



Technical Programme Update

May-August 2019



WHO Somalia is changing the narrative. The confidence that the Somali government, donors and other partners place in us to efficiently and effectively carry out our work strengthens our motivation and effort to lead and coordinate important health initiatives alongside the Somali Government all across the country. To this end, WHO Somalia will continue to strive to meet the needs and expectations of all stakeholders, and to enhance cooperation, communication, harmonization and partnerships to ensure the development of robust health programming for the Somali people. Furthermore, all of our efforts will align with other important initiatives, including the Somali national development plans and strategies, the Sustainable Development Goals, the WHO Country Cooperation Strategy for Somalia (2019-2023) and WHO's Thirteenth General Programme of Work (2019-2023). Please follow us on Twitter (@WHOSom) and Instagram (somaliiwho) for regular updates and photographs showing our activities.

Dr Mamunur Rahman Malik
WHO Representative in Somalia

RESULT AND IMPACT



1,300

health workers trained on case finding on health emergencies, polio, MHPSS, HIV/AIDS, TB, EPI and EMP programmes;



1.1 million

children vaccinated against polio



616,000

persons vaccinated against cholera



9

major health strategies, policies, and/or SOSs endorsed, or awaiting final endorsement



10

partners in health sector planning and operations



a call for solidarity and action

Health emergencies programme

Drought response

As part of the broader *Drought impact response plan for Somalia*¹, WHO, in partnership with the Somali Government, undertook a number of important initiatives. With funding from CERF, two crucial projects were launched – one on life-saving emergency health services to drought-affected communities in Sool, Sanaag and Bari regions of Somalia (March–August 2019), the other on providing life-saving integrated health services to improve psychosocial support to drought-affected and vulnerable communities in South West State, Jubaland and Hirshabelle (August 2019–January 2020). The first project allowed WHO to: (i) provide rapid responses in 11 districts, targeting 60 000 people; (ii) monitor and respond quickly to cases of acute watery diarrhoea, malaria, respiratory disease and malnutrition through the deployment of 10 rapid response teams, and provision of medical supplies for 10 000 patients; (iii) train health workers in standard treatment of severe acute malnutrition with medical complications (19 male and 37 female), case management of infectious diseases (43 male and 55 female), detection of and rapid response to public health emergencies (22 male and 27 female), and use of the Early Warning Alert and Response Network (EWARN) (22 male and 27 female health workers); and (iv) provide 244 health facilities in Puntland and Somaliland with airtime for EWARN reporting.



¹ <https://reliefweb.int/sites/reliefweb.int/files/resources/Somalia%202019%20DIRP.pdf>

The second project funded by CERF targets 10 drought-affected districts in South West State, Jubaland and Hirshabelle. Activities are focused on: surveillance; outbreak detection; investigation and response, including through the expansion of EWARN; and provision of life-saving primary health care services. These services are provided through the deployment of an integrated emergency team, mental health and psychosocial support, and delivery of essential medical supplies, such as integrated emergency health kits, cholera kits and malnutrition kits. By January 2020 when the project is completed, it is expected that more than 238 000 internally displaced people and host communities living in rural areas will have been reached.

In addition to these projects, WHO distributed 20 tonnes of emergency medical supplies to national health authorities for areas affected by drought and emergencies. These supplies included 25 kits for treatment of severe acute malnutrition to 12 stabilization centres for treating up to 1250 cases of severe acute malnutrition with medical complications over a three-month period, as well as medical equipment for inpatient management of severe acute malnutrition with medical complications. These supplies helped save the lives of about 19 300 Somalis.

Improved access and coordination

WHO recruited 10 national officers (nine male and one female) and six state-level public health emergency officers (five male and one female). As a result, WHO now has a strong presence in all states in Somalia, which allows the Organization to provide close technical support to health authorities at federal and state levels, improve health cluster coordination, enhance preparedness, and support a timely and effective response to public health emergencies.

Oral cholera vaccine campaigns

From 22 to 28 June and 3 to 11 August 2019, two campaigns to provide immunization with the oral cholera vaccine were conducted in six high-risk districts across South West, Jubaland and Hirshabelle states, as well as in Banadir region. With support from WHO's Expanded Programme on Immunization (EPI) and polio teams, and

Essential Medicines and Health Products Programme



in coordination with the Federal Ministry of Health and UNICEF, a house-to-house campaign was conducted allowing 621 875 people (267 024 males and 354 851 females) to be reached with one dose of the oral cholera vaccine (97% of the targeted population) and 616 726 people (264 550 males and 352 176 females) to be reached with two doses (96% of the targeted population). The campaign was implemented using 2516 vaccinators (251 male and 2265 female) in 629 vaccination teams (comprised of four health workers each), 126 supervisors (63 male and 63 female), and 12 cold chain assistants (12 male) supported by 217 community social mobilizers (87 male and 130 female). The achievements resulting from this initiative were made possible with the support of the Global Task Force on Cholera Control and Gavi, the Vaccine Alliance, which also helped the Federal Ministry of Health to conduct state-based consultations for the development of the national cholera strategy with a goal of reducing cholera-related deaths by 90% by 2030, in line with the vision of the Global Task Force on Cholera Control to eliminate cholera by 2030.

Early Warning Alert and Response Network (EWARN)

Following a severe cholera outbreak resulting from the 2017 drought in Somalia, at a time when no reliable disease surveillance system was in place, EWARN was reactivated. By 2019, EWARN has grown to cover 5 million people, including 2.6 million internally displaced people, in all parts of the country. A total of 484 out of 1200 health facilities submitted timely reports on a weekly basis for 14 disease events, including waterborne and vaccine-preventable diseases, from all regions. Furthermore, 70% of the health facilities submit the required reports on time, the average completeness of reporting is 80%, an average of 250 health alerts are flagged from different health facilities on a weekly basis, of which less than 1% require investigation, and 20 health facilities have been added to EWARN. In the near future, WHO will support the expansion of EWARN to include 500 more health facilities and the eventual integration of surveillance systems into one Integrated Disease Surveillance and Response System.

Training

As the Pharmacovigilance Unit in the Federal Ministry of Health will soon start operating, in the past months, the Essential Medicines and Health Products team successfully organized and conducted two introductory training workshops on developing the pharmacovigilance function, which brought together 20 national staff (15 male and five female) in Mogadishu and Hargeisa. This unit is important because it will allow the Somali Government to report on and document adverse drug reactions, as well as increase awareness of medicine safety among health professionals and the general population. In the coming months, the Essential Medicines and Health Products team will undertake a number of other training activities including: (i) training on standard treatment guidelines – treatment protocols for hospital – for about 30 physicians in Mogadishu; (ii) training for 15 national staff of the medicines regulatory team on the Global Surveillance and Monitoring System for substandard and falsified medical products; and (iii) training for the National Regulatory Authority on medicine laws and legal medicine regulatory backgrounds for about 30 national staff.

Policy support

For the past few decades, antimicrobial resistance has been a growing threat to the effective treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi. Antimicrobial resistance results in reduced efficacy of antibacterial, antiparasitic,

HIV/AIDS Programme

Training and workshops

From 1 to 3 July 2019, WHO facilitated a workshop in Addis Ababa to review the antiretroviral regimens for Somalia in light of the updated WHO recommendations from December 2018², as well as the decision of the Global Fund to Fight AIDS, Tuberculosis and Malaria to stop the procurement of nevirapine. The workshop was attended by 40 participants including Ministry of Health HIV programme managers, senior clinicians and WHO field staff. As a result, the participants successfully compiled an updated list of preferred antiretroviral (ARV) regimens for various age and gender groups. In addition to this workshop, WHO supported a training on clinical management of HIV/AIDS for 158 Ministry of Health staff (80 male and 78 female), from both Somaliland and the Federal Ministry of Health, which covered Integrated Management of Adolescent and Adult Illness, antiretroviral therapy (ART), patient monitoring, and HIV counselling and testing.

Other activities

The WHO HIV/AIDS staff team continued supporting tuberculosis (TB) and HIV co-infection activities, including by distributing HIV test kits and providing supportive supervision and mentoring to government staff at treatment facilities. During the second quarter of 2019, 89.8% of all TB patients were also tested for HIV, and 78.9% of all HIV/AIDS patients had their TB screening status documented and reported. In addition, 78.5% of new TB patients co-infected with HIV also started ART for their HIV infection. These achievements met or exceeded the Global Fund grant targets for the country, providing reassurance to the donor, and giving optimism for continued Global Fund support for TB/HIV activities. Aside



antiviral and antifungal drugs, making the treatment of patients difficult, costly or even impossible. The impact is felt particularly by vulnerable patients as it can result in prolonged illness and increased mortality. In this regard, the Essential Medicines and Health Products team recently obtained official approval from the Federal Ministry of Health for developing and establishing a national action programme for antimicrobial resistance. This initiative will enable the country to prepare a national action programme that aligns with the Global Action Plan on Antimicrobial Resistance, thereby contributing to combating antimicrobial resistance worldwide.

Furthermore, the Essential Medicines and Health Products team is continuing to follow up closely with the Federal Ministry of Health for its endorsement of the Updated Somali Essential Medicines List of 2018, which has been revised to better account for the country's needs. This has been part of a broader series of actions to promote the best use of medicines and limited health care resources. Medicines on the Somali Essential Medicines List have priority for procurement in the public sector so as to meet health care needs and improve access to good quality medicines for the Somali population. The Essential Medicines and Health Products Programme has also been providing technical support to the Medicines Regulatory Authority in developing a draft Somali medicines law/drug act. The Programme initiated the recruitment of an international expert to finalize this project by the end of 2019.

Towards a functioning pharmaceutical sector

The Essential Medicines and Health Products team submitted a proposal to the World Bank on establishing a functioning pharmaceutical sector in Somalia, based on WHO's assessment of Somalia's Medicines Regulatory Authority in 2017. WHO and the World Bank are continuing to collaborate closely to move this initiative forward, including as part of another expected project that will assess and survey the pharmaceutical sector (public and private) in Somalia using WHO tools to determine the availability, quality and use of selected essential medicines.

² <https://apps.who.int/iris/bitstream/handle/10665/277395/WHO-CDS-HIV-18.51-eng.pdf?ua=1>

from these activities, WHO also provided support for data cleaning entry and analysis for the 2018 HIV sentinel survey, which found that the HIV prevalence amongst pregnant women had declined further, from 0.24% in 2016 to 0.10% 2018 – a very positive result.

Primary health care (PHC) and health systems strengthening (HSS)



Strategy development

The primary health care and health systems strengthening team completed consultations with Puntland and Federal Government health authorities on the WHO's Situation Analysis of Somalia and on the identification of priorities as part of WHO's Country Cooperation Strategy for Somalia, 2019–2023. The strategy was produced in line with the WHO guidelines on CCS for country cooperation strategies and it is now with the health authorities for further comment and/or endorsement. In addition, the primary health care and health systems strengthening team also: (i) helped to develop the Somali Reproductive, Maternal, Neonatal, Child, and Adolescent Health Strategic Plan 2019–2023 in consultation with Ministries of Health, UNICEF, UNFPA, IOM, DFID, World Bank and Italy, which was recently validated and endorsed by the Government; (ii) provided technical support to the Federal Ministry of Health in developing Somalia's Every Newborn Action Plan 2019–2023; (iii) helped to develop and have endorsed by the Federal Ministry of Health the Somali Mental Health Strategy, 2019–2022; (iv) provided technical support to develop Somalia's Midwifery Strategy 2018–2023; and (v) supported the development of the Somali Roadmap towards Universal Health Coverage, 2019–2023. Collectively, these strategies and plans define the key priorities for Somalia to move towards universal health coverage and improve the health outcomes of Somali people.

Mental health and psychosocial support: project and training

In addition to the endorsement of the Somali Mental Health Strategy mentioned above, WHO recently submitted a joint proposal with UNICEF and IOM on improving psychosocial support for mentally challenged youth in Somalia, which was approved for the second round of the Peacebuilding Fund's Gender and Youth Promotion Initiative. This project seeks to improve mental health and psychosocial support for young adults and adolescents in areas affected by conflict in Somalia (with a focus on Kismayo, Naidoa, Galkayo and Mogadishu) through a socially-inclusive integrated approach for peacebuilding. Furthermore, the primary health care and health systems strengthening team arranged a three-week training course in Mogadishu on mental health for 25 nurses (4 males and 21 females), which will help build capacity in management of people with mental health illnesses.

Polio Programme

Campaigns and activities: completed and ongoing

Over the past few months, the WHO Somalia Polio team has achieved a number of significant milestones. Among these milestones, the team: (i) undertook three synchronized rounds of immunization with the monovalent oral poliovirus type 2 (mOPV2) vaccine as part of the outbreak response campaigns in Somaliland and Puntland (May–August 2019) in which 1.1 million children under 5 years living in 34 districts affected by polio outbreaks were targeted and vaccinated; (ii) conducted two cross-border coordination meetings (May and July 2019) between Somali and Ethiopian officials to strengthen microplans between cross-border villages in Somaliland, Puntland and the Somali-region of Ethiopia to ensure children in these villages will not miss vaccination campaigns; (iii) carried out successful humanitarian negotiations, using grassroots channels, to establish vaccination access to previously inaccessible areas in Kismayo, Bulo-Haji coastal areas, and El-Der and El-Garas districts, where a four-round campaign targeting 34 123 children under 10 years is ongoing; (iv) made

Malaria Control and Elimination Programme

In the past few months, the Malaria Control and Elimination team carried out many activities. These included: (i) undertaking a malaria programme review for 2019; (ii) establishing a fourth malaria quality control centre in Baidoa Hospital; (iii) undertaking radical treatment (i.e. eradication of gametocytes so the patient is no longer contagious to others) of 340 malaria cases out of 620 screened cases (130 male and 490 female cases) in Bossaso; (iv) responding effectively to a malaria outbreak in Awdal region, through provision of technical assistance, active case detection and treatment, community mobilization, and an indoor residual spraying campaign in Somaliland which protected 30 468 people in 5078 households; (v) launching phase II of the malaria database using the District Health Information System (DHIS2); and (vi) supporting insecticide susceptibility monitoring in South Central state of Somalia and Puntland, which show 100% efficacy (i.e. all anopheline mosquitoes that transmit malaria have been killed indicating no resistance). These activities, together with other essential interventions such as long-lasting insecticidal nets (LLIN) undertaken by UNICEF, have contributed substantially to malaria control and reduction in the malaria burden in South Central state and malaria pre-elimination in Somaliland and Puntland.



preparations for the implementation of a second subnational immunization day (September 2019), which aims to vaccinate 1.5 million children under 5 years with bivalent oral poliovirus (bOPV) vaccine; (v) made preparations for two rounds of a fractional inactivated polio virus (IPV) vaccine campaign (December 2019–January 2020), which will target 350 000 children under 5 years living in camps for internally displaced people across the country, in which Somalia will become the first country to use auto-injectable devices in a humanitarian context; (vi) made preparations for a national integrated measles–polio vaccination campaign (November 2019), coupled with vitamin A supplementation and deworming; and (vii) provided implementation support for the two rounds of vaccination with oral cholera vaccine mentioned earlier (June and August 2019).

Training and capacity strengthening

A total of 146 district polio officers (95 male and 51 female) from districts affected by polio outbreaks and high-risk districts in the country were trained by the Polio team on comprehensive and integrated polio microplanning during July and August 2019. This training enhanced capacity to improve the quality of the campaign by ensuring that every child is reached. The Polio team also strengthened health facility-based surveillance for acute flaccid paralysis (AFP) with a focus on quality of active surveillance (updating surveillance networks and training district polio officers), as well as AFP surveillance for special and/or inaccessible populations, including internally displaced people and nomads.

TB Programme

The TB team made progress through a number of activities which included: training 15 staff of the three multidrug-resistant TB (MDR-TB) treatment centres in Somalia on the new MDR-TB treatment regimens, conducting a training-of-trainers course on the newly developed Somalia TB training modules for 12 health workers from Mogadishu, Hargeisa and Garowe. These health workers will be responsible for: countrywide capacity-building; installing line probe assays 1 and 2 in Hargeisa's TB culture laboratory, including the provision of a one-month on-the-job training for 10 laboratory staff in Hargeisa; and revising MDR-TB and active TB drug safety monitoring guidelines based on WHO recommendations, in which the lengthy injectable MDR-TB regimen was changed to an oral regimen, and the laboratory diagnostic algorithm was also changed. Furthermore, by the end of November 2019, the team will have undertaken: a capacity-building workshop on TB management for 249 TB staff working in TB management units in Mogadishu, Hargeisa and Garowe; a second capacity-building workshop on line probe assays 1 and 2 for 12 TB culture technicians from Mogadishu, which will take place at the Ugandan Supranational Laboratory; and the development of guidelines on latent tuberculosis infection. As a result of these collective initiatives, knowledge and capacity in TB management and service delivery have been improved.

Expanded Programme on Immunization

Training and capacity strengthening

WHO Somalia's EPI team undertook a number of important activities in the past few months to strengthen the capacity and knowledge of health stakeholders across Somalia. These activities included: (i) facilitating a two-day training course on immunization practices for 849 health workers from Somaliland (134 male and 114 female), Puntland (45 male and 217 female) and the Federal Government of Somalia (172 male and 167 female), which improved the knowledge, skills and capacity of staff

working in health facilities; (ii) establishing district health teams – WHO helped deploy district EPI teams and officers, social mobilization officers, and district polio officers in priority districts (including eight in Puntland, seven in Somaliland and 10 in the Federal Government of Somalia), with funding support from Gavi, the Vaccine Alliance; and (iii) conducting training for staff of all health ministries across Somalia on measles case-based surveillance, as well as establishing at least one health facility as a sentinel site in all accessible districts.

Policy and planning support

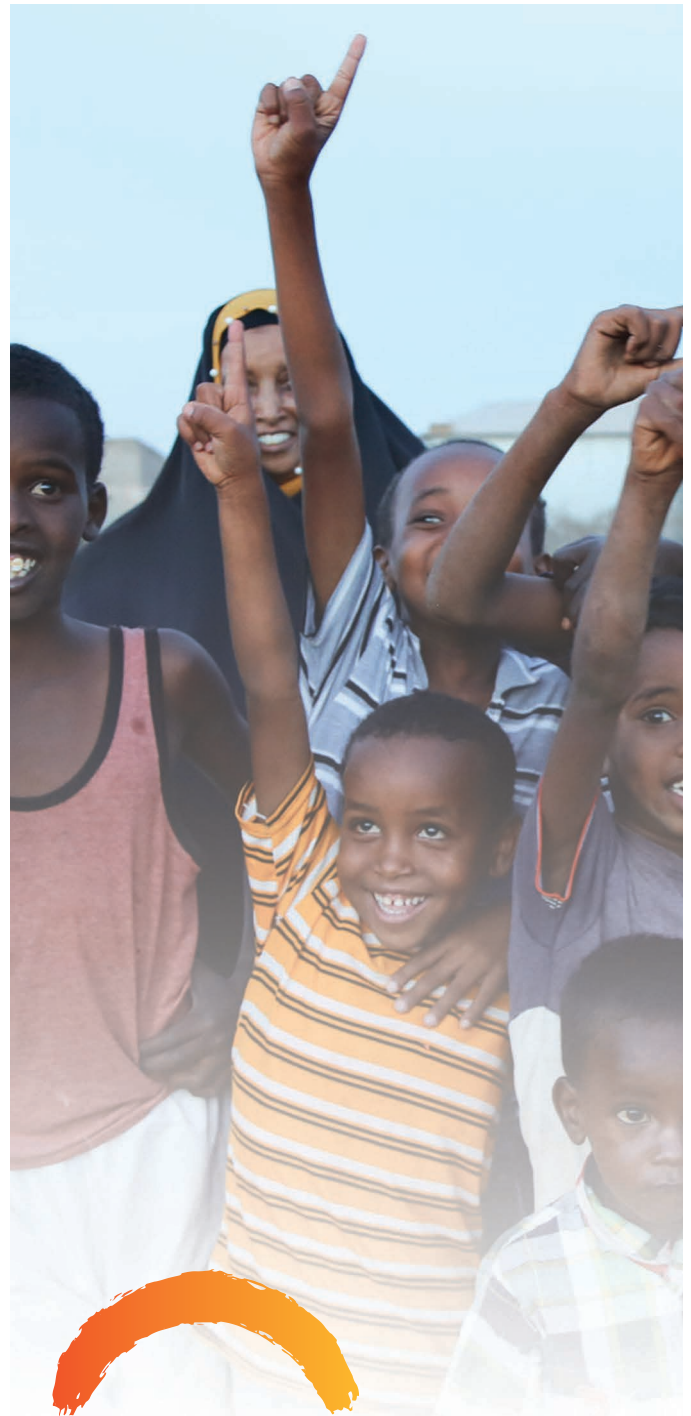
In addition to capacity-building work, the EPI team also supported: (i) updating the EPI policy for Somalia (after a five-year gap) to provide strategic direction and key policy recommendations to national health authorities (and their partners) on EPI objectives and priorities – this also resulted in the inclusion of vaccination with the measles-containing vaccine, second-dose (MCV2) at 2 years of age; (ii) organizing meetings of the Interagency Coordination Committee (ICC) for immunization in Somaliland, Puntland and the Federal Government of Somalia, because establishing a functioning and accountable ICC is now a Gavi requirement in order to



better ensure transparency and funding accountability; (iii) undertaking quarterly EPI reviews for health system strengthening (HSS 2) priority regions and district levels (target and non-target districts) to share experiences and best practices – 19 district and six regional review meetings were held in Somaliland; and (iv) drafting EPI-specific minimum service delivery standards and standard operating procedures to set criteria for minimum availability and readiness of immunization through fixed, outreach and mobile services, thus helping to facilitate standardization of delivery of immunization service across all levels of health care; and (v) developing measles supplementary immunization campaigns with support of Gavi – campaign preparations are underway with an expected launch in late October/early November 2019.

Health Cluster

The Health Cluster team, led by WHO in close partnership with Save the Children International as co-lead, holds monthly meetings with partners to ensure continuous updates, information-sharing and coordination on health activities. In addition to this, the Health Cluster: (i) conducts quarterly strategic advisory group meetings (last in May 2019 in Nairobi) to help guide the strategic direction of the health emergency response in the Somalia Humanitarian Fund and the current humanitarian programme cycle; (ii) joined in a field assessment mission to Hudor as a member of the multicluster Disaster Operations Coordination Centre (July 2019) in order to assess the needs of internally displaced people affected by drought; (iii) initiated the establishment of a mapping system on the availability of health resources and services with WHO headquarters and the WHO Regional Office for the Eastern Mediterranean – this will map the health care services available to the population and identify gaps in critical services; and (iv) is undertaking a joint cluster overview of humanitarian needs and developing the health component of the 2020 Humanitarian Response Plan for Somalia – this involves substantial engagement and consultation with the Federal Ministry of Health and state-level authorities.



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Published by World Health Organization (WHO)
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URL: <http://www.emro.who.int/countries/som/index.html>