



World Health
Organization

Somalia



Impacting health through innovation

ANNUAL REPORT 2020

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Impacting health through innovation: WHO Somalia is working to advance universal health coverage in a fragile, vulnerable and conflict-affected setting using innovation that is bridging health gaps and saving lives

Delivery / post natal Room



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Foreword

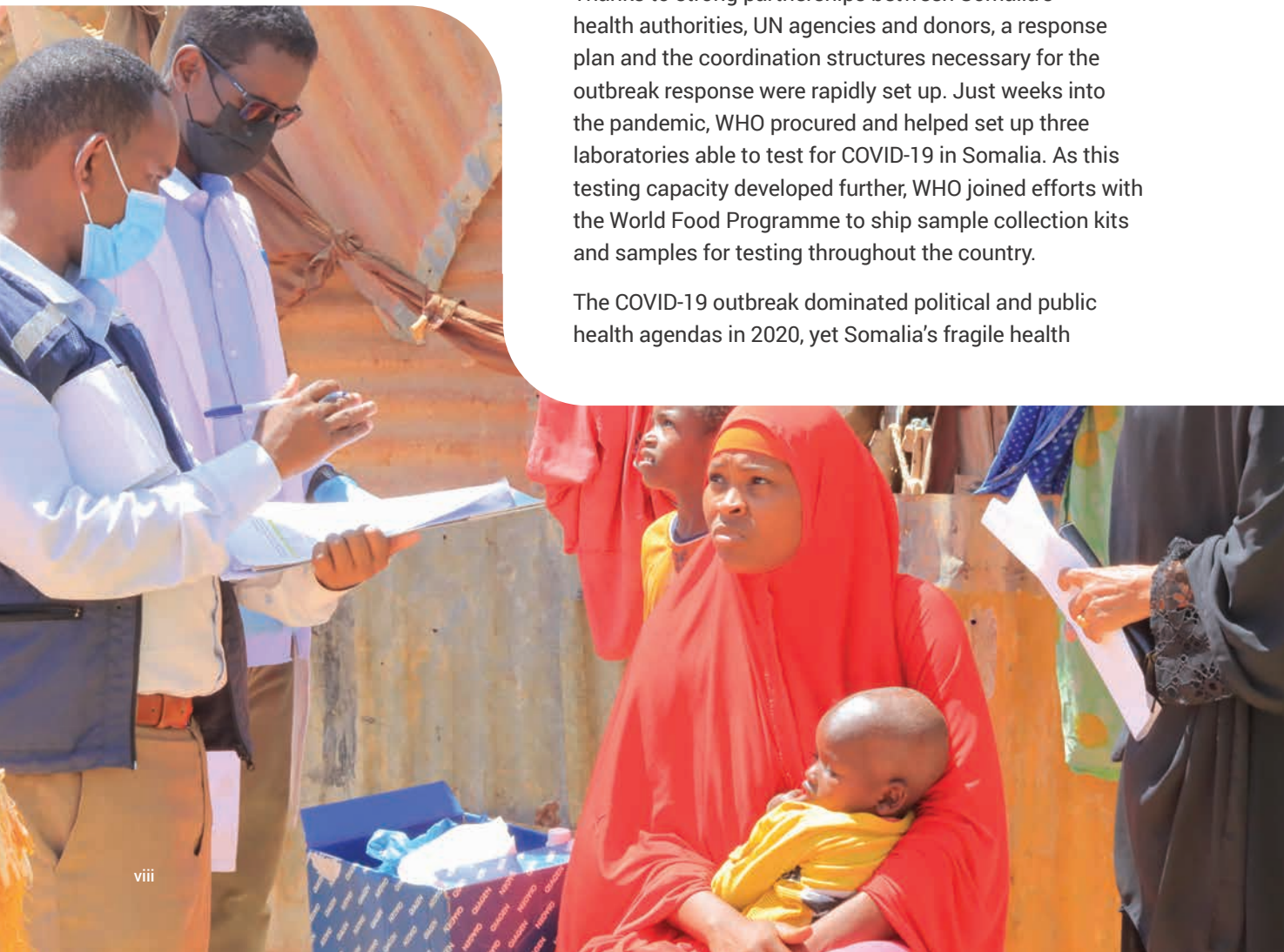


Turning challenges into opportunities **A message from the WHO Representative**

The year 2020 in Somalia, as in much of the world, was marked by the coronavirus disease 2019 (COVID-19) pandemic which challenged health professionals and health systems in unprecedented ways. Eager not to reverse health gains achieved in recent years, the WHO Somalia country office and health authorities engaged in a careful balancing of priorities, mounting an effective response to the COVID-19 outbreak while ensuring that other life-saving health interventions and efforts in health systems strengthening went ahead.

With some of the world's poorest health indicators and no integrated disease surveillance system, Somalia could not afford a delayed response to the COVID-19 pandemic. Thanks to strong partnerships between Somalia's health authorities, UN agencies and donors, a response plan and the coordination structures necessary for the outbreak response were rapidly set up. Just weeks into the pandemic, WHO procured and helped set up three laboratories able to test for COVID-19 in Somalia. As this testing capacity developed further, WHO joined efforts with the World Food Programme to ship sample collection kits and samples for testing throughout the country.

The COVID-19 outbreak dominated political and public health agendas in 2020, yet Somalia's fragile health





system and volatile context meant that there were numerous other crises in 2020 which required immediate responses, and for which the WHO country office mobilized staff and resources. WHO sent teams to assess local communities' needs following widespread destruction and displacement caused by Cyclone Gati. Throughout the year, WHO's Health Emergencies Programme supported health partners with the surveillance, testing and treatment of cholera cases, which are endemic in parts of Somalia.

In addition to responding rapidly and efficiently to these emergencies, WHO continued the critical health systems strengthening work that the organization

has been focusing on for many years. In 2020, WHO supported the Government of the Federal Republic of Somalia in developing the National Action Plan for Health Security (NAPHS), as well as the National Action Plan on Antimicrobial Resistance (NAP/AMR) and the Somalia Tuberculosis (TB) Strategic Plan. Country office experts also contributed to the revision of the Expanded Programme on Immunization (EPI) policy and the Essential Package of Health Services (EPHS). These strategic documents play a crucial role in improving health interventions and sustainably strengthening the health system in Somalia.

In 2020, we did our utmost to turn the COVID-19 outbreak response into an opportunity to bring attention and investments into the building blocks of Somalia's health system, making progress on developing an integrated disease surveillance system, strengthening community level health activities and moving forward with Universal Health Coverage (UHC) as the key to a healthier Somalia. As much as possible, we ensured that investments in the battle against COVID-19 would sustainably address other important health needs. The procurement and distribution of pulse oximeters, oxygen concentrators and, crucially, the setting up of pressure swing adsorption (PSA) oxygen generation plants are examples of COVID-19 related investments which will contribute to saving the lives of at least 20–40% of an estimated 15 000 children who die of pneumonia every year in Somalia.

The COVID-19 pandemic has been a reminder that appropriately and sustainably responding to large-scale emergencies requires strengthening of the health system as a whole. We are fully committed to continuing to do this and value the strong collaboration we have with health authorities in this endeavour. In 2021, we will keep adapting and re-inventing the way we work. In 2020, it meant taking on a very active role in the response to the COVID-19 pandemic, boosting our presence all the way to the community level, adjusting to limited travelling and meeting possibilities, carrying out online trainings and adapting protocols to continue safely vaccinating children throughout the country.



As we look back at 2020 and forward to 2021, we can be proud to have contributed to making Somalia an environment of innovation and ambition. In this last year, Somalia has not been forgotten. This is in large part thanks to our donors and partners who trusted us and enabled us to rise to the numerous challenges we faced. Our successes were also made possible thanks to the dedication and incredible hard work of our WHO staff. Many colleagues lost family members and two of our staff passed away on the frontlines of the fight against this epidemic. To our staff and our partners, I thank you.

Dr Mamunur Rahman Malik
WHO Representative
 Somalia



Abbreviations

AFP	Acute flaccid paralysis
AMR	Antimicrobial resistance
ART	Antiretroviral therapy
aVDPV	ambiguous vaccine-derived poliovirus
CERF	Central Emergency Response Fund
COVAX	COVID-19 Vaccines Global Access
COVID-19	Coronavirus disease 2019
cVDPV	Circulating vaccine-derived poliovirus
cVDPV2	Circulating vaccine-derived poliovirus type 2
EPHS	Essential Package of Health Services
EPI	Expanded Programme on Immunization
EWARN	Early Warning, Alert and Response Network
FCDO	Foreign, Commonwealth and Development Office
GAVI	Gavi, the Vaccine Alliance
GBV	Gender-based violence
GLASS	Global Antimicrobial Resistance Surveillance System
HRP	Humanitarian Response Plan
IERT	Integrated Emergency Response Teams
IOM	International Organization for Migration
IPC	Infection prevention and control
IPD	Inpatient department
LQAS	Lot quality assurance sampling
MDA	Mass drug administration
mOPV2	Monovalent oral polio vaccine type 2
NAPHS	National Action Plan for Health Security
nOPV2	Novel oral polio vaccine type 2
ODK	Open Data Kit
OPD	Outpatient department
PCIM	Post-campaign immunization monitoring
PHC	Primary health care
PSA	Pressure swing adsorption
PSAS	Pharmaceutical Sector Assessment Survey
SAM	Severe acute malnutrition
TB	Tuberculosis
UHC	Universal health coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Introduction





The COVID-19 pandemic, as in many other countries in the world, has stalled and disrupted much of the routine and normative work that World Health Organization (WHO) country office intended to do in Somalia during 2020 in order to achieve its goal and realize the vision of ensuring health for all in the country.

Owing to the protracted nature of the conflict in Somalia, little investment has been made in the country's health system in the past. Like many other countries around the world, Somalia was not adequately prepared for a public health event of the scale and nature of a pandemic caused by the coronavirus disease 2019 (COVID-19). It was a test of country's resilience and a test of WHO's organizational ability to change forever by being more responsive, more accountable and more impactful.

During the pandemic, the spotlight again focused on the need for sustaining and scaling up essential health services to reduce excess deaths and morbidities which could otherwise been attributed to COVID-19. The WHO country office's Annual Report 2020 titled- "Impacting health through innovation" truly reflects the work of WHO in Somalia and its achievements to impact health outcome through innovation and timely action to respond to the pandemic, as well as other health emergencies occurring the same time. The report also highlights WHO's continued and persistent effort to mitigate the secondary impact of COVID-19 on the fragile health systems of Somalia through supporting and sustaining essential health services including communicable disease control activities.

This annual report provides a summary of the activities conducted in 2020 by the WHO country office in Somalia. The report is divided into five sections. The first section describes the activities undertaken by WHO for protecting the vulnerable against health emergencies in the country including activities to respond to the COVID-19 pandemic. The second section of this annual report provides reflections upon what WHO aimed to achieve in ensuring health for all in Somalia by preventing and mitigating the secondary impact of the pandemic. The third section outlines the activities implemented to safeguard the people against epidemic and high burden endemic diseases in Somalia. The fourth section showcases WHO's work for strengthening collaboration and partnerships through its engagement with external partners and donors while the fifth and last section of this annual report for 2020 highlights WHO's continued and persistent goal of achieving impact and efficiency through its business operations activities.



Health emergencies: protecting the vulnerable



158 108 people displaced by floods in South Central Somalia were given emergency health care



696 health facilities outfitted with Early Warning, Alert and Response Network (EWARN), the only surveillance system to detect and respond to COVID-19 outbreak in Somalia



396 264 individuals living in 66 044 households were protected from vector-borne diseases



4.8 tonnes of medical supplies prepositioned, thereby saving an estimated 42 000 vulnerable people displaced by Cyclone Gati



120 cluster partners coordinated for humanitarian health interventions



2.3 million outpatient consultations provided by Health Cluster partners

During 2020, the Health Emergency Programme supported the expansion of the Early Warning Alert and Response Network (EWARN) for case identification and detection of COVID-19. The Federal Ministry of Health and Human Services and nongovernmental organization partners supported the surveillance, testing and treatment of cholera cases in Hirshabelle, South West State and in Banadir region. The intense and timely support in the midst of the pandemic contributed to keeping the cholera case counts and fatality low and at a level that is commensurate with the country's commitment for global strategy for cholera control and elimination.

During the period from April to June, the country faced flash floods from heavy seasonal rain (*Gu*) displacing over 650 000 people. In response, WHO's surge team – comprised of integrated emergency response teams (IERT) trained on integrated case management of epidemic diseases – were deployed to provide emergency health care as well as rapidly respond to any health event of epidemic potential. Close to 158 108 beneficiaries received emergency health care services at static and mobile outreach sites. Furthermore, WHO, with the



support of the European Union Delegation to Somalia (EU), airlifted and distributed emergency medical supplies to the affected areas as part of its life-saving measures.

Support was provided to federal and state health authorities to mitigate the risk of water and vector-borne diseases through indoor residual spray in the flood affected areas. This protected approximately 396 264 individuals in 66 044 households from vector-borne diseases.

WHO also continued to support state health authorities for the case management of severe acute malnutrition (SAM) with medical complications in the drought, flood and conflict affected districts of Somalia. During 2020, 9 763 new cases of SAM were treated at 53 stabilization centres across the country with the direct support of WHO or direct support from WHO, which reflected a high recovery rate (89%) and low case fatality rate (3%). WHO's support included training 99 health workers on case management, provision of medical supplies, which included the distribution of 51 SAM



In 2020, WHO responded to the COVID-19 outbreak in the country, addressed the humanitarian health needs of the people displaced by flood and cyclone and protected vulnerable population from cholera, malaria and other endemic diseases, apart from strengthening the EWARN system.



kits to the nutritional stabilization centres, and participating in joint supervision visits with the Federal Ministry of Health and Human Services.

Responding to humanitarian and medical needs following Cyclone Gati

In November 2020, strong winds and heavy rains brought about by Cyclone Gati reached the shores of Somaliland and Puntland, affecting 180 000 people, displacing 42 000 people and causing nine confirmed deaths.

In collaboration with other health and humanitarian partners, WHO conducted a rapid assessment which identified the urgent need for medical supplies and safe water in order to prevent waterborne and vector-borne diseases. In response

to these needs, WHO also prepositioned 4.8 tonnes of medical supplies to cater to health services needs for 42 000 displaced persons. In addition, district-based rapid response teams were deployed to investigate and verify alerts of COVID-19 and other diseases associated with the displacement.

Scaling up national capacity for emergency health response

In 2020, WHO supported the Government of the Federal Republic of Somalia in developing the National Action Plan for Health Security (NAPHS) aimed at accelerating implementation of the International Health Regulations (IHR 2005) core capacities. The NAPHS details national priorities for health securities, bringing together different partners and

Detecting and responding to epidemic-prone diseases: Using EWARN to respond to COVID-19

The WHO country office worked to further strengthen Somalia's health authorities' ability to detect, control and prevent the spread of epidemic-prone diseases. WHO continued expanding the innovative EWARN system, leveraging on the need to expand the system for COVID-19. In 2020, 151 new facilities were added to the EWARN, bringing the number of health facilities reporting on a weekly basis through the network to 696. Between 1 January and 31 December 2020, the EWARN received a total of 23 098 outbreak alerts, of which 9739 (42%) were verified as "true alerts" which were then further investigated. As a result of this work, the EWARN system was able to detect a total of 4855 cases of COVID-19, representing approximately 48% of the total cases notified by the country between March to December 2020.

government agencies to allocate resources for health security capacity development. This plan echoes the national commitment to take concrete steps to protect vulnerable communities against all forms of public health threats in line with the universal health coverage (UHC) strategy for Somalia.

Promoting and protecting health through anticipatory action interventions

With funding from the Central Emergency Response Fund (CERF) through the Anticipatory Action Plan managed through OCHA (United Nations Office for the Coordination of Humanitarian Affairs), the WHO country office also supported an estimated 2 769 689 people in the flood and drought affected areas with health promotion activities. Two hundred community social mobilizers were deployed for risk communication tailored to the general population, internally displaced people and host communities. WHO established water quality surveillance systems in 12 targeted districts to monitor water contamination and quality of drinking-water in anticipation of any outbreak of waterborne diseases. Community level interventions were scaled up for case management of acute diarrhoeal diseases, identification of early signs of occurrence and emergence of any epidemic-prone diseases.

Supporting victims of trauma-related injuries

In 2020, 45 349 injuries were recorded in Somalia due to armed conflicts and attacks – a 1.6% increase compared to 2019

(44 950). To support a timely response to these trauma-related injuries, WHO distributed 53 emergency medical kits and other medical equipment and consumables to cover the medical needs of 94 200 injured patients for a period of three months.

Accelerating COVID-19 response

Somalia confirmed the first case of COVID-19 on 16 March 2020. By the end of 2020, the country had reported 4726 confirmed cases of COVID-19 (including 245 health care workers) with 130 associated deaths.

Since January 2020, WHO Somalia supported the country to prepare for and respond to COVID-19. This support included the establishment of incident management support teams to coordinate and enhance public health preparedness and response at national and sub-national levels, covering a range of critical areas including surveillance to maintenance of essential health services.

In 2020, over 3300 community health workers who were deployed to enhance detection and response activities at community level detected 9048 alerts of COVID-19 through door-to-door visits, while 73 rapid response teams deployed at district level in 51 priority districts investigated the alerts. An estimated 42% of all confirmed cases reported by the country were identified and detected by these WHO-deployed community health workers.

A total of 696 health facilities were linked with EWARN for early detection, investigation and response to COVID-19, as well as the other 14 priority diseases. Testing capacity, which did not exist before

the pandemic, was established in 24 laboratories across Somalia with support from WHO. To offer care for COVID-19 patients, WHO supported the government to establish 19 isolation centres, train staff, and provided salaries, equipment and supplies. Together, they trained 7189 health workers in surveillance, case management,

infection prevention and control (IPC), and risk communication in 2020. Information on the trajectory of the epidemic was shared regularly with partners through weekly situation reports.

With medical oxygen playing such a crucial role in improving health outcomes

Saving lives beyond COVID-19: leveraging on oxygen

In December 2020, Hawa was rushed to a regional hospital in Beletweyne, Hirshabelle state. She was struggling to breathe and was diagnosed with pneumonia. As a mother to five children and wife to a disabled husband, Hawa was desperate to get the help she needed to recover and support her family. She needed medical oxygen, a rare and expensive intervention in Somalia.

Thankfully for Hawa, and the more than 15 000 children estimated to die from pneumonia every year in Somalia, the regional hospital had received a donation of pulse oximeters and solar-powered oxygen concentrators from WHO. These donations were part of an innovative and ambitious drive by WHO Somalia in 2020 to provide medical oxygen to all regional hospitals in Somalia.

While the seeds of this project had been planted in 2019, the COVID-19 outbreak and the need for medical oxygen for COVID-19 patients helped galvanize the resources needed to bring this plan to fruition. Just weeks into the COVID-19 outbreak, the Somalia country office and Somalia's Federal Ministry of Health and Human Services used WHO's COVID-19 biomedical equipment inventory tool to conduct a rapid assessment of health facilities in 23 regional hospitals and evaluate their readiness and capacity to provide critical care for COVID-19 patients.

Based on the outcomes of the assessment, WHO Somalia focused on the procurement of pulse oximeters and solar-powered oxygen concentrators to tackle immediate needs and save more lives. The plan anticipated the need for 360 oxygen concentrators (10l, with accessories) with other medical consumables for the entire country. In a first instance, the WHO country office rapidly procured 76 oxygen concentrators together with other medical consumables and distributed these to 16 isolation centres across the country to support the case management of patients with COVID-19. Further material will be purchased and distributed as funds allow.

As part of the second phase of this plan, WHO Somalia is also working on boosting the oxygen supply with the immediate procurement of three PSA oxygen plants with dedicated power generators. Upon the availability of funds, the WHO country office proposes to procure and install at least one PSA oxygen generation plant in each federal member state. To house these units, the country office has worked with UN engineers on innovative solutions to “containerize” this oxygen. The advantage of this containerized plant is that these installations can be removed whenever needed and installed in other hospitals.

The rapid scaling up of medical oxygen in Somalia using innovative technologies is an example of how emergency responses aimed at addressing urgent needs linked to the COVID-19 pandemic are contributing to addressing more structural yet just as urgent health needs, using a sustainable and a highly tailored approach.

of patients with severe COVID-19 symptoms, WHO Somalia took the ambitious step of ensuring the availability of oxygen in COVID-19 isolation centres across Somalia. Given that pneumonia is a leading cause of childhood mortality in Somalia, increasing Somalia’s capacity to provide oxygen therapy is a life-saving investment beyond COVID-19.

Tracking COVID-19 in all accessible and inaccessible areas

In July 2020, the number of weekly reported cases of COVID-19 was significantly reduced in the country from as high as 100 cases week in June, to 15–25 cases per week in July. However, an epidemiological risk assessment conducted by the WHO country office in late July and early August showed that 61 (52%) of the 118 districts in Somalia had not reported any COVID-19 cases, with 58 of these having not even tested a sample for COVID-19. This meant that there was no information on the

epidemic or any ongoing circulation of the COVID-19 virus in an area where an estimated 4.7 million people (30% of the population of Somalia) live. Many cases remained undetected and community transmission might have continued unnoticed in these areas.

With 17 of the 61 districts inaccessible because of security concerns or limited transport infrastructure, during August and September, WHO deployed several specialized rapid response teams (RRT) to investigate and assess the ongoing circulation of COVID-19 in the 44 remaining accessible but silent, districts.

Between 15 August and 21 October 2020, 44 RRTs comprised of 107 district level health staff were trained and deployed to 44 accessible districts where they collected 1082 samples. Of these, 70 samples returned positive for the virus, with a positivity rate of 6.4%. This exercise enabled WHO to confirm the slowing down

of transmission of COVID-19 in areas which were not previously accessible owing to security concerns, as well as rule out the existence of any silent or overt transmission of the virus.

Coordinating humanitarian health action

In 2020, the WHO-led Health Cluster supported collective humanitarian action 120 organizations, including UN agencies and international and national nongovernmental organizations, for mounting a coordinated health response to the COVID-19 outbreak and a host of other health challenges in Somalia. WHO's Cluster team focused on informing strategic decision-making by cluster members and the Humanitarian Country Team; supporting humanitarian service delivery; and sharing timely and regular information and analysis to guide and advocate for action.

The Health Cluster team provided links across actors and sectors responding to COVID-19 to facilitate capacity-building and the coordination of response efforts. The cluster, together with WHO and the United Nations Children's Fund (UNICEF), hosted several joint capacity development sessions on COVID-19 response to include infection prevention and control (IPC), as well as the continuation of essential health care, risk communication and community engagement, responding to gender-based violence (GBV) and mental health/psychosocial support during COVID-19. By shifting to weekly online meetings due to COVID-19 protocols, the cluster ensured partners were able to keep up to date on the COVID-19 situation and had access to a platform where they could

have questions and concerns on COVID-19 addressed by experts.

Based on coordinated assessments and analysis in conjunction with subnational cluster hubs, the Health Cluster facilitated the strategic allocation of funds from the Somalia Humanitarian Fund, totalling close to US\$ 6 million in health funding. The year 2020 saw an increased emphasis on multi-sector programming, including for Integrated Emergency Response Teams, comprised of three components: water, sanitation and hygiene; nutrition; and primary health care (PHC) and GBV. With this funding, partners were able to successfully scale up the provision of essential medical services while responding to new cholera outbreaks, floods and Cyclone Gati.

In planning for the annual Humanitarian Programme Cycle, health partners, supported by the Health Cluster, made revisions to their 2020 plans in the Humanitarian Response Plan (HRP) to include a response to COVID-19. The revisions reduced non-COVID-19 activities by 25% and added a 40% increase in budget to address COVID-19 needs, resulting in an overall budget for the 2020 HRP of US\$ 120 million. Response monitoring continued throughout 2020, adding components for COVID-19, two flood seasons and Cyclone Gati. The Health Cluster also completed the Humanitarian Needs Overview and HRP planning for 2021 with partners. This support ensured that partners focused on the reduction of excess morbidity and mortality due to disease outbreaks, contributing to improvements in physical and mental well-being, as well as case management and referral services for

survivors of sexual violence or GBV, while simultaneously integrating COVID-19 response into overall humanitarian programming.

In 2020, the Health Cluster, in collaboration with the Protection Cluster and GBV area of responsibility, strengthened its focus on multi-sector response to GBV and interpersonal violence as well as in carrying out joint GBV activities specially designed for the COVID-19 response. The Health Cluster also carried out training and advocacy with partners on preventing sexual exploitation and abuse. This led to the inclusion of health/GBV activity funding by the Somalia Humanitarian Fund. The cluster also worked closely with

the Protection, GBV and Child Protection Clusters, and the joint Mental Health and Psychosocial Support working group to advocate for increased action for mental health and psychosocial support.

Utilizing online meetings and recording webinars, the cluster, with the support of WHO, UNICEF and the International Organization for Migration (IOM) Pillar Leads for COVID-19 response, was able to provide regular capacity-building sessions with partners on both core COVID-19 response standards and on cross-cutting issues in support of the most marginalized groups in Somalia, as well as provide support to the health care workforce's well-being through mental health and IPC training.





UHC: Achieving health for all



Essential Package of Health Services (EPHS) developed with WHO support



National Action Plan/Antimicrobial Resistance (NAP/AMR)



Pharmaceutical sector assessment survey carried out



1 472 950 children <5 years received measles vaccine (93% of the target)

WHO has continued its work with the government and other partners to accelerate PHC services to achieve UHC. At the request of the Federal Government of Somalia, WHO started 2020 with a three-level mission from 12 to 17 January 2020, with representatives from WHO's headquarters, Regional Office for the Eastern Mediterranean, and country office. Under the theme of PHC for UHC, the mission aimed to support Somalia in reviewing the current status of PHC in the country and identifying priorities and strategic directions to advance UHC. The recommendations of this mission led to the development of the Essential Package of Health Services (EPHS) by the Federal Ministry of Health (FMOH) which was officially presented to donors by the government on 3 December 2020. The development of the EPHS, from conceptualization to content development, including prioritization of health services



WHO's commitment to advance UHC in the context of a fragile health system and protracted crisis was reflected during the year through organization of policy discourses, strategic engagement with partners and advocacy for building a stronger and resilient health system.



for different levels of health care, was supported by WHO.

As one example of strong and effective collaborations for UHC, the WHO country office, UNICEF and United Nations Population Fund (UNFPA) conducted a joint field mission to Somaliland and Puntland in December 2020. The objective of this mission was to demonstrate the value of joint planning and implementation for health services delivery when pursuing a common vision and goal for achieving Sustainable Development Goal 3.

During 2020, the country office also scaled up its work in connection with the *Global Action Plan for Healthy Lives and Well-being for All* (the GAP), especially in the PHC accelerator for which Somalia has been identified as a pilot country. A report on Somalia's work was highlighted in the

GAP progress report, which was launched virtually in September 2020 in Geneva.¹ As part of this work, the WHO country office participated in the PHC measurement initiative² and also finalized a road map for bridging gaps in availability of and access to medical oxygen at health centres in the country.

On 12 December 2020, during the celebration of UHC day, the three main agencies working for the health sector in Somalia – WHO, UNICEF and UNFPA – committed to work towards: scaling up the availability of medical oxygen; investing in the health workforce in support of 2021 as the International Year of Health and Care Workers; and boosting immunization efforts to protect children from life-threatening diseases. More than 50 participants from the Federal Government of Somalia, health and UN partners, including the UN Resident Coordinator, commemorated UHC day in Mogadishu and online to raise awareness and recommit to achieving UHC.

Accelerating primary health care for universal health coverage in Somalia

In January, the country office organized a high-level policy dialogue on “Accelerating Primary Health Care for Universal Health Care in the Context of a Humanitarian-Development Nexus”, as part a high-level WHO mission led by the

late Dr Peter Salama, Executive Director of the Division for UHC and Life Course. This dialogue was chaired by the Federal Minister of Health and Human Services, Her Excellency Dr Fawziya Abikar Nur; Dr Salama; and the WHO Representative to Somalia, Dr Mamunur Malik. Attended by partners and donors, it was an opportunity for all to engage on topics including, UHC priorities for Somalia; findings of WHO’s high-level mission; and the vision of ‘Primary Health Care for Universal Health Coverage’ in Somalia, with focus on options for sustainable improvements to PHC access, quality and coverage.

Promoting access to safe, affordable and quality medicine

In 2020, WHO’s main work in the areas of essential medicine and pharmaceutical policies included the finalization of NAP/AMR with the aim of rationalizing the use of antimicrobials and combating the threat of AMR in the country. As part of this initiative, Somalia was enrolled in WHO GLASS (Global AMR Surveillance System), which will further contribute to building national capacities to monitor AMR in the country.

In Somalia, there are no well-established laboratories that have the capacity to assess the quality of medicines. Medicines imported into Somalia are therefore not registered by the Ministry of Health, thereby

¹Stronger collaboration, better health: 2020 progress report on the Global Action Plan for Healthy Lives and Well-being for All. Geneva: World Health Organization; 2020, pp 12–13. (<https://www.who.int/publications/item/9789240010277>).

²Assessing, measuring, improving PHC [internet]. Geneva: World Health Organization; 2021 (<https://www.who.int/activities/assessing-measuring-improving-phc>).

increasing the likelihood of low quality, substandard and falsified medicines entering the country's pharmaceutical supply chain. In 2020, the National Medicines Regulatory Authority, with technical and financial support from WHO, collected 17 samples of antimalarial and antiretroviral medicines from public health facilities in four regions of Somaliland. All samples were tested thanks to minilabs procured by WHO, and all passed the quality control test.

Making data available for access, availability and safety of essential medicines in the country

Between 23 and 29 June 2020, WHO and the Federal Ministry of Health and Human Services conducted the Pharmaceutical Sector Assessment Survey (PSAS) using WHO's standard protocol to assess the capacity of Somalia's pharmaceutical sector, including in terms of infrastructure, logistics and human resources. It was the first time such a survey was conducted in the country and across all 25 indicators related to access, availability, affordability, quality and rational use of medicines. These were assessed 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. Key findings of the survey included:

- 75.7% of 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;
- There was an average of 27.3 days per year of stock-outs 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 study found a general tendency to over-prescribe antibiotics in public health facilities. Overall, the 2020 Somalia PSAS provides useful data to identify and detect the pharmaceutical sector's strengths and weaknesses.



Making every child count

As the COVID-19 pandemic rapidly spread across the country, health gains made in 2018 and 2019 to improve routine immunization coverage in Somalia were at risk of being reversed. Particularly between March and August 2020, routine immunization services were significantly disrupted, lockdown measures, as well as fears of being infected by the virus, most women and their children away from health facilities. WHO worked tirelessly with Somalia's health authorities to rapidly resume routine immunization activities and follow up with children who missed out on life-saving vaccinations.

Conducting integrated measles and polio vaccination campaign

During 2020, WHO supported the Ministry of Health to launch an integrated measles and polio campaign to provide measles vaccination, polio vaccination, vitamin A supplementation and deworming for children aged under five in Puntland, Somaliland and 17 districts of Banadir region. In total, 1 596 137 children under five were vaccinated for polio and 1 416 950 children received the measles vaccine (Table 1) against the target of 1 673 295 and 1 528 317 children respectively.

Impact of COVID-19 on routine immunization

The disruption in immunization services owing to the COVID-19 pandemic indicated a drop in the number and proportion of children vaccinated in 2020 compared to 2019. Between January and December 2020, penta 3 coverage plummeted from 74% to 60%; it was 14% lower in December 2020 than in December 2019. Similarly, measles vaccination coverage was reduced from 75% in January 2020 to 65% in December 2020, and it was 11% lower in December 2020 than in December 2019. Between January and December 2020, an estimated 106 000 children missed their first dose of pentavalent vaccine, about 186 000 children younger than 1 year missed their measles vaccine and 170 000 children younger than 1 year missed the third dose of the pentavalent vaccine. From October 2020, immunization coverage showed an improvement, with pentavalent 3 vaccine coverage reaching 72% and measles going back up to 70% by early December 2020.

Table 1: Targets and outcomes of integrated vaccination campaigns for measles and polio vaccinations, vitamin A supplementation and deworming

Location	Dates	Measles antigen (six months to five years)			Oral Polio Vaccine (under five)			Vitamin A (under five)			Albendazole (one to five years)		
		Target	Reached	Coverage	Target	Reached	Coverage	Target	Reached	Coverage	Target	Reached	Coverage
Puntland	Mar-20	455 054	453 732	99.71%	480 880	509 733	106%	455 054	433 401	95.24%	403 709	355 264	88%
Somaliland	Mar-20	630 287	552 680	88.00%	700 220	624 212	90%	630 287	552 680	88.00%	556 969	479 175	86%
Banadir (17 districts)	Sep-20	442 976	410 538	93%	492 195	462 192	95%	442 976	408 642	92%	393 756	366 706	93%

In September 2020, measles cases were detected in Kismayo, Jubaland, prompting an outbreak investigation and response by WHO's EPI, Polio and Emergency teams the following month. Approximately 56 500 children under five (95% of the target) were vaccinated in Kismayo district, helping prevent further spread of the disease.

In 2020, WHO also supported the government to update its EPI policy which was last updated in 2014. This policy is a guiding document for the national immunization programme, regulating the administration of vaccines (types of vaccines, frequency, number of doses, age of children) and the schedule of their delivery in Somalia. The revision of Somalia's EPI policy has been pending for several years, and despite the challenges brought about by the COVID-19 pandemic, WHO Somalia led the process of revision by providing technical support, organizing consultative workshops between policy-makers, partners and implementing authorities, and documenting the process.

The revised EPI policy was officially endorsed by Her Excellency the Minister of Health of the Federal Republic of Somalia, Dr Fawziya Abikar Nur, in July. Significantly, this policy emphasizes the immunization of children in their second year of age, new vaccines into the routine immunization system including the second doses of the inactivated polio vaccine and the second dose of the measles vaccine. Funding for the introduction of these additional doses

was successfully approved by GAVI in September, paving the way for increased immunity among vulnerable children and providing an incentive for children older than one year of age to catch up on possible missed vaccinations.

Addressing data challenges through the Data Quality Improvement Plan

In order to address the chronic challenges of data quality in Somalia, the health ministries with the technical support of WHO and UNICEF as well as financial support from GAVI, successfully launched the Data Quality Improvement Plan in late February 2020. This plan aimed to strengthen the capacity of authorities to record, compile, analyse and make effective use of data. While the implementation of this plan was delayed due to the COVID-19 pandemic, the WHO country office was able to resume its assigned tasks to improve immunization coverage, including the training of health workers on using data for timely decision-making, analysing and making use of data, and developing tools for immunization data.

During the latter part of 2020, WHO also supported the government to conduct the country's readiness assessment in preparation for the introduction of COVID-19 vaccines to Somalia. Based on the technical support provided by WHO, the country was able to submit its request to COVAX (COVID-19 Vaccines Global Access) for enough COVID-19 vaccines to cover 20%

of its population in December. Throughout December 2020, WHO continued to support the government for the development of a

national vaccine deployment plan as part of the introduction of COVID-19 vaccines during the first quarter of 2021.

Improving urban immunization in Banadir, Bossaso and Hargeisa

As part of efforts to improve the immunization status of children in urban areas, WHO provided support to health authorities in nine districts of Banadir, Bossaso and Hargeisa implementing an urban immunization strategy using new technology. At the core of this strategy was the need for reliable and accessible information on the target population, including its immunization status. Data collectors selected from existing pools of community health workers and District Focal Assistants for the polio eradication programme were trained in the use of the Open Data Kit (ODK) tool, an open-source digital data collection tool using mobile services to upload and submit data to an online server.

In November, the teams carried out a house-to-house enumeration activity in Hargeisa, Bossaso and Mogadishu, carefully collecting and uploading critical data on vaccine-eligible children in these nine districts to ODK. In total, 440 teams comprised of two members each, and supported by 60 supervisors, were trained and deployed to the field for 10 days to visit all households in their assigned districts.

An enumeration exercise using this type of technology is a first in Somalia. The exercise will be critical for the planning and implementation of the urban immunization strategy planned for February 2021 which will in turn improve the EPI coverage in these districts by reaching under or unimmunized children, in particular in camps for internally displaced persons (IDP) and slums. The data will also help in defining the catchment population of different health facilities and will support defaulter tracing and the planning of outreach activities.

Overcoming barriers to treatment for mental health

Decades of conflict and inter-generational trauma, extreme poverty, unemployment and substance abuse have created a gap in mental health and psychosocial support in Somalia. Stigma towards patients with psychosocial disability is widespread, and the quasi absence of mental health access leaves patients with nowhere to go.

In order to address this critical gap, WHO Somalia alongside IOM, UNICEF, the Ministry of Health and Somalia National University launched a joint project aimed at improving mental health care and psychosocial support for Somali youth affected by conflict in the country. Supported by the UN Peacebuilding Fund, this innovative project aims to build capacities on mental health through a multi-pronged approach. This involves supporting health facilities to deliver services, training of health workers, including mental health in the EPHS, conducting research on links between mental health and peacebuilding, advocating for legislation on

mental health and working with academic institutions to include mental health in medical training curricula.

Due to the COVID-19 pandemic, project implementation was slower than expected in 2020. Nonetheless, WHO developed a curriculum for mental health training and, in collaboration with Somalia National University, organized training of trainers, who in turn will train other health care workers in cascade trainings, between January and February 2021. Considering that mental health is a key and largely underfunded issue in Somalia, WHO engaged with donors who would be interested in funding mental health activities in the future.

As part of efforts to commemorate Mental Health Day in Somalia, the Federal Ministry of Health and the WHO country office organized a webinar chaired by Her Excellency Dr Fawziya Abikar Nur on 2 November 2020 on ***“Opportunities and Challenges for a sustainable Mental Health programme in Somalia”***.



Communicable disease: safeguarding against epidemic and high burden endemic disease



2.9 million people protected from malaria through the use of indoor residual spraying



5.94 million children (<5 years) protected against polio



3697 (35.5% of the national estimate) people living with HIV/AIDS received antiretroviral therapy (ART)



94.4% (15 918/16.917) of new tuberculosis (TB) patients were counselled and tested for HIV



92% cure rate achieved for drug resistant TB



21 TB treatment centres with GeneXpert capacity supported COVID-19 testing

Reaching every last child to stop polio transmission

In 2020, the WHO country office continued its work to keep the country free from wild poliovirus. Despite the COVID-19 pandemic, the surveillance and response activities for circulating vaccine-derived poliovirus (cVDPV) continued in full swing. National immunization days were organized to interrupt the circulation of cVDPV in the country.

Scaling up surveillance of acute flaccid paralysis (AFP)

During 2020, 368 AFP cases were reported across the country was confirmed as an ambiguous vaccine-derived poliovirus (aVDPV) type 1 and 14 cases of which were confirmed to be a circulating vaccine-derived poliovirus type 2



(cVDPV2). In addition, community samples were collected from 40 healthy children, five of which were confirmed to be cVDPV2.

Environmental surveillance aimed at detecting the presence of poliovirus in the sewer system was scaled up in support of AFP surveillance. New environmental surveillance sites were identified in Baidoa and Kismayo in June and in Hargeisa in November. In 2020, a total of 81 environmental samples were collected from seven sites and sent to the laboratory for testing. Of these, cVDPV2 was isolated in 26 samples which represents over a third of the samples collected. This shows that cVDPV2 is still in circulation in the districts covered.

Conducting supplementary immunization activities and outbreak response

In March 2020, WHO supported an integrated supplementary immunization activity in Somaliland and Puntland, vaccinating approximately 1 million children under five



In 2020, polio eradication staff with decades of community level experience across Somalia supported the strengthening of routine immunization through community engagement and supportive supervision in both fixed and outreach clinics. District and regional polio officers also worked to gradually integrate measles and other vaccine-preventable diseases surveillance into the existing AFP active surveillance and report data through ODK. Furthermore, polio eradication staff were instrumental in rapidly mounting an efficient response to the COVID-19 outbreak in Somalia.



against polio and measles, and providing vitamin A supplementation and albendazole for deworming. In November, a similar intervention was conducted in Banadir, reaching close to half a million children.

In September and October 2020, two rounds of vaccination with monovalent oral polio vaccine type 2 (mOPV2) were carried out in response to an outbreak of cVDPV2. The vaccination campaigns targeted 62 districts and 1.65 million children under five. The first round was held between 20 and 23 September and reached 1 579 050 children under five. Post-campaign immunization monitoring (PCIM) using the lot quality assurance sampling (LQAS) method showed 94.6% coverage and a 94% pass rate. The second dose of the vaccine was given to 1 337 974 children under five, obtaining 96.1% coverage and a 98% pass rate according to LQAS. Revaccination was conducted in all the districts that failed the PCIM and LQAS to capture the missed children. During this process, a total 4323 children were vaccinated.

In December 2020, the polio programme successfully vaccinated 2 767 525 children under five with the bivalent oral polio vaccine in 19 regions across Somalia through a campaign, with a coverage of 97.1% (2 767 525 out of the target of 2 893 292). Vitamin A supplementation was provided to 1 130 180 children aged under five in 10 regions. PCIM using the LQAS methodology showed 96% coverage and an 86% pass rate.

Reaching children in previously inaccessible areas of Somalia

Between June and November 2020, WHO negotiated and gained access to eight previously inaccessible districts having an estimated 129 194 children under aged five who had never been vaccinated before. Two rounds of vaccination with mOPV2 were planned for December 2020 and January 2021, and these will integrate routine immunization and community surveillance of AFP, measles and COVID-19.

Preparing the introduction of the novel oral polio vaccine type 2 (nOPV2)

Towards the end of 2020, WHO worked with Somalia's Federal Ministry of Health towards obtaining an approval to introduce and use nOPV2 in the country. This vaccine is a modified version of the existing mOPV2, that is more genetically stable and less likely to lead to cVDPV2 than mOPV2. This new development could significantly



Safely resuming vaccination campaigns during a pandemic: Story from the field

On three blazing hot August days, around 2500 women and 790 men pulled on their masks and cautiously sat at a safe distance from one another to undergo refresher training across 17 of Banadir's districts. They were preparing for no ordinary feat a health campaign that would see them offer around 400 000 children under five years of age the measles and polio vaccines, as well as vitamin A and deworming tablets at fixed and outreach sites, all amidst the COVID-19 pandemic.

Even though the trainees have years of experience in planning and conducting immunization campaigns, some were a little anxious about how Somali families would react to them trying to offer health services during an ongoing pandemic of a highly contagious disease.

As the first such campaign in over six months, it took careful planning and adapting of protocols to ensure the safety of staff and the population. Guidelines for the vaccination campaign were reviewed and updated to include the WHO recommended guidelines in conducting supplementary immunization activities during COVID-19 pandemics. The training sessions were redesigned to ensure they were conducted in open places or well-ventilated rooms with physical distancing, with face masks being worn and hand sanitizers readily available. The teams were trained in how to ensure physical distancing during house-to-house visits and on how to limit contact when administering vaccines to children. They were also given hand sanitizers to use after every household visit. In addition, health workers shared information with families on how to prevent the further spread of COVID-19.

"I made sure that caregivers and parents saw that our teams were trained and retrained to consider the health safety measures of families above all," says Mohamed Shire, Polio Eradication Officer of Somalia. ***"While ensuring families' and our own safety, we conducted our duties to protect every Somali child from diseases."***

support polio eradication efforts in the country. To this end, preparations have been made towards setting up a National Planning and Coordination Committee as well as five technical committees.

Sustaining universal access to HIV/AIDS health services

Despite the low prevalence of HIV/AIDS in the country, WHO efforts continued to ensure universal access to prevention, treatment and care.

Reducing prevalence and incidence of HIV

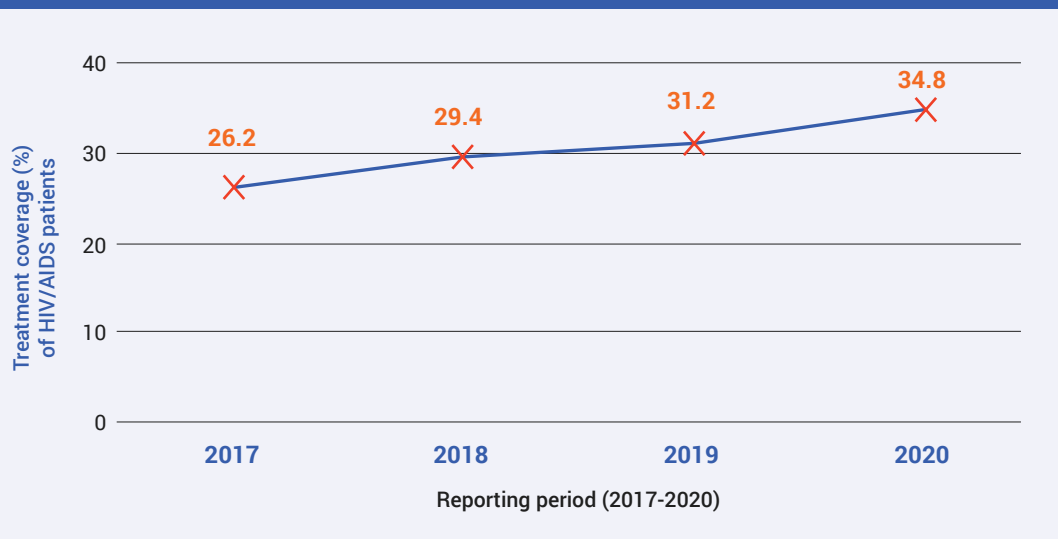
The current prevalence of HIV (proportion of people living with HIV) has declined steadily among pregnant women from 0.93% in 2004 to 0.1% in 2018. The incidence (rate of new infections) of HIV has also declined from 0.18 in 2004 to 0.03 per 1000 people in 2020. In 2020, reports from health facilities indicate that 459 new patients

commenced on Antiretroviral therapy (ART) treatment, and by the end of 2020, a total of 3691 people living with HIV (1538 male and 2153 female) were being treated. With 10 409 persons recorded as living with HIV in Somalia in 2020, these efforts must continue, since HIV remains a lifelong incurable infection requiring continued monitoring and treatment.

Strengthening HIV/AIDS treatment capacity

Improving universal access to care for HIV/AIDS patients was the mainstay of work of WHO during 2020. On-the-job trainings aimed at improving HIV care and treatment were organized for health staff across the country. These trainings included viral load testing, a crucial indicator of the amount of HIV circulating in the patient's blood. They were complemented by formal training sessions in ART delivery and patient monitoring.

Fig. 1. Progress of HIV treatment coverage 2017–2020



As part of efforts to detect HIV cases at the earliest possible stage of infection, WHO supported the procurement and distribution of kits for HIV testing to TB sites. In 2020, 94.1% (15 918/16 917) of new tuberculosis patients were counselled and tested for HIV, with a positivity rate of 0.8%.

Accompanying the transition to dolutegravir treatment

Following the global WHO recommendation in 2019 to use dolutegravir as the antiretroviral medication for the treatment of HIV infection, the WHO country office developed a dolutegravir transition plan. The transition of patients to the new dolutegravir regimens began in June 2020 and is expected to be completed by June 2021. By the end of 2020, 38.3% of HIV patients on ART had been transitioned onto a dolutegravir regimen. Four training webinars on the use of the new dolutegravir-based regimens were also organized for the HIV programme staff of the Ministry of Health and doctors working at the antiretroviral facilities.

Scaling up treatment and care for TB patients amid the pandemic

Over the last 10 years, TB incidence in Somalia dropped from 285 per 100 000 in 2010 to 258 per 100 000 in 2020. Over the same period, TB mortality also dropped from 78 to 66 per 100 000, and the estimated incidence of multidrug-resistant and extensively drug resistant TB went from 32 to 26 per 100 000. Treatment coverage for TB improved from 41% in 2010 to 42% in 2020.

These results have been made possible thanks to significant investments by health

authorities, donors, WHO and other health partners in the testing and treatment of TB in Somalia. In 2020, WHO supported the country's Ministry of Health in developing and submitting two funding proposals to the Global Fund, one specifically for reducing the spread of TB and the other aimed at minimizing the impact of COVID-19 on TB management in Somalia.

Building capacity for TB testing and treatment

In 2020, WHO's TB programme continued enhancing the capacities of Somalia's Ministry of Health in TB diagnosis, treatment and drug management at federal and state levels. WHO provided 12 817 341 tablets of first-line drugs for the treatment of drug-sensitive TB and 6800 boxes of second-line drugs for the treatment of drug resistant TB. In order to prevent stock-outs of these critical medicines, 11 944 293 tablets of first-line TB drugs and 8432 boxes of second-line TB drugs were then distributed to the TB management units and multidrug-resistant TB treatment centres. As a result, no stock-out of TB medication was reported in Somalia during the year, an important achievement for TB patient care in a fragile context.

Aligning with international standards and practices

At the normative level, WHO supported the development of the Somalia TB Strategic Plan 2020, a crucial document setting out the country's strategic priorities and key interventions in battling the disease. The WHO team also supported Somalia's Federal Ministry of Health in reviewing its

multidrug resistant TB (MDR-TB) treatment guidelines, bringing them in line with WHO recommendations for use of oral regimens for long and short MDR-TB treatment.

Supporting 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, WHO provided Somalia’s TB programme with crucial assistance for ramping up testing for COVID-19. GeneXpert machines used for TB diagnosis in 21 TB centres

across the country were equipped with kits which enabled them to test COVID-19 samples, thus increasing COVID-19 testing capacity in the country.

Continuing control efforts for malaria

In spite of heavy rains and challenges in accessing health care due to COVID-19, Somalia experienced a reduction in mortality and morbidity due to malaria in 2020. The number of malaria tests carried out increased by 2.5% in 2020 compared to 2019, yet the number of confirmed cases

Fig. 2. Malaria cases reported in Somalia, 2017–2020

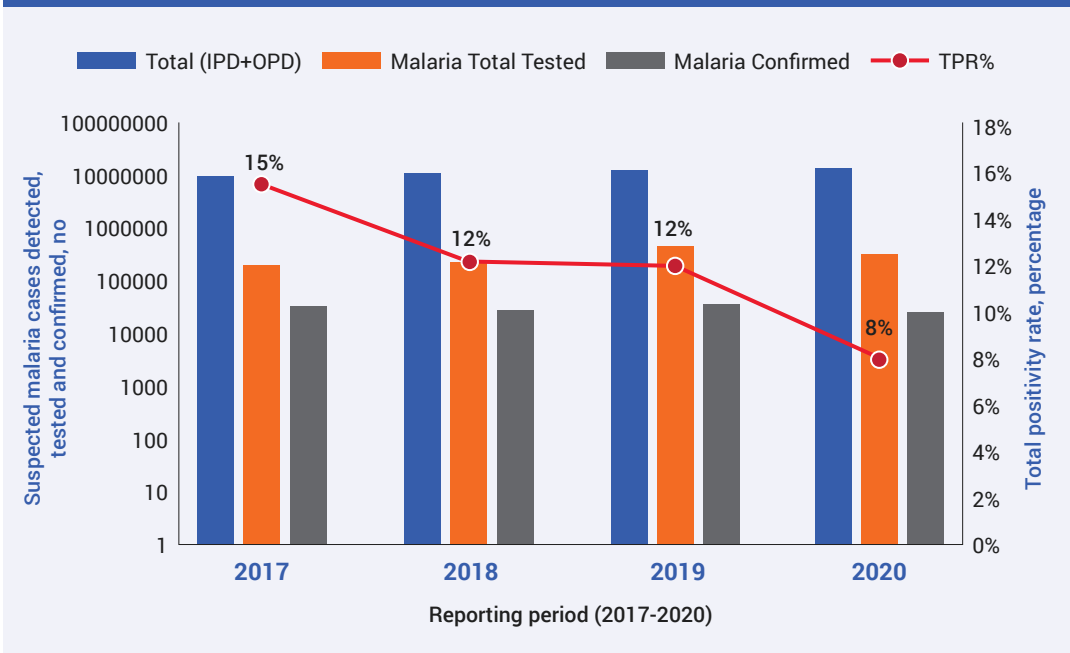


Table 2: Malaria cases reported in Somalia, 2017–2020

Year	Total (IPD+OPD)	Malaria total tested	Malaria confirmed	Test positivity rate
2017	10 669 627	226 862	35 138	15%
2018	13 686 837	253 172	31 021	12%
2019	14 594 717	332 935	39 687	12%
2020	15 812 837	341 341	27 526	8%

reduced by 36% and the positivity rate was at an all-time low of 8% compared to 12% in 2019.

At a normative level, WHO's Malaria Programme supported the country's health authorities in developing the Malaria Programme Review for 2020, an important tool for countries striving to strengthen an evidence-based appraisal of their malaria situation and programme performance. Technical assistance was also provided to update Somalia's National Malaria Strategy 2021–2025 and the accompanying Monitoring and Evaluation plan. Finally, and thanks to technical advice from WHO headquarters, the Malaria Stratification plan was revised, classifying areas of the country according to the risk of malaria. Together, these technical and strategic documents will help the country in developing better adapted and improved interventions to combat malaria morbidity and mortality in Somalia.

In 2020, WHO also conducted quality control supervision visits to 127 health facilities across Somalia. The teams cross-checked laboratory performance, monitored the availability of malaria-related supplies and provided on-the-job training

as required. A total of 1092 health facilities received malaria supplies, and 110 400 tablets of artemisinin-based combination therapy as well as 50 000 malaria rapid diagnostic tests were provided to the Ministry of Health to avoid stock-outs. In order to improve the quality of care provided by health workers, WHO Somalia supported the training of 220 health workers in malaria case management and vector control in 2020.



Preventing malaria outbreaks in Bossaso

At the heart of successes in reducing malaria-related mortality and morbidity in Somalia are innovative projects aimed at reducing the incidence of malaria with a focus on high-risk regions.

In 2020, the WHO Malaria Eradication Programme received support from the Global Fund and UNICEF to develop a pilot project on larval source management. The intervention consisted of renovating cement water tanks for houses which can be a breeding ground for mosquitoes if not properly sealed and maintained.

The villages of Suweita and Girible in Bossaso were selected for the pilot project, since these locations have a high incidence of malaria and because water tanks in those villages have not been renovated and are known to be a breeding ground for mosquito larvae.

Over a period of six months, WHO teams worked with local contractors to renovate 200 water tanks in these villages. The old and damaged covers of the water tanks were removed and a slope was created on top of the tanks, to avoid water stagnating there. New wood and cement were applied top of the tanks, and a fibreglass cover was added to this reinforced structure. Finally, a water tap was fixed at the base of the tanks to facilitate cleaning and the safe access to water.

This intervention will be assessed in late 2021 to measure the impact it has had on malaria mortality and morbidity in the city. If successful, it could be extended to other regions to reduce the burden of malaria in Somalia.

Controlling vectors of malaria

In 2020, WHO supported 19 large-scale indoor residual spraying campaigns in Lower Shabelle, Karkaar and Maroodi-Jeeh targeting an estimated 270 000 people. WHO and UNICEF also supported health authorities in distributing close to 1.4 million long-lasting insecticidal nets to households in Somalia's South Central regions, contributing to the protection of an estimated 2.9 million people.

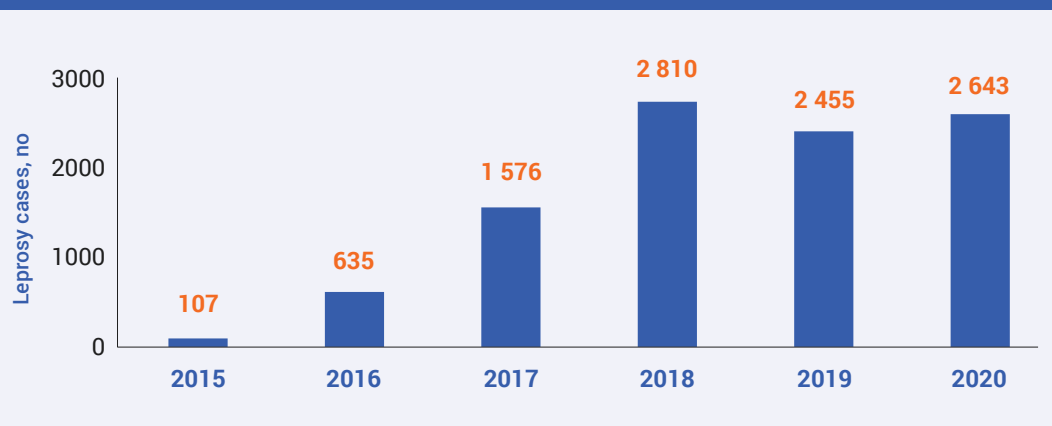
Protecting everyone from preventable diseases

WHO continued to maintain and accelerate its efforts to control neglected tropical diseases in 2020 without losing sight of elimination goals. With WHO's support, a third round of MDA for soil-transmitted helminthiasis and schistosomiasis was conducted in the country despite severe constraints on movement of people across the country and logistical challenges for drug administration.

In June 2020, an MDA against schistosomiasis and soil-transmitted helminths was conducted in Banadir, Middle Shebelle, Lower Shebelle, Lower Juba, Hiran, Bay, Bakool, Gedo, Galgaduud and Mudug districts; in total, 2.9 million people (2.78 million children and 0.4 million adults) were treated with praziquantel and mebendazole.

The MDA covered 1 666 618 school-aged boys and 1 118 143 girls for schistosomiasis and soil-transmitted helminthiasis. A total of 5 099 986 tablets of praziquantel were distributed for schistosomiasis and 2 765 595 tablets of mebendazole were provided to protect people from infections caused by worms. Across the country in 2020, 2643 cases of leprosy were also detected and treated in owing to improved case detection and case findings.

Fig. 3. Leprosy active cases reported in Somalia, 2015-2020





External relations and partnerships: strengthening collaboration and partnerships



US \$24.6 million secured in voluntary contributions



6 memorandums of understanding signed with external partners

During 2020, WHO Somalia had the opportunity to strengthen its relations and cooperation with donors and partners, both new and existing. Positive operational, financial and technical relationships were forged across WHO programmes in support of the Ministry of Health in Somalia. Significantly, WHO became a regular participant of the Somalia Health Donor Group.

Forging partnerships to respond to Somalia's health needs

In 2020, WHO partnered with the Italian Agency for Development Cooperation to provide vital support to emergency health services, including for mine victims, in Hudur district via the Hudur regional hospital, including for mine victims. As part of this cooperation, which is continuing into 2021, capacities are being built for the provision of life-saving emergency health and nutrition services, trauma care and mental health support at the Hudur regional hospital.

Throughout 2020, the Central Emergency Response Fund (CERF) continued to be a



steadfast and vital WHO partner in Somalia. The fund provided critical contributions to scale up emergency response activities for COVID-19 in humanitarian settings, as well as to mitigate public health risks resulting from floods and COVID-19 in Galmudug, Hirshabelle, Jubaland, Puntland, Somaliland and South West under the new Anticipatory Action Plan framework. These life-saving activities were designed to reach the most affected and vulnerable persons across the country.

It was the timely and generous resource support from these as well as the following donors which helped make a difference: Global Affairs Canada; Central Emergency Response Fund (CERF); the Foreign, Commonwealth and Development Office (FCDO); the European Union Delegation to Somalia and the European Civil Protection and Humanitarian Aid Operations (ECHO); GAVI; The German Cooperation; The Italian Agency for Development Cooperation; the Swiss Agency for Development and Cooperation; the World Bank, via its Pandemic Emergency Financing Facility;



In light of Somalia's continuing health needs and the laboratory confirmation of the first COVID-19 case in Somalia in March 2020, crucial partnerships were forged between WHO, UN agencies and the donor community. Thanks to these partnerships, alongside close engagement with the Ministry of Health, activities aimed at health systems strengthening, and life-saving preparedness and response to COVID-19 were made possible.



and The Global Fund to Fight AIDS, Tuberculosis and Malaria. Also, cooperation via the UN Task Team for COVID-19 allowed for joint and complementary response activities to be undertaken between UN agencies while flight support from the UN Humanitarian Air Service and World Food Programme (WFP) played vital roles in helping to transport emergency supplies, equipment and medicines throughout the country.

Establishing an unprecedented partnership with the European Union

Following the outbreak of COVID-19 in Somalia, the WHO and EU Delegation to Somalia established a strong Bilateral Technical Coordination Mechanism. As part of this mechanism, WHO provided technical assistance and advice to ongoing and forthcoming EU activities, risk



communications and awareness-raising initiatives related to COVID-19, to ensure alignment with WHO's technical principles and strategies. The EU, inter alia, provided extensive logistic and flight support to WHO via the EU Humanitarian Airbridge, thereby facilitating the transport of emergency medical equipment and supplies, as well as COVID-19 samples, thereby enabling medical teams to reach over 500 000 people throughout Somalia during a period of greatly reduced internal transport options. Moreover, on 23 December 2020, the EU Delegation to Somalia and WHO signed a EUR 5 million multi-year contribution agreement for a project to

prevent further spread of COVID-19 and strengthen health systems in the country. The project, titled 'Emergency operational response to COVID-19 in Somalia to support the prevention of large-scale community spread through public health systems strengthening,' aims to contain and suppress the COVID-19 epidemic (and other disease outbreaks) in locations where signs of circulation are still evidenced by most recent surveys, to prevent large-scale community transmission and further spread and/or resurgence of the virus through the strengthening of health systems. With this contribution, the EU Delegation has become WHO's top donor in Somalia.

New collaborations for health with Sweden

As part of a unique, innovative and growing partnership, WHO and Sweden have strengthened their engagement by working together to secure a senior level secondment to WHO Somalia (anticipated for 2021). WHO has also signed a non-financial memorandum of understanding with the Public Health Agency of Sweden with the aim of supporting the development of an independent National Institute for Health in Somalia. WHO has also teamed up with SPIDER Center (University of Stockholm), with the objective of digitalizing the country's health information management system. In addition, from 14–15 December 2020, WHO organized a high-level mission to Hargeisa and Garowe, which included participation of the WHO Representative, the Ambassador of Sweden, the Head of UNFPA, as well as UNICEF staff. The aim of the mission, organized at the occasion of Universal Health Coverage Day, was to strengthen WHO's engagement and partnership with Sweden; visit select health facilities, including hospitals, stabilization centres, community sites and public health laboratories; as well as emphasize the commitment that WHO, UNFPA and UNICEF have to improving the integration of respective health activities.



Business operations: achieving impact and efficiency



59 338 kg of medical and nonmedical supplies shipped and distributed facilitated by new office in Garowe

Operations, support and logistics

WHO Somalia's business operations team works closely with all of the country office's programmes in order to provide them with human resource, financial, supply and logistical support. In 2020, the team was tested to its fullest, delivering the following key tasks in the midst of a pandemic:

- Providing response teams with office support (administration and finance functions);
- Ensuring proper forecasting and procurement of medical and nonmedical supplies;
- Warehousing, transportation and distribution of medical and nonmedical supplies and;
- Supporting laboratories with sample collection and management, particularly in the early days of the COVID-19 outbreak in Somalia when samples needed to be sent to Kenya for testing.



In light of the COVID-19 pandemic, the WHO Somalia country office was one of the first agencies to participate in the global and regional partnerships to ensure that personnel and assets were deployed and rotated to mitigate staff burn-out.



Facilitating operations in the midst of a pandemic

Thanks to these partnerships, the country office was able to rotate staff and position supplies despite the breakdown of supply chains globally, and the challenges in travelling.

As the lead technical agency for the response to COVID-19, the country office team ensured that the necessary assessments, supervisions and partner missions were organized successfully. Through these missions, response plans, identification of required resources and mapping of partner involvement were conducted in order to facilitate coordinated response actions.

To streamline the submission of payments related to COVID-19 activities, the country office developed a template that would assist in the systematic submission of

expenditures while mitigating the reporting component. This was done notably with the introduction of pictorial evidence as part of the assurance process during the pandemic period.

During the year, the operations unit successfully implemented a Business Continuity Plan and towards the end of 2020 it developed WHO's strategy for returning to the work premises, a document which was cleared by the UN Somalia medical team and the UN Resident Coordinator.

Ensuring the safety and security of WHO staff and premises in Somalia

In January 2020, the security team of WHO supported the safe visit of a high-level mission from WHO headquarters, and the WHO Regional Office for the Eastern Mediterranean led by the late Dr Peter Salama. With the support of other UN agencies' Field Security Advisors and UN Department for Safety and Security, the security team provided support for all movements of



the mission members in Mogadishu, Beletweyne, Baidoa and Hargeisa, as well as for a major donor meeting attended in Nairobi, Kenya.

In Garowe, Puntland, a new sub-office was opened to act as a base in the State from which WHO response actions can be coordinated, owing to the available space, amenities and warehouse all located in the same compound. Security approvals were obtained for the new WHO Garowe office. Fire safety measures were completed, and security was enhanced with the installation of access control measures, perimeter security and additional lighting. A reputable security company was contracted to ensure the safety and security of premises and all UN staff, contractors and visitors. Opening

this new WHO Office is instrumental in facilitating closer working relations between WHO, UN partner agencies, the Ministry of Health and other implementing partners.

The security team also supported regular movements between WHO offices and health facilities, as well as government structures. Due to the intense and pressing COVID-19 workload, the security office also took on and supported logistical operations for the country office, coordinating flights, drafting operational budgets, supporting the distribution of sample collection kits, as well as the collection of these sample collection kits throughout the country for shipment to Mogadishu or Nairobi, Kenya, for testing.



Acknowledgements

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and reduced disability and morbidity from several preventable causes. We remain grateful for their contributions. We also thank the health authorities at all levels for their trust and confidence in WHO.

African Development Bank

Alliance for Health Policy and Systems Research

Bill & Melinda Gates Foundation

European Union/European Civil Protection and Humanitarian Aid Operations

Foreign, Commonwealth and Development Office

Global Affairs Canada

Government of Germany

Gavi, the Vaccine Alliance

Global Fund to Fight HIV, TB and Malaria

Italian Agency for Development and Cooperation

National Philanthropic Trust

Nippon Foundation

Rotary International

Sasakawa Memorial Health Foundation

Swiss Agency for Development and Cooperation

The END Fund

United Nations Peacebuilding Fund

United Nations Central Emergency Response Fund

World Bank/Pandemic Emergency Financing Facility

Case studies

During 2020, the work of the World Health Organization (WHO) country office in Somalia has been highlighted in many international publications and web sites. These articles and case studies reflect inspirational stories on a number of fronts showcasing the transformation of the WHO country office and its increasing positive impact in Somalia.

Innovating with partners to save lives in Somalia: The WHO Transformation: 2020 progress report
<https://www.who.int/publications/i/item/9789240026667>

Health for all is Somalia's answer to COVID-19 and future threats to health:
<https://www.uhcpartnership.net/story-somalia/>

Somalia: Working with an expanded network of national and international partners to address COVID-19
<https://www.who.int/publications/m/item/somalia-working-with-an-expanded-network-of-national-and-international-partners-to-address-covid-19>

Responding to the COVID-19 pandemic: WHO's action in countries, territories and areas, 2020:
<https://www.who.int/publications/i/item/9789240019225>

COVID-19 response in a fragile setting: leveraging a challenge for UHC in Somalia
<https://www.who.int/about/accountability/results/who-results-report-2020-mtr/country-story/2020/covid-19-response-in-a-fragile-setting-leveraging-a-challenge-for-uhc-in-somalia>

Overcoming fragility in Somalia to build a stronger primary health care system:
 Stronger Collaboration, Better Health: 2020 progress report on the Global Action Plan for Healthy Lives and Well-being for All
<https://www.who.int/publications/i/item/9789240010277>

Oxygen saves lives in Somalia on the path to UHC
<https://www.who.int/news-room/feature-stories/detail/somalia2021>

Country case study on Somalia: 2021 Progress report on the Global Action Plan for Healthy Lives and Well-being for All
<https://www.who.int/initiatives/sdg3-global-action-plan/progress-reports/2021>

As virus resurges in Africa, doctors fear the worst is yet to come:
<https://www.nytimes.com/2020/12/26/world/africa/africa-coronavirus-pandemic.html>

An innovative and unique partnership: WHO, Sweden and Somalia work together to improve health outcomes for all Somalis
<https://www.who.int/news-room/feature-stories/detail/an-innovative-and-unique-partnership-who-sweden-and-somalia-work-together-to-improve-health-outcomes-for-all-somalis>



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