



MAIN ACHIEVEMENTS



407 956

children from 6 months to 5 years
vaccinated against measles and 459 456
children under 5 years vaccinated against polio



99 085

people living in 20 489 households
protected against malaria by indoor residual
spraying done in Puntland and Somaliland



918

rapid response teams
deployed to 51 priority districts for field
investigation and sample collection
for COVID-19 testing



3 300

community health workers
deployed in high-risk districts for case
identification and contact tracing



3.18

million people treated
as part of mass drug administration
against schistosomiasis

Technical Programme Update

May-August 2020



Our work continues to save lives and improve health despite difficult times: resilience and strength still shape the narrative

Message from WHO Representative



These past 4 months of 2020 have been unprecedented, for WHO as an organization, for its Somalia country office and for us as health professionals. The coronavirus disease (COVID-19) pandemic has dominated global and national health and political agendas and affected the health and well-being of millions of people. Our ability to respond to the COVID-19 pandemic and other health threats, prevent infections and save lives has been severely tested.

Together with Somalia's Federal Ministry of Health and Human Services and our partners, the WHO country office has worked hard to suppress the virus, limit its spread within the community and slow the transmission of the disease in a fragile setting. More than 120 WHO staff working in different programmes have been redeployed to support the health authorities to respond quickly to the outbreak; they have worked long hours, often under considerable pressure. We have lost two of our staff and many others have contracted COVID-19 while responding to the call to save lives. Despite these tragic losses in the country office, we have continued to provide support to scale up essential health services so that no one is denied access to health care whenever it is needed.

We have collaborated with our health partners to support government-led interventions, especially, increasing testing capacity, establishing active surveillance, deploying

thousands of frontline community health workers for contact tracing, and raising awareness at the household level among high-risk populations on protective measures and care of those with COVID-19. We have made every effort to reach those at high risk including internally displaced people, disabled people, women and other vulnerable people so that the "test, trace, track and treat" intervention leaves no one behind.

At the same time, in the past 4 months, we have not forgotten the many other health emergencies and health needs of the Somali people. We have worked with the government to ensure that the health gains achieved in the past are not undone by the effect of COVID-19. Our teams have continued to work with health authorities and partners to ensure that essential life-saving services are not disrupted, people with chronic health conditions, including those with HIV and tuberculosis, have access to life-saving medication and care, children are regularly vaccinated, and pregnant mothers receive the care they need for safe delivery. In addition, our emergency teams have responded to outbreaks of measles and acute watery diarrhoea/cholera and provided assistance to flood-affected populations. This might be a reason why other health events have not dominated the news even though the country still only has limited capacity to prevent, detect and respond to other diseases with epidemic potential.

As the number of COVID-19 cases in Somalia starts to decline, we will draw lessons from the course of the pandemic so far to continue the fight against this disease until everyone is safe. In addition, we are more determined than ever to protect the health gains made by Somalia in the past few years. Our commitment to strengthening Somalia's health systems and filling gaps in health care will drive our work in the coming months. If the past 4 months have shown us anything, it is that effective interventions, strong and decisive partnerships, a focus on results and accountability, and innovation are key. We look forward to continuing our work with the health authorities and our partners to overcome the challenges and build a stronger and better health system for Somalia.

Dr Mamunur Rahman Malik
WHO Representative in Somalia

Response to COVID-19



On 16 March 2020, Somalia recorded its first confirmed case of COVID-19. In a matter of weeks, the disease had spread to all states of the country with most cases reported in Banadir, followed by Somaliland and Puntland. The outbreak developed rapidly in the following months until June when COVID-19 cases and deaths started to decline. By 29 August 2020, 18 236 suspected cases of COVID-19 had been tested in Somalia, of which 3310 were confirmed positive, and 97 deaths were recorded as COVID-19-related.

Working with the health authorities, WHO staff helped mount an effective response to COVID-19 and ensure that all actors engaged in dealing with the outbreak had access to good quality and timely information on the progress of the outbreak and response needs.

Surveillance and response to health emergencies



Early Warning Alert and Response Network

The Early Warning Alert and Response Network (EWARN), a surveillance system set up with WHO's support, has

continued to help sustain surveillance activities in Somalia. By the end of August 2020, 693 health facilities were participating in EWARN and 30% of these facilities submitted timely and complete reports on epidemic-prone diseases.

Between May and August 2020, EWARN recorded 3281 alerts of epidemic-prone diseases. After field investigations by rapid response teams and public health emergency officers, 47% of the alerts were verified as real events. The diseases verified from the alerts included COVID-19, malaria, acute diarrhoea and measles.

Throughout this period, acute respiratory infections and acute diarrhoeal diseases were the leading causes of morbidity in the country. EWARN recorded 61 064 cases of acute diarrhoea and 23 450 cases of acute respiratory infections.

Rapid response to epidemic-prone diseases

During May–August 2020, the health emergency programme also responded to a measles outbreak in Jubaland and a surge in cholera cases in flood-affected districts.

Health emergency response in flood-affected districts

In the second quarter of 2020, WHO received funding from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) for anticipatory action interventions. A number of activities were initiated with the aim of minimizing the public health risk and mortality and morbidity as a result of drought and flooding.

WHO's health emergency programme conducted rapid needs assessments in flood-affected districts in Hirshabelle and Jubaland with this funding. In Hirshabelle, the assessment found that 80 220 people in Beletweyne, Jowhar and Jalalaqsi districts were affected by flooding. In Jubaland, 11 000 people in Gedo region were affected by the floods and Gu rains (annual rains that come in March). In addition, 100 health workers in Hirshabelle state were trained to improve readiness to respond to health emergencies in flood-affected and other high-risk areas. WHO has also started mapping areas that are at risk of epidemics and other public health emergencies.

As part of these assessments, WHO teams identified the immediate health priorities in both Hirshabelle and



Jubaland and distributed Interagency Emergency Health Kits that will enable medical teams to provide primary health care 30 000 people over a period of 3 months, as well as six cholera kits for treatment of 300 patients for 10 days. Furthermore, WHO and the European Union jointly airlifted 150 cartons of emergency medical supplies to Hirshabelle which can cover the medical needs of over 6000 patients affected by the floods.

Management of severe acute malnutrition

WHO continues to support 53 nutritional stabilization centres in districts affected by drought, flooding and conflict across Somalia. This support includes provision of nutritional supplies such as severe acute malnutrition kits to all stabilization centres, organizing capacity-building training for medical staff and assisting joint supportive supervision visits with the health ministry.

Between May and August 2020, 3920 new cases of severe acute malnutrition were recorded in 32 stabilization centres in Jubaland, South West, Puntland, Galmudug and Hirshabelle states, as well as Banadir region. Cases of severe acute malnutrition are 8-10% lower than cases recorded during the same period in 2019, which may be because of COVID-19 with fewer people coming to health centres. The average case fatality rate of severe acute malnutrition during May-August was 3%, the defaulter rate was 5% (those who left the centre on their own accord) and 3571 children with severe acute malnutrition were discharged after recovery. All other cases were either on treatment or referred for further medical attention.

Support for trauma care

Between January and August 2020, an increased number of injuries, deaths, evictions, loss of income and displacements were recorded as a result of armed conflicts, terrorist attacks and other emergencies; 9948 injuries were recorded in Banadir region and Hirshabelle, Galmudug, South West, Puntland and Jubaland states. In June alone, 1474 trauma-related injuries and 15 deaths were notified. This increase is attributed to conflicts in the Gedo region in April, as well as terrorist attacks in Mogadishu. In order to support a timely response to trauma-related injuries, WHO distributed trauma and surgical kits and Interagency Emergency Health Kits to all states. WHO also prepositioned 60 tons of emergency medical supplies and 738 boxes of trauma kits which would allow health providers to treat 64 723 injured patients.

Progress in provision of mental health services for young people



Progress has been made in the joint WHO, International Organization for Migration (IOM) and United Nations Children's Fund (UNICEF) project launched in March 2020, which aims to improve mental health care and psychosocial services for young people affected by conflict in Somalia through a socially inclusive integrated approach for building peace. International consultants were recruited to coordinate capacity-building activities (i.e. the development of modules on mental health and psychosocial support for health care professionals and implementation of training of trainers) and to undertake monitoring and evaluation activities. A comprehensive monitoring and evaluation plan will soon be

developed. The development of the project was coordinated by the steering committee, which met regularly. In addition, a project website is being developed.

Quality and safety of medicines



Pharmaceutical sector assessment survey, 2020

The pharmaceutical sector in Somalia is weak, fragmented and under-regulated. Therefore, WHO Somalia, in collaboration with Somalia's Federal Ministry of Health and Human Services, has continued to work to improve the regulatory capacity of the Somali National Regulatory Authority. Between 23 and 29 June 2020, the pharmaceutical sector assessment survey was conducted to assess the capacity of the pharmaceutical sector including with regard to infrastructure, logistics and human resources. In all, 25 indicators of access, availability, affordability, quality and rational use of medicines at the health facility level were assessed. The survey was conducted in 65 health facilities (30 public health facilities, 30 private pharmacies and five public warehouses) in Somaliland, Puntland, Jubaland, South West state and Banadir region. Data entry has been completed and the final report, which includes recommendations to policy- and decision-makers, is being prepared.

Quality screening of medicines

In Somalia, no well-established laboratories exist that have the capacity to assess the quality of medicines. Medicines imported into Somalia are not registered by the health ministry, which increases the likelihood of low quality, substandard and falsified medicines entering the pharmaceutical supply chain in the country.

In 2019, WHO donated supplies to the National Medicines Regulatory Authority to operate minilabs capable of performing basic quality testing of selected essential medicines. This testing is needed to detect potential substandard and falsified medicines and to protect the public from such medicines.

Over the reporting period, the National Medicines Regulatory Authority, with technical and financial support from WHO, collected samples of antimalarial and antiretroviral medicines from public health facilities in four regions of Somaliland.

HIV testing and treatment



In the first half of 2020, 257 patients (119 males and 140 females) were registered for HIV care and treatment in Somalia, 8.5% (24/281) less than in the same period in 2019, while it had only fallen by 2% (8/287) from 2018 to 2019 (Fig. 1). The reasons for this reduction are not fully known but it could be due to the COVID-19 outbreak and people staying home and away from health centres.

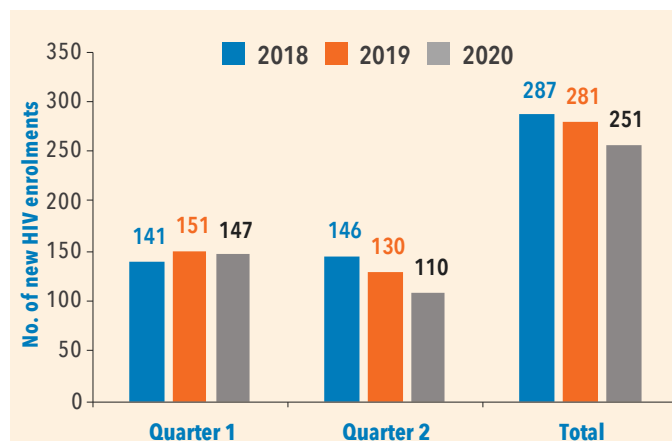


Fig. 1 New enrolments for HIV treatment, Somalia, 2018-2020

Tuberculosis management and COVID-19 testing

To enhance the quality of HIV testing and care in health facilities, the WHO HIV programme conducted supportive supervision activities during May–August, albeit on a limited scale because of the COVID-19 lockdown. Supportive supervision visits were carried out in the antiretroviral therapy (ART) facility in Banadir hospital, in ART sites in Bossaso, Qardho, Garowe and Galkayo in Puntland, and ART sites in Burao, Berbera, Gabiley, Boroma and Hargeisa Group Hospital in Somaliland. The visits also covered the tuberculosis clinics at these hospitals. The WHO Somalia HIV programme also distributed supplies for HIV testing to 94 tuberculosis sites, and estimated and placed orders for the supplies needed for 2021.

Following the global WHO recommendation in 2019 to use dolutegravir as the antiretroviral medication for the treatment of HIV infection, the HIV programme developed a dolutegravir transition plan, and helped calculate the amount of dolutegravir needed for the new dolutegravir-based regimens for next 3 years as part of the new Global Fund grant application. The programme also conducted four training webinars on the use of the new dolutegravir-based regimens for health ministry HIV programme staff and doctors in ART facilities.

The HIV programme completed the data analysis of the external quality assurance activity, which was conducted at the end of 2019. As part of this activity, the ability of 363 health staff (49% women and 51% men) to accurately determine the HIV status of serum samples was assessed. The staff came from 239 service delivery units of hospitals, tuberculosis centres, maternal and child health units and health centres. By geographical area, 96.3% of Somaliland staff performed well, as did 91.8% of staff in south and central Somalia and 90.9% of staff in Puntland.



Tuberculosis cases and treatment

The number of new cases of tuberculosis notified in the first quarter of 2020 was higher than in the first quarter of 2019; however, the number notified in the second quarter of 2020 was lower than in the second quarter of 2019 (Fig. 2). In the second quarter of 2020, 3881 drug-sensitive tuberculosis cases were notified in Somalia and 81 patients with multidrug-resistant tuberculosis were enrolled on treatment, which is respectively 11.5% lower and 33.3% higher than the first quarter of 2020. This suggests that COVID-19 did not affect the management of multidrug-resistant tuberculosis, and the reduction in notification of cases of drug-sensitive tuberculosis may be due to normal seasonal variations.

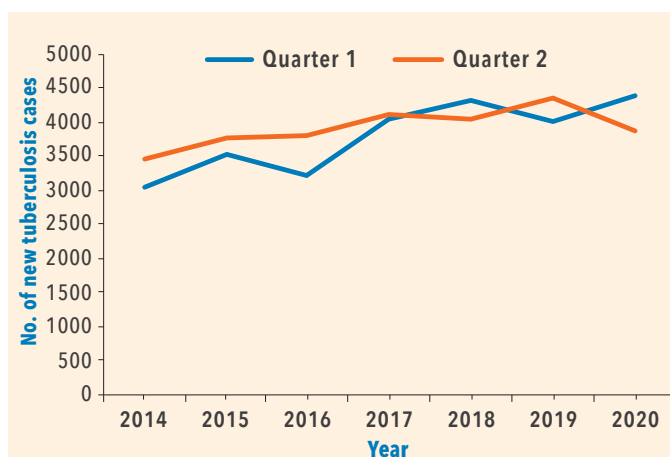


Fig. 2 Trends in number of tuberculosis cases notified in the first and second quarters, Somalia, 2014–2020

In the second quarter of 2020, WHO distributed 2 263 611 tablets of tuberculosis medicines to tuberculosis centres throughout the country in order to prevent stock-outs of

medication and interruptions in treatment. Of these tablets, 1 560 209 went to centres in federal government states, 574 709 went to centres in Somaliland and 128 693 were distributed to centres in Puntland.

COVID-19 testing

Given the importance of rapidly testing suspected cases of COVID-19 in the country, and given the challenges in providing all states with equipment to test for COVID-19, Somalia's tuberculosis programme gave crucial support to efforts tackling the COVID-19 outbreak.

GeneXpert machines used for tuberculosis diagnosis were equipped with kits which enabled them to test COVID-19 samples, thus increasing testing capacity in the country. By August 2020, seven tuberculosis centres in Mogadishu, Baidoa, Kismayo, Dusmareb, Belet Hawa and Jowhar had taken part in this initiative, and more centres will be joining in the coming weeks as 4000 Xpert Xpress SARS-CoV-2 test kits are expected to be delivered.

Continued provision of childhood immunization



While COVID-19 has disrupted routine immunization during May-August, efforts have been made to protect health workers and patients. WHO therefore distributed 3000 pieces of personal protective equipment to health facilities that provide immunization services in Baidoa, Marka, Baraawe, Jowhar and Beletweyne.

Routine immunization services have continued in health facilities throughout the country. However, vaccination trends for pentavalent 1, pentavalent 3 and measles 1 vaccines show a decrease in the numbers of children

vaccinated between January and August 2020 compared with the numbers in corresponding months of 2019 (Fig. 3). The number of children missing out on of these vaccines continues to rise, while the number of children receiving these vaccines continues to fall.

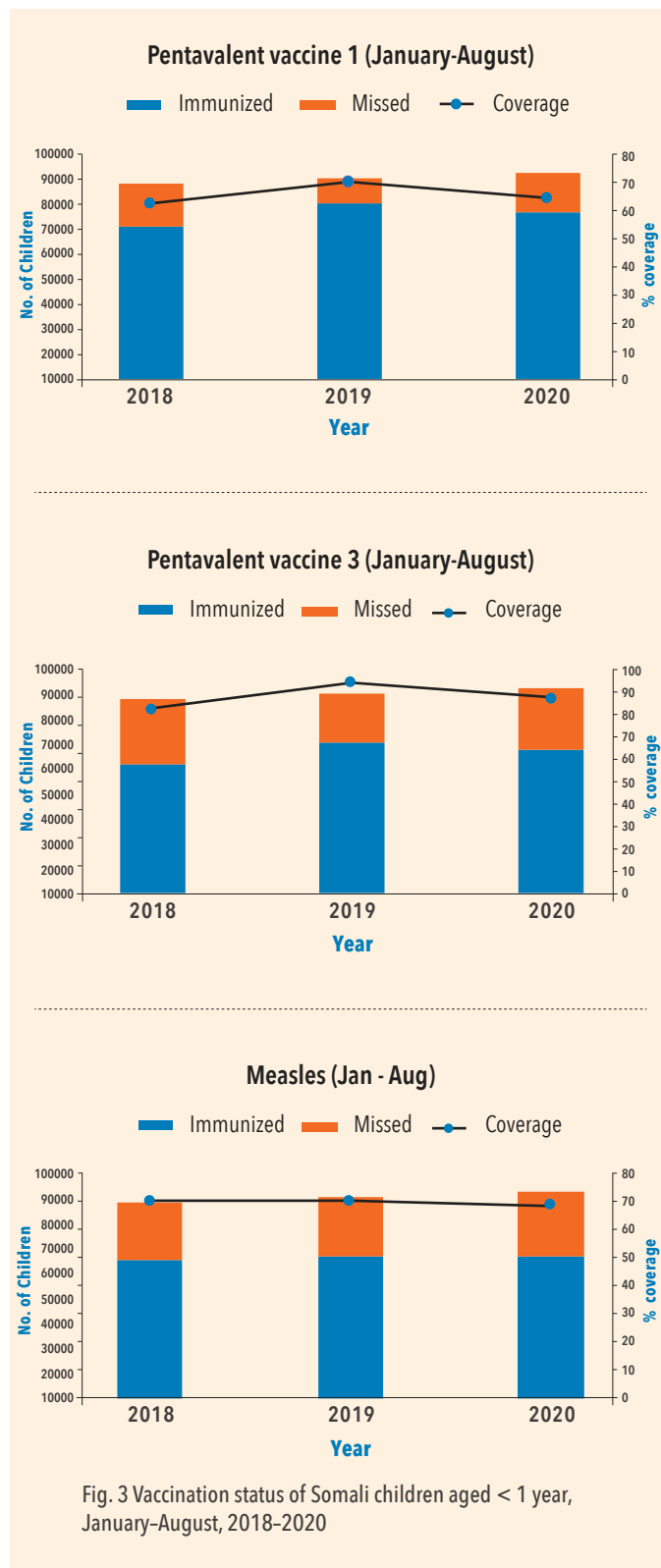


Fig. 3 Vaccination status of Somali children aged < 1 year, January-August, 2018-2020

Over May–August, outreach immunization activities were also paused in some areas of Somalia (south and central Somalia) because of COVID-19. However, they mostly continued in Puntland and Somaliland through health facilities supported by GAVI, the Vaccine Alliance.

The WHO Somalia Expanded Programme on Immunization (EPI) has continued to support the strengthening of immunization activities by facilitating mid-level management training for immunization focal persons.

Preparatory meetings for urban immunization with some district medical officers were also conducted. These activities aim to increase uptake of routine immunization in densely populated cities, where transportation costs or health service costs are barriers to vaccination of children.

Intensified efforts to eradicate polio



Circulating vaccine-derived poliovirus type 2

In December 2019, the polio programme detected circulating vaccine-derived poliovirus type 2 (cVDPV2) in Banadir through routine environmental surveillance. This surveillance monitors the presence of poliovirus in the sewer system and complements surveillance of acute flaccid paralysis. Between January and the end of August 2020, 13 environmental samples from Banadir were found positive for cVDPV2 and 273 cases of acute flaccid paralysis were reported. Four human cases of cVDPV2 were detected between April and August 2020. To expand environmental polio surveillance, five new environmental sites were identified in Baidoa and in Kismayo in June 2020. Test samples have been collected for laboratory testing.

Resumption of polio vaccination campaigns

On 16 March, as the first case of COVID-19 was confirmed in Somalia, all mass vaccination campaigns were suspended by the government to avoid further spread of the virus. In June and July 2020, as restrictions were being lifted, planning resumed for a polio and measles vaccination campaign in Banadir region.

This campaign took place from 30 August to 3 September 2020 in 17 districts of Banadir. By the end of the campaign, 407 956 of 442 976 (92%) targeted children from 6 months to 5 years had received the measles vaccine and 459 456 of 492 195 (93%) children under 5 years had received the polio vaccine. Furthermore, 92% of the children targeted had also received vitamin A capsules (given as drops to younger children) and chewable deworming tablets (crushed and mixed with water for younger children who cannot chew). District field assistants (224 assistants) supervised more than 3000 vaccinators in the field. The vaccination campaign was monitored by the health ministry, UNICEF and WHO. The vaccinators and supervisors ensured the strict implementation of health safety measures during the campaign.

This campaign demonstrates how vital health interventions can be delivered in a safe way, and it leads the way for subsequent campaigns that aim to fill gaps in immunization. In September and October 2020, two further campaigns with the monovalent oral poliovirus vaccine will target 1.6 million children under 5 years in south and central regions.



Malaria and schistosomiasis



Malaria

Between January and August 2020, 222 321 tests for malaria were done and 17 895 cases of malaria were confirmed in Somalia. The total number of malaria tests done exceeded the numbers recorded in 2017, 2018 and 2019, which indicates that the COVID-19 outbreak did not affect services for malaria (Fig. 4). The number of confirmed malaria cases and the slide positivity rate were lower in 2020 compared with the same period for 2017, 2018 and 2019.

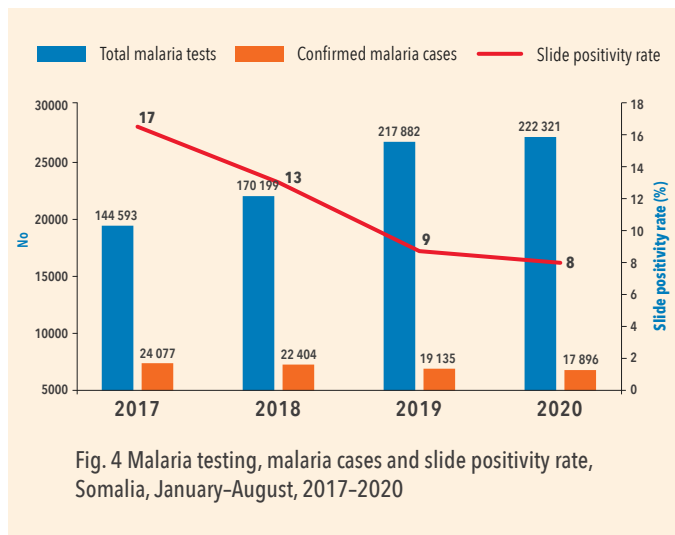


Fig. 4 Malaria testing, malaria cases and slide positivity rate, Somalia, January-August, 2017-2020

Emergency malaria logistics support

In response to a request from the Federal Ministry of Health and Human Services to avoid stock-outs, WHO's malaria programme provided 110 400 tablets of artemisinin-based combination therapy and 50 000 rapid diagnostic tests through the emergency pipeline.

Indoor residual spraying

Despite the restrictions on movement during the COVID-19 lockdown and the challenges this posed, indoor residual spraying has continued throughout the country. This spraying is an essential tool in the response to malaria outbreaks. Thus, this activity was prioritized and all precautions were taken during spraying to prevent transmission of COVID-19, including the use of personal protective equipment by all staff involved in spraying.

Between January and August 2020, the following indoor residual spraying was done.

- Puntland: 16 897 households, resulting in protection of 76 453 people.
- Somaliland: 3 592 households resulting in protection of 22 632 people.

In south and central Somalia, three large-scale indoor residual spraying activities are planned for October in Lower Shabelle, targeting 139 266 households and protecting 697 872 people.

Schistosomiasis

In June 2020, mass drug administration against schistosomiasis was conducted together with deworming in Banadir, Middle Shebelle, Lower Shebelle, Lower Juba, Hiiran, Bay, Bakool, Gedo, Galgadud and Mudug districts; 3.18 million people (2.78 million children and 0.4 million adults) were treated with praziquantel and mebendazole.



Health cluster support



Coordination and training

From the start of the COVID-19 outbreak in Somalia, the Health Cluster has supported coordination of the health response. Immediately, the cluster increased the frequency of coordination meetings in order to meet weekly and ensure that the response was supported through effective information-sharing, capacity-building and frequent interaction between Health Cluster partners responding to COVID-19.

Between April and June 2020, the Health Cluster partnered with WHO and UNICEF to deliver online training activities aimed at enhancing the capacity of partners to respond to COVID-19. The training focused on: infection prevention and control; capacity-building of community health workers in the areas of risk communication and referrals; continuation of essential health services; and aspects of water hygiene and sanitation (WASH). About 150 people attended the training, 35 of whom were women.

Gender-based violence

With the spread of the COVID-19 in Somalia and the state of emergency that followed, reported cases of gender-based violence increased because people were confined to their houses and individuals experiencing violence were unable to escape the abusive situation.

In April 2020, the Health Cluster carried out a survey on gender-based violence to assess the magnitude of the problem, the availability of services for gender-based violence and the use of these services. The survey found that 92% of the people who had experienced abuse reported physical, mental

and/or sexual violence by a partner and/or family member. In addition, a rapid assessment showed that 38% of people in the community indicated that incidents of gender-based violence had increased since the start of the COVID-19 outbreak.

The Health Cluster, with support from the adviser on gender-based violence from the WHO Regional Office for the Eastern Mediterranean, held a focus group discussion with gender-based violence service providers. These health workers reported an increase in emergency calls from survivors of gender-based violence, generally about female genital mutilation and fistula repairs related to sexual assault, mostly of children. The Health Cluster and the gender-based violence subcluster organized a webinar about ensuring a multisectoral response to gender-based violence during the pandemic. This webinar was supported by the Regional Office adviser on gender-based violence and attended by over 100 members of the Health Cluster and subcluster.

In addition, in June 2020, the Health Cluster, together with the Protection Cluster, held webinars on mental health and psychosocial support during the COVID-19 pandemic and the effect of COVID-19 on the mental health of the population and particularly of frontline health workers. The sessions were also supported by the Regional Office adviser on gender-based violence and were attended by over 80 partners from the health and protection clusters.

Response to floods

The Health Cluster, working with WHO public health emergency officers, supported the emergency response to flooding, caused by the Gu rainfall during April–June 2020.

At least 548 339 people were directly or indirectly affected by the floods, with at least 279 108 people displaced in 16 districts across nine regions. The floods exacerbated the humanitarian and health situation at a time when responders were overwhelmed by the COVID-19 response. Nine health care facilities in eight districts (Afmadow, Afgooye, Baidoa, Beletweyne, Doolow, Hobyo, Kismayo and Qardho) were affected, which restricted the access of 275 300 people to health services.

Through coordination efforts by the Health Cluster with support from WHO and the health authorities, rapid needs assessments were conducted in the flood-affected areas.

WHO has since stepped in to provide supplies to support response efforts.

Partnerships and accountability



Since the beginning of the COVID-19 pandemic in Somalia, the WHO Somalia country office has reengaged and collaborated with a number of existing and new donors. The office has regularly briefed the Somalia Health Donors Group – key health donors for Somalia who meet every 2 weeks to discuss the health needs in Somalia and to coordinate their agendas. Generous contributions have been received from Global Affairs Canada, the Central Emergency Response Fund (CERF), the European Union, the European Civil Protection and Humanitarian Aid Operations, the Foreign, Commonwealth and Development Office, GAVI, the Vaccine Alliance, German Cooperation, the Italian Agency for Development Cooperation, the Swiss Agency for Development and Cooperation, The Global Fund and the World Bank through the Pandemic Emergency Financing Facility.

Rebuilding and enhancing relationships based on accountability and visibility among donors and partners is a priority for WHO Somalia. The office will seek to build on the relationships it has strengthened and forged during the COVID-19 pandemic, with a focus on strengthening health systems and moving Somalia towards universal health coverage and health for all.

European Union and WHO COVID-19 partnership

WHO Somalia has developed a partnership with the European Union delegation to Somalia, including a bilateral technical

coordination mechanism for COVID-19 in Somalia. The purpose of this mechanism is to enhance a joint response to the COVID-19 outbreak. As part of this mechanism, WHO has provided technical assistance and advice to European Union-funded projects and activities, and to risk communications and awareness-raising initiatives on COVID-19 to ensure alignment with WHO's technical principles and strategies. At the same time, the European Union has provided logistical and air support to WHO during the lockdown to move equipment, supplies and COVID-19 samples for testing throughout the country. In addition, the European Union has continued to advocate for additional support for the COVID-19 response in Somalia through its networks.

During May–August, the European Union provided three humanitarian air bridges for WHO to transport essential medical supplies for COVID-19. On 3 May, 750 kg of medical supplies were flown from Mogadishu to Kismayo, an amount that could provide essential health care in emergency settings for up to 10 000 people over a 3-month period. On 20–21 May, more than 9000 kg of emergency medical supplies were flown to flood-affected areas, including Jowhar, Kismayo and Baidoa. These supplies could support 2000 individuals for 3 months with emergency health care for cholera and other waterborne diseases. On 11–12 June, European Union flights delivered 1363 kg of medical and laboratory supplies to support the COVID-19 response efforts in Hargeisa and Garowe. Furthermore, the European Union arranged a flight to flood-affected Beletweyne to deliver 3535 kg of supplies, including oral rehydration solutions and other emergency medicines, which were enough to treat up to 700 suspected cases of cholera for 3 months.¹

In the past few months, WHO Somalia's engagement with donors and partners has developed positively. WHO will continue working to respond to COVID-19 and deliver on its other normative functions, with a focus on strengthening accountability, trust and cooperation with donors by demonstrating the impact that contributions to WHO programmes and activities are having.

For more information on European Union flight support to WHO, please visit the new WHO Somalia website:
<http://www.emro.who.int/countries/somalia/index.html>

Safe and effective operations



The operations support, logistics and security teams in WHO's Somalia country office have had an important role in the past few months in ensuring the safety and well-being of staff and the smooth running of essential health operations.

The team helped procure, transport and deliver necessary medical equipment and material to tackle the COVID-19 outbreak, including much-needed personal protective equipment, sample collection kits, samples from suspected COVID-19 patients, and goods and equipment for diagnosis and case management. Three laboratories – in Mogadishu, Garowe and Hargeisa – were equipped to test for the virus in a matter of weeks, which rapidly increased Somalia's testing capacity for COVID-19 – an essential part of WHO's strategy to test, trace, track and treat. This was not easy, given the disruptions to the global supply chain of medical goods and the transportation sector. WHO Somalia led these efforts by mobilizing public and private sector cooperation to achieve a sustainable and effective supply chain, thereby ensuring the timely delivery of vital medical supplies.

WHO's operations and security office partnered with the World Food Programme, United Nations Humanitarian Air Service, United Nations Support Office in Somalia and the European Union to establish transport options to ensure needed supplies were distributed on time to suboffices and field locations, by air or road.

WHO's logistics team also undertook work in its main warehouse in Mogadishu to improve temperature control and ensure the best conditions for the storage of medical goods. The team facilitated the prepositioning of supplies from its three warehouses in Mogadishu, Garowe and Hargeisa to health ministry stores in all states of the country. All medical supplies sent are valid for at least 1 year from the date of delivery.



**World Health
Organization**

Somalia

Published by:

World Health Organization (WHO)

Mogadishu, Somalia

Correspondence: +252616695096

Email: emacosomwr@who.int; emacosomexr@who.int

URL: <http://www.emro.who.int/countries/somalia/index.html>



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