at Baidoa (South West), Dhusamareb (Galmudug), Garbaharey (Jubaland), Garowe (Puntland) and Hargeisa (Somaliland) and Mogadishu (national level). A 3-year operational plan for implementation of integrated disease surveillance and response system is likely to be rolled out in the first quarter of 2023. The Ministry also approved the technical guidelines for implementation of the system. WHO helped the Ministry to develop and validate the information technology platform for implementation of the system (DHIS2-tracker). To strengthen surveillance in Somalia, the frontline field epidemiology training program (FETP) was established. Two cohorts (44 graduates including 11 women) have completed the training with a third cohort launched in September with 28 participants.

Providing trauma care for victims of the twin blasts

WHO was swift to support the Federal Ministry of Health in responding to the emergency needs of victims of the deadly twin blasts (29 October 2022) in Mogadishu. WHO arranged for more than 87 tonnes of medical supplies to be airlifted from WHO's hub in Dubai, enough to treat more than 2400 trauma cases. A trauma operational and advisory team from the WHO Regional Office for the Eastern Mediterranean was deployed to conduct a rapid assessment and strengthen trauma management. Based on the recommendations of the advisory team, WHO arranged two training sessions for 40 paramedics, ambulance drivers and nurses, including 16 women, as most of the deaths in the blasts occurred before arrival at the hospital. WHO also conducted training for 22 hospital directors and managers, including five women, to equip them with the skills to prepare hospital emergency wards and staff for dealing with mass casualty and trauma events. Additionally, WHO is arranging to deploy a WHO emergency medical team to support patients requiring reconstructive surgery/rehabilitation and is building the capacity of national health care professionals for long-term care of trauma patients.

Psychological First Aid training for health workers

WHO support to the Federal Ministry of Health in responding to the terrorist violence by equipping the first responder health workers with basic psychological support skills to cope with extreme stress, heart-breaking situations faced in receiving hundreds of people wounded and traumatized by the explosions. With WHO technical guidance and partnering with the Somali Mental Health Association, the Federal Ministry of Health provided basic training on Psychological First Aid (PFA) and other key elements of Mental Health and Psychosocial Support (MHPSS) to 204 health workers, first responders, in eight main hospitals in Mogadishu where most of the October-blast-victims were received and treated.

Strategic priority 3 - Promote healthier populations and well-being using multisectoral approaches to address the social determinants of health and risk factors



Building an equitable health system

WHO has zero tolerance of any abuse of authority or sexual exploitation. In this regard, WHO Somalia customized, translated and distributed education and communications materials and standard operating procedures on the prevention of and response to sexual exploitation, abuse and

harassment information for use by internal staff and partners in the field. A training of trainers was held in coordination with the United Nations High Commissioner for Refugees, United Nations Population Fund and UNICEF for six public health emergency officers. The training was cascaded to 60 participants, including 12 women, from partner organizations. Additionally, 30 district and regional polio officers (including seven women) were trained on prevention of and response to sexual exploitation, abuse and harassment, as they are in direct contact with the community.

Undertaking first health waste management survey

WHO Somalia supported the federal and state ministries of health to undertake the first survey of 21 public health care facilities (including 76% of hospitals and 24% of laboratories) to help assess the policies, practices and capacities of medical waste management across the country. The survey showed that 62% of facilities did not have any policy guidelines or standard operating procedures on medical waste management, while 52% did not have any plans for safe waste management in health care facilities. Almost 60% of waste handlers were not trained on risks associated with improper handling of medical waste, 52% of the facilities did not regularly collect sharps waste and 67% used incinerators for waste treatment. In addition, 57% of the facilities did not have sufficient space for waste disposal and 76% had no separate sewage system for collecting liquid health care waste. In consultation with partners and affiliates, WHO will draw up an operational plan to address shortcomings found by the survey.

Implementing water quality surveillance for early detection of public health threats

WHO supported the implementation of water quality surveillance in drought-affected districts of South West, Jubaland and Kismayo. Nine of 34 water sources in South West State, eight of 21 water sources in Jubaland and all eight sources in Kismayo were contaminated with

coliforms. All the tested water sources and an additional 158 sources were chlorinated by the WASH cluster teams, and aqua tablets were distributed to 4645 households in the drought-affected districts. The polio programme also conducted a refresher training for 52 environmental sample collectors to enhance their capacity to collect water samples for polio detection.

Using renewable energy to electrify health facilities

Aligned with WHO's commitments to promote sustainable green energy and to ensure equitable access to medical oxygen, three new solar-powered oxygen concentrator systems were installed at Bossaso regional hospital in Puntland, Jowhar regional hospital in Hirshabelle and Horseed health facility in South West State. Each of these systems is equipped with three oxygen concentrators capable of producing 10 L of oxygen an hour around the clock without interruption.

Strategic priority 4 – Strengthen health governance using the Global Action Plan for Health and Well-being to support joint and collective actions to achieve health-related SDG goals



The WHO country office continued to support activities to strengthen health governance in the country during September–December 2022 by promoting synergies

between pandemic responses and longer-term efforts to achieve the SDGs. By creating an improvement platform for collaboration on health in the multilateral system, WHO is also utilizing support from other agencies of the Global Action Plan for Healthy Lives and Well-being for All.

Undertaking first WASH and IPC survey of public health facilities

WHO, federal and state ministries of health and UNICEF undertook the first joint assessment of 308 public health care facilities (87 in Puntland, 40 in Banadir, 33 in Hirshabelle, 40 in Jubaland, 53 in Galmudug and 55 in South West) for water, sanitation and hygiene (WASH) and infection prevention and control (IPC) practices. The assessment helped find major gaps in both the WASH and IPC core components in most of the facilities. The report will be available in January 2023, based on which WHO will develop an operational plan to enhance WASH and IPC in Somalia's public health facilities.

Reviewing progress in WHO's collaborative work

To monitor progress in implementation of WHO's Country Cooperation Strategy 2021–2025 for Somalia, programme managers and technical experts of the WHO country office conducted a series of consultations, reviews and planning meetings with federal and state ministries of health. Against the backdrop of a fragile health system, the evolving drought crisis was critically reviewed to ensure life-saving interventions are prioritized for a joint work plan in 2023. Accordingly, WCO developed and strengthened partnerships with several key donors including the Governments of the United Kingdom, Germany and Japan, the Foundation for Innovative New Diagnostics and European Civil Protection and Humanitarian Aid Operations to support ongoing drought operations.

Supporting health sector governance and renewed commitment toward Universal Health Coverage

WHO continuous support to the coordination functions of the Federal Ministry of Health contributed to the reactivation of the Somali Health Sector Coordination, highly advocated for also by donors: the meeting held on 12-13 December opened with the celebration of the Universal Health Coverage day, with high level participation from the Prime Minister of the Federal Government of Somalia, the Minister of Health, the WHO Representative and other high level officials from government, partners and donors. It continued with technical discussion about health sector reforms, health system components and the major health programmes. Outcomes included action points on the delivery of the Essential Package of Health Services, private sector engagement, harmonization and accountability for results, the full coordination calendar for 2023 and the draft agenda to address health system components along the year.



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