

CASE STUDY

Strengthening the public health system in a conflict setting:
an example of a unique partnership between WHO, Sweden and Somalia working towards achieving health for all

September 2022



World Health
Organization

Somalia

A country on the way to recovery from crisis and conflict

Somalia is continuing its recovery from decades of conflict, civil unrest and protracted humanitarian crises, underdevelopment and political instability. The country has been making significant progress on its path to peace, stability and sustainable development since the formation of a new federal government in 2012. The establishment of a nascent federal structure, strengthened federal and state-level institutions and improved public sector management have allowed peaceful transition of power through electoral processes. These developments have helped consolidate political gains, increase economic growth and deepen the accountability of the state to its citizens.

Somalia is one of the countries in the world most vulnerable to climate change and it has experienced a wide range of natural and human-induced disasters due to its unique geographical, physiographical and strategic setting. In the past decade, Somalia has suffered catastrophic natural disasters that have caused widespread loss of life,

Climate change will continue to multiply risks to health, causing displacement, conflict, exacerbation of water and food insecurity, and fragility in Somalia unless it is effectively embedded into the country's overall management of risk reduction and resilience-building efforts.

livelihood and assets. A famine in 2010–2012 and a prolonged drought in 2016–2018 resulted in many deaths and long-term large-scale population displacement. Moreover, rapid urbanization, including a rise in squatter settlements, has increased the vulnerability of marginalized people living in run-down environments. As a result, health emergencies and disease outbreaks are common in the urban areas. Multiple concurrent crises – coronavirus disease 2019 (COVID-19), locusts, flooding and the current drought in 2022– continue to disrupt Somalia's economic recovery.

The health sector in Somalia has faced several public health threats over the years resulting in infectious disease outbreaks, mass casualties and malnutrition among vulnerable populations. Despite the weak health system, the Government, through the Federal Ministry of Health & Human Services and State ministries of health, and with



support of the World Health Organization (WHO), has worked to contain and eliminate these public health threats. The COVID-19 pandemic has further strained the fragile health system in the country and has negatively affected the delivery and continuity of essential health care services. Some projections suggest that the life-saving vaccination coverage, which is already low, may drop by 20%, facility-based health service delivery may decrease by 4% and childhood deaths may increase by 13%.

Throughout Somalia's efforts to recover from the years of conflict and crises, WHO Somalia has endeavoured to provide wide-ranging support to the country to improve the fragile health system so it can safeguard health security and deliver the services needed to enhance the health of all the people.

Somalia is in the initial stages of an epidemiological transition, characterized by declining maternal, infant and child mortality and increasing life expectancy at birth. Life expectancy at birth for both sexes is still lower than the sub-Saharan Africa average of 61.3 years. The current Universal Health Coverage Service Index is 27 out of 100 against a global average of 60.3.

Unique partnership to build a resilient public health system

An innovative partnership between WHO, Sweden and Somalia's Ministry for Health was launched in December 2020 to address some of the persistent health problems in the country. The partnership, which is borne out of a policy dialogue and a high-level mission led by the Ambassador of Sweden to Somalia, HE Staffan Tillander in December 2020, aimed to create, initially, an independent Somali Public Health Institute and to modernize the country's health information management system. The underneath goal of this partnership was to build essential public health functions at the district levels that aim at preventing diseases and protecting health of the most vulnerable populations.

This collaboration between Sweden and WHO in Somalia was inspired by WHO's 2019-2013

General Programme of Work to deliver impact at the country level and has gained strength day by day since it was launched.



Building of National Institute of Health (NIH) as a specialized public health agency

The National Institute of Health (NIH), which was established in 2013 by the Federal Ministry of Health & Human Services, was designated as the national focal point for IHR 2005 and therefore spearheads the implementation of the NAPHS¹. In 2021, through a ministerial directive, the National Institute of Health was assigned several functions including: surveillance; national public health laboratories; human resources capacity development; health research; and public health emergency operations centres. To fulfil its responsibilities, and with support of the Public Health Agency of Sweden and WHO, the National Institute of Health developed a 3-year (2021-2023) strategic plan for strengthening public health system in the country 2021–2023. The plan was developed through a consultative workshop held in January 2021.



Making the NIH a centre of excellence is one of the priorities of WHO. We will help build the capacities of the institute, which will enable Somalia to deal more effectively with public health issues into the future, including potential disease outbreaks and pandemics. We are thankful to our partners such as the Public Health Agency of Sweden and the Swedish International Development Cooperation Agency for their funding support for building the NIH as the leading public health agency in Somalia.

Kyle DeFreitas

External Relations and Resource Mobilization Officer, WHO Somalia



¹ The NPAHS stands for National Action Plan for Health Security which was developed by the Government of Somalia with technical support from WHO. The NPAHS, developed following the assessment of IHR (2005) core capacities, aims to ensure that vulnerable populations in Somalia are protected from health emergencies.

Frontline Field Epidemiology Training Program

To address Somalia's limited capacity to detect and respond to health emergencies, WHO, Public Health Agency of Sweden, United States Centers for Disease Control and Prevention, Africa Field Epidemiology Network, and other partners supported the National Institute of Health in establishing the Frontline Field Epidemiology Training Program (FETP-Frontline) in August 2021.

FETP-Frontline is a 3-month on-the-job training that covers the critical skills needed to conduct surveillance and response activities effectively at the local level, with a focus on improving disease detection, reporting and response. FETP-Frontline is based on the principle that improving the epidemiological skills of staff from the health ministry improves their ability to prevent, detect and respond to public health priority issues, which in turn would improve public health security in a country. It aims to develop the public health workforce in the country.

Two cohorts of the FETP-Frontline have been completed with 44 graduates including 10 women. The third cohort began on 18 September 2022 and has 48 participants (including 11 women) enrolled from across Somalia. For sustainability of FETP-Frontline, the National Institute of Health intends to establish a steering committee which will develop a strategic plan, conduct advocacy and resource mobilization, and appoint a faculty to run the day-to-day activities of the program.



With the goal of becoming the leading evidence-based centre of knowledge, research and training the National Institute of Health, will be the epicentre of efforts to shape Somalia's public health system and the future of healthy Somalis.

Dr Abdifatah Diriye Ahmed

Executive Director of the National Health Institute, Federal Government of Somalia



First public health research conference laying the foundation for health research

The National Institute of Health and the Federal Ministry of Health & Human Services convened the first public health research conference in Garowe, Somalia, between 30 January and 1 February 2022. The conference, which was a milestone for research in Somalia, brought together 200 national and international researchers to present 50 research abstracts that showcased new evidence and best practices in public health in Somalia. Of the 50 researchers presenting, seven were women. In addition, 12 panel presentations were held which stimulated discussions on policy development and action in Somalia.

The conference aimed to provide health researchers, academics and health care practitioners with the opportunity to present their ongoing research projects and share their successes, challenges and the gaps their studies have identified.

Building on the Swedish Government's support in the 1980s to the Somali National University for research and fellowships for Somali health professionals, this conference brought together the Alliance for Health Policy and Systems Research, WHO, the Public Health Agency of Sweden, Somali universities, the Somali-Swedish Research Cooperation Initiative and the Somali Swedish Researchers' Association. This partnership placed health research at the forefront to accelerate progress towards UHC and the Sustainable Development Goals on the basis of the conviction that the development of research capacity is key to rebuilding national public health services in fragile states.



Research prioritization workshop

Public health research prioritization is an integral component of public health system that has been carried out to effectively allocate limited health research resources, increase research value and decrease research wastage. In Somalia, despite the gains made through investments of the public health system in the past 2 decades, little attention has been given to building a national public health research system and production of knowledge relevant to the country. Moreover, no nationally unified public health research agenda exists in Somalia. For the first time, a public health research prioritization workshop was held on 9–10 March 2022 in Mogadishu with the support of WHO and with a goal of producing consensus on 231 research questions proposed by public health researchers in Somalia. The workshop was attended by 60 health researchers from public and private health sectors in Somalia, academia, developmental partners and humanitarian agencies.

A list of 10 research questions were prioritized in this workshop:

- What are the bottlenecks in accessing the essential package of health services in hard-to-reach communities?
- What is the current status of using evidence-based research for decision-making? What is the current status of using evidence for decision-making and what mechanisms are in place to ensure that evidence generated from Somalia health research is used for better decision-making?
- What is the pattern and extent of antimicrobial resistance of pathogenic bacteria in Somalia?
- What are the prevalence and severity of dental caries and their risk factors among schoolchildren in Somalia?
- What are the prevalence and distribution of noncommunicable diseases and their risk factors in Somalia?
- What is the prevalence of obesity in men and women aged 18 years and older in Somalia and the factors influencing it, and what are the knowledge, attitudes and perceptions regarding obesity?
- What is the prevalence and factors contributing drugs and substance abuse among school children?
- What is the prevalence of post-traumatic stress disorder among displaced populations in Somalia?
- What are the factors influencing preferences for home delivery over health-facility delivery in Somalia?
- What are the factors associated with the low rate of completion of attendance of antenatal care?



Integrated disease surveillance and response strategy for Somalia

In 2020, the Somalia Federal Ministry of Health & Human Services and the Somalia National Institute of Health made a strategic decision to adapt and implement the Integrated Disease Surveillance and Response Strategy (IDSRS).

Subsequently, with support from WHO, Public Health Agency of Sweden and other partners, the Federal Ministry of Health & Human Services and National Institute of Health, together with the State ministries of health convened a series of workshops and meetings to finalize the steps, timelines and a 3-year operational plan to achieve implementation of the Strategy in Somalia. The completion of this 3-year operational plan and technical guidelines (including standard operating procedures and reporting tools) for implementation of the Strategy has been a milestone towards implementing the IDSRS in the country.

The implementation of IDSRS in Somalia marks a new era in public health. It will detect epidemics and other public health events in real-time, address multiple barriers, fragmentation and gaps in the country's core capacities for IHR. The strategy will advance One Health agenda, build essential public health functions of district health system and accelerate the primary health care to advance the UHC. The strategy will also build up the appropriate public health workforce in the country which is part of the essential health services at the district level.

Public health emergency operations centres

WHO is supporting the National Institute of Health establish seven public health emergency operation centres: one national and six state-level operations centres. Through a workshop held in July 2021 the leadership of NIH gained an understanding of what these operations centres are, how they function and their added value. With the skills acquired, the leadership at the national and state levels identified and selected qualified teams to work in the public health emergency operations centres and enabled them to provide policy direction during outbreak response. The teams received training in two workshops in Kenya and Djibouti in November and December 2021. Technical teams from WHO supported the Federal Ministry of Health & Human Services with structural designs that could be adapted to construct or establish public health emergency operations centres in Somalia. Basic IT equipment for these operations centres has been procured and installed in four centres in Galmudug, Jubaland, Puntland and Somaliland. WHO has also supported the development of the public health emergency operations centres manual, standard operating procedures and a costed operational plan. These policy documents will guide the daily operations at the centres and the longer-term plans.

Capacity-building for IHR (2005)

To equip the National Institute of Health with the capacity required to fulfil its mandate as the national focal point for IHR 2005, several training events – virtual and physical were organized – for National Institute of Health staff and the IHR task force. These trainings included a 1-week training on IHR 2005 in Cairo in October 2021 conducted by the WHO Regional Office for the Eastern Mediterranean. These trainings substantially built the capacity of the National Institute of Health to perform its functions as the National Focal Point (NFP) for IHR (2005) in Somalia effectively.

Effective coordination of public health events, including disease outbreak preparedness and response, requires a well established and functional public health emergency operations centre and a fully mandated incident management system. To achieve functional public health emergency operations centres, continuous capacity-building will be needed, including simulation exercises.



Working towards strengthening health information system: data for action

Somalia's health system has been weakened by decades of conflict and recurring natural disasters. In particular, Somalia lacks a comprehensive Health Information Management System (HIMS) capable of electronically collecting and sharing information from community to national level. While WHO continues to support establishing an integrated disease surveillance and response strategy (IDSRs) in Somalia, the SPIDER Center (based within University of Stockholm) alongside the Federal Ministry of Health and health authorities in Puntland, Galmudug and Banaadir, launched a 3-year project entitled "Health Alliance for Digital Development and Action". The aim of this project, funded by the Swedish International Development Agency (SIDA), is to create and strengthen a HIMS in Puntland, Galmudug and Banaadir as a pilot project, which will then inform further development and expansion of such a system at national level across Somalia.

It is within this context that WHO and SPIDER have agreed to collaborate on developing this HIMS, as well as an IDSRs in the country. On 25 February

2021, the World Health Organization (WHO) country office for Somalia and the SPIDER Center signed a non-financial memorandum of understanding (MOU) to formalize a partnership that aims to develop an integrated and digital health information management system (HIMS) in Somalia.

As the United Nations' lead technical agency for health, WHO will offer technical support to this project and facilitate the identification of local opportunities for resource support. Overall, this collaboration will help strengthen Somalia's health system, and how health data is stored, thereby improving health for all.

Thus far, an assessment of the existing health information system in Somalia has been conducted by WHO with the participation of SPIDER. WHO is also spearheading the Harmonized Health Facility Assessment (HHFA) with financial support from Sweden. The HHFA is a comprehensive health facility survey that assesses the availability of health facility services and the capacities of facilities to provide services at required standards of quality.



This collaboration is a good starting point for engagement with key actors working to strengthen Somalia's health system. An integrated HIMS ought to serve the needs of all actors in a health system. A multi-stakeholder approach is key to achieve consensus that creates a responsive and adaptable health system in Somalia. SPIDER and Stockholm University are happy to engage in these partnerships to consolidate resources required to realise the SDGs

Dr John Owuor, SPIDER's director



Data remain the key for informed public health decisions. This collaboration between WHO and SPIDER will be pivotal in improving the capacity of the health workers in the country to collect, collate and analyze health and nutrition data in a way that helps them to measure health outcome and impact. This collaboration will help the country to build its own capacity to monitor and track progress towards the Sustainable Development Goals by systematically analyzing the available health information.



Achieving health for all, by all: a strong public health system is the key

The country's fragile and weak health system stands in the way of achieving universal health coverage in the country. The country's public health system is unable to withstand the shock of multiple crisis that the country is going through. The joint external evaluation for IHR core capacities, undertaken in 2016, found large gaps in the country's capacities to prevent, detect and comprehensively respond to public health threats. Somalia's 2021 capacity and health emergency preparedness index, a measure of IHR core capacity, was 31 out of 100 (at level 1 out of a maximum level 5). Somalia is currently experiencing one of the worst droughts in its history due to failure of four consecutive rainy seasons and a serious water shortage. About 7 million people are estimated to be affected by the drought. Associated with the drought, the country is also experiencing infectious disease outbreaks, mostly in settlements of internally displaced people where there is overcrowding, and hygiene and sanitation services are limited. This puts further strain on the already weak health system, which has already faced 3

decades of conflict, the recent COVID-19 pandemic, climatic shocks and human-made emergencies.

The unique partnership of WHO, Sweden and Somalia will contribute to building a resilient public health system which will be able to withstand the shock of any public health emergency and move the country towards achieving health for all and also meeting the health-related SDG goals by 2030. Despite the long road ahead, the collaboration between Sweden, WHO and the Somali Ministry of Health is one significant step towards ensuring that no one in Somalia will be left behind in the journey towards health for all.



Sweden as a donor doesn't just give financial support to WHO to carry out a project or a programme. We work together. We network together. We strive towards common goals in the health sector in Somalia. We make resources available and we use them to push things together in the right direction. Sweden believes in a strong UN system that works together. Our view of health sector development in countries like Somalia is that there needs to be strong collaboration and coordination between the different multilateral agencies like WHO and bilateral actors like Sweden, combined with a strong engagement with the government at different levels. This partnership shows that such engagement is useful for a crisis-affected country like Somalia.

Daniel Magnusson

Senior Programme Manager, Embassy of Sweden, in Kenya, Somalia, Seychelles and the Union of the Comoros



The strengthening of public health systems is integral to the improvement and protection of global population health. The building and making of National Institute of Health in Somalia is paving the way towards building and sustaining essential public health functions at the district level. This will, in turn, build sufficient capacity at the national and sub-national levels for a strong national health security.

The NIH as a coordinating agency for public health is well suited to systematically address weakness in IHR (2005) core capacities in the country as such institutes can play a pivotal role for cross-sectoral linkage as well as building, consolidating and expanding essential public health functions that are necessary for national health security.

The collaboration of WHO, Sweden and Somalia is contributing to peer learning, build public health workforce, strengthen surveillance and laboratory services and advancing the link between evidence generation and primary healthcare implementation. These are all foundations of a good public health system that can accelerate progress towards UHC and Sustainable Development Goals.

Improving health and well-being in criss-affected countries like Somalia are the primary drivers of



WHO's work in Somalia for achieving WHO's "triple billion" goal. The partnership of WHO, Sweden and Somalia working to achieve health for all is a unique example how strengthening public health system, in the longer run, can bring long term health gains such as improved health outcome for the population and a strong system for delivery of essential health services. If this progress can be sustained, peace and stability will return to Somalia. Everyone, everywhere will enjoy the benefits of good health and well-being.



Building a stronger primary health care system is crucial in creating a brighter future for the people of Somalia and is therefore part of WHO's main focus. A strong primary health care system can ensure equitable access to health care and rights to health including reproductive and sexual health for women and other marginalized groups. It is an investment for managing health security threats at the local level before they become a national threat or an epidemic.

Dr Sk Md Mamunur Rahman Malik
WHO Representative in Somalia





Related links

- 1 February 2021, An innovative and unique partnership: WHO, Sweden and Somalia work together to improve health outcomes for all Somalis: <https://www.who.int/news-room/feature-stories/detail/an-innovative-and-unique-partnership-who-sweden-and-somalia-work-together-to-improve-health-outcomes-for-all-somalis>
- 5 January 2021, WHO and Public Health Agency of Sweden sign MoU to support establishment of National Institute of Health for Somalia: <https://www.emro.who.int/somalia/news/who-and-public-health-agency-of-sweden-sign-mou-to-work-together-to-support-establishment-of-national-institute-of-health-for-somalia.html>
- 8 March 2021, WHO and SPIDER Center sign agreement to strengthen health information management in Somalia: <https://www.emro.who.int/somalia/news/who-and-spider-center-sign-agreement-to-strengthen-health-information-management-in-somalia.html>
- 28 June 2021, WHO and Sweden sign agreement to further strengthen the capacity of the National Institute of Health and improve digitalization of health information in Somalia: <https://www.emro.who.int/somalia/news/who-and-sweden-sign-agreement-to-further-strengthen-the-capacity-of-the-national-institute-of-health-to-improve-digitalization-of-health-information-in-somalia.html>
- 25 October 2021, Somalia rolls out FETP-Frontline training programme to build disease detectives/baare and prevent spread of diseases: <https://www.emro.who.int/somalia/news/somalia-rolls-out-fetp-frontline-training-programme-to-build-disease-detectives-and-prevent-spread-of-diseases.html>
- 18 October 2021, Somalia pioneers implementation of an integrated disease surveillance and response strategy in a fragile setting: <https://www.emro.who.int/somalia/news/somalia-pioneers-implementation-of-an-integrated-disease-surveillance-and-response-strategy-in-a-fragile-setting.html>
- October 2021, WHO Somalia - Policy-brief 5 - Integrated Disease Surveillance and Response Strategy for Somalia (IDSRS): improving surveillance and response capacity or national health security in Somalia: http://www.emro.who.int/images/stories/somalia/documents/policy_brief_idsrs.pdf?ua=1
- October 2021, WHO Somalia - Policy-brief 4 - Shaping national health security in Somalia through field epidemiology training programmes: http://www.emro.who.int/images/stories/somalia/documents/policy_brief_shaping_national_health_security_in_somalia_october_2021.pdf?ua=1
- September 2022, Somalia receives 1.6 million J&J COVID-19 vaccine doses from Sweden and the Czech Republic: <http://www.emro.who.int/somalia/news/somalia-receives-16-million-jaj-covid-19-vaccine-doses-from-sweden-and-the-czech-republic.html>

World Health Organization (WHO)
Country office, Mogadishu, Somalia
Tel: +252616695096;
Email: emacosomwr@who.int; emacosomexr@who.int
URL: <http://www.emro.who.int/countries/somalia/index.html>



[@WHOSOMALIA](https://www.facebook.com/WHOSOMALIA)



[@WHOSom](https://twitter.com/WHOSom)



[somaliawho](https://www.instagram.com/somaliawho)



[flickr.com/whosom](https://www.flickr.com/photos/whosom)