



MAIN ACHIEVEMENTS



410 538

children aged between 6 months and 5 years (93% of those targeted by the campaign) received vaccinations against measles and 462 192 children under 5 years (95% of the target) were vaccinated against polio in an integrated measles and polio campaign in Banadir region



2 767 525

children under 5 years were vaccinated with the bivalent oral polio vaccine in 19 regions across Somalia, a coverage of 97%



WHO's anticipatory action plan supported the provision of essential health services to more than 919 000 people who were severely affected by flooding and Gu rains.



4.8 tonnes

of medical supplies were prepositioned for 42 000 people in six districts who were displaced as a result of cyclone Gati.



More than 100 000 people were protected against malaria by indoor residual spraying in flood-affected areas.



The Health Resources and Services Availability Monitoring System (HeRAMS) was launched.

Technical Programme Update September-December 2020



Innovating and challenging preconceptions in Somalia

Message from WHO Representative



As the year 2020 comes to an end, many of us will be reflecting on the 12 months that have just passed and those that are to come. As Country Representative for WHO in Somalia, I feel proud of how our organization and our staff have dealt with the remarkable challenges that 2020 presented us with – from mounting an effective response to an unprecedented pandemic in a fragile context in a matter of weeks to successfully supporting the government to restore essential health services and vaccinate millions of children against life-threatening diseases. I am also grateful and humbled that our partners and donors have maintained their trust in us to keep the country safe and support the rapid recovery of the health systems.

In the last 4 months of year 2020, our country office has been working on all fronts, with renewed determination. We have managed small-scale outbreaks during that time. We rapidly vaccinated more than 1.5 million children under 5 years in 62 districts with the oral polio vaccine to tackle the circulating vaccine-derived polio virus. In response to a measles outbreak in Kismayo, more than 60 000 children were vaccinated, as a result of which the outbreak was quickly contained. We continued to monitor cholera and other health threats and, even though much of our work was focused on coronavirus 2019 (COVID-19), we have not allowed other health threats to prevail and claim additional lives. We have helped maintain safe and secured health services for the people of Somalia with whatever resources we had.

The use of innovative methods and challenging preconceptions of what can be achieved in fragile settings remained at the heart of our approach in Somalia. In the past 4 months, our teams have piloted an innovative technique to reduce mosquito breeding sites in water tanks in Bossaso, worked on setting up solar-powered medical oxygen systems in Galmudug and started preparations for the introduction of an improved oral polio vaccine and a COVID-19 vaccine.

We continue to support the government in maintaining and improving Somalia's health systems. Currently, WHO is assisting the government in developing the National Action Plan for Antimicrobial Resistance and has conducted the pharmaceutical assessment survey. WHO Somalia also took concrete steps towards raising awareness and building the capacity of the country's frontline health workers on mental health care.

In November 2020, WHO conducted a rapid needs assessment following the strong winds and heavy rains caused by cyclone Gati in six districts of Puntland and Somaliland. We quickly prepositioned 4.8 tonnes of medical supplies to help prevent water- and vector-borne diseases and scaled up surveillance of epidemic-prone diseases.

We finished the year with a renewed commitment to further strengthen the country's health systems and build a momentum for achieving universal health coverage (UHC) using primary health care as the foundation. Drawing on lessons from 2020 and the COVID-19 pandemic, we also remain actively engaged in improving public health preparedness and response to any kind of health emergency.

In 2021, we look forward to making measurable improvements to the health of the people of Somalia. We will continue to push the boundaries of what can be achieved in fragile contexts through innovation and an evidence-based approach. At the same time, we will systematically assess and measure the impact of our work at the country level to remain accountable to our partners and donors for our actions. This will be at the heart of our work as we move forward in 2021 with renewed hope and aspirations.

I wish you all a peaceful and joyful end of year – may we all be rested and ready for the important work that awaits us in 2021.

Dr Mamunur Rahman Malik
WHO Representative in Somalia

Continuing the fight against COVID-19



Responding to COVID-19 over 6 months

On 15 September, Somalia marked 6 months since the first case of COVID-19 was announced in the country. Thanks to the tireless work of dedicated staff, and in coordination with Somalia's Ministry of Health and Human Service the following activities were achieved: 5482 staff were trained on COVID-19 surveillance, case management and risk communication; 918 rapid response teams were deployed to 51 priority districts for field investigation and sample collection; 2409 community health workers were deployed for COVID-19 case finding and contact tracing, delivering risk communications to an estimated 10 million people; 9118 sample collection kits were distributed to federal member states; 22 369 samples were tested for COVID-19; and 19 isolation centres were supported for patient care.

While COVID-19 cases have decreased between October and December, the gains made over the past few months in limiting the spread of COVID-19 in Somalia would be compromised if clusters of the virus were not detected and acted upon. WHO Somalia therefore has scaled up surveillance activities, particularly in 44 of the country's "silent" districts. As the COVID-19 epidemic trajectory continues to evolve, the WHO country office will remain vigilant and engaged. We will continue to work with local and national health authorities to suppress the virus using evidence-informed interventions and limit transmission whenever any signs of introduction or circulation of the virus emerge.

Stopping transmission of COVID-19 at the community level

Given Somalia's poor health infrastructure and in light of the community transmission of COVID-19, one of WHO

Somalia's first priorities in tackling the COVID-19 pandemic was to train and deploy a community health workforce able to help stop the spread of the virus within communities.

Since March 2020, in support of Somalia's Federal Ministry of Health, WHO Somalia has trained and deployed 2 409 community health workers in 51 districts across Somalia. These teams have visited about 50 000 households every week to raise awareness of COVID-19, detect suspected cases, trace contacts of confirmed cases and follow up on patients quarantining at home or recently discharged from isolation facilities.

Between September and December 2020, these community health workers visited 1 319 434 households and reported 6068 suspected COVID-19 cases (alerts) to district rapid response teams, who are in charge of collecting samples. Among the cases reported by community teams, 3681 were verified as true alerts by these district teams and 89 tested positive for COVID-19. Over the same period, community health workers also supported and followed up 2826 suspected and positive COVID-19 cases at home.

Preparing for the introduction of a COVID-19 vaccine

GAVI, the Vaccine Alliance, has pledged to support countries with COVAX vaccines for up to 20% of their population. Somalia's Federal Ministry of Health, WHO, UNICEF, GAVI and partners are working on the introduction of a COVID-19 vaccine in Somalia. On 7 December, Somalia's Federal Ministry of Health and Human Services, with the support of WHO, submitted the country's COVAX vaccine request to GAVI. WHO has supported the Federal Ministry of Health and Human Services in completing the COVID-19 vaccine introduction readiness assessment tool and is working with the health ministry to improve weak areas identified by the tool. WHO will also support the federal and state health ministries to develop vaccine introduction and deployment plans, finalize strategies for vaccine delivery and develop microplans, and train vaccinators and others involved in managing the vaccine delivery. This support will include providing one consultant for each state to assist the health authorities. WHO will also support the health ministry in developing systems to monitor vaccine safety and adverse events following immunization, and manage data.

Instigating innovation: solar-powered medical oxygen systems



The *Global Action Plan for Healthy Lives and Well-being for All* aims to support countries to accelerate progress towards the health-related SDG. This has provided a unique opportunity for Somalia to pilot three units of solar-powered medical oxygen systems in the paediatric ward of Hanano referral hospital in Dhushamareb, Galmudug State. As a result of in-kind support from Grand Challenge Canada, WHO Somalia will be facilitating the coordination of overall operations, as well as the installation and donation process to the Galmudug State Ministry of Health. The project will include on-the-job training for the hospital staff on the best use of medical oxygen to manage severe respiratory diseases and on preventative maintenance to ensure the optimal use of the lifesaving equipment.

This innovative solution will be coupled with research supported by the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases. This research will be aimed at gathering evidence on the feasibility, use, cost-effectiveness and impact on survival of the solar-powered medical oxygen systems in such a complex context.

If successful, this innovative approach to provide medical oxygen could save many lives and be replicated across Somalia and in similar fragile settings.

Sharing Somalia's progress and lessons learnt on the Global Action Plan



In September 2020, WHO Director-General Dr Tedros Adhanom Ghebreyesus, principals of signatory agencies as well as ministers and senior officials from Member States of the *Global Action Plan for Healthy Lives and Well-being for All* participated in an online launch of the first progress report: *Stronger collaboration, better health: the Global Action Plan for Healthy Lives and Well-being for All*. The report covers the first 8 months of implementation of the *Global Action Plan* and presents early evidence of progress achieved and challenges faced.

Her Excellency, Dr Fawziya Abikar Nur, Minister of Health and Human Services of Somalia, was one of the speakers at the event. Recalling a key lesson from COVID-19 – that all countries are vulnerable until every country is safe – she highlighted the moral imperative to protect the health of vulnerable countries. She urged development partners, and in particular signatories to the *Global Action Plan*, to learn more about local contexts, put collaboration at the heart of their approach and commit to the shared responsibility of monitoring and evaluating the impact of financing in the health sector. As Somalia redoubles its efforts to achieve UHC and rolls out its Essential Package of Health Services, the country is committed to generating more evidence and data on what low-cost but high-impact interventions can work in fragile and vulnerable settings. The support of the signatories of the *Global Action Plan* to strengthen government efforts and scale up funding is vital for Somalia to build back better by establishing stronger health systems.

Putting innovation and perseverance at the heart of polio eradication efforts



Gaining ground with mass polio campaigns

In September and October 2020, two rounds of vaccination with the monovalent oral polio vaccine type 2 (mOPV2) were carried out in a response to an outbreak of circulating vaccine-derived poliovirus type 2. The vaccination campaigns targeted 62 districts and 1.65 million children under 5 years.

The first round was carried out between 20 and 23 September and reached 1 579 050 of children under 5 years. Post-campaign monitoring using the lot quality assurance sampling showed 94.6% coverage and a 94% pass rate (94% of the lots assessed had fewer than three children out of 60 who were unvaccinated). The second round reached 1 537 556 children under 5 years with the second dose of the vaccine, and achieved 96% coverage and a 96.8% pass rate. Both rounds had a revaccination strategy for children in missed areas.

Between June and November 2020, WHO negotiated and gained access to six previously inaccessible districts with an estimated 100 000 children under 5 years. Finally, in December 2020, the polio programme successfully vaccinated 2 767 525 of 2 893 292 children under 5 years with the bivalent oral polio vaccine in 19 regions across Somalia, a coverage of 95.6%. Vitamin A supplementation was given to 1 130 180 children under 5 years in 10 regions. Post-campaign immunization monitoring using lot quality assurance sampling showed 96% coverage and 86% pass rate.

Preparing to introduce the novel oral poliovirus type 2 vaccine

During the reporting period, WHO worked with Somalia's Federal Ministry of Health and Human Services on approval

to introduce and use the novel oral poliovirus type 2 vaccine (nOPV2) in the country. This vaccine is a modified version of the existing mOPV2 and is more genetically stable and less likely to lead to circulating vaccine-derived poliovirus type 2 than the mOPV2. This new development could provide substantial support to polio eradication efforts.

Preparations have been made for the establishment of a National Planning and Coordination Committee as well as five technical committees, which are responsible for the coordination of the new vaccine roll-out. An initial concept note and work plan have been shared by the planning and coordination committee with relevant health actors. An inauguration meeting and presentation were held with WHO, the Federal Ministry of Health and Human Services and UNICEF.

Protecting children from measles in Kismayo



In early July 2020, an increase in the number of measles cases was observed in health facilities in Kismayo that report through the Early Warning and Response Network (EWARN). This led to a field investigation by WHO and confirmation of an outbreak. In response, the Federal Ministry of Health and Human Services and Jubaland State's Ministry of Health worked in collaboration with WHO and UNICEF carried out a mass measles vaccination campaign and vitamin A distribution in September targeting 59 642 children from 6 months to 5 years in Kismayo district. During the campaign, 176 vaccination teams were deployed and reached more than 56 500 of the 59 642 children targeted (95%). Children older than 1 year also received deworming tablets. The campaign was supervised by 46 team supervisors, including staff from the health ministry, WHO and UNICEF; all staff respected COVID-19 protection measures. Between June and October 2020, 441 cases of measles were reported and 39

cases have so far tested positive for measles. Following the immunization campaign, measles cases in Kismayo have started to decline.

In September, to enhance the capacity of Jubaland State's health ministry to provide adequate surveillance and response to future outbreaks, WHO supported the ministry to establish testing capacity for measles in the laboratory of Kismayo General Hospital. The laboratory has been equipped with an ELISA testing machine and supplies. Furthermore, 23 health workers have been trained in case management and three laboratory personnel have been trained to test for measles cases.

Assessing immunization progress at GAVI's multistakeholder meeting



Between 16 and 18 November 2020, a multistakeholder meeting was held to review the progress made in implementation of GAVI support in Somalia and its contribution to improved immunization outcomes. The Federal Ministry of Health and Human Services, state ministries of health, implementing partners, UNICEF, WHO and donors attended the virtual joint appraisal meeting which focused on the impact of COVID-19 on routine immunization and progress towards the GAVI-funded project on health system strengthening.

Because of the impact of COVID-19 on the health system, certain immunization activities have been put on hold or postponed. WHO Somalia proposed priority reprogramming of three activities, namely: the Expanded Programme on Immunization (EPI) rapid verification survey in certain districts; a mentorship programme to help expand outreach

activities and contribute to feasible vaccination with measles-containing-vaccine second-dose and inactivated poliovirus 2 vaccine; operational research to pilot an electronic registry of children eligible for vaccination-and a household survey to estimate populations in catchment areas. Other points discussed included future opportunities, such as the introduction of the COVAX vaccine and technical assistance.

Assessing the capacity of the pharmaceutical sector



During this quarter, WHO and Somalia's Federal Ministry of Health and Human Services conducted the pharmaceutical sector assessment survey to evaluate the capacity of the pharmaceutical sector including with regard to infrastructure, logistics and human resources. A total 65 health facilities (30 public-sector facilities, 30 private pharmacies and five public-sector warehouses) in Somaliland, Puntland, Jubaland, South West State and Banadir region were surveyed and 25 indicators were evaluated related to access, availability, affordability, quality and rational use of medicines. The key outcomes of the survey, which were made available in November, include:

- 75.5% of public health centres, 83.4% of private pharmacies and 74% of public warehouses had key essential medicines available.
- 70.2% of public health centres and 87% of public warehouses had adequate stock records.
- 96.1% of prescribed medicines were dispensed or administered free of charge to patients in public health centres.

- On average, 27.3 days of stock-outs per year occurred in public health centres and warehouses.
- None of the medicines in public health centres and 2.1% of medicines in public warehouses had expired.

Furthermore, the survey found a general tendency to overprescribe antibiotics in public health facilities. The 2020 pharmaceutical sector assessment survey provides useful data to identify and detect the pharmaceutical sector's strengths and weaknesses, which need urgent attention and action to improve the performance of this sector.

Addressing antimicrobial resistance



Throughout 2020, Somalia, with the support of WHO, has been working on developing a national action plan on antimicrobial resistance with the aim of rationalizing the prescription and use of antimicrobials and reducing antimicrobial resistance in Somalia. As part of these preparations, committees have been set up including the National Multisectoral Coordinating Group, as well as committees focusing on awareness, infection prevention and control, surveillance and antibiotic use. These committees are composed of various health actors and they have been working to finalize the National Action Plan on Antimicrobial Resistance in early 2021.

In October 2020, Somalia also fully enrolled in the WHO Global Antimicrobial Resistance Surveillance System (GLASS), which will further contribute to building national capacity in antimicrobial resistance and will facilitate reporting to the GLASS online platform.

Supporting evidence-based policy-making



In order to adapt its operational response and best support evidence-based policy-making on COVID-19, WHO Somalia has worked to generate solid data and research, including through a number of studies.

Since August 2020, WHO Somalia has been supporting the Ministry of Health and Human Services in conducting a seroepidemiological study on COVID-19. To capitalize on this unique opportunity, WHO Somalia and the health ministry have partnered with the University of California in Los Angeles and the Bill & Melinda Gates Foundation to conduct a serosurvey aimed at measuring population immunity to vaccine-preventable diseases. A joint operational plan has been developed, facilitating the integration and cost-sharing between the two studies. An electronic data collection tool has been created and a dedicated server configured for the study. On 15 and 16 November, online training sessions were held for ministry and WHO managers conducting the survey. COVID-19 testing kits have arrived in the country and the team is waiting for the delivery of laboratory consumable supplies. Once these are available, preparations and training for the field teams will start before data collection is carried out.

In September, in collaboration with Banadir University, WHO also began a retrospective rapid mortality assessment and surveillance study. The study is using verbal autopsy to determine community deaths that were likely caused by COVID-19, and contacts of the deceased are being followed up. As of late December, the data collection has been completed and the report and database are being prepared. This information will be used to inform the continued

response to the COVID-19 outbreak and will contribute to an electronic registry of deaths that will be introduced to support mortality surveillance in the future.

Improving critical care with World Bank support



In September 2020, the World Bank's Pandemic Emergency Financing Facility provided a contribution to WHO Somalia in support of COVID-19 preparedness and response initiatives, with a focus on three overarching objectives:

- To enhance and sustain capacity for emergency care within the continuum of health care through training, mentorship and knowledge management;
- To develop operational and managerial capabilities for critical care within ministries of health and participating health facilities
- To document and support organizational learning.

As part of the planned activities, WHO will conduct rapid and systematic assessments of health care services in 18 regional hospitals and five additional private hospitals (secondary and tertiary level). WHO will also provide capacity-building for critical care staff on topics such as: infection prevention and control; hospital management and leadership; basic emergency preparedness and response; and trauma care, including mass casualty management. Support will also be provided to enhance the capacities of the National Institutes for Health in Mogadishu and Hargeisa. After these and other vital activities have been completed, WHO will organize a workshop to disseminate the findings and lessons learnt from implementation of the project.

Moving forward with universal health coverage



Renewing commitment to UHC

On 12 December 2020, Somalia joined global celebrations of the Universal Health Coverage Day, on the theme "Protect everyone". The event held in Mogadishu was hosted by the Federal Ministry of Health and Human Services with the support of WHO Somalia. Representatives from other ministries of the Federal Government of Somalia, Directors-General of state health ministries, the UN Resident Coordinator, UN partners, donors and civil society members participated in the event.

A technical briefing by the health ministry outlined steps taken so far by Somalia to achieve UHC, from the launch of the UHC roadmap in September 2019 to the dialogue on its operationalization facilitated by the WHO high level mission in January 2020. The development of the Essential Package of Health Service was highlighted as well as progress on health systems issues, including health workforce, health information systems, pharmaceutical supply management, and health sector governance and coordination.

The WHO Representative, Dr Mamunur Malik expressed the renewed commitment of WHO to support Somalia in its efforts towards UHC, emphasizing the need for more effective aid and financial management for the health sector. He acknowledged the Government's long-term vision and advocated for intensified cooperation between partners and with Somalia to protect and improve the health of the population.

The UN Resident Coordinator highlighted three main areas of joint work for WHO, UNFPA and UNICEF: scaling up the

availability of oxygen at the primary health care level; investing in the health workforce, especially at the community level; and increasing immunization coverage.

Her Excellency, Dr Fawziya Abikar Nur, Minister of Health and Human Services of the Federal Republic of Somalia, thanked partners and WHO for the progress made on the demanding path toward UHC. She highlighted the importance of health for the social and economic development of the country, as further demonstrated by the COVID-19 pandemic, and the need for health partners to work together more effectively. She concluded by focusing on the key role of health workers throughout the country: UHC is a political commitment, and health workers are the ones who will make it happen.

Supporting Puntland and Somaliland for UHC

On 14 and 15 December, as part of the celebrations of Universal Health Coverage day, WHO, UNFPA and UNICEF led a joint mission to Hargeisa (Somaliland) and Garowe (Puntland) with the participation of the Ambassador of Sweden, and the First Secretary and Senior Programme Manager in charge for health cooperation.

In Hargeisa, the mission met with high-level health ministry officials and visited a health centre providing comprehensive primary health care, a community site and the public health laboratory. In Garowe, the mission went to the health ministry offices and adjoining medical stores. The mission also visited Garowe General Hospital, in particular the maternal and child care units, COVID-19 unit and the public health laboratory. Finally, the delegation attended a graduation ceremony of the school of midwifery.

The mission provided opportunities for constructive learning and discussions and was a successful milestone in the ambitious path ahead to improve UN support to Somalia and deliver UHC to the country.



Strengthening the response to female genital mutilation



Since September 2020, WHO Somalia has been working with the reproductive health department in Somalia's Federal Ministry of Health and Human Services to build capacity for a strengthened response to female genital mutilation by addressing both the medicalization of female genital mutilation and the quality of care provided by health providers to women and girls who are survivors of female genital mutilation. To this end, guidelines on the prevention of female genital mutilation have been translated into the Somali language so that information on female genital mutilation is accessible at the grassroots level.

A review of several key ministry documents, including the preservice midwifery curriculum, has also been undertaken to ensure that emerging issues on the medicalization of female genital mutilation are covered in the curriculum. The WHO country office has worked together with federal health ministry to formulate specific terminology on female genital mutilation to use in health documents, including the Code of Ethics for Healthcare Professionals and the National Health Professionals Council Act. WHO Somalia is also exploring ways of enhancing surveillance of female genital mutilation within the existing reporting systems.

Setting up the Health Resources and Services Availability Monitoring System



The Health Resources and Services Availability Monitoring System (HeRAMS) is an initiative that aims to ensure that core information on essential health resources and services is readily available to decision-makers at country, regional and global levels. In Somalia, the platform has been set up in all the states and Banadir region and three training sessions on the system were conducted for 67 individuals from partner organizations. Overall, 45 health partners are registered to report on 437 of 1632 (27%) health facilities across Somalia. So far, six partners have reported on 38 health facilities and an additional 109 health facilities, which were not in the existing list, have been identified and added to it.

The HeRAMS team is working to get partners in the system to complete their first entry. A national core coordination team has also been created with the federal health ministry, and state-level core coordination teams are being set up. The core coordination team is in charge of organizing training and will take the lead on data analysis and publishing when the system is fully functioning. The first priority of the core coordination teams will be to clean the health centre master list and organize further training for data contributors. In addition, a monitoring dashboard is being created to track progress.

Supporting the coordination of health interventions through the Health Cluster



Between September and December 2020, the Health Cluster supported assessments and planning of humanitarian responses to the Dayr flood and cyclone Gati.

The Health Cluster has also drafted the health inputs of the 2021 *Humanitarian needs overview* and *Humanitarian response plan*. Both documents are developed through a participative process with partners during Health Cluster meetings and by the cluster's technical advisory group. The Health Cluster also reviewed 66 projects as part of the humanitarian response plan, 45 of which were approved by the cluster following a feedback and revision process.

Raising awareness of and building capacity for mental health care



Mental health is an important public health problem in Somalia. Available data indicate that one in every three people in Somalia (total population 15.6 million) has experienced some kind of mental health illness¹. The situation is attributable to protracted

¹A situation analysis of mental health in Somalia. Geneva: World Health Organization; 2010.

conflict and trauma across generations, extreme poverty, unemployment and substance abuse. Stigma towards patients with psychosocial disability is widespread while lack of access to care and treatment means patients continue to suffer for years.

To address the important gap in mental health care services, WHO Somalia is building mental health care capacity through a multipronged approach. This involves support to health facilities to deliver services, training of health workers, inclusion of mental health in the Essential Package of Health Services, research on links between mental health and peacebuilding, advocacy for legislation on mental health and work with academic institutions to include mental health in medical training curricula.

Between 20 and 29 October, WHO introduced a training course on mental health for 30 participants (21 males and nine females) from four districts in Bakool and three districts in Bay region, South West State. This was the first such training to be delivered in the area in 30 years. The training covered: eight modules of the mental health global action programme on: essential care and practice; depression and self-harm and suicide; psychosis and bipolar disorders; substance use disorders; epilepsy; child and adolescent mental health conditions; and trauma and stress-related conditions. An additional module on the psychosocial intervention model was included. Similar training is planned in Banadir and Jubaland (Kismayo and Dollow) and a second training will take place in Baidoa, South West State. The trainees will participate in a research project on links between peacebuilding and mental health, in addition to scaling up mental health services in their districts.

As part of Mental Health Day in Somalia, the federal health ministry and the WHO country office organized a webinar on 2 November 2020 on “Opportunities and challenges for a sustainable mental health programme in Somalia”. Chaired by Her Excellency the Federal Minister of Health and Human Services, Dr Fawziya Abikar Nur, the webinar brought together representatives from federal and state ministries of health, UN agencies, donors, academia and the private sector and civil society. In her inaugural speech, Dr Fawziya Abikar Nur highlighted the need to scale up investment in mental health. The WHO Representative, Dr Mamunur Malik, called upon international partners to ensure that mental health is integrated into essential health services, and highlighted that scaling up mental services is crucial to achieving UHC.

Protecting vulnerable communities against public health threats



In 2020, WHO Somalia supported Somalia in developing its National Action Planning for Health Security. This is a multiyear planning process aimed at accelerating the implementation of the core capacities of the 2005 International Health Regulations (IHR), and is based on a One Health for all-hazards, whole-of-government approach. The planning captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development.

The Somalia National Action Planning for Health Security mirrors the UHC strategy for Somalia in its commitment to take concrete steps to protect vulnerable communities against all forms of public health threats.

Responding to the devastation of cyclone Gati



In November 2020, cyclone Gati hit Somaliland and Puntland bringing strong winds and heavy rains. The cyclone

affected 180 000 people in six districts, displaced 42 000 people and led to the deaths of eight people. Bossasso district was one of the most badly affected districts: an estimated 37 762 individuals in 6451 households had to leave their homes. Water sources and 150 latrines in the districts of Qandala and Bossasso were also destroyed. The cyclone came at a time when the number of COVID-19 cases in Puntland was increasing in the general population.

In collaboration with other health and humanitarian partners, WHO conducted a rapid needs assessment which identified the urgent need for medical supplies and safe water to prevent water- and vector-borne diseases. In response, WHO prepositioned 4.8 tonnes of medical supplies targeting 42 000 displaced people in the six affected districts. In addition, district-based rapid response teams were deployed to investigate and verify alerts of COVID-19 and other diseases associated with the flooding. Community health workers were also sent to affected communities to: detect and report COVID-19 alerts; follow up on contacts of confirmed COVID-19 cases; and undertake education activities for the prevention of COVID-19 and other epidemic-prone diseases. The EWARN was activated in 129 health facilities in Puntland to help detect potential epidemic-prone diseases.

Raising awareness about important health issues



In an effort to raise awareness of important health issues, WHO Somalia commemorated a number of international

days including the World Mental Health Day on 10 October, World Polio Day on 24 October, World AIDS Day on 1 December and Universal Health Coverage Day on 12 December.

As part of celebrating these days, WHO Somalia organized events, shared relevant messages through social media and disseminated press releases and web stories to help audiences understand how to prevent diseases such as polio and HIV and AIDS. The web stories and press releases published reached 283 300 people from September to December 2020.

Innovating to combat malaria



Indoor residual spraying is the main response tool for malaria outbreaks in Somalia. In September and October 2020, WHO supported large-scale indoor residual spraying campaigns in Lower Shabelle, Karkaar and Maroodi-Jeeh targeting about 100 000 people. During the same period, WHO and UNICEF supported health authorities in distributing close to 1.3 million long-lasting insecticidal nets to households contributing to the protection of an estimate 2.6 million people.

With the support from the Global Fund to Fight AIDS, Tuberculosis and Malaria via UNICEF, WHO also started piloting a larval source management project. To date, teams have modified 200 cement water tanks used in houses in the city of Bossaso, applying tight covers and adding a tap, thereby substantially reducing the risk of mosquitoes breeding in them. This intervention will be assessed in 12

months to measure the impact it has had on malaria morbidity in the city.

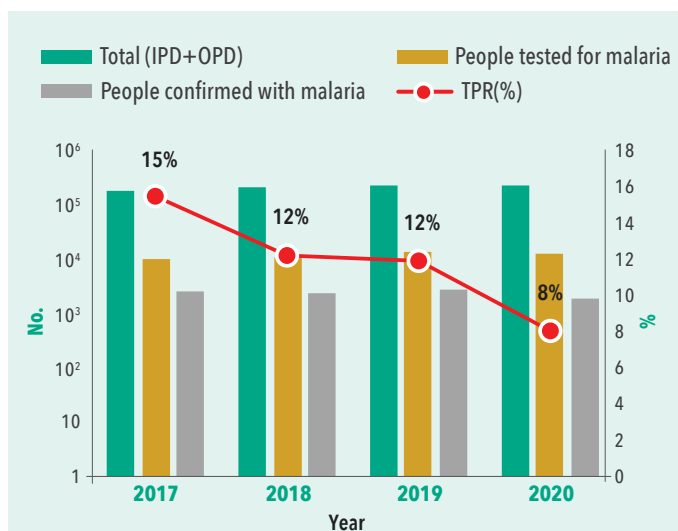


Fig. 1 Total visits to health care facilities, number of malaria tests conducted and proportion of cases confirmed positive for malaria, Somalia, 2017-2020 (IPD: Inpatient department consultations; OPD: outpatient department consultations; TPR: Test Positivity Rate)

Reviewing and improving TB management



While tuberculosis (TB) is still a considerable public health concern in Somalia, the incidence of TB dropped by 1.5%, from 262 per 100 000 population in 2018 to 258 per 100 000 population in 2020. The incidence of multidrug-resistant TB also fell over the same period, from 28 to 25 per 100 000 population.

Even though the COVID-19 pandemic has disrupted many health activities, the TB programme has continued capacity-building activities and support of TB case management in Somalia. Between September and December 2020, 4339 TB cases were notified. Of these cases, 4280 were drug-sensitive TB cases, while 59 were drug-resistant TB cases.

With regard to capacity-building, 95 health workers were trained between September and December: 23 health workers were trained in infection prevention and control, 36 health staff from the private sector were trained in TB diagnosis and treatment and 36 health workers were given refresher training in TB case management. Guidelines on multidrug-resistant TB treatment have also been revised and the short all-oral treatment regimen for multidrug-resistant TB has been adopted.

The mission of the Green Light Committee to monitor implementation of programmatic management of drug-resistant TB in Somalia took place from 6 to 10 December 2020. The mission reviewed the TB programme's performance, identified challenges and ways forward for the programme, and made recommendations for the programmatic management of drug-resistant TB. The WHO TB programme also participated in the meeting of the TB Strategic Advisory Group in Geneva from 9 to 11 November 2020. The meeting reviewed progress towards achieving global TB targets, the implementation of the UN political declaration on TB, and the global impact of Covid-19 on TB-related activities.

Currently nine GeneXpert machines in Federal Government areas are engaged in Covid-19 testing, seven in Somaliland and five in Puntland. The programme received and distributed 4740 Xpert Xpress SARS-CoV-2 test kits. Between October and December, 2 894 594 tabs of TB drugs were distributed: 1 970 090 tabs were given to TB centres in the federal states, 710 712 tabs were sent to TB centres in Somaliland and 213 792 tabs went to TB centres in Puntland. Laboratory supplies were also distributed during this period, and no drug stock-out was reported.

Resuming capacity-building on HIV



In the last quarter of 2020, WHO's HIV programme used the easing of COVID-19 travel restrictions to catch up on field activities that had been put on hold because of the epidemic. Activities undertaken included supportive supervision, on-the-job training and formal refresher training sessions on HIV/AIDS treatment, with an emphasis on the transition to dolutegravir-based regimens. Furthermore, contractual and field work arrangements were also put in place to conduct the external quality assurance evaluation of HIV testing services.

Forging essential partnerships for health



In the last quarter of the year, WHO Somalia sustained its drive for positive milestones with donors and partners. In particular, WHO: continued to brief the Somali Health Donor Group; received European Union flight support to airlift emergency supplies to Jowhar following flash floods; participated in a donor briefing on its project to improve mental health care and psychosocial services for conflict-affected young people in Somalia; and met bilaterally with important partners, including the European

Union, Finland, Germany, Group for Transcultural Relations, International Committee of the Red Cross, Italy/AICS (Agenzia italiana per la cooperazione allo sviluppo), Japan, JICA (Japan International Cooperation Agency), Sweden, and some core members of the Humanitarian Donor Group (ECHO (European Civil Protection and Humanitarian Aid Operations), FCDO (Foreign, Commonwealth & Development Office), Netherlands, Switzerland).

WHO also celebrated Mental Health Day (10 October) by developing video messages with support of heads of mission from European Union, Italy, Netherlands and UN Women, as well as by jointly arranging a mental health webinar with the Federal Ministry of Health for donors and partners. In addition, WHO organized a joint high-level mission to Hargeisa and Garowe to mark UHC Day together with the Swedish Ambassador, UNFPA and UNICEF, and a field mission to Merka Hospital for some Somalia Health Donor Group members and the Federal Ministry of Health. Finally, Italy/AICS provided an additional contribution to WHO for support to Hudur Hospital, while a multiyear contribution was signed with the EU for emergency operational response to COVID-19 to prevent large-scale community spread through strengthening public health systems.



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>



@WHOSOMALIA



@WHOSom



somaliawho



flickr.com/whosom

WHO's work in Somalia is supported by:



ITALIAN AGENCY FOR DEVELOPMENT COOPERATION



United Nations CERF



Central Emergency Response Fund

Canada



THE WORLD BANK

