



World Health  
Organization

Somalia



# Technical Programme Update

January-April 2021

## MAIN ACHIEVEMENTS

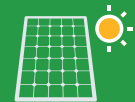


Somalia's outbreak of circulating vaccine-derived poliovirus type 3 (cVDPV3) was declared closed.



800 000

children under the age of 5 from Somaliland's 19 districts were vaccinated against polio.



Three solar-powered oxygen plants were installed in the paediatric ward of Hanano General Hospital in Dhushamareb, Galmudug.



200

lifesaving, refillable oxygen cylinders and 50 medical oxygen regulators with humidifiers were donated to De Martino Hospital to close the gap in access to medical oxygen.



120 749

people (42.2% of the target) received the first dose of the AstraZeneca vaccine against COVID-19, as of 24 April 2021.

## Learning from last year: saving lives and protecting health is everyone's responsibility

### Message from WHO Representative



When this technical programme update is published, we will officially be in the second year of coronavirus virus disease 2019 (COVID-19) outbreak in the country. We are continuing to see transmission of COVID-19 in Somalia and we saw a more severe and dangerous form of the outbreak in the first quarter of 2021. Last year, our collective efforts and mounting response resulted in slowing the transmission in the last quarter of 2020. This new wave in the first quarter of 2021 was not anticipated but, at the same time, it was not entirely unexpected.

Throughout 2020, we repeatedly highlighted one point – that the trajectory of the outbreak may change rapidly if we lower our guard. This virus is an opportunistic pathogen. It will surge, rebound and cause great harm if we are complacent. If we do not practise the essential public health measures, which have proven effective in reducing the risk of transmission of the COVID-19 virus, at the individual, community and societal level, we may lose the gains made in

2020. What we saw in the first quarter of 2021 reminds us again that every individual should take responsibility for ending this pandemic by playing their part. Only then can we prevent unnecessary deaths and suffering.

In the first 3 months of 2021, WHO and the European Delegation to Somalia officially launched a 5-year project on an emergency operational response to COVID-19 in Somalia to support the prevention of large-scale community spread through strengthening public health systems. This is the first project in the health sector that has a number of interlinked and interdependent objectives. On the one hand, this project will give us and the government the much-needed resources to maintain the critical and life-saving interventions to reverse the epidemic curve. On the other hand, the project will help us to further innovate, as well as utilize and accelerate achievements from this past year. It will contribute to rebuilding the public health system by supporting health system recovery and improving essential public health functions. We can proudly say that Health for All will be Somalia's answer to COVID-19 and future threats to health by making a resilient health system that can absorb shocks such as those the COVID-19 pandemic brought.

This project and other health projects that we are implementing in Somalia in support of the government are grounded in our commitment to tackle health inequity and lack of access to health services. Just as every action matters, every inaction matters to us too. We are supporting the government, our main partner, to realize its ambition to achieve universal health coverage with scale, speed and equity. "Leaving no one behind" is not a just a slogan to us. It is our collective goal that we are working to achieve.

**Dr Mamunur Rahman Malik**  
*WHO Representative in Somalia*

## COVID-19: continuing the efforts to make everyone safe after 1 year of response



On 16 March 2021, Somalia marked 1 year since the first laboratory-confirmed case of COVID-19 was reported. WHO's response to the biggest public health crisis ever faced by the country was one of speed, scale and innovation. Partnering with the federal and state ministries of health, between March 2020 and March 2021: 8571 health workers were trained on COVID-19 surveillance, case management and risk communication; 3327 community health workers visited 4.6 million households for case finding, contact tracing and delivering risk communication messages; 73 rapid response teams were deployed to 52 priority districts for field investigation and sample collection; 4228 samples were transported from inaccessible areas for testing; 135 102 suspected cases of COVID-19 were tested; 68 oxygen concentrators were distributed to health facilities for the treatment of patients requiring medical oxygen, including COVID-19 patients; 19 isolation centres were supported by WHO with training, running costs, equipment and supplies; and 1320 patients affected by COVID-19 received medical care in these isolation centres.

Although deaths and cases were kept to minimum in 2020 since the first reported cases, and all epidemiological indicators showed signs of the epidemic tailing off, it progressed to a more severe and dangerous form during February and March 2021 when a new wave emerged first in Mogadishu and then rapidly spread across the country.

In response to this new epidemic wave, the WHO country office strengthened its operational response and focused on testing, case detection and making medical oxygen available in the isolation centres when the need for medical oxygen surged.

## Solar-powered medical oxygen: innovating to save lives



As part of the work of the WHO country office to fill the gaps in availability of medical oxygen, three solar-powered oxygen stations were installed at the paediatric ward of Hanano General Hospital in Dhushamareb, Galmudug State. The procurement and installation of the plant was funded by Grand Challenge Canada, one of the global innovation funders for this intervention. On 29 March 2021, the Deputy Special Representative of the UN Secretary-General, the UN Resident and Humanitarian Coordinator for Somalia, Mr Adam Abdelmoula and the WHO Representative for Somalia, Dr Mamunur Rahman Malik, visited the Hanano General Hospital to officially hand over the three solar-powered oxygen plants to the Galmudug Ministry of Health.

This project, successfully built and delivered to the state health ministry, is part of WHO's current work to improve access to medical oxygen for all patients at all levels of the health care system, including for pneumonia, surgery, heart failure and emergency obstetrics.

By making use of the work of the COVID-19 response, the WHO country office is partnering with global innovators to tackle the current crisis in medical oxygen with the goal of achieving a tangible impact on the lives of people, particularly in remote, rural health facilities.

The system is being monitored remotely through an online electronic system to regularly check that the panels and systems are functioning. A team from Global Health Uganda and the University of Alberta, Canada monitors patient data

on a regular basis, which forms part of the implementation research supported by the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases. This research aims to gather evidence on the feasibility, use, cost-effectiveness and impact on survival of the solar-powered medical oxygen systems in such a resource-constrained and insecure context. So far, this oxygen system has helped patients suffering from birth asphyxia, pneumonia, COVID-19, major trauma (gunshots and road accidents), shock and coma, and cardiovascular problems such as cardiac failure and asthma.

WHO's work to increase access to oxygen at the point-of-care in health facilities could prevent at least 35% of the estimated 15 165 deaths from pneumonia that occur annually in children under 5, which represents about 21% of all child deaths – about two deaths in children every hour. The WHO country office is working closely with innovators, funders, agencies involved in the Global Action Plan for Healthy Lives and Well-being for All and the private sector to increase the demand on the part of health care providers for medical oxygen and innovation (e.g. solar-powered oxygen concentrators) and hence make these options accessible to more people. This undertaking is likely to accelerate efforts to reduce deaths from childhood pneumonia, as well as other medical conditions

In early 2021, COVID-19 cases and deaths were rising in Somalia, and the situation was made worse by the lack of access to medical oxygen. The COVID-19 oxygen needs tracker (available at <https://www.path.org/programs/market-dynamics/covid-19-oxygen-needs-tracker/> and managed by PATH) estimated that during February 2021, when cases spiked, the daily oxygen need in Somalia surged to 7000 cubic metres a day (1000 oxygen cylinders). Noting this critical issue, and to meet the urgent need for oxygen, WHO Somalia donated 200 lifesaving, refillable oxygen cylinders to the De Martino Hospital, which treats severe COVID-19 cases. The donation also included 50 medical oxygen regulators with humidifiers and options for refilling 50–100 oxygen cylinders every day.

## *Vaccines against COVID-19: roll out begins with slow uptake*



Somalia received the first batch COVID-19 vaccines from the COVAX facility on 15 March 2021, one day before the country marked the 1-year anniversary of the first laboratory-confirmed case of COVID-19.

Since February 2021, Somalia has been experiencing a new and more severe wave of COVID-19 infections. Modelling data showed an upward projection if containment measures were not effective. The arrival of the first batch of COVID-19 vaccines brought hope of protecting high-risk populations and ending the epidemic in the country. The introduction and roll-out of vaccines were the outcome of the joint work of WHO, UNICEF and the Federal Ministry of Health that began in December last year, with a country-readiness assessment exercise, submission of a national vaccine introduction and deployment plan, microplanning for mass immunization campaigns, and training of health workers on registration using an electronic platform, data recording, waste management, and monitoring and surveillance for vaccine safety and adverse events following immunization.

Since the roll out of the first batch of 300 000 doses of the AstraZeneca vaccine began on 16 March, uptake has been very slow. This first batch was allocated for vaccination of health care workers, other frontline workers (e.g. municipality and nongovernmental organization workers, police personnel and immigration officials) and elderly people with or without comorbid conditions, who together comprise of 3% of the country's total population. From 16 March to 24 April, 120 749 (42.2%) doses of the vaccine were administered across the states and regions of the country, on

average about 3250 people a day. So far, only 0.8% of the population has received one dose of the vaccine – two doses are needed for full vaccination against COVID-19. WHO has supported the government to revise its current policy on administering vaccines against COVID-19 and its strategy for vaccination and target groups, with the aim of improving vaccine uptake, which is still lower than anticipated.

## *Polio eradication: gaining ground and continuing the fight*



In March 2021, Somalia's outbreak of circulating vaccine-derived poliovirus type 3 (cVDPV3) was declared closed, a full 28 months after this strain of polio was last detected in the country. Seven children were paralysed by the type 3 strain in the 2018 cVDPV3 outbreak, and sewage samples regularly monitored for poliovirus tested positive for cVDPV3 12 times in March 2018. The virus circulated widely in southern and central parts of Somalia. However, no cVDPV3 has been identified in the country since 7 September 2018, when the last child developed paralysis.

This closure was the result of: the tireless work of the over 200-strong polio workforce in the country; intensified mass campaigns to vaccinate children with zero doses (i.e. who had never been vaccinated) in the most isolated settlements; and extensive disease surveillance measures, including the testing of environmental sewage and active case searches and investigation of every paralysis case in children under 15 years throughout the country. The end of Somalia's cVDPV3 outbreak is a testament to what can be achieved with high-quality vaccination campaigns, on-the-ground leadership and sensitive surveillance activities.

In February and March 2021, the WHO country office and UNICEF supported the Ministry of Health Development of Somaliland to conduct two rounds of vaccination with the monovalent oral polio vaccine type 2 (mOPV2). In total, 800 000 children under 5 years from the 19 districts of Somaliland were targeted for vaccination. Following completion of both rounds, independent third-party post-campaign monitoring using the lot quality assurance sampling technique showed 98% and 99% coverage in the first and second rounds, respectively, and a pass rate of 84% and 89%, respectively (meaning 84% and 89% of lots assessed had fewer than three children out of 60 who were unvaccinated).

## *Integrated disease surveillance and response: integrating surveillance functions for better efficiency*



During this first quarter of 2021, the WHO country office worked with the Federal Ministry of Health and Human Services to agree on a system design for an integrated disease surveillance and response system, drawing on the positive lessons of successful implementation of the Early Warning and Alert Response System (EWARN) for epidemic diseases in the country. A technical working group formed between WHO and the health ministry assessed and evaluated the functioning of the existing surveillance system in the country for various disease control activities as well as limitations to the system. The findings from this assessment will be used to design the structure, functions and system attributes of the integrated disease surveillance and response system and how it should be implemented in Somalia. It is expected that the new system will avoid redundancy and achieve efficiency by integrating all surveillance functions of disease control activities.

## Influenza surveillance: preparing for the next pandemic



Making use of the current surveillance platforms for COVID-19 and also taking advantage of the three laboratories set up in the country that have the capacity to conduct molecular real-time polymerase chain reaction testing, the WHO country office is working with the government to establish and expand a functioning surveillance system for influenza and other non-influenza respiratory viruses. In February 2021, WHO developed a plan for the implementation of a sentinel-based surveillance system for influenza-like illness and severe acute respiratory infection. The plan has been rolled out in a phased approach, starting in Somaliland, and it will be crucial to building the country's health system capacity to detect and respond to an influenza epidemic and other viruses with epidemic and pandemic potential.

## New WHO health sector project: supporting and building a resilient health system



On 4 February 2021, the European Union officially launched a multiyear project to support WHO and the Federal Government of Somalia in preventing community spread of

COVID-19 and strengthening health services across the country as the country started to recover from the pandemic. The launch was attended by: Her Excellency Dr Fawziya Abikar Nur, Federal Minister of Health of Somalia; His Excellency Nicolás Berlanga Martínez, European Union Ambassador to Somalia; Mr Adam Abdelmoula, Deputy Special Representative of the UN Secretary-General and UN Resident and Resident Coordinator; and Dr Mamunur Rahman Malik, WHO Representative.

## Malaria, tuberculosis and HIV/AIDS: building a sustainable recovery from the pandemic



During the first quarter of 2021, there was a 25% reduction in the number of suspected malaria cases tested compared with the first quarter of 2020. This decrease was possibly as a result of the secondary impact of COVID-19, which affected health service delivery and reduced the number of people accessing health services. The positivity rate for malaria also declined from 8% to 4% (Fig. 1) in the same period.

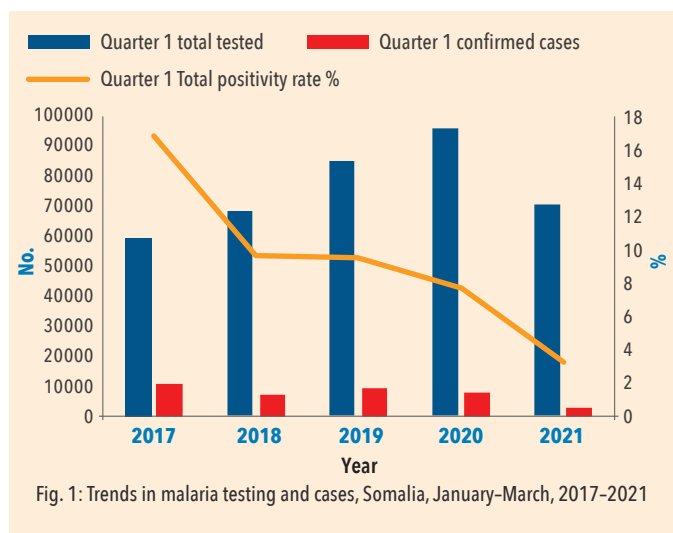


Fig. 1: Trends in malaria testing and cases, Somalia, January–March, 2017–2021

During the same period, WHO supported national malaria control programmes at central and state levels in conducting supervision visits, entomology surveillance, rapid response operations, including indoor residual spraying. The indoor residual spraying carried out during January–March has protected an estimated 48 970 people from malaria and other vector-borne diseases.

WHO is planning to expand the piloting of a larval source management project by repairing and improving 530 cemented berkits (water reservoirs) in Bossaso, in addition to the 200 that were modified last year. This intervention will be assessed in 12 months to measure the impact it has had on malaria morbidity in Bossaso. This pilot intervention is being supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The national malaria control programme is planning to conduct additional research on the recently identified presence of *Plasmodium falciparum* hpr2/3 gene mutant in Borama. The programme plans to increase cross-border collaboration, including with Djibouti, Eritrea and Ethiopia, to prevent the importation of vectors and parasites and reduce the spread of malaria.

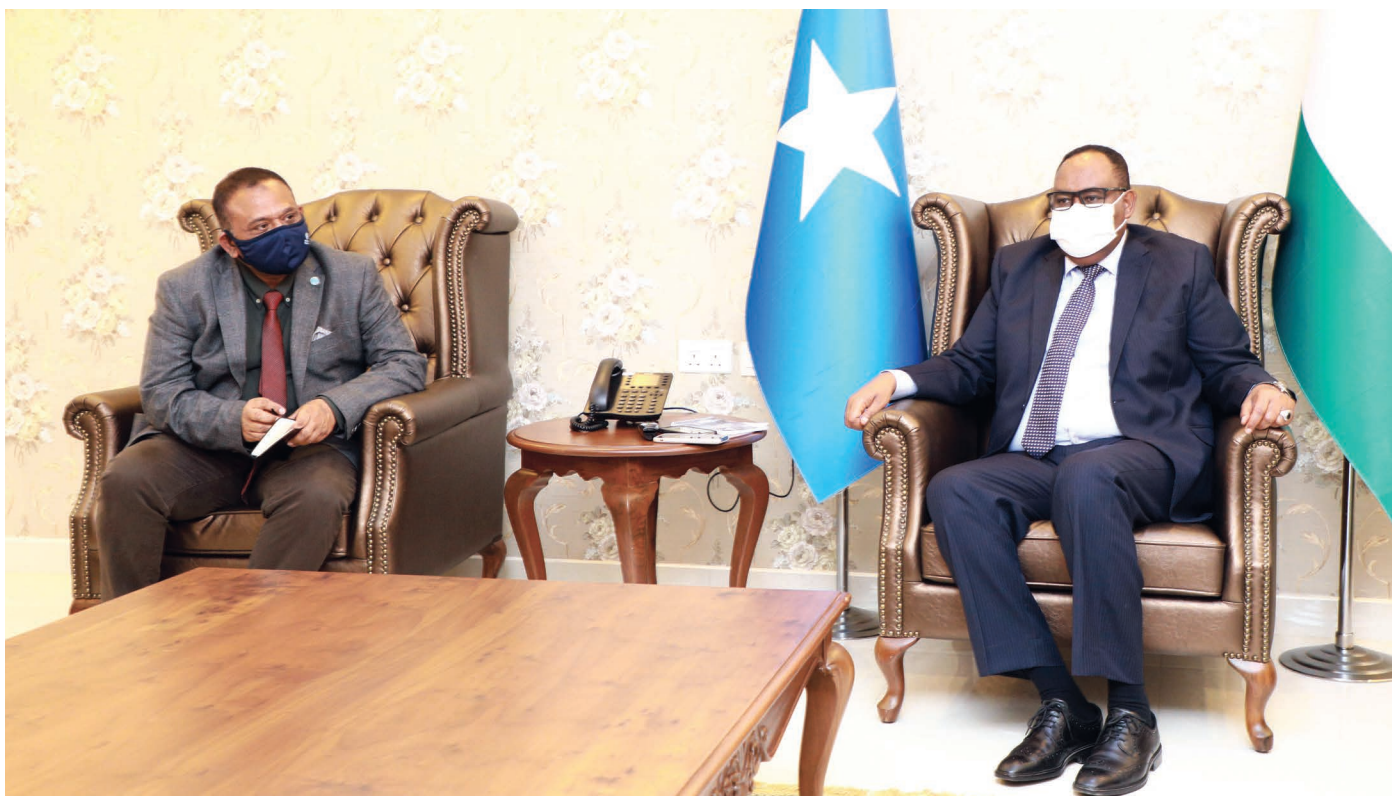
Somalia remains a high-burden malaria country – between 2000 and 2019, an estimated 759 000 cases of malaria occurred, with 1942 deaths. Various control efforts undertaken by the government with support of WHO and UNICEF and funded by the Global Fund have led to a reduction in the incidence of malaria from 2.6 cases per 1000 population in 2014 to 1.8 per 1000 population in 2020, a 31% reduction.



Ahead of World Malaria Day on 25 April, to reduce the burden of malaria further in the country, the Somali health authorities have taken bold steps to eliminate malaria from six pilot districts with the aim of stopping indigenous transmission of the disease. The six districts for the elimination pilot project are all in Somaliland and Puntland, namely: Odweyne in the region of Togdher; Ainabo in Sool; Burao in Togdher; Sheikh in Sahil; Burtinle in Nugal; and Goldogob in Mudug. Planning for other regions would have been a challenge, mainly because of insecurity. Led by the Somali Government and supported by the Global Fund, WHO and UNICEF, this project will be rolled out from May 2021 onwards in these districts with the goal of reaching the zero malaria target in some districts.

Capacity for the detection and treatment of tuberculosis (TB) cases in Somalia increased in the first quarter of 2021, with three additional private hospitals in Puntland integrating the national TB programme; this brings the total number of TB treatment centres to 99. TB testing capacity has also increased during this period from 44 to 48 GeneXpert machines. In the first quarter of 2021, the national TB programme notified 4507 TB cases, of which 4423 were drug-sensitive TB cases and 84 were drug-resistant TB cases. These figures indicate an increase in the notification of drug-sensitive TB cases between the first quarter of 2020 and the first quarter of 2021 (from 4385 to 4423). The number of notified drug-resistant TB cases also increased during the same period (from 74 to 84). These numbers are a promising indication that patients who had stayed away from health facilities in 2020 due to COVID-19 are now seeking care again.





In the first quarter of 2021, WHO continued to support Somalia's HIV/AIDS programme activities by analysing programme data. This analysis showed that survival on antiretroviral therapy had increased, with 81.5% of patients who had started their treatment in 2019 still alive and on treatment in 2021.

During January–March 2021, WHO also continued training and mentorship support for patients on antiretroviral therapy transitioning to the newer, more effective dolutegravir-based regimens. Analysis of data from the fourth quarter of 2020 found that 27.9% of patients on antiretroviral therapy in Somaliland, 84.2% in Puntland and 37.2% in Federal Government states had transitioned to dolutegravir. In addition, by the end of the first quarter of 2021, the average coverage of dolutegravir-based regimens for all three areas had increased from 39.7% to 51.5%, with Somaliland registering a substantial increase from 27.9% to 52.0%.



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Somalia

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