September 2021

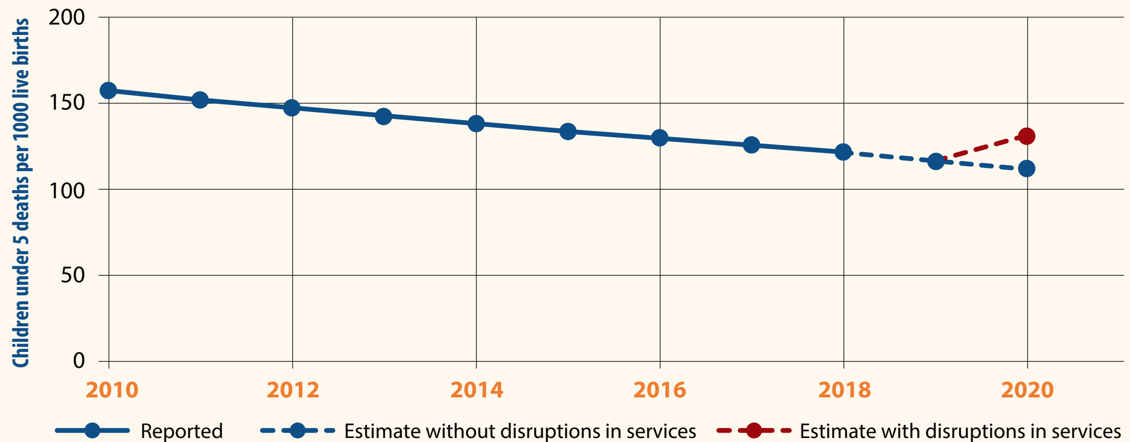
COVID-19 information note 13

Disruption of essential health services and its impact in Somalia: what we know so far

The coronavirus disease 2019 (COVID-19) pandemic severely strained the fragile health system in Somalia. The lockdown and the social distancing measures imposed to contain the virus also raised fear among health care workers about providing other routine essential health care, such as immunization for children, care of pregnant and lactating women, and care for malnourished children. The number of people visiting health centres for routine care also dropped substantially as a result of the lack of public transport and other means to access health facilities. Visiting health centres without personal protective measures, such as masks, and maintaining physical distancing also put individuals at risk. Owing to the lack of basic and essential protective equipment for health care workers, such as masks and gloves, some vaccinators and other health care providers did not report for work also.

As a result, the COVID-19 pandemic potentially reversed some health gains. A modelling study[1] showed that the disruption to routine health care services for a prolonged period could have a devastating effect in Somalia (Fig.1), including:

- 20% reduction in life-saving vaccination coverage
- 4% reduction in facility-based health care delivery
- 13% increase in childhood mortality.



[1]Roberton T, Carter ED, Chou VB, Stegmuller AR, Jackson BD, Tam Y, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. Lancet Glob Health. 2020;8(7):e901–e908. https://doi.org/10.1016/S2214-109X(20)30229-1

World Health Organization
Somalia

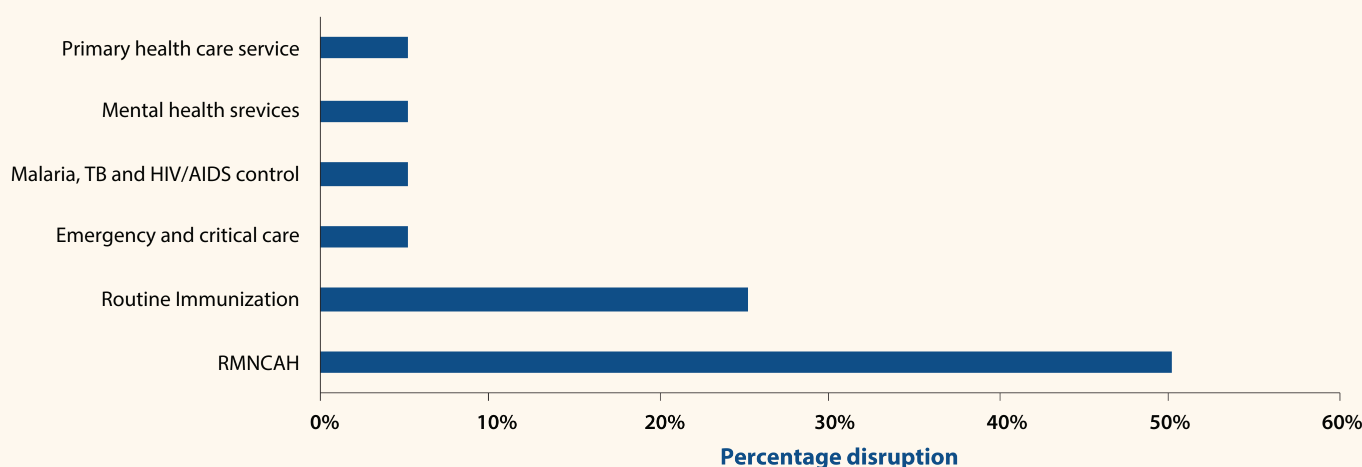
Extent of disruption to essential health services: findings from the WHO pulse survey

The World Health Organization (WHO) conducted two rounds of a survey called the "pulse survey" on continuity of essential health services during the COVID-19 pandemic across 135 countries and territories, including Somalia[2]. The first round of this survey was conducted during March–June 2020, while the second and last round was conducted between January and March 2021. The respondents to the survey were senior ministry of health officials and the responses referred to the situation in the country during the 3 months before the countries submitted the survey (in this case of Somalia mostly covering the period October 2020–February 2021).

This survey looked at 63 core health services across delivery platforms and health areas. The purpose of the survey was to gain insights and perspectives on the impact of the COVID-19 pandemic on essential health services and how countries were adapting strategies to maintain essential services.

The findings of the pulse survey in Somalia showed that during May–September 2020, 33% of essential health services had been disrupted (one out of three services), while during January–March 2021, the country reported continued disruption of 12% of essential health services (six out of 51 services), indicating that substantial disruptions persist even after 1 year of the pandemic.

Six of the main essential health services that have seen significant and persistent disruptions are shown in Fig. 2.



RMNCAH: Reproductive, maternal, newborn, child and adolescent health services.

Maternal and child health: indirect effects of COVID-19

The potential indirect effect of COVID-19 on maternal and child health from disruption of essential health services could be catastrophic in Somalia and may put the lives of children and mothers at risk. The disruption of routine immunization services means that thousands of children have missed out routine immunization and this threatens to undo decades of health gains made in the country and end the progress made in saving lives of mothers in one of the most fragile settings.

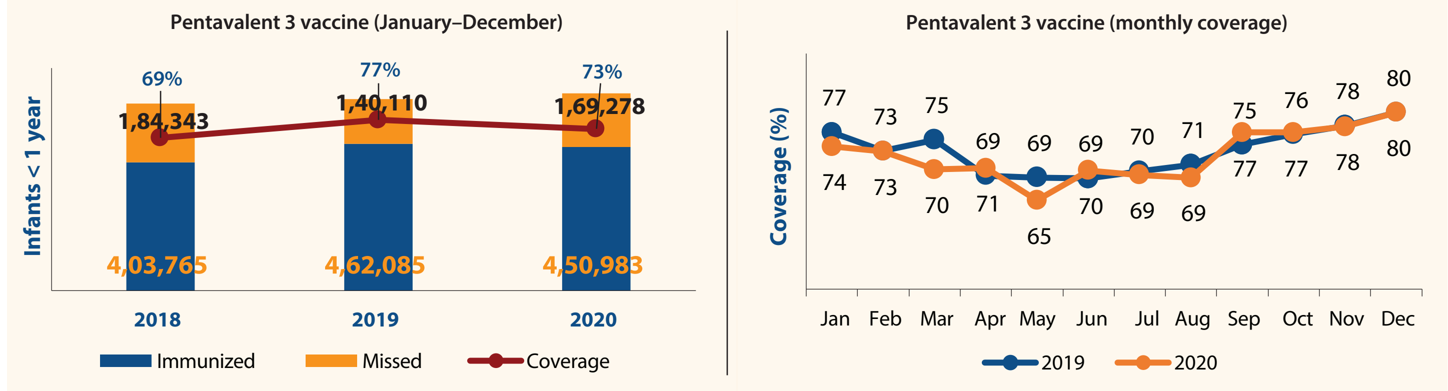
[2]The findings of the second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic for Somalia is available at the interactive dashboard: https://www.who.int/teams/integrated-health-services/monitoring-health-services/national-pulse-survey-on-continuity-of-essential-health-services-during-the-covid-19-pandemic/dashboard

Routine immunization: data from DHIS 2

As the COVID-19 pandemic rapidly spread across the country, health gains made in 2018 and 2019 to improve routine immunization coverage in Somalia were at risk of being reversed. Particularly between March and August 2020, routine immunization services were significantly disrupted, and lockdown measures as well as fears of being infected by the virus kept most women and their children away from health facilities. WHO worked tirelessly with Somalia's health authorities to restart routine immunization activities as quickly as possible and follow up on children who missed out on life-saving vaccinations.

The disruption in immunization services because of COVID-19 led to a fall in the proportion of children vaccinated in 2020 compared with 2019. Between January and December 2020, coverage with the pentavalent 3 vaccine decreased from 77% to 73% (Fig. 3). Similarly, measles vaccination coverage decreased from 75% in January 2020 to 65% in December 2020, and it was 11% lower in December 2020 than in December 2019. From October 2020, immunization coverage showed an improvement, with the pentavalent 3 vaccine coverage reaching 77% and measles going back up to 80% by early December 2020.

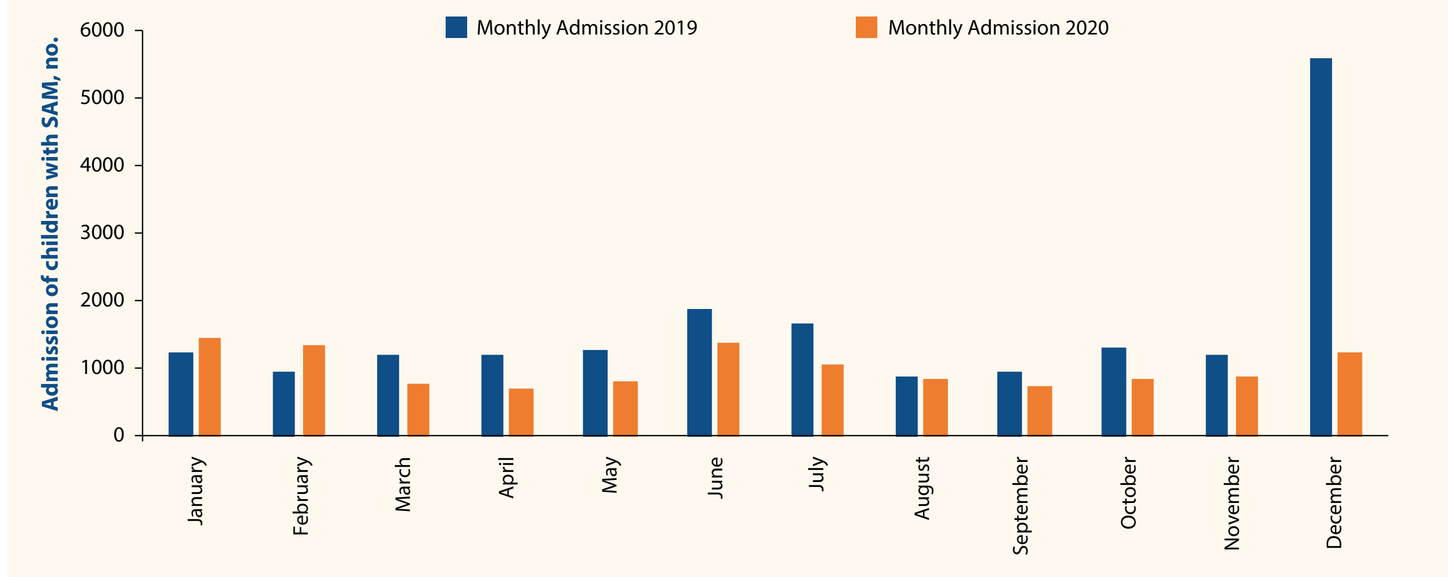
Fig. 3: Children immunized and missed with the pentavalent 3 vaccine, 2018 -2020 and pentavalent 3 coverage rate by month, 2019 and 2020, Somalia



Nutrition: data from nutrition stabilization centres

Data available from 52 nutrition stabilization centres situated across the country show that, compared with 2019, at least 38% less malnourished children under the age of 5 with severe complications were admitted and received treatment (19 391 versus 12 096) from the stabilization centres (Fig. 4). This means that COVID-19 might have prevented a substantial number of children from accessing essential treatment and care.

Fig. 4: Monthly admissions of children with severe acute malnutrition (SAM) to stabilization centres, Somalia, 2019 and 2020



Indirect effects of COVID-19 on essential health services in Somalia: obtaining evidence

The COVID-19 pandemic has strained and overstretched the weak and fragile health system of Somalia and this is likely to have indirectly increased mortality and morbidity from preventable causes as a result of the disruption of essential health services in the country. However, except for a few modelling studies in middle- and low-income countries, no information is currently available on the extent of the disruption to essential health care services in fragile, conflict-affected and vulnerable settings.

The WHO Somalia country office is tackling this data gap by providing an early estimate of the indirect effect of COVID-19 on essential health services in Somalia by comparing the use of facilities for selected services during the first 12 months of the COVID-19 pandemic (March 2020–February 2021) with their use in the 2 years before the pandemic (2018–2019).

In Somalia, the focus has been on maternal and child health care measures (≥ 4 antenatal care visits, postnatal care visits, institutional delivery, > 2 tetanus vaccinations for pregnant women), childhood immunization (vaccination with Bacillus Calmette–Guérin (BCG) vaccine, inactivated polio vaccine, pentavalent 1 vaccine, pentavalent 3 vaccine and measles vaccine) and health services delivery for tuberculosis, malaria and HIV/AIDS control programmes (detection, notification and utilization of services). By calculating the monthly utilization of these services for 1243 health facilities across the country in the first 12 months of the COVID-19 pandemic (March 2020–February 2021) and comparing the mean percentage change (with 95% confidence interval (CI)) in their utilization between the corresponding period 2 years before the pandemic (2018 and 2019), useful information will be generated on the extent of the disruption to health services caused by the pandemic. Using data on facility utilization from January 2018 to February 2020, a regression model will be produced to predict what service utilization levels would have been during March 2020 to February 2021 in the absence of the pandemic, taking account of secular trends, seasonality and facility characteristics. The results of this research will be available in October 2021.

However, the preliminary result shows that the overall use of essential health services decreased after the start of the pandemic. Rates of total clinic visits of all these health services during April to December 2020 decreased by 6.4% (incidence rate ratio (IRR) 0.936, 95% CI: 0.932–0.941; $P < 0.001$) relative to the same months of the pre-pandemic period. However, rates of total clinic visits increased slightly after the initial decline, and then significantly, over time relative to the trend that would have been expected without COVID-19 (IRR 1.011, 95% CI: 1.006–1.016; $P < 0.001$). Results stratified by region also showed an immediate decrease of over 93% in rates of all clinic visits in rural areas (IRR 0.029, 95% CI: 0.029–0.030; $P < 0.001$) compared with rates of all clinic visits in the capital city (Mogadishu). In contrast, the rates of preventive maternal health services had relatively smaller declines of only about 1.1% (IRR 0.989, 95% CI: 0.977–1.001). Similarly, the use of immunization services showed an immediate 13% reduction (IRR 0.871, 95% CI: 0.866–0.876; $P < 0.001$).

Recovery from the COVID-19 pandemic: critical areas of intervention

Disruption to immunization, reproductive, maternal and child health and nutrition services can have serious consequences on the lives of children and mothers in a very fragile and vulnerable setting. The disruption to essential health services can reverse health gains, especially in the poorest and most fragile countries; for example, progress made in maternal and child survival in the past two decades.

In order to offset the adverse effect of the COVID-19 pandemic on health gains in Somalia, the country will need to invest in essential public health functions, such as early warning and surveillance, case management, implementation of infection prevention and control measures and provision of medical oxygen to keep case numbers and deaths from COVID-19 low. At the same time the country will need to improve and accelerate the uptake of COVID-19 vaccines to end the pandemic. As the country recovers from the pandemic, it will need to rebuild its health system by investing in the following critical areas.

- Ensuring access to essential health services including newborn care, immunization, treatment for malnutrition, and case management of neonatal/childhood illness for every child, especially the most vulnerable.
- Ensuring facilities and community outreach teams throughout the health system meet minimum requirements for infection prevention and control, including the implementation of standard precautions and availability of personal protective equipment.
- Developing effective public communication and community engagement strategies to maintain trust in public health authorities and promote appropriate care-seeking behaviours by families.
- Accelerating childhood immunization services, including through outreach and mobile services.
- Strengthening health services delivery by scaling up community-based interventions and outreach services for health and nutrition.
- Procuring and distributing personal protective equipment to enable safer health service delivery.

Given the urgency of scaling up essential health services to protect health gains, the WHO country office, in partnership with UNICEF, United Nations Family Planning Association and other partners, will work to augment essential health care services so that immunization services, essential new born care, care for pregnant and lactating women and other routine primary health care services can resume normally in the midst of the pandemic.

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