



World Health
Organization

Somalia

WHO's work in pictures 2020



*Saving lives and protecting health:
acceleration, innovation and impact*





This photograph album shows the work of the WHO country office in Somalia during 2020. The album documents the progress made by WHO in Somalia to improve health outcomes of the population of Somalia and highlights important achievements.

While for most of the year our work centered on responding to the coronavirus disease (COVID-19) epidemic, we had to redouble our efforts to maintain and where possible scale up our life-saving interventions within our many other health programmes. Operating in one of the most challenging and complex environments, these programmes focus on improving health services delivery, increasing access to care and treatment, and building a strong health system to achieve universal health coverage.

We remain grateful to our donors and partners for their ongoing and vital support for our work and their continued trust and confidence. Our success in 2020 very much depended on the work that we did together with our partners, especially with the Federal and State ministries of health. We are also grateful to other UN agencies for their strong engagement with WHO to achieve health for all in the country.

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ISBN 978-92-90-228813 (electronic version)

ISBN 978-92-90-228806 (print version)

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Photo credits: Ms Fouzia Bano

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Ensuring health for all for everyone everywhere: leaving no one behind



WHO has continued its work with the government and other partners to accelerate primary health care services to achieve universal health coverage (UHC).

At the request of the Federal Government, WHO started 2020 with a three-level mission from 12 to 17 January 2020, with representatives from WHO headquarters, the regional office and the country office. Under the theme of primary health care for UHC, the mission aimed to support the country in reviewing the current status of primary health care in the country and identifying priorities and strategic directions to advance UHC. The recommendations of this mission led to the development of Essential Package of Health Services (EPHS) by the Federal Ministry of Health, which was officially presented to the donors by the government on 3 December 2020. The development of the EPHS, from conceptualization to content development, including prioritization of health services for different levels of health care, was supported by WHO.

WHO's commitment to advance UHC in the context of a fragile health system and protracted crisis was reflected during the year through its organization of policy discourses, strategic engagement with partners and advocacy for building a stronger and resilient health system to achieve health for all.

As one example of strong and effective collaborations for UHC, the WHO country office, UNICEF and UNFPA conducted a joint field mission to Somaliland and Puntland in December 2020, in which the Ambassador of Sweden also participated. The objective of this mission was to demonstrate the value of joint planning and implementation for health services delivery when pursuing a common vision and goal of achieving Sustainable Development Goal 3.

Ensuring health for all for everyone everywhere: leaving no one behind



During 2020, the country office also scaled up work in connection with the Global Action Plan for Healthy Lives and Well-being for All, especially in the primary health care accelerator for which Somalia has been identified as a pilot country. A report on Somalia's work for the global action plan was highlighted in the global action plan progress report, which was launched virtually in September 2020 in Geneva¹. As part of the work, the WHO country office participated in the primary health care measurement initiative² and also finalized a road map for bridging gaps in availability of and access to medical oxygen at health centres in the country.

On 12 December 2020, during the celebration of UHC day, the three main agencies working for the health sector in Somalia – WHO, UNICEF and UNFPA – committed to work towards: scaling up the availability of medical oxygen; investing in the health workforce in support of 2021 as the International Year of Health and Care Workers; and boosting immunization efforts to protect children from life-threatening diseases. More than 50 participants from the Federal Government of Somalia, health and UN partners, including the UN Resident Coordinator, commemorated UHC day in Mogadishu and online to raise awareness and recommit to achieving UHC.

¹Stronger collaboration, better health: 2020 progress report on the Global Action Plan for Healthy Lives and Well-being for All. Geneva: World Health Organization; 2020, pp 12–13. (<https://www.who.int/publications/i/item/9789240010277>).

²Assessing, measuring, improving PHC [internet]. Geneva: World Health Organization; 2021 (<https://www.who.int/activities/assessing-measuring-improving-phc>).

Ensuring every child counts even during the pandemic: minimizing disruption to routine immunization



Despite the effects of COVID-19 on access to regular health services during the first half of 2020, WHO's intensified support to the routine immunization programme helped essential health services for children to resume. With WHO's support, in March and April, Somaliland and Puntland implemented an integrated campaign to administer measles vaccines, bivalent oral polio vaccine, vitamin A and deworming tablets to children. A similar campaign was conducted in Banadir in September. Overall, 1 536 932 children received the bivalent oral polio vaccine, 1 416 950 children received measles doses, 1 395 699 children received vitamin A supplements and 1 194 948 children were given deworming tablets.

In 2020, 514 567 (83%) children aged under 1 year received pentavalent 1 450 983 (73%) children received pentavalent 3 and 433 863 (70%) children received the first dose of measles vaccines. However, due to the effects of COVID-19 on routine immunization, about 105 000 children did not receive the pentavalent 1 vaccine, 169 000 children did not complete three doses of pentavalent and 186 000 children aged under 1 year missed their first measles dose.

WHO also supported the containment of recurrent measles outbreaks in Kismayo, a hotspot for the disease. To this end, 176 trained teams set out to vaccinate 56 500 (95%) children and offered them vitamin A and deworming tablets. WHO supported the health ministry of Jubaland to establish a measles testing laboratory in Kismayo General Hospital and trained staff to diagnose and manage measles cases. Throughout the country, cases of measles dropped from 4514 in 2019 to 2596 in 2020 as a result of these timely interventions despite the negative effect of the pandemic on routine immunization.

Enabling access to safe essential medicines: ensuring rational drug use at every health facility



In 2020, WHO supported the Somali government to develop a national action plan on antimicrobial resistance. As a result, from October 2020 onwards, Somalia has been enrolled in the WHO Global Antimicrobial Resistance Surveillance System (GLASS), which supports global surveillance and research to strengthen the evidence on antimicrobial resistance. Promotion of the rational use of drugs continues as an important part of the work of the WHO country office. Work on antimicrobial resistance and Somalia's enrolment in GLASS will generate further information on the country's progress in improving the rational use of essential drugs in health centres.

WHO also supported the Federal Ministry of Health in conducting a survey of the pharmaceutical sector to determine access, availability, affordability, quality and rational use of medicines at the health-facility level. This survey was conducted in 65 health facilities – 30 public facilities, 30 private pharmacies and five public warehouses in Banadir region, South West State, Jubaland State, Puntland and Somaliland. The survey found that: 76% of public health centres, 83% of private pharmacies and 74% of public warehouses had key essential medicines available; 70% of public health centres and 87% of public warehouses had adequate stock records; and in 96% of public health centres, prescribed medicines were dispensed free of charge.

WHO also commemorated World Antimicrobial Awareness Week during 18–24 November 2020.

Ending tuberculosis: scaling up treatment and care in the midst of the pandemic



WHO anticipated that COVID-19 would have a secondary impact on tuberculosis (TB) control in the country by disrupting the routine programme for universal access to treatment and care. Nonetheless, the TB programme recorded 17 139 TB cases, of which 16 887 were drug-sensitive TB cases and 252 were drug-resistant TB cases. Case notification for drug-sensitive TB dropped by 0.5%, while that for drug-resistant TB dropped by nearly 24%, possibly as a result of COVID-19. Even though health service delivery for TB patients was severely strained, the cure rate for drug-resistant TB cases improved from 87% in 2018 to 92% in 2020.

WHO also supported government efforts to improve the diagnostic and testing capacity for COVID-19. About half of the 44 GeneXpert machines available in the country for TB diagnosis were also used to test for COVID-19, especially in outlying areas where access to testing for COVID-19 was limited.

Furthermore, the programme provided 12 817 341 tablets of first-line drugs to treat drug-sensitive TB and 6800 boxes of second-line drugs to treat drug-resistant TB, and trained 95 health workers in TB diagnosis, infection prevention and control, and case management.

Eliminating malaria: continuing control efforts despite disruption of services



Despite severe disruptions to services and control activities because of the COVID-19 epidemic, WHO continued its work to reduce malaria and improve vector control across the country with the goal of achieving malaria-free status.

In 2020, 341 341 suspected cases of malaria were tested, of which 27 526 were positive. All these cases were treated with artemisinin-based combination therapy. Compared with 2019, the number of malaria cases treated declined by 30% (39 341 cases of malaria were treated in 2019).

In order to offset the anticipated effect of COVID-19 on malaria control and elimination, WHO scaled up control efforts in high-risk areas. To that end, 1 473 529 long-lasting insecticidal nets were distributed to 2 947 058 people in malaria-prone areas. WHO also supported indoor residual spray activities in the flood-affected areas as a core intervention to reduce and control the risk of a surge in malaria cases. An estimated 269 685 people were protected by these control interventions.

At a strategic level, WHO supported the health ministries to conduct a comprehensive review of the malaria programme in 2020. Based on this review, WHO and the government updated the National Malaria Strategy and Monitoring and Evaluation Plan, 2021–2025.

With support from WHO, the national malaria programme identified the *Anopheles stephensi* mosquito for the first time in Somalia. This species is a more invasive vector and was found mostly in urban areas of Somalia. Detection of this vector was an achievement given the severe strain on the programme caused by COVID-19.

Controlling neglected tropical diseases: keeping sight of elimination goals



WHO maintained and worked to accelerate its efforts to control neglected tropical diseases in 2020, keeping sight of elimination goals for leprosy, schistosomiasis, soil-transmitted helminthiases and visceral leishmaniasis. With WHO's support, a third round of mass drug administration for soil-transmitted helminthiases and schistosomiasis was conducted despite severe constraints on movement of people across the country and logistics challenges for drug administration. The mass drug administration covered 1 666 618 school-aged boys and 1 118 143 school-aged girls. A total of 5 099 986 tablets of praziquantel were distributed for schistosomiasis as well as 2 765 595 tablets of mebendazole to protect people from infections caused by worms.

Across the country in 2020, 2643 cases of leprosy were also detected and treated in owing to improved case detection and case findings.

Managing HIV/AIDS: sustaining universal access to health services



Despite the low prevalence of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in Somalia, WHO efforts continued to ensure universal access to prevention, treatment and care services.

By the end of December 2020, of the 10 409 people estimated to be living with HIV in Somalia, 3697 were receiving antiretroviral therapy, up from 3326 of 10 674 people living with HIV at the end of 2019. This increased the coverage of antiretroviral therapy for people living with HIV to 35.5% in 2020, up from 31.2% at the end of 2019. HIV testing for TB patients reached a coverage of 94.4% in 2020, and 81.6% of those found co-infected with TB and HIV were reported to have started antiretroviral therapy.

In addition to facilitating training and provision of essential supplies, the accuracy with which health facility staff perform HIV testing was assessed through an external quality assurance exercise in 2020. The results showed that the accuracy of HIV testing done by Somali health workers was 98.7%, one of the highest rates reported in the region.

Throughout 2020, WHO continued to: help enhance laboratory services for testing for HIV; support people living with HIV and AIDS; and strengthen the country's response for HIV and AIDS, including through technical inputs for a successful Global Fund HIV grant for 2021–2023 worth US\$ 20.58 million.

Eradicating polio: reaching every last child to stop transmission



Even though Somalia has been free of wild poliovirus since 2014, the country's polio eradication programme detected outbreaks of circulating vaccine-derived poliovirus types 2 and 3 (cVDPV2 and cVDPV3) in late 2018. Since then, Somalia has continued to experience outbreaks of cVDPV2 every year; in 2020, 14 children were confirmed with cVDPV2 in the country. The COVID-19 pandemic challenged WHO's continued efforts to stop and interrupt transmission of circulating vaccine-derived poliovirus in the country.

To ensure every Somali child is protected from both the wild poliovirus and all other strains of poliovirus, even during the pandemic, WHO continued to implement high-quality interventions, such as immunization campaigns, surveillance to search for children with polio-like symptoms and signs of polioviruses in water samples in the environment and among communities.

In 2020, 1 536 932 (90%) children were offered bivalent oral polio vaccines. During September and October 2020, outbreak response campaigns were conducted in the federal member states to provide the monovalent oral polio vaccine. During each campaign, 94.6% and 96.0% of targeted children were covered, respectively. In December 2020, a nationwide campaign offering bivalent oral polio vaccine covered 97.1% of the targeted children.

Surveillance is a crucial strategy in Somalia's efforts to eradicate polio and ensure that any transmission of polioviruses is interrupted. In 2020, the country reported 375 cases of acute flaccid paralysis (where children have polio-like symptoms), including some that were confirmed as cVDPV2. A total of 81 samples were collected from seven environmental surveillance sites in Mogadishu and Baidoa; 26 of these samples were confirmed as cVDPV2, showing circulation of the virus in these locations.

Protecting the vulnerable: ensuring a continued response to health emergencies during the pandemic



Despite the pandemic, WHO managed and responded to other recurrent threats and risks to ensure that any outbreaks did not progress to become a major health concern.

Keeping cholera elimination on track

Because of recurrent flooding of rivers, coupled with inadequate health care services and insufficient access to clean water and sanitation facilities, Somalis in parts of the country have had to endure cholera outbreaks over the years.

In 2020, 6589 cholera cases and 33 deaths due to cholera were reported which was higher than 2019, and the cumulative attack rate was 183 cases per 100 000 populations. This increase may have been as a result of disruption of services for cholera control and elimination. Nonetheless, WHO's support for improving case management and access to care resulted in the low case fatality rate of 0.5% throughout the country.

In 2020, 587 stool samples were tested for culture, 175 of which tested positive for *Vibrio cholerae* serotype Inaba. WHO continuously monitored the incidence of the disease. At the same time, WHO worked to build the capacity of health care workers in case detection and response to keep the country on track to achieve the goal of eliminating cholera in the country as part of the global strategy to end cholera launched in 2017.

Protecting the vulnerable: ensuring a continued response to health emergencies during the pandemic

Managing injuries and trauma

As different types of emergencies occurred in the country, including armed violence, WHO continued to monitor the number of people injured or affected by such violence and respond accordingly.

In 2020, 139 890 injuries were reported from health facilities which implied an increase of 4.6% compared with the number of people injured in 2019 (133 770 injuries). In response, WHO provided medical support for treatment and care for injuries, especially making sure that the health centres treating the injured cases had the emergency medical supplies for treatment of trauma and all types of injury. In 2020, WHO distributed 53 health emergency kits (trauma kit A and B), 24 interagency emergency health kits and seven surgical kits. An estimated 107 900 severely injured patients benefitted from treatment from these supplies over a period of 3 months.

Providing nutrition for all

The effects of protracted conflict, and the triple threat of floods, drought and locust invasions in parts of Somalia, together with the collapse of social services during the pandemic and limited capacity of the government to provide for communities have resulted in persistent levels of malnutrition in children in Somalia.

An estimated 256 653 children aged between 6 and 59 months suffered from severe acute malnutrition in Somalia during 2020. About 19 450 (7.6%) of these children also had medical complications and were at high risk of dying from malnutrition-related causes. WHO supported the case management of severely malnourished children with medical complications by training health care workers to improve their knowledge and skills for inpatient management of this condition. WHO also provided essential nutrition supplies to improve quality of care in 53 nutrition stabilization centres in the country that are designated centres for the treatment of children with severe acute malnutrition with medical complications. During 2020, 12 096 children with severe acute malnutrition with medical complications were admitted in 53 nutrition stabilization centres in the country, a decrease of about 38% on the admission rate in 2019. The decrease in the number of admissions may have been a result of the COVID-19 pandemic. Of the children admitted, 292 (2.4%) died, while most recovered and were discharged.

Maintaining essential health services

WHO continued its support of essential health services in the country during 2020 despite the necessary focus on responding to COVID-19. This support ensured that health gains in the areas of mother and child health and in other priority areas for Sustainable Development Goal 3 were not reversed.

Part of this work in 2020 to improve access to health care included: resuming mass immunization campaigns for childhood diseases such as polio to offset the effect of COVID-19; distributing personal protective equipment to the health workers providing essential health care; delivering risk communication and advocacy messages to communities about seeking health services safely; and distributing essential medical and

Protecting the vulnerable: ensuring a continued response to health emergencies during the pandemic

surgical supplies so that health facilities and hospitals did not run out, including providing transportation and logistics support to ensure that the supplies reached remote and hard-to-reach areas. It is estimated that over 5 million vulnerable people, especially internally displaced people, benefitted from WHO's support to maintain essential health care in the country.

Monitoring health resources

HeRAMS – an online electronic system used to collaboratively monitor essential health resources and services for decision-makers was rolled out in 2020 on a limited scale.

Following a training of trainers session on HeRAMS, conducted for WHO staff in December 2019 in Jordan, WHO collected information to compile a master list of health facilities for HeRAMS from January to March 2020. In close collaboration with the Federal Ministry of Health, the system has been rolled out with data from 1562 health facilities currently available in the online portal. Of these facilities, 438 (28%) are primary health care units, 75 (5%) are mobile health clinics, 883 (57%) are health centres, 114 (7%) are hospitals, 22 (1%) are referral health units, 26 (2%) are TB centres, 4 (<1%) are nutrition centres.

Coordinating humanitarian health action during COVID-19: leading the response through the Health Cluster



During the pandemic, the Health Cluster oversaw the regular coordination of more than 120 health partners in the country that jointly provided a strategic health response to the country's humanitarian needs which were exacerbated during the pandemic. In 2020, 26 local and international Health Cluster partners provided 2.3 million outpatient consultations across the country, reaching 91% of the annual target. The highest proportion of consultations (17%) was in Banadir and 58% of the consultations across the country were provided to females.

Among the activities carried out to coordinate the response to COVID-19, WHO conducted: a survey to map the capacity of partners to respond to COVID-19; an assessment on service disruptions and reallocation of resources during COVID-19; a survey on disability-inclusive health response during COVID-19; and a mapping of COVID-19 isolation centres. The Health Cluster also teamed with UNICEF to train more than 300 people on: gender-based violence; disabilities inclusion; mental health and psychosocial support; HeRAMS (health resources and services availability monitoring system); and risk communications and community engagement.

In addition, the Health Cluster standardized assessment tools to conduct more effective and flexible data collection activities whenever needed.

Confronting COVID-19: accelerating the response



Somalia confirmed the first case of coronavirus disease (COVID-19) on 16 March 2020. By the end of 2020, the country had reported 4726 confirmed cases of COVID-19 (including 245 health care workers) with 130 associated deaths.

Since January 2020, WHO Somalia supported the country to prepare for and respond to COVID-19. This support included the establishment of incident management support teams to coordinate and enhance public health preparedness and response at national and subnational levels, covering a range of important areas such as surveillance and maintenance of essential health services.

In 2020, over 3300 community health workers were deployed by WHO to enhance detection and response activities at the community level. They detected 9048 alerts of COVID-19 through door-to-door visits. At the same time, 73 rapid response teams were deployed at the district level in 51 priority districts to investigate the alerts. Of all confirmed cases reported by the country, 42% were detected by these community health workers.

WHO equipped 694 health facilities with the Early Warning Alert and Response Network for early detection, investigation and response to COVID-19 and 14 other priority diseases. Testing capacity for COVID-19, which did not exist before the pandemic, was established in 24 laboratories across Somalia with support of WHO. To offer care for COVID-19 patients, WHO supported the government to establish 19 isolation centres, trained staff and provided salaries for staff and equipment and supplies. WHO trained 7189 health workers in surveillance, case management, infection prevention and control and risk communication in 2020.

Information on the trajectory of the COVID-19 epidemic was shared regularly with partners through weekly situation reports.

WHO's work in numbers: response to COVID-19 in 2020

Number of health care workers trained in surveillance, case management and risk communication	7 189
Number of rapid response teams deployed for case investigation	73
Number of community health workers deployed for case finding and contact tracing	3 327
Number of sample collection kits distributed	10 192
Number of COVID-19 samples transported for testing	4 228
Number of suspected cases investigated and tested for COVID-19	81 282
Number of households visited by the community health workers	4 170 686
Number of individuals reached by the community health workers with risk communication and awareness-raising information	8 828 341
Number of isolation facilities supported	19
Number of new health facilities added to EWARN	198
Number of alerts (from EWARN) investigated	1 040
Number of new risk communication messages produced	131
Number of personal protective equipment kits distributed	12 829
Number of face masks distributed	21 650
Number of oxygen concentrators delivered	67

Strengthening collaboration and visibility: generating new funding



As part of its mandate, WHO continued to increase the visibility of its work in Somalia, forge partnerships with new stakeholders and strengthen collaboration with existing partners. Two memorandums of understandings were signed, nine bilateral donor agreements were approved and 164 information/communication products were developed, distributed and disseminated using the websites and social media outlets of the WHO country office. The new country office website was also redesigned and attracted 58 000 viewers in fewer than 7 months. Eight events were also organized including policy dialogues, a project launch, webinars and high-level missions. This increased engagement with donors and partners and enhanced visibility of the work of WHO in Somalia also attracted more funding for new WHO programmes in Somalia which has already exceeded the level of funding received by the country office in the past 5 years.

Enhancing efficiency: achieving impact



Successful operations, support and logistics rely on coordination and connection within the respective programme and units. The year 2020 was a challenging time for operations, support and logistics. The business operations team was responsible for operations support, supply chain management and health logistics for WHO's operational support of the response to COVID-19.

In 2020, the country offices' operations, support and logistics efforts ensured that the required forecasting and procurement of medical and non-medical supplies in response to both the COVID-19 pandemic and other essential health care services were on track, and that warehousing, transportation and distribution of medical and non-medical supplies were appropriately managed. While the establishment of COVID-19 testing was underway, COVID-19 samples were collected, airlifted and shipped to laboratories outside the country. Even after three testing laboratories had been established by April 2020, more than 10 000 COVID-19 samples were airlifted from remote areas to the designated laboratory in the country for testing. In addition, life-saving missions were supported. In 2020, the country office spent more than US\$ 430 000 for airlifting shipments of emergency drugs and medical supplies and supporting other life-saving missions within the country. WHO also distributed 59 338 kg of medical and non-medical supplies to all health centres in the country to maintain and support essential health care services. The country office procured five new vehicles for its staff which allowed them to work more effectively.




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We thank our partners:



ISBN 978-92-90-228813 (electronic version)

ISBN 978-92-90-228806 (print version)