



Technical Programme Update

September-December 2021

MAIN ACHIEVEMENTS



WHO launched its Somalia Country Cooperation Strategy for 2021-2025 to support Somalia rebuild its health system to be more resilient, inclusive and responsive



1.5 million people living in drought-affected districts supported to mitigate health risks through anticipatory health actions



43 920 people protected from malaria through campaign of indoor residual spraying targeting 7320 households in high-risk areas



409 353 people received COVID-19 vaccines in November 2021, compared with 681 566 people from March to October 2021



199 146 children, more than double the target, received crucial vaccines to protect them from common, preventable diseases, using accelerated outreach services



Over 160 Somali health professionals and their health institutions updated their technical skills in trauma management, emergency, critical and operative care, prehospital services and hospital management with support from WHO



124 515 children younger than 5 years received fractional dose inactivated poliovirus vaccine in five districts in Banadir, Galmudug, Jubaland, Puntland and Somaliland to boost their immunity against polio

Message from the WHO Representative

Renewing hopes for health in a fragile setting



During the last quarter of every year, we have the opportunity to reflect on a year gone by. While 2020 was a year when the world came to terms and grappled with coronavirus disease 2019 (COVID-19), 2021 was the year when the world learnt to live with the virus and to use the opportunity to rebuild health systems based on what was learnt from the pandemic. In the last quarter of 2021, WHO worked to drive progress in a number of areas that affect the health of populations. The vaccination drive to fully immunize critical mass of high-risk populations including the frontline health workers against COVID-19 gained momentum. The number of people fully vaccinated in Somalia remains low but the country was on track to use over 90% of the vaccines received without many expiring before administration and having to be discarded. Although the rollout was slow at the start, WHO, in collaboration with the Federal Government of Somalia and key partners, took measures to step up vaccine uptake. By the end of the year, we had achieved much: during the 2 months of November and December 2021, the country had vaccinated 809 353 people, compared with 681 566 in the preceding 8 months.

To help Somalis cope with the high burden of trauma-related injuries resulting from conflict, while concurrently strengthening the health system in a sustainable way, WHO

partnered with the federal and state governments to continue to develop the capacity of national health institutions to deliver emergency, critical and operative care services, and trauma care services, and to improve hospital management. In December, WHO hosted a high-level webinar to officially launch a report *Capitalizing on the COVID-19 response: towards establishing emergency, critical and operative care services in a fragile setting*, which was produced through support by the World Bank's Pandemic Emergency Financing facility.

The last quarter of 2021 also saw WHO taking bold steps in response to the drought in Somalia. Using funds from the Central Emergency Response Fund (CERF), WHO worked to prevent and mitigate public health risks due to drought and hence limit excess morbidity and mortality. In addition, WHO has continued to support the robust and multilayered surveillance systems for diseases including influenza, COVID-19 and polio. Responding to the need of the hour, WHO ensured health facilities across Somalia had sustainable, much-needed access to medical oxygen. This intervention has undoubtedly saved many lives and shone a light on the innovations that the Somalia country office has utilized.

I am also very proud to announce that the WHO Somalia office developed, finalized and signed off the Country Cooperation Strategy 2021–2025 for Somalia, which will guide the Organization's health programme over the next 5 years, in line with national development priorities. We launched the strategy on the eve of Universal Health Coverage Day on 12 December 2021. Our partners hailed this achievement particularly as we succeeded in developing and finalizing the strategy while still dealing with the COVID-19 pandemic, one of the biggest public health challenges of our time.

While we look forward to support in implementing our multiyear country cooperation strategy in 2022 and beyond, I believe that our work in the health sector of Somalia will continue to bring hope to millions of people in the country whose health gains we have collectively worked for and we will endeavour to protect. Our work in a fragile setting such as Somalia will continue to be a beacon of hope for the millions of people we serve.

Dr Mamunur Rahman Malik
WHO Representative in Somalia

Universal health coverage: health for all

Somalia Health Sector Strategic Plan 2022-2026: translating priorities into actions

During this quarter, WHO supported the Federal Ministry of Health and Human Services to develop the Somalia Health Sector Strategic Plan 2022–2026 (HSSP III) through a consultative process. The plan was presented at the intergovernmental and health sector coordination meeting in Kismayo, Jubaland in December 2021. Somalia's federal member states acknowledged the support of WHO to ensure better health for the Somali people.

The HSSP III provides the overarching strategic framework for the country. Based on this plan, federal member states have the responsibility to develop their own strategic/operational plans tailored to their specific contexts and health needs of their people.

As part of its mandate, WHO will continue to provide technical support as requested, from planning to implementation and on health service delivery and health system development.

Planning with stakeholders: aligning WHO's work with government priorities



The WHO Somalia country office continues its work to deliver on its commitments to support the government in building

an equitable health system which can deliver good quality health services that are accessible to the most vulnerable populations.

To transform strategic level plans into actionable tasks, WHO conducted operational planning meetings with the ministries of health of federal member states of Galmudug, Hirshabelle, Jubaland and Puntland, and as well as with the Federal Ministry of Health and Human Services in November and December 2021.

These meetings critically reviewed WHO's support to the federal member states in 2021 and defined strategic priorities for WHO's ongoing cooperation in 2022, in line with the Country Cooperation Strategy, 2021–2025. WHO's main focus for 2022 for Somalia will be to support: building a health system that contributes to the achievement of universal health coverage using a primary health care approach; making progress in the health-related Sustainable Development Goals; and promoting a healthier life for all Somali people, especially the most vulnerable.

Doubling routine vaccination coverage: using outreach services to protect every child

The COVID-19 pandemic has disrupted essential health care services in the country and the impact has been felt most severely in routine immunization services. At the same time, not all children in inaccessible areas have had their vaccinations, and there has been increased movement from inaccessible locations to accessible urban districts in general.

To prevent outbreaks of vaccine-preventable disease and boost routine immunization coverage, the Federal Ministry of Health and Human Services, with support from the WHO Somalia country office, has introduced 3 months of accelerated routine immunization services through outreach services across the country. To this end, 153 teams were deployed to offer these outreach services to 61 000 "zero dose" children. These efforts have resulted in 199 146 children being vaccinated – more than three times the planned target – a great success.

Improving access to good-quality maternal and child health services



Shaping and implementing evidence-based policies and interventions

As part of the efforts to improve the institutional capacity of the federal and state ministries of health in the field of reproductive, maternal, newborn, child and adolescent health (RMNCAH), WHO partnered with the Federal Ministry of Health and Human Services to convene the first annual national RMNCAH planning meeting in Mogadishu in November 2021. Together, the federal ministry and representatives from all states and WHO developed, validated and endorsed a RMNCAH work plan for 2022.

In addition, the Federal Ministry of Health and Human Services, the United Nations Population Fund (UNFPA) and WHO supported the review of the National Midwifery Curriculum for Somalia in October 2021, which will ensure that all academic institutions for nurses and midwives teach standard concepts in midwifery that align with international standards. WHO's standard guidelines for labour care were included as a reference in the revised curriculum.

In Somaliland, WHO conducted routine capacity development for health care workers on the job and supported the supervision of reproductive and maternal services to enhance overall quality of care and reduce maternal and child mortality and morbidity. Findings of the supervision mission included: lack of use of infection prevention protocols, even in facilities that had access to handwashing stations and other measures; the lack of trained staff; limited time health personnel give to women during

antenatal visits; and inadequate check-ups for expectant mothers.

Strengthening tools to reduce child mortality

In October 2021, with the aim of supporting health institutions to provide holistic and good quality health services for children of all ages, WHO conducted a 3-day workshop to review and adapt the Integrated Management of Newborn And Childhood Illnesses (IMNCI) guidelines to the context of Somaliland. The main objectives of this workshop were to: revise and adapt the training materials and guidelines for IMNCI; address mismatches in training materials (chart booklets, and training and facilitator modules) for relevant health personnel; strengthen the capacity of the health personnel working in child health in the health ministry; and follow up on capacity-building related to IMNCI in Somaliland.

In November 2021, WHO joined with the Federal Ministry of Health and Human Services to conduct a 2-day joint planning meeting for IMNCI activities. The main objective of this meeting was to develop a realistic plan of action for the implementation of IMNCI activities in Somalia for the next 2 years, with full involvement of all concerned health officials and partners and in response to the country's actual needs.

As part of the regular support WHO provides for supplies, WHO donated 10 kits of MamaNatalie equipment for neonatal care training to the Federal Ministry of Health and Human Services to improve the skills of the health care workers in the provision of neonatal care. This support will also help improve the quality of services offered in health centres and regional and national hospitals, thereby reducing the mortality rates of newborns in Somalia.

Putting the spotlight on communicable diseases: aiming to reach the malaria elimination goal

WHO is currently providing technical assistance and partial funding to three studies that are currently underway on the management of insecticide resistance, to provide information on the sensitivity of malaria vectors to insecticides used in Somalia. The results will provide

guidance on the selection of the most effective insecticides that offer the best protection against the malaria vectors in Somalia. In addition, WHO and the government assessed 200 berkads (wells) for malaria in Bosasso. The results of this assessment will be confirmed at the end of January 2022.

In Kismayo, Jubaland, WHO collaborated with the Federal Ministry of Health and Human Services to train 35 community health workers on conducting rapid diagnostic tests for malaria and treating positive cases with artemisinin-based combination therapy.

Malaria elimination activities in six districts are ongoing, supported by WHO by way of technical assistance, while the Global Fund to Fight AIDS, Tuberculosis and Malaria is providing funds. WHO and the United Nations Children's Fund (UNICEF) are jointly managing the funds received to eliminate malaria from these hotspots. The national malaria control programme, which receives technical support from WHO, conducted two campaigns of indoor residual spraying, which is a core intervention to control malaria in hypoendemic villages that show signs of malaria outbreaks. These campaigns targeted 7320 households, to protect 43 920 people from the disease.

Optimizing the use of health resources: creating a database of biomedical engineering equipment



In support of the government and further to requests by health officials and donors, WHO conducted a review of existing biomedical engineering equipment in November and December 2021. This equipment is used in hospitals to

diagnose diseases and help medical professionals treat patients. This equipment ranges from fully automated purification of nucleic acids and proteins to simple tabletop centrifuge, from X-rays to electrocardiography machines.

As a result of the review, WHO noted that ministries of health had never requested spare parts for defective equipment. In addition, the following were not available: technical inventory lists; management systems to identify the needs and priorities of public hospitals; and effective distribution plans for existing equipment. To address these challenges, WHO developed a data collection tool and created a database of medical equipment and available technical human resources. To utilize these resources, hospital directors were trained on understanding the survey and using the data collection tool. WHO also analysed the data received to identify the major gaps in biomedical engineering equipment in 20 public hospitals.

Supporting mental health: establishing links between mental health and peacebuilding

In 2021, WHO commissioned a study to determine links between mental health care and peace-building. The research is part of a pilot project to strengthen mental health and psychosocial support in Somalia and is funded by the Peace Building Fund. The study was conducted in three districts and involved 700 participants: 213 participants from Baidoa, 259 from Kismayo and 228 from Dollow. The participants were mostly young people drawn from communities as well as patients receiving mental health services. The study combines quantitative and qualitative methods and will provide evidence on whether improved mental health can contribute to social cohesion and peace in conflict settings.

WHO also supported the integration of mental health services into the primary health care in three districts, as envisioned in the 2020 Somalia Essential Package for Health Services. This followed capacity development based on the Mental Health Gap Action Programme (mhGAP). WHO also facilitated coaching and mentorship, and supportive supervision in partnership with state and federal ministries of

health. Furthermore, WHO provided basic medical supplies for case management of people with mental health challenges.

Health emergencies: protecting the vulnerable

Preparing for the next pandemic: developing a surveillance system for influenza

WHO supported the Federal Ministry of Health and Human Services to establish a sentinel-based surveillance system for influenza in three states. As a result, for the first time, Somalia has identified the types of seasonal influenza viruses circulating in the country. Since September 2021, 295 influenza samples have been analysed and tested at the Somalia National Public Health Reference Laboratory. The predominant circulating influenza viruses in the country are influenza A(H3N2) and influenza A(H1N1)pdm09. Influenza B virus was also detected amongst the circulating viruses.

WHO's work to help the government strengthen influenza surveillance is supported by the United States Centers for Disease Control and Prevention with a long-term objective of enhancing the country's capacity for surveillance and detection of and response to new influenza viruses as part of country's preparedness for any future pandemics.

Responding to the drought: using anticipatory health actions to mitigate health risks



Through the funds received from CERF, WHO implemented two projects on drought response: on anticipatory action to

address the public health risks from drought in 11 districts and rapid response interventions in nine districts in Hirshabelle, Jubaland, Puntland and South West states and Somaliland, from May to November 2021.

The 11 districts identified by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the health cluster for anticipatory action are at high risk of facing the public health consequences of drought. The project aimed at preventing and mitigating public health risks due to drought through anticipatory public health actions, and thereby limit morbidity and mortality.

Furthermore, WHO worked with state ministries of health to strengthen coordination and leadership in the drought-affected districts, prepositioned emergency medical supplies and conducted rapid field investigation of and response to all epidemic alerts.

Scaling up access to oxygen: delivering a sustainable system

Since the onset of the COVID-19 pandemic, WHO Somalia has been working with the government to scale up access to medical oxygen across the country and develop institutional capacity to maintain this life-saving resource. The first biomedical equipment assessment was conducted by WHO in 2020 and identified the critical need for and shortages of medical oxygen in country. WHO, together with the health authorities and partners, used these findings to guide both short-term oxygen scale up, using oxygen concentrators, and longer-term access using pressure swing adsorption (PSA) plants.

In December 2021, WHO, sensing the urgent need for the pressure swing adsorption oxygen plants to help overcome gaps in access to oxygen in a sustainable way, airlifted two pressure swing adsorption oxygen plants from its manufacturing plant in Slovakia. One of the PSA plants was installed at the De Martino Hospital and are being run in tandem; the first unit delivers bedside oxygen to 25 intensive care unit patients through a pipeline and the second unit is used to refill cylinders. If not supplying oxygen through the pipeline, the plants together can refill 100 40 L oxygen cylinders a day.

Preparation work is underway at the identified site in Garowe, Puntland for installation of another pressure swing adsorption oxygen plants and commissioning of the plants will be completed in the first quarter of 2022.



Continuing the COVID-19 response

Supporting a timely response

WHO partnered with federal and state ministries of health to support the coordination of the response to the COVID-19 pandemic. Under the planning, coordination and monitoring pillar of the country's COVID-19 response plan, WHO procured equipment for the public health emergency operations centres, developed an operations manual for this centre, and built the capacity of centre managers.

In addition, WHO developed the capacity of 1829 community health workers across the country to strengthen community-based surveillance. Community health workers have been crucial for COVID-19 surveillance, contact-tracing and case detection. In September 2021, community health workers reached 343 048 households (1 625 120 individuals) with COVID-19 prevention and education messages. The rapid response teams simultaneously verified and collected samples from 2413 of the 3561 alerts issued by the EWARN system based on

community surveillance, contact-tracing and field investigations.

WHO also procured four additional polymerase chain reaction (PCR) machines, three genome sequencing machines, 1750 RNA extraction kits and assorted equipment and reagents. In addition, 116 inter-agency emergency health kits were procured and will be delivered in December for distribution across Somalia.

Escalating COVID-19 immunization efforts

Since the COVID-19 vaccine was first rolled out in Somalia in March 2021, the WHO Somalia country office has been providing essential support to and collaborating closely with the federal and state ministries of health and UNICEF to improve vaccination coverage and reach to the WHO global vaccination targets.

During this quarter, the WHO country office organized two rounds of accelerated campaigns which resulted in administration of about 800 000 additional doses of the vaccine. Effective engagement with local partners and organizations at both fixed and outreach centres helped drive vaccine uptake.

Distributing surgical masks in Somalia

In 2021, the Ministry of Health of Germany made in-kind donations of 1.3 million surgical face masks to Somalia, through WHO, as part of its COVID-19 response. From September to December, WHO liaised with the federal and state ministries of health to distribute the surgical masks in seven states, with recipients receiving four masks each.

Bringing the end of polio nearer in Somalia: introducing needle-free immunization

As a result of a shortage of inactivated polio vaccine (IPV), studies of alternative vaccines and dosages have shown that a single dose of fractional dose inactivated poliovirus vaccine (fIPV) boosts immunity to a similar extent as a full dose of IPV in children who have received the oral polio vaccine before.

Somalia therefore started a pilot project to introduce the use of the fIPV. The project aimed to: develop the operational expertise of polio eradication personnel; implement a robust

strategy offering the fIPV; and administer a community-based, needle-free immunization campaign to increase IPV coverage among high-risk populations. After careful planning, the pilot project was rolled out in five districts in Banadir, Galmudug, Jubaland, Puntland and Somaliland and targeted 133 335 children younger than 5 years in the first round of this campaign. Overall, 124 515 children (93% of the target) received fIPV vaccines, and health care workers learnt how to use the needle-free jet injectors.

Operation of the pilot project was closely supervised and monitored by senior polio officers from WHO, UNICEF and the respective ministries of health.

Success of this project may lead to a greater role for community-based vaccination in future vaccination activities, particularly among populations that are mobile or that live in hard-to-reach areas.

Managing injuries and reducing deaths: enhancing Somalia's emergency and trauma care systems



To provide support for managing injuries and reduce deaths in Somalia, WHO Somalia organized a series of capacity-building programmes for institutions and health care professionals working in the emergency units of hospitals, in October and November 2021. These programmes were done in collaboration with the Federal Ministry of Health and Human Services, the Ministry of Health Development of Somaliland and the trauma operational team from the WHO Regional Office for the Eastern Mediterranean. Participants included doctors, surgeons and nurses from the country's main hospitals.

- **Surgical team approach to trauma** This training was designed to build a team approach between surgeons and anaesthetists in a mass casualty incident and to simulate situations to offer hands-on skill strengthening. Participants had the opportunity to make a virtual visit to the emergency ward of a high-income country. Overall, 16 doctors and anaesthetist nurses (15 male and one female) from Mogadishu, and 15 doctors and anaesthetist nurses (11 male and four female) from Barbera, Somaliland participated.
- **Mass casualty management training and training of trainer courses** This training aimed to build the capacity of doctors and nurses to prepare for and respond to mass casualty incidents. Participants learnt how to triage, sort injured patients according to the severity of the injury, maintain crowd and media control, and ensure effective coordination with other departments. Seventy-eight health staff (66 male and 12 female) participated. After this training, 33 of the trainees were selected, based on their performance, to develop their own mass casualty management teams and plans at their respective health facilities. The WHO country office will continue to support mentoring and performance evaluation for the next 6 months.
- **Building a trauma system for Somalia** With support from WHO, two workshops were held to develop a roadmap for a national trauma care plan. The participants agreed to develop an effective working committee within the health ministry, initiate discussion on the development of prehospital care, and introduce standard clinical case reports for patients and follow-up and discharge forms in the next 6 months. They also agreed to have a follow-up meeting to review and monitor the planned activities. In total, 36 representatives (28 male and eight female) from clinical, administrative and public health disciplines and directors from the Federal Ministry of Health and Human Services and Ministry of Health Development of Somaliland participated.
- **Prehospital care workshop** The workshop aimed to: explore current prehospital care facilities; identify gaps in prehospital care; gather information from ambulance crews; and create an understanding of the concept of

prehospital care among participants. The workshop had 15 participants (nine male and six female), including Federal Ministry of Health and Human Services directors, ambulance service providers, and doctors and ambulance crews from private and public hospitals.

Establishing an emergency and critical care simulation

- ***laboratory to facilitate capacity-building.*** The WHO Somalia country office, with support from the clinical management unit in WHO Regional Office for the Eastern Mediterranean, finalized the procurement of 10 mannequins for two emergency and critical care simulation laboratories -one in Mogadishu and other one in Hargeisa in Somaliland. These models facilitate hands-on training on cardiopulmonary resuscitation, airway management, intravenous cannula insertion and chest tube insertion while avoiding exposing patients and trainees to risk. Furthermore, health care professionals can use them repeatedly to enhance clinical skills and competency.

Attaining International Health Regulations core capacities: establishing public health emergency operations centres



During a workshop on Integrated Disease Surveillance and Response System (IDSRS) for health security in July 2021, one of the recommendations was to develop a costed workplan to guide the establishment of public health emergency operations centres at national and state levels.

As a next step for this milestone for Somalia, the Federal Ministry of Health and Human Services identified managers

for such centres and watch/surveillance staff who participated in a capacity-building workshop organized by WHO for public health emergency operations centres, in December 2021. This event provided the team with basic skills to undertake their work in the public health emergency operations centre. Staff from the Federal Ministry of Health and Human Services, the national public health emergency operations centre and state centres (Galmudug, Hirshabelle, Jubaland, Puntland and South West State), Banadir benefitted from the training.

The Somalia handbook for public health emergency operations centres has been reviewed and adapted to the recently released handbook published by WHO and the Africa Centres for Disease Control and Prevention.

In addition, through a workshop in November 2021, WHO worked to develop the technical capacity of the Ministry of Health and Development in Somaliland on IDSRS, public health emergency operations centres and health security more broadly. The workshop had 16 participants from the human and animal health sector, the Disaster Management and Food Reserve Authority and the meteorological department. During the workshop, Somaliland carried out a risk-mapping exercise and identified 13 priority hazards that could potentially cause public health emergencies within the region. After this exercise, a draft risk profile was developed.

Meeting health needs of Somalis with Health Cluster support: planning and committing

The Health Cluster team coordinated input for the Humanitarian Needs Overview and Humanitarian Response Plan for 2022. An estimated 6.5 million people will need humanitarian health services and 4.6 million people will be targeted with 51 interventions planned by 49 Health Cluster partners. The total appeal for health in Somalia's Humanitarian Response Plan 2022 is US\$ 109 million.

To strengthen state-level Health Cluster coordination, the Health Cluster Co-coordinator visited three states for supportive visits. The coordinator participated in four interagency assessment missions to hard-to-reach areas, in Ceel Barde, Ceel Waaq, Dinsoor and Wanlaweyne. As the

ongoing drought is taking an additional toll on the already precarious health situation and health services are limited in these and other parts of the country, OCHA launched an emergency response plan in December as part of the 2022 Humanitarian Response Plan to address this situation. The drought response plan for health focuses on cholera preparedness and services for severely malnourished children with complications.

In addition, WHO Somalia hosted a team from WHO headquarters that aimed to develop the WHO localization strategy as part of the Grand Bargain commitment, an agreement between donors and humanitarian organizations to ensure people in need receive the means they need. To this end, WHO also facilitated key informant interviews with a range of stakeholders in Mogadishu.

Leadership, partner engagement and external relations: collaborating for improved outcomes

Working for a better future: signing the WHO Country Cooperation Strategy 2021-2025 for Somalia



At a signing ceremony in Mogadishu in December 2021, the WHO country office for Somalia launched its 5-year Country Cooperation Strategy (CCS), 2021-2025. This important document will guide the Organization's health programme over the next 5 years, in line with national development priorities.

Dr Mamunur Malik, WHO Representative to Somalia and Head of Mission, presided over the event and signed the strategy. Her Excellency Dr Fawziya Abikar Nur, Minister of Health and Human Services of the Federal Government of Somalia and Mr Adam Abdelmoula, Deputy Special Representative of the Secretary General and United Nations Resident and Humanitarian Coordinator for Somalia co-signed the strategy.

The CCS 2021-2025 for Somalia has four strategic priorities: (i) advancing universal health coverage through primary health care; (ii) enhancing health security by strengthening emergency preparedness, surveillance and response, (iii) promoting healthier populations and well-being by addressing the social determinants of health; and (iv) strengthening health governance using the Global Action Plan for Health and Well-being for all. The CCS aims to help Somali people enjoy better health and contribute to a productive, equitable and inclusive society.

Organizing leadership lectures: meeting Dr Maria Van Kerkhove

As a leader at the forefront of WHO's response to the COVID-19, Dr Maria Van Kerkhove gave a valuable talk on leadership to staff of the WHO Somalia country office. Dr Van Kerkhove stated that everyone has an opportunity to be leaders in their work every day. She stressed the importance of teamwork in any organization, and commended the excellent work that country and regional offices do, adding that she regularly read Somalia's stories online.

In his closing remarks, Dr Mamunur Malik advised the WHO Somalia country team to try and work on something new every day and encouraged them to tap into their instincts while at work, particularly while investigating disease alerts.

Launching the report on capitalizing on the COVID-19 response: establishing emergency, critical and operative care services

On 9 December 2021, WHO Somalia officially launched a report *Capitalizing on the COVID-19 response: towards establishing emergency, critical and operative care services in*

a *fragile setting*. This report presents activities conducted under the World Bank's Pandemic Emergency Financing facility to improve access to health services in Somalia during January–March 2021. The launch was chaired by the WHO Representative and attended by, among others, Her Excellency Dr Fawziya Abikar Nur, Federal Minister of Health and Human Services of Somalia, Mr Adam Abdelmoula, Deputy Special Representative of the Secretary-General and United Nations Resident and Humanitarian Coordinator for Somalia, and Ms Kristina Svensson, World Bank Country Manager for Somalia. The launch was followed by a webinar to discuss opportunities to build a stronger and resilient health system in Somalia.

Introducing the Damaal Caafimaad project: strengthening collaboration between WHO, UNICEF, UNFPA and World Bank

In November 2021, WHO, together with the World Bank, UNICEF and UNFPA, organized a meeting related to the World Bank's forthcoming Damaal Caafimaad project in Somalia. The main purpose of this meeting was to foster closer collaboration and partnership among these major health players in Somalia, as well as to establish positive links at operational and strategic levels to facilitate better overall health system coordination in support of Somali health authorities. The heads of organizations and other technical staff attended the meeting.

Each agency agreed that it was vital to work together closely, alongside federal and state level health ministries and the donor community, to avoid duplication of efforts and to complement each other's work to maximize impact. Furthermore, the UN agencies agreed to set up a technical working group for better alignment of health interventions supported by partners and donors. They also decided to establish a strategic coordination mechanism with the respective heads of agencies, who would meet regularly to steer new partnerships to support these efforts in Somalia in the future.

Strengthening national institutions through partnerships: meeting a high-level Swedish delegation to Somalia



In October 2021, the WHO country office team led by Dr Mamunur Malik, WHO Representative met with a high-level Swedish delegation in Mogadishu. The delegation included: Dr Johan Carlson, Director-General of the Public Health Agency Sweden; Dr Anders Tegnell, Deputy Director-General, State Epidemiologist and Head of Department of Public Health Analysis and Data Management at Public Health Agency Sweden; Dr John Owuri, Director of the Swedish Program for ICT in Developing Regions (SPIDER); and officials from the Swedish Embassy. This meeting arose from collaboration between WHO and Sweden in Somalia, exemplified by Sweden's continued support of key WHO staff, in addition to the signature of two memoranda of understanding – one between WHO and Public Health Agency Sweden on supporting the establishment of a national institute of health in Somalia, and the second between WHO and the SPIDER on digitalization of health.

Participants highlighted the positive progress made in setting up and strengthening the national institute of health, despite challenges posed by COVID-19. They also outlined opportunities for potentially broadening cooperation related to the digitalization of health.

Considering health economics: understanding its uses in public health



In November 2021, over 80 participants attended a virtual event hosted by WHO Somalia on health economics in public health. This event was organized jointly by the Evidence and Analytics for Health Security unit of Health Security Preparedness under the WHO Preparedness Emergency (WPE) of WHO headquarters and WHO Somalia country office. Mr Clarke Lorcan, Health Economist of the Evidence and Analytics for Health Security unit of WHO headquarters facilitated this virtual workshop at the country office in Mogadishu. Participants were introduced to key concepts in economics and health economics and their potential use in their areas of work, with a focus on three topics linked to the work of WHO Somalia.

- First, the return on investment of vaccines and ways to measure the health and economic impact of immunization on households, health systems and the wider economy.

- Second, the principles of market supply and demand in terms of health workforce development, including the need for well planned and sustainable financing, and incentives for training and retaining health workers.
- Third, exploration of governments' uses of and people's responses to public health restrictions during the COVID-19 pandemic, which showed how economic evaluations can be beneficial, by offering a way to compare the opportunity costs in health sector decision-making.

The seminar concluded with an interactive session of questions and discussions. This event will be followed by a short workshop in early 2022, which will focus on the practical steps of conducting economic evaluations within health care.



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