

WHO's work in pictures 2021

Establishing a
strong health
system beyond
COVID-19



World Health
Organization

Somalia



This photograph album shows the work of the WHO country office in Somalia during 2021. The album documents the progress made by WHO in Somalia to improve health outcomes of the population of Somalia and highlights important achievements.

While for most of the year, the work of WHO centred on responding to the coronavirus disease (COVID-19) pandemic, WHO had to redouble its efforts to maintain and where possible scale up other public health and life-saving interventions.

Operating in one of the most challenging and complex environments, these programmes focused on improving health services delivery, increasing access to care and treatment, and building a strong health system to achieve universal health coverage.

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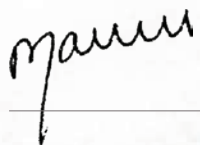
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Foreword: building on the past with eyes on the future

The year 2021 was a year of regaining confidence and showing our resilience to deliver results in the face of testing circumstances. The coronavirus disease 2019 (COVID-19) pandemic continued to rage and challenge us as an organization to maintain our effective response operations to contain the outbreak and save lives. We had to work diligently to ensure that the health systems recovered from the acute phase and that the adverse effects of COVID-19 on essential health services were mitigated as much as possible.

Our work in Somalia, a country with a fragile health system and vulnerable populations that had suffered from years of conflict, unrest and displacement, was a show of strength, agility and test of resilience for us. The confidence and trust we had from our donors and partners to successfully steer the recovery of country's health sector were evident in all our work in 2021. Our efforts to utilize innovation to make medical oxygen available in health centres, our vision to capitalize on the COVID-19 response to make progress in building a resilient health system, and our work to maintain and scale up essential public health functions for health security are some examples of how we have supported and will continue to support the Somali health sector to become stronger and more equitable as it moves towards universal health coverage.

Our work reflected in this photograph album showcases our value and strength in supporting Somalia manage the biggest public health crisis of our time. It demonstrates the vision we implanted to build back better and is a true reflection of how we are learning from the past and with eyes on the future. I thank all our partners and donors for their valuable contributions to our work in Somalia. Together, we will achieve more in the coming days, months and years.



Dr Sk Md Mamunur Rahman Malik
WHO Representative and Head of Mission



Health systems in Somalia beyond COVID-19: launching the European Union and WHO project to strengthen health services

In February 2021, the World Health Organization (WHO) launched a multiyear project to support the Federal Government of Somalia to prevent the community spread of the coronavirus disease (COVID-19) and strengthen the delivery of health services across the country following the COVID-19 pandemic. Supported by the European Union, the main focus of the project is to build a strong district health system by strengthening essential public health functions at the community level. The project will help establish integrated disease surveillance systems and improve the capacity of front-line health workers in disease detection and surveillance so that all public health threats can be quickly detected and contained. In addition, the project aims to improve coordination and operational capacity at the district level for delivering people-centred essential health services and to expand access to and availability of good-quality health care for marginalized and vulnerable populations, such as women and children, through community health workers. The project will contribute to preventing large-scale community transmission of COVID-19 and further spread and/or resurgence of the virus, as well as transmission of other epidemic-prone diseases. At the same time, it will support the recovery of country's health systems so they are better and stronger. WHO and the Federal Ministry of Health will jointly implement this project.



Emergency, critical and operative care services in a fragile setting: capitalizing on the COVID-19 response

During the first quarter of 2021, the WHO country office for Somalia conducted a series of activities aimed at building emergency, critical and operative care services as part of developing integrated service delivery for COVID-19 and other severe emergency health conditions. Funded by the Pandemic Emergency Financing Facility of the World Bank, the activities followed a rapid assessment of critical care services in 136 hospitals in all 18 regions of Somalia. This assessment allowed an understanding of the important gaps in critical care services. One of the important lessons learnt during the COVID-19 pandemic was that it was imperative to invest in all components and levels of the health system, not only in primary care alone. With the World Bank support, these activities improved Somalis' access to good-quality emergency and critical care services and will help build sustainable emergency care services in the country and integrate them into primary and secondary levels of care, while working towards universal health coverage (UHC). On 9 December 2021, the WHO country office launched a report on these activities entitled *Capitalizing on the COVID-19 response: towards establishing emergency, critical and operative care services in a fragile setting* (available at: <https://applications.emro.who.int/docs/9789290229568-eng.pdf>).



Country Cooperation Strategy 2021–2025: a vision to rebuild health systems after COVID-19 to ensure health for all, by all

On the eve of Universal Health Coverage Day, the WHO country office launched its 5-year Country Cooperation Strategy, 2021–2025 for Somalia, which will guide WHO's health programme over the next five years in line with national development priorities. On 11 December 2021 in Mogadishu, Dr Mamunur Rahman Malik, WHO Representative to Somalia and Head of Mission, was joined by Her Excellency Dr Fawziya Abikar Nur, Minister of Health and Human Services of the Federal Government of Somalia, and Mr Adam Abdelmoula, Deputy Special Representative of the Secretary General and United Nations Resident and Humanitarian Coordinator for Somalia to co-sign the Country Cooperation Strategy.

The ambassadors of Italy and the United Kingdom of Great Britain and Northern Ireland, and other heads of mission and senior officials from the European Union Delegation and United States of America were among the dignitaries who attended this event. Senior representatives and heads of United Nations agencies in Somalia, including the Food and Agricultural Organization of the United Nations (FAO), International Organization for Migration (IOM), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations High Commissioner for Refugees (UNHCR), United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and United Nations Office on Drugs and Crime (UNODC) also attended the ceremony. The launch of the Country Cooperation Strategy during the pandemic and its strong focus on rebuilding the health system have been hailed by all partners and donors as a landmark achievement by WHO.

The Country Cooperation Strategy 2021–2025 aims to help build a more resilient, inclusive and responsive health system in Somalia so that everyone, everywhere in the country can access good-quality health care services without incurring financial hardship. The Strategy, which aligns with WHO's *Thirteenth General Programme of Work (GPW 13)* has four main strategic priorities: advancing UHC through primary health care to support the goals of integrated health services; enhancing health security by strengthening emergency preparedness, surveillance and response; promoting healthier populations and well-being by addressing the social determinants of health; and strengthening health governance using the *Global Action Plan for Health and Well-being for All* to support joint and collective actions to achieve the health-related Sustainable Development Goals (SDGs). The overall improvements in access to health care will have profound effects on economic growth and productivity, as well as on peace and development.



Tuberculosis, malaria and HIV/AIDS control: mitigating the effects of COVID-19 and maintaining progress

Tuberculosis (TB) is still a major public health problem in Somalia with an estimated incidence of 69 cases per 100 000 population in 2020. Despite the COVID-19 pandemic, which affected the progress of TB management all over the world, the TB programme in Somalia continued to show incremental progress. In 2021, drug-sensitive TB case notification increased by 2% from 17 155 in 2020 to 17 504 cases in 2021. Similarly, drug-resistant TB case notification increased by 18.2% from 253 cases in 2020 to 299 cases in 2021. GeneXpert has become the main tool for TB diagnosis in the country with 50.2% of all presumptive TB cases diagnosed using GeneXpert in 2021. The number of GeneXpert machines has also increased, from 44 in 2020 to 50 in 2021, providing wider coverage and improved access to testing. Many of these machines were used in the bidirectional diagnosis of TB and COVID-19.

COVID-19 had a noticeable effect on the HIV/AIDS control programme. Nonetheless, 786 HIV positive tests were reported in 2021 compared with 302 positive tests in the previous year. Of these cases, 481 (61.2%) were successfully enrolled in the antiretroviral treatment (ART) programme. ART coverage increased from 42.5% in 2020 to 44.7% in 2021 of the estimated people living with HIV in the country. In addition, the percentage of people on ART receiving the more effective dolutegravir-based regimens increased from 39.7% to 76.0%, despite the constraint of low coverage of contraceptive services for women of reproductive age. The WHO country office also supported the Spectrum and Estimation and Projection Package (EPP) modelling exercise for an updated estimate of the HIV epidemic in the country. The model estimated that HIV/AIDS incidence remained at 0.01 per 1000 population for the fourth year running.

Despite the anticipated impact of COVID-19, with funding support from the Global Fund, malaria case management and vector control services were scaled up as part of integrated primary health care services in marginalized communities. A sustained reduction in the number of reported malaria cases was seen: total malaria cases fell from 40 470 in 2019, to 29 439 in 2020, to 12 967 in 2021. The annual incidence of the malaria parasite also declined from 2.8 per 1000 population in 2019, to 2.0 in 2020, to 0.8 in 2021. These reductions have put the Somali national malaria control programme on track to reach the targets of the national malaria strategic plan 2021–2025. In 2021, malaria elimination activities also began in six (four in Somaliland and two in Puntland) out of the 15 districts targeted for elimination as per the national plan 2021–2025.



Key approaches to neglected tropical diseases: improving case detection and providing mass drug administration

In line with the national action plan for control and elimination of neglected tropical diseases in Somalia, WHO continued its support to the federal and state health authority in this area throughout 2021. Of the 20 neglected tropical diseases listed by WHO, schistosomiasis, soil-transmitted helminth infections, leprosy and visceral leishmaniasis are found in Somalia. About 5 to 6 million people in the country live in the areas that are highly endemic for these diseases. To reduce their prevalence, WHO has been providing support to the Federal Government of Somalia since 2017 to improve case detection through surveillance and to step up control measures through mass drug administration campaigns. As a result of these efforts, the number of leprosy patients detected and treated increased from 107 in 2015 to 2638 in 2020, to 2030 in 2021, despite a global fall in cases reported and detected in 2020 due to COVID-19. Active case finding for leprosy has continued in most endemic regions in Somalia with the goal of elimination and prevention of the development of grade 2 disability. Training of health care workers continued to improve case detection and treatment of cases of visceral leishmaniasis, and mass drug administration for schistosomiasis and soil-transmitted helminth infections was conducted in four endemic regions in the country. With funding from the Expanded Special Project for Elimination of Neglected Tropical Diseases and the END Fund, WHO will support the Government to treat more than 75% of school-aged children to eliminate schistosomiasis as a public health problem by 2025 and to provide at least 75% of eligible school-aged children and preschool children with deworming treatment by 2026 to eliminate soil-transmitted helminth infections.



High burden of injury in Somalia: establishing a much-needed trauma care programme to reduce this burden

The burden of injuries in Somalia, measured as disability-adjusted life years (DALYs), continues to increase. In 2019, 8.6% of the disease burden in the country was attributed to injuries, an increase from 6.2% in 2000. This rise is due to substantial increases in conflict, violence and road traffic incidents between 2000 and 2019. Injuries account for 1346.64 DALYs per 100 000 population and are one of the 10 leading causes of death in the country. To include injuries as part of integrated care in the health facilities, the WHO country office for Somalia, with support from the WHO Regional Office for the Eastern Mediterranean, has set up a trauma care programme that is built on a holistic approach to trauma – from the point of injury, through to surgery and to physical rehabilitation and return to the community. As part of this initiative, WHO delivered the first surgical team-approach to trauma course, using surgical simulation facilities and virtual reality. In all, 31 health workers were trained, including surgeons and anaesthetists, to instil a team-based approach to trauma management. The training took place in Mogadishu and Berbera. Trainees were exposed to real-life scenarios in an operating theatre, while observing strict COVID-19 protocols and minimizing the spread of infection. They also learnt how to use ultrasound at the place of injury and in emergency departments. Trainees were able to watch live how a trauma team works in other contexts, including the United Kingdom. The initiative was a reminder that humanitarian and development efforts must be aligned to build a trauma care system that responds to today's humanitarian needs but that will also serve the future needs of Somalia to reduce the high burden of injuries.



Continued response to COVID-19: sustaining and expanding progress to improve public health functions at the front line

WHO continued to support the national and subnational health authorities to strengthen COVID-19 response activities and limit its transmission. While WHO worked on many fronts, the key to slowing down the transmission of COVID-19 was the deployment of more than 3300 community health workers who were tasked with detecting cases and tracing close contacts at the community level. This vital health workforce was responsible for the timely detection of 40% of all cases reported by the country by the end of December 2021. In addition, these community health workers visited 3.7 million households, either to look for cases or to deliver risk communication messages. WHO's work also contributed to improving access to high-grade medical oxygen through distribution of oxygen concentrators to the 98 COVID-19 treatment centres supported by WHO, and through the establishment of a solar-powered medical oxygen system. WHO also deployed a district-level rapid response team in each of the 118 operational districts for surveillance, field investigation and containment of community clusters as well as sample collection for testing. More than 5100 health workers were also trained on surveillance, case detection, infection prevention and control and case management. Supported by the Foundation for Innovative New Diagnostics, WHO also deployed antigen-based rapid diagnostic tests in the most remote and hard-to-reach locations. This initiative significantly improved access to COVID-19 testing; data show that introduction of these tests led to the detection of 20% of all confirmed COVID-19 cases across the country by December 2021.



FETP-Frontline training programme: building disease detectives to prevent spread of diseases

Having a public health workforce that is able to rapidly detect and respond to disease outbreaks is key for any health system, as recently shown on a worldwide scale with the COVID-19 pandemic. To address Somalia's limited capacity in disease surveillance and response, the Somalia National Institute of Health organized the first course of the Frontline Field Epidemiology Training Program (FETP-Frontline) in October 2021. The FETP-Frontline is a 3-month on-the-job training programme supported by Africa Field Epidemiology Network, the United States Centers for Disease Control and Prevention, WHO and the Public Health Agency of Sweden. This training programme addresses the critical skills needed to conduct surveillance and response activities effectively at the local level, focusing on improving disease detection, reporting and response. It aims to improve field epidemiology knowledge, skills and competencies of trainees, and blends mentorship with classroom training and practical experiences to develop the public health workforce of a country. The FETP-Frontline is one of the outcomes of the strong collaboration between the Federal Ministry of Health and the WHO country office to address one of the most critical challenges of the health system, i.e. frontline detection and response to disease outbreaks.



Polio in Somalia: keeping the country polio-free

Since 2015, Somalia has remained free of wild polio virus. However, outbreaks of other strains of poliovirus are still a threat to unvaccinated children: one in every seven children misses out on routine immunization against polio and other vaccine-preventable diseases. Outbreaks caused by circulating vaccine-derived poliovirus (cVDPV), a rare strain, continued to disable and paralyse Somali children. However, after 28 months, as a result of sustained efforts, WHO declared the end of the outbreak caused by cVDPV type 3 in March 2021. Another outbreak, caused by cVDPV type 2 and detected for the first time in Somalia in November 2017, continues to threaten undervaccinated children. So far, 23 children have been infected, with the last reported case detected in October 2021. With a network of over 149 national and subnational polio health workers in every district across the country, the WHO polio programme continued to work to stop these polio outbreaks. In September 2021, the WHO country office, with support from its partners, introduced fractional-dose inactivated polio vaccines (fIPV) in five districts, and reached 80 916 children younger than 5 years. This project was another innovative milestone for the country, particularly as this vaccine offers similar immunity with less vaccine. The use of fIPV is critical to respond to the current outbreak. Since the COVID-19 pandemic began, Somalia has conducted two nationwide and seven subnational door-to-door polio campaigns, targeting around 3 258 352 children younger than 5 years per campaign, and three small-scale campaigns to target children living in high-risk areas. In 2021, WHO supported one national immunization day for polio in July and two subnational immunization days in Somaliland in February and March 2021 to respond to an outbreak. During these campaigns, more than 5 million children under 5 were vaccinated against polio, a coverage of 98.9%.



Seasonal influenza surveillance: making progress to protect vulnerable communities

Somalia was one of the few countries in WHO's Eastern Mediterranean Region without a functioning surveillance system for seasonal influenza. During the COVID-19 pandemic, WHO helped the Government of Somalia establish three molecular laboratories with biosafety level 2, which are capable of testing COVID-19 using a reverse-transcriptase polymerase chain reaction assay. Building on this investment, WHO has supported the Federal Government of Somalia and Federal Member States to expand the existing epidemiological and virological surveillance system for COVID-19 to include sentinel-based surveillance for severe acute respiratory infection and influenza-like-illness. In addition, WHO has equipped the three public health laboratories in Mogadishu, Hargeisa and Garowe with necessary equipment and provided laboratory supplies for molecular detection of seasonal influenza. As a result of these efforts, Somalia became the 21st country in the Region and one of WHO's 124 Member States to participate in the WHO's Global Influenza Surveillance and Response System – a network of institutions across 124 countries that has been conducting global influenza surveillance since 1952.



COVID-19 vaccines: deploying and delivering to protect the Somali people

One year after the first case of COVID-19 was confirmed in Somalia on 15 March 2021, Somalia received the first consignment of COVID-19 vaccines – 300 000 doses of AstraZeneca vaccines (ChAdOx1 nCoV-19) through the COVAX Facility. The first dose of COVID-19 vaccine was administered in the country on 16 March 2021. The WHO country office supported the rollout of COVID-19 vaccines, together with the United Nations Children's Fund (UNICEF), by providing technical support for the development of a national vaccine deployment plan, microplanning for vaccine management and delivery and deployment and administration of vaccines, and direct support for the operational cost of vaccine administration. Despite issues with unpredictable vaccine supply and allocation, which impeded optimal uptake, the country was able to administer 85% of 2.5 million doses of COVID-19 vaccines received in 2021 from the COVAX Facility and other bilateral donations from France, Germany and the United States of America. By the end of December 2021, the country had fully vaccinated 6% of its population using a mix of routine and accelerated outreach immunization services and fixed centre immunization services. During one of the accelerated campaigns in the last quarter of 2021, more than 900 000 doses of COVID-19 vaccine were administered, 36% of the total doses administered during all of 2021. During the first phase of the vaccination campaign, frontline workers including health care workers, older people and people with chronic health conditions were targeted.



Routine immunization in fragile settings: scaling up vaccination to reach zero-dose children

In 2021, despite continued disruptions to essential health services, including the childhood immunization programme, in the range of 5–20%, WHO made a concerted effort to bring the immunization services back to pre-COVID-19 times by strengthening both fixed and outreach services, including organizing accelerated vaccination campaigns for measles. As a result of these intensified campaigns, 98 000 zero-dose children, out of 170 000 to 180 000 children who normally missed out on childhood routine immunization every year, were reached and received the pentavalent 1 and measles vaccines. This was the highest number of zero-dose children ever reached in the country in recent history. In addition, WHO and UNICEF supported the country to improve routine immunization of children using the COVID-19 vaccine rollout through both fixed and outreach services. In 2021, WHO also responded promptly to a number of localized measles outbreaks thereby containing the outbreaks before they spread to other districts or locations. Overall, 3 500 000 children younger than 5 years received vaccines in 2021 as part of the routine immunization programme supported by WHO and partners.



Innovation to save lives: installing solar-powered medical oxygen systems

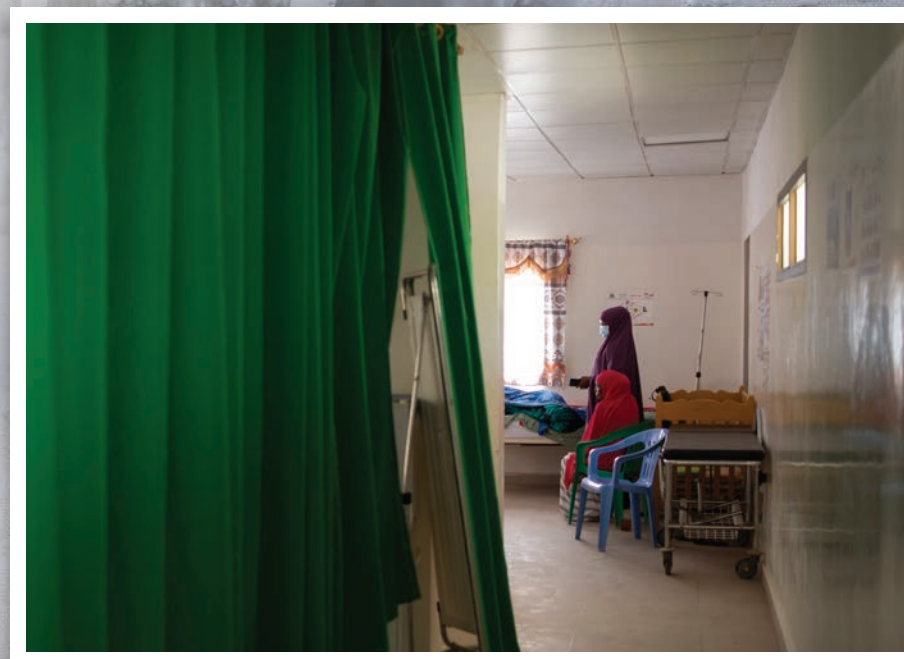
When the first laboratory-confirmed case of COVID-19 was reported in Somalia, none of the public sector hospitals in Somalia had medical oxygen. Driven by the urgent need for high-grade medical oxygen, the WHO country office worked to make medical oxygen available in the country to save lives. As part of this drive, and in collaboration with Grand Challenge Canada, solar-powered oxygen concentrators were installed in Hanaano General Hospital, Dusamareb in Galmudug State, in February 2021, the first ever in the country. In addition to the support provided by Grand Challenges Canada and the University of Alberta, WHO's input in this innovative project was supported by various UN agencies and implementing partners. On 29 March 2021, the Deputy Special Representative of the UN Secretary-General and the UN Resident and Humanitarian Coordinator for Somalia, Adam Abdelmoula, and the WHO Representative for Somalia, Dr Mamunur Malik, visited Hanaano Hospital to officially hand over the solar-powered oxygen plants to the Galmudug Ministry of Health. Since these plants were installed, 171 patients, including children, have received medical oxygen, and 98% were subsequently discharged without any disability.

Pneumonia was estimated to have killed 15 165 children under 5 in Somalia in 2018 – about 21% of child deaths and about two children every hour. Up to 35% of childhood deaths from pneumonia are preventable with the use of medical oxygen. Thus, the WHO country office is hopeful that by forging strategic partnerships with innovators, funders, Global Action Plan for Healthy Lives and Well-being for All agencies and the private sector, demand for medical oxygen will increase, which will accelerate the impact of this new initiative in reducing deaths from childhood pneumonia, as well as other medical conditions.



Mental health after protracted conflict: providing care at all levels and promoting peace

In 2021, the WHO country office, successfully completed a pilot project on mental health “Improving psychosocial support and mental health care for conflict-affected youth in Somalia: a socially inclusive integrated approach for peace building” in collaboration with Somali National University, Federal Government of Somalia, IOM and UNICEF. This project has supported health care workers to understand, address and provide more care for people in need of mental health support, as well as raise awareness about mental health issues. The project has also generated evidence on the linkages between mental health and peace, a topic that has not been well researched or studied anywhere in the world. The project has been supported by the peacebuilding fund of the UN with WHO being the lead agency. Somalia has been especially affected by mental health challenges because of decades of protracted conflict, which has severely disrupted social cohesion, broken down social norms and led to nearly one in three Somalis suffering from some mental health condition. The project will help generate evidence on how improving and delivering good-quality mental health services can promote peace, reconciliation and reintegration of radicalized and disillusioned population into society and show how through task-shifting and the use of community-based interventions, mental health services can be scaled up in conflict settings.



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