



MAIN ACHIEVEMENTS



1 781 441

children out of 1 922 470 (93%) received the oral polio vaccine in the first round of a subnational polio campaign held in February



762 000

children younger than 2 years and women of child-bearing age who were due vaccines or who missed out received vaccines through the outreach-based accelerated immunization campaign organized by WHO in 54 high-priority districts



954 400

doses of COVID-19 vaccines were administered in an accelerated campaign directly supported by WHO



Two more solar-powered oxygen delivery systems were installed in secondary-level hospitals in Kismayo and Baidoa



One duplex containerized pressure-swing adsorption oxygen plant was delivered to the Somali Government

Message from the WHO Representative

Renewing hopes for health



We start 2022 with new vigour and enthusiasm to rebuild the health system of Somalia in the post-pandemic era. We have changed the way we work in the country and will focus more on delivering results and impact. The transformational agenda of our work in Somalia is aptly reflected in the Country Cooperation Strategy (CCS) 2021-2025 of Somalia, which will shape, guide, align and integrate our work in four main areas for better delivery and impact of our results.

Our CCS 2021-2025 broadly supports the country's goal towards universal health coverage (UHC) and provides a unified approach to achieving the health-related Sustainable Development Goals (SDGs). At the same time, our mission will continue to be promoting health, keeping the country safe and serving the vulnerable in line with WHO's Thirteenth General Programme of Work (GPW 13) that aims to deliver healthier populations, UHC and protection from health emergencies.

Since the beginning of 2022, all our work in Somalia has been aligned, integrated and unified under the four strategic but overlapping priority areas outlined in the CCS.

- Strategic priority 1 – Advance universal health coverage by accelerating the PHC-led recovery with a view to supporting the goals of integrated health services.
- Strategic priority 2 – Enhance health security by promoting emergency preparedness, surveillance and response using an all-hazard and one-health approach.
- Strategic priority 3 – Promote healthier populations and well-being using multisectoral approaches to address the social determinants of health and risk factors.
- Strategic priority 4 – Strengthen health governance using the Global Action Plan for Health and Well-being to support joint and collective actions to achieve health-related SDG goals.

Beginning this year, our regular technical programme updates and our other information and communication products will provide highlights on our activities, progress and outcomes in each of the four strategic priority areas. In addition, we will report annually on our achievements to our donors and partners, highlighting WHO's work in these four areas aligned with our CCS.

The WHO country office of Somalia will also develop case studies showing how our work is having a meaningful impact on the lives of the people we serve. These case studies will also capture the full complexity of WHO's action at the country level that is driving progress and achieving results.

This is the third successive year we have published these quarterly issues of our technical programme update. We thank all our partners and donors for their valuable support and advice on how we can better serve the country and achieve material improvement in the health of the Somali people. I wish all our friends, colleagues and patrons a very exciting and productive beginning of 2022.

Dr Mamunur Rahman Malik
WHO Representative in Somalia

Strategic priority 1. Advance universal health coverage by accelerating primary health care-led recovery with a view to supporting the goals of integrated health services

Bridging oxygen access gaps



On the back of success of WHO's work in establishing a solar-powered oxygen delivery system in Galmudug state in 2021, WHO installed two more such oxygen systems at secondary-level hospitals – one in Kismayo and the other one in Baidoa. In addition, WHO delivered a duplex containerized pressure swing adsorption (PSA) plant to the Federal Government of Somalia in March 2022, which was installed at the De Martini Hospital in Mogadishu. The procurement, delivery and installation of the plant were supported by the European Union (EU). The plant was handed over by Dr Mamunur Rahman Malik, WHO Representative to Somalia to Her Excellency Dr Fawziya Abikar Nur, Federal Minister of Health in presence of Ms Tiina Intelmann, EU Ambassador to Somalia and Mr Adam Abdelmoula, Deputy Special Representative of the UN Secretary-General and UN Resident and Humanitarian Coordinator for Somalia.

Delivery of this PSA oxygen plant is part of WHO's ongoing work to bridge the gap in access to medical oxygen in Somalia, which is essential in treating many medical conditions, especially coronavirus disease 2019 (COVID-19), trauma and pneumonia – pneumonia is the leading cause of child mortality in Somalia. This plant is a reminder of WHO's work to save lives and ensure equitable access to health services and move towards delivery of quality essential health services in Somalia.

Counting every child

To prevent a lapse in routine immunization because of COVID-19 and drought and to determine a vaccination target for each district in the country to boost childhood immunization, a workshop in March 2022 agreed on a number of key measures. These measures include developing and operationalizing district-level Expanded Programme on Immunization microplans, using the extensive polio structure to boost routine immunization, and instigating quarterly reviewing and monitoring. Steps were also defined to develop integrated surveillance of vaccine-preventable diseases including acute flaccid paralysis, measles and neonatal tetanus. During January–April, three rounds of an accelerated outreach campaign for routine immunization and COVID-19 vaccination were completed. More than 762 000 children and women of child-bearing age received vaccines, and 954 000 doses of COVID-19 vaccines were administered throughout the country.

Expanding access to essential health services through community-based initiatives

Community-based initiatives through deployment of community health workers (CHWs) are the most affordable way of expanding access to essential health services at the community level for the vulnerable populations. In conjunction with the federal Ministry of Health, WHO expanded the scope of the work of CHWs to

include home-based care of diarrhoea and malaria, as well as the provision of life-saving commodities to children under 5 years and women of child-bearing age. In addition, these CHWs are conducting community-based surveillance of outbreak-prone diseases, health promotion and community-awareness activities. They are also screening children for severe acute malnutrition and pneumonia and referring to nutrition treatment centres, providing essential micronutrients to children and pregnant women, and creating demand for health services such as immunization, nutrition, and reproductive, maternal, neonatal, and child health care. From January to April 2022, 629 896 households were visited by 2400 CHWs deployed by WHO. They reached 2 643 530 people with risk communication messages, and reported 5094 COVID-19 alerts. In addition, 9471 children under 5 were diagnosed with diarrhoea with 66% receiving treatment in their home from the CHWs. Other sick children were referred to the primary health care (PHC) centres for further treatment. During the same period, the CHWs screened 8876 children for malnutrition and referred 3893 children to the PHC centres for supplementary feeding while 1697 children with one or more danger signs were referred to stabilization centres. The CHWs also provided deworming tablets to 12 024 children aged 12–59 months, vitamin A capsules to 14 102 children aged 6–59 months, folic acid and iron tablets to 11 783 pregnant women and delivered breast-feeding messages to 43 317 lactating mothers.

Improving hospital-level services

WHO signed a letter of agreement with the Italian Agency for Development Cooperation of Somalia for a multiyear project on improving essential health services through secondary hospital-based care. The focus is on improving hospital-based services at two secondary-level hospitals within the overarching goal of achieving UHC using integrated care and services.

Strategic priority 2. Enhance health security by promoting emergency preparedness, surveillance and response using an all-hazard and one-health approach

Responding to the drought



Somalia has a severe drought with more than 6.1 million people affected and 759 400 people internally displaced. In response, WHO has scaled up its emergency life-saving interventions in drought-affected districts, including South West, Jubaland and Galmudug states, to expand access to essential health services, strengthen disease surveillance activities and establish outreach services for vaccination, malnutrition screening and treatment of micronutrient deficiency disorders. WHO, in conjunction with the Ministry of Health, redeployed 2163 CHWs in 79 districts across Somalia, including in 24 drought-affected districts to support community-based interventions for mothers and children.

WHO has also established fully functioning triage corners (with necessary biomedical equipment and training) in two maternal and child health clinics of Galmudug state to treat children with severe pneumonia and other emergency medical conditions. WHO has procured and stored essential medicines and other supplies (pulse oximeters, thermometers, mid-upper arm circumference measuring tapes) in all PHC and maternal and child health clinics in the drought-affected districts. As part of the ongoing measles outbreak response and

with support of WHO and UNICEF, an integrated campaign for measles vaccine was launched in 12 drought-affected districts which vaccinated 492 548 children against measles.

Ending polio

Based on the current situation of circulating vaccine-derived polio virus 2 (cVDPV2) in Somalia, especially in south and central areas and the neighbouring countries, outbreak response activities, such as improving acute flaccid paralysis and environmental surveillance, have been strengthened across Somalia and supplementary immunization activities have been conducted.

In February, WHO and its partners implemented a first round of supplementary national immunization days in 10 targeted regions in south and central parts of the country targeting 1 922 470 children under 5 years. In preliminary reports 1 781 441 children were vaccinated in this campaign (93% coverage). To further improve the quality of campaigns, a number of measures have been undertaken such as developing microplans, improving district-level coordination and conducting extensive desk and field validations of the campaign monitoring data.

Meeting the 70% COVID-19 vaccination target



On 16 March, the country marked 1 year since the start of the COVID-19 vaccination programme. During this period, Somalia received 3 505 180 doses of different vaccines approved by WHO for emergency use. In total, 2 540 398 doses were used, thus fully vaccinating 18.4% of the eligible population (> 18 years). By the end of this quarter, 16.21 doses of vaccines will have been administered per 100 population.

This result was achieved through good microplanning and strategies such as deployment of fixed, outreach and mobile teams to expand access to vaccines. Gender was considered in the vaccination plans which led to 42% of females being among the COVID-19 vaccine recipients. Other populations of concern were also considered such as refugees, nomadic populations and internally displaced people.

Using evidence for public health actions

With the COVID-19 pandemic, Somalia needed to address the most urgent health priorities using evidence-based solutions. The Ministry of Health and National Institute of Health, with support from WHO and other partners, convened the first ever health research conference in Garowe from 30 January to 1 February 2022. WHO extended its support through the Alliance for Health Policy and Systems Research, an organization that aims to build health systems and research capacity in low- and middle-income countries and use public health evidence to set policies that support systems building. Other partners supporting this conference were Public Health Agency of Sweden, Africa Field Epidemiology Network, Swedish International Development Cooperation Agency and academic institutions. Participants included 183 national and international researchers. The researchers presented new evidence, best practices and lessons learnt in public health interventions. Of 51 researchers who presented abstracts, nine were women and 10 were from the first cohort of the newly initiated Field Epidemiology Training Program 2021. The *Somali Health Action Journal* was launched at the conference and will be a platform for sharing research knowledge with the aim of addressing the country's public health challenges.

Building resilience for outbreak detection and response

After successful completion of the training of the first cohort of the Field Epidemiology Training Program of Somalia, training for the second cohort started in March 2022 with 25 frontline health workers from federal, state

and regional levels. This programme is supported by WHO, the United States Centers for Disease Control and Prevention and the African Field Epidemiology Network. The training programmes aim to build a front-line public health workforce in Somalia for outbreak detection and response.

WHO's support to improve coordination for emergency response to public health threats has been reinforced through the establishment of seven public health emergency operations centres (PHEOCs) – one at the national level and six at the state level. WHO is also supporting the National Institute of Health to: conduct training of the PHEOC teams; set up structural designs that could be adapted to establish PHEOCs; procure, distribute and install basic IT equipment for PHEOCs; develop a PHEOC manual and standard operating procedures; and cost operational plans.

Strengthening public health laboratories in Somalia is vital for timely outbreak detection, confirmation and response. In this quarter, WHO helped equip the three public health laboratories in Mogadishu, Garowe and Hargeisa with genomic sequencing devices, reagents and supplies required to conduct SARS-CoV2 sequencing. A nanopore sequencing device, with enough consumable supplies to sequence 500 SARS-CoV2 samples, was delivered to the laboratories. In addition, 17 laboratory technicians (11 male and 6 female) were trained on sequencing procedure. So far, the three laboratories have processed 139 samples for sequencing with 58 eligible samples successfully sequenced. WHO will maintain technical and material support to further strengthen national capacity for sequencing SARS-CoV2 and other pathogens of public health concern. As part of the WHO's support to expand polymerase chain reaction (PCR) testing capacity in the country, four additional biosafety level 2 laboratories with rt-PCR testing capability are being established in Galmudug, Jubaland, Hirshabelle and South West State. Necessary biomedical equipment and supplies have been delivered to the state ministries of health and training has been done.

Strategic priority 3. Promote healthier populations and well-being using multisectoral approaches to address the social determinants of health and risk factors

Building an equitable health system



The WHO country office has recently commissioned a study to better understand the levels of health inequalities and social and environmental determinants of health in Somalia. The country has a low universal health services coverage index (27 out of 100), and one of the highest maternal mortality ratios and infant mortality rate worldwide. However, owing to scarcity of data, very little is known about the level of health inequality that exists between different socioeconomic and population groups, and whether or not gender, education, income status and other social determinants (e.g. urban versus rural populations) contribute to the health inequality and, if so, to what extent.

As part of its CCS for Somalia, the WHO country office wants to use this information to promote building an equitable health system by tackling the drivers of health inequity that might exist in marginalized communities.

Using sustainable energy to provide electricity to health facilities

On the eve of World Health Day 2022, the WHO country office embarked on another innovative project – using solar power to provide electricity to 100 PHC centres in the country. In keeping with the World Health Day 2022 theme – our planet, our health – the project is expected to promote sustainable green energy to solve the chronic power problems in health facilities, especially at the PHC level. One in three health centres in the country is off the power grid. Thus, this solution will not only allow health facilities to function optimally with all the necessary biomedical equipment (e.g. refrigerator for vaccines and oxygen concentrators), but will be climate resilient and will not add to the country's carbon footprint.

Strategic priority 4. Strengthen health governance using the Global Action Plan for Health and Well-being to support joint and collective actions to achieve health-related SDG goals

Coordination for better health



WHO continued to forge stronger collaboration with the Ministry of Health Development of Somaliland to achieve better health outcomes. A consultation was held from in February/March 2022 to review WHO's support to Somaliland in the past and the results achieved, and to identify areas of strategic collaboration for 2022 that will contribute to attaining UHC. Technical working groups were formed with

the WHO country office and the Somaliland ministry to finalize the yearly work plan in line with WHO's CCS 2021–2025.

Harmonized health facility assessment

WHO has embarked on an assessment of all health facilities (public, private and those managed by nongovernmental organizations) in Somalia using a harmonized health facility assessment tool. This assessment, the largest ever survey of the health sector in Somalia in recent times, will evaluate the physical and functional availability of health facilities, and the readiness of the facilities to provide health care services, mainly essential health services. The information will provide important data for monitoring health system capacity to respond to population needs and health system performance, in addition to providing up-to-date data for planning and information on availability and access to health care. Data collection is expected to begin next quarter.

High-level policy dialogue

WHO organized a roundtable discussion on bridging oxygen access gaps in Somalia in March 2022. Through this policy dialogue, commitment was sought from all UN agencies, especially principal agencies of the Global Action Plan for Health and Well-being (GAP), to support the work of WHO on innovation and oxygen access by working together. At the same time, affordable solutions were discussed to build a strong and resilient health system by tackling health inequities in access to oxygen and other health care for mothers, children and other vulnerable populations. The roundtable discussion was attended by the Deputy Special Representative of the Secretary-General and the United Nations Resident and Humanitarian Coordinator, all heads of GAP agencies, the WHO Representative, the Deputy Head of the EU Delegation to Somalia and the Federal Minister of Health, Her Excellency Dr Fawziya Abikar Nur.

Joint and collective actions for health

The WHO Representative joined the Deputy Special Representative of the Secretary General and the United Nations Resident and Coordinator for Somalia, the Head of

United Nations Office for Coordination of Humanitarian Affairs and the Country Representative of the United Nations High Commissioner for Refugees to visit North Galkayo, one of the drought-affected areas, in April 2022. The visit provided an opportunity for WHO to advance joint and collective actions for health in responding to the drought in the country, especially targeting marginalized populations at the community level.

Leadership lecture for staff learning and development

WHO, as part of its staff learning and development, organized a third leadership lecture in April, which was delivered by Mr Adam Abdelmoula, Deputy Special Representative of the Secretary General and the United Nations Resident and Coordinator for Somalia. The country office also organized a workshop on economic evaluation and its use in public health in March 2022, which was hosted and facilitated by Mr Lorcan Clarke, health economist at the Evidence and Analytics for Health Security at WHO headquarters.

Participation in the interagency assessment

WHO participated in an interagency assessment of UN agencies led by the United Nations Development Programme to assess the physical, structural and psychosocial damage caused by the recent fire in Hargeisa, Somaliland. Based on the assessment, short- and long-term plans were drawn up for mitigating the effect of the fire on the lives and livelihood of those affected.

Cost-effective solutions for health improvement

WHO organized a workshop to build an evidence base for cost-effective health interventions which will have maximum impact on health outcomes of populations in Somalia and

lead to a resilient and strengthened national health system capable of supporting far-reaching reforms in the health sector as the country moves towards implementing the Essential Package of Health Services 2020. Discussions also centred on the country office's newly developed partnership engagement and resource mobilization strategy and communication strategy, which will engage donors to support implementation of the CCS.



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