# Health and SDGs brief **2019**

# Somalia





#### Universal health coverage

UHC service coverage index (2017)	25
Primary health care facilities per 10 000 population (2013)	1.9
Hospital beds per 10 000 population (2013)	8.7
Demand for family planning satisfied with modern methods (%) (2017)	48.3
Antenatal care visits (4+ visits) (%) (2014)	3.3
Measles immunization coverage among 1-year olds (%) (2018)	70
Tuberculosis treatment success rate and relapse TB cases notified (%) (2017)	86
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2018)	69
Out-of-pocket expenditure (OOPS) as percentage of current health expenditure (CHE)	
Domestic General Government Health Expenditure (GGHE-D) as % of General Government Expenditure (GGE)	

#### **Estimated population in 2015**



# Distribution of causes of death among children aged <5 years (%)



### Selected determinants of health

Population living in urban areas (%) (2018)	42
Annual GDP growth (%) (1990)	-1.5
Population growth rate (%) (2014)	2.9
Children aged < 5 years with pneumonia symptoms taken to a healthcare provider (%) (2006)	13.0

#### Trends in estimates of maternal mortality ratio







# Selected SDGs health-related indicators\*

<b>1</b> NO POVERTYPopulation below the international poverty line%Proportion of employed population below the international poverty line (ILO estimate, 2019)Male % Female %	 65.0 62.8	2  ZERO HUNGER  \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$    Children under 5 who are (2015)    stunted  %  42.3    wasted  %  13.3    overweight  %
4QUALITY EDUCATIONTotal %Literacy rate (15-24 years)Total %Male % Female %Male %Net primary school enrolment ratio per 100 school-age children (2014)Total ratio Male ratio Female ratio	  <u>17</u> 18 17	7  AFFORDABLE AND Solution    Population with primary reliance on clean fuels and technologies at the household level (Global Health Observatory, 2017)  %  <5
6 CLEAN WATER VIEW	31 23	B DECENT WORK AND ECONOMIC GROWTH    Unemployment rate (15+ years) (ILO estimate, 2019)    Total %  14.0    Male %  13.6    Female %  15.4
11  SUSTAINABLE CITIES ADD COMMUNITIES    Concentrations of fine particulate matter (PM2.5) (µg/m³) (WHO/CEHA, 2016)  Total    Urban	29.5	16 PEACE, JUSTICE AND STRONG INSTITUTIONS INCLUSION INSTITUTIONS INSTITUTIONS INSTITUTIONS (WHO Global Health Observatory, 2012-2016)

\*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

# **Key health indicators**

Indicator	Male	Female	Total
Life expectancy at birth in years (2018)	55.0	58.4	56.7
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2017 estimate)	—	—	829
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)			39
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)			80
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)			127
Tobacco use among persons 15+ years (%) (2018)			
Overweight (18+ years) (%) (2016)			28.4
Obesity (18+ years) (%) (2016)			8.3
Raised blood pressure among persons 18+ years (%) (2014)			32.9
Raised blood glucose among persons 18+ years (%) (2015)			6.8
Raised cholesterol among persons 18+ years (%) (year)			
Probability of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory diseases, (%) 2016			21.8
Cancer incidence per 100 000 (2018)			120.8

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.



ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES



#### Voluntary National Review, include year(s) and link(s)

Planned for 2020.

#### National Focal Point for 2030 Agenda

Ministry of Planning, Investment and Economic Development, Federal Government of Somalia

### National Focal Point in Ministry of Health for health related SDGs

Dr. Abdullahi Hashi, DG (Health), Ministry of Health, Federal Government of Somalia

# 1. What efforts have been made to agree on national targets for SDG3+?

In 2018, the Ministry of Health, supported by WHO, conducted a health-related SDGs Localization Exercise. Data related to the health-related SDGs was gathered and shared with Stakeholders (Government, Donors, UN agencies, and Civil Society Organizations) in four consultative workshops inside Somalia and in Nairobi to develop consensus and finalize baseline, milestones and targets for health-related SDGs. The numbers will be again reviewed and updated on availability of Somali Health and Demographic Survey and STEPwise survey results in 2019. It is hoped that the healthrelated SDGs will also be localized at the states level.

# 2. How is Somalia incorporating SDG 3 targets in health policy, strategy, and planning?

Somalia completed the development of second generation of Health Sector Strategic Plans 2017-2021. These plans were developed according to nine health policy directions and in accordance with the SDG 3 targets. Accordingly, the indicators in the results framework are aligned with the SDG 3 indicators. Furthermore, under the pillar working groups for the aid architecture, one working group is established for social and human development under which a sub-working group for health will be meeting regularly to monitor the implementation of the health plan, SDG 3 and the UN Strategic Framework.

After localization of health-related SDGs exercise, the Federal Ministry of Health led the process to develop a 'Roadmap towards UHC in Somalia', in which localization exercise data was used to develop future strategies and interventions to make progress.

## 3. Are there any major partnerships for advancing the 2030 Agenda?

The UN and the World Bank supported the establishment of the Somalia Development and Reconstruction Facility (SDRF) which is the centerpiece for partnerships between the government and the international community. The multi-partner fund is one of the funding windows established under the SDRF. The fund provides a platform for coordinated financing for sustainable reconstruction and development in Somalia with a focus on core state functions and socioeconomic recovery with 12 full pledged projects and 10

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**Developed jointly by** Department of Science, Information and Dissemination, Office of the Regional Director, and Department of UHC/Health Systems donors, which also includes the peace building fund. In addition, the NGO consortium which is a coordination platform, focuses on enabling an environment for efficient and effective delivery of humanitarian and development support to Somalia.

More recently, Somalia has been selected for the Global Financing Facility + International Development Association support from the World Bank. The funding will target health outcomes related to women and children. This support is likely to support progress on health-related SDGs in coming years.

### 4. Are there any major partnerships for advancing the health-related SDGs?

UN agencies in Somalia have started the process of development of UN Sustainable Development Cooperation Strategy which will succeed the current UN Strategic Framework (2017-2020). Overall UN strategic priorities will be fully aligned with the SDGs agenda.

Since the end of the Joint Health and Nutrition Program in April 2017, the main ongoing health partnerships for development are the Global fund for combating HIV/TB/Malaria and GAVI. There is also a partnership between WHO and IOM to bring back the diaspora to support the health system and build institutional capacity in the Ministry of Health. However, due to the emergency situation in the country, several partnerships have emerged targeting the expansion of vaccination coverage and combating the cholera outbreak such as a partnership between IOM and UNICEF.

# 5. Describe a success story or an example of efforts to accelerate action on the health-related SDGs.

In health sector of Somalia, a 'Roadmap towards UHC in Somalia (2019-2023) was developed through a consultative process. It provides strategic guidance on priority health interventions to make progress on health-related SDGs.

WHO is also developing its new Country Cooperation Strategy for WHO and Somalia (2019-2023), which is fully aligned with health-related SDGs.