

NOVEMBER 2021

Health Emergency Programme Update – Somalia



HEALTH NEEDS AND PROVISIONS

- 5.9 million people in need of humanitarian assistance in Somalia
- 2.8 million people in 66 districts from 6 states affected by severe drought; 133 000 have been displaced from their homes, of whom 85 120 are children under five years of age and 67 032 are female
- Fewer than 1 consultation per person per year reported during the month (as compared to OCHA standard of 1 new visit/person per year)

KEY HEALTH INDICATORS – November 2021

- 130 Health Cluster partners
- 3.15 million people in need of health care

COORDINATION UPDATE

- The World Health Organization (WHO) and the Ministry of Health and Development (MOHD) of Somaliland convened a workshop to develop a strategy and workplan for the implementation of Integrated Disease Surveillance and Response Strategy (IDSRS). During the workshop, participants, including technical staff from WHO and MOHD, academics and technical staff from the Ministry of Agriculture and Livestock and Ministry of Environment, carried out risk assessments to identify hazards and vulnerable communities in Somaliland. As an outcome of the workshop, a three-year implementation plan for IDSRS in Somaliland was developed.
- WHO and the Federal Ministry of Health and Human Services (FMOH) convened a meeting with the United States Centers for Disease Control and Prevention (US CDC) to discuss the implementation of influenza surveillance activities in Somalia with funding support from the US CDC.

As part of the meeting, the following action points were agreed upon: (i) technical support to the national public health laboratory in Mogadishu to conduct sub-typing of positive samples of influenza; (ii) technical support to the laboratory to ship positive samples of influenza to WHO Collaborating Centers; (iii) capacity building of virologists in Somalia to conduct advanced analysis for influenza samples; (iv) technical unit in WHO Regional Office to support the development of online reporting tool for influenza epidemiological and virological surveillance data; and (v) WHO and US CDC to review and update influenza surveillance protocol for Somalia in line with new guidelines for influenza surveillance in the context of the COVID-19 pandemic.

- Health and Water, Sanitation and Hygiene (WASH) cluster partners convened a meeting with the FMOH to plan for the implementation of response activities in drought-affected districts of Somalia to prevent surges of waterborne diseases. The action points for this meeting included: (i) emergency division of FMOH to share weekly cholera situation reports with partners to guide targeted implementation of response activities; (ii) WHO to support FMOH to identify high-risk districts for cholera with a plan to conduct preventive oral cholera vaccination (OCV) campaigns.



WHO and the State Minister of Health of Hirshabelle conducting supportive supervision in two health facilities in Jowhar district, November 2021 @WHO

- WHO convened a meeting with the FMOH and ambulance service providers in Mogadishu to discuss the implementation of ambulance services for victims of mass casualties in Somalia. The action points of the meeting included: (i) advocating for financing of ambulance services; (ii) develop a roadmap for capacity building of health workers on the strengthening of ambulance services and provision of pre-hospital care for victims of mass casualties; and (iii) engaging academic institutions in planning for ambulance services in Somalia.
- WHO convened coordination meetings with state ministries of Health in Puntland, Jubaland, Hirshabelle and South West states to identify the urgent needs of drought-affected populations. The participants developed a plan to conduct a joint needs assessment for drought-affected districts (ii) provision of primary health care services using mobile medical teams (iii) advocating for financial support for drought response and (iv) prepositioning of medical supplies.



A container for oxygen is offloaded by the Ministry of Health, with support from WHO, Puntland @WHO

Emergency response operations

- **Community surveillance:** During November 2021, community health workers (CHWs) visited a total of 100 967 households and reached 425 785 people with preventive messages for COVID-19 and other epidemic-prone diseases in 71 districts. There were 660 epidemic alerts reported during the month, of which 54% (357) were investigated and verified by the district rapid response teams within 48 hours of reporting.

A total of 243 new COVID-19 confirmed cases were reported, of which 214 contacts were followed up for symptoms suggestive of COVID-19 infection. However, 566 contacts were dropped from the follow-up after completing 14 days without development of symptoms.

District rapid response teams (RRTs) conducted supportive supervision visits for 262 community health workers (CHWs) and the following observations were made: 82 percent of community health workers had a written movement plan, 95 percent had adequate knowledge on reporting alerts through Online Data Kit (ODK) and 63 percent had adequate knowledge on risk communication. However, only 42 percent had adequate knowledge of COVID-19 contact tracing and follow up.

A total of 115 acute flaccid paralysis (AFP) cases, 821 acute watery diarrhoea (AWD) cases, 575 acute febrile illness, 1014 fever and rash, 918 cough or difficult breathing, 1242 acute malnutrition, 158 under-five community deaths, 140 community deaths for children above five years and 179 unusual health events were reported by the community health workers.

- **Outbreak investigation and response:** Measles outbreak investigation. WHO supported state-based ministries of health to investigate and verify measles alerts that were reported among displaced populations in Jowhar district of Hirshabelle, Galkayo and Gallogen districts in Puntland. The state-based RRTs convened a partners' meeting to discuss the possible causes of recurrent measles outbreaks in Mudug, reviewed surveillance records and listed all suspected cases in standard line lists and identified vulnerable populations. In addition, 10 samples were collected and analyzed for measles in the laboratory at the Garowe Hospital. Of these, four samples tested positive for measles specific immunoglobulin M (IgM) by serology. At the end of the investigation, WHO developed the capacity of front-line health workers to report measles alerts using standard case definitions and developed a plan to improve routine vaccination campaigns in Galkayo.
- **Suspected cholera outbreak investigation.** WHO supported the investigation of suspected cases of cholera in Karkar district following severe drought. During the investigation, the technical team identified the shortage of safe water as the predisposing factor for suspected cases. The team collected 10 samples that were analyzed in Mogadishu, of which two were positive for *Vibrio Cholerae* serotype Ogawa. WHO provided cholera kits to support the management of 100 cholera cases in Karkar district while Water, Sanitation and Hygiene (WASH) cluster partners sensitized communities on cholera prevention. Plans are underway to distribute additional water supplies in drought-affected districts.



WHO and the Ministry of Health begin the installation of an oxygen plant in Puntland @WHO

Supportive supervision and monitoring of health activities

- WHO supported state ministries of health to conduct supportive supervision, which included monitoring of reporting alerts of epidemic-prone diseases using Early Warning Alert and Response Network (EWARN) and verification of alerts by district RRTs in drought-affected districts. During the supervision, WHO and the MOH developed the capacity of health workers: (i) on the use of standard case definitions to report alerts using the EWARN mobile application; (ii) to implement standard.
- A joint supervision was conducted by the FMOH, Puntland Ministry of Health and WHO to assess the management of severe cases of malnutrition with medical complication in 14 stabilization centres. Gaps identified by the team included lack of community engagement protocols and absence of equipment to engage children in play in stabilization facilities.

Supportive supervision and monitoring of emergency health services

Laboratory Capacity Assessment:

Assessments were conducted to determine testing capacity in the three public health laboratories in Mogadishu, Hargeisa and Garowe. The aim was to prepare an action plan to improve laboratory detection capacity in Somalia. Based on the assessment and discussions held with the national public health reference laboratory, a one-year draft work plan was developed to improve the standard and quality of the national- and state-level public health laboratories in Somalia. The plan is expected to be finalized by December 2021. The MOH, with support from WHO, has finalized the preparation of the national testing strategy for COVID-19 with the support from FIND project.



An assortment of medical supplies donated by WHO to Jubaland state, November 2021 @WHO

- **Medical equipment management:** The WHO Biomedical Engineer Consultant assessed the functionality of medical and laboratory equipment in Hargeisa and Garowe hospitals. In Hargeisa, x-ray machines were repaired and WHO developed the capacity of a hospital staff member on the use of standard operating procedures for maintenance of medical equipment. In Garowe, the Ribonucleic Acid (RNA) extraction machine donated by WHO was installed. It will be used to increase the number of samples tested for COVID-19 and other respiratory pathogens. In addition, training materials were translated to Somali language to enable technicians in Somalia repair and maintain medical and laboratory equipment.

Capacity building

- **Developing capacity in mass casualty management (MCM):** WHO developed the capacity of front-line health workers, including doctors and nurses, in the area of mass casualty management in Garowe (34) and Mogadishu (36). Of the 70 health workers who participated, 63 were male, and seven were female. The expected outcomes of the training included: (i) improved patient outcomes by improving capacity through clinical skills for health workers, and the organization of trauma care centres within the hospitals receiving trauma patients; (ii) prepare for, respond to and recover from mass casualty incidents (MCI) with a coordinated collective approach based on the Emergency Units (EU) and mass casualty management (MCM) plan; (iii) define the roles of all staff working at Emergency Units during MCIs, including EU Incident Command Team (ICT); (iv) information generated and disseminated to stakeholders for public health action; and (v) mobilize equipment, supplies and logistics required during a MCI.

- **Developing capacity of front-line health workers on influenza surveillance:** WHO supported the Puntland Ministry of Health to develop the capacity of 31 front-line health workers (23 male and 8 female) in surveillance for influenza and other respiratory pathogens, collection and packaging of samples for influenza and other respiratory pathogens, in addition to collecting and analyzing epidemiological and virological surveillance data for influenza. In Garowe, capacity of the laboratory staff built on the use of new machines to extract Ribonucleic Acid (RNA) for COVID-19 viruses and respiratory pathogens.

Nutrition update

- WHO supports state health ministries in the management of cases of Severe Acute Malnutrition (SAM) with medical complications in the districts affected by drought, floods and conflict in Somalia. This support is provided through disseminating technical knowledge, capacity development and the provision of supplies to 53 nutritional stabilization centres across the country. These supplies include SAM kits, distributed to the state health ministries on a quarterly basis. A total of 29 (67.4%) stabilization facilities from all states submitted monthly reports, as compared to 30 facilities that submitted reports in September 2021. A total of 1 065 new SAM cases with medical complications were admitted to 29 stabilization centres in Somalia (three in Benadir region, eight in Jubaland, six in Galmudug, eight in Puntland, two in Hirshabelle and two in the Southwest). Overall, 762 (89.1%) recoveries, 44 (5.1%) defaulters, 21 (2.5%) medical referrals and 24 (2.8%) deaths were reported during the month of October.



WHO donated an ambulance to provide referral services and specialized care to patients with trauma in Hudur district, South West state, on 18 November 2021 @WHO

Trauma case monitoring and critical care

- As the country is experiencing different types of emergencies, including conflict, WHO is closely monitoring the number of people affected by these conflicts in the country and responding accordingly. In November 2021, a total of 2 922 injuries were reported from the health facilities through the District Health Information System (DHIS-2). Of these, majority (62%) were burns; These injuries represent a 63% decrease (2 922) compared to 4 624 injuries reported during the same period in November 2020. The reported cases are managed in different hospitals in all states.



A two-day accelerated capacity building session was conducted for 60 health workers (33 males and 27 females) for the outreach EPI strategy, from 14 to 15 November 2021, in Baidoa, South West state @WHO

Contacts

Dr Mirza Mashrur Ahmed, Team Lead WHO Emergency Programme ahmedmi@who.int
Mr Kyle Defreitas, External Relations Officer, defreitask@who.int
Ms Fouzia Bano, Communications Officer, banof@who.int
Dr Omar Omar, Information Management Officer, oomar@who.int

Our weekly and monthly information products

Weekly cholera infographic:

- <http://www.emro.who.int/somalia/information-resources/acute-watery-diarrhoeacholera-situation-reports.html>

Monthly COVID-19 reports:

- <http://www.emro.who.int/countries/somalia/index.html>
- COVID-19 Dashboard-Somalia



@WHO Somalia



@WHOSom



somaliawho